ICD-11

International Classification of Diseases for Mortality and Morbidity Statistics

Eleventh Revision



World Health Organization

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International Classification of Diseases, Eleventh Revision (ICD-11)

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CHAPTER 01

Certain infectious or parasitic diseases

This chapter has 342 four-character categories.

Code range starts with 1A00

This chapter includes certain conditions caused by pathogenic organisms or microorganisms, such as bacteria, viruses, parasites or fungi.

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

Coded Elsewhere: Infections of the fetus or newborn (KA60-KA6Z)

Human prion diseases (8E00-8E0Z)

Pneumonia (CA40)

This chapter contains the following top level blocks:

- Gastroenteritis or colitis of infectious origin
- Predominantly sexually transmitted infections
- Mycobacterial diseases
- Certain staphylococcal or streptococcal diseases
- Pyogenic bacterial infections of the skin or subcutaneous tissues
- Certain zoonotic bacterial diseases
- Other bacterial diseases
- Human immunodeficiency virus disease
- Viral infections of the central nervous system
- Non-viral and unspecified infections of the central nervous system
- Dengue
- Certain arthropod-borne viral fevers
- Certain zoonotic viral diseases
- Certain other viral diseases
- Influenza
- Viral hepatitis
- Viral infections characterised by skin or mucous membrane lesions
- Mycoses
- Parasitic diseases
- Sepsis
- Sequelae of infectious diseases

Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

Coded Elsewhere: Intestinal fungal infections

Bacterial intestinal infections (1A00-1A0Z)

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

Exclusions: Bacterial foodborne intoxications (1A10-1A1Z)

Coded Elsewhere: Abdominal actinomycosis (1C10.1)

Listerial gastroenteritis (1C1A.Y)

1A00 **Cholera**

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

Inclusions: cholera syndrome

1A01 **Intestinal infection due to other Vibrio**

1A02 **Intestinal infections due to Shigella**

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

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

1A03 **Intestinal infections due to Escherichia coli**

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

1A03.0 Enteropathogenic Escherichia coli infection

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

1A03.1 Enterotoxigenic Escherichia coli infection

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

1A03.2 **Enteroinvasive Escherichia coli infection**

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

1A03.3 **Enterohaemorrhagic Escherichia coli infection**

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

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

1A04 **Intestinal infections due to Clostridioides difficile**

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

Exclusions: Necrotising enterocolitis of newborn (KB88)

1A05 **Intestinal infections due to Yersinia enterocolitica**

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

Exclusions: Extraintestinal yersiniosis (1B9A)

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

1A06 **Gastroenteritis due to Campylobacter**

1A07 **Typhoid fever**

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

1A07.0 **Typhoid peritonitis**

1A07.Y **Other specified typhoid fever**

1A07.Z **Typhoid fever, unspecified**

1A08 **Paratyphoid fever**

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

1A09 **Infections due to other Salmonella**

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

1A09.0 Salmonella enteritis

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

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

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

1A09.Z Salmonella infection, unspecified

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

1A0Y **Other specified bacterial intestinal infections**

1A0Z **Bacterial intestinal infections, unspecified**

Bacterial foodborne intoxications (1A10-1A1Z)

Any condition caused by an infection with a bacterial source. Transmission is by ingestion of contaminated food.

Exclusions:

salmonella foodborne intoxication and infection (1A09)

Listeriosis (1C1A)

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

Ichthyotoxism not specified as bacterial (NE61)

1A10 **Foodborne staphylococcal intoxication**

1A11 **Botulism**

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

1A11.0 **Foodborne intoxication by botulinum toxin**

1A11.1 **Other forms of botulism**

1A11.Z **Botulism, unspecified**

1A12 **Foodborne Clostridium perfringens intoxication**

Inclusions: enteritis necroticans

foodborne Clostridium welchii intoxication

1A13 **Foodborne Bacillus cereus intoxication**

1A1Y **Other specified bacterial foodborne intoxications**

1A1Z **Bacterial foodborne intoxications, unspecified**

Viral intestinal infections (1A20-1A2Z)

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

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

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

Human immunodeficiency virus disease enteritis (1C62.2)

1A20 **Enteritis due to Adenovirus**

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

1A21 **Gastroenteritis due to Astrovirus**

1A22 **Gastroenteritis due to Rotavirus**

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

1A23 **Enteritis due to Norovirus**

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

1A24 **Intestinal infections due to Cytomegalovirus**

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

1A2Y **Other specified viral intestinal infections**

1A2Z **Viral intestinal infections, unspecified**

Protozoal intestinal infections (1A30-1A3Z)

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

1A30 **Infections due to Balantidium coli**

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

1A31 **Giardiasis**

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

1A32 **Cryptosporidiosis**

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

1A33 **Cystoisosporiasis**

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

1A33.0 Cystoisosporiasis of small intestine

Inclusions: Infection due to Isopora belli

Infection due to Isopora hominis

1A33.1 Cystoisosporiasis of colon

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

1A33.Y Other specified cystoisosporiasis

1A33.Z Cystoisosporiasis, unspecified

1A34 **Sarcocystosis**

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

Inclusions: Sarcosporidiosis

1A35 **Blastocystosis**

1A36 **Amoebiasis**

Inclusions: infection due to Entamoeba histolytica

1A36.0 Intestinal infections due to Entamoeba

1A36.00 Acute amoebiasis

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

Inclusions: amoebic dysentery

1A36.01 Amoeboma of intestine

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

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

1A36.1 **Extraintestinal infections due to Entamoeba**

1A36.10 Amoebic liver abscess

Inclusions: Hepatic amoebiasis

1A36.11 Amoebic lung abscess

1A36.12 Cutaneous amoebiasis

1A36.1Y Amoebiasis of other specified sites

1A36.Z **Amoebiasis, unspecified**

1A3Y **Other specified protozoal intestinal infections**

1A3Z **Protozoal intestinal infections, unspecified**

1A40 **Gastroenteritis or colitis without specification of infectious agent**

Inclusions: enteritis septic

gastroenteritis septic

Exclusions: Noninfectious neonatal diarrhoea (KB8C)

noninfective diarrhoea (ME05.1)

1A40.0 **Gastroenteritis or colitis without specification of origin**

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

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

Predominantly sexually transmitted infections (1A60-1A9Z)

Exclusions: Nonspecific and nongonococcal urethritis (GC02.1)

Arthropathy following genitourinary infection (FA11.2)

Coded Elsewhere: Sexually transmissible viral hepatitis

Herpes simplex labialis (1F00.01)

Herpes simplex gingivostomatitis (1F00.02)

Vulvovaginal candidosis (1F23.10)

Candida balanoposthitis (1F23.11)

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

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

Candidosis of external genitalia (1F23.1Y)

Anogenital molluscum contagiosum (1E76)

Syphilis (1A60-1A6Z)

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

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

1A60 **Congenital syphilis**

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

1A60.0 Early congenital syphilis, symptomatic

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

1A60.1 Early congenital syphilis, latent

1A60.2 Late congenital syphilitic oculopathy

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

1A60.3 Late congenital neurosyphilis

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

1A60.4 Other late congenital syphilis, symptomatic

1A60.5 Late congenital syphilis, latent

1A60.Z Congenital syphilis, unspecified

1A61 Early syphilis

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

Exclusions: Early congenital syphilis (1A60)

1A61.0 Primary genital syphilis

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

1A61.1 Primary anal syphilis

1A61.2 Primary syphilis of other sites

1A61.3 Secondary syphilis of skin or mucous membranes

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

1A61.4 Secondary syphilis of other sites

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

1A61.5 Latent early syphilis

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

1A61.Y Other specified early syphilis

1A61.Z Early syphilis, unspecified

1A62 Late syphilis

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

Exclusions: Late congenital syphilis (1A60)

1A62.0 **Neurosyphilis**

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

1A62.00 Asymptomatic neurosyphilis

1A62.01 Symptomatic late neurosyphilis

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

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

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

1A62.0Z Neurosyphilis, unspecified

1A62.1 **Cardiovascular late syphilis**

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

1A62.2 **Symptomatic late syphilis of other sites**

1A62.20 Ocular late syphilis

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

1A62.21 Late syphilis involving the musculoskeletal system

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

1A62.22 Late syphilis of skin or mucous membranes

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

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

1A62.2Z Symptomatic late syphilis of unspecified site

1A62.Y **Other specified late syphilis**

1A62.Z **Late syphilis, unspecified**

1A63 **Latent syphilis, unspecified as early or late**

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

Inclusions: Positive serological reaction for syphilis

1A6Z **Syphilis, unspecified**

Gonococcal infection (1A70-1A7Z)

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

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

1A70 **Gonococcal genitourinary infection**

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

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

1A70.00 Gonorrhoea of penis

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

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

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

1A70.Y Gonococcal infection of other specified genitourinary organ

1A70.Z Gonococcal genitourinary infection, unspecified

1A71 **Gonococcal pelviperitonitis**

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

1A72 **Gonococcal infection of other sites**

1A72.0 Gonococcal infection of musculoskeletal system

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

1A72.1 Gonococcal infection of rectum

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

1A72.2 Gonococcal infection of anus

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

1A72.3 Gonococcal pharyngitis

1A72.4 Gonococcal infection of eye

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

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

1A72.Y Gonococcal infection of other specified sites

1A73 Disseminated gonococcal infection

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

1A7Z Gonococcal infection, unspecified

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

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

1A80 Chlamydial lymphogranuloma

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

Inclusions: Durand-Nicolas-Favre disease

1A81 Non-ulcerative sexually transmitted chlamydial infection

Exclusions: Neonatal chlamydial pneumonia (KB24)

Neonatal conjunctivitis due to Chlamydia (KA65.0)

Chlamydial lymphogranuloma (1A80)

Chlamydial peritonitis (1C21)

Trachoma (1C23)

1A81.0 Chlamydial infection of lower genitourinary tract

1A81.1 **Chlamydial infection of internal reproductive organs**

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

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

1A8Y **Other specified sexually transmissible infections due to chlamydia**

1A8Z **Sexually transmissible infections due to chlamydia, unspecified**

1A90 **Chancroid**

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

Inclusions: Ulcus molle

1A91 **Granuloma inguinale**

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

Inclusions: Donovanosis

1A92 **Trichomoniasis**

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

Coded Elsewhere: Intestinal trichomoniasis (1A3Y)

1A93 **Sexually transmissible infestations**

Coded Elsewhere: Scabies (1G04)

Pubic infestation by Pthirus pubis (1G03)

1A94 **Anogenital herpes simplex infection**

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

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

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

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

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

1A94.Z **Anogenital herpes simplex infection without further specification**

1A95 **Anogenital warts**

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

Inclusions: Condylomata acuminata

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

1A95.0 **Anal warts**

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

Inclusions: Condylomata acuminata of anus

1A95.1 **Genital warts**

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

1A95.2 **Extragenital condylomata acuminata**

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

Inclusions: Anogenital warts affecting sites other than the anogenital area

1A9Y **Other specified predominantly sexually transmitted infections**

1A9Z **Predominantly sexually transmitted infections, unspecified**

Mycobacterial diseases (1B10-1B2Z)

Tuberculosis (1B10-1B1Z)

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

Inclusions: Infections due to Mycobacterium tuberculosis and Mycobacterium bovis

Exclusions: Pneumoconiosis associated with tuberculosis (CA60.3)

Coded Elsewhere: Congenital tuberculosis (KA61.0)

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

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

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

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

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

Human immunodeficiency virus disease associated with tuberculosis (1C60)

1B10 Tuberculosis of the respiratory system

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

1B10.0 Respiratory tuberculosis, confirmed

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

1B10.1 Respiratory tuberculosis, not confirmed

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

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

1B11 Tuberculosis of the nervous system

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

1B11.0 **Tuberculous meningitis**

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

Inclusions: Tuberculous leptomeningitis

1B11.1 **Tuberculous meningoencephalitis**

1B11.2 **Meningeal tuberculoma**

Tuberculomas are conglomerate caseous foci within the substance of the brain, caused by dissemination of tuberculosis to the central nervous system.

Inclusions: Tuberculoma of meninges

1B11.3 **Tuberculous granuloma of brain**

1B11.4 **Tuberculous granuloma of the meninges**

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

1B11.Z **Tuberculosis of the nervous system, unspecified**

1B12 Tuberculosis of other systems and organs

1B12.0 **Tuberculosis of heart**

Mycobacterium tuberculosis infection involving the heart and pericardium

1B12.1 **Tuberculosis of eye**

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

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

1B12.2 **Tuberculosis of ear**

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

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

Tuberculous mastoiditis (1B12.40)

1B12.3 **Tuberculosis of endocrine glands**

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

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

1B12.4 **Tuberculosis of the musculoskeletal system**

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

1B12.40 Tuberculosis of bones or joints

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

1B12.41 Tuberculous myositis

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

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

1B12.5 **Tuberculosis of the genitourinary system**

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

1B12.6 **Tuberculous peripheral lymphadenopathy**

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

Inclusions: Tuberculous adenitis

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

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

1B12.7 **Tuberculosis of the digestive system**

Tuberculosis of the digestive tract or hepatobiliary system

1B12.8 **Cutaneous tuberculosis**

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

Exclusions: Tuberculids (EA40-EA5Z)

Skin complications of BCG immunisation (EA51)

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

1B12.Y **Tuberculosis of other specified organ or site**

1B13 Miliary tuberculosis

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

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

1B13.1 **Acute miliary tuberculosis of multiple sites**

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

1B13.2 **Acute miliary tuberculosis, unspecified site**

1B13.Y **Other specified miliary tuberculosis**

1B13.Z **Miliary tuberculosis, unspecified**

1B14 **Latent tuberculosis**

1B1Y **Other specified tuberculosis**

1B1Z **Tuberculosis, unspecified**

1B20 **Leprosy**

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

Inclusions: Infection due to Mycobacterium leprae

1B20.0 **Paucibacillary leprosy**

1B20.1 **Multibacillary leprosy**

1B20.2 **Leprosy reactions**

1B20.20 Type I leprosy reaction

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

1B20.21 Type II leprosy reaction

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

1B20.3 Complications of leprosy

1B20.Z Leprosy, unspecified

1B21 Infections due to non-tuberculous mycobacteria

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

Exclusions: Leprosy (1B20)

Tuberculosis (1B10-1B1Z)

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

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

1B21.1 Non-tuberculous mycobacterial lymphadenitis

1B21.2 Cutaneous non-tuberculous mycobacterial infection

Exclusions: Leprosy (1B20)

Tuberculosis (1B10-1B1Z)

1B21.20 Mycobacterium ulcerans infection

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

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

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

1B21.3 Disseminated non-tuberculous mycobacterial infection

1B21.4 Gastrointestinal non-tuberculous mycobacterial infection

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

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

1B2Y Other specified mycobacterial diseases

1B2Z **Mycobacterial diseases, unspecified**

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

Coded Elsewhere: Toxic shock syndrome (1C45)
Streptococcal tonsillitis (CA03.0)
Rheumatic myocarditis (BC42.3)
Chronic rheumatic pericarditis (BB21)
Acute staphylococcal tonsillitis (CA03.Y)

Acute rheumatic fever (1B40-1B42)

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

Coded Elsewhere: Erythema marginatum rheumaticum (EA50.0)

1B40 **Acute rheumatic fever without mention of heart involvement**

1B40.0 Rheumatic arthritis, acute or subacute

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

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

1B41 **Acute rheumatic fever with heart involvement**

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

Exclusions: Rheumatic mitral valve stenosis (BB60.0)

Rheumatic mitral valve insufficiency (BB61.0)

Rheumatic mitral valve prolapse (BB62.0)

Rheumatic mitral stenosis with insufficiency (BB63.0)

Rheumatic aortic valve stenosis (BB70.0)

Rheumatic aortic valve insufficiency (BB71.0)

Rheumatic aortic stenosis with insufficiency (BB72.0)

Rheumatic tricuspid valve stenosis (BB80.0)

Rheumatic tricuspid valve insufficiency (BB81.0)

Rheumatic tricuspid valve stenosis with insufficiency (BB82.0)

Rheumatic pulmonary valve stenosis (BB90.0)

Rheumatic pulmonary valve insufficiency (BB91.0)

Rheumatic pulmonary valve stenosis with insufficiency (BB92.0)

1B41.0 Acute rheumatic pericarditis

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

1B41.1 Acute rheumatic endocarditis

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

1B41.10 Rheumatic aortitis

1B41.1Y Other specified acute rheumatic endocarditis

1B41.1Z Acute rheumatic endocarditis, unspecified

1B41.2 Acute rheumatic myocarditis

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

1B41.Y Other acute rheumatic heart disease

1B41.Z **Acute rheumatic heart disease, unspecified**

1B42 **Rheumatic chorea**

Sydenham chorea is a movement disorder that occurs with rheumatic fever heumaragic fever. It is characterised by rapid, uncoordinated jerking movements affecting primarily the face, feet and hands. Sydenham's chorea (SC) results from childhood infection with Group A beta-haemolytic Streptococci

Exclusions: Huntington chorea (8A01.10)

1B50 **Scarlet fever**

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

Inclusions: Scarlatina NOS

Exclusions: streptococcal sore throat (1B51)

Staphylococcal scarlatina (EA50.3)

1B51 **Streptococcal pharyngitis**

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

Inclusions: Streptococcal sore throat

Exclusions: Scarlet fever (1B50)

1B53 **Meningitis due to Streptococcus**

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

Inclusions: Streptococcal meningitis

1B54 **Meningitis due to Staphylococcus**

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

Inclusions: Staphylococcal meningitis

1B5Y **Other specified staphylococcal or streptococcal diseases**

1B5Z **Staphylococcal or streptococcal diseases, unspecified**

Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70-1B7Y)

Coded Elsewhere: Acute bacterial paronychia (EE12.0)

1B70 **Bacterial cellulitis, erysipelas or lymphangitis**

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

Exclusions: Eosinophilic cellulitis (EB30)

1B70.0 Erysipelas

Exclusions: postpartum or puerperal erysipelas (JB40)

1B70.00 Erysipelas of face

1B70.01 Erysipelas of external ear

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

1B70.02 Erysipelas of lower limb

1B70.0Y Erysipelas of other specified site

1B70.1 Streptococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)
Cellulitis of external ear (AA01)
anal cellulitis (DB70.00)
vulvar cellulitis (GA00.0)
Cellulitis of penis (GB06)
Inflammatory disorders of scrotum (GB07.2)
perirectal cellulitis (DB36.10)
Superficial incisional site infection (NE81.20)

1B70.2 Staphylococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)
Cellulitis of external ear (AA01)
anal cellulitis (DB70.00)
vulvar cellulitis (GA00.0)
Cellulitis of penis (GB06)
Inflammatory disorders of scrotum (GB07.2)
perirectal cellulitis (DB36.10)
Superficial incisional site infection (NE81.20)

1B70.3 **Ascending bacterial lymphangitis**

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

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

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

1B71 Necrotising fasciitis

1B71.0 **Streptococcal necrotising fasciitis**

Exclusions: Neonatal necrotising fasciitis (1B71.2)

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

1B71.1 **Polymicrobial necrotising fasciitis**

Exclusions: Neonatal necrotising fasciitis (1B71.2)

1B71.2 **Neonatal necrotising fasciitis**

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

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

1B71.Z **Necrotising fasciitis, unspecified**

1B72 Impetigo

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

Exclusions: impetigo herpetiformis (EA90.40)

Staphylococcal scalded skin syndrome (EA50.2)

Coded Elsewhere: Otitis externa in impetigo (AA3Y)

1B72.0 **Bullous impetigo**

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

Coded Elsewhere: Neonatal bullous impetigo (EH11)

1B72.1 **Non-bullous impetigo**

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

1B72.2 **Secondary impetiginisation of the skin**

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

Coding Note: Code also the causing condition

1B72.Y **Other specified impetigo**

1B72.Z **Impetigo, unspecified**

1B73 Ecthyma

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

1B73.0 **Streptococcal ecthyma**

1B73.1 **Staphylococcal ecthyma**

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

1B73.2 **Ecthyma gangrenosum**

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

Coded Elsewhere: Neonatal ecthyma gangrenosum (EH11)

1B73.Y **Other specified ecthyma**

1B73.Z **Ecthyma, unspecified**

1B74 Superficial bacterial folliculitis

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

1B74.0 **Staphylococcus aureus superficial folliculitis**

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

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

1B74.Z **Superficial bacterial folliculitis due to unspecified organism**

1B75 Deep bacterial folliculitis or pyogenic abscess of the skin

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

1B75.0 **Furuncle**

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

1B75.1 **Carbuncle**

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

1B75.2 **Furunculosis**

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

1B75.3 **Pyogenic abscess of the skin**

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

Coded Elsewhere: Sacrococcygeal pilonidal abscess (EG63.2)

Infected epidermoid cyst (EK70.00)

1B75.4 **Chronic deep bacterial folliculitis**

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

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

1B7Y **Other specified pyogenic bacterial infection of skin and subcutaneous tissue**

Certain zoonotic bacterial diseases (1B90-1B9Z)

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

1B90 **Rat-bite fevers**

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

1B90.0 **Spirillosis**

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

Inclusions: Sodoku

1B90.1 **Streptobacillosis**

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

Inclusions: Epidemic arthritic erythema

Haverhill fever

Streptobacillary rat-bite fever

1B91 **Leptospirosis**

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

1B92 **Glanders**

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

Inclusions: Infection due to Pseudomonas mallei

1B93 **Plague**

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

1B93.0 Bubonic plague

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

1B93.1 Cellulocutaneous plague

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

1B93.2 Pneumonic plague

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

1B93.3 Plague meningitis

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

1B93.Y Other specified plague

1B93.Z Plague, unspecified

1B94 **Tularaemia**

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

Inclusions: deer-fly fever

rabbit fever

infection due to Francisella tularensis

1B94.0 Ulceroglandular tularaemia

1B94.Y Other specified tularaemia

1B94.Z Tularaemia, unspecified

1B95 **Brucellosis**

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

Inclusions: Malta fever

Mediterranean fever

undulant fever

Coded Elsewhere: Spondylitis in brucellosis (FA13)

1B96 **Erysipeloid**

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

1B97 **Anthrax**

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

1B98 **Cat-scratch disease**

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

Inclusions: Cat-scratch fever

Rochalimaea henselae infection

1B99 **Pasteurellosis**

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

1B9A **Extraintestinal yersiniosis**

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

Exclusions: Enteritis due to Yersinia enterocolitica (1A05)

Plague (1B93)

1B9Z **Unspecified zoonotic bacterial disease**

Other bacterial diseases (1C10-1C4Z)

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

Bacterial duodenitis (DA51.6Y)

1C10 **Actinomycosis**

A disease commonly caused by an infection with the gram-positive bacteria Actinomyces. This disease is characterised by painful abscesses in the mouth, lungs, and gastrointestinal tract. Transmission is by endogenous infection. Confirmation is by identification of Actinomyces in infected tissue or fluid samples.

Exclusions: Actinomycetoma (1C43)

Coded Elsewhere: Myelitis associated with actinomyces (1D02.0)

1C10.0 Pulmonary actinomycosis

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

1C10.1 Abdominal actinomycosis

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

1C10.2 Cervicofacial actinomycosis

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

1C10.3 Primary cutaneous actinomycosis

1C10.Y Other specified forms of actinomycosis

1C10.Z Actinomycosis, unspecified

1C11 Bartonellosis

Any infection caused by the gram-negative bacteria Bartonella.

Coded Elsewhere: Cat-scratch disease (1B98)

1C11.0 Carrion disease

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

1C11.00 Oroya fever

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

1C11.01 Verruga peruana

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

1C11.1 Trench fever

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

Inclusions: Quintan fever

1C11.Y Other forms of bartonellosis

1C12 **Whooping cough**

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

1C12.0 Whooping cough due to Bordetella pertussis

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

1C12.1 Whooping cough due to Bordetella parapertussis

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

1C12.Y Other specified whooping cough

1C12.Z Whooping cough, unspecified

1C13 **Tetanus**

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

Exclusions: Obstetrical tetanus (1C14)

Tetanus neonatorum (1C15)

1C14 **Obstetrical tetanus**

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

1C15 **Tetanus neonatorum**

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

1C16 **Gas gangrene**

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

1C17 **Diphtheria**

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

1C17.0 **Pharyngeal or tonsillar diphtheria**

Inclusions: Diphtheritic membranous angina

1C17.00 Postdiphtheritic paralysis of uvula

1C17.0Y Other specified pharyngeal or tonsillar diphtheria

1C17.0Z Pharyngeal or tonsillar diphtheria, unspecified

1C17.1 **Nasal diphtheria**

1C17.2 **Laryngeal diphtheria**

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

Inclusions: Diphtheritic laryngotracheitis

1C17.3 **Cutaneous diphtheria**

Exclusions: Erythrasma (1C44)

1C17.Y **Other specified diphtheria**

1C17.Z **Diphtheria, unspecified**

1C18 **Brazilian purpuric fever**

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

Inclusions: Systemic Haemophilus aegyptius infection

1C19 Legionellosis

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

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

1C19.0 Nonpneumonic Legionnaires' disease

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

1C19.1 Legionnaires disease

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

1C1A Listeriosis

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

Inclusions: listerial foodborne infection

Coded Elsewhere: Neonatal listeriosis (KA61.1)

1C1A.0 Cutaneous listeriosis

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

1C1A.1 Listerial meningitis or meningoencephalitis

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

1C1A.Y Other specified listeriosis

1C1A.Z Listeriosis, unspecified

1C1B Nocardiosis

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

1C1B.0 Pulmonary nocardiosis

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

1C1B.1 Cutaneous nocardiosis

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

Exclusions: Actinomycetoma due to Nocardia species (1C43)

1C1B.Y Other specified forms of nocardiosis

1C1B.Z Nocardiosis, unspecified

1C1C Meningococcal disease

This illness is severe and includes infections of the lining of the brain and spinal cord (meningitis) and generalised bloodstream infections (bacteraemia or septicaemia).

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

Inclusions: Meningococcal infection

Coded Elsewhere: Meningococcal encephalitis (1D00.0)

1C1C.0 Meningococcal meningitis

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

Inclusions: Meningitis due to Neisseria meningitidis

1C1C.1 **Waterhouse-Friderichsen syndrome**

A syndrome of the adrenal glands, commonly caused by an infection with meningococcus Neisseria meningitidis. This syndrome is characterised by bleeding into the adrenal glands due to the severe bacterial infection. This syndrome may present with fever, chills, vomiting, myalgia, or rash, with progression to disseminated intravascular coagulation. Transmission is by direct contact or droplet transmission.

Inclusions: Meningococcal haemorrhagic adrenalitis

1C1C.2 **Meningococcaemia**

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

1C1C.20 Acute meningococcaemia

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

1C1C.2Y Other specified meningococcaemia

1C1C.2Z Meningococcaemia, unspecified

1C1C.Y **Other specified meningococcal disease**

1C1C.Z **Meningococcal disease, unspecified**

1C1D Yaws

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

1C1D.0 **Primary yaws**

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

Inclusions: Chancre of yaws

Primary framboesia

1C1D.1 **Secondary yaws**

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

1C1D.2 **Tertiary yaws**

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

1C1D.3 **Latent yaws**

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

Inclusions: Yaws without clinical manifestations, with positive serology

1C1E Pinta

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

1C1E.0 **Primary lesions of pinta**

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

Inclusions: Primary chancre of pinta

1C1E.1 **Intermediate lesions of pinta**

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

Inclusions: Pintids

1C1E.2 **Late lesions of pinta**

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

Inclusions: Hypomelanosis due to late pinta

1C1E.3 **Mixed lesions of pinta**

1C1F Endemic non-venereal syphilis

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

Inclusions: Bejel

Endemic syphilis

Njovera

1C1G Lyme borreliosis

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

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

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

1C1G.0 **Early cutaneous Lyme borreliosis**

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

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

1C1G.1 **Disseminated Lyme borreliosis**

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

1C1G.10 Lyme neuroborreliosis

1C1G.11 Lyme carditis

1C1G.12 Ophthalmic Lyme borreliosis

1C1G.13 Lyme arthritis

1C1G.14 Late cutaneous Lyme borreliosis

1C1G.1Y Other specified disseminated Lyme borreliosis

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

1C1G.1Z Disseminated Lyme borreliosis, unspecified

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

1C1G.Y **Other specified Lyme borreliosis**

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

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

1C1H Necrotising ulcerative gingivitis

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

Inclusions: Fusospirochaetal gangrene

1C1H.0 **Other Vincent infections**

1C1H.Y **Other specified necrotising ulcerative gingivitis**

1C1H.Z **Necrotising ulcerative gingivitis, unspecified**

1C1J Relapsing fever

1C1J.0 **Tick-borne relapsing fever**

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

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

1C1J.1 **Louse-borne relapsing fever**

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

Inclusions: Relapsing fever due to Borrelia recurrentis

1C20 **Chlamydial conjunctivitis**

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

Inclusions: Paratrachoma

1C21 **Chlamydial peritonitis**

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

1C22 **Infections due to Chlamydia psittaci**

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

Inclusions: Psittacosis

Ornithosis

Parrot fever

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

1C23 **Trachoma**

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

1C23.0 Initial stage of trachoma

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

Inclusions: Trachoma dubium

1C23.1 Active stage of trachoma

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

1C23.Y Other specified trachoma

1C23.Z Trachoma, unspecified

1C2Y **Other specified diseases due to chlamydiae**

1C2Z Diseases due to chlamydiae, unspecified

Rickettsioses (1C30-1C3Z)

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

Coded Elsewhere: Trench fever (1C11.1)

1C30 Typhus fever

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

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

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

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

1C30.1 Recrudescent typhus

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

Inclusions: Brill-Zinsser disease

1C30.2 Typhus fever due to Rickettsia typhi

1C30.3 Typhus fever due to Orientia tsutsugamushi

Inclusions: Tsutsugamushi fever

1C30.Y Other specified typhus fever

1C30.Z Typhus fever, unspecified

1C31 Spotted fever

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

1C31.0 Spotted fever due to Rickettsia rickettsii

Inclusions: Rocky Mountain spotted fever

Sao Paulo fever

1C31.1 **Spotted fever due to Rickettsia conorii**

Inclusions: Boutonneuse fever
Mediterranean tick fever
African tick typhus
Kenya tick typhus

1C31.2 **Spotted fever due to Rickettsia sibirica**

Inclusions: North Asian tick fever
Siberian tick typhus

1C31.3 **Spotted fever due to Rickettsia australis**

Inclusions: Queensland tick typhus

1C31.Y **Other specified spotted fever**

1C31.Z **Spotted fever, unspecified**

1C32 **Rickettsialpox**

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

Inclusions: Kew Gardens spotted fever

1C33 **Q fever**

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

Inclusions: Nine Mile fever
Infection due to Coxiella burnetii
Quadrilateral fever

1C3Y **Other specified rickettsioses**

1C3Z **Rickettsioses, unspecified**

1C40 **Campylobacteriosis**

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

1C41 **Bacterial infection of unspecified site**

Exclusions: meningococcal infection NOS (1C1C)

chlamydial infection NOS (1C20-1C2Z)

rickettsial infection NOS (1C30-1C3Z)

spirochaetal infection NOS (1C10-1C4Z)

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

Coded Elsewhere: Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

1C42 **Melioidosis**

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

1C43 **Actinomycetoma**

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

Inclusions: Mycetoma due to filamentous bacteria

Exclusions: Eumycetoma (1F29)

1C44 **Non-pyogenic bacterial infections of the skin**

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

1C45 **Toxic shock syndrome**

Exclusions: endotoxic shock NOS (1G41)

1C45.0 Streptococcal toxic shock syndrome

1C45.1 Staphylococcal toxic shock syndrome

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

1C45.Z Toxic shock syndrome without specified infectious agent

1C4Y **Other specified bacterial diseases**

1C4Z **Unspecified bacterial disease**

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

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

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

1C60 **Human immunodeficiency virus disease associated with tuberculosis**

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

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

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

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

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

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

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

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

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

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

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

Human immunodeficiency virus disease enteritis (1C62.2)

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

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

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

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

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

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

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

HIV retinitis (9B72.01)

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

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

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

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

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

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

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

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

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

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

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

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

1C61 Human immunodeficiency virus disease associated with malaria

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

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

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

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

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

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

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

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

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

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

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

Human immunodeficiency virus disease enteritis (1C62.2)

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

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

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

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

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

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

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

HIV retinitis (9B72.01)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HIV retinitis (9B72.01)

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

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

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

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

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

Coded Elsewhere: Progressive multifocal leukoencephalopathy (8A45.02)
Enteroviral exanthematous fever (1F05.2)
Herpes simplex meningitis (1F00.20)
Subacute sclerosing panencephalitis (8A45.01)
West Nile virus infection (1D46)
Colorado tick fever (1D41)
Zoster meningitis (1E91.3)

1C80 Viral encephalitis not elsewhere classified

Coded Elsewhere: Western equine encephalitis (1C83)
Eastern equine encephalitis (1C84)
Venezuelan equine encephalitis (1C8C)
Argentinian haemorrhagic fever (1D61.0)
Bolivian haemorrhagic fever (1D61.1)
Lassa fever (1D61.2)
La Crosse encephalitis (1C8D)
Oropouche virus disease (1D43)
Marburg disease (1D60.1)
Ebola disease (1D60.0)
Japanese encephalitis (1C85)
St Louis encephalitis (1C86)
Rocio viral encephalitis (1C87)
Murray Valley encephalitis (1C88)
Far Eastern tick-borne encephalitis (1C89)
Central European tick-borne encephalitis (1C8A)
Encephalitis due to herpes simplex virus (1F00.21)
Encephalitis due to mumps virus (1D80.3)
Varicella encephalitis (1E90.2)
Measles complicated by encephalitis (1F03.1)
Sequelae of viral encephalitis (1G84)
California encephalitis (1C8B)
Encephalitis due to Arenavirus (1D6Y)
Encephalitis due to Rubella virus (1F02.0)

1C81 **Acute poliomyelitis**

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

1C82 **Rabies**

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

Coded Elsewhere: Encephalitis due to classical rabies virus (1C80)

1C83 **Western equine encephalitis**

1C84 **Eastern equine encephalitis**

1C85 **Japanese encephalitis**

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

1C86 **St Louis encephalitis**

1C87 **Rocio viral encephalitis**

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

1C88 **Murray Valley encephalitis**

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

Inclusions: Australian encephalitis

1C89 **Far Eastern tick-borne encephalitis**

1C8A **Central European tick-borne encephalitis**

1C8B **California encephalitis**

Inclusions: California meningoencephalitis

1C8C **Venezuelan equine encephalitis**

1C8D **La Crosse encephalitis**

1C8E **Viral meningitis not elsewhere classified**

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

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

Measles complicated by meningitis (1F03.2)

Herpes simplex meningitis (1F00.20)

Varicella meningitis (1E90.1)

Neonatal meningitis (KA65.4)

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

Meningitis due to rubella virus (1F02.0)

Zoster meningitis (1E91.3)

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

Viral meningitis due to Cytomegalovirus (1D82.Y)

1C8E.1 Enteroviral meningitis

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

1C8E.2 Meningitis due to adenovirus

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

1C8E.Y Other specified viral meningitis not elsewhere classified

1C8E.Z Viral meningitis not elsewhere classified, unspecified

1C8F **Lymphocytic choriomeningitis**

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

Exclusions: Encephalitis due to Lymphocytic choriomeningitis virus (1D60-1D6Z)

meningoencephalitis due to Lymphocytic choriomeningitis virus (1D60-1D6Z)

1C8Y **Other specified viral infections of the central nervous system**

1C8Z **Viral infections of the central nervous system, unspecified**

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

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

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

1D00 **Infectious encephalitis not elsewhere classified**

A disease of the brain, caused by an infection.

Coding Note: Code also the causing condition

1D00.0 Bacterial encephalitis

Coded Elsewhere: Tuberculous meningoencephalitis (1B11.1)

Tuberculous encephalitis (1B11.Y)

1D00.1 Fungal encephalitis

1D00.2 Parasitic or protozoal encephalitis

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

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

Encephalitis in African trypanosomiasis (1F51.Z)

Encephalitis due to malaria (1F40.0)

Encephalitis in Gambiense trypanosomiasis (1F51.0Y)

Encephalitis in Rhodesiense trypanosomiasis (1F51.1Y)

Encephalitis in Chagas disease (1F53.Y)

1D00.Y Other specified infectious encephalitis not elsewhere classified

Coding Note: Code also the causing condition

1D00.Z **Infectious encephalitis not elsewhere classified, unspecified**

Coding Note: Code also the causing condition

1D01 Infectious meningitis not elsewhere classified

A disease of the meninges, caused by an infection.

Coding Note: Code also the causing condition

1D01.0 **Bacterial meningitis**

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

Coding Note: Code also the causing condition

Inclusions: arachnoiditis bacterial
leptomeningitis bacterial
pachymeningitis bacterial

Exclusions: bacterial: meningoencephalitis (1D00.0)
bacterial meningomyelitis (1D02.0)

Coded Elsewhere: Pachymeningitis (8E41)

1D01.00 Meningitis due to Haemophilus influenzae

1D01.0Y Other specified bacterial meningitis

Coding Note: Code also the causing condition

1D01.0Z Bacterial meningitis, unspecified

Coding Note: Code also the causing condition

1D01.1 **Fungal meningitis**

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

Coded Elsewhere: Coccidioides meningitis (1F25.12)
Candida meningitis (1F23.30)
Aspergillus meningitis (1F20.01)

1D01.10 Meningitis due to Cryptococcus neoformans

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

1D01.1Y Other specified fungal meningitis

1D01.1Z Fungal meningitis, unspecified

1D01.2 **Parasitic or protozoal meningitis**

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

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

Meningitis in Chagas disease (1F53.4)

Meningitis in African trypanosomiasis (1F51.Z)

1D01.3 **Benign recurrent meningitis**

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

Coding Note: Code also the causing condition

1D01.Z **Infectious meningitis not elsewhere classified, unspecified**

Coding Note: Code also the causing condition

1D02 Infectious myelitis not elsewhere classified

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

Coding Note: Code also the causing condition

1D02.0 **Bacterial myelitis**

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

Coding Note: Code also the causing condition

1D02.1 **Viral myelitis**

Coding Note: Code also the causing condition

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

1D02.2 **Fungal myelitis**

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

Coding Note: Code also the causing condition

1D02.3 **Parasitic myelitis**

Coding Note: Code also the causing condition

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

Coding Note: Code also the causing condition

1D02.Z **Infectious myelitis not elsewhere classified, unspecified**

Coding Note: Code also the causing condition

1D03 **Infectious abscess of the central nervous system**

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

Coding Note: Code also the causing condition

1D03.0 **Intraspinal intramedullary abscess**

Coding Note: Code also the causing condition

1D03.1 **Intraspinal subdural abscess**

Coding Note: Code also the causing condition

1D03.2 **Intraspinal extradural abscess**

Coding Note: Code also the causing condition

1D03.3 **Intracranial abscess**

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

Coding Note: Code also the causing condition

1D03.30 Deep cerebral hemispheric abscess

Coding Note: Code also the causing condition

1D03.31 Abscess of the corpus callosum

Coding Note: Code also the causing condition

1D03.32 Pituitary abscess

Coding Note: Code also the causing condition

1D03.33 Multiple or widespread intracranial abscess

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

Coding Note: Code also the causing condition

1D03.3Y Other specified intracranial abscess

Coding Note: Code also the causing condition

1D03.3Z Intracranial abscess, unspecified

Coding Note: Code also the causing condition

1D03.4 Intraspinal epidural abscess

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

Coding Note: Code also the causing condition

1D03.5 Spinal cord abscess

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

Coding Note: Code also the causing condition

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

Coding Note: Code also the causing condition

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

Coding Note: Code also the causing condition

1D04 Infectious granulomas of the central nervous system

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

Tuberculous granuloma of the meninges (1B11.4)

1D04.0 Parasitic intracerebral granuloma

1D04.1 **Intracranial granuloma**

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

1D04.10 Fungal intracranial granuloma

1D04.1Y Other specified intracranial granuloma

1D04.1Z Intracranial granuloma, unspecified

1D04.2 **Intraspinal intramedullary granuloma**

1D04.3 **Intraspinal subdural granuloma**

1D04.4 **Intraspinal extradural granuloma**

1D04.5 **Intraspinal epidural granuloma**

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

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

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

1D05 Infectious cysts of the central nervous system

1D05.0 **Epidural infectious cyst**

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

1D05.1 **Subdural infectious cyst**

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

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

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

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

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

Dengue (1D20-1D2Z)

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

Coded Elsewhere: Myelitis due to Dengue virus (1D02.1)

Encephalitis due to Dengue fever (1C80)

1D20 **Dengue without warning signs**

Inclusions: Dengue haemorrhagic fever Grade 1

Dengue fever without warning signs

Dengue haemorrhagic fever without warning signs

1D21 **Dengue with warning signs**

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

1D22 **Severe dengue**

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

1D2Z **Dengue fever, unspecified**

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

Coded Elsewhere: Dengue (1D20-1D2Z)

Far Eastern tick-borne encephalitis (1C89)

Central European tick-borne encephalitis (1C8A)

Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

California encephalitis (1C8B)

Venezuelan equine encephalitis (1C8C)

La Crosse encephalitis (1C8D)

1D40 **Chikungunya virus disease**

1D41 **Colorado tick fever**

1D42 **O'nyong-nyong fever**

1D43 **Oropouche virus disease**

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

Inclusions: Oropouche fever

1D44 **Rift Valley fever**

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

1D45 **Sandfly fever**

Inclusions: pappataci fever

phlebotomus fever

1D46 **West Nile virus infection**

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

Inclusions: West Nile fever

1D47 **Yellow fever**

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

1D48 **Zika virus disease**

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

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

1D49 **Crimean-Congo haemorrhagic fever**

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

1D4A **Omsk haemorrhagic fever**

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

1D4B **Kyasanur Forest disease**

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

1D4C **Alkhurma haemorrhagic fever**

1D4D **Ross River disease**

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

Inclusions: Epidemic polyarthritis and exanthema

Ross River fever

1D4E **Severe fever with thrombocytopenia syndrome**

1D4Y **Other specified arthropod-borne viral fevers**

1D4Z **Arthropod-borne viral fever, virus unspecified**

Certain zoonotic viral diseases (1D60-1D6Z)

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

1D60 **Filovirus disease**

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

1D60.0 Ebola disease

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

1D60.00 Bundibugyo virus disease

Ebola disease caused by Bundibugyo virus.

1D60.01 Ebola virus disease

Ebola disease caused by Ebola virus.

1D60.02 Sudan virus disease

Ebola disease caused by Sudan virus.

1D60.03 Atypical Ebola disease

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

1D60.0Y Other specified Ebola disease

1D60.0Z Ebola disease, virus unspecified

1D60.1 Marburg disease

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

1D60.10 Marburg virus disease

Marburg disease caused by Marburg virus or Ravn virus.

1D60.11 Atypical Marburg disease

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

1D60.1Y Other specified Marburg disease

1D60.1Z Marburg disease, virus unspecified

1D60.Y Other specified filovirus disease

1D60.Z **Filovirus disease, virus unspecified**

1D61 Arenavirus disease

Coded Elsewhere: Lymphocytic choriomeningitis (1C8F)

Encephalitis due to Arenavirus (1D6Y)

1D61.0 **Argentinian haemorrhagic fever**

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

1D61.1 **Bolivian haemorrhagic fever**

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

1D61.2 **Lassa fever**

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

1D61.3 Venezuelan haemorrhagic fever

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

1D61.Y Other specified arenavirus disease

1D61.Z Arenavirus disease, unspecified

1D62 Hantavirus disease

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

1D62.0 Haemorrhagic fever with renal syndrome

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

Inclusions: Nephropathia epidemica

1D62.1 Hantavirus pulmonary syndrome

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

1D62.2 Atypical hantavirus disease

1D62.Y Other specified hantavirus disease

1D62.Z Hantavirus disease, unspecified

1D63 Henipavirus encephalitis

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

1D64 **Middle East respiratory syndrome**

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

1D65 **Severe acute respiratory syndrome**

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

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

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

1D6Y **Other specified zoonotic viral diseases**

1D6Z **Zoonotic viral disease, virus unspecified**

Certain other viral diseases (1D80-1E1Z)

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

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

Viral duodenitis (DA51.6Y)

Tahyna fever (1D4Y)

1D80 **Mumps**

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

1D80.0 Mumps without complication

1D80.1 Orchitis due to mumps virus

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

Inclusions: Mumps orchitis

1D80.2 **Meningitis due to mumps virus**

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

Inclusions: mumps meningitis

1D80.3 **Encephalitis due to mumps virus**

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

Inclusions: Mumps encephalitis

1D80.4 **Pancreatitis due to mumps virus**

Inclusions: mumps pancreatitis

1D80.Y **Other specified mumps**

1D81 Infectious mononucleosis

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

Inclusions: Glandular fever

Gammaherpesviral mononucleosis

1D81.0 **Mononucleosis due to Epstein-Barr virus**

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

1D81.1 **Mononucleosis due to cytomegalovirus**

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

1D81.Y **Other specified infectious mononucleosis**

1D81.Z **Infectious mononucleosis, unspecified**

1D82 Cytomegaloviral disease

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

Coded Elsewhere: Mononucleosis due to cytomegalovirus (1D81.1)
Congenital cytomegalovirus infection (KA62.3)
Intestinal infections due to Cytomegalovirus (1A24)
Cytomegaloviral retinitis (9B72.00)

1D82.0 Cytomegaloviral hepatitis

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

1D82.1 Cytomegaloviral pancreatitis

1D82.Y Other specified cytomegaloviral disease

1D82.Z Cytomegaloviral disease, unspecified

1D83 Epidemic myalgia

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

Inclusions: Bornholm disease

1D84 Viral conjunctivitis

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

Coding Note: Code also the causing condition

Exclusions: ocular disease herpesviral [herpes simplex] (1F00.1)
Ophthalmic zoster (1E91.1)

Coded Elsewhere: Zoster conjunctivitis (1E91.1)

1D84.0 Conjunctivitis due to adenovirus

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

Inclusions: Acute adenoviral follicular conjunctivitis
Swimming-pool conjunctivitis

1D84.1 **Acute epidemic haemorrhagic conjunctivitis**

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

1D84.Y **Other specified viral conjunctivitis**

Coding Note: Code also the causing condition

1D84.Z **Viral conjunctivitis, unspecified**

Coding Note: Code also the causing condition

1D85 **Viral carditis**

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

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

1D85.0 **Dilated cardiomyopathy secondary to viral myocarditis**

1D85.1 **Acute viral carditis**

1D85.2 **Chronic viral carditis**

1D85.3 **Aseptic myocarditis of newborn**

1D85.4 **Coxsackie carditis**

1D85.Y **Other specified viral carditis**

1D85.Z **Viral carditis, unspecified**

1D86 **Viral haemorrhagic fever, not elsewhere classified**

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

Certain zoonotic viral diseases (1D60-1D6Z)

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

Exclusions: Cytomegaloviral disease (1D82)

Herpes simplex infections (1F00)

1D90 **Adenovirus infection of unspecified site**

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

1D91 **Enterovirus infection of unspecified site**

Coded Elsewhere: Congenital echovirus infection (KA62.4)
Congenital enterovirus infection (KA62.5)

1D92 **Coronavirus infection, unspecified site**

Exclusions: Severe acute respiratory syndrome (1D65)
COVID-19, virus not identified (RA01.1)
COVID-19, virus identified (RA01.0)

1D93 **Parvovirus infection of unspecified site**

Coded Elsewhere: Congenital parvovirus syndrome (KA62.7)

1D9Y **Other viral infections of unspecified site**

1D9Z **Unspecified viral infection of unspecified site**

1E1Y **Other specified viral diseases**

1E1Z **Unspecified viral disease**

Influenza (1E30-1E32)

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

1E30 **Influenza due to identified seasonal influenza virus**

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)
Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E31 **Influenza due to identified zoonotic or pandemic influenza virus**

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

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

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

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)
Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E32 **Influenza, virus not identified**

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

Inclusions: Influenza specific virus not stated to have been identified

Viral influenza specific virus not stated to have been identified

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

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

Viral hepatitis (1E50-1E5Z)

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

Exclusions: Herpes simplex hepatitis (1F00)

Autoimmune hepatitis (DB96.0)

Non-alcoholic steatohepatitis (DB92.1)

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

Congenital viral hepatitis (KA62.9)

1E50 **Acute viral hepatitis**

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

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

Chronic viral hepatitis (1E51)

Coded Elsewhere: Cytomegaloviral hepatitis (1D82.0)

Epstein-Barr viral hepatitis (DB90.Y)

1E50.0 Acute hepatitis A

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

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

1E50.1 Acute hepatitis B

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

1E50.2 Acute hepatitis C

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

Coded Elsewhere: Necrolytic acral erythema (EA20)

1E50.3 Acute hepatitis D

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

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

1E50.4 Acute hepatitis E

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

1E50.Y Other specified acute viral hepatitis

1E50.Z Acute viral hepatitis, unspecified

1E51 **Chronic viral hepatitis**

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

Exclusions: Alcoholic liver disease (DB94)

Autoimmune hepatitis (DB96.0)

Non-alcoholic fatty liver disease (DB92)

1E51.0 Chronic hepatitis B

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

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

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

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

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

1E51.0Y Other specified chronic hepatitis B

1E51.0Z Chronic hepatitis B, unspecified

1E51.1 Chronic hepatitis C

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

Exclusions: Non-alcoholic fatty liver disease (DB92)

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

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

1E51.2 Chronic hepatitis D

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

1E51.3 Chronic hepatitis E

1E51.Y Other specified chronic viral hepatitis

1E51.Z Chronic viral hepatitis, unspecified

1E5Z **Viral hepatitis, unspecified**

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

Infections due to poxvirus (1E70-1E7Z)

1E70 **Smallpox**

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

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

Inclusions: Variola

1E71 **Monkeypox**

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

Inclusions: mpox

1E72 **Cowpox**

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

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

1E73 **Vaccinia**

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

1E74 **Buffalopox**

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

1E75 **Orf**

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

1E76 **Molluscum contagiosum**

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

Exclusions: Viral warts (1E80)

1E7Y **Other specified infections due to poxvirus**

1E7Z **Infections due to poxvirus, unspecified**

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

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

Coded Elsewhere: Anogenital warts (1A95)

1E80 Common warts

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

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

1E80.0 Digital or periungual warts

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

Exclusions: Plantar warts (1E80.1)

1E80.1 Plantar warts

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

1E80.Y Other specified common warts

1E81 Plane warts

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

1E82 Warts of lips or oral cavity

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

1E82.0 Focal epithelial hyperplasia of oral mucous membranes

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

1E83 **Wart virus proliferation in immune-deficient states**

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

1E8Z **Viral warts, not elsewhere classified**

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

1E90 **Varicella**

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

Coded Elsewhere: Fetal varicella syndrome (KA62.2)

Congenital varicella (KA62.2)

1E90.0 Varicella without complication

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

1E90.1 Varicella meningitis

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

1E90.2 Varicella encephalitis

Inclusions: Postchickenpox encephalitis

Varicella encephalomyelitis

1E90.Y Varicella with other specified complication

1E91 **Zoster**

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

1E91.0 Zoster without complications

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

1E91.1 Ophthalmic zoster

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

1E91.2 **Disseminated zoster**

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

1E91.3 **Zoster with central nervous system involvement**

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

1E91.40 Acute trigeminal zoster neuropathy

1E91.41 Acute herpetic geniculate ganglionitis

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

1E91.5 **Postherpetic polyneuropathy**

1E91.Y **Zoster with other specified complications**

1E91.Z **Zoster, unspecified**

1F00 Herpes simplex infections

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

Exclusions: Herpangina (1F05.1)

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

Anogenital herpes simplex infection (1A94)

Sexually transmissible infections due to Herpes simplex virus (1A9Y)

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

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

Coded Elsewhere: Anogenital herpes simplex infection (1A94)

1F00.00 Herpes simplex infection of skin

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

1F00.01 Herpes simplex labialis

Inclusions: Cold sore

1F00.02 Herpes simplex gingivostomatitis

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

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

1F00.1 **Herpes simplex infection of the eye**

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

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

1F00.10 Herpes simplex keratitis

1F00.11 Herpes simplex infection of eyelid

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

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

1F00.2 **Herpes simplex infection of central nervous system**

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

Coded Elsewhere: Herpes simplex myelitis (1D02.1)

1F00.20 Herpes simplex meningitis

1F00.21 Encephalitis due to herpes simplex virus

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

Inclusions: Simian B disease

1F00.3 **Disseminated herpes simplex infection**

1F00.Y **Other specified herpes simplex infections**

1F00.Z **Herpes simplex infections, unspecified**

1F01 Roseola infantum

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

1F02 Rubella

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

Coded Elsewhere: Congenital rubella syndrome (KA62.8)

1F02.0 Rubella with neurological complications

1F02.1 Rubella arthritis

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

1F02.2 Rubella without complication

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

1F02.Y Rubella with other specified complication

1F03 Measles

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

Inclusions: morbilli

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

1F03.0 Measles without complication

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

1F03.1 Measles complicated by encephalitis

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

1F03.2 **Measles complicated by meningitis**

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

Inclusions: Postmeasles meningitis

1F03.Y **Measles with other complications**

1F04 Erythema infectiosum

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

Inclusions: Slapped cheek syndrome

1F05 Picornavirus infections presenting in the skin or mucous membranes

1F05.0 **Enteroviral vesicular stomatitis**

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

Inclusions: Hand, foot and mouth disease

1F05.1 **Enteroviral vesicular pharyngitis**

1F05.2 **Enteroviral exanthematous fever**

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

Exclusions: Enteroviral vesicular pharyngitis (1F05.1)

Enteroviral vesicular stomatitis (1F05.0)

1F05.3 **Foot and mouth disease**

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

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

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

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

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

Mycoses (1F20-1F2Z)

Exclusions: Mycosis fungoides (2B01)

Hypersensitivity pneumonitis due to organic dust (CA70)

Coded Elsewhere: Intestinal fungal infections

Fungal infection of fetus or newborn (KA63)

1F20 **Aspergillosis**

Aspergillosis (ABPA) is a disease caused by fungi of the genus Aspergillus and occurs in people with lung diseases or weakened immune system. ABPA is most common in people with asthma or cystic fibrosis. The organism is ubiquitous, being found in soil and water or in other decaying vegetation. It enters the body through the lungs. The Symptoms of ABPA include wheezing and coughing of blood.

Inclusions: aspergilloma

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

Neonatal aspergillosis (KA63.1)

Myelitis associated with Aspergillus (1D02.2)

1F20.0 Invasive aspergillosis

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

1F20.00 Invasive aspergillosis of the digestive tract

1F20.01 Invasive cerebral aspergillosis

1F20.02 Disseminated aspergillosis

Invasive aspergillosis affecting three or more organs.

1F20.0Y Invasive aspergillosis of other specified site

1F20.1 Non-invasive aspergillosis

1F20.10 Aspergillus otomycosis

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

1F20.11 Chronic aspergillosis of the paranasal sinuses

Inclusions: Chronic granulomatous Aspergillus rhinosinusitis

1F20.12 Chronic pulmonary aspergillosis

Nodular or cavitary lesion or lesions in the lung, of at least three months duration in a non-immunocompromised patient (or one whose immunocompromising condition has remitted or is trivial), caused by Aspergillus spp. as demonstrated on tissue section by staining, by positive culture of a percutaneous biopsy or positive Aspergillus IgG antibodies.

Inclusions: Pulmonary Aspergillus nodule

Simple pulmonary aspergilloma

Chronic cavitary pulmonary aspergillosis

CFPA - [chronic fibrosing pulmonary aspergillosis]

CNPA - [chronic necrotising pulmonary aspergillosis]

1F20.13 Tonsillar aspergillosis

1F20.14 Aspergillus bronchitis

1F20.15 Obstructing aspergillus tracheobronchitis

1F20.1Y Other specified non-invasive aspergillosis

1F20.Z **Aspergillosis, unspecified**

1F21 Basidiobolomycosis

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

Inclusions: Subcutaneous mucoromycosis due to Basidiobolus ranarum

1F22 Blastomycosis

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

Exclusions: Brazilian blastomycosis (1F2E)

keloidal blastomycosis (1F2B)

1F23 Candidosis

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

Inclusions: moniliasis

candidiasis

Coded Elsewhere: Neonatal candidosis (KA63.2)

Invasive neonatal candidosis (KA63.2)

1F23.0 **Candidosis of lips or oral mucous membranes**

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

Exclusions: Neonatal candidosis (KA63.2)

1F23.1 **Candidosis of skin or mucous membranes**

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

1F23.10 Vulvovaginal candidosis

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

1F23.11 Candida balanoposthitis

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

Inclusions: Candidosis of penis

Penile thrush

1F23.12 Flexural or intertriginous candidosis

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

1F23.13 Candidosis of nail or paronychium

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

1F23.14 Chronic mucocutaneous candidosis

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

1F23.15 Disseminated cutaneous candidosis

1F23.16 Candida otomycosis

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

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

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

1F23.2 **Candidosis of gastrointestinal tract**

1F23.3 **Systemic or invasive candidosis**

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

Coded Elsewhere: Invasive neonatal candidosis (KA63.2)

Candidaemia (MA15.1)

1F23.30 Candida meningitis

1F23.31 Pulmonary candidosis

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

1F23.3Y Other specified systemic or invasive candidosis

1F23.3Z Systemic or invasive candidosis, unspecified

1F23.Y **Other specified candidosis**

1F23.Z **Candidosis, unspecified**

1F24 Chromoblastomycosis

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

1F25 Coccidioidomycosis

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

1F25.0 **Pulmonary coccidioidomycosis**

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

1F25.00 Acute pulmonary coccidioidomycosis

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

1F25.01 Chronic pulmonary coccidioidomycosis

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

1F25.1 **Extrathoracic coccidioidomycosis**

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

Coded Elsewhere: Myelitis associated with Coccidioides infection (1D02.2)

1F25.10 Disseminated coccidioidomycosis

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

1F25.11 Primary cutaneous coccidioidomycosis

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

1F25.12 Coccidioides meningitis

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

Inclusions: Coccidioidomycosis meningitis

1F25.1Y Other specified extrathoracic coccidioidomycosis

1F25.Z **Coccidioidomycosis, unspecified**

1F26 **Conidiobolomycosis**

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

Inclusions: Rhinoentomophthoromycosis

1F27 **Cryptococcosis**

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

1F27.0 Pulmonary cryptococcosis

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

1F27.1 Cerebral cryptococcosis

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

Coded Elsewhere: Meningitis due to Cryptococcus neoformans (1D01.10)

1F27.2 Disseminated cryptococcosis

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

1F27.Y Other specified cryptococcosis

1F27.Z Cryptococcosis, unspecified

1F28 Dermatophytosis

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

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

Exclusions: Tinea nigra (1F2D.4)

Tinea versicolor (1F2D.0)

1F28.0 Dermatophytosis of scalp

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

Inclusions: Tinea capitis

Scalp ringworm

1F28.1 Dermatophytosis of nail

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

Inclusions: Onychomycosis due to dermatophyte

Tinea unguium

Ringworm of nails

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

Candida onychomycosis (1F23.13)

1F28.2 Dermatophytosis of foot

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

Inclusions: Moccasin foot

Tinea pedis

Athlete's foot

Ringworm of foot

1F28.3 Genitocrural dermatophytosis

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

Inclusions: Tinea cruris

Ringworm of groin

Dermatophytosis of groin

1F28.4 Kerion

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

1F28.5 Disseminated dermatophytosis

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

1F28.Y Other specified dermatophytosis

1F28.Z Dermatophytosis, unspecified

1F29 Eumycetoma

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

Acremonium spp. and Fusarium spp.

Inclusions: Mycetoma due to fungal infection

Exclusions: Actinomycetoma (1C43)

1F2A Histoplasmosis

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

Coded Elsewhere: Meningitis due to Histoplasma capsulatum (1D01.1Y)

Histoplasmosis-related fibrosing mediastinitis (CB22.0)

1F2A.0 **Pulmonary histoplasmosis capsulati**

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

1F2A.1 **Histoplasmosis due to Histoplasma duboisii**

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

1F2A.Y **Other specified histoplasmosis**

1F2A.Z **Histoplasmosis, unspecified**

1F2B Lobomycosis

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

Inclusions: Lobo disease

1F2C Mucormycosis

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

1F2D Non-dermatophyte superficial dermatomycoses

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

Exclusions: Candidosis (1F23)

Dermatophytosis (1F28)

1F2D.0 **Pityriasis versicolor**

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

1F2D.1 **Malassezia folliculitis**

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

Inclusions: Seborrhoeic folliculitis

Exclusions: Seborrhoea (ED91.2)

1F2D.2 **White piedra**

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

Inclusions: Trichosporosis nodosa

1F2D.3 **Black piedra**

Inclusions: Trichomycosis nodularis

1F2D.4 **Tinea nigra**

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

Inclusions: Keratomycosis nigricans palmaris

1F2D.5 **Onychomycosis due to non-dermatophyte mould**

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

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

1F2D.Y **Other specified non-dermatophyte superficial dermatomycoses**

1F2E Paracoccidioidomycosis

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

1F2E.0 **Pulmonary paracoccidioidomycosis**

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

1F2E.1 **Disseminated paracoccidioidomycosis**

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

1F2E.Y **Other specified paracoccidioidomycosis**

1F2E.Z **Paracoccidioidomycosis, unspecified**

1F2F Phaeohyphomycosis

1F2G Pneumocystosis

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

1F2G.0 **Pulmonary pneumocystosis**

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

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

1F2G.Z **Pneumocystosis, unspecified**

1F2H Scedosporiosis

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

1F2J Sporotrichosis

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

1F2J.0 Lymphocutaneous sporotrichosis

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

1F2J.1 Fixed cutaneous sporotrichosis

Cutaneous sporotrichosis which remains localised to the area of inoculation.

1F2J.2 Pulmonary sporotrichosis

Pulmonary forms of infection, although uncommon, can occur when Sporothrix schenckii conidia are inhaled. [1]

Symptoms of pulmonary sporotrichosis mimic those of tuberculosis including constitutional complaints of fever, night sweats, weight loss, and fatigue as well as respiratory complaints including dyspnoea, cough, purulent sputum, and haemoptysis.[2]

1F2J.3 Disseminated sporotrichosis

1F2J.Y Other specified sporotrichosis

1F2J.Z Sporotrichosis, unspecified

1F2K Talaromycosis

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

1F2L Emmonsiosis

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

1F2L.0 Disseminated adiaspiromycosis

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

Exclusions: Pulmonary adiaspiromycosis (1F2L.1)

1F2L.1 **Pulmonary adiaspiromycosis**

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

Inclusions: Adiaspiromycosis

1F2L.Y **Other specified emmonsiosis**

1F2L.Z **Emmonsiosis, unspecified**

1F2Y **Other specified mycoses**

1F2Z **Mycoses, unspecified**

Parasitic diseases (1F40-1G2Z)

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

Malaria (1F40-1F4Z)

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

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

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

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

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

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

Human immunodeficiency virus disease associated with malaria (1C61)

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

Other congenital malaria (KA64.Y)

1F40 **Malaria due to Plasmodium falciparum**

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

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

Coded Elsewhere: Congenital falciparum malaria (KA64.1)

1F40.0 **Plasmodium falciparum malaria with cerebral complications**

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

1F40.Y **Other severe and complicated Plasmodium falciparum malaria**

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

1F40.Z **Malaria due to Plasmodium falciparum, unspecified**

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

1F41 Malaria due to Plasmodium vivax

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

Exclusions: when mixed with Plasmodium falciparum (1F40)

1F41.0 **Plasmodium vivax malaria with rupture of spleen**

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

1F41.Z **Plasmodium vivax malaria without complication**

1F42 Malaria due to Plasmodium malariae

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

Exclusions: when mixed with Plasmodium vivax (1F41)

when mixed with Plasmodium falciparum (1F40)

1F42.0 **Plasmodium malariae malaria with nephropathy**

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

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

1F42.Z **Plasmodium malariae malaria without complication**

1F43 **Malaria due to Plasmodium ovale**

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

Exclusions: when mixed with Plasmodium malariae (1F42)

when mixed with Plasmodium falciparum (1F40)

when mixed with Plasmodium vivax (1F41)

1F44 **Other parasitologically confirmed malaria**

1F45 **Malaria without parasitological confirmation**

Clinically diagnosed malaria without parasitological confirmation

Inclusions: Clinically diagnosed malaria without parasitological confirmation

1F4Z **Malaria, unspecified**

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

Nonintestinal protozoal diseases (1F50-1F5Z)

Infections with unicellular organisms of the subkingdom Protozoa.

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

Coded Elsewhere: Amoebiasis (1A36)

Malaria without parasitological confirmation (1F45)

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

1F50 **Acanthamoebiasis**

1F51 **African trypanosomiasis**

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

1F51.0 Gambiense trypanosomiasis

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

Inclusions: West African sleeping sickness

Infection due to Trypanosoma brucei gambiense

1F51.00 Meningitis in Gambiense trypanosomiasis

1F51.0Y Other specified gambiense trypanosomiasis

1F51.0Z Gambiense trypanosomiasis, unspecified

1F51.1 Rhodesiense trypanosomiasis

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

Inclusions: East African sleeping sickness

Infection due to Trypanosoma brucei rhodesiense

1F51.10 Meningitis in Rhodesiense trypanosomiasis

1F51.1Y Other specified rhodesiense trypanosomiasis

1F51.1Z Rhodesiense trypanosomiasis, unspecified

1F51.Y Other specified african trypanosomiasis

1F51.Z African trypanosomiasis, unspecified

1F52 **Babesiosis**

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

Inclusions: Piroplasmosis

1F53 **Chagas disease**

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

Inclusions: American trypanosomiasis

infection due to Trypanosoma cruzi

1F53.1 **Acute Chagas disease without heart involvement**

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

1F53.2 **Chronic Chagas disease with heart involvement**

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

1F53.3 **Chagas disease with digestive system involvement**

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

1F53.4 **Meningitis in Chagas disease**

1F53.Y **Other specified Chagas disease**

1F53.Z **Chagas disease, unspecified**

1F54 Leishmaniasis

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

1F54.0 **Visceral leishmaniasis**

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

Inclusions: Kala-azar

1F54.1 Cutaneous leishmaniasis

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

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

1F54.2 Mucocutaneous leishmaniasis

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

Inclusions: Leishmania braziliensis infection

1F54.Z Leishmaniasis, unspecified

1F55 Naegleriasis

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

Coded Elsewhere: Primary amoebic meningoencephalitis (1D00.2)

1F56 Rhinosporidiosis

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

1F57 Toxoplasmosis

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

Coded Elsewhere: Congenital toxoplasmosis (KA64.0)

1F57.0 Hepatitis due to Toxoplasma gondii

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

1F57.1 Meningoencephalitis due to Toxoplasma gondii

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

Inclusions: Toxoplasma meningoencephalitis

1F57.2 Pulmonary toxoplasmosis due to Toxoplasma gondii

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

Pulmonary toxoplasmosis in the immunodeficient patient may appear in the form of interstitial pneumonitis, necrotizing pneumonitis, consolidation, pleural effusion, or empyema, or all of these.[1]

AIDS patients with Toxoplasma pneumonia present with cough, dyspnoea, and fever. As toxoplasmosis is generally seen only in advanced HIV infection with CD4 counts below 100, the majority of AIDS patients who develop toxoplasma pneumonia already have had previous HIV-associated opportunistic infections. In solid organ transplant patients, this is most commonly due to transplantation of a toxoplasma-seropositive lung or heart into a seronegative recipient, resulting in primary pulmonary disease. In bone marrow transplant patients, pulmonary toxoplasmosis occurs in 0.28% to 0.45% of patients. Unlike solid organ transplant patients, most of these patients have reactivation, not primary disease.[2]

Source:

[1]Montoya JG, et al. Toxoplasma gondii. In: edited by Mandell GL, Bennett JE, Dolin R, Mandell, Douglas, and Bennett's principles and practice of infectious diseases7th ed. Philadelphia: Churchill Livingstone, 2010.3495-3526

[2]McCarthy J, et al. PARASITIC LUNG INFECTIONS. In: Robert J. Mason BJ et al. editors. Murray & Nadel's textbook of respiratory medicine. 5th ed. Philadelphia: Saunders Elsevier: 2010. p.661-698

Inclusions: Pulmonary toxoplasmosis

1F57.3 Eye disease due to Toxoplasma gondii

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

Inclusions: Toxoplasma oculopathy

1F57.Y Other specified toxoplasmosis

1F57.Z Toxoplasmosis, unspecified

1F58 **Microsporidiosis**

1F5Z **Unspecified protozoal disease**

Helminthiases (1F60-1F9Z)

Coded Elsewhere: Parasitic duodenitis (DA51.6Y)

Diseases due to nematodes (1F60-1F6Z)

1F60 **Angiostrongyliasis**

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

1F60.0 Eosinophilic meningitis due to Angiostrongylus cantonensis

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

1F60.1 Intestinal angiostrongyliasis

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

1F60.Y Other specified angiostrongyliasis

1F60.Z Angiostrongyliasis, unspecified

1F61 **Anisakiasis**

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

Inclusions: Infection due to Anisakis larvae

1F62 **Ascariasis**

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

1F63 **Capillariasis**

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

1F63.0 Capillariasis of the intestine

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

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

1F63.Y Other specified capillariasis

1F63.Z Capillariasis, unspecified

1F64 **Dracunculiasis**

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

Inclusions: Guinea worm infestation

1F65 **Enterobiasis**

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

Inclusions: Pinworm infection

Threadworm infection

Oxyuriasis

1F66 **Filariasis**

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

Exclusions: Onchocerciasis (1F6A)

1F66.0 **Loiasis**

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

Inclusions: Eye worm disease of Africa

Loa loa infestation

Calabar swelling

1F66.1 **Mansonelliasis**

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

1F66.2 **Filariasis due to Brugia species**

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

Filariasis due to Brugia malayi (1F66.31)

1F66.3 **Lymphatic filariasis**

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

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

1F66.30 Filariasis due to Wuchereria bancrofti

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

Inclusions: Bancroftian filariasis

1F66.31 Filariasis due to Brugia malayi

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

1F66.32 Filariasis due to Brugia timori

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

1F66.3Z Lymphatic filariasis, unspecified

1F66.4 Subcutaneous dirofilariasis

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

1F66.Y Other specified filariasis

1F66.Z Filariasis, unspecified

1F67 Gnathostomiasis

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

Inclusions: Wandering swelling

1F68 Hookworm diseases

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

Inclusions: Hook-worm infestation by Ancylostoma

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

1F68.0 **Ancylostomiasis**

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

1F68.1 **Necatoriasis**

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

Inclusions: Infection due to Necator americanus

1F68.2 **Cutaneous larva migrans**

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

1F69 Oesophagostomiasis

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

1F6A Onchocerciasis

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

1F6A.0 **Onchocerciasis of the eye**

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

Inclusions: Ocular onchocerciasis

1F6A.1 **Onchocerciasis of the skin**

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

Inclusions: Cutaneous onchocerciasis

1F6A.Y **Other specified onchocerciasis**

1F6B **Strongyloidiasis**

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

Exclusions: Trichostrongyliasis (1F6F)

1F6C **Syngamosis**

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

1F6D **Toxocariasis**

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

Inclusions: Toxocara infestation

1F6E **Trichinosis**

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

1F6F **Trichostrongyliasis**

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

1F6G **Trichuriasis**

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

Inclusions: Trichocephaliasis

1F6H **Uncinariosis**

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

1F6Y **Other specified diseases due to nematodes**

1F6Z **Diseases due to nematodes, unspecified**

Diseases due to cestodes (1F70-1F7Z)

1F70 **Cysticercosis**

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

Inclusions: cysticerciasis infection due to larval form of Taenia solium

1F70.0 **Cysticercosis of central nervous system**

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

Coded Elsewhere: Encephalitis due to cysticercosis (1D00.2)

1F70.00 Meningitis due to Cysticercosis

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

1F70.1 **Cysticercosis of eye**

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

1F70.Y **Other specified cysticercosis**

1F70.Z **Cysticercosis, unspecified**

1F71 Diphyllobothriasis

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

Exclusions: larval diphyllobothriasis (1F75)

1F72 Dipylidiasis

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

1F73 Echinococcosis

Inclusions: Hydatidosis

1F73.0 **Echinococcus infection of liver**

1F73.1 **Echinococcus infection of lung**

1F73.2 **Echinococcus infection of bone**

1F73.3 **Echinococcus infection of central nervous system**

Coded Elsewhere: Encephalitis due to echinococcosis (1D00.2)

1F73.Y **Other specified echinococcosis**

1F73.Z **Echinococcosis, unspecified**

1F74 **Hymenolepiasis**

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

1F75 **Sparganosis**

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

Inclusions: Larval diphyllobothriasis

Spirometrosis

1F76 **Taeniasis**

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

Exclusions: Cysticercosis (1F70)

1F76.0 **Taeniasis due to Taenia solium**

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

Inclusions: Taenia solium taeniasis

1F76.1 **Taeniasis due to Taenia saginata**

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

Inclusions: Infection due to adult tapeworm Taenia saginata

Taenia saginata taeniasis

1F76.Y **Other specified taeniasis**

1F76.Z **Taeniasis, unspecified**

1F7Y **Other specified diseases due to cestodes**

1F7Z **Diseases due to cestodes, unspecified**

Diseases due to trematodes (1F80-1F8Z)

1F80 **Clonorchiasis**

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

Inclusions: Chinese liver fluke disease

Oriental liver fluke disease

Infection due to Clonorchis sinensis

1F81 **Dicrocoeliasis**

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

Inclusions: Lancet fluke infection

1F82 **Fascioliasis**

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

Inclusions: Sheep liver fluke disease

1F83 **Fasciolopsiasis**

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

1F84 **Opisthorchiasis**

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

1F85 **Paragonimiasis**

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

Inclusions: lung fluke disease

infection due to paragonimus species

Infestation due to Paragonimus species

1F86 **Schistosomiasis**

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

Inclusions: snail fever

1F86.0 Schistosomiasis due to Schistosoma haematobium

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

1F86.1 Schistosomiasis due to Schistosoma mansoni

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

1F86.2 Schistosomiasis due to Schistosoma japonicum

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

Inclusions: Asiatic schistosomiasis

1F86.3 Other schistosomiases

1F86.4 Cercarial dermatitis

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

1F86.5 Schistosomal pneumonitis

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

1F8Y Other specified diseases due to trematodes

1F8Z Diseases due to trematodes, unspecified

1F90 Other and unspecified infestation by parasitic worms

1F90.0 Mixed intestinal helminthiases

1F90.1 Intestinal parasitic infestation not otherwise specified

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

1F90.2 **Intestinal helminthiasis, unspecified**

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

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

1F91 Diphyllobothriasis and sparganosis

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

1F9Z Helminthiases, unspecified

Infestations by ectoparasites (1G00-1G0Z)

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

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

Recrudescent typhus (1C30.1)

1G00 Pediculosis

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

1G00.0 **Pediculosis capitis**

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

1G00.1 **Pediculosis corporis**

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

1G00.Z **Pediculosis of unspecified site or type**

1G01 **Myiasis**

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

Inclusions: infestation by larvae of flies

1G01.0 Ocular myiasis

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

1G01.1 Nasopharyngeal myiasis

1G01.2 Laryngeal myiasis

1G01.3 Cutaneous myiasis

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

1G01.Y Other specified myiasis

1G01.Z Myiasis, unspecified

1G02 **External hirudiniasis**

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

Exclusions: Internal hirudiniasis (1F60-1F9Z)

1G03 **Pthiriasis**

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

Inclusions: Infestation by crab lice

1G04 Scabies

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

1G04.0 Classical scabies

1G04.1 Crusted scabies

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

1G04.Y Other and unspecified scabies

1G05 Tungiasis

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

1G06 Cimicosis

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

1G07 Infestation by mites

Coded Elsewhere: Scabies (1G04)

Cutaneous reactions to zoonotic mites (NE61)

1G07.0 Infestation by Demodex

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

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

1G0Y **Infestation by other specified ectoparasite**

1G0Z **Infestation by unknown or unspecified ectoparasite**

1G2Y **Other specified parasitic diseases**

1G2Z **Unspecified parasitic diseases**

Sepsis (1G40-1G41)

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

Exclusions:

Plague (1B93)

Acute or fulminant melioidosis (1C42)

Tularaemia (1B94)

Other infection during labour (JB0D)

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

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

Disseminated gonococcal infection (1A73)

Extraintestinal yersiniosis (1B9A)

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

Meningococcal disease (1C1C)

Systemic inflammatory response syndrome of noninfectious origin (MG46)

Coded Elsewhere: Puerperal sepsis (JB40.0)

Sepsis of fetus or newborn (KA60)

Obstetric pyaemic or septic embolism (JB42.3)

1G40 **Sepsis without septic shock**

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

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

Exclusions: Septicaemia (MA15.0)

1G41 Sepsis with septic shock

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

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

Exclusions: Bacteraemia (MA15.0)

1G60 Certain other disorders of infectious origin

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

1G60.0 Mycetoma of unknown or unspecified type

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

Exclusions: Actinomycetoma (1C43)

Eumycetoma (1F29)

1G60.1 Pythiosis

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

1G60.2 Protothecosis

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

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

Sequelae of infectious diseases (1G80-1G8Y)

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

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

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

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

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

1G80 **Sequelae of tuberculosis**

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

1G81 **Sequelae of trachoma**

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

1G82 **Sequelae of leprosy**

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

1G83 **Sequelae of poliomyelitis**

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

Exclusions: Post polio progressive muscular atrophy (8B62)

1G84 **Sequelae of viral encephalitis**

1G85 **Sequelae of diphtheria**

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

1G8Y **Sequelae of other specified infectious diseases**

1H0Z **Infection, unspecified**

CHAPTER 02

Neoplasms

This chapter has 325 four-character categories.

Code range starts with 2A00

An abnormal or uncontrolled cellular proliferation which is not coordinated with an organism's requirements for normal tissue growth, replacement or repair.

Coded Elsewhere: Inherited cancer-predisposing syndromes

This chapter contains the following top level blocks:

- Neoplasms of brain or central nervous system
- Neoplasms of haematopoietic or lymphoid tissues
- Malignant neoplasms, except primary neoplasms of lymphoid, haematopoietic, central nervous system or related tissues
- In situ neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
- Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
- Neoplasms of uncertain behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
- Neoplasms of unknown behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
- Inherited cancer-predisposing syndromes

Neoplasms of brain or central nervous system (2A00-2A0Z)

A benign or malignant neoplasm that affects the brain, meninges, or spinal cord. Representative examples of primary neoplasms include astrocytoma, oligodendroglioma, ependymoma, and meningioma.

2A00 **Primary neoplasms of brain**

2A00.0 Gliomas of brain

2A00.00 Glioblastoma of brain

Glioblastomas are malignant astrocytic tumours (grade IV according to the WHO classification). They represent the most frequent brain tumours in adults. They may occur at any age, but 70% of cases are seen in patients between 45 and 70 years of age. The tumours are usually located in the brain hemispheres, but can be found anywhere in the central nervous system.

Inclusions: glioblastoma NOS

2A00.0Y Other specified gliomas of brain

2A00.0Z Gliomas of brain, unspecified

2A00.1 **Embryonal tumours of brain**

2A00.10 Medulloblastoma of brain

A malignant, invasive embryonal neoplasm arising from the cerebellum. It occurs predominantly in children and has the tendency to metastasize via the cerebrospinal fluid pathways. Signs and symptoms include truncal ataxia, disturbed gait, lethargy, headache, and vomiting. There are four histologic variants: anaplastic medulloblastoma, desmoplastic/nodular medulloblastoma, large cell medulloblastoma, and medulloblastoma with extensive nodularity.

2A00.11 Central primitive neuroectodermal tumour

A malignant neoplasm that originates in the neuroectoderm. The neuroectoderm constitutes the portion of the ectoderm of the early embryo that gives rise to the central and peripheral nervous systems and includes some glial cell precursors.

2A00.1Y Other specified embryonal tumours of brain

2A00.1Z Embryonal tumours of brain, unspecified

2A00.2 **Tumours of neuroepithelial tissue of brain**

2A00.20 Tumours of the pineal gland or pineal region

2A00.21 Mixed neuronal-glial tumours

2A00.22 Choroid plexus tumours

2A00.2Y Other specified tumours of neuroepithelial tissue of brain

2A00.2Z Tumours of neuroepithelial tissue of brain, unspecified

2A00.3 **Central neurocytoma of brain**

Central neurocytoma is a very rare brain tumour of young adults. It is typically found in the lateral ventricles and occasionally in the third ventricle. Symptoms are those of increased intracranial pressure.

2A00.4 **Astroblastoma of the brain**

A rare glial neoplasm more commonly found in young adults. It is characterised by tumour cells with characteristics suggestive of an astrocytic origin (positive for GFAP), arranged perivascularly. The cells have broad, non-tapering processes radiating towards a central blood vessel. The biologic behaviour of astroblastomas is variable, so no WHO grade has been established, yet. (Adapted from WHO.)

2A00.5 **Primary neoplasm of brain of unknown or unspecified type**

2A01 Primary neoplasms of meninges

2A01.0 **Meningiomas**

2A01.00 Primary malignant meningioma

2A01.0Y Other specified meningiomas

2A01.0Z Meningiomas, unspecified

2A01.1 **Mesenchymal tumours of meninges**

2A01.2 **Primary neoplasm of meninges of unknown or unspecified type**

2A02 Primary neoplasm of spinal cord, cranial nerves or remaining parts of central nervous system

2A02.0 **Gliomas of spinal cord, cranial nerves or other parts of the central nervous system**

2A02.00 Glioblastoma of spinal cord, cranial nerves or other parts of central nervous system

2A02.0Y Other specified gliomas of spinal cord, cranial nerves or other parts of the central nervous system

2A02.0Z Gliomas of spinal cord, cranial nerves or other parts of the central nervous system, unspecified

2A02.1 **Tumours of cranial or paraspinal nerves**

2A02.10 Malignant peripheral nerve sheath tumour of cranial or paraspinal nerves

Malignant schwannoma is a tumour of the peripheral nervous system that arises in the nerve sheath.

Exclusions: Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)

2A02.11 Paraspinal neuroblastoma

2A02.12 Malignant neoplasm of the optic nerve

2A02.1Y Other specified tumours of cranial or paraspinal nerves

2A02.1Z Tumours of cranial or paraspinal nerves, unspecified

2A02.2 **Primary neoplasm of spinal cord of unknown or unspecified type**

2A02.3 **Benign neoplasm of cranial nerves**

This is a tumour of cranial nerves having none of the characteristics of a malignant neoplasm.

2A02.4 **Benign neoplasm of spinal cord**

2A0Z Other and unspecified neoplasms of brain or central nervous system

Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

A neoplasm arising from hematopoietic cells found in the bone marrow, peripheral blood, lymph nodes and spleen (organs of the hematopoietic system). Hematopoietic cell neoplasms can also involve other anatomic sites (e.g. central nervous system, gastrointestinal tract), either by haematogenous spread, direct tumour infiltration, or neoplastic transformation of extranodal lymphoid tissues. The commonest forms are the various types of leukaemia, Hodgkin and non-Hodgkin lymphomas, myeloproliferative neoplasms and myelodysplastic syndromes.

Coded Elsewhere: Symptoms of blood, blood-forming organs, or the immune system (MA00-MA0Y)

Myeloproliferative neoplasms (2A20-2A22)

2A20 **Non mast cell myeloproliferative neoplasms**

Coded Elsewhere: Acquired thrombocytosis (3B63.1)

2A20.0 Chronic myelogenous leukaemia, BCR-ABL1-positive

Exclusions: Atypical chronic myeloid leukaemia, BCR-ABL1- negative (2A41)

Chronic myelomonocytic leukaemia (2A40)

Other and unspecified myeloproliferative neoplasms (2A22)

Chronic myeloid leukaemia, not elsewhere classified (2B33.2)

2A20.00 Chronic myelogenous leukaemia with blast crisis

2A20.01 Chronic myelogenous leukaemia, Philadelphia chromosome (Ph1) positive

2A20.02 Chronic myelogenous leukaemia, t(9:22)(q34; q11)

2A20.03 Naegeli-type monocytic leukaemia

2A20.0Y Other specified chronic myelogenous leukaemia, BCR-ABL1-positive

2A20.0Z Chronic myelogenous leukaemia, BCR-ABL1-positive, unspecified

2A20.1 Chronic neutrophilic leukaemia

A rare chronic myeloproliferative neoplasm characterised by sustained peripheral blood neutrophilia, bone marrow hypercellularity due to neutrophilic granulocyte proliferation, and hepatosplenomegaly. The neutrophils lack dysplasia and often show toxic granulations. There is no detectable Philadelphia chromosome or BCR/ABL1 fusion gene.

2A20.2 Primary myelofibrosis

Inclusions: chronic idiopathic myelofibrosis

Exclusions: Acute panmyelosis with myelofibrosis (2A60.38)

2A20.3 **Chronic eosinophilic leukaemia, not elsewhere classified**

A chronic myeloproliferative neoplasm characterised by persistent eosinophilia in the blood, bone marrow and peripheral tissues. Organ damage occurs as a result of leukaemic infiltration or the release of cytokines, enzymes or other proteins by the eosinophils. Chronic eosinophilic leukaemia, not otherwise specified excludes patients with a Ph chromosome, BCR-ABL1 fusion gene or rearrangement of PDGFRA, PDGFRB or FGFR1.

2A20.4 **Polycythaemia vera**

2A20.5 **Non mast cell myeloproliferative neoplasm, unclassifiable**

Cases that have definite features of myeloproliferative neoplasms (MPN), but fail to meet the criteria of a specific MPN subtype.

2A20.Y **Other specified non mast cell myeloproliferative neoplasms**

2A20.Z **Non mast cell myeloproliferative neoplasms, unspecified**

2A21 Mastocytosis

Mastocytosis is due to a clonal, neoplastic proliferation of mast cells that accumulate in one or more organ systems. Activating mutations of KIT are frequently found. It is characterised by the presence of multifocal compact clusters or cohesive aggregates/infiltrates of abnormal mast cells. The disorder is heterogeneous, ranging from skin lesions that may spontaneously regress to highly aggressive neoplasms associated with multiorgan failure and short survival. Subtypes of mastocytosis are recognised mainly by the distribution of the disease and clinical manifestations. In cutaneous mastocytosis (CM), the mast cell infiltration remains confined to the skin, whereas systemic mastocytosis (SM) is characterised by involvement of at least one extracutaneous organ with or without evidence of skin lesions. Mastocytosis should be strictly separated from mast cell hyperplasia or mast cell activation states without morphological and/or molecular abnormalities that characterize the neoplastic proliferation.

2A21.0 **Systemic mastocytosis**

Systemic mastocytosis (SM) comprises a heterogeneous group of rare acquired and chronic haematological malignancies that are related to an abnormal proliferation of mast cells in tissue, including bone marrow, with or without skin involvement. SM can be divided into indolent SM (ISM) and aggressive SM (ASM).

2A21.00 Mast cell leukaemia

2A21.0Y Other specified systemic mastocytosis

2A21.0Z Systemic mastocytosis, unspecified

2A21.1 **Cutaneous mastocytosis**

Cutaneous mastocytosis is characterised by abnormal accumulation and proliferation of cutaneous mast cells. Most types are isolated but cutaneous mastocytosis can occur in association with systemic disease. Clinical forms include cutaneous mastocytoma, urticaria pigmentosa (the most frequent form), pseudoxanthomatous nodular cutaneous mastocytosis, telangiectasia macularis eruptiva perstans and diffuse cutaneous mastocytosis.

2A21.10 Urticaria pigmentosa

Inclusions: Maculopapular cutaneous mastocytosis

2A21.1Y Other specified cutaneous mastocytosis

2A21.2 **Mast cell sarcoma**

A rare entity characterised by localised but destructive growth of a tumour consisting of highly atypical, immature mast cells.

2A21.3 **Extracutaneous mastocytoma**

A localised tumour consisting of mature mast cells.

2A21.Y **Other specified mastocytosis**

2A21.Z **Mastocytosis, unspecified**

2A22 **Other and unspecified myeloproliferative neoplasms**

Exclusions: Chronic myelogenous leukaemia, BCR-ABL1-positive (2A20.0)

Atypical chronic myeloid leukaemia, BCR-ABL1- negative (2A41)

Myelodysplastic syndromes (2A30-2A3Z)

Clonal hematopoietic disorders characterised by dysplasia and ineffective hematopoiesis in one or more of the hematopoietic cell lines. The dysplasia may be accompanied by an increase in myeloblasts, but the number is less than 20% in marrow and blood, which, according to the WHO guidelines, is the requisite threshold for the diagnosis of acute myeloid leukaemia.

Exclusions: Therapy-related myeloid neoplasms (2A60.2)

Drug-induced aplastic anaemia (3A70.10)

2A30 **Refractory anaemia**

2A31 **Refractory neutropaenia**

A myelodysplastic syndrome characterised by the presence of at least 10% dysplastic neutrophils in the bone marrow or the peripheral blood.

2A32 **Refractory thrombocytopenia**

A myelodysplastic syndrome characterised by the presence of at least 10% dysplastic megakaryocytes, found within at least 30 megakaryocytes examined in the bone marrow.

2A33 **Refractory anaemia with ring sideroblasts**

A myelodysplastic syndrome characterised by an anaemia in which 15% or more of the erythroid precursors are ringed sideroblasts. The ring sideroblast is an erythroid precursor in which one third or more of the nucleus is encircled by granules which are positive for iron stain.

2A34 **Refractory cytopenia with multi-lineage dysplasia**

A myelodysplastic syndrome characterised by bi-cytopenia or pancytopenia and dysplastic changes in 10% or more of the cells in two or more of the myeloid cell lines.

2A35 **Refractory anaemia with excess of blasts**

A myelodysplastic syndrome characterised by bi-cytopenia or pancytopenia and dysplastic changes in one or multiple lineages, with 5-19% myeloblasts in the bone marrow, 2-19% blasts in the blood, or <20% blasts with the presence of Auer rods.

2A36 **Myelodysplastic syndrome with isolated del(5q)**

A myelodysplastic syndrome characterised by anaemia with or without other cytopenias and/or thrombocytosis and in which the sole cytogenetic abnormality is del(5q). Myeloblasts are <5% in the bone marrow and <1% in the blood.

Inclusions: 5 q- syndrome

2A37 **Myelodysplastic syndrome, unclassifiable**

A subtype of myelodysplastic syndrome which at disease presentation lacks findings appropriate for classification into any other MDS category, or has an MDS-associated cytogenetic abnormality and cytopenia, but lack sufficient dysplastic changes in any lineage and have <15% ring sideroblasts.

2A38 **Refractory cytopenia of childhood**

The most common subtype of the myelodysplastic syndromes affecting children. It is characterised by persistent cytopenia with less than 5% blasts in the bone marrow and less than 2% blasts in the peripheral blood.

2A3Y **Other specified myelodysplastic syndromes**

2A3Z **Myelodysplastic syndromes, unspecified**

Myelodysplastic and myeloproliferative neoplasms (2A40-2A4Z)

A category of clonal haematopoietic disorders that have both myelodysplastic and myeloproliferative features at the time of initial presentation.

2A40 **Chronic myelomonocytic leukaemia**

A myelodysplastic/myeloproliferative neoplasm which is characterised by persistent monocytosis, absence of a Philadelphia chromosome and BCR/ABL1 fusion gene, fewer than 20 percent blasts in the bone marrow and blood, often myelodysplasia, and absence of PDGFRA or PDGFRB rearrangement.

Inclusions: Chronic monocytic leukaemia

Exclusions: Myeloid/lymphoid neoplasm associated with PDGFRA rearrangement (2A50)

Myeloid neoplasm associated with PDGFRB rearrangement (2A51)

2A41 **Atypical chronic myeloid leukaemia, BCR-ABL1- negative**

A myelodysplastic/myeloproliferative neoplasm characterised by the principal involvement of the neutrophil series with leukocytosis with circulating immature myeloid cells, fewer than 20 percent blasts in the bone marrow and blood, and severe dysgranulopoiesis. The neoplastic cells do not have a Philadelphia chromosome or the BCR/ABL1 fusion gene.

2A42 **Juvenile myelomonocytic leukaemia**

A myelodysplastic/myeloproliferative neoplasm of childhood that is characterised by proliferation principally of the granulocytic and monocytic lineages. Myelomonocytic proliferation is seen in the bone marrow and the blood. The leukemic cells may infiltrate any tissue, however liver, spleen, lymph nodes, skin, and respiratory tract are the most common sites of involvement.

2A42.0 Juvenile myelomonocytic leukaemia in complete remission

2A42.Y Other specified juvenile myelomonocytic leukaemia

2A42.Z Juvenile myelomonocytic leukaemia, unspecified

2A43 **Refractory anaemia with ring sideroblasts associated with marked thrombocytosis**

A provisional entity that encompasses cases with morphologic and clinical characteristics of refractory anaemia with ring sideroblasts, marked thrombocytosis, and abnormal megakaryocytes.

2A44 **Myeloproliferative and myelodysplastic disease, unclassifiable**

This entity includes cases that have clinical, laboratory, and morphologic features that support the diagnosis of both a myelodysplastic syndrome and a myeloproliferative neoplasm, but do not meet the criteria for any of the other entities included in the myelodysplastic/myeloproliferative neoplasm category.

2A4Y **Other specified myelodysplastic and myeloproliferative neoplasms**

2A4Z **Myelodysplastic and myeloproliferative neoplasms, unspecified**

Myeloid and lymphoid neoplasms with eosinophilia and abnormalities of PDGFRA, PDGFRB or FGFR1 (2A50-2A5Z)

A group of rare myeloid and lymphoid neoplasms characterised by rearrangement of the PDGFRA, PDGFRB, or FGFR1 genes, resulting in the formation of fusion transcripts and aberrant tyrosine kinase activity. Eosinophilia is a characteristic finding but it is not always present.

2A50 **Myeloid/lymphoid neoplasm associated with PDGFRA rearrangement**

2A51 **Myeloid neoplasm associated with PDGFRB rearrangement**

A distinct type of myeloid neoplasm that occurs in association with rearrangement of PDGFRB gene at 5q32. Patients usually present with a picture resembling chronic myelomonocytic leukaemia and, less often atypical chronic myeloid leukaemia or chronic eosinophilic leukaemia.

2A52 **Myeloid or lymphoid neoplasms with FGFR1 abnormalities**

Hematologic neoplasms characterised by the rearrangement of the FGFR1 gene, resulting in translocations with an 8p11 breakpoint. Patients may present with a myeloproliferative neoplasm, acute myeloid leukaemia, lymphoblastic lymphoma/leukaemia of T or B-cell lineage, or acute leukaemia of mixed phenotype.

2A5Z **Myeloid and lymphoid neoplasms with eosinophilia and abnormalities of PDGFRA, PDGFRB or FGFR1, unspecified**

2A60 **Acute myeloid leukaemias and related precursor neoplasms**

Acute myeloid leukaemia is characterised by clonal expansion of myeloid blasts in the peripheral blood and bone marrow. Clinical manifestations are fever, pallor, anaemia, hemorrhages and recurrent infections.

2A60.0 Acute myeloid leukaemia with recurrent genetic abnormalities

2A60.1 Acute myeloid leukaemia with myelodysplasia-related changes

An acute myeloid leukaemia with at least 20% blasts in the bone marrow or blood, and either a previous history of myelodysplastic syndrome, multilineage dysplasia or typical myelodysplastic syndrome-related cytogenetic abnormalities. There is no history of prior cytotoxic therapy for an unrelated disorder, and there is absence of the genetic abnormalities that are present in acute myeloid leukaemia with recurrent genetic abnormalities.

2A60.2 Therapy-related myeloid neoplasms

Inclusions: therapy-related myelodysplastic syndromes

2A60.20 Therapy related acute myeloid leukaemia or myelodysplastic syndrome

2A60.2Y Other specified therapy-related myeloid neoplasms

2A60.2Z Therapy-related myeloid neoplasms, unspecified

2A60.3 Acute myeloid leukaemia, not elsewhere classified by criteria of other types

Acute myeloid leukaemias specified by morphological criteria should only be classified as such, if recurrent genetic abnormalities, prior history of a myelodysplastic syndrome or myelodysplastic/myeloproliferative neoplasm, or history of cytotoxic chemotherapy and/or radiotherapy are absent.

Exclusions: Acute myeloid leukaemia with recurrent genetic abnormalities (2A60.0)

Therapy-related myeloid neoplasms (2A60.2)

Acute myeloid leukaemia with myelodysplasia-related changes (2A60.1)

2A60.30 Acute myeloid leukaemia with minimal differentiation

An acute myeloid leukaemia (AML) in which the blasts do not show evidence of myeloid differentiation by morphology and conventional cytochemistry.

2A60.31 Acute myeloid leukaemia without maturation

An acute myeloid leukaemia (AML) characterised by blasts without evidence of maturation to more mature neutrophils.

2A60.32 Acute myeloid leukaemia with maturation

An acute myeloid leukaemia (AML) characterised by blasts with evidence of maturation to more mature neutrophils.

2A60.33 Acute myelomonocytic leukaemia

An acute leukaemia characterised by the proliferation of both neutrophil and monocyte precursors.

2A60.34 Acute monoblastic or monocytic leukaemia

Acute monoblastic leukaemia and acute monocytic leukaemia are myeloid leukaemias in which 80% or more of the leukaemic cells are of monocytic lineage including monoblasts, promonocytes and monocytes; a minor neutrophil component, <20%, may be present.

2A60.35 Acute erythroid leukaemia

Inclusions: Erythroleukaemia

2A60.36 Acute megakaryoblastic leukaemia

An acute myeloid leukaemia in which at least 50% of the blasts are of megakaryocytic lineage.

Inclusions: Acute myeloid leukaemia, M7

Acute megakaryocytic leukaemia

2A60.37 Acute basophilic leukaemia

An acute myeloid leukaemia in which the immature cells differentiate towards basophils. This is a rare leukaemia.

2A60.38 Acute panmyelosis with myelofibrosis

An acute myeloid leukaemia characterised by bone marrow fibrosis without preexisting primary myelofibrosis.

Inclusions: Acute myelofibrosis

Exclusions: Cases that meet criteria for AML with myelodysplasia related changes (2A60.1)

2A60.39 Myeloid sarcoma

Myeloid sarcoma is a rare solid tumour of the myelogenous cells occurring in an extramedullary site.

Inclusions: Chloroma

Granulocytic sarcoma

2A60.3Y Other specified acute myeloid leukaemia, not elsewhere classified by criteria of other types

2A60.3Z Acute myeloid leukaemia, unspecified

2A60.4 **Myeloid proliferation associated with Down syndrome**

Myeloid neoplasms occurring in individuals with Down syndrome. There is an increased risk of acute leukaemias in both children and adults with Down syndrome. In particular, the incidence of acute myeloid leukaemia in Down syndrome children of less than five years of age is particularly high, it is usually an acute megakaryoblastic leukaemia, and is associated with GATA1 gene mutation. This group of disorders also includes the entity transient abnormal myelopoiesis which occurs in neonates and is associated with GATA1 gene mutation.

2A60.40 Transient abnormal myelopoiesis

A myeloid proliferation occurring in newborns with Down syndrome. It is clinically and morphologically indistinguishable from acute myeloid leukaemia and is associated with GATA1 mutations. The blasts display morphologic and immunophenotypic features of megakaryocytic lineage. In the majority of patients the myeloid proliferation undergoes spontaneous remission.

2A60.41 Myeloid leukaemia associated with Down syndrome

Leukaemia of children with Down syndrome. Encompasses both MDS and AML

2A60.4Y Other specified myeloid proliferation associated with Down syndrome

2A60.4Z Myeloid proliferation associated with Down syndrome, unspecified

2A60.5 **Blastic plasmacytoid dendritic cell neoplasm**

Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a clinically aggressive tumour derived from the precursors of plasmacytoid dendritic cells (PDCs, also called professional type I interferon–producing cells or plasmacytoid monocytes), with a high frequency of cutaneous and bone marrow involvement and leukaemic dissemination.

There are currently no clues to the etiology of BPDCN, but its association with myelodysplastic syndrome (MDS) in some cases may suggest a related pathogenesis. Gene expression profiling studies have revealed that the neoplastic cells show a gene expression signature similar to that of resting normal PDCs and closer to that of myeloid than of lymphoid precursors.

Inclusions: blastic NK-cell lymphoma

2A60.Y **Other specified acute myeloid leukaemias and related precursor neoplasms**

2A60.Z **Acute myeloid leukaemias and related precursor neoplasms, unspecified**

2A61 Acute leukaemias of ambiguous lineage

An acute leukaemia in which the blasts lack sufficient evidence to classify as myeloid or lymphoid or they have morphologic and/or immunophenotypic characteristics of both myeloid and lymphoid cells.

Precursor lymphoid neoplasms (2A70-2A7Z)

Neoplasms of immature malignant lymphocytes (lymphoblasts) committed to the B-cell or T-cell lineage. Neoplasms involving the bone marrow and the peripheral blood are called precursor lymphoblastic leukaemias or acute lymphoblastic leukaemias. Neoplasms involving primarily lymph nodes or extranodal sites are called lymphoblastic lymphomas.

2A70 **Precursor B-lymphoblastic neoplasms**

Neoplasms of lymphoblasts committed to the B-cell lineage.

2A70.0 B Lymphoblastic leukaemia or lymphoma, not elsewhere classified

Precursor B cell neoplasm without defined recurrent genetic abnormality despite appropriate diagnostics

2A70.1 B lymphoblastic leukaemia or lymphoma with t(9:22) (q34;q11.2); BCR-ABL1

A precursor lymphoid neoplasm which is composed of B-lymphoblasts and carries a translocation between the BCR gene on chromosome 22 and the ABL1 gene on chromosome 9. It results in the production of the p190 kd or p210 kd fusion protein. It has an unfavorable clinical outcome.

2A70.Y Other B-lymphoblastic leukaemia/lymphoma with recurrent genetic abnormalities

2A71 **Precursor T-lymphoblastic neoplasms**

A neoplasm of lymphoblasts committed to the T-cell lineage, typically composed of small to medium-sized blast cells.

2A7Z **Precursor lymphoid neoplasms, unspecified**

Mature B-cell neoplasms (2A80-2A8Z)

Non-Hodgkin lymphomas that originate from mature B lymphocytes. May reside in lymph nodes, lymphatic tissue of different organs or bone marrow and blood (then frequently called leukaemia).

2A80 **Follicular lymphoma**

Follicular lymphoma (FL) is a neoplasm composed of follicle centre (germinal centre) B-cells (typically both centrocytes and centroblasts/large transformed cells), which usually has at least a partially follicular pattern. t(14;18) with BCL2 rearrangement is frequently observed. If diffuse areas of any size comprised predominantly or entirely of blastic cells are present in any case of follicular lymphoma, a diagnosis of diffuse large B-cell lymphoma is also made. Lymphomas composed of centro cytes and centroblasts with an entirely diffuse pattern in the sampled tissue may be included in this category.

Inclusions: follicular lymphoma with or without diffuse areas

Exclusions: Mature T-cell or NK-cell neoplasms (2A90-2B2Z)

2A80.0 Follicular lymphoma grade 1

2A80.1 Follicular lymphoma grade 2

2A80.2 Follicular lymphoma grade 3

2A80.3 Primary cutaneous follicle centre lymphoma

A primary lymphoma of the skin composed of various numbers of small and large irregular neoplastic follicle center cells. Its morphologic pattern can be nodular, diffuse, or nodular and diffuse. It presents with solitary or grouped plaques and tumours, and it usually involves the scalp, forehead, or trunk. It rarely involves the legs. This type of cutaneous lymphoma tends to remain localised to the skin, and it has a favorable prognosis.

2A80.4 Paediatric type follicular lymphoma

A variant of follicular lymphoma often involving cervical or other peripheral lymph nodes and the Waldeyer ring. It is frequently localised, and often lacks BCL-2 protein expression and never has a BCL2 translocation. It is usually but not exclusively seen in the pediatric population. The prognosis is usually favorable.

2A80.5 Follicular lymphoma in situ

2A80.6 Follicular lymphoma of small intestine

2A80.Y Other specified follicular lymphoma

2A80.Z Follicular lymphoma, unspecified

2A81 Diffuse large B-cell lymphomas

Non-Hodgkin lymphomas are characterised by a proliferation of predominantly large neoplastic B lymphocytes.

Coded Elsewhere: Diffuse large B-cell lymphoma of small intestine (2B33.5)

2A81.0 Primary mediastinal large B-cell lymphoma

A large B-cell non-Hodgkin lymphoma arising in the mediastinum. Morphologically it is characterised by a massive diffuse lymphocytic proliferation associated with compartmentalizing fibrosis.

2A81.1 Intravascular large B-cell lymphoma

2A81.2 Plasmablastic lymphoma

An aggressive diffuse large B-cell lymphoma frequently arising in the setting of HIV infection and characterised by the presence of large neoplastic cells resembling B-immunoblasts which have the immunophenotypic profile of plasma cells. Sites of involvement include the oral cavity and other extranodal sites

2A81.3 Lymphomatoid granulomatosis

2A81.4 T-cell/histiocyte rich large B-cell lymphoma

A large B-cell lymphoma characterised by the presence of a limited number of scattered neoplastic large B-lymphocytes which are admixed with numerous non-neoplastic T-lymphocytes and frequently histiocytes.

2A81.5 Primary diffuse large B-cell lymphoma of central nervous system

2A81.6 **Epstein-Barr Virus-positive diffuse large B cell lymphoma of the elderly**

An aggressive diffuse large B-cell lymphoma affecting patients older than 50 years. Epstein-Barr virus is present in all cases. There is no known history of immunodeficiency or prior lymphoma. The majority of patients present with extranodal disease.

2A81.7 **Diffuse large B-cell lymphoma associated with chronic inflammation**

A diffuse large B-cell lymphoma arising in body cavities or narrow spaces of long standing chronic inflammation. The classic example is the pyothorax-associated lymphoma that arises in the pleural cavity of patients with a history of long standing pyothorax.

2A81.8 **ALK-positive large B-cell lymphoma**

A usually aggressive large B-cell lymphoma characterised by the presence of monomorphic immunoblast-like neoplastic B-lymphocytes in a sinusoidal growth pattern. The neoplastic B-lymphocytes express the ALK kinase but they lack the 2;5 translocation.

2A81.9 **Primary effusion lymphoma**

An aggressive non-Hodgkin B-cell lymphoma composed of large cells, presenting as a serous effusion without detectable tumour masses. It is universally associated with human herpes virus 8 (HHV-8)/Kaposi sarcoma herpes virus (KSHV) [HHV-8/KSHV]. It mostly occurs in the setting of immunodeficiency; most cases have been reported in HIV positive patients. The most common sites of involvement are the pleural, pericardial, and peritoneal cavities. The prognosis is extremely unfavorable.

2A81.A **Primary cutaneous diffuse large B-cell lymphoma, leg type**

An aggressive primary cutaneous B-cell lymphoma, usually involving the lower leg. It is composed of a generally monotonous proliferation of immunoblasts, or less frequently centroblasts, with few admixed reactive cells. This type of lymphoma occurs most often in the elderly who present with rapidly growing tumours, usually on one or both legs. Dissemination to extracutaneous sites is frequent.

2A81.Y **Other specified diffuse large B-cell lymphomas**

2A81.Z **Diffuse large B-cell lymphoma, not otherwise specified**

2A82 Mature B-cell neoplasm with leukaemic behaviour

2A82.0 **Chronic lymphocytic leukaemia or small lymphocytic lymphoma**

An indolent, mature B-cell neoplasm composed of small, round B-lymphocytes. When the bone marrow and peripheral blood are involved, the term chronic lymphocytic leukaemia is used. The term small lymphocytic lymphoma is restricted to cases which do not show leukemic involvement of the bone marrow and peripheral blood.

Inclusions: Small cell B-cell lymphoma

2A82.00 Chronic lymphocytic leukaemia of B-cell type

Chronic lymphocytic leukaemia/small lymphocytic lymphoma (CLL/SLL) is a neoplasm composed of monomorphic small, round to slightly irregular B lymphocytes in the peripheral blood (PB), bone marrow (BM), spleen and lymph nodes, admixed with prolymphocytes and paraimmuno - blasts forming proliferation centres in tissue infiltrates.The CLL/SLL cells usually coexpress CD5 and CD23. In the absence of extramedullary tissue involvement, there must be ?5x109/L monoclonal lymphocytes with a CLL phenotype in the PB. The International Workshop on Chronic Lymphocytic leukaemia (IWCLL) report requires that the lymphocytosis be present for at least 3 months and also allows for the diagnosis of CLL to be made with lower lymphocyte counts in patients with cytopenias or disease-related symptoms {873A}. Whether patients who would have fulfilled the criteria in the past for CLL but who fulfill the criteria only for monoclonal B lymphocytosis (MBL) are better considered to have low stage CLL or MBL remains to be determined. Some may prefer to still consider many of these cases more like CLL. The term SLL is used for non-leukaemic cases with the tissue morphology and immunophenotype of CLL. The IWCLL definition of SLL requires lymphadenopathy, no cytopenias due to BM infiltration by CLL/SLL and <5x109/L PB B-cells {873A}.

Inclusions: Lymphoplasmacytic leukaemia

Exclusions: Lymphoplasmacytic lymphoma (2A85.4)

Coded Elsewhere: Richter syndrome (2A81.Y)

2A82.0Y Other specified chronic lymphocytic leukaemia or small lymphocytic lymphoma

2A82.0Z Chronic lymphocytic leukaemia or small lymphocytic lymphoma, unspecified

2A82.1 B-cell prolymphocytic leukaemia

2A82.10 B-cell prolymphocytic leukaemia in complete remission

2A82.1Y Other specified b-cell prolymphocytic leukaemia

2A82.1Z B-cell prolymphocytic leukaemia, unspecified

2A82.2 Hairy-cell leukaemia

A neoplasm of small B-lymphocytes with hairy projections in bone marrow, spleen, and peripheral blood. Most patients present with splenomegaly and pancytopenia.

Inclusions: Leukaemic reticuloendotheliosis

2A82.3 Splenic B-cell lymphoma or leukaemia, unclassifiable

A small B-cell clonal lymphoproliferative disorder of the spleen that does not fall into any of the other categories of mature B-cell neoplasms.

2A82.Y Other specified mature B-cell neoplasm with leukaemic behaviour

2A82.Z Mature B-cell neoplasm with leukaemic behaviour, unspecified

2A83 Plasma cell neoplasms

Plasma cells, usually secreting monoclonal immunoglobulin (M-protein) and/or immunoglobulin light chains.

2A83.0 Monoclonal gammopathy of undetermined significance

2A83.1 **Plasma cell myeloma**

A bone marrow-based plasma cell neoplasm usually characterised by a serum monoclonal protein and/or urinary light chains. ”CRAB” criteria (osteolytic lesions, hypercalcaemia, renal failure, and anaemia) separate symptomatic plasma cell myeloma form asymptomatic (smoldering) myeloma.

Inclusions: Kahler disease

Myelomatosis

Medullary plasmacytoma

multiple myeloma

Exclusions: Solitary plasmacytoma (2A83.2)

2A83.2 **Solitary plasmacytoma**

A single focus of clonal (malignant) plasma cells either in the bone or in another anatomic site without peripheral blood involvement. --2003

Inclusions: Solitary myeloma

2A83.3 **Extraosseous plasmacytoma**

2A83.4 **Plasma cell leukaemia**

An aggressive plasma cell neoplasm. It is characterised by the presence of neoplastic plasma cells in the peripheral blood. The peripheral blood plasma cells comprise more than 20% of the peripheral blood white cells or the number of clonal plasma cells in the PB exceeds 2x10?/L.

2A83.5 **Monoclonal immunoglobulin deposition disease**

2A83.50 Heavy chain deposition disease

A disease of the kidney, caused by proliferation and deposition of pieces of truncated or abnormal alpha, gamma, delta, or mu immunoglobulin heavy chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identifying heavy chain deposition tissue biopsy using immunofluorescence under a microscope.

Exclusions: Heavy chain diseases or malignant immunoproliferative diseases (2A84)

Immunoglobulin heavy chain deficiency (4A01.04)

2A83.51 Light and heavy chain deposition disease

A disease of the kidney, caused by proliferation and deposition of pieces of truncated or abnormal light and heavy chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identification of light and heavy chain deposition tissue biopsy under a microscope.

2A83.52 Light chain deposition disease

A disease of the kidney, caused by the deposition of pieces of truncated or abnormal light chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identification of light chain deposition tissue biopsy under an electron microscope.

Exclusions: Immunodeficiencies with isotype or light chain deficiencies with normal number of B cells (4A01.04)

2A83.Y Other specified multiple myeloma and plasma cell neoplasms

2A83.Z Plasma cell neoplasm, unspecified

2A84 Heavy chain diseases or malignant immunoproliferative diseases

A group of rare disorders of immunoglobulin synthesis associated with B-cell proliferative disorders that produce monoclonal heavy chains and typically no light chains.

2A84.0 Alpha heavy chain disease

The small intestinal morphologic changes are consistent with a mucosa-associated lymphoid tissue lymphoma (MALT lymphoma).

2A84.1 Gamma heavy chain disease

A clonal disorder characterised by the secretion of a truncated gamma chain. In most cases, it is associated with morphologic changes also seen in lymphoplasmacytic lymphomas, but the clinical course is typically more aggressive than in lymphoplasmacytic lymphoma/Waldenstrom's macroglobulinemia.

Inclusions: Franklin disease

2A84.2 Mu heavy chain disease

2A84.Y Other specified malignant immunoproliferative diseases

2A84.Z Heavy chain diseases, unspecified

2A85 Other specified mature B-cell neoplasms or lymphoma

2A85.0 Nodal marginal zone lymphoma

A primary nodal B-cell non-Hodgkin lymphoma which morphologically resembles lymph nodes involved by marginal zone lymphomas of extranodal or splenic types, but without evidence of extranodal or splenic disease. This is a rare entity, and most patients present with localised or generalised lymphadenopathy. The clinical course is indolent.

2A85.1 Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue of stomach

A low grade, indolent B-cell lymphoma, usually associated with Helicobacter pylori infection. Morphologically it is characterised by a dense mucosal atypical lymphocytic (centrocyte-like cell) infiltrate with often prominent lymphoepithelial lesions and plasmacytic differentiation. Some of gastric MALT lymphomas carry the t(11;18)(q21;q21). Such cases are resistant to Helicobacter pylori therapy.

2A85.2 **Extranodal marginal zone B-cell lymphoma, primary site skin**

A low-grade, extranodal marginal zone B-cell lymphoma of the mucosa-associated lymphoid tissue that arises from the skin. It usually presents with multifocal papular or nodular lesions in the arms or trunk. It rarely disseminates to internal organs or progresses to high grade lymphoma.

2A85.3 **Extranodal marginal zone B-cell lymphoma, primary site excluding stomach or skin**

2A85.4 **Lymphoplasmacytic lymphoma**

Neoplasm of small B lymphocytes and plasma cells, mostly residing in the bone marrow. Frequently associated with the production of an IgM serum monoclonal protein, then called Waldenström macroglobulinemia (WM).

Inclusions: primary macroglobulinaemia

Waldenström macroglobulinaemia

Waldenström macroglobulinaemia without mention of remission

Exclusions: small cell B-cell lymphoma (2A82.0)

Chronic lymphocytic leukaemia or small lymphocytic lymphoma (2A82.0)

2A85.5 **Mantle cell lymphoma**

Mantle cell lymphoma is a rare form of malignant non-Hodgkin lymphoma affecting B lymphocytes in the lymph nodes in a region called the ``mantle zone''. It accounts for 2-10% of lymphomas.

Inclusions: Small cell mantle cell lymphoma

2A85.6 **Burkitt lymphoma including Burkitt leukaemia**

A highly aggressive lymphoma composed of monomorphic medium-sized B-cells with basophilic cytoplasm and numerous mitotic figures. It is often associated with the presence of Epstein-Barr virus (EBV) and is commonly seen in AIDS patients. Three morphologic variants are recognised: classical Burkitt lymphoma, Burkitt lymphoma with plasmacytoid differentiation, and atypical Burkitt/Burkitt-like lymphoma. All cases express the MYC translocation [t(8;14)].

Inclusions: “Burkitt-like” lymphoma

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

2A85.Y **Further specified mature B-cell neoplasms or lymphoma**

2A86 B-cell lymphoma, mixed features

2A86.0 **Malignant lymphoma of B cell type, not elsewhere classified**

Coding Note: If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.

2A86.1 **B-cell lymphoma unclassifiable with features intermediate between Burkitt lymphoma and diffuse large B-cell lymphoma**

2A86.2 **B-cell lymphoma unclassifiable with features intermediate between classical Hodgkin lymphoma and diffuse large B-cell lymphoma**

2A86.Y **Other specified B-cell lymphoma, mixed features**

2A86.Z **B-cell lymphoma, mixed features, unspecified**

2A8Z Mature B-cell neoplasms, unspecified

Mature T-cell or NK-cell neoplasms (2A90-2B2Z)

A group of neoplasms composed of T-lymphocytes with a mature (peripheral/post-thymic) immunophenotypic profile and/or NK-cells.

2A90 Mature T-cell lymphoma, specified types, nodal or systemic

2A90.0 **T-cell prolymphocytic leukaemia**

An aggressive T-cell leukaemia, characterised by the proliferation of small to medium sized prolymphocytes with a mature T-cell phenotype, involving the blood, bone marrow, lymph nodes, liver, spleen, and skin.

2A90.1 **T-cell large granular lymphocytic leukaemia**

A T-cell peripheral neoplasm characterised by a persistent (>6 months) increase in the number of peripheral blood large granular lymphocytes, without a clearly identified cause.

2A90.2 **Chronic lymphoproliferative disorders of NK-cells**

Heterogeneous disorders with a chronic clinical course affecting predominantly adults and characterised by the proliferation of large granular lymphocytes with natural killer cell immunophenotype.

2A90.3 **Aggressive NK cell leukaemia**

A rare, highly aggressive, Epstein-Barr virus-associated leukaemia, also known as aggressive NK-cell leukaemia/lymphoma; it may represent the leukemic counterpart of nasal type extranodal NK/T-cell lymphomas. It affects primarily teenagers and young adults. It is characterised by the systemic proliferation of NK cells in the peripheral blood, bone marrow, liver, and spleen.

2A90.4 **Systemic Epstein-Barr Virus-positive T-cell lymphoma of childhood**

This neoplasm of childhood is characterised by a clonal proliferation of EBV-infected T-cells with an activated cytotoxic phenotype. It can occur shortly after primary acute EBV infection or in the setting of chronic active EBV infection (CAEBV).

2A90.5 **Adult T-cell lymphoma or leukaemia, human T-cell lymphotropic virus type 1-associated**

A peripheral (mature) T-cell neoplasm linked to the human T-cell leukaemia virus type 1 (HTLV-1). Adult T-cell leukaemia/lymphoma is endemic in several regions of the world, in particular Japan, the Caribbean, and parts of Central Africa.

Coded Elsewhere: Adult T-cell leukaemia or lymphoma, skin (2B0Y)

2A90.6 **Extranodal NK/T-cell lymphoma, nasal type**

An aggressive, predominantly extranodal, mature T-cell non-Hodgkin lymphoma. It is characterised by an often angiocentric and angiodestructive cellular infiltrate composed of EBV positive NK/T cells. The nasal cavity is the most common site of involvement. Patients often present with midfacial destructive lesions (lethal midline granuloma). The disease may disseminate rapidly to various anatomic sites including the gastrointestinal tract, skin, testis, and cervical lymph nodes. It is also known as angiocentric T-cell lymphoma. The term polymorphic reticulosis has been widely used to describe the morphologic changes seen in this type of lymphoma. However, the latter term may also apply to lymphomatoid granulomatosis, which is an angiocentric and angiodestructive EBV positive B-cell lymphoproliferative disorder.

2A90.7 **Enteropathy associated T-cell lymphoma**

An uncommon mature T-cell lymphoma of intraepithelial lymphocytes. It usually arises from the small intestine, most commonly the jejunum or ileum. Other less frequent primary anatomic sites include the duodenum, stomach, colon, or outside the gastrointestinal tract. Type II of this lymphoma may occur sporadically outside the context of celiac disease.

Inclusions: Enteropathy type intestinal T-cell lymphoma

Intestinal T-cell lymphoma

2A90.8 **Hepatosplenic T-cell lymphoma**

An extranodal, mature T-cell non-Hodgkin lymphoma that originates from cytotoxic T-cells, usually of gamma/delta T-cell type. It is characterised by the presence of medium-size neoplastic lymphocytes infiltrating the hepatic sinusoids. A similar infiltrating pattern is also present in the spleen and bone marrow that are usually involved at the time of the diagnosis.

2A90.9 **Angioimmunoblastic T-cell lymphoma**

A mature T-cell non-Hodgkin lymphoma, characterised by systemic disease and a polymorphous infiltrate involving lymph nodes and extranodal sites. The clinical course is typically aggressive.

Inclusions: AILD - [angioimmunoblastic lymphadenopathy with dysproteinaemia]

2A90.A **Anaplastic large cell lymphoma, ALK-positive**

A T-cell peripheral lymphoma composed of usually large, pleomorphic, CD30 positive T-lymphocytes with abundant cytoplasm characterised by the presence of a translocation involving the ALK gene and expression of ALK fusion protein. Most patients present with peripheral and/or abdominal lymphadenopathy, and often have advanced disease and extranodal involvement.

Inclusions: Anaplastic large cell lymphoma, CD30-positive

2A90.B **Anaplastic large cell lymphoma, ALK-negative**

A T-cell peripheral lymphoma morphologically indistinguishable from anaplastic large cell lymphoma, ALK-positive. It is characterised by the absence of the translocation involving the ALK gene and lacks expression of ALK fusion protein.

Exclusions: Primary cutaneous CD-30 positive T-cell lymphoproliferative disorders (2B03)

2A90.C **Peripheral T-cell lymphoma, not otherwise specified**

A heterogeneous category of nodal and extranodal mature T-cell lymphomas, which do not correspond to any of the specifically defined entities of mature T-cell lymphoma in the current classification.

Inclusions: T-zone variant Peripheral T-cell lymphoma

Lymphoepithelioid lymphoma

Follicular variant Peripheral T-cell lymphoma

Mature T-cell or NK-cell lymphomas and lymphoproliferative disorders, primary cutaneous specified types (2B00-2B0Z)

Primary cutaneous T-cell lymphomas (CTCL) and NK-cell lymphomas are malignant lymphoproliferative diseases of unknown cause that are thought to originate from T-lymphocytes in the lymphoid tissue of the skin and by definition are confined to the skin at initial diagnosis. Included in the class is also a small number of lymphoma-like primary cutaneous lymphoproliferative disorders which are not considered to be truly malignant.

Inclusions: Primary cutaneous peripheral T-cell lymphoma

Exclusions: Skin infiltration by nodal or non-cutaneous extranodal lymphoma (2E08)

2B00 **Subcutaneous panniculitis-like T-cell lymphoma**

Subcutaneous panniculitis-like T-cell lymphoma is a neoplasm of alpha/beta, usually CD8+ T-cells, mainly confined to the subcutis, presenting clinically as subcutaneous nodules which are usually not ulcerated.

2B01 **Mycosis fungoides**

A peripheral (mature) T-cell lymphoma presenting in the skin with patches/plaques or less commonly with tumours or erythroderma. It is characterised by epidermal and dermal infiltration of small to medium-sized T-cells with cerebriform nuclei.

2B02 **Sézary syndrome**

A generalised peripheral (mature) T-cell neoplasm characterised by the presence of erythroderma, lymphadenopathy, and neoplastic, cerebriform T-lymphocytes in the blood. Sézary syndrome is an aggressive disease.

2B03 **Primary cutaneous CD-30 positive T-cell lymphoproliferative disorders**

Primary skin disorders characterised immunohistologically by infiltration by neoplastic CD30+ lymphocytes.

Inclusions: Primary cutaneous CD30+large T-cell lymphoma

2B03.0 **Primary cutaneous CD30 positive anaplastic large cell lymphoma**

An anaplastic large cell lymphoma limited to the skin at the time of diagnosis. Most patients present with solitary or localised skin lesions, which may be tumours, nodules or papules. The t(2;5) translocation that is present in many cases of systemic anaplastic large cell lymphoma, is not found in this disease.

2B03.1 **Lymphomatoid papulosis**

Lymphomatoid papulosis is a proliferation of T-cells, often clonal, characterised clinically by the appearance of crops of dome-shaped papules and nodules which tend to ulcerate and then heal with scarring.

2B0Y **Other specified primary cutaneous mature T-cell or NK-cell lymphomas and lymphoproliferative disorders**

2B0Z **Primary cutaneous T-cell lymphoma of undetermined or unspecified type**

2B2Y **Other specified mature T-cell or NK-cell neoplasms**

2B2Z **Mature T-cell or NK-cell neoplasms, unspecified**

2B30 **Hodgkin lymphoma**

Malignant lymphomas, previously known as Hodgkin's disease, characterised by the presence of large tumour cells in an abundant admixture of nonneoplastic cells. There are two distinct subtypes: nodular lymphocyte predominant Hodgkin lymphoma and classical Hodgkin lymphoma. Hodgkin lymphoma involves primarily lymph nodes.

2B30.0 **Nodular lymphocyte predominant Hodgkin lymphoma**

Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL) is characterised by a nodular, or a nodular and diffuse proliferation of scattered large neoplastic cells known as popcorn or lymphocyte predominant cells (LP cells) —formerly called L&H cells for lymphocytic and/or histiocytic Reed-Sternberg cell variants. At present an overlap between NLPHL and T-cell-rich large B-cell lymphoma cannot be excluded.

2B30.1 **Classical Hodgkin lymphoma**

Classical Hodgkin lymphoma is a B-cell lymphoma characterised histologically by the presence of large mononuclear Hodgkin cells and multinucleated Reed-Sternberg (HRS) cells.

A monoclonal B-cell lymphoproliferation in the vast majority of cases. It is characterised by a bimodal age distribution (15-30 years of life and late life) and is often associated with EBV infection. In less than 5% of cases it is a monoclonal proliferation of T-lymphocytes. Morphologically, it is characterised by the presence of Reed-Sternberg cells and mononuclear Hodgkin cells. The Reed-Sternberg and mononuclear Hodgkin cells are CD30 positive in nearly all cases and CD15 positive in the majority of cases.

Inclusions: Classical Hodgkin lymphoma, type not specified

2B30.10 Nodular sclerosis classical Hodgkin lymphoma

A subtype of classical Hodgkin lymphoma characterised by collagen bands surrounding lymphoid nodules. The lymphoid nodules contain lacunar and Reed-Sternberg cells. Mediastinal involvement occurs in 80% of patients. The prognosis of nodular sclerosis Hodgkin lymphoma is slightly better than that of mixed cellularity or lymphocyte depleted subtype.

2B30.11 Lymphocyte-rich classical Hodgkin lymphoma

2B30.12 Mixed cellularity classical Hodgkin lymphoma

A subtype of classical Hodgkin lymphoma with a mixed inflammatory stroma containing Hodgkin and Reed-Sternberg cells.

2B30.13 Lymphocyte depleted classical Hodgkin lymphoma

2B30.1Z Classical Hodgkin lymphoma, unspecified

2B30.Z **Hodgkin lymphoma, unspecified**

2B31 Histiocytic or dendritic cell neoplasms

True histiocytic malignancies are vanishing diagnoses due to improved understanding of the provenance of malignant cells.

2B31.0 **Juvenile xanthogranuloma**

It is characterised by the presence of lipid-laden, foamy histiocytes and Touton-type giant cells in the dermis.

2B31.1 **Histiocytic sarcoma**

Inclusions: Malignant Histiocytosis

2B31.2 **Langerhans cell histiocytosis**

A neoplastic proliferation of Langerhans cells which contain Birbeck granules by ultrastructural examination. Three major overlapping syndromes are recognised: eosinophilic granuloma, Letterer-Siwe disease, and Hand-Schuller-Christian disease. The clinical course is generally related to the number of organs affected at presentation.

Inclusions: Histiocytosis X

2B31.20 Langerhans cell histiocytosis involving the skin

2B31.2Y Other specified Langerhans cell histiocytosis

2B31.3 **Langerhans cell sarcoma**

A neoplastic proliferation of Langerhans cells with overtly malignant cytologic features. It can be considered a higher grade variant of Langerhans cell histiocytosis (LCH) and it can present de novo or progress from antecedent LCH.

2B31.4 **Interdigitating dendritic cell sarcoma**

A neoplastic proliferation of spindle to ovoid cells which show phenotypic features similar to those of interdigitating dendritic cells. The clinical course is generally aggressive.

2B31.5 **Follicular dendritic cell sarcoma**

A neoplasm composed of spindle to ovoid cells which have morphologic and immunophenotypic characteristics of follicular dendritic cells. It affects lymph nodes and other sites including the tonsils, gastrointestinal tract, spleen, liver, soft tissues, skin, and oral cavity. It usually behaves as a low grade sarcoma. Recurrences have been reported in up to half of the cases.

2B31.6 **Indeterminate cell histiocytosis**

A very rare dendritic cell tumour composed of spindle to ovoid cells with a phenotype that is similar to the Langerhans cells. Patients usually present with cutaneous papules, nodules, and plaques. Systemic symptoms are usually absent. The clinical course is variable.

2B31.7 **Fibroblastic reticular cell tumour**

A very rare dendritic cell tumour affecting the lymph nodes, spleen, and soft tissues. Morphologically it is similar to the interdigitating dendritic cell sarcoma or follicular dendritic cell sarcoma. The tumour cells are positive for cytokeratin and CD68. Clinical outcome is variable.

2B31.Y **Other specified histiocytic or dendritic cell neoplasms**

2B31.Z **Histiocytic or dendritic cell neoplasms, unspecified**

2B32 Immunodeficiency-associated lymphoproliferative disorders

Post-transplant lymphoproliferative disorder (PTLD) is a polyclonal (benign) or clonal (malignant) proliferation of lymphoid cells that develops as a consequence of immunosuppression in a recipient of a solid organ or bone marrow allograft. PTLDs comprise a spectrum ranging from early, Epstein-Barr virus (EBV)-driven polyclonal lymphoid proliferations to EBV-positive or EBV- negative lymphomas of predominantly B-cell or less often T-cell type. In other Immunodeficiency-associated lymphoproliferative disorders, association with EBV is less pronounced.

Inclusions: PTLD - [Post transplant lymphoproliferative disorder]

2B32.0 **Post-transplant lymphoproliferative disorder, early lesion**

A lymphoproliferative disorder arising as a result of post-transplant immunosuppression therapy. It is characterised by the lack of tissue destruction and the architectural preservation of the involved tissues. It includes two morphologic variants: plasmacytic hyperplasia and infectious mononucleosis-like lymphoproliferative disorders.

2B32.1 **Reactive plasmacytic hyperplasia**

2B32.2 **Post-transplant lymphoproliferative disorder, Infectious mononucleosis-like**

2B32.3 **Polymorphic post-transplant lymphoproliferative disorder**

2B32.Y **Other specified immunodeficiency-associated lymphoproliferative disorders**

2B32.Z **Immunodeficiency-associated lymphoproliferative disorders, unspecified**

2B33 Malignant haematopoietic neoplasms without further specification

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.0 **Acute leukaemia, not elsewhere classified**

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.1 **Myeloid leukaemia**

2B33.2 **Chronic myeloid leukaemia, not elsewhere classified**

Coding Note: Only to be designated in cases. with incomplete diagnostics

2B33.3 **Lymphoid leukaemia, not elsewhere classified**

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.4 **Leukaemia, unspecified**

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.5 **Malignant lymphoma, not elsewhere classified**

Coding Note: Only to be designated in cases with incomplete diagnostics.

Coded Elsewhere: Enteropathy associated T-cell lymphoma (2A90.7)

2B33.Y **Other malignant haematopoietic neoplasms without further specification**

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B3Z **Neoplasms of haematopoietic or lymphoid tissues, unspecified**

Malignant neoplasms, except primary neoplasms of lymphoid, haematopoietic, central nervous system or related tissues (2B50-2E2Z)

Coding Note: For use of this category, reference should be made to the mortality coding rules and guidelines in the Reference Guide.

Exclusions: Neoplasms of brain or central nervous system (2A00-2A0Z)

Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues (2B50-2D3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

A usually aggressive malignant mesenchymal cell tumour most commonly arising from muscle, fat, fibrous tissue, bone, cartilage, and blood vessels. Sarcomas occur in both children and adults. The prognosis depends largely on the degree of differentiation (grade) of the tumour. Representative subtypes are liposarcoma, leiomyosarcoma, osteosarcoma, and chondrosarcoma.

Exclusions: Mesenchymal tumours of meninges (2A01.1)

Tumours of cranial or paraspinal nerves (2A02.1)

2B50 **Chondrosarcoma, primary site**

Exclusions: Osteosarcoma, primary site (2B51)

2B50.0 **Chondrosarcoma of bone or articular cartilage of limbs**

2B50.1 **Chondrosarcoma of bone or articular cartilage of pelvis**

2B50.2 **Chondrosarcoma of bone or articular cartilage of ribs, sternum or clavicle**

2B50.Y **Chondrosarcoma of bone or articular cartilage of other specified sites**

2B50.Z **Chondrosarcoma of bone or articular cartilage of unspecified sites**

2B51 **Osteosarcoma, primary site**

A usually aggressive malignant bone-forming mesenchymal tumour, predominantly affecting adolescents and young adults. It usually involves bones and less frequently extraosseous sites. It often involves the long bones (particularly distal femur, proximal tibia, and proximal humerus). Pain with or without a palpable mass is the most frequent clinical symptom. It may spread to other anatomic sites, particularly the lungs.

2B51.0 **Osteosarcoma of bone or articular cartilage of jaw**

2B51.1 **Osteosarcoma of bone or articular cartilage of limbs**

2B51.2 **Osteosarcoma of bone or articular cartilage of pelvis**

2B51.Y **Osteosarcoma of bone and articular cartilage of other specified sites**

2B51.Z **Osteosarcoma of bone and articular cartilage of unspecified sites**

2B52 **Ewing sarcoma, primary site**

A small round cell tumour that lacks morphologic, immunohistochemical, and electron microscopic evidence of neuroectodermal differentiation. It represents one of the two ends of the spectrum called Ewing's sarcoma/peripheral neuroectodermal tumour. It affects mostly males under age 20, and it can occur in soft tissue or bone. Pain and the presence of a mass are the most common clinical symptoms.

2B52.0 **Ewing sarcoma of bone or articular cartilage of limbs**

2B52.1 **Ewing sarcoma of bone or articular cartilage of pelvis**

2B52.2 **Ewing sarcoma of bone or articular cartilage of ribs**

2B52.3 **Ewing sarcoma of soft tissue**

A rare malignant neoplasm of the soft tissues. It is typically a disease of children and young adults. It is characterised by t(11:22) (q24: q12) resulting in the expression of EWS/FLI-1 chimeric transcript. Most commonly occurs in the paravertebral region, chest wall, pelvis and lower extremities.

2B52.Y **Ewing sarcoma of bone and articular cartilage of other specified sites**

2B52.Z **Ewing sarcoma of bone and articular cartilage of unspecified sites**

2B53 **Fibroblastic or myofibroblastic tumour, primary site**

2B53.0 **Myxofibrosarcoma, primary site**

2B53.1 **Fibroblastic or myofibroblastic tumour of skin**

2B53.Y **Other specified fibroblastic or myofibroblastic tumour, primary site**

2B53.Z **Fibroblastic or myofibroblastic tumour, primary site, unspecified**

2B54 **Unclassified pleomorphic sarcoma, primary site**

A pleomorphic sarcoma characterised by the presence of fibrohistiocytic cells and spindle cells arranged in a storiform pattern.

2B54.0 **Unclassified pleomorphic sarcoma of skin**

A rare malignant neoplasm arising from the skin. It is characterised by the presence of spindle cells in a storiform pattern and histiocytes with abundant cytoplasm.

Inclusions: malignant fibrous histiocytoma of skin

2B54.1 **Unclassified pleomorphic sarcoma of retroperitoneum or peritoneum**

2B54.Y **Unclassified pleomorphic sarcoma, primary site, other specified site**

2B54.Z **Unclassified pleomorphic sarcoma, primary site, unspecified site**

2B55 **Rhabdomyosarcoma, primary site**

Rhabdomyosarcoma is a malignant soft tissue tumour which develops from cells of striated muscle. It is the most common form of tumour found in children and adolescents.

2B55.0 **Rhabdomyosarcoma of the oral cavity or pharynx**

2B55.1 **Rhabdomyosarcoma of respiratory or intrathoracic organs**

2B55.2 **Rhabdomyosarcoma of male genital organs**

2B55.Y **Rhabdomyosarcoma, other specified primary site**

2B55.Z **Rhabdomyosarcoma, unspecified primary site**

2B56 **Angiosarcoma, primary site**

2B56.0 **Angiosarcoma of heart**

2B56.1 **Angiosarcoma of skin**

A malignant tumour arising from the endothelial cells of the blood vessels. Microscopically, it is characterised by frequently open vascular anastomosing and branching channels. The malignant cells that line the vascular channels are spindle or epithelioid and often display hyperchromatic nuclei. Angiosarcomas most frequently occur in the skin and breast. Patients with long-standing lymphoedema are at increased risk of developing angiosarcoma.

2B56.2 **Angiosarcoma of breast**

A malignant vascular neoplasm arising from the breast.

2B56.3 **Angiosarcoma of liver**

A malignant vascular neoplasm arising from the liver.

Inclusions: Kupffer cell sarcoma of liver

2B56.Y **Angiosarcoma, other specified primary site**

2B56.Z **Angiosarcoma, unspecified primary site**

2B57 **Kaposi sarcoma, primary site**

A malignant neoplasm characterised by a vascular proliferation which usually contains blunt endothelial cells. Erythrocyte extravasation and hemosiderin deposition are frequently present. The most frequent site of involvement is the skin; however it may also occur internally. It generally develops in people with compromised immune systems including those with acquired immune deficiency syndrome (AIDS).

Coded Elsewhere: Human immunodeficiency virus disease associated with Kaposi sarcoma (1C62.3)

2B57.0 **Kaposi sarcoma of lung**

2B57.1 **Kaposi sarcoma of skin**

A Kaposi sarcoma arising from the skin. It presents with patches, plaques, or nodules.

2B57.2 **Kaposi sarcoma of gastrointestinal sites**

2B57.Y **Kaposi sarcoma of other specified primary sites**

2B57.Z **Kaposi sarcoma of unspecified primary site**

2B58 **Leiomyosarcoma, primary site**

2B58.0 **Leiomyosarcoma of retroperitoneum or peritoneum**

2B58.1 **Leiomyosarcoma of uterus**

2B58.2 **Leiomyosarcoma of stomach**

This is a malignant nonepithelial tumour that arises from cells lining the stomach that develop into smooth-muscle.

2B58.Y **Leiomyosarcoma, other specified primary site**

2B58.Z **Leiomyosarcoma, unspecified primary site**

2B59 **Liposarcoma, primary site**

Liposarcoma, a type of soft tissue sarcoma, describes a group of lipomatous tumours of varying severity ranging from slow-growing to aggressive and metastatic. Liposarcomas are most often located in the lower extremities or retroperitoneum, but they can also occur in the upper extremities, neck, peritoneal cavity, spermatic cord, breast, vulva and axilla.

2B59.0 **Liposarcoma of soft tissue of limb**

2B59.1 **Liposarcoma of retroperitoneum or peritoneum**

2B59.2 **Liposarcoma of male genital organs**

2B59.Y **Liposarcoma, other specified primary site**

2B59.Z **Liposarcoma, unspecified primary site**

2B5A **Synovial sarcoma, primary site**

A malignant neoplasm characterised by the chromosomal translocation t(X;18)(p11;q11). It can occur at any age, but mainly affects young adults, more commonly males. Although any site can be affected, the vast majority of the cases arise in the deep soft tissues of extremities, especially around the knee. Microscopically, synovial sarcoma is classified as monophasic (with a spindle or epithelial cell component) or biphasic (with both spindle and epithelial cell components). Synovial sarcomas can recur or metastasize to the lungs, bones, and lymph nodes.

2B5A.0 **Synovial sarcoma of soft tissues of limb**

2B5A.1 **Synovial sarcoma of respiratory or intra-thoracic organs**

2B5A.Y **Synovial sarcoma, other specified primary site**

2B5A.Z **Synovial sarcoma, unspecified primary site**

2B5B **Gastrointestinal stromal tumour, primary site**

This is the most common mesenchymal tumour that arises in the gastrointestinal tract. It is generally immunohistochemically positive for CD117 (KIT), phenotypically paralleling Cajal-cell differentiation, and most examples contain KIT- or PDGFRA-activating mutations. It is most frequent in the stomach and to a lesser degree in the small intestine. The prognosis depends on the tumour size and the mitotic activity.

2B5B.0 **Gastrointestinal stromal tumour of stomach**

A gastrointestinal stromal tumour that arises from the stomach. It covers a spectrum of benign to malignant mesenchymal neoplasms and includes most gastric smooth muscle tumours, leiomyoblastomas, and tumours formerly called gastrointestinal autonomic nerve tumours.

2B5B.1 **Gastrointestinal stromal tumour of small intestine**

A gastrointestinal stromal tumour that arises from the small intestine. It usually affects adults over fifty years of age. The majority of cases have spindle cell morphology. The prognosis depends on the tumour size and the mitotic activity.

2B5B.Y **Gastrointestinal stromal tumour of other gastrointestinal sites**

2B5B.Z **Gastrointestinal stromal tumour of unspecified gastrointestinal sites**

2B5C **Endometrial stromal sarcoma, primary site**

A malignant, infiltrating mesenchymal tumour arising from the uterine corpus, cervix, vagina, and the ovary. Based on its morphologic characteristics, it is classified as either a low grade or an undifferentiated (high grade) stromal sarcoma. The low grade endometrioid stromal sarcoma is characterised by the presence of oval to spindle-shape cells that resemble the cells of the endometrial stroma, without evidence of significant atypia and pleomorphism. Numerous small vessels are also present. The undifferentiated stromal sarcoma is characterised by an aggressive clinical course, the presence of significant cellular atypia, pleomorphism, and high mitotic activity.

2B5D Malignant mixed epithelial mesenchymal tumour, primary site

2B5D.0 Malignant mixed epithelial mesenchymal tumour of ovary

Malignant mixed epithelial mesenchymal tumour of the ovary is a rare and very aggressive neoplasm presenting most commonly in postmenopausal women and is composed of adenocarcinomatous and sarcomatous elements and, depending on the types of these elements, can be classified as homologous or heterologous. It often has a poor prognosis.

2B5D.1 Malignant mixed epithelial and mesenchymal tumour of corpus uteri

A primary malignant neoplasm of the uterine corpus characterised by the presence of an epithelial and a mesenchymal component. This category includes carcinosarcoma, carcinofibroma, and adenosarcoma.

2B5D.Y Malignant mixed epithelial mesenchymal tumour, other specified primary site

2B5D.Z Malignant mixed epithelial mesenchymal tumour, unspecified primary site

2B5E Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site

Exclusions: Malignant peripheral nerve sheath tumour of cranial or paraspinal nerves (2A02.10)

2B5F Sarcoma, not elsewhere classified, primary site

2B5F.0 Sarcoma, not elsewhere classified of uterus

Coded Elsewhere: Endometrial stromal sarcoma, primary site (2B5C)

Leiomyosarcoma of uterus (2B58.1)

Rhabdomyosarcoma of corpus uteri (2B55.Y)

2B5F.1 Sarcoma, not elsewhere classified of retroperitoneum or peritoneum

2B5F.10 Myosarcomas of omentum

2B5F.1Y Other specified sarcoma, not elsewhere classified of retroperitoneum or peritoneum

2B5F.1Z Sarcoma, not elsewhere classified of retroperitoneum or peritoneum, unspecified

2B5F.2 Sarcoma, not elsewhere classified of other specified sites

2B5F.3 Sarcoma, not elsewhere classified, primary site unknown

2B5G Myosarcoma of uterus, part not specified

Coded Elsewhere: Leiomyosarcoma of uterus (2B58.1)

Rhabdomyosarcoma of corpus uteri (2B55.Y)

2B5H Well differentiated lipomatous tumour, primary site

2B5J Malignant miscellaneous tumours of bone or articular cartilage of other or unspecified sites

Exclusions: Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

2B5K **Unspecified malignant soft tissue tumours or sarcomas of bone or articular cartilage of other or unspecified sites**

2B5Y **Other specified malignant mesenchymal neoplasms**

2B5Z **Malignant mesenchymal neoplasm of unspecified type**

Malignant neoplasms of lip, oral cavity or pharynx (2B60-2B6Z)

Squamous cell carcinomas amount to more than 90% of malignant tumours of the oral cavity and oropharynx. As in other parts of the upper aerodigestive tract, there is a strong and synergistic association with tobacco smoking and alcohol abuse. In some regions, particularly the Indian subcontinent, oral cancer is among the most frequent malignancies, largely due to tobacco chewing.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B60 **Malignant neoplasms of lip**

Malignant neoplasms originating from the transitional epithelium of the lip (excluding oral mucosa and skin of the outer lip) or from the underlying anatomical structures (e.g. orbicularis oris muscle).

Exclusions: Malignant neoplasm of skin of lip (2C30-2C3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B60.0 Basal cell carcinoma of lip

A basal cell carcinoma arising from the lip.

2B60.1 Squamous cell carcinoma of lip

Squamous cell carcinoma located on or originating in the mucosa or vermilion of the lip, including the vermilion border but excluding the skin of the lip.

Exclusions: Squamous cell carcinoma of skin of lip (2C31)

2B60.Y Other specified malignant neoplasms of lip

2B60.Z Malignant neoplasms of lip, unspecified

2B61 **Malignant neoplasms of base of tongue**

A primary neoplasm involving the base of the tongue, often associated with chronic alcohol and tobacco use, older age, certain geographic locations, a family history of upper aeordigestive tract cancers and/or certain nutritional deficiencies and infectious agents.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B61.0 Squamous cell carcinoma of the base of the tongue

A carcinoma that arises from the base of the tongue. Representative examples include squamous cell carcinoma, adenoid cystic carcinoma, and mucoepidermoid carcinoma.

2B61.Y Other specified malignant neoplasms of base of tongue

2B61.Z **Malignant neoplasms of base of tongue, unspecified**

2B62 **Malignant neoplasms of other or unspecified parts of tongue**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B62.0 **Squamous cell carcinoma of other or unspecified parts of tongue**

2B62.1 **Malignant neoplasms of lingual tonsil**

2B62.10 Squamous cell carcinoma of lingual tonsil

2B62.Y **Other specified malignant neoplasms of other and unspecified parts of tongue**

2B62.Z **Malignant neoplasms of other or unspecified parts of tongue, unspecified**

2B63 **Malignant neoplasms of gum**

Exclusions: Benign osteogenic tumours of bone or articular cartilage of skull or face (2E83.0)

Benign osteogenic tumours of bone or articular cartilage of lower jaw (2E83.1)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B63.0 **Squamous cell carcinoma of gum**

2B63.Y **Other specified malignant neoplasm of gum**

2B63.Z **Malignant neoplasms of gum, unspecified**

2B64 **Malignant neoplasms of floor of mouth**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B64.0 **Squamous cell carcinoma of floor of mouth**

2B64.Y **Other specified malignant neoplasm of floor of mouth**

2B64.Z **Malignant neoplasms of floor of mouth, unspecified**

2B65 **Malignant neoplasms of palate**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B65.0 **Adenocarcinoma of palate**

2B65.1 **Squamous cell carcinoma of palate**

2B65.Y **Other specified malignant neoplasm of palate**

2B65.Z **Malignant neoplasms of palate, unspecified**

2B66 **Malignant neoplasms of other or unspecified parts of mouth**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B66.0 **Squamous cell carcinoma of other or unspecified parts of mouth**

2B66.Y **Other specified malignant neoplasms of other and unspecified parts of mouth**

2B66.Z **Malignant neoplasms of other or unspecified parts of mouth, unspecified**

2B67 Malignant neoplasms of parotid gland

Salivary gland tumours can show a striking range of morphological diversity between different tumour types and sometimes within an individual tumour mass. In addition, hybrid tumours, dedifferentiation and the propensity for some benign tumours to progress to malignancy can confound histopathological interpretation. These features, together with the relative rarity of a number of tumours, can sometimes make diagnosis difficult, despite the abundance of named tumour entities. The increasing use of pre-operative fine needle aspiration biopsies also needs to be taken into account, as artifactual changes may be superimposed on the tumours. Unfortunately, the morphological variability of these tumours is mirrored by the immunocytochemical profiles, so that special stains are rarely useful in routine diagnosis of salivary gland epithelial neoplasms.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B67.0 **Adenocarcinoma of parotid gland**

2B67.1 **Squamous cell carcinoma of parotid gland**

2B67.Y **Other specified malignant neoplasms of parotid gland**

2B67.Z **Malignant neoplasms of parotid gland, unspecified**

2B68 Malignant neoplasms of submandibular or sublingual glands

Salivary gland tumours can show a striking range of morphological diversity between different tumour types and sometimes within an individual tumour mass. In addition, hybrid tumours, dedifferentiation and the propensity for some benign tumours to progress to malignancy can confound histopathological interpretation. These features, together with the relative rarity of a number of tumours, can sometimes make diagnosis difficult, despite the abundance of named tumour entities. The increasing use of pre-operative fine needle aspiration biopsies also needs to be taken into account, as artifactual changes may be superimposed on the tumours. Unfortunately, the morphological variability of these tumours is mirrored by the immunocytochemical profiles, so that special stains are rarely useful in routine diagnosis of salivary gland epithelial neoplasms.

Exclusions: Malignant neoplasms of parotid gland (2B67)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B68.0 **Adenocarcinoma of submandibular or sublingual glands**

2B68.1 **Squamous cell carcinoma of submandibular or sublingual glands**

2B68.2 **Other specified malignant neoplasms of submandibular or sublingual glands**

2B68.Z **Malignant neoplasms of submandibular or sublingual glands, unspecified**

2B69 **Malignant neoplasms of tonsil**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Malignant neoplasms of pharyngeal tonsil (2B6B.2)

Malignant neoplasms of lingual tonsil (2B62.1)

2B69.0 Squamous cell carcinoma of tonsil

2B69.1 Other specified malignant neoplasms of tonsil

2B69.Z Malignant neoplasms of tonsil, unspecified

2B6A **Malignant neoplasms of oropharynx**

Malignant neoplasms of the oral cavity and pharynx

Exclusions: Malignant neoplasms of palate (2B65)

Malignant neoplasms of tonsil (2B69)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6A.0 Squamous cell carcinoma of oropharynx

A squamous cell carcinoma arising from the oropharynx. It predominantly affects adults in their fifth and sixth decades of life and is associated with alcohol and tobacco use. Human papillomavirus is present in approximately half of the cases. It is characterised by a tendency to metastasize early to the lymph nodes. When the tumour is small, patients are often asymptomatic. Physical examination may reveal erythematous or white lesions or plaques. The majority of patients present with locally advanced disease. Signs and symptoms include mucosal ulceration, pain, bleeding, weight loss, neck swelling, and difficulty speaking, chewing, and swallowing. Patients may also present with swollen neck lymph nodes without any symptoms from the oropharyngeal tumour. The most significant prognostic factors are the size of the tumour and the lymph nodes status.

2B6A.Y Other specified malignant neoplasms of oropharynx

2B6A.Z Malignant neoplasms of oropharynx, unspecified

2B6B **Malignant neoplasms of nasopharynx**

A wide variety of tumours can arise in the nasopharynx, but it is nasopharyngeal carcinoma that has fascinated generations of oncologists, pathologists, scientists and epidemiologists. It shows marked geographic differences, with highest incidence rates in Southern Chinese. In some endemic areas, the incidence has declined by about 30% over the past two decades, suggesting that environmental or lifestyle factors may play a major role and that the disease is, to some extent, preventable. Nasopharyngeal carcinoma shows a very strong association with Epstein-Barr virus (EBV) infection, irrespective of the ethnic origin of the patients. This association has pioneered a new paradigm of utilizing viral serological tests for the diagnosis of cancer and for screening in high-risk populations. Naso - pharyngeal carcinoma is generally responsive to radiation therapy, and the clinical outcome has greatly improved over the years, due to refinements in staging and to improved therapy protocols. The unusual and often deceptive histological features of nasopharyngeal carcinoma have generated controversies over the nature of the tumour and still pose a challenge to surgical pathologists. There have possibly been more names invented for the various histological subtypes of nasopharyngeal carcinoma than any other tumour type.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6B.0 Squamous cell carcinoma of nasopharynx

2B6B.1 Malignant epithelial neoplasms of nasopharynx, unspecified type

2B6B.2 Malignant neoplasms of pharyngeal tonsil

2B6B.20 Squamous cell carcinoma of pharyngeal tonsil

2B6B.21 Other or unspecified malignant epithelial neoplasm of pharyngeal tonsil

2B6B.2Y Other specified malignant neoplasms of pharyngeal tonsil

2B6B.2Z Malignant neoplasm of pharyngeal tonsil without mention of type

2B6B.Y Other specified malignant neoplasms of nasopharynx

2B6B.Z Malignant neoplasms of nasopharynx, unspecified

2B6C **Malignant neoplasms of piriform sinus**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6C.0 Squamous cell carcinoma of piriform sinus

2B6C.Y Other specified malignant neoplasms of piriform sinus

2B6C.Z Malignant neoplasms of piriform sinus, unspecified

2B6D **Malignant neoplasms of hypopharynx**

A malignant neoplasm arising in the hypopharynx.

Exclusions: Malignant neoplasms of piriform sinus (2B6C)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6D.0 **Squamous cell carcinoma of hypopharynx and variants**

A squamous cell carcinoma arising from the hypopharynx. Signs and symptoms include dysphagia, hemoptysis, and the presence of a neck mass.

2B6D.Y **Other specified malignant neoplasms of hypopharynx**

2B6D.Z **Malignant neoplasms of hypopharynx, unspecified**

2B6E **Malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx**

Exclusions: Malignant neoplasm of oral cavity NOS (2B66)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6E.0 **Squamous cell carcinoma of other or ill-defined sites in the lip, oral cavity or pharynx**

2B6E.Y **Other specified malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx**

2B6E.Z **Malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx, unspecified**

2B6Y **Other specified malignant neoplasms of lip, oral cavity or pharynx**

2B6Z **Malignant neoplasms of lip, oral cavity or pharynx, unspecified**

Malignant neoplasms of digestive organs (2B70-2C1Z)

A primary malignant neoplasm involving any part of the gastrointestinal system.

Exclusions: Malignant neoplasm metastasis in digestive system (2D80-2D8Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

Malignant neoplasms of lip, oral cavity or pharynx (2B60-2B6Z)

2B70 **Malignant neoplasms of oesophagus**

A primary malignant neoplasm involving the oesophagus

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B70.0 **Adenocarcinoma of oesophagus**

A malignant tumour with glandular differentiation arising predominantly from Barrett mucosa in the lower third of the esophagus. Grossly, esophageal adenocarcinomas are similar to esophageal squamous cell carcinomas. Microscopically, adenocarcinomas arising in the setting of Barrett esophagus are typically papillary and/or tubular. The prognosis is poor.

2B70.00 Barrett adenocarcinoma

Barrett adenocarcinoma is defined as adenocarcinoma of lower oesophagus and gastroesophageal junction associated with Barrett's oesophagus.

2B70.0Y Other specified adenocarcinoma of oesophagus

2B70.0Z Adenocarcinoma of oesophagus, unspecified

2B70.1 Squamous cell carcinoma of oesophagus

A squamous cell carcinoma arising from the esophagus. It can be associated with a long history of tobacco and alcohol abuse and is exceedingly rare before the age of 30. The median age is around 65 in both males and females, but the incidence in males is much higher than in females. It is located mostly in the middle and lower third of the esophagus. Grossly, polypoid, ulcerated, plaque-like and occult lesions have been described. The microscopic features are the same as in other squamous cell carcinomas. Any degree of differentiation may occur, and variation within a single tumour is common. The prognosis is poor.

2B70.Y Other specified malignant neoplasms of oesophagus

2B70.Z Malignant neoplasms of oesophagus, unspecified

2B71 Malignant neoplasms of oesophagogastric junction

Malignant neoplasms that arise from the cells of the oesophagogastric junction (OGJ), which is defined as the point at which the oesophagus ends and the stomach begins. This mainly defines adenocarcinomas that straddle the junction of the oesophagus and stomach. This definition includes many tumours formally called cancers of the gastric cardia.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B71.0 Adenocarcinoma of oesophagogastric junction

An adenocarcinoma that arises from and straddles the junction of the stomach and esophagus. The category of adenocarcinomas of the gastroesophageal junction also includes the majority of adenocarcinomas previously called gastric cardia adenocarcinomas. Squamous cell carcinomas that affect or cross the junction of the stomach and esophagus are classified as carcinomas of the distal esophagus. Adenocarcinoma of the gastroesophageal junction occurs more often in Caucasian middle aged and elderly males. Clinical signs and symptoms include dysphagia, abdominal pain, and weight loss. The prognosis depends on the completeness of the surgical resection, the number of lymph nodes involved by cancer, and the presence or absence of postoperative complications.

2B71.Y Other specified malignant neoplasm of oesophagogastric junction

2B71.Z Malignant neoplasms of oesophagogastric junction, unspecified

2B72 Malignant neoplasms of stomach

A primary or metastatic malignant neoplasm involving the stomach.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue of stomach (2A85.1)

Leiomyosarcoma of stomach (2B58.2)

Gastrointestinal stromal tumour of stomach (2B5B.0)

Gastric malignant lymphoma (2B33.5)

2B72.0 Adenocarcinoma of stomach

An adenocarcinoma arising from the stomach glandular epithelium. Gastric adenocarcinoma is primarily a disease of older individuals. It most commonly develops after a long period of atrophic gastritis and is strongly associated with Helicobacter pylori infection. The lack of early symptoms often delays the diagnosis of gastric cancer. The majority of patients present with advanced tumours which have poor rates of curability. Microscopically, two important histologic types of gastric adenocarcinoma are recognised: the intestinal and diffuse type. The overall prognosis of gastric adenocarcinomas is poor, even in patients who receive a curative resection.

2B72.1 Malignant neuroendocrine neoplasm of stomach

A neoplasm with neuroendocrine differentiation that arises from the stomach. It includes well differentiated neuroendocrine tumours (low and intermediate grade) and poorly differentiated neuroendocrine carcinomas (high grade).

Inclusions: carcinoid and other malignant neuroendocrine neoplasms

Coded Elsewhere: Neuroendocrine neoplasm of duodenum (2B80.01)

Neuroendocrine neoplasms of appendix (2B81.2)

2B72.Y Other specified malignant neoplasms of stomach

2B72.Z Malignant neoplasms of stomach, unspecified

Malignant neoplasms of intestine (2B80-2C0Z)

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B80 **Malignant neoplasms of small intestine**

A primary malignant neoplasm involving the small intestine.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Enteropathy associated T-cell lymphoma (2A90.7)

Gastrointestinal stromal tumour of small intestine (2B5B.1)

Malignant lymphoma of small intestine (2B33.5)

Malignant neoplasm of jejunum (2B80.1Z)

Malignant neoplasm of ileum (2B80.1Z)

Small intestinal leiomyosarcoma (2B58.Y)

2B80.0 Malignant neoplasms of duodenum

A primary malignant neoplasm that affects the duodenum. Representative examples include carcinoma, lymphoma, and sarcoma.

Coded Elsewhere: Lymphoma of duodenum (2B33.5)

Malignant mesenchymal tumour of the duodenum (2B5F.2)

2B80.00 Adenocarcinoma of duodenum

An adenocarcinoma that arises from the duodenum.

2B80.01 Neuroendocrine neoplasm of duodenum

Neoplasms that arise from the cells of neuroendocrine system lining the duodenum.

2B80.0Y Other specified malignant neoplasms of the duodenum

2B80.0Z Malignant neoplasms of duodenum, unspecified

2B80.1 Malignant neoplasms of jejunum or ileum

2B80.10 Adenocarcinoma of jejunum or ileum

2B80.11 Neuroendocrine neoplasms of jejunum or ileum

Neoplasms that arise from the cells of neuroendocrine system lining the jejunum or ileum including well-differentiated (low- to intermediated grade) neuroendocrine tumours. These include carcinoid tumour.

2B80.1Y Other specified malignant neoplasms of jejunum or ileum

2B80.1Z Malignant neoplasms of jejunum or ileum, unspecified

2B80.2 Malignant neoplasms of small intestine, site unspecified

2B80.20 Adenocarcinoma of small intestine, site unspecified

A malignant tumour with glandular differentiation arising from epithelium of small intestine.

Exclusions: Neuroendocrine neoplasms of small intestine, site unspecified (2B80.21)

2B80.21 Neuroendocrine neoplasms of small intestine, site unspecified

Neoplasms that arise from the cells of neuroendocrine system lining the small intestine.

2B80.2Y Other specified malignant neoplasms of small intestine, site unspecified

2B80.Y Other specified malignant neoplasms of small intestine

2B80.Z Malignant neoplasms of small intestine, unspecified

2B81 **Malignant neoplasms of appendix**

A primary malignant neoplasm that affects the appendix.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Lymphoma of the appendix (2B33.5)

2B81.0 Adenocarcinoma of appendix

A malignant neoplasm arising from the glandular epithelium of the appendix. Most are mucinous adenocarcinomas.

2B81.00 Mucinous adenocarcinoma of appendix

An adenocarcinoma, often cystic, with large amounts of extracellular mucin

2B81.2 **Neuroendocrine neoplasms of appendix**

Malignant neoplasms with neuroendocrine differentiation that arise in the appendix. Most are well differentiated neuroendocrine tumours (low and intermediate grade), i.e. carcinoids. Poorly differentiated neuroendocrine carcinomas (high grade) are exceedingly rare.

2B81.Y **Other specified malignant neoplasms of appendix**

2B81.Z **Malignant neoplasms of appendix, unspecified**

Malignant neoplasms of large intestine (2B90-2B9Y)

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B90 **Malignant neoplasms of colon**

Primary malignant neoplasms arising in the colon.

Exclusions: Malignant neoplasms of appendix (2B81)

Coded Elsewhere: Gardner syndrome (LD2D.3)

Malignant Lymphoma of colon (2B33.5)

Gastrointestinal stromal tumour of colon (2B5B.Y)

Kaposi sarcoma of colon (2B57.2)

Leiomyosarcoma of colon (2B58.Y)

2B90.0 **Malignant neoplasm of ascending colon and right flexure of colon**

2B90.00 Adenocarcinoma of ascending colon or right flexure of colon

A malignant tumour with glandular differentiation arising from epithelium of ascending colon and right flexure.

2B90.0Y Other specified malignant neoplasm of ascending colon and right flexure of colon

2B90.0Z Malignant neoplasm of ascending colon and right flexure of colon, unspecified

2B90.1 **Malignant neoplasm of descending colon and splenic flexure of colon**

2B90.10 Adenocarcinoma of descending colon or splenic flexure of colon

A malignant tumour with glandular differentiation arising from epithelium of descending colon and splenic flexure.

2B90.1Y Other specified malignant neoplasm of descending colon and splenic flexure of colon

2B90.1Z Malignant neoplasm of descending colon and splenic flexure of colon, unspecified

2B90.2 **Malignant neoplasm of transverse colon**

2B90.20 Adenocarcinoma of transverse colon

A malignant tumour with glandular differentiation arising from epithelium of transverse colon.

2B90.2Y Other specified malignant neoplasm of transverse colon

2B90.2Z Malignant neoplasm of transverse colon, unspecified

2B90.3 **Malignant neoplasm of sigmoid colon**

Exclusions: Malignant neoplasms of rectosigmoid junction (2B91)

2B90.30 Adenocarcinoma of sigmoid colon

A malignant tumour with glandular differentiation arising from epithelium of descending colon and splenic flexure.

2B90.3Y Other specified malignant neoplasm of sigmoid colon

2B90.3Z Malignant neoplasm of sigmoid colon, unspecified

2B90.Y **Other specified malignant neoplasms of colon**

2B90.Z **Malignant neoplasms of colon, unspecified**

2B91 Malignant neoplasms of rectosigmoid junction

2B91.0 **Adenocarcinoma of rectosigmoid junction**

A malignant tumour with glandular differentiation arising from epithelium of rectosigmoid junction

2B91.Y **Other specified malignant neoplasms of rectosigmoid junction**

2B91.Z **Malignant neoplasms of rectosigmoid junction, unspecified**

2B92 Malignant neoplasms of rectum

Coded Elsewhere: Malignant mesenchymal tumour of rectum (2B5F.2)

2B92.0 **Adenocarcinomas of rectum**

An adenocarcinoma arising from the rectum. It is more frequently seen in populations with a Western type diet and in patients with a history of chronic inflammatory bowel disease.

2B92.1 **Neuroendocrine neoplasms of rectum**

Malignant neoplasms with neuroendocrine differentiation that arise in the rectum. Most are well differentiated neuroendocrine tumours (low and intermediate grade), i.e. carcinoids. Poorly differentiated neuroendocrine carcinomas (high grade) are rare.

2B92.Y **Other specified malignant neoplasms of rectum**

2B92.Z **Malignant neoplasms of rectum, unspecified**

2B93 Malignant neoplasms of large intestine, site unspecified

2B93.0 **Adenocarcinoma of large intestine, site unspecified**

2B93.Y **Other specified malignant neoplasms of large intestine, site unspecified**

2B93.Z **Malignant neoplasms of large intestine, site and type unspecified**

2B9Y Other specified malignant neoplasms of large intestine

2C00 Malignant neoplasms of anus or anal canal

A primary malignant neoplasm that arises in the anal canal up to the junction with perianal, hair-bearing skin. Representative examples include carcinomas and melanomas. Tumours of the anal margin are classified with skin tumours.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C00.0 Adenocarcinoma of anus or anal canal

An adenocarcinoma arising in the anal canal epithelium, including the mucosal surface, the anal glands, and the lining of fistulous tracts.

2C00.1 Melanoma of anus or anal canal

A form of cancer that develops in melanocytes, the cells that produce pigment melanin in the skin.

2C00.2 Neuroendocrine neoplasm of anus or anal canal

Neoplasms that arise from the cells of the neuroendocrine system lining the anus and anal canal.

2C00.3 Squamous cell carcinoma of anus or anal canal

A squamous cell carcinoma (SCC) arising from the anal canal up to the junction with the anal margin (perianal, hair-bearing skin). Human papillomavirus is detected in the majority of cases. Homosexual HIV-positive men have an increased risk of developing anal squamous cell carcinoma in comparison to the general male population. The prognosis is generally better for anal margin SCC than for anal canal SCC. The former are classified with skin tumours.

2C00.Y Other specified malignant neoplasms of anus and anal canal

2C00.Z Malignant neoplasms of anus or anal canal, unspecified

2C0Y Other specified malignant neoplasms of intestine

2C0Z Malignant neoplasms of intestine, unspecified

2C10 Malignant neoplasm of pancreas

A primary malignant tumour of the pancreas. Most are adenocarcinomas.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C10.0 Adenocarcinoma of pancreas

An adenocarcinoma which arises from the exocrine pancreas. Ductal adenocarcinoma and its variants are the most common types of pancreatic adenocarcinoma.

2C10.1 Neuroendocrine neoplasms of pancreas

A neoplasm with neuroendocrine differentiation that arises from the pancreas. It includes neuroendocrine tumours (low and intermediate grade) and neuroendocrine carcinomas (high grade).

2C10.Y Other specified malignant neoplasms of pancreas

2C10.Z **Malignant neoplasm of pancreas, unspecified**

2C11 Malignant neoplasms of other or ill-defined digestive organs

A primary malignant tumour involving a digestive organ or organs not coded elsewhere (including intestinal tract [part unspecified], overlapping lesions of the digestive tract and other ill-defined sites within the digestive system)

Exclusions: Malignant neoplasms of retroperitoneum (2C50)

Malignant neoplasms of peritoneum (2C51)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C11.0 **Adenocarcinoma of other or ill-defined digestive organs**

2C11.1 **Mucinous carcinoma of other or ill-defined digestive organs**

2C11.2 **Other specified malignant neoplasms of other or ill-defined digestive organs**

2C11.Z **Malignant neoplasms of other or ill-defined digestive organs, unspecified**

2C12 Malignant neoplasms of liver or intrahepatic bile ducts

The most frequent and important hepatic neoplasm is the primary hepatocellular carcinoma (HCC). In many parts of the world, in particular Africa and Asia, it poses a significant disease burden. In these high incidence regions, chronic infection with hepatitis B virus (HBV) is the principal underlying cause, with the exception of Japan which has a high prevalence of hepatitis C infection. HBV vaccination has become a powerful tool in reducing cirrhosis and HCC, but implementation is still suboptimal in several high risk regions. In Western countries, chronic alcohol abuse is a major aetiological factor. Hepatic cholangiocarcinoma has a different geographical distribution, with peak incidences in Northern Thailand. Here, it is caused by chronic infection with the liver fluke, Opisthorchis Viverrini, which is ingested through infected raw fish.

Exclusions: Secondary malignant neoplasm of liver (2D80)

Malignant neoplasm of biliary tract NOS (2C17)

2C12.0 **Malignant neoplasm of liver**

2C12.00 Combined hepatocellular-cholangiocarcinoma

Combined hepatocellular-cholagiocarcinoma is a tumour containing unequivocal, intimately mixed elements of both hepatocellular carcinoma and cholangiocarcinoma.

Inclusions: Hepatocholangiocarcinoma

2C12.01 Hepatoblastoma

A malignant liver neoplasm that occurs almost exclusively in infants, although isolated cases in older children and adults have been reported. Grossly, hepatoblastoma is solid, well circumscribed, and more often solitary than multiple. Microscopically, most of the tumours are composed exclusively of immature hepatocytic elements. About a fourth of hepatoblastomas contain a stromal component that may be undifferentiated or develop into bone or cartilage.

2C12.02 Hepatocellular carcinoma of liver

A carcinoma that arises from the hepatocytes.

2C12.03 Mesothelial carcinoma of liver

2C12.0Y Other specified malignant neoplasm of liver

2C12.1 Malignant neoplasm of intrahepatic bile ducts

2C12.10 Intrahepatic cholangiocarcinoma

A carcinoma that arises from the intrahepatic bile duct epithelium in any site of the intrahepatic biliary tree. Grossly, the malignant lesions are solid, nodular, and grayish. Morphologically, the vast majority of cases are adenocarcinomas. Early detection is difficult and the prognosis is generally poor.

2C12.1Y Other specified malignant neoplasms of intrahepatic bile ducts

2C12.Z Malignant neoplasms of liver or intrahepatic bile ducts, unspecified

2C13 Malignant neoplasms of gallbladder

A malignant tumour arising from the epithelium of the gallbladder. It is usually associated with the presence of gallstones. Clinical symptoms are not specific and usually present late in the course. Morphologically, adenocarcinoma is the most common type, however squamous cell carcinomas, adenosquamous carcinomas, signet ring carcinomas, and undifferentiated carcinomas can also occur.

2C13.0 Adenocarcinoma of the gallbladder

An adenocarcinoma arising from the gallbladder. It is the most common malignant tumour of the gallbladder, typically in the fundus; it is usually well to moderately differentiated. The incidence is higher in patients with gallstones than in patients without gallstones. Signs and symptoms usually present late in the course of the disease and are reminiscent of those of chronic cholecystitis including right upper quadrant pain. Histologic variants include adenocarcinoma of the intestinal type, clear cell adenocarcinoma, mucinous adenocarcinoma, papillary adenocarcinoma, and signet ring adenocarcinoma.

2C13.Y Other specified malignant neoplasm of gallbladder

2C13.Z Malignant neoplasms of gallbladder, unspecified

2C14 Malignant neoplasms of proximal biliary tract, cystic duct

2C14.0 Adenocarcinoma of proximal biliary tract, cystic duct

2C14.1 Mucinous cystic neoplasm with associated invasive carcinoma of cystic duct

2C14.2 Neuroendocrine neoplasms of cystic duct

2C14.Y Other specified malignant neoplasms of biliary tract, cystic duct

2C14.Z Malignant neoplasms of proximal biliary tract, cystic duct, unspecified

2C15 Malignant neoplasms of biliary tract, distal bile duct

2C15.0 **Adenocarcinoma of biliary tract, distal bile duct**

An adenocarcinoma that arises from the common bile duct distal to the insertion of the cystic duct.

2C15.1 **Mucinous cystic neoplasm with associated invasive carcinoma of distal bile duct**

2C15.2 **Neuroendocrine neoplasms of distal bile duct**

2C15.Y **Other specified malignant neoplasms of biliary tract, distal bile duct**

2C15.Z **Malignant neoplasms of biliary tract, distal bile duct, unspecified**

2C16 Malignant neoplasms of ampulla of Vater

2C16.0 **Adenocarcinoma of ampulla of Vater**

A malignant glandular epithelial tumour arising in the ampulla of Vater

2C16.1 **Neuroendocrine neoplasms of ampulla of Vater**

2C16.Y **Other specified malignant neoplasms of ampulla of Vater**

2C16.Z **Malignant neoplasms of ampulla of Vater, unspecified**

2C17 Malignant neoplasms of other or unspecified parts of biliary tract

Exclusions: Malignant neoplasm of intrahepatic bile duct (2C12)

Coded Elsewhere: Malignant mesenchymal tumours of gallbladder or bile ducts (2B5F.2)

2C17.0 **Adenocarcinoma of other or unspecified parts of biliary tract**

2C17.1 **Mucinous cystic neoplasm with associated invasive carcinoma of other or unspecified parts of biliary tract**

2C17.2 **Neuroendocrine neoplasms of other or unspecified parts of biliary tract**

2C17.Y **Other specified malignant neoplasms of overlapping lesion of biliary tract**

2C17.Z **Malignant neoplasms of other or unspecified parts of biliary tract, unspecified**

2C18 Malignant neoplasms of perihilar bile duct

"Includes left, right and common hepatic ducts to the origin of the cystic duct"

2C18.0 **Hilar cholangiocarcinoma**

Klatskin tumour is an extra-hepatic cholangiocarcinoma arising in the junction of the main right or left hepatic ducts to form the common hepatic duct.

2C18.1 **Mucinous cystic neoplasm with associated invasive carcinoma of perihilar bile duct**

2C18.2 **Neuroendocrine neoplasm of perihilar bile duct**

2C18.Y **Other specified malignant neoplasms of perihilar bile duct**

2C18.Z **Malignant neoplasms of perihilar bile duct, unspecified**

2C1Z **Malignant neoplasms of digestive organs, unspecified**

Malignant neoplasms of middle ear, respiratory or intrathoracic organs (2C20-2C2Z)

Exclusions: Mesotheliomas of peritoneum (2C51.2)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C20 **Malignant neoplasms of nasal cavity**

From the chapter on Nasal Cavity (H&N BB) Although the nasal cavity and paranasal sinuses occupy a relatively small anatomical space, they are the site of origin of some of the more complex, histologically diverse group of tumours in the entire human body. These include neoplasms derived from mucosal epithelium, seromucinous glands, soft tissues, bone, cartilage, neural/neuroectodermal tissue, haematolymphoid cells and the odontogenic apparatus. Many of the tumours are similar to those found elsewhere in the body but a few, such as the olfactory neuroblastoma, are unique to this site.

Exclusions: Malignant neoplasm of nose NOS (2C29)

Malignant neoplasm of olfactory bulb (2A02)

Malignant neoplasm of posterior margin of nasal septum and choana (2B6B)

Malignant neoplasm of skin of nose (2C30-2C3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C20.0 Adenocarcinoma of nasal cavity

2C20.1 Malignant neuroepitheliomatous neoplasm of nasal cavity

2C20.2 Melanoma of nasal cavity

2C20.3 Olfactory neuroblastoma

2C20.4 Squamous cell carcinoma of nasal cavity

2C20.Y Other specified malignant neoplasm of nasal cavity

2C20.Z Malignant neoplasms of nasal cavity, unspecified

2C21 **Malignant neoplasms of middle ear**

Malignant neoplasm originating in the middle ear.

Exclusions: malignant neoplasm of skin of (external) ear (2C30-2C3Z)

malignant neoplasm of bone of ear (meatus) (2B50-2B5Z)

malignant neoplasm of cartilage of ear (2B50-2B5Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C21.0 Adenocarcinoma of middle ear

2C21.1 Squamous cell carcinoma of middle ear

2C21.2 **Unspecified malignant epithelial neoplasm of middle ear**

2C21.Y **Other specified malignant neoplasm of middle ear**

2C21.Z **Malignant neoplasms of middle ear, unspecified**

2C22 Malignant neoplasms of accessory sinuses

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C22.0 **Adenocarcinoma of accessory sinuses**

2C22.1 **Squamous cell carcinoma of accessory sinuses**

2C22.10 Squamous cell carcinoma of sphenoidal sinus

2C22.1Y Squamous cell carcinoma of other specified accessory sinuses

2C22.2 **Malignant epithelial neoplasms of accessory sinuses, unspecified type**

2C22.3 **Melanomas of accessory sinuses**

2C22.Y **Other specified malignant neoplasms of accessory sinuses**

2C22.Z **Malignant neoplasms of accessory sinuses, unspecified**

2C23 Malignant neoplasms of larynx

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C23.1 **Malignant neoplasms of glottis of larynx**

2C23.10 Squamous cell carcinoma of larynx, glottis

A squamous cell carcinoma of the larynx that arises from the glottic area. It may remain localised for a long period then in late disease stage, it may spread to the opposite true vocal cord, supraglottic and subglottic areas, and the soft tissues of the neck. Hoarseness is the presenting symptom.

2C23.1Y Other specified malignant neoplasms of larynx, glottis

2C23.2 **Malignant neoplasms of supraglottis of larynx**

Exclusions: Malignant neoplasm of anterior surface of epiglottis (2B6A)

2C23.20 Squamous cell carcinoma of larynx, supraglottis

A squamous cell carcinoma of the larynx that arises from the supraglottic area. Signs and symptoms include dysphagia, a sensation of foreign body in the throat, and hemoptysis. It spreads to the space anterior to the epiglottis, pyriform sinus, and base of the tongue.

2C23.2Y Other specified malignant neoplasms of larynx, supraglottis

2C23.3 **Malignant neoplasms of subglottis of larynx**

A primary or metastatic malignant neoplasm involving the subglottis.

2C23.30 Squamous cell carcinoma of larynx, subglottis

A squamous cell carcinoma of the larynx that arises from the subglottic area. Symptoms include dyspnea and stridor. It spreads to the hypopharynx, trachea, and thyroid gland.

2C23.31 Adenocarcinoma of larynx, subglottis

2C23.3Y Other specified malignant neoplasms of larynx, subglottis

2C23.4 Malignant neoplasm of laryngeal cartilage

2C23.5 Malignant neoplasm of overlapping lesion of larynx

2C23.Z Malignant neoplasms of larynx, unspecified

2C24 Malignant neoplasms of trachea

A primary or metastatic malignant neoplasm involving the trachea

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

trachea carina cancer (2C25)

2C24.0 Adenocarcinoma of trachea

2C24.1 Squamous cell carcinoma of trachea

2C24.2 Malignant epithelial neoplasms of trachea, unspecified type

2C24.Y Other specified malignant neoplasms of trachea

2C24.Z Malignant neoplasms of trachea, unspecified

2C25 Malignant neoplasms of bronchus or lung

A primary or metastatic malignant neoplasm involving the lung.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C25.0 Adenocarcinoma of bronchus or lung

A carcinoma that arises from the lung and is characterised by the presence of malignant glandular epithelial cells. There is a male predilection with a male to female ratio of 2:1. Usually lung adenocarcinoma is asymptomatic and is identified through screening studies or as an incidental radiologic finding. If clinical symptoms are present they include shortness of breath, cough, hemoptysis, chest pain, and fever. Tobacco smoke is a known risk factor.

2C25.1 Small cell carcinoma of bronchus or lung

A highly aggressive subtype of lung carcinoma characterised by the presence of malignant small cells and necrosis. Metastatic disease is usually present at the time of diagnosis.

2C25.2 **Squamous cell carcinoma of bronchus or lung**

A carcinoma arising from malignant squamous bronchial epithelial cells and characterised by the presence of keratinization and/or intercellular bridges. Cigarette smoking and arsenic exposure are strongly associated with squamous cell lung carcinoma.

2C25.3 **Large cell carcinoma of bronchus or lung**

2C25.4 **Carcinoid or other malignant neuroendocrine neoplasms of bronchus or lung**

2C25.5 **Unspecified malignant epithelial neoplasm of bronchus or lung**

2C25.Y **Other specified malignant neoplasms of bronchus or lung**

2C25.Z **Malignant neoplasms of bronchus or lung, unspecified**

2C26 Malignant neoplasms of the pleura

A primary or metastatic malignant neoplasm affecting the pleura. A representative example of primary malignant pleural neoplasm is the malignant pleural mesothelioma. A representative example of metastatic malignant neoplasm to the pleura is when a metastatic carcinoma has spread to the pleura from another anatomic site.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C26.0 **Mesothelioma of pleura**

Malignant mesothelioma is a fatal asbestos-associated malignancy arising in the lining cells (mesothelium) of the pleural and peritoneal cavities, as well as in the pericardium and the tunica vaginalis.

2C26.Y **Other specified malignant neoplasms of the pleura**

2C26.Z **Malignant neoplasms of the pleura, unspecified**

2C27 Malignant neoplasms of thymus

Primary malignant neoplasm involving the thymus. This category includes malignant thymomas, primary thymic carcinomas and carcinoid tumour or other neuroendocrine neoplasms of thymus.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C27.0 **Carcinoma of thymus**

A diverse group of carcinomas of the thymus gland, previously known as thymoma type C. It includes morphologic variants derived from purely epithelial cells, as well as from cells with neuroendocrine differentiation.

2C27.1 **Carcinoid tumour or other neuroendocrine neoplasms of thymus**

Thymic neuroendocrine carcinoma is a type of thymic epithelial neoplasm displaying evidence of neuroendocrine differentiation.

2C27.2 **Malignant thymoma**

A thymoma that has an aggressive clinical course (capsular invasion, infiltration of the surrounding tissues) and can metastasize. Although any morphologic subtype of thymoma may eventually have a malignant clinical course, this term is most often associated with thymoma types B3 and C.

2C27.Y **Other specified malignant neoplasms of thymus**

2C27.Z **Malignant neoplasms of thymus, unspecified**

2C28 Malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C28.0 **Malignant germ cell neoplasms of heart, mediastinum or non-mesothelioma of pleura**

2C28.1 **Other specified malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura**

2C28.Z **Malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura, unspecified**

2C29 Malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C29.0 **Squamous cell carcinomas of other and ill-defined sites in the respiratory system and intrathoracic organs**

2C29.1 **Other specified malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs**

2C29.Z **Malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs, unspecified**

2C2Y Other specified malignant neoplasms of middle ear, respiratory or intrathoracic organs

2C2Z Malignant neoplasms of middle ear, respiratory or intrathoracic organs, unspecified

Malignant neoplasms of skin (2C30-2C3Z)

A primary or metastatic tumour involving the skin. Primary malignant skin tumours most often are carcinomas (either basal cell or squamous cell carcinomas that arise from cells in the epidermis) or melanomas that arise from pigment-containing skin melanocytes. Metastatic tumours to the skin include carcinomas and lymphomas.

Exclusions: Carcinoma in situ of skin (2E64)

Metastatic malignant neoplasm involving skin (2E08)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C30 Melanoma of skin

A primary melanoma arising from atypical melanocytes in the skin. Precursor lesions include acquired and congenital melanocytic nevi, and dysplastic nevi. Several histologic variants have been recognised, including superficial spreading melanoma, acral lentiginous melanoma, nodular melanoma, and lentigo maligna melanoma.

Exclusions: Melanoma of penis (2C81.1)

Melanoma of vulva (2C70.1)

2C30.0 Superficial spreading melanoma, primary

The commonest form of melanoma, superficial spreading malignant melanoma accounts for about 70 per cent of all melanomas. It characteristically presents as an asymptomatic pigmented cutaneous macule which is asymmetrical in shape and displays variability in both hue and pigment intensity. It has a relatively long phase of progressive superficial extension (radial growth) before penetrating deeper into the dermis and entering an invasive vertical growth phase.

2C30.1 Nodular melanoma, primary

Variant of melanoma carrying a poor prognosis due to the fact that there is little or no prodromal radial (superficial) growth phase before deep invasion (vertical growth). The lesion presents as an elevated, reddish, bluish or dark brown coloured, dome- shaped tumour. Ulceration or bleeding from the lesion occurs frequently. It occurs most frequently in the fifth or sixth decade.

2C30.2 Lentigo maligna melanoma, primary

Lentigo maligna malignant melanoma is a form of melanoma which occurs within a lentigo maligna when neoplastic cells no longer remain confined to the epidermis (in situ radial growth) but invade the dermis (vertical growth). The lentigo maligna from which it arises may have been present as an irregularly pigmented macule on sun-exposed skin for many years before dermal invasion supervenes. Clinical differentiation from lentigo maligna may not be possible in the early stages of invasion but as the tumour progresses a focal thickening or nodule within the lentigo maligna will become apparent.

Exclusions: Lentigo maligna (2E63.00)

2C30.3 **Acral lentiginous melanoma, primary**

Acral lentiginous malignant melanoma is a distinct and uncommon form of melanoma affecting either palmar and plantar skin or the nail apparatus. It is usually preceded by a slowly progressive in situ phase which may be overlooked. It typically presents either as an enlarging area of macular pigmentation on the palms and soles or as a longitudinal pigmented band within the nail plate. More aggressive tumours present as ulcerated nodules which, when involving the nail apparatus, can destroy the nail plate. Acral lentiginous malignant melanoma accounts for a high proportion of melanomas seen in dark-skinned people.

2C30.Y **Other specified melanoma of skin**

2C30.Z **Melanoma of skin, unspecified**

2C31 Squamous cell carcinoma of skin

A carcinoma arising from the squamous cells of the epidermis. Skin squamous cell carcinoma is most commonly found on sun-exposed areas. The majority of the tumours are well-differentiated.

Coded Elsewhere: Squamous cell carcinoma of penis (2C81.0)

2C31.0 **Verrucous squamous cell carcinoma of skin**

Verrucous squamous cell carcinoma is a rare variant of well-differentiated squamous cell carcinoma with low malignant potential. It occurs principally on the glans and prepuce of the penis and on the sole of the foot.

Exclusions: Verrucous squamous cell carcinoma of vulva (2C70.2)

2C31.1 **Keratoacanthoma**

Keratoacanthoma is a relatively common keratinocytic epidermal tumour which shows resemblances to squamous cell carcinoma of the skin, from which it may be difficult to distinguish either clinically or histopathologically. It is characterised by rapid growth over a few weeks to months, followed by spontaneous resolution over 4-6 months. Because it is not possible to predict its benign behaviour with complete certainty during its initial growth phase, the designation "Well-differentiated squamous cell carcinoma (keratoacanthoma type)" is also used.

2C31.Z **Cutaneous squamous cell carcinoma**

2C32 Basal cell carcinoma of skin

Basal cell carcinoma or BCC is the most common malignancy in humans. It is believed that BCCs arise from pluripotential cells in the basal layer of the epidermis or, less commonly, hair follicle. BCCs typically occur in areas of chronic sun exposure and presents as slowly enlarging reddish papules, plaques or nodules on the head and neck, although the superficial variant is often located on the trunk. BCCs frequently ulcerate and become crusted. Although they rarely metastasize, they can cause significant local destruction and disfigurement if neglected or inadequately treated, particularly if of the sclerosing or infiltrative subtype.

2C32.0 Nodular basal cell carcinoma of skin

This is the most common form of basal cell carcinoma and is typically located on the head or neck. It starts as a small translucent nodule which will frequently necrose and ulcerate as it enlarges. Telangiectatic blood vessels can often be detected just under the tumour surface. A minority may be pigmented and give rise to difficulty in distinguishing them from melanoma.

2C32.1 Sclerosing basal cell carcinoma of skin

This form of basal cell carcinoma is composed of thin strands, cords and columns of malignant cells which infiltrate between collagen bundles of the dermis. It may infiltrate widely and deeply before it becomes clinically obvious. It typically starts as a pale, poorly-defined indurated plaque which may not come to medical attention until it starts to bleed and crust.

2C32.2 Superficial basal cell carcinoma of skin

Superficial basal cell carcinomas are often multiple and appear as pink or red barely elevated patches varying in size from a few mm to over 10 cm in diameter. A fine pearly border can usually be seen on careful inspection. They occur most frequently on the trunk.

2C32.Y Other specified basal cell carcinoma of skin

2C32.Z Basal cell carcinoma of skin, unspecified

2C33 Adnexal carcinoma of skin

A carcinoma arising from the sebaceous glands, sweat glands, or the hair follicles. Representative examples include sebaceous carcinoma, apocrine carcinoma, eccrine carcinoma, and pilomatrical carcinoma.

Inclusions: Primary cutaneous mucinous carcinoma
Primary cutaneous adenoid cystic carcinoma
Appendageal carcinoma of skin

2C34 Cutaneous neuroendocrine carcinoma

Cutaneous neuroendocrine carcinoma is a primary cutaneous cancer arising from a subset of skin neuroendocrine cells (Merkel cells, giving the name Merkel cell carcinoma (MCC)).

2C35 Cutaneous sarcoma

A group of generally rare malignant neoplasms arising from mesenchymal elements in the dermis including fibroblasts, pilar smooth muscle and vascular endothelium.

Coded Elsewhere: Angiosarcoma of skin (2B56.1)
Kaposi sarcoma of skin (2B57.1)
Cutaneous leiomyosarcoma (2B58.Y)
Dermatofibrosarcoma protuberans (2B53.Y)

2C3Y Other specified malignant neoplasms of skin

2C3Z Malignant neoplasm of skin of unknown or unspecified type

Malignant neoplasms of peripheral nerves or autonomic nervous system (2C40-2C4Z)

Exclusions: Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C40 **Malignant neuroepitheliomatous neoplasms of peripheral nerves or autonomic nervous system**

2C41 **Malignant perineurioma**

2C4Y **Other specified malignant neoplasms of peripheral nerves and autonomic nervous system**

2C4Z **Malignant neoplasms of peripheral nerves or autonomic nervous system, unspecified**

Malignant neoplasms of retroperitoneum, peritoneum or omentum (2C50-2C5Z)

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C50 **Malignant neoplasms of retroperitoneum**

A primary or metastatic malignant neoplasm involving the retroperitoneum. The vast majority of cases are carcinomas, lymphomas, or sarcomas.

Exclusions: Malignant neoplasms of omentum (2C52)

Malignant neoplasms of peritoneum (2C51)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C50.0 Cystic, mucinous or serous carcinoma of retroperitoneum

2C50.Y Other specified malignant neoplasms of retroperitoneum

2C50.Z Malignant neoplasms of retroperitoneum, unspecified

2C51 **Malignant neoplasms of peritoneum**

Exclusions: Malignant neoplasms of retroperitoneum (2C50)

Malignant neoplasms of omentum (2C52)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C51.0 Adenocarcinomas of peritoneum

2C51.1 Cystic, mucinous or serous carcinoma of peritoneum

2C51.2 Mesotheliomas of peritoneum

A benign or malignant mesothelial neoplasm that arises from the peritoneum.

2C51.20 Mesothelioma of mesocolon

2C51.21 Mesothelioma of mesentery

2C51.2Y Mesotheliomas of other specified sites of peritoneum

2C51.2Z Mesotheliomas of peritoneum, site unspecified

2C51.Y **Other specified malignant neoplasms of peritoneum**

2C51.Z **Malignant neoplasms of peritoneum, unspecified**

2C52 **Malignant neoplasms of omentum**

Exclusions: Malignant neoplasms of retroperitoneum (2C50)
Malignant neoplasms of peritoneum (2C51)
Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Myosarcomas of omentum (2B5F.10)

2C52.0 **Cystic, mucinous or serous carcinoma of omentum**

2C52.Y **Other specified malignant neoplasms of omentum**

2C52.Z **Malignant neoplasms of omentum, unspecified**

2C53 **Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C53.0 **Adenocarcinoma involving overlapping sites of retroperitoneum, peritoneum or omentum**

2C53.1 **Mesothelioma involving overlapping sites of retroperitoneum, peritoneum or omentum**

2C53.Y **Other specified malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum**

2C53.Z **Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum, unspecified**

2C5Y **Other specified malignant neoplasms of retroperitoneum, peritoneum or omentum**

2C5Z **Malignant neoplasms of retroperitoneum, peritoneum or omentum, unspecified**

Malignant neoplasms of breast (2C60-2C6Z)

The category refers to primary malignant neoplasms of parenchyma, connective, and soft tissue of the breast, including nipple and areola.

Inclusions: malignant neoplasm of connective tissue of breast

CA - [carcinoma] of breast

breast carcinoma NOS

Exclusions: Malignant neoplasm of skin of breast (2C30-2C3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C60 **Carcinoma of breast, specialised type**

2C61 **Invasive carcinoma of breast**

2C61.0 Invasive ductal carcinoma of breast

2C61.1 Invasive lobular carcinoma of breast

An infiltrating lobular adenocarcinoma. The malignant cells lack cohesion and are arranged individually or in a linear manner (Indian files), or as narrow trabeculae within the stroma. The malignant cells are usually smaller than those of ductal carcinoma, are less pleomorphic, and have fewer mitotic figures.

2C61.2 Invasive pleomorphic lobular carcinoma of breast

A grade II invasive lobular carcinoma of the breast, characterised by the presence of neoplastic cells with large and atypical nuclei.

2C61.3 Invasive carcinoma of breast with mixed ductal and lobular features

An invasive ductal breast carcinoma associated with a lobular carcinomatous component. The lobular carcinomatous component may be in situ or invasive.

2C61.4 Invasive carcinoma of breast, unidentifiable type

A carcinoma that infiltrates the breast parenchyma and where the histopathological type could not be identified.

2C62 **Inflammatory carcinoma of breast**

An advanced, invasive breast adenocarcinoma characterised by the presence of distinct changes in the overlying skin. These changes include diffuse erythema, edema, peau d'orange (skin of an orange) appearance, tenderness, induration, warmth, enlargement, and in some cases a palpable mass. The skin changes are the consequence of lymphatic obstruction from the underlying invasive breast adenocarcinoma. Microscopically, the dermal lymphatics show prominent infiltration by malignant cells. The invasive breast adenocarcinoma is usually of ductal, NOS type. There is not significant inflammatory cell infiltrate present, despite the name of this carcinoma.

2C63 **Malignant phyllodes tumour of breast**

A phyllodes tumour of the breast characterised by infiltrative margins and a sarcomatous stromal component. The sarcomatous stroma usually displays features of fibrosarcoma. Liposarcomatous, osteosarcomatous, or rhabdomyosarcomatous elements may also be present.

2C64 **Solid papillary carcinoma of breast with evidence of invasion**

2C65 **Hereditary breast and ovarian cancer syndrome**

2C6Y **Other specified malignant neoplasms of breast**

2C6Z **Malignant neoplasms of breast, unspecified**

Malignant neoplasms of female genital organs (2C70-2C7Z)

A primary or metastatic malignant neoplasm involving the female reproductive system. Representative examples include endometrial carcinoma, cervical carcinoma, ovarian carcinoma, uterine corpus leiomyosarcoma, adenosarcoma, malignant mixed mesodermal (mullerian) tumour, and gestational choriocarcinoma.

Coding Note: Includes Malignant neoplasm of skin of female genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C70 **Malignant neoplasms of vulva**

Squamous cell carcinoma of the vulva occurs predominantly in the older age group. Although the incidence rate of vulvar intraepithelial neoplasia is increasing, that of squamous cell carcinoma of the vulva is declining, reflecting earlier detection and more successful treatment. In addition to human papillomavirus infection, cigarette smoking is a putative risk factor for vulvar squamous cell carcinoma. There are three known precursor lesions: vulvar intraepithelial neoplasia, lichen sclerosis and chronic granulomatous disease. Other important epithelial malignancies of the vulva are Paget disease and Bartholin gland carcinoma. They are much less

common than squamous lesions, and the risk factors are largely unknown. Prominent non-epithelial tumours are malignant melanoma and sarcoma botyoides.

Coding Note: Includes skin of vulva.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C70.0 Basal cell carcinoma of vulva

A slow growing, locally infiltrating carcinoma that arises from the vulva. It is characterised by the presence of malignant cells that resemble the basal cells that are present in the epidermis.

2C70.1 Melanoma of vulva

2C70.2 Squamous cell carcinoma of vulva

An invasive squamous cell carcinoma arising from the vulva. Risk factors include the human papilloma virus and cigarette smoking. Precursor lesions include the vulvar intraepithelial neoplasia, lichen sclerosus with associated squamous cell hyperplasia, and chronic granulomatous vulvar disease such as granuloma inguinale. Symptoms include vulvar pruritus or irritation, discharge, bleeding, and pain. The following morphologic variants have been identified: keratinizing, non-keratinizing, basaloid, warty, verrucous, keratoacanthoma-like, and squamous cell carcinoma with tumour giant cells. Risk factors for recurrence include advanced stage, tumour diameter greater than 2.5 cm, multifocality, capillary-like space involvement, associated vulvar intraepithelial neoplasia grades 2 or 3, and margins of resection involved by tumour.

Coded Elsewhere: Verrucous squamous cell carcinoma of vulva (2C31.0)

2C70.Y Other specified malignant neoplasms of vulva

Coding Note: Includes skin of vulva.

2C70.Z Malignant neoplasms of vulva, unspecified

Coding Note: Includes skin of vulva.

2C71 Malignant neoplasms of vagina

A primary or metastatic malignant tumour involving the vagina. Representative examples include carcinomas and sarcomas.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C71.0 Adenocarcinoma of vagina

An adenocarcinoma arising from the vagina. Morphologic variants include the clear cell, endometrioid, mesonephric, and mucinous adenocarcinoma.

2C71.1 Melanoma of vagina

A primary malignant neoplasm of the vagina composed of malignant melanocytes.

2C71.2 Squamous cell carcinoma of vagina

A squamous cell carcinoma arising from the vagina. Human papillomavirus infection is associated with the development of vaginal intraepithelial neoplasia and invasive squamous cell carcinoma. Signs and symptoms include painless bleeding, postcoital bleeding, and urinary tract symptoms. Morphologically it resembles squamous cell carcinomas in other anatomic sites.

2C71.Y Other specified malignant neoplasms of vagina

2C71.Z Malignant neoplasms of vagina, unspecified

2C72 Malignant neoplasms of uterine ligament, parametrium, or uterine adnexa

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C72.0 Adenocarcinoma of uterine ligament, parametrium, or uterine adnexa

2C72.1 **Mucinous or serous carcinoma of uterine ligament, parametrium, or uterine adnexa**

2C72.3 **Carcinosarcomas of uterine ligament, parametrium, or uterine adnexa**

2C72.Y **Other specified malignant neoplasms of uterine ligament, parametrium, and uterine adnexa**

2C72.Z **Malignant neoplasms of uterine ligament, parametrium, or uterine adnexa, unspecified**

2C73 Malignant neoplasms of ovary

A primary or metastatic malignant neoplasm involving the ovary. Most primary malignant ovarian neoplasms are either carcinomas (serous, mucinous, or endometrioid adenocarcinomas) or malignant germ cell tumours. Metastatic malignant neoplasms to the ovary include carcinomas, lymphomas, and melanomas.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Hereditary breast and ovarian cancer syndrome (2C65)

2C73.0 **Carcinomas of ovary**

2C73.00 Clear cell adenocarcinoma of ovary

A malignant glandular epithelial tumour characterised by the presence of clear and hobnail cells. The tumour is highly associated with ovarian endometriosis, pelvic endometriosis and paraendocrine hypercalcemia.

2C73.01 Endometrioid adenocarcinoma of ovary

An endometrioid adenocarcinoma arising from the ovary. It comprises 10% to 25% of all primary ovarian carcinomas. Grossly, endometrioid carcinoma may present as a cystic or solid mass. Microscopically, the tumour greatly resembles the appearance of the ordinary type of endometrial adenocarcinoma. As a group, endometrioid carcinoma has a prognosis twice as good as that of serous or mucinous carcinoma.

2C73.02 Low grade serous adenocarcinoma of ovary

A slow-growing serous adenocarcinoma that arises from the ovary. It usually originates from borderline neoplastic processes or adenofibromas. It is characterised by the presence of low grade cytologic features and infrequent mitotic figures.

2C73.03 High grade serous adenocarcinoma of ovary

2C73.04 Mucinous adenocarcinoma of ovary

An invasive adenocarcinoma that arises from the ovary and is characterised by the presence of malignant epithelial cells that contain intracytoplasmic mucin. There is cellular atypia, increased layering of cells, complexity of glands, and papillary formations.

2C73.0Y Other specified carcinomas of ovary

2C73.0Z Carcinomas of ovary, unspecified

2C73.1 Dysgerminoma of ovary

A malignant germ cell tumour arising from the ovary. Morphologically, it is identical to seminoma and consists of a monotonous population of germ cells with abundant pale cytoplasm and uniform nuclei. The stroma invariably contains chronic inflammatory cells, mostly T-lymphocytes. It responds to chemotherapy or radiotherapy and the prognosis relates to the tumour stage.

Inclusions: Malignant dysgerminomatous germ cell tumour of ovary

2C73.2 Granulosa cell malignant tumour of ovary

An aggressive granulosa cell tumour that arises from the ovary and metastasizes to other anatomic sites.

2C73.3 Malignant teratoma of ovary

A malignant germ cell tumour arising from the ovary. It usually affects females in their first two decades of life. It contains variable amounts of immature embryonal tissues. Based on the amount of immature neuroepithelial component, immature teratomas are graded from 1 to 3. The stage and grade of the tumour and the grade of the metastatic tumour are the important factors that predict prognosis. The use of cisplatin-based combination chemotherapy has significantly improved the survival rates of the patients.

Coded Elsewhere: Struma ovarii (5A02.Y)

2C73.4 Serous cystadenoma, borderline malignancy of ovary

2C73.5 Endodermal sinus tumour, unspecified site, female

2C73.Y Other specified malignant neoplasms of the ovary

2C73.Z Malignant neoplasms of ovary, unspecified

2C74 Malignant neoplasms of fallopian tube

Tumours of the fallopian tube are much less common than the corresponding ovarian neoplasms; however, histologically the same surface epithelial-stromal tumour subtypes are recognised. Sex cord-stromal and germ cell tumours are rare. Hydatidiform moles and gestational choriocarcinoma are uncommon complications of tubal ectopic pregnancy. The wolffian adnexal tumour is also infrequent and typically occurs in the leaves of the broad ligament. The risk factors appear similar to those of the ovary. Fallopian tube carcinomas are a component of the hereditary breast-ovarian cancer syndrome caused by BRCA1 and BRCA2 germline mutations.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C74.0 Adenocarcinoma of fallopian tube

An adenocarcinoma that arises from the fallopian tube. Histologic subtypes include clear cell, endometrioid, serous, and mucinous adenocarcinoma. It spreads to adjacent organs, regional lymph nodes, and peritoneum.

2C74.Y Other specified malignant neoplasms of fallopian tube

2C74.Z Malignant neoplasms of fallopian tube, unspecified

2C75 Malignant neoplasms of placenta

Exclusions: hydatidiform mole, NOS (JA02)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C75.0 Malignant trophoblastic neoplasms of placenta

A diverse group of pregnancy-related tumours characterised by excessive proliferation of trophoblasts. Representative examples include hydatidiform mole, gestational choriocarcinoma, and placental site trophoblastic tumour.

2C75.Y Other specified malignant neoplasms of placenta

2C75.Z Malignant neoplasms of placenta, unspecified

2C76 Malignant neoplasms of corpus uteri

A malignant neoplasm that affects the uterine corpus. Representative examples include endometrial carcinoma, carcinosarcoma, leiomyosarcoma, and adenosarcoma.

Exclusions: Endometrial stromal sarcoma, primary site (2B5C)

2C76.0 Endometrial endometrioid adenocarcinoma

2C76.1 Endometrial mucinous adenocarcinoma

2C76.2 Endometrial clear cell adenocarcinoma

2C76.3 Endometrial serous adenocarcinoma

2C76.4 Endometrial mixed adenocarcinoma

2C76.40 Endometrial squamous cell carcinoma

2C76.41 Endometrial small cell carcinoma

2C76.42 Endometrial undifferentiated carcinoma

2C76.43 Carcinosarcoma of uterus

2C76.Y Other specified malignant neoplasms of corpus uteri

2C76.Z Malignant neoplasms of corpus uteri, unspecified

2C77 Malignant neoplasms of cervix uteri

Primary or metastatic malignant neoplasm involving the cervix.

2C77.0 Squamous cell carcinoma of cervix uteri

A squamous cell carcinoma arising from the cervical epithelium. It usually evolves from a precancerous cervical lesion. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors for cervical squamous cell carcinoma. The following histologic patterns have been described: Conventional squamous cell carcinoma, papillary squamous cell carcinoma, transitional cell carcinoma, lymphoepithelioma-like carcinoma, verrucous carcinoma, condylomatous carcinoma and spindle cell carcinoma. Survival is most closely related to the stage of disease at the time of diagnosis.

2C77.1 Adenocarcinoma of cervix uteri

An adenocarcinoma arising from the cervical epithelium. It accounts for approximately 15% of invasive cervical carcinomas. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors. Grossly, advanced cervical adenocarcinoma may present as an exophytic mass, an ulcerated lesion, or diffuse cervical enlargement. Microscopically, the majority of cervical adenocarcinomas are of the endocervical (mucinous) type.

2C77.2 Adenosquamous carcinoma of cervix uteri

2C77.3 Neuroendocrine carcinoma of cervix uteri

2C77.Y Other specified malignant neoplasms of cervix uteri

2C77.Z Malignant neoplasms of cervix uteri, unspecified

2C78 Malignant neoplasms of uterus, part not specified

2C79 Malignant neoplasm involving overlapping sites of female genital organs

Inclusions: Malignant neoplasm of female genital organs whose point of origin cannot be classified to any other existing entity

2C7Y Other specified malignant neoplasms of female genital organs

Coding Note: Includes Malignant neoplasm of skin of female genital organs

2C7Z Malignant neoplasms of female genital organs, unspecified

Coding Note: Includes Malignant neoplasm of skin of female genital organs

Malignant neoplasms of male genital organs (2C80-2C8Z)

A primary or metastatic malignant neoplasm involving the male reproductive system. Representative examples include prostate carcinoma, penile carcinoma, testicular seminoma, and testicular embryonal carcinoma.

Coding Note: Includes malignant neoplasm of skin of male genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C80 Malignant neoplasms of testis

A primary or metastatic malignant neoplasm that affects the testis. Representative examples include seminoma, embryonal carcinoma, sarcoma, leukaemia, and lymphoma.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C80.2 Germ cell tumour of testis

A germ cell tumour arising from the testis. Representative examples include teratoma, seminoma, embryonal carcinoma, and yolk sac tumour.

2C80.Y Other specified malignant neoplasms of testis

2C80.Z Malignant neoplasms of testis, unspecified

2C81 Malignant neoplasms of penis

A primary or metastatic malignant neoplasm that affects the penis. Representative examples include penile carcinoma and penile sarcoma.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Verrucous squamous cell carcinoma of penis (2C31.0)

2C81.0 Squamous cell carcinoma of penis

A squamous cell carcinoma arising from the penis. It occurs chiefly in the squamous epithelium of the glans, coronal sulcus, and foreskin. Etiologic factors include phimosis, lichen sclerosus, smoking, ultraviolet irradiation, history of warts or condylomas, and lack of circumcision. Human papilloma virus is present in a subset of penile squamous cell carcinomas. Patients may present with an exophytic or flat ulcerative mass in the glans or a large primary tumour with inguinal nodal and skin metastases. Morphologic variants include the basaloid carcinoma, warty (condylomatous) carcinoma, verrucous carcinoma, and sarcomatoid (spindle cell) carcinoma.

Coded Elsewhere: Verrucous squamous cell carcinoma of penis (2C31.0)

2C81.1 Melanoma of penis

Inclusions: Melanoma of skin of penis

Melanoma of mucocutaneous epithelium of penis

2C81.Y Other specified malignant neoplasm of penis

2C81.Z Malignant neoplasms of penis, unspecified

2C82 Malignant neoplasms of prostate

Prostate cancer contributes significantly to the overall cancer burden, being the most frequent malignant neoplasia in men. The number of cases has continuously increased over the past decades, partly due to the higher life expectancy. An additional factor is the Western lifestyle, characterised by a highly caloric diet and lack of physical exercise. Epidemiological data indicates that black people are most susceptible, followed by white people, while Asian people have the lowest risk. The extent to which prostate cancer mortality can be reduced by PSA screening, is currently being evaluated. Histopathological diagnosis and grading play a major role in the management of prostate cancer

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C82.0 Adenocarcinoma of prostate

An adenocarcinoma arising from the prostate gland. It is one of the most common malignant tumours afflicting men. The majority of adenocarcinomas arise in the peripheral zone and a minority occurs in the central or the transitional zone of the prostate gland. Grading of prostatic adenocarcinoma predicts disease progression and correlates with survival. Several grading systems have been proposed, of which the Gleason system is the most commonly used. Gleason sums of 2 to 4 represent well-differentiated disease, 5 to 7 moderately differentiated disease and 8 to 10 poorly differentiated disease. Prostatic-specific antigen (PSA) serum test is widely used as a screening test for the early detection of prostatic adenocarcinoma.

2C82.Y **Other specified malignant neoplasms of prostate**

2C82.Z **Malignant neoplasms of prostate, unspecified**

2C83 **Malignant neoplasms of scrotum**

Inclusions: malignant neoplasm of skin of scrotum

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C83.0 **Squamous cell carcinoma of scrotum**

2C83.Y **Other specified malignant neoplasms of scrotum**

2C83.Z **Malignant neoplasms of scrotum, unspecified**

2C84 **Malignant neoplasms of other specified male genital organs**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C8Z **Malignant neoplasms of male genital organs, unspecified**

Coding Note: Includes malignant neoplasm of skin of male genital organs

Malignant neoplasms of urinary tract (2C90-2C9Z)

A primary or metastatic malignant tumour involving the urinary system. Common tumour types include carcinomas, lymphomas, and sarcomas.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C90 **Malignant neoplasms of kidney, except renal pelvis**

Cancer of the kidney amounts to 2% of the total human cancer burden, with approximately 190,000 new cases diagnosed each year. They occur in all world regions, with a preference for developed countries. Etiological factors include environmental carcinogens (tobacco smoking) and lifestyle factors, in particular obesity. Although renal tumours can be completely removed surgically, haematogeneous metastasis is frequent and may occur already at an early stage of the disease. The pattern of somatic mutations in kidney tumours has been extensively investigated and has become, in addition to histopathology, a major criterion for classification. Kidney tumours also occur in the setting of several inherited cancer syndromes, including von Hippel-Lindau disease.

Exclusions: Malignant neoplasm of renal calyces (2C91)

Malignant neoplasms of renal pelvis (2C91)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C90.0 **Renal cell carcinoma of kidney, except renal pelvis**

A carcinoma arising from the renal parenchyma. The incidence of renal cell carcinoma has increased by 35% from 1973 to 1991. There is a strong correlation between cigarette smoking and the development of renal cell carcinoma. The clinical presentation includes : haematuria, flank pain and a palpable lumbar mass. A high percentage of renal cell carcinomas are diagnosed when an ultrasound is performed for other purposes. Diagnostic procedures include: ultra sound, intravenous pyelography and computed tomography (CT).

2C90.Y **Other specified malignant neoplasms of kidney, except renal pelvis**

2C90.Z **Malignant neoplasms of kidney, except renal pelvis, unspecified**

2C91 **Malignant neoplasms of renal pelvis**

Abnormal malignant growth of the cells within the renal pelvis.

Inclusions: malignant neoplasm of pelviureteric junction

malignant neoplasm of renal calyces

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C91.0 **Urothelial carcinoma of renal pelvis**

2C91.Y **Other specified malignant neoplasms of renal pelvis**

2C91.Z **Malignant neoplasms of renal pelvis, unspecified**

2C92 **Malignant neoplasms of ureter**

A primary or metastatic malignant tumour involving the ureter. The majority are carcinomas.

Exclusions: malignant neoplasm of ureteric orifice of bladder (2C94)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C92.0 **Urothelial carcinoma of ureter**

2C92.Y **Other specified malignant neoplasms of ureter**

2C92.Z **Malignant neoplasms of ureter, unspecified**

2C93 **Malignant neoplasms of urethra or paraurethral gland**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C93.0 **Adenocarcinoma of urethra or paraurethral gland**

2C93.1 **Squamous cell carcinoma of urethra or paraurethral gland**

2C93.2 **Urothelial carcinoma of urethra or paraurethral gland**

2C93.Y **Other specified malignant neoplasms of urethra and paraurethral gland**

2C93.Z **Malignant neoplasms of urethra or paraurethral gland, unspecified**

2C94 Malignant neoplasms of bladder

A primary or metastatic malignant neoplasm involving the bladder.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C94.0 Adenocarcinoma of bladder

A rare adenocarcinoma arising from metaplastic bladder epithelium. It is frequently associated with long-standing local irritation. The majority of cases originate from the trigone and the posterior wall of the bladder.

2C94.1 Squamous cell carcinoma of bladder

A squamous cell carcinoma of the bladder arising from metaplastic epithelium. It represents less than 10% of bladder carcinomas. The exception is the Middle East along the Nile Valley, where it represents the most common form of carcinoma because of the endemic nature of schistosomiasis. Bladder squamous cell carcinoma is often associated with long-standing chronic inflammation of the bladder and usually has a poor prognosis. The diagnosis of squamous cell carcinoma of the bladder should be reserved for those tumours that are predominantly keratin forming.

2C94.2 Urothelial carcinoma of bladder

2C94.Y Other specified malignant neoplasms of bladder

2C94.Z Malignant neoplasms of bladder, unspecified

2C95 Malignant neoplasm involving overlapping sites of urinary organs

Malignant neoplasm of urinary organs whose point of origin cannot be classified to any other existing category

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C95.0 Adenocarcinoma involving overlapping sites of urinary organs

2C95.1 Squamous cell carcinomas involving overlapping sites of urinary organs

2C95.2 Urothelial carcinoma involving overlapping sites of urinary organs

2C95.Y Other specified malignant neoplasms of overlapping lesion of urinary organs

2C95.Z Malignant neoplasm involving overlapping sites of urinary organs, unspecified

2C9Y Other specified malignant neoplasms of urinary tract

2C9Z Malignant neoplasms of urinary tract, unspecified

Malignant neoplasms of eye or ocular adnexa (2D00-2D0Z)

A malignant neoplasm affecting the structures of the eye.

Exclusions: Malignant neoplasm of optic nerve (2A02)

Malignant neoplasm of skin of eyelid (2C30-2C3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Melanoma of uvea (2D0Y)

2D00 **Malignant neoplasm of conjunctiva**

A malignant growth of cells within the conjunctiva of the eye.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D00.0 Melanoma of conjunctiva

A malignant melanoma within the conjunctiva of the eye.

2D00.1 Malignant neoplasm of caruncle

This is a broad group of diseases involving unregulated cell growth of a small, red portion of the corner of the eye that contains modified sebaceous and sweat glands.

2D00.2 Squamous cell carcinoma of conjunctiva

2D00.Y Other specified malignant neoplasm of conjunctiva

2D00.Z Malignant neoplasm of conjunctiva, unspecified

2D01 **Malignant neoplasm of cornea**

A malignant growth of cells within the cornea of the eye.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D01.0 Melanoma of cornea

A melanoma within the cornea of the eye.

2D01.1 Squamous cell carcinoma of cornea

2D01.Y Other specified malignant neoplasms of cornea

2D01.Z Malignant neoplasm of cornea, unspecified

2D02 **Malignant neoplasm of retina**

Abnormal growth of cells comprising the retina with malignant characteristics.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D02.0 Adenocarcinoma of retinal pigment epithelium

This is a cancer of an epithelium that originates in glandular tissue. Epithelial tissue includes, but is not limited to, the surface layer of skin, glands, and a variety of other tissue that lines the cavities and organs of the body. This diagnosis is with the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

2D02.1 Malignant neuroepithelial tumours of retina

2D02.2 Retinoblastoma

Retinoblastoma is the most common intraocular malignancy in children. It is a life threatening condition but is potentially curable. It can be hereditary or non-hereditary, unilateral or bilateral (unilateral retinoblastoma, bilateral retinoblastoma, see these terms).

2D02.Y Other specified malignant neoplasm of retina

2D02.Z Malignant neoplasm of retina, unspecified

2D03 Malignant neoplasm of lacrimal apparatus

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D03.0 Adenocarcinoma of the lacrimal apparatus

2D03.1 Mucoepidermoid carcinoma of lacrimal apparatus

2D03.2 Squamous cell carcinoma of the lacrimal apparatus

2D03.Y Other specified malignant neoplasm of lacrimal apparatus

2D03.Z Malignant neoplasm of lacrimal apparatus, unspecified

2D04 Malignant neoplasm of orbit

A primary or metastatic malignant neoplasm involving the orbit.

Exclusions: Benign neoplasm of orbital bone (2E83.0)

malignant neoplasm of orbital bone (2B50-2B5Z)

2D05 Malignant neoplasm of choroid

2D05.0 Melanoma of choroid

2D05.Y Other specified malignant neoplasm of choroid

2D05.Z Malignant neoplasm of choroid, unspecified

2D06 Malignant neoplasm of ciliary body

Inclusions: Malignant neoplasm of eyeball

2D06.0 Adenocarcinoma of ciliary epithelium

2D06.1 Malignant medulloepithelioma of ciliary body

2D06.3 **Malignant neuroepithelial tumours of ciliary body**

2D06.4 **Melanoma of ciliary body**

2D06.Y **Other specified malignant neoplasm of ciliary body**

2D06.Z **Malignant neoplasm of ciliary body, unspecified**

2D07 **Malignant neoplasm of iris**

2D07.0 **Adenocarcinoma of iris epithelium**

2D07.1 **Malignant neuroepithelial tumours of iris**

2D07.2 **Melanoma of iris**

2D07.Y **Other specified malignant neoplasm of iris**

2D07.Z **Malignant neoplasm of iris, unspecified**

2D0Y **Other specified malignant neoplasms of eye and ocular adnexa**

2D0Z **Malignant neoplasms of eye or ocular adnexa, unspecified**

Malignant neoplasms of endocrine glands (2D10-2D1Z)

A malignant neoplasm affecting the endocrine glands. Representative examples include thyroid gland carcinoma, parathyroid gland carcinoma, pituitary gland carcinoma, and adrenal cortex carcinoma.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D10 **Malignant neoplasms of thyroid gland**

A primary or metastatic malignant neoplasm affecting the thyroid gland.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Thyroid lymphoma (2B33.5)

2D10.0 **Follicular carcinoma of thyroid gland**

A differentiated adenocarcinoma arising from the follicular cells of the thyroid gland. The nuclear features which characterise the thyroid gland papillary carcinoma are absent. Radiation exposure is a risk factor and it comprises approximately 10% to 15% of thyroid cancers. Clinically, it usually presents as a solitary mass in the thyroid gland. It is generally unifocal and thickly encapsulated and shows invasion of the capsule or the vessels. Diagnostic procedures include: thyroid ultrasound and fine needle biopsy.

2D10.1 **Papillary carcinoma of thyroid gland**

A differentiated adenocarcinoma arising from the follicular cells of the thyroid gland. Radiation exposure is a risk factor and it is the most common malignant thyroid lesion, comprising 75% to 80% of all thyroid cancers in iodine sufficient countries. Diagnostic procedures include: thyroid ultrasound, and fine needle biopsy. Microscopically, the diagnosis is based on the distinct characteristics of the malignant cells, which include enlargement, oval shape, elongation, and overlapping of the nuclei. The nuclei also display clearing or have a ground glass appearance.

2D10.2 **Poorly differentiated carcinoma of thyroid gland**

2D10.3 **Undifferentiated carcinoma of thyroid gland**

A primary carcinoma of the thyroid gland composed of undifferentiated cells. The malignant cells demonstrate evidence of epithelial differentiation, either by immunohistochemistry or electron microscopic studies. Microscopically, in the majority of cases there is a mixture of spindle, epithelioid, and giant cells. The vast majority of the patients present with a rapidly enlarging neck mass. The clinical course is invariably aggressive.

Inclusions: anaplastic carcinoma of thyroid gland

2D10.4 **Medullary carcinoma of thyroid gland**

A neuroendocrine carcinoma arising from the C-cells of the thyroid gland. It is closely associated with multiple endocrine neoplasia syndromes. Approximately 10% to 20% of medullary thyroid carcinomas are familial. Patients usually present with a thyroid nodule that is painless and firm. In the majority of cases nodal involvement is present at diagnosis.

2D10.Y **Other specified malignant neoplasms of thyroid gland**

2D10.Z **Malignant neoplasms of thyroid gland, unspecified**

2D11 Malignant neoplasms of adrenal gland

Tumours arising from the adrenal cortex include adenomas and carcinomas. These are rare neoplasms but may cause a variety of hormonal symptoms, including hyperaldosteronism, Cushing syndrome, and virilisation. A small fraction of adrenocortical tumours are associated with an inherited tumour syndrome, including Li-Fraumeni syndrome and Carney complex.

Benign and malignant phaeochromocytomas arise in the adrenal medulla and are derived from chromaffin cells of neural crest origin. Phaeochromocytomas may occur in the setting of several hereditary conditions, including multiple endocrine neoplasia types 2a and 2b, von Hippel Lindau disease and neurofibromatosis.

Extra adrenal paragangliomas arise from chromaffin cells in sympathoadrenal and parasympathetic paraganglia. They occur in many parts of the body and can pose a significant challenge to surgeons and oncologists. Some function as chemoreceptors, others are endocrinologically active. Familial paragangliomas are associated with mutations of the mitochondrial complex II genes.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D11.0 **Adenocarcinoma of adrenal gland**

2D11.1 **Malignant phaeochromocytoma of adrenal gland**

2D11.2 **Neuroblastoma of adrenal gland**

Neuroblastomas are malignant tumours that form in certain types of the nerve tissue. It most often begins in the adrenal gland. About 1 out of 3 neuroblastomas start in the adrenal glands and about 1 out of 4 begin in sympathetic nerve ganglia in the abdomen. Most of the rest start in sympathetic ganglia near the spine in the chest or neck, or in the pelvis.

2D11.Y **Other specified malignant neoplasms of adrenal gland**

2D11.Z **Malignant neoplasms of adrenal gland, unspecified**

2D12 **Malignant neoplasms of other endocrine glands or related structures**

Exclusions: Malignant neoplasms of adrenal gland (2D11)

Malignant neoplasms of testis (2C80)

Malignant neoplasms of ovary (2C73)

Malignant neoplasm of pancreas (2C10)

Malignant neoplasms of thyroid gland (2D10)

Malignant neoplasms of thymus (2C27)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2D12.0 **Malignant epithelial neoplasms of other endocrine glands or related structures, unspecified type**

2D12.1 **Adenocarcinoma of other endocrine glands or related structures**

2D12.Y **Other specified malignant neoplasms of other endocrine glands or related structures**

2D12.Z **Malignant neoplasms of other endocrine glands or related structures, unspecified**

2D1Z **Malignant neoplasms of endocrine glands, unspecified**

2D3Y **Other specified malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues**

2D3Z **Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues, unspecified**

Malignant neoplasms of ill-defined or unspecified primary sites (2D40-2D4Z)

Inclusions: metastatic cancer, unknown primary
metastatic cancer, unknown origin
metastatic cancer
metastatic disease

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2D40 **Adenocarcinoma of unspecified site**

A common cancer characterised by the presence of malignant glandular cells. Morphologically, adenocarcinomas are classified according to the growth pattern (e.g., papillary, alveolar) or according to the secreting product (e.g., mucinous, serous). Representative examples of adenocarcinoma are ductal and lobular breast carcinoma, lung adenocarcinoma, renal cell carcinoma, hepatocellular carcinoma (hepatoma), colon adenocarcinoma, and prostate adenocarcinoma.

2D41 **Unspecified carcinoma of unspecified site**

2D42 **Malignant neoplasms of ill-defined sites**

Malignant neoplasms of ill defined sites is used for cases where the documentation refers to a site that includes multiple organ systems and tissue types that should be coded separately.

2D43 **Malignant neoplasms of independent, multiple primary sites**

Coding Note: Use additional codes to identify individual neoplasms.

2D4Y **Other specified malignant neoplasms of unspecified primary sites**

2D4Z **Unspecified malignant neoplasms of unspecified sites**

Malignant neoplasm metastases (2D50-2E2Z)

Spread of a malignant neoplasm into secondary sites.

2D50 **Malignant neoplasm metastasis in brain**

A malignant neoplasm that has spread to the brain from another anatomic site or system. The majority are carcinomas (usually lung or breast carcinomas).

2D51 **Malignant neoplasm metastasis in meninges**

2D52 **Malignant neoplasm metastasis in spinal cord, cranial nerves or remaining parts of central nervous system**

Malignant neoplasm metastasis in lymph nodes (2D60-2D6Z)

Exclusions: Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

2D60 **Malignant neoplasm metastasis in lymph node of a single region**

2D60.0 Malignant neoplasm metastasis in lymph nodes of head, face or neck

2D60.1 **Malignant neoplasm metastasis in intrathoracic lymph nodes**

2D60.2 **Malignant neoplasm metastasis in intra-abdominal lymph nodes**

2D60.3 **Malignant neoplasm metastasis in axillary lymph nodes**

2D60.4 **Malignant neoplasm metastasis in inguinal lymph nodes**

2D60.5 **Malignant neoplasm metastasis in intrapelvic lymph nodes**

2D60.Y **Other specified malignant neoplasm metastasis in lymph node of a single region**

2D60.Z **Malignant neoplasm metastasis in lymph node of a single region, unspecified**

2D61 **Malignant neoplasm metastases in lymph nodes of multiple regions**

2D6Z **Metastatic malignant neoplasm to unspecified lymph node**

Malignant neoplasm metastasis in thoracic or respiratory organs (2D70-2D7Z)

2D70 **Malignant neoplasm metastasis in lung**

Exclusions: Malignant neoplasms of bronchus or lung (2C25)

2D71 **Malignant neoplasm metastasis in mediastinum**

The spread of cancer to the mediastinum from an adjacent or distant anatomic site.

2D72 **Malignant neoplasm metastasis in pleura**

The spread of cancer to the pleura from an adjacent or distant anatomic site.

2D73 **Malignant neoplasm metastasis in upper respiratory tract organs**

2D7Y **Malignant neoplasm metastasis in other specified thoracic organs**

2D7Z **Malignant neoplasm metastasis in thoracic or respiratory organs, unspecified**

Malignant neoplasm metastasis in digestive system (2D80-2D8Z)

2D80 **Malignant neoplasm metastasis in liver or intrahepatic bile duct**

Malignant neoplasms that have metastasized to the liver from extrahepatic primary tumours.

2D80.0 **Malignant neoplasm metastasis in liver**

2D80.1 **Malignant neoplasm metastasis in intrahepatic bile duct**

2D81 **Malignant neoplasm metastasis in pancreas**

A malignant neoplasm that has spread to the pancreas from another anatomic site. Representative examples include metastatic carcinomas from the gastrointestinal tract, metastatic melanomas, and renal cell carcinomas.

2D82 **Malignant neoplasm metastasis in extrahepatic bile ducts**

2D83 **Malignant neoplasm metastasis in ampulla of Vater**

2D84 **Malignant neoplasm metastasis in the small intestine**

The spread of cancer to the small intestine. This may be from a primary intestinal cancer, or from a cancer at a distant site.

2D85 **Malignant neoplasm metastasis in large intestine**

The spread of cancer to the large intestine. This may be from a primary colon or rectal cancer, or from a cancer at a distant site.

2D86 **Malignant neoplasm metastasis in anus**

Malignant tumour that metastasized in the anus and anal canal.

2D8Y **Malignant neoplasm metastasis in other specified digestive system organ**

2D8Z **Malignant neoplasm metastasis in unspecified digestive system organ**

Malignant neoplasm metastasis in retroperitoneum or peritoneum (2D90-2D91)

2D90 **Malignant neoplasm metastasis in retroperitoneum**

2D91 **Malignant neoplasm metastasis in peritoneum**

Malignant neoplasm metastasis in other sites (2E00-2E0Y)

2E00 **Malignant neoplasm metastasis in kidney or renal pelvis**

The spread of the cancer to the kidney. This may be from a primary kidney cancer involving the opposite kidney, or from a cancer at a distant site.

2E01 **Malignant neoplasm metastasis in bladder**

Tumours of the urinary bladder that originate from an extravesical, non-urothelial tract neoplasm

2E02 **Malignant neoplasm metastasis in other or unspecified urinary system organs**

2E03 **Malignant neoplasm metastasis in bone or bone marrow**

The spread of a malignant neoplasm from a primary site to the skeletal system. The majority of metastatic neoplasms to the bone are carcinomas.

2E04 **Malignant neoplasm metastasis in soft tissue**

2E05 **Malignant neoplasm metastasis in female reproductive system**

2E05.0 **Malignant neoplasm metastasis in ovary**

The spread of the cancer to the ovary. This may be from a primary ovarian cancer involving the opposite ovary, or from a cancer at a distant site.

2E05.Y **Malignant neoplasm metastasis in other female reproductive system organs**

2E05.Z **Malignant neoplasm metastasis in female reproductive system, unspecified**

2E06 **Malignant neoplasm metastasis in male genital organs**

2E07 **Malignant neoplasm metastasis in adrenal gland**

A malignant tumour that has spread to the adrenal gland from an adjacent or distant anatomic site. The majority of cases are metastatic carcinomas, and less frequently lymphomas. (NCI05)

2E08 **Metastatic malignant neoplasm involving skin**

Involvement of the skin by metastatic spread from a known or unknown primary malignant neoplasm. The secondary deposit may result from local migration of malignant cells, or from regional lymphatic or haematogenous spread from more distant sites.

2E09 **Malignant neoplasm metastasis in peripheral nervous system**

2E0Y **Malignant neoplasm metastasis in other specified sites**

2E2Z **Malignant neoplasm metastasis, unspecified**

In situ neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues (2E60-2E6Z)

2E60 **Carcinoma in situ of oral cavity, oesophagus or stomach**

Exclusions: Melanoma in situ neoplasms (2E63)

2E60.0 **Carcinoma in situ of lip, oral cavity or pharynx**

Exclusions: Carcinoma in situ of aryepiglottic fold, laryngeal aspect (2E62.0)

Carcinoma in situ of epiglottis nos (2E62.0)

Carcinoma in situ of epiglottis, suprahyoid portion (2E62.0)

Carcinoma in situ of skin of lip (2E64)

2E60.1 **Carcinoma in situ of oesophagus**

Stage 0 includes: For squamous cell carcinoma: Tis (HGD), N0, M0, G1, GX, tumour location: Any. For adenocarcinoma: Tis (HGD), N0, M0, G1, GX. Tis: High-grade dysplasia. N0: No regional lymph node metastasis. M0: No distant metastasis. G1: Well differentiated. GX: Grade cannot be assessed-stage grouping as G1. tumour location: Location of the primary cancer site is defined by the position of the upper (proximal) edge of the tumour in the esophagus.

Coded Elsewhere: Oesophageal adenocarcinoma in situ (2E60.1)

2E60.2 **Carcinoma in situ of stomach**

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E61 Carcinoma in situ of other or unspecified digestive organs

Exclusions: Melanoma in situ neoplasms (2E63)

2E61.0 Carcinoma in situ of colon

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ: intraepithelial or invasion of lamina propria. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E61.1 Carcinoma in situ of rectum

Malignant epithelial tumour of rectum that has not invaded adjacent tissue of the large intestine.

2E61.2 Carcinoma in situ of anal canal

Malignant epithelial tumour that has not invaded beyond the epithelium of the anal canal.

Exclusions: Carcinoma in situ of anal margin (2E64.2)

Carcinoma in situ of anal skin (2E64)

Carcinoma in situ of perianal skin (2E64.2)

2E61.3 Carcinoma in situ of gallbladder, biliary tract or ampulla of Vater

an early form of cancer without invasion of tumour cells into the surrounding tissue, usually before penetration through the basement membrane.

2E61.Y Carcinoma in situ of other specified digestive organs

2E61.Z Carcinoma in situ of unspecified digestive organs

2E62 Carcinoma in situ of middle ear or respiratory system

Exclusions: Melanoma in situ neoplasms (2E63)

2E62.0 Carcinoma in situ of larynx

Exclusions: Carcinoma in situ of aryepiglottic fold, hypopharyngeal aspect (2E60.0)

Carcinoma in situ of aryepiglottic fold, marginal zone (2E60.0)

Carcinoma in situ of aryepiglottic fold, NOS (2E60.0)

2E62.1 Carcinoma in situ of trachea

2E62.2 Carcinoma in situ of bronchus or lung

2E62.Y Carcinoma in situ of other specified sites of middle ear and respiratory system

2E62.Z Carcinoma in situ of unspecified sites of middle ear and respiratory system

2E63 Melanoma in situ neoplasms

Stage 0 includes: Tis, N0, M0. Tis: Melanoma in situ. N0: No regional lymph node metastases. M0: No detectable evidence of distant metastases.

2E63.0 **Melanoma in situ of skin**

Malignant melanoma confined to the epidermis and described as being in radial growth phase.

2E63.00 Lentigo maligna

An atypical proliferation of atypical melanocytes in the dermal-epidermal junction, without infiltration of the papillary or reticular dermis. The melanocytic proliferation is associated with actinic damage and epidermal atrophy. It usually occurs in the sun-exposed skin of elderly people. It is a form of melanoma in situ and in approximately 5% of cases it progresses to lentigo maligna melanoma.

2E63.0Z Melanoma in situ of skin, unspecified

2E63.1 **Melanoma in situ of conjunctiva**

2E63.Y **Melanoma in situ neoplasms, other specified site**

2E63.Z **Melanoma in situ neoplasms, unspecified site**

2E64 **Carcinoma in situ of skin**

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ. N0: No regional lymph node metastasis. M0: No clinical or radiographic evidence of distant metastasis.

Exclusions: Melanoma in situ neoplasms (2E63)

Coded Elsewhere: Carcinoma in situ of vulva (2E67.1)

Carcinoma in situ of penis (2E67.4)

2E64.0 **Intraepidermal squamous cell carcinoma**

Malignant squamous neoplasia confined to the epidermis of extragenital skin and known commonly as Bowen disease. It arises most frequently on chronically sun-exposed glabrous skin of the head and neck or lower legs. It typically presents as single or multiple well-demarcated scaly erythematous patches, nodules or plaques which histologically show extensive keratinocytic atypia. It may develop from preexisting actinic keratosis (Actinic intraepidermal squamous cell carcinoma). Although it is most commonly associated with exposure to ultraviolet radiation, other carcinogens such as arsenic and tar may be implicated. Human papilloma virus may represent an additional risk factor in immunosuppressed patients.

2E64.00 Bowen disease of skin

Intraepidermal squamous cell carcinoma due to predisposing factors including chronic human papilloma virus infection, arsenic ingestion, ionising radtiation and chronic immunosuppression.

2E64.01 Actinic intraepidermal squamous cell carcinoma

Intraepidermal squamous cell carcinoma attributable to chronic exposure to ultraviolet radiation and typically developing from a pre-existing actinic keratosis

2E64.0Y Other specified intraepidermal squamous cell carcinoma

2E64.0Z Intraepidermal squamous cell carcinoma, unspecified

2E64.1 **Extramammary Paget disease of skin**

An intraepithelial adenocarcinoma of apocrine gland-bearing skin and mucous membrane. Clinically it presents as sharply demarcated erythematous plaques most commonly affecting the vulva in women and perianal skin in men.

Coded Elsewhere: Vulvar Paget disease (2E67.11)

2E64.2 **Carcinoma in situ of anal margin or perianal skin**

Carcinoma in situ of anal margin or perianal skin is most commonly squamous and related to oncogenic HPV strains, HIV infection or both. It may present as warty pigmented patches (Bowenoid papulosis).

2E64.Y **Other specified carcinoma in situ of skin**

2E64.Z **Carcinoma in situ of skin, unspecified**

2E65 Carcinoma in situ of breast

Exclusions: carcinoma in situ of skin of breast (2E64)

melanoma in situ of breast (skin) (2E63)

2E65.0 **Lobular carcinoma in situ of breast**

2E65.1 **Lobular carcinoma in situ of breast, pleomorphic subtype**

2E65.2 **Ductal carcinoma in situ of breast**

Exclusions: Atypical ductal hyperplasia of breast (2F75)

2E65.3 **Ductal carcinoma in situ of breast, comedo subtype**

2E65.4 **Mixed ductal and lobular carcinoma in situ of breast**

The co-existence of ductal and lobular carcinoma in situ in the breast, without evidence of stromal invasion.

2E65.5 **Paget disease of nipple**

Paget disease of the nipple describes a rare presentation of breast cancer, seen most frequently in women aged 50-60, manifesting with nipple drainage and itching, erythema, crusty, excoriated nipple, thickened plaques and hyperpigmentation (less frequently). It is due to tumour cells invading the nipple-areola complex and represents 1%-3% of all new breast cancer diagnoses.

2E65.Y **Other specified carcinoma in situ of breast**

2E65.Z **Carcinoma in situ of breast, unspecified**

2E66 Carcinoma in situ of cervix uteri

Exclusions: melanoma in situ of cervix (2E63)

Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

2E66.2 **High grade squamous intraepithelial lesion of cervix uteri**

2E66.Y **Other specified carcinoma in situ of cervix uteri**

2E66.Z **Carcinoma in situ of cervix uteri, unspecified**

2E67 Carcinoma in situ of other or unspecified genital organs

Exclusions: Melanoma in situ neoplasms (2E63)

2E67.0 **Carcinoma in situ of endometrium**

2E67.1 **Carcinoma in situ of vulva**

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

2E67.11 Vulvar Paget disease

An uncommon intraepithelial malignant neoplasm of eccrine or apocrine origin, arising from the vulva. It usually affects post-menopausal women. In approximately 10-20% of the cases there is an associated anorectal, or urothelial carcinoma or a skin appendage adenocarcinoma identified. It presents as a red, eczematous lesion. Microscopically, it is characterised by the presence of the typical Paget cells which are large, round cells with abundant cytoplasm and prominent nuclei.

2E67.12 Vulvar intraepithelial neoplasia, HPV-independent

Vulvar intraepithelial neoplasia (VIN), HPV-independent, is a non-invasive precursor of HPV-independent squamous cell carcinoma of the vulva, characterized by atypia of the basal and parabasal keratinocytes in an otherwise well-differentiated epithelium.

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

2E67.13 High grade squamous intraepithelial lesion of vulva , HPV-associated

Squamous intraepithelial lesions (SILs) of the vulva (also known as vulvar intraepithelial neoplasia [VIN]), HPV-associated, are proliferations of squamous cells driven by HPV infection, showing maturation abnormalities and nuclear hyperchromasia that do not extend beyond the basement membrane.

Coded Elsewhere: Bowenoid papulosis of the vulva (1A95.1)

2E67.2 **Carcinoma in situ of vagina**

2E67.22 High grade squamous intraepithelial lesion of vagina

2E67.2Y Other specified carcinoma in situ of vagina

2E67.2Z Carcinoma in situ of vagina, unspecified

2E67.3 **Carcinoma in situ of other or unspecified female genital organs**

2E67.4 **Carcinoma in situ of penis**

This comprises both squamous carcinoma in situ and extramammary Paget disease of the penis. The former is an uncommon precancerous disease of penile skin. Lesions usually appear on the glans or inner aspect of the foreskin and are almost always found in uncircumcised men. If left untreated, 10-30% of cases develop into invasive squamous cell carcinoma of the penis. When it affects the skin of the shaft or prepuce it is commonly called Bowen disease. If it affects the glans or inner surface of the prepuce it may also be referred to as penile intraepithelial neoplasia (or in the past as erythroplasia of Queyrat). Extramammary Paget disease of penis is a rare form of carcinoma in situ involving penile skin or glans penis.

Coded Elsewhere: Extramammary Paget disease of penis (2E64.1)

2E67.40 Squamous cell carcinoma in situ of skin of penis

Squamous cell carcinoma affecting the skin of the prepuce or of the shaft of the penis and commonly called Bowen disease. HPV infection and chronic exposure to psoralen photochemotherapy are predisposing factors.

Inclusions: Bowen disease of skin of penis

2E67.41 Squamous cell carcinoma in situ of mucocutaneous epithelium of penis

Inclusions: Penile intraepithelial neoplasia of inner preputial epithelium

Penile intraepithelial neoplasia of glans penis

2E67.5 **High grade intraepithelial lesion of prostate**

High grade prostatic intraepithelial neoplasia characterised by the presence of severe architectural and cytologic abnormalities.

Inclusions: high grade prostatic intraepithelial neoplasia

Exclusions: low grade dysplasia of prostate (GA91.6)

2E67.6 **Carcinoma in situ of other or unspecified male genital organs**

2E68 Carcinoma in situ of bladder

Stage 0is includes: Tis, N0, M0. Tis: Carcinoma in situ: flat tumour. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E69 Carcinoma in situ of other or unspecified urinary organs

2E6A Carcinoma in situ of the eye or ocular adnexa

2E6A.0 **Carcinoma in situ of the conjunctiva**

Exclusions: Melanoma in situ of conjunctiva (2E63.1)

2E6A.1 **Carcinoma in situ of the cornea**

2E6A.Y **Carcinoma in situ of other and unspecified part of the eye and adnexa**

2E6B Carcinoma in situ of thyroid and other endocrine glands

Exclusions: Carcinoma in situ of ovary (2E67.3)

Carcinoma in situ of testis (2E67.6)

2E6Y Carcinoma in situ of other specified site

2E6Z **Carcinoma in situ of unspecified site**

Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues (2E80-2F5Z)

A neoplasm which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

Benign mesenchymal neoplasms (2E80-2E8Z)

Bening neoplasms of muscle, fat, fibrous tissue, bone, cartilage, and blood vessels.

2E80 **Benign lipomatous neoplasm**

A benign tumour composed of adipose (fatty) tissue. The most common representative of this category is the lipoma.

2E80.0 Lipoma

2E80.00 Superficial subcutaneous lipoma

A benign well-circumscribed mesenchymal neoplasm composed of mature adipocytes and commonly known as a lipoma.

2E80.01 Deep subfascial lipoma

Deep subfascial lipomata are benign neoplasms of adipose tissue which arise deep to the deep fascia and have a tendency to infiltrate between and into muscle. They may occur at any body site and may cause diagnostic difficulty. They are well recognised to occur on the forehead beneath the frontalis muscle (frontalis-associated lipoma).

Inclusions: Frontalis-associated lipoma
Infiltrating lipoma of soft tissue
Intramuscular lipoma of soft tissue

2E80.02 Deep internal or visceral lipoma

2E80.0Y Lipoma, other specified site

2E80.0Z Lipoma, unspecified site

2E80.1 Lipoblastoma

2E80.Y Other specified benign lipomatous neoplasm

2E80.Z Benign lipomatous neoplasm, unspecified

2E81 **Benign vascular neoplasms**

Exclusions: Blue naevus (2F20)
Pigmented naevus (2F20)

Coded Elsewhere: Lobular capillary haemangioma (2F26)

2E81.0 **Neoplastic haemangioma**

Exclusions: Benign vascular neoplasms of infancy and childhood (2E81.2)

Infantile haemangioma (2E81.2)

Coded Elsewhere: Pulmonary sclerosing haemangioma (2F00.Y)

2E81.00 Umbilical cord haemangioma

tumour composed of thin walled blood vessels lined by endothelium present within the cord

2E81.01 Conjunctival haemangioma or haemolymphangioma

2E81.0Y Neoplastic haemangioma of other specified site

2E81.0Z Neoplastic haemangioma, unspecified site

2E81.1 **Benign lymphatic neoplasms**

Benign circumscribed or diffuse neoplasms of lymphatic vessels. They are are much less common than lymphatic malformations and are distinguished from the latter by proliferative growth and the potential to become widely disseminated.

Exclusions: Lymphatic malformations (LA90.1)

2E81.10 Disseminated lymphangiomatosis

A rare disorder characterised by widespread proliferation of aberrant lymphatic vessels which typically infiltrate vital organs in the thorax and abdomen.

2E81.11 Acquired progressive lymphangioma

Acquired progressive lymphangioma is a benign localised but slowly progressive tumour of lymphatic vessels that typically presents as reddish or bruise-like plaques on the abdominal wall, thigh or calf of young adolescents.

Exclusions: Lymphatic malformations (LA90.1)

2E81.1Y Other specified benign lymphatic neoplasms

2E81.1Z Benign lymphatic neoplasms, unspecified

2E81.2 **Benign vascular neoplasms of infancy and childhood**

The commonest benign vascular neoplasm of infancy is infantile haemangioma. Less common neoplasms are congenital haemangioma, spindle cell haemangioma, tufted angioma and kaposiform haemangioendothelioma.

2E81.20 Focal infantile haemangioma

Infantile haemangioma is a common benign vascular neoplasm which develops in about 4% of infants. It appears within weeks of birth as a blanched, blushed, or telangiectatic area that then rapidly proliferates for several months before entering a prolonged process of involution lasting up to 12 years, leaving a residual variably prominent scar. A solitary focal tumour is seen in about 85% of cases. Over half of cases are located on the head and neck. Complications include bleeding, infection, ulceration and, in tumours situated close to the eye, amblyopia.

Inclusions: Strawberry naevus

2E81.21 Multifocal infantile haemangioma

Infantile haemangioma is multifocal in up to 25% of cases with numbers ranging from a few to many dozens. If more than 5 cutaneous tumours are present there is an increased risk of associated internal haemangiomatosis, especially of the liver.

2E81.2Y Other specified benign vascular neoplasms of infancy and childhood

2E81.2Z Benign vascular neoplasms of infancy and childhood, unspecified

2E81.Y Other specified benign vascular neoplasms

2E81.Z Benign vascular neoplasms, unspecified

2E82 Benign chondrogenic tumours

2E82.0 Benign chondrogenic tumours of bone or articular cartilage of limbs

2E82.1 Benign chondrogenic tumours of bone or articular cartilage of other specified sites

2E82.Z Benign chondrogenic tumours, site unspecified

2E83 Benign osteogenic tumours

A neoplasm arising from the bone or articular cartilage that does not invade adjacent tissues or metastasize to other anatomic sites. Representative examples include benign fibrous histiocytoma of bone, osteoma, osteoblastoma, chondroblastoma, and enchondroma.

2E83.0 Benign osteogenic tumours of bone or articular cartilage of skull or face

2E83.1 Benign osteogenic tumours of bone or articular cartilage of lower jaw

2E83.2 Benign osteogenic tumours of bone or articular cartilage of vertebral column

Exclusions: Benign osteogenic tumour of sacrum (2E83.4)

2E83.3 Benign osteogenic tumours of bone or articular cartilage of ribs, sternum or clavicle

2E83.4 Benign osteogenic tumours of bone or articular cartilage of pelvic bones, sacrum or coccyx

2E83.5 Benign osteogenic tumours of bone or articular cartilage of limbs

2E83.Y Benign osteogenic tumour of other specified site

2E83.Z Benign osteogenic tumour of unspecified site

2E84 Benign fibrogenic or myofibrogenic tumour

2E84.0 Benign fibrogenic or myofibrogenic tumour of skin

2E84.Y Benign fibrogenic or myofibrogenic tumour of other specified sites

2E84.Z Benign fibrogenic or myofibrogenic tumour, site unknown

2E85 Benign fibrohistiocytic tumour

Exclusions: Benign neoplasm of peripheral nerves or autonomic nervous system (2E90-2F3Z)

Benign lymphatic neoplasms (2E81.1)

Benign lipomatous neoplasm (2E80)

Haemangioma (2E81)

Benign neoplasm of uterine ligament, any (2F31)

Benign vascular neoplasms (2E81)

Leiomyoma of uterus (2E86.0)

Benign neoplasm of connective tissue of breast (2F30)

2E85.0 Benign fibrohistiocytic tumour of soft tissues of limbs

2E85.1 Benign fibrohistiocytic tumour of retroperitoneum or peritoneum

Exclusions: Benign lipomatous neoplasm (2E80)

Benign neoplasm of mesothelial tissue (2F10)

2E85.2 Benign fibrohistiocytic tumour of skin

2E85.Y Benign fibrohistiocytic tumour of other specified sites

2E85.Z Benign fibrohistiocytic tumour, site unspecified

2E86 Benign smooth muscle or skeletal muscle tumour

2E86.0 Leiomyoma of uterus

A well-circumscribed benign smooth muscle neoplasm characterised by the presence of spindle cells with cigar-shaped nuclei, interlacing fascicles, and a whorled pattern.

Exclusions: Leiomyoma of ovary (2E86.1)

Leiomyoma of fallopian tube (2E86.1)

Leiomyoma of broad ligament (2E86.1)

Leiomyoma of vagina (2E86.1)

Leiomyoma of vulva (2E86.1)

Benign non-mesenchymal neoplasms of uterus (2F31)

2E86.1 Leiomyoma of other or unspecified sites

2E86.2 Rhabdomyoma

2E86.Y Other specified benign smooth muscle or skeletal muscle tumour

2E86.Z Benign smooth muscle or skeletal muscle tumour, unspecified

2E87 Benign gastrointestinal stromal tumour

2E88 Benign endometrial stromal nodule

2E89 Benign mesenchymal tumours of uncertain differentiation

2E89.0 **Benign tumours of uncertain differentiation, bone or cartilage**

2E89.1 **Benign tumours of uncertain differentiation, soft tissue**

2E89.Y **Benign mesenchymal tumours of uncertain differentiation of other specified site**

2E89.Z **Benign mesenchymal tumours of uncertain differentiation of unspecified site**

2E8A **Other mixed or unspecified benign mesenchymal tumours**

2E8Y **Other specified benign mesenchymal neoplasm**

2E8Z **Benign mesenchymal neoplasms, unspecified**

Benign non-mesenchymal neoplasms (2E90-2F3Z)

2E90 **Benign neoplasm of lip, oral cavity or pharynx**

2E90.0 **Benign neoplasm of lip**

A neoplasm without malignant characteristics arising from the lip.

Exclusions: Benign neoplasm of skin of lip (2F20-2F2Z)

2E90.1 **Benign neoplasm of tongue**

Abnormal growth, without malignant characteristics, of the cells that comprise the tongue.

2E90.2 **Benign neoplasm of floor of mouth**

2E90.3 **Benign neoplasm of other or unspecified parts of mouth**

Exclusions: Benign neoplasm of nasopharyngeal surface of soft palate (2E90.6)

benign odontogenic neoplasms (2E83.0)

mucosa of lip (2E90.0)

2E90.4 **Benign neoplasm of tonsil**

Exclusions: benign neoplasm of pharyngeal tonsil (2E90.6)

benign neoplasm of lingual tonsil (2E90.1)

benign neoplasm of tonsillar pillars (2E90.5)

benign neoplasm of tonsillar fossa (2E90.5)

2E90.5 **Benign neoplasm of oropharynx**

A neoplasm of the oropharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

Exclusions: Benign neoplasm of epiglottis, NOS (2F00)

Benign neoplasm of epiglottis, suprahyoid portion (2F00)

2E90.6 **Benign neoplasm of nasopharynx**

A neoplasm of the nasopharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

2E90.7 **Benign neoplasm of hypopharynx**

2E90.8 **Benign neoplasm of pharynx, unspecified**

2E91 Benign neoplasm of major salivary glands

Exclusions: Benign neoplasms of minor salivary glands NOS (2E90.3)

2E91.0 **Benign neoplasm of parotid gland**

2E91.1 **Benign neoplasm of other specified major salivary glands**

2E91.Z **Benign neoplasm of unspecified major salivary glands**

2E92 Benign neoplasm of digestive organs

A neoplasm of other and/or ill-defined parts of the digestive system which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

2E92.0 **Benign neoplasm of oesophagus**

A non-metastasizing neoplasm arising from the esophageal wall.

Coded Elsewhere: Benign mesenchymal tumour of oesophagus (2E8Y)

2E92.1 **Benign neoplasm of stomach**

A non-metastasizing neoplasm arising from the gastric wall.

Coded Elsewhere: Benign mesenchymal tumour of stomach (2E8Y)

2E92.2 **Benign neoplasm of duodenum**

A non-metastasizing neoplasm arising from the wall of the duodenum.

Coded Elsewhere: Benign mesenchymal tumour of duodenum (2E8Y)

2E92.3 **Benign neoplasm of other or unspecified parts of small intestine**

Exclusions: Benign neoplasm of duodenum (2E92.2)

Coded Elsewhere: Benign mesenchymal tumour of small intestine (2E8Y)

2E92.4 **Benign neoplasm of the large intestine**

A non-metastasizing neoplasm arising from the wall of the colon and rectum.

Coded Elsewhere: Benign mesenchymal tumour of large intestine (2E8Y)

2E92.40 Polyposis syndrome

Intestinal polyposis syndromes can be divided, based on histology, into the broad categories of familial adenomatous polyposis (FAP), hamartomatous polyposis syndromes, and other rare polyposis syndromes, such as hereditary-mixed polyposis syndrome (HMPS).

Coded Elsewhere: Gardner syndrome (LD2D.3)

Peutz-Jeghers syndrome (LD2D.0)

Cronkhite-Canada syndrome (LD27.01)

Familial adenomatous polyposis (2B90.Y)

Juvenile gastrointestinal polyposis (2B90.Y)

2E92.4Y Other specified benign neoplasm of the large intestine

2E92.4Z Benign neoplasm of the large intestine, unspecified

2E92.5 Benign neoplasm of anus or anal canal

Primary benign tumour that forms in tissues lining the anus and anal canal.

Exclusions: Benign neoplasm of perianal skin (2F20-2F2Z)

Benign neoplasm of anal margin (2F20-2F2Z)

Benign neoplasm of anal skin (2F20-2F2Z)

2E92.6 Benign neoplasm of gallbladder, extrahepatic bile ducts or ampulla of Vater

Coded Elsewhere: Benign mesenchymal tumour of gallbladder, extrahepatic bile ducts or ampulla of Vater (2E8Y)

Adenoma of bile ducts (2E92.6)

2E92.7 Benign neoplasm of liver or intrahepatic bile ducts

Coded Elsewhere: Focal nodular hyperplasia of liver (DB99.Y)

Angiomyolipoma of liver (2E80.02)

Haemangioma of liver (2E81.0Y)

2E92.8 Benign neoplasm of pancreas

A non-metastasizing neoplasm arising from the pancreas.

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)

2E92.9 Benign neoplasm of endocrine pancreas

Inclusions: Islet cell tumour

benign neoplasm of islets of Langerhans

2E92.A Benign neoplasm of ill-defined site within the digestive system

2E92.Y Benign neoplasm of other specified digestive organs

2E92.Z Benign neoplasm of unspecified digestive organs

Benign neoplasm of respiratory or intrathoracic organs (2F00-2F0Z)

2F00 **Benign neoplasm of middle ear or respiratory system**

2F00.0 **Middle ear endocrine tumour**

2F00.1 **Recurrent respiratory papillomatosis**

Recurrent respiratory papillomatosis is a rare respiratory disease characterised by the development of exophytic papillomas, affecting the mucosa of the upper aero-digestive tract (with a strong predilection for the larynx), caused by an infection with human papilloma virus. Symptoms at presentation may include hoarseness, chronic cough, dyspnoea, recurrent upper respiratory tract infections, pneumonia, dysphagia, stridor, and/or failure to thrive.

2F00.2 **Laryngeal endocrine tumour**

2F00.Y **Other specified benign neoplasm of middle ear or respiratory system**

2F00.Z **Benign neoplasm of middle ear or respiratory system, unspecified**

2F01 **Benign neoplasm of intrathoracic organs**

2F0Y **Benign neoplasms of other specified respiratory and intrathoracic organs**

2F0Z **Benign neoplasms of unspecified respiratory and intrathoracic organs**

2F10 **Benign neoplasm of mesothelial tissue**

A benign neoplasm arising from mesothelial cells. It is characterised by the formation of glandular and tubular patterns. It can occur in several anatomic sites including the pleura, peritoneum, and epididymis.

Benign cutaneous neoplasms (2F20-2F2Z)

Abnormal growth of the cells that comprise the tissues of the skin, without any evidence of malignancy.

Coded Elsewhere: Benign vascular neoplasms of infancy and childhood (2E81.2)

2F20 **Benign cutaneous melanocytic neoplasms**

Inclusions: Mole

Pigmented naevus

Benign melanocytic naevus

2F20.0 **Common acquired melanocytic naevus**

2F20.00 Multiple benign melanocytic naevi

The presence of multiple benign melanocytic naevi (often taken as more than 20 naevi >2mm in diameter), an independent risk factor for the development of melanoma with highest risk associated with highest numbers of naevi (>100).

2F20.0Y Other specified common acquired melanocytic naevus

2F20.1 **Atypical melanocytic naevus**

Solitary or multiple, slightly raised, pigmented lesions with irregular borders, usually measuring more than 0.6cm in greatest dimension. Morphologically, there is melanocytic atypia and the differential diagnosis from melanoma may be difficult. Patients are at an increased risk for the development of melanoma.

Inclusions: Dysplastic naevus, unspecified

2F20.2 **Congenital melanocytic naevus**

Congenital melanocytic naevi are circumscribed areas of skin pigmentation present at birth as a result of abnormal intrauterine proliferation of melanocytes within the dermis, the epidermis or both. They may range in size from a few millimetres to many centimetres in diameter. If their projected or final adult maximal diameter is greater than 20 cm they are termed giant congenital melanocytic naevi.

2F20.20 Giant congenital melanocytic naevus

A congenital melanocytic naevus (CMN) with a predicted or final adult maximal diameter of 400 mm or more. Giant CMNs are commonly centred on the dorsal surface of the body between the vertex and the buttocks but may occur elsewhere; they may be associated with multiple smaller satellite naevi (congenital or tardive), hypertrichosis, lipomas or benign proliferative nodules. There is a risk of pre-pubertal melanoma within giant CMN or the central nervous system (CNS). Leptomeningeal melanocytosis or focal neuromelanosis, found in 10-15% of cases, is often associated with other CNS tumours, hydrocephalus, epilepsy, arachnoid cysts, or Dandy-Walker malformation.

2F20.2Y Other specified congenital melanocytic naevus

2F20.2Z Congenital melanocytic naevus, unspecified

2F20.3 **Generalised eruptive melanocytic naevi**

This phenomenon describes the rapid simultaneous appearance of multiple melanocytic naevi, often hundreds in number, on previously uninvolved sun-exposed skin. The phenomenon has been linked to immunosuppression, particularly in renal transplant recipients and in individuals receiving cancer chemotherapy, and may be considered a more advanced counterpart of generalised eruptive lentiginosis.

Exclusions: Multiple benign melanocytic naevi (2F20.00)

Generalized eruptive lentiginosis (ED61)

2F20.Y **Other specific types of melanocytic naevus**

2F20.Z **Melanocytic naevus, unspecified**

2F21 Benign keratinocytic acanthomas

A group of benign discrete epidermal proliferative disorders including seborrhoeic keratosis and clear cell acanthoma.

2F21.0 **Seborrhoeic keratosis**

Seborrhoeic keratoses are very common benign neoplasms of epidermal keratinocytes which increase in prevalence and number with age. They are commonly multiple and are very variable in shape and colour. Because of the sometimes intense pigmentation they are frequently mistaken for melanocytic tumours.

Inclusions: Basal cell papilloma

Seborrheic wart

2F21.Y **Other specified benign keratinocytic acanthomas**

2F22 **Benign neoplasms of epidermal appendages**

A range of benign neoplasms arising from the hair follicle, its associated glands or from sweat glands.

2F23 **Benign dermal fibrous or fibrohistiocytic neoplasms**

Benign dermal neoplasms due to abnormal proliferation of fibroblasts, myofibroblasts or primitive mesenchymal cells.

2F23.0 **Dermatofibroma**

A common benign skin tumour which presents as a firm dermal papule or nodule, most commonly on the lower limbs. Histologically it is characterised by coarse, haphazardly arranged collagen bundles and a variable cellular infiltrate including fibrocytes.

2F23.Y **Other specified benign dermal fibrous or fibrohistiocytic neoplasms**

2F24 **Benign cutaneous neoplasms of neural or nerve sheath origin**

2F25 **Cherry angioma**

Inclusions: Campbell de Morgan spot

Senile angioma

2F26 **Lobular capillary haemangioma**

Historically called pyogenic granuloma, this is a common benign proliferation of capillary blood vessels which may be induced by trauma or by certain drugs. It presents as one or more bright red papules or nodules often located around the mouth or on a terminal phalanx in relation to the nail. Bleeding, ulceration and crusting frequently occur. BRAF mutations within vascular endothelial cells may be present, indicating that this is, in at least a proportion of cases, a true neoplastic process.

Inclusions: Lobular capillary haemangioma of skin

2F2Y **Other specified benign cutaneous neoplasms**

2F2Z **Benign cutaneous neoplasm of unspecified type**

2F30 Benign neoplasm of breast

A non-metastasizing neoplasm arising from the breast parenchyma.

Exclusions: Benign neoplasm of skin of breast (2F20-2F2Z)

Lipoma (2E80.0)

2F30.0 Tubular adenoma of breast

A benign, well circumscribed neoplasm that arises from the breast. It is composed entirely of tubular structures that contain epithelial and myoepithelial cells.

2F30.1 Lactating adenoma of breast

A tubular type adenoma of the breast in which, during pregnancy and lactation, the epithelial cells show extensive secretory changes.

2F30.2 Intraductal papilloma of breast

A benign papillary neoplasm that arises anywhere in the ductal system of the breast. It is characterised by fibrovascular structures lined by benign epithelial and myoepithelial proliferations. Intraductal breast papillomas are classified as central, when they arise in large ducts, or peripheral, when they arise in the terminal ductal lobular units.

2F30.3 Benign phyllodes tumour of breast

A usually unilateral, benign and well circumscribed biphasic neoplasm that arises from the breast. It usually affects middle-aged women. It is characterised by the presence of a double layer of epithelial cells that are arranged in clefts, surrounded by a cellular, monomorphic spindle cell mesenchymal component. Mitoses are rare. Necrotic changes may be present in large tumours.

2F30.4 Fibromatosis of breast

2F30.5 Fibroadenoma of breast

A benign tumour of the breast characterised by the presence of stromal and epithelial elements. It presents as a painless, solitary, slow growing, firm, and mobile mass. It is the most common benign breast lesion. It usually occurs in women of childbearing age. The majority of fibroadenomas do not recur after complete excision. A slightly increased risk of developing cancer within fibroadenomas or in the breast tissue of patients previously treated for fibroadenomas has been reported.

2F30.6 Extensive adenomatosis of nipple

Rare benign nipple condition presenting as pruritus, burning or pain symptoms with clinical signs showing a nipple which appears ulcerated, crusting, scaling, indurated and erthymatous. Differential diagnosis: Paget, psoriasis, etc

2F30.Y Other specified benign neoplasm of breast

2F30.Z Benign neoplasm of breast, unspecified

2F31 Benign non-mesenchymal neoplasms of uterus

Other non-malignant tumours of the uterus not detailed elsewhere.

Exclusions: Leiomyoma of uterus (2E86.0)

2F31.0 **Benign non-mesenchymal neoplasm of uterus, cervix uteri**

Exclusions: Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

2F31.1 **Benign non-mesenchymal neoplasm of uterus, corpus uteri**

2F31.2 **Benign non-mesenchymal neoplasms of uterus, other parts**

2F32 **Benign neoplasm of ovary**

A non-metastasizing neoplasm that arises from the ovary. Representative examples include serous cystadenoma, mucinous cystadenoma, clear cell adenofibroma, benign Brenner tumour, thecoma, and fibroma.

Coded Elsewhere: Struma ovarii (5A02.Y)

2F32.0 **Cystic teratoma**

A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of germ cells. This condition is characterised by a benign ovarian neoplasm, and abdominal pain, mass or swelling, or abnormal uterine bleeding, and may lead to ovarian torsion or cystic rupture. Confirmation is by imaging.

2F32.1 **Ovarian fibroma**

A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of cells. This condition is characterised by a benign sex chord ovarian tumour. Confirmation is by imaging.

2F32.2 **Meigs' Syndrome**

Benign Syndrome including ovarian fibroma, ascites and pleural effusion

2F32.3 **Serous ovarian cystadenoma**

2F32.Y **Other specified benign neoplasm of ovary**

2F32.Z **Benign neoplasm of ovary, unspecified**

2F33 **Benign neoplasm of other or unspecified female genital organs**

A non-metastasizing neoplasm that arises from the female reproductive system. Representative examples include uterine corpus leiomyoma, endocervical polyp, and benign ovarian germ cell tumour.

2F34 **Benign neoplasm of male genital organs**

A non-metastasizing neoplasm that arises from the male reproductive system. Representative examples include benign prostate phyllodes tumour, benign Sertoli cell tumour, seminal vesicle cystadenoma, and epididymal adenomatoid tumour.

2F35 **Benign neoplasm of urinary organs**

A non-metastasizing neoplasm that arises from the organs that comprise the urinary system. Representative examples include renal oncocytoma, bladder inverted papilloma, and urothelial papilloma.

2F36 **Benign neoplasm of eye or ocular adnexa**

Exclusions: Benign neoplasm of optic nerve (2A02.3)

Benign neoplasm of skin of eyelid (2F20-2F2Z)

Coded Elsewhere: Epibulbar choristoma (LA14.06)

Seborrhoeic keratosis (2F21.0)

2F36.0 Benign neoplasm of choroid

Abnormal growth of the cells of the choroid without malignant characteristics.

Coded Elsewhere: Haemangioma of choroid (2E81.0Y)

2F36.1 Benign neoplasm of iris

2F36.2 Benign neoplasm of ciliary body

2F36.3 Teratoma of orbit

This is an encapsulated tumour with tissue or organ components resembling normal derivatives of all three germ layers. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

2F36.4 Cysts of eyelid

Coded Elsewhere: Epidermoid cyst (EK70.0)

2F36.Y Other specified benign neoplasm of eye or ocular adnexa

2F36.Z Benign neoplasm of eye or ocular adnexa, unspecified

2F37 **Benign neoplasm of endocrine glands**

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)

Benign neoplasm of thymus (2F01)

Benign neoplasm of ovary (2F32)

Benign neoplasm of testis (2F34)

Benign neoplasm of hypothalamus (2A00.5)

2F37.0 Non-secreting pituitary adenoma

2F37.Y Other specified benign neoplasm of endocrine glands

2F37.Z Benign neoplasm of endocrine glands, unspecified

2F3Y **Benign non-mesenchymal neoplasms of other specified site**

2F3Z **Benign non-mesenchymal neoplasms of unspecified site**

2F5Y **Other specified benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues**

2F5Z **Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues, unspecified**

Neoplasms of uncertain behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues (2F70-2F7Z)

A neoplasm displaying morphologic, phenotypic, or genotypic characteristics that are clearly not benign but do not permit the establishment of a definitive diagnosis of malignancy. Such neoplasms may or may not eventually have a more aggressive clinical course. Representative examples include lymphoproliferations of uncertain malignant potential (e.g., lymphomatoid granulomatosis and lymphomatoid papulosis), borderline ovarian epithelial neoplasms (e.g., borderline ovarian endometrioid tumour and borderline ovarian mucinous tumour), borderline exocrine pancreatic neoplasm (e.g., pancreatic borderline intraductal papillary-mucinous neoplasm), and primary borderline peritoneal epithelial neoplasm.

Coded Elsewhere: Pathological fracture in neoplastic disease of uncertain behaviour (FB80.B)

2F70 **Neoplasms of uncertain behaviour of oral cavity or digestive organs**

2F70.0 **Neoplasms of uncertain behaviour of lip, oral cavity or pharynx**

2F70.1 **Neoplasms of uncertain behaviour of stomach**

2F70.2 **Neoplasms of uncertain behaviour of small intestine**

2F70.3 **Neoplasms of uncertain behaviour of colon**

2F70.4 **Neoplasms of uncertain behaviour of rectum**

2F70.5 **Neoplasms of uncertain behaviour of liver, gallbladder or bile ducts**

2F70.Y **Neoplasms of uncertain behaviour of oral cavity and digestive organs, other specified site**

2F70.Z **Neoplasms of uncertain behaviour of oral cavity and digestive organs, unspecified site**

2F71 **Neoplasms of uncertain behaviour of middle ear, respiratory or intrathoracic organs**

2F71.0 **Neoplasms of uncertain behaviour of thymus**

2F71.1 **Neoplasms of uncertain behaviour of larynx**

2F71.2 **Neoplasms of uncertain behaviour of pleura**

2F71.3 **Neoplasms of uncertain behaviour of trachea, bronchus or lung**

2F71.4 **Neoplasms of uncertain behaviour of mediastinum**

2F71.Y **Neoplasms of uncertain behaviour of middle ear, respiratory and intrathoracic organs, other specified site**

2F71.Z **Neoplasms of uncertain behaviour of middle ear, respiratory and intrathoracic organs, unspecified site**

2F72 **Neoplasms of uncertain behaviour of skin**

2F72.1 **Spitzoid tumour of uncertain malignant potential**

A spindle cell and epithelioid cell melanocytic neoplasm in which there are sufficient features distinguishing it from a benign Spitz naevus to cast doubt on its benign nature. These atypical features include development in adult life, asymmetry, large diameter (>6 and especially >10 mm), significant thickness (particularly subcutaneous extension), lack of “maturation” and nodule formation, cytological atypia and a high mitotic rate.

2F72.2 **Melanocytic naevus with severe melanocytic dysplasia**

Melanocytic naevus with severe melanocytic dysplasia is a histopathological diagnosis based on the presence of severe cytological atypia, defined as enlarged, spindle- and epithelioid-shaped melanocytes with hyperchromatic nuclei (typically at least twice the size of those of basal keratinocytes) and distinct nucleoli. Such naevi tend to be irregular in size and pigmentation and to have been excised because of concern that they may represent early melanoma.

2F72.Y **Other specified neoplasms of uncertain behaviour of skin**

2F73 **Neoplasms of uncertain behaviour of retroperitoneum**

2F74 **Neoplasms of uncertain behaviour of peritoneum**

2F75 **Neoplasms of uncertain behaviour of breast**

2F76 **Neoplasms of uncertain behaviour of female genital organs**

2F77 **Neoplasms of uncertain behaviour of male genital organs**

2F78 **Neoplasms of uncertain behaviour of urinary organs**

2F79 **Neoplasms of uncertain behaviour of eye or ocular adnexa**

2F7A **Neoplasms of uncertain behaviour of endocrine glands**

2F7A.0 **Multiple polyglandular tumours**

Coded Elsewhere: Carney complex (5A70.Y)
Von Hippel-Lindau disease (5A75)

2F7A.Y **Other specified neoplasms of uncertain behaviour of endocrine glands**

2F7A.Z **Neoplasms of uncertain behaviour of endocrine glands, unspecified**

2F7B **Neoplasms of uncertain behaviour of bone or articular cartilage**

2F7C **Neoplasms of uncertain behaviour of connective or other soft tissue**

2F7Y **Neoplasms of uncertain behaviour of other specified site**

2F7Z **Neoplasms of uncertain behaviour of unspecified site**

Neoplasms of unknown behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues (2F90-2F9Z)

Coded Elsewhere: Pathological fracture in neoplastic disease of unknown behaviour (FB80.B)

2F90 **Neoplasms of unknown behaviour of oral cavity or digestive organs**

2F90.0 **Neoplasms of unknown behaviour of colon**

2F90.1 **Neoplasms of unknown behaviour of rectum**

2F90.Y **Neoplasms of unknown behaviour of oral cavity and digestive organs, other specified site**

2F90.Z **Neoplasms of unknown behaviour of oral cavity and digestive organs, unspecified site**

2F91 **Neoplasms of unknown behaviour of middle ear, respiratory or intrathoracic organs**

2F91.0 **Neoplasms of unknown behaviour of larynx**

2F91.1 **Neoplasms of unknown behaviour of trachea, bronchus or lung**

2F91.Y **Neoplasms of unknown behaviour of other specified middle ear, respiratory or intrathoracic organ**

2F92 **Neoplasms of unknown behaviour of skin**

2F93 **Neoplasms of unknown behaviour of retroperitoneum**

2F94 **Neoplasms of unknown behaviour of peritoneum**

2F95 **Neoplasms of unknown behaviour of breast**

2F96 **Neoplasms of unknown behaviour of female genital organs**

2F97 **Neoplasms of unknown behaviour of male genital organs**

2F98 **Neoplasms of unknown behaviour of urinary organs**

2F99 **Neoplasms of unknown behaviour of eye or ocular adnexa**

2F9A **Neoplasms of unknown behaviour of endocrine glands**

2F9B **Neoplasms of unknown behaviour of bone or articular cartilage**

2F9C **Neoplasms of unknown behaviour of connective or other soft tissue**

2F9Y **Neoplasms of unknown behaviour of other specified site**

2F9Z **Neoplasms of unknown behaviour of unspecified site**

CHAPTER 03

Diseases of the blood or blood-forming organs

This chapter has 56 four-character categories.

Code range starts with 3A00

This chapter includes diseases of the blood as well as diseases of blood forming organs.

Exclusions: Complications of pregnancy, childbirth or the puerperium (Chapter 18)

Diseases of the immune system (Chapter 04)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

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

Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations or chromosomal abnormalities (Chapter 20)

Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium (JB64.1)

Coded Elsewhere: Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA00-MA3Y)

This chapter contains the following top level blocks:

- Anaemias or other erythrocyte disorders
- Coagulation defects, purpura or other haemorrhagic or related conditions
- Diseases of spleen

Anaemias or other erythrocyte disorders (3A00-3A9Z)

Inclusions: Anaemia, unspecified

Coded Elsewhere: Anaemia complicating pregnancy, childbirth or the puerperium (JB64.0)

Anaemia of prematurity (KA8B)

Nutritional or metabolic anaemias (3A00-3A03.Y)

3A00 **Iron deficiency anaemia**

A disease caused by chronic or acute bleeding, excessive menstrual bleeding, inadequate intake, substances (in diet or drugs) interfering with iron absorption, malabsorption syndromes, inflammation, infection or blood donation. This disease is characterised by decreased levels of iron present in the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of decreased levels of iron in a blood sample.

3A00.0 **Acquired iron deficiency anaemia due to blood loss**

Chronic blood loss is a possible cause in every case of iron-deficiency anaemia. Iron deficiency anaemia may be caused by acute bleeding in gastrointestinal tract, uterus or genitourinary system, copious menstrual blood losses (menorrhagia) and multiple blood donations. In many tropical countries, infestations with hookworms lead to intestinal blood losses that in some individuals can be considerable. Iron deficiency may also be caused by several circumstances related to “chronic posthaemorrhagic anaemia”. A diagnosis of iron deficiency should always lead to a search for pathologic causes of blood loss (e.g. tumours in the gastrointestinal tract or uterus, especially if uterine bleedings have increased or changed in regularity).

Exclusions: congenital anaemia from fetal blood loss (KA8C)

3A00.01 Chronic posthaemorrhagic anaemia

Chronic iron-deficiency anaemia from bleeding may be caused by colon cancer, gastric cancer, peptic ulcer, Meckel diverticulum, hiatal hernia with linear erosions, colonic vascular ectasia, colonic polyps, haemangioma, inflammatory bowel disease, tumours in the gastrointestinal tract or uterus, and chronic menorrhagia. Some infants with severe iron deficiency have chronic intestinal blood loss induced by exposure to cow's milk protein. Repeated phlebotomy for blood tests is a cause of anaemia of prematurity.

3A00.0Z Acquired iron deficiency anaemia due to blood loss, unspecified

3A00.1 **Acquired iron deficiency anaemia due to low intake**

Iron deficiency is probably the most common nutritional deficiency disorder in the world. Iron deficiency anaemia during pregnancy increases perinatal risks for mothers and neonates; and increases overall infant mortality. Severe anaemia is a major risk factor associated with greatly increased morbidity and mortality for young children and pregnant women. Prompt recognition of the condition, treatment and clinical follow-up of individuals, are crucial in avoiding complications such as high-output heart failure. Maternal iron deficiency during pregnancy increases the risk of iron deficiency in the infant. In less developed countries, the prevalence of iron deficiency during pregnancy is higher than in developed countries, and iron supplementation during pregnancy is beneficial.

3A00.2 **Acquired iron deficiency anaemia due to decreased absorption**

3A00.3 **Acquired iron deficiency anaemia due to increased requirement**

3A00.Y **Other specified iron deficiency anaemia**

3A00.Z **Iron deficiency anaemia, unspecified**

3A01 **Megaloblastic anaemia due to vitamin B12 deficiency**

A disease caused by inadequate dietary intake of vitamin B12, impaired absorption of vitamin B12, surgical removal of the small bowel, coeliac disease or inherited mutations affecting absorption of vitamin B12. This disease is characterised by decreased levels of vitamin B12 in the body presenting with or without anaemia. This disease may present with fatigue, pallor, dizziness, seizures, or symptoms of dementia. Confirmation is by identification of decreased levels of vitamin B12 in a blood sample.

3A01.0 **Hereditary Vitamin B12 deficiency anaemia**

This is a hereditary low blood level of vitamin B12. It can cause permanent damage to nervous tissue if left untreated long enough. Vitamin B12 itself was discovered through investigation of pernicious anaemia, which is an autoimmune disease that destroys parietal cells in the stomach that secrete intrinsic factor.

3A01.1 **Neonatal vitamin B12 deficiency anaemia**

A disease caused by a lack of vitamin B12 in the mother, which is passed onto the fetus in the antenatal period or to the neonate during breast feeding. This disease is characterised by decreased levels of vitamin B12. This disease may present with increased risk of birth defects or preterm delivery, anaemia, irritability, failure to thrive or apathy. Confirmation is by identification of low levels of vitamin B12 in a blood sample.

Exclusions: Hereditary Vitamin B12 deficiency anaemia (3A01.0)

3A01.2 **Vitamin B12 deficiency anaemia due to low intake**

A disease caused by insufficient intake of vitamin B12 into the body. This disease is characterised by low levels of vitamin B12 leading to low levels of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of vitamin B12 and red blood cell count in a blood sample.

3A01.3 **Vitamin B12 deficiency anaemia due to intrinsic factor deficiency**

Exclusions: Vitamin B12 deficiency anaemia due to congenital intrinsic factor deficiency (3A01)

3A01.30 Pernicious anaemia

Biermer's disease, also called acquired pernicious anaemia, is a disorder in vitamin B12 (cobalamin) absorption characterised by megaloblastic anaemia and gastrointestinal symptoms, and that can lead to neurological abnormalities.

3A01.3Y Other specified vitamin B12 deficiency anaemia due to intrinsic factor deficiency

3A01.4 **Vitamin B12 deficiency anaemia due to intestinal disease**

A number of intestinal disorders can also cause vitamin B12 (cobalamin) deficiency. These include severe pancreatic diseases and small bowel diseases such as malabsorption, ileal disease (including tuberculous ileitis, lymphoma, amyloid, long-term survivors of pelvic irradiation), extensive small bowel resection or bypass, gastric surgery/reconstruction for obesity (bariatric surgery) and Crohn's disease. When jejunal blind loops are present, bacterial overgrowth within the loops competes for cobalamin, leading to cobalamin deficiency. Although not as common currently, infestation with the fish tapeworm, Diphyllobothrium latum, was once a classic cause of cobalamin deficiency.

Coding Note: Code also the causing condition

3A01.5 **Drug-induced vitamin B12 deficiency anaemia**

3A01.Y **Other specified megaloblastic anaemia due to vitamin B12 deficiency**

3A01.Z **Megaloblastic anaemia due to vitamin B12 deficiency, unspecified**

3A02 Folate deficiency anaemia

3A02.0 **Hereditary folate deficiency anaemia**

3A02.1 **Folate deficiency anaemia due to low intake**

3A02.2 **Folate deficiency anaemia due to increased requirements**

3A02.3 **Folate deficiency anaemia due to decreased intestinal absorption**

A disease caused by determinants affecting intestinal absorption of folate arising after birth. This disease is characterised by low levels of folate in the body leading to incomplete formation of red blood cells resulting in large numbers of immature and incompletely developed red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, tachycardia or extremity paraesthesia. Confirmation is by identification of low folate levels in a blood sample.

Coding Note: Code also the causing condition

3A02.4 **Drug-induced folate deficiency anaemia**

3A02.Y **Other specified folate deficiency anaemia**

3A02.Z **Folate deficiency anaemia, unspecified**

3A03 Other nutritional or metabolic anaemias

A disease caused by nutritional and metabolic determinants leading to anaemia. This disease is characterised by decreased levels of red blood cells within the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of a decreased red blood cell count in a blood sample.

Coded Elsewhere: Disorders of pyrimidine metabolism (5C55.1)

Lesch-Nyhan syndrome (5C55.01)

3A03.0 Hereditary orotic aciduria

Hereditary orotic aciduria is an extremely rare (less than 20 cases identified worldwide) autosomal recessive disorder characterised by retarded growth, anaemia and excessive urinary excretion of orotic acid. It is due to a severe deficiency in the activity of the pyrimidine pathway enzyme uridine 5'-monophosphate (UMP) synthase (bifunctional enzyme containing two activities: orotate phosphoribosyltransferase and orotidine 5'-monophosphate decarboxylase), coded by a single gene (UMPS) localised to chromosome 3q13.

3A03.1 Protein deficiency anaemia

A disease caused by low levels of protein within the body. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.

Exclusions: Lesch-Nyhan syndrome (5C55.01)

3A03.2 Scorbutic anaemia

Scorbutic anaemia, is a common finding in infants and young children with scurvy and is related to impaired iron absorption and coexistent haematopoietic nutrient deficiencies including iron, vitamin B12 and folate.

3A03.3 Copper deficiency anaemia

Anaemia due to copper deficiency arises from impaired utilization of iron and is therefore a conditioned form of iron deficiency anaemia.

3A03.4 Acquired other vitamin B deficiency anaemia

A disease caused by a lack of B vitamins in the body arising after birth. This disease is characterised by low levels of B vitamins leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count and low B vitamin counts in a blood sample.

3A03.40 Acquired pyridoxine deficiency anaemia

A disease caused by determinants arising after birth. This disease is characterised by low levels of pyridoxine (vitamin B6) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of pyridoxine and low red blood cell count in a blood sample.

3A03.41 Acquired riboflavin deficiency anaemia

A disease caused by determinants arising after birth. This disease is characterised low levels of riboflavin (vitamin B2) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of riboflavin and low red blood cell count in a blood sample.

3A03.42 Acquired thiamine deficiency anaemia

A disease caused by a lack of thiamine arising after birth. This disease is characterised low levels of thiamine in the body leading to low levels of red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of thiamine and low red blood cell count in a blood sample.

3A03.4Y Other specified acquired other vitamin B deficiency anaemia

3A03.5 Acquired vitamin A deficiency anaemia

3A03.6 Acquired vitamin E deficiency anaemia

Inclusions: Haemolytic anaemia due to vitamin E deficiency

3A03.Y Other and unspecified nutritional or metabolic anaemia

Haemolytic anaemias (3A10-3A4Z)

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors leading to premature haemolysis of red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal breakdown of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Congenital haemolytic anaemia (3A10-3A1Y)

A disease caused by determinants arising in the antenatal period . This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coded Elsewhere: Haemolytic disease of fetus or newborn (KA84)

3A10 Hereditary haemolytic anaemia

3A10.0 Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies

This is a form of anaemia due to haemolysis, the abnormal breakdown of red blood cells (RBCs), either in the blood vessels (intravascular haemolysis) or elsewhere in the human body (extravascular). This diagnosis is due to is a process that generates NADPH and pentoses (5-carbon sugars) and glutathione metabolism anomalies.

3A10.00 Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common hereditary erythrocyte enzyme deficiency that can manifest with severe neonatal jaundice which can lead to serious neurological consequences, or, most often, with acute haemolytic anaemia following ingestion of certain foods (fava beans), common drugs (some antimalaria drugs, sulphamides, analgesics), or in the course of an infection, in otherwise asymptomatic individuals.

3A10.0Y Other specified haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies

3A10.0Z Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies, unspecified

3A10.1 Haemolytic anaemia due to adenosine deaminase excess

3A10.2 Hereditary elliptocytosis

Hereditary elliptocytosis is a group of rare conditions caused by abnormalities in the red cell cytoskeleton and marked by the presence on blood smears of numerous elliptical red blood cells, called elliptocytes. Clinical presentations are highly heterogeneous ranging from asymptomatic forms to more severe forms associated with variable anaemia, from moderate to severe and with pyropoikilocytosis including fragmented red cells, microelliptocytes and microspherocytes.

3A10.3 Familial pseudohyperkalaemia

A disease caused by a genetically inherited mutation. This disease is characterised by a temperature-dependent defect in red cell membrane permeability to potassium that leads to high in vitro potassium levels in samples stored below 37°C leading to elevated potassium levels in the blood that does not reflect the true potassium level. Confirmation is by identification of genetic mutation through genetic testing.

3A10.Y Other specified hereditary haemolytic anaemia

3A10.Z Hereditary haemolytic anaemia, unspecified

3A1Y **Other specified congenital haemolytic anaemia**

Acquired haemolytic anaemia (3A20-3A2Z)

A disease characterised by premature destruction of red blood cells arising after birth. This disease is further characterised by low levels of red blood cells in the body due to abnormal destruction of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

3A20 **Acquired haemolytic anaemia, immune**

A condition characterised by antibodies that are directed against red blood cells in an autoimmune reaction leading to low levels of red blood cells. This condition may present with pallor, fatigue, shortness of breath. Confirmation is by identification of antibodies in a blood sample and positive Coombs test result.

3A20.0 Autoimmune haemolytic anaemia, warm type

Autoimmune haemolytic anaemia (AIHA) is an autoimmune disorder in which various types of auto-antibodies are directed against red blood cells causing their survival to be shortened and resulting in haemolytic anaemia. AIHA can be primary (idiopathic), secondary to infection or associated with diseases such as B-cell lymphomas, other systemic or organ-specific autoimmune diseases, Hodgkin's disease, hepatitis or primary immunodeficiencies, or, in the case of drug-induced AIHA, caused by a reaction to drugs.

Exclusions: Evans syndrome (3A20.5)

Haemolytic disease of fetus or newborn (KA84)

Paroxysmal cold haemoglobinuria (3A20.3)

3A20.1 Autoimmune haemolytic anaemia, cold type

Cold autoimmune haemolytic anaemia comprises two types of autoimmune haemolytic anaemia (AIHA) defined by the presence of cold autoantibodies (autoantibodies which are active at temperatures below 30°C): cold agglutinin disease (CAD), which is the more common, and paroxysmal cold haemoglobinuria (PCH). CAD is more common in people over the age of 55 years, while PCH typically presents in young children. CAD is caused by IgM autoantibodies while PCH is caused by an IgG immunoglobulin.

Exclusions: Immune thrombocytopenic purpura (3B64.10)

Haemolytic disease of fetus or newborn (KA84)

3A20.2 Autoimmune haemolytic anaemia, mixed type, cold and warm

Mixed autoimmune haemolytic anaemia is a type of autoimmune haemolytic anaemia (AIHA) defined by the presence of both warm and cold autoantibodies, which have a deleterious effect on red blood cells at either body temperature or at lower temperatures.

3A20.3 Paroxysmal cold haemoglobinuria

Paroxysmal cold hemoglobinuria is a very rare subtype of autoimmune haemolytic anaemia (AIHA), caused by the presence of cold-reacting autoantibodies in the blood and characterised by the sudden presence of hemoglobinuria, typically after exposure to cold temperatures. PCH is thought to account for at most 2-10% of cases of AIHA.

3A20.4 Alloimmune haemolytic anaemia

A disease caused by determinants such as a blood transfusion that lead to an immune response directed against the person's own red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Exclusions: Haemolytic disease of fetus or newborn (KA84)

3A20.5 Evans syndrome

Evans syndrome is characterised by the association of autoimmune haemolytic anaemia with another haematological anomaly. The thrombocytopaenia may precede, occur concurrently with, or secondary to the autoimmune haemolytic anaemia.

3A20.Y Other specified acquired haemolytic anaemia, immune

3A21 Acquired haemolytic anaemia, non-immune

A disease caused by determinants such as infection, toxic chemicals, drugs and trauma arising after birth. This disease is characterised by haemolysis of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of decreased red blood cell count in a blood sample and negative Coombs test result.

3A21.0 Paroxysmal nocturnal haemoglobinuria

Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired clonal hematopoietic stem cell disorder characterised by corpuscular haemolytic anaemia, bone marrow failure and frequent thrombotic events.

Exclusions: haemoglobinuria NOS (MF94)

Aplastic anaemia with paroxysmal nocturnal haemoglobulinuria (3A70.1)

3A21.1 Microangiopathic haemolytic anaemia

This is a microangiopathic subgroup of haemolytic anaemia (loss of red blood cells through destruction) caused by factors in the small blood vessels. It is identified by the finding of anaemia and schistocytes on microscopy of the blood film.

3A21.2 Haemolytic uraemic syndrome

Exclusions: Hereditary haemolytic uraemic syndrome (3A10)

3A21.Y Other specified acquired haemolytic anaemia, non-immune

3A2Z Acquired haemolytic anaemia, unspecified

3A4Z Haemolytic anaemias, unspecified

3A50 Thalassaemias

A disease caused by genetically inherited autosomal recessive mutations leading to abnormal production of haemoglobin. This disease is characterised by destruction of red blood cells leading to anaemia and abnormal production of haemoglobin. This disease may present with pallor, jaundice, iron overload, fatigue, or shortness of breath. Confirmation is by identification of mutations through genetic testing.

3A50.0 Alpha thalassaemia

Alpha-thalassemia is an inherited haemoglobinopathy characterised by impaired synthesis of alpha-globin chains leading to a variable clinical picture depending on the number of affected alleles, and encompassing the alpha thalassaemia trait, haemoglobin H disease (HbH) and Bart's hydrops fetalis.

Exclusions: Hydrops fetalis due to haemolytic disease (KA85)

3A50.00 Mild alpha thalassaemia diseases

A disease caused by genetically inherited factors affecting the alpha chain of the haemoglobin molecule. This disease is characterised by structural abnormalities of the haemoglobin molecule. This disease may present with mild anaemia: pallor, fatigue, shortness of breath. Confirmation is by identification of changes to the alpha chain by genetic testing.

3A50.01 Thalassaemic alpha-chain variants

3A50.02 Haemoglobin H disease (– α/– – included)

Haemoglobin H (HbH) disease is a moderate to severe form of alpha-thalassemia characterised by pronounced microcytic hypochromic haemolytic anaemia.

3A50.03 Homozygous or compound heterozygous alpha0 thalassaemia

Hb Bart's hydrops fetalis is the most severe form of alpha-thalassemia and is almost always lethal. It is characterised by fetal onset of generalised oedema, pleural and pericardial effusions, and severe hypochromic anaemia.

3A50.0Y Other specified alpha thalassaemia

3A50.0Z Alpha thalassaemia, unspecified

3A50.1 Alpha thalassaemia related syndromes

Alpha-thalassemia-related diseases refers to a group of diseases characterised by alpha-thalassemia and an associated disorder. Three conditions are included in this group: alpha-thalassemia-intellectual deficit syndrome, X-linked (or ATR-X syndrome), alpha-thalassemia-intellectual deficit syndrome and alpha-thalassemia-myelodysplastic disease or ATMDS.

3A50.2 Beta thalassaemia

Beta-thalassemia (BT) is a haemoglobinopathy characterised by deficiency (Beta+) or absence (Beta0) of synthesis of the beta globin chains of haemoglobin (Hb). Three main types of BT have been described: minor, intermedia and major with clinical presentation ranging from asymptomatic forms to microcytic anaemia and splenomegaly due to defective erythropoiesis and haemolysis.

3A50.3 Delta, delta-beta or gamma-delta-beta thalassaemia

Delta-beta-thalassemia is a form of beta-thalassemia characterised by decreased or absent synthesis of the delta- and beta-globin chains with a compensatory increase in expression of fetal gamma-chain synthesis.

3A50.4 Hereditary persistence of fetal haemoglobin

Hereditary persistence of fetal haemoglobin (HPFH) associated with beta-thalassaemia is a haemoglobinopathy characterised by high haemoglobin (Hb)F levels and an increased number of fetal-Hb-containing-cells. The association of HPFH with beta-thalassaemia mitigates the clinical manifestations which vary from a normal state to beta-thalassaemia intermedia.

3A50.Y Other specified thalassaemias

3A50.Z Thalassaemias, unspecified

3A51 Sickle cell disorders or other haemoglobinopathies

Any disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

Coded Elsewhere: Osteonecrosis due to haemoglobinopathy (FB81.4)

Other sickle-cell disorders with retinopathy (9B71.Y)

3A51.0 Sickle cell trait

A disease caused by genetic inheritance of one abnormal allele of the haemoglobin gene. This disease does not display the severe symptoms of sickle cell disease that occurs in homozygous individuals. Confirmation is by identification of mutation through genetic testing.

3A51.1 Sickle cell disease without crisis

A disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

3A51.2 Sickle cell disease with crisis

Sickle cell crisis occurs when the sickle cells block blood flow, thus decreasing oxygen delivery to the tissues. This results in intense to severe pain in the extremities, lower back, abdomen, and chest. A crisis can be brought on by illness, stress, dehydration, exposure to temperature changes or high altitudes.

Inclusions: Hb-SS disease with crisis

3A51.3 Compound heterozygous sickling disorders without crisis

A disease caused by genetic inheritance of two heterozygous recessive alleles of the haemoglobin gene leading to abnormal formation of haemoglobin molecule. This disease is characterised by rigid, sickle shaped red blood cells. Confirmation is by identification of mutations through genetic testing.

3A51.4 Compound heterozygous sickling disorders with crisis

Compound heterozygous sickling disorders with crisis may present with acute chest syndrome, splenic sequestration, haemolytic crisis, and pain.

3A51.5 Haemoglobin C disease

A disease caused by the bi-parental gene that encodes for haemoglobin C. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin C gene by genetic testing.

Exclusions: Hereditary persistence of fetal haemoglobin (3A50.4)

3A51.6 Haemoglobin D disease

Haemoglobin D (Hb D) disease is characterised by mild haemolytic anaemia and mild to moderate splenomegaly. Prevalence is unknown. Heterozygous forms of Hb D are clinically silent. Molecular testing can be useful to distinguish Hb D homozygosity from cases of heterozygous Hb D in association with beta-(0) thalassaemia.

3A51.7 High affinity haemoglobin

A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to high oxygen affinity haemoglobin. This disease is characterised by abnormalities the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues.

3A51.8 Low affinity haemoglobin

A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to low oxygen affinity haemoglobin. This disease is characterised by abnormalities the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities.

3A51.9 Haemoglobin O disease

A disease caused by the bi-parental inheritance of the gene that encodes for haemoglobin O. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin O gene by genetic testing.

3A51.A Haemoglobin E disease

Haemoglobin E disease is characterised by the synthesis of an abnormal haemoglobin called haemoglobin E (HbE), instead of the normal haemoglobin A (HbA). Subjects heterozygous for HbE (AE) have an asymptomatic condition with no clinical relevance, except for the risk of transmitting E/beta thalassemia if the other parent carries beta thalassemia. The severity of these E/beta thalassemia forms is very variable, the clinical picture ranging from that of beta thalassemia minor through to thalassemia intermedia to thalassemia major. Subjects homozygous for HbE (EE) are asymptomatic.

3A51.B Haemoglobin C/beta thalassaemia compound heterozygosity

Haemoglobin C/beta thalassaemia is a condition resulting from coinheritance of haemoglobin C and beta thalassaemia, both beta globin genes being mutated.

3A51.Y Other specified sickle cell disorders or other haemoglobinopathies

3A51.Z Sickle cell disorders or other haemoglobinopathies, unspecified

A condition caused by determinates arising during the antenatal period, after birth or genetically inherited factors, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurs in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of abnormally formed erythrocytes in a blood sample.

3A60 **Congenital pure red cell aplasia**

A condition caused by determinants arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurs in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.

3A60.0 Congenital non-inherited pure red cell aplasia

A condition caused by determinates arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurs in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased levels of red blood cells in a blood sample.

3A60.1 Hereditary pure red cell aplasia

A condition caused by determinates arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurs in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.

3A60.Z Congenital pure red cell aplasia, unspecified

3A61 **Acquired pure red cell aplasia**

A condition characterised by the near absence of red blood cell precursors in bone marrow, often associated with thymomas and autoimmune disorders

Exclusions: Aplastic anaemia with paroxysmal nocturnal haemoglobulinuria (3A70.1)

3A61.0 Acute acquired pure red cell aplasia

This refers to transient (acute) and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.

3A61.1 Chronic acquired pure red cell aplasia

This refers to a chronic and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.

3A61.Y Other specified acquired pure red cell aplasia

3A61.Z Acquired pure red cell aplasia, unspecified

3A6Z **Pure red cell aplasia, unspecified**

3A70 **Aplastic anaemia**

A disease caused by determinants arising after birth, in the antenatal period or genetically inherited factors leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, and platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: Medullary hypoplasia

Panmyelophthisis

3A70.0 Congenital aplastic anaemia

A disease caused by determinants in the antenatal period leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: familial hypoplastic anaemia

Constitutional medullar aplasia

Exclusions: Congenital amegakaryocytic thrombocytopenia (3B64.01)

Coded Elsewhere: Congenital hypoplastic anaemia (KA8C)

Noonan syndrome (LD2F.15)

3A70.1 Acquired aplastic anaemias

A condition occurring secondary to other disorders or via an auto-immune response directed to the bone marrow arising after birth. This disease is characterised by an almost complete absence of hematopoietic stem cells resulting in low levels of red and white blood cells and platelets. This condition may present with fatigue, chronic infections, dizziness, weakness, headaches, and episodes of bleeding, usually in the skin and mucous membranes.

Inclusions: Acquired medullar aplasia

Coded Elsewhere: Paroxysmal nocturnal haemoglobinuria (3A21.0)

Myelofibrosis with myeloid metaplasia (2A20.2)

3A70.10 Drug-induced aplastic anaemia

A disease caused by drug intake. This disease is characterised by inability of stem cells to generate new mature cells leading to low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising/bleeding.

3A70.11 Aplastic anaemia due to other external agents

3A70.12 Idiopathic aplastic anaemia

3A70.1Y Other specified acquired aplastic anaemias

3A70.1Z Acquired aplastic anaemias, unspecified

3A70.Z Aplastic anaemia, unspecified

3A71 Anaemia due to chronic disease

A disease caused by chronic diseases such as chronic infection. This disease is characterised by inflammatory responses targeted at red blood cells leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Coding Note: Code also the causing condition

3A71.0 Anaemia in neoplastic disease

A disease caused by chronic neoplastic diseases. This disease is characterised by inflammatory responses targeted at red blood cell leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample

Coding Note: Code also the causing condition

3A71.1 Anaemia in chronic infectious diseases

A disease caused by chronic infectious diseases leading to decreased levels of red blood cells in the blood. This disease is characterised by a low red blood cell count in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.2 Anaemia in chronic kidney disease

A disease caused by chronic kidney disease. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.Y Anaemia due to other specified chronic disease

Coding Note: Code also the causing condition

3A71.Z Anaemia due to chronic disease, unspecified

3A72 Sideroblastic anaemia

Sideroblastic anaemias are a group of disorders in which haemoglobin is insufficiently synthesized, because of defective use of iron (although plasmatic iron levels may be normal or elevated). They are said to be sideroblastic because of the presence of ringed sideroblasts in the blood due to accumulated ferritin in mitochondria. Anaemias may be microcytic hypochrome (in thalassemia and hereditary sideroblastic anaemias), or macrocytic (in idiopathic acquired sideroblastic anaemias).

3A72.0 **Congenital sideroblastic anaemias**

A disease caused by determinants arising in the antenatal period leading to the production of ringed sideroblasts; abnormal nucleated erythroblasts. This disease is characterised by the inability of to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure.

3A72.00 Hereditary sideroblastic anaemias

Inclusions: Sex-linked hypochromic sideroblastic anaemia

3A72.01 Hereditary syndromic sideroblastic anaemia

Coded Elsewhere: Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

3A72.0Y Other specified congenital sideroblastic anaemias

3A72.0Z Congenital sideroblastic anaemias, unspecified

3A72.1 **Acquired sideroblastic anaemias**

A disease caused by determinants arising after birth such as myelodysplastic syndromes, antimicrobials, pyridoxine deficiency, lead poisoning, or copper deficiency. Zinc can indirectly cause sideroblastic anaemia by decreasing absorption and increasing excretion of copper. This disease is characterised by the inability of to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure.

Coded Elsewhere: Refractory anaemia with ring sideroblasts (2A33)

3A72.Z **Sideroblastic anaemia, unspecified**

3A73 Congenital dyserythropoietic anaemia

Congenital dyserythropoietic anaemias (CDA) result from diverse erythropoietic disorders; they lead to the defective production of red blood cells (RBC) and often mild haemolysis that attests to a qualitative defect of these RBC released into the circulation. Three forms of CDA have been characterised: types I, II and III. The shared symptoms include anaemia of variable severity, intermittent jaundice, splenomegaly and hepatomegaly.

Exclusions: Blackfan-Diamond syndrome (3A60.1)

Di Guglielmo disease (2A60.35)

Polycythaemia (3A80-3A8Z)

Coded Elsewhere: Polycythaemia vera (2A20.4)

Polycythaemia neonatorum (KA8A)

3A80 **Congenital polycythaemia**

A disease caused by determinants occurring in the antenatal period leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. This disease may present with headaches, blurred vision, red skin, tiredness, high blood pressure, dizziness, periods of confusion, bleeding problems gout or itchy skin. Confirmation is by identification of increased levels of red blood cells in a blood sample.

Coded Elsewhere: Polycythaemia neonatorum (KA8A)

3A80.0 Primary inherited erythrocytosis

A disease caused by genetically inherited factors leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. Confirmation is by identification of mutations by genetic testing.

3A80.Y Other specified congenital polycythaemia

3A80.Z Congenital polycythaemia, unspecified

3A81 **Acquired polycythaemia**

Secondary polycythaemia is acquired and caused by either natural or artificial increases in the production of erythropoietin, hence an increased production of erythrocytes.

3A81.0 Polycythaemia due to hypoxia, including high altitude

3A81.1 Polycythaemia due to over-transfusion or blood doping

3A81.2 Relative polycythaemia

A disease caused by loss of body fluids leading to apparent increased levels of red blood cells in the blood. This disease may present with headache, vertigo, abnormally enlarged spleen or liver, high blood pressure, or formation of blood clots. Confirmation is by identification of relative blood cell counts in a blood sample.

3A81.Y Other specified acquired polycythaemia

3A81.Z Acquired polycythaemia, unspecified

3A8Z **Polycythaemia, unspecified**

3A90 **Anaemia due to acute disease**

Exclusions: Acute posthaemorrhagic anaemia (3A94)

3A91 **Congenital methaemoglobinaemia**

A disease caused by determinants in the antenatal period leading to lack of the enzyme cytochrome b5 reductase. This disease is characterised by elevated levels of methemoglobin within the blood leading to haemoglobin ineffectively releasing oxygen to body tissues. This disease may present with shortness of breath, cyanosis, headache, fatigue, exercise intolerance, dizziness and loss of consciousness. Confirmation is by identification of mutation by genetic testing.

3A92 **Hereditary methaemoglobinaemia**

Hereditary methemoglobinemia (HM) is a rare red cell disorder classified principally into two clinical phenotypes: autosomal recessive congenital (or hereditary) methemoglobinemia types I and II (RCM/RHM type 1; RCM/RHM type 2). In RCM type 1, well-tolerated cyanosis from birth is the only symptom. RCM type 2, with global loss of Cb5R function, is much more severe; the cyanosis is accompanied by neurological dysfunction (with intellectual deficit, microcephaly, growth retardation, opisthotonus, strabismus and hypertonia), which usually becomes evident during the first four months of life.

3A93 **Acquired methaemoglobinaemia**

3A94 **Acute posthaemorrhagic anaemia**

A disease caused by blood loss such as subsequent to trauma. This disease is characterised by loss of blood from the body leading to low levels of red blood cells/blood in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Exclusions: congenital anaemia from fetal blood loss (KA8C)

Anaemia due to acute disease (3A90)

3A9Y **Other specified anaemias or erythrocyte disorders**

3A9Z **Anaemias or other erythrocyte disorders, unspecified**

Coagulation defects, purpura or other haemorrhagic or related conditions (3B10-3B6Z)

A condition caused by determinants arising during the antenatal period, after birth or by genetically inherited factors, leading to coagulation defects. This condition is characterised by increased bruising and bleeding.

Exclusions: Postpartum coagulation defects (JA43.3)

Coagulation defects (3B10-3B4Z)

Congenital or constitutional haemorrhagic condition (3B10-3B1Z)

A condition caused by determinants arising during the antenatal period or genetically inherited factors, leading to defects in clotting mechanisms or abnormalities causing structural flaws in the blood vessels. This disease is characterised by spontaneous bleeding or bruising.

Coded Elsewhere: Congenital non-inherited haemorrhagic condition

3B10 **Hereditary factor VIII deficiency**

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.0 Haemophilia A

Haemophilia A is the most common form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor VIII deficiency. Depending on the extent of the factor VIII deficiency, it can be severe (biological activity of factor VIII below 1%), moderately severe (activity of factor VIII between 1% and 5%), or mild (activity of factor VIII between 5 and 40%).

Exclusions: factor VIII deficiency with vascular defect (3B12)

3B10.1 Hereditary factor VIII deficiency with anti-factor VIII inhibitor

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease also causes anti-factor VIII inhibitor antibodies to be produced when receiving transfusions. Anti-factor VIII inhibitor antibodies develop as the body recognises the factor VIII as foreign, therefore deeming factor VIII infusions ineffective. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.Y Other specified hereditary factor VIII deficiency

3B10.Z Hereditary factor VIII deficiency, unspecified

3B11 **Hereditary factor IX deficiency**

A disease caused by a genetically inherited X-linked recessive trait leading to a defective gene located on the X chromosome. This disease is characterised by low levels of the protein factor IX in the body leading to increased haemorrhaging and bruising due to clotting abnormalities. Confirmation is by identification of recessive trait by genetic testing.

3B11.0 **Haemophilia B**

Haemophilia B is a form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor IX deficiency. Depending on the extent of the factor IX deficiency, it can be severe (biological activity of factor IX below 1%), moderately severe (activity of factor IX between 1% and 5%), or mild (activity of factor IX between 5 and 40%).

Inclusions: PTC - [plasma thromboplastin component] deficiency

3B11.Y **Other specified hereditary factor IX deficiency**

3B11.Z **Hereditary factor IX deficiency, unspecified**

3B12 **Von Willebrand disease**

A disease caused by inherited genetic mutations. This disease is characterised by quantitative, structural or function abnormalities of Von Willebrand factor leading to abnormalities in coagulation of the blood. This disease may present with prolonged bleeding, easy bruising or, bleeding gums. Confirmation is by identification of mutation through genetic testing.

Inclusions: Factor VIII deficiency with vascular defect

Vascular haemophilia

Angiohaemophilia

Exclusions: factor VIII deficiency with functional defect (3B10)

factor VIII deficiency NOS (3B10)

Acquired von Willebrand disease or syndrome (3B20-3B2Y)

3B13 **Haemophilia C**

A disease caused by genetically inherited mutations. This disease is characterised by decreased levels of factor XI leading to abnormalities in coagulation of the blood. This disease may present with prolonged bleeding, easy bruising or, bleeding gums. Confirmation is by identification of mutation through genetic testing.

3B14 **Other inherited coagulation factor deficiency with bleeding tendency**

Any disease caused by genetically inherited mutations leading to lack of coagulation factors in the blood not elsewhere classified. These diseases are characterised by increased haemorrhaging and bruising as the blood cannot clot properly to control bleeding. Confirmation is identification of mutations by genetic testing.

3B14.0 **Hereditary deficiency of factor I**

Congenital deficiencies of fibrinogen are coagulation disorders characterised by bleeding symptoms ranging from mild to severe resulting from reduced quantity and/or quality of circulating fibrinogen. Afibrinogenaemia (complete absence of fibrinogen) and hypofibrinogenaemia (reduced plasma fibrinogen concentration) correspond to quantitative anomalies of fibrinogen while dysfibrinogenaemia corresponds to a functional anomaly of fibrinogen. Hypo- and dysfibrinogenaemia may be frequently combined (hypodysfibrinogenaemia).

3B14.1 **Hereditary factor X deficiency**

Congenital factor X deficiency is an inherited bleeding disorder with a decreased antigen and/or activity of factor X (FX) and characterised by mild to severe bleeding symptoms.

3B14.2 **Combined deficiency of vitamin K-dependent clotting factors**

Hereditary combined vitamin K-dependent clotting factors deficiency (VKCFD) is a congenital bleeding disorder resulting from variably decreased levels of coagulation factors II, VII, IX and X, as well as natural anticoagulants protein C, protein S and protein Z.

3B14.Z **Other inherited coagulation factor deficiency with bleeding tendency, unspecified**

3B15 **Inherited coagulation factor deficiency without bleeding tendency**

A disease caused by a genetically inherited mutation leading to decreased levels of coagulation factor. This disease is characterised by decreased levels of coagulation factor without leading to increased haemorrhaging. Confirmation is by identification of decreased levels of coagulation factor in a blood sample.

3B1Z **Congenital or constitutional haemorrhagic condition, unspecified**

Haemorrhagic diseases due to acquired coagulation factor defects (3B20-3B2Y)

Any disease caused by determinants arising after birth. These diseases are characterised by abnormal coagulation of the blood.

Exclusions: vitamin K deficiency of newborn (KA8F.0)

3B20 **Disseminated intravascular coagulation**

A disorder that is characterised by the systemic intravascular activation of the coagulation system, simultaneously leading to intravascular thrombi, compromising an adequate blood supply to the organs, and to bleeding as the consequence of consumption of platelets and coagulation factors. It may be provoked by a wide range of disorders including infections, inflammatory disorders and malignancy.

Coded Elsewhere: Disseminated intravascular coagulation of fetus or newborn (KA88)

3B21 **Haemorrhagic disorder due to circulating anticoagulants and coagulation factors**

A disease caused by anticoagulants present in the body that prevent the blood from clotting normally. This disease is characterised by abnormalities in blood clotting. This disease may present with prolonged bleeding, easy bruising or, bleeding gums. Confirmation is by identification of anticoagulants present in a blood sample.

Exclusions: long-term use of anticoagulants without haemorrhage (QC48.0)

3B21.0 Haemorrhage due to thrombin inhibitor other than heparin

A disease caused by any thrombin inhibitors other than heparin that affects normal coagulation of the blood. This disease is characterised by inability of the blood to coagulate leading to bleeding. Confirmation is by identification of thrombin inhibitors in a blood sample.

3B21.1 Haemorrhage due to factor Xa inhibitor

A disease caused by factor Xa inhibitor that affects normal coagulation of the blood. This disease is characterised by inability of the blood to coagulate leading to bleeding. Confirmation is by identification of factor Xa inhibitor in a blood sample.

3B21.Y Haemorrhagic disorder due to other specified circulating anticoagulants

3B21.Z Haemorrhagic disorder due to unspecified circulating anticoagulants

3B22 Acquired haemophilia

Acquired haemophilia is a rare haemorrhagic disease caused by production of anti-factor VIII antibodies and is sometimes associated with other autoimmune disorders, cancers lymphoproliferative syndromes and multiple transfusions during the postpartum period.

3B2Y Other specified haemorrhagic diseases due to acquired coagulation factor defects

3B4Z Coagulation defects, unspecified

Fibrinolytic defects (3B50-3B51)

A disease caused by determinants arising during the antenatal period, after birth or genetically inherited factors, affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

3B50 Inherited fibrinolytic defects

A disease caused by genetically inherited mutations affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

Coded Elsewhere: Hypoplasminogenaemia (DA0D.3)

3B50.0 Congenital alpha-2 antiplasmin deficiency

3B50.1 Congenital plasminogen activator inhibitor type 1 deficiency

Congenital plasminogen activator inhibitor type 1(PAI-1) deficiency is a disorder that causes premature lysis of haemostatic clots and a moderate bleeding syndrome. Spontaneous bleeding is rarely observed, whereas moderate haemorrhages of the knees, elbows, nose and gingiva are usually triggered by mild trauma. However, menstrual bleeding may be severe and a prolonged bleeding after surgery is common. The PAI-1 deficiency may be qualitative or quantitative, total or partial.

3B50.Y Other specified inherited fibrinolytic defects

3B50.Z **Inherited fibrinolytic defects, unspecified**

3B51 Acquired fibrinolytic defects

A disease caused by determinates arising after birth, affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the Fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

3B60 Non-thrombocytopenic purpura

A descriptive term for purpura caused by determinants other than low platelet count. This should be used for coding only when a more precise diagnosis is not available.

Exclusions:

- Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)
- Antiphospholipid syndrome (4A45)
- Drug-associated immune complex vasculitis (4A85.03)
- Immune complex small vessel vasculitis (4A44.9)
- Leukocytoclastic vasculitis (4A44.B)
- Purpura or bruising due to vascular fragility (EE40.32)
- Thrombotic thrombocytopenic purpura (3B64.14)
- Traumatic purpura (EF31)

3B60.0 **Hereditary vascular purpura**

3B60.1 **Acquired vascular purpura**

Purpura resulting from vascular factors rather than from abnormalities in the blood such as dysproteinaemias and disorders of platelets and coagulation.

Exclusions:

- Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)
- Antiphospholipid syndrome (4A45)
- Capillaritis (EF40.0)
- Drug-associated immune complex vasculitis (4A85.03)
- IgA vasculitis (4A44.92)
- Leukocytoclastic vasculitis (4A44.B)
- Purpura or bruising due to vascular fragility (EE40.32)
- Thrombotic thrombocytopenic purpura (3B64.14)
- Traumatic purpura (EF31)

3B61 Thrombophilia

A disease caused by determinants arising after birth or genetically inherited factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

3B61.0 **Hereditary thrombophilia**

A disease caused by hereditary factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

Inclusions: antithrombin deficiency

3B61.00 Hyperhomocysteinaemia

A disease caused by deficiencies of vitamin B6, folic acid, or vitamin B12. Genetic defects in 5-MTHF reductase can consequently lead to hyperhomocysteinaemia. This disease is characterised by abnormally high level of homocysteine in the blood. This disease may present with cardiovascular disease, thrombosis, schizophrenia and osteoporosis. Confirmation is by identification of deficiency in a blood sample.

3B61.0Y Other specified hereditary thrombophilia

3B61.1 **Acquired thrombophilia**

A disease caused by determinants arising after birth. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

Coded Elsewhere: Antiphospholipid syndrome (4A45)

3B61.Y **Other specified thrombophilia**

3B61.Z **Thrombophilia, unspecified**

3B62 Qualitative platelet defects

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors. This disease is characterised by abnormalities in coagulation of the blood due to defective platelets. This condition may present with easy bruising, prolonged bleeding or, bleeding gums. Confirmation is by identification of decreased platelets in a blood sample.

Inclusions: Thrombocytopathy

Exclusions: Von Willebrand disease (3B12)

3B62.0 **Inherited qualitative platelet defects**

A disease caused by genetically inherited mutations leading to abnormalities in platelets. This disease is characterised by abnormal platelet formation or function. Confirmation is by identification of mutations by genetic testing.

Coded Elsewhere: Dense granule disease (3B62.3)

Alpha-delta dense granule deficiency (3B62.4)

3B62.00 Alpha-granule diseases

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample.

3B62.01 Inherited giant platelet disorder

A disease caused by genetically inherited mutations. This disease is characterised by abnormally large platelets, low platelet count and a bleeding tendency. Confirmation is by identification of mutations through genetic testing.

Coded Elsewhere: MYH9 macrothrombocytopenia syndromes (3B64.01)

3B62.0Y Other specified inherited qualitative platelet defects

3B62.0Z Inherited qualitative platelet defects, unspecified

3B62.1 Bleeding diathesis due to thromboxane synthesis deficiency

A disease caused by thromboxane synthesis deficiency. This disease is characterised by low levels of eicosanoids (lipids), abnormalities in coagulation leading to haemorrhaging. Confirmation is by identification of low levels of eicosanoids in a blood sample.

3B62.2 Isolated thrombocytopenia

3B62.3 Dense granule disease

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the dense granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample.

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

3B62.4 Alpha-delta dense granule deficiency

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha delta dense granules in platelets, leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of low levels of alpha delta dense granules in a blood sample.

3B62.5 Haemophagocytic syndrome associated with infection

This is an uncommon hematologic disorder that, typically, clinically manifests as fever, hepatosplenomegaly, lymphadenopathy, jaundice and rash, with laboratory findings of histiocytosis, and the pathologic finding of haemophagocytosis, infection-associated.

3B62.Y Other specified qualitative platelet defects

3B62.Z **Qualitative platelet defects, unspecified**

3B63 **Thrombocytosis**

A disease caused by essential thrombocytosis or other myelo-proliferative disorders such as chronic myelogenous leukaemia, polycythaemia, myelofibrosis. This disease can also have secondary causes such as inflammation, surgery, hyposplenism, Splenectomy, asplenia, iron deficiency anaemia or haemorrhage. This disease is characterised by elevated platelet count in the blood. Confirmation is by identification of increased platelet count in a blood sample.

3B63.0 **Congenital thrombocytosis**

Familial thrombocytosis is a type of thrombocytosis, a sustained elevation of platelet numbers, which affects the platelet/megakaryocyte lineage and may create a tendency for thrombosis and haemorrhage but does not cause myeloproliferation.

Inclusions: Hereditary thrombocytosis

Exclusions: Essential thrombocythemia (3B63.1)

3B63.1 **Acquired thrombocytosis**

A chronic myeloproliferative neoplasm that involves primarily the megakaryocytic lineage. It is characterised by sustained thrombocytosis in the blood, increased numbers of large, mature megakaryocytes in the bone marrow, and episodes of thrombosis and/or haemorrhage. Progression to a post -essential thrombocythaemia myelofibrosis stage or transformation to acute myeloid leukaemia is rarely observed.

Inclusions: Idiopathic haemorrhagic thrombocythaemia

3B63.10 Secondary thrombocytosis

Coding Note: Code also the causing condition

3B63.1Y Other specified acquired thrombocytosis

3B63.1Z Acquired thrombocytosis, unspecified

3B63.Y **Other specified thrombocytosis**

3B63.Z **Thrombocytosis, unspecified**

3B64 **Thrombocytopenia**

This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

Coded Elsewhere: Isolated thrombocytopenia (3B62.2)

3B64.0 **Congenital thrombocytopenia**

A disease caused by determinants arising during the antenatal period leading to low platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of a decreased platelet count in a blood sample.

3B64.00 Congenital non-inherited thrombocytopenia

Coded Elsewhere: Transient neonatal thrombocytopaenia (KA89)

3B64.01 Hereditary thrombocytopenia

A disease caused by a genetically inherited mutation leading to decreased platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

Coded Elsewhere: Thrombocytopaenia - absent radius (LD2F.1Y)

Familial platelet syndrome with predisposition to acute myelogenous leukaemia (3B62.3)

Congenital thrombotic thrombocytopenic purpura due to ADAMTS-13 deficiency (3B64.14)

Macrothrombocytopenia with mitral valve insufficiency (3B62.01)

3B64.0Z Congenital thrombocytopenia, unspecified

3B64.1 **Acquired thrombocytopenia**

A disease caused by determinants arising after birth, leading to low platelet count. This disease is characterised by low levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

3B64.10 Immune thrombocytopenic purpura

Immune thrombocytopenic purpura (or immune thrombocytopenia; ITP) is an autoimmune coagulation disorder characterised by isolated thrombocytopenia (a platelet count <100,000/microL), in the absence of any underlying disorder that may be associated with thrombocytopenia.

Coded Elsewhere: Evans syndrome (3A20.5)

3B64.11 Secondary thrombocytopenic purpura

This disease is characterised by a relative decrease in levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelets in a blood sample.

Coding Note: Code also the causing condition

3B64.12 Drug-induced thrombocytopenic purpura

Thrombocytopenic purpura attributable to drug toxicity (e.g. cytotoxic chemotherapeutic or immunosuppressive agents) or to an idiosyncratic drug-associated allergic thrombocytopenia (e.g. quinine, thiazides).

3B64.13 Alloimmune thrombocytopenia

A disease caused by determinants such as a blood transfusion that lead to an immune response to the foreign antigens. This disease is characterised by low levels of platelets in the body due to an immune reactive response to the foreign platelet antigens. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count and presence of autoantibodies in a blood sample.

3B64.14 Thrombotic thrombocytopenic purpura

This condition is idiopathic. This condition is characterised by abnormality of blood coagulation causing extensive microscopic clots to form in the small blood vessels throughout the body resulting in low platelet count. This condition may present with seizures, hemiplegia, paresthesias, visual disturbance, and aphasia or anaemia. Confirmation is by identification of thromboses.

3B64.1Y Other specified acquired thrombocytopenia

3B64.Z **Thrombocytopenia, unspecified**

3B65 **Thrombotic microangiopathy, not elsewhere classified**

Thrombotic microangiopathies are microvascular occlusive disorders characterised by systemic or intrarenal aggregation of platelets, thrombocytopenia, and mechanical injury to erythrocytes. Thrombotic thrombocytopenic purpura (TTP) and haemolytic–uremic syndrome (HUS) represent a spectrum of thrombotic microangiopathies. In TTP, systemic microvascular aggregation of platelets causes ischemia in the brain and other organs. In HUS, platelet–fibrin thrombi predominantly occlude the renal circulation.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Haemolytic uraemic syndrome (3A21.2)

Methylcobalamin deficiency type cbl G (5C50.B)

Hereditary haemolytic uraemic syndrome (3A10.Y)

3B6Y **Other specified coagulation defects, purpura or other haemorrhagic or related conditions**

3B6Z **Coagulation defects, purpura or other haemorrhagic or related conditions, unspecified**

Diseases of spleen (3B80-3B8Z)

3B80 **Congenital disorders of spleen**

Any condition caused by a failure of the spleen to correctly develop in the antenatal period.

Coded Elsewhere: Structural developmental anomalies of spleen (LB22)

3B80.0 **Splenomegaly in storage diseases**

A disease caused by storage diseases; genetically inherited metabolic disorders that result from defects in lysosomal, lipid or glycogen function, of the spleen. This disease is characterised by enlargement of the spleen. This disease may present with abdominal pain, chest pain, pallor, shortness of breath fatigue. Confirmation is through medical imaging.

3B81 Acquired disorders of spleen

Any condition caused by determinants acquired after birth, leading to dysfunction of the spleen.

Coded Elsewhere: Injury of spleen (NB91.0)

Malignant neoplasms of the spleen (2C11.Z)

3B81.0 Tumour-like conditions of spleen

Any condition caused by determinants acquired after birth, in the antenatal period or genetically inherited factors, leading to tumour-like conditions of the spleen. Confirmation is through medical imaging.

3B81.1 Postsurgical asplenia

A disease caused by underlying diseases, splenectomy or splenic rupture from trauma. This disease is characterised by absence of normal spleen function. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.2 Atrophy of spleen

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.3 Nontraumatic laceration or rupture of spleen

A disease caused by non-traumatically determinants such as infectious diseases, medical procedures such as colonoscopy, haematological diseases, medications, or pregnancy. This disease is characterised by laceration or rupturing of the spleen leading to lack of function. This disease may present with bleeding and increased susceptibility of infection. Confirmation is through medical imaging.

3B81.4 Splenosis

A diseased caused by determinants arising after birth such as physical trauma or splenectomy . This disease is characterised by autoimplantation one or more focal deposits of splenic tissue in various compartments of the body. Confirmation is through medical imaging.

3B81.5 Splenic cyst or pseudocyst

3B81.50 Pseudocyst of spleen

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by a noncancerous fluid-filled sac, pseudocysts are like cysts, but lack epithelial or endothelial cells. This disease is often asymptomatic but may present with abdominal pain, nausea and vomiting. Confirmation is through medical imaging.

3B81.51 Epithelial cyst of spleen

3B81.5Y Other specified splenic cyst

3B81.5Z Splenic cyst, unspecified

3B81.6 **Infarction of spleen**

A disease caused by determinants such as trauma, infection, or inherited factors leading to a shortage of oxygen in the spleen. This disease is characterised by death of spleen tissue and loss of function. Confirmation is by medical imaging.

Exclusions: traumatic rupture of spleen (NB91.0)

Coded Elsewhere: Neonatal haemorrhage originating in spleen (KA83.5)

3B81.7 **Infection of spleen**

Any condition of the spleen, caused by an infection with a bacterial, viral, fungal, or parasitic source.

3B81.70 Acute septic splenitis

Inclusions: septic spleen

3B81.71 Abscess of spleen

This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials (e.g., splinters, bullet wounds, or injecting needles), in the spleen.

3B81.7Y Other specified infection of spleen

3B81.7Z Infection of spleen, unspecified

3B81.8 **Torsion of spleen**

A disease caused by abnormal development of splenic suspensory ligaments. This disease is characterised by twisting of the spleen leading to splenic infarction. This disease may present with abdominal pain. Confirmation is through medical imaging.

3B81.9 **Fibrosis of spleen**

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by formation of excess fibrous connective tissue leading to partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

Coding Note: Code also the causing condition

3B81.A **Perisplenitis**

A disease caused by bacterial or viral infection, parasite infestation, or cysts. This disease is characterised by inflammation of the peritoneal surface of the spleen. This disease may present with abdominal pain, susceptibility to infection and enlargement of the spleen. Confirmation is by identification of infection in a blood sample.

3B81.B **Hypersplenism**

A disease caused by determinants such as cirrhosis, malaria, tuberculosis or inflammatory disorders leading overactive spleen function. This disease is characterised by the presence of an enlarged spleen. Confirmation is by identification through medical imaging.

Exclusions: Splenomegaly, not elsewhere classified (ME10.01)

congenital splenomegaly (LB22)

3B81.C **Chronic congestive splenomegaly**

A form of exaggerated spleen function characterised by splenic enlargement secondary to splenic vein thrombosis and/or portal hypertension

3B81.Y **Other specified acquired disorders of spleen**

3B8Z **Diseases of spleen, unspecified**

3C0Y **Other specified diseases of the blood or blood-forming organs**

3C0Z **Diseases of the blood or blood-forming organs, unspecified**

CHAPTER 04

Diseases of the immune system

This chapter has 45 four-character categories.

Code range starts with 4A00

Exclusions: Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Neoplasms (Chapter 02)

Developmental anomalies (Chapter 20)

Coded Elsewhere: Organ specific autoimmune disorders

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA00-MA3Y)

This chapter contains the following top level blocks:

- Primary immunodeficiencies
- Nonorgan specific systemic autoimmune disorders
- Autoinflammatory disorders
- Allergic or hypersensitivity conditions
- Immune system disorders involving white cell lineages
- Certain disorders involving the immune system
- Organ specific autoimmune disorders

Primary immunodeficiencies (4A00-4A0Z)

4A00 **Primary immunodeficiencies due to disorders of innate immunity**

Coded Elsewhere: Constitutional neutropaenia (4B00.00)

4A00.0 Functional neutrophil defects

Inclusions: Congenital dysphagocytosis

Coded Elsewhere: Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency (3A10.00)

Papillon-Lefèvre syndrome (EC20.30)

4A00.00 Neutrophil immunodeficiency syndrome

Neutrophil immunodeficiency syndrome is a primary immunodeficiency characterised by neutrophilia with severe neutrophil dysfunction, leukocytosis, a predisposition to bacterial infections and poor wound healing, including an absence of pus in infected areas.

4A00.0Y Other specified functional neutrophil defects

4A00.0Z Functional neutrophil defects, unspecified

4A00.1 **Defects in the complement system**

Exclusions: Atypical haemolytic uraemic syndrome (3A10)

Paroxysmal nocturnal haemoglobinuria (3A21.0)

4A00.10 Immunodeficiency with an early component of complement deficiency

4A00.11 Immunodeficiency with a late component of complement deficiency

4A00.12 Immunodeficiency with factor B deficiency

4A00.13 Immunodeficiency with factor D anomaly

Factor D deficiency is an autosomal recessive immunologic disorder characterised by increased susceptibility to bacterial infections, particularly Neisseria infections, due to a defect in the alternative complement pathway.

4A00.14 Hereditary angioedema

Hereditary angioedema is caused in the majority of cases by genetically determined low absolute (type I) or functional (type II) levels of C1 inhibitor, a plasma proteinase inhibitor involved in regulation of complement activation. It is characterised clinically by recurrent subcutaneous and/or submucosal oedema and can result in life-threatening laryngeal obstruction. Involvement of the digestive tract commonly causes abdominal pain. This and the absence of accompanying urticarial weals or itch distinguish it from the common form of angioedema, which is part of the spectrum of urticaria.

4A00.15 Acquired angioedema

Acquired angioedema is clinically similar to hereditary angioedema and is not associated with urticaria. It may be associated with a lymphoproliferative disorder (type I) or may be an isolated phenomenon due to an autoantibody directed against C1 inhibitor (type II).

4A00.1Y Other specified defects in the complement system

4A00.1Z Defects in the complement system, unspecified

4A00.2 **Genetic susceptibility to particular pathogens**

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

Chronic mucocutaneous candidosis (1F23.14)

4A00.3 **Immunodeficiency with natural-killer cell deficiency**

4A00.Y **Other specified primary immunodeficiencies due to disorders of innate immunity**

4A00.Z **Primary immunodeficiencies due to disorders of innate immunity, unspecified**

4A01 Primary immunodeficiencies due to disorders of adaptive immunity

4A01.0 **Immunodeficiencies with predominantly antibody defects**

A disorder characterised by an inability to mount a normal immune response due to antibody (i.e. immunoglobulin) defects

4A01.00 Hereditary agammaglobulinaemia with profoundly reduced or absent B cells

This refers to a hereditary type of primary immune deficiency disease characterised by a reduction in all types of gamma globulins, and rare X-linked genetic disorder that affects the body's ability to fight infection.

4A01.01 Immunodeficiencies with severe reduction in at least two serum immunoglobulin isotypes with normal or low numbers of B cells

This refers to a nonfamilial type of primary immune deficiency disease characterised by a reduction in at least two serum immunoglobulin isotypes. Circulating B cells may be normal or low.

4A01.02 Specific antibody deficiency with normal immunoglobulin concentrations or normal number of B cells

4A01.03 Transient hypogammaglobulinaemia of infancy

4A01.04 Immunodeficiencies with isotype or light chain deficiencies with normal number of B cells

4A01.05 Immunodeficiencies with severe reduction in serum IgG or IgA with normal or elevated IgM and normal numbers of B-cells

Coded Elsewhere: Hyper-IgM syndrome due to CD40 ligand deficiency (4A01.1Y)

Hyper-IgM syndrome due to CD40 deficiency (4A01.1Y)

4A01.0Y Other specified immunodeficiencies with predominantly antibody defects

4A01.0Z Immunodeficiencies with predominantly antibody defects, unspecified

4A01.1 Combined immunodeficiencies

Exclusions: autosomal recessive agammaglobulinaemia (Swiss type) (4A01.00)

Coded Elsewhere: Laron syndrome with immunodeficiency (5A61.0)

4A01.10 Severe combined immunodeficiencies

Severe combined immunodeficiency (SCID) comprises a group of rare monogenic primary immunodeficiency disorders characterised by a lack of functional peripheral T lymphocytes resulting in early-onset severe respiratory infections and failure to thrive.

4A01.11 Major histocompatibility complex class I deficiency

4A01.12 Major histocompatibility complex class II deficiency

Immunodeficiency by defective expression of HLA class II is an autosomal recessive primary immune deficiency, manifesting by recurrent viral and bacterial infections, often leading to chronic diarrhoea and growth retardation.

4A01.1Y Other specified combined immunodeficiencies

4A01.1Z Combined immunodeficiencies, unspecified

4A01.2 Diseases of immune dysregulation

4A01.20 Immune dysregulation syndromes with hypopigmentation

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

Griscelli syndrome type 2 (4A01.23)

4A01.21 Immune dysregulation syndromes presenting primarily with autoimmunity

Coded Elsewhere: Autoimmune polyendocrinopathy type 1 (5B00)

Syndromic multisystem autoimmune disease due to ITCH deficiency (4A43.Y)

Aicardi-Goutières syndrome (5C55.2)

Spondylometaphyseal dysplasia with combined immunodeficiency (LD24.4)

4A01.22 Immune dysregulation syndromes presenting primarily with lymphoproliferation

4A01.23 Primary haemophagocytic lymphohistiocytosis

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors leading to uncontrolled proliferation of activated lymphocytes and macrophages. This disease is characterised by increased proliferation of morphologically benign lymphocytes and macrophages that secrete high amounts of inflammatory cytokines. This disease may present with fever, rash, jaundice, splenomegaly, lymphadenopathy, histiocytosis, haemophagocytosis, or cytopenia.

Inclusions: Histiocytoses of mononuclear phagocytes

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

4A01.2Y Other specified diseases of immune dysregulation

4A01.2Z Diseases of immune dysregulation, unspecified

4A01.3 Other well-defined immunodeficiency syndromes due to defects in adaptive immunity

This refers to other defects in the highly specialized, systemic cells and processes that eliminate or prevent pathogen growth.

Coded Elsewhere: Wiskott-Aldrich syndrome (3B62.0Y)

Netherton syndrome (LD27.2)

Dyskeratosis congenita (3A70.0)

4A01.30 Immunodeficiency due to defects of the thymus

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

4A01.31 DNA repair defects other than combined T-cell or B-cell immunodeficiencies

4A01.32 Immuno-osseous dysplasia

This is an autosomal recessive disorder with the diagnostic features of spondyloepiphyseal dysplasia, renal dysfunction, and T-cell immunodeficiency.

Coded Elsewhere: Cartilage-hair hypoplasia (LD27.0Y)

4A01.33 Hepatic veno-occlusive disease - immunodeficiency syndrome

Hepatic veno-occlusive disease - immunodeficiency syndrome is characterised by the association of severe hypogammaglobulinemia, combined T and B cell immunodeficiency, absent lymph node germinal centres, absent tissue plasma cells and hepatic veno-occlusive disease.

4A01.34 Hyperimmunoglobulin E syndromes

4A01.Z **Primary immunodeficiencies due to disorders of adaptive immunity, unspecified**

4A0Y **Other specified primary immunodeficiencies**

4A0Z **Primary immunodeficiencies, unspecified**

4A20 **Acquired immunodeficiencies**

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

Acquired neutropaenia (4B00.01)

4A20.0 **Adult-onset immunodeficiency**

Adults with disseminated mycobacterial infections and/or other AIDS-defining infections, often involving concomitant neutrophilic dermatoses. All patients have high titres of anti-interferon-gamma and normal CD4 T helper cell counts.

4A20.1 **Acquired immunodeficiency due to loss of immunoglobulin**

Acquired immunodeficiency due to loss of immunoglobulins (protein loss) may occur via the GI tract (protein losing enteropathy), via the kidney (nephrotic syndrome) or via the skin (in severe skin damage).

4A20.Y **Other specified acquired immunodeficiencies**

4A20.Z **Acquired immunodeficiencies, unspecified**

Nonorgan specific systemic autoimmune disorders (4A40-4A4Z)

Coded Elsewhere: Rheumatoid arthritis (FA20)

4A40 **Lupus erythematosus**

An autoimmune non-organ specific inflammatory disease characterised by the presence of antibodies to DNA, RNA and other components of the nucleus. It has a very variable clinical presentation and course ranging from an acute fulminant life-threatening disorder with involvement of heart, central nervous system and kidneys to an indolent chronic scarring skin disorder.

Coded Elsewhere: Subacute cutaneous lupus erythematosus (EB50)

Chronic cutaneous lupus erythematosus (EB51)

Neonatal lupus erythematosus (KA07.0)

4A40.0 **Systemic lupus erythematosus**

Systemic lupus erythematosus (SLE) is a clinically multisystem disease, which is autoimmune in origin and is characterised by the presence of autoantibodies directed against nuclear antigens. Manifestations include rash, arthritis and fatigue, nephritis, neurological problems, anaemia and thrombocytopenia at the more severe end of the spectrum.

4A40.00 Systemic lupus erythematosus with skin involvement

Systemic lupus erythematosus (SLE) involving the skin. This may present with a malar "butterfly" erythema or with extensive necrolysis of sun-exposed skin, particularly on the head, neck and upper torso.

Coded Elsewhere: Immunobullous systemic lupus erythematosus (EB4Y)

4A40.0Y Other specified systemic lupus erythematosus

4A40.0Z Systemic lupus erythematosus, unspecified

4A40.1 **Drug-induced lupus erythematosus**

Drug-induced lupus erythematosus is a syndrome in which positive antinuclear antibodies are associated with symptoms, such as fever, malaise, arthritis, intense arthralgia/myalgia, serositis, and/or rash. The syndrome appears during therapy with certain medications (e.g., procainamide, hydralazine, phenytoin) and tumour necrosis factor inhibitors. It occurs predominantly in Caucasians, has less female predilection than SLE, rarely involves kidneys or brain, is rarely associated with anti-dsDNA, is commonly associated with antibodies to histones, and usually resolves over several weeks after discontinuation of the offending medication.

4A40.Y **Other specified lupus erythematosus**

4A40.Z **Lupus erythematosus, unspecified**

4A41 Idiopathic inflammatory myopathy

These comprise a diverse group of syndromes that have in common persistent muscle inflammation of unknown pathophysiology, resulting in damage that affects muscle function. The inflammatory muscle disease can either be acute or chronic in nature.

Coded Elsewhere: Extraocular myositis (9C82.3)

4A41.0 **Dermatomyositis**

Dermatomyositis is an inflammatory myopathy, showing progressive, symmetrical muscle weakness, low muscle endurance, and cutaneous manifestations such as Gottron’s papules, heliotrope rash, shawl sign, V-sign and mechanic’s hand. Internal organ manifestations such as interstitial pneumonia (pneumonitis) and myocarditis sometimes develop. The skin rash may precede the muscle symptoms and may be the only clinical sign of dermatomyositis in some patients (clinically, amyopathic dermatomyositis).

4A41.00 Adult dermatomyositis

Adult dermatomyositis is a systemic inflammatory disorders affecting the skeletal muscles, the skin, and other organs. It is characterised by symmetric proximal muscle weakness, increased serum muscle enzymes, myopathic changes upon electromyography, typical histological findings on muscle biopsy, and typical dermatologic manifestations such as heliotrope rash or Gottron's papules.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

4A41.01 Juvenile dermatomyositis

Juvenile dermatomyositis is the early-onset form of dermatomyositis, a systemic autoimmune inflammatory muscle disorder, characterised by proximal muscle weakness, evocative skin lesion, and systemic manifestations.

4A41.0Z Dermatomyositis, unspecified

4A41.1 Polymyositis

Polymyositis is an inflammatory muscle disease of unknown aetiology occurring predominantly in adults and characterised clinically by proximal muscle weakness (shoulders, arms, thighs), often with associated myalgia. Involvement of pharyngeal and oesophageal muscles may result in dysphagia and a risk of aspiration pneumonia. Myocarditis with rhythm disturbances or cardiomyopathy is a rare but serious complication. Polymyositis may be associated with other autoimmune diseases, malignancy or viral infection. Although serum muscle enzyme concentrations and electromyography are usually abnormal, definitive diagnosis requires demonstration of characteristic histological changes, including muscle necrosis, muscle fibre regeneration and diffuse infiltration by CD8+ T lymphocytes, on muscle biopsy.

4A41.10 Juvenile polymyositis

Juvenile polymyositis is a rare childhood idiopathic inflammatory myopathy. It is frequently misdiagnosed, as it lacks a unique clinical phenotype. Traditionally, it presents with weakness of the proximal muscles that evolves over weeks to months. The primary histologic features in are fibre size variability, scattered necrotic and regenerating fibres, and perivascular and endomysial cellular infiltrates.

Exclusions: Systemic sclerosis (4A42)

Overlap or undifferentiated nonorgan specific systemic autoimmune disease (4A43)

Antiphospholipid syndrome (4A45)

Vasculitis (4A44)

Lupus erythematosus (4A40)

4A41.11 Paraneoplastic polymyositis

Paraneoplastic is a rare cancer associated entity. It presents sub-, or acutely with proximal weakness, often including the neck flexors, dysphagia, rarely the respiratory muscles and the heart are involved. Sometimes muscle pain or myalgia occur. Myopathology shows a targeted, cell-mediated lymphocyte toxicity against muscle fibres in focal areas of inflammation within perimysial connective tissue and surrounding blood vessels. Muscle fibres may be destroyed by cytotoxic T cells.

Non-Hodgkin's lymphoma, lung, and bladder carcinoma are the most frequently observed associated cancer types.

Coding Note: Code also the causing condition

4A41.1Y Other specified polymyositis

4A41.1Z Polymyositis, unspecified

4A41.2 **Inclusion body myopathy**

Inclusion body myopathy (IBM) is distinguished from polymyositis (PM) and dermatomyositis (DM) on the basis of clinical and histopathological features. A characteristic clinical phenotype is characterised by insidious onset of muscle weakness over months to years, muscle weakness localised predominantly in the thigh muscles and finger flexors, and resistance to glucocorticoid treatment. Typical histopathologic features include sarcoplasmic and nuclear inclusions and rimmed vacuoles. (Kelley's Textbook of Rheumatology, 6th Ed.)

4A41.20 Inflammatory inclusion body myositis

Inclusion body miositis (IBM) is the most common idiopathic inflammatory myopathies after age 50. It typically presents with chronic insidious proximal leg and/or distal arm asymmetric muscle weakness leading to recurrent falls and loss of dexterity. Creatine kinase is up to 15 times elevated in IBM and needle electromyography mostly shows a chronic irritative myopathy. Muscle histopathology demonstrates endomysial inflammatory exudates surrounding and invading non-necrotic muscle fibres often times accompanied by rimmed vacuoles and protein deposits. Despite inflammatory muscle pathology, it likely that IBM is has a prominent degenerative component as supported by refractoriness to immunosuppressive therapy.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

4A41.21 Noninflammatory inclusion body myopathy

Noninflammatory inclusion body myopathy (IBM) is an idiopathic muscle disorder without inflammatory exudates and expression of class I major histocompatibility complex. Rimmed vacuoles and "IBM-like" filaments without inflammatory cells are described in muscle biopsy.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

4A41.2Z Inclusion body myopathy, unspecified

4A41.Y **Other specified idiopathic inflammatory myopathy**

4A41.Z **Idiopathic inflammatory myopathy, unspecified**

4A42 Systemic sclerosis

Systemic sclerosis is a systemic disorder of the connective tissue; manifested by hardening and thickening of the skin, by abnormalities involving the microvasculature and larger vessels, and by fibrotic degenerative changes in various body organs including the heart, lungs, kidneys, and gastrointestinal tract. (Arthritis Rheum 1980;23:581-590)

Inclusions: Systemic scleroderma

Exclusions: Circumscribed scleroderma (EB61.0)

4A42.0 **Paediatric onset systemic sclerosis**

Systemic sclerosis arising before the age of 16. Involvement of internal organs is less common but arthritis and myositis are more common than in adults.

4A42.1 **Diffuse systemic sclerosis**

Diffuse cutaneous systemic sclerosis (dcSSc) is a subtype of Systemic Sclerosis (SSc) characterised by truncal and acral skin fibrosis with an early and significant incidence of diffuse involvement (interstitial lung disease, oliguric renal failure, diffuse gastrointestinal disease, and myocardial involvement).

4A42.2 **Limited systemic sclerosis**

Combination of calcinosis, Raynaud phenomenon, (o)oesophageal dysfunction, sclerodactyly and telangiectasia.

4A42.Z **Systemic sclerosis, unspecified**

4A43 Overlap or undifferentiated nonorgan specific systemic autoimmune disease

Nonorgan specific systemic autoimmune diseases which do not fulfil the diagnostic criteria for any single recognised disease entity.

4A43.0 **IgG4 related disease**

IgG4 related syndrome (IgG4-related disease: IgG4-RD) is a clinical disease characterised by elevated serum IgG4 concentration and tumefaction or tissue infiltration by IgG4-positive plasma cells. The diagnostic criteria for IgG4 related syndrome have been proposed, and it may be present in a certain population of patients with a wide variety of diseases, including Mikulicz disease, autoimmune pancreatitis, hypophysitis, Riedel thyroiditis, interstitial pneumonitis, interstitial nephritis, prostatitis, lymphadenopathy, retroperitoneal fibrosis, inflammatory aortic aneurysm, and inflammatory pseudo tumour.

Coded Elsewhere: Primary cutaneous plasmacytosis (EK91.2)

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (EE90-EE91)

Type 1 IgG4 related autoimmune pancreatitis (DC33)

4A43.1 **Mikulicz disease**

Mikulicz disease is a disorder first reported by Johann von Mikulicz in 1892 and characterised by symmetrical swelling of the lachrymal, submandibular, and parotid glands, with massive infiltration of these glands by mononuclear cells. Serum autoantibodies, such as anti-Ro/SS-A, are usually negative and serum IgG4 concentration may be increased. Unlike Sjögren disease, IgG4-Mikulicz disease is characterised by the formation of lymphoid follicles, but shows lower levels of lymphocytic infiltration into salivary ducts, such that their structure remains intact.

4A43.2 **Sjögren syndrome**

Sjögren syndrome is a slowly progressive, systemic inflammatory autoimmune disease affecting primarily the exocrine glands. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness. Characteristic autoantibodies (e.g., anti-Ro/SS-A and/or anti-La/SS-B) are produced. The disorder can occur alone (it is then known as ``primary-SS'') or in association with another autoimmune disease (it is then known as ``secondary-SS'').

Coded Elsewhere: Keratoconjunctivitis sicca (9A79)

4A43.20 Primary Sjögren syndrome

4A43.21 Secondary Sjögren syndrome

Secondary Sjögren syndrome is a progressive inflammatory autoimmune disease affecting the exocrine glands in the presence of other systemic autoimmune diseases, such as rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness.

Coding Note: Code also the causing condition

4A43.22 Paediatric onset Sjögren syndrome

4A43.2Y Other specified sjögren syndrome

4A43.3 **Mixed connective tissue disease**

Mixed connective tissue disease is an overlapping syndrome combining features of systemic lupus erythematosus, systemic sclerosis, and polymyositis with the presence of autoantibodies to U1-ribonucleoprotein. Raynaud’s phenomenon is seen in nearly all patients and pulmonary arterial hypertension is the most common cause of death in MCTD patients.

4A43.4 **Diffuse eosinophilic fasciitis**

Also called Shulman disease/diffuse fasciitis, diffuse eosinophilic fasciitis is a rare idiopathic disorder associated with induration of the skin (orange-peel sign) that generally develops rapidly. It is a dermal and hypodermal sclerosis associated with fibrotic thickening of the subcutaneous adipose lobular septa, superficial fascia, and perimysium. Full thickness excisional biopsy of skin lesions revealing fibrosis of the subcutaneous fascia is generally required for diagnosis. Onset follows unusual physical exertion and trauma, especially in males.

4A43.Y **Other specified overlap non-organ specific systemic autoimmune disease**

4A43.Z **Undifferentiated non-organ specific systemic autoimmune disease**

4A44 **Vasculitis**

Vasculitides represent a heterogenous group of diseases of multifactorial aetiology characterised by inflammatory lesions of vessels. These lesions consist of fibrinoid necrosis (necrotizing arteritis), giant cell infiltration without necrosis, immunoglobulins deposit or leukocytoclastic infiltration. The spectrum and severity of the systemic vaculitides is broad, from life or sight threatening fulminant disease to relatively minor skin disease.

Coded Elsewhere: Behçet disease (4A62)

Thrombotic microangiopathy, not elsewhere classified (3B65)

4A44.0 Rhizomelic pseudopolyarthritis

4A44.1 Aortic arch syndrome

Arteritis, often granulomatous, predominantly affecting the aorta and/or its major branches. Onset usually in patients younger than 50.

4A44.2 Giant cell arteritis

Arteritis, often granulomatous, usually affecting the aorta and/or its major branches, with a predilection for the branches of the carotid artery. Often involves the temporal artery. Onset usually in patients older than 50 and often associated with polymyalgia rheumatica.

4A44.3 Single organ vasculitis

Vasculitis in arteries or veins of any size in a single organ that has no features that indicate that it is a limited expression of a systemic vasculitis. The involved organ and vessel type should be included in the name (e.g. cutaneous SVV, testicular arteritis, central nervous system vasculitis). Vasculitis distribution may be unifocal or multifocal (diffuse) within an organ. Some patients originally diagnosed with SOV will develop additional disease manifestations that warrant re-defining the case as one of the systemic vasculitides (e.g. cutaneous arteritis later becoming systemic polyarteritis nodosa, etc.).Chapel Hill Consensus Conference, 2011)

4A44.4 Polyarteritis nodosa

Polyarteritis nodosa is an immunologically mediated systemic necrotising vasculitis affecting medium-sized vessels. In a few cases, the disease appears after viral infection but in the majority of cases there is no known triggering event. The clinical manifestations involve numerous organs and lead to a general alteration in the health status including rapid weight loss, paralysis of the peripheral nerves, renal disease, and digestive problems such as haemorrhages, perforation, appendicitis and pancreatitis. Arthralgia is almost always present and myalgia occurs in half of patients. Cardiac and cerebral anomalies (cephalalgia) are also reported, as well as ocular and genital (orchitis) manifestations.

4A44.5 **Mucocutaneous lymph node syndrome**

Mucocutaneous lymph node syndrome (Kawasaki disease) is a globally distributed acute vasculitis of young children affecting medium to small calibre arteries and if untreated leads to coronary artery aneurysms in about a quarter of cases. Cardinal signs include cervical lymphadenopathy, conjunctival injection, rash (maculopapular, erythrodermic or erythema multiforme-like), strawberry tongue, oropharyngeal erythema, erythema and swelling of hands and feet and periungual desquamation. The cause is unknown but thought to be environmental, possibly from viral infection. A variant of the disease has been linked to SARS CoV-2 infection.

Inclusions: Kawasaki syndrome

4A44.6 **Sneddon syndrome**

Sneddon syndrome associates livedo reticularis and neurological signs. Livedo is permanent, cyanotic, with no infiltration, and affects the limbs, trunk and sometimes the face. Neurological signs appear later and include cerebrovascular accidents, epilepsy, vertigo and more rarely a pseudobulbar syndrome, chorea, episodes of amnesia or transient amaurosis.

4A44.7 **Primary angiitis of the central nervous system**

In primary angiitis of the central nervous system, vasculitis is limited to the central nervous system. Primary angiitis of the central nervous system is a very rare disease, and its manifestation can be mimicked by many other diseases. Patients with primary angiitis commonly show headache, waxing and waning altered mental status, and transient ischemic attack-like events. Diagnosis is often based on angiography, although brain biopsy remains the only definitive diagnostic test.

4A44.8 **Thromboangiitis obliterans**

Thromboangiitis obliterans (TAO), or Buerger's disease, is a segmental occlusive inflammatory condition of arteries and veins, with thrombosis and recanalization of the affected vessels. It is a nonatherosclerotic inflammatory disease affecting small and medium sized arteries and veins of upper and lower extremities. TAO can be distinguished from other types of vasculitis based on its tendency to occur in young male subjects. The etiology and pathogenesis of TAO remains unknown; however, tobacco consumption plays a key role in the initiation and persistence of the disease.

4A44.9 **Immune complex small vessel vasculitis**

Coded Elsewhere: Anti-glomerular basement membrane antibody mediated disease (MF85)

Susac syndrome (8A45.2Y)

4A44.90 Cryoglobulinaemic vasculitis

Vasculitis with cryoglobulin immune deposits affecting small vessels (predominantly capillaries, venules, or arterioles) and associated with cryoglobulins in serum. Skin and glomeruli are often involved.

4A44.91 Hypocomplementaemic urticarial vasculitis

Vasculitis accompanied by urticaria and hypocomplementemia affecting small vessels (i.e., capillaries, venules, or arterioles), and associated with anti-C1q antibodies. Glomerulonephritis, arthritis, obstructive pulmonary disease, and ocular inflammation are common.(Chapel Hill Consensus Conference, 2011)

4A44.92 IgA vasculitis

Vasculitis, with IgA1-dominant immune deposits, affecting small vessels (predominantly capillaries, venules, or arterioles). Often involves skin and gut, and frequently causes arthritis. Glomerulonephritis indistinguishable from IgA nephropathy may occur.

Inclusions: Henoch-Schönlein purpura

Coded Elsewhere: Respiratory disorders in IgA vasculitis (CB05.4Y)

Noninfectious enteritis or ulcer due to IgA vasculitis (DA94.Y)

4A44.9Y Other specified immune complex small vessel vasculitis

4A44.9Z Immune complex small vessel vasculitis, unspecified

4A44.A **Antineutrophil cytoplasmic antibody-associated vasculitis**

Necrotizing vasculitis, with few or no immune deposits, predominantly affecting small vessels (i.e., capillaries, venules, arterioles and small arteries), associated with MPO-ANCA or PR3-ANCA. Not all patients have ANCA. Add a prefix indicating ANCA reactivity, e.g. PR3-ANCA, MPO-ANCA, ANCA-negative.

4A44.A0 Microscopic polyangiitis

Necrotizing vasculitis, with few or no immune deposits, predominantly affecting small vessels (i.e., capillaries, venules, or arterioles). Necrotizing arteritis involving small and medium sized arteries may be present. Necrotizing glomerulonephritis is very common. Pulmonary capillaritis often occurs. Granulomatous inflammation is absent.

Inclusions: Microscopic polyarteritis

Exclusions: Polyarteritis nodosa (4A44.4)

4A44.A1 Granulomatosis with polyangiitis

Necrotizing granulomatous inflammation usually involving the upper and lower respiratory tract, and necrotizing vasculitis affecting predominantly small to medium-sized vessels (e.g., capillaries, venules, arterioles, arteries and veins). Necrotizing glomerulonephritis is common . (Arthritis Rheum 1990;33:1101-1107)

Inclusions: Wegener granulomatosis

4A44.A2 Eosinophilic granulomatosis with polyangiitis

Eosinophil-rich and necrotizing granulomatous inflammation often involving the respiratory tract, and necrotizing vasculitis predominantly affecting small to medium-sized vessels, and associated with asthma and eosinophilia. ANCA is most frequent when glomerulonephritis is present. (Arthritis Rheum 1990;33:1094-1100)

Inclusions: Churg-Strauss syndrome

4A44.AY Other specified antineutrophil cytoplasmic antibody-associated vasculitis

4A44.AZ Antineutrophil cytoplasmic antibody-associated vasculitis, unspecified

4A44.B **Leukocytoclastic vasculitis**

Leukocytoclastic vasculitis (hypersensitivity vasculitis; hypersensitivity angiitis) is a histopathological term commonly used to denote a small-vessel vasculitis. It may be localised to the skin or may manifest in other organs. The internal organs affected most commonly include the joints, the gastrointestinal tract, and the kidneys. The prognosis is good in the absence of internal involvement. Leukocytoclastic vasculitis has many causes including infections, drugs and systemic autoimmune diseases but no cause is identified in up to 50% of patients with this condition.

4A44.B0 Cutaneous leukocytoclastic vasculitis

Skin-limited small vessel leucocytoclastic vasculitis of unspecified or unknown aetiology

4A44.BY Other specified leukocytoclastic vasculitis

4A44.BZ Leukocytoclastic vasculitis, unspecified

4A44.Y **Other specified vasculitis**

4A44.Z **Vasculitis, unspecified**

4A45 **Antiphospholipid syndrome**

Antiphospholipid syndrome, also known as Hughes syndrome, is a systemic autoimmune condition characterised by the presence of antiphospholipid antibodies (aPL) in the serum of patients with thrombotic events and/or recurrent pregnancy complications.

4A45.0 **Primary antiphospholipid syndrome**

4A45.1 **Secondary antiphospholipid syndrome**

Coding Note: Code also the causing condition

4A45.2 **Antiphospholipid syndrome in pregnancy**

4A45.3 **Lupus anticoagulant-hypoprothrombinaemia syndrome**

4A45.Z **Antiphospholipid syndrome, unspecified**

4A4Y **Other specified nonorgan specific systemic autoimmune disorders**

4A4Z **Nonorgan specific systemic autoimmune disorders, unspecified**

Autoinflammatory disorders (4A60-4A6Z)

Coded Elsewhere: Schnitzler syndrome (EB03)

4A60 **Monogenic autoinflammatory syndromes**

Monogenic hereditary autoinflammatory diseases characterised by apparently unprovoked generalised inflammation in the absence of infection or high titre autoantibodies.

4A60.0 Familial Mediterranean fever

FMF is an autoinflammatory disease associated with mutations in pyrin resulting in enhanced IL1 beta production. This results in clinical attacks of inflammation in the form of fever and serositis in the form of peritoneal, pleural or synovial inflammation along with increased acute phase reactants.

4A60.1 Cryopyrin-associated periodic syndromes

CAPS is an autoinflammatory disease associated with gain of function changes in the cryopyrin protein, resulting in inflammasome activation and enhanced IL1 beta production. This results in clinical signs and symptoms of inflammation in the form of rash, fever, joint and eye symptoms with increased acute phase reactants.

Inclusions: Cryopyrinopathies

4A60.2 Tumour necrosis factor receptor 1 associated periodic syndrome

TRAPS is an autoinflammatory disease associated with heterozygous mutations in the gene coding for tumour necrosis factor (TNF) receptor 1 (TNFR1).This results in clinical attacks of inflammation in the form of fever and serositis in the form of peritoneal, pleural or synovial inflammation along with increased acute phase reactants.

4A60.Y Other specified monogenic autoinflammatory syndromes

4A60.Z Autoimflammatory syndrome, unspecified

4A61 SAPHO syndrome

SAPHO syndrome is characterised by a constellation of symptoms and signs including synovitis, acne conglobata or fulminans, palmoplantar pustulosis, hyperostosis and osteitis. Its aetiology is poorly understood.

4A62 Behçet disease

Behçet disease is a disease of incompletely understood aetiopathogenesis characterised by recurrent oral and/or genital aphthous ulcers accompanied by cutaneous, ocular, articular, gastrointestinal, and/or central nervous system inflammatory lesions. Small vessel vasculitis, thrombotic vasculopathy, arteritis and arterial aneurysms may occur. It has a high prevalence from the Eastern Mediterranean across Central Asia to China and Japan.

Inclusions: Adamantiades-Behçet disease

Coded Elsewhere: Transient neonatal Behçet disease (KA07.Y)

4A6Y Other specified autoinflammatory disorders

4A6Z Autoinflammatory disorders, unspecified

Allergic or hypersensitivity conditions (4A80-4A8Z)

Allergy is a hypersensitivity reaction initiated by a proven immunologic mechanisms.

Hypersensitivity is defined as conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to a defined stimulus at a dose tolerated by normal subjects.

Coded Elsewhere: Eosinophilia (4B03)

Hypersensitivity reactions of unspecified nature (4B07)

4A80 **Allergic or hypersensitivity disorders involving the respiratory tract**

Allergic or hypersensitivity disorders involving the respiratory tract includes several clinically different conditions that can be considered as hypersensitivity disorders of the upper and lower respiratory tract. The classification of these conditions is complex.

Coded Elsewhere: Vasomotor or allergic rhinitis (CA08)

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

Chronic rhinosinusitis (CA0A)

Asthma (CA23)

Nasal polyp (CA0J)

Hypersensitivity pneumonitis due to organic dust (CA70)

4A80.0 Drug-induced bronchospasm

Drug-induced bronchospasm is a common clinical manifestation triggered by various drugs. It ranges in severity from mild to severe, and even fatal from post-anoxic brain damage. It can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.1 Bronchospasm provoked by allergy to food substance

Bronchospasm provoked by allergy to food allergens is clinical manifestation triggered by various foods as a phenotype of food hypersensitivity. It is more frequent in the youngest atopic patients and the most common foods responsible for these reactions are cow milk, peanut, egg and tree nuts. This clinical presentation can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.Y Other specified allergic or hypersensitivity disorders involving the respiratory tract

4A80.Z Allergic or hypersensitivity disorders involving the respiratory tract, unspecified

4A81 Allergic or hypersensitivity disorders involving the eye

Allergic or hypersensitivity disorders involving the eye includes several clinically different conditions that can be considered as hypersensitivity disorders of the ocular surface. The classification of these conditions is complex.

Coded Elsewhere: Allergic conjunctivitis (9A60.02)

Vernal keratoconjunctivitis (9A60.5)

Giant papillary conjunctivitis (9A60.00)

Irritant contact blepharoconjunctivitis (EK02.11)

Acute atopic conjunctivitis (9A60.01)

Atopic keratoconjunctivitis (9A60.0Y)

Vernal conjunctivitis (9A60.0Y)

4A82 Allergic or hypersensitivity disorders involving skin or mucous membranes

Allergic or hypersensitivity disorders involving the skin and mucous includes a heterogeneous group of disorders involving skin and mucous membranes in which either allergy or hypersensitivity play a part.

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Allergic contact urticaria (EK10)

Protein contact dermatitis (EK11)

Allergic contact sensitisation (EK12)

Urticaria, angioedema and other urticarial disorders (EB00-EB0Y)

Atopic eczema (EA80)

Allergy to substances in contact with the skin (EK5Y)

4A83 Allergic or hypersensitivity disorders involving the gastrointestinal tract

Coded Elsewhere: Allergic gastritis (DA42.4)

Allergic duodenitis (DA51.3)

Allergic or dietetic colitis (DB33.2)

Allergic or dietetic enteritis of small intestine (DA94.2)

4A83.0 Food-induced eosinophilic gastroenteritis

A disease characterised by eosinophilic infiltration of various layers of stomach and intestine induced by specific food intake in the absence of any known cause of eosinophilia. It can occur in any age and the symptoms vary depending on the site of the intestinal tract involved and degree of eosinophilic inflammation, might include ascites, weight loss, oedema, obstruction.

4A83.1 Food-induced eosinophilic oesophagitis

A chronic, immune or antigen-mediated oesophageal disease characterised by eosinophilic infiltration of oesophageal wall induced by specific food intake in the absence of any known cause of eosinophilia. The symptoms are related to oesophageal dysfunction, including feeding disorders, reflux symptoms, vomiting, dysphagia, and food impaction.

4A83.Y Other specified allergic or hypersensitivity disorders involving the gastrointestinal tract

4A83.Z Allergic or hypersensitivity disorders involving the gastrointestinal tract, unspecified

4A84 Anaphylaxis

Anaphylaxis is a severe, life-threatening systemic hypersensitivity reaction characterised by being rapid in onset with potentially life-threatening airway, breathing, or circulatory problems and is usually, although not always, associated with skin and mucosal changes.

4A84.0 Anaphylaxis due to allergic reaction to food

Rapidly progressive, multi-system and potentially life-threatening reaction to exposure to a food allergen to which the affected individual has previously been sensitized.

Exclusions: obstruction from food aspiration (ND72)

food intolerance (DA96.02)

4A84.1 Drug-induced anaphylaxis

Anaphylaxis attributable to a drug. When severe it may be fatal. This systemic reaction usually develops within minutes to hours of administration of the drug, is often severe and may be fatal. The most frequent drugs causing anaphylaxis are antibiotics, particularly penicillins. Clinically there may be premonitory dizziness or faintness, skin tingling and erythema, followed by urticaria, angio-oedema, bronchospasm, abdominal pain and vasomotor collapse.

Coded Elsewhere: Anaphylaxis due to radiocontrast media (EL80)

4A84.2 Anaphylaxis due to insect venom

Anaphylaxis due to insect venom is a severe systemic hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient.

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

4A84.3 Anaphylaxis provoked by physical factors

Anaphylaxis provoked by physical factors covers a group of anaphylaxis phenotypes in which physical factors are the main triggers. The most relevant are: exercise-induced anaphylaxis, exercise-induced anaphylaxis dependent on food, cold-induced anaphylaxis.

4A84.30 Exercise-induced anaphylaxis

Exercise-induced anaphylaxis is disorder in which anaphylaxis occurs after physical activity. The clinical features may include pruritus, urticarial weals, flushing, wheezing, and gastrointestinal disturbance including nausea, abdominal cramping, and diarrhoea. If physical activity continues, angioedema, laryngeal oedema, hypotension, and, ultimately, cardiovascular collapse may occur. Exercise-induced anaphylaxis is most commonly associated with IgE-mediated allergy to food whereby anaphylaxis occurs only if ingestion is followed temporally by exercise. Cessation of physical activity usually results in immediate improvement of symptoms.

4A84.31 Cold-induced anaphylaxis

Cold-induced anaphylaxis is triggered by skin cooling. The deaths are directly caused by the anaphylactic reaction due to drowning when swimming in cold water.

4A84.3Y Anaphylaxis provoked by other specified physical factors

4A84.3Z Anaphylaxis provoked by unspecified physical factors

4A84.4 Anaphylaxis due to inhaled allergens

Rapid progressive, multisystem life-threatening reaction due to the exposure to a sensitized inhaled allergen, such as particles from rubber gloves or latex products, animal dander and dust mite.

Use additional external cause code, if desired, to identify agent.

Exclusions: Allergic asthma with exacerbation (CA23.00)

4A84.5 Anaphylaxis due to contact with allergens

Anaphylaxis resulting from skin or mucosal contact with a substance or substances capable of inducing IgE-mediated response in patients previously sensitized.

Use additional external cause code, if desired, to identify agent.

4A84.6 Anaphylaxis secondary to mast cell disorder

Symptoms of anaphylaxis secondary to mast cell disorders result from excessive mast cell mediator release, especially histamine, and may include pruritus and flushing, abdominal pain, diarrhea, dyspnoea, tachycardia, or profound hypotension. It happens in both children and adults, but in adults it can occur even without urticaria pigmentosa lesions. Levels of basal tryptase are constantly high. Fatal anaphylaxis has been described following hymenoptera stings and in the preoperative period.

4A84.Y Other specified anaphylaxis

4A84.Z Anaphylaxis, unspecified

4A85 Complex allergic or hypersensitivity conditions

4A85.0 **Drug or pharmacological agents hypersensitivity**

Drug hypersensitivity reactions are the adverse effects of pharmaceutical formulations (including active drugs and excipients) that clinically resemble allergy. It belongs to type B adverse drug reactions, which are defined by the World Health Organization as the dose-independent, unpredictable, noxious, and unintended response to a drug taken at a dose normally used in humans. It covers many different clinical phenotypes with variable onset and severity.

Coded Elsewhere: Drug eruptions (EH60-EH6Z)

Drug-induced bronchospasm (4A80.0)

Drug-induced aplastic anaemia (3A70.10)

Aspirin-induced asthma (CA23.20)

Samter syndrome (CA0A.0)

Photoallergic drug reaction (EH75)

Pseudolymphomatous drug hypersensitivity syndrome (EH6Y)

Anaphylaxis due to radiocontrast media (EL80)

4A85.00 Drug-induced liver hypersensitivity disease

Drug-induced liver hypersensitivity disease is a relatively rare condition, but can have serious consequences for the individual patient, public health, regulatory agencies and the pharmaceutical industry. It is characterised by elevation in serum alanine-aminotransferase (ALT), conjugated bilirubin, or combined bilirubin, ALT and alkaline phosphatase (AP) levels > 2 times the upper limit of normal (ULN) and the most frequent related drugs are halothane, tienilic acid, dihydralazine, diclofenac, and carbamazepine.

4A85.01 Drug-induced kidney hypersensitivity

Drug-induced kidney hypersensitivity constitutes an important cause of acute renal failure and chronic kidney disease in present day clinical practice. Different classes of drugs, by virtue of immunological mechanisms initiate specific inflammatory renal responses, which are manifested by different clinical patterns, such as drug-induced interstitial nephritis. The drug-induced kidney hypersensitivity can manifest alone or in combination with other drug-induced organ or system hypersensitivity disorders.

Coded Elsewhere: Acute renal papillary necrosis due to drugs, biological agents or environmental toxins (GB53)

4A85.02 Drug-induced cytopenia

Drug-induced cytopenia is a relatively common immune-mediated cytopenia and the target cells include erythrocytes, leukocytes, platelets and hematopoietic precursor cells in the marrow. The most frequent condition is the drug-induced immune thrombocytopenia and the most frequent implicated drugs are penicillin and structurally related drugs, quinine, quinidine, sulfonamide antibiotics, non-steroidal anti-inflammatory drugs and anticonvulsants.

Coded Elsewhere: Drug-induced immune thrombocytopenia (3B64.12)

Drug-induced secondary agranulocytosis (4B00.01)

4A85.03 Drug-induced vasculitis

Drug-induced vasculitis is an inflammatory vasculopathy associated with drugs of almost every class and accounting for approximately 3% of the vasculitides. Although small vessel disease limited to the skin is the most common form, involvement of blood vessels in virtually every organ system may occur. It can present multiorgan involvement and the mortality is described in up to 10% of cases.

4A85.04 Multiple drug hypersensitivity syndrome

Multiple drug hypersensitivity syndrome is defined as drug allergies to two or more chemically different drugs. It differs from cross-reactivity (due to structural similarities, common metabolic pathways, or pharmacological mechanisms), flare-up reactions (exacerbation of an existing drug allergy by the early switch of therapy to a novel drug), and multiple drug intolerance syndrome.

4A85.0Y Drug hypersensitivity of other specified type

4A85.0Z Drug hypersensitivity of unspecified type

4A85.1 **Hypersensitivity to herbal and alternative medical therapies**

Hypersensitivity to herbal and alternative medical therapies refers to unpredictable conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to herbal and other alternatives medical therapies, such as homeopathy, cupping or acupuncture. Herbal and alternative medical therapies are not customarily regarded as drugs, but can trigger immune and non-immune mediated reactions, which occur in susceptible individuals. These reactions are triggered by doses and procedures usually tolerated by normal subjects.

Exclusions: Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies (EH78)

4A85.2 **Food hypersensitivity**

Food hypersensitivity reactions are adverse effects of food or food additives that clinically resemble allergy. Food allergy is an adverse reaction to food mediated by an immunologic mechanism, involving specific IgE (IgE-mediated), cell-mediated mechanisms (non-IgE-mediated) or both IgE- and cell-mediated mechanisms (mixed IgE- and non-IgE-mediated).

Exclusions: food intolerance (DA96.02)

Coded Elsewhere: Oral allergy syndrome (EK10.0)

Contact urticaria due to food allergen (EK10.1)

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

Bronchospasm provoked by allergy to food substance (4A80.1)

4A85.20 Food-induced gastrointestinal hypersensitivity

Food-induced gastrointestinal hypersensitivity covers a group of gastrointestinal hypersensitivity disorders due to food allergens with variable onset, severity, clinical presentation and mechanisms.

Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0)

Allergic or dietetic colitis (DB33.2)

Food-induced eosinophilic oesophagitis (4A83.1)

Allergic or dietetic enteritis of small intestine (DA94.2)

Food-induced non-IgE-mediated gastrointestinal hypersensitivity (DA42.41)

4A85.21 Food-induced urticaria or angioedema

Urticaria and/or angioedema triggered by ingestion or direct contact of food allergen in sensitized patient.

4A85.22 Allergic contact dermatitis due to food allergen

Allergic contact dermatitis, which most common causal foods are spices, fruits, vegetables. Often occupational because of contact with chemical moieties, oleoresins. Systemic contact dermatitis is a rare variant because of ingestion.

Use additional external cause code, if desired, to identify agent.

Coded Elsewhere: Allergic contact dermatitis due to food flavours or additives (EK00.3)

4A85.2Y Other specified food hypersensitivity

4A85.2Z Food hypersensitivity, unspecified

4A85.3 Allergic or hypersensitivity reactions to arthropods

This includes both local cutaneous and systemic allergic and hypersensitivity reactions to contact with insects (e.g. bees, wasps and fire ants) and other arthropods (e.g. scorpions and spiders). Reactions are usually mediated via the immune system (IgE-mediated or non-IgE-mediated allergy).

4A85.30 Systemic allergic reaction due to Hymenoptera venom

Systemic Allergic Reaction due to Hymenoptera venom due to insect venom is a severe hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient.

Coded Elsewhere: Anaphylaxis due to insect venom (4A84.2)

4A85.31 Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom

Cutaneous reactions to Hymenoptera venom are hypersensitivity reactions classified into normal local reactions and large local reactions. Large local reaction is defined as a swelling exceeding a diameter of 10 cm which lasts longer than 24 h; blisters may rarely be present.

4A85.32 Cutaneous allergic or hypersensitivity reactions to arthropods

4A85.Y Other specified complex allergic or hypersensitivity conditions

4A85.Z **Complex allergic or hypersensitivity conditions, unspecified**

4A8Y **Allergic or hypersensitivity conditions of other specified type**

4A8Z **Allergic or hypersensitivity conditions of unspecified type**

Immune system disorders involving white cell lineages (4B00-4B0Z)

Coded Elsewhere: Immunodeficiencies with predominantly antibody defects (4A01.0)

Combined immunodeficiencies (4A01.1)

Defects in the complement system (4A00.1)

Diseases of immune dysregulation (4A01.2)

Other well-defined immunodeficiency syndromes due to defects in adaptive immunity (4A01.3)

4B00 **Disorders of neutrophil number**

Exclusions: Decreased white blood cell count (MA16.10)

4B00.0 **Neutropaenia**

Coded Elsewhere: Transient neonatal neutropaenia (KA8D)

Alloimmune neonatal neutropaenia (KA8E)

4B00.00 Constitutional neutropaenia

This is a granulocyte disorder characterised by an abnormally low number of neutrophils. Neutrophils usually make up 50-70% of circulating white blood cells and serve as the primary defence against infections by destroying bacteria in the blood.

Exclusions: Cartilage-hair hypoplasia (LD27.0)

4B00.01 Acquired neutropaenia

4B00.0Z Neutropaenia, unspecified

4B00.1 **Neutrophilia**

4B00.10 Constitutional neutrophilia

4B00.11 Acquired neutrophilia

Coding Note: Code also the causing condition

Exclusions: Non mast cell myeloproliferative neoplasms (2A20)

4B00.1Z Neutrophilia, unspecified

4B00.Y **Other specified disorders of neutrophil number**

4B01 **Disorders of neutrophil function**

Coded Elsewhere: Functional neutrophil defects (4A00.0)

4B01.0 **Constitutional disorders of neutrophil function**

4B01.00 Disorders of neutrophil adhesion

4B01.01 Disorders of neutrophil chemotaxis

4B01.02 Disorders of neutrophil granule formation or release

4B01.03 Disorders of neutrophil oxidative metabolism

4B01.0Y Other specified constitutional disorders of neutrophil function

4B01.0Z Constitutional disorders of neutrophil function, unspecified

4B01.1 Acquired disorders of neutrophil function

4B01.Z Disorders of neutrophil function, unspecified

4B02 **Eosinopenia**

4B02.0 Constitutional decrease in eosinophil number

4B02.1 Acquired decrease in eosinophil number

4B02.Z Eosinopenia, unspecified

4B03 **Eosinophilia**

4B03.0 Constitutional eosinophilia

4B03.1 Acquired eosinophilia

4B03.Z Eosinophilia, unspecified

4B04 **Disorders with decreased monocyte counts**

4B05 **Disorders with increased monocyte counts**

4B06 **Acquired lymphopenia**

4B07 **Acquired lymphocytosis**

Exclusions: Chronic lymphocytic leukaemia or small lymphocytic lymphoma (2A82.0)

Coded Elsewhere: Infectious mononucleosis (1D81)

4B0Y **Other specified immune system disorders involving white cell lineages**

4B0Z **Immune system disorders involving white cell lineages, unspecified**

Certain disorders involving the immune system (4B20-4B2Y)

Disorders in which disturbed immune regulation plays an important part but which cannot be more precisely located elsewhere in the classification.

Exclusions: Failure or rejection of transplanted organs or tissues (NE84)

Monoclonal gammopathy of undetermined significance (2A83.0)

Coded Elsewhere: Hereditary angioedema (4A00.14)

4B20 Sarcoidosis

Sarcoidosis is a multisystem disorder of unknown cause characterised by the formation of immune granulomas in involved organs. The lung and the lymphatic system are predominantly affected, but virtually every organ may be involved. Other severe manifestations result from cardiac, neurological, ocular, kidney or laryngeal localizations.

4B20.0 Sarcoidosis of lung

4B20.1 Sarcoidosis of lymph nodes

Lymphadenopathy is very common in sarcoidosis. Intrathoracic nodes are enlarged in 75 to 90% of all patients; usually this involves the hilar nodes, but the paratracheal nodes are commonly involved. Peripheral lymphadenopathy is very common, particularly involving the cervical (the most common head and neck manifestation of the disease), axillary, epitrochlear, and inguinal nodes.

4B20.2 Sarcoidosis of the digestive system

This is a syndrome involving abnormal collections of chronic inflammatory cells (granulomas) that can form as nodules in the digestive system.

Coded Elsewhere: Gastritis due to sarcoidosis (DA42.Y)

Oesophagitis due to sarcoidosis (DA24.Y)

4B20.3 Neurosarcoidosis

This refers to sarcoidosis, a condition of unknown cause featuring granulomas in various tissues, involving the central nervous system (brain and spinal cord). It can have many manifestations, but abnormalities of the cranial nerves (a group of twelve nerves supplying the head and neck area) are the most common.

4B20.4 Ocular sarcoidosis

This is a syndrome involving abnormal collections of chronic inflammatory cells (granulomas) that can form as nodules in multiple organs.

Coded Elsewhere: Uveoparotid fever (4B20.Y)

4B20.5 Cutaneous sarcoidosis

4B20.Y Other specified sarcoidosis

4B20.Z Sarcoidosis, unspecified

4B21 Polyclonal hypergammaglobulinaemia

4B22 **Cryoglobulinaemia**

Coded Elsewhere: Cryoglobulinaemic vasculitis (4A44.90)

Cutaneous microvascular disturbances due to monoclonal cryoglobulins (EF5Y)

4B23 **Immune reconstitution inflammatory syndrome**

This is a condition seen in some cases of AIDS or immunosuppression, in which the immune system begins to recover, but then responds to a previously acquired opportunistic infection with an overwhelming inflammatory response that paradoxically makes the symptoms of infection worse.

4B24 **Graft-versus-host disease**

Graft-versus-host disease (GVHD) occurs when lymphoid cells from an immunocompetent donor are introduced into a histo-incompatible recipient incapable of rejecting them. This usually occurs as a result of haematopoietic stem cell transplantation. The main targets attacked by the donor lymphocytes are the recipient's skin, gastrointestinal tract and liver. Acute GVHD, normally occurring within the first 100 days following transplantation, has a high mortality. The acute phase may be followed by chronic GVHD, which can also arise de novo. This usually presents as a lichenoid rash but can develop into a severe fibrosing disease affecting skin, lungs and liver.

4B24.0 Acute graft-versus-host disease

Graft-versus-host disease presenting normally within the first 100 days of engraftment. It presents most commonly with a maculopapular rash accompanied by fever. The prognosis correlates with the extent of skin involvement, which may progress to widespread epidermal necrolysis, and the severity of gastrointestinal and liver involvement which may manifest as diarrhoea and jaundice respectively. There is a high mortality in severe acute graft-versus-host disease.

4B24.1 Chronic graft-versus-host disease

Chronic graft-versus-host disease (GVHD) presents more than 100 days after engraftment of immunocompetent donor lymphoid cells. It has specific clinical features by which it can be distinguished from acute GVHD. It may arise de novo but frequently follows acute GVHD. Less commonly, it occurs concurrently with acute GVHD. The earlier stages of chronic GVHD are characterised by a widespread lichenoid rash, poikiloderma and involvement of nails and oral mucous membranes. If the disease remains active, progressive sclerosis of the skin and deeper tissues may result in joint contractures, fibrosis of internal organs and severe malabsorption.

4B24.Y Other specified graft-versus-host disease

4B24.Z Graft-versus-host disease, unspecified

4B2Y **Other specified disorders involving the immune system**

4B40 **Diseases of thymus**

Exclusions: thymic aplasia or hypoplasia with immunodeficiency (LD44.N0)

Myasthenia gravis (8C60)

Coded Elsewhere: Thymic tumours

4B40.0 Persistent hyperplasia of thymus

This refers to a persistent enlargement ("hyperplasia") of the thymus.

4B40.1 Abscess of thymus

4B40.2 Good syndrome

This is a condition that occurs in adults in whom hypogammaglobulinemia, deficient cell-mediated immunity, and benign thymoma may develop almost simultaneously.

4B40.Y Other specified diseases of thymus

4B40.Z Diseases of thymus, unspecified

4B4Y **Other specified diseases of the immune system**

4B4Z **Diseases of the immune system, unspecified**

CHAPTER 05

Endocrine, nutritional or metabolic diseases

This chapter has 148 four-character categories.

Code range starts with 5A00

This chapter includes endocrine diseases, nutritional diseases as well as metabolic diseases.

Exclusions: Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60-KB6Z)

Pregnancy, childbirth or the puerperium (Chapter 18)

Coded Elsewhere: Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (MA50-MA6Y)

Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium (JB64.2)

This chapter contains the following top level blocks:

- Endocrine diseases
- Nutritional disorders
- Metabolic disorders
- Postprocedural endocrine or metabolic disorders

Endocrine diseases (5A00-5B3Z)

Coded Elsewhere: Neoplasms of the endocrine system

Endocrine tumours

Disorders of the thyroid gland or thyroid hormones system (5A00-5A0Z)

Disorders due to dysfunction of thyroid gland and regulation systems of thyroid hormone actions including dysfunction of the pituitary, hypothalamus, or thyroid hormone receptors.

5A00 Hypothyroidism

5A00.0 Congenital hypothyroidism

Hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises at birth. Common clinical features include decreased activity and increased sleep, feeding difficulty and constipation, prolonged jaundice, myxedematous facies, large fontanels (especially posterior), macroglossia, a distended abdomen with umbilical hernia, and hypotonia.

Coded Elsewhere: Congenital central hypothyroidism (5A61.41)

5A00.00 Permanent congenital hypothyroidism with diffuse goitre

A condition caused by a partial or complete loss of thyroid function due to failure of the thyroid to correctly develop during the antenatal period. This condition is characterised by a swollen, smooth thyroid gland, and in infants by a dull look, puffy face, and thick tongue that sticks out. This condition may also present with choking episodes, constipation, dry brittle hair, jaundice, lack of muscle tone, low hairline, poor feeding, short height, sleepiness, or sluggishness.

Exclusions: transitory congenital goitre with normal function (KB62)

5A00.01 Permanent congenital hypothyroidism without goitre

This is a permanent congenital state in which the thyroid gland does not make enough thyroid hormone. This diagnosis is without swelling of the thyroid gland.

5A00.02 Pendred syndrome

Pendred syndrome is characterised by the association of congenital bilateral neurosensory deafness, thyroid goitre, cochleovestibular malformation and potential vestibular dysfunction.

5A00.03 Transient congenital hypothyroidism

Transient congenital hypothyroidism is defined as transient thyroid dysfunction with mildly elevated thyroid-stimulating hormone (TSH) and low thyroxine (FT4) levels which return to normal either very promptly and spontaneously, or after several months of thyroxine therapy. The disorder is due to a variety of causes including iodine deficiency or exposure to iodine-containing compounds, transplacental passage of blocking maternal antibodies, and dyshormonogenesis.

Exclusions: Transitory congenital goitre with normal function (KB62)

5A00.04 Congenital hypothyroidism due to iodine deficiency

Hypothyroidism is a condition which arises at birth where the thyroid gland produces too little or no thyroid hormone and it can be induced by iodine-deficiency.

Exclusions: Subclinical iodine-deficiency hypothyroidism (5A00.22)

5A00.0Y Other specified congenital hypothyroidism

5A00.0Z Congenital hypothyroidism, unspecified

5A00.1 **Iodine-deficiency-related thyroid disorders or allied conditions**

Any condition caused by aberrant thyroid function due to a deficiency of iodine. Confirmation is by blood test.

Exclusions: congenital iodine-deficiency syndrome (5A00.04)

Subclinical iodine-deficiency hypothyroidism (5A00.22)

5A00.10 Iodine-deficiency-related diffuse goitre

Diffuse enlargement of the thyroid gland due to Iodine-deficiency

5A00.11 Iodine-deficiency-related multinodular goitre

Multinodular enlargement of the thyroid gland due to Iodine-deficiency

Inclusions: Iodine-deficiency-related nodular goitre

5A00.1Z Iodine-deficiency-related thyroid disorders or allied conditions, unspecified

5A00.2 **Acquired hypothyroidism**

Acquired hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises only after birth.

Exclusions: Postprocedural hypothyroidism (5D40)

iodine-deficiency-related hypothyroidism (5A00.1)

Coded Elsewhere: Acquired central hypothyroidism (5A61.40)

Dementia due to acquired hypothyroidism (6D85.Y)

5A00.20 Hypothyroidism due to medicaments or other exogenous substances

A condition caused by an underactive thyroid due to a medicaments or other exogenous substances. This condition may present with fatigue, increased sensitivity to cold, constipation, dry skin, weight gain, muscle weakness, elevated blood cholesterol, muscle aches, joint pain or swelling, heavier or irregular menstrual periods, thinning hair, depression, or impaired memory.

5A00.21 Myxoedema coma

A life-threatening hypothyroid condition with long-standing severe untreated hypothyroidism in whom adaptive mechanisms fail to maintain homeostasis.

5A00.22 Subclinical iodine-deficiency hypothyroidism

A condition with elevated serum TSH level, but with normal thyroid hormone levels, which is induced by iodine-deficiency

5A00.2Y Other specified acquired hypothyroidism

5A00.2Z Acquired hypothyroidism, unspecified

5A00.Z **Hypothyroidism, unspecified**

5A01 Nontoxic goitre

Enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

Exclusions: congenital goitre NOS (5A00.00)

congenital parenchymatous goitre (5A00.00)

iodine-deficiency-related goitre (5A00.1)

congenital diffuse goitre (5A00.00)

5A01.0 **Nontoxic diffuse goitre**

Diffuse enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.1 **Nontoxic single thyroid nodule**

Single tumour of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.2 **Nontoxic multinodular goitre**

Multiple nodules of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.Z **Nontoxic goitre, unspecified**

5A02 **Thyrotoxicosis**

A hypermetabolic condition associated with elevated levels of free thyroxine and/or free triiodothyronine resulting in excess synthesis and secretion of thyroid hormone

Exclusions: Transitory neonatal hyperthyroidism (KB62.0)

Coded Elsewhere: Dysthyroid exophthalmos (9A20.00)

5A02.0 **Thyrotoxicosis with diffuse goitre**

Thyrotoxicosis occurs by the ingestion of excessive amounts of exogenous thyroid hormone in the form of thyroid hormone supplements such as the most widely used supplement levothyroxine.

Inclusions: Toxic diffuse goitre

Graves disease

5A02.1 **Thyrotoxicosis with toxic single thyroid nodule**

Inclusions: Thyrotoxicosis with toxic uninodular goitre

5A02.2 **Thyrotoxicosis with toxic multinodular goitre**

Thyrotoxicosis caused by functioning thyroid multinodules

5A02.3 **Thyrotoxicosis from ectopic thyroid tissue**

5A02.4 **Thyrotoxicosis factitia**

A condition of thyrotoxicosis caused by the ingestion of exogenous thyroid hormone

5A02.5 **Thyroid crisis**

Thyrotoxic crisis (or thyroid storm) is a rare but severe complication of hyperthyroidism, which may occur when a thyrotoxic patient becomes very sick or physically stressed.

Inclusions: Thyroid storm

5A02.6 **Secondary hyperthyroidism**

Overproduction of thyroid hormone in the thyroid gland induced by dysfunction of the pituitary gland or hypothalamus.

Coding Note: Code also the causing condition

Exclusions: Generalised resistance to thyroid hormone (5A05)

Selective pituitary resistance to thyroid hormone (5A02)

5A02.Y **Other specified thyrotoxicosis**

5A02.Z **Thyrotoxicosis, unspecified**

5A03 **Thyroiditis**

Thyroiditis is the inflammation of the thyroid gland. It includes acute and chronic forms of thyroiditis. Thyroiditis is usually caused by autoimmune reaction to the thyroid, resulting in inflammation and damage to the thyroid cells. The symptoms include fatigue, weight gain, depression, dry skin, and constipation.

Exclusions: Acquired hypothyroidism (5A00.2)

Thyrotoxicosis (5A02)

Coded Elsewhere: Postpartum thyroiditis (JB44.5)

5A03.0 Acute thyroiditis

Acute thyroiditis is a rare form of thyroiditis directly caused by an infection, frequently bacterial.

5A03.1 Subacute thyroiditis

A self-limited thyroiditis associated with a triphasic clinical course of hyperthyroidism, hypothyroidism, and return to normal thyroid function. It is thought to be caused by a viral infection.

Inclusions: de Quervain thyroiditis

giant-cell thyroiditis

granulomatous thyroiditis

Exclusions: Autoimmune thyroiditis (5A03.2)

5A03.2 Autoimmune thyroiditis

A chronic inflammatory disorder of the thyroid gland associated with abnormal circulatory antibodies.

5A03.20 Hashimoto thyroiditis

5A03.21 Painless thyroiditis

A destructive thyroiditis which has an autoimmune basis in the non-postpartum period. An inflammation of the thyroid gland characterised by transient hyperthyroidism, followed by hypothyroidism and then recovery.

5A03.2Y Other specified autoimmune thyroiditis

5A03.Y Other specified thyroiditis

5A03.Z Thyroiditis, unspecified

5A04 **Hypersecretion of calcitonin**

This is the process of elaborating, releasing, and oozing a 32-amino acid linear polypeptide hormone that is produced in humans primarily by the parafollicular cells (also known as C-cells) of the thyroid, and in many other animals in the ultimobranchial body.

Inclusions: Hypersecretion of thyrocalcitonin

C-cell hyperplasia of thyroid

5A05 **Generalised resistance to thyroid hormone**

Decreased thyroid hormone action, generally induced by mutation of thyroid hormone receptors.

5A06 **Sick-euthyroid syndrome**

5A0Y **Other specified disorders of the thyroid gland or thyroid hormones system**

5A0Z **Disorders of the thyroid gland or thyroid hormones system, unspecified**

Diabetes mellitus (5A10-5A2Y)

A metabolic disorder with heterogenous aetiologies which is characterised by chronic hyperglycaemia and disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both.

Coded Elsewhere: Diabetes mellitus in pregnancy (JA63)

Neonatal diabetes mellitus (KB60.2)

5A10 **Type 1 diabetes mellitus**

Diabetes mellitus type 1 (type 1 diabetes, T1DM, formerly insulin dependent or juvenile diabetes) is a form of diabetes mellitus that results from destruction of insulin-producing beta cells, mostly by autoimmune mechanisms. The subsequent lack of insulin leads to increased blood and urine glucose.

Exclusions: Type 2 diabetes mellitus (5A11)

Diabetes mellitus, other specified type (5A13)

Diabetes mellitus in pregnancy (JA63)

Coded Elsewhere: Pre-existing type 1 diabetes mellitus in pregnancy (JA63.0)

5A11 **Type 2 diabetes mellitus**

Diabetes mellitus type 2 (formerly noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes) is a metabolic disorder that is characterised by high blood glucose in the context of insulin resistance and relative insulin deficiency.

Inclusions: non-insulin-dependent diabetes of the young

Exclusions: Diabetes mellitus in pregnancy (JA63)

Diabetes mellitus, other specified type (5A13)

Idiopathic Type 1 diabetes mellitus (5A10)

Coded Elsewhere: Pre-existing type 2 diabetes mellitus in pregnancy (JA63.1)

5A12 **Malnutrition-related diabetes mellitus**

5A13 Diabetes mellitus, other specified type

Diabetes mellitus which cannot be classified as either Type 1 or Type 2 diabetes mellitus.

Exclusions: Diabetes mellitus in pregnancy (JA63)

Type 2 diabetes mellitus (5A11)

Idiopathic Type 1 diabetes mellitus (5A10)

5A13.0 Diabetes mellitus due to genetic defects of beta cell function

Other specified diabetes mellitus due to genetic defects of beta cell function is a form of diabetes, which is associated with monogenetic defects in beta-cell function.

5A13.1 Diabetes mellitus due to genetic defects in insulin action

Other specified diabetes mellitus due to genetic defects in insulin action is a form of diabetes, which results from genetically determined abnormalities of insulin action. The metabolic abnormalities associated with mutations of the insulin receptor may range from hyperinsulinemia and modest hyperglycaemia to severe diabetes.

5A13.2 Diabetes mellitus due to diseases of the exocrine pancreas

Other specified diabetes mellitus due to diseases of the exocrine pancreas is a form of diabetes, which caused by any process that diffusely injures the pancreas. Acquired processes include pancreatitis, trauma, infection, pancreatectomy, and pancreatic carcinoma. With the exception of that caused by cancer, damage to the pancreas must be extensive for diabetes to occur.

5A13.3 Diabetes mellitus due to endocrinopathies

Other specified diabetes mellitus due to endocrinopathies is a form of diabetes caused by several hormones (e.g., growth hormone, cortisol, glucagon, epinephrine), which antagonize insulin action. Excess amounts of these hormones (e.g., acromegaly, Cushing's syndrome, glucagonoma, pheochromocytoma, respectively) can cause diabetes. This generally occurs in individuals with preexisting defects in insulin secretion, and hyperglycaemia typically resolves when the hormone excess is resolved.

5A13.4 Diabetes mellitus due to drug or chemical

Other specified diabetes mellitus due to drug or chemical is a form of diabetes, which is caused by drug or chemical substance that impairs insulin secretion and insulin action.

5A13.5 Diabetes mellitus due to uncommon forms of immune-mediated diabetes

Other specified diabetes mellitus due to uncommon forms of immune-mediated diabetes is a form of diabetes, which is caused by two known conditions. The stiff-man syndrome is an autoimmune disorder of the central nervous system characterised by stiffness of the axial muscles with painful spasms. Patients usually have high titres of the GAD autoantibodies, and approximately one-third will develop diabetes.

5A13.6 **Diabetes mellitus due to other genetic syndromes**

Other specified diabetes mellitus due to other genetic syndromes is a form of diabetes, which is associated with genetic syndromes.

Coding Note: Use additional code, if desired, to identify any associated genetic syndrome

Coded Elsewhere: Wolfram syndrome (5A61.5)

Maternally inherited diabetes and deafness (LD2H.Y)

Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

Woodhouse-Sakati syndrome (5A61.0)

Mitochondrial myopathy with diabetes mellitus (8C73.Y)

5A13.7 **Diabetes mellitus due to clinically defined subtypes or syndromes**

Diabetes mellitus that has clinically defined subtypes or associated syndromes

5A13.Y **Diabetes mellitus due to other specified cause**

5A14 **Diabetes mellitus, type unspecified**

Exclusions: Idiopathic Type 1 diabetes mellitus (5A10)

Type 2 diabetes mellitus (5A11)

Diabetes mellitus, other specified type (5A13)

Diabetes mellitus in pregnancy (JA63)

Acute complications of diabetes mellitus (5A20-5A2Y)

5A20 **Diabetic hyperosmolar hyperglycaemic state**

Coding Note: Code also the causing condition

5A20.0 **Hyperosmolar hyperglycaemic state without coma**

Coding Note: Code also the causing condition

5A20.1 **Hyperosmolar hyperglycaemic state with coma**

Coding Note: Code also the causing condition

5A20.Z **Diabetic hyperosmolar hyperglycaemic state, unspecified**

Coding Note: Code also the causing condition

5A21 **Hypoglycaemia in the context of diabetes mellitus**

Coding Note: Code also the causing condition

5A21.0 **Hypoglycaemia in the context of diabetes mellitus without coma**

Coding Note: Code also the causing condition

5A21.1 **Hypoglycaemia in the context of diabetes mellitus with coma**

Coding Note: Code also the causing condition

5A21.Z **Hypoglycaemia in the context of diabetes, unspecified**

Coding Note: Code also the causing condition

5A22 **Diabetic acidosis**

Coding Note: Code also the causing condition

5A22.0 **Diabetic ketoacidosis without coma**

Coding Note: Code also the causing condition

5A22.1 **Diabetic lactic acidosis**

Coding Note: Code also the causing condition

5A22.2 **Diabetic metabolic acidosis**

Coding Note: Always assign an additional code for diabetes mellitus

5A22.3 **Diabetic ketoacidosis with coma**

Coding Note: Code also the causing condition

5A22.Y **Other specified diabetic acidosis**

Coding Note: Code also the causing condition

5A22.Z **Diabetic acidosis, unspecified**

Coding Note: Code also the causing condition

5A23 **Diabetic coma**

Coding Note: Code also the causing condition

5A24 **Uncontrolled or unstable diabetes mellitus**

Brittle diabetes mellitus is a term used to describe particularly hard-to-control Type 1 or Type 2 diabetes mellitus. It results in frequent, extreme swings in blood glucose levels, causing hyperglycaemia that could lead to ketoacidosis or hypoglycaemia.

Coding Note: Code also the causing condition

5A2Y **Other specified acute complications of diabetes mellitus**

Coding Note: Code also the causing condition

Other disorders of glucose regulation or pancreatic internal secretion (5A40-5A4Z)

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)
Multiple endocrine neoplasia type 1 (2F7A.0)
Malignant neoplasm of pancreas (2C10)

Coded Elsewhere: Somatostatinoma (2C10.1)
VIPoma (2C10.1)
PPoma (2C10.1)
GRFoma (2C10.1)

5A40 **Intermediate hyperglycaemia**

A metabolic disorder characterised by glucose levels too high to be considered normal, though not high enough to meet the criteria for diabetes.

Inclusions: prediabetes
Impaired glucose regulation

Exclusions: Diabetes mellitus, other specified type (5A13)
Idiopathic Type 1 diabetes mellitus (5A10)
Type 2 diabetes mellitus (5A11)
Diabetes mellitus, type unspecified (5A14)
Elevated blood glucose level (MA18.0)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

5A40.0 Impaired fasting glucose

Impaired glucose tolerance is a metabolic disorder with FPG 110–125 mg/dl (6.1–6.9 mmol/l).

5A40.1 Impaired glucose tolerance

Impaired glucose tolerance (IGT) is a metabolic disorder, which is characterised by 2-h postload glucose 140–199 mg/dl (7.8–11.1 mmol/l).

5A40.Y Other specified intermediate hyperglycaemia

5A40.Z Intermediate hyperglycaemia, unspecified

5A41 **Hypoglycaemia without associated diabetes**

Exclusions: Hypoglycaemia in the context of diabetes mellitus (5A21)

Coded Elsewhere: Neonatal hypoglycaemia (KB60.4)

5A42 **Increased secretion of glucagon**

Exclusions: Multiple endocrine neoplasia type 1 (2F7A.0)

Coded Elsewhere: Glucagonoma (2C10.1)

5A43 **Abnormal secretion of gastrin**

Coded Elsewhere: Gastrinoma (2C10.1)

5A43.0 Drug-induced hypergastrinaemia

A form of hypergastrinaemia that can be induced by drugs.

5A43.1 **Zollinger-Ellison syndrome**

A syndrome characterised by the presence of a gastrin-secreting tumour, usually in the pancreas or duodenum, resulting in increased gastric acidity and formation of gastric ulcers. Signs and symptoms include abdominal pain and diarrhea. It may be sporadic or a manifestation of multiple endocrine neoplasia type 1.

Coded Elsewhere: Anastomotic ulcer due to Zollinger-Ellison syndrome (DA62.Y)

Gastric ulcer due to Zollinger-Ellison syndrome (DA60.Y)

Duodenal ulcer due to Zollinger-Ellison syndrome (DA63.Y)

5A43.Y **Other specified abnormal secretion of gastrin**

5A43.Z **Abnormal secretion of gastrin, unspecified**

5A44 Insulin-resistance syndromes

Coding Note: Code also the causing condition

5A45 Persistent hyperinsulinaemic hypoglycaemia of infancy

Congenital isolated hyperinsulinism, or Persistent hyperinsulinaemic hypoglycaemia of infancy (PHHI) is defined by an inappropriate oversecretion of insulin by the endocrine pancreas that is responsible for profound hypoglycaemia, which requires aggressive medical and/or surgical treatment to prevent severe and irreversible brain damage. PHHI is a genetically heterogeneous disorder with two types of histological lesions: diffuse (DiPHHI) and focal (FoPHHI) which are clinically indistinguishable.

5A4Y Other specified disorders of glucose regulation or pancreatic internal secretion

5A4Z Disorders of glucose regulation or pancreatic internal secretion, unspecified

Disorders of the parathyroids or parathyroid hormone system (5A50-5A5Z)

Disorders of the parathyroids and parathyroid hormone system generally refer to conditions with inappropriate secretion and/or actions of parathyroid hormone that cause dysregulation of calcium metabolism.

Exclusions: Hypocalcaemic vitamin D dependent rickets (5C63.20)

Hypovitaminosis D (5B57)

Hyperphosphataemic familial tumoural calcinosis (5C54.1)

Hypocalcaemic vitamin D resistant rickets (5C63.21)

5A50 Hypoparathyroidism

Hypoparathyroidism is a condition with insufficient biological actions of parathyroid hormone due to impaired secretion of parathyroid hormone or refractoriness of target tissues to parathyroid hormone.

Exclusions: Postprocedural hypoparathyroidism (5D42)

tetany NOS (MB47.D)

Coded Elsewhere: Transitory neonatal hypoparathyroidism (KB64)

5A50.0 **Hypoparathyroidism due to impaired parathyroid hormone secretion**

Hypoparathyroidism due to impaired PTH secretion is a condition with low circulating PTH level and hypocalcaemia caused by being unable to secrete PTH from parathyroids in response to hypocalcaemia with pathological or functional defects in parathyroids.

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

5A50.00 Idiopathic hypoparathyroidism

Exclusions: Autoimmune polyendocrinopathy type 1 (5B00)

5A50.01 Secondary hypoparathyroidism

Coding Note: Code also the causing condition

5A50.02 Hypoparathyroidism due to destruction of the parathyroid glands

Dysfunction of parathyroid glands can be caused by several etiologies such as radiation, destruction of parathyroid glands by granulomatous disease or cancer infiltration, and deposition of iron or copper.

5A50.03 Autoimmune hypoparathyroidism

5A50.0Y Other specified hypoparathyroidism due to impaired parathyroid hormone secretion

5A50.0Z Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified

5A50.1 **Pseudohypoparathyroidism**

Pseudohypoparathyroidism is a condition with refractoriness to parathyroid hormone of its target tissues especially kidney that causes hypocalcaemia and hyperphosphataemia even in the presence of high circulating levels of biologically active parathyroid hormone.

5A50.Y **Other specified hypoparathyroidism**

5A50.Z **Hypoparathyroidism, unspecified**

5A51 **Hyperparathyroidism**

Hyperparathyroidism refers to overproduction of parathormone and s most frequently due to a tumour in one of the parathyroid glands. It may also occur in response to low calcium levels, as encountered in various situations such as vitamin D deficiency or chronic kidney disease.

Hyperparathyroidism results in weakening of the bones through loss of calcium.

Exclusions: Adult osteomalacia (FB83.2)

infantile and juvenile osteomalacia (5B57.0)

5A51.0 **Primary hyperparathyroidism**

Primary hyperparathyroidism is a condition with enhanced PTH secretion and high circulatory PTH level caused by abnormal parathyroid pathology such as adenoma, hyperplasia and cancer. Primary hyperparathyroidism usually causes hypercalcaemia by enhanced PTH actions.

5A51.1 **Secondary hyperparathyroidism**

Secondary hyperparathyroidism is a condition with enhanced PTH secretion and high circulatory PTH level caused by metabolic changes such and hypocalcaemia, hyperphosphatemia and low 1,25-dihydroxyvitamin D.

Coding Note: Code also the causing condition

Exclusions: secondary hyperparathyroidism of renal origin (GB90.4)

5A51.2 **Familial hypocalciuric hypercalcaemia**

Familial Hypocalciuric Hypercalcaemia (FHH) or benign familial hypercalcaemia is an autosomal dominant disorder of calcium metabolism that is often asymptomatic and that is biologically characterised by a significant but moderate hypercalcaemia. Serum levels of parathyroid hormone are normal or slightly increased, and urinary calcium excretion is relatively low for hypercalcaemia. CASR, GNA11 and AP2S1 have been identified as causative genes.

5A51.Y **Other specified hyperparathyroidism**

5A51.Z **Hyperparathyroidism, unspecified**

5A5Y Other specified disorders of the parathyroids or parathyroid hormone system

5A5Z Disorders of the parathyroids or parathyroid hormone system, unspecified

Disorders of the pituitary hormone system (5A60-5A6Z)

Clinical status with increased, decreased, or dysregulated secretion of pituitary hormones, which is caused by a variety of tumourous, non-tumourous, and genetic disorders.

5A60 Hyperfunction of pituitary gland

A disease characterised by hypersecretion of adenohypophyseal hormones such as growth hormone, pralactin, thyrotopin, luteinising hormone, follicle stimulating hormone or adrenocorticotropic hormone.

Clinical status with excessive production of one or more pituitary hormones, which is mostly caused by hormone-producing pituitary adenomas.

Exclusions: Nelson syndrome (5A70.3)

overproduction of pituitary ACTH (5A70.0)

overproduction of thyroid-stimulating hormone (5A02)

Cushing syndrome (5A70)

Multiple endocrine neoplasia type 1 (2F7A.0)

Multiple endocrine neoplasia type 4 (2F7A.0)

5A60.0 **Acromegaly or pituitary gigantism**

Acromegaly is an acquired disorder related to excessive production of growth hormone (GH) and characterised by progressive somatic disfigurement (mainly involving the face and extremities) and systemic manifestations. The main clinical features are broadened extremities (hands and feet), widened thickened and stubby fingers, and thickened soft tissue. The disease also has rheumatologic, cardiovascular, respiratory and metabolic consequences which determine its prognosis. In the majority of cases, acromegaly is related to a pituitary adenoma, either purely GH-secreting (60%) or mixed. Transsphenoidal surgery is often the first-line treatment. When surgery fails to correct GH/IGF-I hypersecretion, medical treatment with somatostatin analogs and/or radiotherapy can be used.

Inclusions: Overproduction of growth hormone

Exclusions: constitutional gigantism (5B12)

increased secretion from endocrine pancreas of growth hormone-releasing hormone (5A40-5A4Z)

Constitutional tall stature (5B12)

5A60.1 **Hyperprolactinaemia**

Increased peripheral blood levels of prolactin often associated with galactorrhea, sometimes associated with normal ovarian function, but often resulting in a spectrum of ovulatory dysfunction varying between short luteal phase (inadequate preovulatory follicular development), anovulatory cycles, amenorrhea and hypogonadotropic hypogonadism

Coded Elsewhere: Prolactinoma of pituitary gland (2F37.Y)

5A60.2 **Syndrome of inappropriate secretion of antidiuretic hormone**

Syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) is characterised by continued ADH secretion, leading to hyponatremia, hypoosmolality and natriuresis. Exact prevalence is unknown. The disease has been described in all age groups. SIADH is often associated with tumours, pulmonary disease, central nervous system disorders or exposure to drugs. Occasionally, it is found in patients with adrenal, thyroid or pituitary insufficiency. The disorder is caused by gain-of-function mutations in the gene encoding the vasopressin V2 receptor. Fluid restriction is the most common treatment. The outcome is related to the underlying and associated disorders.

5A60.20 Nephrogenic syndrome of inappropriate antidiuresis

5A60.2Y Other specified syndrome of inappropriate secretion of antidiuretic hormone

5A60.2Z Syndrome of inappropriate secretion of antidiuretic hormone, unspecified

5A60.3 **Central precocious puberty**

Central precocious puberty is defined as the onset of pubertal changes before 8 years of age in girls and before 9.5 years of age in boys due to the overproduction of gonadotropin-releasing hormone (GnRH) by the hypothalamus. It may be idiopathic with no apparent cause (90% of cases in girls, 50% of cases in boys) or secondary to a lesion (tumour or malformation) in the hypothalamus. Other causes may include traumatic brain injury, or genetic disorders, affecting behavioural and psychological development, and final body height.

5A60.Y **Other specified hyperfunction of pituitary gland**

5A60.Z **Hyperfunction of pituitary gland, unspecified**

5A61 **Hypofunction or certain other specified disorders of pituitary gland**

Clinical status with disordered function of the pituitary gland without excessive pituitary hormone production, which is caused by a variety of diseases

Exclusions: Postprocedural hypopituitarism (5D43)

Craniopharyngioma (2A00)

Coded Elsewhere: Non-secreting pituitary adenoma (2F37.0)

5A61.0 **Hypopituitarism**

A disorder manifesting a deficiency or decrease of one or more pituitary hormones, which is caused by a variety of diseases such as tumour, trauma/surgery, irradiation, inflammation and haemorrhage/infarction.

Inclusions: pituitary cachexia

pituitary short stature

Coded Elsewhere: Prader-Willi syndrome (LD90.3)

Argonz-del Castillo Syndrome (5A60.1)

5A61.1 **Adrenocorticotropic hormone deficiency**

Deficiency of adrenocorticotropic hormone (ACTH) resulting in functional hypocortisolism. Includes deficiency of corticotropin releasing hormone (CRH, CRF).

5A61.2 **Gonadotropin deficiency**

Deficiency of Luteinizing Hormone (LH), Follicle Stimulating Hormone (FSH) resulting in hypogonadism (male and female). Includes deficiency of Gonadotropin Releasing Hormone (GnRH, LHRH).

Exclusions: Ovarian dysfunction (5A80)

Testicular hypofunction (5A81.1)

5A61.3 **Growth hormone deficiency**

Deficiency of growth hormone in children, adolescents and adults. Includes deficiency of growth hormone releasing hormone (GHRH) and excess of central somatostatin, leading to growth hormone deficiency. Includes idiopathic, inborn and acquired forms of growth hormone deficiency.

Exclusions: Hypopituitarism (5A61.0)

5A61.4 **Thyroid stimulating hormone deficiency**

Deficiency of thyroid stimulating hormone (TSH), leading to secondary (pituitary) or tertiary (hypothalamic) hypothyroidism Includes deficiency of TSH releasing hormone (TRH).

5A61.40 Acquired central hypothyroidism

Central Hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, induced by dysfunction of either hypothalamus or pituitary.

5A61.41 Congenital central hypothyroidism

5A61.4Y Other specified thyroid stimulating hormone deficiency

5A61.4Z Thyroid stimulating hormone deficiency, unspecified

5A61.5 Central diabetes insipidus

Central diabetes insipidus (CDI) is a hypothalamus-pituitary disease characterised by polyuria and polydipsia due to a vasopressin (AVP) deficiency. The condition may be associated with deficient secretion of antidiuretic hormone (ADH) and is most frequently idiopathic (possibly due to autoimmune injury to the ADH-producing cells), or may be induced by trauma, pituitary surgery, or hypoxic or ischaemic encephalopathy.

Inclusions: ADH - [antidiuretic hormone secretion] deficiency

Exclusions: Nephrogenic diabetes insipidus (GB90.4A)

5A61.6 Oxytocin deficiency

Isolated oxytocin deficiency or oxytocin deficiency in combination with anterior and/or posterior pituitary deficiencies.

5A61.Y Other specified hypofunction or disorders of pituitary gland

5A6Z Disorders of the pituitary hormone system, unspecified

Disorders of the adrenal glands or adrenal hormone system (5A70-5A7Z)

Coded Elsewhere: Gonadotropin deficiency (5A61.2)

Growth hormone deficiency (5A61.3)

Thyroid stimulating hormone deficiency (5A61.4)

Oxytocin deficiency (5A61.6)

Adrenal incidentaloma (2F37.Y)

5A70 Cushing syndrome

Cushing syndrome results from excess of corticosteroid hormones in the body due to overstimulation of the adrenal glands by excessive amounts of the hormone ACTH, secreted either by a tumuor of the pituitary gland (Cushing's disease) or by a malignant tumour in the lung or elsewhere. Symptoms include weight gain, reddening of the face and neck, excess growth of body and facial hair, raised blood pressure, loss of mineral from the bones (osteoporosis), raised blood glucose levels, and sometimes mental disturbances.

5A70.0 Pituitary-dependent Cushing disease

Pituitary-dependent Cushing disease is caused by a pituitary tumour, generally benign (adenoma) but rarely malignant (carcinoma), which secretes adrenocorticotropin (ACTH) autonomously, leading to hypercortisolism. The condition is associated with increased morbidity and mortality that can be mitigated by treatments that result in sustained endocrine remission. Transsphenoidal pituitary surgery (TSS) remains the mainstay of treatment for this disease but requires considerable neurosurgical expertise and experience in order to optimize patient outcomes.

5A70.1 **Ectopic ACTH syndrome**

5A70.2 **Pseudo-Cushing syndrome**

This is a condition in which patients display the signs, symptoms, and abnormal hormone levels seen in Cushing's syndrome. However, pseudo-Cushing's syndrome is not caused by a problem with the hypothalamic-pituitary-adrenal axis as Cushing's is; it is an idiopathic condition.

5A70.3 **Nelson syndrome**

5A70.Y **Other specified Cushing syndrome**

5A70.Z **Cushing syndrome, unspecified**

5A71 Adrenogenital disorders

Disorders of the reproductive system resulting from pathologic androgen production secondary to abnormalities in cortisol and/or aldosterone production

5A71.0 **46,XX disorders of sex development induced by androgens of fetal origin**

This refers to 46,XX disorders of sex development induced by any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of male characteristics in vertebrates by binding to androgen receptors, of fetal origin.

5A71.00 Glucocorticoid resistance

Glucocorticoid resistance is a rare genetic endocrine condition characterised by generalised, partial, target tissue resistance to glucocorticoids. The clinical spectrum of the condition is broad, ranging from asymptomatic to severe cases of hyperandrogenism, fatigue and/or mineralocorticoid excess.

5A71.01 Congenital adrenal hyperplasia

Congenital adrenal hyperplasia (CAH) refers to a group of conditions associated with either complete (classical form) or partial (non-classical) anomalies in the biosynthesis of adrenal hormones. The condition is characterised by insufficient production of cortisol, or of aldosterone (classical form with salt wasting), associated with overproduction of adrenal androgens. In the classical form, metabolic decompensation (dehydration with hyponatraemia, hyperkalaemia and acidosis associated with mineralocorticoid deficiency, and hypoglycaemia associated with glucocorticoid deficiency) may be life-threatening from the neonatal period onwards. Genital variations may be noted at birth in affected females. Chronic hyperandrogenism may lead to accelerated growth during childhood, but advanced bone maturation may lead to a deficit in final height. Adults tend to be overweight and metabolic disturbances, bone anomalies and fertility problems may also be present. Non-classical forms are associated with later onset, during the peri- or postpubertal period, and manifest with signs of hyperandrogenism (acne, hirsutism, menstrual problems and infertility).

5A71.0Y Other specified 46,XX disorders of sex development induced by androgens of fetal origin

5A71.0Z 46,XX disorders of sex development induced by androgens of fetal origin, unspecified

5A71.1 **46,XX disorders of sex development induced by androgens of maternal origin**

This refers to 46,XX disorders of sex development induced by any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of male characteristics in vertebrates by binding to androgen receptors, of maternal origin.

5A71.Y **Other specified adrenogenital disorders**

5A71.Z **Adrenogenital disorders, unspecified**

5A72 Hyperaldosteronism

5A72.0 **Primary hyperaldosteronism**

5A72.1 **Secondary hyperaldosteronism**

Coding Note: Code also the causing condition

5A72.Z **Hyperaldosteronism, unspecified**

5A73 Hypoaldosteronism

Exclusions: Congenital adrenal hyperplasia (5A71.01)

5A74 Adrenocortical insufficiency

A condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol. It may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention and also accompanies impaired production of adrenal androgens.

Coded Elsewhere: Neonatal haemorrhage originating in adrenal gland (KA83.4)

X-linked adrenoleukodystrophy (5C57.1)

5A74.0 **Acquired adrenocortical insufficiency**

This is a acquired condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.

Exclusions: Amyloidosis (5D00)

Coded Elsewhere: Adrenocorticotropic hormone deficiency (5A61.1)

Tuberculous Addison disease (1B12.3)

5A74.1 **Adrenal crisis**

Adrenal crisis is a life-threatening condition that indicates severe adrenal insufficiency caused by insufficient levels of cortisol.

Coded Elsewhere: Waterhouse-Friderichsen syndrome (1C1C.1)

5A74.Y **Other specified adrenocortical insufficiency**

5A74.Z **Adrenocortical insufficiency, unspecified**

5A75 Adrenomedullary hyperfunction

Idiopathic overstimulation of the adrenal medulla resulting in pathologic epinephrine/norepinephrine-mediated sympathetic output

5A76 Certain specified disorders of adrenal gland

5A76.0 Premature adrenarche

Premature development of pubic and/or axillary hair without central or peripheral precocious puberty. Children show premature clinical and/or laboratory signs of androgen action without estrogen action.

Exclusions: Central precocious puberty (5A60.3)

Congenital adrenal hyperplasia (5A71.01)

Peripheral precocious puberty (5A92)

5A76.Y Other specified disorders of adrenal gland

5A7Z Disorders of the adrenal glands or adrenal hormone system, unspecified

Disorders of the gonadal hormone system (5A80-5A8Z)

Gonad has a capability to produce androgen and estrogen under the control by hypothalamic-pituitary- gonadal axis. Gonadal dysfunction is caused by either insufficient actions of gonadotropin or resistance to gonadotropin.

5A80 Ovarian dysfunction

Pathological processes of the OVARY

Exclusions: isolated gonadotropin deficiency (5A61.0)

Postprocedural ovarian failure (5D44)

Coded Elsewhere: Premature ovarian failure (GA30.6)

Hirsutism associated with hyperandrogenaemia (ED72.1)

Ovarian hyperstimulation syndrome (GA32.0)

HAIR-AN syndrome (5A44)

5A80.0 Clinical hyperandrogenism

Presence of hirsutism, acne or androgenic alopecia (scalp hair loss in women)

5A80.1 Polycystic ovary syndrome

Condition defined by the presence of at least 2 of the following 3 criteria: oligo/anovulation; clinical or biochemical signs of hyperandrogenism; presence of polycystic ovaries as identified by ultrasound.

Inclusions: Sclerocystic ovary syndrome

Exclusions: Polycystic ovary NOS (5A80.2)

5A80.2 Polycystic ovary

Ovary with increased size (> 7 mL) and stromal volume, and with increased number of follicles (12 or more measuring 2-0 mm in diameter), that may be present in women with PCOS, but also in women with normal ovulatory function and normal fertility (unilaterally or bilaterally).

Exclusions: Polycystic ovary syndrome (5A80.1)

5A80.3 Anovulation

lack of ovulation in the last 12 months, leading to amenorrhea, irregular or infrequent cycles

5A80.4 Oligo-ovulation

Oligo-ovulation (less than 4 ovulations in the last 12 months) not related to described categories of endocrine dysfunction. Excludes anovulation related to PCOS, hyperprolactinaemia or amenorrhea.

5A80.5 Diminished ovarian reserve

Condition characterised by ovaries with lower number of oocytes than expected for female chronologic age, marked by biochemical abnormalities (increased serum FSH levels, decreased serum AMH levels) and/or ultrasound findings (low antral follicle count) associated with ovarian ageing, reduced response to ovarian stimulation, and female infertility

5A80.Y Other specified ovarian dysfunction

5A80.Z Ovarian dysfunction, unspecified

5A81 Testicular dysfunction or testosterone-related disorders

Exclusions: isolated gonadotropin deficiency (5A61.0)

Klinefelter syndrome (LD50.3)

Postprocedural testicular hypofunction (5D45)

Azoospermia (GB04.0)

Oligospermia (GB04)

Coded Elsewhere: 46,XY gonadal dysgenesis (LD2A.1)

Testicular agenesis (LD2A.2)

46,XY disorder of sex development due to a defect in testosterone metabolism (LD2A.3)

46,XY disorder of sex development due to androgen resistance (LD2A.4)

46, XY disorders of sex development (LD2A.Y)

5A81.0 Testicular hyperfunction

A hypersecretion of testicular hormones.

Exclusions: McCune-Albright syndrome (FB80.0)

5A81.1 **Testicular hypofunction**

In pre-puberty, a disorder characterised by atrophied testes and sterility, abnormal height and absence of secondary sex characteristics. In post-puberty, a disorder characterised by depressed sexual function, loss of sex drive and sterility, muscle weakness and osteoporosis (due to loss of the androgen anabolic effect).

5A81.Y **Other specified testicular dysfunction or testosterone-related disorders**

5A81.Z **Testicular dysfunction or testosterone-related disorders, unspecified**

5A8Z **Disorders of the gonadal hormone system, unspecified**

Certain disorders of puberty (5A90-5A9Z)

Exclusions: Central precocious puberty (5A60.3)

5A90 **Disorder of puberty due to oestrogen resistance**

5A91 **Delayed puberty**

This is when an organism has passed the usual age of onset of puberty with no physical or hormonal signs that it is beginning. Puberty may be delayed for several years and still occur normally, in which case it is considered constitutional delay, a variation of healthy physical development. Delay of puberty may also occur due to malnutrition, many forms of systemic disease, or to defects of the reproductive system (hypogonadism) or the body's responsiveness to sex hormones.

Inclusions: Delayed sexual development

Constitutional delay of puberty

5A92 **Peripheral precocious puberty**

Precocious puberty without activation of the GnRH-/gonadotropin axis. It includes gonadal tumours with sex hormone production and it may be part of McCune-Albright's syndrome.

Inclusions: Precocious menstruation

Exclusions: female heterosexual precocious pseudopuberty (5A71)

male isosexual precocious pseudopuberty (5A71)

Central precocious puberty (5A60.3)

Congenital adrenal hyperplasia (5A71.01)

Coded Elsewhere: Testotoxicosis (5A81.0)

McCune-Albright syndrome (FB80.0)

5A9Y **Other disorders of puberty**

5A9Z **Disorders of puberty, unspecified**

Polyglandular dysfunction (5B00-5B0Z)

Exclusions: Ataxia-telangiectasia (4A01.31)

Pseudohypoparathyroidism (5A50.1)

dystrophia myotonica [Steinert] (8C71.0)

Coded Elsewhere: Multiple polyglandular tumours (2F7A.0)

5B00 **Autoimmune polyendocrinopathy**

This a subtype of autoimmune polyendocrine syndrome, in which multiple endocrine glands dysfunction as a result of autoimmunity. It is a genetic disorder attributed to a defect in the AIRE gene that normally confers immune tolerance. It is inherited in a recessive fashion.

Coded Elsewhere: X-linked immune dysregulation – polyendocrinopathy – enteropathy (4A01.21)

5B01 **Polyglandular hyperfunction**

5B0Y **Other specified polyglandular dysfunction**

5B0Z **Polyglandular dysfunction, unspecified**

Endocrine disorders, not elsewhere classified (5B10-5B1Y)

Exclusions: Pseudohypoparathyroidism (5A50.1)

5B10 **Carcinoid syndrome**

5B11 **Short stature, not elsewhere classified**

Exclusions: Progeria (LD2B)

Silver-Russell syndrome (LD2F.1)

short-limbed stature with immunodeficiency (4A01.10)

short stature hypochondroplastic (LD24.01)

short stature achondroplastic (LD24.00)

renal short stature (GB61)

pituitary related short stature (5A61.0)

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

5B12 **Constitutional tall stature**

Constitutional (familial) tall stature, a variant of the normal pattern of childhood growth and development, is defined as a condition in which the height of an individual is more than 2 SD above the corresponding mean height for a normal subject of the same age and gender. Distinguishing features are a family history of tall stature and lack of dimorphism or other clinical features suggesting pathologic causes of abnormally rapid growth.

Inclusions: Constitutional gigantism

5B1Y **Other specified endocrine disorders, not elsewhere classified**

5B3Y **Other specified endocrine diseases**

5B3Z **Endocrine diseases, unspecified**

Nutritional disorders (5B50-5C3Z)

Nutritional disorders in all their forms result from imbalances (excess or deficiency) in energy and/or specific macro and micronutrients. They occur when the intake of essential macronutrients and micronutrients does not meet or exceeds the metabolic demands for those nutrients. Metabolic demands vary with age and other physiological conditions, they are also affected by environmental circumstances, including poor hygiene and sanitation, which lead to diarrhea and other infections.

Coded Elsewhere: Nutritional or toxic disorders of the nervous system (8D40-8D4Z)

Undernutrition (5B50-5B7Z)

Undernutrition is a condition in which the body's requirements are unmet due to underconsumption or to impaired absorption and use of nutrients. It can be produced by lack of access to food, or as a consequence of illness. Undernutrition commonly refers to a deficit in energy intake, but can also refer to deficiencies of specific nutrients, and can be either acute or chronic.

Inclusions: Malnutrition NOS

Exclusions: slim disease (1C62.3)

starvation (NF07.0)

Intestinal malabsorption (DA96.0)

Anorexia Nervosa (6B80)

Coded Elsewhere: Malnutrition in pregnancy (JA64)

Fetal intrauterine malnutrition without mention of small for gestational age (KA20.2)

Undernutrition-dehydration cataract (9B10.2Y)

5B50 **Underweight in infants, children or adolescents**

5B51 **Wasting in infants, children or adolescents**

5B52 **Acute malnutrition in infants, children or adolescents**

5B53 **Stunting in infants, children or adolescents**

5B54 **Underweight in adults**

Body mass index (BMI) <18.5 kg/m^2

5B55 Vitamin A deficiency

Vitamin A deficiency (VAD) is defined as a state in which tissue concentrations of vitamin A are low enough to have adverse health consequences even if there is no evidence of clinical xerophthalmia. The term xerophthalmia encompasses the clinical spectrum of ocular manifestations of vitamin A deficiency, from milder stages of night blindness and Bitot's spots, to potentially blinding stages of corneal xerosis, ulceration and necrosis (keratomalacia). In addition to the specific signs and symptoms of xerophthalmia and the risk of irreversible blindness, nonspecific symptoms include increased morbidity and mortality, poor reproductive health, increased risk of anaemia, and contributions to slowed growth and development.

Inclusions: Hypovitaminosis A

Coded Elsewhere: Acquired vitamin A deficiency anaemia (3A03.5)

5B55.0 Vitamin A deficiency with night blindness

Night blindness (poor adaptation to darkness) is generally the earliest manifestation of vitamin A deficiency. In mild cases, night blindness is apparent only after photic stress. Affected children no longer move around after dusk and prefer to sit in a secure corner, often unable to find their food or toys. Night blindness of recent onset in a preschool child is practically pathognomonic of vitamin A deficiency. All patients respond rapidly to therapy with vitamin A, usually within 48 hours.

5B55.1 Vitamin A deficiency with conjunctival xerosis

In conjunctival xerosis the epithelium of the conjunctiva is transformed from the normal columnar to the stratified squamous type, with a resultant loss of goblet cells, formation of a granular cell layer, and keratinization of the surface. Clinically, these changes are expressed as marked dryness or unwettability, the affected area appearing roughened, with fine droplets or bubbles on the surface, rather than smooth and glistening. Conjunctival xerosis first appears in the temporal quadrant, as an isolated oval or triangular patch adjacent to the limbus in the interpalpebral fissure. It is almost always present in both eyes.

5B55.2 Vitamin A deficiency with conjunctival xerosis and Bitot's spots

Generalised conjunctival xerosis suggests advanced vitamin A deficiency. The entire conjunctiva appears dry, roughened, and corrugated, sometimes skin-like. In some individuals keratin and saprophytic bacilli accumulate on the xerotic surface, giving it a foamy or cheesy appearance. Such lesions are known as Bitot's spot. With treatment active conjunctival xerosis and Bitot's spot begin to resolve within 2-5 days. Most will disappear within 2 weeks, though a significant proportion of temporal lesions may persist, in shrunken form, for months.

5B55.3 Vitamin A deficiency with corneal xerosis

Clinically, the cornea develops classical xerosis, a hazy, lustreless, dry appearance, first apparent near the inferior limbus. Many children have characteristic superficial punctate lesions of the inferior-nasal aspects of their cornea that stain brightly with fluorescein. Early in the disease they are visible only through a slit-lamp examination. With more severe disease the punctate lesions become more numerous and spread upwards over the central cornea, and the corneal stroma becomes oedematous. Thick, keratinized plaques resembling Bitot's spot may form on the corneal surface. These are often densest in the interpalpebral zone. With treatment, these corneal plaques peel off, sometimes leaving superficial erosion which quickly heals. Corneal xerosis responds within 2-5 days to vitamin A therapy, the cornea regaining its normal appearance in 1-2 weeks.

5B55.4 Vitamin A deficiency with corneal ulceration or keratomalacia

Ulceration/keratomalacia indicates permanent destruction of part or all of the corneal stroma, resulting in permanent structural alteration. Ulcers are classically round to oval "punched-out" defects, as if a trephine or cork-borer had been applied to the eye. The surrounding cornea is generally xerotic but otherwise clear, and typically lacks the grey, infiltrated appearance of ulcers of bacterial origin. There may be more than one ulcer. Small ulcers are almost invariably confined to the periphery of the cornea, especially its inferior and nasal aspects. The ulceration may be shallow, but is commonly deep. Perforations become plugged with iris, thereby preserving the anterior chamber. In more advanced disease the necrotic stroma sloughs, leaving a large ulcer or descemetocele. As with smaller ulcers, this is usually peripheral and heals as a dense, white, adherent leukoma. With therapy, superficial ulcers often heal with surprisingly little scarring; deeper ulcers, especially perforations, form dense peripheral adherent leukomas.

5B55.5 Vitamin A deficiency with xerophthalmic scars of cornea or blindness

Xerophthalmia or "dry eye" remains the most important cause of childhood blindness in many developing countries. Healed sequelae of prior corneal disease related to vitamin A deficiency include opacities or scars of varying density (nebula, macula, leukoma), weakening and outpouching of the remaining corneal layers (staphyloma and descemetocele) and, where loss of intraocular contents has occurred, phthisis bulbi, a scarred shrunken globe. Such end-stage lesions are not specific for xerophthalmia and may arise from numerous other conditions, notably trauma and infection.

5B55.Y Vitamin A deficiency with other specified manifestations

5B55.Z Vitamin A deficiency, unspecified

5B56 Vitamin C deficiency

This condition groups several clinical consequences secondary to vitamin C deficiency with scurvy being the most severe presentation. The populations at risk of vitamin C deficiency are those for whom the fruit and vegetable supply is minimal. Epidemics of scurvy are associated with famine and war, when food supply is small and irregular. Children fed predominantly heat-treated (ultra-high-temperature or pasteurized) milk or unfortified formulas and not receiving fruits and fruit juices are at significant risk for symptomatic disease.

5B56.0 **Scurvy**

Scurvy is a disease caused by a lack of vitamin C (ascorbic acid) in the diet. Vitamin C plays a central role in collagen and ground-substance formation, metabolism of aromatic amino acids (phenylalanine, tyrosine), reduction of folic acid to folinic acid and a broad range of biochemical redox reactions. Clinical features include perifollicular haemorrhages, ecchymoses, swollen bleeding gums, stomatitis and epistaxis.

Coded Elsewhere: Scorbutic anaemia (3A03.2)

5B56.Y **Other specified vitamin C deficiency**

5B56.Z **Vitamin C deficiency, unspecified**

5B57 Vitamin D deficiency

Vitamin D is a fat-soluble vitamin contained naturally in very few foods, added to milk, available as a supplement, and produced endogenously with exposure to sunlight. Vitamin D deficiency can be caused by inadequate intake due to dietary factors (e.g., special diets (veganism), lactose intolerance or allergies) and/or limited exposure to sunlight due to geographic location, sun avoidance, or shiftwork. Severe deficiency results in disordered bone modelling called rickets in childhood (open growth plates), and osteomalacia in adults (fused growth plates).

5B57.0 **Vitamin D deficiency rickets**

Rickets is a disease of growing bone that is due to unmineralized matrix at the growth plates and occurs in children only before fusion of the epiphyses. There are many causes of rickets, including vitamin D disorders, calcium deficiency, phosphorous deficiency, and distal renal tubular acidosis. With the increased survival rate of very low birthweight infants, rickets in this age group has become a significant problem.

5B57.1 **Vitamin D deficiency osteomalacia**

Osteomalacia is a disorder of defective mineralization of newly formed osteoid at sites of bone turnover. Several different disorders cause osteomalacia via mechanisms that result in hypocalcaemia, hypophosphatemia, or direct inhibition of the mineralization process. Severe vitamin D deficiency, secondary to inadequate dietary intake, lack of sun exposure, gastric bypass or malabsorption (celiac disease), is the most common cause of osteomalacia in adults.

5B57.Y **Other specified vitamin D deficiency**

5B57.Z **Vitamin D deficiency, unspecified**

5B58 Vitamin E deficiency

Vitamin E deficiency is a condition that causes haemolysis and/or neurologic manifestations. Red blood cell fragility occurs and can produce a haemolytic anaemia. Neuronal degeneration produces peripheral neuropathies, ophthalmoplegia, and destruction of posterior columns of spinal cord. Neurologic disease is frequently irreversible if deficiency is not corrected early enough. Vitamin E deficiency may also contribute to the haemolytic anaemia and retrolental fibroplasia seen in premature infants.

Coded Elsewhere: Acquired vitamin E deficiency anaemia (3A03.6)

Dementia due to vitamin E deficiency (6D85.Y)

5B59 Vitamin K deficiency

Vitamin K is necessary for the synthesis of clotting factors II, VII, IX, and X, and deficiency of vitamin K can result in clinically significant bleeding. Vitamin K deficiency typically affects infants, who experience a transient deficiency related to inadequate intake, or patients of any age who have decreased vitamin K absorption. Mild vitamin K deficiency can affect long-term bone and vascular health.

Coded Elsewhere: Neonatal vitamin K deficiency (KA8F)

5B5A Vitamin B1 deficiency

Vitamin B1 deficiency manifests itself principally with changes involving the nervous system (polyneuritis and paralysis of the peripheral nerves), the cardiovascular system (cardiac insufficiency and generalised oedema), and also the gastrointestinal tract (constipation, vomiting, and abdominal pain).

5B5A.0 Beriberi

The clinical picture of Beriberi is usually divided into a dry (neuritic) type and a wet (cardiac) type. The disease is wet or dry depending on the amount of fluid which accumulates in the body due to factors like cardiac function, kidney lesions and others; even though the exact cause for this oedema has never been successfully explained. Many cases of thiamine deficiency show a mixture of the two main features and are more properly termed thiamine deficiency with cardiopathy and peripheral neuropathy. The infant shows signs of cyanosis and an acute cardiac attack can follow with the infant usually dying within 2 to 4 hours. The common age for this form of the deficiency disease is one month up through the third month. This type of deficiency responds very dramatically to thiamine.

5B5A.00 Dry beriberi

Neuritic form of Beri Beri

5B5A.01 Wet beriberi

Cardiac form of Beri Beri.

5B5A.0Z Beriberi, unspecified

5B5A.1 **Wernicke-Korsakoff Syndrome**

A thiamine-deficiency syndrome characterised by symmetric hyperaemic lesions of the brainstem, hypothalamus, thalamus, and mammillary bodies with glial proliferation, capillary dilatation, and perivascular haemorrhage. The syndrome is manifested by a confusional state, disorientation, ophthalmoplegia, nystagmus, diplopia, and ataxia (Wernicke encephalopathy), with severe loss of memory for recent events and confabulation (the invention of accounts of events to cover the loss of memory) (Korsakov psychosis) occurring following recovery. Defective binding of thiamine diphosphate by transketolase has been found. It appears that the disorder is of autosomal recessive inheritance but is expressed as clinical disease only in the event of thiamine deficiency.

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

Exclusions: Amnestic disorder due to use of alcohol (6D72.10)

5B5A.10 Wernicke encephalopathy

Wernicke's encephalopathy is an acute neuropsychiatric syndrome characterised by nystagmus, ophthalmoplegia, changes in the mental status, an uncoordinated gait and truncal ataxia. Wernicke's encephalopathy is usually accompanied or followed by Korsakoff's syndrome/Korsakoff's dementia (a continuum of Wernicke's encephalopathy characterised by severe memory defects, ataxia, apathy, disorientation, confabulations, hallucinations, paralysis of muscles controlling the eye and coma). The disorder results from a deficiency in vitamin B1, and mostly occurs in adults with a history of alcohol abuse or in patients with AIDS.

5B5A.11 Korsakoff syndrome

A disease of the nervous system, caused by deficiency of vitamin B1 in the brain. This disease commonly follows Wernicke encephalopathy, and may present with inability to form new memories, amnesia, confabulation, or hallucinations.

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

Exclusions: Amnestic disorder due to use of alcohol (6D72.10)

5B5A.1Y Other specified Wernicke-Korsakoff Syndrome

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

5B5A.1Z Wernicke-Korsakoff Syndrome, unspecified

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

5B5A.Y **Other specified vitamin B1 deficiency**

5B5A.Z **Vitamin B1 deficiency, unspecified**

5B5B

Vitamin B2 deficiency

The signs of riboflavin deficiency are sore throat, hyperaemia, oedema of the pharyngeal and oral mucous membranes, cheilosis, angular stomatitis, glossitis, seborrheic dermatitis, and normochromic normocytic anaemia associated with pure red cell cytoplasia of the bone marrow. The major cause of hyporiboflavinosis is inadequate dietary intake as a result of limited food supply, which is sometimes exacerbated by poor food storage or processing. Children in developing countries will commonly demonstrate clinical signs of riboflavin deficiency during periods of the year when gastrointestinal infections are prevalent. Decreased assimilation of riboflavin also results from abnormal digestion, such as that which occurs with lactose intolerance.

Inclusions: Riboflavin deficiency

Coded Elsewhere: Acquired riboflavin deficiency anaemia (3A03.41)

5B5C

Vitamin B3 deficiency

Niacin deficiency classically results in pellagra, which is a chronic wasting disease associated with a characteristic erythematous dermatitis that is bilateral and symmetrical, a dementia after mental changes including insomnia and apathy preceding an overt encephalopathy, and diarrhoea resulting from inflammation of the intestinal mucous surfaces. Pellagra occurs endemically in poorer areas of Africa, China and India.

Inclusions: Niacin deficiency NOS

5B5C.0 Pellagra

Pellagra is a potentially life-threatening disorder due to niacin deficiency and is observed in malnourished individuals, especially alcoholics, and as a complication of isoniazid therapy. The diagnosis is often overlooked or delayed. Pellagra manifests as diarrhoea, dermatitis, dementia, which usually appear in this order. Gastrointestinal tract symptoms always precede skin involvement, which presents initially with a sunburn-like blistering erythema, typically affecting the dorsal surfaces of the hands, face, neck, arms, and feet. With time the skin becomes thickened, scaly and pigmented.

5B5C.Y Other specified vitamin B3 deficiency

5B5D

Vitamin B6 deficiency

A deficiency of vitamin B6 alone is uncommon because it usually occurs in association with a deficit in other B-complex vitamins. Hypovitaminosis B6 may often occur with riboflavin (vitamin B2) deficiency. The classical clinical symptoms of vitamin B6 deficiency are a seborrheic dermatitis, microcytic anaemia, epileptiform convulsions, and depression and confusion. Infants are especially susceptible to insufficient intakes, which can lead to epileptiform convulsions. Moreover, there is usually a decrease in circulating lymphocytes and sometimes a normocytic, microcytic, or sideroblastic anaemia as well. As is the case with other micronutrient deficiencies, vitamin B6 deficiency results in an impairment of the immune system. Several medical conditions can also affect vitamin B6 metabolism and thus lead to deficiency symptoms.

Exclusions: Pyridoxine-responsive sideroblastic anaemia, not elsewhere classified (3A72.1)

Coded Elsewhere: Acquired pyridoxine deficiency anaemia (3A03.40)

Pyridoxine dependent epilepsy with antiquitin mutations (8A61.0Y)

5B5E

Folate deficiency

Nutritional deficiency of folate is common in people consuming a limited diet. This can be exacerbated by malabsorption conditions, including coeliac disease and tropical sprue. Pregnant women are at risk for folate deficiency because pregnancy significantly increases the folate requirement, especially during periods of rapid fetal growth (i.e. in the second and third trimester). During lactation, losses of folate in milk also increase the folate requirement. During pregnancy, there is an increased risk of fetal neural tube defects (NTDs), with risk increasing 10-fold as folate status goes from adequate to poor. Between days 21 and 27 post-conception, the neural plate closes to form what will eventually be the spinal cord and cranium. Spina bifida, anencephaly, and other similar conditions are collectively called NTDs. They result from improper closure of the spinal cord and cranium, respectively, and are the most common congenital abnormalities associated with folate deficiency.

5B5F

Vitamin B12 deficiency

Vegetarianism and poverty-imposed near-vegetarianism are the most common causes of nutritional cobalamin insufficiency worldwide in all age groups. In such populations, low maternal cobalamin status is associated with adverse pregnancy outcomes (preterm birth, intrauterine growth retardation, early recurrent miscarriage), neural tube defects, reduced neurocognitive performance in children, accelerated bone turnover, and low bone mineral density with fractures. Insufficient cobalamin intake is also seen in breast-fed infants of mothers with pernicious anaemia.

Inclusions: cobalamin deficiency

cyanocobalamin deficiency

Coded Elsewhere: Vitamin B12 deficiency anaemia due to low intake (3A01.2)

Vitamin B12 deficiency anaemia due to intrinsic factor deficiency (3A01.3)

Vitamin B12 deficiency anaemia due to intestinal disease (3A01.4)

Drug-induced vitamin B12 deficiency anaemia (3A01.5)

Acquired vitamin B12 deficiency anaemia (3A01.Y)

Dementia due to vitamin B12 deficiency (6D85.Y)

5B5G

Biotin deficiency

Isolated biotin deficiency is rare. Signs of biotin deficiency in humans have been demonstrated in individuals who consume raw egg white over long periods and in total parenteral nutrition (TPN) before biotin supplementation in patients with malabsorption. The clinical findings of biotin deficiency include dermatitis, conjunctivitis, alopecia, and central nervous system abnormalities. In adults fed raw egg white (which contains avidin, a protein that binds biotin with such high affinity that it renders it biounavailable) or receiving biotin-free TPN for months to years, thinning of hair, frequently with loss of hair colour, has been reported. Most adults with the deficiency demonstrate a red, scaly, skin rash, frequently around the eyes, nose, and mouth. Most of the adults have neurological symptoms, including depression, lethargy, hallucinations, and paraesthesia of the extremities.

5B5H

Pantothenic acid deficiency

Pantothenic deficiency is rare: only reported as a result of feeding semisynthetic diets or an antagonist to the vitamin. Experimental, isolated deficiency in humans produces fatigue, abdominal pain, vomiting, insomnia, and paraesthesias of the extremities.

5B5J

Choline deficiency

Choline deficiency is rare. Individuals fed with total parenteral nutrition (TPN) solutions lacking choline develop fatty liver and liver damage.

5B5K

Mineral deficiencies

Exclusions: Disorders of mineral absorption or transport (5C64)

Coded Elsewhere: Hypokalaemia (5C77)

Hypomagnesaemia (5C64.41)

5B5K.0 **Iron deficiency**

Iron deficiency is a state in which there is insufficient iron to maintain the normal physiological function of blood, brain and muscles. It can exist in the absence of anaemia if it has not lasted long enough or if it has not been severe enough to cause the haemoglobin concentration to fall below the threshold for the specific sex and age group. Iron deficiency is the most common nutritional deficiency.

Exclusions: Iron deficiency anaemia (3A00)

Coded Elsewhere: Acquired iron deficiency anaemia due to blood loss (3A00.0)

Acquired iron deficiency anaemia due to low intake (3A00.1)

Acquired iron deficiency anaemia due to decreased absorption (3A00.2)

Acquired iron deficiency anaemia due to increased requirement (3A00.3)

Acquired iron deficiency anaemia (3A00.Y)

Dementia due to iron deficiency (6D85.Y)

5B5K.1 **Calcium deficiency**

Hypocalcaemia is defined as a total serum calcium concentration of less than 8.4 mg/dl (2.1 mmol/litre) or an ionized calcium concentration of less than 4.48 mg/dl (1.12 mmol/litre). There are numerous causes of hypocalcaemia, being chronic kidney disease the most common cause. Other causes are: vitamin D deficiency, disorders associated with acquired or genetic hypoparathyroridism, including intravenous bisphosphonate therapy, post-thyroidectomy and post-parathyroidectomy, and acute pancreatitis. Hypocalcaemia may be associated with a spectrum of clinical manifestations, ranging from few symptoms if the hypocalcaemia is mild, to life-threatening seizures, refractory heart failure, or laryngospasm if it is severe. In addition to severity, the rate of development of hypocalcaemia and chronicity determine the clinical manifestations.

Exclusions: Disorders of calcium metabolism (5C64.5)

Coded Elsewhere: Neonatal hypocalcaemia (KB61.2)

Neonatal osteopenia (KB61.3)

Myopathy due to calcium deficiency (8D40.2)

5B5K.10 Tetany due to acute calcium deficiency

The hallmark of acute hypocalcaemia is tetany, which is characterised by neuromuscular irritability. The symptoms of tetany may be mild (peri-oral numbness, paresthesias of the hands and feet, muscle cramps) or severe (carpopedal spasm, laryngospasm, and focal or generalised seizures, which must be distinguished from the generalised tonic muscle contractions that occur in severe tetany). Other patients have less specific symptoms such as fatigue, hyperirritability, anxiety, and depression, and some patients, even with severe hypocalcaemia, have no neuromuscular symptoms. Factors that determine the variation in frequency and severity of symptoms include acid-base status (hypocalcaemia and alkalosis act synergistically to cause tetany), hypomagnesaemia, and potassium balance.

5B5K.1Y Other specified calcium deficiency

5B5K.1Z Calcium deficiency, unspecified

5B5K.2 Zinc deficiency

The clinical features of severe zinc deficiency in humans are growth retardation, delayed sexual and bone maturation, skin lesions, diarrhoea, alopecia, impaired appetite, increased susceptibility to infections mediated via defects in the immune system, and the appearance of behavioural changes. The effects of marginal or mild zinc deficiency are less clear. A reduced growth rate and impairments of immune defence are so far the only clearly demonstrated signs of mild zinc deficiency in humans. Other effects, such as impaired taste and wound healing, which have been claimed to result from a low zinc intake, are less consistently observed.

Coded Elsewhere: Neonatal nutritional zinc deficiency (5C64.21)

5B5K.3 Iodine deficiency

Iodine deficiency disorders (IDD), caused mainly by a low dietary supply of iodine, refer to all of the consequences of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine. Iodine deficiency is the most frequent cause of preventable brain damage in childhood.

Coded Elsewhere: Iodine-deficiency-related thyroid disorders or allied conditions (5A00.1)

Acquired hypothyroidism (5A00.2)

Congenital hypothyroidism due to iodine deficiency (5A00.04)

5B5K.4 Fluorine deficiency

A condition caused by a deficiency of fluoride. Low Fluorine concentrations in an individual's dental plaque and enamel may result in an increased risk for dental caries at any age. Fluorine deficiencies might also show negative effects on human's bone health.

5B5K.5 Sodium chloride deficiency

Sodium and chloride are usually found together in most foods as sodium chloride, also termed salt. For that reason, the effects of sodium and chloride deficiency are considered together. Deficiency can be caused by poor intake or increased losses (e.g., diuretics increase the urinary excretion of water, sodium, and chloride; in cystic fibrosis the sodium and chloride content of sweat is very high; gastrointestinal losses are associated with diarrhoeal diseases, emesis, ostomy output and other causes).

5B5K.6 Copper deficiency

Dietary deficiency is rare; it has been observed in premature and low birthweight infants fed exclusively a cow's milk diet and in individuals on long-term total parenteral nutrition without copper. Clinical manifestations include depigmentation of skin and hair, neurologic disturbances, leukopenia, hypochromic microcytic anaemia, and skeletal abnormalities.

Coded Elsewhere: Copper deficiency anaemia (3A03.3)

5B5K.7 Selenium deficiency

Selenium deficiency is rare but has been observed in individuals on long-term total parenteral nutrition lacking selenium. Clinical manifestations of deficiency arising from such situations are uncommon and poorly defined. They include muscular weakness and myalgia with, in several instances, the development of congestive heart failure. The importance of selenium for thyroid hormone metabolism is evident from changes in the T3–T4 ratio which develop after relatively mild selenium depletion in infants and elderly subjects.

5B5K.8 Chromium deficiency

Deficiency in humans is only described in long-term total parenteral nutrition patients receiving insufficient chromium. Hyperglycaemia or impaired glucose tolerance occurs. Elevated plasma free fatty acid concentrations, neuropathy, encephalopathy, and abnormalities in nitrogen metabolism are also reported.

5B5K.9 Manganese deficiency

5B5K.A Molybdenum deficiency

Molybdenum functions as a cofactor for a limited number of enzymes in humans: sulphite oxidase, xanthine oxidase and aldehyde oxidase. A rare severe metabolic defect causing molybdenum cofactor deficiency and preventing these enzymes from being synthesized has been described. Few infants with such defects survive the first days of life, and those who survive have severe neurological abnormalities. Although molybdenum deficiency related to a dietary deficiency is extremely rare in humans, it has been described in long-term total parenteral nutrition as being secondary to the administration of sulphite. Symptoms include: tachycardia, headache, night blindness, irritability and coma. Biochemical changes can consist of elevated plasma and methionine concentration, low serum uric acid concentration, high urinary thiosulfate and low urinary uric acid and sulphate levels.

5B5K.B Vanadium deficiency

A biological role of vanadium in humans has not yet been identified.

5B5K.Y Other specified mineral deficiency

5B5K.Z Mineral deficiency, unspecified

Sequelae of malnutrition or certain specified nutritional deficiencies (5B60-5B6Z)

This refers to sequelae of malnutrition or certain specified nutritional deficiencies.

5B60 **Sequelae of protein-energy malnutrition**

This refers to a pathological condition resulting from protein-energy malnutrition.

5B61 **Sequelae of vitamin A deficiency**

This refers to a pathological condition resulting from vitamin A deficiency.

5B62 **Sequelae of vitamin C deficiency**

This refers to a pathological condition resulting from vitamin C deficiency.

5B63 **Sequelae of rickets**

Bowed legs and/or arms, knock-knees, deformities of the thoracic cage and/or spine and/or skeletal dysplasia secondary to chronic or advanced rickets

5B6Y **Other specified sequelae of malnutrition or certain specified nutritional deficiencies**

5B6Z **Sequelae of malnutrition or certain specified nutritional deficiencies, unspecified**

5B70 **Essential fatty acid deficiency**

Deficiency of EFA (linoleic acid, linolenic acid, arachidonic acid, docosapentaenoic acid, docosahexaenoic acid and eicosapentaenoic acid) can be caused by deficient intake, particularly, in rapidly growing infants (as preterm infants), in patients receiving parenteral nutrition without an adequate source of EFA, and in diseases with fat malabsorption. Clinical findings are: dermatitis, alopecia, and thrombocytopenia. The role of EFA during pregnancy and lactation has been highlighted, and the role of long-chain n-3 fatty acids as structural components for the development of the retinal function and central nervous system is now accepted. The prenatal period is a time of increased risk for omega-3 deficiency, as maternal tissue stores tend to decline as they are used for the developing fetus. Deficiency of n-3 EFA can affect growth, and cognitive and visual function in infants. The characteristic signs of deficiency attributed to the n-6 fatty acids are scaly skin rash, increased transepidermal water loss, reduced growth, and elevation of the plasma ratio of eicosatrienoic acid: arachidonic acid. EFA deficiency in special populations has been linked to hematologic disturbances and diminished immune response. Long-chain n-3 and n-6 fatty acids are essential nutrients and also, as part of the overall fat supply may affect the prevalence and severity of cardiovascular disease, diabetes, cancer and age-related functional decline.

5B71 **Protein deficiency**

5B7Y **Other specified undernutrition**

5B7Z **Unspecified undernutrition**

Overweight, obesity or specific nutrient excesses (5B80-5C1Z)

Overweight or obesity (5B80-5B81.Z)

5B80 **Overweight or localised adiposity**

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height^2 (m^2). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m^2. Localized adiposity is a condition characterized by accumulation of adipose tissue in specific regions of the body independently of BMI.

5B80.0 **Overweight**

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m².

5B80.00 Overweight in infants, children or adolescents

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). In infants, children and adolescents, BMI categories for defining overweight vary by age and gender based on WHO growth charts. Children 0 to 5 years are overweight if weight-for-length/height or BMI-for-age is above 2 and less than or equal to 3 standard deviations of the median of the WHO Child Growth Standards. Children 5 to 19 years are overweight if BMI-for-age is above 1 and less than or equal to 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents .

5B80.01 Overweight in adults

5B80.0Z Overweight, unspecified

5B80.1 **Localised adiposity**

A condition characterised by accumulation of adipose tissue in specific regions of the body.

Coded Elsewhere: Benign symmetrical lipomatosis (EF02.1)

5B81 **Obesity**

Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30.00 kg/m². There are three levels of severity in recognition of different management options.

Coded Elsewhere: Obesity hypoventilation syndrome (7A42.0)

Syndromes with obesity as a major feature (LD29)

5B81.0 **Obesity due to energy imbalance**

Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

5B81.00 Obesity in children or adolescents

In infants, children and adolescents, BMI categories for defining obesity vary by age and gender based on WHO growth charts. Children 0 to 5 years have obesity if weight-for-length/height or BMI-for-age is above 3 standard deviations of the median of the WHO Child Growth Standards.

Children aged 5 to 19 years have obesity if BMI-for-age is above 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.

5B81.01 Obesity in adults

Obesity is defined as a body mass index (BMI) greater than or equal to 30.00 kg/m^2. There are three levels of severity in recognition of different management options.

5B81.1 Drug-induced obesity

5B81.Y Other specified obesity

5B81.Z Obesity, unspecified

Certain specified nutrient excesses (5B90-5B9Z)

Any disease caused by an excess of specific nutrients. Confirmation is by blood test.

5B90 Vitamin excesses

5B90.0 Hypervitaminosis A

Because vitamin A is fat soluble and can be stored, primarily in the liver, routine consumption of large amounts of vitamin A over a period of time can result in toxic symptoms, including liver damage, bone abnormalities and joint pain, alopecia, headaches, vomiting, and skin desquamation. Hypervitaminosis A appears to be due to abnormal transport and distribution of vitamin A and retinoids caused by overloading of the plasma transport mechanisms. Very high single doses can cause transient acute toxic symptoms that may include bulging fontanelles in infants; headaches in older children and adults; and vomiting, diarrhoea, loss of appetite, and irritability in all age groups. Rarely does toxicity occur from ingestion of food sources of preformed vitamin A. When this occurs, it usually results from very frequent consumption of liver products.

Coded Elsewhere: Pseudotumour Cerebri related to Hypervitaminosis A (8D41.2)

5B90.1 Hypercarotenaemia

Excessive intake of carotenoids is not associated with toxicity but can cause yellow coloration of the skin that disappears when intake is reduced. This disorder is especially likely to occur in children with liver disease, diabetes mellitus or hypothyroidism, and in those who do not have enzymes that metabolize carotenoids.

5B90.2 **Hypervitaminosis D**

Hypervitaminosis D is secondary to excessive intake of vitamin D. It can occur with long-term high intake or with a substantial, acute ingestion. Excess amounts result in abnormally high concentrations of calcium and phosphate in the serum. The signs and symptoms of vitamin D intoxication are secondary to hypercalcaemia. Gastrointestinal manifestations include nausea, vomiting, constipation, abdominal pain and pancreatitis. Possible cardiac findings are hypertension, decreased Q-T interval and arrhythmias. The central nervous system effects of hypercalcaemia include lethargy, hypotonia, confusion, disorientation, depression, psychosis, hallucinations and coma. Hypercalcaemia impairs renal concentrating mechanisms, which can lead to polyuria, dehydration and hypernatremia. Hypercalcaemia can also lead to acute renal failure, nephrolithiasis and nephrocalcinosis, which can result in chronic renal insufficiency. Deaths are usually associated with arrhythmias or dehydration.

5B90.3 **Megavitamin-B6 syndrome**

A disease caused by an excess of vitamin B6. This disease is characterised by progressive sensory ataxia, diminished or absent tendon reflexes, and impaired sense of touch, temperature and pain. Confirmation is by blood test.

Coded Elsewhere: Peripheral neuropathy due to vitamin B6 hyperalimentation (8D41.0)

5B90.Y **Other specified vitamin excess**

5B90.Z **Unspecified vitamin excesses**

5B91 Mineral excesses

Coded Elsewhere: Hyperkalaemia (5C76)

Iron overload diseases (5C64.10)

5B91.0 **Hypercalcaemia**

Hypercalcaemia is a condition caused by increased calcium levels. The higher the calcium levels and the faster its level rises, the more severe will be the symptoms. When present, symptoms are caused by dehydration secondary to urinary losses of calcium, water and other electrolytes, and to an increase in membrane potential caused by the elevation in extracellular fluid ionized calcium concentration. Patients with moderate to severe hypercalcaemia often complain of nausea and vomiting, symptoms likely related to dehydration as well as to the effects of the hypercalcaemia on central nervous system function. Because hypercalcaemia tends to hyperpolarize membranes, a range of neurologic and neuromuscular signs and symptoms can occur. Patients with mild hypercalcaemia often complain of fatigue, depressed mood and asthenia. Gastrointestinal motility is impaired; this commonly results in constipation.

Coded Elsewhere: Myopathy due to hypercalcaemia (8D41.1)

5B91.1 Zinc excess

Adverse effects associated with chronic intake of supplemental zinc include suppression of immune response, decrease in high-density lipoprotein (HDL) cholesterol and reduced copper status. Acute adverse effects of excess zinc include epigastric pain, nausea, vomiting, loss of appetite, abdominal cramps, diarrhoea, headaches and gastrointestinal distress.

Coded Elsewhere: Myelopathy due to excess of zinc (8D41.Y)

5B91.2 Sodium chloride excess

The main adverse effect of increased sodium chloride in the diet is increased blood pressure, which is a major risk factor for cardiovascular-renal diseases. However, evidence from a variety of studies, including observational studies and clinical trials, has demonstrated heterogeneity in the blood pressure responses to sodium intake. Those individuals with the greatest reductions in blood pressure in response to decreased sodium intake are termed “salt sensitive”.

5B91.3 Fluorine excess

The primary adverse effects associated with chronic, excess fluoride intake are enamel and skeletal fluorosis. Enamel fluorosis is a dose-response effect caused by fluoride intake during the pre-eruptive development of teeth. The development of skeletal fluorosis and its severity is directly related to the level and duration of exposure. The clinical signs in advanced stages may include dose-related calcification of ligaments, osteosclerosis, exostoses, possibly osteoporosis of long bones, muscle wasting and neurological defects due to hypercalcification of vertebrae.

Coded Elsewhere: Dental enamel fluorosis (DA07.0)

5B91.4 Aluminium excess

Patients receiving long-term parenteral nutrition are at increased risk of aluminium toxicity because of bypass of the gastrointestinal tract during parenteral nutrition infusion. Complications of aluminium toxicity include metabolic bone disease, aluminium-associated encephalopathy in adults and impaired neurological development in preterm infants.

5B91.5 Manganese excess

Manganese toxicity in humans is a well-recognised occupational hazard for people who inhale manganese dust. High concentrations of circulating manganese as a result of total parenteral nutrition have also been associated with manganese toxicity. People with chronic liver disease have neurological pathology and behavioural signs of manganese neurotoxicity, probably because elimination of manganese in bile is impaired. The most prominent effect is central nervous system pathology, especially in the extra-pyramidal motor system. The lesions and symptoms are similar to those of Parkinson’s disease.

Coded Elsewhere: Dementia or parkinsonism due to manganese toxicity (6D84.Y)

5B91.Y Other specified mineral excess

5B91.Z Unspecified mineral excess

5B9Y Other specified nutrient excesses

5B9Z **Certain specified nutrient excesses, unspecified**

5C1Y **Other specified overweight, obesity or specific nutrient excesses**

5C1Z **Overweight, obesity or specific nutrient excesses, unspecified**

5C3Y **Other specified nutritional disorders**

5C3Z **Nutritional disorders, unspecified**

Metabolic disorders (5C50-5D2Z)

Exclusions: androgen resistance syndrome (LD2A.4)
Congenital adrenal hyperplasia (5A71.01)
Ehlers-Danlos syndrome (LD28.1)
Hereditary haemolytic anaemia due to enzyme deficiency (3A10)
Marfan syndrome (LD28.01)
5-alpha-reductase deficiency (5A81.1)

Coded Elsewhere: Cystic fibrosis (CA25)
Metabolic disorders following abortion, ectopic or molar pregnancy (JA05.5)

Inborn errors of metabolism (5C50-5C5Z)

Inborn errors of metabolism comprise a large class of genetic diseases involving disorders of metabolism. The majority are due to defects of single genes that code for enzymes that facilitate conversion of various substances (substrates) into others (products).

Exclusions: Disorders of lipoprotein metabolism or certain specified lipidaemias (5C80-5C8Z)

5C50 **Inborn errors of amino acid or other organic acid metabolism**

5C50.0 Phenylketonuria

Phenylketonuria is a hereditary metabolic disease, characterised by deficiency of phenylalanine hydroxylase, an enzyme necessary for the transformation of phenylalanine into tyrosine. Untreated, phenylketonuria leads to mental retardation, sometimes profound, as well as hypopigmentation. Dietary phenylalanine restriction allows patients to lead almost normal lives.

5C50.00 Classical phenylketonuria

Classical phenylketonuria is a severe form of phenylketonuria (PKU,) an inborn error of amino acid metabolism characterised in untreated patients by severe intellectual deficit and neuropsychiatric complications.

5C50.01 Nonclassical phenylketonuria

Mild phenylketonuria is a rare form of phenylketouria (PKU,), an inborn error of amino acid metabolism, characterised by symptoms of PKU of mild to moderate severity.

5C50.02 Embryofetopathy due to maternal phenylketonuria

Maternal phenylalaninaemia refers to developmental anomalies that may occur in offspring of women affected by phenylketonuria (PKU), and include fetal development disorders, including microcephaly, intrauterine growth retardation, and subsequent intellectual deficit, and embryo development disorders such as heart defects (usually conotruncal), corpus callosus agenesis, neuronal migration disorders, facial dysmorphism and more rarely cleft palate, tracheo-oesophageal abnormalities.

5C50.0Y Other specified phenylketonuria

5C50.0Z Phenylketonuria, unspecified

5C50.1 **Disorders of tyrosine metabolism**

Coded Elsewhere: Transitory tyrosinaemia of newborn (KB63.4)

Autosomal recessive dopa-responsive dystonia (8A02.11)

Oculocutaneous albinism type 1A (EC23.20)

Oculocutaneous albinism type 1B (EC23.20)

5C50.10 Alkaptonuria

Alkaptonuria is characterised by the accumulation of homogentisic acid (HGA) and its oxidised product benzoquinone acetic acid (BQA), leading to a darkening of the urine when it is left exposed to air, grey-blue colouration of the eye sclerae and the ear helix (ochronosis), and a disabling joint disease involving both the axial and peripheral joints (ochronotic arthropathy).

5C50.11 Tyrosinaemia type 1

Tyrosinemia type 1 is an inborn error of amino acid metabolism characterised by hepatorenal manifestations. The early-onset acute form of the disorder manifests between 15 days and 3 months after birth with hepatocellular necrosis. Septicaemia is a frequent complication. Renal tubular dysfunction occurs and is associated with phosphate loss and hypophosphatemic rickets. A later onset form has also been described and manifests with vitamin-resistant rickets caused by renal tubular dysfunction.

5C50.12 Tyrosinaemia type 2

Tyrosinemia type 2 is an inborn error of tyrosine metabolism characterised by hypertyrosinemia with oculocutaneous manifestations (eye redness, photophobia, excessive tearing and pain, palmoplantar hyperkeratosis) and, in some cases, intellectual deficit.

5C50.1Y Other specified disorders of tyrosine metabolism

5C50.1Z Disorders of tyrosine metabolism, unspecified

5C50.2 **Disorders of histidine metabolism**

Coded Elsewhere: Formiminoglutamic aciduria (3A02.Y)

5C50.20 Histidinaemia

Histidinemia is a disorder of histidine metabolism caused by a defect in histidase, and seems to be benign in most affected individuals.

5C50.21 Urocanic aciduria

This is an autosomal recessive metabolic disorder caused by a deficiency of the enzyme urocanase. It is a secondary disorder of histidine metabolism.

5C50.2Y Other specified disorders of histidine metabolism

5C50.2Z Disorders of histidine metabolism, unspecified

5C50.3 **Disorders of tryptophan metabolism**

Exclusions: Hartnup disease (5C60)

5C50.4 **Disorders of lysine or hydroxylysine metabolism**

Exclusions: Refsum disease (5C57.1)

Zellweger syndrome (5C57.0)

Glutaryl-CoA dehydrogenase deficiency (5C50.E1)

5C50.5 **Disorders of the gamma-glutamyl cycle**

Coded Elsewhere: Haemolytic anaemia due to glutathione synthetase deficiency (3A10.0Y)

Haemolytic anaemia due to gamma-glutamylcysteine synthetase deficiency (3A10.0Y)

5C50.6 **Disorders of serine metabolism**

5C50.7 **Disorders of glycine metabolism**

5C50.70 Glycine encephalopathy

Isolated nonketotic hyperglycinemia is an inborn disorder of glycine metabolism which onset is generally neonatal with coma, severe hypotonia, myoclonic seizures, and microcephaly, usually progressing to severe intellectual deficit and tetrapyramidal syndrome.

5C50.71 Sarcosinaemia

Sarcosinaemia is a metabolic disorder characterised by an increased concentration of sarcosine in plasma and urine due to sarcosine dehydrogenase deficiency. Prevalence has been estimated at 1:28,000 to 1:350,000 in newborn screening programs. Sarcosinaemia is most probably a benign condition without significant clinical problems. It is transmitted in an autosomal recessive manner. Mutations in the gene for sarcosine dehydrogenase, located on chromosome 9q34, have been associated with this deficiency.

5C50.7Y Other specified disorders of glycine metabolism

5C50.7Z Disorders of glycine metabolism, unspecified

5C50.8 **Disorders of proline or hydroxyproline metabolism**

5C50.9 **Disorders of ornithine metabolism**

Coded Elsewhere: Hyperornithinaemia-hyperammonaemia-homocitrullinuria (5C50.AY)

Ornithine carbamoyltransferase deficiency (5C50.AY)

5C50.A **Disorders of urea cycle metabolism**

Exclusions: Disorders of ornithine metabolism (5C50.9)

Lysinuric protein intolerance (5C60)

5C50.A0 Argininosuccinic aciduria

Arginosuccinicaciduria is an autosomal recessive inherited deficiency of arginosuccinate lyase, an enzyme involved in the urea cycle that leads to severe hyperammonemic coma in neonates or, in childhood, to hypotonia, growth failure, anorexia and chronic vomiting or behavioural disorders. Onset can also occur later with hyperammonemic coma or behavioural disorders that simulate psychiatric disorders.

5C50.A1 Carbamoylphosphate synthetase deficiency

Carbamyl phosphate synthetase deficiency is an urea cycle disorder strictly limited to the liver and intestine that results in congenital hyperammonemia and defective citrulline synthesis.

5C50.A2 Argininaemia

Arginase deficiency is a rare autosomal recessive amino acid metabolism disorder characterised clinically by variable degrees of hyperammonemia, developing from about 3 years of age, and leading to progressive loss of developmental milestones and spasticity in the absence of treatment.

5C50.A3 Citrullinaemia

5C50.AY Other specified disorders of urea cycle metabolism

5C50.AZ Disorders of urea cycle metabolism, unspecified

5C50.B **Disorders of methionine cycle or sulphur amino acid metabolism**

Coded Elsewhere: Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0)

5C50.C **Disorders of beta or omega amino acid metabolism**

Exclusions: 4-hydroxybutyric aciduria (5C50.E1)

Coded Elsewhere: Gamma aminobutyric acid transaminase deficiency (5C59.1)

5C50.D **Disorders of branched-chain amino acid metabolism**

Exclusions: Methylmalonic acidaemia (5C50.E0)

Propionic acidaemia (5C50.E0)

Isovaleric acidaemia (5C50.E0)

3-methylglutaconic aciduria (5C50.E0)

Developmental delay due to 2-methylbutyryl-CoA dehydrogenase deficiency (5C50.E0)

3-hydroxyisobutyric aciduria (5C50.E0)

5C50.D0 Maple-syrup-urine disease

Maple syrup urine disease (MSUD) is a disorder of branched-chain amino acids metabolism. Four forms are described. The early onset classic form manifests after birth by lethargy, poor feeding and neurological signs of intoxication. Clinical course without treatment is characterised by deepening coma with maple syrup odour of urine. Subacute MSUD manifests later with encephalopathy, mental disability, major hypotonia, opisthotonus and cerebral atrophy with severe outcome. The intermittent form of MSUD may manifest at any age and presents with repeated ketoacidotic coma. Thiamine-responsive MSUD is a very rare form characterised by improvement of the biochemical profile with thiamine therapy.

5C50.DY Other specified disorders of branched-chain amino acid metabolism

5C50.DZ Disorders of branched-chain amino acid metabolism, unspecified

5C50.E **Organic aciduria**

An inborn error of metabolism disrupting normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids, which are usually not present

5C50.E0 Classical organic aciduria

This a term used to classify a group of metabolic disorders which disrupt normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids which are usually not present.

Coded Elsewhere: Ketoacidosis due to beta-ketothiolase deficiency (5C50.DY)

5C50.E1 Cerebral organic aciduria

This is a term used to classify a group of metabolic disorders which disrupt normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids which are usually not present.

5C50.EY Other specified organic aciduria

5C50.EZ Organic aciduria, unspecified

5C50.F **Disorders of peptide metabolism**

A condition which refers to inborn errors in peptide metabolism.

Exclusions: Disorders of gamma aminobutyric acid metabolism (5C59.1)

5C50.F0 Prolidase deficiency

Prolidase deficiency is a very rare inborn error of metabolism characterised by mild to severe skin lesions particularly on the face, palms, lower legs and soles, together with other variable features.

5C50.F1 Carnosinaemia

Carnosinaemia is a very rare inherited disorder of the metabolism of peptides that presents with serum carnosinase deficiency, variable degrees of intellectual deficit, sometimes with seizures, while a few patients are asymptomatic.

5C50.F2 Homocarnosinosis

Homocarnosinosis is a metabolic defect characterised by progressive spastic diplegia, intellectual deficit and retinitis pigmentosa. This extremely rare disorder has been reported in only one family, namely a woman and three of her children. The latter showed but their mother was symptom free. It is therefore uncertain whether there is a relationship between the biochemical defect and the clinical symptoms. Inheritance in the reported family seems to be autosomal dominant.

5C50.FY Other specified disorders of peptide metabolism

5C50.FZ Disorders of peptide metabolism, unspecified

5C50.G **Trimethylaminuria**

Trimethylaminuria is a metabolic disorder characterised by a body malodour similar to that of decaying fish.

Inclusions: Fish odour syndrome

5C50.Y **Other specified inborn errors of amino acid or other organic acid metabolism**

5C50.Z **Inborn errors of amino acid or other organic acid metabolism, unspecified**

5C51 Inborn errors of carbohydrate metabolism

Exclusions: Increased secretion of glucagon (5A42)

Diabetes mellitus (5A10-5A2Y)

hypoglycaemia NOS (5A41)

Mucopolysaccharidosis (5C56.3)

Coded Elsewhere: Transitory disorders of carbohydrate metabolism specific to fetus or newborn (KB60)

5C51.0 **Disorders of the pentose phosphate pathway**

Coded Elsewhere: Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency (3A10.00)

5C51.1 **Disorders of glycerol metabolism**

5C51.2 **Disorders of glyoxylate metabolism**

Primary hyperoxaluria, or oxalosis, is a rare metabolic disorder transmitted as an autosomal recessive disease, including both type 1, the most frequent, and type 2, extremely rare. Hyperoxaluria type 1 is due to a defect of the peroxysomal hepatic enzyme L-alanine: glyoxylate aminotransferase (AGT). Hyperoxaluria type 2 is extremely rare and is due to glycerate dehydrogenase deficiency.

5C51.20 Primary hyperoxaluria type 1

Primary hyperoxaluria type 1 is a rare metabolic disorder due to a defect of the peroxysomal hepatic enzyme L-alanine: glyoxylate aminotransferase (AGT). The infantile form is characterised by chronic renal failure due to massive oxalate deposition. In other patients, urolithiasis develops with infections, haematuria, renal colic or acute renal failure due to complete obstruction. End-stage renal failure occurs before 15 years of age in half the cases and the resulting increase of circulating oxalate leads to its deposition in tissues causing cardiac conduction defects, hypertension, distal gangrene, and reduced joint mobility and pain.

5C51.2Y Other specified disorders of glyoxylate metabolism

5C51.2Z Disorders of glyoxylate metabolism, unspecified

5C51.3 **Glycogen storage disease**

The term Glycogen storage disease characterises a group of heterogeneous diseases resulting from defects in the process of glycogen synthesis or breakdown within muscles, liver, and other cell types.

5C51.4 **Disorders of galactose metabolism**

5C51.40 Galactose-1-phosphate uridyltransferase deficiency

Classic galactosemia is a life-threatening metabolic disease with onset in the neonatal period. Infants usually develop feeding difficulties, lethargy, and severe liver disease.

5C51.41 Galactokinase deficiency

Galactokinase deficiency is a rare mild form of galactosemia characterised by early onset of cataract and an absence of the usual signs of classic galactosemia, i.e. feeding difficulties, poor weight gain and growth, lethargy, and jaundice.

5C51.42 Glucose or galactose intolerance of newborn

5C51.4Y Other specified disorders of galactose metabolism

5C51.4Z Disorders of galactose metabolism, unspecified

5C51.5 **Disorders of fructose metabolism**

This refers to disorders of the metabolism of fructose in the phosphorylation of fructose to fructose 1-phosphate by fructokinase, thus trapping fructose for metabolism in the liver.

Coded Elsewhere: Fructose malabsorption (5C61.40)

5C51.50 Hereditary fructose intolerance

Hereditary fructose intolerance is an autosomal recessive disorder due to a deficiency of fructose-1-phosphate aldolase activity, which results in an accumulation of fructose-1-phosphate in the liver, kidney, and small intestine, and is characterised by severe abdominal pain, vomiting, and hypoglycaemia following ingestion of fructose or other sugars metabolised through fructose-1-phosphate.

Exclusions: Fructose malabsorption (5C61.40)

5C51.5Y Other specified disorders of fructose metabolism

5C51.5Z Disorders of fructose metabolism, unspecified

5C51.Y **Other specified inborn errors of carbohydrate metabolism**

5C51.Z **Inborn errors of carbohydrate metabolism, unspecified**

5C52 Inborn errors of lipid metabolism

Coded Elsewhere: Retinal dystrophy in lipid storage disorders (9B71.Y)

5C52.0 **Inborn errors of fatty acid oxidation or ketone body metabolism**

Coded Elsewhere: Adrenoleukodystrophy (8A44.1)

5C52.00 Disorders of carnitine transport or the carnitine cycle

5C52.01 Disorders of mitochondrial fatty acid oxidation

5C52.02 Disorders of ketone body metabolism

Coded Elsewhere: Cytosolic acetoacetyl-CoA thiolase deficiency (5C50.DY)

5C52.03 Sjögren-Larsson syndrome

Sjögren-Larsson syndrome is a neurocutaneous disorder caused by an inborn error of lipid metabolism and characterised by congenital ichthyosis, intellectual deficit, and spasticity.

5C52.0Y Other specified inborn errors of fatty acid oxidation or ketone body metabolism

5C52.0Z Inborn errors of fatty acid oxidation or ketone body metabolism, unspecified

5C52.1 **Inborn errors of sterol metabolism**

Coded Elsewhere: X-linked ichthyosis (EC20.01)

5C52.10 Disorders of cholesterol synthesis

Coded Elsewhere: Chondrodysplasia punctata, X-linked dominant (LD24.04)

Greenberg dysplasia (LD24.04)

Congenital hemidysplasia with ichthyosiform erythroderma and limbs defects (LD24.04)

Hyperalphalipoproteinaemia due to cholesteryl ester transfer protein deficiency (5C80.3)

5C52.11 Bile acid synthesis defect with cholestasis

Anomalies of bile acid synthesis are a group of sterol metabolism disorders due to enzyme deficiencies of bile acid synthesis in infants, children and adults, with variable manifestations that include cholestasis, neurological disease, and fat malabsorption. Eight inborn errors have been clearly identified, 7 of which lead to liver cholestasis and include: 3-beta-hydroxy-C27-steroid oxidoreductase deficiency (type 1), delta4-3-oxosteriod-5-beta reductase deficiency (type 2), oxysterol 7alpha-hydroxylase deficiency (type 3), 2-methylacyl-CoA racemase deficiency (type 4), bile acid CoA ligase deficiency, and cerebrotendinous xanthomatosis. Cholesterol 7alpha-hydroxylase deficiency leads to hypercholesterolaemia without liver cholestasis.

5C52.1Y Other specified inborn errors of sterol metabolism

5C52.1Z Inborn errors of sterol metabolism, unspecified

5C52.2 Neutral lipid storage disease

Neutral lipid storage disease (NLSD) refers to a group of diseases characterised by a deficit in the degradation of cytoplasmic triglycerides and their accumulation in cytoplasmic lipid vacuoles in most tissues of the body. The group is heterogeneous: NLSD with icthyosis (NLSDI/Dorfman-Chanarin disease) and NLSD with myopathy (NLSDM/neutral lipid storage myopathy) can be distinguished.

5C52.Y Other specified inborn errors of lipid metabolism

5C52.Z Inborn errors of lipid metabolism, unspecified

5C53 Inborn errors of energy metabolism

5C53.0 Disorders of pyruvate metabolism

5C53.00 Pyruvate kinase deficiency

This refers an enzyme involved in glycolysis. It catalyzes the transfer of a phosphate group from phosphoenolpyruvate (PEP) to ADP, yielding one molecule of pyruvate and one molecule of ATP.

Coded Elsewhere: Glycogen storage disease due to muscle pyruvate kinase deficiency (5C51.3)

Haemolytic anaemia due to red cell pyruvate kinase deficiency (3A10.Y)

5C53.01 Lactate dehydrogenase deficiency

This refers to a deficiency in the enzyme present in a wide variety of organisms, including plants and animals. This exist in four distinct enzyme classes. Two of them are cytochrome c-dependent enzymes, each acting on either D-lactate (EC 1.1.2.4) or L-lactate (EC 1.1.2.3). The other two are NAD(P)-dependent enzymes, each acting on either D-lactate (EC 1.1.1.28) or L-lactate (EC 1.1.1.27). This article is about the NAD(P)-dependent L-lactate dehydrogenase.

5C53.02 Pyruvate dehydrogenase complex deficiency

Pyruvate dehydrogenase deficiency (PDHD) is a rare neurometabolic disorder characterised by a wide range of clinical signs with metabolic and neurological components of varying severity. Manifestations range from often fatal, severe, neonatal to later-onset neurological disorders.

5C53.03 Pyruvate carboxylase deficiency

This is a deficiency in the enzyme of the ligase class that catalyzes the (depending on the species) irreversible carboxylation of pyruvate to form oxaloacetate (OAA).

5C53.0Y Other specified disorders of pyruvate metabolism

5C53.0Z Disorders of pyruvate metabolism, unspecified

5C53.1 Disorders of the citric acid cycle

5C53.2 Disorders of mitochondrial oxidative phosphorylation

An inborn error of metabolism in cellular respiration (oxidative phosphorylation) in the mitochondria, where a series of enzymes catalyze the transfer of electrons to molecular oxygen and the generation of energy-storing ATP

Coded Elsewhere: Neuropathy, ataxia, and retinitis pigmentosa (8C73.1)

5C53.20 Mitochondrial DNA depletion syndromes

The mitochondrial DNA (mtDNA) depletion syndrome (MDS) is a clinically heterogeneous group of mitochondrial disorders characterised by a reduction of the mtDNA copy number in affected tissues without mutations or rearrangements in the mtDNA. MDS is phenotypically heterogeneous, manifesting either as a hepatocerebral form, a myopathic form, a benign 'later-onset' myopathic form or a cardiomyopathic form.

Coded Elsewhere: Childhood-onset autosomal dominant optic atrophy (9C40.8)

5C53.21 Multiple mitochondrial DNA deletion syndromes

This is the multiple DNA located in organelles called mitochondria, structures within eukaryotic cells that convert the chemical energy from food into a form that cells can use, adenosine triphosphate (ATP).

Coded Elsewhere: Progressive external ophthalmoplegia, autosomal dominant (9C82.0)

Progressive external ophthalmoplegia, autosomal recessive (9C82.0)

Autosomal dominant optic atrophy plus syndrome (9C40.8)

Deafness - optic atrophy syndrome (LD2H.Y)

Autosomal dominant optic atrophy and cataract (9C40.8)

5C53.22 Coenzyme Q10 deficiency

This is a deficiency in a 1,4-benzoquinone, where Q refers to the quinone chemical group, and 10 refers to the number of isoprenyl chemical subunits in its tail. This oil-soluble, vitamin-like substance is present in most eukaryotic cells, primarily in the mitochondria. It is a component of the electron transport chain and participates in aerobic cellular respiration, generating energy in the form of ATP.

Coded Elsewhere: Cerebellar atrophy - ataxia - seizures (LD90.Y)

5C53.23 Mitochondrial protein translation defects

This refers to defects in the enzyme that belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances.

Coded Elsewhere: Pontocerebellar hypoplasia type 6 (LD20.01)

Mitochondrial myopathy with sideroblastic anaemia (3A72.0Y)

5C53.24 Leigh syndrome

Leigh syndrome or subacute necrotizing encephalomyelopathy is a progressive neurological disease defined by specific neuropathological features associating brainstem and basal ganglia lesions. Loss of motor milestones, hypotonia with poor head control, recurrent vomiting, and a movement disorder are common initial symptoms. Pyramidal and extrapyramidal signs, nystagmus, breathing disorders, ophthalmoplegia and peripheral neuropathy are often noted later. Epilepsy is relatively uncommon. Leigh syndrome has multiple causes, all of which imply a defect in aerobic energy production, ranging from the pyruvate dehydrogenase complex to the oxidative phosphorylation pathway.

Coded Elsewhere: Maternally inherited Leigh syndrome (8C73.Y)

5C53.25 Isolated ATP synthase deficiency

5C53.2Y Other specified disorders of mitochondrial oxidative phosphorylation

5C53.2Z Disorders of mitochondrial oxidative phosphorylation, unspecified

5C53.3 **Disorders of mitochondrial membrane transport**

An inborn error of metabolism in proteins in the membranes of mitochondria, which serve to transport molecules and other factors such as ions into or out of the organelles

5C53.30 Mitochondrial substrate carrier disorders

Coded Elsewhere: Autosomal recessive sideroblastic anaemia, pyridoxine-refractory (3A72.00)

5C53.31 Mitochondrial protein import disorders

This refers to disorders in the enzyme belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances.

Coded Elsewhere: Deafness-dystonia optic atrophy syndrome (8A02.12)

5C53.3Y Other specified disorders of mitochondrial membrane transport

5C53.3Z Disorders of mitochondrial membrane transport, unspecified

5C53.4 **Disorders of creatine metabolism**

An inborn error of metabolism in creatine which serves as an energy shuttle between the mitochondrial sites of ATP production and the cytosol where ATP is utilized

5C53.Y **Other specified inborn errors of energy metabolism**

5C53.Z **Inborn errors of energy metabolism, unspecified**

5C54 Inborn errors of glycosylation or other specified protein modification

Congenital Disorders of Glycosylation (CDG) syndromes are a group of glycoprotein synthesis disorders characterised by neurological manifestations that can be associated with multivisceral involvement. The CDG syndromes are associated with different enzymatic deficits.

5C54.0 **Disorders of protein N-glycosylation**

Congenital disorders involving defective N-glycosylation of proteins (the addition of glycans linked to the polypeptide chain by a beta-linkage between the anomeric carbon of N-acetylglucosamine and the amido group of L-asparagine).

5C54.1 **Disorders of protein O-glycosylation**

Congenital disorders involving defective O-linked glycosylation, which typically occurs via an alpha linkage of the glycan to the hydroxyl group of a serine or threonine residue on a protein

Coded Elsewhere: Multiple osteochondromas (LD24.20)

5C54.2 **Disorders of multiple glycosylation or other pathways**

Coded Elsewhere: Hereditary inclusion body myositis (4A41.20)

5C54.Y **Other specified congenital disorders of glycosylation and protein modification**

5C54.Z **Congenital disorders of glycosylation and protein modification, unspecified**

5C55 Inborn errors of purine, pyrimidine or nucleotide metabolism

Exclusions: Xeroderma pigmentosum (LD27.1)

Calculus of kidney (GB70.0)

5C55.0 **Disorders of purine metabolism**

Coded Elsewhere: Primary gout (FA25.0)

Haemolytic anaemia due to adenosine deaminase excess (3A10.1)

Immunodeficiency due to purine nucleoside phosphorylase deficiency (4A01.1Y)

Severe combined immunodeficiency T- B- due to adenosine deaminase deficiency (4A01.10)

5C55.00 Xanthinuria

5C55.01 Lesch-Nyhan syndrome

Lesch-Nyhan syndrome (LNS) is the most severe form of hypoxanthine-guanine phosphoribosyltransferase (HPRT) deficiency, a hereditary disorder of purine metabolism, and is associated with uric acid overproduction (UAO), neurological troubles, and behavioural problems. Patients are normal at birth. Psychomotor delay becomes evident within 3 to 6 months with a delay in head support and sitting, hypotonia and athetoid movements. Sandy urine in diapers or crystalluria with urinary tract obstruction are common forms of presentation. Patients usually show mild to moderate intellectual deficit. Diagnosis is suspected when psychomotor delay occurs in a patient with elevated UA in blood and urine. Undetectable HPRT enzyme activity in peripheral blood or in intact cells (erythrocyte, fibroblast) and molecular genetic testing confirm the diagnosis. Inheritance is X-linked recessive.

5C55.0Y Other specified disorders of purine metabolism

5C55.0Z Disorders of purine metabolism, unspecified

5C55.1 **Disorders of pyrimidine metabolism**

Coded Elsewhere: Hereditary orotic aciduria (3A03.0)

Haemolytic anaemia due to pyrimidine 5' nucleotidase deficiency (3A10.Y)

5C55.2 **Disorders of nucleotide metabolism**

Coded Elsewhere: Haemolytic anaemia due to adenosine triphosphatase deficiency (3A10.Y)

5C55.Y **Other specified inborn errors of purine, pyrimidine or nucleotide metabolism**

5C55.Z **Inborn errors of purine, pyrimidine or nucleotide metabolism, unspecified**

5C56 Lysosomal diseases

Exclusions: Glycogen storage disease due to LAMP-2 deficiency (5C51.3)

5C56.0 **Sphingolipidosis**

Coded Elsewhere: Krabbe disease (8A44.4)

5C56.00 Gangliosidosis

5C56.01 Fabry disease

Fabry disease (FD) is a progressive, inherited, multisystemic lysosomal storage disease characterised by specific neurological, cutaneous, renal, cardiovascular, cochleo-vestibular and cerebrovascular manifestations.

Coded Elsewhere: Glomerular disease associated with Fabry disease (GB4Z)

5C56.02 Metachromatic leukodystrophy

Metachromatic leukodystrophy is a neurodegenerative disease characterised by an accumulation of sulfatides (sulphated glycosphingolipids, especially sulfogalactosylceramides or sulfogalactocerebrosides) in the nervous system and kidneys. Three forms of the disease exist: late infantile, juvenile and adult.

5C56.0Y Other specified sphingolipidosis

5C56.0Z Sphingolipidosis, unspecified

5C56.1 **Neuronal ceroid lipofuscinosis**

Neuronal ceroid lipofuscinoses (NCLs) are a group of inherited progressive degenerative brain diseases characterised clinically by a decline of mental and other capacities, epilepsy, and vision loss through retinal degeneration, and histopathologically by intracellular accumulation of an autofluorescent material, ceroid lipofuscin, in the neuronal cells in the brain and in the retina.

5C56.2 **Glycoproteinosis**

These are lysosomal storage diseases affecting glycoproteins, resulting from defects in lysosomal function. The term is sometimes reserved for conditions involving degradation of glycoproteins.

5C56.20 Mucolipidosis

Exclusions: Sialidosis (mucolipidosis type 1) (5C56.21)

Coded Elsewhere: Mucolipidosis type 4 (5C56.0Y)

Wolman disease (5C56.0Y)

5C56.21 Oligosaccharidosis

5C56.2Y Other specified glycoproteinosis

5C56.2Z Glycoproteinosis, unspecified

5C56.3 **Mucopolysaccharidosis**

Inclusions: Disorders of glycosaminoglycan metabolism

5C56.30 Mucopolysaccharidosis type 1

Mucopolysaccharidosis type 1 (MPS 1) is a rare lysosomal storage disease belonging to the group of mucopolysaccharidoses. There are three variants, differing widely in their severity, with Hurler syndrome (57% of cases) being the most severe, Scheie syndrome (20% of cases) the mildest and Hurler-Scheie syndrome (23% of cases) giving an intermediate phenotype.

5C56.31 Mucopolysaccharidosis type 2

Mucopolysaccharidosis type 2 (MPS 2) is a lysosomal storage disease belonging to the group of mucopolysaccharidoses. The clinical picture ranges from severe (the most frequent form) with early psychomotor regression, facial dysmorphism (macroglossia, constantly opened mouth, coarse features), hepatosplenomegaly, limited joint motion, carpal tunnel syndrome, dysostosis multiplex, small size, behavioural disorders and psychomotor regression leading to intellectual deficit, deafness, cardiac and respiratory disorders, and cutaneous signs, to mild (normal intelligence, milder dysmorphism and dysostoses).

Inclusions: Hunter syndrome

5C56.32 Mucopolysaccharidosis type 4

Mucopolysaccharidosis type IV (MPS IV) is a lysosomal storage disease belonging to the group of mucopolysaccharidoses, and characterised by spondylo-epiphyso-metaphyseal dysplasia. It exists in two clinically indistinguishable forms, A and B. A deficiency in one of the two enzymes required for the degradation of keratan sulfate (KS) is responsible for the MPS IV subtypes: N-acetylgalactosamine-6-sulfate sulfatase in MPS IVA, and beta-D-galactosidase in MPS IVB.

5C56.33 Mucopolysaccharidosis type 6

Mucopolysaccharidosis type 6 (MPS VI) is a lysosomal storage disease with progressive multisystem involvement, associated with a deficiency of arylsulfatase B (ASB) leading to the accumulation of dermatan sulfate. The disorder shows a wide spectrum of symptoms from slowly to rapidly progressing forms.

5C56.3Y Other specified mucopolysaccharidosis

5C56.3Z Mucopolysaccharidosis, unspecified

5C56.4 Disorders of sialic acid metabolism

This refers to any disorders of the N- or O-substituted derivatives of neuraminic acid, a monosaccharide with a nine-carbon backbone.

5C56.Y Other specified lysosomal diseases

5C56.Z Lysosomal diseases, unspecified

5C57 Peroxisomal diseases

Peroxisomal disorders represent a class of medical conditions caused by defects in peroxisome functions. This may be due to defects in single enzymes important for peroxisome function or in peroxins, proteins encoded by PEX genes that are critical for normal peroxisome assembly and biogenesis.

Coded Elsewhere: Primary hyperoxaluria type 1 (5C51.20)

Adrenoleukodystrophy (8A44.1)

Rhizomelic chondrodysplasia punctata (LD24.04)

Glutaric aciduria type 3 (5C50.E0)

5C57.0 Disorders of peroxisome biogenesis

Peroxisome biogenesis disorders (PBDs) include the Zellweger syndrome spectrum (PBD-ZSD) and rhizomelic chondrodysplasia punctata type 1 (RCDP1). PBD-ZSD represents a continuum of disorders including infantile Refsum disease, neonatal adrenoleukodystrophy, and Zellweger syndrome. Collectively, PBDs are autosomal recessive developmental brain disorders that also result in skeletal and craniofacial dysmorphism, liver dysfunction, progressive sensorineural hearing loss, and retinopathy.

5C57.1 Disorders of peroxisomal alpha-, beta- or omega-oxidation

Coded Elsewhere: Congenital bile acid synthesis defect type 4 (5C52.11)

5C57.Y Other specified peroxisomal diseases

5C57.Z Peroxisomal diseases, unspecified

5C58 Inborn errors of porphyrin or heme metabolism

Inclusions: defects of catalase and peroxidase

Coded Elsewhere: X-linked sideroblastic anaemia, pyridoxine-responsive (3A72.00)

5C58.0 Disorders of bilirubin metabolism or excretion

Coded Elsewhere: Neonatal hyperbilirubinaemia (KA87)

5C58.00 Crigler-Najjar syndrome

Crigler-Najjar syndrome is an autosomal recessive disorder of bilirubin metabolism characterised by unconjugated hyperbilirubinemia due to a hepatic deficit of bilirubin glucuronosyltransferase activity. Two types have been described, CNS types 1 and 2, depending on whether the enzymatic deficit is complete or partial: clinical manifestations vary accordingly. Patients present with isolated jaundice that appears early in life. Biological analyses detect severe unconjugated hyperbilirubinemia with normal liver function tests. Abdominal imaging studies (plain X-rays, CT scans or ultrasonograms) and liver histology findings are normal. Diagnosis is generally confirmed by genomic DNA analysis.

5C58.01 Gilbert syndrome

Gilbert's syndrome is an inherited liver disorder characterised by jaundice due to unconjugated hyperbilirubinemia, resulting from a partial deficiency in hepatic bilirubin glucuronosyltransferase activity.

5C58.02 Dubin-Johnson syndrome

Dubin-Johnson syndrome (DJS) is a benign, inherited liver disorder characterised clinically by chronic, predominantly conjugated, hyperbilirubinemia and histopathologically by black-brown pigment deposition in parenchymal liver cells.

5C58.03 Progressive familial intrahepatic cholestasis

Progressive familial intrahepatic cholestasis (PFIC) refers to a heterogeneous group of autosomal recessive disorders of childhood that disrupt bile formation and present with cholestasis of hepatocellular origin. Three types of PFIC have been identified and are related to mutations in hepatocellular transport system genes involved in bile formation. PFIC1 and PFIC2 usually appear in the first months of life, whereas onset of PFIC3 may also occur later in infancy, in childhood or even during young adulthood.

5C58.04 Benign recurrent intrahepatic cholestasis

5C58.0Y Other specified disorders of bilirubin metabolism or excretion

5C58.0Z Disorders of bilirubin metabolism or excretion, unspecified

5C58.1 **Porphyrias**

Porphyrias constitute a group of diseases characterised by intermittent neuro-visceral manifestations, cutaneous lesions or by the combination of both. All porphyrias are caused by a deficiency in one of the enzymes of the heme biosynthesis pathway resulting in an accumulation of porphyrins and/or their precursors in the liver or bone marrow. Clinical signs of the disease usually appear in adulthood, but some porphyrias affect children. Porphyrias can be classified according to the main location of the metabolic anomaly. Direct or indirect neurotoxicity may cause neurological manifestations. Transmission of hereditary porphyrias is autosomal and either dominant with weak penetrance or recessive with complete penetrance. Diagnosis is mainly based on the measurement of porphyrins and their precursors in biological samples.

Coded Elsewhere: Liver diseases due to porphyria (5C90.1)

5C58.10 Porphyria cutanea tarda

Porphyria cutanea tarda (PCT) is due to an accumulation of uroporphyrins in plasma from blockage of the normal haem synthetic pathway in the liver at the level of uroporphyrinogen decarboxylase (URO-D). The majority of cases are sporadic and frequently associated with iron overload. PCT manifests as skin fragility and blistering in light-exposed skin, particularly on the dorsa of the hands, together with hypertrichosis.

5C58.12 Erythropoietic porphyrias

Erythropoietic porphyrias are associated clinically with photosensitivity and biochemically with abnormal accumulation of porphyrins in erythrocytes. They include erythropoietic protoporphyria and the very rare congenital erythropoietic porphyria.

5C58.13 Variegate porphyria

Variegate porphyria is a form of acute hepatic porphyria characterised by the occurrence of neuro-visceral attacks with or without the presence of cutaneous lesions (bullous photodermatitis).

5C58.1Y Other specified porphyrias

5C58.1Z Porphyrias, unspecified

5C58.Y **Other specified inborn errors of porphyrin or heme metabolism**

5C58.Z **Inborn errors of porphyrin or heme metabolism, unspecified**

5C59 Inborn errors of neurotransmitter metabolism

5C59.0 **Disorders of biogenic amine metabolism**

5C59.00 Disorders of catecholamine synthesis

Any condition caused by failure to correctly synthesize catecholamines. Confirmation is by blood test.

5C59.01 Disorders of pterin metabolism

Any condition caused by failure to correctly metabolize pterin.

Coded Elsewhere: Dopa-responsive dystonia (8A02.11)

5C59.0Y Other specified disorders of biogenic amine metabolism

5C59.0Z Disorders of biogenic amine metabolism, unspecified

5C59.1 **Disorders of gamma aminobutyric acid metabolism**

Coded Elsewhere: 4-hydroxybutyric aciduria (5C50.E1)

5C59.2 **Disorders of pyridoxine metabolism**

Coded Elsewhere: Pyridoxal dependent epilepsy (8A61.00)

Pyridoxine dependent epilepsy with antiquitin mutations (8A61.0Y)

5C59.Y **Other specified inborn errors of neurotransmitter metabolism**

5C59.Z **Inborn errors of neurotransmitter metabolism, unspecified**

5C5A **Alpha-1-antitrypsin deficiency**

Alpha-1-antitrypsin deficiency (AATD) is a genetic disorder that manifests as pulmonary emphysema, liver cirrhosis and, rarely, as the skin disease panniculitis, and is characterised by low serum levels of AAT, the main protease inhibitor (PI) in human serum.

5C5Y **Other specified inborn errors of metabolism**

5C5Z **Inborn errors of metabolism, unspecified**

Disorders of metabolite absorption or transport (5C60-5C6Z)

5C60 **Disorders of amino acid absorption or transport**

Any condition caused by deficiencies in amino acid absorption and transport.

Exclusions: Disorders of tryptophan metabolism (5C50.3)

Coded Elsewhere: Fanconi syndrome (GB90.42)

5C60.0 **Oculocerebrorenal syndrome**

Oculocerebrorenal syndrome of Lowe (OCRL) is a multisystem disorder characterised by congenital cataracts, glaucoma, intellectual disabilities, postnatal growth retardation and renal tubular dysfunction with chronic renal failure.

5C60.1 **Cystinosis**

Cystinosis is a metabolic disease characterised by an accumulation of cystine inside the lysosomes of different tissues due to a defect in cystine transport out of lysosomes. There are three clinical forms : infantile, juvenile and ocular. The infantile form is severe, multisystem disease, with impaired proximal tubular reabsorptive capacity, with severe fluid-electrolyte balance alterations, cystine deposits in various organs and progression towards renal failure after 6 years of age. Juvenile cystinosis appear around 8 years of age and has an intermediate clinical picture with end-stage renal disease occurring after the age of 15.The ocular, adult form presents with photophobia.

5C60.2 **Cystinuria**

Cystinuria is a renal tubular aminoacid transport disorder characterised by recurrent formation of kidneys cystine stones.

5C60.Y **Other specified disorders of amino acid absorption or transport**

5C60.Z **Disorders of amino acid absorption or transport, unspecified**

5C61 Disorders of carbohydrate absorption or transport

5C61.0 **Glucose-galactose malabsorption**

Glucose-galactose malabsorption is characterised by diarrhoea and severe neonatal dehydration. Around 300 cases have been described to date. Moderate glucosuria has also been reported, but fructose absorption is normal. Glucose-galactose malabsorption is caused by a mutation in the SLC5A1 gene, encoding the glucose-sodium cotransporter, SGTL1. The mode of transmission is autosomal recessive. The fatal consequences of this syndrome can be avoided by following a glucose and galactose restricted diet.

Exclusions: Glucose or galactose intolerance of newborn (5C51.42)

5C61.1 **Maltase-glucoamylase deficiency**

Chronic diarrhea due to glucoamylase deficiency is characterised by chronic diarrhoea in infancy or childhood in association with intestinal glucoamylase deficiency.

5C61.2 **Congenital sucrase-isomaltase deficiency**

Congenital sucrase-isomaltase deficiency (CSID) is a carbohydrate intolerance disorder characterised by malabsorption of oligosaccharides and disaccharides. CSID is transmitted as an autosomal recessive trait and is caused by mutations in the brush-border membrane complex sucrase-isomaltase (SI), which is required for the breakdown of sucrose and starch into monosaccharides. The SI deficiency results in an accumulation of disaccharides in the lumen, causing osmotic diarrhoea. The prognosis for patients is good as the starch intolerance usually resolves during the first few years of life and sucrose intolerance usually improves with age.

5C61.3 **Alpha, alpha trehalase deficiency**

Alpha, alpha trehalase deficiency is characterised by diarrhoea and vomiting after ingestion of trehalose, a disaccharide found mainly in mushrooms. The disease is very rare in most populations but the incidence has been estimated at least 1 in 13 in Greenland. Isolated trehalose intolerance is due to a deficiency of trehalase (TREH; 11q23.3), a brush-border membrane glycoprotein.

5C61.4 **Acquired monosaccharide malabsorption**

This is an acquired condition in which the cells lining the intestine cannot take in one or all of the sugars glucose, galactose or fructose, which prevents proper digestion of these molecules and larger molecules made from them.

It may cause osmotic diarrhoea.

5C61.40 Fructose malabsorption

5C61.4Y Other specified acquired monosaccharide malabsorption

5C61.4Z Acquired monosaccharide malabsorption, unspecified

5C61.5 Disorders of facilitated glucose transport

Coded Elsewhere: Glycogen storage disease due to GLUT2 deficiency (5C51.3)

5C61.6 Lactose intolerance

Lactose intolerance is the inability to digest lactose, a sugar found in milk and some dairy products, due to a deficiency of lactase, the enzyme that metabolizes lactose. Lactose intolerance occurs when lactose is not completely broken down and consequently the sugar cannot be absorbed into the blood.

5C61.60 Primary lactase deficiency

5C61.61 Congenital lactase deficiency

This is a congenital deficiency of lactase (EC 3.2.1.108), inherited as an autosomal recessive trait, presenting in infancy and manifested by profuse watery diarrhoea in response to dietary milk, due to inability to digest lactose, a sugar found in milk and to a lesser extent milk-derived dairy products. The condition may lead to marasmus and death if lactose is not eliminated from the diet.

5C61.62 Secondary lactase deficiency

This form of lactase deficiency results from some sort of damage to the intestines either due to a disease or surgery.

Coding Note: Code also the causing condition

5C61.6Z Lactose intolerance, unspecified

5C61.Y Other specified disorders of carbohydrate absorption or transport

5C61.Z Disorders of carbohydrate absorption or transport, unspecified

5C62 Disorders of lipid absorption or transport

5C63 Disorders of vitamin or non-protein cofactor absorption or transport

Coded Elsewhere: Hereditary factor X deficiency (3B14.1)

Combined deficiency of vitamin K-dependent clotting factors (3B14.2)

5C63.0 Disorders of cobalamin metabolism or transport

Coded Elsewhere: Hereditary Vitamin B12 deficiency anaemia (3A01.0)

Neonatal vitamin B12 deficiency anaemia (3A01.1)

Methylmalonic aciduria, vitamin B12 responsive (5C50.E0)

Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Y)

5C63.1 Disorders of folate metabolism or transport

Coded Elsewhere: Formiminoglutamic aciduria (3A02.Y)

5C63.2 Disorders of vitamin D metabolism or transport

5C63.20 Hypocalcaemic vitamin D dependent rickets

Hypocalcaemic vitamin D-dependent rickets (VDDR-I) is an early-onset hereditary vitamin D metabolism disorder characterised by severe hypocalcaemia leading to osteomalacia and rachitic bone deformations, and moderate hypophosphatemia.

5C63.21 Hypocalcaemic vitamin D resistant rickets

Hypocalcaemic vitamin D-resistant rickets is a hereditary disorder of vitamin D action characterised by hypocalcaemia, severe rickets and in many cases alopecia.

5C63.22 Hypophosphataemic rickets

Hypophosphatemic rickets is a group of genetic diseases characterised by hypophosphatemia, rickets, and normal serum levels of calcium.

5C63.2Y Other specified disorders of vitamin D metabolism or transport

5C63.2Z Disorders of vitamin D metabolism or transport, unspecified

5C63.Y Other specified disorders of vitamin or non-protein cofactor absorption or transport

5C63.Z Disorders of vitamin or non-protein cofactor absorption or transport, unspecified

5C64 Disorders of mineral absorption or transport

A condition in which there is a deviation or interruption in the processing of a specific mineral in the body: its absorption, transport, storage, and utilization

Exclusions: Disorders of the parathyroids or parathyroid hormone system (5A50-5A5Z)

Vitamin D deficiency (5B57)

dietary mineral deficiency (5B5K)

5C64.0 Disorders of copper metabolism

Any condition caused by failure to correctly metabolize copper.

Coded Elsewhere: X-linked cutis laxa (LD28.2)

5C64.00 Wilson disease

Wilson disease is an autosomal recessive disorder of copper metabolism characterised by the toxic accumulation of copper, mainly in the liver and central nervous system that may present as hepatic, neurologic or psychiatric forms.

5C64.0Y Other specified disorders of copper metabolism

5C64.0Z Disorders of copper metabolism, unspecified

5C64.1 Disorders of iron metabolism

This refers to any disorders of the set of chemical reactions maintaining human homeostasis of iron. The control of this necessary but potentially toxic substance is an important part of many aspects of human health and disease.

Exclusions: Sideroblastic anaemia (3A72)

Iron deficiency anaemia (3A00)

5C64.10 Iron overload diseases

Iron overload is the accumulation of excess iron in body tissues. Iron overload usually occurs as a result of a genetic predisposition to absorb and store iron in excess amounts, the most common form of which is hereditary hemochromatosis. Iron overload can also occur as a complication of other hematologic disorders that require chronic transfusion therapy, repeated injections of parenteral iron, or excessive iron ingestion. Excessive iron stores usually accumulate in the reticuloendothelial tissues and cause little damage ("hemosiderosis"). If overload continues, iron eventually begins to accumulate in tissues such as hepatic parenchyma, pancreas, heart and synovium, causing hemochromatosis.

Coded Elsewhere: Friedreich ataxia (8A03.10)

Atransferrinaemia (3A00.Y)

Microcytic anaemia with liver iron overload (3A00.Y)

5C64.1Y Other specified disorders of iron metabolism

5C64.1Z Disorders of iron metabolism, unspecified

5C64.2 Disorders of zinc metabolism

Any condition caused by failure to correctly metabolize zinc. These conditions may present with dermatitis, diarrhoea, alopecia, loss of appetite, growth impairment, neuropsychological changes, or immune deficiency syndromes.

5C64.20 Acrodermatitis enteropathica

Acrodermatitis enteropathica is an uncommon autosomal recessive disorder of intestinal zinc absorption. Signs usually appear within the first months of life with an exudative and crusted erythema located predominantly around body orifices (mouth, anogenital) and on the scalp and distal extremities. The signs are often misdiagnosed as being due to infection. The condition responds rapidly to zinc supplementation which must be continued throughout life.

5C64.21 Zinc deficiency syndromes

Coded Elsewhere: Acrodermatitis enteropathica (5C64.20)

5C64.2Y Other specified disorders of zinc metabolism

5C64.2Z Disorders of zinc metabolism, unspecified

5C64.3 Disorders of phosphorus metabolism or phosphatases

Any condition caused by errors in phosphorus metabolism, or in phosphatase activity.

Exclusions: Adult osteomalacia (FB83.2)

Osteoporosis (FB83.1)

Coded Elsewhere: Hypophosphataemic rickets (5C63.22)

Phosphate losing hypophosphataemia (GB90.48)

5C64.4 **Disorders of magnesium metabolism**

Any condition caused by failure to correctly metabolize magnesium.

Coded Elsewhere: Transitory neonatal disorders of calcium or magnesium metabolism (KB61)

5C64.40 Hypermagnesaemia

This is an electrolyte disturbance in which there is an abnormally elevated level of magnesium in the blood. Usually this results in excess of magnesium in the body.

5C64.41 Hypomagnesaemia

This is an electrolyte disturbance in which there is an abnormally low level of magnesium in the blood. Normal magnesium levels in humans fall between 1.5 - 2.5 mg/dL. Usually a serum level less than 0.7 mmol/L is used as reference for hypomagnesemia (not hypomagnesia which refers to low magnesium content in food/supplement sources).

Coded Elsewhere: Neonatal hypomagnesaemia (KB61.0)

5C64.4Z Disorders of magnesium metabolism, unspecified

5C64.5 **Disorders of calcium metabolism**

This refers to and disorders in the mechanism by which the body maintains adequate calcium levels. Derangements of this mechanism lead to hypercalcaemia or hypocalcaemia, both of which can have important consequences for health.

Exclusions: Hyperparathyroidism (5A51)

Chondrocalcinosis (FA26.2)

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Hypercalciuria (MF98.0)

Nephrocalcinosis (GB57)

Hypercalcaemia (5B91.0)

Transitory neonatal disorders of calcium or magnesium metabolism (KB61)

5C64.6 **Disorders of sodium metabolism**

Coded Elsewhere: Tubular disorders of sodium or potassium transport (GB90.46)

Congenital sodium diarrhoea (DA90.1)

5C64.7 **Disorders of chloride metabolism**

Coded Elsewhere: Congenital chloride diarrhoea (DA90.1)

5C64.Y **Disorders of other specified mineral absorption and transport**

5C64.Z **Disorders of mineral absorption or transport, unspecified**

5C6Y **Other specified disorders of metabolite absorption or transport**

5C6Z **Disorders of metabolite absorption or transport, unspecified**

5C70 Volume depletion

Exclusions: Hypovolaemic shock (MG40.1)

5C70.0 Dehydration

Dehydration occurs when there is an insufficient amount or excessive loss of water in the body. This can be caused by vomiting, diarrhoea, fever, use of diuretics, profuse sweating, or decreased water intake.

Coded Elsewhere: Dehydration of newborn (KB63.1)

5C70.1 Hypovolaemia

This is a state of decreased blood volume; more specifically, decrease in volume of blood plasma. It is thus the intravascular component of volume contraction (or loss of blood volume due to things such as haemorrhaging or dehydration), but, as it also is the most essential one, hypovolemia and volume contraction are sometimes used synonymously.

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

Hypovolaemic shock (MG40.1)

5C70.Y Other specified volume depletion

5C70.Z Volume depletion, unspecified

5C71 Hyperosmolality or hypernatraemia

Serum sodium concentrations in excess of 145 mmol/L; increased serum concentration of osmotically active particles

Coded Elsewhere: Hypernatremia of newborn (KB63.21)

5C72 Hypo-osmolality or hyponatraemia

Serum sodium concentrations of less than 135 mEq/L; decreased serum concentration of osmotically active particles

Inclusions: sodium [na] deficiency

Exclusions: Syndrome of inappropriate secretion of antidiuretic hormone (5A60.2)

Coded Elsewhere: Hyponatremia of newborn (KB63.20)

5C73 Acidosis

Acidosis is an abnormally acidic state of the blood and tissues.

Exclusions: diabetic acidosis (5A10-5A2Y)

Coded Elsewhere: Late metabolic acidosis of newborn (KB63.0)

Kussmaul respiration (5A22.Y)

5C73.0 **Acute respiratory acidosis**

This is an acute condition in which decreased ventilation (hypoventilation) causes increased blood carbon dioxide concentration and decreased pH (a condition generally called acidosis). Carbon dioxide is produced continuously as the body's cells respire, and this CO2 will accumulate rapidly if the lungs do not adequately expel it through alveolar ventilation. Alveolar hypoventilation thus leads to an increased PaCO2 (called hypercapnia). The increase in PaCO2 in turn decreases the HCO3-/PaCO2 ratio and decreases pH.

5C73.1 **Chronic respiratory acidosis**

This is a chronic condition in which decreased ventilation (hypoventilation) causes increased blood carbon dioxide concentration and decreased pH (a condition generally called acidosis). Carbon dioxide is produced continuously as the body's cells respire, and this CO2 will accumulate rapidly if the lungs do not adequately expel it through alveolar ventilation. Alveolar hypoventilation thus leads to an increased PaCO2 (called hypercapnia). The increase in PaCO2 in turn decreases the HCO3?/PaCO2 ratio and decreases pH.

5C73.2 **Anion gap metabolic acidosis**

This is a form of metabolic acidosis characterised by a high anion gap. The list of agents that cause high anion gap metabolic acidosis is similar to but broader than the list of agents that cause a serum osmolal gap.

5C73.Y **Other specified acidosis**

5C73.Z **Acidosis, unspecified**

5C74 Alkalosis

Alkalosis is an abnormally basic state of the blood and tissues.

5C75 Mixed disorder of acid-base balance

This is a condition where more than one of the normal mechanisms that regulate the amount of acid or base content in the body are dysfunctional.

5C76 Hyperkalaemia

Inclusions: Potassium [K] excess

Potassium [K] overload

Coded Elsewhere: Hyperkalaemia of newborn (KB63.31)

5C77 Hypokalaemia

Coded Elsewhere: Hypokalaemia of newborn (KB63.30)

5C78 **Fluid overload**

This is the condition where there is too much fluid in the blood. The opposite condition is hypovolemia, which is too little fluid volume in the blood. Fluid volume excess in the intravascular compartment occurs due to an increase in total body sodium content and a consequent increase in extracellular body water. The mechanism usually stems from compromised regulatory mechanisms for sodium handling as seen in congestive heart failure (CHF), kidney failure, and liver failure. It may also be caused by excessive intake of sodium from foods, intravenous (IV) solutions and blood transfusions, medications, or diagnostic contrast dyes.

5C7Y **Other specified disorders of fluid, electrolyte or acid-base balance**

5C7Z **Disorders of fluid, electrolyte or acid-base balance, unspecified**

Disorders of lipoprotein metabolism or certain specified lipidaemias (5C80-5C8Z)

Elevated levels of lipoprotein(a), or Lp(a), in the blood. It is associated with an elevated risk of cardiovascular diseases.

Exclusions: Sphingolipidosis (5C56.0)

Coded Elsewhere: Lipoid dermatoarthritis (FA38.Y)

Multicentric reticulohistiocytosis (EE8Y)

Lipoid proteinosis (LD27.Y)

5C80 **Hyperlipoproteinaemia**

Disorders of lipoprotein metabolism that result in high levels of lipoproteins in the circulating blood

5C80.0 Hypercholesterolaemia

5C80.00 Primary hypercholesterolaemia

This is a genetic disorder characterised by high cholesterol levels, specifically very high levels of low-density lipoprotein (LDL, "bad cholesterol"), in the blood and early cardiovascular disease.

Coded Elsewhere: Sitosterolaemia (5C52.1Y)

5C80.01 Secondary hypercholesterolaemia

Coding Note: Code also the causing condition

5C80.0Z Hypercholesterolaemia, unspecified

5C80.1 Hypertriglyceridaemia

A form of hyperlipidaemia characterised by abnormally elevated levels of triglyceride-rich lipoproteins in the blood. It is associated with an elevated risk of cardiovascular morbidity.

Inclusions: Hyperlipidaemia, group B

Endogenous hyperglyceridaemia

5C80.2 Mixed hyperlipidaemia

Elevated levels of both LDL cholesterol and triglycerides in the blood

Inclusions: Hyperbetalipoproteinaemia with prebetalipoproteinaemia

Hypercholesterolaemia with endogenous hyperglyceridaemia

Hyperlipidaemia, group C

Exclusions: cerebrotendinous cholesterosis [van Bogaert-Scherer-Epstein] (5C52.11)

5C80.3 Hyperalphalipoproteinaemia

A condition in which high-density lipoprotein is elevated in the blood.

5C80.Y Other specified hyperlipoproteinaemia

5C80.Z Hyperlipoproteinaemia, unspecified

5C81 Hypolipoproteinaemia

Disorders characterised by low level of lipoproteins of any type in the blood

Inclusions: High-density lipoprotein deficiency

5C81.0 Hypoalphalipoproteinaemia

A disorder characterised by low levels of high-density lipoprotein in the blood.

5C81.1 Hypobetalipoproteinaemia

Hypobetalipoproteinemia (HBL) constitutes a group of lipoprotein metabolism disorders that are characterised by permanently low levels (below the 5th percentile) of apolipoprotein B and LDL cholesterol. There are two types of HBL: familial hypobetalipoproteinemia and chylomicron retention disease (CMRD; see these terms). The familial form can be severe with early onset (abetalipoproteinemia/homozygous familial hypobetalipoproteinemia; see this term) or benign (benign familial hypobetalipoproteinemia; see this term). (Please add the sentence). Severe familial HBL and CMRD appear in infancy or childhood. As a result they are often associated with growth delay, diarrhoea with steatorrhoea, and fat malabsorption. Benign familial hypobetalipoproteinemia is generally asymptomatic, but in adults is occasionally associated with dietary intolerance to fat. HBL disorders are caused by mutations in proteins involved in the synthesis, secretion and catabolism of lipoproteins containing apolipoprotein B (LDL, VLDL and chylomicrons).

5C81.Y Other specified hypolipoproteinaemia

5C81.Z Hypolipoproteinaemia, unspecified

5C8Y Other specified disorders of lipoprotein metabolism or lipidaemias

5C8Z Unspecified disorders of lipoprotein metabolism or lipidaemias

5C90 Metabolic or transporter liver disease

Exclusions: Alcoholic liver disease (DB94)

Non-alcoholic fatty liver disease (DB92)

Drug-induced or toxic liver disease (DB95)

Acute fatty liver of pregnancy (JA65.0)

Coded Elsewhere: Bile acid synthesis defect with cholestasis (5C52.11)

Progressive familial intrahepatic cholestasis (5C58.03)

Benign recurrent intrahepatic cholestasis (5C58.04)

Glycogen storage disease (5C51.3)

Disorders of galactose metabolism (5C51.4)

Disorders of fructose metabolism (5C51.5)

Alpha-1-antitrypsin deficiency (5C5A)

Reye syndrome (8E46)

5C90.0 Liver diseases due to urea cycle defects

This is a group of liver diseases due to defects in the urea cycle, which is a metabolic cycle of nitrogen-containing compounds that produces the waste product urea.

Coded Elsewhere: Argininosuccinic aciduria (5C50.A0)

Carbamoylphosphate synthetase deficiency (5C50.A1)

Argininaemia (5C50.A2)

Ornithine carbamoyltransferase deficiency (5C50.AY)

5C90.1 Liver diseases due to disorders of porphyrin or bilirubin metabolism or transport

These are liver diseases due to disorders of porphyrin and bilirubin metabolism and transport

Exclusions: Defects of catalase and peroxidase (5C58)

Coded Elsewhere: Porphyria cutanea tarda (5C58.10)

Variegate porphyria (5C58.13)

Crigler-Najjar syndrome (5C58.00)

Gilbert syndrome (5C58.01)

Dubin-Johnson syndrome (5C58.02)

Rotor syndrome (5C58.0Y)

5C90.2 Liver diseases due to disorders of amino acid metabolism

This is liver disease due to the disorder of the various biochemical processes responsible for the synthesis of proteins and amino acids, and the breakdown of proteins (and other large molecules, too) by catabolism.

Coded Elsewhere: Disorders of tyrosine metabolism (5C50.1)

Citrullinaemia (5C50.A3)

5C90.3 **Liver disease due to disorders of lysosomal storage**

This is liver disease due to a group of approximately 50 rare inherited metabolic disorders that result from defects in lysosomal function.

Coded Elsewhere: Gaucher disease (5C56.0Y)

Niemann-Pick disease (5C56.0Y)

Wolman disease (5C56.0Y)

Cholesteryl ester storage disease (5C56.0Y)

5C90.4 **Liver diseases due to mitochondrial disorders**

This is liver disease due to a group of disorders caused by dysfunctional mitochondria, the organelles that generate energy for the cell.

5C90.5 **Liver diseases due to disorders of mineral metabolism**

This is a liver disease due to a disorder of the organic compound required by an organism as a vital nutrient in limited amounts.

Coding Note: Code also the causing condition

5C90.Y **Other specified metabolic or transporter liver disease**

5C90.Z **Metabolic or transporter liver disease, unspecified**

Other metabolic disorders (5D00-5D0Y)

Exclusions: histiocytosis X (chronic) (2B31.2)

Coded Elsewhere: Tophaceous gout (FA25.20)

5D00 **Amyloidosis**

Amyloidosis is a vast group of diseases defined by the presence of insoluble protein deposits in tissues. Its diagnosis is based on histological findings. Amyloidoses are classified according to clinical signs and biochemical type of amyloid protein involved. Most amyloidoses are multisystemic, 'generalised' or 'diffuse'. There are a few forms of localised amylosis. The most frequent forms are AL amyloidosis (immunoglobulins), AA (inflammatory), and ATTR (transthyretin accumulation).

Exclusions: Dementia due to Alzheimer disease (6D80)

5D00.0 **AL amyloidosis**

AL amyloid is due to the deposition of immunoglobulin light chains in glomeruli where they are seen as Congo red binding fibrils and immuno-stain specifically for kappa or lambda light chains. By light microscopy there is amorphous hyaline material in the mesangium and capillary walls. A light chain producing plasma cell or B-cell dysplasia is responsible. Other organs are also involved in this systemic disease.

Coded Elsewhere: Isolated cerebral amyloid angiopathy (8B22.3)

5D00.1 **AA amyloidosis**

AA amyloid is due to the deposition of the acute phase reactant serum amyloid A protein (SAA) in glomeruli where they are seen as Congo red binding fibrils which immuno- stain specifically for SAA. Chronic inflammation is responsible. Other organs are also involved in this systemic disease.

5D00.2 **Hereditary amyloidosis**

Hereditary amyloidosis (familial amyloidosis) is an inherited disorder that often affects the liver, nerves, heart and kidneys. Many different types of gene abnormalities present at birth are associated with an increased risk of amyloid disease. The type and location of an amyloid gene abnormality can affect the risk of certain complications, the age at which symptoms first appear, and the way the disease progresses over time.

5D00.20 Hereditary ATTR amyloidosis

5D00.21 Non-neuropathic heredofamilial amyloidosis

This is an amyloidosis (the formation of insoluble proteins, or amyloids) of inherited origin that does not affect the peripheral nerves. The most common sites of deposits are associated with the kidney and heart.

Coded Elsewhere: Familial Mediterranean fever with amyloidosis (4A60.0)

5D00.2Y Other specified hereditary amyloidosis

5D00.2Z Hereditary amyloidosis, unspecified

5D00.3 **Dialysis-associated amyloidosis**

Dialysis-related amyloidosis develops when proteins in blood are deposited in joints and tendons — causing pain, stiffness and fluid in the joints, as well as carpal tunnel syndrome. This type generally affects people on long-term dialysis.

5D00.Y **Other specified amyloidosis**

5D00.Z **Amyloidosis, unspecified**

5D01 Tumour lysis syndrome

This is a group of metabolic complications that can occur after treatment of cancer, usually lymphomas and leukaemias, and sometimes even without treatment. These complications are caused by the breakdown products of dying cancer cells and include hyperkalaemia, hyperphosphataemia, hyperuricaemia and hyperuricosuria, hypocalcaemia, and consequent acute uric acid nephropathy and acute renal failure.

Coding Note: Code also the causing condition

5D0Y Other specified metabolic disorders

5D2Z Metabolic disorders, unspecified

Postprocedural endocrine or metabolic disorders (5D40-5D46)

Any endocrine or metabolic disorder caused by or subsequent to any medical procedure.

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

5D40 **Postprocedural hypothyroidism**

5D40.0 Postirridation hypothyroidism

5D40.00 Hypothyroidism postradioactive iodine ablation

5D40.0Y Other specified postirridation hypothyroidism

5D40.0Z Postirridation hypothyroidism, unspecified

5D40.Y Other specified postprocedural hypothyroidism

5D40.Z Postprocedural hypothyroidism, unspecified

5D41 **Postprocedural hypoinsulinaemia**

This is a low level of insulin that can result after medical procedures, including radiation, and it carries a risk of developing diabetes mellitus.

Inclusions: Postpancreatectomy hyperglycaemia

Postsurgical hypoinsulinaemia

5D42 **Postprocedural hypoparathyroidism**

This refers to a postprocedural decreased function of the parathyroid glands with underproduction of parathyroid hormone. This can lead to low levels of calcium in the blood, often causing cramping and twitching of muscles or tetany (involuntary muscle contraction), and several other symptoms.

Inclusions: Parathyroprival tetany

5D43 **Postprocedural hypopituitarism**

This is the postprocedural decreased (hypo) secretion of one or more of the eight hormones normally produced by the pituitary gland at the base of the brain. If there is decreased secretion of most pituitary hormones, the term panhypopituitarism (pan meaning "all") is used.

5D44 **Postprocedural ovarian failure**

A condition in women characterised by amenorrhea, caused by or subsequent to any intervention. This condition may also present with hot flashes, night sweats, irritability, poor concentration, decreased sex drive, pain during sex, vaginal dryness.

5D45 **Postprocedural testicular hypofunction**

A condition in men characterised by testosterone deficiency, caused by or subsequent to any intervention. This condition may present with fatigue, decreased libido, erectile dysfunction, negative mood states, decreased lean body mass, increased fat mass, or decreased bone mineral density.

5D46 **Postprocedural adrenocortical hypofunction**

A condition caused by or subsequent to any medical procedure. This condition is characterised by adrenocortical hormone deficiency. This condition may present with chronic fatigue, muscle weakness, loss of appetite, weight loss or abdominal pain.

CHAPTER 06

Mental, behavioural or neurodevelopmental disorders

This chapter has 162 four-character categories.

Code range starts with 6A00

Mental, behavioural and neurodevelopmental disorders are syndromes characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions:	Acute stress reaction (QE84)
	Uncomplicated bereavement (QE62)
Coded Elsewhere:	Sleep-wake disorders (7A00-7B2Z)
	Sexual dysfunctions (HA00-HA0Z)
	Gender incongruence (HA60-HA6Z)

This chapter contains the following top level blocks:

- Neurodevelopmental disorders
- Schizophrenia or other primary psychotic disorders
- Catatonia
- Mood disorders
- Anxiety or fear-related disorders
- Obsessive-compulsive or related disorders
- Disorders specifically associated with stress
- Dissociative disorders
- Feeding or eating disorders
- Elimination disorders
- Disorders of bodily distress or bodily experience
- Disorders due to substance use or addictive behaviours
- Impulse control disorders
- Disruptive behaviour or dissocial disorders
- Personality disorders and related traits
- Paraphilic disorders
- Factitious disorders
- Neurocognitive disorders

- Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium
- Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere

Neurodevelopmental disorders (6A00-6A0Z)

Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

Coded Elsewhere: Primary tics or tic disorders (8A05.0)

Secondary neurodevelopmental syndrome (6E60)

6A00 Disorders of intellectual development

Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators.

Coding Note: Use additional code, if desired, to identify any known aetiology.

Exclusions: Dementia (6D80-6D8Z)

6A00.0 Disorder of intellectual development, mild

A mild disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 – 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.

6A00.1 **Disorder of intellectual development, moderate**

A moderate disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003 – 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults.

6A00.2 **Disorder of intellectual development, severe**

A severe disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.3 **Disorder of intellectual development, profound**

A profound disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.4 **Disorder of intellectual development, provisional**

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), motor or communication impairments, severe problem behaviours or co-occurring mental and behavioural disorders.

6A00.Z **Disorders of intellectual development, unspecified**

Coding Note: Use additional code, if desired, to identify any known aetiology.

6A01 **Developmental speech or language disorders**

Developmental speech or language disorders arise during the developmental period and are characterised by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to regional, social, or cultural/ethnic language variations and are not fully explained by anatomical or neurological abnormalities. The presumptive aetiology for Developmental speech or language disorders is complex, and in many individual cases, is unknown.

6A01.0 **Developmental speech sound disorder**

Developmental speech sound disorder is characterised by difficulties in the acquisition, production and perception of speech that result in errors of pronunciation, either in number or types of speech errors made or the overall quality of speech production, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality.

Inclusions: Functional speech articulation disorder

Exclusions: Deafness not otherwise specified (AB52)

Diseases of the nervous system (Chapter 08)

Dysarthria (MA80.2)

Verbal apraxia (MB4A)

6A01.1 **Developmental speech fluency disorder**

Developmental speech fluency disorder is characterised by frequent or pervasive disruption of the normal rhythmic flow and rate of speech characterised by repetitions and prolongations in sounds, syllables, words, and phrases, as well as blocking and word avoidance or substitutions. The speech dysfluency is persistent over time. The onset of speech dysfluency occurs during the developmental period and speech fluency is markedly below what would be expected for age. Speech dysfluency results in significant impairment in social communication, personal, family, social, educational, occupational or other important areas of functioning. The speech dysfluency is not better accounted for by a Disorder of Intellectual Development, a Disease of the Nervous System, a sensory impairment, or a structural abnormality, or other speech or voice disorder.

Exclusions: Tic disorders (8A05)

6A01.2 **Developmental language disorder**

Developmental language disorder is characterised by persistent deficits in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The individual's ability to understand, produce or use language is markedly below what would be expected given the individual's age. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

Selective mutism (6B06)

6A01.20 Developmental language disorder with impairment of receptive and expressive language

Developmental language disorder with impairment of receptive and expressive language is characterised by persistent difficulties in the acquisition, understanding, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to understand spoken or signed language (i.e., receptive language) is markedly below the expected level given the individual's age and level of intellectual functioning, and is accompanied by persistent impairment in the ability to produce and use spoken or signed language (i.e., expressive language).

Inclusions: developmental dysphasia or aphasia, receptive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Autism spectrum disorder (6A02)

Selective mutism (6B06)

dysphasia NOS (MA80.1)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

6A01.21 Developmental language disorder with impairment of mainly expressive language

Developmental language disorder with impairment of mainly expressive language is characterised by persistent difficulties in the acquisition, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to produce and use spoken or signed language (i.e., expressive language) is markedly below the expected level given the individual's age and level of intellectual functioning, but the ability to understand spoken or signed language (i.e., receptive language) is relatively intact.

Inclusions: Developmental dysphasia or aphasia, expressive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Selective mutism (6B06)

dysphasia and aphasia: developmental, receptive type (6A01.20)

dysphasia NOS (MA80.1)

aphasia NOS (MA80.0)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

6A01.22 Developmental language disorder with impairment of mainly pragmatic language

Developmental language disorder with impairment of mainly pragmatic language is characterised by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual's age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language.

Exclusions: Diseases of the nervous system (Chapter 08)

Selective mutism (6B06)

6A01.23 Developmental language disorder, with other specified language impairment

Developmental language disorder with other specified language impairment is characterised by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period and cause significant limitations in the individual's ability to communicate. The pattern of specific deficits in language abilities is not adequately captured by any of the other developmental language disorder categories.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (Chapter 08)

Disorders of intellectual development (6A00)

Selective mutism (6B06)

6A01.Y **Other specified developmental speech or language disorders**

6A01.Z **Developmental speech or language disorders, unspecified**

6A02 Autism spectrum disorder

Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Inclusions: Autistic disorder

Exclusions: Rett syndrome (LD90.4)

6A02.0 **Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.1 **Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.2 **Autism spectrum disorder without disorder of intellectual development and with impaired functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.3 **Autism spectrum disorder with disorder of intellectual development and with impaired functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.5 **Autism spectrum disorder with disorder of intellectual development and with absence of functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires

6A02.Y **Other specified autism spectrum disorder**

6A02.Z **Autism spectrum disorder, unspecified**

6A03 Developmental learning disorder

Developmental learning disorder is characterised by significant and persistent difficulties in learning academic skills, which may include reading, writing, or arithmetic. The individual's performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Symbolic dysfunctions (MB4B)

6A03.0 **Developmental learning disorder with impairment in reading**

Developmental learning disorder with impairment in reading is characterised by significant and persistent difficulties in learning academic skills related to reading, such as word reading accuracy, reading fluency, and reading comprehension. The individual's performance in reading is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in reading is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.1 Developmental learning disorder with impairment in written expression

Developmental learning disorder with impairment in written expression is characterised by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing. The individual's performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in written expression is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.2 Developmental learning disorder with impairment in mathematics

Developmental learning disorder with impairment in mathematics is characterised by significant and persistent difficulties in learning academic skills related to mathematics or arithmetic, such as number sense, memorization of number facts, accurate calculation, fluent calculation, and accurate mathematic reasoning. The individual's performance in mathematics or arithmetic is markedly below what would be expected for chronological or developmental age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in mathematics is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.3 Developmental learning disorder with other specified impairment of learning

Developmental learning disorder with other specified impairment of learning is characterised by significant and persistent difficulties in learning academic skills other than reading, mathematics, and written expression. The individual's performance in the relevant academic skill is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with other specified impairment of learning is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.Z Developmental learning disorder, unspecified

6A04

Developmental motor coordination disorder

Developmental motor coordination disorder is characterised by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance. Coordinated motor skills are markedly below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g. in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

Exclusions: Abnormalities of gait and mobility (MB44)

Diseases of the musculoskeletal system or connective tissue (Chapter 15)

Diseases of the nervous system (Chapter 08)

6A05

Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. There is evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, typically by early to mid-childhood, though some individuals may first come to clinical attention later. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis to be made, manifestations of inattention and/or hyperactivity-impulsivity must be evident across multiple situations or settings (e.g., home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the setting. Symptoms are not better accounted for by another mental, behavioural, or neurodevelopmental disorder and are not due to the effect of a substance or medication.

Inclusions: attention deficit disorder with hyperactivity

attention deficit syndrome with hyperactivity

6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms.

6A05.1 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. Some inattentive symptoms may also be present, but these are not clinically significant in relation to the hyperactive-impulsive symptoms.

6A05.2 Attention deficit hyperactivity disorder, combined presentation

All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.

6A05.Y Attention deficit hyperactivity disorder, other specified presentation

6A05.Z Attention deficit hyperactivity disorder, presentation unspecified

6A06 Stereotyped movement disorder

Stereotyped movement disorder is characterised by the persistent (e.g., lasting several months) presence of voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

Exclusions: Tic disorders (8A05)

Trichotillomania (6B25.0)

Abnormal involuntary movements (MB46)

6A06.0 Stereotyped movement disorder without self-injury

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours markedly interfere with normal activities, but do not result in self-inflicted bodily injury. Stereotyped movement disorder without self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping.

6A06.1 Stereotyped movement disorder with self-injury

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours result in self-inflicted bodily injury that is significant enough to require medical treatment, or would result in such injury if protective measures (e.g., helmet to prevent head injury) were not employed. Stereotyped movement disorder with self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal). Stereotyped movements that are self-injurious can include head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

6A06.Z Stereotyped movement disorder, unspecified

6A0Y Other specified neurodevelopmental disorders

6A0Z Neurodevelopmental disorders, unspecified

Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Schizophrenia and other primary psychotic disorders are characterised by significant impairments in reality testing and alterations in behaviour manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganised thinking (typically manifest as disorganised speech), grossly disorganised behaviour, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

Coded Elsewhere: Substance-induced psychotic disorders

Secondary psychotic syndrome (6E61)

6A20 **Schizophrenia**

Schizophrenia is characterised by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganisation in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g., behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Exclusions: Schizotypal disorder (6A22)

schizophrenic reaction (6A22)

Acute and transient psychotic disorder (6A23)

6A20.0 Schizophrenia, first episode

Schizophrenia, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizophrenia were met.

6A20.00 Schizophrenia, first episode, currently symptomatic

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.01 Schizophrenia, first episode, in partial remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.02 Schizophrenia, first episode, in full remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.0Z Schizophrenia, first episode, unspecified

6A20.1 Schizophrenia, multiple episodes

Schizophrenia, multiple episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia and who have also previously experienced episodes during which diagnostic requirements were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during periods of remission, and remissions may have occurred in response to medication or other treatment.

6A20.10 Schizophrenia, multiple episodes, currently symptomatic

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.11 Schizophrenia, multiple episodes, in partial remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.12 Schizophrenia, multiple episodes, in full remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.1Z Schizophrenia, multiple episodes, unspecified

6A20.2 Schizophrenia, continuous

Symptoms fulfilling all definitional requirements of Schizophrenia have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A20.20 Schizophrenia, continuous, currently symptomatic

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.21 Schizophrenia, continuous, in partial remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.22 Schizophrenia, continuous, in full remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.2Z Schizophrenia, continuous, unspecified

6A20.Y Other specified episode of schizophrenia

6A20.Z Schizophrenia, episode unspecified

6A21 Schizoaffective disorder

Schizoaffective disorder is an episodic disorder in which the diagnostic requirements of schizophrenia and a manic, mixed, or moderate or severe depressive episode are met within the same episode of illness, either simultaneously or within a few days of each other. Prominent symptoms of schizophrenia (e.g. delusions, hallucinations, disorganisation in the form of thought, experiences of influence, passivity and control) are accompanied by typical symptoms of a moderate or severe depressive episode (e.g. depressed mood, loss of interest, reduced energy), a manic episode (e.g. an extreme mood state characterised by euphoria, irritability, or expansiveness; increased activity or a subjective experience of increased energy) or a mixed episode. Psychomotor disturbances, including catatonia, may be present. Symptoms must have persisted for at least one month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).

6A21.0 Schizoaffective disorder, first episode

Schizoaffective disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met.

6A21.00 Schizoaffective disorder, first episode, currently symptomatic

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.01 Schizoaffective disorder, first episode, in partial remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.02 Schizoaffective disorder, first episode, in full remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.0Z Schizoaffective disorder, first episode, unspecified

6A21.1 Schizoaffective disorder, multiple episodes

Schizoaffective disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder and who have also previously experienced episodes during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during period of remission, and remissions may have occurred in response to medication or other treatment.

6A21.10 Schizoaffective disorder, multiple episodes, currently symptomatic

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.11 Schizoaffective disorder, multiple episodes, in partial remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.12 Schizoaffective disorder, multiple episodes, in full remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.1Z Schizoaffective disorder, multiple episodes, unspecified

6A21.2 **Schizoaffective disorder, continuous**

Symptoms fulfilling all definitional requirements of Schizoaffective disorder have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A21.20 Schizoaffective disorder, continuous, currently symptomatic

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.21 Schizoaffective disorder, continuous, in partial remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.22 Schizoaffective disorder, continuous, in full remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.2Z Schizoaffective disorder, continuous, unspecified

6A21.Y **Other specified schizoaffective disorder**

6A21.Z **Schizoaffective disorder, unspecified**

6A22 Schizotypal disorder

Schizotypal disorder is characterised by an enduring pattern (i.e. characteristic of the person's functioning over a period of at least several years) of eccentricities in behaviour, appearance and speech, accompanied by cognitive and perceptual distortions, unusual beliefs, and discomfort with— and often reduced capacity for— interpersonal relationships. Symptoms may include constricted or inappropriate affect and anhedonia. Paranoid ideas, ideas of reference, or other psychotic symptoms, including hallucinations in any modality, may occur, but are not of sufficient intensity or duration to meet the diagnostic requirements of schizophrenia, schizoaffective disorder, or delusional disorder. The symptoms cause distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Schizotypal personality disorder

Exclusions: Autism spectrum disorder (6A02)

Personality disorder (6D10)

6A23 **Acute and transient psychotic disorder**

Acute and transient psychotic disorder is characterised by acute onset of psychotic symptoms that emerge without a prodrome and reach their maximal severity within two weeks. Symptoms may include delusions, hallucinations, disorganisation of thought processes, perplexity or confusion, and disturbances of affect and mood. Catatonia-like psychomotor disturbances may be present. Symptoms typically change rapidly, both in nature and intensity, from day to day, or even within a single day. The duration of the episode does not exceed 3 months, and most commonly lasts from a few days to 1 month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).

6A23.0 Acute and transient psychotic disorder, first episode

Acute and transient psychotic disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder but who have never before experienced a similar episode.

6A23.00 Acute and transient psychotic disorder, first episode, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.01 Acute and transient psychotic disorder, first episode, in partial remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.02 Acute and transient psychotic disorder, first episode, in full remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.0Z Acute and transient psychotic disorder, first episode, unspecified

6A23.1 Acute and transient psychotic disorder, multiple episodes

Acute and transient psychotic disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder and who have experienced similar episodes in the past.

6A23.10 Acute and transient psychotic disorder, multiple episodes, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.11 Acute and transient psychotic disorder, multiple episodes, in partial remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.12 Acute and transient psychotic disorder, multiple episodes, in full remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.1Z Acute and transient psychotic disorder, multiple episodes, unspecified

6A23.Y Other specified acute and transient psychotic disorder

6A23.Z Acute and transient psychotic disorder, unspecified

6A24 Delusional disorder

Delusional disorder is characterised by the development of a delusion or set of related delusions, typically persisting for at least 3 months and often much longer, in the absence of a Depressive, Manic, or Mixed mood episode. The delusions are variable in content across individuals, but typically stable within individuals, although they may evolve over time. Other characteristic symptoms of Schizophrenia (i.e. clear and persistent hallucinations, negative symptoms, disorganised thinking, or experiences of influence, passivity, or control) are not present, although various forms of perceptual disturbances (e.g. hallucinations, illusions, misidentifications of persons) thematically related to the delusion are still consistent with the diagnosis. Apart from actions and attitudes directly related to the delusion or delusional system, affect, speech, and behavior are typically unaffected. The symptoms are not a manifestation of another medical condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal effects (e.g. alcohol withdrawal).

6A24.0 Delusional disorder, currently symptomatic

All definitional requirements for Delusional disorder in terms of symptoms and duration are currently met, or have been met within the past one month.

6A24.1 Delusional disorder, in partial remission

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A24.2 **Delusional disorder, in full remission**

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A24.Z **Delusional disorder, unspecified**

6A25 Symptomatic manifestations of primary psychotic disorders

These categories may be used to characterize the current clinical presentation in individuals diagnosed with Schizophrenia or another primary psychotic disorder, and should not be used in individuals without such a diagnosis. Multiple categories may be applied. Symptoms attributable to the direct pathophysiological consequences of a health condition or injury not classified under Mental, behavioural or neurodevelopmental disorders (e.g., a brain tumour or traumatic brain injury), or to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, should not be considered as examples of the respective types of symptoms.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.0 **Positive symptoms in primary psychotic disorders**

Positive symptoms in primary psychotic disorders include persistent delusions, persistent hallucinations (most commonly verbal auditory hallucinations), disorganised thinking (formal thought disorder such as loose associations, thought derailment, or incoherence), grossly disorganised behaviour (behaviour that appears bizarre, purposeless and not goal-directed) and experiences of passivity and control (the experience that one's feelings, impulses, or thoughts are under the control of an external force). The rating should be made based on the severity of positive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.1 **Negative symptoms in primary psychotic disorders**

Negative symptoms in primary psychotic disorders include constricted, blunted, or flat affect, alogia or paucity of speech, avolition (general lack of drive, or lack of motivation to pursue meaningful goals), asociality (reduced or absent engagement with others and interest in social interaction) and anhedonia (inability to experience pleasure from normally pleasurable activities). To be considered negative psychotic symptoms, relevant symptoms should not be entirely attributable to antipsychotic drug treatment, a depressive disorder, or an under-stimulating environment, and should not be a direct consequence of a positive symptom (e.g., persecutory delusions causing a person to become socially isolated due to fear of harm). The rating should be made based on the severity of negative symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.2 **Depressive mood symptoms in primary psychotic disorders**

Depressive mood symptoms in primary psychotic disorders refer to depressed mood as reported by the individual (feeling down, sad) or manifested as a sign (e.g. tearful, defeated appearance). If only non-mood symptoms of a depressive episode are present (e.g., anhedonia, psychomotor slowing), this descriptor should not be used. This descriptor may be used whether or not depressive symptoms meet the diagnostic requirements of a separately diagnosed Depressive disorder. The rating should be made based on the severity of depressive mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.3 **Manic mood symptoms in primary psychotic disorders**

Manic mood symptoms in primary psychotic disorders refer to elevated, euphoric, irritable, or expansive mood states, including rapid changes among different mood states (i.e., mood lability). It also includes increased subjective experience of energy, which may be accompanied by increased goal-directed activity. The severity of associated non-mood symptoms of a Manic or Hypomanic Episode (e.g., decreased need for sleep, distractibility) should not be considered in making a rating. Increased non-goal-directed psychomotor activity should be considered as part of the rating of the 'psychomotor symptoms in primary psychotic disorders' rather than here. This descriptor may be used whether or not the manic symptoms meet the diagnostic requirements of a separately diagnosed bipolar disorder. The rating should be made based on the severity of manic mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.4 **Psychomotor symptoms in primary psychotic disorders**

Psychomotor symptoms in primary psychotic disorders include psychomotor agitation or excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, psychomotor retardation, or a visible generalised slowing of movements and speech, and catatonic symptoms such as excitement, posturing, waxy flexibility, negativism, mutism, or stupor. The rating should be made based on the severity of psychomotor symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.5 Cognitive symptoms in primary psychotic disorders

Cognitive symptoms in primary psychotic disorders refer to cognitive impairment in any of the following domains: speed of processing, attention/concentration, orientation, judgment, abstraction, verbal or visual learning, and working memory. The cognitive impairment is not attributable to a neurodevelopmental disorder, a delirium or other neurocognitive disorder, or the direct effects of a substance or medication on the central nervous system, including withdrawal effects. Ideally, use of this category should be based on the results of locally validated, standardized neuropsychological assessments, although such measures may not be available in all settings. The rating should be made based on the severity of cognitive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

Exclusions: Neurocognitive disorders (6D70-6E0Z)

Neurodevelopmental disorders (6A00-6A0Z)

6A2Y **Other specified primary psychotic disorder**

6A2Z **Schizophrenia or other primary psychotic disorders, unspecified**

Catatonia (6A40-6A4Z)

Catatonia is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abormal psychomotor activity. The assessment of catatonia is complex and requires observation, interview and physical exam. Catatonia can occur in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder. Catatonia can also develop during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin). Finally, Catatonia can occur as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Coded Elsewhere: Secondary catatonia syndrome (6E69)

6A40 **Catatonia associated with another mental disorder**

Catatonia associated with another mental disorder is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abormal psychomotor activity, which occurs in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder.

6A41 **Catatonia induced by substances or medications**

Catatonia induced by substances or medications is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abormal psychomotor activity, which develops during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin).

Exclusions: Neuroleptic malignant syndrome (8A00-8A0Z)

Serotonin syndrome (8D85)

6A4Z **Catatonia, unspecified**

Coding Note: Code also the causing condition

Mood disorders (6A60-6A8Z)

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Coded Elsewhere: Substance-induced mood disorders

Secondary mood syndrome (6E62)

Bipolar or related disorders (6A60-6A6Z)

Bipolar and related disorders are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic episodes or symptoms. These episodes typically alternate over the course of these disorders with Depressive episodes or periods of depressive symptoms.

6A60 **Bipolar type I disorder**

Bipolar type I disorder is an episodic mood disorder defined by the occurrence of one or more manic or mixed episodes. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. Although the diagnosis can be made based on evidence of a single manic or mixed episode, typically manic or mixed episodes alternate with depressive episodes over the course of the disorder.

Exclusions: Cyclothymia (6A62)

Bipolar type II disorder (6A61)

6A60.0 Bipolar type I disorder, current episode manic, without psychotic symptoms

Bipolar type I disorder, current episode manic, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met, the current episode is manic, and there are no delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.1 Bipolar type I disorder, current episode manic, with psychotic symptoms

Bipolar type I disorder, current episode manic with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I Disorder have been met, the current episode is Manic and there are delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.2 Bipolar type I disorder, current episode hypomanic

Bipolar type I disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A60.3 Bipolar type I disorder, current episode depressive, mild

Bipolar type I disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one of more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A60.4 Bipolar type I disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A60.5 Bipolar type I disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A60.6 Bipolar type I disorder, current episode depressive, severe without psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A60.7 Bipolar type I disorder, current episode depressive, severe with psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A60.8 Bipolar type I disorder, current episode depressive, unspecified severity

Bipolar type I disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A60.9 Bipolar type I disorder, current episode mixed, without psychotic symptoms

Bipolar type I disorder, current episode mixed, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are no delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.A Bipolar type I disorder, current episode mixed, with psychotic symptoms

Bipolar type I disorder, current episode mixed, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.B Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic

Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a manic or hypomanic episode. The full definitional requirements for a manic or hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than manic or hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A60.C Bipolar type I disorder, currently in partial remission, most recent episode depressive

Bipolar type I disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A60.D **Bipolar type I disorder, currently in partial remission, most recent episode mixed**

Bipolar type I disorder, currently in partial remission, most recent episode mixed is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a mixed episode. The full definitional requirements for the episode are no longer met but some significant mood symptoms remain.

6A60.E **Bipolar type I disorder, currently in partial remission, most recent episode unspecified**

Bipolar type I disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type I disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A60.F **Bipolar type I disorder, currently in full remission**

Bipolar type I disorder, currently in full remission is diagnosed when the full definitional requirements for Bipolar I disorder have been met in the past but there are no longer any significant mood symptoms.

6A60.Y **Other specified bipolar type I disorder**

6A60.Z **Bipolar type I disorder, unspecified**

6A61 Bipolar type II disorder

Bipolar type II disorder is an episodic mood disorder defined by the occurrence of one or more hypomanic episodes and at least one depressive episode. A hypomanic episode is a persistent mood state lasting for at least several days characterised by persistent elevation of mood or increased irritability as well as increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as increased talkativeness, rapid or racing thoughts, increased self-esteem, decreased need for sleep, distractability, and impulsive or reckless behavior. The symptoms represent a change from the individual’s typical mood, energy level, and behavior but are not severe enough to cause marked impairment in functioning. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as changes in appetite or sleep, psychomotor agitation or retardation, fatigue, feelings of worthless or excessive or inappropriate guilt, feelings or hopelessness, difficulty concentrating, and suicidality. There is no history of manic or mixed episodes.

6A61.0 Bipolar type II disorder, current episode hypomanic

Bipolar type II disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A61.1 Bipolar type II disorder, current episode depressive, mild

Bipolar type II disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one of more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A61.2 Bipolar type II disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A61.3 Bipolar type II disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A61.4 Bipolar type II disorder, current episode depressive, severe without psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A61.5 Bipolar type II disorder, current episode depressive, severe with psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A61.6 Bipolar type II disorder, current episode depressive, unspecified severity

Bipolar type II disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A61.7 Bipolar type II disorder, currently in partial remission, most recent episode hypomanic

Bipolar type II disorder, currently in partial remission, most recent episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a hypomanic episode. The full definitional requirements for a hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A61.8 Bipolar type II disorder, currently in partial remission, most recent episode depressive

Bipolar type II disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A61.9 Bipolar type II disorder, currently in partial remission, most recent episode unspecified

Bipolar type II disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A61.A Bipolar type II disorder, currently in full remission

Bipolar type II disorder, currently in full remission, is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there are no longer any significant mood symptoms.

6A61.Y Other specified bipolar type II disorder

6A61.Z Bipolar type II disorder, unspecified

6A62 **Cyclothymic disorder**

Cyclothymic disorder is characterised by a persistent instability of mood over a period of at least 2 years, involving numerous periods of hypomanic (e.g., euphoria, irritability, or expansiveness, psychomotor activation) and depressive (e.g., feeling down, diminished interest in activities, fatigue) symptoms that are present during more of the time than not. The hypomanic symptomatology may or may not be sufficiently severe or prolonged to meet the full definitional requirements of a hypomanic episode (see Bipolar type II disorder), but there is no history of manic or mixed episodes (see Bipolar type I disorder). The depressive symptomatology has never been sufficiently severe or prolonged to meet the diagnostic requirements for a depressive episode (see Bipolar type II disorder). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Cycloid personality

Cyclothymic personality

6A6Y **Other specified bipolar or related disorders**

6A6Z **Bipolar or related disorders, unspecified**

Depressive disorders (6A70-6A7Z)

Depressive disorders are characterised by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

Coded Elsewhere: Premenstrual dysphoric disorder (GA34.41)

6A70 **Single episode depressive disorder**

Single episode depressive disorder is characterised by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

Exclusions: recurrent depressive disorder (6A71)

Adjustment disorder (6B43)

Bipolar or related disorders (6A60-6A6Z)

6A70.0 Single episode depressive disorder, mild

Single episode depressive disorder, mild, is diagnosed when the definitional requirements of a Depressive episode are met and the episode is of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one of more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms

Single episode depressive disorder, moderate, without psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms

Single episode depressive disorder, moderate, with psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.3 Single episode depressive disorder, severe, without psychotic symptoms

Single episode depressive disorder, severe, without psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Major depression single episode without psychotic symptoms

Vital depression single episode without psychotic symptoms

6A70.4 Single episode depressive disorder, severe, with psychotic symptoms

Single episode depressive disorder, severe, with psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A70.5 Single episode depressive disorder, unspecified severity

Single episode depressive disorder, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, and there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A70.6 Single episode depressive disorder, currently in partial remission

Single episode depressive disorder, currently in partial remission, is diagnosed when the full definitional requirements for a depressive episode have been met and there is no history of prior depressive episodes. The full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A70.7 Single episode depressive disorder, currently in full remission

Single episode depressive disorder, currently in full remission is diagnosed when the full definitional requirements for one depressive episode have been met in the past and there are no longer any significant mood symptoms. There is no history of depressive episodes preceding the episode under consideration.

6A70.Y Other specified single episode depressive disorder

6A70.Z Single episode depressive disorder, unspecified

6A71 Recurrent depressive disorder

Recurrent depressive disorder is characterised by a history or at least two depressive episodes separated by at least several months without significant mood disturbance. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a Bipolar disorder.

Inclusions: seasonal depressive disorder

Exclusions: Adjustment disorder (6B43)

Bipolar or related disorders (6A60-6A6Z)

Single episode depressive disorder (6A70)

6A71.0 Recurrent depressive disorder, current episode mild

Recurrent depressive disorder, current episode mild is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one of more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A71.1 Recurrent depressive disorder, current episode moderate, without psychotic symptoms

Recurrent depressive disorder, current episode moderate, without psychotic symptoms is diagnosed when the definitional requirements for recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.2 Recurrent depressive disorder, current episode moderate, with psychotic symptoms

Recurrent depressive disorder, current episode moderate, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms

Recurrent depressive disorder, current episode severe, without psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Endogenous depression without psychotic symptoms

Major depression, recurrent without psychotic symptoms

Manic-depressive psychosis, depressed type without psychotic symptoms

Vital depression, recurrent without psychotic symptoms

6A71.4 Recurrent depressive disorder, current episode severe, with psychotic symptoms

Recurrent depressive disorder, current episode severe, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Endogenous depression with psychotic symptoms

Manic-depressive psychosis, depressed type with psychotic symptoms

6A71.5 **Recurrent depressive disorder, current episode, unspecified severity**

Recurrent depressive disorder current episode, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met and there is a history of prior depressive episodes, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A71.6 **Recurrent depressive disorder, currently in partial remission**

Recurrent depressive disorder, currently in partial remission, is diagnosed when the definitional requirements for Recurrent depressive disorder have been met; the full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A71.7 **Recurrent depressive disorder, currently in full remission**

Recurrent depressive disorder, currently in full remission is diagnosed when the definitional requirements for recurrent depressive disorder have been met but currently there are no significant mood symptoms.

6A71.Y **Other specified recurrent depressive disorder**

6A71.Z **Recurrent depressive disorder, unspecified**

6A72 Dysthymic disorder

Dysthymic disorder is characterised by a persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not. In children and adolescents depressed mood can manifest as pervasive irritability. The depressed mood is accompanied by additional symptoms such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue. During the first 2 years of the disorder, there has never been a 2-week period during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode. There is no history of Manic, Mixed, or Hypomanic Episodes.

Inclusions: Dysthymia

Exclusions: anxiety depression (mild or not persistent) (6A73)

6A73 Mixed depressive and anxiety disorder

Mixed depressive and anxiety disorder is characterised by symptoms of both anxiety and depression more days than not for a period of two weeks or more. Depressive symptoms include depressed mood or markedly diminished interest or pleasure in activities. There are multiple anxiety symptoms, which may include feeling nervous, anxious, or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, muscle tension, or sympathetic autonomic symptoms. Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of another depressive disorder or an anxiety or fear-related disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There is no history of manic or mixed episodes, which would indicate the presence of a bipolar disorder.

6A7Y Other specified depressive disorders

6A7Z Depressive disorders, unspecified

6A80 Symptomatic and course presentations for mood episodes in mood disorders

These categories may be applied to describe the presentation and characteristics of mood episodes in the context of single episode depressive disorder, recurrent depressive disorder, bipolar type I disorder, or bipolar type II disorder. These categories indicate the presence of specific, important features of the clinical presentation or of the course, onset, and pattern of mood episodes. These categories are not mutually exclusive, and as many may be added as apply.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms (6E20)

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms (6E21)

6A80.0 Prominent anxiety symptoms in mood episodes

In the context of a current depressive, manic, mixed, or hypomanic episode, prominent and clinically significant anxiety symptoms (e.g., feeling nervous, anxious or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, motor tension, autonomic symptoms) have been present for most of the time during the episode. If there have been panic attacks during a current depressive or mixed episode, these should be recorded separately.

When the diagnostic requirements for both a mood disorder and an anxiety or fear-related disorder are met, the anxiety or fear-related disorder should also be diagnosed.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.1 Panic attacks in mood episodes

In the context of a current mood episode (manic, depressive, mixed, or hypomanic), there have been recurrent panic attacks (i.e., at least two) during the past month that occur specifically in response to anxiety-provoking cognitions that are features of the mood episode. If panic attacks occur exclusively in response to such thoughts, panic attacks should be recorded using this qualifier rather than assigning an additional co-occurring diagnosis of panic disorder.

If some panic attacks over the course of the depressive or mixed episode have been unexpected and not exclusively in response to depressive or anxiety-provoking thoughts, a separate diagnosis of panic disorder should be assigned.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Exclusions: Panic disorder (6B01)

6A80.2 Current depressive episode persistent

The diagnostic requirements for a depressive episode are currently met and have been met continuously for at least the past 2 years.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.3 Current depressive episode with melancholia

In the context of a current Depressive Episode, several of the following symptoms have been present during the worst period of the current episode: loss of interest or pleasure in most activities that are normally enjoyable to the individual (i.e., pervasive anhedonia); lack of emotional reactivity to normally pleasurable stimuli or circumstances (i.e., mood does not lift even transiently with exposure); terminal insomnia (i.e., waking in the morning two hours or more before the usual time); depressive symptoms are worse in the morning; marked psychomotor retardation or agitation; marked loss of appetite or loss of weight.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.4 Seasonal pattern of mood episode onset

In the context of recurrent depressive disorder, bipolar type I or bipolar type II disorder, there has been a regular seasonal pattern of onset and remission of at least one type of episode (i.e., depressive, manic, mixed, or hypomanic episodes), with a substantial majority of the relevant mood episodes corresponding to the seasonal pattern. (In bipolar type I and bipolar type II disorder, all types of mood episodes may not follow this pattern.) A seasonal pattern should be differentiated from an episode that is coincidental with a particular season but predominantly related to a psychological stressor that regularly occurs at that time of the year (e.g., seasonal unemployment).

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.5 **Rapid cycling**

In the context of bipolar type I or bipolar type II disorder, there has been a high frequency of mood episodes (at least four) over the past 12 months. There may be a switch from one polarity of mood to the other, or the mood episodes may be demarcated by a period of remission. In individuals with a high frequency of mood episodes, some may have a shorter duration than those usually observed in bipolar type I or bipolar type II disorder. In particular, depressive periods may only last several days. If depressive and manic symptoms alternate very rapidly (i.e., from day to day or within the same day), a mixed episode should be diagnosed rather than rapid cycling.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A8Y **Other specified mood disorders**

6A8Z **Mood disorders, unspecified**

Anxiety or fear-related disorders (6B00-6B0Z)

Anxiety and fear-related disorders are characterised by excessive fear and anxiety and related behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Fear and anxiety are closely related phenomena; fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat. A key differentiating feature among the Anxiety and fear-related disorders are disorder-specific foci of apprehension, that is, the stimulus or situation that triggers the fear or anxiety. The clinical presentation of Anxiety and fear-related disorders typically includes specific associated cognitions that can assist in differentiating among the disorders by clarifying the focus of apprehension.

Coded Elsewhere: Substance-induced anxiety disorders

Hypochondriasis (6B23)

Secondary anxiety syndrome (6E63)

6B00 **Generalised anxiety disorder**

Generalised anxiety disorder is characterised by marked symptoms of anxiety that persist for at least several months, for more days than not, manifested by either general apprehension (i.e. ‘free-floating anxiety’) or excessive worry focused on multiple everyday events, most often concerning family, health, finances, and school or work, together with additional symptoms such as muscular tension or motor restlessness, sympathetic autonomic over-activity, subjective experience of nervousness, difficulty maintaining concentration, irritability, or sleep disturbance. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another health condition and are not due to the effects of a substance or medication on the central nervous system.

6B01 **Panic disorder**

Panic disorder is characterised by recurrent unexpected panic attacks that are not restricted to particular stimuli or situations. Panic attacks are discrete episodes of intense fear or apprehension accompanied by the rapid and concurrent onset of several characteristic symptoms (e.g. palpitations or increased heart rate, sweating, trembling, shortness of breath, chest pain, dizziness or lightheadedness, chills, hot flushes, fear of imminent death). In addition, panic disorder is characterised by persistent concern about the recurrence or significance of panic attacks, or behaviours intended to avoid their recurrence, that results in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another medical condition and are not due to the effects of a substance or medication on the central nervous system.

Exclusions: Panic attack (MB23.H)

6B02 **Agoraphobia**

Agoraphobia is characterised by marked and excessive fear or anxiety that occurs in response to multiple situations where escape might be difficult or help might not be available, such as using public transportation, being in crowds, being outside the home alone (e.g., in shops, theatres, standing in line). The individual is consistently anxious about these situations due to a fear of specific negative outcomes (e.g., panic attacks, other incapacitating or embarrassing physical symptoms). The situations are actively avoided, entered only under specific circumstances such as in the presence of a trusted companion, or endured with intense fear or anxiety. The symptoms persist for least several months, and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B03 **Specific phobia**

Specific phobia is characterised by a marked and excessive fear or anxiety that consistently occurs upon exposure or anticipation of exposure to one or more specific objects or situations (e.g., proximity to certain animals, flying, heights, closed spaces, sight of blood or injury) that is out of proportion to actual danger. The phobic objects or situations are avoided or else endured with intense fear or anxiety. Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions: Simple phobia

Exclusions: Body dysmorphic disorder (6B21)

Hypochondriasis (6B23)

6B04 **Social anxiety disorder**

Social anxiety disorder is characterised by marked and excessive fear or anxiety that consistently occurs in one or more social situations such as social interactions (e.g. having a conversation), doing something while feeling observed (e.g. eating or drinking in the presence of others), or performing in front of others (e.g. giving a speech). The individual is concerned that he or she will act in a way, or show anxiety symptoms, that will be negatively evaluated by others. Relevant social situations are consistently avoided or else endured with intense fear or anxiety. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B05 **Separation anxiety disorder**

Separation anxiety disorder is characterised by marked and excessive fear or anxiety about separation from specific attachment figures. In children and adolescents, separation anxiety typically focuses on caregivers, parents or other family members and the fear or anxiety is beyond what would be considered developmentally normative. In adults, the focus is typically a romantic partner or children. Manifestations of separation anxiety may include thoughts of harm or untoward events befalling the attachment figure, reluctance to go to school or work, recurrent excessive distress upon separation, reluctance or refusal to sleep away from the attachment figure, and recurrent nightmares about separation. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: mood [affective] disorders (6A60-6A8Z)

Selective mutism (6B06)

Social anxiety disorder (6B04)

6B06 **Selective mutism**

Selective mutism is characterised by consistent selectivity in speaking, such that a child demonstrates adequate language competence in specific social situations, typically at home, but consistently fails to speak in others, typically at school. The disturbance lasts for at least one month, is not limited to the first month of school, and is of sufficient severity to interfere with educational achievement or with social communication. Failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation (e.g. a different language spoken at school than at home).

Exclusions: Schizophrenia (6A20)

transient mutism as part of separation anxiety in young children (6B05)

Autism spectrum disorder (6A02)

6B0Y **Other specified anxiety or fear-related disorders**

6B0Z **Anxiety or fear-related disorders, unspecified**

Obsessive-compulsive or related disorders (6B20-6B2Z)

Obsessive-compulsive and related disorders is a group of disorders characterised by repetitive thoughts and behaviours that are believed to share similarities in aetiology and key diagnostic validators. Cognitive phenomena such as obsessions, intrusive thoughts and preoccupations are central to a subset of these conditions (i.e., obsessive-compulsive disorder, body dysmorphic disorder, hypochondriasis, and olfactory reference disorder) and are accompanied by related repetitive behaviours. Hoarding Disorder is not associated with intrusive unwanted thoughts but rather is characterised by a compulsive need to accumulate possessions and distress related to discarding them. Also included in the grouping are body-focused repetitive behaviour disorders, which are primarily characterised by recurrent and habitual actions directed at the integument (e.g., hair-pulling, skin-picking) and lack a prominent cognitive aspect. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Coded Elsewhere: Substance-induced obsessive-compulsive or related disorders

Secondary obsessive-compulsive or related syndrome (6E64)

Tourette syndrome (8A05.00)

6B20 Obsessive-compulsive disorder

Obsessive-Compulsive Disorder is characterised by the presence of persistent obsessions or compulsions, or most commonly both. Obsessions are repetitive and persistent thoughts, images, or impulses/urges that are intrusive, unwanted, and are commonly associated with anxiety. The individual attempts to ignore or suppress obsessions or to neutralize them by performing compulsions. Compulsions are repetitive behaviours including repetitive mental acts that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'. In order for obsessive-compulsive disorder to be diagnosed, obsessions and compulsions must be time consuming (e.g. taking more than an hour per day) or result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: anankastic neurosis

obsessive-compulsive neurosis

Exclusions: obsessive compulsive behaviour (MB23.4)

6B20.0 Obsessive-compulsive disorder with fair to good insight

All definitional requirements of obsessive-compulsive disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B20.1 Obsessive-compulsive disorder with poor to absent insight

All definitional requirements of obsessive-compulsive disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B20.Z Obsessive-compulsive disorder, unspecified

6B21 Body dysmorphic disorder

Body Dysmorphic Disorder is characterised by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw). In response to their preoccupation, individuals engage in repetitive and excessive behaviours that include repeated examination of the appearance or severity of the perceived defect or flaw, excessive attempts to camouflage or alter the perceived defect, or marked avoidance of social situations or triggers that increase distress about the perceived defect or flaw. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Anorexia Nervosa (6B80)

Bodily distress disorder (6C20)

Concern about body appearance (QD30-QD3Z)

6B21.0 Body dysmorphic disorder with fair to good insight

All definitional requirements of body dysmorphic disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B21.1 Body dysmorphic disorder with poor to absent insight

All definitional requirements of body dysmorphic disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B21.Z Body dysmorphic disorder, unspecified

6B22 Olfactory reference disorder

Olfactory Reference Disorder is characterised by persistent preoccupation with the belief that one is emitting a perceived foul or offensive body odour or breath that is either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness about the perceived odour, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the odour). In response to their preoccupation, individuals engage in repetitive and excessive behaviours such as repeatedly checking for body odour or checking the perceived source of the smell, or repeatedly seeking reassurance, excessive attempts to camouflage, alter, or prevent the perceived odour, or marked avoidance of social situations or triggers that increase distress about the perceived foul or offensive odour. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B22.0 **Olfactory reference disorder with fair to good insight**

All definitional requirements of olfactory reference disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B22.1 **Olfactory reference disorder with poor to absent insight**

All definitional requirements of olfactory reference disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B22.Z **Olfactory reference disorder, unspecified**

6B23 Hypochondriasis

Hypochondriasis is characterised by persistent preoccupation or fear about the possibility of having one or more serious, progressive or life-threatening illnesses. The preoccupation is accompanied by either: 1) repetitive and excessive health-related behaviours, such as repeatedly checking of the body for evidence of illness, spending inordinate amounts of time searching for information about the feared illness, repeatedly seeking reassurance (e.g. arranging multiple medical consultations); or 2) maladaptive avoidance behaviour related to health (e.g. avoids medical appointments). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Hypochondriacal neurosis

Illness anxiety disorder

Exclusions: Body dysmorphic disorder (6B21)

Bodily distress disorder (6C20)

Fear of cancer (MG24.0)

6B23.0 **Hypochondriasis with fair to good insight**

All definitional requirements of hypochondriasis are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B23.1 **Hypochondriasis with poor to absent insight**

All definitional requirements of hypochondriasis are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B23.Z **Hypochondriasis, unspecified**

6B24 Hoarding disorder

Hoarding disorder is characterised by accumulation of possessions that results in living spaces becoming cluttered to the point that their use or safety is compromised. Accumulation occurs due to both repetitive urges or behaviours related to amassing items and difficulty discarding possessions due to a perceived need to save items and distress associated with discarding them. If living areas are uncluttered this is only due to the intervention of third parties (e.g., family members, cleaners, authorities). Amassment may be passive (e.g. accumulation of incoming flyers or mail) or active (e.g. excessive acquisition of free, purchased, or stolen items). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B24.0 Hoarding disorder with fair to good insight

All definitional requirements of hoarding disorder are met. The individual recognizes that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are problematic. This qualifier level may still be applied if, at circumscribed times (e.g., when being forced to discard items), the individual demonstrates no insight.

6B24.1 Hoarding disorder with poor to absent insight

All definitional requirements of hoarding disorder are met. Most or all of the time, the individual is convinced that that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are not problematic, despite evidence to the contrary. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B24.Z Hoarding disorder, unspecified

6B25 Body-focused repetitive behaviour disorders

Body focused repetitive behaviour disorders are characterised by recurrent and habitual actions directed at the integument (e.g. hair-pulling, skin-picking, lip-biting), typically accompanied by unsuccessful attempts to decrease or stop the behaviour involved, and which lead to dermatological sequelae (e.g., hair loss, skin lesions, lip abrasions). The behaviour may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B25.0 Trichotillomania

Trichotillomania is characterised by recurrent pulling of one's own hair leading to significant hair loss, accompanied by unsuccessful attempts to decrease or stop the behaviour. Hair pulling may occur from any region of the body in which hair grows but the most common sites are the scalp, eyebrows, and eyelids. Hair pulling may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Compulsive hair plucking

Exclusions: stereotyped movement disorder with hair-plucking (6A06)

6B25.1 Excoriation disorder

Excoriation disorder is characterised by recurrent picking of one's own skin leading to skin lesions, accompanied by unsuccessful attempts to decrease or stop the behaviour. The most commonly picked sites are the face, arms and hands, but many individuals pick from multiple body sites. Skin picking may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: skin picking disorder

Exclusions: Stereotyped movement disorder (6A06)

Acute excoriation of skin (ME62.9)

Chronic excoriation of skin (ME63.7)

6B25.Y Other specified body-focused repetitive behaviour disorders

6B25.Z Body-focused repetitive behaviour disorders, unspecified

6B2Y Other specified obsessive-compulsive or related disorders

6B2Z Obsessive-compulsive or related disorders, unspecified

Disorders specifically associated with stress (6B40-6B4Z)

Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Although not all individuals exposed to an identified stressor will develop a disorder, the disorders in this grouping would not have occurred without experiencing the stressor. Stressful events for some disorders in this grouping are within the normal range of life experiences (e.g., divorce, socio-economic problems, bereavement). Other disorders require the experience of a stressor of an extremely threatening or horrific nature (i.e., potentially traumatic events). With all disorders in this grouping, it is the nature, pattern, and duration of the symptoms that arise in response to the stressful events—together with associated functional impairment—that distinguishes the disorders.

Exclusions: Burnout (QD85)

Acute stress reaction (QE84)

6B40 Post traumatic stress disorder

Post traumatic stress disorder (PTSD) may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Traumatic neurosis

Exclusions: Acute stress reaction (QE84)

Complex post traumatic stress disorder (6B41)

6B41 Complex post traumatic stress disorder

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Post traumatic stress disorder (6B40)

6B42

Prolonged grief disorder

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterised by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B43

Adjustment disorder

Adjustment disorder is a maladaptive reaction to an identifiable psychosocial stressor or multiple stressors (e.g. divorce, illness or disability, socio-economic problems, conflicts at home or work) that usually emerges within a month of the stressor. The disorder is characterised by preoccupation with the stressor or its consequences, including excessive worry, recurrent and distressing thoughts about the stressor, or constant rumination about its implications, as well as by failure to adapt to the stressor that causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The symptoms are not better explained by another mental disorder (e.g., Mood Disorder, another Disorder Specifically Associated with Stress) and typically resolve within 6 months, unless the stressor persists for a longer duration.

Exclusions: separation anxiety disorder of childhood (6B05)

Recurrent depressive disorder (6A71)

Single episode depressive disorder (6A70)

Prolonged grief disorder (6B42)

Uncomplicated bereavement (QE62)

Burnout (QD85)

Acute stress reaction (QE84)

6B44 **Reactive attachment disorder**

Reactive attachment disorder is characterised by grossly abnormal attachment behaviours in early childhood, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, maltreatment, institutional deprivation). Even when an adequate primary caregiver is newly available, the child does not turn to the primary caregiver for comfort, support and nurture, rarely displays security-seeking behaviours towards any adult, and does not respond when comfort is offered. Reactive attachment disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

disinhibited attachment disorder of childhood (6B45)

6B45 **Disinhibited social engagement disorder**

Disinhibited social engagement disorder is characterised by grossly abnormal social behaviour, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, institutional deprivation). The child approaches adults indiscriminately, lacks reticence to approach, will go away with unfamiliar adults, and exhibits overly familiar behaviour towards strangers. Disinhibited social engagement disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

Adjustment disorder (6B43)

Attention deficit hyperactivity disorder (6A05)

reactive attachment disorder of childhood (6B44)

6B4Y **Other specified disorders specifically associated with stress**

6B4Z **Disorders specifically associated with stress, unspecified**

Dissociative disorders (6B60-6B6Z)

Dissociative disorders are characterised by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behaviour. Disruption or discontinuity may be complete, but is more commonly partial, and can vary from day to day or even from hour to hour. The symptoms of dissociative disorders are not due the direct effects of a medication or substance, including withdrawal effects, are not better explained by another Mental, behavioural, or neurodevelopmental disorder, a Sleep-wake disorder, a Disease of the nervous system or other health condition, and are not part of an accepted cultural, religious, or spiritual practice. Dissociative symptoms in dissociative disorders are sufficiently severe to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Coded Elsewhere: Secondary dissociative syndrome (6E65)

6B60 **Dissociative neurological symptom disorder**

Dissociative neurological symptom disorder is characterised by the presentation of motor, sensory, or cognitive symptoms that imply an involuntary discontinuity in the normal integration of motor, sensory, or cognitive functions and are not consistent with a recognised disease of the nervous system, other mental or behavioural disorder, or other medical condition. The symptoms do not occur exclusively during another dissociative disorder and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects, or a Sleep-Wake disorder.

Exclusions: Factitious disorders (6D50-6D5Z)

6B60.0 Dissociative neurological symptom disorder, with visual disturbance

Dissociative neurological symptom disorder, with visual disturbance is characterised by visual symptoms such as blindness, tunnel vision, diplopia, visual distortions or hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.1 Dissociative neurological symptom disorder, with auditory disturbance

Dissociative neurological symptom disorder, with auditory disturbance is characterised by auditory symptoms such as loss of hearing or auditory hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.2 Dissociative neurological symptom disorder, with vertigo or dizziness

Dissociative neurological symptom disorder, with vertigo or dizziness is characterised by a sensation of spinning while stationary (vertigo) or dizziness that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.3 Dissociative neurological symptom disorder, with other sensory disturbance

Dissociative neurological symptom disorder, with other sensory disturbance is characterised by sensory symptoms not identified in other specific categories in this grouping such as numbness, tightness, tingling, burning, pain, or other symptoms related to touch, smell, taste, balance, proprioception, kinesthesia, or thermoception. The symptoms are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.4 Dissociative neurological symptom disorder, with non-epileptic seizures

Dissociative neurological symptom disorder, with non-epileptic seizures is characterised by a symptomatic presentation of seizures or convulsions that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.5 Dissociative neurological symptom disorder, with speech disturbance

Dissociative neurological symptom disorder, with speech disturbance is characterised by symptoms such as difficulty with speaking (dysphonia), loss of the ability to speak (aphonia) or difficult or unclear articulation of speech (dysarthria) that are not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.6 Dissociative neurological symptom disorder, with paresis or weakness

Dissociative neurological symptom disorder, with paresis or weakness is characterised by a difficulty or inability to intentionally move parts of the body or to coordinate movements that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.7 Dissociative neurological symptom disorder, with gait disturbance

Dissociative neurological symptom disorder, with gait disturbance is characterised by symptoms involving the individual's ability or manner of walking, including ataxia and the inability to stand unaided, that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.8 Dissociative neurological symptom disorder, with movement disturbance

Dissociative neurological symptom disorder, with movement disturbance is characterised by symptoms such as chorea, myoclonus, tremor, dystonia, facial spasm, parkinsonism, or dyskinesia that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.80 Dissociative neurological symptom disorder, with chorea

Dissociative neurological symptom disorder, with chorea is characterised by irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.81 Dissociative neurological symptom disorder, with myoclonus

Dissociative neurological symptom disorder, with myoclonus is characterised by sudden rapid jerks that may be focal, multifocal or generalised that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.82 Dissociative neurological symptom disorder, with tremor

Dissociative neurological symptom disorder, with tremor is characterised by involuntary oscillation of a body part that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.83 Dissociative neurological symptom disorder, with dystonia

Dissociative neurological symptom disorder, with dystonia is characterised by sustained muscle contractions that frequently causing twisting and repetitive movements or abnormal postures that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.84 Dissociative neurological symptom disorder, with facial spasm

Dissociative neurological symptom disorder, with facial spasm is characterised by involuntary muscle contractions or twitching of the face that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.85 Dissociative neurological symptom disorder, with Parkinsonism

Dissociative neurological symptom disorder, with Parkinsonism is characterised by a symptomatic presentation of a Parkinson-like syndrome in the absence of confirmed Parkinson disease that does not occur exclusively during another mental, behavioural or neurodevelopmental disorder, other medical condition, or another dissociative disorder. Dissociative neurological symptom disorder, with Parkinsonism can be distinguished from Parkinson disease by features such as abrupt onset, early disability, bilateral shaking and slowness, nondecremental slowness when performing repetitive movements, voluntary resistance against passive movement without cogwheel rigidity, distractability, ‘give-way’ weakness, stuttering speech, bizarre gait, and a variety of behavioural symptoms.

6B60.8Y Dissociative neurological symptom disorder, with other specified movement disturbance

6B60.8Z Dissociative neurological symptom disorder, with unspecified movement disturbance

6B60.9 Dissociative neurological symptom disorder, with cognitive symptoms

Dissociative neurological symptom disorder, with cognitive symptoms is characterised by impaired cognitive performance in memory, language or other cognitive domains that is internally inconsistent and not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or another medical condition and does not occur exclusively during another dissociative disorder.

Exclusions: Dissociative amnesia (6B61)

6B60.Y Dissociative neurological symptom disorder, with other specified symptoms

6B60.Z Dissociative neurological symptom disorder, with unspecified symptoms

6B61 Dissociative amnesia

Dissociative amnesia is characterised by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that is inconsistent with ordinary forgetting. The amnesia does not occur exclusively during another dissociative disorder and is not better explained by another mental, behavioural or neurodevelopmental disorder. The amnesia is not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and is not due to a disease of the nervous system or to head trauma. The amnesia results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: amnesia NOS (MB21.1)

Amnestic disorder due to use of alcohol (6D72.10)

Anterograde amnesia (MB21.10)

Retrograde amnesia (MB21.11)

nonalcoholic organic amnesic syndrome (6D72.0)

postictal amnesia in epilepsy (8A60-8A6Z)

6B61.0 Dissociative amnesia with dissociative fugue

Dissociative amnesia with dissociative fugue is characterised by all of the features of Dissociative Amnesia, accompanied by dissociative fugue, i.e., a loss of a sense of personal identity and sudden travel away from home, work, or significant others for an extended period of time (days or weeks). A new identity may be assumed.

Exclusions: postictal fugue in epilepsy (8A60-8A6Z)

6B61.1 Dissociative amnesia without dissociative fugue

Dissociative amnesia without dissociative fugue is characterised by all of the features of dissociative amnesia occurring in the absence of symptoms of dissociative fugue.

6B61.Z Dissociative amnesia, unspecified

6B62

Trance disorder

Trance disorder is characterised by trance states in which there is a marked alteration in the individual's state of consciousness or a loss of the individual's customary sense of personal identity in which the individual experiences a narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli and restriction of movements, postures, and speech to repetition of a small repertoire that is experienced as being outside of one's control. The trance state is not characterised by the experience of being replaced by an alternate identity. Trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system, head trauma, or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B63

Possession trance disorder

Possession trance disorder is characterised by trance states in which there is a marked alteration in the individual's state of consciousness and the individual's customary sense of personal identity is replaced by an external 'possessing' identity and in which the individual's behaviours or movements are experienced as being controlled by the possessing agent. Possession trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions:

Schizophrenia (6A20)

Disorders due to use of other specified psychoactive substances, including medications (6C4E)

Acute and transient psychotic disorder (6A23)

Secondary personality change (6E68)

6B64

Dissociative identity disorder

Dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. At least two distinct personality states recurrently take executive control of the individual's consciousness and functioning in interacting with others or with the environment, such as in the performance of specific aspects of daily life such as parenting, or work, or in response to specific situations (e.g., those that are perceived as threatening). Changes in personality state are accompanied by related alterations in sensation, perception, affect, cognition, memory, motor control, and behaviour. There are typically episodes of amnesia, which may be severe. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B65

Partial dissociative identity disorder

Partial dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. One personality state is dominant and normally functions in daily life, but is intruded upon by one or more non-dominant personality states (dissociative intrusions). These intrusions may be cognitive, affective, perceptual, motor, or behavioural. They are experienced as interfering with the functioning of the dominant personality state and are typically aversive. The non-dominant personality states do not recurrently take executive control of the individual's consciousness and functioning, but there may be occasional, limited and transient episodes in which a distinct personality state assumes executive control to engage in circumscribed behaviours, such as in response to extreme emotional states or during episodes of self-harm or the reenactment of traumatic memories. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B66 **Depersonalization-derealization disorder**

Depersonalization-derealization disorder is characterised by persistent or recurrent experiences of depersonalization, derealization, or both. Depersonalization is characterised by experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one's thoughts, feelings, sensations, body, or actions. Derealization is characterised by experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one's surroundings. During experiences of depersonalization or derealization, reality testing remains intact. The experiences of depersonalization or derealization do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The experiences of depersonalization or derealization are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or to head trauma. The symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B6Y **Other specified dissociative disorders**

6B6Z **Dissociative disorders, unspecified**

Feeding or eating disorders (6B80-6B8Z)

Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned. Feeding disorders involve behavioural disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods. Eating disorders involve abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

6B80 **Anorexia Nervosa**

Anorexia Nervosa is characterised by significantly low body weight for the individual's height, age and developmental stage that is not due to another health condition or to the unavailability of food. A commonly used threshold is body mass index (BMI) less than 18.5 kg/m2 in adults and BMI-for-age under 5th percentile in children and adolescents. Rapid weight loss (e.g. more than 20% of total body weight within 6 months) may replace the low body weight guideline as long as other diagnostic requirements are met. Children and adolescents may exhibit failure to gain weight as expected based on the individual developmental trajectory rather than weight loss. Low body weight is accompanied by a persistent pattern of behaviours to prevent restoration of normal weight, which may include behaviours aimed at reducing energy intake (restricted eating), purging behaviours (e.g. self-induced vomiting, misuse of laxatives), and behaviours aimed at increasing energy expenditure (e.g. excessive exercise), typically associated with a fear of weight gain. Low body weight or shape is central to the person's self-evaluation or is inaccurately perceived to be normal or even excessive.

6B80.0 **Anorexia Nervosa with significantly low body weight**

Anorexia Nervosa with significantly low body weight meets all definitional requirements for Anorexia Nervosa, with BMI between 18.5 kg/m2 and 14.0 kg/m² for adults or between the fifth percentile and the 0.3 percentile for BMI-for-age in children and adolescents).

6B80.00 Anorexia Nervosa with significantly low body weight, restricting pattern

Anorexia Nervosa with significantly low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.01 Anorexia Nervosa with significantly low body weight, binge-purge pattern

Anorexia Nervosa with significantly low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.0Z Anorexia Nervosa with significantly low body weight, unspecified

6B80.1 **Anorexia Nervosa with dangerously low body weight**

Anorexia Nervosa with dangerously low body weight meets all definitional requirements for Anorexia Nervosa, with BMI under 14.0 kg/m² in adults or under the 0.3rd percentile for BMI-for-age in children and adolescents. In the context of Anorexia Nervosa, severe underweight status is an important prognostic factor that is associated with high risk of physical complications and substantially increased mortality.

6B80.10 Anorexia Nervosa with dangerously low body weight, restricting pattern

Anorexia Nervosa with dangerously low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.11 Anorexia Nervosa with dangerously low body weight, binge-purge pattern

Anorexia Nervosa with dangerously low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.1Z Anorexia Nervosa with dangerously low body weight, unspecified

6B80.2 **Anorexia Nervosa in recovery with normal body weight**

Among individuals who are recovering from Anorexia Nervosa and whose body weight is more than 18.5 kg/m2 for adults or over the fifth percentile for BMI-for-age for children and adolescents, the diagnosis should be retained until a full and lasting recovery is achieved, as indicated by the maintenance of a healthy weight and the cessation of behaviours aimed at reducing body weight independent of the provision of treatment (e.g., for at least 1 year after intensive treatment is withdrawn).

6B80.Y **Other specified anorexia Nervosa**

6B80.Z **Anorexia Nervosa, unspecified**

6B81 Bulimia Nervosa

Bulimia Nervosa is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of at least one month). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is accompanied by repeated inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). The individual is preoccupied with body shape or weight, which strongly influences self-evaluation. There is marked distress about the pattern of binge eating and inappropriate compensatory behaviour or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The individual does not meet the diagnostic requirements of Anorexia Nervosa.

Exclusions: Binge eating disorder (6B82)

6B82 Binge eating disorder

Binge eating disorder is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of several months). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is experienced as very distressing, and is often accompanied by negative emotions such as guilt or disgust. However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). There is marked distress about the pattern of binge eating or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Bulimia Nervosa (6B81)

6B83 **Avoidant-restrictive food intake disorder**

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that results in: 1) the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual; or 2) significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g.,due to avoidance or distress related to participating in social experiences involving eating). The pattern of eating behaviour is not motivated by preoccupation with body weight or shape. Restricted food intake and its effects on weight, other aspects of health, or functioning is not due to unavailability of food, not a manifestation of another medical condition (e.g. food allergies, hyperthyroidism) or mental disorder, and are not due to the effect of a substance or medication on the central nervous system including withdrawal effects.

Exclusions: Anorexia Nervosa (6B80)

Feeding problem of infant (MG43.30)

Feeding problems of newborn (KD32)

6B84 **Pica**

Pica is characterised by the regular consumption of non-nutritive substances, such as non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour) that is persistent or severe enough to require clinical attention in an individual who has reached a developmental age at which they would be expected to distinguish between edible and non-edible substances (approximately 2 years). That is, the behaviour causes damage to health, impairment in functioning, or significant risk due to the frequency, amount or nature of the substances or objects ingested.

6B85 **Rumination-regurgitation disorder**

Rumination-regurgitation disorder is characterised by the intentional and repeated bringing up of previously swallowed food back to the mouth (i.e., regurgitation), which may be re-chewed and re-swallowed (i.e. rumination), or may be deliberately spat out (but not as in vomiting). The regurgitation behaviour is frequent (at least several times per week) and sustained over a period of at least several weeks. The regurgitation behaviour is not fully accounted for by another medical condition that directly causes regurgitation (e.g., oesophageal strictures or neuromuscular disorders affecting oesophageal functioning) or causes nausea or vomiting (e.g. pyloric stenosis). Rumination-regurgitation disorder should only be diagnosed in individuals who have reached a developmental age of at least 2 years.

Exclusions: Adult rumination syndrome (DD90.6)

Nausea or vomiting (MD90)

6B8Y **Other specified feeding or eating disorders**

6B8Z **Feeding or eating disorders, unspecified**

Elimination disorders (6C00-6C0Z)

Elimination disorders include the repeated voiding of urine into clothes or bed (enuresis) and the repeated passage of faeces in inappropriate places (encopresis). Elimination disorders should only be diagnosed after the individual has reached a developmental age when continence is ordinarily expected (5 years for enuresis and 4 years for encopresis). The urinary or faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder or bowel control. An Elimination disorder should not be diagnosed if the behaviour is fully attributable to another health condition that causes incontinence, congenital or acquired abnormalities of the urinary tract or bowel, or excessive use of laxatives or diuretics.

6C00 Enuresis

Enuresis is the repeated voiding of urine into clothes or bed, which may occur during the day or at night, in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional. Enuresis should not be diagnosed if unintentional voiding of urine is due to a health condition that interferes with continence (e.g., diseases of the nervous system or musculoskeletal disorders) or by congenital or acquired abnormalities of the urinary tract.

Inclusions:
- Functional enuresis
- Psychogenic enuresis
- Urinary incontinence of nonorganic origin

Exclusions:
- Stress incontinence (MF50.20)
- Urge Incontinence (MF50.21)
- Functional urinary incontinence (MF50.23)
- Overflow Incontinence (MF50.2)
- Reflex incontinence (MF50.24)
- Extraurethral urinary incontinence (MF50.2)

6C00.0 Nocturnal enuresis

Nocturnal enuresis refers to repeated voiding of urine into clothes or bed that occurs only during sleep (i.e., during the night) in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.1 Diurnal enuresis

Diurnal enuresis refers to repeated voiding of urine into clothes that occurs only during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.2 **Nocturnal and diurnal enuresis**

Nocturnal and diurnal enuresis refers to repeated voiding of urine into clothes or bed that occurs both during sleep (i.e., during the night) and during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.Z **Enuresis, unspecified**

6C01 Encopresis

Encopresis is the repeated passage of faeces in inappropriate places. Encopresis should be diagnosed if inappropriate passage of faeces occurs repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis should not be diagnosed if faecal soiling is fully attributable to another health condition (e.g., aganglionic megacolon, spina bifida, dementia), congenital or acquired abnormalities of the bowel, gastrointestinal infection, or excessive use of laxatives.

6C01.0 **Encopresis with constipation or overflow incontinence**

Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis with constipation and overflow incontinence is the most common form of faecal soiling, and involves retention and impaction of faeces. Stools are typically— but not always— poorly formed (loose or liquid) and leakage may range from occasional to continuous. There is often a history of toilet avoidance leading to constipation.

6C01.1 **Encopresis without constipation or overflow incontinence**

Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis without constipation and overflow is not associated with retention and impaction of faeces, but rather reflects reluctance, resistance or failure to conform to social norms in defecating in acceptable places in the context of normal physiological control over defecation. Stools are typically of normal consistency and inappropriate defecation is likely to be intermittent.

6C01.Z **Encopresis, unspecified**

6C0Z Elimination disorders, unspecified

Disorders of bodily distress or bodily experience (6C20-6C2Z)

Disorders of bodily distress and bodily experience are characterised by disturbances in the person's experience of his or her body. Bodily distress disorder involves bodily symptoms that the individual finds distressing and to which excessive attention is directed. Body integrity dysphoria involves a disturbance in the person's experience of the body manifested by the persistent desire to have a specific physical disability accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration.

Exclusions: Dissociative neurological symptom disorder (6B60)

Concern about body appearance (QD30-QD3Z)

6C20 Bodily distress disorder

Bodily distress disorder is characterised by the presence of bodily symptoms that are distressing to the individual and excessive attention directed toward the symptoms, which may be manifest by repeated contact with health care providers. If another health condition is causing or contributing to the symptoms, the degree of attention is clearly excessive in relation to its nature and progression. Excessive attention is not alleviated by appropriate clinical examination and investigations and appropriate reassurance. Bodily symptoms are persistent, being present on most days for at least several months. Typically, bodily distress disorder involves multiple bodily symptoms that may vary over time. Occasionally there is a single symptom—usually pain or fatigue—that is associated with the other features of the disorder. The symptoms and associated distress and preoccupation have at least some impact on the individual's functioning (e.g. strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities).

Exclusions: Tourette syndrome (8A05.00)

Hair pulling disorder (6B25.0)

Dissociative disorders (6B60-6B6Z)

hair-plucking (6B25.0)

Hypochondriasis (6B23)

Body dysmorphic disorder (6B21)

Excoriation disorder (6B25.1)

Gender incongruence (HA60-HA6Z)

Sexual dysfunctions (HA00-HA0Z)

Tic disorders (8A05)

Sexual pain-penetration disorder (HA20)

Postviral fatigue syndrome (8E49)

Chronic fatigue syndrome (8E49)

Myalgic encephalomyelitis (8E49)

6C20.0 Mild bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is excessive attention to distressing symptoms and their consequences, which may result in frequent medical visits, but the person is not preoccupied with the symptoms (e.g., the individual spends less than an hour per day focusing on them). Although the individual expresses distress about the symptoms and they may have some impact on his or her life (e.g., strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities), there is no substantial impairment in the person's personal, family, social, educational, occupational, or other important areas of functioning.

6C20.1 Moderate bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is persistent preoccupation with the distressing symptoms and their consequences (e.g., the individual spends more than an hour a day thinking about them), typically associated with frequent medical visits. The person devotes much of his or her energy to focusing on the symptoms and their consequences. The symptoms and associated distress and preoccupation cause moderate impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., relationship conflict, performance problems at work, abandonment of a range of social and leisure activities).

6C20.2 Severe bodily distress disorder

All definitional requirements of Bodily distress disorder are present. There is pervasive and persistent preoccupation with the symptoms and their consequences to the extent that these may become the focal point of the person's life, typically resulting in extensive interactions with the health care system. The symptoms and associated distress and preoccupation cause serious impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., unable to work, alienation of friends and family, abandonment of nearly all social and leisure activities). The person's interests may become so narrow so as to focus almost exclusively on his or her bodily symptoms and their negative consequences.

6C20.Z Bodily distress disorder, unspecified

6C21 Body integrity dysphoria

Body integrity dysphoria is characterised by an intense and persistent desire to become physically disabled in a significant way (e.g. major limb amputee, paraplegic, blind), with onset by early adolescence accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration. The desire to become physically disabled results in harmful consequences, as manifested by either the preoccupation with the desire (including time spent pretending to be disabled) significantly interfering with productivity, with leisure activities, or with social functioning (e.g. person is unwilling to have a close relationships because it would make it difficult to pretend) or by attempts to actually become disabled have resulted in the person putting his or her health or life in significant jeopardy. The disturbance is not better accounted for by another mental, behavioural or neurodevelopmental disorder, by a Disease of the Nervous System or by another medical condition, or by Malingering.

Exclusions: Gender incongruence of adolescence or adulthood (HA60)

6C2Y **Other specified disorders of bodily distress or bodily experience**

6C2Z **Disorders of bodily distress or bodily experience, unspecified**

Disorders due to substance use or addictive behaviours (6C40-6C5Z)

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

Disorders due to substance use (6C40-6C4Z)

Disorders due to substance use include disorders that result from a single occasion or repeated use of substances that have psychoactive properties, including certain medications. Disorders related to fourteen classes or groups of psychoactive substances are included. Typically, initial use of these substances produces pleasant or appealing psychoactive effects that are rewarding and reinforcing with repeated use. With continued use, many of the included substances have the capacity to produce dependence. They also have the potential to cause numerous forms of harm, both to mental and physical health. Disorders due to harmful non-medical use of non-psychoactive substances are also included in this grouping.

Coded Elsewhere: Catatonia induced by substances or medications (6A41)

6C40 **Disorders due to use of alcohol**

Disorders due to use of alcohol are characterised by the pattern and consequences of alcohol use. Alcohol—more specifically termed ethyl alcohol or ethanol—is an intoxicating compound produced by fermentation of sugars usually in agricultural products such as fruits, cereals, and vegetables with or without subsequent distillation. There are a wide variety of alcoholic drinks, with alcohol concentrations typically ranging from 1.5% to 60%. Alcohol is predominantly a central nervous system depressant. In addition to ability to produce Alcohol Intoxication, alcohol has dependence-producing properties, resulting in Alcohol Dependence in some people and Alcohol Withdrawal when alcohol use is reduced or discontinued. Unlike most other substances, elimination of alcohol from the body occurs at a constant rate, such that its clearance follows a linear rather than a logarithmic course. Alcohol is implicated in a wide range of harms affecting most organs and systems of the body (e.g., cirrhosis of the liver, gastrointestinal cancers, pancreatitis). Harm to others resulting from behaviour during Alcohol Intoxication is well recognized and is included in the definitions of harmful use of alcohol (i.e., Episode of Harmful Use of Alcohol and Harmful Pattern of Use of Alcohol). Several alcohol-induced mental disorders (e.g., Alcohol-Induced Psychotic Disorder) and alcohol-related forms of neurocognitive impairment (e.g., Dementia Due to Use of Alcohol) are recognized.

Exclusions: Hazardous alcohol use (QE10)

6C40.0 **Episode of harmful use of alcohol**

An episode of use of alcohol that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to alcohol intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of alcohol use.

Exclusions: Harmful pattern of use of alcohol (6C40.1)

Alcohol dependence (6C40.2)

6C40.1 **Harmful pattern of use of alcohol**

A pattern of alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of alcohol use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Alcohol dependence (6C40.2)

Episode of harmful use of alcohol (6C40.0)

6C40.10 Harmful pattern of use of alcohol, episodic

A pattern of episodic or intermittent alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic alcohol use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.11 Harmful pattern of use of alcohol, continuous

A pattern of continuous (daily or almost daily) alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous alcohol use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.1Z Harmful pattern of use of alcohol, unspecified

6C40.2 Alcohol dependence

Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 3 months.

Inclusions: Chronic alcoholism

Dipsomania

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.20 Alcohol dependence, current use, continuous

Alcohol dependence with continuous consumption of alcohol (daily or almost daily) over a period of at least 1 month.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.21 Alcohol dependence, current use, episodic

During the past 12 months, there has been alcohol dependence with intermittent heavy drinking, with periods of abstinence from alcohol. If current use is continuous (daily or almost daily over at least the past 1 month), the diagnosis of Alcohol dependence, current use, continuous should be made instead.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.22 Alcohol dependence, early full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from alcohol during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.23 Alcohol dependence, sustained partial remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in alcohol consumption for more than 12 months, such that even though intermittent or continuing drinking has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.24 Alcohol dependence, sustained full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from alcohol for 12 months or longer.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.2Z Alcohol dependence, unspecified

6C40.3 Alcohol intoxication

Alcohol intoxication is a clinically significant transient condition that develops during or shortly after the consumption of alcohol that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of alcohol and their intensity is closely related to the amount of alcohol consumed. They are time-limited and abate as alcohol is cleared from the body. Presenting features may include impaired attention, inappropriate or aggressive behaviour, lability of mood and emotions, impaired judgment, poor coordination, unsteady gait, fine nystagmus and slurred speech. At more severe levels of intoxication, stupor or coma may occur. Alcohol intoxication may facilitate suicidal ideation or behaviour.

Coding Note: Code also the causing condition

Exclusions: alcohol poisoning (NE61)

Possession trance disorder (6B63)

6C40.4 **Alcohol withdrawal**

Alcohol withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed Alcohol dependence or have used alcohol for a prolonged period or in large amounts. Presenting features of Alcohol withdrawal may include autonomic hyperactivity (e.g. tachycardia, hypertension, perspiration), increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, depressed or dysphoric mood, transient visual, tactile or auditory illusions or hallucinations, and distractability. Less commonly, the withdrawal state is complicated by generalised tonic-clonic seizures. The withdrawal state may progress to a very severe form of delirium characterised by confusion and disorientation, delusions, and prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Alcohol-induced delirium should also be assigned.

Coding Note: Code also the causing condition

6C40.40 Alcohol withdrawal, uncomplicated

All diagnostic requirements for Alcohol Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C40.41 Alcohol withdrawal with perceptual disturbances

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C40.42 Alcohol withdrawal with seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C40.43 Alcohol withdrawal with perceptual disturbances and seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Coding Note: Code also the causing condition

6C40.4Z Alcohol withdrawal, unspecified

Coding Note: Code also the causing condition

6C40.5 **Alcohol-induced delirium**

Alcohol-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of alcohol. The amount and duration of alcohol use must be capable of producing delirium. Specific features of alcohol-induced delirium may include impaired consciousness with disorientation, vivid hallucinations and illusions, insomnia, delusions, agitation, disturbances of attention, and accompanying tremor and physiological symptoms of alcohol withdrawal. In some cases of alcohol withdrawal, the withdrawal state may progress to a very severe form of Alcohol-induced delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium tremens (alcohol-induced)

Delirium induced by alcohol withdrawal

6C40.6 **Alcohol-induced psychotic disorder**

Alcohol-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.60 Alcohol-induced psychotic disorder with hallucinations

Alcohol-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of alcohol use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.61 Alcohol-induced psychotic disorder with delusions

Alcohol-induced psychotic disorder with delusions is characterised by the presence of delusions that are judged to be the direct consequence of alcohol use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.62 Alcohol-induced psychotic disorder with mixed psychotic symptoms

Alcohol-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of alcohol use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.6Z Alcohol-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C40.7 **Certain specified alcohol-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

Coded Elsewhere: Amnestic disorder due to use of alcohol (6D72.10)

Dementia due to use of alcohol (6D84.0)

6C40.70 Alcohol-induced mood disorder

Alcohol-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.71 Alcohol-induced anxiety disorder

Alcohol-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.Y **Other specified disorders due to use of alcohol**

6C40.Z **Disorders due to use of alcohol, unspecified**

6C41 Disorders due to use of cannabis

Disorders due to use of cannabis are characterised by the pattern and consequences of cannabis use. Cannabis is the collective term for a range of psychoactive preparations of the cannabis plant, Cannabis sativa, and related species and hybrids. Cannabis contains cannabinoids, a class of diverse chemical compounds that act on endogenous cannabinoid receptors that modulate neurotransmitter release in the brain. The principal psychoactive cannabinoid is δ-9-tetrahydrocannabinol (THC). Cannabis is typically smoked in the form of the flowering heads or leaves of the marijuana plant; tobacco is often mixed with cannabis when smoked. There are also cannabis oils that are prepared from these same sources. These preparations vary considerably in their THC potency. Cannabis has predominantly central nervous system depressant effects and produces a characteristic euphoria that may be part of the presenting features of Cannabis Intoxication, which may also include impairment in cognitive and psychomotor functioning. Cannabis has dependence-producing properties resulting in Cannabis Dependence in some people and Cannabis Withdrawal when use is reduced or discontinued. Cannabis is associated with a range of Cannabis-Induced Mental Disorders.

Exclusions: Disorders due to use of synthetic cannabinoids (6C42)

Hazardous use of cannabis (QE11.1)

6C41.0 Episode of harmful use of cannabis

An episode of use of cannabis that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cannabis intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cannabis use.

Exclusions: Cannabis dependence (6C41.2)

Harmful pattern of use of cannabis (6C41.1)

6C41.1 Harmful pattern of use of cannabis

A pattern of cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cannabis use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Cannabis dependence (6C41.2)

Episode of harmful use of cannabis (6C41.0)

6C41.10 Harmful pattern of use of cannabis, episodic

A pattern of episodic or intermittent cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cannabis use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.11 Harmful pattern of use of cannabis, continuous

A pattern of continuous (daily or almost daily) cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cannabis use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.1Z Harmful pattern of use of cannabis, unspecified

6C41.2 Cannabis dependence

Cannabis dependence is a disorder of regulation of cannabis use arising from repeated or continuous use of cannabis. The characteristic feature is a strong internal drive to use cannabis, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cannabis. Physiological features of dependence may also be present, including tolerance to the effects of cannabis, withdrawal symptoms following cessation or reduction in use of cannabis, or repeated use of cannabis or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cannabis use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.20 Cannabis dependence, current use

Current cannabis dependence with use of cannabis within the past month.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.21 Cannabis dependence, early full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cannabis during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.22 Cannabis dependence, sustained partial remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cannabis consumption for more than 12 months, such that even though cannabis use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.23 Cannabis dependence, sustained full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cannabis for 12 months or longer.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.2Z Cannabis dependence, unspecified

6C41.3 Cannabis intoxication

Cannabis intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cannabis that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cannabis and their intensity is closely related to the amount of cannabis consumed. They are time-limited and abate as cannabis is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to cannabinoids

Exclusions: cannabinoid poisoning (NE60)

Possession trance disorder (6B63)

6C41.4 Cannabis withdrawal

Cannabis withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cannabis in individuals who have developed Cannabis dependence or have used cannabis for a prolonged period or in large amounts. Presenting features of Cannabis withdrawal may include irritability, anger or aggressive behaviour, shakiness, insomnia, restlessness, anxiety, depressed or dysphoric mood, decreased appetite and weight loss, headache, sweating or chills, abdominal cramps and muscle aches.

Coding Note: Code also the causing condition

6C41.5 **Cannabis-induced delirium**

Cannabis-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cannabis. The amount and duration of cannabis use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C41.6 **Cannabis-induced psychotic disorder**

Cannabis-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.7 **Certain specified cannabis-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C41.70 Cannabis-induced mood disorder

Cannabis-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.71 Cannabis-induced anxiety disorder

Cannabis-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.Y **Other specified disorders due to use of cannabis**

6C41.Z **Disorders due to use of cannabis, unspecified**

6C42 Disorders due to use of synthetic cannabinoids

Disorders due to use of synthetic cannabinoids are characterised by the pattern and consequences of synthetic cannabinoid use. Synthetic cannabinoids are synthesized diverse chemical compounds that are potent agonists for endogenous cannabinoid receptors. There are several hundred such compounds. The synthetic compound is typically sprayed onto a vehicle such as cannabis or tea leaves and then smoked. The effect of these compounds is distinctly different from smoking naturally cultivated cannabis in that the euphoric effects are typically accompanied or dominated by psychotic-like symptoms (e.g., paranoia, hallucinations, and disorganized behavior). Synthetic Cannabinoid Intoxication may therefore present more frequently with psychotic symptoms in addition to the more typical effects of cannabis. Synthetic cannabinoids are also dependence-producing and Synthetic Cannabinoid Dependence and Synthetic Cannabinoid Withdrawal are recognized. Synthetic Cannabinoid-Induced Mental Disorders also occur; in particular Synthetic Cannabinoid-Induced Psychotic Disorder is recognized.

Exclusions: Disorders due to use of cannabis (6C41)

6C42.0 **Episode of harmful use of synthetic cannabinoids**

An episode of use of a synthetic cannabinoid that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cannabinoid use.

Exclusions: Harmful pattern of use of synthetic cannabinoids (6C42.1)

Synthetic cannabinoid dependence (6C42.2)

6C42.1 Harmful pattern of use of synthetic cannabinoids

A pattern of use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cannabinoid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.10 Harmful pattern of use of synthetic cannabinoids, episodic

A pattern of episodic or intermittent use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cannabinoid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.11 Harmful pattern of use of synthetic cannabinoids, continuous

A pattern of continuous (daily or almost daily) use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cannabinoid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.1Y Other specified harmful pattern of use of synthetic cannabinoids

6C42.1Z Harmful pattern of use of synthetic cannabinoids, unspecified

6C42.2 **Synthetic cannabinoid dependence**

Synthetic cannabinoid dependence is a disorder of regulation of synthetic cannabinoid use arising from repeated or continuous use of synthetic cannabinoids. The characteristic feature is a strong internal drive to use synthetic cannabinoids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cannabinoids. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cannabinoids, withdrawal symptoms following cessation or reduction in use of synthetic cannabinoids, or repeated use of synthetic cannabinoids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cannabinoid use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.20 Synthetic cannabinoid dependence, current use

Current synthetic cannabinoid dependence with use of synthetic cannabinoids within the past month.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.21 Synthetic cannabinoid dependence, early full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cannabinoid use during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.22 Synthetic cannabinoid dependence, sustained partial remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cannabinoid consumption for more than 12 months, such that even though synthetic cannabinoid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.23 Synthetic cannabinoid dependence, sustained full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cannabinoid use for 12 months or longer.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.2Y Other specified synthetic cannabinoid dependence

6C42.2Z Synthetic cannabinoid dependence, unspecified

6C42.3 Synthetic cannabinoid intoxication

Synthetic cannabinoid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cannabinoids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cannabinoids and their intensity is closely related to the amount of synthetic cannabinoid consumed. They are time-limited and abate as synthetic cannabinoid is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia. Intoxication with synthetic cannabinoids may also cause delirium or acute psychosis.

Coding Note: Code also the causing condition

6C42.4 Synthetic cannabinoid withdrawal

Synthetic cannabinoid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cannabinoids in individuals who have developed Synthetic cannabinoid dependence or have used synthetic cannabinoids for a prolonged period or in large amounts. Presenting features of Synthetic cannabinoid withdrawal may include irritability, anger, aggression, shakiness, insomnia and disturbing dreams, restlessness, anxiety, depressed mood and appetite disturbance. In the early phase, Synthetic cannabinoid withdrawal may be accompanied by residual features of intoxication from the drug, such as paranoid ideation and auditory and visual hallucinations.

Coding Note: Code also the causing condition

6C42.5 Synthetic cannabinoid-induced delirium

Synthetic cannabinoid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cannabinoids. The amount and duration of synthetic cannabinoid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C42.6 **Synthetic cannabinoid-induced psychotic disorder**

Synthetic cannabinoid-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.7 **Certain specified synthetic cannabinoids-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C42.70 Synthetic cannabinoid-induced mood disorder

Synthetic cannabinoid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.71 Synthetic cannabinoid-induced anxiety disorder

Synthetic cannabinoid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.Y Other specified disorders due to use of synthetic cannabinoids

6C42.Z Disorders due to use of synthetic cannabinoids, unspecified

6C43 Disorders due to use of opioids

Disorders due to use of opioids are characterised by the pattern and consequences of opioid use. Opioids is a generic term that encompasses the constituents or derivatives of the opium poppy Papaver somniferum as well as a range of synthetic and semisynthetic compounds, some related to morphine and others chemically distinct but all having their primary actions on the μ opioid receptor. Examples of opioids include morphine, diacetylmorphine (heroin), fentanyl, pethidine, oxycodone, hydromorphone, methadone, buprenorphine, codeine and d-propoxyphene. The opioids all have analgesic properties of different potencies and are primarily central nervous system depressants. They suppress respiration as well as other vital functions and are a common cause of overdose and related deaths. Certain opioids are used or administered parenterally, including heroin, a common and potent opioid that is primarily used non-medically. Therapeutic opioids are prescribed for a range of indications worldwide, and are essential for pain management in cancer pain and palliative care, although they are also used for non-therapeutic reasons. In some countries morbidity and mortality related to therapeutic opioids is greater than that related to heroin. All opioids may result in Opioid Intoxication, Opioid Dependence and Opioid Withdrawal. A range of Opioid-Induced Disorders occur, some of which occur following Opioid Withdrawal.

Exclusions: Hazardous use of opioids (QE11.0)

6C43.0 Episode of harmful use of opioids

An episode of opioid use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to opioid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of opioid use.

Exclusions: Harmful pattern of use of opioids (6C43.1)

Opioid dependence (6C43.2)

6C43.1 Harmful pattern of use of opioids

A pattern of use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of opioid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.10 Harmful pattern of use of opioids, episodic

A pattern of episodic or intermittent use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic opioid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.11 Harmful pattern of use of opioids, continuous

A pattern of continuous (daily or almost daily) use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous opioid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.1Z Harmful pattern of use of opioids, unspecified

6C43.2 Opioid dependence

Opioid dependence is a disorder of regulation of opioid use arising from repeated or continuous use of opioids. The characteristic feature is a strong internal drive to use opioids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use opioids. Physiological features of dependence may also be present, including tolerance to the effects of opioids, withdrawal symptoms following cessation or reduction in use of opioids, or repeated use of opioids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if opioid use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.20 Opioid dependence, current use

Opioid dependence, with use of an opioid within the past month.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.21 Opioid dependence, early full remission

After a diagnosis of opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from opioid use during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.22 Opioid dependence, sustained partial remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in opioid consumption for more than 12 months, such that even though opioid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.23 Opioid dependence, sustained full remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from opioids for 12 months or longer.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.2Z Opioid dependence, unspecified

6C43.3 Opioid intoxication

Opioid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of opioids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of opioids and their intensity is closely related to the amount of opioids consumed. They are time-limited and abate as opioids are cleared from the body. Presenting features may include somnolence, stupor, mood changes (e.g. euphoria followed by apathy and dysphoria), psychomotor retardation, impaired judgment, respiratory depression, slurred speech, and impairment of memory and attention. In severe intoxication coma may ensue. A characteristic physical sign is pupillary constriction but this sign may be absent when intoxication is due to synthetic opioids. Severe opioid intoxication can lead to death due to respiratory depression.

Coding Note: Code also the causing condition

Exclusions: opioid poisoning (NE60)

Possession trance disorder (6B63)

fentanyl poisoning (NE60)

oxycodone poisoning (NE60)

6C43.4 Opioid withdrawal

Opioid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of opioids in individuals who have developed Opioid dependence or have used opioids for a prolonged period or in large amounts. Opioid withdrawal can also occur when prescribed opioids have been used in standard therapeutic doses. Presenting features of Opioid withdrawal may include dysphoric mood, craving for an opioid, anxiety, nausea or vomiting, abdominal cramps, muscle aches, yawning, perspiration, hot and cold flushes, lacrimation, rhinorrhea, hypersomnia (typically in the initial phase) or insomnia, diarrhea, piloerection, and pupillary dilatation.

Coding Note: Code also the causing condition

6C43.5 Opioid-induced delirium

Opioid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of opioids. The amount and duration of opioid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, Behavioural, and Neurodevelopmental Disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium induced by opioid withdrawal

6C43.6 Opioid-induced psychotic disorder

Opioid-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.7 Certain specified opioid-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C43.70 Opioid-induced mood disorder

Opioid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.71 Opioid-induced anxiety disorder

Opioid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.Y **Other specified disorders due to use of opioids**

6C43.Z **Disorders due to use of opioids, unspecified**

6C44 Disorders due to use of sedatives, hypnotics or anxiolytics

Disorders due to use of sedatives, hypnotics or anxiolytics are characterised by the pattern and consequences of use of these substances. Sedatives, hypnotics, and anxiolytics are typically prescribed for the short-term treatment of anxiety or insomnia and are also employed to provide sedation for medical procedures. They include the benzodiazepines and the non-benzodiazepine positive allosteric modulators of GABA receptors (i.e., ‘Z-drugs’) as well as many other compounds. Sedatives, hypnotics, and anxiolytics include barbiturates, which are available much less commonly now than in previous decades. Sedatives, hypnotics, and anxiolytics have dependence-inducing properties that are related to the dose and duration of their use. They may cause intoxication, dependence and withdrawal. Several other mental disorders induced by sedatives, hypnotics, or anxiolytics are recognized.

Exclusions: Hazardous use of sedatives, hypnotics or anxiolytics (QE11.2)

6C44.0 Episode of harmful use of sedatives, hypnotics or anxiolytics

An episode of use of a sedative, hypnotic or anxiolytic that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to sedative, hypnotic or anxiolytic intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of sedative, hypnotic or anxiolytic use.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.1 Harmful pattern of use of sedatives, hypnotics or anxiolytics

A pattern of sedative, hypnotic, or anxiolytic use that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of sedative, hypnotic, or anxiolytic use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

6C44.10 Harmful pattern of use of sedatives, hypnotics or anxiolytics, episodic

A pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics is evident over a period of at least 12 months. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.11 Harmful pattern of use of sedatives, hypnotics or anxiolytics, continuous

A pattern of continuous use of sedatives, hypnotics or anxiolytics (daily or almost daily) that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of continuous use of sedatives, hypnotics or anxiolytics is evident over a period of at least one month. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.1Z Harmful pattern of use of sedatives, hypnotics or anxiolytics, unspecified

6C44.2 Sedative, hypnotic or anxiolytic dependence

Sedative, hypnotic or anxiolytic dependence is a disorder of regulation of sedative use arising from repeated or continuous use of these substances. The characteristic feature is a strong internal drive to use sedatives, hypnotics, or anxiolytics, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use these substances. Physiological features of dependence may also be present, including tolerance to the effects of sedatives, hypnotics or anxiolytics, withdrawal symptoms following cessation or reduction in use, or repeated use of sedatives or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if sedative use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.20 Sedative, hypnotic or anxiolytic dependence, current use

Current Sedative, hypnotic or anxiolytic dependence with use of a sedative, hypnotic or anxiolytic drug within the past month.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.21 Sedative, hypnotic or anxiolytic dependence, early full remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from sedatives, hypnotics or anxiolytics during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.22 Sedative, hypnotic or anxiolytic dependence, sustained partial remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in sedative, hypnotic or anxiolytic consumption for more than 12 months, such that even though sedative, hypnotic or anxiolytic use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.23 Sedative, hypnotic or anxiolytic dependence, sustained full remission

After a diagnosis of sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from sedative, hypnotic or anxiolytic for 12 months or longer.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.2Z Sedative, hypnotic or anxiolytic dependence, unspecified

6C44.3 **Sedative, hypnotic or anxiolytic intoxication**

Sedative, hypnotic or anxiolytic intoxication is a clinically significant transient condition that develops during or shortly after the consumption of sedatives, hypnotics or anxiolytics that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of sedatives, hypnotics or anxiolytics and their intensity is closely related to the amount of sedatives, hypnotics or anxiolytics consumed. They are time-limited and abate as sedatives, hypnotics or anxiolytics are cleared from the body. Presenting features may include somnolence, impaired judgment, inappropriate behavior (including sexual behavior or aggression), slurred speech, impaired motor coordination, unsteady gait, mood changes, as well as impaired memory, attention and concentration. Nystagmus (repetitive, uncontrolled eye movements) is a common physical sign. In severe cases stupor or coma may occur.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to sedatives, hypnotics or anxiolytics

Exclusions: sedative, hypnotic drugs and other CNS depressants poisoning (NE60)

Possession trance disorder (6B63)

6C44.4 **Sedative, hypnotic or anxiolytic withdrawal**

Sedative, hypnotic or anxiolytic withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of sedatives, hypnotics or anxiolytics in individuals who have developed dependence or have used sedatives, hypnotics or anxiolytics for a prolonged period or in large amounts. Sedative, hypnotic or anxiolytic withdrawal can also occur when prescribed sedatives, hypnotics or anxiolytics have been used in standard therapeutic doses. Presenting features of Sedative, hypnotic or anxiolytic withdrawal may include anxiety, psychomotor agitation, insomnia, increased hand tremor, nausea or vomiting, and transient visual, tactile or auditory illusions or hallucinations. There may be signs of autonomic hyperactivity (e.g., tachycardia, hypertension, sweating), or postural hypotension. The withdrawal state may be complicated by seizures. Less commonly, there may be progression to a more severe withdrawal state characterised by confusion and disorientation, delusions, and more prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Sedative, hypnotic, or anxiolytic-induced delirium should be assigned.

Coding Note: Code also the causing condition

6C44.40 Sedative, hypnotic or anxiolytic withdrawal, uncomplicated

All diagnostic requirements for Sedative, hypnotic or anxiolytic Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C44.41 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C44.42 Sedative, hypnotic or anxiolytic withdrawal, with seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C44.43 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances and seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Coding Note: Code also the causing condition

6C44.4Z Sedative, hypnotic or anxiolytic withdrawal, unspecified

Coding Note: Code also the causing condition

6C44.5 Sedative, hypnotic or anxiolytic-induced delirium

Sedative, hypnotic or anxiolytic-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of sedatives, hypnotics, or anxiolytics. Specific features of Sedative, hypnotic or anxiolytic-induced delirium may include confusion and disorientation, paranoid delusions, and recurrent visual, tactile or auditory hallucinations. The amount and duration of sedative, hypnotic, or anxiolytic use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium induced by sedative, hypnotic or anxiolytic withdrawal

6C44.6 **Sedative, hypnotic or anxiolytic-induced psychotic disorder**

Sedative, hypnotic or anxiolytic-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.7 **Certain specified sedatives, hypnotics or anxiolytic-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

Coded Elsewhere: Amnestic disorder due to use of sedatives, hypnotics or anxiolytics (6D72.11)

Dementia due to use of sedatives, hypnotics or anxiolytics (6D84.1)

6C44.70 Sedative, hypnotic or anxiolytic-induced mood disorder

Sedative, hypnotic or anxiolytic-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.71 Sedative, hypnotic or anxiolytic-induced anxiety disorder

Sedative, hypnotic or anxiolytic-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.Y **Other specified disorders due to use of sedatives, hypnotics or anxiolytics**

6C44.Z **Disorders due to use of sedatives, hypnotics or anxiolytics, unspecified**

6C45 Disorders due to use of cocaine

Disorders due to use of cocaine are characterised by the pattern and consequences of cocaine use. Cocaine is a compound found in the leaves of the coca plant, Erythroxylum coca, which is indigenous to countries in northern regions of South America. Cocaine has a limited place in medical treatment as an anaesthetic and vasoconstrictive agent. It is commonly used illicitly and widely available across the world, where it is found in two main forms: cocaine hydrochloride and cocaine freebase (also known as ‘crack’). Cocaine is a central nervous system stimulant, and Cocaine Intoxication typically includes a state of euphoria and hyperactivity. Cocaine has potent dependence-producing properties and Cocaine Dependence is a common cause of morbidity and of clinical presentations. Cocaine Withdrawal has a characteristic course that includes lethargy and depressed mood. A range of Cocaine-Induced Mental Disorders is described.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of cocaine (QE11.3)

6C45.0 Episode of harmful use of cocaine

An episode of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cocaine intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cocaine use.

Exclusions: Cocaine dependence (6C45.2)

Harmful pattern of use of cocaine (6C45.1)

6C45.1 Harmful pattern of use of cocaine

A pattern of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cocaine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Cocaine dependence (6C45.2)

Episode of harmful use of cocaine (6C45.0)

6C45.10 Harmful pattern of use of cocaine, episodic

A pattern of episodic or intermittent cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cocaine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.11 Harmful pattern of use of cocaine, continuous

A pattern of continuous (daily or almost daily) cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cocaine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.1Z Harmful pattern of use of cocaine, unspecified

6C45.2 **Cocaine dependence**

Cocaine dependence is a disorder of regulation of cocaine use arising from repeated or continuous use of cocaine. The characteristic feature is a strong internal drive to use cocaine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cocaine. Physiological features of dependence may also be present, including tolerance to the effects of cocaine, withdrawal symptoms following cessation or reduction in use of cocaine, or repeated use of cocaine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cocaine use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.20 Cocaine dependence, current use

Current cocaine dependence with cocaine use within the past month.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.21 Cocaine dependence, early full remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cocaine during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.22 Cocaine dependence, sustained partial remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cocaine consumption for more than 12 months, such that even though cocaine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.23 Cocaine dependence, sustained full remission

After a diagnosis of cocaine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cocaine for 12 months or longer.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.2Z Cocaine dependence, unspecified

6C45.3 Cocaine intoxication

Cocaine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cocaine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cocaine and their intensity is closely related to the amount of cocaine consumed. They are time-limited and abate as cocaine is cleared from the body. Presenting features may include inappropriate euphoria, anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (sometimes of delusional intensity), auditory hallucinations, confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations and chest pain may be experienced. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, usually in severe intoxication, cocaine use can result in seizures, muscle weakness, dyskinesia, or dystonia.

Coding Note: Code also the causing condition

Exclusions: cocaine poisoning (NE60)

Possession trance disorder (6B63)

6C45.4 Cocaine withdrawal

Cocaine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cocaine in individuals who have developed Cocaine dependence or have used cocaine for a prolonged period or in large amounts. Presenting features of Cocaine withdrawal may include dysphoric mood, irritability, fatigue, psychomotor retardation, vivid unpleasant dreams, insomnia or hypersomnia, increased appetite, anxiety, psychomotor agitation or retardation, and craving for cocaine.

Coding Note: Code also the causing condition

6C45.5 **Cocaine-induced delirium**

Cocaine-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cocaine. The amount and duration of cocaine use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural, and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C45.6 **Cocaine-induced psychotic disorder**

Cocaine-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.60 Cocaine-induced psychotic disorder with hallucinations

Cocaine-induced psychotic disorder with hallucinations is characterised by the by the presence of hallucinations that are judged to be the direct consequence of cocaine use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.61 Cocaine-induced psychotic disorder with delusions

Cocaine-induced psychotic disorder with delusions is characterised by the by the presence of delusions that are judged to be the direct consequence of cocaine use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.62 Cocaine-induced psychotic disorder with mixed psychotic symptoms

Cocaine-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of cocaine use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.6Z Cocaine-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C45.7 Certain specified cocaine-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C45.70 Cocaine-induced mood disorder

Cocaine-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.71 Cocaine-induced anxiety disorder

Cocaine-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.72 Cocaine-induced obsessive-compulsive or related disorder

Cocaine-induced obsessive-compulsive or related disorder is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.73 Cocaine-induced impulse control disorder

Cocaine-induced impulse control disorder is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.Y **Other specified disorders due to use of cocaine**

6C45.Z **Disorders due to use of cocaine, unspecified**

6C46 Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone

Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone are characterised by the pattern and consequences of use of these substances. There is a wide array of naturally occurring and synthetically produced psychostimulants other than cocaine. The most numerous of this group are the amphetamine-type substances, including methamphetamine. Prescribed stimulants including dexamphetamine are indicated for a limited number of conditions such as for Attention Deficit Hyperactivity Disorder. Methcathinone, known in many countries as ephedrone, is a synthetic potent stimulant that is a structural analogue of methamphetamine and is related to cathinone. All these drugs have primarily psychostimulant properties and are also vasoconstrictors to a varying degree. They induce euphoria and hyperactivity as may be seen in Stimulant Intoxication. They have potent dependence-producing properties, which may lead to the diagnosis of Stimulant Dependence and Stimulant Withdrawal following the cessation of use. Several Stimulant-Induced Mental Disorders are described.

Exclusions: Disorders due to use of synthetic cathinones (6C47)

Disorders due to use of caffeine (6C48)

Disorders due to use of cocaine (6C45)

Hazardous use of stimulants including amphetamines or methamphetamine (QE11.4)

6C46.0 Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone

An episode of use of a stimulant including amphetamines, methamphetamine and methcathinone that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to stimulant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of stimulant including amphetamines, methamphetamine and methcathinone use.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1 **Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone**

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

Harmful pattern of use of cocaine (6C45.1)

Harmful pattern of use of synthetic cathinones (6C47.1)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.10 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, episodic

A pattern of episodic or intermittent use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic stimulant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.11 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, continuous

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1Z Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone, unspecified

6C46.2 Stimulant dependence including amphetamines, methamphetamine or methcathinone

Stimulant dependence including amphetamines, methamphetamine or methcathinone is a disorder of regulation of stimulant use arising from repeated or continuous use of stimulants. The characteristic feature is a strong internal drive to use stimulants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use stimulants. Physiological features of dependence may also be present, including tolerance to the effects of stimulants, withdrawal symptoms following cessation or reduction in use of stimulants, or repeated use of stimulants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if stimulant use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Cocaine dependence (6C45.2)

Synthetic cathinone dependence (6C47.2)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.20 Stimulant dependence including amphetamines, methamphetamine or methcathinone, current use

Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones refers to amphetamine or other stimulant use within the past month.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

6C46.21 Stimulant dependence including amphetamines, methamphetamine or methcathinone, early full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from stimulants during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.22 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained partial remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in amphetamine or other stimulant consumption for more than 12 months, such that even though amphetamine or other stimulant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.23 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from amphetamine or other stimulants for 12 months or longer.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.2Z Stimulant dependence including amphetamines, methamphetamine or methcathinone, unspecified

6C46.3 **Stimulant intoxication including amphetamines, methamphetamine or methcathinone**

Stimulant intoxication including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones is a clinically significant transient condition that develops during or shortly after the consumption of amphetamine or other stimulants that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of amphetamine or other stimulants and their intensity is closely related to the amount of amphetamine or other stimulant consumed. They are time-limited and abate as amphetamine or another stimulant is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of stimulants including amphetamines, methamphetamine and methcathinone can result in seizures.

Coding Note: Code also the causing condition

Exclusions: amphetamine poisoning (NE60)

Caffeine intoxication (6C48.2)

Cocaine intoxication (6C45.3)

Synthetic cathinone intoxication (6C47.3)

Possession trance disorder (6B63)

6C46.4 **Stimulant withdrawal including amphetamines, methamphetamine or methcathinone**

Stimulant withdrawal including amphetamines, methamphetamine and methcathinone is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of stimulants in individuals who have developed Stimulant dependence or have used stimulants for a prolonged period or in large amounts. Stimulant withdrawal can also occur when prescribed stimulants have been used in standard therapeutic doses. Presenting features of stimulant withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for amphetamine or related stimulants.

Coding Note: Code also the causing condition

Exclusions: Cocaine withdrawal (6C45.4)

Caffeine withdrawal (6C48.3)

Synthetic cathinone withdrawal (6C47.4)

6C46.5 Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone

Stimulant-induced delirium including amphetamines, methamphetamine and methcathinone is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of stimulants. The amount and duration of stimulant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced delirium (6C45.5)

Synthetic cathinone-induced delirium (6C47.5)

Disorders due to use of caffeine (6C48)

6C46.6 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced psychotic disorder (6C45.6)

Synthetic cathinone-induced psychotic disorder (6C47.6)

Disorders due to use of caffeine (6C48)

6C46.60 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with hallucinations

Stimulant-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of stimulant use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced psychotic disorder with hallucinations (6C45.60)

Disorders due to use of caffeine (6C48)

Synthetic cathinone-induced psychotic disorder with hallucinations (6C47.60)

6C46.61 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with delusions

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with delusions (6C45.61)

Synthetic cathinone-induced psychotic disorder with delusions (6C47.61)

6C46.62 Stimulant-induced psychotic disorder including amphetamines but excluding caffeine or cocaine with mixed psychotic symptoms

Stimulant-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of stimulant use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with mixed psychotic symptoms (6C45.62)

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms (6C47.62)

6C46.6Z Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone, unspecified

Coding Note: Code also the causing condition

6C46.7 Certain specified stimulant-induced mental or behavioural disorders including amphetamines, methamphetamine or methcathinone

Coding Note: Code also the causing condition

6C46.70 Stimulant-induced mood disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced mood disorder including amphetamines, methamphetamine and methcathinone is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Synthetic cathinone-induced mood disorder (6C47.70)

Cocaine-induced mood disorder (6C45.70)

Disorders due to use of caffeine (6C48)

6C46.71 Stimulant-induced anxiety disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced anxiety disorder including amphetamines, methamphetamine and methcathinone is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced anxiety disorder (6C45.71)

Caffeine-induced anxiety disorder (6C48.40)

Synthetic cathinone-induced anxiety disorder (6C47.71)

6C46.72 Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine and methcathinone is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced obsessive-compulsive or related disorder (6C45.72)

Synthetic cathinone-induced obsessive-compulsive or related syndrome (6C47.72)

Disorders due to use of caffeine (6C48)

6C46.73 Stimulant-induced impulse control disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced impulse control disorder including amphetamines, methamphetamine and methcathinone is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

6C46.Y **Other specified disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone**

6C46.Z **Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone, unspecified**

6C47 Disorders due to use of synthetic cathinones

Disorders due to use of synthetic cathinones are characterised by the pattern and consequences of synthetic cathinone use. Synthetic cathinones (also known as 'bath salts') are synthetic compounds with stimulant properties related to cathinone found in the khat plant, Catha edulis. The use of synthetic cathinones is common in young populations in many countries. They may produce a range of disorders including Synthetic Cathinone Intoxication, Synthetic Cathinone Dependence and Synthetic Cathinone Withdrawal. Several synthetic cathinone-induced mental disorders are recognised.

6C47.0 **Episode of harmful use of synthetic cathinones**

An episode of synthetic cathinone use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cathinone intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cathinone use.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Synthetic cathinone dependence (6C47.2)

6C47.1 **Harmful pattern of use of synthetic cathinones**

A pattern of use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cathinone use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.10 Harmful pattern of use of synthetic cathinones, episodic

A pattern of episodic or intermittent use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cathinone use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.11 Harmful use of synthetic cathinones, continuous

A pattern of continuous (daily or almost daily) use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cathinone use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.1Y Other specified harmful pattern of use of synthetic cathinones

6C47.1Z Harmful pattern of use of synthetic cathinones, unspecified

6C47.2 Synthetic cathinone dependence

Synthetic cathinone dependence is a disorder of regulation of synthetic cathinone use arising from repeated or continuous use of synthetic cathinones. The characteristic feature is a strong internal drive to use synthetic cathinones, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cathinones. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cathinones, withdrawal symptoms following cessation or reduction in use of synthetic cathinones, or repeated use of synthetic cathinones or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cathinone use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Episode of harmful use of synthetic cathinones (6C47.0)

6C47.20 Synthetic cathinone dependence, current use

Current synthetic cathinone dependence with use of synthetic cathinones within the past month.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.21 Synthetic cathinone dependence, early full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cathinone use during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.22 Synthetic cathinone dependence, sustained partial remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cathinone consumption for more than 12 months, such that even though synthetic cathinone use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.23 Synthetic cathinone dependence, sustained full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cathinone use for 12 months or longer.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.2Y Other specified synthetic cathinone dependence

6C47.2Z Synthetic cathinone dependence, unspecified

6C47.3 **Synthetic cathinone intoxication**

Synthetic cathinone intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cathinones that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cathinones and their intensity is closely related to the amount of synthetic cathinones consumed. They are time-limited and abate as the synthetic cathinone is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of synthetic cathinones can result in seizures.

Coding Note: Code also the causing condition

6C47.4 **Synthetic cathinone withdrawal**

Synthetic cathinone withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cathinones in individuals who have developed Synthetic cathinone dependence or have used synthetic cathinones for a prolonged period or in large amounts. Presenting features of Synthetic cathinone withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for stimulants, including synthetic cathinones.

Coding Note: Code also the causing condition

6C47.5 **Synthetic cathinone-induced delirium**

Synthetic cathinone-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cathinones. The amount and duration of synthetic cathinone use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C47.6 **Synthetic cathinone-induced psychotic disorder**

Synthetic cathinone-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.60 Synthetic cathinone-induced psychotic disorder with hallucinations

Synthetic cathinone-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of synthetic cathinone use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.61 Synthetic cathinone-induced psychotic disorder with delusions

Synthetic cathinone psychotic disorder with delusions is characterised by the presence of delusions that are judged to be the direct consequence of synthetic cathinone use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.62 Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of synthetic cathinone use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.6Z Synthetic cathinone-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C47.7 **Certain specified synthetic cathinone-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C47.70 Synthetic cathinone-induced mood disorder

Synthetic cathinone-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.71 Synthetic cathinone-induced anxiety disorder

Synthetic cathinone-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.72 Synthetic cathinone-induced obsessive-compulsive or related syndrome

Synthetic cathinone-induced obsessive-compulsive or related disorder is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.73 Synthetic cathinone-induced impulse control disorder

Synthetic cathinone-induced impulse control disorder is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.Y **Other specified disorders due to use of synthetic cathinones**

6C47.Z **Disorders due to use of synthetic cathinones, unspecified**

6C48 Disorders due to use of caffeine

Disorders due to use of caffeine are characterised by the pattern and consequences of caffeine use. Caffeine is a mild psychostimulant and diuretic that is found in the beans of the coffee plant (Coffea species) and is a constituent of coffee, cola drinks, chocolate, a range of proprietary 'energy drinks' and weight-loss aids. It is the most commonly used psychoactive substance worldwide and several clinical conditions related to its use are described, although severe disorders are comparatively rare considering its ubiquity. Caffeine Intoxication related to consumption of relatively higher doses (i.e., > 1 g per day) is described. Caffeine Withdrawal is common upon cessation of use among individuals who have used caffeine for a prolonged period or in large amounts. Caffeine-Induced Anxiety Disorder has been described, often following intoxication or heavy use.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of caffeine (QE11.5)

6C48.0 Episode of harmful use of caffeine

An episode of caffeine use that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of caffeine use.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

6C48.1 Harmful pattern of use of caffeine

A pattern of caffeine use that has caused clinically significant harm to a person's physical or mental health or in which caffeine-induced behaviour has caused clinically significant harm to the health of other people. The pattern of caffeine use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of caffeine, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.10 Harmful pattern of use of caffeine, episodic

A pattern of episodic or intermittent caffeine use that has caused damage to a person's physical or mental health. The pattern of episodic caffeine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.11 Harmful pattern of use of caffeine, continuous

A pattern of continuous (daily or almost daily) caffeine use that has caused damage to a person's physical or mental health. The pattern of continuous caffeine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.1Z Harmful pattern of use of caffeine, unspecified

6C48.2 **Caffeine intoxication**

Caffeine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of caffeine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of caffeine and their intensity is closely related to the amount of caffeine consumed. They are time-limited and abate as caffeine is cleared from the body. Presenting features may include restlessness, anxiety, excitement, insomnia, flushed face, tachycardia, diuresis, gastrointestinal disturbances, muscle twitching, psychomotor agitation, perspiration or chills, and nausea or vomiting. Cardiac arrhythmias may occur. Disturbances typical of intoxication tend to occur at relatively higher doses (e.g., > 1 g per day). Very high doses of caffeine (e.g., > 5 g) can result in respiratory distress or seizures and can be fatal.

Coding Note: Code also the causing condition

6C48.3 **Caffeine withdrawal**

Caffeine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of caffeine (typically in the form of coffee, caffeinated drinks, or as an ingredient in certain over-the-counter medications) in individuals who have used caffeine for a prolonged period or in large amounts. Presenting features of Caffeine withdrawal may include headache, marked fatigue or drowsiness, irritability, depressed or dysphoric mood, nausea or vomiting, and difficulty concentrating.

Coding Note: Code also the causing condition

6C48.4 **Certain specified caffeine-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C48.40 Caffeine-induced anxiety disorder

Caffeine-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from caffeine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Caffeine intoxication or Caffeine withdrawal. The amount and duration of caffeine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the caffeine use, if the symptoms persist for a substantial period of time after cessation of the caffeine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with caffeine use).

Coding Note: Code also the causing condition

6C48.Y **Other specified disorders due to use of caffeine**

6C48.Z **Disorders due to use of caffeine, unspecified**

6C49 Disorders due to use of hallucinogens

Disorders due to use of hallucinogens are characterised by the pattern and consequences of hallucinogen use. Several thousand compounds have hallucinogenic properties, many of which are found in plants (e.g., mescaline) and fungi (e.g., psilocybin) or are chemically synthesized (e.g., lysergic acid diethylamide [LSD]). These compounds have primarily hallucinogenic properties, but some may also be stimulants. Much of the morbidity associated with these compounds arises from the acute effects related to Hallucinogen Intoxication. Hallucinogen Dependence is rare and Hallucinogen Withdrawal is not described. Among the mental disorders related to hallucinogen use, Hallucinogen-Induced Psychotic Disorder is the most frequently seen, although worldwide it is still fairly uncommon.

6C49.0 Episode of harmful use of hallucinogens

An episode of hallucinogen use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to hallucinogen intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of hallucinogen use.

Exclusions: Hallucinogen dependence (6C49.2)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.1 Harmful pattern of use of hallucinogens

A pattern of use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of hallucinogen use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Hallucinogen dependence (6C49.2)

Episode of harmful use of hallucinogens (6C49.0)

6C49.10 Harmful pattern of use of hallucinogens, episodic

A pattern of episodic or intermittent use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic hallucinogen use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.11 Harmful pattern of use of hallucinogens, continuous

A pattern of continuous (daily or almost daily) use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous hallucinogen use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful use of hallucinogens applies.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.1Z Harmful pattern of use of hallucinogens, unspecified

6C49.2 Hallucinogen dependence

Hallucinogen dependence is a disorder of regulation of hallucinogen use arising from repeated or continuous use of hallucinogens. The characteristic feature is a strong internal drive to use hallucinogens, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use hallucinogens. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if hallucinogens use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.20 Hallucinogen dependence, current use

Current hallucinogen dependence with hallucinogen use within the past month.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.21 Hallucinogen dependence, early full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from hallucinogens during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.22 Hallucinogen dependence, sustained partial remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in hallucinogen consumption for more than 12 months, such that even though intermittent or continuing hallucinogen use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.23 Hallucinogen dependence, sustained full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from hallucinogens for 12 months or longer.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.2Z Hallucinogen dependence, unspecified

6C49.3 Hallucinogen intoxication

Hallucinogen intoxication is a clinically significant transient condition that develops during or shortly after the consumption of hallucinogens that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of hallucinogens and their intensity is closely related to the amount of hallucinogen consumed. They are time-limited and abate as the hallucinogen is cleared from the body. Presenting features may include hallucinations, illusions, perceptual changes such as depersonalisation, derealization, or synesthesias (blending of senses, such as a visual stimulus evoking a smell), anxiety, depressed or dysphoric mood, ideas of reference, paranoid ideation, impaired judgment, palpitations, sweating, blurred vision, tremors and incoordination. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, hallucinogen intoxication may facilitate suicidal ideation and behaviour.

Coding Note: Code also the causing condition

Exclusions: hallucinogens poisoning (NE60)

Possession trance disorder (6B63)

6C49.4 Hallucinogen-induced delirium

Hallucinogen-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of hallucinogens. The amount and duration of hallucinogen use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C49.5 Hallucinogen-induced psychotic disorder

Hallucinogen-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

Exclusions: Psychotic disorder induced by other specified psychoactive substance (6C4E.6)

Alcohol-induced psychotic disorder (6C40.6)

6C49.6 Certain specified hallucinogen-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C49.60 Hallucinogen-induced mood disorder

Hallucinogen-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.61 Hallucinogen-induced anxiety disorder

Hallucinogen-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.Y **Other specified disorders due to use of hallucinogens**

6C49.Z **Disorders due to use of hallucinogens, unspecified**

6C4A Disorders due to use of nicotine

Disorders due to use of nicotine are characterised by the pattern and consequences of nicotine use. Nicotine is the active dependence-producing constituent of the tobacco plant, Nicotiana tabacum. Nicotine is used overwhelmingly through smoking cigarettes. Increasingly, it is also used in electronic cigarettes that vaporize nicotine dissolved in a carrier solvent for inhalation (i.e., “vaping”). Pipe smoking, chewing tobacco and inhaling snuff are minor forms of use. Nicotine is a highly potent addictive compound and is the third most common psychoactive substance used worldwide after caffeine and alcohol. Nicotine Dependence and Nicotine Withdrawal are well described and Nicotine-Induced Mental Disorders are recognized.

6C4A.0 **Episode of harmful use of nicotine**

An episode of nicotine use that has caused damage to a person’s physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of nicotine use.

Exclusions: Nicotine dependence (6C4A.2)

Harmful pattern of use of nicotine (6C4A.1)

Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified (NE61)

6C4A.1 Harmful pattern of use of nicotine

A pattern of nicotine use that has caused damage to a person's physical or mental health. The pattern of nicotine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Nicotine dependence (6C4A.2)

Episode of harmful use of nicotine (6C4A.0)

6C4A.10 Harmful pattern of use of nicotine, episodic

A pattern of episodic or intermittent nicotine use that has caused damage to a person's physical or mental health. The pattern of episodic nicotine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.11 Harmful pattern of use of nicotine, continuous

A pattern of continuous (daily or almost daily) nicotine use that has caused damage to a person's physical or mental health. The pattern of continuous nicotine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.1Z Harmful pattern of use of nicotine, unspecified

6C4A.2 Nicotine dependence

Nicotine dependence is a disorder of regulation of nicotine use arising from repeated or continuous use of nicotine. The characteristic feature is a strong internal drive to use nicotine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use nicotine. Physiological features of dependence may also be present, including tolerance to the effects of nicotine, withdrawal symptoms following cessation or reduction in use of nicotine, or repeated use of nicotine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if nicotine use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.20 Nicotine dependence, current use

Current nicotine dependence with nicotine use within the past month.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.21 Nicotine dependence, early full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from nicotine during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.22 Nicotine dependence, sustained partial remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in nicotine consumption for more than 12 months, such that even though intermittent or continuing nicotine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.23 Nicotine dependence, sustained full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from nicotine for 12 months or longer.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.2Z Nicotine dependence, unspecified

6C4A.3 Nicotine intoxication

Nicotine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of nicotine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of nicotine and their intensity is closely related to the amount of nicotine consumed. They are time-limited and abate as nicotine is cleared from the body. Presenting features may include restlessness, psychomotor agitation, anxiety, cold sweats, headache, insomnia, palpitations, paresthesias, nausea or vomiting, abdominal cramps, confusion, bizarre dreams, burning sensations in the mouth, and salivation. In rare instances, paranoid ideation, perceptual disturbances, convulsions or coma may occur. Nicotine intoxication occurs more commonly in naïve (non-tolerant) users or among those taking higher than accustomed doses.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to nicotine

Exclusions: intoxication meaning poisoning (NE61)

Possession trance disorder (6B63)

6C4A.4 **Nicotine withdrawal**

Nicotine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of nicotine (typically used as a constituent of tobacco) in individuals who have developed Nicotine dependence or have used nicotine for a prolonged period or in large amounts. Presenting features of Nicotine withdrawal may include dysphoric or depressed mood, insomnia, irritability, anger, anxiety, difficulty concentrating, restlessness, bradycardia, increased appetite, and craving for tobacco (or other nicotine-containing products. Other physical symptoms may include increased cough and mouth ulceration.

Coding Note: Code also the causing condition

6C4A.Y **Other specified disorders due to use of nicotine**

6C4A.Z **Disorders due to use of nicotine, unspecified**

6C4B Disorders due to use of volatile inhalants

Disorders due to use of volatile inhalants are characterised by the pattern and consequences of volatile inhalant use. Volatile inhalants include a range of compounds that are in the gaseous or vapour phase at ambient temperatures and include various organic solvents, glues, gasoline (petrol), nitrites and gases such as nitrous oxide, trichloroethane, butane, toluene, fluorocarbons, ether and halothane. They have a range of pharmacological properties but are predominantly central nervous system depressants, with many also having vasoactive effects. They tend to be used by younger persons and may be used when access to alternative psychoactive substances is difficult or impossible. Volatile Inhalant Intoxication is well recognized. Volatile inhalants have dependence-producing properties and Volatile Inhalant Dependence and Volatile Inhalant Withdrawal is recognized although comparatively uncommon worldwide. Volatile Inhalant-Induced Mental Disorders are described. They may also cause neurocognitive impairment, including Dementia.

6C4B.0 **Episode of harmful use of volatile inhalants**

An episode of volatile inhalant use or unintentional exposure (e.g., occupational exposure) that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to volatile inhalant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of volatile inhalant use.

Exclusions: Harmful pattern of use of volatile inhalants (6C4B.1)

Volatile inhalant dependence (6C4B.2)

6C4B.1 **Harmful pattern of use of volatile inhalants**

A pattern of volatile inhalant use of that has caused damage to a person's physical or mental health. The pattern of volatile inhalant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Volatile inhalant dependence (6C4B.2)

Episode of harmful use of volatile inhalants (6C4B.0)

6C4B.10 Harmful pattern of use of volatile inhalants, episodic

A pattern of episodic or intermittent volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic volatile inhalant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.11 Harmful pattern of use of volatile inhalants, continuous

A pattern of continuous (daily or almost daily) volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous volatile inhalant use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.1Z Harmful pattern of use of volatile inhalants, unspecified

6C4B.2 Volatile inhalant dependence

Volatile inhalant dependence is a disorder of regulation of volatile inhalant use arising from repeated or continuous use of volatile inhalants. The characteristic feature is a strong internal drive to use volatile inhalants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use volatile inhalants. Physiological features of dependence may also be present, including tolerance to the effects of volatile inhalants, withdrawal symptoms following cessation or reduction in use of volatile inhalants, or repeated use of volatile inhalants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if volatile inhalant use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.20 Volatile inhalant dependence, current use

Current volatile inhalant dependence with volatile inhalant use within the past month.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.21 Volatile inhalant dependence, early full remission

After a diagnosis of volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from volatile inhalants during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.22 Volatile inhalant dependence, sustained partial remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in volatile inhalant consumption for more than 12 months, such that even though intermittent or continuing volatile inhalant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.23 Volatile inhalant dependence, sustained full remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from volatile inhalants for 12 months or longer.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.2Z Volatile inhalant dependence, unspecified

6C4B.3 Volatile inhalant intoxication

Volatile inhalant intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a volatile inhalant that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of volatile inhalants and their intensity is closely related to the amount of volatile inhalant consumed. They are time-limited and abate as the volatile inhalant is cleared from the body. Presenting features may include euphoria, impaired judgment, aggression, somnolence, stupor or coma, dizziness, tremor, lack of coordination, slurred speech, unsteady gait, lethargy and apathy, psychomotor retardation, and visual disturbances. Muscle weakness and diplopia may occur. Use of volatile inhalants may cause cardiac arrhythmia, cardiac arrest, and death. Inhalants containing lead (e.g. some forms of petrol/gasoline) may cause confusion, irritability, coma and seizures.

Coding Note: Code also the causing condition

Exclusions: Possession trance disorder (6B63)

6C4B.4 Volatile inhalant withdrawal

Volatile inhalant withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of volatile inhalants in individuals who have developed Volatile inhalant dependence or have used volatile inhalants for a prolonged period or in large amounts. Presenting features of Volatile inhalant withdrawal may include insomnia, anxiety, irritability, dysphoric mood, shakiness, perspiration, nausea, and transient illusions.

Coding Note: Code also the causing condition

6C4B.5 Volatile inhalant-induced delirium

Volatile inhalant-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of volatile inhalants. The amount and duration of volatile inhalant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6C4B.6 **Volatile inhalant-induced psychotic disorder**

Volatile inhalant-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.7 **Certain specified volatile inhalants-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C4B.70 Volatile inhalant-induced mood disorder

Volatile inhalant-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.71 Volatile inhalant-induced anxiety disorder

Volatile inhalant-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.Y **Other specified disorders due to use of volatile inhalants**

6C4B.Z **Disorders due to use of volatile inhalants, unspecified**

6C4C Disorders due to use of MDMA or related drugs, including MDA

Disorders due to use of MDMA or related drugs, including MDA are characterised by the pattern and consequences of MDMA or related drug use. MDMA is methylene-dioxymethamphetamine and is a common drug of abuse in many countries especially among young people. It is predominantly available in tablet form known as 'ecstasy'. Pharmacologically, MDMA has stimulant and empathogenic properties and these encourage its use among young people for social and other interactions. Considering its wide prevalence in many countries and among many sub-groups of young people, MDMA and Related Drug Dependence and MDMA and Related Drug Withdrawal are comparatively uncommon. Substance-Induced Mental Disorders may arise from its use. Several analogues of MDMA exist, including MDA (methylene-dioxyamphetamine).

Exclusions: Hazardous use of MDMA or related drugs (QE11.6)

6C4C.0 **Episode of harmful use of MDMA or related drugs, including MDA**

An episode of use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to intoxication with MDMA or related drugs, including MDA, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of MDMA or related drugs, including MDA.

Exclusions: Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1 **Harmful pattern of use of MDMA or related drugs, including MDA**

A pattern of use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of use of MDMA or related drugs is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: MDMA or related drug dependence, including MDA (6C4C.2)

Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

6C4C.10 Harmful use of MDMA or related drugs, including MDA, episodic

A pattern of episodic or intermittent use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of MDMA or related drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.11 Harmful use of MDMA or related drugs, including MDA, continuous

A pattern of continuous (daily or almost daily) use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of MDMA or related drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1Z Harmful pattern of use of MDMA or related drugs, including MDA, unspecified

6C4C.2 **MDMA or related drug dependence, including MDA**

MDMA or related drug dependence, including MDA is a disorder of regulation of MDMA or related drug use arising from repeated or continuous use of MDMA or related drugs. The characteristic feature is a strong internal drive to use MDMA or related drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use MDMA or related drugs. Physiological features of dependence may also be present, including tolerance to the effects of MDMA or related drugs, withdrawal symptoms following cessation or reduction in use of MDMA or related drugs, or repeated use of MDMA or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if MDMA or related drug use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.20 MDMA or related drug dependence, including MDA, current use

Current MDMA or related drug dependence, including MDA, with MDMA or related drug use within the past month.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.21 MDMA or related drug dependence, including MDA, early full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from MDMA or related drug dependence, including MDA, during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.22 MDMA or related drug dependence, including MDA, sustained partial remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of MDMA or related drugs, including MDA, for more than 12 months, such that even though intermittent or continuing use of MDMA or related drugs, including MDA, has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.23 MDMA or related drug dependence, including MDA, sustained full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from MDMA or related drugs, including MDA, for 12 months or longer.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.2Z MDMA or related drug dependence, including MDA, unspecified

6C4C.3 **MDMA or related drug intoxication, including MDA**

MDMA or related drug intoxication, including MDA is a clinically significant transient condition that develops during or shortly after the consumption of MDMA or related drugs that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of MDMA or related drugs and their intensity is closely related to the amount of MDMA or a related drug consumed. They are time-limited and abate as MDMA or a related drug is cleared from the body. Presenting features may include increased or inappropriate sexual interest and activity, anxiety, restlessness, agitation, and sweating. In rare instances, usually in severe intoxication, use of MDMA or related drugs, including MDA can result in dystonia and seizures. Sudden death is a rare but recognised complication.

Coding Note: Code also the causing condition

6C4C.4 **MDMA or related drug withdrawal, including MDA**

MDMA or related drug withdrawal, including MDA is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of MDMA or related drugs in individuals who have developed MDMA or related drug dependence or have used MDMA or related drugs for a prolonged period or in large amounts. Presenting features of MDMA or related drug withdrawal may include fatigue, lethargy, hypersomnia or insomnia, depressed mood, anxiety, irritability, craving, difficulty in concentrating, and appetite disturbance.

Coding Note: Code also the causing condition

6C4C.5 **MDMA or related drug-induced delirium, including MDA**

MDMA or related drug-induced delirium, including MDA is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of MDMA or related drugs. The amount and duration of MDMA or related drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4C.6 **MDMA or related drug-induced psychotic disorder, including MDA**

MDMA or related drug-induced psychotic disorder, including MDA is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of MDMA or related drug intoxication. The amount and duration of MDMA or related drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use, including MDA).

Coding Note: Code also the causing condition

6C4C.7 **Certain specified MDMA or related drug-induced mental or behavioural disorders, including MDA**

Coding Note: Code also the causing condition

6C4C.70 MDMA or related drug-induced mood disorder, including MDA

MDMA or related drug-induced mood disorder, including MDA is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Coding Note: Code also the causing condition

6C4C.71 MDMA or related drug-induced anxiety disorder

MDMA or related drug-induced anxiety disorder, including MDA is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Coding Note: Code also the causing condition

6C4C.Y **Other specified disorders due to use of MDMA or related drugs, including MDA**

6C4C.Z **Disorders due to use of MDMA or related drugs, including MDA, unspecified**

6C4D Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]

Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] are characterised by the pattern and consequences of dissociative drug use. Dissociative drugs include ketamine and phencyclidine (PCP) and their (comparatively rare) chemical analogues. Ketamine is an intravenous anaesthetic widely used in low- and middle-income countries, particularly in Africa, and in emergency situations. Ketamine is also undergoing evaluation for treatment of some mental disorders (e.g., treatment resistant Depressive Disorders). It is also a widespread drug of nonmedical use in many countries and may be taken by the oral or nasal routes or injected. It produces a sense of euphoria but depending on the dose, emergent hallucinations and dissociation are recognised as unpleasant side effects. Phencyclidine has a more restricted worldwide distribution and also has euphoric and dissociative effects. Its use may result in bizarre behaviour uncharacteristic for the individual, including self-harm. Dissociative Drug Dependence is described but a withdrawal syndrome is not recognized by most authorities. Several Dissociative Drug-Induced Mental Disorders are recognised.

Exclusions: Hazardous use of dissociative drugs including ketamine or PCP (QE11.7)

6C4D.0 Episode of harmful use of dissociative drugs including ketamine or PCP

An episode of use of a dissociative drug, including Ketamine and PCP, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to intoxication with a dissociative drug, including Ketamine and PCP, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of dissociative drugs, including Ketamine and PCP.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.1 Harmful pattern of use of dissociative drugs, including ketamine or PCP

A pattern of use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of dissociative drug use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

6C4D.10 Harmful pattern of use of dissociative drugs including ketamine or PCP, episodic

A pattern of episodic or intermittent use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of dissociative drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.11 Harmful pattern of use of dissociative drugs including ketamine or PCP, continuous

A pattern of continuous (daily or almost daily) use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of dissociative drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.1Z Harmful pattern of use of dissociative drugs, including ketamine or PCP, unspecified

6C4D.2 **Dissociative drug dependence including ketamine or PCP**

Dissociative drug dependence including ketamine or PCP is a disorder of regulation of dissociative drug use arising from repeated or continuous use of dissociative drugs. The characteristic feature is a strong internal drive to use dissociative drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use dissociative drugs. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if dissociative drugs use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.20 Dissociative drug dependence including Ketamine or PCP, current use

Dissociative drug dependence including Ketamine and PCP, current use refers to use of dissociative drugs within the past month.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.21 Dissociative drug dependence including Ketamine or PCP, early full remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from dissociative drugs during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.22 Dissociative drug dependence including Ketamine or PCP, sustained partial remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in dissociative drug consumption for more than 12 months, such that even though intermittent or continuing dissociative drug use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.23 Dissociative drug dependence including Ketamine or PCP, sustained full remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from dissociative drugs for 12 months or longer.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.2Z Dissociative drug dependence including ketamine or PCP, unspecified

6C4D.3 Dissociative drug intoxication including Ketamine or PCP

Dissociative drug intoxication including Ketamine and PCP is a clinically significant transient condition that develops during or shortly after the consumption of a dissociative drug that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of a dissociative drug and their intensity is closely related to the amount of the dissociative drug consumed. They are time-limited and abate as the dissociative drug is cleared from the body. Presenting features may include aggression, impulsiveness, unpredictability, anxiety, psychomotor agitation, impaired judgment, numbness or diminished responsiveness to pain, slurred speech, and dystonia. Physical signs include nystagmus (repetitive, uncontrolled eye movements), tachycardia, elevated blood pressure, numbness, ataxia, dysarthria, and muscle rigidity. In rare instances, use of dissociative drugs including Ketamine and PCP can result in seizures.

Coding Note: Code also the causing condition

6C4D.4 Dissociative drug-induced delirium including ketamine or PCP

Dissociative drug-induced delirium including Ketamine or PCP is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of dissociative drugs. The amount and duration of dissociative drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4D.5 **Dissociative drug-induced psychotic disorder including Ketamine or PCP**

Dissociative drug-induced psychotic disorder including Ketamine or PCP is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.6 **Certain specified dissociative drugs -induced mental or behavioural disorders, including ketamine and phencyclidine [PCP]**

Coding Note: Code also the causing condition

6C4D.60 Dissociative drug-induced mood disorder including Ketamine or PCP

Dissociative drug-induced mood disorder including Ketamine or PCP is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.61 Dissociative drug-induced anxiety disorder including Ketamine or PCP

Dissociative drug-induced anxiety disorder including Ketamine or PCP is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.Y **Other specified disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]**

6C4D.Z **Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP], unspecified**

6C4E Disorders due to use of other specified psychoactive substances, including medications

Disorders due to use of other specified psychoactive substances, including medications are characterised by the pattern and consequences of psychoactive substances that are not included among the major substance classes specifically identified. Examples include khat, anabolic steroids, corticosteroids, antidepressants, medications with anticholinergic properties (e.g., benztropine), and some antihistamines.

6C4E.0 **Episode of harmful use of other specified psychoactive substance**

An episode of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of other specified psychoactive substance applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the specified psychoactive substance.

Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1 **Harmful pattern of use of other specified psychoactive substance**

A pattern of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Other specified psychoactive substance dependence (6C4E.2)

Episode of harmful use of other specified psychoactive substance (6C4E.0)

6C4E.10 Harmful pattern of use of other specified psychoactive substance, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Abuse that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.11 Harmful pattern of use of other specified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1Z Harmful pattern of use of other specified psychoactive substance, unspecified

6C4E.2 Other specified psychoactive substance dependence

Other specified psychoactive substance dependence is a disorder of regulation of use of a specified substance arising from repeated or continuous use of the specified substance. The characteristic feature is a strong internal drive to use the specified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substance. Physiological features of dependence may also be present, including tolerance to the effects of the specified substance, withdrawal symptoms following cessation or reduction in use of the specified substance, or repeated use of the specified substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substance is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.20 Other specified psychoactive substance dependence, current use

Current Other specified psychoactive substance dependence, with use of the specified psychoactive substance within the past month.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.21 Other specified psychoactive substance dependence, early full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the specified substance during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.22 Other specified psychoactive substance dependence, sustained partial remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the specified substance for more than 12 months, such that even though intermittent or continuing substance use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.23 Other specified psychoactive substance dependence, sustained full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the specified substance for 12 months or longer.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.2Z Other specified psychoactive substance dependence, unspecified

6C4E.3 Other specified psychoactive substance intoxication

Other specified psychoactive substance intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a specified psychoactive substance or medication that is characterised by disturbances in level of consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the specified psychoactive substance and their intensity is closely related to the amount of the specified psychoactive substance consumed. They are time-limited and abate as the specified substance is cleared from the body.

Coding Note: Code also the causing condition

6C4E.4 **Other specified psychoactive substance withdrawal**

Other specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of the specified substance in individuals who have developed dependence or have used the specified substance for a prolonged period or in large amounts. Other specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substance.

Coding Note: Code also the causing condition

6C4E.40 Other specified psychoactive substance withdrawal, uncomplicated

The development of a withdrawal state not accompanied by perceptual disturbances or seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.41 Other specified psychoactive substance withdrawal, with perceptual disturbances

The development of a withdrawal state accompanied by perceptual disturbances but not by seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.42 Other specified psychoactive substance withdrawal, with seizures

The development of a withdrawal state accompanied by seizures but not by perceptual disturbances following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.43 Other specified psychoactive substance withdrawal, with perceptual disturbances and seizures

The development of a withdrawal state accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.4Z Other specified psychoactive substance withdrawal, unspecified

Coding Note: Code also the causing condition

6C4E.5 **Delirium induced by other specified psychoactive substance including medications**

Delirium induced by other specified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of a specified psychoactive substance. The amount and duration of use of the specified substance must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4E.6 **Psychotic disorder induced by other specified psychoactive substance**

Psychotic disorder induced by other specified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.7 **Certain other specified psychoactive substance-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C4E.70 Mood disorder induced by other specified psychoactive substance

Mood disorder induced by other specified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.71 Anxiety disorder induced by other specified psychoactive substance

Anxiety disorder induced by other specified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.72 Obsessive-compulsive or related disorder induced by other specified psychoactive substance

Obsessive-compulsive or related disorder induced by other specified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.73 Impulse control disorder induced by other specified psychoactive substance

Impulse control disorder induced by other specified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.Y **Other specified disorders due to use of other specified psychoactive substances, including medications**

6C4E.Z **Disorders due to use of other specified psychoactive substances, including medications, unspecified**

6C4F Disorders due to use of multiple specified psychoactive substances, including medications

Disorders due to use of multiple specified psychoactive substances, including medications are characterised by the pattern and consequences of multiple psychoactive substances. Although this grouping is provided for coding purposes, in most clinical situations it is recommended that multiple specific disorders due to substance use be assigned rather than using categories from this grouping.

6C4F.0 Episode of harmful use of multiple specified psychoactive substances

An episode of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorder Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of multiple specified psychoactive substances applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the multiple psychoactive substances.

Exclusions:

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1 Harmful pattern of use of multiple specified psychoactive substances

A pattern of use of a multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of use of multiple specified psychoactive substances applies.

Exclusions:

Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.10 Harmful pattern of use of multiple specified psychoactive substances, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.11 Harmful pattern of use of multiple specified psychoactive substances, continuous

A pattern of continuous (daily or almost daily) use of a multiple specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of multiple specified psychoactive substances applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1Z Harmful pattern of use of multiple specified psychoactive substances, unspecified

6C4F.2 Multiple specified psychoactive substances dependence

Multiple specified psychoactive substance dependence is a disorder of regulation of use of multiple specified substances arising from repeated or continuous use of the specified substances. The characteristic feature is a strong internal drive to use the specified substances, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substances. Physiological features of dependence may also be present, including tolerance to the effects of the specified substances, withdrawal symptoms following cessation or reduction in use of the specified substances, or repeated use of the specified substances or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substances is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.20 Multiple specified psychoactive substances dependence, current use

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.21 Multiple specified psychoactive substances dependence, early full remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.22 Multiple specified psychoactive substances dependence, sustained partial remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.23 Multiple specified psychoactive substances dependence, sustained full remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.2Z Multiple specified psychoactive substances dependence, unspecified

6C4F.3 **Intoxication due to multiple specified psychoactive substances**

Intoxication due to multiple specified psychoactive substances is a clinically significant transient condition that develops during or shortly after the consumption of multiple specified substances or medications that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the multiple specified psychoactive substances and their intensity is closely related to the amount of the substances consumed. They are time-limited and abate as the multiple specified substances are cleared from the body.

Coding Note: Code also the causing condition

6C4F.4 **Multiple specified psychoactive substances withdrawal**

Multiple specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of multiple specified substances in individuals who have developed dependence or have used the specified substances for a prolonged period or in large amounts. Multiple specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substances and their interactions.

Coding Note: Code also the causing condition

6C4F.40 Multiple specified psychoactive substances withdrawal, uncomplicated

Coding Note: Code also the causing condition

6C4F.41 Multiple specified psychoactive substances withdrawal, with perceptual disturbances

Coding Note: Code also the causing condition

6C4F.42 Multiple specified psychoactive substances withdrawal, with seizures

Coding Note: Code also the causing condition

6C4F.43 Multiple specified psychoactive substances withdrawal, with perceptual disturbances and seizures

Coding Note: Code also the causing condition

6C4F.4Y Other specified multiple specified psychoactive substances withdrawal

Coding Note: Code also the causing condition

6C4F.4Z Multiple specified psychoactive substances withdrawal, unspecified

Coding Note: Code also the causing condition

6C4F.5 **Delirium induced by multiple specified psychoactive substances including medications**

Delirium induced by multiple specified psychoactive substances is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of multiple specified substances. The amount and duration of use of the multiple specified substances must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a substance other than those specified, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders. Note that this diagnosis applies only to those situations in which delirium is present but it cannot be determined which of multiple psychoactive substances is the cause of the delirium. In cases of multiple psychoactive substance use in which more than one specific substance can be identified as a cause of the delirium, the corresponding specific substance-induced delirium diagnoses should be given instead.

Coding Note: Code also the causing condition

6C4F.6 **Psychotic disorder induced by multiple specified psychoactive substances**

Psychotic disorder induced by multiple specified psychoactive substances is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.7 **Certain multiple specified psychoactive substances-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C4F.70 Mood disorder induced by multiple specified psychoactive substances

Mood disorder induced by multiple specified psychoactive substances is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.71 Anxiety disorder induced by multiple specified psychoactive substances

Anxiety disorder induced by multiple specified psychoactive substances is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.72 Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances

Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Coding Note: Code also the causing condition

6C4F.73 Impulse control syndrome induced by multiple specified psychoactive substances

Impulse control disorder induced by multiple specified psychoactive substances is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Coding Note: Code also the causing condition

6C4F.Y **Other specified disorders due to use of multiple specified psychoactive substances, including medications**

6C4F.Z **Disorders due to use of multiple specified psychoactive substances, including medications, unspecified**

6C4G Disorders due to use of unknown or unspecified psychoactive substances

Disorders due to use of unknown or unspecified psychoactive substances are characterised by the pattern and consequences of psychoactive substance use when the specific substance is unknown or unspecified. These categories may be used in clinical situations in which it is clear that the disturbance is due to substance use but the specific class of substance is unknown. Once the relevant substance is identified, the disturbance should be recoded under the appropriate substance class.

6C4G.0 Episode of harmful use of unknown or unspecified psychoactive substances

An episode of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication or withdrawal; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to substance intoxication or withdrawal on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the unknown or unspecified psychoactive substance.

Exclusions:

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1 Harmful pattern of use of unknown or unspecified psychoactive substance

A pattern of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.10 Harmful pattern of use of unknown or unspecified psychoactive substance, episodic

A pattern of episodic or intermittent use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.11 Harmful pattern of use of unknown or unspecified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1Z Harmful pattern of use of unknown or unspecified psychoactive substance, unspecified

6C4G.2 **Unknown or unspecified psychoactive substance dependence**

Unknown or unspecified psychoactive substance dependence is a disorder of regulation of use of an unknown or unspecified substance arising from repeated or continuous use of the substance. The characteristic feature is a strong internal drive to use the unknown or unspecified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the unknown or unspecified substance. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the unknown or unspecified substance is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.20 Unknown or unspecified psychoactive substance dependence, current use

Current dependence on an unknown or unspecified psychoactive substance, with use of the substance within the past month.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.21 Unknown or unspecified psychoactive substance dependence, early full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the substance during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.22 Unknown or unspecified psychoactive substance dependence, sustained partial remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the substance for more than 12 months, such that even though intermittent or continuing use of the substance has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.23 Unknown or unspecified psychoactive substance dependence, sustained full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, sustained full remission, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the substance for 12 months or longer.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.2Z Unknown or unspecified psychoactive substance dependence, substance and state of remission unspecified

6C4G.3 **Intoxication due to unknown or unspecified psychoactive substance**

Intoxication due to unknown or unspecified psychoactive substance is a transient condition that develops during or shortly after the administration of an unknown or unspecified psychoactive substance that is characterised by disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. This diagnosis should be made only when there is strong evidence that an unidentified substance has been taken and the features cannot be accounted for by another disorder or disease.

Coding Note: Code also the causing condition

6C4G.4 **Withdrawal due to unknown or unspecified psychoactive substance**

Withdrawal due to unknown or unspecified psychoactive substance is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of an unknown or unspecified substance in individuals who have developed dependence or have used the unknown or unspecified substance for a prolonged period or in large amounts. Withdrawal due to unknown or unspecified psychoactive substance can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the unknown or unspecified substance.

Coding Note: Code also the causing condition

6C4G.40 Withdrawal due to unknown or unspecified psychoactive substance, uncomplicated

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C4G.41 Withdrawal due to unknown or unspecified psychoactive substance, with perceptual disturbances

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C4G.42 Withdrawal due to unknown or unspecified psychoactive substance, with seizures

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C4G.43 Withdrawal due to unknown or unspecified psychoactive, with perceptual disturbances and seizures

The development of a withdrawal syndrome accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the unknown or unspecified substance.

Coding Note: Code also the causing condition

6C4G.4Z Withdrawal due to unknown or unspecified psychoactive substance, unspecified

Coding Note: Code also the causing condition

6C4G.5 Delirium induced by unknown or unspecified psychoactive substance

Delirium induced by unknown or unspecified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of an unknown or unspecified substance. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from another substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4G.6 **Psychotic disorder induced by unknown or unspecified psychoactive substance**

Psychotic disorder induced by unknown or unspecified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.7 **Certain unknown or unspecified psychoactive substance-induced mental or behavioural disorders**

Coding Note: Code also the causing condition

6C4G.70 Mood disorder induced by unknown or unspecified psychoactive substance

Mood disorder induced by unknown or unspecified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.71 Anxiety disorder induced by unknown or unspecified psychoactive substance

Anxiety disorder induced by unknown or unspecified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.72 Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance

Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Coding Note: Code also the causing condition

6C4G.73 Impulse control disorder induced by unknown or unspecified psychoactive substance

Impulse control disorder induced by unknown or unspecified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Coding Note: Code also the causing condition

6C4G.Y **Other specified disorders due to use of unknown or unspecified psychoactive substances**

6C4G.Z **Disorders due to use of unknown or unspecified psychoactive substances, unspecified**

6C4H Disorders due to use of non-psychoactive substances

Disorders due to use of non-psychoactive substances are characterised by the pattern and consequences of non-medical use of non-psychoactive substances. Non-psychoactive substances include laxatives, growth hormone, erythropoietin, and non-steroidal anti-inflammatory drugs. They may also include proprietary or over-the-counter medicines and folk remedies. Non-medical use of these substances may be associated with harm to the individual due to the direct or secondary toxic effects of the non-psychoactive substance on body organs and systems, or a harmful route of administration (e.g., infections due to intravenous self-administration). They are not associated with intoxication or with a dependence or withdrawal syndrome and are not recognized causes of substance-induced mental disorders.

6C4H.0 **Episode of harmful use of non-psychoactive substances**

An episode of use of a non-psychoactive substance that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to direct or secondary toxic effects on body organs and systems or a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of non-psychoactive substance use.

Exclusions: Harmful pattern of use of non-psychoactive substances (6C4H.1)

6C4H.1 **Harmful pattern of use of non-psychoactive substances**

A pattern of use of non-psychoactive substances that has caused clinically significant harm to a person's physical or mental health. The pattern of use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the direct or secondary toxic effects of the substance on body organs and systems, or a harmful route of administration.

Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Episode of harmful use of non-psychoactive substances (6C4H.0)

6C4H.10 Harmful pattern of use of non-psychoactive substances, episodic

A pattern of episodic or intermittent use of a non-psychoactive substance that has caused damage to a person's physical or mental health. The pattern of episodic or intermittent use of the non-psychoactive substance is evident over a period of at least 12 months. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.11 Harmful pattern of use of non-psychoactive substances, continuous

A pattern of continuous use of a non-psychoactive substance (daily or almost daily) that has caused damage to a person's physical or mental health. The pattern of continuous use of the non-psychoactive substance is evident over a period of at least one month. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.1Z Harmful pattern of use of non-psychoactive substances, unspecified

6C4H.Y **Other specified disorders due to use of non-psychoactive substances**

6C4H.Z **Disorders due to use of non-psychoactive substances, unspecified**

6C4Y **Other specified disorders due to substance use**

6C4Z **Disorders due to substance use, unspecified**

Disorders due to addictive behaviours (6C50-6C5Z)

Disorders due to addictive behaviours are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviours other than the use of dependence-producing substances. Disorders due to addictive behaviours include gambling disorder and gaming disorder, which may involve both online and offline behaviour.

Exclusions: Compulsive sexual behaviour disorder (6C72)

Paraphilic disorders (6D30-6D3Z)

6C50 Gambling disorder

Gambling disorder is characterised by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);

2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and

3. continuation or escalation of gambling despite the occurrence of negative consequences.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Inclusions: Compulsive gambling

Exclusions: Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

Hazardous gambling or betting (QE21)

6C50.0 Gambling disorder, predominantly offline

Gambling disorder, predominantly offline is characterised by a pattern of persistent or recurrent gambling behaviour that is not primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.1 Gambling disorder, predominantly online

Gambling disorder, predominantly online is characterised by a pattern of persistent or recurrent gambling behaviour that is primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.Z Gambling disorder, unspecified

6C51 Gaming disorder

Gaming disorder is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);

2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and

3. continuation or escalation of gaming despite the occurrence of negative consequences.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The pattern of gaming behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gaming (QE22)

Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

6C51.0 Gaming disorder, predominantly online

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and

3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.1 Gaming disorder, predominantly offline

Gaming disorder, predominantly offline is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is not primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.Z Gaming disorder, unspecified

6C5Y Other specified disorders due to addictive behaviours

6C5Z Disorders due to addictive behaviours, unspecified

Impulse control disorders (6C70-6C7Z)

Impulse control disorders are characterised by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite consequences such as longer-term harm either to the individual or to others, marked distress about the behaviour pattern, or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Impulse Control Disorders involve a range of specific behaviours, including fire-setting, stealing, sexual behaviour, and explosive outbursts.

Coded Elsewhere: Substance-induced impulse control disorders

Gambling disorder (6C50)

Gaming disorder (6C51)

Secondary impulse control syndrome (6E66)

Body-focused repetitive behaviour disorders (6B25)

6C70 Pyromania

Pyromania is characterised by a recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects, in the absence of an apparent motive (e.g., monetary gain, revenge, sabotage, political statement, attracting attention or recognition). There is an increasing sense of tension or affective arousal prior to instances of fire setting, persistent fascination or preoccupation with fire and related stimuli (e.g., watching fires, building fires, fascination with firefighting equipment), and a sense of pleasure, excitement, relief or gratification during, and immediately after the act of setting the fire, witnessing its effects, or participating in its aftermath. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Inclusions: pathological fire-setting

Exclusions: Conduct-dissocial disorder (6C91)

Bipolar type I disorder (6A60)

Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Fire-setting as the reason for observation for suspected mental or behavioural disorders, ruled out (QA02.3)

6C71 Kleptomania

Kleptomania is characterised by a recurrent failure to control strong impulses to steal objects in the absence of an apparent motive (e.g., objects are not acquired for personal use or monetary gain). There is an increasing sense of tension or affective arousal before instances of theft and a sense of pleasure, excitement, relief, or gratification during and immediately after the act of stealing. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Coding Note: If stealing occurs within the context of conduct-dissocial disorder or a manic episode, Kleptomania should not be diagnosed separately.

Inclusions: pathological stealing

Exclusions: shoplifting as the reason for observation for suspected mental disorder, ruled out (QA02.3)

6C72 Compulsive sexual behaviour disorder

Compulsive sexual behaviour disorder is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.

Exclusions: Paraphilic disorders (6D30-6D3Z)

6C73 Intermittent explosive disorder

Intermittent explosive disorder is characterised by repeated brief episodes of verbal or physical aggression or destruction of property that represent a failure to control aggressive impulses, with the intensity of the outburst or degree of aggressiveness being grossly out of proportion to the provocation or precipitating psychosocial stressors. The symptoms are not better explained by another mental, behavioural, or neurodevelopmental disorder and are not part of a pattern of chronic anger and irritability (e.g., in oppositional defiant disorder). The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Oppositional defiant disorder (6C90)

6C7Y Other specified impulse control disorders

6C7Z Impulse control disorders, unspecified

Disruptive behaviour or dissocial disorders (6C90-6C9Z)

Disruptive behaviour and dissocial disorders are characterised by persistent behaviour problems that range from markedly and persistently defiant, disobedient, provocative or spiteful (i.e., disruptive) behaviours to those that persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws (i.e., dissocial). Onset of Disruptive and dissocial disorders is commonly, though not always, during childhood.

6C90 Oppositional defiant disorder

Oppositional defiant disorder is a persistent pattern (e.g., 6 months or more) of markedly defiant, disobedient, provocative or spiteful behaviour that occurs more frequently than is typically observed in individuals of comparable age and developmental level and that is not restricted to interaction with siblings. Oppositional defiant disorder may be manifest in prevailing, persistent angry or irritable mood, often accompanied by severe temper outbursts or in headstrong, argumentative and defiant behaviour. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning

6C90.0 Oppositional defiant disorder with chronic irritability-anger

All definitional requirements for oppositional defiant disorder are met. This form of oppositional defiant disorder is characterised by prevailing, persistent angry or irritable mood that may be present independent of any apparent provocation. The negative mood is often accompanied by regularly occurring severe temper outbursts that are grossly out of proportion in intensity or duration to the provocation. Chronic irritability and anger are characteristic of the individual's functioning nearly every day, are observable across multiple settings or domains of functioning (e.g., home, school, social relationships), and are not restricted to the individual's relationship with his/her parents or guardians. The pattern of chronic irritability and anger is not limited to occasional episodes (e.g., developmentally typical irritability) or discrete periods (e.g., irritable mood in the context of manic or depressive episodes).

6C90.00 Oppositional defiant disorder with chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C90.01 Oppositional defiant disorder with chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C90.0Z Oppositional defiant disorder with chronic irritability-anger, unspecified

6C90.1 **Oppositional defiant disorder without chronic irritability-anger**

Meets all definitional requirements for oppositional defiant disorder. This form of oppositional defiant disorder is not characterised by prevailing, persistent, angry or irritable mood, but does feature headstrong, argumentative, and defiant behaviour.

6C90.10 Oppositional defiant disorder without chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental. This pattern is pervasive across situations and relationships (i.e., the qualifier should not be applied based on a single characteristic, a single relationship, or a single instance of behaviour) and is pattern is persistent over time (e.g., at least 1 year).

6C90.11 Oppositional defiant disorder without chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C90.1Z Oppositional defiant disorder without chronic irritability-anger, unspecified

6C90.Z **Oppositional defiant disorder, unspecified**

6C91 Conduct-dissocial disorder

Conduct-dissocial disorder is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.0 **Conduct-dissocial disorder, childhood onset**

Conduct-dissocial disorder, childhood onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. To be diagnosed, features of the disorder must be present during childhood prior to adolescence (e.g., before 10 years of age) and the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.00 Conduct-dissocial disorder, childhood onset with limited prosocial emotions

Meets all definitional requirements for Conduct-dissocial disorder, childhood onset. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.01 Conduct-dissocial disorder, childhood onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, childhood onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C91.0Z Conduct-dissocial disorder, childhood onset, unspecified

6C91.1 Conduct-dissocial disorder, adolescent onset

Conduct-dissocial disorder, adolescent onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. No features of the disorder are present during childhood prior to adolescence (e.g., before 10 years of age). To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.10 Conduct-dissocial disorder, adolescent onset with limited prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.11 Conduct-dissocial disorder, adolescent onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C91.1Y Other specified conduct-dissocial disorder, adolescent onset

6C91.Z Conduct-dissocial disorder, unspecified

6C9Y Other specified disruptive behaviour or dissocial disorders

6C9Z **Disruptive behaviour or dissocial disorders, unspecified**

Personality disorders and related traits (6D10-6D11.5)

Coded Elsewhere: Secondary personality change (6E68)

6D10 **Personality disorder**

Personality disorder is characterised by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more). The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6D10.0 Mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild Personality Disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

6D10.1 **Moderate personality disorder**

All general diagnostic requirements for Personality Disorder are met. Disturbances affect multiple areas of personality functioning (e.g., identity or sense of self, ability to form intimate relationships, ability to control impulses and modulate behaviour). However, some areas of personality functioning may be relatively less affected. There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles are compromised to some degree. Relationships are likely to be characterised by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterised by serious disruption or inappropriate submissiveness). Specific manifestations of personality disturbance are generally of moderate severity. Moderate Personality Disorder is sometimes associated with harm to self or others, and is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained.

6D10.2 **Severe personality disorder**

All general diagnostic requirements for Personality Disorder are met. There are severe disturbances in functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterised by self-contempt or be grandiose or highly eccentric). Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is absent or severely compromised. Specific manifestations of personality disturbance are severe and affect most, if not all, areas of personality functioning. Severe Personality Disorder is often associated with harm to self or others, and is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

6D10.Z **Personality disorder, severity unspecified**

6D11 Prominent personality traits or patterns

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual's personality that are most prominent and that contribute to personality disturbance. Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality. As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains.

6D11.0 **Negative affectivity in personality disorder or personality difficulty**

The core feature of the Negative Affectivity trait domain is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include: experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation; emotional lability and poor emotion regulation; negativistic attitudes; low self-esteem and self-confidence; and mistrustfulness.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.1 **Detachment in personality disorder or personality difficulty**

The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of Detachment, not all of which may be present in a given individual at a given time, include: social detachment (avoidance of social interactions, lack of friendships, and avoidance of intimacy); and emotional detachment (reserve, aloofness, and limited emotional expression and experience).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.2 **Dissociality in personality disorder or personality difficulty**

The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of Dissociality, not all of which may be present in a given individual at a given time, include: self-centeredness (e.g., sense of entitlement, expectation of others' admiration, positive or negative attention-seeking behaviours, concern with one's own needs, desires and comfort and not those of others); and lack of empathy (i.e., indifference to whether one's actions inconvenience hurt others, which may include being deceptive, manipulative, and exploitative of others, being mean and physically aggressive, callousness in response to others' suffering, and ruthlessness in obtaining one's goals).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.3 **Disinhibition in personality disorder or personality difficulty**

The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of Disinhibition, not all of which may be present in a given individual at a given time, include: impulsivity; distractibility; irresponsibility; recklessness; and lack of planning.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.4 **Anankastia in personality disorder or personality difficulty**

The core feature of the Anankastia trait domain is a narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include: perfectionism (e.g., concern with social rules, obligations, and norms of right and wrong, scrupulous attention to detail, rigid, systematic, day-to-day routines, hyper-scheduling and planfulness, emphasis on organisation, orderliness, and neatness); and emotional and behavioural constraint (e.g., rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.5 **Borderline pattern**

The Borderline pattern specifier may be applied to individuals whose pattern of personality disturbance is characterised by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, as indicated by many of the following: Frantic efforts to avoid real or imagined abandonment; A pattern of unstable and intense interpersonal relationships; Identity disturbance, manifested in markedly and persistently unstable self-image or sense of self; A tendency to act rashly in states of high negative affect, leading to potentially self-damaging behaviours; Recurrent episodes of self-harm; Emotional instability due to marked reactivity of mood; Chronic feelings of emptiness; Inappropriate intense anger or difficulty controlling anger; Transient dissociative symptoms or psychotic-like features in situations of high affective arousal.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

Paraphilic disorders (6D30-6D3Z)

Paraphilic disorders are characterised by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviours, the focus of which involves others whose age or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individuals only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

Inclusions: paraphilias

6D30 **Exhibitionistic disorder**

Exhibitionistic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves exposing one's genitals to an unsuspecting individual in public places, usually without inviting or intending closer contact. In addition, in order for Exhibitionistic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Exhibitionistic Disorder specifically excludes consensual exhibitionistic behaviours that occur with the consent of the person or persons involved as well as socially sanctioned forms of exhibitionism.

6D31 **Voyeuristic disorder**

Voyeuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves observing an unsuspecting individual who is naked, in the process of disrobing, or engaging in sexual activity. In addition, in order for Voyeuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Voyeuristic Disorder specifically excludes consensual voyeuristic behaviours that occur with the consent of the person or persons being observed.

6D32 **Pedophilic disorder**

Pedophilic disorder is characterised by a sustained, focused, and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—involving pre-pubertal children. In addition, in order for Pedophilic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. This diagnosis does not apply to sexual behaviours among pre- or post-pubertal children with peers who are close in age.

6D33 **Coercive sexual sadism disorder**

Coercive sexual sadism disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges or behaviours—that involves the infliction of physical or psychological suffering on a non-consenting person. In addition, in order for Coercive Sexual Sadism Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Coercive Sexual Sadism Disorder specifically excludes consensual sexual sadism and masochism.

6D34 **Frotteuristic disorder**

Frotteuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal— as manifested by persistent sexual thoughts, fantasies, urges, or behaviours— that involves touching or rubbing against a non-consenting person in crowded public places. In addition, in order for Frotteuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Frotteuristic Disorder specifically excludes consensual touching or rubbing that occur with the consent of the person or persons involved.

6D35 **Other paraphilic disorder involving non-consenting individuals**

Other paraphilic disorder involving non-consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal— manifested by sexual thoughts, fantasies, urges, or behaviours— in which the focus of the arousal pattern involves others who are unwilling or unable to consent but that is not specifically described in any of the other named Paraphilic Disorders categories (e.g., arousal patterns involving corpses or animals). The individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. The disorder specifically excludes sexual behaviours that occur with the consent of the person or persons involved, provided that they are considered able to provide such consent.

6D36 **Paraphilic disorder involving solitary behaviour or consenting individuals**

Paraphilic disorder involving solitary behaviour or consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal—manifested by sexual thoughts, fantasies, urges, or behaviours— that involves consenting adults or solitary behaviours. One of the following two elements must be present: 1) the person is markedly distressed by the nature of the arousal pattern and the distress is not simply a consequence of rejection or feared rejection of the arousal pattern by others; or 2) the nature of the paraphilic behaviour involves significant risk of injury or death either to the individual or to the partner (e.g., asphyxophilia).

6D3Z **Paraphilic disorders, unspecified**

Factitious disorders (6D50-6D5Z)

Factitious disorders are characterised by intentionally feigning, falsifying, inducing, or aggravating medical, psychological, or behavioural signs and symptoms or injury in oneself or in another person, most commonly a child dependent, associated with identified deception. A pre-existing disorder or disease may be present, but the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. Individuals with factitious disorder seek treatment or otherwise present themselves or another person as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour.

Exclusions: Malingering (QC30)

6D50 **Factitious disorder imposed on self**

Factitious disorder imposed on self is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury associated with identified deception. If a pre-existing disorder or disease is present, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment or otherwise presents himself or herself as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour

Inclusions: Münchhausen syndrome

Exclusions: Excoriation disorder (6B25.1)

Malingering (QC30)

6D51 **Factitious disorder imposed on another**

Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing, medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception. If a pre-existing disorder or disease is present in the other person, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or avoiding criminal prosecution for child or elder abuse).

Coding Note: The diagnosis of Factitious Disorder Imposed on Another is assigned to the individual who is feigning, falsifying or inducing the symptoms in another person, not to the person who is presented as having the symptoms. Occasionally the individual induces or falsifies symptoms in a pet rather than in another person.

Exclusions: Malingering (QC30)

6D5Z **Factitious disorders, unspecified**

Neurocognitive disorders (6D70-6E0Z)

Neurocognitive disorders are characterised by primary clinical deficits in cognitive functioning that are acquired rather than developmental. That is, neurocognitive disorders do not include disorders characterised by deficits in cognitive function that are present from birth or that typically arise during the developmental period, which are classified in the grouping neurodevelopmental disorders. Rather, neurocognitive disorders represent a decline from a previously attained level of functioning. Although cognitive deficits are present in many mental disorders (e.g., schizophrenia, bipolar disorders), only disorders whose core features are cognitive are included in the neurocognitive Disorders grouping. In cases where the underlying pathology and etiology for neurocognitive disorders can be determined, the identified etiology should be classified separately.

Exclusions: Neurodevelopmental disorders (6A00-6A0Z)

Coded Elsewhere: Secondary neurocognitive syndrome (6E67)

6D70 **Delirium**

Delirium is characterized by a disturbance of attention, orientation, and awareness that develops within a short period of time, typically presenting as significant confusion or global neurocognitive impairment, with transient symptoms that may fluctuate depending on the underlying causal condition or etiology. Delirium often includes disturbance of behaviour and emotion, and may include impairment in multiple cognitive domains. A disturbance of the sleep-wake cycle, including reduced arousal of acute onset or total sleep loss with reversal of the sleep-wake cycle, may also be present. Delirium may be caused by the direct physiological effects of a medical condition not classified under mental, behavioural or neurodevelopmental disorders, by the direct physiological effects of a substance or medication, including withdrawal, or by multiple or unknown etiological factors.

6D70.0 Delirium due to disease classified elsewhere

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that Delirium is caused by the direct physiological consequences of a disorder or disease classified elsewhere.

Coding Note: Identified etiology should be classified separately.

6D70.1 Delirium due to psychoactive substances including medications

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is caused by the direct physiological effects of a substance or medication (including withdrawal). If the specific substance inducing the delirium has been identified, it should be classified using the appropriate subcategory (e.g., alcohol-induced delirium).

Coded Elsewhere: Alcohol-induced delirium (6C40.5)

Cannabis-induced delirium (6C41.5)

Synthetic cannabinoid-induced delirium (6C42.5)

Opioid-induced delirium (6C43.5)

Sedative, hypnotic or anxiolytic-induced delirium (6C44.5)

Cocaine-induced delirium (6C45.5)

Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone (6C46.5)

Synthetic cathinone-induced delirium (6C47.5)

Hallucinogen-induced delirium (6C49.4)

Volatile inhalant-induced delirium (6C4B.5)

MDMA or related drug-induced delirium, including MDA (6C4C.5)

Dissociative drug-induced delirium including ketamine or PCP (6C4D.4)

Delirium induced by other specified psychoactive substance including medications (6C4E.5)

Delirium induced by multiple specified psychoactive substances including medications (6C4F.5)

Delirium induced by unknown or unspecified psychoactive substance (6C4G.5)

6D70.2 Delirium due to multiple etiological factors

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is attributable to multiple etiological factors, which may include disorders or diseases not classified under mental and behavioural disorders, substance intoxication or withdrawal, or a medication.

Coding Note: Identified etiologies should be classified separately.

6D70.Y Delirium, other specified cause

6D70.Z Delirium, unspecified or unknown cause

6D71 Mild neurocognitive disorder

Mild neurocognitive disorder is characterized by mild impairment in one or more cognitive domains relative to that expected given the individual's age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning. Diagnosis is based on report from the patient, informant, or clinical observation, and is accompanied by objective evidence of impairment by quantified clinical assessment or standardized cognitive testing. Cognitive impairment is not severe enough to significantly interfere with an individual's ability to perform activities related to personal, family, social, educational, and/or occupational functioning or other important functional areas. Cognitive impairment is not attributable to normal aging and may be static, progressive, or may resolve or improve depending on underlying cause or treatment. Cognitive impairment may be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: Code also the causing condition

6D72 Amnestic disorder

Amnestic disorder is characterized by prominent memory impairment relative to expectations for age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning, in the absence of other significant cognitive impairment. It is manifested by a deficit in acquiring, learning, and/or retaining new information, and may include the inability to recall previously learned information, without disturbance of consciousness, altered mental status, or delirium. Recent memory is typically more disturbed than remote memory, and the ability to immediately recall a limited amount of information is usually relatively preserved. The memory impairment is severe enough to result in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. It is is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Exclusions: Delirium (6D70)

Dementia (6D80-6D8Z)

Mild neurocognitive disorder (6D71)

6D72.0 **Amnestic disorder due to diseases classified elsewhere**

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct pathophysiological consequence of a medical condition not classified under mental, behavioural and neurodevelopmental disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not better explained by Delirium, Dementia, another mental disorder (e.g., Schizophrenia or Other Primary Psychotic Disorder, a Mood Disorder) or the effects of a medication or substance, including withdrawal effects. The symptoms are sufficiently severe to be a specific focus of clinical attention. The identified etiological medical condition should be classified separately.

Coding Note: Code also the causing condition

Exclusions: amnesia: retrograde (MB21.11)

Korsakoff syndrome, alcohol-induced or unspecified (8D44)

Dissociative amnesia (6B61)

Anterograde amnesia (MB21.10)

amnesia NOS (MB21.1)

6D72.1 **Amnestic disorder due to psychoactive substances including medications**

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of psychoactive substance use. The intensity and duration of substance use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of substance use.

Coding Note: Code also the causing condition

6D72.10 Amnestic disorder due to use of alcohol

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of alcohol use. The intensity and duration of alcohol use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after alcohol intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the alcohol use.

Coding Note: This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Exclusions: Korsakoff syndrome (5B5A.11)

Wernicke-Korsakoff Syndrome (5B5A.1)

6D72.11 Amnestic disorder due to use of sedatives, hypnotics or anxiolytics

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of sedatives, hypnotics or anxiolytics. The intensity and duration of use of sedatives, hypnotics or anxiolytics must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after sedative, hypnotic or anxiolytic intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of sedatives, hypnotics or anxiolytics.

Coding Note: Code also the causing condition

6D72.12 Amnestic disorder due to other specified psychoactive substance including medications

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of a specified psychoactive substance other than alcohol; sedatives, hypnotics or anxiolytics; or volatile inhalants. The intensity and duration of use of the specified psychoactive substance must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after specified psychoactive substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the specified psychoactive substance.

6D72.13 Amnestic disorder due to use of volatile inhalants

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of volatile inhalants. The intensity and duration of use of volatile inhalants must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after volatile inhalant intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of volatile inhalants.

6D72.Y **Amnestic disorder, other specified cause**

6D72.Z **Amnestic disorder, unknown or unspecified cause**

Dementia is characterized by the presence of marked impairment in two or more cognitive domains relative to that expected given the individual's age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning. Memory impairment is present in most forms of dementia, but cognitive impairment is not restricted to memory (i.e., there is impairment in other areas such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities). Neurobehavioural changes may also be present and, in some forms of dementia, may be the presenting symptom. Cognitive impairment is not attributable to normal aging and is severe enough to significantly interfere with independence in an individual's performance of activities of daily living. The cognitive impairment is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, or to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia NOS

Exclusions: Coma (MB20.1)

Delirium (6D70)

Disorders of intellectual development (6A00)

Neurodevelopmental disorders (6A00-6A0Z)

Stupor (MB20.0)

Ageing associated decline in intrinsic capacity (MG2A)

6D80 Dementia due to Alzheimer disease

Dementia due to Alzheimer disease is the most common form of dementia. Onset is insidious with memory impairment typically reported as the initial presenting complaint. The characteristic course is a slow but steady decline from a previous level of cognitive functioning with impairment in additional cognitive domains (such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities) emerging with disease progression. Dementia due to Alzheimer disease may be accompanied by mental and behavioural symptoms such as depressed mood and apathy in the initial stages of the disease and may be accompanied by psychotic symptoms, irritability, aggression, confusion, abnormalities of gait and mobility, and seizures at later stages. Positive genetic testing, family history and gradual cognitive decline are suggestive of Dementia due to Alzheimer disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D80.0 Dementia due to Alzheimer disease with early onset

Dementia due to Alzheimer disease in which symptoms emerge before the age of 65 years. It is relatively rare, representing less than 5% of all cases, and may be genetically determined (autosomal dominant Alzheimer disease). Clinical presentation may be similar to cases with later onset, but progression of cognitive deficits may be more rapid.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.1 Dementia due to Alzheimer disease with late onset

Dementia due to Alzheimer disease that develops at the age of 65 years or above. This is the most common pattern, representing more than 95% of all cases.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.2 Alzheimer disease dementia, mixed type, with cerebrovascular disease

Dementia due to Alzheimer disease and concomitant cerebrovascular disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.3 Alzheimer disease dementia, mixed type, with other nonvascular aetiologies

Dementia due to Alzheimer disease with other concomitant pathology, not including cerebrovascular disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.Z Dementia due to Alzheimer disease, onset unknown or unspecified

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D81 Dementia due to cerebrovascular disease

Dementia due to brain parenchyma injury resulting from cerebrovascular disease (ischemic or haemorrhagic). The onset of the cognitive deficits is temporally related to one or more vascular events. Cognitive decline is typically most prominent in speed of information processing, complex attention, and frontal-executive functioning. There is evidence of the presence of cerebrovascular disease considered to be sufficient to account for the neurocognitive deficits from history, physical examination and neuroimaging.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

Exclusions: Alzheimer disease dementia, mixed type, with cerebrovascular disease (6D80.2)

6D82 Dementia due to Lewy body disease

Dementia preceding or occurring within one year after the onset of motor parkinsonian signs in the setting of Lewy body disease. Characterized by presence of Lewy bodies, which are intraneuronal inclusions containing α-synuclein and ubiquitin in the brain stem, limbic area, forebrain, and neocortex. Onset is insidious with attentional and executive functioning deficits often present. These cognitive deficits are often accompanied by visual hallucinations and symptoms of REM sleep behaviour disorder. Hallucinations in other sensory modalities, depressive symptoms, and delusions may also be present. The symptom presentation usually varies significantly over the course of days necessitating longitudinal assessment and differentiation from delirium. Spontaneous onset of Parkinsonism within approximately 1 year of the onset of cognitive symptoms is common.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D83 Frontotemporal dementia

Frontotemporal dementia (FTD) is a group of primary neurodegenerative disorders primarily affecting the frontal and temporal lobes. Onset is typically insidious with a gradual and worsening course. Several syndromic variants (some with an identified genetic basis or familiality) are described that include presentations with predominantly marked personality and behavioral changes (such as executive dysfunction, apathy, deterioration of social cognition, repetitive behaviours, and dietary changes),predominantly language deficits (that include semantic, agrammatic/nonfluent, and logopenic forms), predominantly movement-related deficits (progressive supranuclear palsy, corticobasal degeneration, multiple systems atrophy, or amyotrophic lateral sclerosis), or a combination of these deficits. Memory function, often remains relatively intact, particularly during the early stages of the disorder.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84 Dementia due to psychoactive substances including medications

Dementia due to psychoactive substances including medications includes forms of dementia that are judged to be a direct consequence of substance use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of substance use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by substances such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to exposure to heavy metals and other toxins (6D85.2)

6D84.0 Dementia due to use of alcohol

Dementia due to use of alcohol is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of alcohol use and that persist beyond the usual duration of alcohol intoxication or acute withdrawal. The intensity and duration of alcohol use must have been sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder or disease that is not induced by alcohol such as a dementia due to another disorder or disease classified elsewhere.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Inclusions: Alcohol-induced dementia

Exclusions: Wernicke-Korsakoff Syndrome (5B5A.1)

Korsakoff syndrome (5B5A.11)

6D84.1 **Dementia due to use of sedatives, hypnotics or anxiolytics**

Dementia due to use of sedatives, hypnotics or anxiolytics is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of sedative, hypnotic, or anxiolytic use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of sedative, hypnotic, or anxiolytic use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by sedatives, hypnotics, or anxiolytics such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Late-onset psychoactive substance-induced psychotic disorder

6D84.2 **Dementia due to use of volatile inhalants**

Dementia due to use of volatile inhalants is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of inhalant use or exposure and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of inhalant use or exposure must be sufficient to be capable of producing the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by volatile inhalants such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84.Y **Dementia due to other specified psychoactive substance**

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85 Dementia due to diseases classified elsewhere

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.0 Dementia due to Parkinson disease

Dementia due to Parkinson disease develops among individuals with idiopathic Parkinson disease and is characterized by impairment in attention, memory, executive and visuo-spatial functions. Mental and behavioral symptoms such as changes in affect, apathy and hallucinations may also be present. Onset is insidious and the course is one of gradual worsening of symptoms.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.1 Dementia due to Huntington disease

Dementia due to Huntington disease occurs as part of a widespread degeneration of the brain due to a trinucleotide repeat expansion in the HTT gene, which is transmitted through autosomal dominance. Onset of symptoms is insidious typically in the third and fourth decade of life with gradual and slow progression. Initial symptoms typically include impairments in executive functions with relative sparing of memory, prior to the onset of motor deficits (bradykinesia and chorea) characteristic of Huntington disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia in Huntington chorea

6D85.2 Dementia due to exposure to heavy metals and other toxins

Dementia due to exposure to heavy metals and other toxins caused by toxic exposure to specific heavy metals such as aluminium from dialysis water, lead, mercury or manganese. The characteristic cognitive impairments in Dementia due to exposure to heavy metals and other toxins depend on the specific heavy metal or toxin that the individual has been exposed to but can affect any cognitive domain. Onset of symptoms is related to exposure and progression can be rapid especially with acute exposure. In many cases, symptoms are reversible when exposure is identified and ceases. Investigations such as brain imaging or neurophysiological testing may be abnormal. Lead poisoning is associated with abnormalities on brain imaging including widespread calcification and increased signal on MRI T2-weighted images of periventricular white matter, basal ganglia hypothalamus and pons. Dementia due to aluminium toxicity may demonstrate characteristic paroxysmal high-voltage delta EEG changes. Examination may make evident other features such as peripheral neuropathy in the case of lead, arsenic, or mercury.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to psychoactive substances including medications (6D84)

6D85.3 Dementia due to human immunodeficiency virus

Dementia due to human immunodeficiency virus develops during the course of confirmed HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features. Although a variety of patterns of cognitive deficit are possible depending on where the HIV pathogenic processes have occurred, typically deficits follow a subcortical pattern with impairments in executive function, processing speed, attention, and learning new information. The course of Dementia due to human immunodeficiency virus varies including resolution of symptoms, gradual decline in functioning, improvement, or fluctuation in symptoms. Rapid decline in cognitive functioning is rare with the advent of antiretroviral medications.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.4 Dementia due to multiple sclerosis

Dementia due to multiple sclerosis is a neurodegenerative disease due to the cerebral effects of multiple sclerosis, a demyelinating disease. Onset of symptoms is insidious and not secondary to the functional impairment attributable to the primary disease (i.e., multiple sclerosis). Cognitive impairments vary according to the location of demyelination but typically include deficits in processing speed, memory, attention, and aspects of executive functioning.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.5 Dementia due to prion disease

Dementia due to prion disease is a primary neurodegenerative disease caused by a group of spongiform encephalopathies resulting from abnormal prion protein accumulation in the brain. These can be sporadic, genetic (caused by mutations in the prion-protein gene), or transmissible (acquired from an infected individual). Onset is insidious and there is a rapid progression of symptoms and impairment characterised by cognitive deficits, ataxia, and motor symptoms (myoclonus, chorea, or dystonia). Diagnosis is typically made on the basis of brain imaging studies, presence of characteristic proteins in spinal fluid, EEG, or genetic testing.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.6 **Dementia due to normal pressure hydrocephalus**

Dementia due to normal pressure hydrocephalus results from excess accumulation of cerebrospinal fluid in the brain as a result of idiopathic, non-obstructive causes but can also be secondary to haemorrhage, infection or inflammation. Progression is gradual but intervention (e.g., shunt) may result in improvement of symptoms, especially if administered earlier in the course of the condition. Typically, cognitive impairments include reduced processing speed and deficits in executive functioning and attention. These symptoms are also typically accompanied by gait abnormalities and urinary incontinence. Brain imaging to reveal ventricular volume and characterize brain displacement is often necessary to confirm the diagnosis.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.7 **Dementia due to injury to the head**

Dementia due to injury to the head is caused by damage inflicted on the tissues of the brain as the direct or indirect result of an external force. Trauma to the brain is known to have resulted in loss of consciousness, amnesia, disorientation and confusion, or neurological signs. The symptoms characteristic of Dementia due to injury to the head must arise immediately following the trauma or after the individual gains consciousness and must persist beyond the acute post-injury period. Cognitive deficits vary depending on the specific brain areas affected and the severity of the injury but can include impairments in attention, memory, executive functioning, personality, processing speed, social cognition, and language abilities.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.8 **Dementia due to pellagra**

Dementia due to pellagra is caused by persistent lack of vitamin B3 (niacin) or tryptophan either in the diet or due to poor absorption in the gastrointestinal tract due to disease (e.g., Crohn disease) or due to the effects of some medications (e.g., isoniazid). Core signs of pellagra include dermatological changes (sensitivity to sunlight, lesions, alopecia, and oedema) and diarrhoea. With prolonged nutritional deficiency cognitive symptoms that include aggressivity, motor disturbances (ataxia and restlessness), confusion, and weakness are observed. Treatment with nutritional supplementation (e.g., niacin) typically results in reversal of symptoms.

Coding Note: Code also the causing condition

6D85.9 Dementia due to Down syndrome

Dementia due to Down syndrome is a neurodegenerative disorder related to the impact of abnormal increased production and accumulation of amyloid precursor protein (APP) leading to formation of beta-amyloid plaques and tau tangles. APP gene expression is increased due to its location on chromosome 21, which is abnormally triplicated in Down syndrome. Cognitive deficits and neuropathological features are similar to those observed in Alzheimer disease. Onset is typically after the fourth decade of life with a gradual decline in functioning, and may impact 50% or more of individuals with Down syndrome.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.Y Dementia due to other specified diseases classified elsewhere

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D86 Behavioural or psychological disturbances in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant behavioural or psychological disturbances.

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

Exclusions: Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60-6E6Z)

6D86.0 Psychotic symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant delusions or hallucinations.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Secondary psychotic syndrome (6E61)

6D86.1 Mood symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant mood symptoms such as depressed mood, elevated mood, or irritable mood.

Exclusions: Mood disorders (6A60-6A8Z)

Secondary mood syndrome (6E62)

6D86.2 **Anxiety symptoms in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant symptoms of anxiety or worry.

Exclusions: Anxiety or fear-related disorders (6B00-6B0Z)

Secondary anxiety syndrome (6E63)

6D86.3 **Apathy in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant indifference or lack of interest.

Exclusions: Mood disorders (6A60-6A8Z)

Secondary mood syndrome (6E62)

6D86.4 **Agitation or aggression in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes: 1) clinically significant excessive psychomotor activity accompanied by increased tension; or 2) hostile or violent behaviour.

6D86.5 **Disinhibition in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant lack of restraint manifested in disregard for social conventions, impulsivity, and poor risk assessment.

6D86.6 **Wandering in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant wandering that puts the person at risk of harm.

6D86.Y **Other specified behavioural or psychological disturbances in dementia**

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

6D86.Z **Behavioural or psychological disturbances in dementia, unspecified**

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

6D8Y Dementia, other specified cause

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

6D8Z **Dementia, unknown or unspecified cause**

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

6E0Y **Other specified neurocognitive disorders**

6E0Z **Neurocognitive disorders, unspecified**

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

Syndromes associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involve significant mental and behavioural features. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coded Elsewhere: Psychological disorder related to obstetric fistula (GC04.1Y)

6E20 **Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, most commonly depressive symptoms. The syndrome does not include delusions, hallucinations, or other psychotic symptoms. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned. This designation should not be used to describe mild and transient depressive symptoms that do not meet the diagnostic requirements for a depressive episode, which may occur soon after delivery (so-called postpartum blues).

Coding Note: Code also the causing condition

6E21 **Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, including delusions, hallucinations, or other psychotic symptoms. Mood symptoms (depressive and/or manic) are also typically present. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coding Note: Code also the causing condition

6E2Z **Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified**

6E40 **Psychological or behavioural factors affecting disorders or diseases classified elsewhere**

Psychological and behavioural factors affecting disorders or diseases classified elsewhere are those that may adversely affect the manifestation, treatment, or course of a condition classified in another chapter of the ICD. These factors may adversely affect the manifestation, treatment, or course of the disorder or disease classified in another chapter by: interfering with the treatment of the disorder or disease by affecting treatment adherence or care seeking; constituting an additional health risk; or influencing the underlying pathophysiology to precipitate or exacerbate symptoms or otherwise necessitate medical attention. This diagnosis should be assigned only when the factors increase the risk of suffering, disability, or death and represent a focus of clinical attention, and should be assigned together with the diagnosis for the relevant other condition.

Inclusions: Psychological factors affecting physical conditions

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

6E40.0 Mental disorder affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual is diagnosed with a mental, behavioural, or neurodevelopmental disorder that adversely affects the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., a woman with Bulimia Nervosa and Type 1 diabetes mellitus who skips insulin doses as a way to avoid weight gain that would otherwise be caused by her binge eating).

6E40.1 Psychological symptoms affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits psychological symptoms that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., depressive symptoms interfering with rehabilitation following surgery).

6E40.2 Personality traits or coping style affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits personality traits or coping styles that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behaviour contributing to heart disease).

6E40.3 Maladaptive health behaviours affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits maladaptive health behaviours that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., overeating, lack of exercise).

6E40.4 Stress-related physiological response affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits stress-related physiological responses that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., stress-related exacerbation of ulcer, hypertension, arrhythmia, or tension headache).

6E40.Y Other specified psychological or behavioural factors affecting disorders or diseases classified elsewhere

6E40.Z Psychological or behavioural factors affecting disorders or diseases classified elsewhere, unspecified

Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60-6E6Z)

This grouping includes syndromes characterised by the presence of prominent psychological or behavioural symptoms judged to be direct pathophysiological consequences of a medical condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., adjustment disorder or anxiety symptoms in response to being diagnosed with a life-threatening illness). These categories should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychological and behavioural symptoms are sufficiently severe to warrant specific clinical attention.

Exclusions: Acute pain (MG31)

Bodily distress disorder (6C20)

Chronic pain (MG30)

Coded Elsewhere: Delirium due to disease classified elsewhere (6D70.0)

6E60 **Secondary neurodevelopmental syndrome**

A syndrome that involves significant neurodevelopmental features that do not fulfill the diagnostic requirements of any of the specific neurodevelopmental disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders (e.g., autistic-like features in Retts syndrome; aggression and self-mutilation in Lesch-Nyhan syndrome, abnormalities in language development in Williams syndrome), based on evidence from the history, physical examination, or laboratory findings.

This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Autism spectrum disorder (6A02)

Disorders of intellectual development (6A00)

Stereotyped movement disorder (6A06)

6E60.0 Secondary speech or language syndrome

A syndrome that involves significant features related to speech or language development that do not fulfill the diagnostic requirements of any of the specific developmental speech or language disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Possible etiologies include a disease of the nervous system, sensory impairment, brain injury or infection.

Coding Note: This diagnosis should be assigned in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

6E60.Y Other specified secondary neurodevelopmental syndrome

Coding Note: Code also the causing condition

6E60.Z **Secondary neurodevelopmental syndrome, unspecified**

Coding Note: Code also the causing condition

6E61 **Secondary psychotic syndrome**

A syndrome characterised by the presence of prominent hallucinations or delusions judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Acute and transient psychotic disorder (6A23)

Delirium (6D70)

Mood disorders (6A60-6A8Z)

6E61.0 **Secondary psychotic syndrome, with hallucinations**

A syndrome characterised by the presence of prominent hallucinations that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Delusions are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60-6A8Z)

6E61.1 **Secondary psychotic syndrome, with delusions**

A syndrome characterised by the presence of prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Hallucinations are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60-6A8Z)

6E61.2 **Secondary psychotic syndrome, with hallucinations and delusions**

A syndrome characterised by the presence of both prominent hallucinations and prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60-6A8Z)

6E61.3 **Secondary psychotic syndrome, with unspecified symptoms**

Coding Note: Code also the causing condition

6E62 Secondary mood syndrome

A syndrome characterised by the presence of prominent mood symptoms (i.e., depression, elevated mood, irritability) judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.0 Secondary mood syndrome, with depressive symptoms

A syndrome characterised by the presence of prominent depressive symptoms such as persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful and downtrodden appearance that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.1 Secondary mood syndrome, with manic symptoms

A syndrome characterised by the presence of prominent manic symptoms such as elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings.

Coding Note: Code also the causing condition

Inclusions: mood syndrome due to disorders or diseases not classified under Mental and behavioural disorders, with manic symptoms

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.2 **Secondary mood syndrome, with mixed symptoms**

A syndrome characterised by the presence of both manic and depressive symptoms, either occurring together or alternating from day to day or over the course of a day that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. Manic symptoms may include elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity. Depressive symptoms may include persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful or downtrodden appearance. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.3 **Secondary mood syndrome, with unspecified symptoms**

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E63 **Secondary anxiety syndrome**

A syndrome characterised by the presence of prominent anxiety symptoms judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., anxiety symptoms or panic attacks in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the anxiety symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E64 **Secondary obsessive-compulsive or related syndrome**

A syndrome characterised by the presence of prominent obsessions, compulsions, hoarding, skin picking, hair pulling, other body-focused repetitive behaviours, or other symptoms characteristic of obsessive-compulsive and related disorder that is judged to be the direct pathophysiological consequence of a disorder or disease not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by Delirium or by another Mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., repetitive ruminations in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the obsessive-compulsive or related symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Obsessive-compulsive or related disorder induced by other specified psychoactive substance (6C4E.72)

Tic disorders (8A05)

6E65 **Secondary dissociative syndrome**

A syndrome characterised by the presence of prominent dissociative symptoms (e.g., depersonalization, derealization) that is judged to be the direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the dissociative symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Acute stress reaction (QE84)

6E66 **Secondary impulse control syndrome**

A syndrome characterised by the presence of prominent symptoms that are characteristic of Impulse Control Disorders or Disorders Due to Addictive Behaviours (e.g., stealing, fire-setting, aggressive outbursts, compulsive sexual behaviour, excessive gambling) that are judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an adjustment disorder in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the impulse control symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

6E67 **Secondary neurocognitive syndrome**

A syndrome that involves significant cognitive features that do not fulfill the diagnostic requirements of any of the specific neurocognitive disorders and are judged to be a direct pathophysiological consequence of a health condition or injury not classified under mental and behavioural disorders (e.g., cognitive changes due to a brain tumour), based on evidence from the history, physical examination, or laboratory findings. This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the cognitive symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Disorders with neurocognitive impairment as a major feature (8A20-8A2Z)

Coded Elsewhere: Delirium (6D70)

6E68 **Secondary personality change**

A syndrome characterised by a persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern that is judged to be a direct pathophysiological consequence of a health condition not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., social withdrawal, avoidance, or dependence in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the personality symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Personality difficulty (QE50.7)

Personality disorder (6D10)

Delirium (6D70)

6E69 **Secondary catatonia syndrome**

Secondary catatonia syndrome is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abormal psychomotor activity, which occurs as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Coding Note: Use additional code, if desired, for any underlying disorder if known.

6E6Y **Other specified secondary mental or behavioural syndrome**

Coding Note: Code also the causing condition

6E6Z **Secondary mental or behavioural syndrome, unspecified**

Coding Note: Code also the causing condition

6E8Y **Other specified mental, behavioural or neurodevelopmental disorders**

6E8Z **Mental, behavioural or neurodevelopmental disorders, unspecified**

CHAPTER 07

Sleep-wake disorders

This chapter has 42 four-character categories.

Code range starts with 7A00

Sleep-wake disorders are characterised by difficulty initiating or maintaining sleep (insomnia disorders), excessive sleepiness (hypersomnolence disorders), respiratory disturbance during sleep (sleep-related breathing disorders), disorders of the sleep-wake schedule (circadian rhythm sleep-wake disorders), abnormal movements during sleep (sleep-related movement disorders), or problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep (parasomnia disorders).

This chapter contains the following top level blocks:

- Insomnia disorders
- Hypersomnolence disorders
- Sleep-related breathing disorders
- Circadian rhythm sleep-wake disorders
- Sleep-related movement disorders
- Parasomnia disorders

Insomnia disorders (7A00-7A0Z)

Insomnia disorders are characterised by the complaint of persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder.

7A00 Chronic insomnia

Chronic insomnia is a frequent and persistent difficulty initiating or maintaining sleep that occurs despite adequate opportunity and circumstances for sleep and that results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. The sleep disturbance and associated daytime symptoms occur at least several times per week for at least 3 months. Some individuals with chronic insomnia may show a more episodic course, with recurrent episodes of sleep/wake difficulties lasting several weeks at a time over several years. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, chronic insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A01 Short-term insomnia

Short-term insomnia is characterised by difficulty initiating or maintaining sleep of less than 3 months duration that occurs despite adequate opportunity and circumstances for sleep and results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, short-term insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A0Z Insomnia disorders, unspecified

Hypersomnolence disorders (7A20-7A2Z)

Hypersomnolence disorders are characterised by a complaint of daytime sleepiness that is not due to another sleep-wake disorder (e.g. disturbed nocturnal sleep, misaligned circadian rhythm, or breathing disorder). Individuals with excessive sleepiness may show irritability, concentration and attention deficits, reduced vigilance, distractibility, reduced motivation, anergia, dysphoria, fatigue, restlessness, and lack of coordination.

7A20 Narcolepsy

Narcolepsy is a disorder characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least several months, accompanied by abnormal manifestations of REM sleep. Multiple sleep latency testing (MSLT) demonstrates a mean sleep latency of <8 minutes and two or more sleep-onset REM periods (SOREMP's), or one or more SOREMP's on MSLT and a SOREMP on the preceding overnight polysomnography (PSG). Nighttime sleep is often disturbed, and brief daytime naps are typically refreshing.

7A20.0 Narcolepsy, Type 1

Type 1 narcolepsy is a disorder of excessive sleepiness due to a deficiency of hypothalamic hypocretin (orexin) signaling. In addition to daily periods of irrepressible need to sleep or daytime lapses into sleep, type 1 narcolepsy is characterised by symptoms of REM sleep dissociation, most importantly cataplexy. Cataplexy is a sudden and uncontrollable loss of muscle tone arising during wakefulness that is typically triggered by a strong emotion, such as excitement or laughter. Although cataplexy is a pathognomonic symptom of type 1 narcolepsy, it may not manifest until years following onset of the sleepiness. In such cases, a diagnosis of narcolepsy, type 1 may be made based on cerebrospinal fluid (CSF)-hypocretin levels < 110 picograms per milliliter. Episodes of sleep paralysis and hypnagogic or hypnopompic hallucinations may also be present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep plus either: a) cataplexy and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy; or b) demonstrated CSF hypocretin deficiency.

7A20.1 Narcolepsy, Type 2

Type 2 narcolepsy is a disorder of excessive sleepiness characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep and abnormal manifestations of REM sleep as demonstrated by multiple sleep latency test (MSLT/PSG) findings in the context of normal hypothalamic hypocretin (orexin) signaling. That is, cerebrospinal fluid (CSF) hypocretin determinations are > 110 picograms per milliliter. Cataplexy is not present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy. There should be no evidence of cataplexy or CSF hypocretin deficiency (if testing is performed).

7A20.Z Narcolepsy, unspecified

7A21

Idiopathic hypersomnia

Idiopathic hypersomnia is characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least several months in the absence of cataplexy or hypocretin deficiency (if determined). Polysomnography/multiple sleep latency test (MSLT) findings characteristic of narcolepsy (i.e., two or more sleep-onset REM periods (SOREMP's), or one or more SOREMP's on MSLT and a SOREMP on the preceding overnight polysomnography) should also be absent. The daytime sleepiness is not better explained by another disorder (e.g., insufficient sleep syndrome, obstructive sleep apnoea, circadian rhythm sleep-wake disorder), a substance or medication, or a medical condition). Objective evidence of hypersomnolence is indicated by an MSLT showing a mean sleep latency of ≤ 8 minutes or by polysomnography or wrist actigraphy showing a total 24-hour sleep time of 11 hours or more. Prolonged and severe sleep inertia is often observed and consists of sustained difficulty waking up with repeated returns to sleep, irritability, automatic behaviour, and confusion. In contrast to narcolepsy, naps are generally long, often more than 60 minutes, and unrefreshing.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep, objective demonstration of excessive sleepiness and absence of REM-related findings by multiple sleep latency test (MSLT/PSG).

7A22

Kleine-Levin syndrome

Kleine-Levin syndrome is characterised by recurrent episodes of severe sleepiness in association with cognitive, psychiatric, and behavioural disturbances. A typical episode lasts a median of 10 days (range 2.5–80 days), with rare episodes lasting several weeks to months. During episodes, patients may sleep as long as 16 to 20 hours per day, waking or getting up only to eat and void. When awake during episodes, most patients are exhausted, apathetic, confused, and slow in speaking and answering. Hyperphagia, hypersexuality, childish behaviour, depression, anxiety, hallucinations and delusions are often observed during the episodes. Patients are normal between episodes with regard to sleep, cognition, mood, and eating. Rarely, Kleine Levin syndrome may occur exclusively during menstrual periods.

Inclusions: recurrent hypersomnolence

7A23

Hypersomnia due to a medical condition

Hypersomnia due to a medical condition is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping of at least several months duration that is attributable to a coexisting medical or neurological disorder (e.g. head trauma, Parkinson disease, certain genetic conditions, metabolic, neurologic or endocrine disorders) and is sufficiently severe to require an independent focus of clinical attention. Hypersomnia due to a medical condition is only diagnosed if the hypersomnia is a direct physiological consequence of the medical condition. Residual sleepiness in patients with adequately-treated obstructive sleep apnoea is classified here under the assumption that it is due to central nervous system damage from recurrent hypoxemia.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A24 **Hypersomnia due to a medication or substance**

Hypersomnia due to a medication or substance is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is attributable to the sedating effects of medications, alcohol, or other psychoactive substances, including withdrawal syndromes (e.g., from stimulants) and is sufficiently severe to constitute an independent focus of clinical attention.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

Inclusions: Hypersomnia due to substances including medications

7A25 **Hypersomnia associated with a mental disorder**

Hypersomnia associated with a mental disorder is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is sufficiently severe to constitute an independent focus of clinical attention. This is most typical of depressive disorders or the depressed phase of bipolar disorders. Patients often feel that their sleep is of poor quality and nonrestorative and may be intensely focused on their hypersomnolence. Objective evidence of excessive sleepiness on MSLT is often absent.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A26 **Insufficient sleep syndrome**

Insufficient sleep syndrome occurs when an individual persistently fails to obtain the amount of sleep required relative to their own physiological sleep requirements to maintain normal levels of alertness and wakefulness and is thus chronically sleep deprived. The curtailed sleep pattern is present most days for at least several months.

The person’s ability to initiate and maintain sleep is unimpaired. Sleep time is often markedly extended on weekend nights or during holidays compared to weekday. Extension of total sleep time results in resolution of the symptoms of sleepiness.

Inclusions: Behaviourally induced hypersomnia

Exclusions: Narcolepsy (7A20)

7A2Y **Other specified hypersomnolence disorders**

7A2Z **Hypersomnolence disorders, unspecified**

Sleep-related breathing disorders (7A40-7A4Z)

Sleep related breathing disorders are characterised by abnormalities of respiration during sleep. In some of these disorders, respiration is also abnormal during wakefulness. The disorders are grouped into central sleep apnoeas, obstructive sleep apnoea, and sleep related hypoventilation or hypoxemia disorders.

Exclusions: Apnoea of newborn (KB2A)

Coded Elsewhere: Sleep related Cheyne-Stokes respiration (MD11.4)

7A40 Central sleep apnoeas

Central sleep apnoeas are characterised by reduction or cessation of airflow due to absent or reduced respiratory effort. Central apnoea (cessation of airflow) or hypopnea (reduction in airflow) may occur in a cyclical or intermittent fashion. Patients with central sleep apnoea of various etiologies may also exhibit obstructive events, in which case diagnoses of both central sleep apnoea and obstructive sleep apnoea may be given.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Central neonatal apnoea (KB2A.0)

7A40.0 Primary central sleep apnoea

Primary central sleep apnoea is of unknown etiology (idiopathic) and is characterised by recurrent, predominantly central apnoeas. Airflow and respiratory effort cease simultaneously in a repetitive fashion over the course of the night. The recurrent episodes of apnoea (more than five per hour) and associated arousals are sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

7A40.1 Primary central sleep apnoea of infancy

Primary central sleep apnoea of infancy is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of at least 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of prematurity (7A40.2)

7A40.2 Primary central sleep apnoea of prematurity

Primary central sleep apnoea of prematurity is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of less than 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

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

Central sleep apnoea due to a medical condition with Cheyne-Stokes breathing is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) alternating with a respiratory phase exhibiting a crescendo-decrescendo pattern of flow (or tidal volume) that are attributed to a medical condition. The longer cycle length (> 40 seconds) distinguishes Central sleep apnoea with Cheyne-Stokes breathing from other central sleep apnoea types. The vast majority of patients with Central sleep apnoea due to a medical condition with Cheyne-Stokes breathing have either systolic or diastolic heart failure. Patients with Central sleep apnoea due to a medical condition with Cheyne-Stokes breathing have normal or low daytime arterial partial pressure of carbon dioxide (PaCO2). The disturbance is typically associated with atrial fibrillation/flutter, congestive heart failure, or a neurological disorder and is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography in the presence of a medical condition that is judged to be causing the symptoms.

7A40.4 Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing

Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) that are attributed to a medical condition (and do not have the pattern of CSB). The majority of these patients have brainstem lesions of developmental, vascular, neoplastic, degenerative, demyelinating, or traumatic origin. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring

Note: A definitive diagnosis requires objective evidence based on polysomnography in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions: Central sleep apnoea due to a medication or substance (7A40.6)

7A40.5 Central sleep apnoea due to high-altitude periodic breathing

High-altitude periodic breathing is characterised by alternating periods of central apnoea and hyperpnoea associated with recent ascent to high altitude (typically > 2500 meters). The pattern of periodic breathing is an expected response to ascent to elevation. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. The cycle length of this respiratory pattern is commonly less than 40 seconds and often as short as 12 to 20 seconds.

Note: This diagnosis can be made clinically based on symptoms and recent ascent to high altitude.

7A40.6 Central sleep apnoea due to a medication or substance

Central sleep apnoea due to a medication is characterised by a pattern of recurring, predominantly central sleep apnoea or hypopnoea (more than five per hour) that is attributable to a medication or substance, most commonly long-acting opioids (e.g. methadone, long-acting morphine or oxycodone, fentanyl patches). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. Obstructive apnoeas and hypoventilation may be present, but central sleep apnoea is the predominant finding.

Note: A definitive diagnosis requires objective evidence based on polysomnography in the context of medication or substance use that is judged to be causing the symptoms.

7A40.7 Treatment-emergent central sleep apnoea

Treatment-emergent central sleep apnoea is characterised by persistence or emergence of recurrent, predominantly central sleep apnoea (more than five per hour) during effective treatment for obstructive apnoea (obstructive or mixed apnoea or hypopnea) with positive airway pressure. Central apnoeas must be the predominant finding (>50% of total respiratory events). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring. If the reduction or cessation of airflow due to absent or reduced respiratory effort is better explained by another central sleep apnoea disorder (e.g., Central sleep apnoea due to a medication or substance), that diagnosis along with a diagnosis of Obstructive sleep apnoea should be given, rather than a diagnosis of treatment-emergent central sleep apnoea.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A40.Y Other specified central sleep apnoeas

7A40.Z Central sleep apnoeas, unspecified

7A41 Obstructive sleep apnoea

Obstructive sleep apnoea is characterised by repetitive episodes of apnoea or hypopnea that are caused by upper airway obstruction occurring during sleep. These events often result in reductions in blood oxygen saturation and are usually terminated by brief arousals from sleep. Excessive sleepiness is a major presenting complaint in many but not all cases. Reports of insomnia, poor sleep quality, and fatigue are also common. Upper airway resistance syndrome shares the same pathophysiology and should be classified here. In adults (> 18 years), obstructive sleep apnoea is diagnosed when the frequency of obstructive events (apnoeas, hypopneas or respiratory-event related arousals) is greater than 15 per hour. The disorder may also be diagnosed when the frequency is greater than five per hour and: a) symptoms attributable to the disorder (e.g., sleepiness or sleep disruption) are present; or b) nocturnal respiratory distress or observed apnoea/habitual snoring are reported; or c) when hypertension, a mood disorder, cognitive dysfunction, coronary artery disease, stroke, congestive heart failure, atrial fibrillation, or type 2 diabetes mellitus are present. In children, the disorder is diagnosed when the frequency of obstructive events is great than one per hour, accompanied by signs or symptoms related to the breathing disorder.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Obstructive neonatal apnoea (KB2A.1)

7A42 Sleep-related hypoventilation or hypoxemia disorders

The primary feature of these disorders is insufficient sleep related ventilation, resulting in abnormally elevated arterial partial pressure of carbon dioxide (PaCO2) during sleep. Sleep-related hypoxemia is diagnosed when overnight monitoring reveals sustained (> 5 minutes) decline in oxygen saturation to ≤ 88% in adults (or ≤ 90% in children) for ≥ 5 minutes.

Note: A definitive diagnosis requires objective evidence based on polysomnography as well as carbon dioxide (CO2) monitoring during sleep (by arterial, end-tidal or transcutaneous measures).

7A42.0 Obesity hypoventilation syndrome

Obesity hypoventilation syndrome is characterised by obesity (in adults, > 30 kg/m2) and daytime hypercapnia indicated by arterial partial pressure of carbon dioxide (PaCO2) > 45 mm Hg that cannot be fully attributed to an underlying cardiopulmonary or neurologic disease. Hypercapnia worsens during sleep and is often associated with severe arterial oxygen desaturation. Obstructive sleep apnoea is also present in the majority of cases and should be diagnosed in addition to obesity hypoventilation.

Note: A definitive diagnosis requires demonstration of daytime hypercapnia and objective evidence based on polysomnography, with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures.

Inclusions: Pickwickian syndrome

7A42.1 Congenital central alveolar sleep-related hypoventilation

Congenital central alveolar hypoventilation syndrome (CCHS) is a disorder of autonomic dysfunction, primarily the failure of automatic central control of breathing, caused by a mutation of the PHOX2B gene. CCHS is characterised by hypoventilation, which is worse during sleep than wakefulness. Onset is usually at birth, and CCHS most commonly presents in an otherwise normal-appearing infant who is noted to have cyanosis, feeding difficulties, hypotonia or, less commonly, central apnoea. Severity is related to the specific mutation present. Individuals with milder variants of the disorder may not present for clinical attention until adulthood.

Note: A definitive diagnosis requires demonstration of PHOX2B mutation and objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.2 Non-congenital central hypoventilation with hypothalamic abnormalities

Non-congenital central hypoventilation with hypothalamic dysfunction is a disorder of central control of ventilation. Patients are usually healthy until early childhood (often 2-3 years of age) when they develop hyperphagia and severe obesity, followed by central hypoventilation, which often presents as respiratory failure. Hypothalamic endocrine dysfunction may be characterised by increased or decreased hormone levels and may include one or more of the following: diabetes insipidus, inappropriate antidiuretic hormone hypersecretion, precocious puberty, hypogonadism, hyperprolactinemia, hypothyroidism, and decreased growth hormone secretion, or tumours of neural origin. Mood and behaviour abnormalities, sometimes severe, are often present. Developmental delay or autistic features may be present, but many patients are cognitively normal.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures.

7A42.3 Idiopathic central alveolar hypoventilation

Idiopathic central alveolar hypoventilation is defined as the presence of decreased alveolar ventilation resulting in sleep related hypercapnia and hypoxemia in individuals with presumed normal mechanical properties of the lung and respiratory pump. Chronic hypoventilation during sleep exists without any readily identifiable impairments of respiration, such as pulmonary airway or parenchymal conditions, neurologic, neuromuscular or chest wall abnormalities, severe obesity, other sleep related breathing disorder, or use of respiratory depressant medications or substances. Diurnal as well as nocturnal hypoventilation is believed to be due primarily to blunted chemoresponsiveness to carbon dioxide (CO2) and oxygen (O2). Patients may complain of morning headaches, fatigue, neurocognitive decline and sleep disturbance, or may be entirely asymptomatic.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.4 Sleep-related hypoventilation due to a medication or substance

Sleep-related hypoventilation due to a medication or substance is characterised primarily by chronic hypoventilation and hypercapnia due to prolonged use of medications or substances known to depress ventilatory drive and/or impair respiratory muscle mechanics (e.g. long-acting narcotics, anesthetics, sedative compounds, and muscle relaxants). Hypoxemia is commonly present as well. Hypercapnia may also be present during wakefulness in some patients. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures) in the context of medication or substance use that is judged to be causing the symptoms.

7A42.5 Sleep-related hypoventilation due to medical condition

Sleep-related hypoventilation due to medical condition is characterised by sleep-related hypoventilation due to lung airway or parenchymal disease, chest wall disorders, pulmonary hypertension, neurologic and neuromuscular disorders. Daytime hypercapnia may also be present. Sleep related hypoxemia may be severe. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures) in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions: Obesity hypoventilation syndrome (7A42.0)

Congenital central alveolar sleep-related hypoventilation (7A42.1)

7A42.6 Sleep-related hypoxemia due to a medical condition

Sleep related hypoxemia due to a medical condition is characterised by sustained declines in SpO2 (≤ 88% in adults or ≤ 90% in children) for ≥ 5 minutes) during sleep. The condition is attributable to a medical or neurological disorder. The presence of hypoxemia is not better explained by another sleep related breathing disorder (e.g., obstructive sleep apnoea). Although some amount of obstructive or central apnoea may be present, these disorders are not thought to be primarily responsible for the hypoxemia during sleep. Some patients with sleep related hypoxemia also exhibit hypoxemia during wakefulness. If the presence of hypercapnia has been established, a diagnosis of sleep-related hypoventilation should be made, rather than sleep-related hypoxemia.

Note: A definitive diagnosis requires objective evidence based on polysomnographic monitoring of oxygen saturation (SaO2) in the presence of a medical condition that is judged to be causing the declines in SaO2.

7A42.Y Other specified sleep-related hypoventilation or hypoxemia disorders

7A42.Z Sleep-related hypoventilation or hypoxemia disorders, unspecified

7A4Y Other specified sleep-related breathing disorders

7A4Z **Sleep-related breathing disorders, unspecified**

Circadian rhythm sleep-wake disorders (7A60-7A6Z)

Circadian rhythm sleep-wake disorders are disturbances of the sleep-wake cycle (typically manifest as insomnia, excessive sleepiness, or both) due to alterations of the circadian time-keeping system, its entrainment mechanisms, or a misalignment of the endogenous circadian rhythm and the external environment. Sleep logs and, if possible, actigraphy for a minimum of one week should be utilized to define the specific sleep-wake schedule disturbance.

Inclusions: Delayed sleep phase syndrome

Irregular sleep-wake pattern

7A60 **Delayed sleep-wake phase disorder**

Delayed sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent delay in the major sleep period compared to conventional or desired sleep times. The disorder results in difficulty falling asleep and difficulty awakening at desired or required times. When sleep is allowed to occur on the delayed schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A61 **Advanced sleep-wake phase disorder**

Advanced sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent advance (to an earlier time) of the major sleep period compared to conventional or desired sleep times. The disorder results in evening sleepiness (prior to the desired bedtime) and awakening earlier than the desired or required times. When sleep is allowed to occur on the advanced schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A62 **Irregular sleep-wake rhythm disorder**

Irregular sleep-wake rhythm disorder is characterised by absence of a clearly-defined cycle of sleep and wake. Sleep becomes distributed in multiple episodes of variable duration throughout the 24-hour period. Patients typically complain of insomnia and/or excessive daytime sleepiness as a result of the condition. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A63 **Non-24 hour sleep-wake rhythm disorder**

Non-24 hour sleep-wake rhythm disorder is characterised by periods of insomnia and/or daytime sleepiness, alternating with periods of relatively normal sleep, due to a lack of entrainment of the circadian clock to the 24-hour environmental cycle. The period length of the circadian/sleep-wake cycle is typically longer than 24 hours. Symptoms occur as the circadian-controlled sleep-wake propensity cycles in and out of phase with the environmental day-night cycle. The disorder is seen most commonly in individuals with complete blindness. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A64 **Circadian rhythm sleep-wake disorder, shift work type**

Circadian rhythm sleep-wake disorder, shift work type is characterised by complaints of insomnia and/or excessive sleepiness that occur as a result of work shifts that overlap with all or a portion of conventional nighttime sleep periods. The disorder is also associated with a reduction in total sleep time. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A65 **Circadian rhythm sleep-wake disorder, jet lag type**

Circadian rhythm sleep-wake disorder, jet lag type is characterised by a temporary mismatch between the timing of the sleep and wake cycle generated by the endogenous circadian clock and that of the sleep and wake pattern required by transmeridian travel across at least two time zones. Individuals complain of disturbed sleep, sleepiness and fatigue, somatic symptoms (e.g. gastrointestinal distress) or impaired daytime function. The severity and duration of symptoms is dependent on the number of time zones traveled, the ability to sleep while traveling, exposure to appropriate circadian times cues in the new environment, tolerance to circadian misalignment when awake during the biological night, and the direction of the travel. The symptoms result in significant distress or mental, physical, social, occupational or academic impairment.

7A6Z **Circadian rhythm sleep-wake disorders, unspecified**

Sleep-related movement disorders (7A80-7A8Z)

Sleep related movement disorders are primarily characterised by relatively simple, usually stereotyped, movements that disturb sleep or its onset. An exception is Restless legs syndrome, which is primarily a waking, sensorimotor experience but is included in Sleep-related movement disorders because it almost always also involves periodic limb movements during sleep.

Coded Elsewhere: REM sleep behaviour disorder (7B01.0)

7A80 Restless legs syndrome

Restless legs syndrome is a waking sensorimotor disorder characterised by a complaint of a strong, nearly irresistible urge to move the limbs. This urge to move is often but not always accompanied by other uncomfortable sensations felt deep inside the limbs. Although the legs are most prominently affected, a significant percentage of individuals with Restless legs syndrome describe some arm sensations. The symptoms of Restless legs syndrome are worse at rest, alleviated with movement, and predominant in the evening or night. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep). The vast majority of individuals with Restless legs syndrome also exhibit periodic limb movements during sleep. A separate diagnosis of Periodic limb movement disorder is not warranted in such cases because the limb movements during sleep are considered to be an expected part of Restless legs syndrome.

7A81 Periodic limb movement disorder

Periodic limb movement disorder is characterised by periodic episodes of repetitive (> 5/hour in children or > 15/hour in adults), highly stereotyped limb movements that occur during sleep, in conjunction with significant difficulties with sleep initiation or maintenance or fatigue that cannot be accounted for by another primary sleep disorder or other etiology. Specifically, when periodic limb movements are associated with Restless legs syndrome, narcolepsy or REM sleep behaviour disorder, a separate diagnosis of Periodic limb movement disorder is not warranted because the limb movements during sleep are considered an expected part of these disorders. Periodic limb movements occur most frequently in the lower extremities but may be seen in the arms as well. They may be associated with recurrent arousal from sleep, which gives rise to sleep disruption. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A82 Sleep-related leg cramps

Sleep related leg cramps are painful sensations in the leg or foot associated with sudden, involuntary muscle hardness or tightness, indicating a strong muscle contraction. They typically last from a few seconds to several minutes. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep).

7A83 **Sleep-related bruxism**

Sleep-related bruxism is characterised by repetitive, rhythmic jaw muscle contractions that occur during sleep These contractions can take the form of a repetitive phasic muscle contractions or isolated sustained jaw clenching (tonic contractions). These contractions during sleep produce tooth-grinding sounds. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or significant damage to the teeth.

7A84 **Sleep-related rhythmic movement disorder**

Sleep related rhythmic movement disorder is characterised by repetitive, stereotyped, and rhythmic motor behaviours that involve large muscle groups (e.g., banging head against pillow or mattress, head rolling, body rocking, body rolling). The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or result in bodily injury (e.g., due to falling out of bed).

7A85 **Benign sleep myoclonus of infancy**

Benign sleep myoclonus of infancy is characterised by repetitive myoclonic jerks that occur during sleep in neonates and infants. Benign sleep myoclonus of infancy is commonly confused with epilepsy. However, unlike the jerks of myoclonic seizures and myoclonic encephalopathy, the jerks of Benign sleep myoclonus of infancy occur exclusively during sleep. The jerks are often bilateral and massive, typically involving large muscle groups.

7A86 **Propriospinal myoclonus at sleep onset**

Propriospinal myoclonus at sleep onset consists of sudden myoclonic jerks of the trunk, hips, and knees in a fixed pattern that occur during the transition from wakefulness to sleep and, more rarely, during nighttime awakenings or upon awakening in the morning. The jerks arise mainly in spinally innervated muscles and thereafter propagate to rostral and caudal muscles at a low speed, typical of propriospinal pathways. The movements result in clinically significant difficulty with sleep initiation or maintenance.

7A87 **Sleep-related movement disorder due to a medical condition**

Sleep-related movement disorder due to a medical condition is characterised by sleep-related movement abnormalities that are directly attrib¬utable to an underlying neurological or medical condition. Many medical conditions, particularly diseases of the nervous system, may be associated with movement abnormali¬ties that are evident in wake and sleep. In some cases, the nocturnal manifestations of the movement abnormalities may be apparent before establishment of a firm neurological diagnosis. Once the pres¬ence of a medical or neurological condition is clearly established, this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

Coding Note: Code also the causing condition

7A88 **Sleep-related movement disorder due to a medication or substance**

Sleep-related movement disorder due to a medication or substance is characterised by sleep-related movement abnormalities that are directly attributable to the effect of a medication or substance. Many substances may be associated with movement abnormalities that are evident in wake and sleep. To the extent that the movement abnormality is an expected complication of the substance(s) involved (e.g., tardive dyskinesia or akathisia associated with neuroleptic usage), this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

7A8Y **Other specified sleep-related movement disorders**

7A8Z **Sleep-related movement disorders, unspecified**

Parasomnia disorders (7B00-7B0Z)

Parasomnias are problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep. Parasomnias may occur during non-rapid eye movement sleep (NREM), rapid eye movement sleep (REM), or during transitions to and from sleep. They encompass abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity.

7B00 **Disorders of arousal from non-REM sleep**

Disorders of arousal from non-REM sleep are characterised by experiences or behaviours such as confusion, ambulation, terror, or extreme autonomic arousal that typically arise as a result of incomplete arousals from deep non-REM (N3) sleep. An exception is sleep-related eating disorder, which has been observed to arise during all stages of non-REM sleep. This group of disorders is also characterised by partial or complete amnesia for the event, inappropriate or absent responsiveness to efforts by others to intervene or redirect the person during the episode, and limited (e.g., a single visual scene) or no associated cognition or dream imagery. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others (e.g., thrashing or striking out in response to efforts to restrain the individual).

7B00.0 **Confusional arousals**

Confusional arousals are characterised by mental confusion or confused behaviour (e.g., disorientation, being unresponsive, impaired or slow speech, poor memory) during a partial arousal from deep sleep. There is partial or complete amnesia for the events. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

7B00.1 **Sleepwalking disorder**

Sleepwalking disorder is characterised by ambulation and other complex behaviours during a partial arousal from deep sleep.

7B00.2 Sleep terrors

Sleep terrors are characterised by episodes of abrupt terror during a partial arousal from deep sleep, typically beginning with a vocalization such as a frightening scream. The individual experiences intense fear accompanied by signs of autonomic arousal, such as mydriasis, tachycardia, tachypnea, and diaphoresis.

7B00.3 Sleep-related eating disorder

Sleep-related eating disorder is characterised by recurrent episodes of involuntary excessive or dangerous eating or drinking that occur during the main sleep period that are not attributable to the effects of a medication or substance. Episodes may involve consumption of peculiar forms or combinations of food or inedible or toxic substances or injurious or potentially injurious behaviours performed while in pursuit of food or while cooking food. There may be adverse health consequences from recurrent nocturnal binge eating of high calorie foods. There is partial or complete amnesia for the events.

7B00.Y Other specified disorders of arousal from non-REM sleep

7B00.Z Disorders of arousal from non-REM sleep, unspecified

7B01 Parasomnias related to REM sleep

Parasomnias related to REM sleep are characterised by experiences or behaviours such as vocalization or complex motor behaviours, sleep paralysis, or nightmares that are associated with REM sleep. The experiences are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

7B01.0 REM sleep behaviour disorder

REM sleep behaviour disorder is characterised by repeated episodes of sleep related vocalization or complex motor behaviours that are either documented by polysomnography to occur during REM sleep or are presumed to occur during REM sleep due to a clinical history of dream enactment. Polysomnographic recording (when performed) demonstrates REM sleep without atonia. The disorder may occur as an isolated, idiopathic form but is frequently associated with latent or manifest disease of the nervous system, especially alpha-synucleinopathies.

Note: A provisional diagnosis may be established on clinical grounds but definitive diagnosis requires polysomnographic demonstration of REM sleep without atonia.

7B01.1 Recurrent isolated sleep paralysis

Recurrent isolated sleep paralysis consists of recurrent inability to move the trunk and all of the limbs at sleep onset (hypnagogic) or upon awakening (hypnopompic) from sleep. Episodes typically last from a few seconds to a few minutes and cause clinically significant distress including bedtime anxiety or fear of sleep.

7B01.2 **Nightmare disorder**

Nightmare disorder is characterised by recurrent, vivid and highly dysphoric dreams, often involving threat to the individual, that generally occur during REM sleep and that often result in awakening with anxiety. The person is rapidly oriented and alert upon awakening.

Inclusions: Dream anxiety disorder

7B01.Y **Other specified parasomnias related to REM sleep**

7B01.Z **Parasomnias related to REM sleep, unspecified**

7B02 **Other parasomnias**

Other parasomnias include Hypnogogic exploding head syndrome, Sleep-related hallucinations, and abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, or autonomic nervous system activity related to a medical condition or due to a medication or substance. The experiences are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

Coded Elsewhere: Nocturnal enuresis (6C00.0)

7B02.0 **Hypnagogic exploding head syndrome**

Hypnagogic exploding head syndrome is characterised by the perception of a sudden, loud noise or sense of a violent explosion in the head that typically occurs as the individual is falling asleep. On occasion, these episodes may occur with awakening during the night. They are associated with abrupt arousal following the event, often with a sense of fright.

Inclusions: Hypnagogic sensory disturbance

7B02.1 **Sleep-related hallucinations**

Sleep related hallucinations are hallucinatory experiences that occur at sleep onset (hypnagogic hallucinations) or on awakening from sleep (hypnopompic hallucinations). Sleep related hallucinations are predominantly visual but may include auditory, tactile, or kinetic phenomena.

7B02.2 **Parasomnia disorder due to a medical condition**

Parasomnia disorder due to a medical condition is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, or autonomic nervous system activity that are directly attributable to an underlying neurological or medical condition.

7B02.3 **Parasomnia disorder due to a medication or substance**

Parasomnia disorder due to a medication or substance is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity that are directly attrib¬utable to the effect of a medication or substance.

7B0Y **Other specified parasomnia disorders**

7B0Z **Parasomnia disorders, unspecified**

7B2Y	**Other specified sleep-wake disorders**
7B2Z	**Sleep-wake disorders, unspecified**

CHAPTER 08

Diseases of the nervous system

This chapter has 204 four-character categories.

Code range starts with 8A00

This is a group of conditions characterised as being in or associated with the nervous system.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Injuries of the nervous system

Neoplasms of the nervous system

Structural developmental anomalies of the nervous system (LA00-LA0Z)

Syndromes with central nervous system anomalies as a major feature (LD20)

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

Symptoms, signs or clinical findings of the nervous system (MB40-MB9Y)

Paralytic symptoms (MB50-MB5Z)

Dissociative neurological symptom disorder (6B60)

Diseases of the nervous system complicating pregnancy, childbirth or the puerperium (JB64.3)

This chapter contains the following top level blocks:

- Movement disorders
- Disorders with neurocognitive impairment as a major feature
- Multiple sclerosis or other white matter disorders
- Epilepsy or seizures
- Headache disorders
- Cerebrovascular diseases
- Spinal cord disorders excluding trauma
- Motor neuron diseases or related disorders
- Disorders of nerve root, plexus or peripheral nerves
- Diseases of neuromuscular junction or muscle
- Cerebral palsy
- Nutritional or toxic disorders of the nervous system
- Disorders of cerebrospinal fluid pressure or flow

- Disorders of autonomic nervous system
- Human prion diseases
- Disorders of consciousness
- Other disorders of the nervous system
- Postprocedural disorders of the nervous system
- Injuries of the nervous system
- Neoplasms of the nervous system

Movement disorders (8A00-8A0Z)

This is a group of involuntary movement disorders.

Coded Elsewhere: Restless legs syndrome (7A80)

Periodic limb movement disorder (7A81)

Hemifacial spasm (8B88.2)

8A00 **Parkinsonism**

Parkinsonism is a clinical syndrome characterised by four cardinal features: rest tremor, muscular rigidity, akinesia or bradykinesia, and postural disturbances which include shuffling gait and flexed posture and loss of postural reflexes. Bradykinesia and one other clinical feature is required to make a diagnosis of Parkinsonism. Parkinsonism may result from a variety of conditions including progressive neurodegenerative disorders such as Parkinson Disease or Atypical Parkinsonism where the progressive degeneration of nigral and other neurons leads to dopamine deficiency. Parkinsonism may also be a result of structural lesions such as strokes or tumours or blockage of dopamine receptors in the striatum by drugs such as neuroleptics.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Arthropathies (FA00-FA5Z)

8A00.0 **Parkinson disease**

Parkinson Disease is a gradual onset progressive degenerative disease whose cardinal manifestations include bradykinesia plus one of the following-tremor, rigidity or postural instability. Nonmotor manifestations include autonomic dysfunction and neuropsychiatric features.

8A00.00 Sporadic Parkinson disease

This is defined as Parkinson Disease occurring sporadically with no apparent mode of inheritance.

8A00.01 Familial Parkinson disease

Familial subtype of Parkinson Disease, a disorder caused by progressive dopaminergic neuron degeneration of the substantia nigra that is characterized by resting tremor, bradykinesia, and rigidity. Familial cases can be caused by mutations in LRRK2, PARK7, PINK1, PRKN, or SNCA genes.

8A00.0Y Other specified Parkinson disease

8A00.0Z Parkinson disease, unspecified

8A00.1 **Atypical parkinsonism**

Atypical parkinsonism is a term used to describe several neurodegenerative conditions where the degeneration extends beyond the substantia nigra and is more extensive than seen in conditions like Parkinson disease. The clinical picture is often more complex than PD and patients may have apraxia, supranuclear ophthalmoplegia or autonomic failure.

Coded Elsewhere: Multiple system atrophy, Parkinsonism (8D87.01)

Lewy body disease (8A22)

8A00.10 Progressive supranuclear palsy

Progressive supranuclear palsy (PSP) is a late-onset neurodegenerative disease characterised by supranuclear gaze palsy, postural instability, progressive rigidity, and mild dementia. Five clinical variants have been described with clinicopathological correlations: Classical PSP (Richardson's syndrome), and four atypical variants of PSP including PSP-Parkinsonism (PSP-P), PSP-Pure akinesia with gait freezing (PSP-PAGF), PSP-corticobasal syndrome (PSP-CBS), and PSP-progressive non fluent aphasia (PSP-PNFA).

8A00.1Y Other specified atypical parkinsonism

8A00.1Z Atypical parkinsonism, unspecified

8A00.2 **Secondary parkinsonism**

Secondary parkinsonism is a term used to describe Parkinsonism due to a known agent such as drugs, infections, toxins or structural lesions.

Coding Note: Code also the causing condition

8A00.20 Parkinsonism due to heredodegenerative disorders

Parkinsonism may occur as a result of more widespread heredodegenerative disorders. It is accompanied by other neurological findings such as dystonia, ataxia and dementia. Other family members may be affected.

Coding Note: Code also the causing condition

8A00.21 Hemiparkinsonism hemiatrophy syndrome

Hemiparkinsonism may follow hemiatrophy of the body due to an intrauterine or early neonatal cerebral damage.

8A00.22 Infectious or postinfectious parkinsonism

A syndrome caused by an infection with a bacterial, viral, fungal, or parasitic source, which occurs during or after the acute phase of the infection. This condition is characterised by tremors, slow movement, or stiffness of the arms and legs, similar to symptoms seen in Parkinson disease.

8A00.23 Vascular parkinsonism

Multiple lacunar infarcts or diffuse vascular disease of the brain can result in Parkinsonism-Imaging often shows multiple lacunar infarcts or diffuse white matter change. The dopamine transporter scan may be normal or abnormal depending upon the site of the infarcts.

8A00.24 Drug-induced parkinsonism

Parkinsonism due to prescription medications.

8A00.25 Post traumatic Parkinsonism

Parkinsonism may be a result of a major head trauma where it occurs in combination with other neurological findings such as weakness and pyramidal signs. It may also occur as a result of multiple blows to the head and may be associated with dementia. It is also called chronic traumatic encephalopathy.

8A00.26 Parkinsonism due to structural lesions

Parkinsonism occurring in the setting of a demonstrable structural lesion such as subdural hematoma and brain tumours. Neuroimaging such as Magnetic Resonance Imaging is very helpful. It has to be emphasized that small brain tumours such as meningioma may be an incidental finding in cases of otherwise typical PD.

8A00.2Y Other specified secondary parkinsonism

Coding Note: Code also the causing condition

8A00.2Z Secondary parkinsonism, unspecified

Coding Note: Code also the causing condition

8A00.3 **Functional parkinsonism**

Functional movement disorder with mixed features of functional tremor but also slowness and stiffness which can be demonstrated to be variable and internally inconsistent. No cause has been identified after investigation.

Inclusions: Psychogenic parkinsonism

8A00.Y **Other specified parkinsonism**

8A00.Z **Parkinsonism, unspecified**

8A01 Choreiform disorders

Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another.

8A01.0 **Benign hereditary chorea**

Benign hereditary chorea should be considered in people with a relatively stable, nonprogressive chorea, in whom childhood onset and an autosomal dominant family history are present. Benign hereditary chorea can be associated with short stature and developmental delay. Larger deletions of causative gene, TITF-1, can cause a multisystem disorder with congenital hypothyroidism, hypotonia, and pulmonary problems.

8A01.1 **Secondary Chorea**

Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another. Chorea can be seen in a variety of metabolic, immunological and other disorders and is termed secondary chorea.

Coding Note: Code also the causing condition

Exclusions: Benign hereditary chorea (8A01.0)

8A01.10 Huntington disease

Huntington disease (HD) is a rare neurodegenerative disorder of the central nervous system. HD is an autosomal dominant disorder due to a mutation resulting in an increased number of triplicate cytosine-adenine-guanine repeats on chromosome 4. The manifestations include chorea, dementia and personality changes. In the Westphal variant dystonia and parkinsonism are prominent. Neuroimaging revels caudate atrophy. A genetic test is available and may facilitate presymptomatic detection.

Inclusions: Huntington chorea

8A01.11 Chorea due to Huntington disease-like conditions

The clinical picture of Huntington Disease (HD) is closely mimicked by disorders with an autosomal dominant inheritance. The gene test for HDS is negative prompting the consideration of other disorders. These are called HD like (HDL diseases).

8A01.12 Chorea due to Dentatorubral pallidoluysian atrophy

Dentatorubropallidoluysian atrophy patients may have chorea as a major manifestation.

8A01.13 Chorea due to Wilson disease

Coding Note: Code also the causing condition

8A01.14 Chorea due to infectious or para-infectious causes

Coding Note: Code also the causing condition

8A01.15 Chorea due to systemic lupus erythematosus

Chorea may be a presenting manifestation of systemic lupus erythematosus (SLE) or may occur in established disease. It is associated with the presence of antiphospholipid antibodies.

8A01.16 Drug-induced chorea

Chorea may be due to prescribed and illicit drugs.

8A01.1Y Other specified secondary chorea

Coding Note: Code also the causing condition

8A01.1Z Secondary chorea, unspecified

Coding Note: Code also the causing condition

8A01.2 **Hemichorea or hemiballismus**

Ballism, meaning to throw in Greek, refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles. Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face.

Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.

8A01.20 Hemichorea

Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.

8A01.21 Ballism

Ballism, "meaning to throw" in Greek, refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles.

8A01.22 Hemiballism

Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face.

8A01.2Y Other specified hemichorea or hemiballismus

8A01.2Z Hemichorea or hemiballismus, unspecified

8A01.Y **Other specified choreiform disorders**

8A01.Z **Choreiform disorders, unspecified**

8A02 Dystonic disorders

Exclusions: athetoid cerebral palsy (8D21)

8A02.0 **Primary dystonia**

Primary Dystonia (Primary Torsion dystonia) are disorders where dystonia is the sole neurological manifestation. These disorders are slowly progressive and are of which may be familial-genetic or sporadic.

8A02.00 Benign essential blepharospasm

This is a neurological condition characterised by forcible closure of the eyelids due to involuntary and sustained contraction of the muscles around the eyes.

8A02.0Y Other specified primary dystonia

8A02.0Z Primary dystonia, unspecified

8A02.1 **Secondary dystonia**

This is dystonia – a disorder of involuntary muscle contractions – of an acquired nature. Causes include substance toxicity, injury, hypoxia and tumours.

Coding Note: Code also the causing condition

8A02.10 Drug-induced dystonia

This is dystonia due to medications either as an idiosyncratic side effect or due to overdose of medications.

8A02.11 Dystonia-plus

This is a group of heterogenous syndromes present with dystonia – a disorder of involuntary muscle contractions – along with other clinical features, but not in tandem with a neurodegenerative disease. Examples include myoclonus dystonia and dopa responsive dystonia.

8A02.12 Dystonia associated with heredodegenerative disorders

Dystonia occurring as a part of a more complex heredodegenerative disorder. It is not a pure dystonia and other neurological findings such as ataxia, pyramidal signs and cognitive issues may be seen.

8A02.1Y Other specified secondary dystonia

Coding Note: Code also the causing condition

8A02.1Z Secondary dystonia, unspecified

Coding Note: Code also the causing condition

8A02.2 Paroxysmal dystonia

Paroxysmal dyskinesias are a group of rare movement disorders characterised by their recurrent and episodic nature, arising from a background of normal motor activity and behaviour. These abnormal movements can manifest in the form of ballism, dystonia, chorea and athetosis or a combination of these.

8A02.3 Functional dystonia or spasms

Functional movement disorder presenting predominantly with mobile or fixed dystonic posturing which is incongruous with other causes of dystonia and may be responsive to placebo therapy or psychotherapy. Typically a clenched fist, inverted ankle or orbicularis oculis/platysma contraction with onset as a teenager or adult.

Functional dystonia or spasms where no cause has been identified after investigation.

8A02.Y Other specified dystonic disorders

8A02.Z Dystonic disorders, unspecified

8A03 Ataxic disorders

Disorders associated with ataxia. The word "ataxia", comes from the Greek word, " a taxis" meaning "without order or incoordination". The word ataxia means without coordination. People with ataxia have problems with coordination because parts of the nervous system that control movement and balance are affected. Ataxia may affect the fingers, hands, arms, legs, body, speech, and eye movements.

8A03.0 Congenital ataxia

Congenital Ataxia is defined as a lack of coordination due to congenital abnormalities in the cerebellum. It is usually nonprogressive.

8A03.1 **Hereditary ataxia**

A group of genetic disorders characterised by slowly progressive incoordination of gait and often associated with poor coordination of hands, speech, and eye movements

Exclusions: Metabolic disorders (5C50-5D2Z)

Cerebral palsy (8D20-8D2Z)

8A03.10 Friedreich ataxia

Friedreich ataxia is an autosomal recessive ataxia characterised by difficulties to coordinate movements, associated with neurological signs (dysarthria, loss of reflexes, decrease of deep sensation, pes cavus and scoliosis), cardiomyopathy and sometimes diabetes mellitus. It is due to a mutation in the fratxin gene.

Coded Elsewhere: Hereditary optic neuropathy associated with hereditary ataxias (8A03.15)

8A03.11 Ataxia due to Cerebrotendinous xanthomatosis

Ataxia in the setting of cerebrotendinous xanthomatosis, a rare autosomal recessive disorder of bile acid metabolism caused by a mutation in the CYP27A1 gene encoding mitochondrial enzyme sterol 27-hydroxylase. Accumulation of sterols in multiple tissues leads to premature cataracts and tendon xanthomas in late childhood, followed by progressive neurological dysfunction such as ataxia, dementia, and polyneuropathy.

8A03.12 Ataxia due to Refsum disease

Ataxia in the setting of Refsum disease, a rare autosomal recessive disorder caused by a mutation in the PHYH gene coding for peroxisomal phytanoyl-CoA hydroxylase or PEX7, coding for peroxin 7 receptor protein. Onset is is usually in late childhood, initially presenting with retinitis pigmentosa, with progression to ataxia and chronic polyneuropathy.

8A03.13 Ataxia due to abetalipoproteinemia

Ataxia in the setting of abetalipoproteinemia, a rare autosomal recessive disorder caused by a mutation of the MTP gene coding for microsomal triglyceride transfer protein which impairs the ability to produce very low density lipoprotein. All patients have fat malabsorption, acanthocytosis, hypocholesterolemia, and absent apolipoprotein B.

8A03.14 Hereditary episodic ataxia

Autosomal dominant disorders associated with intermittent episodes of cerebellar dysfunction, with normal functioning or minimal ataxia and nystagmus between episodes. The two major subtypes include EA1 and and EA2. EA1 is caused by a mutation of the KCNA1 gene coding and characterized by episodes triggered by exercise and muscle myokymia. EA2 is caused by a mutation in CACNA1A gene and involves more prolonged attacks of ataxia (lasting hours to days), and interictal residual ataxia with nystagmus.

8A03.15 Ataxia due to mitochondrial mutations

8A03.16 Spinocerebellar ataxia

Autosomal dominantly inherited ataxias associated with over 37 gene loci that involve progressive degeneration of the cerebellum and spinocerebellar tracts of the spinal cord, presenting with characteristic sensory loss, diminished tendon reflexes, Romberg sign, and positive Babinski sign(s).

8A03.1Y Other specified hereditary ataxia

8A03.1Z Hereditary ataxia, unspecified

8A03.2 **Non-hereditary degenerative ataxia**

Ataxia is characterized by incoordination, due to lesions in the cerebellum and efferent or afferent connections. Sporadic forms of ataxia that present without any family history or known genetic cause. Diagnosis is made after ruling out other causes of ataxia.

8A03.20 Late onset cerebellar cortical atrophy

This is a sporadic late onset cerebellar cortical atrophy with progressive ataxia. Neuropathologically it is characterised by diffuse cerebellar cortical lesions and absence of neuronal loss in the dorsomedial part of the inferior olives.

Exclusions: Hereditary ataxia (8A03.1)

8A03.2Y Other specified non-hereditary degenerative ataxia

8A03.2Z Non-hereditary degenerative ataxia, unspecified

8A03.3 **Acquired ataxia**

Ataxia that is caused by a variety of exogenous and endogenous factors and are not clearly hereditary. May be seen in the setting of drug toxicity, post-viral cerebellitis, acute disseminated encephalomyelitis, traumatic brain injury, hypoxia, heat stroke, Wernicke's encephalopathy, Miller Fisher syndrome, basilar migraine, or conversion reaction.

8A03.30 Ataxia due to alcoholic cerebellar degeneration

This is the most common form of acquired ataxia and occurs among people suffering from degeneration of the cerebellum as a result of chronic alcohol use.

8A03.3Y Other specified acquired ataxia

8A03.3Z Acquired ataxia, unspecified

8A03.Y **Other specified ataxic disorders**

8A03.Z **Ataxic disorders, unspecified**

8A04 Disorders associated with tremor

Tremor is an involuntary oscillation of a body part and is commonly classified according to the behavioural circumstances in which it occurs (1) Tremor may occur during attempted relaxation (rest tremor), during a voluntarily held posture (postural tremor), or during a voluntary movement (kinetic tremor).

8A04.0 **Enhanced physiological tremor**

This is a high frequency, low amplitude tremor present with posture or action. It represents an exacerbation of a physiologic tremor which may have been worsened by drugs, stress, anxiety, etc.

8A04.1 **Essential tremor or related tremors**

Essential tremor is the most common form of tremor of moderate frequency ranging from 7-12 Hz and presents as a postural and kinetic tremor of the hands. It may also be present in the head/neck, and voice.

Exclusions: tremor NOS (8A04)

8A04.2 **Rest tremor**

Resting tremors happen while the patient is sitting or lying down and relaxed. People who have a resting tremor can usually stop the tremor by deliberately moving the affected body part. It usually occurs in the setting of Parkinsonism.

8A04.3 **Secondary tremor**

Coding Note: Code also the causing condition

8A04.30 Tremor due to metabolic disorders

Involuntary oscillation of a body part due to metabolic disorders.

Coding Note: Code also the causing condition

8A04.31 Tremor due to chronic or acute substance use

Drug use can cause tremor or exacerbate an existing tremor.

Coding Note: Code also the causing condition

8A04.32 Tremor due to drug withdrawal

Coding Note: Code also the causing condition

8A04.33 Tremor due to certain specified central nervous system diseases

Coding Note: Code also the causing condition

8A04.3Y Other specified secondary tremor

Coding Note: Code also the causing condition

8A04.3Z Secondary tremor, unspecified

Coding Note: Code also the causing condition

8A04.4 **Functional tremor**

Functional movement disorder presenting predominantly with tremor. The tremor might be variable in frequency and distractible on testing, either entraining or ceasing in response to contralateral externally cued rhythmical movements provided by the examiner.

Functional tremor is that in which no cause has been identified after investigation.

8A04.Y **Other specified disorders associated with tremor**

8A04.Z **Disorders associated with tremor, unspecified**

8A05 **Tic disorders**

Disorders characterized by brief, sudden, repetitive movements (motor tics) or utterances (phonic or vocal tics) that are temporarily suppressible and are usually preceded by a strong urge to perform the tic. The most common cause of childhood-onset tics is Tourette Syndrome.

8A05.0 Primary tics or tic disorders

Primary tics or tic disorders are characterised by the presence of chronic motor and/or vocal (phonic) tics. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed, tics must have been present for at least one year, although they may not manifest consistently.

8A05.00 Tourette syndrome

Tourette syndrome is a chronic tic disorder characterised by the presence of both chronic motor tics and vocal (phonic) tics, with onset during the developmental period. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed as Tourette syndrome, both motor and vocal tics must have been present for at least one year, although they may not manifest concurrently or consistently throughout the symptomatic course.

Inclusions: Combined vocal and multiple motor tic disorder

8A05.01 Chronic motor tic disorder

Chronic motor tic disorder is characterised by the presence of motor tics over a period of at least one year, although they may not manifest consistently. Motor tics are defined as sudden, rapid, non-rhythmic, and recurrent movements.

Exclusions: Tourette syndrome (8A05.00)

8A05.02 Chronic phonic tic disorder

Chronic phonic tic disorder is characterised by the presence of phonic (vocal) tics over a period of at least one year, although they may not manifest consistently. Phonic tics are defined as sudden, rapid, non-rhythmic, and recurrent vocalizations.

Exclusions: Tourette syndrome (8A05.00)

8A05.03 Transient motor tics

Tics are sudden, non-rhythmic stereotyped movements such as blinking, sniffing, tapping, etc. They should have been present for less than 1 year.

8A05.0Y Other specified primary tics or tic disorders

8A05.0Z Primary tics or tic disorders, unspecified

8A05.1 Secondary tics

A tic disorder as a direct physiologic consequence of an antecedent infection, drugs or illness.

Coding Note: Code also the causing condition

8A05.10 Infectious or postinfectious tics

A tic disorder as a direct physiologic consequence of an antecedent infection.

8A05.11 Tics associated with developmental disorders

A tic disorder as a direct consequence of a developmental disorder.

8A05.1Y Other specified secondary tics

Coding Note: Code also the causing condition

8A05.1Z Secondary tics, unspecified

Coding Note: Code also the causing condition

8A05.Y **Other specified tic disorders**

8A05.Z **Tic disorders, unspecified**

8A06 Myoclonic disorders

Exclusions: myoclonic epilepsy (8A60-8A6Z)

Facial myokymia (8B88.1)

Dystonia-plus (8A02.11)

8A06.0 **Essential myoclonus**

This is a hereditary form of myoclonus, which is not usually associated with epilepsy or any other medical condition. Essential myoclonus tends to be stable without increasing in severity over time. More recently, it is believed that essential myoclonus may be the same as myoclonus-dystonia caused by a mutation in the sarcoglycan gene.

8A06.1 **Segmental myoclonus**

Rhythmic or semi-rhythmic involuntary contractions of muscle groups supplied by one or more contiguous segments of the brainstem and/or spinal cord.

8A06.2 **Focal myoclonus**

Sudden, involuntary twitching or jerking of a muscle or group of muscles which effects a localised area of the body.

8A06.20 Palatal myoclonus

Palatal myoclonus is usually a rhythmic, continuous movement of the muscles of the middle ear or palate, but can also include muscle of the eye, tongue, neck and diaphragm. The movement may be present in sleep or with distraction with a frequency of 1.5 to 3 Hz. Essential palatal myoclonus is more likely to have an associated rhythmic clicking noise compared to symptomatic palatal myoclonus.

8A06.21 Chronic hiccups

Chronic hiccup is a rare disorder causing repeated inspiratory spasms over periods of 48 hours or more.

8A06.2Y Other specified focal myoclonus

8A06.2Z Focal myoclonus, unspecified

8A06.Y **Other specified myoclonic disorders**

8A06.Z **Myoclonic disorders, unspecified**

8A07 **Certain specified movement disorder**

Neurologic motor disorder motor disorders that present with slowness of movement (bradykinesia or hypokinesia) or abnormal involuntary movements (hyperkinesias) as a result of genetic, infectious, toxic, metabolic, inflammatory, or vascular abnormalities.

Coded Elsewhere: Sleep-related movement disorders (7A80-7A8Z)

Hereditary spastic paraplegia (8B44.0)

8A07.0 **Stereotypies**

Stereotypy refers to simple or complex movements that repeat themselves continually and identically. These are usually not preceded by an uncomfortable feeling.

Coded Elsewhere: Autism spectrum disorder (6A02)

Rett syndrome (LD90.4)

8A07.00 Primary stereotypy

A stereotypy that occurs in typically developing child.

8A07.01 Secondary stereotypy

A constellation of repetitive stereotyped movements such as hand flapping, that occur in association with a genetic, metabolic, neurodevelopmental, neurodegenerative, paraneoplastic, or infectious disorder.

Coding Note: Code also the causing condition

8A07.0Y Other specified stereotypies

8A07.0Z Stereotypies, unspecified

8A07.1 **Akathisia**

8A07.2 **Excessive startle reflex**

Exaggerated startle reaction (eye blinking, muscle jerks, body spasms) that occur in response to unexpected stimuli. May be secondary to hyperkplexia, myoclonic neurological diseases, or neuropsychiatric disorders.

8A0Y **Other specified movement disorders**

Coding Note: Code also the causing condition

8A0Z **Movement disorders, unspecified**

Coding Note: Code also the causing condition

Disorders with neurocognitive impairment as a major feature (8A20-8A2Z)

8A20 **Alzheimer disease**

8A21 **Progressive focal atrophies**

Progressive cortical atrophies are neurodegenerative diseases with progressive impairment in a single cognitive domain secondary to circumscribed cerebral atrophy.

8A21.0 Posterior cortical atrophy

Benson's syndrome or Posterior Cortical Atrophy (PCA) refers to a clinical syndrome in which higher order visual processing is disrupted owing to a neurodegenerative disorder. The patients present with progressive and severe visual agnosia (inability to recognize and identify familiar objects or persons) and apraxia (loss in the ability to execute or perform skilled familiar movements).

8A21.Y Other specified progressive focal atrophies

8A21.Z Progressive focal atrophies, unspecified

8A22 **Lewy body disease**

Lewy body disease is a neurodegenerative disorder and the second most common form of dementia in the elderly after Alzheimer disease. Lewy bodies are histologically defined as intracytoplasmic eosinophilic neuronal inclusions in the cortex or brainstem.

8A23 **Frontotemporal lobar degeneration**

8A2Y **Other specified disorders with neurocognitive impairment as a major feature**

8A2Z **Disorders with neurocognitive impairment as a major feature, unspecified**

Multiple sclerosis or other white matter disorders (8A40-8A4Z)

This is a group of conditions involving demyelination, damage to the myelin sheath which protects nerve axons and is responsible for neurotransmission.

8A40 **Multiple sclerosis**

Multiple Sclerosis is a chronic, inflammatory demyelinating disease of the central nervous system. Three categories of multiple sclerosis have been outlined: Relapsing/remitting, secondary progressive and primary progressive multiple sclerosis

Coded Elsewhere: Retrobulbar neuritis in multiple sclerosis (9C40.1Y)

8A40.0 Relapsing-remitting multiple sclerosis

Clearly defined disease relapses with full recovery or with sequelae and residual deficit upon recovery. The periods between disease relapses are characterised by a lack of disease progression.

8A40.1 **Primary progressive multiple sclerosis**

Disease progression from onset, with occasional plateaus and temporary minor improvements allowed.

Coding Note: This category is to be used to indicate Primary progressive multiple sclerosis which is progressive from onset but includes progressive - relapsing, or is progressive from onset with a single relapse

8A40.2 **Secondary progressive multiple sclerosis**

Coding Note: This category is to be used to indicate Secondary progressive multiple sclerosis, after an initially relapsing/remitting course (includes remitting relapsing progressive, may have superimposed relapses)

8A40.Y **Other specified multiple sclerosis**

8A40.Z **Multiple sclerosis, unspecified**

8A41 Isolated demyelinating syndromes of the central nervous system

Clinically isolated syndrome (CIS) is the first clinical inflammatory demyelinating event of the central nervous system, lasting greater than 24 hours CIS is now recognised as the first clinical presentation of a disease that shows characteristics of inflammatory demyelination that could be MS, but has yet to fulfill criteria of dissemination in time.

Coded Elsewhere: Optic neuritis (9C40.1)

Idiopathic inflammatory optic neuropathy (9C40.1Y)

8A41.0 **Transverse myelitis**

Focal inflammatory and demyelinating disorder of the spinal cord, resulting in motor, sensory and autonomic dysfunction. Symptoms include Lhermitte's, numbness of the limbs, progressive spastic paraplegia, urinary urgency, incontinence and sexual dysfunction.

Coding Note: Code also the causing condition

8A41.1 **Neuromyelitis optica myelin oligodendrocyte glycoprotein antibody-positive**

MOG antibody associated spectrum disorders are inflammatory demyelinating diseases of the central nervous system with a predilection for optic nerve that include a subgroup of patients with bilateral optic neuritis (ON), longitudinally extensive (> 3 vertebral segments) myelitis (often recurrent) and rarely patients with an NMO like presentation. The clinical and immunopathological phenotype is under active investigation

8A41.Y **Other specified isolated demyelinating syndromes of the central nervous system**

8A41.Z **Isolated demyelinating syndromes of the central nervous system, unspecified**

8A42 Acute disseminated encephalomyelitis

Acute disseminated encephalomyelitis is a demyelinating disorder of the central nervous system. It usually develops after acute viral or bacterial infection or vaccination, with a sudden onset of irritability and lethargy after a prodromal period of 1-4 weeks. Major symptoms include fever, headache, drowsiness, changes in mental status, seizures and coma. Weakness, vomiting, weight loss, stiff neck, ataxia, bilateral optic neuritis and delirium are common. Peripheral nervous system involvement (paralysis of a single limb or hemiplegia) may occur.

8A42.0 Acute haemorrhagic leukoencephalitis

Rare, severe, rapidly progressive inflammatory and haemorrhagic demyelinating disorder of the central nervous system, considered a variant of ADEM.

8A42.Y Other specified acute disseminated encephalomyelitis

8A42.Z Acute disseminated encephalomyelitis, unspecified

8A43 Neuromyelitis optica

Coded Elsewhere: Neuromyelitis optica myelin oligodendrocyte glycoprotein antibody-positive (8A41.1)

8A43.0 Neuromyelitis optica aquaporin-4 antibody positive

Neuromyelitis optica (NMO) is an inflammatory demyelinating disease of the central nervous system characterised mainly by attacks of uni- or bilateral optic neuritis (ON) and acute longitudinally extensive (> 3 vertebral segments) myelitis. This form is seropositive for aquaporin-4 antibodies.

8A43.1 Neuromyelitis optica aquaporin-4 antibody negative

Neuromyelitis optica (NMO) is an inflammatory demyelinating disease of the central nervous system characterised mainly by attacks of uni- or bilateral optic neuritis (ON) and acute longitudinally extensive (> 3 vertebral segments) myelitis. This form is seronegative for aquaporin-4 antibodies.

Some patients may be myelin oligodendrocyte glycoprotein (MOG) antibody positive.

8A43.2 Single transverse myelitis aquaporin-4 antibody positive

A single episode of transverse myelitis which is typically longitudinally extensive (>3 vertebral segments) associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.3 Recurrent transverse myelitis aquaporin-4 antibody positive

Two or more episodes of transverse myelitis which is typically longitudinally extensive (>3 vertebral segments) associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.4 Single optic neuritis aquaporin-4 antibody positive

A single episode of optic neuritis associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.5 **Recurrent optic neuritis aquaporin-4 antibody positive**

Two or more episodes of optic neuritis associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.Y **Other specified neuromyelitis optica**

8A43.Z **Neuromyelitis optica, unspecified**

8A44 Leukodystrophies

Group of rare progressive genetic diseases that are caused by mutations in genes that lead to destruction of white matter of the brain by disrupting development of the myelin sheath. More than 50 different leukodystrophies have been identified, including Alexander disease Canavan disease, cerebrotendinous xanthomatosis, metachromatic leukodystrophy, Pelizaeus-Merzbacher disease, and Refsum disease.

Coded Elsewhere: Metachromatic leukodystrophy (5C56.02)

Canavan disease (5C50.E1)

Leukoencephalopathy with brainstem - spinal cord involvement - lactate elevation (5C53.23)

8A44.0 **Pelizaeus-Merzbacher disease**

Pelizaeus-Merzbacher disease (PMD) is an X-linked leukodystrophy characterised by developmental delay, nystagmus, hypotonia, spasticity, and variable intellectual deficit. It is classified into three sub-forms based on the age of onset and severity: connatal, transitional, and classic PMD.

Coded Elsewhere: Pelizaeus-Merzbacher-like disease (LD90.2)

8A44.1 **Adrenoleukodystrophy**

X-linked genetic disorder associated with accumulation of very-long-chain fatty acids in the brain and adrenal cortex due to a mutation in the ABCD1 gene causing defects in peroxisomal oxidation. Neurological symptoms can present in childhood or adulthood with almost all patients having concurrent adrenal insufficiency.

Coded Elsewhere: Zellweger syndrome (5C57.0)

Neonatal adrenoleukodystrophy (5A74.Y)

X-linked adrenoleukodystrophy (5C57.1)

8A44.2 **Alexander disease**

Alexander's disease is a neurodegenerative disorder encompassing different clinical forms: the infantile form (birth to 2 years), the most common, is characterised by its early onset and severe evolution with progressive megalencephaly (sometimes hydrocephaly), retarded psychomotor development or mental deterioration, pyramidal signs, ataxia and convulsive seizures. The juvenile forms start in school-aged children and associate spastic paraplegia and progressive bulbar signs. Adult forms are heterogeneous and difficult to diagnose.

8A44.3 Certain specified leukodystrophies

Coded Elsewhere: Phenylketonuria (5C50.0)
Refsum disease (5C57.1)
Cerebrotendinous xanthomatosis (5C52.11)
Leber hereditary optic neuropathy (8C73.Y)
Cystic leukoencephalopathy without megalencephaly (5C55.2)
Gaucher disease (5C56.0Y)
Niemann-Pick disease (5C56.0Y)
Tay-Sachs disease (5C56.00)
Oculo-dento-digital dysplasia (LD27.0Y)

8A44.4 Krabbe disease

Krabbe disease, also called globoid cell leukodystrophy, is a sphingolipidosis resulting from galactosylceramidase (or galactocerebrosidase) deficiency, a lysosomal enzyme that catabolizes a major lipid component of myelin. The disease leads to demyelination of the central and peripheral nervous system which is rapidly progressive from the first year of life, but juvenile, adolescent or adult onset forms have also been reported, with a more variable rate of progression.

8A44.Z Leukodystrophies, unspecified

8A45 Secondary white matter disorders

Coding Note: Code also the causing condition

8A45.0 White matter disorders due to infections

Coded Elsewhere: Tabes dorsalis (1A62.01)

8A45.00 Human T-cell lymphotropic virus-associated myelopathy

Human T-cell lymphotropic virus (HTLV) is a retrovirus and causes immune mediated diseases of the nervous system. Human T-cell lymphotropic virus type 1 (HTLV-1) and Human T-cell lymphotropic virus type 2 (HTLV-2) are closely related retroviruses with similar biological properties and common modes of transport.

Coded Elsewhere: Myelitis due to Human T-lymphotropic virus type 1 (1D02.1)

8A45.01 Subacute sclerosing panencephalitis

Inclusions: Dawson inclusion body encephalitis
Van Bogaert sclerosing leukoencephalopathy

8A45.02 Progressive multifocal leukoencephalopathy

8A45.0Y Other specified white matter disorders due to infections

8A45.0Z White matter disorders due to infections, unspecified

8A45.1 White matter disorders due to toxicity

Coded Elsewhere: Myelopathy due to radiation injury (8B42)

8A45.2 White matter disorders due to vascular abnormality or ischemia

8A45.20 White matter disorder due to CADASIL

8A45.21 Subacute necrotising myelitis

Foix-Alajouanine syndrome, also called subacute ascending necrotising myelitis, results from chronic congestion of the extrinsic pial veins of the spinal cord and of the intrinsic subpial network. It is characterised by progressive ascending deficit over a period of several months or years.

8A45.2Y Other specified white matter disorders due to vascular abnormality or ischemia

8A45.2Z White matter disorders due to vascular abnormality or ischemia, unspecified

8A45.3 White matter disorders due to nutritional deficiency

Damage to the white matter due to nutritional deficiency.

8A45.30 White matter disorder due to vitamin B12 deficiency

Neurological features occur in 40% of patients with B12 deficiency. Subacute combined degeneration is a potentially reversible neurological complication of a vitamin B12 deficiency. Symptoms develop insidiously and neuropathic manifestations include progressive paraesthesia distally, numbness, gait ataxia and diminished proprioception in the lower limbs, while the myelopathic component leads to variable motor impairment due to pyramidal tract dysfunction. Incontinence of bowel and bladder with impotence and postural hypotension occur as part of the myelopathy. Central manifestations include confusion, depression, progressive hallucination and mental slowing. There may also be optic neuropathy present.

8A45.31 Central pontine myelinolysis

8A45.3Y Other specified white matter disorders due to nutritional deficiency

8A45.3Z White matter disorders due to nutritional deficiency, unspecified

8A45.4 White matter disorders due to certain specified systemic disease

8A45.40 Demyelination due to sarcoidosis

Sarcoidosis can affect any part of the nervous system. It is estimated that about 5-15% of cases develop evidence of central nervous system involvement. Neurosarcoidosis may manifest in many different ways, diagnosis may be difficult. Neurosarcoidosis can appear in an acute explosive fashion or as a slow, chronic illness. Any part of the central nervous system can be attacked by sarcoidosis but chronic neurosarcodosis can cause multiple cranial nerve palsies, parenchymatous cerebral involvement, hydrocephalus and encephalopathy or peripheral nervous system manifestations.

8A45.41 Demyelination due to systemic lupus erythematosus

Among the 12 systemic lupus erythematosus (SLE)-related central nervous system (CNS) syndromes defined by the American College of Rheumatology (ACR), demyelinating syndrome and myelopathy are two of the less prevalent and more poorly understood ones. One important issue concerning demyelinating disease in SLE is that it can be easily misdiagnosed with other central nervous system demyelinating disorders such as multiple sclerosis (MS).

8A45.42 Demyelination due to Sjögren disease

8A45.43 Demyelination due to Behcet disease

8A45.44 Demyelination due to systemic vasculitis

The CNS vasculature can be targeted by systemic vasculitis and include the following conditions;

Small-Medium Vessel Vasculitis - Wegener's granulomatosis, microscopic polyangiitis, Churg-Strauss syndrome, Cryoglobulinemic vasculitis and Behçet's disease.

Medium Vessel Vasculitis - Polyarteritis nodosa

Large Vessel Vasculitis - Giant-cell arteritis, Takayasu's arteritis (Neurologic complications are mainly due to involvement of extracranial vessels).

Usually CNS involvement coexists with other clearly apparent systemic manifestations but some patients may present primarily with prominent symptoms of CNS dysfunction

8A45.45 Demyelination due to mitochondrial disease

Mitochondrial disorders can cause multifocal and relapsing central nervous system syndromes. Mitochondrial disorders which can cause such syndromes include Mitochondrial Encephalopathy with Lactic Acidosis and Stroke (MELAS), and Leigh's disease. MELAS is a progressive neurodegenerative disorder associated with headache, treatment resistant partial seizures, short stature, muscle weakness, exercise intolerance, deafness, diabetes, and slow progressive dementia. Leigh syndrome or subacute necrotizing encephalomyelopathy is the prototype mitochondrial disease, with hallmark neuroimaging findings.

8A45.4Z White matter disorders due to certain specified systemic disease, unspecified

8A45.Y **Other specified secondary white matter disorders**

Coding Note: Code also the causing condition

8A45.Z **Secondary white matter disorders, unspecified**

Coding Note: Code also the causing condition

8A46 **Central demyelination of corpus callosum**

This is demyelination, damage to the myelin sheath of neurons, in the corpus callosum.

8A4Y **Other specified multiple sclerosis or other white matter disorders**

8A4Z **Multiple sclerosis or other white matter disorders, unspecified**

Epilepsy or seizures (8A60-8A6Z)

At least 2 unprovoked (or reflex) seizures occurring more than 24 hours apart.

Coding Note: Use additional code, if desired, to identify the type of seizure.

Exclusions: Syncope (MG45)

Coded Elsewhere: Sudden unexpected death in epilepsy (MH15)

Neonatal seizures (KB06)

8A60 **Epilepsy due to structural or metabolic conditions or diseases**

Epilepsy occurring in relation to a distinct other structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy.

8A60.0 Epilepsy due to prenatal or perinatal brain insults

Epilepsy occurring in relation to a distinct structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy, with the insult occurring before birth [prenatal] or between 22 weeks of gestation and 7 days after birth. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

Exclusions: Neonatal seizures (KB06)

8A60.00 Epilepsy due to prenatal or perinatal vascular insults

Epilepsy occurring in relation to an ischemic stroke or haemorrhagic stroke, with the stroke occurring or presumed to occur before birth [prenatal] or between 22 weeks of gestation and 7 days after birth [perinatal]. No other conditions associated with a substantially increased risk of developing epilepsy are present. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

8A60.01 Epilepsy due to neonatal hypoxic ischemic encephalopathy

8A60.0Y Epilepsy due to other prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.0Z Epilepsy due to unspecified prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.1 Epilepsy due to cerebrovascular disorders

Epilepsy occurring in relation to a stroke, with onset at least one week following an ischemic or haemorrhagic stroke.

Coding Note: Code also the causing condition

8A60.2 Epilepsy due to degenerative brain disorders

Epilepsy in relation to a degenerative brain disorder known to be associated with seizures, such as certain neuronal storage disorders (e.g. adult neuronal ceroid lipofuscinosis), and certain mitochondrial disorders.

Coding Note: Code also the causing condition

8A60.3 **Epilepsy due to dementias**

Epilepsy with onset in a patient with established diagnosis of dementia. Seizures may occur at any time after the disease onset. Focal onset seizures are the prevailing type in Alzheimer's disease while seizures with bilateral convulsive activity predominate in other dementing disorders. Myoclonus is another common finding in patients with Alzheimer's disease.

Coding Note: Code also the causing condition

8A60.4 **Epilepsy due to central nervous system infections or infestations**

Epilepsy with onset in a patient with a documented CNS infection or infestation after the acute phase of the disease.

Coding Note: Code also the causing condition

8A60.5 **Epilepsy due to injuries to the head**

Epilepsy occurring in relation to a traumatic brain injury. Onset is more than 1 week following the trauma, with risk increasing with the severity of brain injury.

Coding Note: Code also the causing condition

8A60.6 **Epilepsy due to tumours of the nervous system**

Epilepsy occurring in relation to intracranial tumours. The epilepsy may be the presenting symptom of the tumour, which is located within or affects the cerebral cortex. The tumour may be a primary intracranial tumour or a metastatic tumour.

Coding Note: Code also the causing condition

8A60.7 **Epilepsy with mesial temporal sclerosis**

Epilepsy associated with imaging and/or pathologic findings of mesial temporal sclerosis. Onset of epilepsy may be in childhood or adulthood. A history of prolonged febrile seizures is common.

8A60.8 **Epilepsy due to immune disorders**

Epilepsy in relation to immunological or autoimmune disorders, such as systemic lupus erythematosus [1], inflammatory bowel disease [2], and antibody associated encephalitis (e.g. NMDA receptors) [3]. Antibody associated encephalitis is often a limbic encephalitis, and is sometimes paraneoplastic. Excludes multiple sclerosis and other demyelinating disorders.

Coding Note: Code also the causing condition

8A60.9 **Epilepsy due to abnormalities of brain development**

Epilepsy due to disorders of cortical development encompassing a wide range of etiologies, with effects that depend on the stage of brain development. Seizure types usually reflect the topology of the malformation.

Coding Note: Code also the causing condition

8A60.A **Epilepsy due to genetic syndromes with widespread or progressive effects**

Epilepsy due to genetically determined conditions in which, as we currently understand it, there is a separate disorder interposed between the genetic defect and the epilepsy, for example, as in tuberous sclerosis. Includes epilepsy due to documented autosomal, X-linked, mitochondrial or chromosomal abnormalities.

8A60.B **Epilepsy due to multiple sclerosis or other demyelinating disorders**

Epilepsy with onset in a patient with established diagnosis of multiple sclerosis (MS) or other demyelinating disorder. Seizures must occur during the disease course, but not in close temporal relationship with an acute phase. The duration of MS symptoms prior to first seizure is generally several years.

Coding Note: Code also the causing condition

8A60.Y **Epilepsy due to other structural or metabolic condition or disease**

8A60.Z **Epilepsy due to unspecified structural or metabolic condition or disease**

8A61 **Genetic or presumed genetic syndromes primarily expressed as epilepsy**

The epilepsy is, as best as understood, the direct result of a known or presumed genetic defects(s) in which seizures are the core symptom of the disorder.

8A61.0 **Genetic epileptic syndromes with neonatal onset**

Epilepsy with onset in the first 30 days of life resulting from known or presumed genetic defects(s) in which seizures are the core symptom of the disorder.

Exclusions: Neonatal seizures (KB06)

Epilepsy due to prenatal or perinatal brain insults (8A60.0)

8A61.00 Pyridoxal dependent epilepsy

Pyridoxal 5-phosphate dependent epilepsy usually presents with neonatal intractable seizures and is diagnosed by cerebrospinal fluid (CSF) analysis, gene testing, and clinical response. The majority of patients have pyridoxamine 5'-phosphate oxidase (PNPO) gene disease causing mutations. Early diagnosis and effective treatment can lead to a relatively favourable neurodevelopmental outcome.

8A61.0Y Other specified genetic epileptic syndromes with neonatal onset

8A61.0Z Genetic epileptic syndromes with neonatal onset, unspecified

8A61.1 **Genetic epileptic syndromes with onset in infancy**

Include a vast spectrum of phenotypes having in common a genetic background and the onset in infancy. They range from benign self-remitting to severe drug resistant syndromes. Family history of epilepsy is common in some syndromic entities and exceptional in others.

8A61.10 Benign familial infantile epilepsy

Epilepsy characterised by the occurrence of repeated seizures in healthy infants with no prior medical history during the first year of life. The seizures manifest with motor arrest, impairment of consciousness, staring, eye and head deviation, and mild unilateral clonic convulsions. A family history of the same epilepsy is a constant finding. The pattern of inheritance is most probably autosomal dominant.

8A61.11 Dravet syndrome

A refractory epileptic encephalopathy occurring in otherwise healthy infants during the first year of life with clonic/tonic-clonic, generalised and unilateral seizures, hemiclonic or generalised status epilepticus. The interictal EEG may initially be normal but with time background activity deteriorates and bilateral asymmetric, focal or multifocal paroxysms of polyspike and slow-waves appear. Mutations in the voltage-gated sodium channel gene SCN1A are commonly found.

8A61.12 Epilepsy of infancy with migrating focal seizures

Epilepsy syndrome with onset between the first week of life and seven months of intractable, polymorphous focal seizures. Psychomotor development progressively deteriorates. A mutation of SCN1A may be found. The EEG shows multifocal, varying sites of seizure onset, and diffuse slowing.

8A61.1Y Other specified genetic epileptic syndromes with onset in infancy

8A61.1Z Genetic epileptic syndromes with onset in infancy, unspecified

8A61.2 Genetic epileptic syndromes with childhood onset

8A61.20 Benign childhood epilepsy with centro-temporal spikes

Epilepsy characterised by focal seizures, mainly during sleep, often with involvement of the mouth and face. Convulsive seizures may occur. A history of febrile seizures is common. Onset is maximal between 7 and 10 years of age. The electroencephalogram typically shows focal epileptiform discharges over one or both centrotemporal areas. Remission occurs before age 16 years.

8A61.21 Childhood absence epilepsy

Epilepsy with onset in an otherwise normal child of 2 to 12 years of age, often with multiple daily brief staring episodes lasting an average of 10 seconds. Absence seizures are usually provoked by hyperventilation. The electroencephalogram shows ictal and interictal diffuse 2.5-3 cycles per second spike and wave discharges. The genetic pattern is probably polygenetic.

8A61.22 Epilepsy with myoclonic-astatic seizures

Epilepsy beginning between the second and fifth year of life in a previously normal child with family history of seizures, that initially manifests as tonic-clonic seizures with myoclonic-astatic seizures beginning several weeks later. These seizures are characterised by a sudden loss of muscular tonus associated with forward or backward propulsion that may result in injury to the face and head if the patient falls.

8A61.23 Myoclonic absences or absences with myoclonias

Childhood epileptic syndrome characterised by absence seizures associated with severe rhythmic bilateral myoclonic jerks. The EEG pattern shows rhythmic, bilateral, synchronous, symmetric 3-Hz spike and slow-waves discharges associated with EMG myoclonic bursts at 3 Hz, superimposed to a progressively increasing tonic contraction.

8A61.2Y Other specified genetic epileptic syndromes with childhood onset

8A61.2Z Genetic epileptic syndromes with childhood onset, unspecified

8A61.3 **Genetic epileptic syndrome with adolescent or adult onset**

Includes a wide array of epilepsy syndromes having a (presumed) genetic origin, with onset in adolescence or in adult life. The developmental background is usually normal. Family history of epilepsy is frequently present. Focal and generalised seizures may be present most frequently in isolation to mark the diagnostic category, and rarely in combination. The interictal and ictal EEG may show typical, sometimes pathognomonic, patterns. Neuroimaging is normal although focal abnormalities are occasionally reported.

8A61.30 Juvenile myoclonic epilepsy

Epilepsy with onset between the ages of 6 and 25 years with myoclonic jerks without loss of consciousness predominantly occurring early in the morning. Intelligence is not affected. Jerks may be facilitated by sleep deprivation, stress, or certain visual stimuli. Convulsive seizures may occur and may be preceded by myoclonic jerks.

8A61.31 Juvenile absence epilepsy

Juvenile absence epilepsy is one of the age-related idiopathic generalised epilepsies (IGE) with an age at onset between 10 and 17 years of age, and is characterised by sporadic (non-pyknoleptic) occurrence of absence seizures frequently associated with generalised tonic-clonic seizures (GTCS) predominantly on awakening. Interictal and ictal EEG shows generalised spike and wave discharges with normal background activity.

8A61.32 Benign adult familial myoclonus epilepsy

Benign adult familial myoclonic epilepsy (BAFME) is an inherited epileptic syndrome characterised by cortical hand tremors, myoclonic jerks and occasional generalised or focal seizures with a non-progressive or very slowly progressive disease course, and no signs of early dementia or cerebellar ataxia.

8A61.3Y Other specified genetic epileptic syndrome with adolescent or adult onset

8A61.3Z Genetic epileptic syndrome with adolescent or adult onset, unspecified

8A61.4 **Genetic epileptic syndromes with variable age of onset**

Epilepsies occurring in an otherwise normal child or adult. Seizures may occur spontaneously or may be provoked by external stimuli. Family history of seizures is not uncommon and is frequently reported in selected epilepsy syndromes.

Genetic aspects may follow differing features ranging from complex hereditary patterns to classic Mendelian features or to focused defects.

8A61.40 Reflex epilepsies

Reflex epilepsies are rare epileptic syndromes with seizures induced by specific triggering factors (either by visual, auditory, somato-sensitive or somato-motor stimulation, or by higher cortical function activities). Photosensitive epilepsies are the most frequent form. Spontaneous seizures may also occur. 'Reflex seizures'' can be classified into a simple 'pure'' reflex epilepsy and a complex group. The former comprises seizure triggered by simple sensory stimuli or by movements (photosensitive epilepsies). The latter are triggered by complex mental and emotional processes (verbal and non-verbal epilepsies).

8A61.41 Progressive myoclonic epilepsy

8A61.4Y Other specified genetic epileptic syndromes with variable age of onset

8A61.4Z Genetic epileptic syndromes with variable age of onset, unspecified

8A61.Y **Other specified genetic or presumed genetic syndromes primarily expressed as epilepsy**

8A61.Z **Genetic or presumed genetic syndromes primarily expressed as epilepsy, unspecified**

8A62 Epileptic encephalopathies

Epilepsies for which no clear etiology can be detected or occurring at the presence of two or more static structural or metabolic conditions increasing the risk for epileptic seizures. The epileptic activity itself may contribute to severe cognitive and behavioural impairments above and beyond what might be expected from the underlying pathology alone.

8A62.0 **Infantile spasms**

Syndrome characterised by the subacute onset of brief, repeated seizures with axial or limb flexion, occurring in clusters. EEG shows hypsarrhythmia, i.e., chaotic, high voltage slowing multifocal spikes, with ictal abrupt decremental pattern. Various structural brain pathologies may be present, or no cause may be found. Two-thirds of children have subsequent cognitive deficits.

8A62.1 **Lennox-Gastaut syndrome**

Syndrome defined as a cryptogenic or symptomatic generalised epilepsy, which is characterised by the following symptomatic triad: several epileptic seizures (atypical absences, axial tonic seizures and sudden atonic or myoclonic falls); diffuse slow interictal spike waves in the waking EEG (< 3 Hz) and fast rhythmic bursts (10 Hz) during sleep; slow mental development associated with personality disturbances.

8A62.2 **Acquired epileptic aphasia**

Epilepsy with onset in a previously normal child characterised by acquired aphasia, variable seizure types, focal bitemporal EEG epileptiform abnormalities (1.5-5Hz spike and slow-waves), frequently activated by sleep, with or without seizures. behavioural disorders such as hyperactivity and attention deficit are common. There is no documented brain pathology.

8A62.Y **Other specified epileptic encephalopathies**

8A62.Z **Epileptic encephalopathies, unspecified**

8A63 Seizure due to acute causes

A clinical seizure occurring at the time of a systemic insult or in close temporal association with a documented brain insult.

Coding Note: Code also the causing condition

Exclusions: Migraine aura-triggered seizures (8A80.3)

8A63.0 **Febrile seizures**

Seizures associated with a rise of the body temperature in the absence of intracranial infection, metabolic disturbance, or history of afebrile seizures. They most commonly occur in children between the ages of 6 months and 5 years.

8A63.00 Simple febrile seizures

Febrile seizures lasting less than 15 minutes, with no focal features and no occurrence in series.

8A63.01 Complex febrile seizures

Febrile seizures lasting longer than 15 minutes and/or multiple episodes occurring within 24 hours and/or seizures with focal features.

8A63.0Y Other specified febrile seizures

8A63.Y **Seizure due to other acute cause**

Coding Note: Code also the causing condition

8A63.Z **Seizure due to unspecified acute cause**

Coding Note: Code also the causing condition

8A64 **Single seizure due to remote causes**

An unprovoked seizure occurring in a patient with no history of antecedent seizures but with abnormalities of brain development or a potentially responsible clinical condition (metabolic, structural, toxic). The temporal relationship with the CNS insult is beyond the interval estimated for the occurrence of acute symptomatic seizures. The CNS insult may be static or progressive.

Coding Note: Code also the causing condition

8A65 **Single unprovoked seizure**

A seizure occurring in the absence of a potentially responsible structural or metabolic condition or beyond the interval estimated for the occurrence of an acute symptomatic seizure.

8A66 **Status epilepticus**

Status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.0 **Convulsive status epilepticus**

Convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical convulsive seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.1 **Non-convulsive status epilepticus**

Non- convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.10 Absence status epilepticus

An absence seizure (see absence seizures, typical and atypical) lasting >10 min (on average 10-15 min).

8A66.1Y Other specified non-convulsive status epilepticus

8A66.1Z Non-convulsive status epilepticus, unspecified

8A66.Y **Other specified status epilepticus**

8A66.Z **Status epilepticus, unspecified**

8A67 Acute repetitive seizures

Acute repetitive seizures are multiple seizures, with a distinct time of onset, with recovery between each seizure, occurring within 24 hours in adults, or 12 hours in children.

8A68 Types of seizures

Coding Note: Code also the causing condition

Exclusions: Dissociative neurological symptom disorder, with non-epileptic seizures (6B60.4)

Neonatal seizures (KB06)

8A68.0 **Focal unaware seizure**

Previously termed “complex partial seizures”, define seizures originating within networks limited to one hemisphere and accompanied by loss of awareness (i.e., knowledge of self or environment).

8A68.1 **Absence seizures, atypical**

Absence seizures with changes in tone more pronounced than in typical absences or with non-abrupt onset and/or cessation, often associated with slow, irregular, generalised spike-wave activity.

8A68.2 **Absence seizures, typical**

Seizures characterised by sudden onset, interruption of ongoing activities, blank stare, possibly brief upward gaze deviation, unresponsiveness, duration from few seconds to half a minute, and rapid recovery. An EEG would show generalised epileptiform discharges during the event.

8A68.3 **Focal aware seizure**

Focal aware seizures define seizures originating within networks limited to one hemisphere and accompanied by awareness (i.e., knowledge of self or environment).

8A68.4 **Generalised tonic-clonic seizure**

A seizure characterized by an abrupt onset with loss of consciousness and bilateral tonic extension of the trunk and limbs (tonic phase) followed by synchronous muscle jerking (clonic phase). Usually followed by a postictal phase, lasting for several minutes up to hours, characterized by initial mydriasis, body relaxation, hypotonia, and sleep.

8A68.5 **Generalised myoclonic seizure**

Seizure characterized by sudden, rapid brief (<100msec) involuntary muscle jerks that may involve just one muscle or the entire trunk musculature and are associated with an ictal EEG discharge. Can occur bilaterally, unilaterally, synchronously or asynchronously.

8A68.6 **Generalised tonic seizure**

A seizure characterised by sustained increase in muscle contraction lasting a few seconds to minutes.

8A68.7 **Generalised atonic seizure**

Seizure characterised by sudden loss or diminution of muscle tone without apparent preceding myoclonic or tonic event lasting 1-2 sec, involving head, trunk, jaw, or limb muscles.

8A68.Y **Other specified type of seizure**

Coding Note: Code also the causing condition

8A68.Z **Type of seizure, unspecified**

Coding Note: Code also the causing condition

8A6Y **Other specified epilepsy or seizures**

Coding Note: Use additional code, if desired, to identify the type of seizure.

8A6Z **Epilepsy or seizures, unspecified**

Coding Note: Use additional code, if desired, to identify the type of seizure.

Headache disorders (8A80-8A8Z)

Exclusions: Headache, not elsewhere classified (MB4D)

8A80 **Migraine**

A primary headache disorder, in most cases episodic. Disabling attacks lasting 4-72 hours are characterised by moderate or severe headache, usually accompanied by nausea, vomiting and/or photophobia and phonophobia, and sometimes preceded by a short-lasting aura of unilateral fully-reversible visual, sensory or other central nervous system symptoms. In a small minority of cases headache, but not necessarily the associated symptoms, becomes very frequent, with loss of episodicity.

Exclusions: Headache, not elsewhere classified (MB4D)

8A80.0 **Migraine without aura**

Recurrent headache disorder manifesting in attacks lasting 4-72 hours. The duration of attacks may be shorter in children. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

8A80.1 **Migraine with aura**

Recurrent attacks, lasting minutes, of unilateral fully-reversible visual, sensory or other central nervous system symptoms that usually develop gradually and are usually followed by headache and associated migraine symptoms.

8A80.10 Hemiplegic migraine

Migraine with aura including motor weakness.

8A80.1Y Other specified migraine with aura

8A80.1Z Migraine with aura, unspecified

8A80.2 **Chronic migraine**

Headache occurring on 15 or more days per month for more than three months, which, on at least 8 days per month, has the features of migraine headache and is not associated with medication overuse.

8A80.3 **Complications related to migraine**

8A80.30 Status migrainosus

A debilitating migraine attack lasting for more than 72 hours

8A80.3Y Other specified complications related to migraine

8A80.4 **Cyclic vomiting syndrome**

Recurrent episodic attacks, usually stereotypical in the individual patient, of vomiting and intense nausea. Attacks are associated with pallor and lethargy. There is complete resolution of symptoms between attacks.

8A80.Y **Other specified migraine**

8A80.Z **Migraine, unspecified**

8A81 Tension-type headache

A primary and highly prevalent headache disorder, in most cases episodic. Attacks of highly variable frequency and duration are characterised by mild-to-moderate headache without associated symptoms, although pericranial tenderness may be present. In a minority of cases the disorder evolves, with increasingly frequent headache and sometimes loss of episodicity.

Exclusions: New daily-persistent headache (8A83)

8A81.0 **Infrequent episodic tension-type headache**

Infrequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

8A81.1 **Frequent episodic tension-type headache**

Frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

8A81.2 **Chronic tension-type headache**

A disorder evolving from frequent episodic tension-type headache, with daily or very frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting hours to days, or unremitting. The pain does not worsen with routine physical activity, but may be associated with mild nausea, photophobia or phonophobia.

8A81.Y **Other specified tension-type headache**

8A81.Z **Tension-type headache, unspecified**

8A82 Trigeminal autonomic cephalalgias

A group of related primary headache disorders essentially characterised by unilateral headache and trigeminal autonomic activation. In most but not all of these disorders, the headache is short-lasting and very frequently recurring, but sometimes remitting for long periods.

8A83 Other primary headache disorder

A group of clinically heterogeneous headache disorders, believed to be primary. Although largely unrelated, they fall into four categories: headaches associated with physical exertion; headaches attributed to direct physical but innocuous stimuli; epicranial headaches; and other miscellaneous primary headache disorders.

8A84 Secondary headache

Coding Note: Code also the causing condition

8A84.0 **Acute headache associated with traumatic injury to the head**

Headache of less than three months' duration associated with traumatic injury to the head.

8A84.1 **Persistent headache associated with traumatic injury to the head**

Headache of greater than three months' duration caused by traumatic injury to the head.

8A84.Y **Other specified secondary headache**

Coding Note: Code also the causing condition

8A84.Z **Secondary headache, unspecified**

8A85 Painful cranial neuropathies or other facial pains

A group of disorders characterised by head and/or facial pain, presenting variably as a neuralgia or as pain of neuropathic or central origin.

Coded Elsewhere: Trigeminal neuralgia (8B82.0)

Burning mouth syndrome (DA0F.0)

8A8Y Other specified headache disorders

8A8Z Headache disorders, unspecified

Cerebrovascular diseases (8B00-8B2Z)

This is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. This includes “stroke”, which includes the following entities - . Intracerebral haemorrhage; Subarachnoid haemorrhage; cerebral ischemic stroke, and Stroke not known if ischaemic or haemorrhagic.

Inclusions: Cerebrovascular disease with mention of hypertension

Exclusions: Intracranial injury (NA07)

Coded Elsewhere: Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Asymptomatic occlusion of intracranial or extracranial artery (BD56)

Intracranial haemorrhage (8B00-8B0Z)

Coded Elsewhere: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

8B00 **Intracerebral haemorrhage**

Acute neurological dysfunction caused by haemorrhage within the brain parenchyma or in the ventricular system.

Coding Note: Code also the causing condition

Exclusions: sequelae of intracerebral haemorrhage (8B25.1)

Traumatic intracerebral haemorrhage (NA07.1)

Coded Elsewhere: Intracerebral nontraumatic haemorrhage of fetus or newborn (KA82.4)

8B00.0 Deep hemispheric haemorrhage

Acute neurological dysfunction caused by haemorrhage localised to the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Deep intracerebral haemorrhage

8B00.1 Lobar haemorrhage

Acute neurological dysfunction caused by haemorrhage within the lobes of the brain and outside the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Cerebral lobe haemorrhage

Superficial intracerebral haemorrhage

8B00.2 Brainstem haemorrhage

Coding Note: Code also the causing condition

8B00.3 Cerebellar haemorrhage

Coding Note: Code also the causing condition

Coded Elsewhere: Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn (KA82.6)

8B00.4 **Intraventricular haemorrhage without parenchymal haemorrhage**

Acute neurological dysfunction caused by haemorrhage within the ventricular system, without a component of parenchymal haemorrhage.

Coding Note: Code also the causing condition

8B00.5 **Haemorrhage of multiple sites**

Acute neurological dysfunction caused by haemorrhage of multiple sites, within the brain parenchyma, or in the ventricular system combined with haemorrhage in the brain parenchyma.

Coding Note: Code also the causing condition

8B00.Z **Intracerebral haemorrhage, site unspecified**

Coding Note: Code also the causing condition

8B01 Subarachnoid haemorrhage

Acute neurological dysfunction caused by subarachnoid haemorrhage.

Exclusions: sequelae of subarachnoid haemorrhage (8B25.2)

Traumatic subarachnoid haemorrhage (NA07.7)

Coded Elsewhere: Subarachnoid nontraumatic haemorrhage of fetus or newborn (KA82.5)

8B01.0 **Aneurysmal subarachnoid haemorrhage**

Inclusions: ruptured cerebral aneurysm NOS

8B01.1 **Non-aneurysmal subarachnoid haemorrhage**

8B01.2 **Subarachnoid haemorrhage not known if aneurysmal or non-aneurysmal**

8B02 Nontraumatic subdural haemorrhage

Coding Note: This entity is not part of the definition of stroke.

Exclusions: Traumatic subdural haemorrhage (NA07.6)

Coded Elsewhere: Subdural nontraumatic haemorrhage of fetus or newborn (KA82.7)

8B03 Nontraumatic epidural haemorrhage

Coding Note: This entity is not part of the definition of stroke.

8B0Z Intracranial haemorrhage, unspecified

Coded Elsewhere: Neonatal cerebral ischaemia (KB00)

8B10 **Transient ischaemic attack**

Transient episode of focal neurological dysfunction caused by focal brain ischemia without acute infarction in the clinically relevant area of the brain or transient monocular visual loss due to retinal ischemia. Symptoms should resolve completely within 24 hours.

Exclusions: Neonatal cerebral ischaemia (KB00)

Transient global amnesia (MB21.12)

8B10.0 Amaurosis fugax

A transient episode of acute visual dysfunction caused by retinal ischaemia. Symptoms should resolve completely within 24 hours.

Coding Note: Code also the causing condition

8B10.Y Other specified transient ischaemic attack

8B10.Z Transient ischaemic attack, unspecified

8B11 **Cerebral ischaemic stroke**

Acute focal neurological dysfunction caused by focal infarction at single or multiple sites of the brain. Evidence of acute infarction may come either from a) symptom duration lasting more than 24 hours, or b) neuroimaging or other technique in the clinically relevant area of the brain. The term does not include infarction of the retina.

Coding Note: When the cause of ischaemic stroke is known, code to the cause. When the cause of ischaemic stroke is not known, code to 8B11.5-. When the cause of stroke is not known, code to 8B20 Stroke not known if ischaemic or haemorrhagic.

Exclusions: sequelae of cerebral infarction (8B25.0)

Silent cerebral infarct (8B21.0)

8B11.0 Cerebral ischaemic stroke due to extracranial large artery atherosclerosis

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.1 Cerebral ischaemic stroke due to intracranial large artery atherosclerosis

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2 Cerebral ischaemic stroke due to embolic occlusion

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.20 Cerebral ischaemic stroke due to cardiac embolism

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.21 Cerebral ischaemic stroke due to aortic arch embolism

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.22 Cerebral ischaemic stroke due to paradoxical embolism

This is a sudden loss of brain function due to a lack of adequate blood flow. It is the result of a thromboembolism – a blood clot that detached and travelled through the blood vessels – that originated in the venous system. Because of a heart defect, it passes through to the systemic circulation system, instead of becoming lodged in the lungs.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2Y Cerebral ischaemic stroke due to other specified embolic occlusion

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2Z Cerebral ischaemic stroke due to embolic occlusion, unspecified

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.3 **Cerebral ischaemic stroke due to small artery occlusion**

This is a sudden loss of brain function due to a lack of adequate blood flow of the small arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.4 **Cerebral ischaemic stroke due to other known cause**

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.40 Cerebral ischaemic stroke due to global hypoperfusion with watershed infarct

This is a sudden loss of brain function due to a lack of adequate blood flow. It occurs in association with a low state of blood flow to the brain. The "watershed" regions of the brain, regions that are supplied by the branching ends of two large arteries, are particularly sensitive to low oxygen supply when arteries do not maintain the appropriate tension.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.41 Cerebral ischaemic stroke due to other non-atherosclerotic arteriopathy

This is a sudden loss of brain function due to a lack of adequate blood flow. It is due to a disorder of the arteries, but it is neither associated with atherosclerosis nor classified elsewhere.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.42 Cerebral ischaemic stroke due to hypercoagulable state

This is a sudden loss of brain function due to a lack of adequate blood flow. It is associated with a blood clot and a risk factor that increases blood clotting.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.43 Cerebral ischaemic stroke in association with subarachnoid haemorrhage

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.44 Cerebral ischemic stroke from dissection

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.5 **Cerebral ischaemic stroke of unknown cause**

This is a sudden loss of brain function due to a lack of adequate blood flow. It is of an uncertain nature, and approximately 30% of examined events fall into this category.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Inclusions: cryptogenic stroke

8B11.50 Cerebral ischaemic stroke due to unspecified occlusion or stenosis of extracranial large artery

This is a sudden loss of brain function due to a lack of adequate blood flow of the large extracranial arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Exclusions: Cerebral ischaemic stroke due to embolic occlusion (8B11.2)

Cerebral ischaemic stroke due to other known cause (8B11.4)

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis (8B11.0)

8B11.51 Cerebral ischaemic stroke due to unspecified occlusion or stenosis of intracranial large artery

This is a sudden loss of brain function due to a lack of adequate blood flow of the large intracranial arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Exclusions: Cerebral ischaemic stroke due to intracranial large artery atherosclerosis (8B11.1)

Cerebral ischaemic stroke due to embolic occlusion (8B11.2)

Cerebral ischaemic stroke due to other known cause (8B11.4)

8B11.5Z Cerebral ischaemic stroke, unspecified

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B1Y **Other specified cerebral ischaemia**

8B1Z **Cerebral ischaemia, unspecified**

8B20 **Stroke not known if ischaemic or haemorrhagic**

Fulfills criteria for stroke in that acute symptoms of focal brain injury that have lasted 24 hours or more (or led to death before 24 hours), but subtype of stroke (ischemic or haemorrhagic) has not been determined by neuroimaging or other techniques.

Exclusions: sequelae of stroke (8B25.4)

8B21 **Cerebrovascular disease with no acute cerebral symptom**

Silent" cerebral infarct is defined as an infarct demonstrated on neuroimaging or at autopsy that has not caused acute dysfunction of the brain (I e does not qualify for diagnoses of TIA or cerebral ischemic stroke). The term "silent" denotes lack of acute symptoms.

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

Intracerebral haemorrhage (8B00)

Subarachnoid haemorrhage (8B01)

Stroke not known if ischaemic or haemorrhagic (8B20)

8B21.0 Silent cerebral infarct

Cerebral infarct that has not caused acute focal dysfunction of the brain.

8B21.1 Silent cerebral microbleed

Small bleeding in the brain parenchyma that has not caused acute focal dysfunction of the brain.

8B21.Y Other specified cerebrovascular disease with no acute cerebral symptom

8B21.Z Cerebrovascular disease with no acute cerebral symptom, unspecified

8B22 **Certain specified cerebrovascular diseases**

Specified other abnormalities of intracranial or extracranial arteries or veins. Entities in this section may be used in combination with other diagnostic codes in this block. Several of the entities may each cause different types of cerebrovascular disease such as TIA, cerebral ischemic stroke or intracerebral haemorrhage; may be associated with other clinical syndromes; or may be asymptomatic (not having caused acute focal dysfunction of the brain).

Section on Intracranial vascular malformations have been much revised compared to ICD-10 based on major scientific progress in this field.

Cerebral vasoconstriction syndromes and Posterior reversible encephalopathy are considered to be separate entities (as vasoconstriction is not always present in the latter).

"Progressive vascular leukoencephalopathy (Binswanger's disease)" has been removed as a separate entity.

Exclusions: Late effects of cerebrovascular disease (8B25)

8B22.0 **Dissection of cerebral arteries**

Exclusions: ruptured cerebral arteries (8B01)

8B22.1 **Cerebral venous thrombosis**

Thrombosis (blood clot) of the cerebral venous sinuses, which drain blood from brain

Exclusions: Cerebral ischaemic stroke (8B11)

Cerebral venous thrombosis in the puerperium (JB41.3)

Coded Elsewhere: Cerebral venous thrombosis in pregnancy (JA61.5)

Neonatal cerebral sinovenous thrombosis (KB00.1)

8B22.2 **Cerebral vasoconstriction syndromes**

Cerebral vasoconstriction syndrome is characterised by severe headaches, with or without other acute neurological symptoms, and diffuse segmental constriction of cerebral arteries

8B22.3 **Isolated cerebral amyloid angiopathy**

Cerebral amyloid angiopathy is characterised by the progressive accumulation of amyloid protein in the walls of small-to-medium-sized arteries and arterioles predominantly located in the leptomeningeal space, the cortex, and, to a lesser extent, also in the capillaries and veins.

8B22.4 **Intracranial vascular malformation**

8B22.40 Arteriovenous malformation of cerebral vessels

8B22.41 Cerebral cavernous malformation

Cerebral cavernomas, still called cavernous angiomas, angioma cavernosum or cavernous hemangiomas, are vascular malformations in the brain that are asymptomatic or lead to seizures and/or cerebral haemorrhages. These are often found in an inheritable disorder with autosomal dominant inheritance.

8B22.42 Dural arteriovenous fistula

Dural arteriovenous fistulas are formed by an abnormal connection between arteries within the dura mater and veins that normally drain the brain.

8B22.43 Carotid cavernous fistula

A carotid-cavernous fistula results from an abnormal communication between the arterial and venous systems within the cavernous sinus in the skull.

8B22.4Y Other specified intracranial vascular malformation

8B22.4Z Intracranial vascular malformation, unspecified

8B22.5 **Cerebral aneurysm, nonruptured**

Exclusions: Congenital cerebral nonruptured aneurysm (LA90.42)

ruptured cerebral aneurysm (8B01.0)

8B22.6 **Familial cerebral saccular aneurysm**

These are pouch-like expansions of arteries inside the skull that are familial.

8B22.7 **Cerebral arteritis, not elsewhere classified**

8B22.70 Primary cerebral arteritis

Primary cerebral arteritis (or "angiitis") results from inflammation and destruction of central nervous system (CNS) vessels without evidence of vasculitis outside the CNS

8B22.7Y Other specified cerebral arteritis, not elsewhere classified

8B22.7Z Cerebral arteritis, not elsewhere classified, unspecified

8B22.8 **Hypertensive encephalopathy**

8B22.9 **Migraine-induced stroke**

8B22.A **Subclavian steal syndrome**

Retrograde blood flow in the vertebral artery in the setting of ipsilateral proximal subclavian artery stenosis or occlusion leading to symptoms of basilar insufficiency.

8B22.B **Moyamoya syndrome**

A cerebrovascular disease caused by stenotic arteries at the base of the brain in the basal ganglia. Moyamoya, meaning "puff of smoke" refers to the appearance of the anastomotic vessel network formed at the base of the brain distal to the circle of Willis to compensate for the blockage.

8B22.C **Hereditary cerebrovascular diseases**

Hereditary cerebrovascular disease does not include effects from abnormalities due other vascular diseases which are independent of the nervous system.

8B22.C0 CADASIL - [cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy] syndrome

CADASIL is the acronym for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy. CADASIL is a genetic disease transmitted in an autosomal dominant pattern. It is associated with ischemic stroke, migraine, dementia, psychological disturbances.

8B22.C1 CARASIL - [cerebral autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy] syndrome

CARASIL is the acronym for cerebral autosomal recessive arteriopathy with subcortical ischaemic strokes and leukoencephalopathy.

8B22.CY Other specified hereditary cerebrovascular diseases

8B22.CZ Hereditary cerebrovascular diseases, unspecified

8B22.Y **Other specified cerebrovascular disease**

8B23 Cerebrovascular abnormalities

Cerebrovascular abnormalities in diseases that also involve other parts of the vascular system than intracranial and extracranial arteries, or other body systems than the nervous system.

Coding Note: Code also the causing condition

Coded Elsewhere: Vein of Galen aneurysm (LA90.20)

Cerebral arteritis in infectious or parasitic diseases (8B22.7Y)

8B24 Hypoxic-ischaemic encephalopathy

Brain damage due to hypoxia-ischemia: Previous term Anoxic brain damage has been changed. The new term is now widely accepted, and better describes the pathophysiology, i.e., the combination of complete and incomplete transitory global cerebral ischemia together with a combination of anoxia and hypoxia. In a surviving patient, pure anoxic encephalopathy is very uncommon.

Exclusions: complicating: surgical and medical care (NE80-NE8Z)

neonatal anoxia (KB21)

Central nervous system complications of anaesthesia during pregnancy (JA67.2)

complicating: abortion or ectopic or molar pregnancy (JA00-JA0Z)

Central nervous system complications of anaesthesia during labour or delivery (JB0C.3)

Central nervous system complications of anaesthesia during the puerperium (JB43.2)

Coded Elsewhere: Hypoxic ischaemic encephalopathy of newborn (KB04)

8B24.0 Anoxic-ischaemic encephalopathy

8B24.Y Other specified hypoxic-ischaemic encephalopathy

8B24.Z Hypoxic-ischaemic encephalopathy, unspecified

8B25 Late effects of cerebrovascular disease

Effects of cerebrovascular disease 1 month or later after the onset of the disease. Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.0 **Late effects of cerebral ischemic stroke**

Late effects of cerebral ischaemic stroke 1 month or later after the onset of the disease. Codes for the acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.1 **Late effects of intracerebral haemorrhage**

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.2 **Late effects of subarachnoid haemorrhage**

Late effects of non-traumatic subarachnoid haemorrhage 1 month or later after the onset of the disease. Codes for acute haemorrhage should be exclusively used for the acute haemorrhage and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.3 **Late effects of other nontraumatic intracranial haemorrhage**

Late effects of other non-traumatic intracranial haemorrhage 1 month or later after the onset of the disease. Codes for acute episode should be exclusively used for the acute haemorrhage and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.4 **Late effects of stroke not known if ischaemic or haemorrhagic**

Late effects occurring 1 month or later after the onset of the disease. Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.Y **Late effects of other specified cerebrovascular disease**

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.Z **Late effects of cerebrovascular disease, unspecified**

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B26 Vascular syndromes of brain in cerebrovascular diseases

Coding Note: Code also the causing condition

8B26.0 **Brainstem stroke syndrome**

Coding Note: Code also the causing condition

8B26.1 **Cerebellar stroke syndrome**

Coding Note: Code also the causing condition

8B26.2 **Middle cerebral artery syndrome**

Coding Note: Code also the causing condition

8B26.3 **Anterior cerebral artery syndrome**

Coding Note: Code also the causing condition

8B26.4 **Posterior cerebral artery syndrome**

Coding Note: Code also the causing condition

8B26.5 **Lacunar syndromes**

Coding Note: Code also the causing condition

8B26.50 Pure motor lacunar syndrome

8B26.51 Pure sensory lacunar syndrome

8B26.5Y Other specified lacunar syndromes

Coding Note: Code also the causing condition

8B26.5Z Lacunar syndromes, unspecified

Coding Note: Code also the causing condition

8B26.Y **Other specified vascular syndromes of brain in cerebrovascular diseases**

Coding Note: Code also the causing condition

8B26.Z **Vascular syndromes of brain in cerebrovascular diseases, unspecified**

Coding Note: Code also the causing condition

8B2Z **Cerebrovascular diseases, unspecified**

Spinal cord disorders excluding trauma (8B40-8B4Z)

Coded Elsewhere: Dural arteriovenous fistula (8B22.42)

Intervertebral disc degeneration (FA80)

8B40 **Cauda equina syndrome**

8B41 **Myelitis**

Coding Note: Code also the causing condition

8B42 **Myelopathy**

Coding Note: Code also the causing condition

Coded Elsewhere: Myelopathy due to nutritional deficiency (8D40.Y)

8B43 **Non-compressive vascular myelopathies**

Non-compressive spinal cord syndromes due to arterial or venous circulation anomalies.

8B43.0 **Acute arterial infarction of the spinal cord**

Acute arterial infarction of the spinal cord is due to occlusion of the anterior or posterior spinal arteries or their branches. Classical anterior spinal artery occlusion in the watershed zone in the lower cervical cord causes a specific cord syndrome with sparing of the posterior segment of the cord. Associated aortic atherosclerotic disease as well as dissection should not be overlooked.

8B43.1 **Acute venous infarction of the spinal cord**

Loss of blood flow in the venous system, leading to spinal cord infarction, commonly associated with dural fistula and dural arteriovenous malformation.

8B43.2 **Chronic venous infarction of the spinal cord**

Loss of blood flow to the spinal cord due to venous flow abnormality, leading to spinal cord infarction development over a longer period of time.

8B43.Y **Other specified non-compressive vascular myelopathies**

8B43.Z **Non-compressive vascular myelopathies, unspecified**

8B44 Degenerative myelopathic disorders

Coded Elsewhere: Friedreich ataxia (8A03.10)

Primary lateral sclerosis (8B60.4)

8B44.0 **Hereditary spastic paraplegia**

Hereditary spastic paraplegias (HSP) comprise a genetically and clinically heterogeneous group of neurodegenerative disorders characterised by varying degrees of lower limb spasticity, pyramidal weakness, hyperreflexia and hypertonic bladder involvement. Clinically, HSPs can be divided into two main groups: uncomplicated (pure) and complicated (complex) forms depending on the presence of other neurological features including ataxia, peripheral neuropathy, cognitive impairment, epilepsy, amyotrophy, retinopathy, deafness, ichthyosis and extrapyramidal involvement, in addition to spastic paraparesis. Pure HSPs are characterised by slowly progressive lower extremity spasticity and weakness, often associated with hypertonic urinary disturbances, mild reduction of lower extremity vibration sense and, occasionally, of joint position sensation. Complex HSP forms are characterised by the presence of additional neurological or non-neurological features. A positive family history particularly in autosomal dominant cases is often but not always present. The diagnosis may be aided by neuroimaging and genetic testing.

Coded Elsewhere: Spastic paraplegia - nephritis - deafness (LD2H.Y)

8B44.00 Autosomal dominant hereditary spastic paraplegia

8B44.01 Autosomal recessive hereditary spastic paraplegia

8B44.02 X-linked hereditary spastic paraplegia

8B44.0Y Other specified hereditary spastic paraplegia

8B44.0Z Hereditary spastic paraplegia, unspecified

8B44.Y **Other specified degenerative myelopathic disorders**

8B44.Z **Degenerative myelopathic disorders, unspecified**

8B4Y Other specified spinal cord disorders excluding trauma

8B4Z Spinal cord disorders excluding trauma, unspecified

Motor neuron diseases or related disorders (8B60-8B6Z)

A group of genetic disorders characterised by progressive weakness secondary to degeneration of the lower motor neurons

8B60 Motor neuron disease

Motor neuron disease is a neurodegenerative disorder of undetermined etiology, characterised by degeneration of upper motor neurons (cortical Betz cells and corticospinal tract) or lower motor neurons (ventral horns of spinal cord and cranial nerve motor nuclei) or both. Features of involvement of lower motor neurons (LMN) are atrophy, weakness, fasciculations, hypotonia, decreased or absent deep tendon reflexes. Features of involvement of upper motor neurons (UMN) are spasticity, exaggerated deep tendon reflexes, and extensor plantar responses. Depending on the site of onset and the presence of UMN or LMN features or both, MND has varying patterns and distributions of signs and symptoms.

Coded Elsewhere: Brown-Vialetto-van Laere syndrome (LD2H.Y)

8B60.0 Amyotrophic lateral sclerosis

Amyotrophic lateral sclerosis (ALS) is a progressive, fatal disorder in which progressive signs of LMN and UMN degeneration are seen within one or more of the four regions: bulbar, cervical, thoracic and lumbosacral. Electrophysiological studies may be required to confirm lower motor neuron degeneration and to exclude alternative causes. Neuroimaging may be performed to exclude other causes, which might explain the clinical and electrophysiological features. Familial ALS (FALS) of autosomal dominant inheritance, constitutes 5 to 10% of ALS. The clinical profile of FALS and sporadic ALS is similar. Mutations in the C9ORF72 and Cu/Zn superoxide dismutase (SOD1) genes constitute 50-60% of FALS.

8B60.1 Progressive bulbar palsy

Progressive bulbar palsy (PBP) is a variant of amyotrophic lateral sclerosis that initially presents with symptoms of bulbar weakness such as dysarthria and dysphagia. Symptoms may remain relatively confined to the bulbar region. PBP more commonly affects females than males. Patients typically progress to develop limb weakness and features consistent with more typical ALS at a later stage of disease.

8B60.2 Progressive pseudobulbar palsy

Spastic speech, difficulty in swallowing, emotional lability, brisk jaw jerk, release reflexes such as palmomental reflex due to involvement of craniobulbar tracts are the common features of progressive pseudobulbar palsy. Usually mild lower motor neuron signs observed in progressive bulbar palsy may also co-exist or may develop during the progression of the disorder.

8B60.3 Progressive muscular atrophy

In progressive muscular atrophy, lower motor neuron signs in limb and trunk muscles are present without upper motor neuron involvement. Over time, some patients may progress to develop upper motor neuron signs, of which pathological evidence is common even in patients who never displayed clinical upper motor neuron signs, suggesting that progressive muscular atrophy is a form of ALS.

Exclusions: Fazio-Londe syndrome (8B60)

Amyotrophic lateral sclerosis (8B60.0)

8B60.4 Primary lateral sclerosis

Primary lateral sclerosis (PLS) is a rare motor neuron disease variant which presents with slowly progressive UMN signs, such as spastic gait, brisk deep tendon jerks, and extensor plantar responses. Onset is most commonly with spastic paraparesis, but patients typically progress to develop upper limb and bulbar involvement. The characteristic feature of PLS is the complete absence of involvement of lower motor neuron involvement. When LMN signs develop during the course of the disease, the diagnosis will change to ALS, and they are considered a spectrum of the same disorder.

8B60.5 Amyotrophic lateral sclerosis-Plus

This category represents a group of disorders with motor symptoms of ALS and superimposed features of dysfunction of other neurological systems, such as extrapyramidal, cerebellar or cognitive dysfunction.

8B60.6 Monomelic amyotrophy

Atrophy and weakness restricted to one upper or lower limb, onset in the second or third decade, male predominance, and sporadic occurrence are characteristic features of MMA. Other typical features include: insidious onset of lower motor neuron signs due to anterior horn cell involvement, absence of upper motor neuron signs, slow progression followed by stabilization within a few years,, and a benign symptomatic disease course. MMA is particularly prevalent in Asia although is encountered worldwide.

8B60.7 Madras type motor neuron disease

8B60.Y Other specified motor neuron disease

8B60.Z Motor neuron disease, unspecified

8B61 Spinal muscular atrophy

Spinal muscular atrophy (SMA) is a progressive disorder with loss of anterior horn cells leading to muscle weakness and wasting. The weakness is typically symmetrical. Typically, upper motor neuron signs are absent and there is no sensory deficit. Feeding and swallowing can be affected, and involvement of respiratory muscles may occur. SMA is an autosomal recessive disorder linked to chromosome 5q13 and the disorder is caused by deletion or mutation of SMN 1 (spinal motor neuron 1) gene. The four types of SMA I, II, III and IV are categorised based on the age of onset of the disease and the ability to achieve motor milestones.

8B61.0 Infantile spinal muscular atrophy, Type I

In SMA type 1, onset of weakness may be prenatal (decreased fetal movements toward the end of pregnancy) or within the first six months of life. Infants demonstrate a characteristic frog position with the thighs externally rotated and abducted and knees the flexed (floppy infant). Bulbar weakness causes feeding difficulty. Children are never able to sit without support, and the average survival is 9 months; survival beyond 2 years is rare.

8B61.1 Late infantile spinal muscular atrophy, Type II

In SMA type 2, muscle weakness is seen between the ages of 6 to 18 months. The child can sit unsupported, but cannot stand or walk independently. Death usually occurs between 2 years of age and young adulthood.

8B61.2 Juvenile form spinal muscular dystrophy, Type III

In SMA type 3, weakness of muscles is seen after 18 months of age. The child is able to sit and stand independently. There is a limb girdle-type of distribution of weakness causing waddling gait, falls, and difficulty with running. The ability to walk may be lost, requiring a wheelchair as the disease progresses. The life expectancy may be normal.

8B61.3 Adult onset spinal muscular atrophy, Type IV

In SMA type 4 weakness, most commonly develops after 35 years of age (less commonly between 18 to 35 years old). Weakness of proximal muscles is more prominent in the legs than in the arms. Insidious onset and very slow progression are the characteristic features, and life span is normal.

8B61.4 Localised spinal muscular atrophy

This category comprises a group of disorders with a varied pattern of weakness and autosomal dominant or X-linked recessive inheritance with specific genetic profiles.

8B61.Y Other specified spinal muscular atrophy

8B61.Z Spinal muscular atrophy, unspecified

8B62 Post polio progressive muscular atrophy

The diagnostic criteria for Post-polio progressive muscular atrophy (PPMA) are: a credible history of poliomyelitis with partial recovery of function, a minimum 10-year period of stabilization, and the subsequent development of progressive muscle weakness. Symptoms of weakness, atrophy, and fatigue of previously affected muscles may be seen. These symptoms may also be newly noted in muscles that were apparently unaffected by the poliomyelitis episode. Muscle cramps and fasciculations may accompany the new weakness.

Inclusions: Post polio myelitic syndrome

8B6Y Other specified motor neuron diseases or related disorders

8B6Z Motor neuron diseases or related disorders, unspecified

Disorders of nerve root, plexus or peripheral nerves (8B80-8C4Z)

Exclusions: neuritis NOS (FB56)

Injury of cranial nerves (NA04)

Injury of nerves or spinal cord at neck level (NA30-NA4Z)

Injury of nerves or lumbar spinal cord at abdomen, lower back or pelvis level (NB60-NB7Z)

Injury of nerves at shoulder or upper arm level (NC14)

Injury of nerves at forearm level (NC34)

Injury of nerves at wrist or hand level (NC55)

Injury of nerves at hip or thigh level (NC74)

Injury of nerves at lower leg level (NC94)

Injury of nerves at ankle or foot level (ND15)

Coded Elsewhere: Neuromyotonia (8C71.4)

Disorder of the optic nerve (9C40)

Ocular motor nerve palsies (9C81)

Infections of the peripheral nerves (1D0Y)

Disorders of cranial nerves (8B80-8B8Z)

Exclusions: Disorders of acoustic nerve (AB72)

Disorder of the optic nerve (9C40)

Coded Elsewhere: Acute neuropathy of cranial nerve due to zoster (1E91.4)

Ocular motor nerve palsies (9C81)

8B80 Disorders of olfactory nerve

Inclusions: Disorder of 1st cranial nerve

Exclusions: Idiopathic anosmia (MB41.0)

Idiopathic parosmia (MB41.1)

Coded Elsewhere: Injury of olfactory nerve (NA04.0)

8B81 Disorders of vestibulocochlear nerve

Coded Elsewhere: Vestibular neuritis (AB30.0)

Meniere disease (AB31.0)

Acquired hearing impairment (AB51)

Acute vestibular syndrome (AB30)

Episodic vestibular syndrome (AB31)

Chronic vestibular syndrome (AB32)

8B81.0 Brainstem lesion

8B81.Y Other specified disorders of vestibulocochlear nerve

8B81.Z Disorders of vestibulocochlear nerve, unspecified

8B82 Disorders of trigeminal nerve

The trigeminal nerve is a mixed nerve with three divisions, ophthalmic, maxillary and mandibular divisions, that provides sensory innervation to the face and mucous membrane of the oral and nasal cavities and motor innervations to the muscle of mastication, tensor tympani, tensor veli palatine, mylohyoid and anterior belly of the digastric muscle. The trigeminal nuclear complex extends throughout the brainstem, hence it is susceptible to many pathologic processes including demyelination, ischemia, haemorrhage, infectious and non-infectious inflammation and neoplasm leading to symptoms of trigeminal nerve involvement. Compression of the sensory nerve root outside the brain stem by a vascular loop leads to trigeminal neuralgia. Symptoms and signs depend on the site of the lesion. In general, a trigeminal nerve disorder is associated with hemisensory facial loss, deviation of the jaw to paralysed side on opening of the mouth, and loss of the corneal reflex.

Coded Elsewhere: Atypical facial pain (8A85)

8B82.0 Trigeminal neuralgia

Trigeminal neuralgia is a manifestation of orofacial neuropathic pain restricted to one or more divisions of the trigeminal nerve. The pain is recurrent, abrupt in onset and termination, triggered by innocuous stimuli and typically compared to an electric shock or described as shooting or stabbing. Some patients experience continuous pain between these painful paroxysms.

8B82.Z Disorders of trigeminal nerve, unspecified

8B83 Disorders of spinal accessory nerve

Coded Elsewhere: Injury of accessory nerve (NA04.A)

Lesion in jugular foramen (8B87)

8B84 Disorders of hypoglossal nerve

8B85 Disorders of multiple cranial nerves

This is a group of disorders of multiple cranial nerves, the twelve nerves that emerge from the brain and brainstem.

Inclusions: Cranial polyneuritis

8B86 Disorders of vagus nerve

Exclusions: Paralysis of vocal cords or larynx (CA0H.0)

Coded Elsewhere: Lesion in jugular foramen (8B87)

8B87 Disorders of glossopharyngeal nerve

Inclusions: Disorders of 9th cranial nerve

8B88 Disorders of facial nerve

8B88.0 Bell palsy

8B88.1 Facial myokymia

8B88.2 **Hemifacial spasm**

Hemifacial spasm (HFS) is a movement disorder most commonly caused by vascular compression of the VII cranial nerve at its root exit zone from the brainstem. It manifests as involuntary contractions and twitching on ipsilateral side of the face.

8B88.3 **Facial neuritis**

8B88.Y **Other specified disorders of facial nerve**

8B88.Z **Disorders of facial nerve, unspecified**

8B8Y **Other specified disorders of cranial nerves**

8B8Z **Disorders of cranial nerves, unspecified**

Nerve root or plexus disorders (8B90-8B9Z)

Exclusions: intervertebral disc disorders (FA80-FA8Z)

Spondylolysis (FA81)

8B90 **Nerve root and plexus compressions**

Coding Note: Code also the causing condition

8B91 **Brachial plexus disorders**

8B91.0 **Neuralgic shoulder amyotrophy**

Parsonage-Turner syndrome is a rare condition of unknown etiology that presents with a characteristic pattern of sudden and acute pain across the top of the shoulder, lasting a few hours to a fortnight, followed by flaccid paralysis of some muscles of the shoulder girdle.

8B91.1 **Thoracic outlet syndrome due to cervical rib**

8B91.Y **Other specified brachial plexus disorders**

8B91.Z **Brachial plexus disorders, unspecified**

8B92 **Lumbosacral plexus disorders**

8B92.0 **Post radiation lumbosacral plexopathy**

8B92.1 **Vasculitic lumbosacral plexopathy**

8B92.2 **Diabetic lumbosacral plexopathy**

Coding Note: Always assign an additional code for diabetes mellitus

8B92.3 **Lumbosacral radiculoplexopathy**

8B92.Y **Other specified lumbosacral plexus disorders**

8B92.Z **Lumbosacral plexus disorders, unspecified**

8B93 **Radiculopathy**

Exclusions: Neuritis (FB56)

Intervertebral disc degeneration (FA80)

8B93.0 Radiculopathy due to compression

8B93.1 Radiculopathy due to metabolic disorders

8B93.2 Radiculopathy due to electric shock or lightning

8B93.3 Radiculopathy due to radiation injury

8B93.4 Radiculopathy due to nutritional deficiencies

8B93.5 Radiculopathy due to toxicity

8B93.6 Radiculopathy due to intervertebral disc disorders

8B93.7 Radiculopathy due to neoplastic disease

8B93.8 Radiculopathy due to spondylosis

8B93.Y Other specified radiculopathy

8B93.Z Radiculopathy, unspecified

8B94 **Diabetic radiculoplexoneuropathy**

Diabetic radiculoplexoneuropathy is a rare, but established complication of a focal neuropathy occurring in patients with diabetes type 2. Etiologically inflammatory changes of microvasculitis are assumed. It is independent on the stage of diabetes and often occurs usually in association of weight loss, not before the 4th or 5th decade. It presents with acute severe pain, and predominant motor involvement of the lumbar plexus often asymmetric and usually unilateral. Muscle atrophy occurs early. It is self limiting, but disability may persist.

Always assign an additional code for the type of diabetes mellitus.

Coding Note: Code also the causing condition

8B95 **Secondary brachial plexus lesion due to certain specified disorders**

Coding Note: Code also the causing condition

8B9Y **Other specified nerve root or plexus disorders**

8B9Z **Nerve root or plexus disorders, unspecified**

Polyneuropathy (8C00-8C0Z)

8C00 **Idiopathic progressive neuropathy**

8C01 Inflammatory polyneuropathy

Acquired inflammatory peripheral neuropathies are of a presumed immune etiology and are classified on the basis of their clinical course: acute inflammatory demyelinating polyneuropathy (AIDP or Guillain-Barré syndrome) with the motor deficit reaching a maximal level by 28 days, and chronic inflammatory demyelinating polyneuropathy (CIDP) which has a slowly progressive course of two or more months or a relapsing remitting course. There are many variants of AIDP and CIDP.

8C01.0 Acute inflammatory demyelinating polyneuropathy

Progressive weakness of the limbs over a few days to 28 days, symmetrical deficit, areflexia, absent or mild sensory disturbance, elevated cerebrospinal fluid protein, and slowing of nerve conduction velocities are the cardinal features. The disorder may be preceded by upper respiratory or gastrointestinal infection or immunization 1 to 4 weeks prior to onset of the illness. Bifacial palsy may be present.

Inclusions: Acute Inflammatory Demyelinating Polyradiculoneuropathy

8C01.1 Post vaccinal neuropathy

8C01.2 Subacute inflammatory demyelinating polyneuropathy

Subacute inflammatory demyelinating polyneuropathy (SIDP) is a subacute progressive symmetric sensorial and/or motor disorder characterised by muscular weakness with impaired sensation, absent or diminished tendon reflexes and elevated cerebrospinal fluid (CSF) proteins. SIDP is an intermediate form between Guillain-Barr• syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP).

8C01.3 Chronic inflammatory demyelinating polyneuropathy

Chronic inflammatory demyelinating polyneuropathy is a chronic monophasic, progressive or relapsing symmetric sensorimotor disorder characterised by progressive muscular weakness with impaired sensation, absent or diminished tendon reflexes and elevated cerebrospinal fluid proteins.

8C01.Y Other specified inflammatory polyneuropathy

8C01.Z Inflammatory polyneuropathy, unspecified

8C03 Other secondary polyneuropathy

Coding Note: Code also the causing condition

8C03.0 Diabetic polyneuropathy

Coding Note: Always assign an additional code for diabetes mellitus.

Coded Elsewhere: Diabetic foot ulcer (BD54)

8C03.1 Polyneuropathy due to infectious diseases

Coding Note: Code also the causing condition

8C03.2 Polyneuropathy in neoplastic disease

Coding Note: Code also the causing condition

8C03.3 **Polyneuropathy in nutritional deficiency**

Coding Note: Code also the causing condition

8C03.4 **Polyneuropathy in systemic connective tissue disorders**

Coding Note: Code also the causing condition

8C03.Y **Other specified secondary polyneuropathy**

Coding Note: Code also the causing condition

8C03.Z **Other secondary polyneuropathy, unspecified**

Coding Note: Code also the causing condition

8C0Y **Other specified polyneuropathy**

8C0Z **Polyneuropathy, unspecified**

Mononeuropathy (8C10-8C1Z)

8C10 **Mononeuropathies of upper limb**

Damage to a single nerve or nerve group of the upper limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function)

Coding Note: Code also the causing condition

Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)

8C10.0 **Carpal tunnel syndrome**

A compression neuropathy due to entrapment of the median nerve within the carpal tunnel at the wrist.

Coding Note: Code also the causing condition

8C10.1 **Lesion of ulnar nerve**

Coding Note: Code also the causing condition

Inclusions: Tardy ulnar nerve palsy

Exclusions: Injury of ulnar nerve at upper arm level (NC14.0)

Injury of ulnar nerve at forearm level (NC34.0)

Injury of ulnar nerve at wrist or hand level (NC55.0)

8C10.2 **Lesion of radial nerve**

Coding Note: Code also the causing condition

Exclusions: Injury of radial nerve at upper arm level (NC14.2)

Injury of radial nerve at forearm level (NC34.2)

Injury of radial nerve at wrist or hand level (NC55.2)

8C10.Y **Other specified mononeuropathies of upper limb**

Coding Note: Code also the causing condition

8C10.Z **Mononeuropathies of upper limb, unspecified**

Coding Note: Code also the causing condition

8C11 Mononeuropathies of lower limb

Damage to a single nerve or nerve group of the lower limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function)

Coding Note: Code also the causing condition

Inclusions: Mononeuritis of lower limb

Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)

8C11.0 **Lesion of sciatic nerve**

Disease or damage involving the SCIATIC NERVE, which divides into the PERONEAL NERVE and TIBIAL NERVE (see also PERONEAL NEUROPATHIES and TIBIAL NEUROPATHY). Clinical manifestations may include SCIATICA or pain localised to the hip, PARESIS or PARALYSIS of posterior thigh muscles and muscles innervated by the peroneal and tibial nerves, and sensory loss involving the lateral and posterior thigh, posterior and lateral leg, and sole of the foot. The sciatic nerve may be affected by trauma; ISCHEMIA; COLLAGEN DISEASES; and other conditions.

Coding Note: Code also the causing condition

Exclusions: sciatica attributed to intervertebral disc disorder (FA80)

sciatica NOS (ME84.3)

Injury of sciatic nerve at hip or thigh level (NC74.0)

8C11.00 Sciatic nerve piriformis syndrome

8C11.0Y Other specified lesion of sciatic nerve

Coding Note: Code also the causing condition

8C11.0Z Lesion of sciatic nerve, unspecified

Coding Note: Code also the causing condition

8C11.1 **Meralgia paraesthetica**

Coding Note: Code also the causing condition

8C11.2 **Lesion of femoral nerve**

Coding Note: Code also the causing condition

Exclusions: Injury of femoral nerve at hip or thigh level (NC74.1)

8C11.3 **Lesion of common peroneal nerve**

Coding Note: Code also the causing condition

Exclusions: Injury of peroneal nerve at lower leg level (NC94.1)

8C11.4 **Lesion of tibial nerve**

Coding Note: Code also the causing condition

Exclusions: Injury of tibial nerve at lower leg level (NC94.0)

8C11.5 **Tarsal tunnel syndrome**

Coding Note: Code also the causing condition

8C11.6 **Lesion of plantar nerve**

Disease or damage to the medial and/or lateral plantar nerves, branches of the tibial nerve below the level of the tarsal tunnel secondary to insult.

Coding Note: Code also the causing condition

Exclusions: Tarsal tunnel syndrome (8C11.5)

Injury of lateral plantar nerve (ND15.0)

Injury of medial plantar nerve (ND15.1)

8C11.Y **Other specified mononeuropathies of lower limb**

Coding Note: Code also the causing condition

8C11.Z **Mononeuropathies of lower limb, unspecified**

Coding Note: Code also the causing condition

8C12 Certain specified mononeuropathies

8C12.0 **Intercostal neuropathy**

Peripheral neuropathy of the intercostal nerves

8C12.1 **Mononeuritis multiplex**

8C12.2 **Lesion of suprascapular nerve**

8C12.3 **Lesion of axillary nerve**

8C12.4 **Lesion of long thoracic nerve**

8C12.5 **Traumatic neuroma, not otherwise specified**

Exclusions: Neuroma of amputation stump (NE85.3)

8C12.Y **Mononeuropathy of other specified nerve**

8C1Y Mononeuropathy of other specified site

Coding Note: Code also the causing condition

8C1Z Mononeuropathy of unspecified site

Coding Note: Code also the causing condition

Hereditary neuropathy (8C20-8C2Z)

8C20 Hereditary motor and sensory neuropathy

Inclusions: Hereditary motor and sensory neuropathy, types I-IV

8C20.0 **Charcot-Marie-Tooth disease 1 demyelinating**

8C20.1 **Charcot-Marie-Tooth disease 2 axonal**

8C20.2 **Intermediate Charcot-Marie-Tooth disease**

8C20.Y **Other specified hereditary motor and sensory neuropathy**

8C20.Z **Hereditary motor and sensory neuropathy, unspecified**

8C21 Hereditary sensory or autonomic neuropathy

Coded Elsewhere: Primary erythromelalgia (EG00)

8C21.0 **Hereditary sensory and autonomic neuropathy type I**

Hereditary sensory autonomic type I neuropathies are autosomal dominant sensory-autonomic sensory polyneuropathies

8C21.1 **Hereditary sensory and autonomic neuropathy type III**

Hereditary sensory and autonomic neuropathy, type 3 (HSAN3) is an autosomal recessive disorder seen primarily in Ashkenazi Jewish children caused by a mutation in the I-kappa B kinase associated protein.

It is characterised by sensory dysfunction and severe impairment of the autonomic nervous system activity, resulting in multisystem dysfunction.

Symptoms can include insensitivity to pain and temperature, intact visceral pain, alacrima, hypoactive corneal and tendon reflexes and absence of lingual fungiform papillae.

8C21.2 **Hereditary sensory and autonomic neuropathy type IV**

Hereditary sensory and autonomic neuropathy, type 4 (HSAN4) is an inherited disorder characterised by anhidrosis, insensitivity to pain, self-mutilating behaviour and episodes of fever.

8C21.3 **Hereditary sensory and autonomic neuropathy type V**

Hereditary sensory and autonomic neuropathy, type 5 (HSAN5) is characterised by loss of pain perception and impaired temperature sensitivity, in the absence of any other major neurological anomalies.

8C21.Y **Other specified hereditary sensory or autonomic neuropathy**

8C21.Z **Hereditary sensory or autonomic neuropathy, unspecified**

8C2Y Other specified hereditary neuropathy

8C2Z Hereditary neuropathy, unspecified

8C4Y Other specified disorders of nerve root, plexus or peripheral nerves

8C4Z Disorders of nerve root, plexus or peripheral nerves, unspecified

Diseases of neuromuscular junction or muscle (8C60-8D0Z)

Diseases resulting from destruction or malfunction of the neuromuscular junction, a chemical synapse formed between the end of the motor nerve terminal and the voluntary muscle. Pathology can occur at the presynaptic or postsynaptic membrane and leads to dysfunction of neuromuscular transmission. Common diseases of this category include Myasthenia Gravis and Lambert Eaton Myasthenic Syndrome.

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Myasthenia gravis is the most common autoimmune disease affecting the neuromuscular junction and is characterised by painless fatigable muscle weakness. It is caused by autoantibodies against neuromuscular junction proteins, either the nicotinic acetylcholine receptor (AChR) or the muscle specific tyrosine kinase (MuSK). Mutations in neuromuscular junction proteins cause congenital myasthenic syndromes. Other antibodies mediated conditions affecting the neuromuscular junction, including Lambert Eaton myasthenic syndrome and neuromyotonia.

Coded Elsewhere: Botulism (1A11)

Neuromuscular junction disorders due to toxicity (NE61)

8C60 **Myasthenia gravis**

Myasthenia gravis is the most common acquired auto-antibody mediated neuromuscular transmission disorder. Prevalence is 1–2 per 10,000 persons. Fluctuating weakness increasing with repeated activity and improving after a period of rest is the hallmark. Myasthenia Gravis with antibodies directed against postsynaptic proteins, usually the nicotinic acetylcholine receptor are the most prevalent. Other types are Myasthenia Gravis associated with muscle-specific kinase antibodies and MG with unknown autoantibodies (seronegative) Myasthenia Gravis.

There are three groups: 1. Purely ocular Myasthenia Gravis

2. Early-onset (<40-50 years) generalised Myasthenia Gravis

3. Late-onset generalised MG.

In about 15%, the disease can be classified as paraneoplastic, usually associated with a thymoma.

Coded Elsewhere: Transient neonatal myasthenia gravis (KB08.0)

8C60.0 Drug-induced myasthenia gravis

Some drugs can have clear effects on Myasthenia Gravis, including Neuromuscular junction blockers, antibiotics, prednisone, chloroquine, D-penicillamine, interferons, and others. In rapid-onset drug-induced Myasthenia Gravis, myasthenic signs develop within days which rapidly disappear after drug withdrawal. Anti-Acetylcholinesterase antibodies are absent. This disorder may unmask a pre-existing neuromuscular transmission disorder or may exacerbate pre-existing Myasthenia Gravis, i.e. subclinical Myasthenia Gravis becomes manifest after drug treatment, or known MG becomes more severe. Certain drugs are linked with aggravation of Myasthenia Gravis, including pain management medications, tricyclic antidepressants and some antiepileptic medications, and should be used with caution.

8C60.Y Other specified myasthenia gravis

8C60.Z **Myasthenia gravis, unspecified**

8C61 Congenital myasthenic syndromes

Congenital myasthenic syndrome is a heterogeneous group of genetically determined diseases. There are four well-defined categories: Congenital myasthenic syndrome with presynaptic defect, Synaptic basal lamina-associated CMS, Congenital myasthenia with postsynaptic defect, CMS with glycosylation deficiency, and the remaining category is that of unidentified CMS.

8C62 Lambert-Eaton syndrome

Lambert-Eaton myasthenic syndrome, 20 times as rare as Acetylcholine receptor positive Myasthenia gravis with a prevalence of 3.42 per million, is an immune-mediated disease of the neuromuscular junction. Clinically the disease is characterised by proximal weakness of the legs. In most patients, the weakness extends to other muscles including the oculobulbar ones. Autonomic symptoms (dry mouth, erectile dysfunction, constipation) are frequent. Tendon reflexes are reduced. Repetitive nerve stimulation shows low Compound muscle action potentials, decrement >10% al low frequency and increment >100% after maximum voluntary contraction at high frequency.

8C6Y Other specified myasthenia gravis and neuromuscular junction disorders

8C6Z Unspecified myasthenia gravis or neuromuscular junction disorders

Primary disorders of muscles (8C70-8C7Z)

Disorders in which the primary symptom of muscle weakness is secondary to a specific dysfunction of a muscle fiber.

Exclusions: Metabolic disorders (5C50-5D2Z)

Arthrogryposis multiplex congenita (LD26.41)

Coded Elsewhere: Idiopathic rhabdomyolysis (FB32.20)

Idiopathic inflammatory myopathy (4A41)

8C70 Muscular dystrophy

Progressive, hereditary skeletal muscle diseases characterised by muscle weakness, wasting, defects in muscle proteins, necrosis of muscle tissue and replacement of muscle tissue with connective and fatty tissue.

Coded Elsewhere: Muscular dystrophy affecting extraocular muscle (9C82.1)

Barth syndrome (5C50.E0)

Epidermolysis bullosa simplex with muscular dystrophy (EC30)

8C70.0 **Becker muscular dystrophy**

8C70.1 **Duchenne muscular dystrophy**

Duchenne muscular dystrophy (DMD) is a severe X-linked myopathy caused by mutation in the dystrophin gene with symptoms appearing before the age of 6 with a rapid disease progression. Symptoms may include fatigue, learning difficulties (the IQ can be below 75), Muscle weakness, problems with motor skills, frequent falls and progressive difficulty walking.

8C70.2 **Emery-Dreifuss muscular dystrophy**

Emery-Dreifuss muscular dystrophy (EDMD) is a muscle disease characterised by muscular weakness and atrophy, with early contractures of the tendons and cardiac involvement (arrhythmias, cardiomyopathy).

8C70.3 **Facioscapulohumeral muscular dystrophy**

Facioscapulohumeral muscular dystrophy (FSHD) is an autosomal dominantly inherited muscle disease characterised by progressive muscle weakness with initial focal involvement of the facial, shoulder and arm muscles.

8C70.4 **Limb-girdle muscular dystrophy**

Limb-girdle muscular dystrophy (LGMD) constitutes a group of genetically determined, progressive disorders of muscles, in which the pelvic or shoulder girdle musculature is predominantly or primarily involved. It may be inherited in an autosomal recessive or dominant fashion.

8C70.40 Dominant limb-girdle muscular dystrophy

The Limb Girdle Muscular Dystrophies (LGMD) are a group of genetic disorders characterised predominantly by progressive wasting and weakness of proximal limb girdle muscles, including pelvic, shoulder, upper arm and thigh muscles. The onset symptoms usually varies from early childhood to late adulthood, and the progression rate and distribution of weakness and wasting also varies considerably among individuals and genetic subtypes. There are currently 8 autosomal dominant LGMDs (LGMD1), linked to specific gene mutations. Dominant LGMDs are often allelic with other clinical disorders, including the myofibrillar myopathies or dilated cardiomyopathy.

Exclusions: Secondary myopathies (8C80-8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

8C70.41 Recessive limb-girdle muscular dystrophy

Autosomal recessive limb girdle muscular dystrophies (LGMD2) are a group of genetically heterogeneous diseases that are typically characterised by progressive weakness and wasting of the shoulder and pelvic girdle muscles. Many of the more than 20 different conditions show overlapping clinical features with other forms of muscular dystrophy, congenital, myofibrillar or even distal myopathies and also with acquired muscle diseases. Although individually extremely rare, all types of LGMD2 together form an important differential diagnostic group among neuromuscular diseases.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C70.4Y Other specified limb-girdle muscular dystrophy

8C70.4Z Limb-girdle muscular dystrophy, unspecified

8C70.5 Scapuloperoneal muscular dystrophy

Scapuloperoneal muscular dystrophies are a group of genetically heterogeneous myopathies characterised by progressive weakness and wasting of scapular and anterior leg muscles. Emery-Dreifuss muscular dystrophy is a classic scapuloperoneal muscular dystrophy associated with early contractures and cardiac arrhythmia, but other muscle disorders can also present with a scapuloperoneal phenotype.

Exclusions: Secondary myopathies (8C80-8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

8C70.6 Congenital muscular dystrophy

Congenital muscular dystrophies with central nervous system abnormalities are a heterogeneous group of autosomal recessively inherited degenerative muscle disorders associated with cerebral and cerebellar dysplasia, white matter abnormalities and ocular abnormalities in some subtypes.

8C70.Y Other specified muscular dystrophy

8C70.Z Muscular dystrophy, unspecified

8C71 Myotonic disorders

Group of inherited muscular disorders associated with clinical and/or electrical myotonia. Myotonia is defined clinically as the occurrence of “delayed relaxation of muscle after voluntary contraction or percussion.”

8C71.0 Myotonic dystrophy

Myotonic dystrophy is a group of inherited muscular disorders. It is the most common form of muscular dystrophy that begins in adulthood. Myotonic dystrophy is characterised by progressive muscle wasting and weakness, and prolonged muscle contractions (myotonia) that are not able to relax after use. Other signs and symptoms of myotonic dystrophy include slurred speech or temporary locking of their jaw, cataracts and cardiac conduction defects. In affected men, hormonal changes may lead to early balding and infertility. The clinical severity varies widely among affected patients, even among members of the same family.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

Coded Elsewhere: Myotonic cataract (9B10.2Y)

8C71.1 Chondrodystrophic myotonia

Schwartz-Jampel syndrome is a congenital myotonic syndrome characterised by myotonia that results in a characteristic facies with blepharophimosis and a puckered facial appearance, and osteoarticular abnormalities leading to limited joint mobility.

8C71.2 Myotonia congenita

Thomsen and Becker disease are myotonic disorders characterised by slow muscle relaxation associated with hyperexcitation of the muscle fibres occurring within the first few months after birth. The myotonia is unusual in that it is relieved by exercise (warm-up effect). Autosomal dominant myotonia congenita (Thomsen disease) is a non-dystrophic muscle disorder caused by mutation in the gene encoding skeletal muscle chloride channel-1 (CLCN1). It is clinically characterised by muscle stiffness and an inability of the muscle to relax after voluntary contraction. Autosomal recessive myotonia congenita (Becker disease) is caused by mutation in the gene encoding skeletal muscle chloride channel-1 (CLCN1). It is a non-dystrophic skeletal muscle disorder characterised by muscle stiffness and an inability of the muscle to relax after voluntary contraction. Most patients have symptom onset in the legs, which later progresses to the arms, neck, and facial muscles. Many patients show marked hypertrophy of the lower limb muscles. Transient muscle weakness is a characteristic feature.

8C71.3 Drug-induced myotonia

Drug-induced myotonia refers to the myotonia-inducing effects of certain drugs. Hypocholesterolaemic agents may induce myotonia by altering the sterol composition of the muscle cell membrane, while other drugs including beta-adrenergic blockers and agonists, succinylcholine and diuretics may exacerbate or unmask pre-existing myotonia.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C71.4 **Neuromyotonia**

Neuromyotonia or Isaac's syndrome is an immune-mediated peripheral nerve disorder characterised by continuous muscle fibre activity at rest resulting in muscle stiffness, cramps, myokymia, and pseudomyotonia.

8C71.5 **Pseudomyotonia**

The term pseudomyotonia (slow relaxation of muscles after voluntary contraction) describes the clinical appearance of myotonia in the absence of myotonic discharges on the electromyography. Pseudomyotonia is most commonly observed as the slow-relaxing or “hung-up” tendon reflexes of hypothyroidism, although other causes are described. Pseudomyotonia is seen in about one-third of patients with Isaacs syndrome, particularly with handgrip, but also after eye and jaw closure; rarely, this can be the first symptom.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C71.Y **Other specified myotonic disorders**

8C71.Z **Myotonic disorders, unspecified**

8C72 Congenital myopathies

8C72.0 **Congenital myopathy with structural abnormalities**

Distinct group of inherited disorders of skeletal muscles which have characteristic structural abnormalities on muscle immuno-histochemistry.

Coding Note: Code also the causing condition

Exclusions: Secondary myopathies (8C80-8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

8C72.00 Nemaline myopathy

Nemaline myopathy encompasses a large spectrum of congenital myopathies characterised by hypotonia, weakness and depressed or absent deep tendon reflexes, with pathologic evidence of nemaline bodies (rods) on muscle biopsy.

8C72.01 Centronuclear myopathy

Centronuclear myopathy (CNM) is an inherited neuromuscular disorder characterised by clinical features of a congenital myopathy and centrally placed nuclei on muscle biopsy. It encompasses the X-linked form, the autosomal recessive form and the autosomal dominant form with a highly variable clinical presentation.

8C72.02 Central core disease

Central core disease (CCD) is an inherited neuromuscular disorder characterised by central cores on muscle biopsy and clinical features of a congenital myopathy (hypotonia and motor developmental delay) and is characterised by predominantly proximal weakness, pronounced in the hip girdle.

8C72.0Y Other specified congenital myopathy with structural abnormalities

Coding Note: Code also the causing condition

8C72.0Z Congenital myopathy with structural abnormalities, unspecified

Coding Note: Code also the causing condition

8C72.1 Congenital myopathy with no structural abnormalities

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C72.Y Other specified congenital myopathies

8C72.Z Congenital myopathies, unspecified

8C73 Mitochondrial myopathies

Mitochondrial myopathies are heterogeneous group of disorders caused by dysfunction of mitochondrial oxidative phosphorylation and can be classified according to the associated biochemical, genetic defects (in the mitochondrial DNA or in nuclear encoded proteins) or clinical phenotype. Exclude: defects of mitochondrial respiratory chain, Kearns-Sayre syndrome, myoclonic epilepsy with ragged red fibres (MERRF)

Coded Elsewhere: Leigh syndrome (5C53.24)

Progressive external ophthalmoplegia (9C82.0)

8C73.0 Autosomal recessive cardiomyopathy or ophthalmoplegia

Autosomal recessive cardiomyopathy and ophthalmoplegia is a childhood-onset disease characterised by progressive external ophthalmoplegia, mild facial and proximal limb weakness, and severe cardiomyopathy. Muscle biopsies shows ragged-red and cytochrome C oxidase-negative fibres; the activities of several complexes in the electron-transport chain are decreased. The combination of progressive external ophthalmoplegia, cardiomyopathy, and multiple mtDNA deletions is thought to be due to a defect of communication between the nuclear and mitochondrial genomes.

Exclusions: Secondary myopathies (8C80-8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

8C73.1 Neuropathy, ataxia, and retinitis pigmentosa

Neuropathy, Ataxia, and Retinitis Pigmentosa (NARP) syndrome is a clinically heterogeneous oxidative phosphorylation disorder often characterised by a combination of sensory-motor neuropathy, cerebellar ataxia, and night blindness.

8C73.Y Other specified mitochondrial myopathies

8C73.Z Mitochondrial myopathies, unspecified

8C74 Periodic paralyses or disorders of muscle membrane excitability

These are group of disorders caused by malfunctioning of the ion channels in skeletal muscle membranes causing the cells to depolarize leading to weakness or paralysis. The common triggers include cold, heat, high carbohydrate meals, stress, excitement, physical exertion etc..

8C74.0 Paramyotonia congenita

Paramyotonia congenita of Von Eulenburg is a skeletal muscle disease characterised by exercise- or cold-induced myotonia and muscle weakness.

8C74.1 Periodic paralysis

Rare group of neuromuscular disorders that are associated with defects in ion channels. Characterized by intermittent episodes of severe weakness of the limbs usually after heavy exercise, fasting, or high carbohydrate meals. The three major types of inherited periodic paralysis include hypokalemic periodic paralysis, hyperkalemic periodic paralysis, and Andersen–Tawil syndrome.

8C74.10 Hypokalaemic periodic paralysis

Hypokalaemic periodic paralysis (hypoPP) is a muscle channelopathy characterised by episodes of muscle paralysis lasting from a few to 24-48 hours and associated with a fall in blood potassium levels.

Coded Elsewhere: Thyrotoxic periodic paralysis (5A02.Y)

8C74.11 Hyperkalaemic periodic paralysis

Hyperkalaemic periodic paralysis (HyperPP) is a muscle disorder characterised by episodic attacks of muscle weakness associated with an increase in serum potassium concentration.

Coded Elsewhere: Long QT syndrome type 7 (BC65.0)

8C74.1Y Other specified periodic paralysis

8C74.1Z Periodic paralysis, unspecified

8C74.Y Other specified periodic paralyses or disorders of muscle membrane excitability

8C74.Z Periodic paralyses or disorders of muscle membrane excitability, unspecified

8C75 Distal myopathies

Distal myopathies are heterogeneous group of myopathies characterised clinically by progressive weakness and atrophy starting in distal muscles and progressing to proximal ones, and histologically by nonspecific myopathic features on muscle biopsy.

8C76 **Myofibrillar myopathy**

Myofibrillar myopathies are a heterogeneous group of disorders, characterised by the pathologic finding of myofibrillar disruption on electron microscope with a spectrum of histological abnormalities including excessive desmin accumulation in muscle fibres.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C77 **Ocular myopathy**

Slowly progressive weakness of ocular muscles, usually characterised by decreased mobility of the eye and drooping of the upper lid. The disorder may be unilateral or bilateral, and may be caused by central or peripheral nervous system lesion or by a neuromuscular disease.

Exclusions: Ocular myopathy with mitochondrial abnormalities (9C82.0)

oculopharyngeal muscular dystrophy (9C82.1)

Ocular muscular dystrophy (9C82.1)

8C78 **Malignant hyperthermia or hyperpyrexia**

Malignant hyperthermia is a pharmacogenetic disorder of skeletal muscle that presents as a hypermetabolic response to potent volatile anaesthetic gases such as halothane, sevoflurane, desflurane and the depolarizing muscle relaxant succinylcholine, and rarely in humans, to stresses such as vigorous exercise and heat. May be caused by a mutation in the Ryonadine Receptor 1 gene.

8C7Y **Other specified primary disorders of muscles**

8C7Z **Primary disorders of muscles, unspecified**

Secondary myopathies (8C80-8C8Z)

This is a group of conditions in which the muscle fibres are dysfunctional, resulting in muscle weakness. The myopathy is caused by an underlying disorder.

Exclusions: Arthrogryposis multiplex congenita (LD26.41)

Ischaemic infarction of muscle (FB32.2)

Coded Elsewhere: Alcoholic myopathy (8D44.1)

Myopathy due to toxicity (8D43.3)

8C80 **Drug-induced myopathy**

Myopathy caused by drugs that ranges from mild myalgias with or without mild weakness to chronic myopathy with severe weakness, to massive rhabdomyolysis with acute renal failure. It could be due to several different mechanisms including direct myotoxicity, immune mediated and indirect muscle damage through drug-induced coma, drug-induced hypokalaemia, drug-induced hyperkinetic states or dystonic states.

8C81 Autoimmune myopathy

Autoimmune myopathy is a subgroup of idiopathic inflammatory myopathies, which despite diverse causes, have the common histopathological features of myocyte necrosis without significant inflammation. Patients present with a subacute severe symmetrical proximal myopathy, associated with a markedly elevated creatine kinase level. These are most likely immune-mediated, as they respond to immunotherapy. it is often accompanied by statin therapy, connective tissue diseases, cancer, and autoantibodies specific for signal recognition particle (SRP) or 3-hydroxy-3-methylglutaryl–coenzyme A reductase (HMGCR).

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Primary disorders of muscles (8C70-8C7Z)

8C82 Myopathy in certain specified infectious or parasitic disease

Myopathy in certain specified infectious or parasitic disease is an uncommon group of muscle diseases caused by a broad range of bacterial, fungal, parasitic, and viral agents. Bacterial organisms cause pyomyositis, psoas abscess, Staphylococcus aureus myositis, group A streptococcal necrotizing myositis, group B streptococcal myositis, clostridial gas gangrene, and nonclostridial myositis. Fungal myositis is rare and usually occurs among immunocompromised hosts. Parasitic myositis is most commonly a result of trichinosis or cystericercosis, but other protozoa or helminths may be involved. Viruses may cause benign acute myositis, pleurodynia, acute rhabdomyolysis, or an immune-mediated polymyositis.

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Primary disorders of muscles (8C70-8C7Z)

8C83 Myopathy in certain specified endocrine disease

Myopathy in certain specified endocrine disease refers to muscle disorders associated with adrenal dysfunction (as steroid myopathy), thyroid dysfunction (as in myxoedema coma or thyrotoxic myopathy), parathyroid dysfunction (as in multiple endocrine neoplasia), pituitary dysfunction, and islands of Langerhans dysfunction (as in diabetic myopathy from ischemic infarction of the femoral muscles). Steroid myopathy is the most common endocrine myopathy. These conditions are usually reversible with correction of the underlying endocrine disturbance.

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Primary disorders of muscles (8C70-8C7Z)

8C84 **Secondary rhabdomyolysis**

Secondary rhabdomyolysis occurs when the primary effect of a aetiological factor results in a functional or biochemical state which is conducive to the development of ischemic, degenerative, necrotic or membrane destabilizing changes in muscle, producing the clinical and biochemical features of rhabdomyolysis. Most frequently, rhabdomyolysis is secondary to a metabolic derangement often genetic in nature, as result of abnormally excessive movement, excessive isometric tension by attempted movement against resistance, or coma leading to increased intramuscular pressure, ischemia, hypoxia and necrosis. Secondary rhabdomyolysis can also be caused by a mutation in various genes (RYR1, LPIN).

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Primary disorders of muscles (8C70-8C7Z)

8C8Y **Other specified secondary myopathies**

Coding Note: Code also the causing condition

8C8Z **Secondary myopathies, unspecified**

Coding Note: Code also the causing condition

8D0Y **Other specified diseases of neuromuscular junction or muscle**

8D0Z **Diseases of neuromuscular junction or muscle, unspecified**

Cerebral palsy (8D20-8D2Z)

Exclusions: Hereditary spastic paraplegia (8B44.0)

8D20 **Spastic cerebral palsy**

Spastic cerebral palsy is characterised by increased muscle tone associated with hyperactive muscle stretch reflexes (deep tendon reflexes) and an increase in resistance to rapid muscle stretch. Extensor plantar responses are commonly present.

8D20.0 Spastic unilateral cerebral palsy

Spastic unilateral cerebral palsy is a form of cerebral palsy in which the spasticity is confined to one side; it is often accompanied by cortical sensory impairment and varying degrees of hemineglect, demonstrable by testing stereognosis and graphesthesia. Early hand preference is often the first sign of this disorder, and may be apparent in the first months of life.

8D20.1 Spastic bilateral cerebral palsy

8D20.10 Spastic quadriplegic cerebral palsy

Spastic quadriplegic cerebral palsy is a form of cerebral palsy in which spasticity is generalised, yet most marked in the legs. Opisthotonic posturing is often apparent in infancy, and head movement may elicit forced extension of the arms and legs. Suprabulbar palsy is often present, causing impaired swallowing and articulation ('spastic dysarthria').

Inclusions: Spastic tetraplegic cerebral palsy

8D20.11 Spastic diplegic cerebral palsy

Spastic diplegic cerebral palsy is a form of cerebral palsy in which spasticity is most marked in the legs, with mild, if any, involvement of the arms.

8D20.1Z Spastic bilateral cerebral palsy, unspecified

8D20.Y Other specified spastic cerebral palsy

8D20.Z Spastic cerebral palsy, unspecified

8D21 Dyskinetic cerebral palsy

Dyskinetic cerebral palsy, also known as extrapyramidal cerebral palsy is characterised by impairment of voluntary movement because of the presence of interfering involuntary movements, and inappropriate co-contraction of agonist and antagonist muscles (dystonia). This group of disorders includes choreoathetotic cerebral palsy and dystonic cerebral palsy. The former is characterised by large amplitude, involuntary movements of mainly distal limbs(athetosis) with or without small amplitude, fleeting, asymmetric contractions of individual muscle groups (chorea).

Dystonic cerebral palsy predominantly affects proximal trunk and limb muscles, which may show slow, persistent movements, leading to the adoption of unusual postures, such as torticollis.

Inclusions: Athetoid cerebral palsy

8D22 Ataxic cerebral palsy

Ataxic cerebral palsy is dominated by signs of cerebellar dysfunction, including hypotonia, ataxia, dysdiadochokinesis, dysmetria, dysarthria and nystagmus. Reflexes may be pendular, although there are often also signs of spasticity.

8D23 Worster-Drought syndrome

Worster-Drought syndrome (WDS) is a form of cerebral palsy characterised by congenital pseudobulbar (suprabulbar) paresis manifesting as selective weakness of the lips, tongue and soft palate, dysphagia, dysphonia, drooling and jaw jerking.

8D2Y Other specified cerebral palsy

8D2Z Cerebral palsy, unspecified

Nutritional or toxic disorders of the nervous system (8D40-8D4Z)

8D40 Neurological disorders due to nutrient deficiency

Coding Note: Code also the causing condition

Coded Elsewhere: Dementia due to pellagra (6D85.8)
White matter disorders due to nutritional deficiency (8A45.3)
Dementia due to nutritional deficiency (6D85.Y)

8D40.0 Encephalopathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.1 Neuropathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.2 Myopathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.3 Intellectual developmental disorder due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.Y Other specified neurological disorders due to nutrient deficiency

Coding Note: Code also the causing condition

8D40.Z Neurological disorders due to nutrient deficiency, unspecified

Coding Note: Code also the causing condition

8D41 Neurological disorders due to an excess of micro or macro nutrients

Coding Note: Code also the causing condition

8D41.0 Peripheral neuropathy due to vitamin B6 hyperalimentation

8D41.1 Myopathy due to hypercalcaemia

8D41.2 Pseudotumour Cerebri related to Hypervitaminosis A

8D41.Y Other specified neurological disorders due to an excess of micro or macro nutrients

Coding Note: Code also the causing condition

8D41.Z Neurological disorders due to an excess of micro or macro nutrients, unspecified

Coding Note: Code also the causing condition

8D42 Neurological disorders due to overweight or obesity in adults or children

Neurological disorders that arise from the metabolic dysfunction, inflammation, and dyslipidemia caused by overweight (BMI > 25) or obese (BMI >30) status. Examples include mild cognitive impairment secondary to hippocampal alteration, hypothalamic dysfunction, autonomic dysfunction, peripheral polyneuropathy, and obstructive sleep apnea.

Coding Note: Code also the causing condition

8D43 Neurological disorders due to toxicity

Coded Elsewhere: Neuromuscular junction disorders due to toxicity (NE61)

Intracranial hypertension associated with medication or toxin exposure (8D60.Y)

Myelopathy due to toxicity (8B42)

8D43.0 Encephalopathy due to toxicity

8D43.00 Encephalopathy due to ammonia

8D43.0Y Other specified encephalopathy due to toxicity

8D43.0Z Encephalopathy due to toxicity, unspecified

8D43.1 Cognitive impairment due to toxicity

These are conditions of impaired cognition due to the toxicity of substances.

Coded Elsewhere: Dementia due to exposure to heavy metals and other toxins (6D85.2)

Dementia due to carbon monoxide poisoning (6D84.Y)

Post radiation dementia (6D84.Y)

Dementia or parkinsonism due to manganese toxicity (6D84.Y)

8D43.2 Neuropathy due to toxicity

In considering the diagnosis of toxic neuropathy, two criteria should be met: (1) Exposure can be verified and temporally related to the onset of clinical symptoms. Neuropathic symptoms usually occur concurrently with the exposure or following a variable latency of up to several months. (2) There must be neurological signs and abnormal electrodiagnostic studies, because many toxic neuropathies are subclinical, subjective symptoms may or may not occur. Removal from exposure results in cessation of progression of symptoms and the deficit. Most toxins produce symmetrical axonal degeneration in a length-dependent pattern, beginning in the distal segments of the long and large-calibre nerve fibres eventually spreading proximally with continued exposure. In addition to motor and /or sensory deficits, severe pain may be a characteristic feature.

Coded Elsewhere: Alcoholic polyneuropathy (8D44.0)

8D43.20 Drug-induced polyneuropathy

8D43.21 Post radiation polyneuropathy

8D43.2Y Other specified neuropathy due to toxicity

8D43.2Z Neuropathy due to toxicity, unspecified

8D43.3 **Myopathy due to toxicity**

Coded Elsewhere: Alcoholic myopathy (8D44.1)

Myopathy due to other toxic agents (8C8Y)

8D43.4 **Movement disorders due to toxicity**

Movements of the body, such as hyperkinesias, dyskinesias, myoclonus, chorea, tremor and tics produced by toxicity either by toxin or drug, ie toxicity by manganese, neuroleptic drugs,calcium channel blockers, gastrointestinal prokinetics, antiarrhythmics and antidepressants may induce Parkinsonism.

Coded Elsewhere: Toxin-induced parkinsonism (8A00.2Y)

Chorea due to toxins (8A01.1Y)

Dystonia due to toxins (8A02.1Y)

Ataxia due to certain specified toxins (8A03.3Y)

8D43.5 **Cassava poisoning**

Symmetrical, non-progressive, non-remitting spastic paraparesia occurring in epidemic and endemic forms with a predilection for children and young women1, 2. The unknown etiology is related to consumption of bitter cassava roots with very minimal protein supplementation.

Coded Elsewhere: Myelopathy due to konzo (8B42)

8D43.Y **Other specified neurological disorders due to toxicity**

8D43.Z **Neurological disorders due to toxicity, unspecified**

8D44 Alcohol-related neurological disorders

Coded Elsewhere: Dementia due to use of alcohol (6D84.0)

8D44.0 **Alcoholic polyneuropathy**

8D44.1 **Alcoholic myopathy**

Myopathy secondary to alcohol use and includes acute and chronic alcoholic myopathy. Several forms have been described: acute necrotizing myopathy, acute hypokalaemic myopathy, chronic alcoholic myopathy, asymptomatic alcoholic myopathy, and alcoholic cardiomyopathy.

8D44.Y **Other specified alcohol-related neurological disorders**

8D44.Z **Alcohol-related neurological disorders, unspecified**

8D4Y Other specified nutritional or toxic disorders of the nervous system

8D4Z Nutritional or toxic disorders of the nervous system, unspecified

Disorders of cerebrospinal fluid pressure or flow (8D60-8D6Z)

8D60 Increased intracranial pressure

An increase in pressure within the skull caused by changes in the volumes of the intracranial components, such as brain matter, CSF and blood, or by the presence of a pathological mass entity.

8D60.0 Brain herniation syndromes

The shift or displacement of brain tissue due to mass effect from its normal location to a region it does not occupy.

8D60.1 Cerebral oedema

Is an excess accumulation of fluid in the intracellular and/or extracellular spaces of the brain.

Exclusions: Traumatic cerebral oedema (NA07.2)

Cerebral oedema due to birth injury (KA40.1)

8D60.Y Other specified increased intracranial pressure

8D60.Z Increased intracranial pressure, unspecified

8D61 Intracranial hypotension

The syndrome of intracranial hypotension is a single pathophysiological entity of diverse origin. Usually it is characterised by an orthostatic headache, one that occurs or worsens with upright posture. Patients with chronic headaches or are asymptomatic have been described.

8D61.0 Spontaneous intracranial hypotension

The exact cause of spontaneous spinal CSF leaks usually remains unknown, but a combination of an underlying weakness of the spinal meninges and a trivial precipitating event is generally suspected.

8D61.1 Secondary intracranial hypotension

Coding Note: Code also the causing condition

8D61.Y Other specified intracranial hypotension

8D61.Z Intracranial hypotension, unspecified

8D62 Cerebrospinal fluid rhinorrhoea

8D63 Cerebrospinal fluid otorrhoea

8D64 Hydrocephalus

Coded Elsewhere: Neonatal hydrocephalus (KB05)

8D64.0 Communicating hydrocephalus

Communicating hydrocephalus, also known as non-obstructive hydrocephalus, is a disorder characterised by impaired cerebrospinal fluid reabsorption in the absence of any CSF-flow obstruction between the ventricles and subarachnoid space.

8D64.00 Increased cerebrospinal fluid production

Is a type of communicating hydrocephalus caused by increased CSF production.

8D64.01 Congenital agenesis of arachnoid villi

8D64.02 Post haemorrhagic hydrocephalus

8D64.03 Post traumatic hydrocephalus

8D64.04 Normal-pressure hydrocephalus

A clinical syndrome mainly comprising gait disturbance, dementia, and urinary incontinence, and is associated with dilatation of the ventricular system of the brain. Most of the times demonstrating normal cerebrospinal fluid (CSF) pressure at lumbar puncture.

8D64.0Y Other specified communicating hydrocephalus

8D64.0Z Communicating hydrocephalus, unspecified

8D64.1 **Non-communicating hydrocephalus**

It represents a form of hydrocephalus where there is an excessive accumulation of CSF within the ventricles caused by blockage of its pathway and due to several causes.

Coded Elsewhere: Neonatal obstructive hydrocephalus (KB05.0)

8D64.10 Hydrocephalus due to structural malformations

Ventricular enlargement due to an accumulation of cerebrospinal fluid secondary to obstruction caused by a structural abnormality such as Chiari malformations or aqueductal stenosis.

Coded Elsewhere: Dandy-Walker malformation with hydrocephalus (LA06.0)

8D64.1Y Other specified non-communicating hydrocephalus

8D64.1Z Non-communicating hydrocephalus, unspecified

8D64.2 **Ex-vacuo hydrocephalus**

Hydrocephalus ex-vacuo occurs when there is damage to the brain caused by stroke, injury, or radiation, and there may be an actual shrinkage of brain substance. Although there is more CSF than usual, the CSF pressure itself is normal in hydrocephalus ex-vacuo.

8D64.Z **Hydrocephalus, unspecified**

8D65 Cerebrospinal fluid fistula

Cerebrospinal fluid fistula is a condition in which the cerebrospinal fluid (CSF) held in and around the human brain and spinal cord leaks out of the surrounding protective sac, the dura, for no apparent reason or due to several pathological processes.

8D66 Syringomyelia or syringobulbia

In syringomyelia, there is fluid-filled tubular cavitation (syrinx formation) within the central spinal cord. The syrinx can elongate, enlarge and expand into the grey and white matter and, as it does so, it compresses the nervous tissue of the corticospinal and spinothalamic tracts and the anterior horn cells. This leads to the various neurological symptoms and signs. If the syrinx extends into the brainstem, syringobulbia results.

Exclusions: Congenital hydromyelia (LA07.3)

8D66.0 Idiopathic syringomyelia

A condition in which the syrinx has no identifiable cause and which is difficult to treat. Most large and/or symptomatic syrinxes can treated with syrinx shunting.

8D66.1 Syringomyelia due to certain specified cause

A condition when the syrinx is associated with an underlying cause.

Coding Note: Code also the causing condition

8D66.2 Syringobulbia

Chronic progressive degenerative disorder of the CNS characterized by the formation of a fluid filled cavity known as a syrinx in the spinal cord that extends upwards to involve the medulla and pons. May occur in isolation or secondary to may also occur secondary to neoplasms, traumas, deformities of the craniocervical junction or meningitis.

8D66.Y Other specified syringomyelia or syringobulbia

8D66.Z Syringomyelia or syringobulbia, unspecified

8D67 Intracranial arachnoid cyst

A fluid filled cavity within the arachnoid membrane which may be congenital or acquired. Acquired causes include trauma, infection and surgery. The most common site is the middle cranial fossa. Factors that influence whether the cyst causes symptoms include its size and location. Symptoms if present may include headache, dizziness, nausea and vomiting, seizures, developmental delay

8D68 Porencephalic cyst

Cavity within the cerebral hemisphere that communicates directly with the ventricular system. Ischemic necrosis in utero or later in life can cause the adjacent ventricular region to expand into the stroke cavity forming, forming a cyst.

8D6Y Other specified disorders of cerebrospinal fluid pressure or flow

8D6Z Disorders of cerebrospinal fluid pressure or flow, unspecified

Disorders of autonomic nervous system (8D80-8D8Z)

This is a group of conditions characterised as being in or associated with the autonomic nervous system, the

component of the peripheral nervous system that regulates involuntary physiologic processes.

Inclusions: Disorder of parasympathetic nervous system

Coded Elsewhere: Paroxysmal autonomic disorders

Hypohidrosis (EE01)

8D80 **Congenital malformations of the autonomic nervous system**

8D81 **Inherited autonomic nervous system disorders**

8D82 **Autoimmune disorders involving the autonomic nervous system**

8D83 **Autonomic nervous system disorder due to infection**

Coding Note: Code also the causing condition

8D84 **Pure autonomic nervous system failure**

Pure autonomic failure is a sporadic, adult onset, slowly progressive disorder associated with accumulation of synuclein in peripheral autonomic neurons resulting in orthostatic hypotension, bladder and sexual dysfunction.

8D85 **Autonomic nervous system disorder due to substances**

Coded Elsewhere: Neuroleptic malignant syndrome (8A0Y)

8D86 **Autonomic nervous system hyperactivity**

8D87 **Autonomic nervous system disorder due to certain specified neurodegenerative disorder**

8D87.0 **Multiple system atrophy**

Multiple system atrophy (MSA) is a rare neurodegenerative disorder characterised by varied combinations of parkinsonian, cerebellar, autonomic (erectile dysfunction, bladder dysfunction), orthostatic hypotension) and pyramidal features. The disease belongs to the group of alpha-synucleinopathies, a group of diseases characterised by aggregation of alpha-synuclein in affected brain regions. There are two different types MSA-P (with parkinsonism) and MSA-C (with cerebellar dysfunction)

8D87.00 Multiple system atrophy, Cerebellar type

8D87.01 Multiple system atrophy, Parkinsonism

This is a progressive disorder of the central and autonomic nervous systems, characterised by orthostatic hypotension (an excessive drop in blood pressure when standing up), which causes dizziness or fainting. It can occur without orthostatic hypotension, but instead have urinary involvement (urgency/incontinence). This type includes symptoms of Parkinson's disease such as slow movement, rigidity, and tremor.

Exclusions: Spinocerebellar ataxia (8A03.16)

Pure autonomic nervous system failure (8D84)

8D87.0Y Other specified multiple system atrophy

8D87.0Z Multiple system atrophy, unspecified

8D87.Y **Other specified autonomic nervous system disorder due to specified neurodegenerative disorder**

8D88 Autonomic neuropathies

Coded Elsewhere: Hereditary sensory or autonomic neuropathy (8C21)

8D88.0 **Autonomic neuropathy due to sodium channelopathies**

Coded Elsewhere: Paroxysmal extreme pain disorder (8E43.Y)

Primary erythromelalgia (EG00)

Secondary erythromelalgia (EG00)

8D88.1 **Autonomic neuropathy due to diabetes mellitus**

Dysfunction of the autonomic nervous system due to diabetes mellitus that presents as functional complications such as resting tachycardia, exercise intolerance, orthostatic hypotension, constipation, gastroparesis, sweating, bladder distention, and impotence.

Coding Note: Always assign an additional code for diabetes mellitus.

8D88.2 **Immune mediated autonomic neuropathy**

Coding Note: Code also the causing condition

8D88.3 **Autonomic disorder due to toxins**

8D88.4 **Autonomic neuropathy in endocrine and metabolic diseases**

Coding Note: Code also the causing condition

8D88.Y **Other specified autonomic neuropathies**

8D88.Z **Autonomic neuropathies, unspecified**

8D89 Disorders of orthostatic tolerance

Disorders characterized by symptomatic arterial hypotension (lightheadedness, fatigue) when assuming an upright position usually due to dysfunction of adrenergic regulation.

Coded Elsewhere: Orthostatic hypotension (BA21)

8D89.0 **Reflex syncope**

Reflex syncope is a transient loss of consciousness with spontaneous recovery and associated with loss of postural tone. Reflex syncope is the most common form of syncope and can occur in individuals with normal autonomic function. The mechanism is believed to be related to blood pooling in the legs followed by reduction in blood return to the heart which triggers a sympathetic tone increase. Vigorous cardiac contractions with an underfilled ventricle is hypothesized to cause reflex loss of sympathetic tone and vagotonia.

8D89.1 **Syncope due to autonomic failure**

8D89.2 Postural orthostatic tachycardia syndrome

Postural Orthostatic Tachycardia Syndrome is a type of chronic orthostatic intolerance lasting three months or longer associated with excessive upright tachycardia in the absence of orthostatic hypotension, plus a constellation of typically daily symptoms which may include lightheadedness, dizziness, nausea, dyspnoea, diaphoresis, headache, fatigue and other symptoms of autonomic dysfunction. Excessive tachycardia is defined by present consensus as a heart rate increase of at least 30 beats per minute in adults (40 beats per minute for adolescents), or a heart rate greater than 120 beats per minute, within 10 minutes of upright tilt table testing.

8D89.3 Baroreflex failure

8D89.Y Other specified disorders of orthostatic tolerance

8D89.Z Disorders of orthostatic tolerance, unspecified

8D8A Focal or segmental autonomic disorders

Coded Elsewhere: Trigeminal autonomic cephalalgias (8A82)
Hyperlacrimation (9A10.3)
Underproduction of tears (9A10.4)

8D8A.1 Horner syndrome

8D8A.2 Episodic anisocoria

This is a group of disorders in which periodic pupillary movements leading to changes in size. These are due to abnormal parasympathetic or sympathetic tone.

8D8A.Y Other specified focal or segmental autonomic disorders

8D8A.Z Focal or segmental autonomic disorders, unspecified

8D8B Disorders affecting autonomic synaptic neurotransmission

Coded Elsewhere: Aromatic L-amino acid decarboxylase deficiency (5C59.00)
Dopamine beta-hydroxylase deficiency (5C59.00)
Autosomal recessive dopa-responsive dystonia (8A02.11)
Menkes disease (5C64.0Y)

8D8C Autonomic dysreflexia

This is a potenitally dangerous disorder associated with damage to the spinal cord above the sixth thoracic level characterized by a marked increase in the sympathetic response to minor stimuli. It leads to sudden severe hypertension which can be life threatening

8D8D Hypoglycaemia unawareness

Hypoglycemia unawareness is defined at the onset of neuroglycopenia before the appearance of autonomic warning symptoms

8D8Y Other specified disorders of autonomic nervous system

8D8Z Disorders of autonomic nervous system, unspecified

Human prion diseases (8E00-8E0Z)

Human prion diseases or transmissible spongiform encephalopathies are rare transmissible diseases affecting the central nervous system. The infectious agents are composed of an abnormal isoform of a host membrane protein called 'prion protein' (PrP). Their common features are a long duration of incubation and lesions limited to the central nervous system without inflammatory or immunologic reaction but with accumulation of an abnormal form of prion protein (PrPsc).

8E00 Sporadic Creutzfeldt-Jakob Disease

A disease of the brain, that is associated with a mutation of normal prion protein genes or spontaneous transformation of prion proteins. This disease is characterised by a long incubation period, progressive dementia, neurological deficits, and is fatal. Transmission may be by direct contact with infected nervous tissue or blood. Confirmation is by pathological examination of the brain.

8E01 Acquired prion disease

Environmentally acquired prion diseases are prion diseases caused by a known source of abnormal prion protein.

8E01.0 Iatrogenically acquired Creutzfeldt-Jakob Disease

Iatrogenically acquired Creutzfeld-Jakob Disease (iCJD) is CJD acquired by medical procedures, medicines, medicinal materials, or devices.

8E01.1 Kuru

A disease of the nervous system, caused by a prion. This disease is characterised by limb pain, ataxia, tremors, decreased coordination, or emotional changes, and is fatal. Transmission is by ingestion of infected human brain, or direct contact. Confirmation is commonly by clinical signs, or pathological examination of the brain.

8E01.2 Variant Creutzfeldt-Jakob Disease

A disease of the brain, that is suspected to be caused by a prion associated with Bovine Spongiform Encephalopathy. This disease is characterised by a long incubation period, psychiatric symptoms followed by neurological deficits, and is fatal. Transmission may be by ingestion of food (with a bovine origin) contaminated with infected brain or spinal cord from an infected cow, or blood transfusion. Confirmation is by pathological examination of the brain.

8E01.3 Other acquired Creutzfeldt-Jakob Disease

There have been cases of Creutzfeldt-Jakob Disease (CJD) associated with neurosurgical procedures and stereotactic electroencephalogram (EEG) electrode placement on the brain, particularly in the 1950s to 1970s when the transmissibility of prions was not yet recognised.

8E02 Genetic prion diseases

8E02.0 Genetic Creutzfeldt-Jakob disease

A disease of the brain, that is associated with a prion. This disease is characterised by neurological deficits, and is fatal. Confirmation is by pathological examination of the brain.

8E02.1 Gerstmann-Straussler-Scheinker syndrome

A disease caused by inheritance of mutation(s) in normal prion protein genes. This disease is characterised by cerebellar ataxia, decreased coordination, dysmetria, or dysarthria, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.

Exclusions: Gerstmann syndrome (MB4C)

8E02.2 Fatal familial insomnia

A disease of the brain, caused by inheritance of mutation(s) of normal prion protein genes. This disease is characterised by severe insomnia and autonomic system dysfunction, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.

8E02.3 Other genetic prion diseases

8E02.Y Other specified Creutzfeldt-Jakob disease

8E02.Z Creutzfeldt-Jakob disease, unspecified

8E03 **Variably protease sensitive prionopathy**

A disease of the brain, caused by a mutation(s) in prion protein genes. This disease is characterised by deposition of abnormal prions in the brain leading to behavioural and mood changes, speech deficits, and progressive motor impairments. Confirmation is by pathological examination of the brain or identification of protease-sensitive prion proteins in a brain sample.

8E0Y **Other specified human prion diseases**

8E0Z **Human prion diseases, unspecified**

Disorders of consciousness (8E20-8E2Z)

Coded Elsewhere: Delirium (6D70)

Coma (MB20.1)

8E20 **Persistent vegetative state**

Subacute or chronic state of severe disturbance of consciousness lasting at least a month, characterised by the recovery of cyclic arousal states mimicking sleep/wake cycles after a severe brain injury. Patients with this condition are unresponsive and show no evidence of awareness of themselves or their environment. Cardiopulmonary and visceral autonomic regulation is maintained by the brainstem.

8E21 **Permanent vegetative state**

Prognostic term applied to patients in a persistent vegetative state for whom no recovery is expected.

8E22 **Minimally conscious state**

Subacute or chronic state of severely disturbed consciousness in which patients show minimal yet definite signs of consciousness, such as visual pursuit or command following, occurring after a severe brain injury. These patients do not show functional communication or functional use of objects.

8E22.0 Minimally conscious state plus

Subcategory of patients in a minimally conscious state who show signs of command following.

8E22.1 Minimally conscious state minus

Subcategory of patients in a minimally conscious state who show signs of non-reflex behaviour such as eye tracking, orientation to pain, or contingent responses to specific emotional stimuli but without command following.

8E22.Y Other specified minimally conscious state

8E22.Z Minimally conscious state, unspecified

8E2Y **Other specified disorders of consciousness**

8E2Z **Disorders of consciousness, unspecified**

Other disorders of the nervous system (8E40-8E4Y)

Coded Elsewhere: Brain death (MH10)

Neurosarcoidosis (4B20.3)

8E40 **Disorders of the meninges excluding infection**

Coded Elsewhere: Postprocedural meningitis (8E62)

8E40.0 Neoplastic meningitis

Inflammation of the meninges due to malignant infiltration from carcinomas, leukaemias and lymphomas. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia with potential progression to stupor and coma. The presentation may be acute, subacute or chronic. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis, raised protein and the presence of malignant cells on cytology.

Coding Note: Code also the causing condition

8E40.1 Chemical meningitis

8E40.2 Inflammatory meningitis

A general term to describe a group of disorders in which there is Inflammation of the meninges due to an underlying inflammatory disorder. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Other central and peripheral nervous system manifestations may be present. Non-neurological features, including skin, eye and organ involvement may also be present. Diagnosis may be aided by serological testing, neuroimaging and if appropriate a tissue biopsy. Spinal fluid analysis may reveal a lymphocytic pleocytosis, a raised protein and the presence of oligoclonal bands.

8E40.3 **Arachnoiditis**

Arachnoiditis is a chronic inflammation of the arachnoid layer of the meninges, of which adhesive arachnoiditis is the most severe form, characterised by debilitating, intractable neurogenic back and limb pain and a range of other neurological problems.

8E40.Y **Other specified disorders of the meninges excluding infection**

8E40.Z **Disorders of the meninges excluding infection, unspecified**

8E41 Pachymeningitis

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater which can be caused by chronic infection, inflammatory and immune-mediated disorders and malignancies. The cranial and/or the spinal dura may be affected. Neurological features includes headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances . Diagnosis may be aided by neuroimaging and spinal fluid analysis.

8E41.0 **Pachymeningitis due to infection**

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater caused by chronic infection such as tuberculosis. The cranial and/or the spinal dura may be affected. Neurological features includes headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances . Diagnosis may be aided by neuroimaging, spinal fluid analysis and dural biopsy.

8E41.1 **Idiopathic hypertrophic pachymeningitis**

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater for which no identifiable cause is found. The cranial and/or the spinal dura may be affected. Neurological features includes headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances . Diagnosis may be aided by neuroimaging and spinal fluid analysis and dural biopsy.

8E41.Y **Other specified pachymeningitis**

8E41.Z **Pachymeningitis, unspecified**

8E42 Superficial siderosis of the nervous system

Superficial siderosis is the deposition of haemosiderin in the central nervous system as a result of chronic or recurrent subarachnoid haemorrhage due to vascular anomalies, aneurysms, vascular tumours, neurosurgery, cervical root lesions, head injury and trauma. Clinical feature of Superficial siderosis include sensorineural deafness, cerebellar ataxia, pyramidal weakness and less frequently dementia, loss of sphincter control, anosmia, anisocoria, sensory disturbance, extra-ocular motor palsies, sciatica and lower motor neuron signs. The diagnosis may be confirmed by pure tone audiometry, neuroimaging, spinal fluid analysis, angiography to identify a potential bleeding source and where appropriate genetic testing.

8E43 Pain disorders

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.0 Neuropathic pain

Neuropathic pain is described as electric, burning, or shock like, caused by metabolic, nutritional, infectious, genetic, autoimmune, and/or vasculitic processes. The pain may occur spontaneously, without provocation, or be provoked by noxious or nonnoxious stimuli. Pain is characteristic of small fibre neuropathy, but even in large fibre neuropathies, a sufficient number of small fibres may be damaged to cause pain. Neuropathic pain usually affects distal skin and subcutaneous structures. The pain may be constant or intermittent, and may be described as searing, burning, or icy cold.

Complex regional pain syndrome follows trauma and comprises regional pain, sensory changes, abnormalities of temperature, sudomotor activity, colour changes of the skin, and oedema.

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.00 Phantom limb syndrome

Phantom limb pain is the perception of sensations, including pain, in a limb that has been amputated or a body part that has been removed. These sensations may include a specific position, shape, or movement of the phantom, feelings of warmth or cold, itching, tingling, or electric sensations, and other paraesthesias.

8E43.0Y Other specified neuropathic pain

8E43.0Z Neuropathic pain, unspecified

8E43.Y Other specified pain disorders

8E43.Z Pain disorders, unspecified

8E44 Post anoxic brain damage

Post anoxic brain damage refers to the variable severity of encephalopathy that results from circulatory arrest, hypotension or asphyxia.

8E45 Locked-in syndrome

8E46 Reye syndrome

Reye syndrome is sudden (acute) brain damage (encephalopathy) and liver function problems of unknown cause. The syndrome has occurred with the use of aspirin to treat chickenpox or the flu in children. However, it has become very uncommon since aspirin is no longer recommended for routine use in children. Reye syndrome often begins with vomiting, which lasts for many hours. The vomiting is quickly followed by irritable and aggressive behaviour. There is no specific treatment for this condition. The health care provider will monitor the pressure in the brain, blood gases, and blood acid-base balance (pH).

8E47 **Encephalopathy, not elsewhere classified**

Global brain dysfunction

Coding Note: Code also the causing condition

Coded Elsewhere: Neonatal encephalopathy (KB03)

8E48 **Encephalitis, not elsewhere classified**

8E49 **Postviral fatigue syndrome**

Inclusions: chronic fatigue syndrome

myalgic encephalomyelitis

Exclusions: Fatigue (MG22)

8E4A **Paraneoplastic or autoimmune disorders of the nervous system**

Paraneoplastic and autoimmune disorders of the nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelitis) or peripheral nervous systems (peripheral or autonomic neuropathies, neuromuscular junction disorders or myopathy). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

8E4A.0 **Paraneoplastic or autoimmune disorders of the central nervous system, brain or spinal cord**

Paraneoplastic and autoimmune disorders of the central nervous system, brain and spinal cord nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelopathy, myelitis) nervous system. In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed 'autoimmune' the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the central nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

Coded Elsewhere: Paraneoplastic retinopathy (9B71.4)

Autoimmune retinopathy (9B71.5)

Opsoclonus-myoclonus (9C85.02)

8E4A.1 **Paraneoplastic or autoimmune disorders of the peripheral or autonomic nervous system**

Paraneoplastic and autoimmune disorders of the peripheral and autonomic nervous system result from a targeted immune attack on neurons or glial cells in the peripheral nervous systems (peripheral or autonomic neuropathies). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. Onset may be subacute or insidious and these disorders may be limited, multifocal or generalised. Autoimmune somatic peripheral nerve disorders may affect the nerve at multiple levels including root, nerve and plexus and may be axonal, demyelinating or both. Autoimmune autonomic disorders result in autonomic failure that can be partial or generalised. The prototypic autonomic neuropathy is the autoimmune ganglionopathy associated with

antibodies targeting the ganglionic nicotinic acetylcholine receptor (α3 gAChR). Screening for cancer is appropriate for those with specific neural antibody profiles and other risk factors.

Associated neural antibodies in peripheral neuropathies include anti neuronal nuclear antibody type 1 or anti-Hu, CASPR2, gAChR, ganglioside (GM1 IgG and IGM) antibodies.

Coding Note: Code also the causing condition

8E4A.2 **Paraneoplastic or autoimmune neuromuscular transmission disorders**

NMT disorders are defined by a variable disturbance of the function of the neuromuscular transmission, resulting in fluctuating muscle weakness and fatigue. These are usually classified into pre- and postsynaptic disorders.

Presynaptic disorders, mainly the Lambert Eaton Myasthenic Syndrome (LEMS) is associated with antibodies targeting the voltage gated calcium channels (PQ and N type). LEMS is associated with malignancy (pulmonary or extra-pulmonary small cell carcinoma) in about 50 % of cases. In the context of LEMS the detection of SOX 1 (anti glial nuclear) antibodies is highly predictive of cancer.

Postsynaptically, myasthenia gravis is mostly (>90%) associated with antibodies targeting the muscle acetylcholine receptor (AChR) or rarely other proteins (including muscle -specific kinase -MUSK). Myasthenia is usually not considered a paraneoplastic disease, with the exception of thymoma in about 10% cases.

Coding Note: Code also the causing condition

Coded Elsewhere: Lambert-Eaton syndrome (8C62)

Myasthenia gravis (8C60)

8E4A.3 **Paraneoplastic or autoimmune disorders of the muscle**

Paraneoplastic and autoimmune diseases of muscle present with weakness and can be caused by a variety of causes, either by undefined remote effects or autoimmune effects in cancer, or autoimmune mechanisms in non cancer related conditions. The presentation is variable, usually presenting with a proximal myopathic pattern.

Coding Note: Code also the causing condition

8E4A.Y **Other specified paraneoplastic or autoimmune disorders of the nervous system**

Coding Note: Code also the causing condition

8E4Y **Other specified disorders of the nervous system**

Postprocedural disorders of the nervous system (8E60-8E66)

Coded Elsewhere: Anoxic-ischaemic encephalopathy (8B24.0)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Post dural puncture headache (8A84.Y)

Dural graft-associated Creutzfeldt-Jakob Disease (8E01.0)

8E60 **Post ventricular shunting leak**

8E61 **Post radiation injury of the nervous system**

Coded Elsewhere: Post radiation lumbosacral plexopathy (8B92.0)

Post radiation polyneuropathy (8D43.21)

Post radiation brachial plexopathy (8B91.Y)

8E61.0 **Brain irradiation**

Injury to the brain from therapeutic cranial irradiation which may be divided temporally into three syndromes: Acute or early toxicity which is consequent upon immediate exposure to radiation, early-delayed injury and late-delayed injury although the three may overlap.

8E61.1 **Spinal cord irradiation**

8E62 **Postprocedural meningitis**

Inflammation of the meninges due to a procedure. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis and raised protein.

8E63 **Post pump encephalopathy**

8E64 **Multifocal cerebral infarctions**

8E66 **Intracranial hypotension due to lumbar puncture**

8E7Y **Other specified diseases of the nervous system**

8E7Z **Diseases of the nervous system, unspecified**

CHAPTER 09

Diseases of the visual system

This chapter has 160 four-character categories.

Code range starts with 9A00

This refers to any diseases of the visual system, which includes the eyes and adnexa, the visual pathways and brain areas, which initiate and control visual perception and visually guided behaviour.

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

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Posterior cortical atrophy (8A21.0)

Coded Elsewhere: Neoplasms of the eye or ocular adnexa

Reasons for contact with the health care system in relation to eyes or vision

Contusion of eyeball or orbital tissues (NA06.9)

Foreign body in multiple parts of external eye (ND70.2)

Oculocutaneous albinism (EC23.20)

Traumatic injury to eyeball (NA06.8)

Birth injury to eye (KA41)

Late congenital syphilitic oculopathy (1A60.2)

Symptoms, signs or clinical findings of the visual system (MC10-MC2Y)

Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10-LA1Z)

This chapter contains the following top level blocks:

- Disorders of the ocular adnexa or orbit
- Disorders of the eyeball - anterior segment
- Disorders of the eyeball - posterior segment
- Disorders of the eyeball affecting both anterior and posterior segments
- Disorders of the visual pathways or centres
- Glaucoma or glaucoma suspect
- Strabismus or ocular motility disorders
- Disorders of refraction or accommodation
- Postprocedural disorders of eye or ocular adnexa

- Impairment of visual functions
- Vision impairment
- Neoplasms of the eye or ocular adnexa
- Reasons for contact with the health care system in relation to eyes or vision

Disorders of the ocular adnexa or orbit (9A00-9A4Z)

Coded Elsewhere: Ocular myiasis (1G01.0)

Disorders of eyelid or peri-ocular area (9A00-9A0Z)

Coded Elsewhere: Congenital malformations of the eyelid
Seborrhoeic keratosis (2F21.0)
Cysts of eyelid (2F36.4)
Eyelid trauma (NA06.0)
Benign cutaneous neoplasm or cyst of eyelid (2F36.Y)

9A00 **Congenital malposition of eyelids**

Coded Elsewhere: Congenital entropion (LA14.02)
Congenital ectropion (LA14.03)
Congenital ptosis (LA14.04)
Hypotelorism (LB71.0)
Hypertelorism (LB71.1)
Epiblepharon (LA14.0Y)

9A00.0 Dystopia canthorum

Coded Elsewhere: Waardenburg syndrome (EC23.2Y)

9A00.1 Telecanthus

9A00.Y Other specified congenital malposition of eyelids

9A00.Z Congenital malposition of eyelids, unspecified

9A01 **Infectious disorders of eyelid**

Coded Elsewhere: Trachoma (1C23)
Involvement of eyelid in tuberculosis (1B12.1)
Involvement of eyelid in leprosy (1B20.3)
Verruca vulgaris of eyelid (1E80.Y)

9A01.0 Preseptal cellulitis

9A01.1 Abscess of eyelid

9A01.2 **Hordeolum**

An acute focal infection usually by Staphylococcus aureus involving the eyelash follicle and its associated meibomian and Zeis glands. If the principal focus of infection is the follicle, it presents with a painful boil which discharges pus at the eyelid margin (external hordeolum or stye). If the infection is centred on the meibomian gland (internal hordeolum) then suppuration onto the conjunctival surface occurs.

9A01.20 Hordeolum externum

An acute focal pyogenic infection of the eyelash follicle commonly known as a stye and caused predominantly by Staphylococcus aureus. It presents as an acute painful inflammatory eyelid swelling which subsequently discharges at the eyelid margin.

9A01.21 Hordeolum internum

A focal acute pyogenic infection, usually by Staphylococcus aureus, of a meibomian gland, the normal secretion from which into the eyelash follicle is blocked. It presents as an acute inflammatory swelling which may discharge onto the conjunctival surface of the eyelid, or rarely anteriorly through the eyelid skin. It may predispose to formation of a chalazion.

Exclusions: Chalazion (9A02.0)

9A01.2Z Hordeolum, unspecified

9A01.3 **Infectious blepharitis**

A condition of the eyelid, commonly caused by an infection with a bacterial source. This condition is characterised by pruritus, burning, scratchiness, excessive tearing, or crusty debris around the eyelashes. This condition may also present with lid erythema, collarettes, madarosis, trichiasis, or plugged meibomian glands. Transmission is by direct or indirect contact with an infected individual, endogenous spread, or through fomites.

Exclusions: Blepharoconjunctivitis (9A60.4)

Coded Elsewhere: Herpes simplex infection of eyelid (1F00.11)

Molluscum contagiosum of eyelid (1E76)

Zoster infection of eyelid (1E91.1)

9A01.4 **Infestation of eyelid**

Coding Note: Code also the causing condition

Coded Elsewhere: Parasitic infestation of eyelid in loiasis (1F66.0)

Parasitic infestation of eyelid in leishmaniasis (1F54.Z)

9A01.Y **Other specified infectious disorders of eyelid**

9A02 Inflammatory disorders of eyelid

Coded Elsewhere: Atopic eczema of eyelids (9A06.70)

Seborrhoeic dermatitis of eyelids (9A06.71)

9A02.0 **Chalazion**

A chalazion is a small cyst on the eyelid caused by blockage of a meibomian gland.

9A02.00 Chalazion externum

9A02.01 Chalazion internum

9A02.0Y Other specified chalazion

9A02.0Z Chalazion, unspecified

9A02.1 **Posterior blepharitis**

Posterior blepharitis is inflammation of the eyelids secondary to dysfunction of the meibomian glands. Like anterior blepharitis it is a bilateral chronic condition and manifested by a broad spectrum of symptoms involving the lids including inflammation and plugging of the meibomian orifices and production of abnormal secretion upon pressure over the glands. It may be associated with skin rosacea.

9A02.2 **Ligneous conjunctivitis**

Ligneous conjunctivitis (LC) is a rare form of chronic conjunctivitis characterised by the recurrent formation of pseudomembranous lesions most commonly on the palpebral surfaces. It is most frequently reported as a clinical manifestation of severe homozygous or compound-heterozygous hypoplasminogenaemia. Most cases involve infants and children.

9A02.4 **Meibomian gland dysfunction**

This refers to the dysfunction of a special kind of sebaceous gland at the rim of the eyelids inside the tarsal plate, responsible for the supply of meibum, an oily substance that prevents evaporation of the eye's tear film. Meibum prevents tear spillage onto the cheek, trapping tears between the oiled edge and the eyeball, and makes the closed lids airtight.

9A02.Y **Other specified inflammatory disorders of eyelid**

9A03 Acquired malposition of eyelid

9A03.0 **Blepharoptosis**

Drooping of the upper lid due to deficient development or paralysis of the levator palpebrae muscle.

9A03.00 Marcus-Gunn syndrome

Marcus-Gunn syndrome is characterised by ptosis associated with maxillopalpebral synkinesis. The syndrome is generally unilateral and sporadic, but bilateral and autosomal dominant inherited cases have been reported.

9A03.01 Mechanical ptosis of eyelid

9A03.02 Myogenic ptosis of eyelid

This refers to a contraction initiated by the myocyte cell itself instead of an outside occurrence or stimulus such as nerve innervation, causing drooping or falling of the eyelid. The drooping may be worse after being awake longer, when the individual's muscles are tired.

9A03.03 Paralytic ptosis of eyelid

9A03.0Y Other specified blepharoptosis

9A03.0Z Blepharoptosis, unspecified

9A03.1 **Entropion of eyelid**

9A03.10 Cicatricial entropion of eyelid

9A03.11 Mechanical entropion of eyelid

9A03.12 Senile entropion of eyelid

This is a senile condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.13 Spastic entropion of eyelid

This is a spastic condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.1Y Other specified entropion of eyelid

9A03.1Z Entropion of eyelid, unspecified

9A03.2 **Ectropion of eyelid**

The turning outward (eversion) of the edge of the eyelid, resulting in the exposure of the palpebral conjunctiva.

9A03.20 Cicatricial ectropion of eyelid

9A03.21 Mechanical ectropion of eyelid

9A03.22 Senile ectropion of eyelid

9A03.23 Spastic ectropion of eyelid

9A03.24 Floppy eyelid syndrome

Acquired disorder of unknown origin, manifested by an easily everted floppy upper eyelid and papillary conjunctivitis of the upper palpebral conjunctiva. It is primarily associated with obese men and obstructive sleep apnoea. The tarsus of the upper eyelid becomes softer and looser probably due to mechanical forces and enzymatical changes. The upper eyelid everts during sleep, resulting in irritation, papillary conjunctivitis, and conjunctival keratinization. Effective treatment consists of preventing the upper eyelid from everting while the patient is sleeping.

9A03.2Y Other specified ectropion of eyelid

9A03.2Z Ectropion of eyelid, unspecified

9A03.3 Eyelid retraction

9A03.4 Lagophthalmos

9A03.40 Cicatricial lagophthalmos

9A03.41 Mechanical lagophthalmos

9A03.42 Paralytic lagophthalmos

9A03.4Y Other specified lagophthalmos

9A03.4Z Lagophthalmos, unspecified

9A03.5 Dermatochalasis of eyelid

9A03.Y Other specified acquired malposition of eyelid

9A03.Z Acquired malposition of eyelid, unspecified

9A04 Acquired disorders of eyelashes

Exclusions: Distichiasis (LA14.0)

Structural developmental anomalies of eyelids (LA14.0)

9A04.0 Trichiasis without entropion

This refers to abnormally positioned eyelashes that grow back toward the eye, touching the cornea or conjunctiva. This can be caused by infection, inflammation, autoimmune conditions, congenital defects, eyelid agenesis and trauma such as burns or eyelid injury. This diagnosis is without a condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it.

9A04.1 Madarosis of eyelid or periocular area

Partial or complete loss of eyelashes and/or eyebrow hairs. Alopecia areata and chronic cutaneous lupus erythematosus are well recognised causes. If the underlying cause is known this should be coded as well.

9A04.Y Other specified acquired disorders of eyelashes

9A05 Movement disorders of eyelid

Exclusions: Tic disorders (8A05)

Coded Elsewhere: Benign essential blepharospasm (8A02.00)

Hemifacial spasm (8B88.2)

Facial tic (8A05.03)

9A05.0 Myokymia of eyelid

Myokymia is used to describe an involuntary eyelid muscle contraction, typically involving the lower eyelid or less often the upper eyelid. It occurs in normal individuals and typically starts and disappears spontaneously. However, it can sometimes last up to three weeks. Since the condition typically resolves itself, medical professionals do not consider it to be serious or a cause for concern.

Exclusions: Facial myokymia (8B88.1)

Myokymia (MB47.5)

9A05.1 Eyelid apraxia

9A05.Y Other specified movement disorders of eyelid

9A05.Z Movement disorders of eyelid, unspecified

9A06 Certain specified disorders of eyelid

9A06.0 Involvement of eyelid by dermatosis classified elsewhere

Involvement of eyelid by skin diseases such as psoriasis or lichen planus.

9A06.1 Vitiligo of eyelid or periocular area

9A06.2 Symblepharon, acquired

9A06.3 Traumatic scar of eyelid

9A06.4 Xanthelasma of eyelid

Xanthelasmata are a form of plane xanthoma which manifest as sharply demarcated yellowish deposits of lipid within the skin of the eyelid. While they are neither harmful nor painful, these minor growths may be disfiguring and may be the presenting sign of hypercholesterolaemia. They are common in people of Asian origin and those from the Mediterranean region.

9A06.5 Tear Trough Deformity

9A06.6 Sunken Sulcus Deformity

9A06.7 Dermatitis or eczema of eyelids

Eczematous blepharitis and contact dermatitis affecting the eyelids.

Coded Elsewhere: Irritant contact blepharoconjunctivitis (EK02.11)

9A06.70 Atopic eczema of eyelids

Atopic eczema affecting the eyelids. This is a common manifestation of atopic eczema and can result in a significant impact on normal vision and on well-being.

9A06.71 Seborrhoeic dermatitis of eyelids

Seborrhoeic dermatitis of eyelids (seborrhoeic blepharitis) is common. It is characterised by redness and scaling on the skin of the eyelids with variable involvement of the eyelid margins.

Exclusions: Seborrhoea (ED91.2)

9A06.72 Allergic contact blepharoconjunctivitis

Allergic contact dermatitis affecting the eyelid and conjunctivae.

9A06.7Y Other specified dermatitis or eczema of eyelids

9A06.7Z Dermatitis or eczema of eyelids, type unspecified

9A06.8 Blepharochalasis

This is a malposition of the eyelid caused either by involution or by inflammation of the eyelid. The inflammation is characterised by exacerbations and remissions of eyelid oedema, which results in a stretching and subsequent atrophy of the eyelid tissue resulting in redundant folds over the lid margins. It typically affects only the upper eyelids, and may be unilateral as well as bilateral.

9A06.Y Other specified disorders of eyelid

9A0Y **Other specified disorders of eyelid or peri-ocular area**

9A0Z **Disorders of eyelid or peri-ocular area, unspecified**

Disorders of lacrimal apparatus (9A10-9A1Z)

Exclusions: congenital malformations of lacrimal system (LA14.1)

9A10 **Disorders of lacrimal gland**

9A10.0 Infections of the lacrimal gland

9A10.1 Orbital inflammatory syndrome

This refers to a marginated mass-like enhancing soft tissue involving any area of the orbit. It is the most common painful orbital mass in the adult population, and is associated with proptosis, cranial nerve palsy (Tolosa-Hunt syndrome), uveitis, and retinal detachment.

9A10.2 Benign lymphoepithelial lesion of lacrimal gland

This is a type of benign enlargement of the parotid and/or lacrimal glands. This pathologic state is sometimes, but not always, associated with Sjögren's syndrome. This diagnosis of paired almond-shaped glands, one for each eye, that secrete the aqueous layer of the tear film.

9A10.3 Hyperlacrimation

9A10.4 Underproduction of tears

Underproduction of tears causes keratoconjunctivitis sicca and can be caused by disorders that interrupt the neural control of lacrimation.

9A10.Y Other specified disorders of lacrimal gland

9A10.Z Disorders of lacrimal gland, unspecified

9A11 **Disorders of lacrimal drainage system**

Coded Elsewhere: Agenesis of lacrimal ducts (LA14.11)
Congenital dacryocele (LA14.12)
Congenital agenesis of lacrimal punctum (LA14.13)
Congenital stenosis or stricture of lacrimal duct (LA14.14)

9A11.0 Eversion of lacrimal punctum

Inclusions: Punctal ectropion

9A11.1 Canaliculitis

9A11.2 Dacryocystitis

9A11.3 Conjunctivochalasis

9A11.4 Punctal stenosis

9A11.5 Nasolacrimal canalicular stenosis

9A11.6 Dacryolith

9A11.7 Nasolacrimal sac stenosis

9A11.8 Nasolacrimal duct obstruction

Coded Elsewhere: Congenital stenosis or stricture of lacrimal duct (LA14.14)

9A11.Y Other specified disorders of lacrimal drainage system

9A11.Z Disorders of lacrimal drainage system, unspecified

9A1Y **Other specified disorders of lacrimal apparatus**

9A1Z **Disorders of lacrimal apparatus, unspecified**

Disorders of orbit (9A20-9A2Z)

This refers to disorders of the cavity or socket of the skull in which the eye and its appendages are situated. "Orbit" can refer to the bony socket, or it can also be used to imply the contents.

Coded Elsewhere: Neoplasms of orbit
Orbital trauma
Structural developmental anomalies of orbit (LA14.2)

9A20 **Displacement of eyeball**

9A20.0 Axial displacement of eyeball

9A20.00 Outward displacement of eyeball

Coding Note: Code also the causing condition

Inclusions: Proptosis
Exophthalmos

9A20.01 Inward displacement of eyeball

Inclusions: Enophthalmos

9A20.0Y Other specified axial displacement of eyeball

9A20.0Z Axial displacement of eyeball, unspecified

9A20.1 Non-Axial displacement of eyeball

9A20.Y Other specified displacement of eyeball

9A20.Z Displacement of eyeball, unspecified

9A21 Orbital infection

Coded Elsewhere: Osteomyelitis of orbit (FB84.Y)
Hydatic cyst (9A23.1)
Echinococcus infection of orbit (1F73.Y)
Myiasis of orbit (1G01.0)

9A21.0 Orbital cellulitis

Exclusions: Streptococcal cellulitis of skin (1B70.1)
Staphylococcal cellulitis of skin (1B70.2)

9A21.1 Orbital subperiosteal abscess

A condition of the eye and adnexa, caused by an infection with a bacterial source. This condition is characterised by a focal accumulation of purulent material in the bones that support the globe, fever, crusting of the eye, swelling of the eye, or proptosis. Confirmation is by identification of the bacterial agent.

9A21.2 Orbital abscess

9A21.3 Periostitis of orbit

9A21.Y Other specified orbital infection

9A21.Z Orbital infection, unspecified

9A22 Orbital inflammation

9A22.0 Dysthyroid orbitopathy

9A22.1 Diffuse orbital inflammation

9A22.2 Granulomatous orbital inflammation

9A22.Y Other specified orbital inflammation

9A22.Z Orbital inflammation, unspecified

9A23 Orbital cyst

9A23.0 **Congenital orbital cyst**

Coded Elsewhere: Teratoma of orbit (2F36.3)
Dermoid cyst of eyelid (2F36.4)

9A23.1 **Acquired orbital cyst**

Coded Elsewhere: Epidermoid cyst (EK70.0)

9A23.Z **Orbital cyst, unspecified**

9A24 Bony deformity of orbit

9A24.0 **Contraction of orbit**

9A24.1 **Expansion of orbit**

9A24.2 **Distortion of orbit**

9A24.3 **Enlargement of bony orbit**

9A24.4 **Exostosis of orbit**

9A24.Y **Other specified bony deformity of orbit**

9A24.Z **Bony deformity of orbit, unspecified**

9A25 Soft tissue deformity of orbit

9A25.0 **Anophthalmic socket**

9A25.1 **Microphthalmic socket**

9A25.2 **Contracted socket**

9A25.3 **Oedema of orbit**

9A25.4 **Haemorrhage of orbit**

This is the loss of blood or blood escaping from the circulatory system. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated. "Orbit" can refer to the bony socket, or it can also be used to imply the contents.

9A25.5 **Atrophy of soft tissue of orbit**

9A25.Y **Other specified soft tissue deformity of orbit**

9A25.Z **Soft tissue deformity of orbit, unspecified**

9A26 Combined bony and soft tissue deformity of orbit

Coded Elsewhere: Hypertelorism (LB71.1)

9A2Y Other specified disorders of orbit

9A2Z Disorders of orbit, unspecified

9A4Y **Other specified disorders of the ocular adnexa or orbit**

9A4Z **Disorders of the ocular adnexa or orbit, unspecified**

Disorders of the eyeball - anterior segment (9A60-9B3Z)

This refers to any disorders of the front third of the eye that includes the structures in front of the vitreous humour: the cornea, iris, ciliary body, and lens.

Coded Elsewhere: Structural disorders of the pupil (LA11.6)

Developmental anomalies of anterior segment (LA11.Y)

Disorders of conjunctiva (9A60-9A6Z)

This is a group of conditions associated with the conjunctiva which lines the inside of the eyelids and covers the sclera.

Coded Elsewhere: Neoplasms of conjunctiva

9A60 **Conjunctivitis**

Exclusions: keratoconjunctivitis (9A70-9A7Z)

Coded Elsewhere: Trachoma (1C23)

Viral conjunctivitis (1D84)

Neonatal conjunctivitis or dacryocystitis (KA65.0)

9A60.0 Papillary conjunctivitis

9A60.00 Giant papillary conjunctivitis

Giant papillary conjunctivitis is a nonallergic hypersensitivity inflammation of the ocular surface, most frequently to contact lenses, ocular prostheses, postoperative sutures, and scleral buckles.

9A60.01 Acute atopic conjunctivitis

This is the allergic inflammation of the conjunctiva (mucous membrane that covers the posterior surface of the eyelids and the anterior pericorneal surface of the eyeball) of the immediate type, due to airborne allergens such as pollens, dusts, spores, and animal hair.

9A60.02 Allergic conjunctivitis

Allergic conjunctivitis is an IgE-mediated response due to the exposure of seasonal or perennial allergens in sensitized patients. The allergen-induced inflammatory response of the conjunctiva results in the release of histamine and other mediators. Symptoms consist of redness (mainly due to vasodilation of the peripheral small blood vessels), oedema (swelling) of the conjunctiva, itching, and increased lacrimation (production of tears).

9A60.0Y Other specified papillary conjunctivitis

9A60.0Z Papillary conjunctivitis, unspecified

9A60.1 **Follicular conjunctivitis**

Coded Elsewhere: Chlamydial conjunctivitis (1C20)
Herpes simplex keratoconjunctivitis (1F00.1Y)
Zoster keratoconjunctivitis (1E91.1)
Keratoconjunctivitis due to adenovirus (1D84.0)
Keratoconjunctivitis due to Acanthamoeba (1F50)

9A60.2 **Cicatrizing conjunctivitis**

9A60.3 **Mucopurulent conjunctivitis**

These are infections of the conjunctiva, containing mucus and pus, by several species such as Haemophilus, Streptococcus, Neisseria, and Chlamydia.

9A60.30 Ulceration of conjunctiva

9A60.31 Abscess of conjunctiva

9A60.32 Conjunctivitis due to Koch-Weeks bacillus

9A60.33 Acute epidemic conjunctivitis

9A60.3Y Other specified mucopurulent conjunctivitis

9A60.3Z Mucopurulent conjunctivitis, unspecified

9A60.4 **Blepharoconjunctivitis**

9A60.5 **Vernal keratoconjunctivitis**

Vernal keratoconjunctivitis is a persistent and severe form of ocular allergy that affects children and young adults, usually in warm climates. Vernal keratoconjunctivitis typically appears in boys between the ages of 4–12 years. The typical symptoms are intense itching, tearing, and photophobia. Disease exacerbation can be triggered either by allergen re-exposure or by nonspecific stimuli such as sunlight, wind, and dust. The tarsal form is characterised by irregularly sized hypertrophic papillae, leading to a cobblestone appearance of the upper tarsal plate. The limbal form is characterised by transient, multiple limbal, or conjunctival gelatinous yellow-grey infiltrates superposed with white points or deposits, known as Horner–Trantas dots and papillae at the limbus.

9A60.6 **Serous conjunctivitis, except viral**

9A60.Y **Other specified conjunctivitis**

9A60.Z **Conjunctivitis, unspecified**

9A61 Certain specified disorders of conjunctiva

Exclusions: keratoconjunctivitis (9A70-9A7Z)

Coded Elsewhere: Conjunctival blebitis after glaucoma surgery (9D23)

Complications with glaucoma drainage devices (9D24)

Injury of conjunctiva or corneal abrasion without mention of foreign body (NA06.4)

Foreign body in conjunctival sac (ND70.1)

9A61.0 Pingueculae

9A61.1 Pterygium

Exclusions: Pseudopterygium of conjunctiva (9A61.2)

9A61.2 Pseudopterygium of conjunctiva

9A61.3 Conjunctival scars

These are cicatrices of the mucous membrane that lines the inner surface of the eyelid and the exposed surface of the eyeball that occur due to various reasons such as trauma, infection or allergy.

9A61.4 Conjunctival vascular disorders

Benign cysts which often appear as small, clear, fluid-filled inclusions of conjunctival epithelium whose goblet cells secrete into the cyst and not onto the surface.

9A61.40 Vascular abnormalities of conjunctiva

Coded Elsewhere: Conjunctival haemangioma or haemolymphangioma (2E81.01)

9A61.4Y Other specified conjunctival vascular disorders

9A61.4Z Conjunctival vascular disorders, unspecified

9A61.5 Conjunctival or subconjunctival haemorrhage

A conjunctival haemorrhage is a small haematoma clearly delimited on the conjunctiva itself resulting from a direct blow on the eye. Subconjunctival haemorrhage extends from the orbit, forward and deep to the conjunctiva with no posterior limit.

9A61.6 Conjunctival or subconjunctival degenerations or deposits

These are the conjunctival/subconjunctival accumulation of some materials and gradual deterioration with impairment or loss of function, caused by injury, disease, or aging.

Coded Elsewhere: Vitamin A deficiency with conjunctival xerosis (5B55.1)

Vitamin A deficiency with conjunctival xerosis and Bitot's spots (5B55.2)

9A61.Z Certain specified disorders of conjunctiva, unspecified

9A62 **Mucous membrane pemphigoid with ocular involvement**

Mucous membrane pemphigoid (MMP) involving the conjunctivae is also known as ocular pemphigoid. This may be confined to the conjunctivae or may be associated with involvement of other sites as well. Its importance lies in its potential to cause loss of vision and it may thus warrant more aggressive therapy than would be considered for MMP of other sites.

Coded Elsewhere: Chronic cicatrizing conjunctivitis, ocular cicatricial pemphigoid (9A60.2)

9A6Y **Other specified disorders of conjunctiva**

9A6Z **Disorders of conjunctiva, unspecified**

Disorders of the cornea (9A70-9A7Z)

This refers to disorders of the transparent front part of the eye that covers the iris, pupil, and anterior chamber. The cornea, with the anterior chamber and lens, refracts light, with the cornea accounting for approximately two-thirds of the eye's total optical power.

Coded Elsewhere: Neoplasms of the cornea

9A70 **Hereditary corneal dystrophies**

The term corneal dystrophy embraces a heterogeneous group of bilateral genetically determined non-inflammatory corneal diseases that are usually restricted to the cornea. The designation is imprecise but remains in vogue because of its clinical value.

Coded Elsewhere: X-linked ichthyosis (EC20.01)

Cornea plana (LA11.1)

Megalocornea (LA11.1)

Microcornea (LA11.1)

9A70.0 Endothelial corneal dystrophy

9A70.Y Other specified hereditary corneal dystrophies

9A70.Z Hereditary corneal dystrophies, unspecified

9A71 **Infectious keratitis**

Coded Elsewhere: Herpes simplex keratitis (1F00.10)

9A72 **Traumatic keratitis**

Exclusions: Foreign body in cornea (ND70.0)

9A73 **Exposure keratitis**

This is an exposure condition in which the eye's cornea, the front part of the eye, becomes inflamed. The condition is often marked by moderate to intense pain and usually involves impaired eyesight. May cause feelings of scratching each time individual blinks eye.

9A74 Neurotrophic keratitis

Coding Note: Code also the causing condition

9A75 Autoimmune keratitis

9A76 Corneal ulcer

Loss of epithelial tissue from the surface of the cornea due to progressive erosion and necrosis of the tissue. It is often caused by bacterial, fungal, or viral infection.

9A77 Corneal scars or opacities

Corneal opacity occurs when the cornea is scarred by a variety of infectious and inflammatory eye diseases. These scars stop light from passing through the cornea to the retina and may cause the cornea which is normally transparent to appear white or clouded over.

Coded Elsewhere: Anterior corneal pigmentations (9A78.1)

Posterior corneal pigmentations (9A78.1)

Stromal corneal pigmentations (9A78.1)

9A77.0 Contact lens-associated corneal infiltrates

9A77.1 Adherent leukoma

This is a white tumour of the cornea enclosing a prolapsed adherent iris.

9A77.Y Other specified corneal scars or opacities

9A77.Z Corneal scars or opacities, unspecified

9A78 Certain specified disorders of cornea

Coded Elsewhere: Injury of conjunctiva or corneal abrasion without mention of foreign body (NA06.4)

Ocular laceration or rupture with prolapse or loss of intraocular tissue, unilateral (NA06.87)

Ocular laceration without prolapse or loss of intraocular tissue, unilateral (NA06.8D)

Ocular laceration or rupture with prolapse or loss of intraocular tissue, bilateral (NA06.88)

Ocular laceration without prolapse or loss of intraocular tissue, bilateral (NA06.8E)

Foreign body in cornea (ND70.0)

Chemical burn of cornea or conjunctival sac (NE00)

9A78.0 Corneal neovascularization

9A78.1 Corneal pigmentations or deposits

9A78.2 Corneal oedema

9A78.20 Bullous keratopathy

This is the maximum stage of corneal oedema.

It is a pathological condition in which small vesicles, or bullae, are formed in the cornea due to endothelial dysfunction. In a healthy cornea, endothelial cells keeps the tissue from excess fluid absorption, pumping it back into the aqueous humour. When affected by some reason, such as Fuchs' dystrophy or a trauma during cataract removal, endothelial cells suffer mortality or damage. The corneal endothelial cells normally do not undergo mitotic cell division, and cell loss results in permanent loss of function.

9A78.21 Secondary corneal oedema

9A78.2Y Other specified corneal oedema

9A78.2Z Corneal oedema, unspecified

9A78.3 **Changes in corneal membranes**

9A78.4 **Corneal degeneration**

Exclusions: Mooren ulcer (9A76)

Coded Elsewhere: Vitamin A deficiency with corneal xerosis (5B55.3)

Vitamin A deficiency with corneal ulceration or keratomalacia (5B55.4)

Vitamin A deficiency with xerophthalmic scars of cornea or blindness (5B55.5)

9A78.5 **Corneal deformities**

Coded Elsewhere: Structural developmental anomalies of cornea (LA11.1)

9A78.50 Keratoconus

Keratoconus is a noninflammatory, often bilateral, corneal dystrophy characterised by progressive cone-shaped bulging and thinning of the cornea.

Coding Note: Code also the causing condition

9A78.51 Corneal staphyloma

9A78.5Y Other specified corneal deformities

9A78.5Z Corneal deformities, unspecified

9A78.6 **Anaesthesia of cornea**

This is the condition of having sensation (including the feeling of pain) blocked or temporarily taken away, of the transparent front part of the eye that covers the iris, pupil, and anterior chamber.

9A78.7 **Hypoesthesia of cornea**

This refers to a reduced sense of touch or sensation, or a partial loss of sensitivity to sensory stimuli, of the transparent front part of the eye that covers the iris, pupil, and anterior chamber.

9A78.8 **Recurrent erosion of cornea**

9A78.9 **Corneal abscess**

9A78.A **Sclerosing keratitis**

9A78.Z **Certain specified disorders of cornea, unspecified**

9A79 **Keratoconjunctivitis sicca**

9A7Y **Other specified disorders of the cornea**

9A7Z **Disorders of the cornea, unspecified**

Disorders of the anterior chamber (9A80-9A8Z)

Coded Elsewhere: Retained foreign body in anterior chamber of eye (NA06.2)

9A80 **Hyphaema**

Exclusions: traumatic hyphaema (NA06.9)

9A81 **Parasites in the anterior chamber of the eye**

Coding Note: Code also the causing condition

9A82 **Cyst in the anterior chamber of the eye**

9A83 **Flat anterior chamber hypotony of eye**

9A8Y **Other specified disorders of the anterior chamber**

9A8Z **Disorders of the anterior chamber, unspecified**

Disorders of the anterior uvea (9A90-9A9Z)

Coded Elsewhere: Congenital malformations of the uvea

Neoplasms of the iris

Neoplasms of the ciliary body

Corectopia (LA11.Y)

Polycoria (LA11.Y)

Atresia iridis (LA11.Y)

9A90 **Degeneration of iris or ciliary body**

9A90.0 **Disorders of chamber angle**

This refers to the change of tissue to a lower or less functionally active form, of the fluid-filled space inside the eye between the iris and the cornea's innermost surface, the endothelium.

9A90.1 **Degeneration of iris**

This refers to the change of tissue to a lower or less functionally active form, of the thin, circular structure in the eye, responsible for controlling the diameter and size of the pupil and thus the amount of light reaching the retina. The color of the iris is often referred to as "eye color."

9A90.2 **Iris atrophy**

9A90.Y **Other specified degeneration of iris or ciliary body**

9A90.Z **Degeneration of iris or ciliary body, unspecified**

9A91 Cyst of iris or ciliary body

9A92 Persistent pupillary membranes

9A93 Adhesions or disruptions of iris or ciliary body

This refers to adhesions and disruptions of the thin, circular structure in the eye, responsible for controlling the diameter and size of the pupil and thus the amount of light reaching the retina. The colour of the iris is often referred to as "eye colour." It is also of the circumferential tissue inside the eye composed of the ciliary muscle and ciliary processes. It is triangular in horizontal section and is coated by a double layer, the ciliary epithelium.

Exclusions: Corectopia (LA11)

9A94 Certain specified disorders of iris or ciliary body

9A94.0 **Rubeosis of iris**

9A94.1 **Floppy iris syndrome**

This is a complication that may occur during cataract extraction in certain patients. This syndrome is characterised by a flaccid iris which billows in response to ordinary intraocular fluid currents, a propensity for this floppy iris to prolapse towards the area of cataract extraction during surgery, and progressive intraoperative pupil constriction despite standard procedures to prevent this.

9A94.2 **Plateau iris syndrome**

9A94.Y **Other disorders of iris and ciliary body**

9A96 Anterior uveitis

Coding Note: Code also the causing condition

9A96.0 **Anterior uveitis not associated with systemic conditions**

9A96.1 **Anterior uveitis associated with systemic conditions**

Coding Note: Code also the causing condition

Coded Elsewhere: Sarcoid associated anterior uveitis (4B20.4)

9A96.2 **Infection-associated anterior uveitis**

Coding Note: Code also the causing condition

Coded Elsewhere: Gonococcal anterior uveitis (1A72.4)
Zoster anterior uveitis (1E91.1)
Secondary syphilitic anterior uveitis (1A61.4)
Tuberculous anterior uveitis (1B12.1)
Chronic tuberculous iridocyclitis (1B12.1)
Syphilitic uveitis (1A62.20)

9A96.3 **Primary anterior uveitis**

This refers to primary inflammation of the uvea. The uvea consists of the middle, pigmented, vascular structures of the eye and includes the iris, ciliary body, and choroid.

9A96.Y **Other specified anterior uveitis**

Coding Note: Code also the causing condition

9A96.Z **Anterior uveitis, unspecified**

Coding Note: Code also the causing condition

9A9Y **Other specified disorders of the anterior uvea**

9A9Z **Disorders of the anterior uvea, unspecified**

Functional disorders of the pupil (9B00-9B0Z)

9B00 **Disorders of the afferent pupillary system**

9B00.0 **Relative afferent pupillary defects**

9B00.1 **Amaurotic pupillary reaction**

9B00.2 **Paradoxical pupillary reaction to light or darkness**

9B00.3 **Wernicke pupils**

9B00.Y **Other specified disorders of the afferent pupillary system**

9B00.Z **Disorders of the afferent pupillary system, unspecified**

9B01 **Disorders of the efferent pupillary system**

Coded Elsewhere: Horner syndrome (8D8A.1)
Horner syndrome, acquired (8D8A.1)
Horner syndrome, congenital (8D8A.1)

9B01.0 **Physiologic anisocoria**

9B01.1 **Parasympathoparetic pupils**

Damage to the parasympathetic outflow to the iris sphincter muscle

Coded Elsewhere: Third nerve palsy (9C81.0)

9B01.2 **Pharmacologic inhibition of the parasympathetic pathway**

9B01.3 **Iris sphincter disorders**

This refers to disorders of the muscle in the part of the eye called the iris. It encircles the pupil of the iris, appropriate to its function as a constrictor of the pupil.

9B01.4 **Pharmacologic parasympathicotonic pupils**

Pharmacologic stimulation of the parasympathetic pathway

9B01.5 **Pharmacologic sympathoparetic pupils**

9B01.6 **Sympathotonic pupils**

9B01.7 **Episodic unilateral mydriasis**

9B01.Y **Other specified disorders of the efferent pupillary system**

9B01.Z **Disorders of the efferent pupillary system, unspecified**

9B02 Light-near dissociations

9B02.0 **Argyll Robertson pupil**

These are bilateral small pupils that constrict when the patient focuses on a near object but do not constrict when exposed to bright light (they do not "react" to light).

Coding Note: Code also the causing condition

Coded Elsewhere: Syphilitic Argyll Robertson pupil (1A62.01)

9B02.1 **Pregeniculate light-near dissociations**

9B02.2 **Mesencephalic light-near dissociations**

9B02.Y **Other specified light-near dissociations**

9B02.Z **Light-near dissociations, unspecified**

9B0Y Other specified functional disorders of the pupil

9B0Z Functional disorders of the pupil, unspecified

Disorders of lens (9B10-9B1Z)

Coded Elsewhere: Structural developmental anomalies of lens or zonula (LA12)

Presence of intraocular lens (QB51.2)

9B10 Cataract

9B10.0 **Age-related cataract**

A senile cataract is a clouding of the lens of the eye, which impedes the passage of light, related to ageing, and that occurs usually starting from the age of 40.

Exclusions: capsular glaucoma with pseudoexfoliation of lens (9C61.0)

9B10.00 Coronary age-related cataract

9B10.01 Punctate age-related cataract

9B10.02 Mature age-related cataract

This is a mature age-related clouding of the lens inside the eye which leads to a decrease in vision. It is the most common cause of blindness and is conventionally treated with surgery. Visual loss occurs because opacification of the lens obstructs light from passing and being focused on to the retina at the back of the eye.

9B10.0Y Other specified age-related cataract

9B10.0Z Age-related cataract, unspecified

9B10.1 **Infantile or juvenile cataract**

A cataract is clouding of the lens of the eye, which impedes the passage of light.

Exclusions: Congenital cataract (LA12.1)

9B10.10 Combined forms of infantile and juvenile cataract

9B10.1Y Other specified infantile or juvenile cataract

9B10.1Z Infantile or juvenile cataract, unspecified

9B10.2 **Certain specified cataracts**

A cataract is clouding of the lens of the eye, which impedes the passage of light.

Coding Note: Code also the causing condition

Exclusions: Congenital cataract (LA12.1)

Coded Elsewhere: Myotonic cataract (9B10.2Y)

Undernutrition-dehydration cataract (9B10.2Y)

9B10.20 Traumatic cataract

Partial or complete opacity on or in the lens or capsule of one or both eyes, impairing vision or causing blindness. The many kinds of cataract are classified by their morphology (size, shape, location) or etiology (cause and time of occurrence) resulting from or following injury.

9B10.21 Diabetic cataract

This refers to an unspecified group of metabolic diseases in which a person has high blood sugar, either because the pancreas does not produce enough insulin, or because cells do not respond to the insulin that is produced. This diagnosis is with diabetic cataract.

Coding Note: Always assign an additional code for diabetes mellitus.

9B10.22 After-cataract

This is a clouding of the lens of the eye, which impedes the passage of light resulting from disease, degeneration, or from surgery.

Inclusions: Secondary cataract

Soemmerring ring

9B10.23 Subcapsular glaucomatous flecks

Coding Note: Code also the causing condition

9B10.2Y Other specified cataracts

Coding Note: Code also the causing condition

9B10.Z **Cataract, unspecified**

9B11 **Certain specified disorders of lens**

Exclusions: congenital lens malformations (LA12)

Cataract lens fragments in eye following cataract surgery (9D21)

Coded Elsewhere: Presence of intraocular lens (QB51.2)

9B11.0 Aphakia

9B11.1 Dislocation of lens

9B11.Y Other disorders of lens

9B1Z **Disorders of lens, unspecified**

9B3Y **Other specified disorders of the eyeball - anterior segment**

9B3Z **Disorders of the eyeball - anterior segment, unspecified**

Disorders of the eyeball - posterior segment (9B50-9C0Z)

This refers to disorders of the back two-thirds of the eye that includes the anterior hyaloid membrane and all of the optical structures behind it: the vitreous humour, retina, choroid, and optic nerve.

Disorders of sclera (9B50-9B5Z)

Coded Elsewhere: Blue sclera (LA11.0)

9B50 **Episcleritis**

Episcleritis is a benign, self-limiting inflammatory disease affecting part of the eye called the episclera. The episclera is a thin layer of tissue that lies between the conjunctiva and the connective tissue layer that forms the white of the eye (sclera). Episcleritis is a common condition, and is characterised by the abrupt onset of mild eye pain and redness.

Coded Elsewhere: Tuberculous episcleritis (1B12.1)

Late syphilitic episcleritis (1A62.20)

9B51 **Scleritis**

Inflammation of the white, opaque, fibrous, outer tunic of the eyeball. Can be associated with uveitis.

Coded Elsewhere: Zoster scleritis (1E91.1)

9B52 **Scleral staphyloma**

Exclusions: degenerative myopia (9B76)

9B5Y **Other specified disorders of sclera**

9B5Z **Disorders of sclera, unspecified**

Disorders of the choroid (9B60-9B6Z)

Inclusions: Disorders of posterior uvea

Coded Elsewhere: Neoplasms of choroid

Congenital malformations of choroid (LA13.6)

9B60 **Choroidal degeneration**

Exclusions: angioid streaks (9B78.3)

9B61 **Choroidal dystrophy**

Exclusions: ornithinaemia (5C50.9)

9B62 **Chorioretinal scars**

9B63 **Choroidal haemorrhage or rupture**

Coded Elsewhere: Choroidal rupture (NA06.61)

9B64 **Choroidal detachment**

9B65 **Choroiditis**

Inclusions: Posterior uveitis

9B65.0 Noninfectious posterior choroiditis

Coded Elsewhere: Ocular Behçet disease (4A62)

9B65.1 Infectious posterior choroiditis

Coding Note: Code also the causing condition

Coded Elsewhere: Late syphilitic posterior uveitis (1A62.20)

Toxoplasma posterior uveitis (1F57.3)

Tuberculous posterior uveitis (1B12.1)

9B65.2 Chorioretinal inflammation

Coded Elsewhere: Toxoplasma chorioretinitis (1F57.3)

Tuberculous chorioretinitis (1B12.1)

Late congenital syphilitic chorioretinitis (1A60.2)

9B65.Z Choroiditis, unspecified

9B66 **Intermediate choroiditis**

This is a form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.0 **Noninfectious intermediate choroiditis**

This is a non-infectious form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.1 **Infectious intermediate choroiditis**

This is a infectious form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.Z **Intermediate choroiditis, unspecified**

9B6Y Other specified disorders of the choroid

9B6Z Disorders of the choroid, unspecified

Disorders of the retina (9B70-9B7Z)

Coded Elsewhere: Certain congenital malformations of posterior segment of eye (LA13.8)

Neoplasms of retina

Traumatic injuries of the retina (NA06.6)

Renal retinitis in chronic kidney disease, stage 5 (GB61.5)

Presence of retina Implant (QB51.Y)

Coats disease (LD21.Y)

9B70 Inherited retinal dystrophies

Coded Elsewhere: Sjögren-Larsson syndrome (5C52.03)

Usher syndrome (LD2H.4)

Asphyxiating thoracic dystrophy (LD24.B1)

9B71 Retinopathy

Coding Note: Code also the causing condition

9B71.0 **Diabetic retinopathy**

A condition characterised as a disease of the retina (retinopathy) involving damage to the small blood vessels in the retina which is due to chronically high blood glucose levels in people with diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

9B71.00 Nonproliferative diabetic retinopathy

Coding Note: Code also the causing condition

9B71.01 Proliferative diabetic retinopathy

This is proliferative retinopathy (damage to the retina) caused by complications of diabetes, which can eventually lead to blindness. It is an ocular manifestation of diabetes, a systemic disease, which affects up to 80 percent of all patients who have had diabetes for 10 years or more.

Always assign an additional code for the type of diabetes mellitus.

Coding Note: Code also the causing condition

9B71.02 Diabetic macular oedema

Coding Note: Code also the causing condition

9B71.0Z Diabetic retinopathy, unspecified

Coding Note: Always assign an additional code for diabetes mellitus.

9B71.1 Hypertensive retinopathy

Coding Note: Code also the causing condition

9B71.2 Radiation retinopathy

Radiation retinopathy is damage to retina due to exposure to ionizing radiation. Radiation retinopathy has a delayed onset, typically after months or years of radiation, and is slowly progressive. In general, radiation retinopathy is seen around 18 months after treatment with external-beam radiation and with brachytherapy.

9B71.3 Retinopathy of prematurity

Retinopathy of prematurity is a vasoproliferative disorder that affects extremely premature infants potentially leading to severe visual impairment or blindness. Exposure of newborn premature infants to hyperoxia down regulates retinal vascular endothelial growth factor, Blood vessels constrict and can become obliterated, resulting in delays of normal retinal vascular development. Low birth weight, young gestational age, and severity of illness (e.g. respiratory distress syndrome, bronchopulmonary dysplasia, sepsis) are associated factors. It primarily occurs in extremely low birth weight infants because of the cessation of normal retinal vascular maturation.

Coding Note: Code also the causing condition

Inclusions: Retrolental fibroplasia

9B71.4 **Paraneoplastic retinopathy**

Paraneoplastic retinopathies results from a targeted attack on the retina due to a tumour immune response initiated by onco-neural antigens derived from systemic cancer. Patients usually present after cancer diagnosis with progressive visual dimming and photopsias but dysfunction of rods (impaired dark adaption and peripheral vision loss) and cones (decreased visual acuity, colour dysfunction, photosensitivity and glare) may also occur. Symptoms are often worse than clinical signs. Other causes of retinopathy should be excluded. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Two major subsets are recognised: cancer-associated-retinopathy (most commonly small-cell-lung-cancer) and melanoma-associated-retinopathy.

Associated neural autoantibodies include:

CRMP5 (anti-CV2) (collapsin response mediator protein 5 - anti CV2); anti-recoverin autoantibodies; and alpha-enolase autoantibodies.

Coding Note: Code also the causing condition

9B71.40 Melanoma associated retinopathy

9B71.4Y Other specified paraneoplastic retinopathy

Coding Note: Code also the causing condition

9B71.4Z Paraneoplastic retinopathy, unspecified

Coding Note: Code also the causing condition

9B71.5 **Autoimmune retinopathy**

Autoimmune retinopathies are immune-mediated inflammatory disorders of the retina that differ from paraneoplastic retinopathies in the lack of association with cancer. Patients present with progressive visual loss and dysfunction of rods (impaired dark adaption and peripheral vision problems) and cones (visual acuity, colour dysfunction, photosensitivity and glare) may occur. The symptoms are often worse than the clinical signs on fundoscopy. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Autoimmune retinopathy is a diagnosis of exclusion and other causes of retinopathy need to be ruled out, while the potential role of immunotherapy remains uncertain.

Associated neural autoantibodies include:

anti-recoverin autoantibodies; alpha-enolase autoantibodies; anti-transducin autoantibodies;

Coding Note: Code also the causing condition

9B71.Y **Other specified retinopathy**

Coding Note: Code also the causing condition

9B71.Z **Retinopathy, unspecified**

Coding Note: Code also the causing condition

9B72 Inflammatory diseases of the retina

This refers to inflammatory diseases of light-sensitive layer of tissue, lining the inner surface of the eye. The optics of the eye create an image of the visual world on the retina, which serves much the same function as the film in a camera.

Coded Elsewhere: Retinal vasculitis (9B78.12)

9B72.0 Viral retinitis

9B72.00 Cytomegaloviral retinitis

This is an inflammation of the eye's retina that can lead to blindness. This is a DNA virus in the family Herpesviridae known for producing large cells with nuclear and cytoplasmic inclusions. Such inclusions are called an "owl's eye" effect.

9B72.01 HIV retinitis

9B72.0Y Other specified viral retinitis

9B72.0Z Viral retinitis, unspecified

9B72.Y Other specified inflammatory diseases of the retina

9B72.Z Inflammatory diseases of the retina, unspecified

9B73 Retinal detachments or breaks

Retinal breaks are full thickness openings in the neurosensory retina that can be in the form of a hole, a tear or a retinal dialysis. Retinal detachment is a condition in which the retina peels away from its underlying layer of support tissue.

Exclusions: detachment of retinal pigment epithelium (9B78.6)

9B73.0 Retinal detachment with retinal break

Inclusions: Rhegmatogenous retinal detachment

9B73.1 Retinoschisis

9B73.10 Adult retinoschisis

9B73.11 Juvenile retinoschisis

X-linked retinoschisis is a genetic ocular disease that is characterised by reduced visual acuity in males due to juvenile macular degeneration.

9B73.1Y Other specified retinoschisis

9B73.1Z Retinoschisis, unspecified

9B73.2 Retinal cysts

Retinoschisis is an eye disease characterised by the abnormal splitting of the retina's neurosensory layers. A retinal cyst is a closed sac, having a distinct membrane and division compared to the nearby tissue in retina that can either be congenital or acquired.

Exclusions: congenital retinoschisis (LA13.3)

Microcystoid degeneration of retina (9B78.4)

9B73.3 **Serous retinal detachment**

This occurs due to inflammation, injury or vascular abnormalities that results in fluid accumulating underneath the retina without the presence of a hole, tear, or break.

Exclusions: Central serous chorioretinopathy (9B75.2)

9B73.4 **Retinal breaks without detachment**

Exclusions: Chorioretinal scars after surgery for detachment (9D22)

peripheral retinal degeneration without break (9B78.4)

9B73.Y **Other specified retinal detachments or breaks**

9B73.Z **Retinal detachments or breaks, unspecified**

9B74 Retinal vascular occlusions

These are obstruction or closure of retinal vascular structures.

Exclusions: amaurosis fugax (9D51)

9B74.0 **Retinal artery occlusions**

9B74.1 **Retinal venous occlusions**

9B74.2 **Combined retinal arterial and vein occlusion**

9B74.Y **Other specified retinal vascular occlusions**

9B74.Z **Retinal vascular occlusions, unspecified**

9B75 Macular disorders

9B75.0 **Age-related macular degeneration**

Age-related macular degeneration (ARMD) is defined as an ocular disease leading to loss of central vision in the elderly, and characterised by primary and secondary damage of macular retinal pigment epithelial (RPE) cells, resulting in formation of drusen (deposits lying beneath the RPE), choroidal neovascularization (CNV), and atrophy of photoreceptors and choriocapillaris layer of the choroidea.

Coded Elsewhere: Small drusen of the macula (MC20.1)

9B75.00 Early age-related macular degeneration

consists of a combination of multiple small drusen, few intermediate drusen (63 to 124 microns in diameter), or RPE abnormalities.

9B75.01 Intermediate age-related macular degeneration

consists of extensive intermediate drusen, at least one large druse (>=125 microns in diameter), or geographic atrophy not involving the centre of the fovea

9B75.03 Atrophic late-stage age-related macular degeneration

9B75.04 Neovascular late-stage age-related macular degeneration

9B75.0Y Other specified age-related macular degeneration

9B75.0Z Age-related macular degeneration, unspecified

9B75.1 **Non-traumatic macular hole**

9B75.2 **Central serous chorioretinopathy**

This is an eye disease which causes visual impairment, often temporary, usually in one eye. When the disorder is active it is characterised by leakage of fluid under the retina that has a propensity to accumulate under the central macula.

9B75.3 **Macular telangiectasia**

9B75.Y **Other specified macular disorders**

9B75.Z **Macular disorders, unspecified**

9B76 Degenerative high myopia

Macular lesions occurring in people with myopia, usually high myopia, causing a decrease of the best corrected visual acuity and comprising myopic chorioretinal atrophy, myopic choroidal neovascularization and myopic retinoschisis

9B77 Eales disease

Eales disease is a retinal vasculopathy that presents as an inflammatory stage with retinal periphlebitis affecting especially peripheral retina, then an ischemic stage with sclerosis of retinal veins, and finally a proliferative stage characterised by neovascularization, haemorrhage and retinal detachment.

9B78 Certain specified retinal disorders

Coded Elsewhere: Double heterozygous sickling disorders with retinopathy (3A51.3)

Retinal dystrophy in GM2 gangliosidosis (5C56.00)

9B78.0 **Retinal vasculopathy and cerebral leukodystrophy**

Retinal vasculopathy and cerebral leukodystrophy is an inherited group of small vessel diseases comprised of cerebroretinal vasculopathy, hereditary vascular retinopathy and hereditary endotheliopathy with retinopathy, nephropathy and stroke (HERNS); all exhibiting progressive visual impairment as well as variable cerebral dysfunction.

Coded Elsewhere: HERNS syndrome (LD2F.1Y)

9B78.1 **Background retinopathy and retinal vascular changes**

Background retinopathy is the earliest visible change to the retina in diabetes, characterised by some retinal vascular changes such as the capillaries in the retina become blocked, they may bulge slightly (microaneurysm) and may leak blood or fluid.

9B78.10 Changes in retinal vascular appearance

9B78.11 Exudative retinopathy

9B78.12 Retinal vasculitis

9B78.13 Retinal telangiectasis

9B78.1Y Other specified background retinopathy and retinal vascular changes

9B78.1Z Background retinopathy and retinal vascular changes, unspecified

9B78.2 **Other proliferative retinopathy**

Exclusions: proliferative vitreo-retinopathy with retinal detachment (9B73)

Proliferative diabetic retinopathy (9B71.01)

9B78.3 **Degeneration of macula or posterior pole**

Exclusions: Age-related macular degeneration (9B75.0)

9B78.30 Reticular pseudodrusen

Histologically located above the retinal pigment epithelium, this finding is often associated with other retinal disease.

9B78.3Y Other specified degeneration of macula or posterior pole

9B78.3Z Degeneration of macula or posterior pole, unspecified

9B78.4 **Peripheral retinal degeneration**

Exclusions: with retinal break (9B73.4)

9B78.5 **Retinal haemorrhage**

Exclusions: Traumatic retinal haemorrhage (NA06.7)

9B78.6 **Separation of retinal layers**

Inclusions: Detachment of retinal pigment epithelium

9B78.60 Serous detachment of retinal pigment epithelium

This refers to the serous detachment of the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

9B78.61 Haemorrhagic detachment of retinal pigment epithelium

This refers to the haemorrhagic detachment of the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

9B78.6Y Other specified separation of retinal layers

9B78.6Z Separation of retinal layers, unspecified

9B78.7 **Retinal oedema**

9B78.8 **Retinal ischaemia**

Coding Note: Code also the causing condition

9B78.9 **Retinal atrophy**

This is a group of genetic diseases and is characterised by the bilateral degeneration of the retina, causing progressive vision loss culminating in blindness.

9B7Y **Other specified disorders of the retina**

9B7Z **Disorders of the retina, unspecified**

Disorders of the vitreous body (9B80-9B8Z)

Any condition of the transparent, semigelatinous substance that fills the cavity behind the crystalline lens of the eye and in front of the retina.

Coded Elsewhere: Congenital anomalies of the vitreous (LA13.0)

9B80 **Inherited vitreoretinal disorders**

Coded Elsewhere: Stickler syndrome (LD2F.1Y)

9B81 **Posterior vitreous detachment**

9B82 **Vitreous prolapse**

Exclusions: vitreous syndrome following cataract surgery (9D20)

9B83 **Vitreous haemorrhage**

9B84 **Vitreous opacities, membranes or strands**

9B8Y **Other specified disorders of the vitreous body**

9B8Z **Disorders of the vitreous body, unspecified**

9C0Y **Other specified disorders of the eyeball - posterior segment**

9C0Z **Disorders of the eyeball - posterior segment, unspecified**

Disorders of the eyeball affecting both anterior and posterior segments (9C20-9C2Z)

9C20 **Panuveitis**

9C20.0 Noninfectious panuveitis

Coded Elsewhere: Multifocal choroiditis (9B65.0)

9C20.1 Infectious panuveitis

Coded Elsewhere: Tuberculous panuveitis (1B12.1)

Infectious panuveitis in Lyme disease (1C1G.12)

9C20.2 Purulent endophthalmitis

Suppurative inflammation of the tissues of the internal structures of the eye; often caused by fungi, necrosis of intraocular tumours, or retained intraocular foreign bodies. Other aetiology can be any infectious uveitis.

9C20.Y Other specified panuveitis

9C20.Z Panuveitis, unspecified

9C21 **Endophthalmitis**

Coded Elsewhere: Purulent endophthalmitis (9C20.2)

9C21.0 Sympathetic uveitis

9C21.Y **Other specified endophthalmitis**

9C21.Z **Endophthalmitis, unspecified**

9C22 **Eyeball deformity**

Coded Elsewhere: Microphthalmos (LA10.0)
Clinical anophthalmos (LA10.1)
Microphthalmos associated with syndromes (LD21.0)

9C22.0 **Atrophic Bulbi**

9C22.1 **Phthisis Bulbi**

9C22.Y **Other specified eyeball deformity**

9C22.Z **Eyeball deformity, unspecified**

9C2Y **Other specified disorders of the eyeball affecting both anterior and posterior segments**

9C2Z **Disorders of the eyeball affecting both anterior and posterior segments, unspecified**

Disorders of the visual pathways or centres (9C40-9C4Z)

This refers to disorders part of the central nervous system which gives organisms the ability to process visual detail, as well as enabling the formation of several non-image photo response functions.

9C40 **Disorder of the optic nerve**

Coded Elsewhere: Congenital malformation of optic disc (LA13.7)
Injury of optic nerve, unilateral (NA04.10)
Malignant neoplasm of the optic nerve (2A02.12)

9C40.0 **Infectious optic neuropathy**

Coded Elsewhere: Late syphilitic retrobulbar neuritis (1A62.20)

9C40.1 **Optic neuritis**

Optic neuritis is a condition related to immune mediated inflammation of the optic nerve. It is commoner in women and can be the first presenting symptom of MS. The symptoms are those of blurred vision, pain on moving the eye and in the vast majority it is self limiting".

Coded Elsewhere: Neuromyelitis optica (8A43)

9C40.10 Retrobulbar neuritis

9C40.1Y Other specified optic neuritis

9C40.1Z Optic neuritis, unspecified

9C40.2 **Neuroretinitis**

9C40.3 **Perineuritis of optic nerve**

Inflammation of the optic nerve sheath without inflammation of the nerve itself

9C40.4 **Ischaemic optic neuropathy**

Optic nerve disorders caused by an ischaemic process of the optic nerve

9C40.40 Anterior ischemic optic neuropathy

This refers to anterior ischemic damage to the optic nerve due to any cause. Damage and death of these nerve cells, or neurons, leads to characteristic features of optic neuropathy.

9C40.41 Posterior ischemic optic neuropathy

This refers to posterior ischemic damage to the optic nerve due to any cause. Damage and death of these nerve cells, or neurons, leads to characteristic features of optic neuropathy.

9C40.4Y Other specified ischaemic optic neuropathy

9C40.4Z Ischaemic optic neuropathy, unspecified

9C40.5 **Compressive optic neuropathy**

Optic nerve disorders caused by the compression of the optic nerve

9C40.6 **Infiltrative optic neuropathy**

Optic nerve disorders caused by an infiltrative process of the optic nerve

9C40.7 **Traumatic optic neuropathy**

Optic nerve disorders due to trauma to the optic nerve

9C40.8 **Hereditary optic neuropathy**

Optic nerve disorders caused by genetic abnormalities

Coded Elsewhere: Leber hereditary optic neuropathy (8C73.Y)

9C40.9 **Glaucomatous optic neuropathy**

Inclusions: Glaucomatous optic atrophy

9C40.A **Optic disc swelling**

This refers to swelling in the location where ganglion cell axons exit the eye to form the optic nerve. There are no light sensitive rods or cones to respond to a light stimulus at this point.

9C40.A0 Papilloedema

Optic disc swelling that results from increased intracranial pressure

Inclusions: Optic disc swelling that results from increased intracranial pressure

9C40.A1 Optic disc swelling associated with uveitis

9C40.AY Other specified optic disc swelling

9C40.AZ Optic disc swelling, unspecified

9C40.B **Optic atrophy**

Optic atrophies (OA) refer to a specific group of hereditary optic neuropathies in which the cause of the optic nerve dysfunction is inherited either in an autosomal dominant or autosomal recessive pattern. Autosomal dominant optic atrophy (ADOA), type Kjer, is the most common OA, whereas autosomal recessive optic atrophy (AROA) is a rare form.

Coded Elsewhere: Leber hereditary optic neuropathy (8C73.Y)

9C40.B0 Congenital optic atrophy

9C40.B1 Acquired optic atrophy

Coding Note: Code also the causing condition

9C40.BZ Optic atrophy, unspecified

9C40.Y **Other specified disorder of the optic nerve**

9C40.Z **Disorder of the optic nerve, unspecified**

9C41 **Disorder of optic chiasm**

This is a group of conditions associated with the optic chiasm, the part of the brain where the optic nerves (CN II) partially cross.

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

9C42 **Disorder of post chiasmal visual pathways**

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

Inclusions: Disorders of optic tracts, geniculate nuclei and optic radiations

9C43 **Disorder of visual cortex**

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

9C44 **Disorder of higher visual centres**

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

9C4Y **Other specified disorders of the visual pathways or centres**

9C4Z **Disorders of the visual pathways or centres, unspecified**

Glaucoma or glaucoma suspect (9C60-9C6Z)

9C60 **Glaucoma suspect**

9C61 **Glaucoma**

Exclusions: Traumatic glaucoma due to birth injury (KA41)

Coded Elsewhere: Glaucomatous optic neuropathy (9C40.9)

9C61.0 **Primary open-angle glaucoma**

Primary open-angle glaucoma is a chronic progressive optic neuropathy with characteristic morphological changes at the optic nerve head and retinal nerve fibre layer in the absence of other ocular disease or congenital anomalies. Progressive retinal ganglion cell death and visual field loss are associated with these changes. Anterior chamber angle appearance is normal and major risk factors include level of intraocular pressure and older age.

9C61.00 Normal tension glaucoma

Normal tension glaucoma is a condition considered to be within the continuum of primary open-angle glaucoma; the term is used when intraocular pressure is within the statistically normal range (10-21 mmHg).

9C61.01 Ocular hypertension

Ocular hypertension is a condition of elevated intraocular pressure in the absence of optic nerve, nerve fibre layer or visual field abnormalities.

9C61.0Y Other specified primary open-angle glaucoma

9C61.0Z Primary open-angle glaucoma, unspecified

9C61.1 **Primary angle closure and angle closure glaucoma**

Primary angle closure glaucoma is a condition described as angle closure or/and peripheral anterior synechiae with elevated intraocular pressure and evidence of optic nerve damage.

9C61.10 Primary angle closure suspect or anatomical narrow angle

Primary angle closure glaucoma suspect is a condition of narrow anterior chamber angle, suspicious for future closure, with no signs of trabecular meshwork or optic nerve damage.

9C61.11 Primary angle-closure

Primary angle closure is a condition defined by the presence of iridotrabecular contact with elevated intraocular pressure or peripheral anterior synechiae but no signs of optic nerve damage.

9C61.12 Primary angle closure glaucoma

Primary angle closure glaucoma is a condition described as angle closure or/and peripheral anterior synechiae with elevated intraocular pressure and evidence of optic nerve damage.

9C61.13 Primary angle closure without pupillary block

Primary angle closure without pupillary block Is a condition described as anatomical variation in the iris root in which narrowing of the anterior chamber angle occurs independent of pupillary block causing angle closure.

9C61.14 Acute angle closure with pupillary block

Acute Angle Closure (AAC) with pupillary block is a condition described as circumferential iris apposition to the trabecular meshwork with rapid and excessive increase in intraocular pressure that does not resolve spontaneously.

9C61.15 Intermittent angle-closure

Intermittent Angle Closure is a milder clinical manifestation of acute angle closure that resolves spontaneously.

9C61.16 Chronic angle-closure

Chronic angle closure is a condition when intraocular pressure elevation is due to variable portions of anterior chamber angle being permanently closed by peripheral anterior synechiae.

9C61.17 Condition after acute angle-closure glaucoma attack

Condition after acute angle closure glaucoma attack refers to a condition after a previous episode of acute angle-closure attack, usually with secondary alterations of the iris (sphincter lesions) and lens (“Glaukomflecken”, cataract).

9C61.1Y Other specified primary angle closure and angle closure glaucoma

9C61.1Z Primary angle closure and angle closure glaucoma, unspecified

9C61.2 **Secondary open-angle glaucoma**

Coding Note: Code also the causing condition

Coded Elsewhere: Glaucoma due to ocular surgery or laser (9D25)

9C61.20 Pseudoexfoliative open-angle glaucoma

Pseudoexfoliative Open-Angle glaucoma is a condition where fibrillar pseudoexfoliative material is produced by various ocular tissues and is deposited on the trabecular meshwork, lens, and other structures of the anterior segment leading to intraocular pressure elevation and subsequent optic nerve damage.

9C61.21 Pigmentary open-angle glaucoma

Pigmentary Open-Angle glaucoma Is a condition where pigment is liberated due to rubbing of the zonules against the posterior iris sheath that leads to obstruction of the trabecular meshwork causing intraocular pressure elevation and subsequent optic nerve damage.

9C61.22 Lens-induced secondary open-angle glaucoma

9C61.23 Glaucoma associated with intraocular haemorrhage

Ghost cell glaucoma is a condition where bleeding into the vitreous body or anterior chamber can lead to intraocular pressure elevation when stiffer red blood cells that have lost their haemoglobin obstruct the trabecular meshwork.

Inclusions: ghost cell glaucoma

9C61.24 Glaucoma due to eye inflammation

Coding Note: Code also the causing condition

9C61.25 Glaucomato-cyclitic crisis

A glaucomato-cyclitic crisis presents with mild keratic precipitates and aqueous flare, acute intraocular pressure elevation and optic nerve damage when repeated attacks occur.

9C61.26 Secondary open-angle glaucoma due to parasitic eye disease

Coding Note: Code also the causing condition

9C61.27 Glaucoma due to intraocular tumours

Coding Note: Code also the causing condition

9C61.28 Glaucoma associated with retinal detachment

Coding Note: Code also the causing condition

9C61.29 Glaucoma due to eye trauma

Coding Note: Code also the causing condition

9C61.2A Glaucoma due to drugs

9C61.2B Glaucoma caused by increased episcleral venous pressure

Coding Note: Code also the causing condition

9C61.2C Secondary glaucoma due to extra-ocular mass

Coding Note: Code also the causing condition

9C61.2Y Other specified secondary open-angle glaucoma

Coding Note: Code also the causing condition

9C61.2Z Secondary open-angle glaucoma, unspecified

Coding Note: Code also the causing condition

9C61.3 Secondary angle closure glaucoma

9C61.30 Secondary angle closure glaucoma with pupillary block

Secondary angle closure glaucoma with pupillary block is a condition where an anteriorly subluxated lens occludes the pupil causing acute secondary angle closure and intraocular pressure elevation.

Coding Note: Code also the causing condition

9C61.31 Secondary angle closure glaucoma without pupillary block

9C61.32 Neovascular secondary angle closure glaucoma

Neovascular secondary angle-closure glaucoma is a frequent condition where neovascular membranes occlude and close the chamber angle by fibrovascular contraction leading to intraocular pressure elevation and subsequent optic nerve damage. Neovascularization can be due to retinal venous occlusion, diabetic retinopathy, ocular ischemia, long-standing retinal detachment and other ischemic conditions of the eye.

Coding Note: Code also the causing condition

9C61.33 Secondary angle closure glaucoma due to endothelial overgrowth

Secondary angle-closure glaucoma due to endothelial overgrowth is a condition where corneal endothelial cells overgrow the trabecular meshwork and iris, closing the angle by tissue contraction leading to intraocular pressure elevation and subsequent optic nerve damage.

9C61.34 Secondary angle closure glaucoma due to epithelial ingrowth

Epithelial ingrowth is a condition after open globe trauma or surgery where conjunctival or corneal epithelial cells get access to the anterior chamber and overgrow the trabecular meshwork with subsequent intraocular pressure elevation and optic nerve damage.

9C61.35 Ciliary block glaucoma

Ciliary block glaucoma is a condition where aqueous misdirection into the vitreous cavity displaces the lens-iris diaphragm anteriorly thus causing angle closure with subsequent intraocular pressure elevation and optic nerve damage.

9C61.36 Secondary angle closure glaucoma due to other anterior displacement of the lens-iris diaphragm

Iris and ciliary body cysts, intraocular tumours, posterior scleritis, uveal effusion, or Silicon Oil or gas in the vitreous cavity can cause IOP elevation by angle closure.

9C61.3Y Other specified secondary angle closure glaucoma

9C61.3Z Secondary angle closure glaucoma, unspecified

9C61.4 **Developmental glaucoma**

Inclusions: Glaucoma of newborn

Hydrophthalmos

9C61.40 Primary congenital glaucoma

Primary Congenital Glaucoma is a condition during early infancy where delayed development and malformation of the trabecular meshwork blocks the outflow routes leading to elevated intraocular pressure that causes enlargement of the eyeball (Buphthalmus), corneal oedema, Descemet tears, myopia, and damage to the optic nerve, often resulting in severe visual impairment or blindness

9C61.41 Primary infantile glaucoma

Primary infantile glaucoma is a condition after 2 years of age where malformation of the trabecular meshwork causes elevated intraocular pressure without enlargement of the eyeball but damage to the optic nerve similar to congenital glaucoma.

9C61.42 Secondary childhood glaucoma

Coding Note: Code also the causing condition

Coded Elsewhere: Aniridia (LA11.3)

Marfan syndrome (LD28.01)

Rubella (1F02)

Oculocerebrorenal syndrome (5C60.0)

Neurofibromatoses (LD2D.1)

9C61.4Y Other specified developmental glaucoma

9C61.4Z Developmental glaucoma, unspecified

9C61.Z **Glaucoma, unspecified**

9C6Y **Other specified glaucoma or glaucoma suspect**

9C6Z **Glaucoma or glaucoma suspect, unspecified**

Strabismus or ocular motility disorders (9C80-9C8Z)

Disorder due to abnormalities of extraocular muscles or ocular motor abnormalities.

Coded Elsewhere: Diseases of neuromuscular junction or muscle (8C60-8D0Z)

9C80 **Non paralytic strabismus**

Non-paralytic strabismus is an abnormal binocular alignment in which one of the eyes is deviated. There are full ocular movements in each eye. The condition can alternate between eyes or only involve one eye. Strabismus may be intermittent or constant. The abnormal alignment may be present at distance fixation, near fixation or both.

9C80.0 Esotropia

Esotropia is an abnormal binocular alignment in which one of the eyes has an inward deviation. Fixation can be alternatively or monocular. Esotropia is present in all distances. Squint angles can vary with distances.

9C80.1 Exotropia

Exotropia is an abnormal binocular alignment in which one of the eyes has an outward deviation. Fixation can be alternatively or monocular. Exotropia is present in all distances.

9C80.2 Vertical or torsional strabismus

An abnormal binocular alignment which may be constant or intermittent, that is not horizontal, but vertical or torsional (rotational) around the pupillary axis.

9C80.3 Intermittent strabismus

An abnormal binocular alignment which is present intermittently, with normal alignment at other times with binocular single vision.

9C80.30 Intermittent divergent exotropia

9C80.31 Intermittent convergent esotropia

9C80.3Y Other specified intermittent strabismus

9C80.3Z Intermittent strabismus, unspecified

9C80.4 Heterophoria

A temporary deviation of the eyes from normal binocular alignment when there is disruption of the visual input from one eye. The alignment is normal when there is binocular visual input.

9C80.5 **Mechanical strabismus**

An abnormal binocular alignment caused by abnormalities of ocular movement in one or both eyes caused by damage to the extraocular muscles and/or other orbital structures. Mechanical strabismus is characterised by limitation of movements in one or more directions and variable strabismus.

9C80.Y **Other specified non paralytic strabismus**

9C80.Z **Non paralytic strabismus, unspecified**

9C81 Ocular motor nerve palsies

Exclusions: Internuclear ophthalmoplegia (9C83.5)
Internal ophthalmoplegia (9D01.0)
ophthalmoplegia progressive supranuclear (8A00.10)

9C81.0 **Third nerve palsy**

Inclusions: isolated oculomotor nerve palsy

9C81.00 External bilateral paralysis of oculomotor nerve

9C81.0Y Other specified third nerve palsy

9C81.0Z Third nerve palsy, unspecified

9C81.1 **Fourth nerve palsy**

Inclusions: isolated trochlear nerve palsy

9C81.2 **Sixth nerve palsy**

Inclusions: isolated abducent nerve palsy

9C81.3 **Total external ophthalmoplegia**

9C81.4 **Cavernous sinus syndromes**

9C81.Y **Palsy of other specified ocular motor nerve**

9C81.Z **Palsy of unspecified ocular motor nerve**

9C82 Disorders of extraocular muscles

Coded Elsewhere: Certain paralytic strabismus (9C81.Y)

9C82.0 Progressive external ophthalmoplegia

Chronic ophthalmoplegia is characterised by progressive weakness of ocular muscles and levator muscle of the upper eyelid. The condition is mainly manifested in adults. It may be totally and permanently isolated, however in a minority of cases it is associated with skeletal myopathy, which causes abnormal fatigability and even permanent muscle weakness. In this case the affection is still termed isolated progressive external ophthalmoplegia. A large proportion of chronic ophthalmoplegias presents with multisystemic pattern of signs: neurological signs (hearing loss, retinopathy, cerebellar disorders, peripheral neuropathy, etc.), endocrine (diabetes, hypogonadism, hypoparathyroidism, etc.), kidney (kidney failure, tubulopathy, etc.), and heart disorders (conduction disorders, myocardiopathy, etc.).

9C82.1 Muscular dystrophy affecting extraocular muscle

Non-specific term that is used to describe a range of primary myopathies that affect the extraocular muscles.

Exclusions: Secondary myopathies (8C80-8C8Z)

Coded Elsewhere: Congenital fibrosis of extraocular muscles (9C82.2)

9C82.2 Congenital cranial dysinnervation syndrome

9C82.3 Restrictive ophthalmopathy

Coding Note: Code also the causing condition

9C82.4 Oculomotor apraxia

9C82.Y Other specified disorders of extraocular muscles

9C82.Z Disorders of extraocular muscles, unspecified

9C83 Disorders of binocular movement

Other disorders of binocular movement in which the movement of the two eyes is abnormal.

9C83.0 Palsy of conjugate gaze

A palsy of conjugate gaze is an incomplete or absent movement of the two eyes in a particular direction of gaze.

Coded Elsewhere: Progressive supranuclear palsy (8A00.10)

9C83.00 Horizontal gaze palsy

A palsy of horizontal gaze is an incomplete or absent movement of the two eyes in a horizontal direction of gaze. May be in one or both directions

9C83.01 Vertical gaze palsy

A palsy of vertical gaze is an incomplete or absent movement of the two eyes in the vertical direction of gaze.

9C83.02 Monocular elevator palsy

Monocular elevator palsy is an incomplete or absent movement of one eyes in upgaze. May be due to pathology in the orbit, as well as infranuclear, internuclear, or supranuclear in origin.

9C83.0Y Other specified palsy of conjugate gaze

9C83.0Z Palsy of conjugate gaze, unspecified

9C83.1 **Spasm of conjugate gaze**

9C83.10 Horizontal conjugate gaze deviation

9C83.11 Upward gaze deviation

9C83.12 Downward gaze deviation

9C83.13 Oculogyric crisis

Episodic spells of tonic upward and sometimes laterally deviation of the eyes, rarely downward

9C83.1Y Other specified spasm of conjugate gaze

9C83.1Z Spasm of conjugate gaze, unspecified

9C83.2 **Convergence insufficiency**

9C83.3 **Convergence excess**

9C83.4 **Spasm of the near reflex**

9C83.5 **Internuclear ophthalmoplegia**

This is a disorder of conjugate lateral gaze in which the affected eye shows impairment of adduction.

9C83.6 **Anomalies of divergence or deviation of eye movement**

9C83.60 Divergence insufficiency

9C83.61 Divergence paralysis

9C83.62 Divergence excess

9C83.63 Synergistic divergence

Anomalous innervation of muscle normally supplied by the oculomotor nerve.

In congenital unilateral adduction palsy, when adduction is attempted, the affected eye abducts rather than adducts.

9C83.64 Skew deviation

a vertical misalignment of the visual axes caused by a disturbance of prenuclear inputs

9C83.65 Ocular tilt reaction
skew deviation associated with ocular torsion (cyclodeviation) and a head tilt (ear to shoulder)

9C83.66 Alternating skew deviation

9C83.67 Dissociative vertical divergence

9C83.6Y Other specified anomalies of divergence or deviation of eye movement

9C83.6Z Anomalies of divergence or deviation of eye movement, unspecified

9C83.Y **Other specified disorders of binocular movement**

9C83.Z **Disorders of binocular movement, unspecified**

9C84 Nystagmus

9C84.0 **Physiological nystagmus**

9C84.1 **Congenital forms of nystagmus**

9C84.2 **Vestibular nystagmus**

9C84.20 Down beat nystagmus

9C84.21 Upbeat nystagmus

9C84.22 Torsional nystagmus

9C84.23 Perverted nystagmus

9C84.2Y Other specified vestibular nystagmus

9C84.2Z Vestibular nystagmus, unspecified

9C84.3 **Seesaw nystagmus**

9C84.4 **Gaze-evoked nystagmus**

9C84.5 **Nystagmus occurring in visual system disorders**

Coding Note: Code also the causing condition
Coded Elsewhere: Spasmus nutans (8A04.Y)

9C84.50 Visual deprivation nystagmus

9C84.51 Divergence nystagmus

9C84.52 Convergence-retraction nystagmus

9C84.5Y Other specified nystagmus occurring in visual system disorders

Coding Note: Code also the causing condition

9C84.5Z Nystagmus occurring in visual system disorders, unspecified

Coding Note: Code also the causing condition

9C84.6 **Eyelid nystagmus**

9C84.Y **Other specified nystagmus**

9C84.Z **Nystagmus, unspecified**

9C85 **Certain specified irregular eye movements**

9C85.0 **Anomalies of saccadic eye movements**

9C85.00 Disorders of the saccadic pulse

9C85.01 Disorders of the saccadic step

Coded Elsewhere: Gaze-evoked nystagmus (9C84.4)

9C85.02 Inappropriate saccades

Inclusions: Saccadic intrusions and oscillations

9C85.0Y Other specified anomalies of saccadic eye movements

9C85.0Z Anomalies of saccadic eye movements, unspecified

9C85.1 **Anomalies of smooth pursuit movements**

9C85.2 **Nonorganic eye movement disorders**

9C85.Y **Other specified irregular eye movements**

9C85.Z **Irregular eye movements, unspecified**

9C8Y **Other specified strabismus or ocular motility disorders**

9C8Z **Strabismus or ocular motility disorders, unspecified**

Disorders of refraction or accommodation (9D00-9D0Z)

9D00 **Disorders of refraction**

9D00.0 **Myopia**

A refractive error in which rays of light entering the eye parallel to the optic axis are brought to a focus in front of the retina when ocular accommodation is relaxed. This usually results from the eyeball being too long from front to back, but can be caused by an overly curved cornea, a lens with increased optical power, or both. It is also called nearsightedness.

Exclusions: degenerative myopia (9B76)

9D00.1 **Hypermetropia**

A refractive error in which rays of light entering the eye parallel to the optic axis are brought to a focus behind the retina, as a result of the eyeball being too short from front to back. It is also called farsightedness because the near point is more distant than it is in emmetropia with an equal amplitude of accommodation.

9D00.2 **Astigmatism**

Unequal curvature of the refractive surfaces of the eye. Thus a point source of light cannot be brought to a point focus on the retina but is spread over a more or less diffuse area. This results from the radius of curvature in one plane being longer or shorter than the radius at right angles to it.

9D00.3 **Presbyopia**

The normal decreasing elasticity of the crystalline lens that leads to loss of accommodation.

9D00.4 **Anisometropia**

9D00.5 **Aniseikonia**

9D00.6 **Transient refractive change**

9D00.Y **Other specified disorders of refraction**

9D00.Z **Disorders of refraction, unspecified**

9D01 **Disorders of accommodation**

9D01.0 **Internal ophthalmoplegia**

9D01.1 **Paresis of accommodation**

9D01.2 **Spasm of accommodation**

9D01.Y **Other specified disorders of accommodation**

9D01.Z **Disorders of accommodation, unspecified**

9D0Y **Other specified disorders of refraction or accommodation**

9D0Z **Disorders of refraction or accommodation, unspecified**

Postprocedural disorders of eye or ocular adnexa (9D20-9D25)

Exclusions: pseudophakia (QB51.2)

Coded Elsewhere: Haemorrhage and haematoma of eye or ocular adnexa complicating a procedure (NE81.01)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

9D20 **Bullous aphakic keratopathy following cataract surgery**

Inclusions: Vitreal corneal syndrome

9D21 **Cataract lens fragments in eye following cataract surgery**

9D22 **Chorioretinal scars after surgery for detachment**

9D23 **Conjunctival blebitis after glaucoma surgery**

9D24 **Complications with glaucoma drainage devices**

9D25 **Glaucoma due to ocular surgery or laser**

Impairment of visual functions (9D41-9D7Z)

Coded Elsewhere: Impairment of electrophysiological functions (MC21)

Polyopia (9D53)

9D41 **Impairment of visual field**

Ranges of visual field impairment refer to the extent of peripheral vision outside fixation. The extent should be measured for each eye separately.

9D42 **Patterns of visual field impairment**

Patterns of visual field impairment are often indicative for certain disease conditions.

9D42.0 **Visual field loss, pattern not specified**

9D42.2 **Peripheral field deficit**

9D42.20 Enlarged blind spot

Inclusions: Scotoma of blind spot area

9D42.21 Arcuate scotoma

A Bjerrum or arcuate scotoma follows the pattern of the retinal nerve fibres. It is typical for glaucomatous defects and can also be caused by juxta-papillary lesions.

9D42.22 Nasal step

A nasal step is a discontinuity of the nasal field limit at the horizontal meridian. It is typical for glaucoma.

9D42.23 Ring scotoma

A ring scotoma is a scotoma that surrounds the central field. Initially, it may consist of several smaller scotomas that gradually coalesce.

9D42.24 Isolated peripheral scotoma

Isolated scotomas may be the result of scarring from infections or surgery.

9D42.2Y Other specified peripheral field deficit

9D42.2Z Peripheral field deficit, unspecified

9D42.3 **Hemianopic or quadrantic loss**

Defects that cover a hemi-field or a quadrant in one eye may be the result of optic nerve involvement.

9D42.4 **Central scotoma**

A central scotoma is a defect that covers the fovea. It therefore causes visual acuity loss and may necessitate eccentric fixation.

9D42.5 **Para-central scotoma**

A para-central scotoma is a scotoma adjacent to the fovea. Both may minimally affect letter chart acuity, but may interfere significantly with reading and other activities.

9D42.6 **Homonymous hemianopia or quadrant anopia**

Homonymous, binocular field defects present the same or similar patterns in both eyes. They are caused by lesions of the retro-chiasmal pathways.

9D42.60 Right hemi-field homonymous hemianopia or quadrant anopia

9D42.61 Left hemi-field homonymous hemianopia or quadrant anopia

9D42.6Y Other specified homonymous hemianopia or quadrant anopia

9D42.6Z Homonymous hemianopia or quadrant anopia, unspecified

9D42.7 **Heteronymous hemianopia or quadrant anopia**

Heteronymous field defects present opposite patterns in the two eyes. They are caused by may be caused by-chiasmal lesions.

9D42.70 Bi-nasal defects heteronymous hemianopia or quadrant anopia

9D42.71 Bi-temporal defects heteronymous hemianopia or quadrant anopia

9D42.7Y Other specified heteronymous hemianopia or quadrant anopia

9D42.7Z Heteronymous hemianopia or quadrant anopia, unspecified

9D42.8 **Visual field loss, other specified forms**

9D42.Y **Other specified patterns of visual field impairment**

9D42.Z **Patterns of visual field impairment, unspecified**

9D43 Impairment of contrast vision

Contrast sensitivity refers to the ability to distinguish small differences in brightness between adjacent surfaces.

Peak Contrast sensitivity refers to the smallest differences that are discernible for large stimuli.

For smaller objects, such as those involved in many Activities of Daily Living, contrast sensitivity interacts with visual acuity and visual field. Better contrast makes smaller details visible. The visual field is larger for stronger stimuli.

9D44 Impairment of colour vision

Colour vision refers to the ability to distinguish colour differences. True colour “blindness” is extremely rare. Most colour vision deficiencies are minor, and congenital, with X-linked recessive inheritance (more prevalent among men). Some drugs and optic neuritis may also cause colour vision deficiencies.

Inclusions: achromatopsia

acquired colour vision deficiency

colour blindness

9D45 **Impairment of light sensitivity**

Coded Elsewhere: Vitamin A deficiency with night blindness (5B55.0)

9D46 **Impairment of binocular functions**

Subjective visual experiences (9D50-9D5Z)

Subjective Visual Experiences are experiences reported by patients, whose presence or absence cannot be verified objectively.

9D50 **Visual discomfort**

Inclusions: Asthenopia

9D51 **Transient visual loss**

Coded Elsewhere: Amaurosis fugax (8B10.0)

9D52 **Hemifield losses**

9D53 **Entoptic phenomena**

Entoptic phenomena are visual phenomena caused by changes within the eye.

Coded Elsewhere: Visual floaters (MC1A)

9D54 **Visual illusions**

Visual illusions refer to percepts based on an erroneous interpretation of visual input.

9D55 **Nonorganic visual loss**

9D56 **Visual release hallucinations**

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

Exclusions: Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

9D5Y **Other specified subjective visual experiences**

9D5Z **Subjective visual experiences, unspecified**

9D7Y **Other specified impairment of visual functions**

9D7Z **Impairment of visual functions, unspecified**

Vision impairment (9D90-9D9Z)

A vision impairment results when an eye condition affects the visual system and one or more of its vision functions. Typically, population-based surveys measure visual impairment using exclusively visual acuity, with severity categorized as mild, moderate or severe distance vision impairment or blindness, and near vision impairment. However, in the clinical setting, other visual functions are also often assessed, such as a person's field of vision, contrast sensitivity and colour vision.

9D90 Vision impairment including blindness

The table below gives a classification of severity of vision impairment based on visual acuity. For epidemiological studies, it is recommended to collect the following information on visual acuity for each eye, for both eyes open and for distance and near.

a. Uncorrected visual acuity
b. Presenting visual acuity
c. Best corrected visual acuity

Blindness is also categorized according to the degree of constriction of the central visual field in the better eye to less than 10 degrees.

For capturing and coding of "No vision impairment", use QA00.62 (QA00.6 Examination of eyes or vision).

Category	**Visual acuity *1**	
	Worse than:	**Equal to or better than:**
No vision impairment		• 6/12 • 5/10 (0.5) • 20/40 • 0.3
1 Mild vision impairment	• 6/12 • 5/10 (0.5) • 20/40 • 0.3	• 6/18 • 3/10 (0.3) • 20/70 • 0.5
2 Moderate vision impairment	• 6/18 • 3/10 (0.3) • 20/70 • 0.5	• 6/60 • 1/10 (0.1) • 20/200 • 1.0
3 Severe vision impairment	• 6/60 • 1/10 (0.1) • 20/200 • 1.0	• 3/60 • 1/20 (0.05) • 20/400 • 1.3

Category	Visual acuity *1	
	Worse than:	**Equal to or better than:**
4 Blindness	• 3/60 • 1/20 (0.05) • 20/400 • 1.3	• 1/60 or counts fingers (CF) • at 1 metre • 1/50 (0.02) • 20/1200 or counts fingers (CF) • at 1 metre • 1.8
5 Blindness	• 1/60 • 1/50 (0.02) • 5/300 (20/1200) • 1.8	Light perception
6 Blindness	No light perception	
9	Undetermined or unspecified	
Near vision impairment	N6 or M 0.8 at 40cms	

*1 Presented in metres, decimals, feet and logMar

Coded Elsewhere: No vision impairment (QA00.62)

9D90.1 Mild vision impairment

9D90.2 Moderate vision impairment

Inclusions: visual impairment category 2, in both eyes

9D90.3 Severe vision impairment

Inclusions: visual impairment category 3 in one eye, with categories 1 or 2 in the other eye

9D90.6 Blindness

The numerical definition used for WHO statistics refers to profound, near-total or total loss. The functional definition refers to individuals who have little or no residual vision and who have to rely predominantly on vision substitution skills, i.e. on using senses other than vision (Braille or talking books for reading, a long cane or guide dog for mobility, or touch for manipulation).

Inclusions: visual impairment category 5

visual impairment categories 4, 5, 6 in both eyes

visual impairment categories 4, 5, 6 in one eye and categories 1, 2, 3 or 9 in the other eye

visual impairment categories 4, 5, 6 in one eye [normal vision in other eye]

9D90.7 **Near vision impairment**

Near vision refers to the ability to perform tasks that require detailed vision at a close distance. It should be measured with both eyes open at the subject's preferred viewing distance and with the subject's habitual near vision correction (if any). Near vision impairment is characterised by a presenting near visual acuity worse than N6.

9D92 **Specific vision dysfunctions**

Specific visual dysfunctions refer to functional deficits in higher cerebral centres. Such dysfunctions may exist with or without visual impairment of the eyes and the lower visual system.

9D93 **Complex vision-related dysfunctions**

Complex Vision-Related Dysfunctions involve interactions with other sensory and motor systems. They reflect the combined effects at all stages of processing.

9D94 **Impairment of presenting visual acuity**

9D95 **Impairment of best corrected visual acuity**

9D96 **Impairment of uncorrected visual acuity**

9D9Y **Other specified vision impairment**

9D9Z **Vision impairment, unspecified**

9E1Y **Other specified diseases of the visual system**

9E1Z **Diseases of the visual system, unspecified**

CHAPTER 10

Diseases of the ear or mastoid process

This chapter has 79 four-character categories.

Code range starts with AA00

This chapter contains diseases of the ear and diseases of the mastoid process.

Exclusions: Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Neoplasms (Chapter 02)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Coded Elsewhere: Structural developmental anomalies of the ear (LA20-LA2Z)

Symptoms, signs or clinical findings of ear or mastoid process (MC40-MC6Y)

This chapter contains the following top level blocks:

- Diseases of external ear
- Diseases of middle ear or mastoid
- Diseases of inner ear
- Disorders with hearing impairment
- Disorders of ear, not elsewhere classified
- Postprocedural disorders of ear or mastoid process

Diseases of external ear (AA00-AA6Z)

Coded Elsewhere: Inflammatory disorders of the external ear (EG40-EG4Z)

Infectious diseases of external ear (AA00-AA0Z)

Coded Elsewhere: Erysipelas of external ear (1B70.01)

Candida otomycosis (1F23.16)

Herpes simplex infection of external ear (1F00.0Y)

Otitis externa due to zoster (1E91.Y)

AA00 **Abscess of external ear**

A fluctuant collection of purulent exudate and necrotic tissue located in the external auditory canal or in the soft tissues of the pinna, most commonly due to Staphylococcus aureus.

AA01 **Cellulitis of external ear**

A diffuse subacute bacterial infection of the soft tissues of the external ear, most commonly due to beta-haemolytic streptococci. It may arise within an apparently healthy external ear but may complicate both inflammatory and infective forms of otitis externa.

Exclusions: Erysipelas of external ear (1B70.01)

Staphylococcal cellulitis of skin (1B70.2)

Streptococcal cellulitis of skin (1B70.1)

AA02 **Malignant otitis externa**

Malignant otitis externa is a rare life-threatening infective complication of otitis externa. It is due in the majority of cases to Pseudomonas aeruginosa. Organisms penetrate from the external ear canal into the surrounding deeper tissues resulting in osteomyelitis of the temporal bone and risks of damage to adjacent cranial nerves and septic thrombo-emboli to the brain. Advanced age, uncontrolled diabetes mellitus and immunosuppression are risk factors.

AA03 **Otomycosis**

Fungal infection of the ear. Otomycosis is due to Aspergillus spp., especially A. niger, in 75% or more of cases and Candida in most of the remainder.

Coded Elsewhere: Aspergillus otomycosis (1F20.10)

Candida otomycosis (1F23.16)

AA04 **Perichondritis of external ear**

Perichondritis is an infection of the tissue surrounding the cartilage of the outer ear, the perichondrium. It usually results from injury to the ear from ear surgery, ear piercing (especially piercing of the cartilage), or trauma from contact sports. The most common bacterium causing perichondritis is Pseudomonas aeruginosa. Presenting features include pain, redness and swelling of the auricle, and fever.

AA0Y **Other specified infectious diseases of external ear**

AA0Z **Infectious diseases of external ear, unspecified**

Otitis externa (AA10-AA3Z)

Inflammation of the outer ear including the external ear canal, cartilages of the auricle, and the tympanic membrane.

Noninfectious inflammation of external ear (AA10-AA1Z)

Coded Elsewhere: Contact dermatitis of external ear (EG40)

Juvenile spring eruption (EJ30.0)

AA10 **Seborrhoeic otitis externa**

Seborrhoeic dermatitis affecting the skin of the external ear. It is usually accompanied by evidence of seborrhoeic dermatitis at other sites. In mild cases it may be asymptomatic but it can present acutely with severe pain, oedema and exudation. Longstanding cases maybe complicated by chronic lymphoedema and occlusion of the external auditory canal.

Exclusions: Seborrhoea (ED91.2)

AA11 **Acute noninfectious otitis externa**

Rapid onset of eczematous inflammation of the outer ear the cause of which cannot be more precisely classified.

Exclusions: Acute seborrhoeic otitis externa (AA10)

Allergic contact dermatitis of external ear (EG40.0)

Irritant contact dermatitis of external ear (EK02.10)

AA12 **Chondrodermatitis nodularis**

A common pressure-induced painful nodule or ulcer affecting the external ear. It results from ischaemia of skin and underlying cartilage from a focal point of high pressure from the weight of the recumbent head. The site of involvement is dependent on the shape of the pinna (most commonly the helix is involved but in some individuals it is the antihelix which is more prominent) and whether the sufferer is limited to sleeping on one side and is thus unable to spare the ear from constant pressure when lying in bed.

AA13 **Chronic otitis externa**

AA1Y **Other specified noninfectious inflammation of external ear**

AA1Z **Noninfectious inflammation of external ear, unspecified**

AA3Y **Other specified otitis externa**

Coding Note: Code also the causing condition

AA3Z **Otitis externa, unspecified**

Coding Note: Code also the causing condition

Noninflammatory disorders of the external ear (AA40-AA4Z)

Miscellaneous noninflammatory disorders involving the external ear.

Coded Elsewhere: Ear-lobe keloid (EE60.00)

Acanthoma fissuratum (EH92.Y)

AA40 Acquired deformity of external auditory canal

AA40.0 Exostosis of external auditory canal

AA40.1 Acquired stenosis of external auditory canal

Acquired stenosis of external auditory canal was described as resulting from a number of different causes. Since then, histology and imaging studies of this disease have shown that a common cascade of inflammatory changes resulting from these different causes is the primary pathogenesis leading to medial canal fibrosis. Once there is complete obstruction of the external auditory canal, surgery is the primary treatment.

AA40.2 Cholesteatoma of external auditory canal

AA40.Y Other specified acquired deformity of external auditory canal

AA41 Acquired deformity of pinna

Acquired deformities involving the external ear.

Inclusions: Acquired deformity of auricle

AA41.0 Cauliflower ear

Cauliflower ear is the end result of fibrosis of the skin and soft tissues of the pinna following a traumatic subperichondrial haematoma, usually due to trauma. It manifests as permanent swelling and deformity of the ear, described as resembling a cauliflower. It is found most commonly amongst men involved in contact sports such as boxing, wrestling, martial arts and rugby football.

AA41.Y Other specified acquired deformity of pinna

AA42 Impacted cerumen

Impacted cerumen is the presence of occlusive aural wax in the external ear canal. Wax may cause tinnitus or otalgia and removal may be required to allow adequate otoscopic examination and/or alleviate symptoms.

AA4Y Other specified noninflammatory disorders of the external ear

AA4Z Noninflammatory disorders of the external ear, unspecified

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AA6Z Diseases of external ear, unspecified

Diseases of middle ear or mastoid (AA80-AB1Z)

Middle ear, derived from the first pharyngeal (branchial) pouch; has the malleus and incus and stapes and includes the spaces of the epitympanum and mesotympanum and hypotympanum. The mastoid; normally contains "air"; the lateral boundary of the mesotympanum is where the tympanic membrane is, or normally would be located.

Coded Elsewhere: Congenital conductive hearing loss (AB50.0)

Otosclerosis (AB33)

Congenital mixed conductive and sensorineural hearing loss (AB50.2)

Otitis media (AA80-AB0Z)

Nonsuppurative otitis media (AA80-AA8Z)

AA80 **Acute serous or mucoid otitis media**

Acute serous or mucoid otitis media is a collection of non-infected fluid in the middle ear that has developed as a result of a upper respiratory infection.

AA81 **Acute nonserous nonsuppurative otitis media**

Exclusions: Otitic barotrauma (NF04.0)

AA82 **Chronic serous or mucoid otitis media**

Chronic serous or mucoid otitis media is probably the most common form of sub-acute middle ear disease found in the developed world. It typically lingers following otitis media, when the fluid in the ear, formed by the infection, does not clear spontaneously. The tympanic membrane is intact but the middle ear is liquid- fluid filled. This presumably puts the middle ear at risk for further infection and often worsens hearing by about 30 dB. This is most frequently found in children and can interfere with language acquisition and learning.

AA83 **Noninfected otitis media with effusion**

AA8Z **Nonsuppurative otitis media, unspecified**

Suppurative otitis media (AA90-AA9Z)

This involves a perforation (hole) in the tympanic membrane and active bacterial infection within the middle ear space for several weeks or more. There may be enough pus that it drains to the outside of the ear (otorrhea), or the purulence may be minimal enough to only be seen on examination using a binocular microscope, unspecified.

AA90 **Acute suppurative otitis media**

Acute suppurative otitis media is defined as an inflammation of the middle ear which erupts suddenly and passes quickly. It is characteristic to have a middle-ear infection behind a reddened eardrum.

AA91 **Chronic suppurative otitis media**

AA91.0 **Chronic tubotympanic suppurative otitis media**

Having a tympanic membrane perforation for at least three months, chronic suppurative otitis media has traditionally been classified into safe and unsafe type. Chronic tubotympanic suppurative otitis media is considered "safe" (meaning it is unlikely to become a worse problem for the patient) if it involves a central perforation of the pars tensa with the inflammatory process affecting the mucosa of the middle ear cleft.

Inclusions: Benign chronic suppurative otitis media

Chronic tubotympanic disease

AA91.1 **Chronic atticoantral suppurative otitis media**

Chronic suppurative otitis media has traditionally been classified into safe and unsafe type. Chronic atticoantral suppurative otitis media which is unsafe type is typified by a marginal perforation of the posterosuperior pars tensa or pars flaccida.

Inclusions: Chronic atticoantral disease

AA91.2 **Other chronic suppurative otitis media**

This involves a perforation (hole) in the tympanic membrane and active bacterial infection within the middle ear space for several weeks or more. There may be enough pus that it drains to the outside of the ear (otorrhea), or the purulence may be minimal enough to only be seen on examination using a binocular microscope.

AA91.Z **Chronic suppurative otitis media, unspecified**

AA9Y **Other specified suppurative otitis media**

AA9Z **Suppurative otitis media, unspecified**

AB00 **Acute otitis media**

Coded Elsewhere: Acute nonserous nonsuppurative otitis media (AA81)

Acute suppurative otitis media (AA90)

AB01 **Chronic otitis media**

Coded Elsewhere: Chronic serous or mucoid otitis media (AA82)

Chronic suppurative otitis media (AA91)

AB0Y **Other specified otitis media**

Coding Note: Code also the causing condition

AB0Z **Otitis media, unspecified**

Coding Note: Code also the causing condition

AB10 **Disorders of Eustachian tube**

AB10.0 **Diverticulum of Eustachian tube**

AB10.1 **Patulous Eustachian tube**

AB10.2 **Eustachian salpingitis**

AB10.3 **Obstruction of Eustachian tube**

Inclusions: Compression of Eustachian tube

Stricture of Eustachian tube

AB10.Y **Other specified disorders of Eustachian tube**

AB10.Z **Disorders of Eustachian tube, unspecified**

AB11 Mastoiditis or related conditions

AB11.0 **Acute mastoiditis**

Rapid onset inflammation of the mastoid bone, located in the skull just behind the ear. It is often a complication of otitis media.

AB11.1 **Chronic mastoiditis**

Persistent or recurrent inflammation of the space in the mastoid bone. It is often a complication of otitis media.

AB11.2 **Petrositis**

AB11.3 **Mastoiditis, not elsewhere classified**

AB11.Y **Other specified mastoiditis or related conditions**

AB12 Cholesteatoma of middle ear

Exclusions: Recurrent cholesteatoma of postmastoidectomy cavity (AB90)

Cholesteatoma of external auditory canal (AA40.2)

AB13 Perforation of tympanic membrane

Exclusions: Traumatic rupture of ear drum (NA0A.2)

AB13.0 **Central perforation of tympanic membrane**

A temporary or persistent opening in the central portion of the tympanic membrane. Clinical signs depend on the size, location, and associated pathological condition.

AB13.1 **Attic perforation of tympanic membrane**

Inclusions: Perforation of pars flaccida

AB13.2 **Other marginal perforations of tympanic membrane**

AB13.Y **Other specified perforation of tympanic membrane**

AB13.Z **Perforation of tympanic membrane, unspecified**

AB14 **Acute myringitis**

Myringitis is the inflammation of the tympanic membrane, often involving painful blisters on the tympanic membrane. It can develop as self-maintained primary disease of the TM (primary myringitis) or as an effect of an inflammatory process of adjacent tissues of the external or middle ear (secondary myringitis). Myringitis may be accompanied by hearing impairment and a sensation of congestion and earache. It is generally a viral or bacterial infection and may occur with otitis media. After 3 weeks, acute myringitis becomes subacute and, within 3 months, chronic.

Inclusions: Acute tympanitis

Exclusions: Acute myringitis with otitis media (AB00)

AB15 **Chronic myringitis**

Persistent or recurrent inflammation of the tympanic membrane.

Inclusions: Chronic tympanitis

Exclusions: Chronic myringitis with otitis media (AB01)

AB16 **Tympanosclerosis**

Tympanosclerosis is a scarring process with a remarkable variability in its localization within the middle ear. It can lead to conductive hearing loss.

AB17 **Adhesive middle ear disease**

Inclusions: Adhesive otitis

Exclusions: glue ear (AA82)

AB18 **Discontinuity or dislocation of ear ossicles**

AB19 **Acquired abnormalities of ear ossicles not related to discontinuity or dislocation**

AB1A **Polyp of middle ear**

AB1A.0 **Aural polyp**

AB1A.Y **Other specified polyp of middle ear**

AB1A.Z **Polyp of middle ear, unspecified**

AB1B **Middle ear cicatrix**

AB1Y **Other specified diseases of middle ear or mastoid**

AB1Z **Diseases of middle ear or mastoid, unspecified**

Diseases of inner ear (AB30-AB3Z)

Coded Elsewhere: Congenital mixed conductive and sensorineural hearing loss (AB50.2)

Congenital sensorineural hearing loss (AB50.1)

AB30 Acute vestibular syndrome

A clinical syndrome of acute-onset, continuous vertigo, dizziness, or unsteadiness lasting days to weeks, and generally including features suggestive of new, ongoing vestibular system dysfunction (e.g., vomiting, nystagmus, severe postural instability). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Acute vestibular syndrome usually connotes a single, monophasic event, often caused by a one-time disorder, but it may instead punctuate a relapsing-and-remitting or stepwise, progressive illness course. Disorders typically presenting this syndrome include vestibular neuritis, acute labyrinthitis, traumatic vestibulopathy, demyelinating disease with vestibular involvement, and strokes affecting central or peripheral vestibular structures.

Coding Note: Code also the causing condition

AB30.0 Vestibular neuritis

Vestibular neuritis (also known as vestibular neuronitis) may be described as acute, sustained dysfunction of the peripheral vestibular system with secondary nausea, vomiting, and vertigo. Important negative features include aural fullness and hearing loss.

AB30.1 Labyrinthitis

Labyrinthitis is an inflammatory disorder of the inner ear (labyrinth) producing disturbances of balance and hearing to varying degrees. It can be caused by bacterial or viral infections and autoimmune processes.

AB30.Y Other specified acute vestibular syndrome

Coding Note: Code also the causing condition

AB30.Z Acute vestibular syndrome, unspecified

Coding Note: Code also the causing condition

AB31 Episodic vestibular syndrome

A clinical syndrome of transient vertigo, dizziness, or unsteadiness lasting seconds to hours, occasionally days, and generally including features suggestive of temporary, short-lived vestibular system dysfunction (e.g., nausea, nystagmus, sudden falls). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Episodic vestibular syndrome usually connotes multiple, recurrent events caused by an episodic disorder with repeated spells (triggered or spontaneous), but may initially present after the first event.

Coded Elsewhere: Benign paroxysmal vertigo of childhood (8A80.Y)

AB31.0 **Meniere disease**

Meniere Disease (MD) is a chronic progressive inner ear disease, with endolymphatic hydrops. It is characterised by recurrent attacks of debilitating spontaneous vertigo lasting from 20 minutes to up to 12 hours, accompanied by a sense of fullness and tinnitus in the affected ear, and ipsilateral fluctuating sensorineural hearing loss (SNHL) in the low or low and middle frequencies. There may be nystagmus during attacks and falls are frequent. When known, etiology should be added.

Inclusions: Labyrinthine hydrops

AB31.1 **Vestibular migraine**

Recurrent attacks of moderate to severe vestibular symptoms lasting from 5 minutes to 72 hours in patients with a past or ongoing history of migraine headaches. Vestibular symptoms are usually spontaneous and positional vertigo, head motion-induced and visual vertigo as well as head motion-induced dizziness with nausea. Attacks of vestibular symptoms may occur together or independently of migraine symptoms like headache, photophobia, phonophobia or visual aura.

AB31.2 **Benign positional paroxysmal vertigo**

Benign paroxysmal positional vertigo is defined as an abnormal sensation of motion that is elicited by certain critical provocative physical positions of the patient (e.g. becoming dorsal recumbent). The provocative positions usually trigger specific eye movements (e.g. nystagmus). The character and direction of the nystagmus is specific to the part of the inner ear affected and the underlying pathophysiology.

AB31.3 **Superior canal dehiscence syndrome**

Superior canal dehiscence syndrome (SCDS) occurs when thin or dehiscent bone over the superior semicircular canal, best demonstrated on CT, allows pressure transmission between the canal and the intracranial space. Vertigo and nystagmus may occur when the canal is stimulated by loud sounds or changes in middle ear or intracranial pressure. Hyperacusis to bone-conducted sounds can cause conductive hearing loss, pulsatile tinnitus, or autophony (hearing one’s own body sounds as loud or distorted). While the bony defect may be congenital, head trauma can be the final step that opens a functionally mobile labyrinthine window.

AB31.4 **Disembarkment syndrome**

Disembarkment syndrome, or Mal de debarquement (MdD) occurs when habituation to unfamiliar motion patterns like traveling on a boat, train, or airplane, becomes resistant to re-adaption on return to stable conditions. It results in an illusion of self motion typically described as rocking, bobbing, or swaying. Brief periods of MdD (hours) are common in healthy individuals, this otherwise natural phenomenon can become persistent in some individuals.

AB31.5 **Autoimmune inner ear disease**

Autoimmune inner ear disease (AIED) is a clinical syndrome of bilateral sensorineural hearing loss (SNHL) >30dB at one or more frequencies progressing over a period of 3-90 days. Progression of SNLH >15dB at one frequency or >10dB in two frequencies in at least one ear should be demonstrated. Vestibular symptoms may be present in 50% of patients and systemic autoimmune disease (SAD) coexists in 30% of patients.

AB31.6 Vestibular paroxysmia

Vestibular paroxysmia (VP) is characterised by recurrent spells of vertigo or dizziness, lasting seconds to minutes, often many times a day. Attacks usually occur spontaneously but may occasionally be induced by changes of head position (which then needs to be distinguished from benign paroxysmal positioning vertigo). Possible accompanying symptoms are short attacks of tinnitus or changes in hearing. In the attack-free interval mild to moderate impairments of vestibular or audiological function may be found. Neurovascular cross-compression of the eighth nerve is the assumed mechanism.

AB31.7 Vertiginous syndromes

AB31.Y Other specified episodic vestibular syndrome

AB31.Z Episodic vestibular syndrome, unspecified

AB32 Chronic vestibular syndrome

A clinical syndrome of chronic vertigo, dizziness, or unsteadiness lasting months to years and generally including features suggestive of persistent vestibular system dysfunction (e.g., oscillopsia, nystagmus, gait unsteadiness). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Chronic vestibular syndrome often connotes a progressive, deteriorating course, but sometimes instead reflects a stable, incomplete recovery after an acute vestibular event, or persistent, lingering symptoms between episodic vestibular events.

AB32.0 Persistent Postural-Perceptual Dizziness

Persistent non-vertiginous dizziness, unsteadiness, or both lasting three months or more. Symptoms are present most days, often increasing throughout the day, but may wax and wane. Momentary flares may occur spontaneously or with sudden movement. Affected individuals feel worst when upright, exposed to moving or complex visual stimuli, and during active or passive head motion. These situations may not be equally provocative. Typically, the disorder follows occurrences of acute or episodic vestibular or balance-related problems. Symptoms may begin intermittently, and then consolidate. Gradual onset is uncommon.

AB32.1 Chronic unilateral idiopathic vestibulopathy

AB32.2 Persistent unilateral vestibulopathy after vestibular neuronitis

AB32.3 Unilateral vestibulopathy due to schwannoma

AB32.4 Unilateral vestibulopathy after medical intervention

AB32.5 Chronic bilateral vestibulopathy

Bilateral vestibulopathy (BVP) results from impaired vestibular function of both inner ears. It is clinically characterised by postural imbalance and unsteadiness of gait that worsens in darkness and on uneven ground, head or body movement-induced oscillopsia. If known, the etiology should be added to the diagnosis.

AB32.Y Other specified chronic vestibular syndrome

AB32.Z Chronic vestibular syndrome, unspecified

AB33 **Otosclerosis**

Otosclerosis is a genetically mediated metabolic bone disease that affects the otic capsule and stapes. It is an autosomal dominant disorder with varying penetrance and expressivity. Usually symptomatic hearing loss from otosclerosis develops early in the third decade of life, although onset in the teenage years does occur.

Inclusions: otospongiosis

AB34 **Disorders of vestibular function**

Exclusions: vertigo: NOS (MB48.0)

vertigo: epidemic (1C80-1C8Z)

AB34.0 Idiopathic bilateral vestibulopathy

This results as the culmination of damage done to both inner ears and causes problems in vision, hearing and motor coordination.

AB34.1 Other peripheral vertigo

AB34.Y Other specified disorders of vestibular function

AB34.Z Disorders of vestibular function, unspecified

AB35 **Labyrinthine fistula**

Labyrinthine fistula is a condition in which an abnormal communication is present between the perilymphatic space of the inner ear and the middle ear (usually at or adjacent to the round or oval window). The manifestations of this disease vary in severity and complexity, commonly ranging from very mild to incapacitating.

AB36 **Labyrinthine dysfunction**

AB37 **Noise effects on inner ear**

Noise toxicity can cause hearing loss, either transient or permanent, and impairment. Noise-induced hearing loss typically begins in the high-pitched frequency range of human voices communication.

Inclusions: Noise-induced hearing loss

AB3Y **Other specified diseases of inner ear**

AB3Z **Diseases of inner ear, unspecified**

Disorders with hearing impairment (AB50-AB5Z)

Exclusions: Otosclerosis (AB33)

AB50 **Congenital hearing impairment**

Both dominant and recessive genes exist which can cause mild to profound impairment. If a family has a dominant gene for deafness it will persist across generations because it will manifest itself in the offspring even if it is inherited from only one parent. If a family had genetic hearing impairment caused by a recessive gene it will not always be apparent as it will have to be passed onto offspring from both parents. Hearing impairment is sustained before the acquisition of language, which occurs due to a congenital condition.

AB50.0 Congenital conductive hearing loss

AB50.1 Congenital sensorineural hearing loss

AB50.2 Congenital mixed conductive and sensorineural hearing loss

AB50.Y Other specified congenital hearing impairment

AB50.Z Congenital hearing impairment, unspecified

AB51 **Acquired hearing impairment**

Loss of hearing that occurs sometime the course of life and is not present at birth. The hearing impairment is sustained after the acquisition of language, which can occur due to disease, trauma, or as a side-effect of a medicine. Conductive hearing loss may occur as a result of a problem in the outer or middle ear such as an obstruction (cerumen, foreign body), damage to the ossicles, middle ear infections, and/or perforation of the tympanic membrane. Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain. Mixed conductive and sensorineural hearing loss refers to a mix of both conductive and sensorineural hearing loss.

Exclusions: noise-induced hearing loss (AB37)

Ototoxic hearing loss (AB53)

Sudden idiopathic hearing loss (AB55)

deafness NOS (AB52)

Deaf mutism, not elsewhere classified (AB50-AB5Z)

AB51.0 Acquired conductive hearing loss

Conductive hearing loss occurs when there is a problem conducting sound waves anywhere along the route through the outer ear, tympanic membrane (eardrum), or middle ear (ossicles), bilateral.

AB51.1 Acquired sensorineural hearing loss

Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain.

AB51.2 **Acquired mixed conductive and sensorineural hearing loss**

Conductive hearing loss occurs when there is a problem conducting sound waves anywhere along the route through the outer ear, tympanic membrane (eardrum), or middle ear (ossicles). Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain. This diagnosis refers to a mix of both conductive and sensorineural hearing loss.

AB51.Y **Other specified acquired hearing impairment**

AB51.Z **Acquired hearing impairment, unspecified**

AB52 **Deafness not otherwise specified**

AB53 **Ototoxic hearing loss**

AB54 **Presbycusis**

The term presbycusis refers to sensorineural hearing impairment in elderly individuals. Characteristically, presbycusis involves bilateral high-frequency hearing loss associated with difficulty in speech discrimination and central auditory processing of information.

Inclusions: Presbyacusia

AB55 **Sudden idiopathic hearing loss**

AB56 **Hereditary hearing loss**

Exclusions: Congenital hearing impairment (AB50)

Acquired hearing impairment (AB51)

AB57 **Auditory synaptopathy or neuropathy**

Normal outer hair cell function but lacking synchrony of neural transmission of auditory information due to damage of inner hair cells or their synapses or of the spiral ganglion cells or of the auditory nerve

AB5Y **Other specified disorders with hearing impairment**

AB5Z **Disorders with hearing impairment, unspecified**

Disorders of ear, not elsewhere classified (AB70-AB7Y)

Exclusions: Tinnitus (MC41)

AB70 **Otalgia or effusion of ear**

Exclusions: Otitis media (AA80-AB0Z)

Chronic primary orofacial pain (MG30.03)

Chronic secondary headache or orofacial pain (MG30.6)

AB70.0 **Otorrhoea**

Exclusions: leakage of cerebrospinal fluid through ear (8D63)
Otorrhagia (AB70.1)

AB70.1 **Otorrhagia**

Exclusions: traumatic otorrhagia - code by type of injury. (Chapter 22)

AB70.2 **Otalgia**

Pain in one or both ears.

Exclusions: Chronic primary orofacial pain (MG30.03)
Chronic secondary headache or orofacial pain (MG30.6)

AB71 **Degenerative or vascular disorders of ear**

Exclusions: Presbycusis (AB54)

AB72 **Disorders of acoustic nerve**

Inclusions: Disorder of 8th cranial nerve

AB72.0 **Acoustic neuritis**

Coding Note: Code also the causing condition

AB72.Y **Other specified disorders of acoustic nerve**

AB72.Z **Disorders of acoustic nerve, unspecified**

AB73 **Atrophy ear**

AB7Y **Other specified disorders of ear, not elsewhere classified**

Postprocedural disorders of ear or mastoid process (AB90-AB93)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

AB90 **Recurrent cholesteatoma of postmastoidectomy cavity**

AB91 **Mucosal cyst of postmastoidectomy cavity**

AB92 **Granulation of postmastoidectomy cavity**

AB93 **Chronic inflammation of postmastoidectomy cavity**

AC0Y **Other specified diseases of the ear or mastoid process**

AC0Z **Diseases of the ear or mastoid process, unspecified**

CHAPTER 11

Diseases of the circulatory system

This chapter has 161 four-character categories.

Code range starts with BA00

This refers to diseases of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis.

Exclusions: Certain infectious or parasitic diseases (Chapter 01)

Certain conditions originating in the perinatal period (Chapter 19)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Coded Elsewhere: Neoplasms of the circulatory system

Developmental anomalies of the circulatory system

Infections of the circulatory system

Symptoms, signs or clinical findings of the circulatory system (MC80-MC9Y)

Cerebrovascular diseases (8B00-8B2Z)

Functional vascular disorders of the skin (EG00-EG02)

Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium (JB64.4)

This chapter contains the following top level blocks:

- Hypertensive diseases
- Hypotension
- Ischaemic heart diseases
- Diseases of coronary artery
- Pulmonary heart disease or diseases of pulmonary circulation
- Pericarditis
- Acute or subacute endocarditis
- Heart valve diseases
- Diseases of the myocardium or cardiac chambers
- Cardiac arrhythmia

- Heart failure
- Diseases of arteries or arterioles
- Diseases of veins
- Disorders of lymphatic vessels or lymph nodes
- Postprocedural disorders of circulatory system
- Neoplasms of the circulatory system
- Developmental anomalies of the circulatory system
- Infections of the circulatory system

Hypertensive diseases (BA00-BA04.Z)

Although a continuous association exists between higher BP and increased cardiovascular disease risk, it is useful to categorize BP levels for clinical and public health decision making. Recent guidelines categorise systemic hypertension into 4 levels on the basis of average BP measured in a healthcare setting (office pressures):

• Normal: systolic BP <120mmHg and diastolic BP <80mmHg

• Elevated: systolic BP 120-129mmHg and diastolic BP <80mmHg

• Stage 1 hypertension: systolic BP 130-139mmHg or Diastolic BP 80-89mmHg

• Stage 2 hypertension: systolic BP 140mmHg or more, Diastolic BP 90mmHg or more

In children, systemic hypertension is defined as an average systolic or diastolic blood pressure equal or higher than the 95th percentile appropriate for the sex, age and height of the child.

The complications of uncontrolled or prolonged hypertension include damage to the blood vessels, heart, kidneys and brain.

Exclusions: Pulmonary hypertension (BB01)

involving coronary vessels (BA40-BA6Z)

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20-JA2Z)

White coat hypertension (MC80.00)

Coded Elsewhere: Neonatal hypertension (KB45)

BA00 **Essential hypertension**

Essential (primary) hypertension, accounting for 95% of all cases of hypertension, is defined as high blood pressure for which a secondary cause cannot be found.

Inclusions: high blood pressure

Exclusions: Cerebrovascular diseases (8B00-8B2Z)

Background retinopathy and retinal vascular changes (9B78.1)

Coded Elsewhere: Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium (JA20.0)

BA00.0 Combined diastolic and systolic hypertension

BA00.1 **Isolated diastolic hypertension**

BA00.2 **Isolated systolic hypertension**

BA00.Y **Other specified essential hypertension**

BA00.Z **Essential hypertension, unspecified**

BA01 **Hypertensive heart disease**

Uncontrolled and prolonged hypertension can lead to a variety of changes in the myocardial structure, coronary vasculature, and conduction system of the heart. Hypertensive heart disease is a term applied generally to heart diseases, such as left ventricular hypertrophy, coronary artery disease, cardiac arrhythmias, and congestive heart failure, that are caused by direct or indirect effects hypertension.

Coded Elsewhere: Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium (JA20.1)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA02 **Hypertensive renal disease**

Hypertensive renal disease is a medical condition referring to damage to the kidney due to chronic high blood pressure.

Inclusions: hypertensive nephropathy

Exclusions: Secondary hypertension (BA04)

Coded Elsewhere: Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium (JA20.2)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA03 **Hypertensive crisis**

Coding Note: Code also the causing condition

BA04 **Secondary hypertension**

Defined through the measurement of the blood pressure using cuff method with a sitting systolic blood pressure above 140 mmHg or a sitting diastolic blood pressure above 90 mmHg in three consequent measurements with an identifiable cause.

Coding Note: Code also the causing condition

Exclusions: involving vessels of brain (8B00-8B2Z)

involving vessels of eye (9B78.1)

Coded Elsewhere: Congenital renal artery stenosis (LA90.40)

Hyperaldosteronism (5A72)

Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium (JA20.4)

BA04.0 **Combined diastolic and systolic secondary hypertension**

BA04.1 **Isolated diastolic secondary hypertension**

BA04.2 **Isolated systolic secondary hypertension**

BA04.Y **Other specified secondary hypertension**

Coding Note: Code also the causing condition

BA04.Z **Secondary hypertension, unspecified**

Coding Note: Code also the causing condition

Hypotension (BA20-BA2Z)

Exclusions: cardiovascular collapse (MG40)
Nonspecific low blood-pressure reading (MC80.1)
Maternal hypotension syndrome (JA65.6)

Coded Elsewhere: Intracranial hypotension (8D61)
Neonatal hypotension (KB46)

BA20 **Idiopathic hypotension**

BA21 **Orthostatic hypotension**

Exclusions: Shy-Drager syndrome (8D87.0)

BA2Y **Other specified hypotension**

BA2Z **Hypotension, unspecified**

Ischaemic heart diseases (BA40-BA6Z)

Acute ischaemic heart disease (BA40-BA4Z)

Inclusions: acute coronary syndrome

BA40 **Angina pectoris**

Inclusions: Anginal syndrome
Ischaemic chest pain
Angina NOS

Exclusions: Otocephaly (LA23)

Coded Elsewhere: Microvascular angina (BA86)

BA40.0 **Unstable angina**

Inclusions: Preinfarction syndrome
worsening effort angina

BA40.1 **Stable angina**

BA40.Y **Other specified angina pectoris**

BA40.Z **Angina pectoris, unspecified**

BA41 **Acute myocardial infarction**

The term acute myocardial infarction (MI) should be used when there is evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia. Under these conditions any one of the following criteria meets the diagnosis for MI;

Detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit (URL) and with at least one of the following;

a. Symptoms of ischaemia.

b. New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBBB).

c. Development of pathologic Q waves in the ECG.

d. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

e. Identification of an intracoronary thrombus by angiography or autopsy.

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction (WHO)

Exclusions: postmyocardial infarction syndrome (BA60.0)

Subsequent myocardial infarction (BA42)

Certain current complications following acute myocardial infarction (BA60)

Old myocardial infarction (BA50)

BA41.0 Acute ST elevation myocardial infarction

STEMI is an acute myocardial infarction with developing ST elevation in two contiguous leads. The criteria of ST elevation is follows; New ST elevation at the J point in two contiguous leads with the cut-points apply: 0.2mV in men>40 years; >0.25mV in men<40 years, or >0.15 mV in women.

BA41.1 Acute non-ST elevation myocardial infarction

BA41.Z Acute myocardial infarction, unspecified

BA42 **Subsequent myocardial infarction**

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction

Inclusions: extension of myocardial infarction

recurrent myocardial infarction

Exclusions: specified as chronic or with a stated duration of more than 4 weeks (more than 28 days) from onset (BA50)

BA42.0 Subsequent myocardial infarction, ST elevation myocardial infarction

Extension or recurrent myocardial infarction. This category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from total occlusion of the culprit coronary artery.

BA42.1 **Subsequent myocardial infarction, non-ST elevation myocardial infarction**

Extension or recurrent myocardial infarction. For morbidity coding, this category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from severe obstruction, but not total occlusion, of the culprit coronary artery.

BA42.Z **Subsequent myocardial infarction, unspecified**

BA43 Coronary thrombosis not resulting in myocardial infarction

Superimposed thrombus associated with plaque rupture or erosion which does not obstruct the coronary flow to cause myocardial infarction.

Inclusions: Occlusion of coronary artery or vein not resulting in myocardial infarction

Embolism of coronary artery or vein not resulting in myocardial infarction

Thromboembolism of coronary artery or vein not resulting in myocardial infarction

BA4Z Acute ischaemic heart disease, unspecified

Chronic ischaemic heart disease (BA50-BA5Z)

Chronic heart disease is seen due to the atherosclerosis. of coronary arteries. It is characterised by angina pectoris and unstable angina.

BA50 Old myocardial infarction

Past myocardial infarction diagnosed by ECG or other special investigation, but currently presenting no symptoms.

Inclusions: healed myocardial infarction

BA51 Ischaemic cardiomyopathy

Ischaemic cardiomyopathy has been defined as left ventricular systolic dysfunction with one or more of the following: a history of prior myocardial revascularisation or myocardial infarction, more than 75% stenosis in the left main stem or left anterior descending artery, or two vessels or more with a greater than 75% stenosis. It consists of a spectrum of pathophysiological states that relate to perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.0 **Dilated cardiomyopathy due to congenital anomaly of coronary artery**

Dilated cardiomyopathy due to a congenital anomaly of one or more coronary arteries, such as anomalous left coronary artery from pulmonary artery (ALCAPA), coronary ostial stenosis or atresia, right ventricular dependent coronary circulation in pulmonary atresia with an intact ventricular septum. It is a form of ischaemic cardiomyopathy causing systolic ventricular dysfunction that relates to a spectrum of perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.Y **Other specified ischaemic cardiomyopathy**

BA51.Z **Ischaemic cardiomyopathy, unspecified**

BA52 Coronary atherosclerosis

Atherosclerosis is the build up inside the coronary arteries of cholesterol, fatty acids, calcium, fibrous connective tissue and cells (mostly macrophages), referred to as plaque. The effect of this is to reduce the blood flow through the coronary arteries to heart muscle and when marked results in heart damage often with symptoms such as chest pain.

Inclusions: Coronary artery atherosclerosis

Coronary artery atheroma

Coronary artery sclerosis

coronary artery ostial stenosis due to atherosclerosis

BA52.0 **Coronary atherosclerosis of native coronary artery**

Atherosclerotic lesions, or atherosclerotic plaques of native coronary artery.

Inclusions: Coronary atherosclerosis without significant ischaemia of native coronary artery

BA52.1 **Coronary atherosclerosis of autologous bypass graft**

Atherosclerotic lesions, or atherosclerotic plaques of autologous bypass graft.

Inclusions: Coronary atherosclerosis of autologous bypass graft without significant ischaemia

BA52.10 Coronary atherosclerosis of arterial autologous bypass graft

BA52.11 Coronary atherosclerosis of venous autologous bypass graft

BA52.1Z Coronary atherosclerosis of unspecified autologous bypass graft

BA52.2 **Coronary atherosclerosis of non-autologous bypass graft**

Atherosclerotic lesions, or atherosclerotic plaques of non-autologous bypass graft.

Inclusions: Coronary atherosclerosis without significant ischaemia of non-autologous bypass graft

BA52.Z **Coronary atherosclerosis, unspecified site**

BA5Y Other specified chronic ischaemic heart disease

BA5Z Chronic ischaemic heart disease, unspecified

BA60 Certain current complications following acute myocardial infarction

Secondary conditions which may occur in the course after the heart attack. They include pericarditis, arrhythmia, cardiogenic shock, heart failure, ventricular rupture, ventricular aneurysm (with thrombus) and recurrent infarction.

Exclusions: the listed conditions, when: not specified as current complications following acute myocardial infarction (Chapter 11)

the listed conditions, when: concurrent with acute myocardial infarction (BA41)

BA60.0 Dressler syndrome

A condition of postmyocardial infarction (1 to 8 weeks), characterised by a set of associated symptom, including malaise, fever, pericardial discomfort, leukocytosis, an elevated sedimentation rate, and a pericardial effusion. Patients with this syndrome usually demonstrate localised fibrous pericarditis containing polymorphonuclear leukocytes.

Inclusions: Postmyocardial infarction syndrome

BA60.1 Other pericarditis as current complication following acute myocardial infarction

An inflammation of the pericardium that can produce chest pain, which occurs as early as the first day and as late as 6 weeks after acute myocardial infarction. The pain of pericarditis radiates to either trapezius ridge. Transmural myocardial infarction is responsible for local pericardial inflammation. Transient pericardial friction rubs are relatively common in patients with transmural infarction within the first 48 hours. An acute fibrinous pericarditis occurs commonly after transmural infarction, whereas the risk of haemorrhagic pericarditis is increased by anticoagulation.

BA60.2 Ventricular aneurysm as current complication following acute myocardial infarction

A discrete dyskinetic area of the left ventricular wall with a broad neck after acute myocardial infarction. The wall of the true aneurysm is thinner than the rest of the left ventricle; it is usually composed of fibrous tissue and necrotic muscle, occasionally mixed with viable myocardium. In contrast, pseudoaneurysms are composed of organised hematoma and pericardium and lack any elements of the original myocardial wall.

BA60.3 Ventricular septal defect as current complication following acute myocardial infarction

A mechanical rupture of the interventricular septum after S-T elevation myocardial infarction resulting in the left-to-right shunt to deteriorate hemodynamic, which confers a high 30-day mortality. Rupture of the septum with an anterior infarction tends to be apical in location, whereas inferior infarctions are associated with perforation of the basal septum.

BA60.4 Cardiac rupture as current complication following acute myocardial infarction

A tearing of acutely infarcted tissue after acute myocardial infarction, which may involve the papillary muscles, interventricular septum, or free wall of either ventricle.

BA60.5 Pulmonary embolism as current complication following acute myocardial infarction

A pulmonary embolism that resulted from thrombi in the veins of the lower extremities (e.g. after prolonged periods of bed rest) or mural thrombi overlying an area of right ventricular infarction after acute myocardial infarction.

Exclusions: Mural thrombus as current complication following acute myocardial infarction (BA60.7)

BA60.6 Rupture of papillary muscle or chordae tendineae as current complication following acute myocardial infarction

BA60.7 **Mural thrombus as current complication following acute myocardial infarction**

A blood clot formed on the endoventricle or endoatirium, usually overlying dyskinetic or akinetic area of the ventricular infarction after acute myocardial infarction.

Exclusions: Pulmonary embolism as current complication following acute myocardial infarction (BA60.5)

BA60.8 **Arrhythmia as current complication following acute myocardial infarction**

A large and heterogeneous group of conditions in which the heart beats with an irregular or abnormal rhythm that can complicate the course of patients with acute myocardial infarction.

BA60.9 **Cardiogenic shock, unrelated to mechanical complications, as current complication following acute myocardial infarction**

The most severe clinical expression of left ventricular failure and is associated with extensive damage to the left ventricular myocardium after acute myocardial infarction, unrelated to a mechanical defect such as ventricular septal or papillary muscle rupture. Shock is defined as systolic BP < 90 mmHg and organ hypoperfusion.

BA60.Y **Other specified current complications following acute myocardial infarction**

BA60.Z **Certain current complications following acute myocardial infarction, unspecified**

BA6Z **Ischaemic heart diseases, unspecified**

Diseases of coronary artery (BA81-BA8Z)

Conditions affecting the blood perfusion of the heart.

Coded Elsewhere: Coronary atherosclerosis (BA52)

Cardiac transplant associated coronary allograft vasculopathy (BE1A)

BA81 **Coronary artery aneurysm**

Coronary dilatation which exceeds the diameter of normal adjacent segments or the diameter of the patient's largest coronary vessel by 1.5 times.

Exclusions: Congenital coronary arterial aneurysm (LA8C)

Mucocutaneous lymph node syndrome (4A44.5)

BA81.0 **Coronary artery aneurysm with perforation**

BA81.1 **Coronary artery aneurysm with rupture**

BA81.2 **Coronary artery aneurysm without mention of perforation or rupture**

BA82 **Coronary artery dissection**

Coronary artery dissection results from a tear in the inner layer of the coronary artery, the tunica intima. This allows blood to penetrate and cause an intramural hematoma in the central layer, the tunica media, and restriction in the size of lumen.

Inclusions: spontaneous coronary artery dissection

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

Injury of blood vessels of thorax (NB30)

BA83 **Coronary artery fistula, acquired**

Abnormal communication between a coronary artery and a cardiac chamber or major vessels, acquired after coronary or heart surgery, coronary angioplasty, rupture or coronary artery aneurysm or injury to the heart.

BA84 **Chronic total occlusion of coronary artery**

A chronic total occlusion of coronary artery is defined as the complete obstruction of a coronary artery or coronary arteries, exhibiting a TIMI flow score of zero or one, with an occlusion duration of greater than 3 months.'

Coding Note: Code also the causing condition

Exclusions: Acute myocardial infarction (BA41)

BA85 **Coronary vasospastic disease**

The term coronary vasospastic disease refers to a sudden, intense vasoconstriction of an epicardial coronary artery that causes vessel occlusion or near occlusion. Although it may be involved in other coronary syndromes, it represents the usual cause of variant angina.

BA85.0 Silent coronary vasospastic disease

The feature of this is the frequency of asymptomatic ischemic episodes in coronary vasospastic disease.

BA85.Y Other specified coronary vasospastic disease

BA85.Z Coronary vasospastic disease, unspecified

BA86 **Coronary microvascular disease**

BA8Y **Other specified diseases of coronary artery**

BA8Z **Diseases of coronary artery, unspecified**

Pulmonary heart disease or diseases of pulmonary circulation (BB00-BB0Z)

BB00 **Pulmonary thromboembolism**

Exclusions: Complications following abortion, ectopic or molar pregnancy (JA05)

Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium (JB64.4)

BB00.0 **Acute pulmonary thromboembolism**

Acute pulmonary thromboembolism is defined as a partial or complete occlusion of a pulmonary arterial branch with the abrupt onset of related symptoms, such as dyspnoea, tachypnoea, chest pain, cough and blood-tinged sputum. However, acute pulmonary embolism may also occur in the absence of any symptoms.

BB00.1 **Chronic pulmonary thromboembolism**

Chronic pulmonary thromboembolism is defined as a partial or complete occlusion of at least one major pulmonary arterial branch in the presence of a mean pulmonary artery pressure 25mmHg at rest, and normal left ventricular filling pressures, despite effective coagulation over at least three months.

Coded Elsewhere: Chronic thromboembolic pulmonary hypertension (BB01.3)

BB00.Z **Pulmonary thromboembolism, unspecified**

BB01 Pulmonary hypertension

Pulmonary hypertension (PH) is a haemodynamic and pathophysiological condition defined as an increase in mean pulmonary arterial pressure (PAP) 25 mmHg at rest as assessed by right heart catheterization. PH can be found in multiple clinical conditions.

Coded Elsewhere: Persistent pulmonary hypertension of the newborn (KB42)

BB01.0 **Pulmonary arterial hypertension**

Pulmonary arterial hypertension is a clinical condition characterised by the presence of pre-capillary pulmonary hypertension in the absence of other causes of pre-capillary pulmonary hypertension, such as due to lung diseases, chronic thromboembolic pulmonary hypertension, or other rare diseases. It includes different forms that share a similar clinical picture and virtually identical pathological changes of the lung microcirculation.

Inclusions: primary pulmonary hypertension

BB01.1 **Pulmonary hypertension due to left heart disease**

BB01.2 **Pulmonary hypertension due to lung disease or hypoxia**

BB01.3 **Chronic thromboembolic pulmonary hypertension**

Chronic thromboembolic pulmonary hypertension (CTEPH) is characterised by the persistence of thromboemboli in the form of organised tissue obstructing the pulmonary arteries. The consequence is an increase in pulmonary vascular resistance (PVR) resulting in pulmonary hypertension (PH) and progressive right heart failure.

BB01.4 **Pulmonary hypertension with multifactorial mechanism**

Coding Note: Code also the causing condition

BB01.5 **Cor pulmonale**

Cor pulmonale refers to the altered structure and/or impaired function of the right ventricle that results from pulmonary hypertension associated with diseases of the lung, upper airway, or chest wall.

Coding Note: Code also the causing condition

BB01.Z **Pulmonary hypertension, unspecified**

BB02 **Certain specified diseases of pulmonary vessels**

This definition includes Arteriovenous fistula of pulmonary vessels, Aneurysm of pulmonary artery and Other specified diseases of pulmonary vessels.

BB02.0 **Arteriovenous fistula of pulmonary vessels**

BB02.1 **Aneurysm of pulmonary artery**

Aneurysm of pulmonary artery is an abnormal dilatation of part of the pulmonary artery

BB02.10 Aneurysm of pulmonary artery with perforation

BB02.11 Aneurysm of pulmonary artery with rupture

BB02.12 Aneurysm of pulmonary artery without mention of perforation or rupture

BB02.1Y Other specified aneurysm of pulmonary artery

BB02.1Z Aneurysm of pulmonary artery, unspecified

BB02.2 **Rupture of pulmonary vessels**

This is defined as the tearing apart of the pulmonary vessels allowing blood to escape outside.

BB02.3 **Acquired pulmonary arterial tree abnormality**

A postnatal pathological change in form or function of the pulmonary arterial tree.

Coded Elsewhere: Postprocedural pulmonary trunk stenosis (BE15.0)
Postprocedural right pulmonary artery stenosis (BE15.1)
Postprocedural pulmonary arterial tree disorder (BE15)

BB03 **Acquired pulmonary venous abnormality**

A postnatal pathological change in form or function of one or more pulmonary veins.

Coded Elsewhere: Postprocedural pulmonary venous disorder (BE16)

BB03.0 **Acquired pulmonary venous obstruction**

A postnatal pathologic condition of one or more pulmonary vein(s) in which flow is impeded or blocked due to narrowing or atresia.

BB03.Y **Other specified acquired pulmonary venous abnormality**

BB03.Z **Acquired pulmonary venous abnormality, unspecified**

BB0Y **Other specified pulmonary heart disease or diseases of pulmonary circulation**

BB0Z **Pulmonary heart disease or diseases of pulmonary circulation, unspecified**

Pericarditis (BB20-BB2Z)

Coded Elsewhere: Pneumopericardium originating in the perinatal period (KB27.3)

Acute rheumatic pericarditis (1B41.0)

BB20 Acute pericarditis

Acute pericarditis is defined as pericardial inflammation of no more than 1 to 2 weeks duration.

Coding Note: Code also the causing condition

Inclusions: acute pericardial effusion

Exclusions: Acute rheumatic pericarditis (1B41.0)

BB20.0 Infectious pericarditis

A disease of the pericardium, caused by a secondary infection with a bacterial, viral, or fungal source. This disease is characterised by fever, odynophagia, cough, fatigue, or chest pain. Confirmation is by identification of the bacterial, viral, or fungal agent in a blood sample.

Coding Note: Code also the causing condition

Inclusions: Pyopericarditis

BB20.1 Neoplastic pericarditis

Coding Note: Code also the causing condition

BB20.2 Myopericarditis

Inclusions: Perimyocarditis

BB20.Y Other specified acute pericarditis

Coding Note: Code also the causing condition

BB20.Z Acute pericarditis, unspecified

Coding Note: Code also the causing condition

BB21 Chronic rheumatic pericarditis

Inflammation of the pericardium and of the surrounding mediastinal cellular tissue resulted from rheumatic etiology.

BB22 Constrictive pericarditis

Chronic fibrous pericarditis due to the presence of dense fibrous tissue between the parietal and visceral layers of pericardium and neighbouring structures.

Inclusions: Concretio cordis

BB23 Cardiac tamponade

Cardiac tamponade is a clinical syndrome caused by the accumulation of fluid in the pericardial space, resulting in reduced ventricular filling and subsequent hemodynamic compromise. Cardiac tamponade is a medical emergency, the complications of which include shock, and death.

BB24 **Haemopericardium**

This is hemopericardium caused by diseases not elsewhere classified. Hemopericardium generally refers to blood in the pericardial sac of the heart. It is clinically similar to a pericardial effusion, and, depending on the volume and rapidity with which it develops, may cause cardiac tamponade.

BB25 **Pericardial effusion**

Pericardial effusion is an abnormal accumulation of fluid in the pericardial sac. Noninflammatory diseases such as chronic renal failure, circulatory congestion, hypothyroidism and amyroidosis can cause pericardial effusion.

BB2Y **Other specified pericarditis**

Coding Note: Code also the causing condition

BB2Z **Pericarditis, unspecified**

Coding Note: Code also the causing condition

Acute or subacute endocarditis (BB40-BB4Z)

A condition characterised by inflammation of endocardium

Coded Elsewhere: Acute rheumatic endocarditis (1B41.1)
Systemic lupus erythematosus with cardiac involvement (4A40.0Y)
Typhoid fever with heart involvement (1A07.Y)

BB40 **Acute or subacute infectious endocarditis**

Coding Note: Code also the causing condition

Exclusions: Infectious myocarditis (BC42.1)

Coded Elsewhere: Endocardial fibroelastosis (BC43.3)
Syphilitic endocarditis (1A62.1)
Tuberculosis of endocardium (1B12.0)

BB41 **Myoendocarditis**

Exclusions: Infectious myocarditis (BC42.1)

BB42 **Periendocarditis**

BB4Y **Other specified acute or subacute endocarditis**

Coding Note: Code also the causing condition

BB4Z **Acute or subacute endocarditis, unspecified**

Coding Note: Code also the causing condition

Heart valve diseases (BB60-BC0Z)

Exclusions: Congenital anomaly of a ventriculo-arterial valve or adjacent regions (LA8A)

Atypical truncal valve (LA85.4)

Acute rheumatic fever (1B40-1B42)

Structural developmental anomalies of the circulatory system (LA80-LA9Z)

Mitral valve disease (BB60-BB6Z)

This is a disorder of the heart in which the mitral valve does not close properly when the heart pumps out blood. It is the abnormal leaking of blood from the left ventricle through the mitral valve into the left atrium when the left ventricle contracts. Simply put, there is regurgitation of blood back into the left atrium.

Exclusions: Congenital anomaly of mitral valve (LA87.1)

Coded Elsewhere: Injury to mitral valve (NB31.40)

BB60 **Mitral valve stenosis**

Exclusions: Mitral valve stenosis with insufficiency (BB63)

Coded Elsewhere: Postprocedural mitral valve stenosis (BE12.0)

BB60.0 Rheumatic mitral valve stenosis

Mitral stenosis refers to narrowing of the mitral valve orifice, resulting in impedance of filling of the left ventricle in diastole. It is usually caused by rheumatic heart disease.

BB60.1 Nonrheumatic mitral valve stenosis

Mitral stenosis is narrowing of the passage through the mitral valve due to fibrosis, and calcinosis in the leaflets and chordal areas.

The most common reason of mitral stenosis is rheumatic fever. Except rheumatic fever; SLE, Malignant Sarcoid, Active Infective Endocarditis, Gout Whipple's Disease, Massive Annular calcification cause to the mitral stenosis.

Exclusions: Postprocedural mitral valve stenosis (BE12.0)

BB60.Z Mitral valve stenosis, unspecified

BB61 **Mitral valve insufficiency**

Mitral insufficiency is a clinical condition which mitral valve can't close properly. It is the antidromic leaking of blood from the left ventricle through the mitral valve, and into the left atrium.

Exclusions: Mitral valve stenosis with insufficiency (BB63)

Coded Elsewhere: Postprocedural mitral valve insufficiency (BE12.1)

Mitral valve insufficiency due to acute myocardial infarction (BA60.6)

BB61.0 **Rheumatic mitral valve insufficiency**

Mitral insufficiency can be caused by conditions such as rheumatic fever.

Mitral insufficiency is leakage of blood from the left ventricle into the left atrium during systole.

BB61.Y **Other specified mitral valve insufficiency**

BB61.Z **Mitral valve insufficiency, unspecified**

BB62 **Mitral valve prolapse**

Inclusions: floppy mitral valve syndrome

Exclusions: Marfan syndrome (LD28.01)

BB62.0 **Rheumatic mitral valve prolapse**

This is a rheumatic valvular heart disease characterised by the displacement of an abnormally thickened mitral valve leaflet into the left atrium during systole.

BB62.1 **Degenerative mitral valve prolapse**

This is a degenerative valvular heart disease characterised by the displacement of an abnormally thickened mitral valve leaflet into the left atrium during systole.

BB62.Y **Other specified nonrheumatic mitral valve prolapse**

BB62.Z **Mitral valve prolapse, unspecified**

BB63 **Mitral valve stenosis with insufficiency**

This is a valvular heart disease characterised by the narrowing of the orifice of the mitral valve of the heart, with regurgitation.

BB63.0 **Rheumatic mitral stenosis with insufficiency**

Mitral stenosis and mitral insufficiency occur in patients with rheumatic heart disease.

BB63.1 **Nonrheumatic mitral stenosis with insufficiency**

This is a non-rheumatic valvular heart disease characterised by the narrowing of the orifice of the mitral valve of the heart, with regurgitation.

BB63.Z **Mitral valve stenosis with insufficiency, unspecified**

BB64 **Mitral valvar abscess**

BB65 **Mitral valve rupture**

Exclusions: Rupture of papillary muscle or chordae tendineae as current complication following acute myocardial infarction (BA60.6)

BB6Y **Other specified mitral valve disease**

BB6Z **Mitral valve disease, unspecified**

Exclusions: Congenital anomaly of aortic valve (LA8A.2)

Coded Elsewhere: Traumatic injury to aortic valve (NB31.4Y)

Dysplasia of aortic valve (LA8A.2Y)

BB70 Aortic valve stenosis

Aortic valve stenosis is abnormal narrowing of the aortic valve. This decreases the blood flow from heart to organs.

Exclusions: Congenital supravalvar aortic stenosis (LA8A.3)

Congenital subaortic stenosis (LA8A.5)

Coded Elsewhere: Postprocedural aortic valve stenosis (BE12.2)

BB70.0 Rheumatic aortic valve stenosis

Aortic stenosis occur scarring of the aortic valve due to rheumatic fever as a child or young adult. In aortic stenosis, the aortic valve does not open fully. This decreases blood flow from the heart.

BB70.1 Nonrheumatic aortic valve stenosis

Exclusions: Postprocedural aortic valve stenosis (BE12.2)

Coded Elsewhere: Stenosis of the neoaortic valve of pulmonary origin (BC02.30)

BB70.Y Other specified aortic valve stenosis

BB70.Z Aortic valve stenosis, unspecified

BB71 Aortic valve insufficiency

Aortic valve insufficiency results from leakage and backflow of blood that is ejected from the left ventricle into the ascending aorta back into the left ventricle.

Coding Note: Code also the causing condition

Coded Elsewhere: Postprocedural aortic valve insufficiency (BE12.3)

Insufficiency of the neoaortic valve of pulmonary origin (BC02.31)

BB71.0 Rheumatic aortic valve insufficiency

Aortic insufficiency is the leaking of the aortic valve of the heart that causes blood to flow in the reverse direction during ventricular diastole, from the aorta into the left ventricle. Rheumatic fever cause the cuspis retraction.

Inclusions: rheumatic aortic incompetence

rheumatic aortic regurgitation

BB71.Y Other specified nonrheumatic aortic valve insufficiency

Coding Note: Code also the causing condition

BB71.Z Aortic valve insufficiency, unspecified

Coding Note: Code also the causing condition

BB72 Aortic valve stenosis with insufficiency

BB72.0 **Rheumatic aortic stenosis with insufficiency**

Aortic stenosis from chronic rheumatic heart disease is typically associated with aortic insufficiency. The valve commissures and cuspis become adherent and fused, and the valve orifice becomes small. Upon auscultation, S2 may be single because the aortic leaflets are immobile and do not produce an aortic closure sound

BB72.1 **Nonrheumatic aortic valve stenosis with insufficiency**

This is a non-rheumatic disease of the heart valves in which the opening of the aortic valve is narrowed, with regurgitation.

BB72.Z **Aortic valve stenosis with insufficiency, unspecified**

BB73 Aortic valvar abscess

BB74 Aortic valvar prolapse

A congenital cardiovascular malformation of the aortic valve in which part or all of one or more of the aortic valve leaflets is on the ventricular side of the plane of the inferior aspect of the attachments of the aortic valve leaflets.

BB7Y Other specified aortic valve disease

BB7Z Aortic valve disease, unspecified

Tricuspid valve disease (BB80-BB8Z)

Exclusions: Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Traumatic injury to tricuspid valve (NB31.4Y)

BB80 Tricuspid valve stenosis

This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis-increased resistance to blood flow through the valve.

Coded Elsewhere: Postprocedural tricuspid valve stenosis (BE12.4)

BB80.0 **Rheumatic tricuspid valve stenosis**

Tricuspid stenosis is almost always rheumatic in origin. Tricuspid stenosis results in the narrowing of the orifice of the tricuspid valve of the heart.

BB80.Y **Other specified nonrheumatic tricuspid valve stenosis**

BB80.Z **Tricuspid valve stenosis, unspecified**

BB81 Tricuspid valve insufficiency

This refers to the failure of the heart's tricuspid valve to close properly during systole. As a result, with each heart beat some blood passes from the right ventricle to the right atrium, the opposite of the normal direction.

Coded Elsewhere: Postprocedural tricuspid valve insufficiency (BE12.5)

BB81.0 **Rheumatic tricuspid valve insufficiency**

BB81.Y **Other specified nonrheumatic tricuspid valve insufficiency**

BB81.Z **Tricuspid valve insufficiency, unspecified**

BB82 **Tricuspid valve stenosis with insufficiency**

This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis-increased resistance to blood flow through the valve, with regurgitation.

BB82.0 **Rheumatic tricuspid valve stenosis with insufficiency**

Tricuspid valve insufficiency due to leaflet abnormalities may be secondary to rheumatic heart disease. When due to the latter, it generally occurs in combination with tricuspid stenosis

BB82.Y **Other specified nonrheumatic tricuspid valve stenosis with insufficiency**

BB82.Z **Tricuspid valve stenosis with insufficiency, unspecified**

BB83 **Tricuspid valvular abscess**

BB84 **Tricuspid valve rupture**

BB8Y **Other specified tricuspid valve disease**

BB8Z **Tricuspid valve disease, unspecified**

Pulmonary valve disease (BB90-BB9Z)

Exclusions: Congenital anomaly of pulmonary valve (LA8A.0)

Coded Elsewhere: Traumatic injury to pulmonary valve (NB31.4Y)

BB90 **Pulmonary valve stenosis**

Pulmonary valve stenosis is an obstruction at the level of pulmonary valve which impedes the outflow of blood from right ventricle to pulmonary artery.

Coded Elsewhere: Postprocedural pulmonary valve stenosis (BE12.6)

BB90.0 **Rheumatic pulmonary valve stenosis**

This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve.

BB90.Y **Other specified nonrheumatic pulmonary valve stenosis**

BB90.Z **Pulmonary valve stenosis, unspecified**

BB91 **Pulmonary valve insufficiency**

Pulmonary valve insufficiency which is an incomplete closure of the pulmonary valve allows blood to return from pulmonary artery into the right ventricle.

Coded Elsewhere: Postprocedural pulmonary valve insufficiency (BE12.7)

Neopulmonary valve regurgitation (BE14.41)

BB91.0 **Rheumatic pulmonary valve insufficiency**

This is a rheumatic condition where the pulmonary valve is not strong enough to prevent backflow to the right ventricle.

BB91.Y **Other specified nonrheumatic pulmonary valve insufficiency**

BB91.Z **Pulmonary valve insufficiency, unspecified**

BB92 **Pulmonary valve stenosis with insufficiency**

It is a clinical condition pulmonary valve stenosis and pulmonary sufficiency are seen together

BB92.0 **Rheumatic pulmonary valve stenosis with insufficiency**

This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.

BB92.1 **Nonrheumatic pulmonary valve stenosis with insufficiency**

This is a non-rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.

BB92.Z **Pulmonary valve stenosis with insufficiency, unspecified**

BB93 **Pulmonary valvar abscess**

BB9Y **Other specified pulmonary valve disease**

BB9Z **Pulmonary valve disease, unspecified**

BC00 **Multiple valve disease**

Coding Note: When specific type of valve disease is known, assign codes for the specific conditions.

BC01 **Prosthetic valve disease**

Coding Note: When specific type of valve disease is known, assign codes for the specific conditions.

Coded Elsewhere: Infection or inflammatory reaction of heart valve prosthesis NOS (NE83.1)

BC02 **Acquired abnormality of congenitally malformed valve**

A postnatal pathological change in form or function of a congenitally malformed valve.

Exclusions: Congenital anomaly of aortic valve (LA8A.2)

Congenital anomaly of mitral valve (LA87.1)

Congenital anomaly of pulmonary valve (LA8A.0)

Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Endocarditis of common atrioventricular valve (BB40)

Endocarditis of right atrioventricular valve (BB40)

Endocarditis of left atrioventricular valve (BB40)

Endocarditis of the neoaortic valve of pulmonary origin (BB40)

Endocarditis of neopulmonary valve (BB40)

BC02.0 **Acquired common atrioventricular valvar abnormality in biventricular connections**

A postnatal pathological change in form or function of the common atrioventricular valve in the presence of biventricular atrioventricular connections.

BC02.1 **Acquired truncal valvar abnormality**

A postnatal pathological change in form or function of the truncal valve when the truncal valve supplies both the systemic and pulmonary circulations.

Coded Elsewhere: Endocarditis of truncal valve or neo-aortic valve of truncal origin (BB40)

BC02.2 **Acquired common atrioventricular valvar abnormality in double inlet ventricle**

Coded Elsewhere: Postprocedural common atrioventricular valvar abnormality in double-inlet ventricle (BE14.7)

Postprocedural right-sided atrioventricular valvar abnormality in double-inlet ventricle (BE14.5)

Postprocedural left-sided atrioventricular valvar abnormality in double-inlet ventricle (BE14.6)

BC02.3 **Acquired abnormality of neoaortic valve of pulmonary origin**

BC02.30 Stenosis of the neoaortic valve of pulmonary origin

Acquired obstruction to flow through the neo-aortic valve of pulmonary origin, that is, the native pulmonary valve that has become the functional neo-aortic valve.

Examples of hearts in which a neo-aortic valve has been created include the aortopulmonary anastomosis (Damus-Kaye-Stansel, Norwood procedures), pulmonary valve autograft (Ross procedure), and arterial switch operation

BC02.31 Insufficiency of the neoaortic valve of pulmonary origin

Acquired backward flow through the neo-aortic valve of pulmonary origin, that is, the native pulmonary valve that has become the functional neo-aortic valve.

Examples of hearts in which a neo-aortic valve has been created include the aortopulmonary anastomosis (Damus-Kaye-Stansel, Norwood procedures), pulmonary valve autograft (Ross procedure), and arterial switch operation.

BC02.3Y Other specified acquired abnormality of neoaortic valve of pulmonary origin

BC02.3Z Acquired abnormality of neoaortic valve of pulmonary origin, unspecified

BC02.4 **Acquired abnormality of the neoaortic valve of truncal origin**

A postnatal pathological change in form or function of the neo-aortic valve that results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.40 Acquired stenosis of the neoaortic valve of truncal origin

Acquired obstruction to flow through the neo-aortic valve, when the neo-aortic valve results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.41 Acquired regurgitation of the neoaortic valve of truncal origin

Acquired backward flow through the neo-aortic valve, when the neo-aortic valve results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.4Y Other specified acquired abnormality of the neoaortic valve of truncal origin

BC02.4Z Acquired abnormality of the neoaortic valve of truncal origin, unspecified

BC02.Y **Other specified acquired abnormality of congenitally malformed valve**

BC02.Z **Acquired abnormality of congenitally malformed valve, unspecified**

BC0Z **Heart valve diseases, unspecified**

BC20 **Chronic rheumatic heart diseases, not elsewhere classified**

Coded Elsewhere: Acute rheumatic fever with heart involvement (1B41)
Rheumatic mitral valve stenosis (BB60.0)
Rheumatic mitral valve insufficiency (BB61.0)
Rheumatic mitral valve prolapse (BB62.0)
Rheumatic mitral stenosis with insufficiency (BB63.0)
Rheumatic aortic valve stenosis (BB70.0)
Rheumatic aortic valve insufficiency (BB71.0)
Rheumatic aortic stenosis with insufficiency (BB72.0)
Rheumatic tricuspid valve stenosis (BB80.0)
Rheumatic tricuspid valve insufficiency (BB81.0)
Rheumatic tricuspid valve stenosis with insufficiency (BB82.0)
Rheumatic pulmonary valve stenosis (BB90.0)
Rheumatic pulmonary valve insufficiency (BB91.0)
Rheumatic pulmonary valve stenosis with insufficiency (BB92.0)

BC20.0 **Rheumatic diseases of endocardium, valve unspecified**
Endocardium and valves are affected to varying degrees due to rheumatic process.

BC20.1 **Rheumatic heart disease, unspecified**

BC20.Y **Other specified chronic rheumatic heart disease**

BC20.Z **Chronic rheumatic heart disease, unspecified**

Diseases of the myocardium or cardiac chambers (BC40-BC4Z)

This refers to diseases of a type of involuntary striated muscle found in the walls and histological foundation of the heart, with specific reference to the atrial and ventricular chambers, as well as the myocardium itself.

BC40 **Acquired atrial abnormality**

A postnatal pathological change in form or function of one or both atriums.

Coded Elsewhere: Postprocedural residual or recurrent interatrial communication (BE17)

Postprocedural right atrial complication (BE1E)

Postprocedural left atrial complication (BE1F)

BC40.0 Acquired interatrial communication

A postnatal pathological hole or pathway between the atrial chambers.

BC40.Y Other specified acquired atrial abnormality

BC40.Z Acquired atrial abnormality, unspecified

BC41 **Acquired ventricular abnormality**

A postnatal pathological change in form or function of a ventricle.

Coded Elsewhere: Postprocedural ventricular septal defect disorder (BE14.8)

BC41.0 Acquired interventricular communication

Hole or pathway between the ventricular chambers not present at birth.

Coded Elsewhere: Ventricular septal defect as current complication following acute myocardial infarction (BA60.3)

BC41.Y Other specified acquired ventricular abnormality

BC41.Z Acquired ventricular abnormality, unspecified

BC42 **Myocarditis**

Myocarditis (inflammatory cardiomyopathy) is inflammation of the heart muscle generally in the presence of a dilated cardiomyopathy that results from exposure to either discrete infectious external antigens such as viruses, bacteria, fungae or parasites; non-infectious external antigens such as hypersensitivity to drugs; or internal non-infectious triggers such as autoimmune or hypersensitive activation against self-antigens.

Additional information: The classic Dallas criteria for the pathological diagnosis of myocarditis require the presence of inflammatory cells simultaneously with evidence of myocyte necrosis on the same microscopic section when examining a myocardial biopsy. Borderline myocarditis is characterised by inflammatory cell infiltrate without myocardial necrosis. A negative biopsy does not necessarily rule out myocarditis.

Coding Note: Code also the causing condition

Coded Elsewhere: Sarcoid myocarditis (4B20.Y)

Loeffler endocarditis (BC43.20)

BC42.0 **Giant cell myocarditis**

Giant cell myocarditis is a form of dilated cardiomyopathy secondary to myocardial Inflammation that is characterised by widespread infiltration of giant cells (abnormal masses produced by the fusion of macrophages) associated with other inflammatory cells and heart muscle cell destruction.

BC42.1 **Infectious myocarditis**

Infectious myocarditis (infectious inflammatory cardiomyopathy) is inflammation of the heart muscle generally in the presence of a dilated cardiomyopathy that results from exposure to discrete infectious external antigens such as a virus, bacteria or parasite.

Coding Note: Code also the causing condition

Exclusions: Acute rheumatic myocarditis (1B41.2)

Myoendocarditis (BB41)

Acute or subacute infectious endocarditis (BB40)

BC42.2 **Hypersensitivity myocarditis**

Hypersensitivity myocarditis is the presence of dilated cardiomyopathy in association with a known related disorder (hypereosinophilic syndrome (usually a restrictive cardiomyopathy), Churg-Strauss syndrome, malignancy, parasite infection, drugs, or vaccines) and findings of interstitial lymphocytic and eosinophilic infiltration, giant cell, and possible myocardial necrosis on biopsy, usually with peripheral eosinophilia.

Inclusions: eosinophilic myocarditis

BC42.3 **Rheumatic myocarditis**

Rheumatic myocarditis is cardiac inflammation and scarring triggered by an autoimmune reaction to group A streptococci infection resulting acutely in pancarditis involving inflammation of the myocardium, endocardium, and epicardium and chronically by valve fibrosis.

Coding Note: Code also the causing condition

BC42.Y **Other specific myocarditis**

Coding Note: Code also the causing condition

BC42.Z **Myocarditis, unspecified**

Coding Note: Code also the causing condition

BC43 Cardiomyopathy

These are myocardial disorders in which the heart muscle is structurally and functionally abnormal, in the absence of coronary artery disease, hypertension, valvular disease and congenital heart disease sufficient to cause the observed myocardial abnormality.

Coding Note: Code also the causing condition

Exclusions: Inflammatory cardiomyopathy (BC42)

Myocarditis (BC42)

Coded Elsewhere: Ischaemic cardiomyopathy (BA51)

Pacing-induced cardiomyopathy (NE82.03)

Cardiomyopathy in the puerperium (JB44.3)

BC43.0 Dilated cardiomyopathy

Dilated cardiomyopathy is a myocardial disorder in which there is systolic dysfunction and chamber dilation of one or both ventricles in the absence of a haemodynamic cause that can produce the existent dilation and dysfunction, including physiological (such as sepsis) or anatomic causes with either abnormal loading conditions (such as coarctation of the aorta) or ischaemia (such as coronary artery disease or anomalies).

Additional information: Physiological and anatomic conditions can affect the dilated cardiomyopathy morphofunctional phenotype. If this morphofunctional phenotype is retained after appropriate intervention, then a dilated cardiomyopathy is established.

Inclusions: Congestive cardiomyopathy

BC43.00 Familial-genetic dilated cardiomyopathy

Familial-genetic dilated cardiomyopathy is the presence of dilated cardiomyopathy that is present in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with dilated cardiomyopathy.

Additional information: Candidate cytoskeletal and Z disk–encoding genes, most of whom are hypothesized to lead to abnormalities in force transmission, include δ-sarcoglycan, β-sarcoglycan, desmin, lamin A/C, metavinculin, muscle LIM protein, titin, α-actinin-2, nebulette, myopalladin, and ZASP (Z band alternatively spliced PDZ domain protein)

Coded Elsewhere: Dilated cardiomyopathy due to glycogen branching enzyme deficiency (5C51.3)

BC43.01 Nonfamilial dilated cardiomyopathy

Nonfamilial dilated cardiomyopathy is dilated cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with dilated or inflammatory cardiomyopathy such as infectious myocarditis, exposure to toxins such as alcohol or anthracycline therapy, nutritional disorders, autoimmune disease, and many others.

Exclusions: Pacing-induced cardiomyopathy (NE82.03)

BC43.0Z Dilated cardiomyopathy, unspecified

BC43.1 **Hypertrophic cardiomyopathy**

Hypertrophic cardiomyopathy is the presence of a hypertrophied, non-dilated ventricle in the absence of a hemodynamic cause that is capable of producing the existent magnitude of wall thickening excluding both physiologic hypertrophy secondary to physical activity, and pathologic hypertrophy due to systemic hypertension, aortic valvar stenosis, and coarctation.

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

BC43.10 Familial-genetic hypertrophic cardiomyopathy

Familial isolated hypertrophic cardiomyopathy is the presence of non-syndromic hypertrophic cardiomyopathy in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with hypertrophic cardiomyopathy.

BC43.11 Non-obstructive hypertrophic cardiomyopathy

Non-obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that has no fixed or dynamic intraventricular narrowing sufficient to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).

BC43.12 Obstructive hypertrophic cardiomyopathy

Obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that manifests sufficient fixed or dynamic narrowing within one or both ventricles to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).

BC43.1Y Other specified hypertrophic cardiomyopathy

BC43.1Z Hypertrophic cardiomyopathy, unspecified

BC43.2 **Restrictive cardiomyopathy**

Restrictive cardiomyopathy is the presence of impaired ventricular diastolic function related to reduced rate and/or extent of relaxation and/or compliance in the absence of another predominant phenotype of dilated or hypertrophic cardiomyopathy.

BC43.20 Nonfamilial restrictive cardiomyopathy

Nonfamilial restrictive cardiomyopathy is restrictive cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with restrictive cardiomyopathy such as amyloidosis, scleroderma, sarcoidosis, or anthracycline therapy.

BC43.2Y Other specified restrictive cardiomyopathy

BC43.2Z Restrictive cardiomyopathy, unspecified

BC43.3 Endocardial fibroelastosis

Endocardial fibroelastosis is the formation of a marked fibro-elastic thickening of the subendocardium in one or both cardiac ventricles. A disorder of fetuses and infants, secondary causes include congenital left-sided obstructive cardiac lesions, metabolic disorders, autoimmune disease (anti-Ro/ anti-La antibodies), and transplacental viral infection such as mumps. Primary endocardial fibroelastosis has been linked to recessive and x-linked inheritance, such as with Barth syndrome.

BC43.4 Cardiomyopathy due to drugs or other external agents

This is one type of cardiomyopathy due to drugs and other external agents. Causing agents are alcohol, cocaine chemotherapeutic agents, psychotherapeutic agents and chemical toxins.

BC43.5 Stress-induced cardiomyopathy

Stress-induced or Takotsubo cardiomyopathy is a disease of the myocardium characterised by episodes of acute onset, reversible left ventricular apical wall motion abnormalities mimicking acute myocardial infarction, but with non-specific electrocardiographic ST elevation and T wave changes, and minimal myocardial enzymatic release, in the absence of coronary stenosis.

Inclusions: Takotsubo cardiomyopathy

BC43.6 **Arrhythmogenic ventricular cardiomyopathy**

Arrhythmogenic ventricular cardiomyopathy is a cardiomyopathy characterised by myocardial cell loss with partial or total replacement of right ventricular muscle by adipose and fibrous tissue, beginning subepicardially to become transmural in time, sparing the papillary muscles and trabeculae, and often associated with aneurysms particularly of the right ventricular outflow tract. There is progressive systolic impairment with ventricular dilation and marked propensity for ventricular arrhythmias of right, as well as left, ventricular origin. Classically a disease of the right ventricle, more recent evidence suggests left ventricular involvement to a varying extent in up to 75% of cases, as well as isolated left ventricular disease.

Source: ISNPCHD and American Heart Association Scientific Statement 2019

Additional information: Arrhythmogenic ventricular cardiomyopathy/dysplasia (AVC/D) is a heart muscle disease clinically characterised by life-threatening ventricular arrhythmias. Its prevalence has been estimated to vary from 1:2,500 to 1:5,000 and is a major cause of sudden death in the young and in athletes. Classically a disease of the right ventricle, more recent evidence suggests left ventricular involvement to a varying extent in up to 75% of cases, as well as isolated left ventricular disease. The clinical picture may include: a subclinical phase without symptoms and with ventricular fibrillation being the first presentation; an electrical disorder with palpitations and syncope, due to tachyarrhythmias of right ventricular origin (left bundle branch block pattern) but also of left ventricular origin (right bundle branch block pattern) when left ventricular disease present; right ventricular or biventricular pump failure, so severe as to require transplantation. The pathology consists of a genetically determined dystrophy of the right (or left) ventricular myocardium with fibro-fatty replacement which may lead to right ventricular aneurysms. The causative genes (ACTN2, DSC2, DSG2, DSP, JUP, TMEM43, LDB3, PKP2, RYR2, TGFB3) encode proteins of mechanical cell junctions (plakoglobin, plakophilin, desmoglein, desmocollin, desmoplakin) and account for intercalated disk remodelling. Familial occurrence with an autosomal dominant pattern of inheritance and variable penetrance has been reported. Recessive variants associated with palmoplantar keratoderma and woolly hair (see these terms) have also been described. Classically clinical diagnosis depends on demonstrating functional and structural alterations of the right ventricle (echocardiography and magnetic resonance imaging), ECG depolarization and repolarization abnormalities, arrhythmias with the left bundle branch block morphology and fibro-fatty replacement through endomyocardial biopsy. Electroanatomic mapping is able to detect areas of low voltage corresponding to myocardial atrophy with fibro-fatty replacement. The main differential diagnoses are idiopathic right ventricular outflow tract tachycardia, myocarditis, dilated cardiomyopathy and sarcoidosis (see these terms). Management includes antiarrhythmic drugs, catheter ablation and implantable cardioverter-defibrillators (ICDs). Young age, family history of juvenile sudden death, QRS dispersion greater than or equal to 340 ms, T-wave inversion, left ventricular involvement, ventricular tachycardia, syncope and prior cardiac arrest are the major risk factors for an adverse prognosis.

BC43.7 **Diabetic cardiomyopathy**

Diabetic cardiomyopathy is the presence of myocardial dysfunction in the absence of overt clinical coronary artery disease, valvar disease, and other conventional cardiovascular risk factors, such as hypertension and dyslipidemia. It is initially characterised by myocardial fibrosis, dysfunctional remodeling, and diastolic dysfunction, progressing to systolic dysfunction and heart failure.

Additional information. The development and progression of diabetic cardiomyopathy has been linked to impaired cardiac insulin metabolic signaling, increases in oxidative stress, reduced nitric oxide bioavailability, collagen-based cardiomyocyte and extracellular matrix stiffness, impaired mitochondrial and cardiomyocyte calcium handling, inflammation, renin–angiotensin–aldosterone system activation, cardiac autonomic neuropathy, endoplasmic reticulum stress, microvascular dysfunction, and a myriad of cardiac metabolic abnormalities.

Coding Note: Always assign an additional code for diabetes mellitus.

BC43.Y **Other specified cardiomyopathy**

Coding Note: Code also the causing condition

BC43.Z **Cardiomyopathy, unspecified**

Coding Note: Code also the causing condition

BC44 **Noncompaction cardiomyopathy**

Noncompaction cardiomyopathy is a morphologic abnormality of the myocardium predominantly affecting the apex of the ventricle characterised by hypertrabeculation and deep inter-trabecular recesses, usually accompanied by an abnormally thin subepicardial layer of compacted myocardium , that is generally but not always associated with ventricular dysfunction.

Additional information. Noncompaction cardiomyopathy classically involves the left ventricle but can also involve only the right ventricle or both. It can occur as an isolated finding or in association with a dilated, hypertrophic, or mixed cardiomyopathic phenotype. It has been described in association with complex congenital heart disease, coronary artery anomalies and as an isolated finding, with and without musculoskeletal and other system abnormalities.

BC45 **Cardiomegaly**

BC46 **Intracardiac thrombosis**

Exclusions: Acute myocardial infarction, without specification of ST elevation (BA41)

BC4Y **Other specified diseases of the myocardium or cardiac chambers**

BC4Z **Diseases of the myocardium or cardiac chambers, unspecified**

Cardiac arrhythmia (BC60-BC9Z)

This is any of a large and heterogeneous group of conditions in which there is abnormal electrical activity in the heart. The heartbeat may be too fast or too slow, and may be regular or irregular.

Coded Elsewhere: Cardiac arrest (MC82)

Cardiac arrhythmias in the neonate (KB41)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

BC60 **Atrial premature depolarization**

Cardiac electrical depolarization arising from the atria, occurring earlier than the expected sinus beat

BC61 **Junctional premature depolarization**

Cardiac electrical depolarization arising from the compact atrioventricular node or His bundle occurring earlier than the expected sinus beat.

BC62 **Accessory pathway**

An additional electrical connection which typically bypasses the AV node, typically inserting directly into atrial and ventricular myocardium, but may also connect to the specialised conduction system (e.g., the bundle of His, right or left bundles, or one of the fascicles).

BC63 **Conduction disorders**

Any abnormal alteration of atrio-ventricular conduction.

Coded Elsewhere: Congenital heart block (LA8Y)

BC63.0 **Atrioventricular block, first degree**

Disorder of the atrioventricular conduction system in which the PR interval is greater than the 97th percentile for age or > 200 ms in adults

BC63.1 **Atrioventricular block, second degree**

Disorder of the atrioventricular conduction system in which some but not all atrial impulses fail to propogate to the ventricles. Electrocardiographically, some P waves are not followed by a QRS complex

BC63.10 High-grade second degree atrioventricular block

Form of second degree atrioventricular block in which either multiple consecutive P-waves are not conducted or there are transient periods of atrioventricular dissociation

BC63.1Y Other specified atrioventricular block, second degree

BC63.1Z Atrioventricular block, second degree, unspecified

BC63.2 **Complete atrioventricular block**

Disorder of the atrioventricular conduction system in which there is failure of all atrial impulses to propagate to the ventricle

Inclusions: Third-degree block

BC63.20 Congenital complete atrioventricular block

Third degree atrioventricular block is defined as the absence of atrioventricular node conduction and here it is congenital, that is it has been present since birth and is not acquired, although but may be first detected later.

Exclusions: Congenital complete heart block (LA80-LA8Z)

BC63.21 Acquired complete atrioventricular block

Complete atrioventricular block in which the onset of the conduction disorder is recognised after birth

BC63.2Z Complete atrioventricular block, unspecified

BC63.3 **Right bundle branch block**

Disorder of the atrioventricular conduction system characterised by prolonged QRS duration (greater than or equal to 120 ms in adults, greater than 100 ms in children ages 4 to 16 years, and greater than 90 ms in children less than 4 years of age), rsr, rsR, or rSR in leads V1 or V2, S wave of greater duration than R wave (or greater than 40 ms in leads I and V6 in adults)

BC63.4 **Left bundle branch block**

Disorder of the atrioventricular conduction system in which the QRS duration is greater than or equal to 120 ms in adults, greater than 100 ms in children 4 to 16 years of age, and greater than 90 ms in children less than 4 years of age; there is a QS or rS pattern in lead V1 and a wide slurred R wave in leads I and V6.

BC63.40 Left anterior fascicular block

Disorder of the atrioventricular conduction system characterised by left axis deviation for age (frontal plane axis between -45° and -90°), qR pattern in lead aVL, R-peak time in lead aVL of 45 ms or more, and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)

BC63.41 Left posterior fascicular block

Disorder of the atrioventricular conduction system characterised by right axis deviation for age (between 90° and 180° in adults), with a qR pattern in inferior leads, rS pattern in leftward leads (I and aVL), and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)

BC63.4Z Left bundle branch block, fascicle unspecified

BC63.5 **Nonspecific intraventricular conduction delay**

Disorder of the atrioventricular conduction system characterised by a prolonged QRS duration (QRS duration greater than 110 ms in adults, greater than 90 ms in children 8 to 16 years of age, and greater than 80 ms in children less than 8 years of age) without criteria for right or left bundle branch block.

BC63.Y **Other specified conduction disorders**

BC63.Z **Conduction disorders, unspecified**

BC64 Sudden arrhythmic death syndrome

BC65 Cardiac arrhythmia associated with genetic disorder

BC65.0 **Long QT syndrome**

A congenital disorder of ventricular myocardial repolarization characterised by a prolonged QT interval on the electrocardiogram (ECG) that can lead to symptomatic ventricular arrhythmias and an increased risk of sudden cardiac death.

BC65.1 **Brugada syndrome**

Clinical manifestations of cardiac syncope, ventricular tachycardia, ventricular fibrillation, or sudden death in conjunction with a genetic mutation associated with Brugada Syndrome and/or a Brugada pattern ECG (spontaneous or provoked).

BC65.2 **Short QT syndrome**

Familial short QT syndrome is a rare cardiac rhythm disorder that associates a short QT interval (QT and QTc 300 ms) on the surface electrocardiogram (ECG) with a high risk of syncope or sudden death due to malignant ventricular arrhythmia.

BC65.3 **Early repolarisation syndrome**

Genetic arrhythmia disorder characterised by inferolateral J wave elevation noted on ECG in conjunction with ventricular fibrillation not explained by other causes.

BC65.4 **Idiopathic ventricular fibrillation**

Genetic arrhythmia disorder characterised by occurrence of ventricular fibrillation in the absence of other underlying causes, including absence of electrocardiogram (ECG) findings of Brugada syndrome, bidirectional ventricular tachycardia, and inferolateral J wave elevation.

BC65.5 **Catecholaminergic polymorphic ventricular tachycardia**

Catecholaminergic polymorphic ventricular tachycardia (CPVT) is a severe genetic arrhythmogenic disorder of childhood characterised by adrenergically-induced ventricular tachycardia (bidirectional ventricular tachycardia and, less frequently, supraventricular tachycardia and atrial fibrillation) manifesting as syncope and sudden death.

BC65.Y **Other specified cardiac arrhythmia associated with genetic disorder**

BC65.Z **Cardiac arrhythmia associated with genetic disorder, unspecified**

Ventricular rhythm disturbance (BC70-BC7Z)

Any cardiac rhythm anomaly arising from the ventricles.

BC70 Ventricular premature depolarization

Ventricular depolarization occurring earlier than the expected ventricular depolarization initiated by the sinoatrial node or another supraventricular pacemaker.

BC71 **Ventricular tachyarrhythmia**

Any ventricular rhythm disturbance with a rate faster than the normal age dependent ventricular escape rate.

BC71.0 **Ventricular tachycardia**

Ventricular tachycardia is a cardiac arrhythmia of three or more consecutive complexes in duration emanating from the ventricles at a rate of greater than 120 bpm in adolescents or adults and a rate greater than 150 bpm in child. Ventricular tachycardia may occur with or without loss of cardiac output.

BC71.00 Right outflow tract ventricular tachycardia

Monomorphic ventricular tachycardia with focal activity originating from the right ventricular outflow tract, having a left bundle branch block (LBBB) morphology and inferior axis.

BC71.01 Polymorphic ventricular tachycardia

Ventricular tachycardia with 2 or more QRS morphologies.

BC71.02 Sustained ventricular tachycardia

Ventricular tachycardia that has a duration of >30 seconds or causes haemodynamic instability.

BC71.03 Non-sustained ventricular tachycardia

Ventricular tachycardia lasting less than or equal to 30 seconds

BC71.0Y Other specified ventricular tachycardia

BC71.0Z Ventricular tachycardia, unspecified

BC71.1 **Ventricular fibrillation**

Ventricular fibrillation is a rapid grossly irregular ventricular rhythm, usually more than 300 bpm/200 ms (cycle length 180 ms or less), with marked variability in QRS cycle length, morphology, and amplitude, associated with loss of cardiac output, and is usually sustained, requiring intervention to terminate.

BC71.2 **Re-entry ventricular arrhythmia**

BC71.Y **Other specified ventricular tachyarrhythmia**

BC71.Z **Ventricular tachyarrhythmia, unspecified**

BC7Y **Other specified ventricular rhythm disturbance**

BC7Z **Ventricular rhythm disturbance, unspecified**

Supraventricular rhythm disturbance (BC80-BC8Z)

BC80 **Supraventricular bradyarrhythmia**

Any of a number of possible arrhythmias originating from at or above the level of bundle of His in which the heart beats slower than the age-dependent lower limits of normal.

BC80.0 **Sinus pause**

An interruption in the typical sinus cadence where the p-p interval > sum of 2 previous p-p (excludes sinus arrhythmia).

BC80.1 **Sinus bradycardia**

Resting sinus rates below the 97% for age (<60 bpm in adults).

BC80.2 **Sinus node dysfunction**

Non-specific term that refers to abnormalities in sinus node impulse formation and propagation and includes sinus bradycardia, sinus pause/arrest, chronotropic incompetence, and sinoatrial exit block.

BC80.20 Sick sinus syndrome

Sick sinus syndrome may be defined as inappropriate sinus rates (either resting bradycardia or chronotropic incompetence) which may be associated with episodes of atrial tachycardia.

BC80.21 Sinoatrial block

Delay or block of the electrical impulse from the sinus node to the atria

BC80.2Y Other specified sinus node dysfunction

BC80.2Z Sinus node dysfunction, unspecified

BC80.Y **Other specified supraventricular bradyarrhythmia**

BC80.Z **Supraventricular bradyarrhythmia, unspecified**

BC81 **Supraventricular tachyarrhythmia**

Tachycardia originating at or above the atrioventricular (AV) node, usually with a narrow QRS or QRS complex similar to the sinus QRS morphology.

BC81.0 **Ectopic atrial tachycardia**

Ectopic atrial tachycardia originates from a small area (focus) in the atrium and spreading centrifugally.

BC81.1 **Junctional ectopic tachycardia**

Narrow or usual complex tachycardia originates from a focus at or near the atrioventricular junction.

BC81.2 **Macro reentrant atrial tachycardia**

An atrial arrhythmia in which there is intra-atrial reentry or circus movement around a fixed or functional central obstacle. The central obstacle may consist normal (e.g. valves) or abnormal (e.g., scar) structures.

This form of SVT originates in the atrium; conduction to the ventricles is not necessary for the tachycardia to continue. An organised atrial rhythm with a rate typically between 250 and 350 bpm, including tachycardias using a variety of reentry circuits that often occupy large areas of the atrium (‘‘macro-reentrant’’). Here the arrhythmia involves the cavotricuspid isthmus.

BC81.20 Cavotricuspid isthmus dependent macroreentry tachycardia

A macro re-entrant atrial tachycardia that rotates around the tricuspid annulus.

BC81.21 Non-scar, non-isthmus dependent macro reentrant atrial tachycardia

A macro re-entrant atrial tachycardia coursing around a normal cardiac structure (except the cavotricuspid isthmus) such as the mitral valve annulus, or superior caval vein.

BC81.22 Scar mediated macro reentrant atrial tachycardia

A macro re-entrant atrial tachycardia in which the central obstacle and/or the zone of slow conduction sustaining the tachycardia are due to scar. In this context scar generally refers to surgical or ischaemic heart disease mediated scarring rather than the fibrosis than can accompany other disease states or aging.

BC81.2Y Other specified macro reentrant atrial tachycardia

BC81.2Z Macro reentrant atrial tachycardia, unspecified

BC81.3 **Atrial fibrillation**

An atrial tachyarrhythmia characterised by rapid (usually faster than 300 bpm), irregular and uncoordinated atrial impulse generation, usually manifesting on ECG with indistinct P-waves and an irregularly irregular ventricular response.

BC81.30 Paroxysmal atrial fibrillation

Recurrent AF (>=2 episodes) that terminates spontaneously within 7 days or less (usually within 24 hours).

BC81.31 Persistent atrial fibrillation

Atrial fibrillation (AF) which is sustained beyond seven days, or lasting less than seven days but necessitating pharmacologic or electrical cardioversion to restore normal sinus rhythm.

BC81.32 Permanent atrial fibrillation

A term used to identify individuals with persistent AF where a decision has been made to no longer pursue a rhythm control strategy, or where cardioversion has either failed or not been attempted.

BC81.33 Preexcited atrial fibrillation

Atrial fibrillation that occurs in the setting of a preexcitation syndrome such a Wolff-Parkinson-White syndrome, resulting in an erratic wide-complex rhythm that can degenerate into ventricular fibrillation, and sudden cardiac death.

BC81.3Y Other specified atrial fibrillation

BC81.3Z Atrial fibrillation, unspecified

BC81.4 **Wolff-Parkinson-White syndrome**

Arrhythmia symptoms, documented supraventricular tachycardia, and/or cardiac arrest due to rapidly conducted atrial fibrillation associated with preexcitation on electrocardiogram. Includes latent preexcitation identified during electrophysiology study.

BC81.5 **Sinus node reentrant tachycardia**

A reentrant tachycardia within the sinus node/perinodal tissue characterised by abrupt onset/termination, regular cadence, and P-waves consistent with sinus node origin

BC81.6 **Inappropriate sinus tachycardia**

Heart rate which is elevated with regard to level of activity; usually exhibits features of automaticity.

BC81.7 **Atrioventricular reciprocating tachycardia**

A macro-reentrant tachycardia involving the atria and ventricles in series that uses the atrioventricular node or an accessory pathway for one limb of the circuit and an accessory pathway for the other.

BC81.70 Atrioventricular reciprocating tachycardia, orthodromic

An atrioventricular reciprocating tachycardia that uses an accessory pathway for retrograde conduction and the atrioventricular node for anterograde conduction resulting in a narrow or usual complex tachycardia.

BC81.71 Atrioventricular reciprocating tachycardia, antidromic

An atrioventricular reciprocating tachycardia that uses the atrioventricular node for retrograde conduction and the accessory pathway for anterograde conduction resulting in a wide complex tachycardia.

BC81.7Y Other specified atrioventricular reciprocating tachycardia

BC81.7Z Atrioventricular reciprocating tachycardia, unspecified

BC81.8 **Atrioventricular nodal reentry tachycardia**

A reentrant supraventricular tachycardia that uses multiple slow atrioventricular nodal pathways or a slow atrioventricular nodal pathway in conjunction with a fast atrioventricular nodal pathway in a reentry circuit.

BC81.Y **Other specified supraventricular tachyarrhythmia**

BC81.Z **Supraventricular tachyarrhythmia, unspecified**

BC8Y **Other specified supraventricular rhythm disturbance**

BC8Z **Supraventricular rhythm disturbance, unspecified**

BC90 **Rhythm disturbance at level of atrioventricular junction**

BC91 **Pacemaker or implantable cardioverter defibrillator battery at end of battery life**

Pacemaker or implantable cardioverter defibrillator (ICD) battery at or near complete exhaustion.

Coding Note: Note: "End of life" refers to the end of the battery's life not the patient's life.

BC9Y **Other specified cardiac arrhythmia**

BC9Z **Cardiac arrhythmia, unspecified**

Heart failure (BD10-BD1Z)

Exclusions: Heart failure following cardiac surgery or due to presence of cardiac prosthesis (BE11)

complicating abortion or ectopic or molar pregnancy (JA05)

complicating obstetric surgery and procedures (JB0D.3)

Coded Elsewhere: Neonatal cardiac failure (KB40)

BD10 **Congestive heart failure**

A clinical syndrome characterised by abnormalities of ventricular function and neurohormonal regulation which are accompanied by effort intolerance and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Congestive heart disease

BD11 **Left ventricular failure**

A clinical syndrome characterised by abnormalities of left ventricular function resulting in pulmonary congestion and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Left heart failure

BD11.0 Left ventricular failure with preserved ejection fraction

A syndrome of left ventricular dysfunction occurring with normal or relatively preserved ejection fraction

Coding Note: Code also the causing condition

BD11.1 Left ventricular failure with mid range ejection fraction

Coding Note: Code also the causing condition

BD11.2 Left ventricular failure with reduced ejection fraction

A syndrome of left ventricular dysfunction associated with reduced ejection fraction.

Coding Note: Code also the causing condition

BD11.Z Left ventricular failure, unspecified

Coding Note: Code also the causing condition

BD12 **High output syndromes**

Increased cardiac output above normal associated with anaemia, arteriovenous fistulas, thyrotoxicosis and other syndromes. May result in heart failure.

BD13 **Right ventricular failure**

Heart failure associated with right ventricular dysfunction manifest by distention of the neck veins, enlargement of the liver, and dependent oedema.

Coding Note: Code also the causing condition

BD14 **Biventricular failure**

Coding Note: Code also the causing condition

BD1Y **Other specified heart failure**

Coding Note: Code also the causing condition

BD1Z **Heart failure, unspecified**

Coding Note: Code also the causing condition

Diseases of arteries or arterioles (BD30-BD5Z)

Exclusions: Diseases of coronary artery (BA81-BA8Z)

BD30 **Acute arterial occlusion**

Coding Note: Code also the causing condition

BD30.0 **Acute upper limb arterial occlusion**

BD30.00 Acute thromboembolic upper limb arterial occlusion

BD30.01 Acute thrombotic upper limb arterial occlusion

BD30.0Y Other specified acute upper limb arterial occlusion

BD30.0Z Acute upper limb arterial occlusion, unspecified

BD30.1 **Acute aortoiliac occlusion**

BD30.10 Acute thromboembolic aortoiliac occlusion

BD30.11 Acute thrombotic aortoiliac occlusion

BD30.1Y Other specified acute aortoiliac occlusion

BD30.1Z Acute aortoiliac occlusion, unspecified

BD30.2 **Acute lower limb arterial occlusion**

BD30.20 Acute thromboembolic lower limb arterial occlusion

BD30.21 Acute thrombotic lower limb arterial occlusion

BD30.2Y Other specified acute lower limb arterial occlusion

BD30.2Z Acute lower limb arterial occlusion, unspecified

BD30.Y **Other specified acute arterial occlusion**

Coding Note: Code also the causing condition

BD30.Z **Acute arterial occlusion, unspecified**

Coding Note: Code also the causing condition

Coded Elsewhere: Secondary peripheral angiopathy (BD53.Y)

BD40 Atherosclerotic chronic arterial occlusive disease

Inclusions: endarteritis deformans

senile arteritis

senile endarteritis

Exclusions: Chronic vascular disorders of intestine (DD31)

Cerebral ischaemic stroke due to intracranial large artery atherosclerosis (8B11.1)

Coronary atherosclerosis (BA52)

Chilblains (NF03.0)

Frostbite (NE40-NE4Z)

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis (8B11.0)

Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Coded Elsewhere: Atherosclerotic retinopathy (BD40.Y)

BD40.0 Lower limb atherosclerosis

This is a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol, of the lower limb.

BD40.1 Atherosclerosis of aorta

BD40.2 Atherosclerosis of renal artery

Exclusions: atherosclerosis of renal arterioles (BA02)

BD40.3 Aortic bifurcation syndrome

BD40.Y Other specified atherosclerotic chronic arterial occlusive disease

BD40.Z Atherosclerotic chronic arterial occlusive disease, unspecified

BD41 Non-atherosclerotic chronic arterial occlusive disease

A heterogeneous group of disorders which may present with symptoms suggestive of atherosclerotic peripheral arterial disease (e.g. intermittent claudication) but in which arterial or arteriolar occlusion is due to other causes such as fibromuscular dysplasia, thromboarteritis obliterans and calcific arteriolopathy.

Coded Elsewhere: Thromboangiitis obliterans (4A44.8)

Calcific arteriolopathy (EB90.42)

BD41.0 Arterial fibromuscular dysplasia

Fibromuscular dysplasia, formerly called fibromuscular fibroplasia, is a group of nonatherosclerotic, noninflammatory arterial diseases that most commonly involve the renal and carotid arteries.

BD41.Y Other specified non-atherosclerotic chronic arterial occlusive disease

BD41.Z **Non-atherosclerotic chronic arterial occlusive disease, unspecified**

BD42 Raynaud phenomenon

Raynaud phenomenon describes an exaggerated vascular response to cold temperature or emotional stimuli resulting in episodic digital ischaemia. It is characterised by paroxysmal vasoconstriction producing initially pallor, an essential component for the diagnosis, followed by cyanosis and erythema. Primary Raynaud disease is an isolated innocuous disorder. Secondary Raynaud phenomenon occurs in association with a wide range of different disorders including dysproteinaemias and non-organ-specific systemic autoimmune diseases.

BD42.0 **Primary Raynaud disease**

Raynaud phenomenon unassociated with any concomitant disease, drug or other provoking trauma. Criteria for diagnosis include: bilateral symmetrical episodic attacks without evidence of peripheral vascular disease or tissue injury, normal nail fold capillaroscopy, negative antinuclear antibody and normal erythrocyte sedimentation rate.

Inclusions: Raynaud disease

BD42.1 **Secondary Raynaud phenomenon**

Coding Note: Code also the causing condition

BD42.Z **Raynaud phenomenon, unspecified**

BD4Y Other specified chronic arterial occlusive disease

BD4Z Chronic arterial occlusive disease, unspecified

BD50 Aortic aneurysm or dissection

Aortic aneurysm is a term for any swelling (dilation or aneurysm) of the aorta to greater than 1.5 times normal, usually representing an underlying weakness in the wall of the aorta at that location. Aortic dissection occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart.

Coded Elsewhere: Postprocedural true or false aortic aneurysm (BE13)

Aortic aneurysm due to congenital heart disease (LA8Y)

BD50.0 **Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch**

This occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart: ascending aorta dissection and propagation beyond arch.

BD50.00 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch with perforation

BD50.01 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch with rupture

BD50.02 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch without mention of perforation or rupture

BD50.0Y Other specified thoracic aortic dissection, ascending aorta dissection and propagation beyond arch

BD50.0Z Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch, unspecified

BD50.1 Ascending aorta dissection not beyond arch

BD50.10 Ascending aorta dissection not beyond arch with perforation

BD50.11 Ascending aorta dissection not beyond arch with rupture

BD50.12 Ascending aorta dissection not beyond arch without mention of perforation or rupture

BD50.1Y Other specified ascending aorta dissection not beyond arch

BD50.1Z Ascending aorta dissection not beyond arch, unspecified

BD50.2 Descending aorta dissection and distal propagation

This occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart, and distal propagation.

BD50.20 Descending aorta dissection and distal propagation with perforation

BD50.21 Descending aorta dissection and distal propagation with rupture

BD50.22 Descending aorta dissection and distal propagation without mention of perforation or rupture

BD50.2Y Other specified descending aorta dissection and distal propagation

BD50.2Z Descending aorta dissection and distal propagation, unspecified

BD50.3 Thoracic aortic aneurysm

BD50.30 Thoracic aortic aneurysm with perforation

BD50.31 Thoracic aortic aneurysm with rupture

BD50.32 Thoracic aortic aneurysm without mention of perforation or rupture

BD50.3Y Other specified thoracic aortic aneurysm

BD50.3Z Thoracic aortic aneurysm, unspecified

BD50.4 Abdominal aortic aneurysm

BD50.40 Abdominal aortic aneurysm with perforation

BD50.41 Abdominal aortic aneurysm with rupture

BD50.4Y Other specified abdominal aortic aneurysm

BD50.4Z Abdominal aortic aneurysm, unspecified

BD50.5 Thoracoabdominal aortic aneurysm

BD50.50 Thoracoabdominal aortic aneurysm with perforation

BD50.51 Thoracoabdominal aortic aneurysm with rupture

BD50.52 Thoracoabdominal aortic aneurysm without mention of perforation or rupture

BD50.5Y Other specified thoracoabdominal aortic aneurysm

BD50.5Z Thoracoabdominal aortic aneurysm, unspecified

BD50.Z **Aortic aneurysm or dissection, unspecified**

BD51 Arterial aneurysm or dissection, excluding aorta

Exclusions:
- Aneurysm of pulmonary artery (BB02.1)
- aneurysm of heart (BA41)
- aneurysm of varicose (BD52.1)
- aneurysm of retinal (9B78.1)
- dissection of precerebral artery, congenital (nonruptured) (LA90.41)
- aneurysm (of): aorta (BD50)
- aneurysm (of): arteriovenous NOS acquired (BD52.1)
- Cerebral aneurysm, nonruptured (8B22.5)
- Coronary artery aneurysm (BA81)
- ruptured cerebral aneurysm (8B01.0)

BD51.0 **Aneurysm or dissection of carotid artery**

BD51.1 **Aneurysm or dissection of vertebral artery**

BD51.2 **Aneurysm or dissection of other precerebral arteries**

Exclusions:
- Aneurysm or dissection of carotid artery (BD51.0)
- Aneurysm or dissection of vertebral artery (BD51.1)

BD51.3 **Aneurysm or dissection of artery of upper extremity**

BD51.4 **Aneurysm or dissection of renal artery**

BD51.5 **Aneurysm or dissection of iliac artery**

BD51.6 **Aneurysm or dissection of artery of lower extremity**

BD51.Y **Aneurysm and dissection of other artery, excluding aorta**

BD51.Z **Aneurysm and dissection of unspecified artery**

BD52 Certain specified disorders of arteries or arterioles

Exclusions:
- collagen (vascular) diseases (4A40-4A4Z)
- Hypersensitivity angiitis (4A44.B)
- Acute arterial occlusion (BD30)
- Chronic arterial occlusive disease (BD40-BD4Z)

BD52.0 **Segmental arterial mediolysis**

Segmental arterial mediolysis is a rare noninflammatory vascular disease of the abdominal splanchnic arteries, characterised by disruption of the arterial medial layer. It will induce multiple aneurysms in mesenteric arteries with susceptibility to vessel dissection, haemorrhage and mesenteric ischemia.

BD52.1 **Arteriovenous fistula, acquired**

Exclusions: Cerebral aneurysm, nonruptured (8B22.5)

traumatic - see injury of blood vessel by body region. (Chapter 22)

Coronary artery aneurysm (BA81)

BD52.2 **Stricture of artery**

BD52.3 **Rupture of artery**

Exclusions: traumatic rupture of artery - see injury of blood vessel by body region. (Chapter 22)

BD52.4 **Necrosis of artery**

BD52.5 **Coeliac artery compression syndrome**

BD52.6 **Congenital great vessel related acquired abnormality**

Any postnatal pathological change in form or function of the heart and/or great vessels consequent to the presence of congenital cardiovascular disease.

Exclusions: Acquired systemic vein abnormality (BD73)

Acquired pulmonary venous abnormality (BB03)

Acquired pulmonary arterial tree abnormality (BB02.3)

Coded Elsewhere: Acquired abnormality of congenitally malformed valve (BC02)

Postprocedural arterial duct disorder (BE14.A)

Acquired narrowing of constructed cardiac intraventricular tunnel (BE14.B)

Acquired subaortic stenosis (BB70.Y)

Acquired pulmonary atresia (BB90.Y)

Cardiac conduit related disorder (BE14.B)

Superior cavopulmonary anastomosis related disorder (BE14.B)

Systemic-to-pulmonary arterial shunt related disorder (BE14.B)

BD52.7 **Certain acquired abnormalities of aorta**

A pathological change in form or function of the aorta that develops after birth.

Coded Elsewhere: Recoarctation of the aorta (BE14.9)

BD52.70 Acquired abnormality of aortic arch branch

A postnatal pathological change in form or function of one or more branches of the aortic arch.

BD52.71 Acquired ascending aorta or root dilation

Enlargement of the luminal diameter of the aorta between the ventriculo-aortic junction and the origin of the first brachiocephalic branch above the upper limit of normal adjusted for body size that develops after birth

Coded Elsewhere: Postprocedural ascending aorta dilation (BE14.9)

BD52.7Y Other specified certain acquired abnormalities of aorta

BD52.7Z Certain acquired abnormalities of aorta, unspecified

BD53 Secondary disorders of arteries and arterioles

Coding Note: Code also the causing condition

BD53.0 Arterial cystic medial diseases

Coding Note: Code also the causing condition

BD53.1 Hypothenar hammer syndrome

BD53.2 Iliac artery arteriopathy

BD53.3 Popliteal entrapment syndrome

BD53.4 Cholesterol atheroembolism

Embolic occlusion of distal small arteries and arterioles by cholesterol crystals released from atherosclerotic plaque in larger more central arteries. The resultant microvascular ischaemia is accompanied by an inflammatory response to the presence of cholesterol crystals. This may occur spontaneously or as a complication of angiography or vascular surgery. Organs most commonly affected include the skin, kidneys, gastrointestinal tract, and brain. Cutaneous manifestations, present in the majority of cases, include livedo reticularis and focal ischaemic necrosis and ulceration; these are commonly associated with acute kidney injury.

BD53.40 Cholesterol atheroembolism to kidneys

This occurs when cholesterol is released, usually from an atherosclerotic plaque, and travels along with the bloodstream (embolism) to other places in the kidneys, where it obstructs blood vessels.

BD53.4Y Cholesterol atheroembolism to other specified sites

BD53.4Z Cholesterol atheroembolism to unspecified site

BD53.Y Other specified secondary disorders of arteries and arterioles

Coding Note: Code also the causing condition

BD53.Z Secondary disorders of arteries and arterioles, unspecified

Coding Note: Code also the causing condition

BD54 **Diabetic foot ulcer**

Chronic foot ulcers occur in as many as 15–25% of diabetic patients. The underlying aetiology is a combination of disturbed sensation from diabetic neuropathy and impaired perfusion from diabetic vasculopathy. Poor foot care, abnormal foot structure, or poorly fitting shoes increase the risk of diabetic foot ulcers. The ulcers typically occur in areas of increased plantar pressure, especially beneath the metatarsal heads.

Coding Note: Always assign an additional code for diabetes mellitus.

BD55 **Asymptomatic stenosis of intracranial or extracranial artery**

Stenosis of intracranial or extracranial artery that has not caused TIA or cerebral ischemic stroke.

Inclusions: narrowing of basilar, carotid or vertebral arteries, not resulting in cerebral infarction

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

BD56 **Asymptomatic occlusion of intracranial or extracranial artery**

Occlusion of intracranial or extracranial artery that has not caused TIA or cerebral ischemic stroke.

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

BD5Y **Other specified diseases of arteries or arterioles**

BD5Z **Diseases of arteries or arterioles, unspecified**

Diseases of veins (BD70-BD7Z)

Coded Elsewhere: Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

Venous complications in pregnancy (JA61)

BD70 **Superficial thrombophlebitis**

Coded Elsewhere: Superficial thrombophlebitis in pregnancy (JA61.2)

Superficial thrombophlebitis in the puerperium (JB41.0)

BD70.0 Superficial thrombophlebitis of lower limbs

Inflammation and thrombosis of the superficial veins of the lower limbs affecting particularly varicose superficial leg veins.

BD70.1 Superficial thrombophlebitis of upper limbs

BD70.2 Thrombophlebitis migrans

Thrombophlebitis migrans is characterised by the development of recurrent and migratory superficial thrombophlebitis. It is an acquired coagulopathy that is strongly associated with malignancy, especially solid tumours of the adenocarcinoma type.

Coding Note: Code also the causing condition

BD70.3 **Mondor disease**

A form of localised superficial venous thrombophlebitis typically affecting the chest wall and manifesting as a fibrous cord with surrounding skin retraction and an absence of overlying cutaneous inflammation. No cause is found in many cases but trauma and breast surgery are often implicated.

Coded Elsewhere: Mondor disease of the penis (GB06.3)

BD70.Y **Other specified superficial thrombophlebitis**

BD70.Z **Superficial thrombophlebitis, unspecified**

BD71 Deep vein thrombosis

The process whereby thrombus (blood clot) forms in the large veins of the peripheral venous system. In addition to obstructing venous return it posses a hazard whereby thrombus may detach and embolize to the pulmonary circulation.

Coded Elsewhere: Deep phlebothrombosis in pregnancy (JA61.3)

Deep phlebothrombosis in the puerperium (JB41.1)

BD71.0 **Upper limb deep vein thrombosis**

Venous thrombosis within the deep veins of the upper limb.

BD71.1 **Vena caval thrombosis**

Venous thrombosis within the vena cava.

BD71.2 **Renal vein thrombosis**

Venous thrombosis within the renal vein

BD71.3 **Iliac vein thrombosis**

Venous thrombosis within the iliac veins.

BD71.4 **Lower limb deep vein thrombosis**

Thrombosis within the deep venous system of the lower limb.

BD71.Y **Other specified deep vein thrombosis**

BD72 Venous thromboembolism

BD73 Acquired systemic vein abnormality

A postnatal pathological change in form or function of a systemic vein.

BD73.0 **Acquired inferior caval vein abnormality**

A postnatal pathologic pathological change in form or function of the inferior caval vein (inferior vena cava).

Coded Elsewhere: Inferior caval vein obstruction due to foreign body (BE1C)

BD73.1 **Acquired superior caval vein abnormality**

A postnatal pathological change in form or function of the superior caval vein (superior vena cava).

Coded Elsewhere: Superior caval vein obstruction due to foreign body (BE1D)

BD73.2 **Systemic vein obstruction**

A postnatal pathologic condition of a systemic vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.20 Obstruction of peripheral vein

A postnatal pathologic condition of a peripheral vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.21 Obstruction of visceral vein

A postnatal pathologic condition of a visceral vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.2Y Other specified systemic vein obstruction

BD73.2Z Systemic vein obstruction, unspecified

BD73.3 **Acquired coronary sinus abnormality**

A postnatal pathologic hange in form or function of the coronary sinus.

BD73.Y **Other specified acquired systemic vein abnormality**

BD73.Z **Acquired systemic vein abnormality, unspecified**

BD74 **Chronic peripheral venous insufficiency of lower extremities**

The presence of increased pressure in the peripheral venous system, particularly of the lower extremities. Peripheral venous hypertension may be due to incompetence of venous valves following deep vein thrombosis but other factors including obesity may also impair venous return. The consequences of chronic peripheral venous insufficiency include varicose veins, venous ulceration and lymphoedema.

Coded Elsewhere: Lymphoedema due to venous insufficiency (BD93.10)

BD74.0 **Uncomplicated lower limb venous hypertension**

The presence of lower limb venous incompetence or hypertension as may be manifest by the presence of haemosiderin pigmentation of the skin, telangiectasia or finely dilated superficial veins.

Coded Elsewhere: Lower limb venous telangiectases (EF20.2)

BD74.1 **Lower limb varicose veins**

The commonest manifestation of chronic peripheral venous insufficiency, varicose veins present as dilatation and tortuosity of the superficial veins of the lower extremities. Incompetence of the superficial venous valve system impedes the return of venous blood to the heart. Chronically increased venous pressure causes symptoms like heaviness, discomfort, extremity fatigue, itching, and dull or burning pain.

Exclusions: complicating: puerperium (JB41)

Coded Elsewhere: Varicose veins of lower extremity in pregnancy (JA61.0)

BD74.10 Varicose veins with great saphenous reflux

Varicose veins associated with reflux within the great saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.

BD74.11 Varicose veins with small saphenous reflux

Varicose veins associated with reflux within the small saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.

BD74.12 Varicose veins with non-truncal reflux

Varicose veins associated with reflux sparing the main truncal veins of the lower limb.

BD74.1Z Lower limb varicose veins, not further specified

BD74.2 Lipodermatosclerosis

Lipodermatosclerosis is a form of panniculitis of the lower legs that develops in the context of venous insufficiency, giving rise to features that include oedema, erythema, hyperpigmentation and induration. In the acute phase tenderness, erythema and oedema predominate and may mimic cellulitis. As the condition becomes chronic, post-inflammatory pigmentation, fibrosis and lymphoedema predominate, sometimes resulting in the lower leg assuming an “inverted champagne bottle” appearance.

BD74.3 Venous leg ulcer

Venous leg ulcers are chronic skin ulcers of the gaiter area (ankle and lower leg) due to chronic peripheral venous hypertension. They are often associated with other manifestations of chronic peripheral venous insufficiency of the lower extremities including lower limb varicose veins and lipodermatosclerosis.

Inclusions: Gravitational ulcer

Varicose ulcer

BD74.30 Primary venous leg ulcer

A venous leg ulcer developing in skin without preceding episodes of ulceration.

BD74.31 Recurrent venous leg ulcer

A venous leg ulcer developing in skin which has been damaged by previous episodes of ulceration. The chances of long-term healing are reduced in comparison with primary venous leg ulcers.

BD74.32 Healed venous leg ulcer

BD74.3Z Venous leg ulcer, unspecified

BD74.Z Chronic peripheral venous insufficiency of lower extremities, unspecified

BD75 **Venous varicosities of sites other than lower extremity**

Exclusions: retinal varices (9B78.1)

Duodenal varices (DA52.0)

Coded Elsewhere: Gastric varices (DA43.0)

Oesophageal varices (DA26.0)

BD75.0 Sublingual varices

Varicose veins on the underside of the tongue

BD75.1 Scrotal varices

Inclusions: Varicocele of scrotum

BD75.2 Vulval varices

Congested and dilated vulval veins, occurring particularly in association with pregnancy.

Exclusions: complicating: childbirth and the puerperium (JB41)

Genital varices in pregnancy (JA61.1)

BD75.3 Pelvic varices

The presence of dilated and incompetent ovarian and pelvic veins in women. These may cause no symptoms but may be associated with chronic pelvic pain (pelvic congestion syndrome) or with externally apparent vulvovaginal varicosities.

BD75.Y Venous varicosities of other specified sites

BD75.Z Venous varicosities of unspecified site

BD7Y **Other specified diseases of veins**

BD7Z **Diseases of veins, unspecified**

Disorders of lymphatic vessels or lymph nodes (BD90-BD9Z)

Disorders due to developmental and acquired disturbances of lymph circulation and drainage and to infective disorders of lymph vessels and nodes.

Exclusions: Enlarged lymph nodes (MA01)

Coded Elsewhere: Lymphatic malformations (LA90.1)

BD90 **Lymphadenitis**

Exclusions: human immunodeficiency virus [HIV] disease resulting in generalized lymphadenopathy (1C60-1C62.Z)

Enlarged lymph nodes (MA01)

lymphadenopathy (MA01)

Malignant neoplasm metastasis in lymph nodes (2D60-2D6Z)

BD90.0 **Acute lymphadenitis**

Exclusions: Nonspecific mesenteric lymphadenitis (BD90.1)

Chronic lymphadenitis (BD90.2)

human immunodeficiency virus [HIV] disease resulting in generalized lymphadenopathy (1C60-1C62.Z)

enlarged lymph nodes (MA01)

BD90.1 **Nonspecific mesenteric lymphadenitis**

BD90.2 **Chronic lymphadenitis**

Exclusions: Enlarged lymph nodes (MA01)

Nonspecific mesenteric lymphadenitis (BD90.1)

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

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

Tuberculous peripheral lymphadenopathy (1B12.6)

BD90.20 Chronic cervical lymphadenitis

BD90.21 Chronic axillary lymphadenitis

BD90.22 Chronic inguinal lymphadenitis

BD90.2Y Other specified chronic lymphadenitis

BD90.2Z Chronic lymphadenitis, unspecified

BD90.Y **Other specified lymphadenitis**

BD90.Z **Lymphadenitis, unspecified**

BD91 Lymphangitis

Lymphangitis is an inflammation of lymphatic vessels. It is most often caused by infection from bacteria, virus or fungus or infiltration by cancer cells.

Coding Note: Code first any underlying infection.

Exclusions: Lymphocutaneous sporotrichosis (1F2J.0)

Coded Elsewhere: Ascending bacterial lymphangitis (1B70.3)

Sclerosing lymphangitis of penis (GB06.5)

BD92 Lymphangiectasia

BD92.0 **Intestinal lymphangiectasia**

Intestinal lymphangiectasia is a pathologic dilation of lymph vessels of intestinal mucosa. This results in lymph leakage into the small bowel lumen and responsible for protein-losing enteropathy.

Coded Elsewhere: Primary intestinal lymphangiectasia (LB15.Y)

BD92.1 **Cutaneous lymphangiectasia**

BD93 **Lymphoedema**

Swelling due to the excess accumulation of lymph in the tissues caused by inadequate lymph drainage. It typically affects the extremities but may involve any body site. It is disfiguring and increases susceptibility to recurrent infection and local malignancy.

BD93.0 **Primary lymphoedema**

Lymphoedema as a result of lymphatic vessel hypoplasia

Coded Elsewhere: Yellow nail syndrome (EE11.1)

Noonan syndrome (LD2F.15)

BD93.1 **Secondary lymphoedema**

Lymphoedema as a result of an identifiable cause that renders insufficient the function of existing lymphatic vessels.

Coding Note: Code also the causing condition

BD93.10 Lymphoedema due to venous insufficiency

Permanent lymphoedema, usually of the lower extremities, resulting from venous hypertension and chronic gravitational oedema.

Coding Note: Code also the causing condition

BD93.11 Lymphoedema due to dependency and immobility

Lymphoedema occurring in immobile individuals with reduced muscle pump activity as a result of paralysis or infirmity. It is particularly liable to develop in those who are unable to sleep recumbent.

Coding Note: Code also the causing condition

BD93.12 Lymphoedema due to obesity

Lymphoedema resulting from morbid obesity. Lymphoedema of the lower limbs and lymphoedema of the abdominal apron fold are common sequelae of chronic morbid obesity.

Coding Note: Code also the causing condition

BD93.13 Lymphoedema due to lymphatic filariasis

Lymphoedema resulting from infestation of lymphatics by nematode worms of the genera Wuchereria and Brugia. This is the commonest cause of lymphoedema worldwide. The lymphoedema may present years after initial infection and most commonly affects the legs and male genitalia.

Coding Note: Code also the causing condition

BD93.14 Lymphoedema due to podoconiosis

Lymphoedema of the lower limbs resulting from an inflammatory response within lymphatic vessels to mineral particles from soil in genetically susceptible individuals. It is a leading cause of lower limb lymphoedema in farmers in Africa, Central America and India.

Coding Note: Code also the causing condition

BD93.15 Lymphoedema due to malignant infiltration

Lymphoedema resulting from obstruction of draining lymphatics as a result of infiltration by malignant, usually metastatic cells.

Coding Note: Code also the causing condition

BD93.1Y Lymphoedema secondary to other specified cause

Coding Note: Code also the causing condition

BD93.1Z Secondary lymphoedema, unspecified

Coding Note: Code also the causing condition

BD93.Y **Other specified forms of lymphoedema**

BD93.Z **Lymphoedema, unspecified**

BD9Y **Other specified disorders of lymphatic vessels or lymph nodes**

BD9Z **Disorders of lymphatic vessels or lymph nodes, unspecified**

Postprocedural disorders of circulatory system (BE10-BE1F.1)

This refers to postprocedural disorders of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis, not elsewhere classified.

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Prosthetic valve disease (BC01)

Coronary artery fistula, acquired (BA83)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Postprocedural complete atrioventricular block (BC63.21)

Postprocedural obstructed systemic venous pathway (BD73.2Y)

Postprocedural left pulmonary artery stenosis (BB02.3)

Postprocedural inferior caval vein complication (BD73.0)

Postprocedural superior caval vein complication (BD73.1)

Postoperative junctional ectopic tachycardia (BC81.1)

BE10 **Postcardiotomy syndrome**

Postcardiotomy syndrome is a hypersensitivity reaction to antigen derived from injured myocardium 3 weeks to 2 months after myocardial infarction, cardiac surgery, or penetrating and non penetrating heart injury. The diagnosis is made by history of heart injury, and exclusion of other diseases such as congestive heart failure, recurrent myocardial infarction, endocarditis, myocarditis, and pericarditis.

BE11 **Other functional disturbances following cardiac surgery**

BE12 **Postprocedural valve disorders**

BE12.0 **Postprocedural mitral valve stenosis**

BE12.1 **Postprocedural mitral valve insufficiency**

This is a postprocedural disorder of the heart in which the mitral valve does not close properly when the heart pumps out blood. It is the abnormal leaking of blood from the left ventricle, through the mitral valve, and into the left atrium, when the left ventricle contracts, i.e. there is regurgitation of blood back into the left atrium.

BE12.2 **Postprocedural aortic valve stenosis**

Coded Elsewhere: Stenosis of the neoaortic valve of pulmonary origin (BC02.30)

BE12.3 **Postprocedural aortic valve insufficiency**

This refers to postprocedural aortic valve of the heart that causes blood to flow in the reverse direction during ventricular diastole, from the aorta into the left ventricle.

Coded Elsewhere: Insufficiency of the neoaortic valve of pulmonary origin (BC02.31)

BE12.4 **Postprocedural tricuspid valve stenosis**

BE12.5 **Postprocedural tricuspid valve insufficiency**

This refers to the postprocedural failure of the heart's tricuspid valve to close properly during systole. As a result, with each heart beat some blood passes from the right ventricle to the right atrium, the opposite of the normal direction.

BE12.6 **Postprocedural pulmonary valve stenosis**

BE12.7 **Postprocedural pulmonary valve insufficiency**

BE13 Postprocedural true or false aortic aneurysm

This refers to postprocedural true and false swelling (dilation or aneurysm) of the aorta to greater than 1.5 times normal, usually representing an underlying weakness in the wall of the aorta at that location.

BE14 Postprocedural disorder of circulatory system following repair of congenital heart or great vessel anomaly

BE14.4 **Acquired abnormality of the neopulmonary valve**

A postnatal pathological change in form or function of the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation.

BE14.40 Neopulmonary valve stenosis

Acquired obstruction to flow through the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation.

Exclusions: Postprocedural pulmonary valve stenosis (BE12.6)

BE14.41 Neopulmonary valve regurgitation

Acquired backward flow through the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation

Exclusions: Postprocedural pulmonary valve insufficiency (BE12.7)

BE14.5 **Postprocedural right-sided atrioventricular valvar abnormality in double-inlet ventricle**

A postnatal pathological change in form or function of the right-sided atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

Coding Note: Includes: right ventricular component and right-sided atrioventricular valve within a common atrioventricular junction (atrioventricular septal defect).

Exclusions: Congenital anomaly of an atrioventricular valve or atrioventricular septum (LA87)

BE14.6 **Postprocedural left-sided atrioventricular valvar abnormality in double-inlet ventricle**

A postnatal pathological change in form or function of the left-sided atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

Coding Note: Includes: left ventricular component and left-sided atrioventricular valve within a common atrioventricular junction (atrioventricular septal defect) in the setting of double inlet ventricle

Exclusions: Congenital anomaly of an atrioventricular valve or atrioventricular septum (LA87)

BE14.7 **Postprocedural common atrioventricular valvar abnormality in double-inlet ventricle**

A postnatal pathological change in form or function of the common atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

BE14.8 **Postprocedural ventricular septal defect disorder**

An event or occurrence affecting a ventricular septal defect that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.9 **Postprocedural aortic disorder related to congenital heart anomaly**

An event or occurrence affecting the aorta consequent to the presence of congenital cardiovascular disease, that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.A **Postprocedural arterial duct disorder**

An event or occurrence affecting the arterial duct (ductus arteriosus) that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.B **Postprocedural disorder following cardiovascular conduit or shunt procedure**

BE15 **Postprocedural pulmonary arterial tree disorder**

An event or occurrence affecting the pulmonary arterial tree that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE15.0 Postprocedural pulmonary trunk stenosis

Discrete narrowing of the luminal diameter of the pulmonary trunk (main pulmonary artery) (below the lower limit of normal adjusted for body size) that occurs during or after an intervention.

BE15.1 Postprocedural right pulmonary artery stenosis

Discrete narrowing of the luminal diameter of one or more segments of the right pulmonary artery (below the lower limit of normal adjusted for body size) that occurs during or after an intervention.

BE16 **Postprocedural pulmonary venous disorder**

An event or occurrence affecting one or more pulmonary vein(s) that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE17 **Postprocedural residual or recurrent interatrial communication**

A persistent or recurrent hole or pathway between the atrial chambers, including intentional residual communications.

BE19 **Postprocedural ventricular abnormality**

BE1A **Cardiac transplant associated coronary allograft vasculopathy**

Coronary artery initimal proliferation following cardiac transplantation, defined based on a combination of visual angiographic vessel descriptors in concert with measures of cardiac allograft function, according to the International Society for Heart and Lung Transplantation.

BE1B **Lymphoedema due to surgery or radiotherapy**

Lymphoedema resulting from damage to draining lymphatics as a result of surgery or radiotherapy.

BE1B.0 Postmastectomy lymphoedema syndrome

BE1B.1 Lymphoedema due to other medical or surgical procedures

BE1C **Inferior caval vein obstruction due to foreign body**

A postnatal pathologic condition of the inferior caval vein (inferior vena cava) in which flow is impeded or blocked by a foreign body.

BE1D **Superior caval vein obstruction due to foreign body**

A postnatal pathologic condition of the superior caval vein (superior vena cava) in which flow is impeded or blocked by a foreign body.

BE1E **Postprocedural right atrial complication**

An event or occurrence affecting the morphologically right atrium that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome

BE1E.0 Postprocedural right atrial perforation

Perforation of the morphologically right atrial wall that occurred during or after an intervention

BE1E.1 Right atrial erosion due to implanted device

Injury of the morphologically right atrial wall occurring as a direct result of chronic friction from an implanted device or wire

BE1F **Postprocedural left atrial complication**

An event or occurrence affecting the morphologically left atrium that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome

BE1F.0 Postprocedural left atrial perforation

Perforation of the morphologically left atrial wall that occurred during or after an intervention

BE1F.1 Left atrial erosion due to implanted device

Injury of the morphologically left atrial wall occurring as a direct result of chronic friction from an implanted device or wire

BE2Y **Other specified diseases of the circulatory system**

BE2Z **Diseases of the circulatory system, unspecified**

CHAPTER 12

Diseases of the respiratory system

This chapter has 79 four-character categories.

Code range starts with CA00

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Certain conditions originating in the perinatal period (Chapter 19)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Coded Elsewhere: Neoplasms of the respiratory system

Developmental respiratory diseases

Symptoms, signs or clinical findings of the respiratory system (MD10-MD6Y)

Pulmonary heart disease or diseases of pulmonary circulation (BB00-BB0Z)

Sleep-related breathing disorders (7A40-7A4Z)

Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium (JB64.5)

This chapter contains the following top level blocks:

- Upper respiratory tract disorders
- Certain lower respiratory tract diseases
- Lung infections
- Lung diseases due to external agents
- Respiratory diseases principally affecting the lung interstitium
- Pleural, diaphragm or mediastinal disorders
- Postprocedural disorders of the respiratory system
- Neoplasms of the respiratory system
- Developmental respiratory diseases

Upper respiratory tract disorders (CA00-CA0Z)

This group of disorders refers to diseases of the upper airways (upper respiratory tract). The upper airways anatomically are complicated structures which extend from the airway openings at the nares and lips to the trachea. The term upper airways includes several anatomically distinct regions. The nose constitutes the upper segment, followed by the nasopharyngeal and oropharyngeal airways, which extend from the nasal choanae and oral cavity to the supraglottic space. The paranasal sinuses drain into the nasal cavities and are attached to the lateral, posterior, and superior aspects of the nose. The larynx divides the upper and lower airways, although some place it in the thoracic inlet.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA00 Acute nasopharyngitis

A disease of the upper respiratory tract, caused by an infection with rhinovirus. This disease is characterised by pharyngitis, runny nose, stuffy nose, or cough. Transmission is by inhalation of infected respiratory secretions, or direct contact.

Exclusions: Chronic nasopharyngitis (CA09.1)

pharyngitis NOS (CA02)

Acute pharyngitis (CA02)

Chronic pharyngitis (CA09.2)

rhinitis NOS (CA09.0)

sore throat NOS (CA00-CA0Z)

Vasomotor rhinitis (CA08.3)

Chronic rhinitis (CA09.0)

Allergic rhinitis (CA08.0)

acute sore throat (CA02)

chronic sore throat (CA09.2)

CA01 Acute sinusitis

Recent onset and/or short duration inflammation of the mucosa in one or more of the paranasal sinuses (maxillary, ethmoid, frontal and sphenoid) arising from infection or other causes such as caries or injury to the teeth. Purulent discharge can be seen at the middle meatus and olfactory cleavage and patients complain of dysosmia, stuffy nose, fever, or localised tenderness or pain. Allergic rhinitis, nasal septum deformity or hypertrophic rhinitis are underlying diseases that may induce acute sinusitis.

Exclusions: sinusitis, chronic or NOS (CA0A)

CA02 **Acute pharyngitis**

Acute pharyngitis is defined as an infection or irritation of the pharynx and/or tonsils and is a part of the common cold symptoms. The etiology is usually infectious, with most cases being of viral origin. Although virus infection is the primary cause, it is also caused by bacterial infection. The discomfort of a throat, a throat pain and swallowing pain often occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Patients with acute pharyngitis present most commonly with a sore throat. Other various symptoms can rise in these patients depending on their causing organisms.

Inclusions: acute sore throat

Exclusions: Acute laryngopharyngitis (CA04)

Peritonsillar abscess (CA0K.1)

Chronic pharyngitis (CA09.2)

Retropharyngeal or parapharyngeal abscess (CA0K.0)

Coded Elsewhere: Streptococcal pharyngitis (1B51)

Meningococcal pharyngitis (1C1C.Y)

CA02.0 Acute pharyngitis due to other bacteria

Rapid onset inflammation of the pharynx, (back of the throat, between the tonsils and the voicebox (larynx)) due to a specifically identified organism not classified elsewhere.

Exclusions: Viral infections characterised by skin or mucous membrane lesions (1E70-1F0Z)

Coded Elsewhere: Gonococcal pharyngitis (1A72.3)

CA02.1 Acute viral pharyngitis

Coded Elsewhere: Enteroviral vesicular pharyngitis (1F05.1)

CA02.10 Pharyngitis due to Adenovirus

Pharyngitis is an inflammation of the mucous membranes and underlying structures of the throat. Adenoviral pharyngitis is a self-limiting disease associated with fever, erythema of the pharynx, enlarged tonsils with exudate and enlarged cervical lymph nodes accompanied by fever, malaise, myalgia and abdominal pain. Frequently occurs with self-limiting conjunctivitis (refer to pharyngoconjunctival fever), laryngotracheitis, bronchitis and pneumonia.

CA02.1Y Other specified acute viral pharyngitis

CA02.1Z Acute viral pharyngitis, unspecified

CA02.Y Other specified acute pharyngitis

CA02.Z Acute pharyngitis, unspecified

CA03 Acute tonsillitis

Exclusions: Streptococcal pharyngitis (1B51)

Acute pharyngitis (CA02)

Peritonsillar abscess (CA0K.1)

CA03.0 Streptococcal tonsillitis

A disease of the tonsils, caused by an infection with the gram-positive bacteria Streptococcus pyogenes (Streptococcus group A). This disease is characterised by a sore throat, fever, tonsillar exudates, or cervical adenopathy. This disease may also present with odynophagia, dysphagia, otalgia, dry tongue, erythematous, enlarged tonsils, or yellowish white spots on the tonsils. Transmission is commonly by inhalation of infected respiratory secretions or indirect contact. Confirmation is by identification of Streptococcus group A from a throat swab.

CA03.Y Other specified acute tonsillitis

CA03.Z Acute tonsillitis, unspecified

CA04 Acute laryngopharyngitis

The most common upper respiratory tract infection is the common cold however, infections of laryngopharynx is also considered upper respiratory tract infections, of multiple sites.

CA05 Acute laryngitis or tracheitis

Acute laryngitis and tracheitis are defined respectively as acute inflammation of larynx and trachea, with local findings of erythema, and oedema of laryngeal and tracheal mucosa. Acute laryngitis and tracheitis are induced by upper respiratory tract viral infections or voice abuse.

Exclusions: Laryngismus (stridulus) (CA0H.4)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.0 Acute laryngitis

Rapid onset inflammation of the laryngeal mucosa, including the vocal cords. It is frequently characterised by irritation, oedema, and reduced pliability of the mucosa.

Exclusions: Chronic laryngitis (CA0G)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.1 Acute tracheitis

This condition refers to the acute inflammation of the trachea.

Exclusions: Chronic tracheitis (CA20.1)

Coded Elsewhere: Neonatal tracheitis (KB25)

CA05.2 Acute laryngotracheitis

Acute laryngotracheitis refers to the acute inflammation of both the larynx (laryngitis) and trachea (tracheitis).

Exclusions: Chronic laryngitis or laryngotracheitis (CA0G)

CA06 Acute obstructive laryngitis or epiglottitis

CA06.0 **Acute obstructive laryngitis**

A condition commonly caused by an acute viral infection of the upper airway. This condition is characterised by a barking cough, stridor, hoarseness, or difficulty breathing. Transmission is commonly by inhalation of infected respiratory secretions.

Inclusions: croup

CA06.1 **Acute epiglottitis**

Acute epiglottitis is a special type of laryngeal inflammation, being characterised with a local swelling of epiglottis mucosa. Haemophilus influenzae type B infection is considered an important causative factor. Particularly in children, rapid exacerbation of dyspnoea can occur a couple of hours after the onset of this disease.

CA06.Z **Acute obstructive laryngitis or epiglottitis, unspecified**

CA07 Acute upper respiratory infections of multiple and unspecified sites

Exclusions: Influenza, virus not identified (1E32)

influenza virus, identified (1E30)

CA07.0 **Acute upper respiratory infection, site unspecified**

CA07.1 **Acute upper respiratory infections of multiple sites**

Coding Note: Assign additional codes for the specific infections.

CA08 Vasomotor or allergic rhinitis

Rhinitis is inflammation of the nasal mucosa clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose.

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Exclusions: rhinitis NOS (CA09.0)

CA08.0 **Allergic rhinitis**

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

CA08.00 Allergic rhinitis due to pollen

This condition is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, is inhaled by an individual with a sensitized immune system.

Inclusions: Pollinosis

CA08.01 Allergic rhinitis due to other seasonal allergens

This refers to other allergic inflammation of the nasal airways in patients with proven allergy to other allergens besides pollens and house dust mite, with multiple sensitization or as a component of complex conditions such as latex allergy. Clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose. It occurs when an allergen, such as animal dander (particles of shed skin and hair), insect (cockroach body particles), fungal particles, is inhaled by an individual with a sensitized immune system.

CA08.02 Allergic rhinitis due to house dust mite

Allergic rhinitis triggered by the exposure to house dust mite allergens to which the affected individual has previously been sensitized.

CA08.03 Other allergic rhinitis

This refers to other allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system.

CA08.0Z Allergic rhinitis, unspecified

CA08.1 **Non-allergic rhinitis**

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Coded Elsewhere: Drug-induced rhinitis (4A85.0Y)

CA08.10 Non-allergic rhinitis with eosinophils

The non-allergic rhinitis with eosinophils is characterised by large numbers (inconsistently defined as >5% to >20%) of eosinophils on nasal smear. Patients usually have paroxysmal exacerbations of symptoms, including sneezing, profuse watery rhinorrhoea, nasal pruritus, nasal congestion, and occasional anosmia. It may precede the development of nasal polyposis and aspirin hypersensitivity. Patients with non-allergic rhinitis with eosinophils are at increased risk for the development of obstructive sleep apnoea.

CA08.1Y Other specified non-allergic rhinitis

CA08.1Z Non-allergic rhinitis, unspecified

CA08.2 Mixed rhinitis

Mixed rhinitis is a specific rhinitis subtype that combines characters of allergic rhinitis and non-infectious non-allergic rhinitis. It may represent between 50 and 70% of all allergic rhinitis cases.

CA08.3 Vasomotor rhinitis

Vasomotor rhinitis is a form of non-allergic inflammation of the nasal mucosa that is characterised by nasal congestion and posterior pharyngeal drainage. The non-allergic triggers cause dilation of the blood vessels in the lining of the nose, which results in swelling, and drainage.

CA08.Y Mixed allergic and non-allergic rhinitis

CA08.Z Rhinitis, unspecified whether allergic or nonallergic

CA09 Chronic rhinitis, nasopharyngitis or pharyngitis

The pathological condition of chronic rhinitis is a continuation of persistent inflammation on nasal turbinate mucosae, which is induced by microbial infection, irritation with inhaled substances and abnormal structure of nasal cavity. This condition induces nasal obstruction and increased nasal discharge. Pharyngitis is an inflammation of whole pharyngeal mucosa and lymphatic tissues and its acute symptoms are a part of the common cold symptoms. Although viral infection is the primary cause, it is also caused by bacterial infections. The discomfort of throat, throat pain and swallowing pain occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Chronic pharyngitis can be considered as a consequence of acute pharyngitis or effect of continuous stimuli, with symptoms of abnormal sensation of throat, discomfort, and foreign body sensation.

CA09.0 Chronic rhinitis

Persistent or recurrent inflammation of the nasal mucosa.

Exclusions: Vasomotor rhinitis (CA08.3)

Allergic rhinitis (CA08.0)

CA09.1 **Chronic nasopharyngitis**

Persistent or recurrent inflammation of the top portion of the pharynx situated posterior to the nose and superior to the soft palate, usually including its mucosa, related lymphoid structure, and glands.

Exclusions: Acute nasopharyngitis (CA00)

CA09.2 **Chronic pharyngitis**

Persistent or recurrent inflammation of the pharynx; the funnel-shaped fibromuscular tube which conducts food to the oesophagus and air to the larynx.

Inclusions: Chronic sore throat

Exclusions: Acute pharyngitis (CA02)

CA0A Chronic rhinosinusitis

Sinusitis is an inflammation of the mucosal lining of the paranasal sinuses secondary to both infectious and allergic mechanisms. The retention of sinus secretions is the most important event in the development of sinusitis. This creates a favourable milieu for the growth of infection agents and may be caused by the obstruction or narrowing of sinus ostia, mucociliary dysfunction and changes in mucus composition. 90% of sinus infections involve the maxillary sinus. Chronic sinusitis refers to symptom duration lasting 3 months or more. Diagnosis of sinusitis is based on past history and physical examination findings. The CT scan is the most sensitive technique in evaluating sinus disease. The goals of management of chronic sinusitis are to eradicate infection, to relieve ostiomeatal obstruction, to normalize mucociliary clearance, and to prevent complications. When pharmaceutical treatment does not have any remarkable improvement or when a surgical approach can be chosen as patient's complication, surgical intervention should be aimed to establish an effective sinus drainage from the ostium. . Functional endoscopic sinus surgery (FESS) describes endoscopic techniques that have revolutionized the approach to sinus disease. The procedure is aimed at restoring the functional physiology of sinus aeration and drainage via the expanded ostiomeatal complex while minimizing surgical alteration of the normal anatomic pathways.

Exclusions: Acute sinusitis (CA01)

CA0A.0 **Samter syndrome**

Samter syndrome is composed of asthma, aspirin intolerance, nasal polyps and chronic rhinosinusitis.

CA0A.Y **Other specified chronic rhinosinusitis**

CA0A.Z **Chronic rhinosinusitis, unspecified**

CA0B Silent sinus syndrome

Silent sinus syndrome is a spontaneous, asymptomatic collapse of the maxillary sinus and orbital floor associated with negative sinus pressures.

CA0C **Cyst or mucocele of nose or nasal sinus**

A condition which refers to diseases of the nose and nasal sinus that cause a cyst or mucocele.

A mucocele is any dilatation (typically pathologic) with accumulation of mucus. Mucoceles are benign, epithelium-lined cysts filled with mucus, which can form in the paranasal sinuses. These structures may cause symptoms if sufficiently large or if exerting pressure on surrounding anatomic structures. Symptomatic mucoceles typically require surgical intervention. Mucoceles should be differentiated from sinus retention cysts. Unlike mucoceles, sinus retention cysts do not result in expansion and thinning of the bony sinus walls.

CA0D **Deviated nasal septum**

CA0E **Hypertrophy of nasal turbinates**

CA0F **Chronic diseases of tonsils or adenoids**

Any persistent or recurrent disease affecting the round-to-oval mass of lymphoid tissue embedded in the lateral wall of the pharynx (tonsils) or the collection of lymphoid nodules on the posterior wall and roof of the nasopharynx (adenoids)

Exclusions: Recurrent acute tonsillitis (CA03)

CA0F.0 **Hypertrophy of tonsils**

Inclusions: Enlargement of tonsils

CA0F.1 **Hypertrophy of adenoids**

Inclusions: Enlargement of adenoids

CA0F.3 **Hypertrophy of tonsils with hypertrophy of adenoids**

This is an excessive growth ("hypertrophy") of the tissue of tonsils and adenoids.

CA0F.Y **Other specified chronic diseases of tonsils or adenoids**

CA0F.Z **Chronic diseases of tonsils or adenoids, unspecified**

CA0G **Chronic laryngitis or laryngotracheitis**

Persistent or recurrent inflammation of the larynx (airway) and/or the larynx and the cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi (trachea).

CA0H **Diseases of vocal cords or larynx, not elsewhere classified**

Exclusions: stridor: NOS (MD11.B)

laryngitis: ulcerative (CA05.0)

Acute obstructive laryngitis (CA06.0)

Postprocedural subglottic stenosis (CB62)

CA0H.0 **Paralysis of vocal cords or larynx**

Loss of function or feeling of one or both of the vocal folds, often caused by injury or disease to the nerves of the larynx.

Coded Elsewhere: Acquired vocal cord paralysis in newborn (KB2H)

Congenital laryngeal palsy (LA71.Y)

CA0H.1 **Polyp of vocal cord or larynx**

A polyp is an abnormal growth of tissue projecting from a mucous membrane, in this condition it is of the vocal cord and larynx.

Exclusions: adenomatous polyps (2F00)

CA0H.2 **Nodules of vocal cords**

CA0H.3 **Oedema of larynx**

Laryngeal oedema is oedema (accumulation of fluid) which may occur for example in asaryepiglottic folds, epiglottis, the arytenoid region or submucosal of the subglottic region. It may occur due to anaphylaxis, angioneurotic oedema, larynx infection, foreign body or substance, or injury.

Exclusions: oedematous laryngitis (CA05.0)

laryngitis: acute obstructive [croup] (CA06.0)

CA0H.4 **Laryngeal spasm**

Laryngeal spasm is a pathological condition that is mainly a spasmodic closure (spasm) of the inlet portion of the larynx or the glottic region. There is an adult-onset and childhood (infant)-onset generally in this disease. There is a difference in the pattern of expression for these two types. In the infant, respiratory arrest is associated with this condition and spasmodic closure of the glottis occurs suddenly, and then breathing returns to original quite rapidly within a few minutes. In adults, the main symptoms of this condition are difficulty breathing or inspiratory stridor rather than a complete respiratory arrest.

Inclusions: laryngospasm

CA0H.5 **Stenosis of larynx**

Laryngeal stenosis is an abnormal narrowing within the cavity of the larynx.

CA0H.Y **Other specified diseases of vocal cords or larynx, not elsewhere classified**

CA0H.Z **Diseases of vocal cords or larynx, not elsewhere classified, unspecified**

CA0J Nasal polyp

Nasal polyp is an inflammatory and proliferating mass arising from the epithelial linings of nasal cavity and paranasal sinuses. In general, nasal polyp appears to be greyish white, smoothly surfaced, and glutinous and agar-like mass. The pathogenesis is thought to be multifactorial.

Exclusions: adenomatous polyps (2F00)

CA0J.0 **Polypoid sinus degeneration**

Also referred to as Woakes' syndrome or ethmoiditis. Woakes' syndrome is characterised by severe recurrent nasal polyps, often without eosinophils on histological examination and with broadening of the nose.

CA0J.Y **Other specified nasal polyp**

CA0J.Z **Nasal polyp, unspecified**

CA0K **Abscess of upper respiratory tract**

Abscess of upper respiratory tract is defined as abscess formation which occurs from nose to pharynx and larynx. Abscess, furuncle and carbuncle of nose, retropharyngeal, parapharyngeal abscess and other abscess of pharynx are included in this classification.

CA0K.0 **Retropharyngeal or parapharyngeal abscess**

A retropharyngeal abscess is an abscess located in the tissues in the back of the throat behind the posterior pharyngeal wall (the retropharyngeal space). A parapharyngeal abscess is an abscess developing in the potential space in the head and the neck.

Exclusions: Peritonsillar abscess (CA0K.1)

CA0K.1 **Peritonsillar abscess**

Peritonsillar abscess is defined with abscess formation between the tonsillar capsule and the tonsillar constrictor muscles. Peritonsillar abscess mostly comes from peritonsillitis. Fever rise, pharyngeal pain and swallowing pain are the main symptoms, but, it also causes a muffled voice. Uvula is deviated to the unaffected side and swelling and redness around the affected tonsil is remarkable. Bacterial examination from the peritonsillar pus often reveal streptococcus group A beta-haemolytic as the aerobic bacteria and the detection rate of anaerobic bacteria also amounted to more than half. The treatment consists of antimicrobial therapy and incision and drainage of the abscess. The symptoms improve with above treatment in the most cases, while in some cases the abscess proceeds to a deadly deep neck infection and mediastinal abscess. If there are systemic complications such as diabetes mellitus, special attention is required.

Inclusions: Quinsy

Exclusions: Acute tonsillitis (CA03)

Chronic tonsillitis (CA0F)

tonsillitis, NOS (CA03)

retropharyngeal abscess (CA0K.0)

CA0K.Y **Other specified abscess of upper respiratory tract**

CA0K.Z **Abscess of upper respiratory tract, unspecified**

CA0Y **Other specified upper respiratory tract disorders**

CA0Z **Upper respiratory tract disorders, unspecified**

Certain lower respiratory tract diseases (CA20-CA2Z)

This group refers to diseases of airways that forms the connection between the outside world and the terminal respiratory unit. Intrapulmonary airways are divided into three major groups; bronchi, membranous bronchiole, and respiratory bronchiole/gas exchange ducts.

Coded Elsewhere: Acute tracheitis (CA05.1)
Whooping cough (1C12)
Chronic respiratory disease originating in the perinatal period (KB29)

CA20 **Bronchitis**

Bronchitis is inflammation of the main air passages to the lungs.

Coding Note: Excludes acute infectious bronchitis

Exclusions: bronchitis, asthmatic NOS (CA23.3)
bronchitis, chemical (acute) (CA81)

Coded Elsewhere: Acute bronchitis (CA42)

CA20.0 Acute noninfectious bronchitis

CA20.1 Chronic bronchitis

Exclusions: chronic asthmatic bronchitis (CA22.1)
chronic: bronchitis: with airways obstruction (CA22)
chronic: emphysematous bronchitis (CA22.1)
chronic: obstructive pulmonary disease NOS (CA22)

CA20.10 Simple chronic bronchitis

CA20.11 Mucopurulent chronic bronchitis

CA20.12 Mixed simple and mucopurulent chronic bronchitis

CA20.13 Protracted bacterial bronchitis

Protracted bacterial bronchitis (PBB) is a disease caused by the chronic infection of the conducting airways. The condition causes a persistent wet cough lasting more than four weeks that responds to antibiotic treatment.

CA20.1Y Other specified chronic bronchitis

CA20.1Z Chronic bronchitis, unspecified

CA20.Y Other specified bronchitis

Coding Note: Excludes acute infectious bronchitis

CA20.Z Bronchitis, unspecified

Coding Note: Excludes acute infectious bronchitis

CA21 Emphysema

Emphysema is defined by abnormal and permanent enlargement of the airspaces that are distal to the terminal bronchioles. This is accompanied by destruction of the airspace walls, without obvious fibrosis (i.e. there is no fibrosis visible to the naked eye). Emphysema can exist in individuals who do not have airflow obstruction; however, it is more common among patients who have moderate or severe airflow obstruction.

Exclusions:

- Compensatory emphysema (CB40.4)
- Interstitial emphysema originating in the perinatal period (KB27.0)
- emphysema due to inhalation of chemicals, gases, fumes or vapours (CA81)
- emphysema mediastinal (CB40.3)
- Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)
- emphysema, surgical (subcutaneous) (NE81)
- emphysema with chronic (obstructive) bronchitis (CA22)
- emphysematous (obstructive) bronchitis (CA22.1)

CA21.0 MacLeod syndrome

Decrease in size of one lung due to obliterating bronchiolitis, a congenital abnormality of other disorder resulting in hyperinflation of the normal lung.

CA21.1 Panlobular emphysema

Panlobular (panacinar) emphysema destroys the entire alveolus uniformly and is predominant in the lower half of the lungs. Panlobular emphysema generally is observed in patients with homozygous alpha1-antitrypsin deficiency.

Inclusions:

- Panacinar emphysema

CA21.2 Centrilobular emphysema

Centrilobular (centriacinar) emphysema begins in the respiratory bronchioles and spreads peripherally. This form is associated with long-standing cigarette smoking and predominantly involves the upper half of the lungs.

CA21.Y Other specified emphysema

CA21.Z Emphysema, unspecified

CA22 Chronic obstructive pulmonary disease

Chronic Obstructive Pulmonary disease (COPD), a common preventable and treatable disease, is characterised by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients.

Exclusions: Emphysema (CA21)

chronic tracheobronchitis (CA20.1)

chronic tracheitis (CA20.1)

Simple or mucopurulent chronic bronchitis (CA20.1)

asthmatic bronchitis NOS (CA23.3)

Bronchiectasis (CA24)

Asthma (CA23)

chronic bronchitis NOS (CA20.1)

CA22.0 Chronic obstructive pulmonary disease with acute exacerbation, unspecified

An exacerbation of COPD is an acute event characterised by a worsening of the patient's respiratory symptoms that is beyond normal day-to-day variations and leads to a change in medication. Exacerbations of COPD can be precipitated by several factors. The most common causes appear to be viral upper respiratory tract infections and infection of the tracheobronchial tree. The diagnosis of an exacerbation relies exclusively on the clinical presentation of the patient complaining of an acute change of symptoms (baseline dyspnoea, cough, and/or sputum production) that is beyond normal day-to-day variation.

CA22.1 Certain specified chronic obstructive pulmonary disease

Coding Note: Use additional code to identify any associated respiratory tract infection.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA22.Z Chronic obstructive pulmonary disease, unspecified

CA23 Asthma

Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. It is characterised by an increased responsiveness of the trachea and bronchi to various stimuli and manifested by a widespread narrowing of the airways that change in severity either spontaneously or as a result of therapy. This leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning.

Inclusions: Idiosyncratic asthma

Exclusions: wood asthma (CA70)

asthma with chronic obstructive pulmonary disease (CA22)

miner's asthma (CA60.1)

Wheezing (MD11.C)

chronic obstructive asthma (CA22)

chronic asthmatic (obstructive) bronchitis (CA22.1)

CA23.0 **Allergic asthma**

Allergic asthma is the most easily recognised asthma phenotype, which often commences in childhood and is associated with a past and/or family history of allergic disease such as eczema, allergic rhinitis, or food or drug allergy. Examination of the induced sputum of these patients before treatment often reveals eosinophilic airway inflammation. The main trigger is the exposure to inhaled allergens, such as dust mite and pollens, to which the affected individual has previously been sensitized. Patients with this asthma phenotype usually respond well to inhaled corticosteroid (ICS) treatment and specific allergen-immunotherapy.

CA23.00 Allergic asthma with exacerbation

This refers to acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness, or some combination of these symptoms in patients with proven allergic asthma. Allergic asthma can be exacerbated by allergens to which the individual is allergic, other exogenous factors such as respiratory infections, pollutants or climate change, or endogenous co-factors. Exacerbations are characterised by decreases in expiratory airflow that can be documented and quantified by simple measurement of lung function (spirometry or PEF), can vary widely among individuals and within individuals from rare to frequent. The severity of exacerbation of allergic asthma can vary from mild to very severe and life-threatening, but in general respond to standard treatments of bronchodilators (inhalers) and steroid

CA23.01 Allergic asthma with status asthmaticus

CA23.02 Allergic asthma, uncomplicated

CA23.1 **Non-allergic asthma**

Non-allergic asthma occur in some patients who have asthma that is not associated with allergy. The cellular profile of the sputum of these patients may be neutrophilic, eosinophilic or contain only a few inflammatory cells (paucigranulocytic). Patients with non-allergic asthma often respond less well to inhaled corticosteroids. It can cover different phenotypes.

CA23.10 Non-allergic asthma with exacerbation

CA23.11 Non-allergic asthma with status asthmaticus

CA23.12 Non-allergic asthma, uncomplicated

CA23.2 **Other specified forms of asthma or bronchospasm**

Coded Elsewhere: Asthmatic pulmonary eosinophilia (CB02.0)

Samter syndrome (CA0A.0)

CA23.20 Aspirin-induced asthma

In some asthma individuals, aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) that inhibit cyclooxygenase 1 (COX-1) exacerbate the condition. This distinct clinical syndrome, called aspirin-induced asthma (AIA), is characterised by an eosinophilic rhinosinusitis, nasal polyposis, aspirin hypersensitivity, and asthma.

CA23.21 Exercise-induced bronchospasm

Exercise-induced bronchoconstriction (EIB) describes airway narrowing that occurs in association with exercise. EIB occurs in up to 90% of asthmatic patients and is estimated to occur in >10% of the general population. Recent reviews have identified asthma as a risk factor for sudden death and have reported many deaths that have been attributed directly to EIB.

CA23.22 Cough variant asthma

Cough variant asthma is an occult form of asthma in which the only sign or symptom is chronic cough.

CA23.3 **Unspecified asthma**

CA23.30 Unspecified asthma with exacerbation

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute sudden worsening.

CA23.31 Unspecified asthma with status asthmaticus

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute exacerbation of asthma that does not respond to standard treatments of bronchodilators(inhalers) and steroids.

Exclusions: acute asthma NOS (CA23.32)

severe asthma NOS (CA23.32)

CA23.32 Unspecified asthma, uncomplicated

Exclusions: acute severe asthma (CA23.31)

CA24 Bronchiectasis

Bronchiectasis is an abnormal widening of one or more airways. Normally, tiny glands in the lining of the airways make a small amount of mucus. Mucus keeps the airways moist and traps any dust and dirt in the inhaled air. Because bronchiectasis creates an abnormal widening of the airways, extra mucus tends to form and pool in parts of the widened airways. Widened airways with extra mucus are prone to infection.

Exclusions: tuberculous bronchiectasis, confirmed (1B10.0)

Respiratory tuberculosis, not confirmed (1B10.1)

CA25 Cystic fibrosis

Cystic fibrosis (CF) is a genetic disorder characterised by the production of sweat with a high salt content and mucus secretions with an abnormal viscosity. The disease is chronic and generally progressive, with onset usually occurring during early childhood or, occasionally, at birth (meconium ileus). Virtually any internal organ may be involved but the principle manifestations concern the breathing apparatus (chronic bronchitis), pancreas (pancreatic insufficiency, adolescent diabetes and occasionally pancreatitis) and, more rarely, the intestine (stercoral obstruction) or liver (cirrhosis). The usual presenting symptoms and signs include persistent pulmonary infection, pancreatic insufficiency, and elevated sweat chloride levels. However, many patients demonstrate mild or atypical symptoms, and clinicians should remain alert to the possibility of CF even when only a few of the usual features are present. Both criteria; clinical symptoms consistent with CF in at least one organ system and evidence of cystic fibrosis transmembrane conductance regulator (CFTR) dysfunction must be met to diagnose cystic fibrosis.

Inclusions: mucoviscidosis

CA25.0 Classical cystic fibrosis

Coded Elsewhere: Exocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

Endocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

CA25.1 Atypical cystic fibrosis

Coded Elsewhere: Endocrine pancreatic manifestations of atypical cystic fibrosis (DC30.Y)

CA25.2 Subclinical cystic fibrosis

Coding Note: Cystic fibrosis with no clinical manifestations is coded here.

Inclusions: Asymptomatic cystic fibrosis

CA25.Z Cystic fibrosis, unspecified

CA26 Chronic bronchiolitis

Bronchiolitis and bronchiolitis obliterans are general terms used to describe a nonspecific inflammatory injury that primarily affects the small airways and generally spares the interstitium. Bronchiolitis may be caused by inhalation injury, infection, or drugs; associated with organ transplantation or connective tissue disease; or may be idiopathic. The main pathologic categories of bronchiolitis are: constrictive, proliferative, follicular, airway-centred interstitial fibrosis, and diffuse panbronchiolitis. The constrictive and proliferative patterns may occur together.

CA26.0 Chronic obliterative bronchiolitis

Bronchiolitis obliterans is commonly used to describe a number of unrelated conditions whose common end point is functional obstruction of bronchioles. A typical form is constrictive bronchiolitis. Constrictive bronchiolitis is an uncommon histologic finding characterised by alterations in the walls of membranous and respiratory bronchioles, often without extensive changes in alveolar ducts and alveolar walls. These changes lead to concentric narrowing or complete obliteration of the airway lumen. The clinical manifestations of constrictive bronchiolitis usually include progressive airflow obstruction, sometimes in the presence of a relatively normal chest radiograph. The clinical severity depends upon the type, extent, and severity of the initial lung injury.

Exclusions: Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours (CA81)

CA26.1 Diffuse panbronchiolitis

Diffuse panbronchiolitis (DPB) is an idiopathic inflammatory disease principally affecting the respiratory bronchioles, causing a progressive suppurative and severe obstructive respiratory disorder. Onset occurs in the second to fifth decade of life and manifests by chronic cough, exertional dyspnoea, and sputum production. Most patients also have chronic paranasal sinusitis. If left untreated, DPB progresses to bronchiectasis, respiratory failure and death. A significant improvement in the prognosis has been reported thanks to the use of long-term therapy with macrolide antibiotics, the effect of which is attributed to an anti-inflammatory and immunoregulatory action.

CA26.Y Other specified chronic bronchiolitis

CA26.Z Chronic bronchiolitis, unspecified

CA27 Tracheobronchitis

Tracheobronchitis is inflammation of the trachea and bronchi.

Coded Elsewhere: Relapsing polychondritis (FB82.3)

CA27.0 Tracheobronchopathia osteochondroplastica

Tracheobronchopathia osteochondroplastica is a rare disorder of unknown cause, seen with a frequency of 0.4 percent at bronchoscopy, affecting the large airways. It is characterised by the development of multiple osseous and cartilaginous submucosal nodules connected to tracheal cartilage. The abnormality spares the posterior tracheal membranous wall. In spite of marked radiographic changes, patients are only rarely symptomatic since severe airway obstruction is unusual. Linear tracheoplasty may be required in patients with symptomatic airway obstruction.

CA27.1 Tracheobronchomegaly

Tracheobronchomegaly is a disorder of unknown cause defined by dilatation of trachea and large bronchi presenting in adults.

CA27.Y Other specified tracheobronchitis

CA27.Z Tracheobronchitis, unspecified

CA2Y Other specified lower respiratory tract disease

CA2Z **Lower respiratory tract disease, unspecified**

Lung infections (CA40-CA4Z)

Any condition of the lungs, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Coded Elsewhere: Influenza (1E30-1E32)

Pulmonary histoplasmosis capsulati (1F2A.0)

Chronic obstructive pulmonary disease with acute lower respiratory infection (CA22.1)

Influenza with pneumonia, seasonal influenza virus identified (1E30)

CA40 **Pneumonia**

A disease of the lungs, frequently but not always caused by an infection with bacteria, virus, fungus, or parasite. This disease is characterised by fever, chills, cough with sputum production, chest pain and shortness of breath. Confirmation is by chest x-ray.

Inclusions: infectious pneumonia

Exclusions: Pneumonitis (CA70-CA7Z)

Coded Elsewhere: Pulmonary toxoplasmosis due to Toxoplasma gondii (1F57.2)

Severe acute respiratory syndrome (1D65)

Congenital pneumonia (KB24)

Abscess of lung with pneumonia (CA43.1)

CA40.0 Bacterial pneumonia

A disease of the pulmonary system, caused by an infection with a bacterial source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the bacterial source in a sputum sample.

Coding Note: Code also the causing condition

Inclusions: bronchopneumonia due to bacteria other than S. pneumoniae and H. influenzae

Exclusions: Congenital pneumonia (KB24)

Legionellosis (1C19)

Coded Elsewhere: Pulmonary actinomycosis (1C10.0)

Pulmonary nocardiosis (1C1B.0)

Pneumonia in Q fever (1C33)

Pulmonary anthrax (1B97)

CA40.00 Pneumonia due to Chlamydophila pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Chlamydia pneumoniae. This disease commonly presents with a gradual onset of cough with low-grade fever. This disease may also present with pharyngitis, laryngitis, and sinusitis. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Chlamydia pneumoniae in a sputum sample.

Coded Elsewhere: Congenital pneumonia due to Chlamydia (KB24)

CA40.01 Pneumonia due to Escherichia coli

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Escherichia coli. This disease is characterised by fever, cough, and dyspnoea. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of Escherichia coli in blood, sputum, or pleural fluid samples.

Coded Elsewhere: Congenital pneumonia due to Escherichia coli (KB24)

CA40.02 Pneumonia due to Haemophilus influenzae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by cough, shortness of breath, fever, chills, muscle aches, and chest pain. Transmission is by inhalation of infected respiratory secretions or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

Inclusions: Bronchopneumonia due to H. influenzae

Exclusions: Congenital pneumonia (KB24)

CA40.03 Pneumonia due to Klebsiella pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Klebsiella pneumoniae. This infection common presents with thick, haemorrhagic, mucoid sputum. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Klebsiella pneumoniae in a sputum sample.

CA40.04 Pneumonia due to Mycoplasma pneumoniae

A disease of the pulmonary system, caused by an infection with Mycoplasma pneumoniae. This infection common presents with a non-productive cough, chest pain, or fever. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Mycoplasma pneumoniae in a sputum sample.

CA40.05 Pneumonia due to Pseudomonas aeruginosa

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Pseudomonas aeruginosa. This disease is characterised by fever, cough, and dyspnoea.

Coded Elsewhere: Congenital pneumonia due to Pseudomonas aeruginosa (KB24)

CA40.06 Pneumonia due to Staphylococcus

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Staphylococcus aureus. This disease is characterised by fever, cough, dyspnoea, and pulmonary abscesses.

Coded Elsewhere: Congenital pneumonia due to staphylococcus (KB24)

CA40.07 Pneumonia due to Streptococcus pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Streptococcus pneumoniae. This disease is characterised by an acute onset of fever and chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pneumoniae in a sputum sample.

Inclusions: Bronchopneumonia due to S. pneumoniae

Exclusions: Pneumonia due to other streptococci (CA40.0)

congenital pneumonia due to S. pneumoniae (KB24)

Pneumonia due to Beta-haemolytic streptococcus (CA40.08)

CA40.08 Pneumonia due to Beta-haemolytic streptococcus

A disease of the lungs, caused by an infection with the gram-positive bacteria Beta Haemolytic streptococcus. This disease is characterised by an acute onset of fever and chills, or rigors. This presents with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected inspiratory secretions, or direct contact.

Inclusions: Pneumonia due to streptococcus, group B

Coded Elsewhere: Congenital pneumonia due to streptococcus, group B (KB24)

CA40.0Y Pneumonia due to other specified bacteria

Coding Note: Code also the causing condition

CA40.0Z Bacterial pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.1 **Viral pneumonia**

A disease of the pulmonary system, caused by an infection with a viral source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the viral source in a sputum sample.

Coding Note: Code also the causing condition

Inclusions: bronchopneumonia due to viruses other than influenza viruses

Exclusions: aspiration pneumonia (CA71.0)

Influenza with pneumonia, virus not identified (1E32)

Severe acute respiratory syndrome (1D65)

lipid pneumonia (CA71.1)

Idiopathic interstitial pneumonitis (CB03)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

Pulmonary complications of anaesthesia during pregnancy (JA67.0)

Congenital pneumonia (KB24)

Pneumonitis due to solids and liquids (CA71)

Pulmonary complications of anaesthesia during the puerperium (JB43.0)

CA40.10 Pneumonia due to Adenovirus

A disease of the pulmonary system, caused by an infection with adenovirus. This disease is characterised by fever, chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, and tachycardia. Transmission is by droplet transmission. Confirmation is by identification of adenovirus in a sputum sample.

CA40.11 Pneumonia due to Respiratory syncytial virus

A disease caused by an infection with respiratory syncytial virus. This disease is characterised by an inflammatory condition of the lung commonly affecting the alveoli (pneumonia), leading to coughing, sneezing, fever, or wheezing. This disease may be severe in premature babies and those with concurrent disease or immunosuppression. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus, commonly through antigen detection or cell culture.

CA40.12 Pneumonia due to parainfluenza virus

A disease of the pulmonary system, caused by an infection with parainfluenza virus. This disease is characterised by fever, malaise, cough, or tachypnoea. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA40.13 Pneumonia due to Human metapneumovirus

A disease of the pulmonary system, caused by an infection with Human metapneumovirus. This disease is characterised by fever, myalgia, rhinorrhoea, dyspnoea, tachypnoea, or wheezing. This disease also present with symptoms of pneumonia. Transmission is by direct or indirect contact, inhalation of infected respiratory sections, or through fomites. Confirmation is by identification of Human metapneumovirus in a nasopharyngeal, nose, or throat swab or blood sample.

CA40.1Y Pneumonia due to other specified virus

Coding Note: Code also the causing condition

CA40.1Z Viral pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.2 **Fungal pneumonia**

Coding Note: Code also the causing condition

Coded Elsewhere: Pulmonary adiaspiromycosis (1F2L.1)

Pulmonary candidosis (1F23.31)

Pulmonary cryptococcosis (1F27.0)

Chronic pulmonary aspergillosis (1F20.12)

Disseminated histoplasmosis capsulati (1F2A.Y)

Early-onset pneumonia due to Candida (1F23.31)

CA40.20 Pneumonia due to pneumocystis

A disease of the pulmonary system, caused by an infection with the fungi Pneumocystis jirovecii. This disease is characterised by fever, dry cough, shortness of breath, or fatigue. Transmission is by opportunistic infection. Confirmation is by identification of Pneumocystis jirovecii in a lung fluid or tissue sample.

CA40.2Y Other specified fungal pneumonia

Coding Note: Code also the causing condition

CA40.2Z Fungal pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.Y **Other specified pneumonia**

CA40.Z **Pneumonia, organism unspecified**

CA41 Acute bronchiolitis

An acute disease of the bronchioles, commonly caused by an infection with a bacteria or viral source. This disease is characterised by inflammation of the bronchioles and coryza. This disease presents with cough, wheezing, tachypnoea, fever, or chest retraction. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum or blood sample.

CA41.0 **Acute bronchiolitis due to respiratory syncytial virus**

A disease of the bronchioles, caused by an infection with respiratory syncytial virus. This disease is characterised by inflammation of the bronchioles. This disease may present with cough, wheezing, or shortness of breath. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus from nasopharyngeal swabs.

CA41.Y **Other specified acute bronchiolitis**

CA41.Z **Acute bronchiolitis, unspecified**

CA42 Acute bronchitis

An acute disease of the bronchi, commonly caused by an infection with a bacterial or viral source. This disease is characterised by inflammation of the bronchi. This disease presents with cough, wheezing, chest pain or discomfort, fever, or dyspnoea. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum sample.

Exclusions: tracheobronchitis: chronic obstructive (CA22)

tracheobronchitis: chronic (CA22)

Tracheobronchitis, NOS (CA27)

bronchitis, chronic: obstructive (CA22.1)

Simple chronic bronchitis (CA20.10)

Chronic bronchitis, NOS (CA20.1)

Mucopurulent chronic bronchitis (CA20.11)

CA42.0 **Acute bronchitis due to Streptococcus**

A disease of the bronchi, caused by an infection with the gram-positive bacteria Streptococcus. This disease is characterised by inflammation of the bronchi leading to cough, sputum production, or shortness of breath and wheezing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Streptococcus in a sputum sample.

CA42.1 **Acute bronchitis due to Rhinovirus**

A disease of the pulmonary system, caused by an infection with rhinovirus. This disease is characterised by cough, with or without production of sputum. Transmission is by inhalation of infected respiratory secretions, or direct contact.

CA42.2 **Acute bronchitis due to Respiratory syncytial virus**

Rapid onset inflammation of the large airways in the lung, including any part of the bronchi due to infection with respiratory syncytial virus.

CA42.3 **Acute bronchitis due to Parainfluenza virus**

A disease of the bronchi, caused by an acute infection with parainfluenza virus. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing, or shortness of breath. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA42.4 **Acute bronchitis due to Haemophilus influenzae**

A disease of the bronchi, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing or shortness of breath. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

CA42.5 **Acute bronchitis due to Coxsackievirus**

A disease of the pulmonary system, caused by an infection with Coxsackie virus. This disease is characterised by cough, fever, or tachypnoea. Transmission is by the faecal-oral route, or vertical transmission. Confirmation is by identification of coxsackievirus in upper respiratory secretion samples.

CA42.Y **Other specified acute bronchitis**

CA42.Z **Acute bronchitis, unspecified**

CA43 Abscess of lung or mediastinum

Coded Elsewhere: Amoebic lung abscess (1A36.11)

CA43.0 **Gangrene or necrosis of lung**

The term "necrotizing pneumonia" or "lung gangrene" is used to distinguish pulmonary necrosis with multiple small abscesses from a larger cavitary lesion (lung abscess).

CA43.1 **Abscess of lung with pneumonia**

CA43.2 **Abscess of lung without pneumonia**

CA43.3 **Abscess of mediastinum**

CA43.Y **Other specified abscess of lung or mediastinum**

CA43.Z **Abscess of lung or mediastinum, unspecified**

CA44 **Pyothorax**

Suppurative inflammation of the pleural space, typically due to acute bacterial infection. It can occur as a complication of pneumonia, thoracotomy, abscesses (lung, hepatic, or subdiaphragmatic), or penetrating trauma with a secondary infection.

Inclusions: empyema

pyopneumothorax

Exclusions: due to tuberculosis (1B10)

CA45 **Respiratory infections, not elsewhere classified**

Exclusions: Upper respiratory tract disorders (CA00-CA0Z)

Chronic obstructive pulmonary disease (CA22)

Certain lower respiratory tract diseases (CA20-CA2Z)

CA4Y **Other specified lung infections**

CA4Z **Lung infections, unspecified**

Lung diseases due to external agents (CA60-CA8Z)

Exclusions: Asthma (CA23)

CA60 **Pneumoconiosis**

Pneumoconiosis is a lung disease due to inhalation of minute particles and characterised pathologically by interstitial fibrosis. The different types of pneumoconiosis vary in relation to the types of inhaled particles, often accompanied by certain occupational environments.

CA60.0 Pneumoconiosis due to dust containing silica

Interstitial lung disease due to inhalation of silica dust. The accumulation of silica/silicates in lung leads to fibrosis and formation of opacities in upper lobes of lungs on chest X-ray

Exclusions: with tuberculosis (1B10-1B1Z)

CA60.00 Pneumoconiosis due to talc dust

CA60.0Y Other specified pneumoconiosis due to dust containing silica

CA60.0Z Pneumoconiosis due to dust containing silica, unspecified

CA60.1 Coal worker pneumoconiosis

Coalworker pneumoconiosis, an interstitial lung disease due to inhalation of coal dust. The accumulation of coal in the lung leads to fibrosis and formation of coal macules which are seen on chest X-ray as opacities and fibrosis

Inclusions: Black lung

Anthracosis

Anthracosilicosis

Coalworker lung

Exclusions: with tuberculosis (1B10-1B1Z)

CA60.2 Pneumoconiosis due to mineral fibres including asbestos

Asbestosis is pneumoconiosis, an interstitial lung disease due to inhalation of asbestos fibres. The accumulation of fibres in the lung leads to diffuse fibrosis and formation of opacities in lower parts of lungs on chest X-ray. Asbestos bodies may be detected in lungs and sputum

Inclusions: Asbestosis

Exclusions: Pleural plaque with presence of asbestos (CB20)

with tuberculosis (1B10-1B1Z)

CA60.3 Pneumoconiosis associated with tuberculosis

This is an occupational lung disease and a restrictive lung disease caused by the inhalation of dust, often in mines, associated with a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis.

CA60.4 Aluminosis of lung

Aluminosis is a lung disease caused by the inhalation of dusts of certain aluminium compounds

CA60.5 Bauxite fibrosis of lung

CA60.6 Berylliosis

Chronic beryllium disease also known as berylliosis is an occupational hypersensitivity disorder caused by beryllium exposure at the workplace. It is characterised by non-caseating, non-necrotising granulomata within affected organs, most frequently lung and skin.

Coded Elsewhere: Hepatic berylliosis (DB97.1)

CA60.7 Graphite fibrosis of lung

Graphite fibrosis of lung is the pulmonary damage caused by excessive inhalation of graphite.

CA60.8 Siderosis

Siderosis refers to pneumoconiosis resulting from inhalation of iron from welding fumes or from iron or hematite mine dust.

CA60.9 **Stannosis**

Stannosis is a benign non-fibrotic pneumoconiosis caused by exposure to tin oxides including stannous oxide (SnO) and stannic oxide (SnO2).

CA60.Y **Other specified pneumoconiosis**

CA60.Z **Pneumoconiosis, unspecified**

Pneumonitis (CA70-CA7Z)

Pneumonitis is a general term that refers to inflammation of lung tissue. Pneumonitis includes the non-infectious lung diseases that cause inflammation of the interstitium of the lung tissue mainly.

Exclusions: Pneumonia (CA40)

Coded Elsewhere: Chronic pneumonitis of infancy (CB04.6)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

CA70 **Hypersensitivity pneumonitis due to organic dust**

Hypersensitivity pneumonitis due to organic dust is an inflammation of the alveoli, terminal bronchioli and the interstitium within caused by hypersensitivity to inhaled organic dusts, such as allergens derived from fungal, bacterial, animal protein.

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

Exclusions: pneumonitis due to inhalation of chemicals, gases, fumes or vapours (CA81.0)

CA70.0 **Farmer lung**

Farmer's lung disease is a hypersensitivity pneumonitis, caused by inhalation of organic dust containing spores of microorganisms, often thermophilic actinomycetes and less commonly Saccharopolyspora rectivirgula, living in mouldy hay, straw, or grain. Typical symptoms include dyspnoea, cough, tiredness, headaches and occasional fever/night sweats, with acute, sub-acute or chronic clinical course and can result in chronic disability with granulomatous disease.

CA70.1 **Bagassosis**

Bagassosis is hypersensitivity pneumonitis due to inhalation of dust from bagasse (the residue of cane after extraction of sugar).

CA70.2 **Bird fancier lung**

Bird fancier lung, also called Pigeon-breeder's lung disease, is an allergic alveolitis caused by inhalation of particulate avian emanations, sometimes specified by avian species. Presentation can be acute with chills, cough, fever, shortness of breath, chest tightness usually resolving within 24h after cessation of antigen exposure, sub-acute with cough and dyspnoea over several days to weeks, whereas chronic form results in breathlessness, coughing, lack of appetite and weight loss.

CA70.3 **Suberosis**

Suberosis also known as Corkhandler disease or Corkworker lung is a type of hypersensitivity pneumonitis usually caused by the fungus Penicillium glabrum (formerly called Penicillum frequentans) from exposure to moldy cork dust. Chrysonilia sitophilia, Aspergillus fumigatus, uncontaminated cork dust, and Mucor macedo may also have significant roles in the pathogenesis of the disease.

CA70.4 **Malt worker lung**

A disease of the pulmonary system, caused by the fungi Aspergillus clavatus or Aspergillus fumigatus. This disease commonly presents with fever, chills, fatigue, weight loss, cough, headache, myalgia, or shortness of breath. Transmission is by inhalation of fungal spores. Confirmation is by identification of Aspergillus in a sputum, blood, or skin sample.

Inclusions: Alveolitis due to Aspergillus clavatus

CA70.5 **Mushroom worker lung**

Mushroom-worker's lung is occupational hypersensitivity pneumonitis due to mushroom spores and moldy compost.

CA70.6 **Maple bark stripper lung**

Maple-bark-stripper's lung is occupational hypersensitivity pneumonitis due to moldy maple bark containing Cryptostroma corticale.

Inclusions: Alveolitis due to Cryptostroma corticale

Cryptostromosis

CA70.7 **Air conditioner or humidifier lung**

A form of the sick building syndrome caused by organisms that contaminate humidifiers and the piping of air conditioner ducts. The air conditioner blows cold air containing spores of the organisms throughout the building.

CA70.Y **Other specified hypersensitivity pneumonitis due to organic dust**

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA70.Z **Hypersensitivity pneumonitis due to organic dust, unspecified**

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA71 Pneumonitis due to solids and liquids

Exclusions: Neonatal aspiration syndromes (KB26)

CA71.0 **Pneumonitis due to inhalation of food or vomit**

Acute inflammation of the lung parenchyma due to inadvertent passage of ingested solids or liquids into the airway from swallowing dysfunction or after an acute vomiting or gastroesophageal reflux episode.

Exclusions: Mendelson syndrome (CA72)

CA71.1 **Pneumonitis due to oils or essences**

Lipoid pneumonia (pneumonitis) is a rare form of pneumonia (pneumonitis) caused by inhalation or aspiration of fat containing substances like, petroleum jelly, mineral oils, few laxatives etc.

CA71.2 **Pneumonitis due to aspiration of blood**

CA71.3 **Lipoid pneumonitis**

Lipoid pneumonia (pneumonitis) refers to two types lipoid pneumonias (pneumonitises), one is Exogenous lipoid pneumonia (pneumonitis) and another is Endogenous lipoid pneumonia (pneumonitis). Exogenous lipoid pneumonia (pneumonitis) is the accumulation of aspirated oils within the alveoli and subsequent foreign body reaction. Endogenous lipoid pneumonia (pneumonitis), also called cholesterol pneumonia (pneumonitis) or golden pneumonia (pneumonitis), is a localised accumulation of lipid-laden macrophages within alveolar spaces distal to an obstructed airway.

CA71.Y **Other specified pneumonitis due to solids and liquids**

CA71.Z **Pneumonitis due to solids and liquids, unspecified**

CA72 **Mendelson syndrome**

This is chemical pneumonitis caused by aspiration during anaesthesia, especially during pregnancy. Aspiration contents may include gastric juice, blood, bile, water or an association of them.

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

Complications of anaesthesia during the puerperium (JB43)

CA7Y **Other specified pneumonitis**

CA7Z **Pneumonitis, unspecified**

CA80 **Airway disease due to specific organic dust**

Airway disease due to specific organic dust includes byssinosis, Flax-dresser disease, cannabinosis, and airway disease due to cotton dust or dusts from other vegetable fibres such as flax, hemp, or sisal or due to other specific organic dusts.

Exclusions: Farmer lung (CA70.0)

reactive airways dysfunction syndrome (CA81)

Hypersensitivity pneumonitis due to organic dust (CA70)

Bagassosis (CA70.1)

CA80.0 **Byssinosis**

Byssinosis (brown lung disease) is a lung disease caused by exposure to dusts from cotton processing, hemp and flax.

Inclusions: Airway disease due to cotton dust

CA80.1 **Flax-dresser disease**

A form of chronic obstructive pulmonary disease caused by inhalation of particles of unprocessed flax; a form of byssinosis.

CA80.2 **Cannabinosis**

Lung disease caused by exposure to dusts from the processing of cotton, hemp, cannabis and flax.

CA80.Y **Other specified airway disease due to specific organic dust**

CA80.Z **Airway disease due to specific organic dust, unspecified**

CA81 Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours

This refers to conditions affecting the organs and tissues that make gas exchange due to inhalation of chemicals, gases, fumes, and vapours.

CA81.0 **Bronchitis or pneumonitis due to chemicals, gases, fumes or vapours**

This is an inflammation of the mucous membranes of the bronchi (the larger and medium-sized airways that carry airflow from the trachea into the more distal parts of the lung parenchyma) and inflammation of lung tissue, due to chemicals, gases, fumes and vapours.

CA81.1 **Pulmonary oedema due to chemicals, gases, fumes or vapours**

CA81.2 **Upper respiratory inflammation due to chemicals, gases, fumes or vapours, not elsewhere classified**

CA81.Y **Other specified respiratory conditions due to inhalation of chemicals, gases, fumes or vapours**

CA81.Z **Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours, unspecified**

CA82 Respiratory conditions due to other external agents

CA82.0 **Acute pulmonary manifestations due to radiation**

An acute inflammatory reaction of the lung in response to repeated or high dose radiation exposure.

CA82.1 **Chronic or other pulmonary manifestations due to radiation**

A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to repeated or high dose radiation exposure.

CA82.2 **Acute drug-induced interstitial lung disorders**

An acute inflammatory reaction of the lung in response to drugs.

CA82.3 **Chronic drug-induced interstitial lung disorders**

An chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to drugs.

CA82.4 **Aspergillus-induced allergic or hypersensitivity conditions**

Coded Elsewhere: Malt worker lung (CA70.4)

Allergic aspergillus rhinosinusitis (CA0A.Y)

CA82.Y **Other specified respiratory conditions due to other external agents**

CA82.Z **Respiratory conditions due to other external agents, unspecified**

CA8Y **Other specified lung diseases due to external agents**

CA8Z **Lung diseases due to external agents, unspecified**

Respiratory diseases principally affecting the lung interstitium (CB00-CB0Z)

Coded Elsewhere: Lipoid pneumonitis (CA71.3)

CB00 **Acute respiratory distress syndrome**

Acute respiratory distress syndrome ("ARDS") is a life-threatening inflammation with oedema in the lungs which leads to severe respiratory failure. ARDS is a clinical syndrome of lung injury with hypoxic respiratory failure caused by intense pulmonary inflammation that develops after a severe physiologic insult.

Coded Elsewhere: Respiratory distress syndrome of newborn (KB23.0)

CB01 **Pulmonary oedema**

Pulmonary oedema is a condition caused by excess fluid in the lungs. This fluid collects in the numerous air sacs in the lungs, making it difficult to breathe.

Exclusions: Pulmonary oedema due to chemicals, gases, fumes or vapours (CA81.1)

Pulmonary oedema with mention of heart disease NOS or heart failure (BD11)

CB02 **Pulmonary eosinophilia**

Pulmonary eosinophilia are a heterogeneous group of disorders that share the feature of abnormally increased numbers of eosinophils.

CB02.0 **Asthmatic pulmonary eosinophilia**

Asthmatic pulmonary eosinophilia is a form of pulmonary eosinophilia associated with asthma which has been commonly attributed to fungi such as Aspergillus species. Although many cases have not shown any allergen.

CB02.1 **Idiopathic eosinophilic pneumonitis**

This is an idiopathic disease in which a certain type of white blood cell called an eosinophil accumulates in the lung. These cells cause disruption of the normal air spaces (alveoli) where oxygen is extracted from the atmosphere.

Inclusions: Idiopathic eosinophilic pneumonia

CB02.10 Idiopathic acute eosinophilic pneumonitis

Idiopathic acute eosinophilic pneumonia (pneumonitis) is characterised by acute febrile respiratory failure associated with diffuse radiographic infiltrates and eosinophilia in bronchoalveolar lavage fluid (BAL) in the absence of infection. Patients, who are initially healthy and often young, present with severe hypoxemia.

Inclusions: Idiopathic acute eosinophilic pneumonia

CB02.11 Idiopathic chronic eosinophilic pneumonitis

Idiopathic chronic eosinophilic pneumonia (pneumonitis) is a pulmonary disease characterised by subacute or chronic respiratory and general symptoms, alveolar and/or blood eosinophilia, and peripheral pulmonary infiltrates on chest imaging and blood eosinophilia in most cases.

Inclusions: Idiopathic chronic eosinophilic pneumonia

CB02.1Y Other specified idiopathic eosinophilic pneumonitis

CB02.1Z Idiopathic eosinophilic pneumonitis, unspecified

CB02.2 Tropical pulmonary eosinophilia

Tropical pulmonary eosinophilia (TPE) is a syndrome of wheezing, fever and eosinophilia seen predominantly in the Indian subcontinent and other tropical areas.[1]

The syndrome has been termed tropical eosinophilia, tropical pulmonary eosinophilia (TPE), or tropical filarial pulmonary eosinophilia (TFPE).Tropical filarial pulmonary eosinophilia (TFPE) is a clinical manifestation of lymphatic filariasis, a parasitic infection caused by filarial nematodes (roundworms) that inhabit the lymphatics and bloodstream.[2]

CB02.Y Other specified pulmonary eosinophilia

CB02.Z Pulmonary eosinophilia, unspecified

CB03 Idiopathic interstitial pneumonitis

The idiopathic interstitial pneumonias (pneumonitises) are a subset of diffuse interstitial lung diseases of unknown etiology characterised by expansion of the interstitial compartment (i.e. that portion of the lung parenchyma sandwiched between the epithelial and endothelial basement membranes) with an infiltrate of inflammatory cells. The inflammatory infiltrate is sometimes accompanied by fibrosis, either in the form of abnormal collagen deposition or proliferation of fibroblasts capable of collagen synthesis.

Inclusions: Idiopathic interstitial pneumonia

CB03.0 Acute interstitial pneumonitis

Acute interstitial pneumonia (pneumonitis), also referred to as Hamman-Rich syndrome, is a rapidly progressive and histologically distinct form of idiopathic interstitial pneumonia (pneumonitis).

CB03.1 **Combined pulmonary fibrosis and emphysema syndrome**

Combined pulmonary fibrosis and emphysema (CPFE) is a syndrome of combined emphysema of the upper lobes and fibrosis of the lower lobes defined on chest computed tomography, and characterised by subnormal spirometry, severe impairment of gas exchange, high prevalence of pulmonary hypertension, and poor survival.

Characteristic functional profile of CPEF is strongly impaired carbon monoxide diffusing capacity of the lung, and hypoxaemia at exercise, with preserved lung volumes. Despite subnormal spirometry, which may be responsible

for its under recognition, CPFE is a severe entity. The presence of pulmonary arterial hypertension at diagnosis is a critical determinant of prognosis.

CB03.2 **Cryptogenic organizing pneumonitis**

Cryptogenic organizing pneumonia (pneumonitis) (COP) or bronchiolitis obliterans with organizing pneumonia (pneumonitis) (BOOP) is an inflammatory, non-infectious lung disease with distinctive clinical, radiological and pathological features, and that responds to corticosteroid therapy.

CB03.3 **Desquamative interstitial pneumonitis**

This is a form of idiopathic interstitial pneumonia (pneumonitis) featuring elevated levels of macrophages.

Inclusions: Desquamative interstitial pneumonia

CB03.4 **Idiopathic pulmonary fibrosis**

Idiopathic pulmonary fibrosis (IPF) is defined as a specific form of chronic, progressive fibrosing interstitial pneumonia (pneumonitis) of unknown cause, occurring primarily in older adults, limited to the lungs, and associated with the histopathologic and/or radiologic pattern of UIP. The definition of IPF requires the exclusion of other forms of interstitial pneumonia (pneumonitis) including other idiopathic interstitial pneumonias (pneumonitis) and Interstitial Lung Disease (ILD) associated with environmental exposure, medication, or systemic disease.

CB03.5 **Lymphoid interstitial pneumonia**

This refer to several conditions in which lymphocytes are produced in excessive quantities. They typically occur in patients who have compromised immune systems. They are sometimes equated with "immunoproliferative disorders", but technically Lymphoproliferative disorders are a subset of immunoproliferative disorders, along with hypergammaglobulinemia and paraproteinaemias.

CB03.6 **Respiratory bronchiolitis - interstitial lung disease**

Respiratory bronchiolitis - interstitial lung disease is a mild inflammatory pulmonary disorder developed by cigarette smokers and characterised by shortness of breath and cough, pulmonary function abnormalities of mixed restrictive and obstructive lung disease and high resolution CT scanning showing centrilobular micronodules, ground glass opacities and peribronchiolar thickening.

CB03.Y **Other specified idiopathic interstitial pneumonitis**

CB03.Z **Idiopathic interstitial pneumonitis, unspecified**

CB04 Primary interstitial lung diseases specific to infancy or childhood

CB04.0 Diffuse pulmonary developmental disorders

CB04.1 Pulmonary lymphatic dysplasia syndromes

Coded Elsewhere: Yellow nail syndrome (EE11.1)

Congenital pulmonary lymphangiectasia (LA75.Y)

CB04.2 Disorders of surfactant metabolism

Primary interstitial lung disease specific to childhood due to pulmonary surfactant protein anomalies is a group of interstitial lung diseases (ILD) induced by genetic mutations disrupting surfactant function and gas exchange in the lung. The disorders caused by these mutations affect full-term infants and older children and exhibit considerable overlap in their clinical and histologic presentation

CB04.3 Alveolar or peri-alveolar conditions

CB04.30 Idiopathic pulmonary haemosiderosis

Idiopathic pulmonary hemosiderosis is a respiratory disease due to repeated episodes of diffuse alveolar haemorrhage without any underlying apparent cause, most often in children. anaemia, cough, and pulmonary infiltrates on chest radiographs are found in majority of the patients.

CB04.31 Pulmonary alveolar proteinosis

This is a rare lung disease in which abnormal accumulation of surfactant occurs within the alveoli, interfering with gas exchange. PAP can occur in a primary form or secondarily in the settings of malignancy (especially in myeloid leukemia), pulmonary infection, or environmental exposure to dusts or chemicals.

CB04.3Y Other specified alveolar or peri-alveolar conditions

CB04.3Z Alveolar or peri-alveolar conditions, unspecified

CB04.4 Pulmonary capillaritis

Isolated pauciimmune pulmonary capillaritis is a small vessel vasculitis restricted to the lungs that may induce diffuse alveolar haemorrhage with dyspnoea, anaemia, chest pain, haemoptysis, bilateral and diffuse alveolar infiltrates at chest X-rays, without any underlying systemic disease. ANCA are frequently positive but could be negative.

CB04.5 Brain-lung-thyroid syndrome

Brain-lung-thyroid syndrome is a rare disorder characterised by congenital hypothyroidism, infant respiratory distress syndrome (IRDS) and benign hereditary chorea.

CB04.6 **Chronic pneumonitis of infancy**

Chronic pneumonitis of infancy is a rare paediatric form of interstitial lung disease (ILD) sharing clinical and radiologic features with other forms of ILD (cough, tachypnoea, and infiltrative opacities on chest imaging) and harbouring specific histological abnormalities including diffuse thickening of alveolar septa, hyperplasia of type 2 alveolar epithelial cells (AEC), and presence of primitive mesenchymal cells within the alveolar septa.

CB04.7 **Neuroendocrine cell hyperplasia of infancy**

Neuroendocrine cell hyperplasia of infancy is a non-lethal paediatric form of interstitial lung disease (ILD) characterised by tachypnoea and respiratory distress without respiratory failure.

CB04.Y **Other specified primary interstitial lung diseases specific to infancy or childhood**

CB04.Z **Primary interstitial lung diseases specific to infancy or childhood, unspecified**

CB05 Interstitial lung diseases associated with systemic diseases

This refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with diseases that affect a number of organs and tissues, or affects the body as a whole.

Coding Note: Code also the causing condition

CB05.0 **Diffuse alveolar damage**

This is a histological pattern in lung disease. It is seen in acute respiratory distress syndrome (ARDS), transfusion related acute lung injury (TRALI) and acute interstitial pneumonia (pneumonitis) (AIP).

CB05.1 **Interstitial lung diseases associated with connective tissue diseases**

Interstitial lung diseases associated with connective tissue diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with connective tissue diseases.

Coding Note: Code also the causing condition

Coded Elsewhere: Respiratory disorders in juvenile dermatomyositis (CB40.Y)

Respiratory disorders in other dermatomyositis (CB40.Y)

Respiratory disorders in polymyositis (CB40.Y)

Respiratory disorders in Sjögren syndrome (CB40.Y)

Respiratory disorders in systemic lupus erythematosus (CB40.Y)

Respiratory disorders in systemic sclerosis (CB40.Y)

CB05.2 **Interstitial lung diseases associated with granulomatous diseases**

Interstitial lung diseases associated with granulomatous diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with granulomatous diseases, such as sarcoidosis.

Coded Elsewhere: Sarcoidosis of lung (4B20.0)

Sarcoidosis of lung with sarcoidosis of lymph nodes (4B20.Y)

CB05.3 **Interstitial lung diseases associated with metabolic diseases**

Interstitial lung diseases associated with metabolic diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a large class of genetic diseases involving disorders of metabolism.

Coding Note: Code also the causing condition

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Hermansky-Pudlak syndrome with pulmonary fibrosis (EC23.20)

CB05.4 **Interstitial lung diseases associated with systemic vasculitides**

Interstitial lung diseases associated with systemic vasculitides refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a type of small vessel vasculitis.

Coded Elsewhere: Respiratory disorders in Wegener's granulomatosis (CB40.Y)

CB05.40 Respiratory disorders in Churg-Strauss syndrome

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in a medium and small vessel autoimmune vasculitis, leading to necrosis.

CB05.41 Respiratory disorders in microscopic polyangiitis

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in an ill-defined autoimmune disease characterised by a systemic, pauci-immune, necrotizing, small-vessel vasculitis without clinical or pathological evidence of necrotizing granulomatous inflammation.

CB05.4Y Other specified interstitial lung diseases associated with systemic vasculitides

CB05.4Z Interstitial lung diseases associated with systemic vasculitides, unspecified

CB05.5 **Secondary pulmonary haemosiderosis**

Secondary pulmonary hemosiderosis is a respiratory disease due to the deposition of hemosiderin-laden macrophages in lungs as a result of repeated alveolar haemorrhage secondary to another disease, especially dysimmunitary disorders (i.e. Heiner syndrome, autoimmune diseases), thrombotic disorders and cardiovascular disorders such as mitral stenosis. It manifests as a triad of haemoptysis, anaemia and diffuse parenchymal infiltrates on chest radiography

Coding Note: Code also the causing condition

CB05.Y **Other specified interstitial lung diseases associated with systemic diseases**

Coding Note: Code also the causing condition

CB05.Z **Interstitial lung diseases associated with systemic diseases, unspecified**

Coding Note: Code also the causing condition

CB06 **Pulmonary alveolar microlithiasis**

Pulmonary alveolar microlithiasis is an idiopathic rare disease in which concretions composed of calcium and phosphorus collect in alveolar spaces. A systemic disorder of calcium metabolism has not been identified, and the serum calcium and phosphate levels are normal. Cough and dyspnoea are the most common presenting symptoms. Expectorated microliths have been reported. Inspiratory crackles, finger clubbing, and signs of cor pulmonale may be present in more advanced disease.

CB07 **Lymphangioleiomyomatosis**

Lymphangioleiomyomatosis (LAM) is a multiple cystic lung disease characterised by progressive cystic destruction of the lung and lymphatic abnormalities, frequently associated with renal angiomyolipomas (AMLs). LAM occurs either sporadically or as a manifestation of tuberous sclerosis complex (TSC,).

CB07.0 Lymphangioleiomyomatosis associated with tuberous sclerosis complex

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). This diagnosis is associated with a rare multi-system genetic disease that causes non-malignant tumours to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin.

CB07.1 Sporadic lymphangioleiomyomatosis

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). LAM occurs in a sporadic form, which affects only females, usually of childbearing age; LAM also occurs in patients who have tuberous sclerosis.

CB07.Y Other specified lymphangioleiomyomatosis

CB07.Z Lymphangioleiomyomatosis, unspecified

CB0Y **Other specified respiratory diseases principally affecting the lung interstitium**

CB0Z **Respiratory diseases principally affecting the lung interstitium, unspecified**

Pleural, diaphragm or mediastinal disorders (CB20-CB2Z)

Pleural, diaphragm and mediastinal disorders are disorders of the potential space between the two pleura (visceral and parietal) of the lungs, disorders of the diaphragm and mediastinum. The mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity.

CB20 Pleural plaque

Deposits of hyalinized collagen fibres in the parietal pleura that result from chronic inflammation. Most commonly associated with past exposure to asbestos, typically becoming visible years after inhalation of the inciting exposure.

CB21 Pneumothorax

Pneumothorax is an abnormal collection of air or gas in the pleural space that separates the lung from the chest wall, and that may interfere with normal breathing.

Exclusions: pyopneumothorax (CA44)

pneumothorax: tuberculous (not confirmed) (1B10.1)

Traumatic pneumothorax (NB32.0)

pneumothorax: tuberculous (confirmed) (1B10.0)

Coded Elsewhere: Pneumothorax originating in the perinatal period (KB27.1)

CB21.0 Spontaneous tension pneumothorax

A tension pneumothorax is present when the intrapleural pressure is greater than atmospheric throughout expiration and often during inspiration as well. The mechanism responsible for tension pneumothorax is the disruption of the visceral or parietal pleura in such a manner that a one-way valve develops. A tension pneumothorax can occur after any type of pneumothorax; it is independent of the etiology. It can sometimes occur after a spontaneous pneumothorax but is more common after a traumatic pneumothorax, with mechanical ventilation, or during cardiopulmonary resuscitation.

CB21.1 **Other spontaneous pneumothorax**

Spontaneous pneumothorax that is not tension pneumothorax is included in this classification

They include primary spontaneous pneumothorax without tension and secondary spontaneous pneumothorax without tension. Primary spontaneous pneumothorax occurs in patients without underlying pulmonary disease, classically in tall, thin young men in their teens and 20s. It is thought to be due to spontaneous rupture of subpleural apical blebs or bullae that result from smoking or that are inherited. It generally occurs at rest, although some cases occur during activities involving reaching or stretching. Primary spontaneous pneumothorax also occurs during diving and high-altitude flying because of unequally transmitted pressure changes in the lung. Secondary spontaneous pneumothorax occurs in patients with underlying pulmonary disease. It most often results from rupture of a bleb or bulla in patients with severe COPD, HIV-related Pneumocystis jirovecii infection, cystic fibrosis, or any underlying pulmonary parenchymal disease Secondary spontaneous pneumothorax is more serious than primary spontaneous pneumothorax because it occurs in patients whose underlying lung disease decreases their pulmonary reserve.

CB21.Y **Other specified pneumothorax**

CB21.Z **Pneumothorax, unspecified**

CB22 Diseases of mediastinum, not elsewhere classified

This refers to diseases of the mediastinum where the mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity

Exclusions: Abscess of mediastinum (CA43.3)

CB22.0 **Fibrosing mediastinitis**

Fibrosing mediastinitis, also known as sclerosing mediastinitis or mediastinal fibrosis, is a disorder characterised by an excessive fibrotic reaction in the mediastinum. It can result in compromise of airways, great vessels, and other mediastinal structures, with morbidity directly related to the location and extent of fibrosis. The commonest cause is histoplasmosis, of which it is a rare late complication, but it may also occur in association with other infections and with systemic autoimmune disorders such as Behçet disease, granulomatosis with polyangiitis and retroperitoneal fibrosis.

CB22.Y **Other specified diseases of mediastinum, not elsewhere classified**

CB22.Z **Diseases of mediastinum, not elsewhere classified, unspecified**

CB23 Disorders of diaphragm

This category includes the abnormalities of diaphragmatic position or motion (paralysis, relaxation, and acquired deformity) and the inflammation of the diaphragm, but neoplasms of the diaphragm, congenital malformation of diaphragm, and diaphragmatic hernias are included in other categories.

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Structural developmental anomalies of diaphragm (LB00)

CB24 **Chylous effusion**

A chylothorax (chylous effusion) signifies leakage of chyle from the thoracic duct. A pleural fluid triglyceride concentration of more than 110 mg per decilitre signifies a high likelihood of chylothorax, whereas a triglyceride concentration below 50 mg per decilitre makes chylothorax highly unlikely.

Inclusions: Chyliform effusion

CB25 **Fibrothorax**

Fibrothorax results from fibrosis of the visceral pleura, and is clinically manifested by decreased respiratory excursion and restrictive pulmonary physiology. There are two distinct mechanisms that can lead to the formation of fibrothorax: 1) Most often, fibrothorax develops as a consequence of pleural inflammation in patients with pleural effusions, including hemothorax, tuberculous effusion, or chronic empyema; 2) Less frequently, fibrothorax results from pulmonary parenchymal disease, and can be seen in patients with tuberculosis, bronchiectasis, or lung abscess.

CB26 **Haemothorax**

Hemothorax is the presence of blood with or without air in the pleural space. The most common cause is chest trauma. Hemothorax should be considered to be present when the haematocrit of the pleural fluid is more than half that of the peripheral blood. A number of bleeding sites may be responsible for the hemothorax, including pulmonary laceration, intercostal vessel laceration, and rupture of pleural adhesions.

CB27 **Pleural effusion**

Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces.

Coding Note: Code also the causing condition

Inclusions: Pleurisy with effusion

Exclusions: Tuberculosis of the respiratory system (1B10)

Chylous effusion (CB24)

Pleurisy (MD31)

CB2Y **Other specified pleural, diaphragm or mediastinal disorders**

CB2Z **Pleural, diaphragm or mediastinal disorders, unspecified**

CB40 **Certain diseases of the respiratory system**

Coding Note: Code also the causing condition

Coded Elsewhere: Pulmonary sporotrichosis (1F2J.2)

Alpha-1-antitrypsin deficiency (5C5A)

Airway obstruction in the neonate due to airway abnormality (KB2J)

CB40.0 **Ciliary dyskinesia**

Defective function of the cilia lining the respiratory tract (lower and upper, sinuses, Eustachian tube, middle ear) resulting in altered mucociliary transport and manifesting as recurrent upper and lower respiratory infection, chronic productive cough, chronic rhinosinusitis or persistent otitis media. Acquired forms result from respiratory tract injury associated especially with respiratory infections such as bronchiolitis or chronic obstructive pulmonary disease. The rare primary forms are inherited as autosomal recessive disorders presenting early in life and typically progressing to bronchiectasis; they may be associated with infertility in men and women due to abnormal sperm motility or fallopian tube function respectively.

Coded Elsewhere: Primary ciliary dyskinesia (LA75.Y)

Syndromic ciliary dyskinesia (LA75.Y)

CB40.1 **Young syndrome**

Young syndrome is characterised by the association of obstructive azoospermia with recurrent sinobronchial infections.

CB40.2 **Pulmonary collapse**

Inclusions: Atelectasis

Exclusions: Primary atelectasis of newborn (KB2B)

atelectasis (of): tuberculous (not confirmed) (1B10.1)

atelectasis (of): tuberculous (confirmed) (1B10.0)

CB40.3 **Interstitial emphysema**

This is a collection of air outside of the normal air passages in the body and instead is found inside the connective tissue of the peribronchovascular sheaths, interlobular septa, and visceral pleura. This collection develops as a result of alveolar and terminal bronchiolar rupture.

Exclusions: emphysema: NOS (CA21)

emphysema: surgical (subcutaneous) (NE81)

Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)

Coded Elsewhere: Pneumomediastinum originating in the perinatal period (KB27.2)

Interstitial emphysema originating in the perinatal period (KB27.0)

CB40.4 **Compensatory emphysema**

Compensatory emphysema is a condition in which one portion of the lung increases in size and function, when another portion is destroyed or temporarily useless. It occurs, for instance, in association with pneumonias, pleural effusions and pneumothorax. Anatomically, there is found an enlargement of the normal lung; there are no variations from the normal structure; the unaffected lung, as a result of distention, has an increased vital capacity and is able to perform a greater amount of work than when in its usual condition. The tissues show no similarity to those truly emphysematous. This change is in no way related to true emphysema and the term should not be used, as it creates great confusion in the literature. Its use is no more justified than that of speaking of the compensatory enlargement of a kidney, when the opposite kidney has been removed, as of a compensatory nephritis. True emphysema can never compensate for diseased lung tissue, because the emphysematous lung is totally or almost totally functionless.

CB40.Y **Other specified diseases of the respiratory system**

Coding Note: Code also the causing condition

CB41 Respiratory failure

Respiratory failure is a life-threatening impairment of oxygenation or CO2 elimination. Respiratory failure may occur because of impaired gas exchange, decreased ventilation, or both. The level of oxygen in the blood becomes dangerously low or the level of carbon dioxide becomes dangerously high.

Coding Note: Code also the causing condition

Exclusions: Acute respiratory distress syndrome (CB00)

Respiratory arrest (MD33)

Respiratory distress of newborn (KB23)

CB41.0 **Acute respiratory failure**

Respiratory failure can be acute (short term) or chronic (ongoing), using time as the main parameter. In acute respiratory failure hypoxemia occurs over a period of hours to days (less than 7 days), and acute respiratory failure can develop quickly and may require emergency treatment.

Coding Note: Code also the causing condition

CB41.00 Acute respiratory failure, Type I

When acute respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic acute respiratory failure.

Coding Note: Code also the causing condition

CB41.01 Acute respiratory failure, Type II

When acute respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic acute respiratory failure.

Coding Note: Code also the causing condition

CB41.0Z Acute respiratory failure, unspecified

Coding Note: Code also the causing condition

CB41.1 **Chronic respiratory failure**

In chronic respiratory failure hypoxemia occurs over a period of weeks to months (more than seven days), and chronic respiratory failure develops more slowly and lasts longer than acute respiratory failure.

Coding Note: Code also the causing condition

CB41.10 Chronic respiratory failure, Type I

When chronic respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic chronic respiratory failure.

CB41.11 Chronic respiratory failure, Type II

When chronic respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic chronic respiratory failure.

CB41.1Z Chronic respiratory failure, unspecified

Coding Note: Code also the causing condition

CB41.2 **Respiratory failure, unspecified as acute or chronic**

This is inadequate gas exchange by the respiratory system, with the result that levels of arterial oxygen, carbon dioxide or both cannot be maintained within their normal ranges, unspecified.

Coding Note: Code also the causing condition

CB41.20 Respiratory failure, unspecified, Type I

This is when the PaCO2 may be normal or low. It is typically caused by a ventilation/perfusion (V/Q) mismatch; the volume of air flowing in and out of the lungs is not matched with the flow of blood to the lungs. The basic defect in type 1 respiratory failure is failure of oxygenation

CB41.21 Respiratory failure, unspecified, Type II

Type 2 respiratory failure is caused by inadequate ventilation; both oxygen and carbon dioxide are affected. Defined as the build up of carbon dioxide levels (PaCO2) that has been generated by the body.

CB41.2Z Respiratory failure, unspecified

Coding Note: Code also the causing condition

Postprocedural disorders of the respiratory system (CB60-CB64)

Exclusions: Acute pulmonary manifestations due to radiation (CA82.0)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

CB60 **Tracheostomy malfunction**

CB61 **Chronic pulmonary insufficiency following surgery**

CB62 **Postprocedural subglottic stenosis**

CB63 **Postprocedural stenosis of the trachea**

CB64 **Transfusion related acute lung injury**

This is a serious blood transfusion complication characterised by the acute onset of non-cardiogenic pulmonary oedema following transfusion of blood products.

CB7Z **Diseases of the respiratory system, unspecified**

CHAPTER 13

Diseases of the digestive system

This chapter has 156 four-character categories.

Code range starts with DA00

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Neoplasms (Chapter 02)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Coded Elsewhere: Digestive system disorders of fetus or newborn (KB80-KB8Z)

Symptoms, signs or clinical findings of the digestive system or abdomen (MD80-ME4Y)

Structural developmental anomalies of the digestive tract (LB10-LB1Z)

Diseases of the digestive system complicating pregnancy, childbirth or the puerperium (JB64.6)

This chapter contains the following top level blocks:

- Diseases or disorders of orofacial complex
- Diseases of oesophagus
- Diseases of the stomach or the duodenum
- Diseases of small intestine
- Diseases of appendix
- Diseases of large intestine
- Diseases of anal canal
- Diseases of liver
- Diseases of gallbladder or biliary tract
- Diseases of pancreas
- Diseases of peritoneum
- Diverticular disease of intestine
- Ischaemic vascular disorders of intestine
- Hernias
- Inflammatory bowel diseases
- Functional gastrointestinal disorders

- Postprocedural disorders of digestive system

Diseases or disorders of orofacial complex (DA00-DA0Z)

Morbid process, derangement or abnormality localised in the mouth or related tissues of the face

Coded Elsewhere: Structural developmental anomalies of mouth or tongue (LA31)
Symptoms or signs of the orofacial complex (MD80)
Jaw pain (ME86.9)

DA00 Disorders of lips

A group of any derangement or condition effecting the normal structure and function of the lips resulting from developmental or traumatic factors or systemic disease.

Coded Elsewhere: Lichen planus of lips (EA91.Y)

DA00.0 Cheilitis

Cheilitis is the generic term given to inflammatory conditions of the lip.

Coded Elsewhere: Actinic cheilitis (EK90.Y)

DA00.1 Self-induced lip trauma

Self-inflicted damage to lips by biting, picking, chewing etc.

Coded Elsewhere: Artefactual cheilitis (ED00)

DA00.2 Pigmentary abnormalities of lips

This is an abnormality in the material that changes the colour of reflected or transmitted light as the result of wavelength-selective absorption, of the lips.

DA00.3 Lip fissure

DA00.Y Other specified disorders of lips

DA01 Disorders of oral mucosa

Inflammation of the soft tissues of the mouth, such as mucosa; palate; gingiva; and / or lip, as well as any associated any pathological or traumatic discontinuity of tissue

Exclusions: Noma (DA0C.31)
gangrenous stomatitis (1C1H)
Cheilitis (DA00.0)
cancrum oris (DA0C.31)

Coded Elsewhere: Lichen planus and lichenoid reactions of oral mucosa (EA91.4)
Oral submucous fibrosis (DA02.2)
Oral allergy syndrome (EK10.0)
Contact gingivostomatitis (DA02.3)
Neonatal disorders of the oral mucosa (KC23)

DA01.0 Disturbances of oral epithelium

Coded Elsewhere: Cheek-biting (6B25.Y)

DA01.00 Leukoplakia

Leukoplakia is a condition where areas of keratosis appear as adherent white patches on the mucous membranes of the oral cavity. Leukoplakia may affect other gastrointestinal tract mucosal sites, or mucosal surfaces of the urinary tract and genitals.

Inclusions: Leukoplakia of gingiva

Exclusions: Hairy leukoplakia (DA01.01)

DA01.01 Hairy leukoplakia

Oral hairy leukoplakia is a focal epithelial hyperplasia of the oral mucosa associated with Epstein-Barr virus. It is closely associated with HIV and occurs in both immunocompromised and immunocompetent HIV-infected individuals. It is also, however, found in uninfected people who are immunosuppressed, e.g. organ transplant recipients. It presents as white patches with a corrugated or hairy appearance affecting particularly the lateral borders of the tongue.

DA01.02 Wandering rash of the mouth

The counterpart of geographic tongue affecting other parts of the oral epithelium. It is less common than geographic tongue.

DA01.0Y Other specified disturbances of oral epithelium

DA01.1 **Noninfectious erosive or ulcerative disorders of oral mucosa**

A group of erosive and ulcerative disorders of oral mucosa without infection.

Coded Elsewhere: Oral pemphigus (EB40.00)

Stevens-Johnson syndrome (EB13.0)

Pyodermatitis–pyostomatitis vegetans (EL3Y)

Lupus erythematosus of oral mucosa (4A40.Y)

DA01.10 Oral aphthae or aphtha-like ulceration

This is a frequent small, shallow, painful ulcerations in the oral mucosa. Recurrent oral ulceration that clinically resembles recurrent aphthous stomatitis but presents atypically, including commencement after adolescence, with fever, with a strong family history, or failing to resolve with age.

Coded Elsewhere: Oropharyngeal ulceration due to Behçet disease (4A62)

DA01.11 Oral mucositis

Ulcerative mucositis is the inflammation of the oral mucosa with inflammation, ulceration and frequently with bleeding.

DA01.12 Chronic ulcerative stomatitis

Chronic ulcerative stomatitis (CUS) is a rare disease which presents with chronic oral mucosal erosions and ulceration resembling erosive lichen planus but refractory to standard therapies. It typically occurs in older women. Diagnosis requires the demonstration of speckled granular perinuclear IgG deposits in the basal and parabasal layers of oral epithelium (stratified epithelium-specific antinuclear or SES-ANA pattern). There is increasing evidence that CUS is an autoimmune disease provoked by circulating IgG antibodies directed against delta-Np63, an isoform of the p53 family of nuclear transcription factors which is present around the nuclei of normal oral epithelial basal keratinocytes. CUS normally responds to treatment with hydroxychloroquine.

DA01.13 Erythema multiforme with oral ulceration

This is a skin condition of unknown cause, possibly mediated by deposition of immune complex (mostly IgM) in the superficial microvasculature of the skin and oral mucous membrane that usually follows an infection or drug exposure.

DA01.14 Drug-induced oral ulcer

Ulceration of the oral mucosa attributable to medication. Non-steroidal anti-inflammatory drugs (NSAIDs) and cytotoxic drugs such as methotrexate and n are well recognised causes but many others have been incriminated.

DA01.15 Mouth ulcers

Oral ulceration of other specified or unspecified type.

Exclusions: Mechanical oral ulceration (DA01.1)

Drug-induced oral ulcer (DA01.14)

DA01.1Y Other specified noninfectious erosive or ulcerative disorders of oral mucosa

DA01.2 **Granuloma or granuloma-like lesions of oral mucosa**

This is a specific type of chronic inflammatory response of the oral mucosa characterised by a localised accumulation of epithelioid macrophages, multi nucleate giant cells, and lymphocytes.

Inclusions: Denture granuloma

Coded Elsewhere: Sarcoidosis of oral cavity (4B20.Y)

Crohn disease of lips or oral mucosa (DD70.0)

DA01.20 Giant cell granuloma, central

A benign condition of the jaws. It is twice as likely to affect women and is more likely to occur in individuals between the age of 20 and 40. Central giant cell granulomas are more common in the mandible and often cross the midline.

Exclusions: peripheral giant cell granuloma (DA0D)

DA01.21 Orofacial granulomatosis

Orofacial granulomatosis (OFG) is an uncommon clinicopathological entity characterised by persistent and/or recurrent lymphoedema and fissuring of the lips and oral mucosa (the latter resulting in a "cobblestone" appearance), oral ulceration and the presence on biopsy of non-caseating granulomas. OFG may be an early manifestation of Crohn disease, sometimes presenting months or years before bowel disease. Some cases are associated with dental infections, sarcoidosis, food allergy or contact allergy. Granulomatous cheilitis is a form of OFG confined to the lips. Rarely, OFG may be associated with fissured tongue and facial palsy (Melkersson-Rosenthal syndrome).

Coded Elsewhere: Granulomatous cheilitis (DA00.0)

DA01.2Y Other specified granuloma or granuloma-like lesions of oral mucosa

DA01.3 **Infections of lips or oral mucosa**

A group of conditions characterised by the invasion of lips and oral mucosa by harmful organisms (pathogens), such as bacteria, fungi, protozoa, rickettsiae, or viruses.

Coded Elsewhere: Enteroviral vesicular stomatitis (1F05.0)

Enteroviral vesicular pharyngitis (1F05.1)

Candidosis of lips or oral mucous membranes (1F23.0)

Warts of lips or oral cavity (1E82)

Angular cheilitis due to bacterial infection (DA00.0)

DA01.30 Cellulitis or abscess of soft tissues of the mouth

Infection of the soft tissues of the mouth resulting in cellulitis and/or abscess formation.

Exclusions: Peritonsillar abscess (CA0K.1)

Abscess of salivary gland (DA04.3)

Periapical abscess without sinus (DA09.62)

Periapical abscess with sinus (DA09.61)

Periapical abscess with facial involvement (DA09.60)

Coded Elsewhere: Abscess of periodontium (DA0C.4)

DA01.3Y Other specified infections of lips or oral mucosa

DA01.4 **Irritative hyperplasia of oral mucosa**

Exclusions: irritative hyperplasia of edentulous ridge [denture hyperplasia] (DA0D.2)

DA01.40 Papillary hyperplasia of oral mucosa

This is an oral pathologic condition that appears in the mouth as an overgrowth of tissue usually beneath a denture and is associated with poor denture hygiene, denture overuse, and ill-fitting dentures.

DA01.41 Denture hyperplasia

DA01.42 Oral fibroepithelial polyp

DA01.4Z Irritative hyperplasia of oral mucosa, unspecified

DA01.Y **Other specified disorders of oral mucosa**

DA02 Miscellaneous specified disorders of lips or oral mucosa

Exclusions: Diseases of tongue (DA03)

Cysts of oral or facial-neck region (DA05)

Certain specified disorders of gingiva or edentulous alveolar ridge (DA0D)

Coded Elsewhere: Drug-induced oral conditions (EH74)

DA02.0 **Genetic or developmental disorders involving lips or oral mucosa**

A group of genetic and developmental disorders characterised by abnormal facial development that particularly involves the lips and oral mucosa.

Coded Elsewhere: Chronic mucocutaneous candidosis (1F23.14)

Peutz-Jeghers syndrome (LD2D.0)

Hereditary haemorrhagic telangiectasia (LA90.00)

Pachyonychia congenita (LD27.Y)

Cowden syndrome (LD2D.Y)

Dyskeratosis congenita (3A70.0)

Heterotopic sebaceous glands of lips (ED91.0)

Heterotopic sebaceous glands of oral mucosa (ED91.0)

DA02.1 **Xerostomia**

Dry mouth. This may result from many causes including dehydration, salivary gland dysfunction, suppression of saliva production by drugs (e.g. anticholinergics) or habitual mouth-breathing.

DA02.2 **Oral submucous fibrosis**

DA02.3 **Contact gingivostomatitis**

Inflammation of the gingivae and oral mucosa due to contact with irritants or allergens but without specification of which mechanism is involved.

DA02.30 Allergic contact gingivostomatitis

Allergic contact dermatitis affecting the gingivae and oral mucosa.

DA02.31 Irritant contact gingivostomatitis

Inflammation of gingivae and oral mucosa due to contact with irritants.

DA03 Diseases of tongue

Any pathological process effecting the structural tissues of the tongue with or without interference of its normal functions.

Exclusions: leukoplakia of tongue (DA01.00)
erythroplakia of tongue (DA01.0)
leukoedema of tongue (DA01.0)
Hairy leukoplakia (DA01.01)
submucous fibrosis of tongue (DA02.2)
Ankyloglossia (LA31.2)

Coded Elsewhere: Sublingual varices (BD75.0)

DA03.0 Glossitis

Inflammation of the tongue

Exclusions: atrophic glossitis (DA03.2)

DA03.1 Geographic tongue

A condition characterised by migratory glossitis and loss of dorsal papillae with a map-like appearance that gives origin to the name.

Inclusions: Benign migratory glossitis
Glossitis areata exfoliativa
Erythema migrans of tongue

DA03.2 Atrophy of tongue papillae

Inclusions: Atrophic glossitis
Central Papillary atrophy of the tongue

DA03.3 Median rhomboid glossitis

DA03.4 Hypertrophy of tongue papillae

Inclusions: Hypertrophy of foliate papillae

DA03.5 Macroglossia

Macroglossia is the medical term for a large or enlarged tongue. It may be due to a variety of congenital and acquired conditions. Isolated macroglossia has no determinable cause. It is seen commonly in Down syndrome. The most common causes of tongue enlargement are vascular malformations (e.g. lymphangioma or haemangioma) and muscular hypertrophy. It may, however, be due to infiltration, as with primary systemic amyloidosis.

Coded Elsewhere: Congenital macroglossia (LA31.0)
Macroglossia due to primary systemic amyloidosis (5D00.Y)

DA03.Y Other specified diseases of tongue

DA04 Diseases of salivary glands

A group of diseases with any pathological condition that affects the structural tissues of the salivary glands or the salivary ducts which may or not interfere with the normal production and transport of saliva into the oral cavity.

Coded Elsewhere: Aplasia of lacrimal or salivary glands (LA14.10)

Uveoparotid fever (4B20.Y)

DA04.0 Atrophy of salivary gland

Salivary gland atrophy is a wasting or decrease in size of salivary gland, which is not sufficient to cause necrosis. It may occur in response to poor nutrition, lack of use (disuse or immobilization), reduction in blood supply, loss of nerve supply, chronic cell injury, or ageing etc. It is including Sjögren's syndrome, irradiation therapy and obstructive sialadenitis.

DA04.1 Hypertrophy of salivary gland

DA04.2 Sialoadenitis

Sialoadenitis (or Sialadenitis) is an inflammation of the salivary gland. It is often associated with pain, tenderness, redness, and gradual localised swelling of the affected area.

Exclusions: epidemic parotitis (1D80.0)

Uveoparotid fever (4B20)

DA04.3 Abscess of salivary gland

This is a collection of pus (neutrophils) that has accumulated within the salivary gland because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials.

DA04.4 Sialolithiasis

Sialolithiasis is a condition where a calcified mass forms within a salivary gland, usually in the duct of the submandibular gland. The usual symptoms are pain and swelling of the affected salivary gland, both of which get worse when salivary flow is stimulated.

Inclusions: Calculus of salivary gland or duct

Stone of salivary gland or duct

DA04.5 Mucocele of salivary gland

This is a clinical term used to describe a bluish, soft, often fluctuant swelling caused by either blockage or rupture of a salivary gland duct.

DA04.6 Disturbances of salivary secretion

A group of conditions characterised by an increase or decrease in saliva secretion.

Exclusions: Dry mouth (DA02.1)

Coded Elsewhere: Xerostomia due to disturbance of salivary secretion (DA02.1)

DA04.7 Sialophagia

Excessive swallowing of saliva

DA04.8 **Sialoschesis**

Suppression of the secretion of saliva.

DA04.Y **Other specified diseases of salivary glands**

DA04.Z **Diseases of salivary glands, unspecified**

DA05 **Cysts of oral or facial-neck region**

Cysts of oral or facial-neck region, having a distinct epithelial lining and division compared to the nearby tissue, which may contain air, fluids, or semi-solid material.

Exclusions: Radicular cyst (DA09.8)

Coded Elsewhere: Epstein pearl (KC23)

DA05.0 **Developmental odontogenic cysts**

Cysts derived from odontogenic (tooth forming) tissue, usually containing fluid or semisolid material, which develop during various stages of odontogenesis.

DA05.1 **Developmental nonodontogenic cysts of oral region**

Cysts that arise from non-odontogenic (non-tooth forming) tissue. By definition, the cysts are lined by epithelium. These cysts include for example; nasopalatine duct cyst, palatal cyst of the neonate, globulomaxillary cyst and more.

DA05.Y **Other specified cysts of oral or facial-neck region**

DA05.Z **Cysts of oral or facial-neck region, unspecified**

DA06 **Certain specified diseases of jaws**

A group of diseases which are associated with the jaws and which are not classified elsewhere.

DA06.0 **Inflammatory conditions of jaws**

Exclusions: Cervicofacial actinomycosis (1C10.2)

DA06.1 **Alveolitis of jaw**

Inflammation of the alveoulus

Inclusions: Alveolar osteitis

Dry socket

DA06.2 **Exostosis of jaw**

Formation of bone mass on the vestibular, buccal or facial side of the maxilla or the mandibular jaw where it may affect the lingual aspect; exostoses are more frequent in the maxillary bone.

DA06.3 **Stafne mandibular bone cavity**

Although commonly called a Stafne cyst, this entity is not a true cyst but rather a cavity due to a focal cortical defect of the medial aspect of the mandible. It is found most frequently in middle-aged men and is usually discovered radiologically as an incidental finding. Its importance is that it may be difficult to distinguish from other radiolucent lesions in the mandible such as myeloma or metastatic squamous carcinoma. The cavity is usually filled by part of the submandibular salivary gland or adjacent fat and it is thought to result from remodelling of the bone by adjacent salivary tissue. Stafne cysts are most frequently seen in middle-aged men. The estimated prevalence ranges around 0.10-0.48% 2. Pathology Stafne cysts are thought to result from remodelling of the bone by adjacent salivary tissue, and have been noted to regress following resection of the gland nearby. They generally appear in the area between the mandibular first molar and the mandibular angle 6.

DA07 Disorders of tooth development or eruption

Alteration of the normal formation process of the tooth, the normal chronology of eruption into the mouth or the proper alignment in the dental arch affecting a single or multiple teeth.

Inclusions: disorder of tooth development

Coded Elsewhere: Anodontia (LA30.0)

Hypodontia (LA30.1)

Oligodontia (LA30.2)

Hyperdontia (LA30.3)

Abnormalities of size or form of teeth (LA30.4)

Amelogenesis imperfecta (LA30.6)

Dentine dysplasia (LA30.7)

Dentinogenesis imperfecta (LA30.8)

Odontogenesis imperfecta (LA30.9)

Solitary median maxillary central incisor syndrome (LA30.Y)

Hereditary disturbances in tooth structure (LA30.Y)

Papillon-Lefèvre syndrome (EC20.30)

DA07.0 **Fluoride related opacities or lesions**

This is a fluoride related abnormality in the tissue of an organism (in layman's terms, "damage"), usually caused by disease or trauma.

DA07.1 **Nonfluoride enamel opacities**

This is a condition characterised by enamel opacities, white spots, or visibly lighter areas on a tooth’s surface, not attributed to fluorine, which occur in low-fluoride areas.

DA07.3 **Disturbances in tooth formation**

A group of conditions characterised by disturbances in tooth formation.

Inclusions: Dental dysplasia

Exclusions: Hutchinson teeth and mulberry molars in congenital syphilis (1A60)

mottled teeth (DA07.0)

DA07.4 **Root anomaly**

Common presence of fused roots showed by X-ray film that short or long root, supernumerary root, or fused roots. These root anomalies are commonly seen in permanent molars, especially in third molars which are the most anomaly in one fused root, 2 or 3 fused roots, even 4 fused roots, round apical root or dilacerations.

DA07.5 **Cementum dysplasia**

DA07.6 **Disturbances in tooth eruption**

DA07.60 Teething syndrome

Gum and jaw discomfort when an infant's teeth emerges. Teething typically starts between 4 and 7 months of age and lasts until about the age of 3 years. Most common symptoms include irritability, crying, lack of appetite, red and swollen gums, drooling, and inability to sleep.

DA07.61 Ankylosis of teeth

Tooth ankylosis is the solid fixation of a tooth, resulting from fusion of the cementum and alveolar bone, with obliteration of the periodontal ligament. It is uncommon in deciduous dentition, and very rare in permanent teeth.

Inclusions: Absence of exfoliation of teeth

DA07.6Y Other specified disturbances in tooth eruption

DA07.6Z Disturbances in tooth eruption, unspecified

DA07.7 **Embedded teeth**

an unerupted tooth, usually completely covered with bone

Exclusions: embedded teeth with abnormal position of such teeth or adjacent teeth (DA0E.3)

DA07.8 **Impacted teeth**

An impacted tooth is a tooth that is all the way or partially below the gum line and is not able to erupt properly. Wisdom teeth (third molars) are the most commonly impacted teeth

Inclusions: dental impaction

impacted tooth

Exclusions: impacted teeth with abnormal position of such teeth or adjacent teeth (DA0E.3)

DA07.Y **Other specified disorders of tooth development or eruption**

DA07.Z **Disorders of tooth development or eruption, unspecified**

DA08 Diseases of hard tissues of teeth

This is a group of conditions affecting the integrity of tooth enamel, dentine or cementum.

DA08.0 Dental caries

A condition characterised by localised destruction of calcified tissue, initiated on the tooth surface by decalcification of the enamel, followed by the enzymatic lysis of organic structures, resulting in cavity formation.

Inclusions: Dental decay

DA08.1 Certain specified diseases of hard tissues of teeth

Exclusions: Dental caries (DA08.0)

bruxism (DA0E.7)

teeth-grinding NOS (DA0E.7)

Coded Elsewhere: Ankylosis of teeth (DA07.61)

DA08.10 Excessive attrition of teeth

The pathological wearing away of tooth substance as a result of tooth-to-tooth contact.

DA08.11 Abrasion of teeth

Abrasion is abnormal tooth surface loss resulting from direct friction forces between the teeth and external objects or from frictional forces between contacting teeth components in the presence of an abrasive medium.

DA08.12 Erosion of teeth

Tooth erosion is a gradual and irreversible loss of the normally hard surface of the tooth due to chemical, not bacterial, processes.

DA08.13 Abfraction

Theoretical concept of loss of tooth structure not caused by dental caries

Inclusions: non-carious cervical lesion

DA08.14 Pathological resorption of teeth

Tooth resorption, external, resorption of calcified dental tissue, beginning on the external surface, usually at the apex or the lateral surface of the root, as a result of tissue reaction in the periodontal or pericoronal tissue, increasing in severity with age.

DA08.15 Posteruptive colour changes of dental hard tissues

This is a condition characterised by colour changes of the dental hard tissues after tooth eruption.

Exclusions: Deposits on teeth (DA08.4)

DA08.2 Chronic dental injuries

A group of conditions characterised by persistent or long-lasting damage caused by an external force applied to the tooth resulting from intentional or unintentional means.

DA08.3 **Nontraumatic fracture of tooth**

Discontinuity of tooth structure in vertical or horizontal direction of the long axis of a tooth and which may affect enamel and/or dentine. This condition is referred as incomplete fracture and may be related to flexural loads acting on the teeth. In some cases the dental pulp may become affected.

Inclusions: Incomplete fracture not involving vital pulp

Complete nontraumatic fracture not involving vital pulp

Exclusions: traumatic fracture of tooth (NA0D.02)

DA08.4 **Deposits on teeth**

In dentistry, calculus or tartar is a form of hardened dental plaque.

DA08.Y **Other specified diseases of hard tissues of teeth**

DA08.Z **Diseases of hard tissues of teeth, unspecified**

DA09 Diseases of pulp or periapical tissues

Dental pulp is that part of the tooth located in the centre of the coronal portion underneath dentin and composed of connective tissue, blood vessels and nerve endings.

Periapical tissues are designated as those located at the tip of the tooth root surrounding the apical foramen.

DA09.0 **Pulpitis**

Inflammation of pulpal tissue resulting from irritating factors of diverse nature such as bacterial, hyperaemic, chemical or thermal that act directly or indirectly on the dental pulp.

DA09.1 **Necrosis of pulp**

Necrosis of the dental pulp which clinically does not respond to thermal stimulation; the tooth may be asymptomatic or sensitive to percussion and palpation.

DA09.2 **Pulp abscess**

This is an acute or chronic inflammation of dental pulp, associated with a circumscribed collection of necrotic tissue and pus arising from breakdown of leukocytes and bacteria, sometimes walled off with connective tissue.

Inclusions: Pulpal abscess

DA09.3 **Phoenix abscess**

This is an acute condition that results immediately after endodontic therapy or in tooth with necrotic pulp

DA09.4 **Pulp degeneration**

DA09.5 **Abnormal hard tissue formation in pulp**

This is a condition affecting the tooth characterised by secondary or irregular dentine in the pulp.

DA09.6 **Periapical abscess**

DA09.60 Periapical abscess with facial involvement

Purulent periapical lesion resulting from necrosis of dental pulpal tissues and that has penetrated facial soft and bone tissues.

DA09.61 Periapical abscess with sinus

Inclusions: Dental abscess with sinus

Dentoalveolar abscess with sinus

Dental sinus

DA09.62 Periapical abscess without sinus

DA09.6Y Other specified periapical abscess

DA09.6Z Periapical abscess, unspecified

DA09.7 Periapical periodontitis

DA09.70 Acute apical periodontitis of pulpal origin

Acute, apical periodontitis is a result of inflammation of the periapical tissues following pulpal necrosis.

DA09.71 Chronic apical periodontitis

A periapical inflammation characterised by dental granuloma formation.

DA09.7Y Other specified periapical periodontitis

DA09.7Z Periapical periodontitis, unspecified

DA09.8 Radicular cyst

The radicular cyst is defined as an area of chronic inflammation exhibiting a closed central cavity surrounded by an epithelial lining.

Exclusions: lateral periodontal cyst (DA05.0)

DA09.Y Other specified diseases of pulp or periapical tissues

DA09.Z Diseases of pulp or periapical tissues, unspecified

DA0A Certain specified disorders of teeth or supporting structures

DA0A.0 Exfoliation of teeth due to systemic causes

Premature loss of teeth associated with systemic disease usually results from some change in the immune system or connective tissue.

DA0A.1 Loss of teeth due to accident, extraction or local periodontal disease

DA0A.2 Atrophy of edentulous alveolar ridge

DA0A.3 Retained dental root

Complete or fragment of root structure that remains in the jaw usually as result of fracture during the corresponding tooth extraction procedure.

DA0A.Y Other specified disorders of teeth and supporting structures

DA0A.Z **Unspecified disorders of teeth and supporting structures**

DA0B

Gingival diseases

Gingivitis is inflammation of the tissues of the gingiva (gum) without loss of connective tissue.

Coded Elsewhere: Periodontal pocket (DA0C.Y)

DA0B.0 **Allergic gingivitis**

DA0B.1 **Catarrhal gingivitis**

DA0B.2 **Eruptive gingivitis**

DA0B.3 **Atrophic senile gingivitis**

DA0B.4 **Acute multiple gingival abscesses**

DA0B.5 **Developmental or acquired deformities or conditions of gingiva**

This is a major developmental difference in the shape of a body part or organ compared to the average shape of that part.

DA0B.6 **Pericoronitis**

A gum condition in which irritation and inflammation are produced by the crown of an incompletely erupted tooth.

DA0B.Y **Other specified gingival diseases**

DA0B.Z **Gingival diseases, unspecified**

DA0C

Periodontal disease

Periodontal disease can refer to any pathological process involving the gum (GINGIVA), the alveolar bone (alveolar process), the dental cementum, and / or the periodontal ligament

DA0C.0 **Acute periodontitis**

This is an acute disease affecting the tooth-supporting structures, i.e. gingiva, alveolar bone and periodontal membrane.

Exclusions: Periapical abscess without sinus (DA09.62)

Acute apical periodontitis of pulpal origin (DA09.70)

Periapical abscess with sinus (DA09.61)

Periapical abscess with facial involvement (DA09.60)

DA0C.1 **Aggressive periodontitis**

A type of periodontal disease and includes localised aggressive periodontitis (LAP), and Generalised aggressive periodontitis (GAP).

Inclusions: Juvenile periodontitis

DA0C.2 **Periodontosis**

Periodontosis defined as a disease of the periodontium occurring in an otherwise healthy adolescent and characterised by a rapid loss of the alveolar bone around more than one tooth of the permanent dentition.

DA0C.3 **Necrotising periodontal diseases**

An infection characterised by necrosis of periodontal tissues

Coded Elsewhere: Necrotising ulcerative gingivitis (1C1H)

DA0C.30 Necrotising ulcerative periodontitis

Inclusions: Necrotising ulcerative gingivo-periodontitis

DA0C.31 Noma

This is a devastating infectious disease which destroys the soft and hard tissues of the oral and para-oral structures.

Inclusions: Cancrum oris

Gangrenous stomatitis

Stomatonecrosis

DA0C.3Y Other specified necrotising periodontal diseases

DA0C.3Z Necrotising periodontal diseases, unspecified

DA0C.4 **Abscess of periodontium**

localised purulent infection of periodontal tissues; common clinical feature in patients with moderate or advanced periodontitis.

Inclusions: Periodontal abscess

DA0C.5 **Linear gingival erythema**

DA0C.Y **Other specified periodontal disease**

DA0C.Z **Periodontal disease, unspecified**

DA0D **Certain specified disorders of gingiva or edentulous alveolar ridge**

A group of diseases which are associated with gingiva or alveolar ridge, which are not classified elsewhere.

Exclusions: Chronic gingivitis (DA0B)

Atrophy of edentulous alveolar ridge (DA0A.2)

gingivitis NOS (DA0B)

Acute gingivitis (DA0B)

DA0D.0 **Gingival recession**

DA0D.1 **Gingival enlargement**

An abnormal overgrowth of gingival tissues.

DA0D.2 **Gingival or edentulous alveolar ridge lesions associated with trauma**

Damage of gingival or mucosal lesions resulting from external stimuli. Common causes of traumatic ulcers include: denture irritation, biting, injuries, burns and friction irritation from sharp or fractured teeth.

DA0D.3 **Hypoplasminogenaemia**

Severe hypoplasminogenaemia or type 1 plasminogen (plg) deficiency is a systemic disease characterised by markedly impaired extracellular fibrinolysis leading to the formation of ligneous (fibrin-rich) pseudomembranes on mucosae during wound healing.

DA0D.4 **Cotton-roll gingivitis**

DA0D.5 **Gingival ulceration**

DA0D.Y **Other specified disorders of gingival or edentulous alveolar ridge**

DA0E **Dentofacial anomalies**

A congenital or acquired abnormality in which the dental and oral structures deviate from normal form, function, or position.

Exclusions: hemifacial atrophy or hypertrophy (LA52)

Robin's syndrome (LA56)

acromegaly (5A60.0)

DA0E.0 **Major anomalies of jaw size**

DA0E.00 Micrognathia

Apparently reduced length and width of the mandible when viewed from the front but not from the side. This is a bundled term comprising shortening and narrowing of the mandible and chin.

Exclusions: Pierre Robin syndrome (LA56)

DA0E.0Y Other specified major anomalies of jaw size

DA0E.0Z Major anomalies of jaw size, unspecified

DA0E.1 **Anomalies of jaw-cranial base relationship**

This is a congenital or acquired abnormality in which the portion of the skull that holds the upper jaw deviates from the normal form, function, or position.

DA0E.2 **Anomalies of dental arch relationship**

This is a congenital or acquired abnormality in which dental arch relationship deviate from normal form, function, or position.

Coded Elsewhere: Crossbite (DA0E.5Y)

DA0E.3 **Anomalies of tooth position**

Dental anomalies are craniofacial abnormalities of form, function, or position of the teeth, bones, and tissues of the jaw and mouth. Anomalies of tooth position can be classified in ectopic, transmigration, transposition, rotation.

DA0E.4 **Food impaction**

The forcible wedging of food between adjacent teeth during mastication, producing gingival recession and pocket formation.

DA0E.5 **Malocclusion**

Malocclusion is the atypical relationship between maxillary and mandibular teeth which may interfere with the efficiency of excursive movements of the mandible that are essential for the effective mastication process.

DA0E.50 Class II division 2 malocclusion

This condition relates to Angle's classification of occlusion in which the first permanent maxillary molar position is aligned or in an anterior relationship to that of the mandibular firs permanent molar, such that the mesiobuccal cusp of the maxillary molar is mesial to the buccal grove of the mandibular molar and the central incisors are in linguoversion.

DA0E.51 Angle class I malocclusion

The maxillary first permanent molar is in slight distoversion in relation to the mandibular first permanent molar, and the mesiobuccal cusp of the maxillary molar is aligned with the buccal groove of the mandibular molar.

DA0E.5Y Other specified malocclusion

DA0E.5Z Malocclusion, unspecified

DA0E.6 **Dentofacial functional abnormalities**

Temporomandibular joint disorder (TMJ) is the name given to a group of symptoms that cause pain in the head, face, and jaw. The symptoms include headaches, soreness in the chewing muscles, and clicking or stiffness of the joints. They often have psychological as well as physical causes.

Exclusions: teeth-grinding NOS (DA0E.7)

bruxism (DA0E.7)

teeth clenching (DA0E.7)

DA0E.7 **Dentofacial parafunctional disorders**

Bruxism is a repetitive jaw-muscle activity characterised by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. Bruxism has two distinct circadian manifestations: it can occur during sleep (indicated as sleep bruxism) or during wakefulness (indicated as awake bruxism)

Exclusions: Atypical facial pain (8A85)

dyskinesia (MB47.4)

trismus (DA0E.8)

DA0E.8 **Temporomandibular joint disorders**

This is an umbrella term covering acute or chronic pain, especially in the muscles of mastication and/or inflammation of the temporomandibular joint, which connects the mandible to the skull.

Inclusions: Temporomandibular joint-pain-dysfunction syndrome

Exclusions: current temporomandibular joint: strain (NA03.3)

current temporomandibular joint: dislocation (NA03.0)

DA0E.Y **Other specified dentofacial anomalies**

DA0E.Z **Dentofacial anomalies, unspecified**

DA0F **Sensory disturbances affecting orofacial complex**

Coded Elsewhere: Trigeminal neuralgia (8B82.0)

Dysgeusia (MB41.2)

DA0F.0 **Burning mouth syndrome**

Chronic burning mouth pain is chronic orofacial pain with an intraoral burning or dysaesthetic sensation that recurs for more than two hours per day on 50 % of the days over more than three months, without evident causative lesions on clinical investigation and examination. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or interference with orofacial functions such as eating, yawning, speaking etc. Chronic burning mouth pain is multifactorial: biological, psychological and social factors contribute to the pain condition. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Inclusions: Orodynia

DA0F.Y **Other specified sensory disturbances affecting orofacial complex**

DA0F.Z **Sensory disturbances affecting orofacial complex, unspecified**

DA0Y **Other specified diseases or disorders of orofacial complex**

DA0Z **Diseases or disorders of orofacial complex, unspecified**

Diseases of oesophagus (DA20-DA2Z)

Coded Elsewhere: Neoplasms of the oesophagus

Structural developmental anomalies of oesophagus (LB12)

Foreign body in oesophagus (ND73.1)

DA20 **Acquired anatomical alterations of the oesophagus**

This group incorporates oesophageal disorders principally due to acquired morphological changes of the oesophagus.

Exclusions: Structural developmental anomalies of oesophagus (LB12)

DA20.0 **Oesophageal obstruction**

Hindrance of the passage of luminal contents in the oesophagus. Obstruction of oesophagus can be partial or complete, and caused by intrinsic or extrinsic factors.

Exclusions: Congenital stenosis or stricture of oesophagus (LB12.3)

Anatomical alteration due to gastro-oesophageal reflux disease (DA22)

Neoplasms of the oesophagus ()

Foreign body in oesophagus (ND73.1)

DA20.1 **Diverticulum of oesophagus, acquired**

Diverticulum of oesophagus is a disorder having out-pouchings from the oesophageal wall.

Inclusions: Oesophageal pouch, acquired

Rokitansky diverticulum

Exclusions: Congenital diverticulum of oesophagus (LB12.4)

DA20.2 **Oesophageal web**

Oesophageal web is a thin membrane located in the middle or upper oesophagus, resulting in pain and dysphagia.

Exclusions: Congenital oesophageal web or ring (LB12.0)

Coded Elsewhere: Plummer-Vinson syndrome (3A00.Y)

DA20.3 **Perforation of oesophagus**

Perforation of oesophagus is a penetration or hole of the wall of the oesophagus, resulting in luminal contents in oesophagus flowing into the mediastinum and/or thoracic cavity.

Exclusions: Oesophageal ulcer (DA25)

Coded Elsewhere: Oesophagitis due to external causes (DA24.2)

Foreign body in oesophagus (ND73.1)

Injury of oesophagus (NB32.8)

DA20.30 Spontaneous rupture of oesophagus

Spontaneous perforation of the oesophageal wall. This most commonly results from a sudden increase in intraoesophageal pressure combined with relatively negative intrathoracic pressure caused by straining or vomiting. This is known as effort rupture of the oesophagus or Boerhaave's syndrome.

Inclusions: Rupture of oesophagus

Exclusions: traumatic perforation of (thoracic) oesophagus (NB32)

Mallory-Weiss syndrome (DA26.3)

Perforation due to malignant neoplasm ()

DA20.3Y Other specified perforation of oesophagus

DA20.3Z Perforation of oesophagus, unspecified

DA20.Y **Other specified acquired anatomical alterations of the oesophagus**

DA20.Z **Acquired anatomical alterations of the oesophagus, unspecified**

DA21 Motility disorders of oesophagus

This group incorporates oesophageal disorders due to disturbances of oesophageal motor function.

Coding Note: Code also the causing condition

DA21.0 **Achalasia**

Achalasia is an oesophageal smooth muscle motility disorder characterised by a loss of peristalsis in the distal oesophagus and a failure of lower oesophageal sphincter (LES) relaxation. Basic mechanism is the degeneration of neurons (ganglion cells) in the myenteric plexuses in the oesophageal wall, but the cause is still unclear.

Inclusions: Cardiospasm

Exclusions: congenital cardiospasm (LB12)

Coded Elsewhere: Achalasia in Chagas disease (1F53.3)

DA21.1 **Motility disorder of cervical or upper oesophagus**

Motility disorder of cervical and upper oesophagus is a condition characterised by choke, swallow air, regurgitate fluid into the nose, or experience discomfort in swallowing food due to incompetence of upper oesophageal sphincter.

Coding Note: Code also the causing condition

Inclusions: Dyskinesia of cervical and upper oesophagus

DA21.2 **Disorder of oesophageal peristalsis**

Disorder of oesophageal peristalsis is part of a spectrum of motility disorders in the thoracic oesophagus characterised by dysphagia and chest pain due to incoordination of oesophageal peristaltic contractions. There is no abnormality in lower oesophageal sphincter relaxation.

Coding Note: Code also the causing condition

Exclusions: Achalasia (DA21.0)

Gastro-oesophageal reflux disease (DA22)

DA21.20 Hypertensive peristalsis

This is a motility disorder of oesophagus characterised by hypertensive peristalsis. This motility abnormality includes nutcracker oesophagus that has been reported in association with dysphagia, non-cardiac chest pain, and heartburn.

DA21.21 Hypotensive peristalsis

This is a motility disorders of oesophagus characterised by hypotensive peristalsis. The peristaltic dysfunction likely leads to impaired volume clearance.

DA21.22 Spastic peristalsis

This is a motility disorders of oesophagus characterised by hypercontractile spastic peristalsis, known as ‘‘jackhammer oesophagus’’ in the presence of normal lower oesophageal sphincter (LES) relaxation. This category also includes diffuse oesophageal spasm (DES) with uncoordinated contraction characterised by reduced distal latency on oesophageal manometry.

Inclusions: Diffuse oesophageal spasm

Spasm of oesophagus

DA21.2Y Other specified disorder of oesophageal peristalsis

Coding Note: Code also the causing condition

DA21.2Z Disorder of oesophageal peristalsis, unspecified

Coding Note: Code also the causing condition

DA21.3 **Disorder of lower oesophageal sphincter function**

Disorder of lower oesophageal sphincter function is a condition characterised by dysphagia, chest pain, heartburn and regurgitation due to incompetence of lower oesophageal sphincter.

Coding Note: Code also the causing condition

DA21.Y **Other specified motility disorders of oesophagus**

Coding Note: Code also the causing condition

DA21.Z **Motility disorders of oesophagus, unspecified**

Coding Note: Code also the causing condition

DA22 Gastro-oesophageal reflux disease

A condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications

Coded Elsewhere: Gastro-oesophageal reflux disease in newborn (KB80)

DA22.0 **Non-erosive gastro-oesophageal reflux disease**

A disease condition in that patients have classic symptoms of gastro-oesophageal reflux disease (GERD), but do not have apparent esophagitis or oesophageal mucosal injury.

Exclusions: Functional heartburn (DD90.2)

DA22.1 **Erosive gastro-oesophageal reflux disease**

Erosive gastro-oesophageal reflux disease is defined endoscopically by visible breaks of the distal oesophageal mucosa.

Inclusions: Reflux oesophagitis

Peptic oesophagitis

DA22.Z **Gastro-oesophageal reflux disease, unspecified**

DA23 Columnar metaplastic epithelium of the oesophagus

An acquired condition in which the tissue lining the oesophagus is replaced by tissue that is similar to the lining of the intestine or the stomach following chronic gastro-oesophageal reflux.

Coded Elsewhere: Barrett adenocarcinoma (2B70.00)

DA23.0 **Barrett epithelium**

Barrett epithelium is defined as those having circumferential columnar metaplasia of oesophagus from the esophago-gastric junction. Recently, from the view of adeno-carcinogenesis of the oesophagus, the term of Barrett epithelium require the histological confirmation of specialized intestinal metaplasia.

DA23.1 **Dysplasia of Barrett epithelium**

Dysplasia of Barrett epithelium is defined as neoplastic epithelium that remains confined within the basement membrane of Barrett oesophagus. Dysplasia of Barrett epithelium is considered as a precursor of adenocarcinoma arising in Barrett Oesophagus.

DA23.2 **Barrett ulcer**

Barrett ulcer is defined as ulceration in columnar epithelium of oesophagus.

DA23.Y **Other specified columnar metaplastic epithelium of the oesophagus**

DA23.Z **Columnar metaplastic epithelium of the oesophagus, unspecified**

DA24 Oesophagitis

Oesophagitis is inflammation of the oesophagus. If left untreated, this condition can cause ulcers or scarring of the oesophagus. Oesophagitis usually occurs by acid reflux, but here BD Gastro-oesophageal reflux diseases are excluded.

Exclusions: reflux oesophagitis (DA22.1)

Oesophageal erosion (DA25.0)

Gastro-oesophageal reflux disease (DA22)

Crohn disease (DD70)

Coded Elsewhere: Oesophagitis in newborn (KB81)

DA24.0 **Infectious oesophagitis**

Infectious oesophagitis is inflammation, irritation and swelling of the oesophagus due to the infectious agent.

Coding Note: Code also the causing condition

DA24.00 Oesophageal phlegmon

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the oesophageal wall. It often develops to a defined pocket of pus, oesophageal abscess. This is mainly due to the result of acute inflammation by bacterial infection.

Inclusions: Abscess of oesophagus

DA24.0Y Other specified infectious oesophagitis

Coding Note: Code also the causing condition

DA24.0Z Infectious oesophagitis, unspecified

Coding Note: Code also the causing condition

DA24.1 **Eosinophilic oesophagitis**

Eosinophilic oesophagitis is an inflammatory condition in which the wall of the oesophagus becomes filled with a large number of eosinophils. It is diagnosed based on typical oesophageal symptoms and oesophageal mucosal biopsies demonstrating oesophageal epithelial infiltration with eosinophils.

Inclusions: Allergic oesophagitis

Coded Elsewhere: Food-induced eosinophilic oesophagitis (4A83.1)

Neonatal eosinophilic oesophagitis (KB81.0)

DA24.2 **Oesophagitis due to external causes**

Inflammation of the oesophagus due to external cause such as radiation, ingestion of the alkali and acid, and swallowed pills or food failing to traverse entire oesophagus.

Coded Elsewhere: Thermal injury of oesophagus (NE02)

DA24.20 Chemical oesophagitis

This is oesophageal inflammation caused by chemical injury including alkaline or acid solutions.

DA24.21 Drug-induced oesophagitis

This refers to a drug-induced inflammation of the oesophagus. Medications can induce oesophageal abnormalities via both systemic effects and by causing direct oesophageal mucosal injury, so-called ‘pill-induced’ oesophagitis.

DA24.22 Radiation oesophagitis

DA24.2Z Oesophagitis due to external causes, unspecified

DA24.Y **Other specified oesophagitis**

DA24.Z **Oesophagitis, unspecified**

DA25 Oesophageal ulcer

Oesophageal ulcer is tissue defect located in the oesophagus. It causes inflammatory injuries in the oesophageal mucosa, with extension beyond the submucosa into the muscularis mucosa. The oesophageal ulcer due to acidic digestive juices is classified elsewhere in gastro-oesophageal reflux disease, and excluded from here.

Exclusions: Barrett ulcer (DA23.2)

Neoplasms of the oesophagus ()

Crohn disease (DD70)

DA25.0 **Oesophageal erosion**

Oesophageal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Oesophageal erosion due to gastro-oesophageal reflux disease is excluded from here.

DA25.1 **Infectious oesophageal ulcer**

Infectious oesophageal ulcer is ulceration or erosion in the mucosa of oesophagus due to the infectious agent, such as bacteria, viruses, fungi and parasites.

DA25.10 Bacterial oesophageal ulcer

Ulcer in the mucosa of oesophagus due to bacterial infection.

DA25.11 Fungal oesophageal ulcer

Ulcer in the mucosa of oesophagus due to fungal infection.

DA25.12 Parasitic oesophageal ulcer

Ulcer in the mucosa of oesophagus due to parasitic infection.

DA25.13 Viral oesophageal ulcer

Ulcer in the mucosa of oesophagus due to viral infection.

DA25.1Y Other specified infectious oesophageal ulcer

DA25.1Z Infectious oesophageal ulcer, unspecified

DA25.2 **Oesophageal ulcer due to allergic or immunologic disorder**

Oesophageal ulcer or erosion due to allergic disorders or systemic immunologic disorders.

Coding Note: Code also the causing condition

DA25.3 **Oesophageal ulcer due to external causes**

Oesophageal ulcer or erosion due to external causes such as ingestion of certain chemical substances or drugs, radiation and thermal injury, or other external causes.

Coded Elsewhere: Thermal oesophageal ulcer (NE02)

DA25.30 Chemical oesophageal ulcer

This is oesophageal ulcer caused by chemical injury including alkaline or acid solutions.

Inclusions: Ulcer of oesophagus due to ingestion of chemicals

DA25.31 Drug-induced oesophageal ulcer

Inclusions: Ulcer of oesophagus due to ingestion of drugs and medicaments

DA25.32 Radiation oesophageal ulcer

DA25.3Y Oesophageal ulcer due to other specified external causes

DA25.3Z Oesophageal ulcer due to external causes, unspecified

DA25.Y **Other specified oesophageal ulcer**

DA25.Z **Oesophageal ulcer, unspecified**

DA26 Vascular disorders of the oesophagus

This group incorporates vascular disorders principally affecting the blood vessels of the oesophagus. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the oesophagus.

DA26.0 Oesophageal varices

Abnormally dilated veins developed as portosystemic shunts in the lining of the lower oesophagus in patients with portal hypertension. Once oesophageal varices develop, they continue to grow, and bleeding from oesophageal varices can be fatal.

Coding Note: Code also the causing condition

DA26.00 Oesophageal varices with bleeding

Coding Note: Code also the causing condition

DA26.01 Oesophageal varices without bleeding

Coding Note: Code also the causing condition

DA26.0Z Oesophageal varices, unspecified

Coding Note: Code also the causing condition

DA26.1 Angiodysplasia or arteriovenous malformation of oesophagus

Enlarged or widened blood vessels with thin walls that are similar to varicose veins. It can be a source of gastrointestinal bleeding and anaemia.

DA26.2 Intramural haemorrhage of oesophagus

Hematoma in the oesophageal wall that can be formed spontaneously or as a result of trauma, toxic ingestion, or endoscopic procedures. It is rarely observed.

Inclusions: Intramural haematoma of oesophagus

Exclusions: Oesophageal varices (DA26.0)

DA26.3 Gastro-oesophageal laceration-haemorrhage syndrome

Bleeding from tears in the mucosa at the junction of the stomach and oesophagus, usually caused by severe vomiting, retching or coughing.

Inclusions: Mallory-Weiss syndrome

Mallory-Weiss tear

Mallory-Weiss lesion

DA26.Y Other specified vascular disorders of the oesophagus

DA26.Z Vascular disorders of the oesophagus, unspecified

DA2Y Other specified diseases of oesophagus

DA2Z Diseases of oesophagus, unspecified

Diseases of the stomach or the duodenum (DA40-DA7Z)

Diseases of stomach (DA40-DA4Y)

This is a group of conditions characterised as being in or associated with the stomach.

Exclusions: Gastrostomy malfunction (DE12.1)

Diaphragmatic hernia (DD50.0)

Coded Elsewhere: Neoplasms of the stomach

Structural developmental anomalies of stomach (LB13)

Gastric ulcer (DA60)

Peptic ulcer, site unspecified (DA61)

Anastomotic ulcer (DA62)

Foreign body in stomach (ND73.2)

DA40 Acquired anatomical alterations of the stomach

This group incorporates gastric disorders principally due to acquired morphological changes of the stomach.

Exclusions: Structural developmental anomalies of stomach (LB13)

Diaphragmatic hernia (DD50.0)

DA40.0 Gastric outlet obstruction

Gastric outlet obstruction is a disorder characterised by epigastric abdominal pain and postprandial vomiting due to mechanical obstruction mostly at the level of the pylorus.

DA40.1 Gastric fistula, acquired

Acquired gastric fistula is an opening through the gastric wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.

DA40.2 Gastric volvulus

Gastric volvulus is an uncommon clinical entity defined as an abnormal rotation (twisting) of all or part of the stomach by more than 180 degrees, creating a closed-loop obstruction of the flow of material through the stomach. It can result in incarceration and strangulation, with variable loss of blood supply.

Although rare in childhood, a wandering spleen may also be associated with gastric volvulus, because they share a common etiology: congenital absence of intraperitoneal visceral attachments.

DA40.3 Gastric diverticulum

Gastric diverticulum is a disorder having out-pouchings from the gastric wall.

Exclusions: Congenital diverticulum of stomach (LB13)

DA40.4 **Hourglass stricture and stenosis of stomach**

This is a structural change of stomach in which one more or less completely divided into two parts, resembling an hourglass in shape, due to often scarring which complicates chronic gastric ulcer.

DA40.5 **Gastroptosis**

This is the abnormal downward displacement of the stomach.

DA40.Y **Other specified acquired anatomical alterations of the stomach**

DA40.Z **Acquired anatomical alterations of the stomach, unspecified**

DA41 Gastroduodenal motor or secretory disorders

This group incorporates disorders due to abnormalities of gastroduodenal motor function and gastroduodenal secretory function, often resulting the disturbance of transportation and/or digestion of foods.

Coded Elsewhere: Dumping syndrome (DE11)

DA41.0 **Abnormal gastric motility**

DA41.00 Gastroparesis

Gastroparesis is a disorder in which the stomach takes too long to empty its contents principally due to malfunction of vagus nerve.

DA41.0Y Other specified abnormal gastric motility

DA41.0Z Abnormal gastric motility, unspecified

DA41.1 **Acute dilatation of stomach**

Acute dilatation of stomach is a disorder due to acute enlargement of the gastric cavity by over-distention, resulting in the retention of food and the products of digestion in the stomach.

Inclusions: Acute distension of stomach

DA41.2 **Acid hypersecretion**

Acid hypersecretion is a condition due to basal hypersecretion of gastric acid in the stomach, resulting in peptic ulcer and steatorrhoea.

Exclusions: Zollinger-Ellison syndrome (5A43.1)

DA41.3 **Achlorhydria**

Achlorhydria is a condition due to the absent of gastric acid in the stomach, resulting in indigestion and malabsorption.

DA41.Y **Other specified gastroduodenal motor or secretory disorders**

DA41.Z **Gastroduodenal motor or secretory disorders, unspecified**

DA42 **Gastritis**

Gastritis is an injury of gastric mucosa involves epithelial damage, mucosal inflammation, and epithelial cell regeneration except any epithelial defect. Gastritis is caused by various factors such as infectious agents, drugs, chemical agents, autoimmune reaction and the others. Gastritis is diagnosed by histopathologically and/or endoscopically. Gastritis is classified as acute and chronic phase by clinical course.

Coding Note: Code also the causing condition

Inclusions: Gastroduodenitis

DA42.0 **Autoimmune gastritis**

A type of chronic atrophic gastritis restricted to gastric body mucosa, and characterised by a severe atrophy of the acid secreting glands and achlorhydria. This is usually associated with serum antiparietal cell antibody, with or without pernicious anaemia.

Coding Note: Code also the causing condition

DA42.1 **Helicobacter pylori induced gastritis**

Gastritis with Helicobacter pylori infection. H. pylori infection cause acute gastritis at first. Lasting the infection the gastric mucosa turn into chronic gastritis and atrophic gastritis, one of the risk factors of gastric adenocarcinoma(CJBAA).

DA42.2 **Eosinophilic gastritis**

Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.3 **Lymphocytic gastritis**

Chronic gastritis characterised by a peculiar infiltration of benign lymphocytes into the glands and surface mucosa. Lymphocytic gastritis is associated with celiac disease, Helicobacter pylori (HP) gastritis, and varioliform gastritis.

DA42.4 **Allergic gastritis**

Gastritis due to allergic disorders, principally meaning acute gastritis that occurs secondary to food allergy. But this also includes allergic gastritis due to non-food substances and allergic gastritis due to non-IgE-mediated hypersensitivity. This includes gastroduodenitis and gastroenteritis.

Exclusions: Allergic eosinophilic gastritis (DA42.2)

Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.40 Allergic gastritis due to IgE-mediated hypersensitivity

DA42.41 Allergic gastritis due to non-IgE-mediated hypersensitivity

DA42.4Y Other specified allergic gastritis

DA42.4Z Allergic gastritis, unspecified

DA42.5 **Gastritis due to duodenogastric reflux**

Gastritis due to an excessive reflux of duodenal contents including bile into the stomach.

DA42.6 **Menetrier disease**

Gastritis characterised by gastric mucosal hypertrophy, which may cause the giant rugal folds. The thickening of the rugae is predominantly caused by the expansion of the epithelial cell compartment of the gastric mucosa. Patients with Ménétrier disease most often present with hypoalbuminemia secondary to a loss of albumin into the gastric lumen.

DA42.7 **Gastritis of unknown aetiology with specific endoscopic or pathological features**

DA42.70 Acute superficial gastritis of unknown aetiology

DA42.71 Chronic superficial gastritis of unknown aetiology

Persistent or recurrent inflammation of the lamina propria, limited to the outer third of the mucosa in the foveolar area.

DA42.72 Acute haemorrhagic gastritis of unknown aetiology

Rapid onset inflammation of the mucosal lining of the stomach with associated bleeding or abnormal blood flow.

Exclusions: Gastric erosion (DA60.0)

DA42.73 Chronic atrophic gastritis of unknown aetiology

Persistent or recurrent inflammation of the gastric mucosa with atrophy leading to decreased hydrochloric acid concentration in the gastric juice. Atrophic gastritis frequently progresses from chronic gastritis.

Inclusions: Gastric atrophy

DA42.74 Metaplastic gastritis of unknown aetiology

Gastritis with intestinal metaplastic lesion, endoscopically visualized as an ash-coloured nodular change.

Inclusions: Intestinal metaplasia

DA42.75 Granulomatous gastritis of unknown aetiology

A rare disease characterised by the presence of granulomas within the

gastric mucosa or submucosa. Common causes of GG are Crohn’s disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal).

DA42.76 Hypertrophic gastritis of unknown aetiology

Gastritis with rugal hypertrophy of greater curvature in corpus, in which hypertrophy of glands is observed.

Exclusions: Menetrier disease (DA42.6)

DA42.7Y Other specified gastritis of unknown aetiology with specific endoscopic or pathological features

DA42.8 **Gastritis due to external causes**

Gastritis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA42.80 Alcoholic gastritis

Inflammation of the gastric mucosa due to excessive alcohol use.

DA42.81 Radiation gastritis

DA42.82 Chemical gastritis

DA42.83 Drug-induced gastritis

Acute or chronic gastritis induced by taking some known gastric mucosal damaged agents such as NSAIDs, aspirin and antibiotics.

DA42.8Z Gastritis due to external causes, unspecified

DA42.9 **Gastric phlegmon**

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the gastric wall. It often develops to a defined pocket of pus, gastric abscess. This is mainly due to the result of acute inflammation by bacterial infection.

Inclusions: Gastric abscess

Phlegmonous gastritis

DA42.Y **Other specified gastritis**

Coding Note: Code also the causing condition

DA42.Z **Gastritis, unspecified**

Coding Note: Code also the causing condition

DA43 Vascular disorders of the stomach

This group incorporates vascular disorders principally affecting the blood vessels of the stomach. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach

DA43.0 **Gastric varices**

Abnormally dilated veins developed as portosystemic shunts in the lining of stomach (fundus and/or cardia) in patients with portal hypertension. Once gastric varices develop, they continue to grow, and bleeding from gastric varices can be fatal.

DA43.1 **Angiodysplasia of stomach**

Small vascular malformation of the stomach. Most lesions are less than 10mm in size and often observed in multiple sites. It can be a source of gastrointestinal bleeding and anaemia.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

DA43.2 **Arteriovenous malformation of stomach**

Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries.

DA43.3 **Portal hypertensive gastropathy**

Changes in the mucosa of the stomach in patients with portal hypertension; by far the most common cause of this is cirrhosis of the liver.

DA43.4 **Diffuse vascular ectasia of stomach**

Tortuous dilated blood vessels in the pyloric antrum radiating outward from the pylorus (so-called watermelon stomach). It may cause both acute and chronic gastrointestinal haemorrhage.

DA43.Y **Other specified vascular disorders of the stomach**

DA43.Z **Vascular disorders of the stomach, unspecified**

DA44 Gastric polyp

Protruding lesion on the gastric epithelium caused by local over growth of gastric epithelial cells, classified to pedunculated and sessile type.

Inclusions: Non-neoplastic gastric polyp

Exclusions: Adenomatous gastric polyp (2E92.1)

Adenoma of stomach (2E92.1)

DA44.0 **Hyperplastic polyp of stomach**

Due to over growth of gastric foveolar epithelial cells. The histological background of hyperplastic polyp is atrophic gastritis, mostly caused by long term H. pylori infection.

DA44.1 **Fundic gland polyp of stomach**

Due to hyperplasia of fundic gland cells. Fundic polyp rises on fundic gland area without atrophic gastritis. Most cases show H. pylori negative.

DA44.2 **Hamartomatous polyp of stomach**

Formed of dilated oxyntic glands and irregularly deformed oxyntic glands histologically. Most of them are located in the gastric body or the fundus.

DA44.Y **Other specified gastric polyp**

DA44.Z **Gastric polyp, unspecified**

DA4Y Other specified diseases of stomach

Diseases of duodenum (DA50-DA5Y)

This is a group of conditions characterised as being in or associated with the duodenum, the first portion of the small intestine.

Coded Elsewhere: Neoplasms of the duodenum

Structural developmental anomalies of duodenum (LB14)

Duodenal ulcer (DA63)

DA50 Acquired anatomical alterations of the duodenum

This group incorporates duodenal disorders principally due to acquired morphological changes of the duodenum.

DA50.0 Obstruction of duodenum

Hindrance of the passage of luminal contents in the duodenum. Obstruction of duodenum can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the duodenum in addition to obstructed flow of luminal contents.

Exclusions: congenital stenosis of duodenum (LB14)

DA50.1 Diverticulum of duodenum

Diverticulum of duodenum is a disorder having out-pouchings from the duodenal wall.

Exclusions: Congenital diverticulum of duodenum (LB14)

DA50.2 Fistula of duodenum

Fistula of duodenum is an opening through the duodenal wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.

DA50.3 Deformity of duodenum, acquired

Changes of duodenum in response to the influence by duodenal disease, compression of other organs around the duodenum.

DA50.Y Other specified acquired anatomical alterations of the duodenum

DA50.Z Acquired anatomical alterations of the duodenum, unspecified

DA51 Duodenitis

Duodenitis is an injury of duodenal mucosa involves epithelial damage and mucosal inflammation except any epithelial defect. Duodenitis is caused by various factors such as high acid secretion, infectious agents, drugs, chemical agents and the others. Gastric metaplasia (GM) is considered adaptive responses to hyperacidity. Helicobacter pylori can colonized on GM epithelium, and induce duodenitis. Duodenitis is diagnosed by histopathologically and/or endoscopically. Duodenitis is classified as acute and chronic phase by clinical course.

Inclusions: Inflammation of duodenum

Exclusions: Crohn disease (DD70)

DA51.0 **Helicobacter-pylori associated duodenitis**

Duodenitis with Helicobacter pylori infection. H. pylori can colonized on Gastric metaplasia epithelium at bulb, and induce duodenitis.

DA51.1 **Eosinophilic duodenitis**

A disease characterised by eosinophilic infiltration of various layers of duodenum in the absence of any known cause of eosinophilia.

DA51.2 **Lymphocytic duodenitis**

Chronic duodenitis characterised by a dense infiltration of benign lymphocytes into the epithelium and lamina propria. Lymphocytic duodenitis may present early gluten-induced damage.

DA51.3 **Allergic duodenitis**

Duodenitis due to allergic disorders.

DA51.4 **Duodenitis of unknown aetiology with specific endoscopic or pathologic features**

Duodenitis of unknown etiology showing specific endoscopic or pathological findings, including acute haemorrhagic duodenitis and Granulomatous duodenitis.

DA51.40 Acute haemorrhagic duodenitis of unknown aetiology

DA51.41 Granulomatous duodenitis of unknown aetiology

A rare disease characterised by the presence of granulomas within the duodenal mucosa or submucosa. Common causes are Crohn's disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal). But we classify here as disease of other or unknown etiology.

DA51.4Z Duodenitis of unknown aetiology with specific endoscopic or pathologic features, unspecified

DA51.5 **Duodenitis due to external causes**

Duodenitis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA51.50 Alcoholic duodenitis

Inclusions: Inflammation of the duodenal mucosa due to alcohol use

DA51.51 Drug-induced duodenitis

Acute or chronic duodenitis induced by taking some known duodenal mucosal damaged agents such as NSAIDs and aspirin.

DA51.52 Chemical duodenitis

Inclusions: Toxic duodenitis

DA51.53 Radiation duodenitis

DA51.5Y Duodenitis due to other specified external causes

DA51.5Z Duodenitis due to external causes, unspecified

DA51.6 **Infectious duodenitis**

DA51.60 Duodenal phlegmon

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the duodenal wall. It often develops to a defined pocket of pus, duodenal abscess. This is mainly due to the result of acute inflammation by bacterial infection.

DA51.6Y Other specified infectious duodenitis

DA51.6Z Infectious duodenitis, unspecified

DA51.Y **Other specified duodenitis**

DA51.Z **Duodenitis, unspecified**

DA52 Vascular disorders of the duodenum

This group incorporates vascular disorders principally affecting the blood vessels of the duodenum. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach.

DA52.0 **Duodenal varices**

Abnormally dilated veins developed as portosystemic shunts in the lining of duodenum in patients with portal hypertension. Once duodenal varices develop, they continue to grow, and bleeding from duodenal varices can be fatal.

DA52.1 **Angiodysplasia of duodenum**

Ectasia of duodenal submucosal veins and overlying mucosal capillaries. Most lesions are less than 10mm in size, and multiple lesions are frequent. On endoscopy, flat or slightly elevated, reddish, roundish or starry lesions are observed.

DA52.2 **Arteriovenous malformation of duodenum**

Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries. Dilated weak-walled blood vessels in the duodenum usually close to the inside surface. They appear as very red areas, and tend to bleed easily with minimal trauma.

DA52.Y **Other specified vascular disorders of the duodenum**

DA52.Z **Vascular disorders of the duodenum, unspecified**

DA53 Duodenal polyp

Protruding lesion on the duodenal epithelium caused by local over growth of duodenal epithelial cells.

Exclusions: Gastric heterotopia of duodenum (LB14)

adenoma or adenomatous polyp of the duodenum (2E92.2)

DA53.0 **Hyperplastic duodenal polyp**

Due to over growth of gastric foveolar type epithelial cells in duodenum.

DA53.Y **Other specified duodenal polyp**

DA53.Z **Duodenal polyp, unspecified**

DA5Y **Other specified diseases of duodenum**

Ulcer of stomach or duodenum (DA60-DA63.Z)

DA60 **Gastric ulcer**

Gastric ulcer is defined as a distinct breach in the mucosa of the stomach as a result of caustic effects of acid and pepsin in the lumen. Histologically, gastric ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called 'erosion'.

Inclusions: Mucosal defect of the stomach

Peptic ulcer of stomach

Exclusions: acute haemorrhagic erosive gastritis (DA42.72)

Malignant neoplasms of stomach (2B72)

DA60.0 **Gastric erosion**

Gastric erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Gastric erosion may constitute a phase of ulcer development or accompany some forms of gastric ulcer.

DA60.1 **Helicobacter pylori associated gastric ulcer**

Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. It accounts for the majority of gastric ulcer. H. pylori that involves the acid-producing mucosa of the stomach can lead to hypochlorhydria or achlorhydria, and subsequent gastric ulceration.

Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)

DA60.2 **Helicobacter pylori associated and drug-induced gastric ulcer**

DA60.3 **Stress ulcer of stomach**

Stress ulcers of stomach are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers. Stress ulcer of stomach may develop anywhere within the stomach but are more likely to occur in fundic mucosa, which lines the body and fundus of the stomach.

DA60.4 **Eosinophilic gastric ulcer**

Gastric ulcer caused by eosinophilic gastritis.

DA60.5 **Lymphocytic gastric ulcer**

Gastric ulcer caused by lymphocytic gastritis.

DA60.6 **Gastric ulcer due to external causes**

Gastric ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA60.60 Alcohol-induced gastric ulcer

DA60.61 Chemical gastric ulcer

DA60.62 Drug-induced gastric ulcer

Medications such as NSAIDs can cause gastric ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil.

Inclusions: Toxic gastric ulcer

Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)

DA60.63 Radiation gastric ulcer

DA60.6Y Other specified gastric ulcer due to external causes

DA60.6Z Gastric ulcer due to external causes, unspecified

DA60.7 **Infectious secondary gastric ulcer**

Gastric ulcer due to infectious diseases other than Helicobacter pylori, such as bacteria such as mycobacterium, virus, fungus and parasites.

Coding Note: Code also the causing condition

DA60.Y **Other specified gastric ulcer**

DA60.Z **Gastric ulcer, unspecified**

DA61 Peptic ulcer, site unspecified

Peptic ulcer is defined as a distinct breach in the mucosa of the gastrointestinal tract as a result of caustic effects of acid and pepsin in the lumen. A peptic ulcer may develop in any part of the gastrointestinal tract exposed to acid and pepsin. The most common locations are the stomach and duodenal bulb, but peptic ulcer may also develop in the oesophagus in gastro-oesophageal reflux diseases, and in the distal ileum as a result of a Meckel's diverticulum lined with heterotopic gastric mucosa.

DA62 Anastomotic ulcer

Anastomotic ulcer develops following gastric resection or other procedures, such as gastroenterostomy, that involve the anastomosis of the stomach to some other portion of the gastrointestinal tract. In such cases an ulcer develops near the stoma; it is almost invariably in the efferent limb of the intestine, not in the stomach.

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

DA62.0 **Anastomotic erosion**

Anastomotic erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Anastomotic erosion may constitute a phase of ulcer development or accompany some forms of anastomotic ulcer.

DA62.1 **Helicobacter pylori associated anastomotic ulcer**

Helicobacter pylori associated anastomotic ulcer is an ulcer at the anastomosis that is associated with Helicobacter pylori infection. Helicobacter pylori infection is considered as one of the risk factors for anastomotic ulcer.

DA62.2 **Drug-induced anastomotic ulcer**

Drug-induced anastomotic ulcer is an ulcer at the anastomosis that is caused by drug ingestion. NSAID is considered as one of the risk factors for anastomotic ulcer.

DA62.3 **Peptic anastomotic ulcer**

Anastomotic ulcer, peptic is an ulcer resulting from the effects of gastric acid on the susceptible intestinal mucosa.

DA62.Y **Other specified anastomotic ulcer**

DA62.Z **Anastomotic ulcer, unspecified**

DA63 Duodenal ulcer

Duodenal ulcer is defined as a distinct breach in the mucosa of the duodenum as a result of caustic effects of acid and pepsin in the lumen. Histologically, duodenal ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called ‘erosion’.

Exclusions: Anastomotic ulcer (DA62)

DA63.0 **Duodenal erosion**

Duodenal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Duodenal erosion may constitute a phase of ulcer development or accompany some forms of duodenal ulcer.

DA63.1 **Helicobacter-pylori associated duodenal ulcer**

Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. In the case of duodenal ulcers, H. pylori is believed to infect the gastric antrum or ectopic gastric mucosa in the duodenum. This is associated with increased acid production and duodenal ulceration.

DA63.2 **Helicobacter-pylori associated and drug-induced duodenal ulcer**

DA63.3 **Stress ulcer of duodenum**

Stress ulcers of duodenum are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers.

DA63.4 **Eosinophilic duodenal ulcer**

Duodenal ulcer caused by eosinophilic duodenitis

DA63.5 **Duodenal ulcer due to external causes**

Duodenal ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA63.50 Drug-induced duodenal ulcer

Medications such as NSAIDs can cause duodenal ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil.

Inclusions: Toxic duodenal ulcer

DA63.51 Radiation duodenal ulcer

DA63.52 Chemical duodenal ulcer

DA63.5Y Duodenal ulcer due to other specified external causes

DA63.5Z Duodenal ulcer due to external causes, unspecified

DA63.6 **Infectious duodenal ulcer**

Coded Elsewhere: Parasitic duodenal ulcer (1F61)

DA63.60 Bacterial duodenal ulcer

Duodenal ulcer caused by infection with bacteria. This includes mycobacterium, Treponema pallidum (syphilis bacterium) and other bacterial infections in the duodenum.

Exclusions: Helicobacter-pylori associated duodenal ulcer (DA63.1)

DA63.61 Viral duodenal ulcer

Duodenal ulcer caused by infection with virus. Infectious diseases such as cytomegalovirus and herpes simplex virus are often associated with duodenal ulcer.

DA63.62 Fungal duodenal ulcer

Duodenal ulcer caused by infection with fungus. This includes infection with candida and other fungal infections in the duodenum.

DA63.6Z Infectious duodenal ulcer, unspecified

DA63.Y **Other specified duodenal ulcer**

DA63.Z **Duodenal ulcer, unspecified**

DA7Z **Diseases of the stomach or the duodenum, unspecified**

Diseases of small intestine (DA90-DA9Z)

This is a group of conditions characterised as being in or associated with the small intestine.

Exclusions: Ileostomy malfunction (DE12.0)

Diseases of duodenum (DA50-DA5Y)

Coded Elsewhere: Neoplasms of the small intestine

Foreign body in small intestine (ND73.3)

Structural developmental anomalies of small intestine (LB15)

DA90 Nonstructural developmental anomalies of small intestine

Any congenital defect of small intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Coded Elsewhere: Maltase-glucoamylase deficiency (5C61.1)

Congenital sucrase-isomaltase deficiency (5C61.2)

Alpha, alpha trehalase deficiency (5C61.3)

Congenital lactase deficiency (5C61.61)

DA90.0 Syndromic diarrhoea

Syndromic diarrhoea (SD), also known as phenotypic diarrhoea (PD) or tricho-hepato-enteric syndrome (THE), is a congenital enteropathy presenting with early-onset of severe diarrhoea requiring parenteral nutrition (PN), associated with facial dysmorphism, woolly and poorly pigmented hair and liver disease, with extensive fibrosis or cirrhosis, in about half of the patients.

Inclusions: Phenotypic diarrhoea

DA90.1 **Congenital intestinal transport defect**

This is a congenital disease of the small intestinal mucosa that presents with intractable diarrhoea and malabsorption of nutrients in young children, due to defect of transporter of nutrients in enterocytes.

Coded Elsewhere: Glucose-galactose malabsorption (5C61.0)

Fructose malabsorption (5C61.40)

Acrodermatitis enteropathica (5C64.20)

Idiopathic bile acid malabsorption (DA96.02)

Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0)

Glycogen storage disease due to GLUT2 deficiency (5C51.3)

Lysinuric protein intolerance (5C60.Y)

Haptocorrin deficiency (5C63.0)

Hereditary folate malabsorption (5C63.1)

Vitamin B12 deficiency anaemia due to selective vitamin B12 malabsorption with proteinuria (3A01.Y)

DA90.2 **Congenital intestinal motility disorders**

This is a congenital disorder of the small intestinal intestine that presents severe impairment or change of bowel movement often associated with malabsorption of nutrients in young children.

Coded Elsewhere: Megacystis - microcolon - intestinal hypoperistalsis - hydronephrosis (LD2F.1Y)

DA90.Y **Other specified nonstructural developmental anomalies of small intestine**

DA90.Z **Nonstructural developmental anomalies of small intestine, unspecified**

DA91 Obstruction of small intestine

Hindrance of the passage of luminal contents in the small intestine. Obstruction of the small intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the small intestine in addition to obstructed flow of luminal contents.

Inclusions: Occlusion of small intestine

Exclusions: Diverticular disease of small intestine (DC70-DC72.Z)

Crohn disease of small intestine (DD70.1)

hernia involving small intestine (DD50.2)

ischaemic stricture of small intestine (DD31)

Paralytic ileus (DA93.0)

Intestinal obstruction of newborn (KB87)

DA91.0 **Intussusception of small intestine**

Intussusception occurs when a segment of bowel invaginatetes, or telescoped, into adjacent distal bowel, leading to obstruction and possibly ischemic injury.

DA91.1 **Volvulus of small intestine**

A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis.

DA91.2 **Intestinal adhesions or bands of small intestine with obstruction**

Small bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.

DA91.3 **Obstructive ileus of small intestine due to impaction**

Small bowel obstruction may result when a substance such as gallstone or enterolith is too large to traverse the small intestine, especially at the ileocecal valve.

DA91.30 Gallstone ileus of small intestine

Small bowel obstruction due to stenosis resulting from impaction of gallstones.

DA91.31 Enterolith of small intestine

This is a mineral concretion or calculus formed anywhere in the gastrointestinal system, but in this case the small intestine.

DA91.3Y Other specified obstructive ileus of small intestine due to impaction

DA91.3Z Obstructive ileus of small intestine due to impaction, unspecified

DA91.Y **Other specified obstruction of small intestine**

DA91.Z **Obstruction of small intestine, unspecified**

DA92 Other acquired anatomical alterations of small intestine

This group incorporates small intestinal disorders principally due to acquired morphological changes of the small intestine, except for obstruction of small intestine (EC).

Coded Elsewhere: Diverticular disease of small intestine (DC70-DC72.Z)

Perforation of small intestine (ME24.30)

Endometriosis of small intestine (GA10.C1)

DA92.0 **Fistula of small intestine**

A small intestinal fistula is defined as an abnormal communication between the small intestine and another epithelialized surface such as the skin or an adjacent loop of bowel.

Inclusions: Fistula of intestine, site unspecified

Exclusions: Fistula of duodenum (DA50.2)

Coded Elsewhere: Fistula of small intestine to vagina (GC04.11)

DA92.1 **Pneumatosis intestinalis of small intestine**

Pneumatosis intestinalis is a rare condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the small intestine.

DA92.Y **Other specified other acquired anatomical alterations of small intestine**

DA92.Z **Other acquired anatomical alterations of small intestine, unspecified**

DA93 Motility disorders of small intestine

Disorders of small intestinal motility due to abnormal contractions, such as weak contractions and disorganised (unsynchronized) contractions. The loss of ability to coordinate motor activity may cause a variety of disorders including small intestinal distention and bacterial overgrowth.

DA93.0 **Paralytic ileus**

A type of ileus, a functional not mechanical obstruction of the small intestines, and a state of pathophysiologic inhibition of motor activity due to non-mechanical causes. The paralysis does not need to be complete, but the intestinal muscles must be so inactive that it leads to a functional blockage of the intestine.

Exclusions: Obstructive ileus of small intestine due to impaction (DA91.3)

Gallstone ileus of small intestine (DA91.30)

Coded Elsewhere: Transitory ileus of newborn (KB87.3)

DA93.Y **Other specified motility disorders of small intestine**

DA93.Z **Motility disorders of small intestine, unspecified**

DA94 Noninfectious enteritis or ulcer of small intestine

Noninfectious enteritis and ulcer of small intestine is inflammation or tissue defect in the small intestine of non-infectious origin, usually due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders. Its severity may vary from mild and inconvenient to severe and life-threatening.

Inclusions: Noninfectious small intestinal inflammation, erosion, ulcer or ulcer scar

Exclusions: Crohn disease of small intestine (DD70.1)

Functional diarrhoea (DD91.2)

Noninfectious neonatal diarrhoea (KB8C)

DA94.0 **Primary ulcer of small intestine**

Enteritis or ulcer of small intestine of unknown origin

DA94.00 Primary nonspecific ulceration of small intestine

Primary or simple ulcer of the small intestine occurring beyond the duodenum is rare. The lesion includes single ulcers within the jejunum and ileum of unknown etiology. Non-specific ulcer accompanied with Behcet disease is classified elsewhere in EGD.

Inclusions: Simple ulcer of small intestine

DA94.01 Chronic non-specific multiple ulcers of small intestine

In CNSU patients chronic non-specific multiple ulcers are predominantly found in the ileum, which are circular or irregular in shape. The margins of ulcers are always clear and the intervening mucosa appears normal. CNSU is often characterised by anaemia and hypoalbuminemia due to bleeding and protein loss from multiple ulcers.

DA94.02 Cryptogenic multifocal ulcerous stenosing enteritis

CMUSE is an independent, rare disease characterised by chronic diarrhoea and by non-specific small intestinal ulceration and ulcerative stenosis which responds to corticosteroid therapy.

DA94.0Y Other specified primary ulcer of small intestine

DA94.0Z Primary ulcer of small intestine, unspecified

DA94.1 **Drug-induced or toxic enteritis of small intestine**

Enteritis or ulcer of small intestine due to medication including mucosal damaged agents such as NSAIDs, aspirin and antibiotics, due to chemotherapy and due to chemical toxic substances.

DA94.2 **Allergic or dietetic enteritis of small intestine**

Enteritis or ulcer of small intestine due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-IgE-mediated intestinal hypersensitivity, and eosinophilic disorders of small intestine. Food protein-induced enterocolitis syndrome (EPIES) is also included here.

DA94.20 IgE mediated allergic enteritis of small intestine

Immediate type (IgE-mediated) enteric hypersensitivity due to exposure to an allergen in individuals previously sensitized. The symptoms are acute abdominal pain and diarrhoea and can be combined to other symptoms in cases of anaphylaxis.

DA94.21 Eosinophilic enteritis

This refers to a rare and heterogeneous condition of inflammation of small intestine characterised by patchy or diffuse eosinophilic infiltration of the intestinal tissue.

DA94.22 Food protein-induced enterocolitis syndrome

A non-IgE-mediated intestinal hypersensitivity cell-mediated persistent chronic inflammation of the enteric tract which primarily affects children. The most common causal foods are: cow’s milk, soy, rice, oat, meat. In cases of chronic exposure, the most frequent symptoms are emesis, diarrhoea, poor growth and lethargy. In cases of re-exposure after restriction, the patient can present emesis, diarrhoea, hypotension (15%) 2 hours after ingestion.

DA94.2Y Other specified allergic or dietetic enteritis of small intestine

DA94.2Z Allergic or dietetic enteritis of small intestine, unspecified

DA94.3 **Enteritis or ulcer of small intestine due to other external causes**

Enteritis and ulcer of small intestine induced by external causes, such as foreign body, radiation, trauma, and other external causes. Enteritis due to chemical and toxic substances is excluded from here and classified in EGB.

DA94.30 Enteritis or ulcer of small intestine due to foreign body

DA94.31 Enteritis or ulcer of small intestine due to radiation

DA94.32 Enteritis or ulcer of small intestine due to trauma

DA94.3Z Enteritis or ulcer of small intestine due to other external causes, unspecified

DA94.Y **Other specified noninfectious enteritis or ulcer of small intestine**

DA94.Z **Noninfectious enteritis or ulcer of small intestine, unspecified**

DA95 Coeliac disease

Coeliac disease is a permanent intolerance to gluten proteins, present in wheat, rye, and barley. It is an autoimmune disorder, characterised by a chronic inflammatory state of the small intestinal mucosa and submucosa, which can impair digestion and absorption of nutrients, leading to malnutrition.

Inclusions: Gluten-sensitive enteropathy

Nontropical sprue

Idiopathic steatorrhoea

DA96 Intestinal malabsorption or protein-losing enteropathy

Intestinal malabsorption is a diseased condition in which absorption of food nutrients across the intestinal tract is disturbed. Impairment of single or multiple nutrients may lead to malnutrition.

Protein-losing enteropathy is a diseased condition in which there is excessive loss of plasma protein into the intestine. More loss of proteins than synthesis may lead to hypoalbuminemia.

Exclusions: Crohn disease (DD70)

DA96.0 **Intestinal malabsorption**

Intestinal malabsorption (syndrome) occurs due to pathological interference with the normal physiological sequence of digestion (intraluminal process), absorption (mucosal process), and transport (post-mucosal events) of nutrients in the small intestine. The concept of intestinal failure is a life-threatening severe type of intestinal malabsorption due to short bowel, structural enterocyte defects, and intestinal dysmotility etc.

Coded Elsewhere: Postsurgical malabsorption, not elsewhere classified (DE13)

Neonatal malabsorption syndromes (KB89)

Amyloidosis of small intestine (5D00.0)

DA96.00 Bacterial overgrowth syndrome

Bacterial overgrowth syndrome is a term that describes clinical manifestations that occur when poor movement of intestinal contents allows certain normal intestinal bacteria to grow excessively, causing diarrhoea and poor absorption of nutrients (malabsorption). Various etiological processes can disrupt mechanisms that keep the number of these bacteria low. These include structural abnormalities (congenital or surgical) and disorders that cause decreased gastric acidity, reduced peristaltic activity, and mucosal damage or atrophy.

Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)

DA96.01 Tropical sprue

Tropical sprue is a syndrome involving the entire small intestine that cause acute or chronic diarrhoea and malabsorption of nutrients of progressive severity that results in malnutrition and anaemia due to folic acid deficiency. The disorder occurs only among persons (mostly adults) who visit, or are residents of, certain tropical and subtropical areas. Histological changes consist of lengthening of the crypt area and broadening and shortening of the villi with chronic inflammation of small intestine. The cause of tropical sprue is not known, but excess levels of certain types of bacteria in the small intestines has been suggested, and antimicrobial therapy may result in cure of the intestinal abnormalities.

Inclusions: Tropical steatorrhoea

DA96.02 Malabsorption or intolerance of specific nutrients

Food intolerance is a term used for difficulty in digesting a food because of widely for varied physiological responses associated with a particular food, or compound found. Food intolerance should not be mistaken for food allergy, which is primarily involving the immune reaction against the food.

Coded Elsewhere: Lactose intolerance (5C61.6)

DA96.04 Short bowel syndrome

Having less than 200 cm of residual small bowel with or without colon in an adult and for children (< 18 yrs), less than 25% of the normal length of intestine for their respective age.

Exclusions: Congenital short bowel (LB15.2)

Coded Elsewhere: Short bowel syndrome in neonate (KB89.1)

DA96.05 Intestinal failure

The reduction of gut function below the minimum necessary for the absorption of macronutrients and/or water and electrolytes, such that intravenous supplementation is required to maintain health and/or growth.

DA96.0Y Other specified intestinal malabsorption

DA96.0Z Intestinal malabsorption, unspecified

DA96.1 **Protein-losing enteropathy**

Protein-losing enteropathy is a syndrome characterised by the severe loss of serum proteins into the intestine. It is not a single disease, but an atypical manifestation of other diseases, which involves intestinal mucosa as well as intestinal blood or lymphatic vessels.

Coded Elsewhere: Intestinal lymphangiectasia (BD92.0)

DA96.Y **Other specified intestinal malabsorption or protein-losing enteropathy**

DA96.Z **Intestinal malabsorption or protein-losing enteropathy, unspecified**

DA97 Certain vascular disorders of small intestine

The whole small intestine receives its blood supply from the superior mesenteric artery and the venous drainage is through the portal system via the superior mesenteric vein. Vascular disorders includes lesions in these vessels and capillary.

Exclusions: Ischaemic vascular disorders of intestine (DD30-DD3Z)

Coded Elsewhere: Non-occlusive mesenteric ischaemia (DD31.0)

Segmental arterial mediolysis (BD52.0)

Vascular abnormality of small intestine due to injury or trauma (NB90.Y)

DA97.0 **Angiodysplasia of small intestine**

Small dilated submucosal vessels of small intestinal mucosa with perforating vessels going through the muscularis mucosae.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

DA97.1 **Arteriovenous malformation of small intestine**

Vascular malformations of small intestine that result from a localised maldevelopment of part of the primitive vascular plexus and consist of abnormal arteriovenous communications without intervening capillaries. They vary in size, ranging from massive lesions that are fed by multiple vessels to lesions so small that they are hard to identify at arteriography, surgery, or autopsy, but relatively larger than angiodysplasia.

DA97.2 **Vasculitis of mesenteric arteries**

A part of systemic vasculitis involving the gastrointestinal tract which causes mesenteric ischemia. This includes systemic lupus erythematosus, polyarteritis nodosa, allergic granulomatous vasculitis (Churg-Strauss syndrome), and thromboangitis obliterans (Buerger's disease).

DA97.3 **Varices of small intestine**

The dilation of venous plexus in the small intestine.

Exclusions: Duodenal varices (DA52.0)

DA97.Z **Certain vascular disorders of small intestine, unspecified**

DA98 **Polyps of small intestine**

Polyps of small intestine are benign mushroom-like abnormalities of the small intestine that may have a stalk or be flat with a stalk. (Polyps of small intestine are any mass of tissue that arises from the small intestinal wall and protrudes into the lumen.)

Exclusions: Adenoma of small intestine (2E92.3)

Adenomatous polyp of small intestine (2E92.3)

Polyposis syndrome (2E92.40)

DA98.0 Hamartoma of small intestine

Hamartoma of small intestine is a non-neoplastic mass of indigenous tissue in the small intestine.

DA98.1 Hyperplastic polyp of small intestine

Hyperplastic/metaplastic polyps of small intestine usually result from the abnormal maturation of the mucosal cells of the small intestines and are usually of small size.

DA98.2 Inflammatory fibroid polyp of small intestine

Inflammatory fibroid polyp (IFP) is a rare tumour and it presents either as a solitary large or sessile lesion that arises in the submucosa. It is characterised by spindle and stellate cells set in an inflammatory, myxoid stroma.

DA98.3 Lymphoid hyperplasia of small intestine

Lymphoid hyperplasia of small intestine is a formation of well differentiated lymphoid tissue due to enhanced cell division in the small intestinal mucosa.

DA98.Y Other specified polyps of small intestine

DA98.Z Polyps of small intestine, unspecified

DA9Y **Other specified diseases of small intestine**

DA9Z **Diseases of small intestine, unspecified**

Diseases of appendix (DB10-DB1Z)

Coded Elsewhere: Neoplasms of the appendix

DB10 **Appendicitis**

Appendicitis is a condition characterised by inflammation of the vermiform appendix.

DB10.0 Acute appendicitis

Acute inflammation and enlargement of the vermiform appendix. It has been recognised as one of the most common causes of severe acute abdominal pain worldwide. Most cases require appropriate medical treatment or removal of the inflamed appendix. If untreated, mortality is high, mainly because of the risk of rupture leading to peritonitis and shock. In this category acute appendicitis only due to common bacterial infection is included, and appendicitis due to specific organisms is ruled out from here, and described elsewhere.

DB10.00 Acute appendicitis with generalised peritonitis

This is a condition characterised by acute inflammation of the vermiform appendix that is extending into the free, not contained, inflammation of the peritoneum. There is usually a free perforation and surgical treatment is recommended.

Inclusions: Acute appendicitis with free perforation to the abdominal cavity

acute appendicitis with diffuse peritonitis following rupture or perforation

DB10.01 Acute appendicitis with localised peritonitis

This is a condition characterised by acute inflammation of the vermiform appendix that is confined around the appendix with localised peritonitis. This is usually appendicitis with abscess, and also could be treated conservatively, even if there is a perforation. However, according to the clinical course surgical treatment will be recommended.

Inclusions: Acute appendicitis with contained perforation to a localised abscess

DB10.02 Acute appendicitis without localised or generalised peritonitis

This condition is characterised by acute inflammation of the veriform appendix in that there is no mention about the extent of the peritonitis. Acute appendicitis without peritonitis is included here. Acute appendicitis with no perforation or abscess, and simply phlegmonous or suppurative appendicitis, these can usually be treated conservatively, are also included here.

DB10.1 Chronic appendicitis

A correctly diagnosed non-acute form of appendicitis. Chronic appendicitis is a disorder caused by inflammation of the appendix over a period of time. While acute appendicitis shows the typical manifestation of an inflamed appendix, chronic appendicitis may cause symptoms related to abdominal discomfort or more generalised symptoms. In this category chronic appendicitis only due to common bacterial infection is included, and appendicitis due to specific organisms is ruled out from here, and described elsewhere.

DB10.Y Other specified appendicitis

DB10.Z Appendicitis, unspecified

DB11 Certain specified diseases of appendix

Diseases of appendix other than appendicitis or neoplasm. This includes intussusception, mucocele, hyperplasia, appendicular concretions, diverticulum, fistula and other specified diseases of appendix.

Exclusions: Appendicitis (DB10)

Neoplasms of the appendix ()

DB11.0 Megaloappendix

The vermiform appendix is an organ that can have variable sizes, locations as well as functional potentials. This refers to the longer and the larger appendix than normal size.

DB11.1 **Hyperplasia of appendix**

Hyperplasia of appendix is the rapid growth proliferation of normal lymphoid cells that resemble lymphoid tissue.

DB11.2 **Appendicular concretions**

A condition of the appendix filled with calcification

DB11.3 **Diverticulum of appendix, acquired**

A condition of an outpouching of a hollow structure of the appendix.

DB11.4 **Fistula of appendix**

A condition of an abnormal passageway between the appendix and neighbour organs.

DB11.5 **Intussusception of appendix**

A condition in which a part of the appendix has invaginated into another section of the appendix. Complete invagination of the appendix into the caecum may progress to a colo-colic and/or ileo-colic intussusception.

DB11.6 **Mucocele of appendix**

Mucocele of the appendix is a cystic, dilated appendix filled with mucin. Simple mucocele is not a neoplasm and results from chronic obstruction of the proximal lumen, usually by fibrous tissue.

DB1Y **Other specified diseases of appendix**

DB1Z **Diseases of appendix, unspecified**

Diseases of large intestine (DB30-DB3Z)

Coded Elsewhere: Neoplasms of the large intestine

Structural developmental anomalies of large intestine (LB16)

Diverticular disease of large intestine (DC80-DC82.Z)

Polyposis syndrome (2E92.40)

DB30 **Obstruction of large intestine**

Hindrance of the passage of luminal contents in the large intestine. Obstruction of the large intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the large intestine in addition to obstructed flow of luminal contents.

Exclusions: Paralytic ileus of large intestine (DA93.0)

DB30.0 **Intussusception of the large intestine**

Intussusception occurs when a segment of bowel invaginatetes, or telescoped, into adjacent distal bowel, leading to obstruction and possibly ischemic injury. Colonic intussusception is a relatively uncommon condition that is most frequent in the early years of life. There are three main varieties: caecocolic, colocolic and sigmoidrectal.

DB30.1 **Volvulus of large intestine**

A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis. The classical sites of large intestinal volvulus are the caecum and the sigmoid colon, although there are reports of volvulus of the transverse colon and the splenic flexuture.

DB30.2 **Adhesions of large intestine with obstruction**

Large bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.

DB30.3 **Impaction of large intestine**

Large bowel obstruction may result when a substance such as gallstone, foreign body, or enterolith, but not faecal, is too large to traverse the large intestine.

Inclusions: Impaction of large bowel

Exclusions: faecal impaction (ME05.0)

DB30.4 **Stenosis of the rectum**

Rectal stenosis is defined as narrowing of the rectum.

DB30.Y **Other specified obstruction of large intestine**

DB30.Z **Obstruction of large intestine, unspecified**

DB31 Other acquired anatomical alterations of large intestine

This group incorporates acquired large intestinal disorders principally due to morphological changes of the colon and rectum. Diverticular diseases and obstruction of large intestine are classified in GB a GD, respectively.

Exclusions: Obstruction of large intestine (DB30)

Diverticular disease of large intestine (DC80-DC82.Z)

Coded Elsewhere: Perforation of large intestine (ME24.31)

Endometriosis of large intestine (GA10.C1)

DB31.0 **Fistula of large intestine**

Fistula of large intestine is defined as an abnormal communication between the large intestine and another epithelialized surface such as the skin, an adjacent organ or an adjacent loop of bowel. Colovesical fistula is the most common, but colovaginal, colocolic, coloileal, colocutaneous, and coloanal fistulae have been described. Fistula due to Crohn disease are excluded from here.

Coded Elsewhere: Fistula of large intestine to vagina (GC04.12)

Rectovaginal fistula (GC04.16)

DB31.1 **Pneumatosis intestinalis of large intestine**

This refers to pneumatosis intestinalis in the large intestine, which is a condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the intestine.

DB31.2 **Rectal prolapse**

Rectal mucosal prolapsed refers to abdominal descent of the rectal mucosa. The best recognised site of the mucosal prolapse is the anterior wall of the rectum.

Inclusions: Prolapse of rectal mucosa

DB31.Y **Other specified other acquired anatomical alterations of large intestine**

DB31.Z **Other acquired anatomical alterations of large intestine, unspecified**

DB32 Motility disorders of large intestine

Disorders of colonic motility due to abnormal contractions, such as spasms and colonic paralysis. The loss of ability to coordinate motor activity may cause a variety of disorders including colonic distention and severe constipation.

Coded Elsewhere: Paralytic ileus of large intestine (DA93.0)

Paralytic ileus of small intestine or colon (DA93.0)

DB32.0 **Pseudo-obstruction of colon**

Colonic pseudo-obstruction is a rare condition with symptoms of decreased ability of the colon to push fluid, food and air through like those caused by a colonic obstruction, or blockage. The clinical and radiological findings are often similar to true obstruction, but no true mechanical blockage is found. The symptoms generally includes dyspepsia, chronic constipation and, in the moments where appear abdominal colic. Ogilvie syndrome: acute pseudoobstruction of the colon in severely ill debilitated patients is included here as acute form.

DB32.1 **Slow transit constipation**

Slow transit constipation (STC) typically involves the unusually slow passage of luminal contents through the large intestine. This can lead to chronic problems, such as constipation and uncontrollable soiling and could require colectomy.

DB32.2 **Megacolon**

Megacolon is a descriptive term indicating an abnormal dilation of large intestine. The dilatation is often accompanied by a paralysis of the peristaltic movements of the bowel.

Coding Note: Code also the causing condition

Exclusions: Congenital megacolon (LB16.1)

Hirschsprung disease (LB16.1)

DB32.20 Toxic megacolon

Toxic megacolon is an acute form of colonic distension characterised by a very dilated colon, accompanied by abdominal distension (bloating), and sometimes fever, abdominal pain, or shock. " Toxic" means that this complication occurs with inflammation. Toxic megacolon is a rare, life-threatening widening of the large intestine that occurs within a few days, occurring as a complication of inflammatory bowel disease, such as ulcerative colitis and Crohn disease.

Coding Note: Code also the causing condition

DB32.2Y Other specified megacolon

Coding Note: Code also the causing condition

DB32.2Z Megacolon, unspecified

Coding Note: Code also the causing condition

DB32.3 **Acquired hypoganglionosis of large intestine**

Acquired hypoganglionosisis characterised as a degeneration of ganglion cells and gliosis histologically. The prognosis is usually good following resection of the affected bowel.

Exclusions: Congenital hypoganglionosis of large intestine (LB16.3)

DB32.Y **Other specified motility disorders of large intestine**

DB32.Z **Motility disorders of large intestine, unspecified**

DB33 Certain noninfectious colitis or proctitis

Noninfectious colitis and proctitis is inflammation or tissue defect in the large intestine of non-infectious origin, but not included in inflammatory bowel diseases, including specific type of colitis, colitis due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders.

Exclusions: Inflammatory bowel diseases (DD70-DD7Z)

Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

DB33.0 **Primary ulcer of colon**

A condition with single or multiple ulcers (mucosal defect) develops in the rectum or colon. Ulcers of the colon can cause bleeding with straining in people with chronic constipation.

Inclusions: Simple ulcer of colon

DB33.1 **Microscopic colitis**

A condition of inflammation of the colon that is only detectable when the colon's lining is examined under a microscope. The endoscopic appearance of the inner colon lining is normal. There are two types of microscopic colitis: lymphocytic colitis and collagenous colitis.

DB33.10 Collagenous colitis

Collagenous colitis is characterised by chronic watery diarrhoea, normal radiological and endoscopic appearance of the colon, and a specific histopathological feature consisting in the presence of a subepithelial collagen band (10 mm or more) adjacent to the basal membrane, together with epithelial lymphocyte infiltration and chronic inflammation of the lamina propria.

DB33.11 Lymphocytic colitis

Lymphocytic colitis is an intestinal inflammatory disorder characterised by increased intraepithelial lymphocytes and manifesting as chronic watery diarrhoea, abdominal pain, nausea, incontinence and faecal urgency. Together with collagenous colitis it makes up a group known as microscopic colitis .

DB33.1Y Other specified microscopic colitis

DB33.1Z Microscopic colitis, unspecified

DB33.2 **Allergic or dietetic colitis**

Colitis and proctitis due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-igE-mediated colonic hypersensitivity, and eosinophilic disorders of large intestine. Food protein-induced proctitis/colitis of infants is also included here.

DB33.20 Food protein-induced proctitis or colitis of infants

A non-IgE-mediated intestinal hypersensitivity (in the absence of IgE antibodies) induced by food protein that induces inflammatory response mainly to the rectum and distal sigmoid colon. This is a condition in infants that results from an immune response triggered by proteins in the diet mainly milk (through breast-feeding). Patients usually appear healthy and have normal, soft stools that contain flecks or streaks of blood. The diagnosis is usually made based upon the resolution of symptoms upon withdrawal of the presumed food antigen. The usual onset is in the first 2 months of life but it also occurs in infants from 1 day to 6 months of age.

DB33.2Y Other specified allergic or dietetic colitis

DB33.2Z Allergic or dietetic colitis, unspecified

DB33.3 **Diversion colitis**

An inflammatory condition that occurs in segments of the colon and rectum that are diverted from the faecal stream by surgery.

DB33.4 **Colitis or proctitis due to external causes**

Colitis and proctitis induced by external causes, such as chemical and toxic substances, foreign body, radiation, trauma, and other external causes.

Exclusions: Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

DB33.40 Chemical colitis or proctitis

This refers to condition of inflammation of large intestine caused by chemical or toxic substances.

DB33.41 Radiation-induced colitis

This refers to inflammation of the large intestine and colonic ulcer due to radiation.

DB33.42 Radiation proctitis

Radiation proctitis is a rare rectal disease directly induced by pelvic radiotherapy and characterised by rectal bleeding, change in bowel habits, tenesmus and sepsis.

DB33.43 Drug-induced colitis

Colitis or ulcer of large intestine due to medication including mucosal damaged agents such as NSAIDs, antibiotics, chemotherapy drugs, and other medications.

Inclusions: Drug-induced proctitis

Drug-induced colonic ulcer

Coded Elsewhere: Pseudomembranous colitis (1A04)

DB33.4Y Other specified colitis or proctitis due to external causes

DB33.4Z Colitis or proctitis due to external causes, unspecified

DB33.Y **Other specified noninfectious colitis or proctitis**

DB33.Z **Certain noninfectious colitis or proctitis, unspecified**

DB34 Certain vascular disorders of large intestine

The whole large intestine receives its blood supply from colonic branches of the superior mesenteric artery and the inferior mesenteric artery, and the venous drainage is through the portal system via the superior and inferior mesenteric vein. Vascular disorders includes lesions in these vessels and capillary.

Exclusions: Ischaemic vascular disorders of intestine (DD30-DD3Z)

Coded Elsewhere: Ischaemic colitis (DD31.00)

Vascular disorders of large intestine due to injury or trauma (NB90.Y)

DB34.0 **Angiodysplasia of colon**

Small dilated submucosal vessels of colonic mucosa with perforating vessels going through the muscularis mucosae.

DB34.1 **Arteriovenous malformation of large intestine**

Vascular malformations of large intestine that result from a localised maldevelopment of part of the primitive vascular plexus and consist of abnormal arteriovenous communications without intervening capillaries. They vary in size, ranging from massive lesions that are fed by multiple vessels to lesions so small that they are hard to identify at arteriography, surgery, or autopsy, but relatively larger than angiodysplasia.

DB34.2 **Vasculitis of large intestine**

DB34.3 **Varices of large intestine**

Abnormally dilated veins in the lining of large intestine. Intestinal varices represent varices at an unusual site in patients with cirrhosis and portal hypertension.

DB34.4 **Acute haemorrhagic rectal ulcer**

Acute haemorrhagic rectal ulcer is regarded as an acute ischemic mucosal disorder that occurs in elderly patients who are suffering from incipient blood flow reduction due to arteriosclerotic factors. These patients are often bedridden, and this causes a decrease in mucosal blood flow in the lower rectum, which in turn triggers this pathology.

DB34.Y **Other specified vascular disorders of large intestine**

DB34.Z **Vascular disorders of large intestine, unspecified**

DB35 Polyp of large intestine

Polyps are abnormal growths rising from the lining of the large intestine that protrude into the intestinal lumen. Polyps can cause bleeding, and over time, can develop into cancers.

Exclusions: Polyposis syndrome (2E92.40)

Malignant neoplasms of colon (2B90)

Coded Elsewhere: Adenomatous polyp of the colon (2E92.4Y)

DB35.0 **Hyperplastic polyp of large intestine**

Hyperplastic polyps are truly benign growths, possessing no potential for progression to colorectal cancer. Hyperplastic polys pathologically lack dysplasia.

Inclusions: Hyperplastic nodule of large intestine

Serrated polyp of large intestine

DB35.1 **Inflammatory polyp of large intestine**

Inflammatory polyps occur as a result of the chronic inflammation that takes place in the colon and rectum.

Exclusions: Crohn disease of large intestine (DD70.3)

DB35.2 **Benign lymphoid polyp of large intestine**

Benign lymphoid polyps are associated with hyperplasia (enhanced cell division) of lymphoid tissue in the colonic mucosa. It is seen in parts of the intestine where lymphoid tissues are concentrated like the ileum of the small intestine or rectum.

Inclusions: Focal lymphoid hyperplasia

DB35.3 **Hamartomatous polyp**

Hamartomatous polyp is non-neoplastic, benign tumour-like malformations results from an abnormal formation of normal tissue. It contains mesenchymal elements of excess vascular and/or fibrous stroma and glandular proliferation with cystic dilatation.

Exclusions: PTEN Hamartoma tumour syndrome (LD2D)

DB35.4 **Inflammatory fibroid polyp of large intestine**

Inflammatory fibroid polyp is a benign, non-encapsulated submucosal lesion, composed mainly of loose connective tissues, vessels and with an eosinophilic inflammatory component.

DB35.Y **Other specified polyp of large intestine**

DB35.Z **Polyp of large intestine, unspecified**

DB36 Certain infections of the large intestine

DB36.0 **Colonic abscess**

A condition of the colon, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material in colonic tissue. This disease may present with back pain, abdominal pain, fever, rectal bleeding, or diarrhoea. Confirmation is commonly by advanced imaging.

DB36.1 **Rectal abscess**

A condition of the rectum, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the rectal area.

DB36.10 Perirectal abscess

A condition of the perirectal region, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material within the perirectal region. This condition may present with perirectal pain and swelling, fever, chills, or constipation. Confirmation is commonly by advanced imaging.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

DB36.11 Ischiorectal abscess

A condition of the rectum, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the ischiorectal space. This condition presents with pain in the perianal region, back pain, swelling, or fever. Confirmation is commonly by advanced imaging.

Inclusions: Abscess of ischiorectal fossa

DB36.12 Rectal cellulitis

DB36.Y Other specified infections of the large intestine

DB36.Z Certain infections of the large intestine, unspecified

DB3Y **Other specified diseases of large intestine**

DB3Z **Diseases of large intestine, unspecified**

Diseases of anal canal (DB50-DB7Z)

Coded Elsewhere: Neoplasms of the anal canal

Structural developmental anomalies of anal canal (LB17)

Acquired anatomical alterations of the anal canal (DB50-DB5Z)

This group incorporates disorders principally due to morphological changes of the anus and anal canal.

Exclusions: congenital anomalies of the anal canal (LB17)

Anal abscess (DB70.00)

Coded Elsewhere: Haemorrhage of anus and rectum (ME24.A1)

Crohn disease of anal region (DD70.4)

Open wound of anus (NB51.Z)

DB50 **Fissure or fistula of anal regions**

Anal fissure and fistula are the common disorders of anal regions. An anal fissure is a superficial linear tear in the anoderm that is distal to the dentate line. An anal fistula is an inflammatory tract between the anal canal and the skin.

DB50.0 **Anal fissure**

An anal fissure is a linear break or tear in the mucosa that lines the anal canal. It may occur when hard or large stools are passed after defecation and typically cause pain and bright red anal bleeding.

DB50.1 **Anal fistula**

Anal fistula is an abnormal communication, hollow tract lined with granulation tissue connecting the primary opening inside the anal canal to a secondary opening in the perineal skin. They are usually associated with anorectal abscesses, and they are thought to be a chronic condition after an abscess evacuation.

DB50.2 **Anorectal fistula**

DB50.Y **Other specified fissure or fistula of anal regions**

DB50.Z **Fissure or fistula of anal regions, unspecified**

DB51 **Stenosis of anal canal**

DB52 **Ulcer of anus**

Ulcer of anus is tissue defect located in the anal regions, extending beyond the submucosa into the muscularis mucosa.

Inclusions: Ulcer of anus and rectum

Solitary ulcer of anus

Stercoral ulcer of anus

Coded Elsewhere: Drug-induced anal ulceration (EH76.Y)

DB53 **Anal prolapse**

This is a condition in which the rectal tissue looses its internal support and protrudes from the anus to the exterior of the body.

Inclusions: Prolapse of anal canal

DB5Y **Other specified acquired anatomical alterations of the anal canal**

DB5Z **Acquired anatomical alterations of the anal canal, unspecified**

Haemorrhoids are anatomical structures of swollen veins of the rectal plexus in the walls of the anal canal and /or under the skin around the anus. The term haemorrhoids is usually related to the symptoms caused by haemorrhoids resulting in bleeding and painful swelling when they become enlarged, inflamed, thrombosed, or prolapsed. Haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: varicose veins of anus and rectum

DB60 **Haemorrhoids**

A prolapse of vascular cushions resulting in bleeding and painful swelling in the anal canal. Internal haemorrhoids is swollen veins inside the anal canal and one in a vein of the superior rectal plexus, originating above the pectinate line and covered by mucous membrane.

Internal haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: piles

Coded Elsewhere: Haemorrhoids in pregnancy (JA61.4)

Haemorrhoids in the puerperium (JB41.2)

DB60.0 First degree haemorrhoids

(grade I): First-degree haemorrhoids bulge into the anal canal and sometimes bleed, but do not prolapse through the anus.

Inclusions: Haemorrhoids (bleeding) without prolapse outside of anal canal

DB60.1 Second degree haemorrhoids

(grade II): Second-degree haemorrhoids prolapse from the anus during bowel movements but then withdraw back up into the anal canal, spontaneously.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, but retract spontaneously

DB60.2 Third degree haemorrhoids

(grade III): Third-degree haemorrhoids remain prolapsed unless pushed gently back into the anal canal, and they can be reduced manually.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, and require manual reduction back inside the anal canal

DB60.3 Fourth degree haemorrhoids

(grade IV): Fourth-degree haemorrhoids cannot be pushed back into the anal canal and permanently prolapsed.

Inclusions: Haemorrhoids (bleeding) with prolapsed tissue that cannot be manually reduced

DB60.Z Haemorrhoids, unspecified

DB61 **Perianal venous thrombosis**

Extremely painful cherry like lesions under the perianal skin containing clotted blood have been attributed to rupture of a blood vessel with haematoma. However, histology confirmed that these lesions are thrombi lying within the thin-walled vessels of the external anal plexus.

Inclusions: perianal thrombosis

Perianal haematoma (nontraumatic)

DB62 **Residual haemorrhoidal skin tags**

This refers to residual small benign tumour that form primarily in areas where the skin forms creases, especially in the anal canal which help with stool control.

DB6Y **Other specified haemorrhoids or perianal venous conditions**

DB6Z **Haemorrhoids or perianal venous conditions, unspecified**

DB70 **Infections of the anal region**

Infections of anal canal caused by various microorganisms including bacteria, virus, fungus, parasite and the other specified agents.

Coded Elsewhere: Anal warts (1A95.0)

Primary anal syphilis (1A61.1)

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

Gonococcal infection of anus (1A72.2)

Infections of the anus or perianal skin (EG61)

Tuberculosis of anal canal (1B12.7)

DB70.0 **Abscess of anal regions**

A condition of the anal and rectal region, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the anal or rectal region.

Coded Elsewhere: Ischiorectal abscess (DB36.11)

DB70.00 Anal abscess

A condition of the anus, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the perianal crypts or glands. This condition may present with pain and swelling in the perianal region, or fever. Confirmation is commonly by rectal examination.

Inclusions: Perianal abscess

Exclusions: Intrasphincteric abscess (DB70.02)

Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

DB70.01 Anorectal abscess

DB70.02 Intrasphincteric abscess

A condition of the intrasphincteric space, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material between the internal and external anal sphincter. Confirmation is commonly by ultrasonography or advanced imaging.

DB70.0Y Other specified abscess of anal regions

DB70.0Z Abscess of anal regions, unspecified

DB70.Y **Other specified infections of the anal region**

DB70.Z **Infections of the anal region, unspecified**

DB71 Anal polyp

Abnormal mushroom-like growth sticking out from the epithelium rising from the lining of the anus and anal canal.

DB71.0 **Inflammatory anal polyp**

Inflammatory polyp is an abnormal, mushroom-like growth sticking out from the mucous membrane that lines the anus. This mass is a reaction to some type of chronic inflammation in the anus.

DB71.1 **Lymphoid polyp**

Lymphoid polyp is a benign, focal or diffuse small polypoid lesions composed of well differentiated lymphoid tissue.

DB71.2 **Hypertrophied anal papillae**

The enlargement of existing anal papillae is a consequence of chronic inflammation and fibrotic proliferation within the anorectal zone, which is known as hypertrophied or fibrous anal polyp.

DB71.Y **Other specified anal polyp**

DB71.Z **Anal polyp, unspecified**

DB72 Certain specified diseases of anal canal

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Anal pruritus (EG60)

Foreign body in anus or rectum (ND73.5)

DB72.0 **Anal spasm**

Spasm of the anal sphincter muscle.

DB72.Z **Certain specified diseases of anal canal, unspecified**

DB7Y Other specified diseases of anal canal

DB7Z Diseases of anal canal, unspecified

Diseases of liver (DB90-DB9Z)

Exclusions: Unspecified jaundice (ME10.1)

Coded Elsewhere: Neoplasms of the liver

Structural developmental anomalies of liver (LB20.0)

Metabolic or transporter liver disease (5C90)

Viral hepatitis (1E50-1E5Z)

DB90 Infectious liver disease

Exclusions: Viral hepatitis (1E50-1E5Z)

Coded Elsewhere: Dengue (1D20-1D2Z)

Yellow fever (1D47)

Cytomegaloviral hepatitis (1D82.0)

Hepatitis due to Toxoplasma gondii (1F57.0)

Herpes simplex hepatitis (1F00.Y)

DB90.0 Abscess of liver

A condition of the liver, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the liver. This condition may present with fever, abdominal pain, or shock. Confirmation is by advanced imaging or ultrasonography.

Exclusions: pylephlebitis without liver abscess (DB98.3)

Coded Elsewhere: Amoebic liver abscess (1A36.10)

DB90.Y Other specified infectious liver disease

DB90.Z Infectious liver disease, unspecified

DB91 **Acute or subacute hepatic failure**

Acute and subacute liver failure is characterised by onset of coagulopathy and/or hepatic encephalopathy within 8 weeks of onset of symptoms in a patient without previously known liver diseases.

Exclusions: Chronic viral hepatitis (1E51)

Alcoholic hepatitis (DB94.1)

Alcoholic cirrhosis of liver with hepatic encephalopathy (DB94.3)

Hepatic failure complicating abortion, ectopic or molar pregnancy (JA00-JA0Z)

Icterus of fetus and newborn (KA87)

Non-alcoholic fatty liver disease with hepatic encephalopathy (DB92)

Chronic hepatic failure due to portosystemic shunt (DB98)

Drug-induced or toxic liver disease (DB95)

Hepatic encephalopathy (DB97)

Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

DB91.0 Acute or subacute hepatic failure due to hepatitis virus

Acute infection of hepatitis A, B, C, D and E viruses can cause acute and subacute hepatic failure. The prognosis varies depending on the virus.

DB91.1 Other acute or subacute hepatic failure

Other causes of acute and subacute hepatic failure are drugs, toxic agents, metabolic diseases (particularly Wilson's disease), ischemic diseases, autoimmune hepatitis, and unknown diseases.

DB91.Z Acute or subacute hepatic failure, unspecified

DB92 **Non-alcoholic fatty liver disease**

NAFLD is characterised by fatty liver related to insulin resistance in the absence of significant alcohol consumption. It embraces a pathological spectrum from simple steatosis to steatohepatitis. 10-20% have steatohepatitis (non-alcoholic steatohepatitis: NASH), which can progress to cirrhosis and hepatocellular carcinoma.

Exclusions: Reye syndrome (8E46)

Acute fatty liver of pregnancy (JA65.0)

Drug-induced or toxic liver disease (DB95)

Chronic hepatitis C (1E51.1)

Alcoholic liver disease (DB94)

inherited defects in mitochondrial metabolism (5C53)

DB92.0 Non-alcoholic fatty liver disease without non-alcoholic steatohepatitis

DB92.1 **Non-alcoholic steatohepatitis**

NASH is a histological form of NAFLD in which the key features are histological evidence of hepatocyte injury (such as ballooning or Mallory hyaline) and substantial lobular inflammation. NASH is often associated with fibrosis in pericentral and perisinusoidal distribution (a portal fibrosis pattern also exists, particularly in children). NASH is the clinically progressive form of NAFLD with clinical outcomes including cardiovascular events, and cirrhosis or hepatocellular carcinoma. While novel biomarkers for NASH have been reported, histology remains the gold standard for diagnosis.

DB92.Y **Other specified non-alcoholic fatty liver disease**

DB92.Z **Non-alcoholic fatty liver disease, unspecified**

DB93 Hepatic fibrosis or cirrhosis

Exclusions: Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

Alcoholic cirrhosis of liver without hepatitis (DB94.3)

Alcoholic liver fibrosis (DB94.2)

Fibropolycystic liver disease (LB20.00)

Congenital hepatic fibrosis (LB20.00)

Chronic viral hepatitis with cirrhosis (1E51)

Non-alcoholic steatohepatitis (DB92.1)

Non-alcoholic fatty liver disease (DB92)

Cardiac cirrhosis (DB98.8)

DB93.0 **Hepatic fibrosis**

Hepatic Fibrosis is defined as an excess deposition of the components of extracellular matrix (i.e. collagens, glycoproteins, proteoglycans) within the liver. This response to liver injury potentially is reversible. In contrast, in most patients, cirrhosis is not a reversible process.

Inclusions: Hepatic sclerosis

Hepatic fibrosis with hepatic sclerosis

Coded Elsewhere: Hepatic fibrosis due to Schistosomiasis without portal hypertension (1F86.Z)

DB93.1 **Hepatic cirrhosis**

Hepatic (liver) cirrhosis is the end stage of fibrosis of the liver caused by many kinds of liver diseases and conditions. Diffuse nodulation of liver due to fibrous bands subdividing liver into regenerative nodules. Blood vessels reach outflow through resistant collagen which contributes to the portal hypertension. Liver cirrhosis is usually irreversible. Some patients with cirrhosis in the early stage are asymptomatic, and other patients in the advanced stage showed signs and symptoms caused by decreased hepatic synthetic function, portal hypertension or decreased detoxification function.

Coding Note: Code also the causing condition

Exclusions: Alcoholic cirrhosis of liver without hepatitis (DB94.3)

DB93.2 **Certain specified fibrosis or cirrhosis of liver**

This is other formation of excess fibrous connective tissue in an organ or tissue in a reparative or reactive process and chronic liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

Inclusions: Biliary cirrhosis, unspecified

Coded Elsewhere: Joubert syndrome with hepatic defect (LD20.0Y)

DB93.20 Hereditary North American Indian childhood cirrhosis

Hereditary North American Indian childhood cirrhosis is a severe autosomal recessive intrahepatic cholestasis that has only been described in aboriginal children from northwestern Quebec. Manifesting first as transient neonatal jaundice, the disease evolves into periportal fibrosis and cirrhosis during a period ranging from childhood to adolescence.

DB93.21 Idiopathic copper-associated cirrhosis

Idiopathic copper-associated cirrhosis is a rare copper-overload liver disease characterised by a rapidly progressive liver cirrhosis from the first few years of life leading to hepatic insufficiency and harbouring a specific pathological aspect: pericellular fibrosis, inflammatory infiltration, hepatocyte necrosis, absence of steatosis, poor regeneration and histochemical copper staining.

DB93.Y **Other specified hepatic fibrosis or cirrhosis**

DB93.Z **Hepatic fibrosis or cirrhosis, unspecified**

DB94 Alcoholic liver disease

Alcoholic liver disease is damage to the liver and its function due to excessive intake of alcohol over a prolonged period of time. The diagnosis is made by a history of excessive intake of alcohol and exclusion of other causes of liver disease. However, it is important to note that excessive alcohol intake interacts with other causes of chronic liver disease to worsen the pathological severity and clinical outcome; important (relatively common) examples are with chronic hepatitis C, obesity and diabetes-related fatty liver, and haemochromatosis.

DB94.0 **Alcoholic fatty liver**

Alcoholic fatty liver is abnormal retention of lipids in liver cells evident as stainable fat (steatosis) due to excessive intake of alcohol. It is the earliest stage of alcoholic liver disease. It is difficult to histologically distinguish between alcoholic fatty liver from non-alcoholic fatty liver. Diagnosis is dependent on history of level of alcohol intake (see Definition of NAFLD).

DB94.1 **Alcoholic hepatitis**

Alcoholic hepatitis is injury and inflammation of the liver caused by excessive intake of alcohol. It is characterised by infiltration by neutrophils, ballooning degeneration of hepatocytes and deposit of Mallory hyaline bodies. Alcoholic hepatitis often occurs concomitantly in patients with other forms of alcoholic liver disease such as fatty liver (alcoholic steatohepatitis), liver fibrosis and cirrhosis.

DB94.10 Alcoholic hepatitis with cirrhosis

This is an inflammation of the liver due to excessive intake of alcohol, consequence of liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

DB94.1Y Other specified alcoholic hepatitis

DB94.1Z Alcoholic hepatitis, unspecified

DB94.2 **Alcoholic liver fibrosis**

Alcoholic fibrosis of liver is defined as an excess deposition of the collagens and extracellular matrix within the liver as evident histologically, caused by excessive intake of alcohol.

Inclusions: Alcoholic sclerosis of liver

DB94.3 **Alcoholic cirrhosis of liver without hepatitis**

Alcoholic cirrhosis is an advanced pathological stage of alcoholic liver disease characterised by diffuse fibrosis that links portal tracts and central veins, distortion of the hepatic architecture and the formation of regenerative nodules. It often occurs with alcoholic hepatitis.

Exclusions: Alcoholic hepatitis with cirrhosis (DB94.10)

DB94.Y **Other specified alcoholic liver disease**

DB94.Z **Alcoholic liver disease, unspecified**

DB95 Drug-induced or toxic liver disease

Drug-induced and toxic liver disease is hepatotoxicity as injury to the liver that is associated with impaired liver function caused by exposure to a drug or another noninfectious agent.

Exclusions: Budd-Chiari syndrome (DB98.5)

Alcoholic liver disease (DB94)

DB95.0 **Drug-induced or toxic liver disease with acute hepatic necrosis or acute hepatitis**

This is an acute hepatocellular injury that develops within 1 to 20 weeks after starting treatment. The histological lesions consist mainly of focal, zonal or bridging necrosis, but lobular and portal tract inflammation evident with drug hepatitis. Extrahepatic features of drug hypersensitivity, including rash, lymphadenopathy, eosinophilia or other systemic features, are observed in some cases.

DB95.1 **Drug-induced or toxic liver disease with chronic hepatitis**

This is the chronic form of drug-induced liver injury that almost always depend on continued exposure to the agent, and is characterised by interface hepatitis, bridging necrosis, and fibrosis.

DB95.10 Drug-induced or toxic liver disease with chronic hepatitis with cirrhosis

This is the chronic form of drug-induced liver injury characterised by interface hepatitis, bridging necrosis and fibrosis, with the development of cirrhosis.

DB95.11 Drug-induced or toxic liver disease with chronic hepatitis without cirrhosis

DB95.1Y Other specified drug-induced or toxic liver disease with chronic hepatitis

DB95.1Z Drug-induced or toxic liver disease with chronic hepatitis, unspecified

DB95.2 **Drug-induced or toxic liver disease with cholestasis**

This is a drug-induced cholestatic liver injury where the symptoms of pruritus and jaundice are often prominent, and elevated serum alkaline phosphatase is the dominant biochemical finding.

Inclusions: Cholestasis with hepatocyte injury

DB95.20 Chronic drug-induced or toxic liver disease with cholestasis

This is a chronic cholestasis defined by persistence of drug-induced cholestatic liver injury for more than 3 months.

DB95.2Y Other specified drug-induced or toxic liver disease with cholestasis

DB95.2Z Drug-induced or toxic liver disease with cholestasis, unspecified

DB95.3 **Drug-induced or toxic liver disease with fatty liver**

This is a drug-induced fatty liver that consists of three types of steatosis, including microvesicular steatosis, macrovesicular steatosis, and phospholipidosis.

DB95.30 Drug-induced or toxic liver disease with chronic fatty liver disease

This is a chronic drug-induced steatosis characterised by relatively large triglyceride globules, which effectively fill the hepatocyte, displace the nucleus and other intracellular constituents to the periphery. Some patients show steatohepatitis, steatosis with focal necrosis and inflammatory cell infiltrate, leading to the development of cirrhosis.

DB95.3Y Other specified drug-induced or toxic liver disease with fatty liver

DB95.3Z Drug-induced or toxic liver disease with fatty liver, unspecified

DB95.4 **Drug-induced or toxic liver disease with granulomatous hepatitis**

DB95.5 **Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver**

This is a drug-induced hepatic fibrosis as the end result of chronic hepatitis, chronic hepatotoxicity, steatohepatitis, or chronic cholestasis with bile duct injury.

DB95.6 **Drug-induced or toxic liver disease with vascular disorders of the liver**

Drug-associated disorders, leading to portal hypertension independent of primary liver disease, include hepatic vein thrombosis, hepatic veno-occlusive disease, non-cirrhotic portal hypertension, and nodular regenerative hyperplasia.

DB95.7 **Drug-induced or toxic liver disease with liver tumours**

Medication and chemical exposure have been associated with many forms of hepatic neoplasms, including focal nodular hyperplasia, hepatic adenoma, hepatocellular carcinoma, cholangiocarcinoma and angiosarcoma.

DB95.Y **Other specified drug-induced or toxic liver disease**

DB95.Z **Drug-induced or toxic liver disease, unspecified**

DB96 **Autoimmune liver disease**

Autoimmune liver diseases are generally forms of chronic liver disease in which the etiology is unclear but autoimmune mechanisms are evident or postulated for the development of the disease. The primary target organ is the liver and/or biliary system. It can progress to liver cirrhosis.

DB96.0 Autoimmune hepatitis

Autoimmune hepatitis is a chronic hepatitis, which can progress to liver cirrhosis, generally featured by the presence of circulating autoantibodies and hyperglobulinemia. It has been subdivided into three main categories according to the autoantibodies detected.

DB96.1 Primary biliary cholangitis

Primary biliary cholangitis is characterised by progressive destruction and disappearance of the intralobularbile duct epithelial cells leading to cholestasis (high alkaline phosphatase and GGT {gamma glutamyl transferase}) and eventually liver cirrhosis and liver failure, generally associated with the presence of circulating antimitochondrial antibodies and an increase of serum IgM levels.

Inclusions: chronic nonsuppurative destructive cholangitis

Exclusions: Hepatic fibrosis or cirrhosis (DB93)

Alcoholic cirrhosis of liver without hepatitis (DB94.3)

Primary sclerosing cholangitis (DB96.2)

DB96.10 Primary biliary cholangitis with overlap syndrome

DB96.1Y Other specified primary biliary cholangitis

DB96.1Z Primary biliary cholangitis, unspecified

DB96.2 Primary sclerosing cholangitis

Primary sclerosing cholangitis is a chronic disease which shows focal or multifocal strictures of intra- and/or extra-hepatic bile ducts without any apparent causes, leading to cholestasis and ultimately liver cirrhosis and liver failure.

DB96.20 Primary sclerosing cholangitis with cirrhosis

Primary sclerosing cholangitis with cirrhosis is primary sclerosing cholangitis complicated with liver cirrhosis.

DB96.2Y Other specified primary sclerosing cholangitis

DB96.2Z Primary sclerosing cholangitis, unspecified

DB96.Y Other specified autoimmune liver disease

DB96.Z Autoimmune liver disease, unspecified

DB97 **Certain specified inflammatory liver diseases**

Inclusions: Nonspecific reactive hepatitis

Exclusions: Drug-induced or toxic liver disease (DB95)

Acute viral hepatitis (1E50)

Acute or subacute hepatic failure (DB91)

Chronic viral hepatitis (1E51)

Infectious liver disease (DB90)

Phlebitis of portal vein (DB98.3)

Coded Elsewhere: Hepatic sarcoidosis (4B20.2)

DB97.0 Idiopathic granulomatous hepatitis

DB97.1 Hepatic berylliosis

DB97.2 Chronic hepatitis, not elsewhere classified

Inclusions: Chronic hepatitis, unspecified

Other specified chronic hepatitis

Exclusions: hepatitis (chronic): granulomatous NEC (DB97.0)

Drug-induced or toxic liver disease (DB95)

hepatitis (chronic): viral (1E50-1E5Z)

hepatitis (chronic): alcoholic (DB94.1)

DB97.Y Other specified inflammatory liver disease

DB97.Z Inflammatory liver disease, unspecified

DB98 **Vascular disorders of the liver**

Vascular disorders of the liver are conditions where the hepatic blood flow is deranged due to damage, malformation and obstruction of hepatic artery, portal vein and hepatic vein.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

DB98.0 Infarction of liver

Infarction of the liver is hepatic damage caused by limited blood supply to the liver due to obstruction or reduced blood flow of hepatic artery, portal vein or both.

DB98.1 Peliosis hepatis

Inclusions: Hepatic angiomatosis

DB98.2 Nodular regenerative hyperplasia of liver

Nodular regenerative hyperplasia of the liver is a rare disorder characterised by diffuse micronodular transformation of the hepatic parenchyma without fibrous septa between the nodules.

DB98.3 **Portal vein thrombosis**

Portal vein thrombosis is a condition where the portal vein and/or its branches are obstructed, mainly by a blood clot or malignant tumour invasion.

Inclusions: Phlebitis of portal vein

DB98.4 **Splenic vein thrombosis**

Splenic vein thrombosis is a condition where the splenic vein is obstructed, mainly by a blood clot or malignant tumour invasion.

DB98.5 **Budd-Chiari syndrome**

Budd-Chiari syndrome is caused by obstruction of hepatic venous outflow involving either the hepatic veins or the terminal segment of the inferior vena cava and leading to hepatic congestion and ischemic necrosis. Severity depends on the speed of onset and extent of the obstruction.

Obstructions are generally caused by thrombosis in primary BCS, while secondary BCS results from tumour invasion into the lumen or compression of the vein by an expansive lesion. The principle manifestations of BCS are ascites leading to undernutrition and renal insufficiency, gastrointestinal haemorrhage due to portal hypertension, and hepatic insufficiency resulting in encephalopathy and severe infections. Asymptomatic forms have also been reported.

DB98.6 **Hepatic veno-occlusive disease**

Hepatic veno-occlusive disease (hepatic VOD) is a liver disease resulting from toxic injury to the hepatic sinusoidal capillaries that leads to obstruction of the small hepatic veins. The clinical picture is characterised by painful hepatomegaly, jaundice, oedemas, and ascites.

Exclusions: Budd-Chiari syndrome (DB98.5)

Hepatic veno-occlusive disease - immunodeficiency syndrome (4A01.33)

DB98.7 **Portal hypertension**

Portal hypertension is abnormal increase of portal vein pressure, which induces development of collateral vessels of portal vein including oesophageal and cardiac varices. It also contributes to development of ascites.

DB98.70 Idiopathic portal hypertension

DB98.71 Non-cirrhotic portal fibrosis

DB98.72 Partial nodular transformation of liver

DB98.73 Splanchnic arteriovenous fistula

DB98.7Y Other specified portal hypertension

DB98.7Z Portal hypertension, unspecified

DB98.8 **Passive congestion of liver**

A condition of congestion, due to impaired venous drainage, typically by right heart failure, that affects the liver.

Exclusions: Hepatic veno-occlusive disease (DB98.6)

Budd-Chiari syndrome (DB98.5)

DB98.9 **Hepatic artery aneurysm**

An aneurysm which develops on the hepatic artery. Causes of the aneurysm include arteriosclerosis, vasculitis, trauma and infection.

DB98.A **Hepatic haemorrhage**

Traumatic or nontraumatic spontaneous bleeding in the liver. The most common cause of the latter is the rupture of liver tumours.

Exclusions: Hepatic haemorrhage due to hepatocellular carcinoma (2C12.02)

Coded Elsewhere: Neonatal hepatic haemorrhage (KA83.3)

DB98.B **Ischaemia reperfusion injury of liver**

Liver injury caused by reperfusion of blood after non-lethal ischaemia of the liver.

Inclusions: Ischaemic hepatitis

DB98.Y **Other specified vascular disorders of the liver**

DB98.Z **Vascular disorders of the liver, unspecified**

DB99 Certain specified diseases of liver

This is a group of conditions characterised as being in or associated with the liver that are not classified elsewhere.

Exclusions: cystic disease of liver (congenital) (LB20.00)

hepatic vein thrombosis (BD71)

toxic liver disease (DB95)

hepatomegaly NOS (ME10.00)

portal vein thrombosis (DB98.3)

amyloid degeneration of liver (5D00.0)

alcoholic liver disease (DB94)

Coded Elsewhere: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

Cirrhotic cardiomyopathy (BC43.Y)

DB99.0 **Chronic liver disease**

DB99.1 **Hepatic cyst**

This is a closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material of the liver.

Inclusions: Simple cyst of liver

DB99.10 Polycystic liver disease

Polycystic liver disease is a genetic disorder characterised by the appearance of numerous cysts spread throughout the liver.

DB99.1Y Other specified hepatic cyst

DB99.1Z Hepatic cyst, unspecified

DB99.2 Hepatorenal syndrome

Exclusions: Hepatorenal syndrome following labour or delivery (JB44.4)

DB99.3 Portopulmonary hypertension

This is the coexistence of portal and pulmonary hypertension, and is a serious complication of liver disease, present in 0.25 to 4% of all patients suffering from cirrhosis.

DB99.4 Hepatopulmonary syndrome

This is a syndrome of shortness of breath and hypoxemia (low oxygen levels in the blood of the arteries) caused by vasodilation (broadening of the blood vessels) in the lungs of patients with liver disease.

DB99.5 Hepatic encephalopathy

Hepatic encephalopathy is a complication of liver cirrhosis and a hallmark of acute liver failure, and is also observed in patients with portosystemic shunts without cirrhosis. Hepatic encephalopathy is characterised by personality changes, intellectual impairment, flapping tremor and a decreased consciousness level. In the advanced stages it is called hepatic coma, which may lead to death. The diagnosis of hepatic encephalopathy is made primarily by recognition of neuropsychiatric changes occurring in a patient with liver disease, after exclusion of brain diseases.

Coding Note: Code also the causing condition

Exclusions: Chronic liver disease (DB99.0)

DB99.6 Intrahepatic cholestasis, not elsewhere classified

Exclusions: Metabolic liver disease (5C90)

Neonatal jaundice due to isoimmunization (KA84.0)

Neonatal hyperbilirubinaemia (KA87)

Progressive familial intrahepatic cholestasis (5C58.03)

Benign recurrent intrahepatic cholestasis (5C58.04)

Chronic cholestasis (DC10.02)

Coded Elsewhere: Hepatic amyloidosis with intrahepatic cholestasis (5D00.0)

DB99.60 Cholestasis of parenteral nutrition

This is a condition where bile cannot flow from the liver to the duodenum, so one must feed a person intravenously, bypassing the usual process of eating and digestion.

DB99.6Y Other specified intrahepatic cholestasis, not elsewhere classified

DB99.6Z Intrahepatic cholestasis, not elsewhere classified, unspecified

DB99.7 **Hepatic failure without mention whether acute or chronic**

DB99.8 **Chronic hepatic failure**

DB99.Y **Other diseases of liver**

DB9Z **Diseases of liver, unspecified**

Diseases of gallbladder or biliary tract (DC10-DC1Z)

This is a group of conditions characterised as being in or associated with the gallbladder (an organ) and the biliary tract (the passageways for bile).

Coded Elsewhere: Neoplasms of the gallbladder or biliary tract

Structural developmental anomalies of gallbladder (LB20.1)

Structural developmental anomalies of bile ducts (LB20.2)

Structural developmental anomalies of gallbladder or bile ducts (LB20.Y)

DC10 **Acquired anatomical alterations of gallbladder or bile ducts**

This considers the structure in the alterations of the gall bladder and the long tube-like structures that carry bile.

Exclusions: Congenital anomalies of gall bladder and bile ducts (LB20)

Coded Elsewhere: Perforation of gallbladder or bile ducts (ME24.35)

DC10.0 **Obstruction of gallbladder or bile ducts**

This is obstruction in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile.

Exclusions: Obstruction of gall bladder and bile ducts: with cholelithiasis (DC11)

DC10.00 Obstruction of cystic duct

DC10.01 Obstruction of gall bladder

DC10.02 Obstruction of bile duct

Exclusions: with cholelithiasis (DC11)

DC10.0Y Other specified obstruction of gallbladder or bile ducts

DC10.0Z Obstruction of gallbladder or bile ducts, unspecified

DC10.1 **Hydrops of gallbladder**

Abnormal accumulation of serous fluid in the gallbladder

DC10.2 **Fistula of gallbladder or bile duct**

This is an abnormal connection or passageway between gallbladder or bile duct and other organs.

DC10.3 **Polyp of gallbladder**

The deposits of cholesterol and triglyceride in the gallbladder wall, projecting into the lumen.

Exclusions: Adenoma of gallbladder (2E92.6)

DC10.4 **Cholesterolosis of gallbladder**

Inclusions: Strawberry gallbladder

DC10.Y **Other specified acquired anatomical alterations of gallbladder or bile ducts**

DC10.Z **Acquired anatomical alterations of gallbladder or bile ducts, unspecified**

DC11 Cholelithiasis

Cholelithiasis is calculus of gallbladder, cystic duct or bile duct. Most stones in the gallbladder are asymptomatic, but the most common initial symptom is biliary colic before the development of complications, including acute cholecystitis or cholangitis.

DC11.0 **Calculus of gallbladder or cystic duct with acute cholecystitis**

Stones in gallbladder or cystic duct present with acute inflammation of the gall bladder wall typically follows the cystic duct obstruction by the stone.

DC11.1 **Calculus of gallbladder or cystic duct with other cholecystitis**

Stones in gallbladder or cystic duct present with inflammation of the gall bladder wall and bile duct.

DC11.2 **Calculus of gallbladder or cystic duct with cholangitis**

DC11.3 **Calculus of gallbladder or cystic duct without cholecystitis or cholangitis**

Stones in gallbladder present without inflammation of the gall bladder wall and bile duct.

DC11.4 **Calculus of bile duct with cholangitis**

Stones in bile duct present with inflammation of bile duct.

Inclusions: Choledocholithiais with cholangitis

DC11.5 **Calculus of bile duct with cholecystitis**

Stones in bile duct present with inflammation of gallbladder wall.

DC11.6 **Calculus of bile duct without cholangitis or cholecystitis**

Stones in bile duct present without inflammation of gallbladder wall and bile duct.

DC11.7 **Intrahepatic cholelithiasis**

DC11.Y **Other specified cholelithiasis**

DC11.Z **Cholelithiasis, unspecified**

DC12 **Cholecystitis**

Inflammation of gallbladder wall by infection of various organism and/or unspecified disorders.

Exclusions: Cholelithiasis (DC11)

DC12.0 Acute cholecystitis

Acute inflammation of the gall bladder wall typically follows the cystic duct obstruction. The inflammation is evoked by mechanical, chemical, vascular, and bacterial inflammatory factors.

Inclusions: acute acalculous cholecystitis

DC12.00 Acute on chronic cholecystitis

DC12.0Y Other specified acute cholecystitis

DC12.0Z Acute cholecystitis, unspecified

DC12.1 Chronic cholecystitis

Chronic inflammation of the gall bladder wall resulted from repeated acute cholecystitis or from mechanical irritation of the gall bladder wall by unspecified disorders

Inclusions: chronic acalculous cholecystitis

DC12.Y Other specified cholecystitis

DC12.Z Cholecystitis, unspecified

DC13 **Cholangitis**

Exclusions: chronic nonsuppurative destructive cholangitis (DB96.1)

cholangitis with cholelithiasis (DC11.4)

Primary sclerosing cholangitis (DB96.2)

DC14 **Certain specified biliary diseases**

This is a group of conditions characterised as being in or associated with the biliary tract, the passageway for bile, which are not classified elsewhere.

Exclusions: Malignant neoplasms of hepatobiliary system (2B70-2C1Z)

Carcinoma in situ of gallbladder, biliary tract or ampulla of Vater (2E61.3)

Benign neoplasm of gallbladder, extrahepatic bile ducts or ampulla of Vater (2E92.6)

DC14.0 Haemorrhage of bile duct

Inclusions: Haemobilia

DC14.1 Postcholecystectomy syndrome

This describes the presence of abdominal symptoms after surgical removal of the gallbladder. Symptoms may include nausea and vomiting, bloating and diarrhoea, and pain in the upper right abdomen. The pain is often ascribed to discoordination of biliary sphincter of Oddi.

DC14.2 **Dyskinesia of sphincter of Oddi**

This is a movement disorder which consists of adverse effects including diminished voluntary movements and the presence of involuntary movements in the muscular valve that controls the flow of digestive juices (bile and pancreatic juice) through the ampulla of Vater into the second part of the duodenum.

Inclusions: Dysfunction of sphincter of Oddi

Malfunctioning of sphincter of Oddi

DC14.3 **Adenomyomatosis of gallbladder**

This is a condition of an abnormal gallbladder wall. There can be overgrowth of mucosa, thickened muscle, and Rokitansky-Aschoff sinuses.

DC14.Y **Other biliary diseases**

DC14.Z **Biliary disease, unspecified**

DC1Y **Other specified diseases of gallbladder or biliary tract**

DC1Z **Diseases of gallbladder or biliary tract, unspecified**

Diseases of pancreas (DC30-DC3Z)

This is a group of conditions characterised as being in or associated with the pancreas.

Coded Elsewhere: Neoplasms of pancreas

Structural developmental anomalies of pancreas (LB21)

DC30 **Cystic diseases of the pancreas**

This is a closed sac, having a distinct membrane and division compared to the nearby tissue, which may contain air, fluids, or semi-solid material, of the pancreas.

DC30.0 **Cyst of pancreas**

Coded Elsewhere: Congenital pancreatic cyst (LB21.Y)

DC30.1 **Pseudocyst of pancreas**

DC30.Y **Other specified cystic diseases of the pancreas**

DC30.Z **Cystic diseases of the pancreas, unspecified**

DC31 **Acute pancreatitis**

Inflammation of the pancreas with sudden onset. Pathological changes range from oedema to necrosis. While mild cases often recover without complications, severe cases have high mortality due to systemic complications despite intensive treatment.

Coded Elsewhere: Cytomegaloviral pancreatitis (1D82.1)

Pancreatitis due to mumps virus (1D80.4)

DC31.0 **Acute idiopathic pancreatitis**

Acute pancreatitis of which etiology cannot be identified. It should be diagnosed by exclusion of alcohol, gallstone, and other possible etiologies.

DC31.1 **Acute alcohol-induced pancreatitis**

Acute pancreatitis associated with alcohol consumption. Although alcohol consumption is a major cause of this disease, the diagnosis should be made after exclusion of other etiologies.

DC31.2 **Acute biliary pancreatitis**

Acute pancreatitis associated with gallstone. Although gallstone is a major etiology, the diagnosis should be made after exclusion of other etiologies. Bile reflux into pancreatic duct caused by an impacted stone at the duodenal papilla is assumed to be a cause.

Inclusions: Gallstone pancreatitis

DC31.3 **Acute drug-induced pancreatitis**

Acute pancreatitis caused by drug administration. Some diuretics, anti-tumour or antibiotic drugs, estrogen-containing contraceptives, azathioprine and others have been reported to induce acute pancreatitis.

DC31.4 **Hereditary acute pancreatitis**

This is a recurrent acute inflammation of pancreas characterised by episodes of severe abdominal pain. Several genetic mutations are associated with this pancreatitis. Onset of the disease is generally under 20 years old, but it can be at any age.

DC31.5 **Acute exacerbation of chronic pancreatitis**

DC31.Y **Other specified acute pancreatitis**

DC31.Z **Acute pancreatitis, unspecified**

DC32 Chronic pancreatitis

Exclusions: Cystic fibrosis of pancreas with pancreatic insufficiency (DC30)

Pancreatic steatorrhoea (DC35.2)

DC32.0 **Calcific pancreatitis**

This is inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack, which calcium salts build up in soft tissue, causing it to harden.

DC32.1 **Groove pancreatitis**

DC32.2 **Hereditary chronic pancreatitis**

Hereditary chronic pancreatitis is a very rare form of childhood onset chronic pancreatitis. With the exception of an earlier onset and a slower progression the clinical course, the morphological features and laboratory findings of HCP do not differ from those present in patients with alcoholic chronic pancreatitis.

DC32.3 **Chronic alcohol-induced pancreatitis**

DC32.4 **Chronic idiopathic pancreatitis**

This is an inflammation of the pancreas characterised by recurring or persistent abdominal pain, not associated with known risk factors.

DC32.5 **Tropical pancreatitis**

Tropical pancreatitis is a rare pancreatic disease of juvenile onset occurring mainly in tropical developing countries and characterised by chronic non-alcoholic pancreatitis manifesting with abdominal pain, steatorrhoea and fibrocalculous pancreatopathy . It is also commonly associated with the development of pancreatic calculi and pancreatic cancer at a much higher frequency than seen in ordinary chronic pancreatitis.

DC32.Y **Other specified chronic pancreatitis**

DC32.Z **Chronic pancreatitis, unspecified**

DC33 Autoimmune pancreatitis

Autoimmune pancreatitis (AIP) is a rare pancreatic disease characterised by chronic non-alcoholic pancreatitis that presents with abdominal pain, steatorrhoea, obstructive jaundice and responds well to steroid therapy and is seen in two subforms: type 1 AIP which affects elderly males, involves other organs and has increased immunoglobin G4 (IgG4) levels and type 2 AIP which affects both sexes equally but presents at a younger age and has no other organ involvement or increased IgG4 levels.

DC34 Obstructive pancreatitis

This is obstruction in the inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack that has multiple causes and symptoms, which occurs when pancreatic enzymes (especially trypsin) that digest food are activated in the pancreas instead of the small intestine.

DC35 Certain specified diseases of pancreas

DC35.0 **Atrophy of pancreas**

DC35.1 **Secondary pancreatic insufficiency**

Coding Note: Code also the causing condition

DC35.2 **Pancreatic steatorrhoea**

DC35.Z **Certain specified diseases of pancreas, unspecified**

DC3Y Other specified diseases of pancreas

DC3Z Diseases of pancreas, unspecified

Diseases of peritoneum (DC50-DC5Z)

This is the serous membrane that forms the lining of the abdominal cavity or the coelom—it covers most of the intra-abdominal (or coelomic) organs—in amniotes and some invertebrates.

Coded Elsewhere: Neoplasms of peritoneum or retroperitoneum

DC50 **Peritonitis**

Peritonitis is inflammation of the peritoneum, a condition marked by exudations in the peritoneum of serum, fibrin, cells, and pus.

Exclusions: Female pelvic peritonitis, unspecified (GA05.2)

peritonitis with or following: abortion or ectopic or molar pregnancy (JA05.0)

puerperal peritonitis (JB40.0)

peritonitis with or following diverticular disease of small intestine (DC70-DC72.Z)

peritonitis with or following diverticular disease of large intestine (DC80-DC82.Z)

periodic familial peritonitis (5D00.21)

Coded Elsewhere: Neonatal peritonitis (KB8B)

DC50.0 **Primary peritonitis**

Peritonitis without surgical source nor the evident source of the infecting and other agent.

DC50.00 Spontaneous bacterial peritonitis

Acute bacterial infection of ascetic fluid without the evident source of the infecting agent in the patient with liver cirrhosis, or in the patient receiving peritoneal dialysis

DC50.01 Other specified primary peritonitis

DC50.1 **Secondary peritonitis**

Peritonitis with evident source of an infecting agent or due to other diseases.

Coding Note: Code also the causing condition

Exclusions: Female pelvic peritonitis, unspecified (GA05.2)

Acute appendicitis with generalised peritonitis (DB10.00)

Neonatal peritonitis (KB8B)

Acute appendicitis with localised peritonitis (DB10.01)

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

Puerperal sepsis (JB40.0)

Diverticular disease of small intestine (DC70-DC72.Z)

Diverticular disease of large intestine (DC80-DC82.Z)

DC50.10 Eosinophilic peritonitis

10% or more eosinophils in peritoneal effluent at presentation, and its causes are often obscure. However, cases have been reported with allergic reactions, exposure to drugs such as vancomycin, fungal and viral infections, soon after catheter replacement, and icodextrin treatment

DC50.11 Mesenteric peritonitis

peritonitis due to mesenterial fat necrosis or saponification

DC50.12 Chronic proliferative peritonitis

Extensive peritoneal fibrosis in response to asbestos, continuous ambulatory peritoneal dialysis. Clinical intestinal obstruction due to massive peritoneal adhesions.

DC50.13 Peritonitis due to Streptococcus pneumoniae

This is an inflammation of the peritoneum due to a Gram-positive, alpha-haemolytic, aerotolerant anaerobic member of the genus Streptococcus.

DC50.14 Secondary peritonitis due to other diseases or agents

Coding Note: Code also the causing condition

DC50.1Y Other specified secondary peritonitis

Coding Note: Code also the causing condition

DC50.1Z Secondary peritonitis, unspecified

Coding Note: Code also the causing condition

DC50.2 **Peritoneal abscess**

A confined collection of inflammatory exudate in peritonitis.

DC50.Z **Peritonitis, unspecified**

DC51 Certain specified disorders of peritoneum or retroperitoneum

Exclusions: Ascites (ME04)

Coded Elsewhere: Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes (KB27.4)

DC51.0 **Chylous ascites**

Chylous ascites is a rare form of ascites caused by accumulation of lymph in the peritoneal cavity, usually due to intra-abdominal malignancy, liver cirrhosis or abdominal surgery complications, and present with painless but progressive abdominal distension, dyspnoea and weight gain.

DC51.1 **Peritoneal adhesions**

Disorders of peritoneum sticking by scar tissue or fibrosis

Exclusions: Adhesions of large intestine with obstruction (DB30.2)

Postprocedural pelvic peritoneal adhesions (GC73)

Intestinal adhesions or bands of small intestine with obstruction (DA91.2)

DC51.2 **Haemoperitoneum**

Blood retention in peritoneal cavity

Exclusions: traumatic retroperitoneal haemorrhage or haematoma (NB97.0)

DC51.Y **Other specified disorders of peritoneum or retroperitoneum**

DC5Z **Diseases of peritoneum, unspecified**

Diverticular disease of intestine (DC70-DD1Z)

Diverticula are a major burden of illness in an aging population, presenting with bleeding or in form of a diverticulitis. Many are asymptomatic. Most diverticula (pseudodiverticula) occur in the colon, occurrence in the small intestine is also possible, but less frequent.

Exclusions: Gastric diverticulum (DA40.3)

Diverticulum of oesophagus, acquired (DA20.1)

Meckel diverticulum (LB15.0)

Diverticular disease of small intestine (DC70-DC72.Z)

Diverticula can occur anywhere in the small intestine, but they are most common in the jejunum. They represent herniations through the mesenteric side of the bowel and are usually acquired. This refers to the clinical entity characterised by the presence of sac-like outpocketings of the intestinal mucosa and submucosa through weak points of the muscle layer of the small intestine. This contains both diverticulitis and diverticulosis.

Exclusions: Meckel diverticulum (LB15.0)

Coded Elsewhere: Diverticulum of duodenum, with complication (DA50.1)

DC70 **Diverticulitis of small intestine**

When the pouches of small intestine (diverticula) become infected or inflamed, the condition is called diverticulitis. Diverticulitis may lead to several serious complications, such as small tears, called perforations and abscess, formation of fistula to adjacent organs, bleeding, or blockages in the lumen, and medical care is needed.

DC70.0 **Diverticulitis of small intestine with complication**

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with complication.

DC70.00 Diverticulitis of small intestine with perforation and abscess

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with perforation and abscess.

DC70.0Y Diverticulitis of small intestine with other specified complication

DC70.0Z Diverticulitis of small intestine with unspecified complication

DC70.1 **Diverticulitis of small intestine without complication**

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine without complication.

DC70.Z **Diverticulitis of small intestine without specification of presence of complications**

DC71 Diverticulosis of small intestine

Diverticulosis of small intestine is a condition characterised by the presence of multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Small intestinal diverticula are far less common than colonic diverticula. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

DC71.0 **Diverticulosis of small intestine with haemorrhage**

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, with haemorrhage.

DC71.1 **Diverticulosis of small intestine without haemorrhage**

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, without haemorrhage.

DC71.Z **Diverticulosis of small intestine, unspecified**

DC72 Diverticulum of small intestine

This is a morphological condition in which there is a small pouch in the lining of the small intestine, bulging outward through a weak spot. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.

DC72.0 **Diverticulum of small intestine with haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, with haemorrhage.

DC72.1 **Diverticulum of small intestine without haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, without haemorrhage.

DC72.Z **Diverticulum of small intestine, no specification about presence or absence of haemorrhage**

Diverticular disease of large intestine (DC80-DC82.Z)

This refers to the clinical entity characterised by the presence of sac-like outpocketings of the colonic mucosa and submucosa through weak points of the muscle layer of the large intestine. This contains both diverticulitis and diverticulosis. Diverticular disease is used to describe a specific clinical disorder with defined radiological and pathological appearance, in which there is a characteristic muscle abnormality, usually, but not invariably accompanied by the presence of diverticula which may or may not be inflamed.

Exclusions: Diverticular disease of small and large intestine (DC90)

DC80 **Diverticulitis of large intestine**

Diverticulitis is applied when one or more diverticula are the source of visible macroscopic inflammation. It is often accompanied by pericolic abscess formation.

DC80.0 Diverticulitis of large intestine with complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine with complication.

DC80.00 Diverticulitis of large intestine with perforation and abscess

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one of these diverticula becomes inflamed, of the large intestine with perforation and abscess.

DC80.0Z Diverticulitis of large intestine with complication, unspecified

DC80.1 Diverticulitis of large intestine without complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine without complication.

DC80.Z Diverticulitis of large intestine without specification of presence of complications

DC81 **Diverticulosis of large intestine**

The name diverticulosis is used merely to indicate the presence of multiple diverticula in the large intestine, with or without the accompanying muscle abnormalities found in classical diverticular disease. The condition of having multiple pouches (diverticula) is called diverticulosis. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation.

DC81.0 Diverticulosis of large intestine with haemorrhage

This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, with haemorrhage.

DC81.1 Diverticulosis of large intestine without haemorrhage

This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, without haemorrhage.

DC81.Z **Diverticulosis of large intestine, unspecified**

DC82 **Diverticulum of large intestine**

This is a morphological condition in which typical pulsion type of consisting of a pouch of mucous membrane (including muscularis mucosae) projecting through and beyond the circular muscle layers of the bowel wall so that they come to lie in the pericolic fat and appendices epiploicae. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.

DC82.0 **Diverticulum of large intestine with haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, with haemorrhage.

DC82.1 **Diverticulum of large intestine without haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, without haemorrhage.

DC82.Z **Diverticulum of large intestine, unspecified**

Diverticular disease of intestine of overlapping sites (DC90-DC90)

DC90 **Diverticular disease of small and large intestine**

Diverticular disease of unspecified part of intestine (DD00-DD02.Z)

DD00 **Diverticulitis of unspecified part of intestine**

DD00.0 **Diverticulitis of unspecified part of intestine with complication**

DD00.00 Diverticulitis of unspecified part of intestine with perforation and abscess

DD00.0Y Other specified diverticulitis of unspecified part of intestine with complication

DD00.0Z Diverticulitis of unspecified part of intestine with complication, unspecified

DD00.1 **Diverticulitis of unspecified part of intestine without complication**

DD00.Z **Diverticulitis of unspecified part of intestine without specification of presence or absence of complications**

DD01 **Diverticulosis of unspecified part of intestine**

DD01.0 **Diverticulosis of unspecified part of intestine with haemorrhage**

DD01.1 **Diverticulosis of unspecified part of intestine without haemorrhage**

DD01.Z **Diverticulosis of unspecified part of intestine, unspecified**

DD02 **Diverticulum of unspecified part of intestine**

DD02.0 **Diverticular disease of unspecified part of intestine with haemorrhage**

DD02.1 **Diverticulum of unspecified part of intestine without complication**

DD02.Z **Diverticulum of unspecified part of intestine, unspecified**

DD1Z **Diverticular disease of intestine, unspecified**

Ischaemic vascular disorders of intestine (DD30-DD3Z)

Intestinal ischemia characterised by blood supply to the gastrointestinal tract that is inadequate to meet its metabolic demand

Exclusions: necrotizing enterocolitis of fetus or newborn (KB88)

Coded Elsewhere: Angiodysplasia of colon (DB34.0)

DD30 **Acute vascular disorders of intestine**

Intestinal ischaemia has an associated vascular block, usually due to atheroma, thrombus, or embolus but occasionally the result of an arteritis, vasculitis, or other condition.

Coded Elsewhere: Non-occlusive mesenteric ischaemia (DD31.0)

DD30.0 **Acute mesenteric arterial infarction**

Acute mesenteric arterial infarction is an ischemic disorder of sudden interruption of mesenteric arterial flow because of occlusion of mesenteric artery. This may be further subdivided into acute mesenteric arterial embolus (AMAE) and acute mesenteric arterial thrombosis (AMAT).

DD30.1 **Acute mesenteric arterial ischaemia**

Acute mesenteric ischemia is low flow states of mesenteric circulation, in which inadequate blood flow through the mesenteric circulation causes ischemia and eventual gangrene of the bowel wall. It can be caused by various conditions such as arterial occlusion, venous occlusion, strangulating obstruction, and hypoperfusion associated with nonocclusive vascular diseases.

DD30.2 **Acute mesenteric venous occlusion**

Acute mesenteric venous occlusion is an ischemic disorder of sudden interruption of mesenteric venous flow because of venous thrombosis.

DD30.Y **Other specified acute vascular disorders of intestine**

DD30.Z **Acute vascular disorders of intestine, unspecified**

DD31 **Chronic vascular disorders of intestine**

Chronic mesenteric ischaemia is a clinical syndrome characterised by recurrent abdominal pain and weight loss as a result of repeated transient episodes of insufficient intestinal blood flow, usually related with the increased metabolic demand associated with digestion.

DD31.0 **Non-occlusive mesenteric ischaemia**

Non-occlusive mesenteric ischaemia causes 20% to 30% of acute mesenteric ischaemia episodes. Mesenteric ischaemia without anatomic arterial or venous obstruction is due to mesenteric vasospasm, which can occur during periods of relatively low mesenteric flow, especially if there is underlying arterial atherosclerotic disease. Such low-flow state can result from heart failure, hypotension, or hypovolemia.

Coded Elsewhere: Acute non-occlusive mesenteric arterial ischaemia (DD30.1)

DD31.00 Ischaemic colitis

Ischemic colitis is the most common form of ischemic injury to the gut and occurs more frequently in elderly people. The disease can result from either occlusive or nonocclusive events, mainly in the territory of the inferior mesenteric artery, in colonic branches of the superior mesenteric artery, and in the superior and inferior mesenteric veins. The splenic flexure and rectosigmoid junction, where low perfusion exists, are commonly affected.

Coded Elsewhere: Acute ischaemic colitis (DD30.Z)

Fulminant ischaemic colitis (DD30.Z)

DD31.0Y Other specified non-occlusive mesenteric ischaemia

DD31.0Z Non-occlusive mesenteric ischaemia, unspecified

DD31.Y **Other specified chronic vascular disorders of intestine**

DD31.Z **Chronic vascular disorders of intestine, unspecified**

DD3Y **Other specified ischaemic vascular disorders of intestine**

DD3Z **Ischaemic vascular disorders of intestine, unspecified**

Hernias (DD50-DD5Z)

A hernia is the protrusion of an organ or the fascia of an organ through the wall of the cavity that normally contains it. In this category hernia which relates to gastrointestinal organs is included.

DD50 **Non-abdominal wall hernia**

A hernia occurs through the foramen in the diaphragm, the pelvic wall and the other opening covered by peritoneum not through the abdominal wall.

DD50.0 **Diaphragmatic hernia**

A hernia occurs through the foramen in the diaphragm.

Inclusions: paraoesophageal hernia

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Congenital hiatus hernia (LB13.1)

DD50.1 **Pelvic hernia**

A hernia occurs through the foramen in the pelvic wall.

DD50.2 **Intra-abdominal hernia**

A hernia occurs intra-abdominally through the opening covered by peritoneum.

DD50.20 Primary intra-abdominal hernia

A hernia occurs intra-abdominally and primarily through the opening covered by peritoneum without surgery and trauma.

Exclusions: congenital malpositioning of the intestine (LB18)

DD50.21 Secondary intra-abdominal hernia

A hernia occurs intra-abdominally and secondarily through the opening covered by peritoneum after abdominal surgery and trauma.

Coding Note: Code also the causing condition

DD50.2Y Other specified intra-abdominal hernia

DD50.2Z Intra-abdominal hernia, unspecified

DD50.Y **Other specified non-abdominal wall hernia**

DD51 Inguinal hernia

A hernia occurs when part of an internal organ bulges through a weak area of muscle. Most hernias occur in the abdomen. Inguinal hernia is the most common type and is in the groin.

Coding Note: Use additional codes, if desired, to identify complications such as obstruction or gangrene.

Inclusions: bubonocele

scrotal hernia

DD52 Femoral hernia

A femoral hernia is a protrusion of a loop of the intestine through a weakened abdominal wall, located in the lower abdomen near the thigh.

A hernia occurs when the contents of the abdomen (usually part of the small intestine) push through a weak point or tear the thin muscular wall of the abdomen, which holds the abdominal organs in place. Femoral hernias tend to occur more often in women than in men.

DD53 Umbilical hernia

A hernia occurs when part of an internal organ bulges through a weak area of muscle. An umbilical hernia is a protrusion of the peritoneum and fluid, omentum, or a portion of abdominal organ(s) through the umbilical ring. The umbilical ring is the fibrous and muscle tissue around the navel (belly-button). Small hernias usually close spontaneously without treatment by age 1 or 2. Umbilical hernias are usually painless and are common in infants.

Exclusions: Omphalocele (LB01)

Urachal cyst (LB03.0)

DD54 **Paraumbilical hernia**

Paraumbilical or periumbilical hernias occur next to and supra-umbilical occur just above the navel. Paraumbilical hernias are large abdominal defects through the linea alba in the region of the umbilicus and are usually related to diastasis of the rectus abdominis muscles.

Inclusions: Supraumbilical hernia

DD55 **Epigastric hernia**

A hernia occurs through the weak area of the upper abdomen between the umbilicus and the xiphoid on the linea alba. Although congenital epigastric hernias have been described in infants, they are usually considered an acquired condition.

DD56 **Incisional hernia**

A hernia occurs through the weak area on the incision of the past abdominal surgery or major abdominal trauma.

DD57 **Parastomal hernia**

A hernia occurs through the weak parastomal area after making stoma.

DD5Y **Other specified hernias**

DD5Z **Hernias, unspecified**

Inflammatory bowel diseases (DD70-DD7Z)

Inflammatory bowel disease is a group of inflammatory conditions of the intestine of unknown etiology. The pathogenesis is hypothesized that the mucosal immune system shows an aberrant response towards luminal antigens such as dietary factors and commensal microbiota in genetically susceptible individuals.

DD70 **Crohn disease**

Crohn's disease is characterised by chronic and relapsing transmural inflammation extending through all layers of the small and/or large intestinal walls and has potential to involve the patient's entire gastrointestinal tract.

Inclusions: Granulomatous enteritis

Regional enteritis

Intestinal ulcer and erosion due to Crohn disease

Exclusions: Ulcerative colitis (DD71)

Coded Elsewhere: Cutaneous or mucocutaneous Crohn disease (EE8Y)

DD70.0 Crohn disease of upper gastrointestinal tract

Crohn disease involved in upper gastrointestinal tract, such as oral cavity, oesophagus, stomach and duodenum.

DD70.1 **Crohn disease of small intestine**

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving the small intestine.

Exclusions: Crohn disease of both small and large intestine (DD70.5)

DD70.2 **Crohn disease of appendix**

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving the appendix.

DD70.3 **Crohn disease of large intestine**

Crohn's disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involved in the large intestine.

Exclusions: Crohn disease of both small and large intestine (DD70.5)

DD70.4 **Crohn disease of anal region**

Crohn disease commonly involves the anus and perianal area and may precede any other gut involvement by years. The constellation of symptoms and signs which may occur include pruritus ani, maceration, skin tags, fissures, fistulae, erosions and secondary infection with abscesses.

DD70.5 **Crohn disease of both small and large intestine**

Crohn's disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involved in both small and large intestine.

DD70.6 **Crohn disease of anastomotic sites**

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving anastomotic site of gastrointestinal tract, such as anastomotic ulcer due to Crohn disease.

DD70.Y **Crohn disease of other specified site**

DD70.Z **Crohn disease, unspecified site**

DD71 Ulcerative colitis

Ulcerative colitis is a chronic inflammatory disorder of unknown etiology that continuously causes ulcers in the lining of the rectum and colon. Inflammation is histologically restricted to the mucosa.

DD71.0 **Ulcerative pancolitis**

DD71.1 **Left sided ulcerative colitis**

Inclusions: left hemicolitis

DD71.2 **Ulcerative rectosigmoiditis**

DD71.3 **Ulcerative proctitis**

DD71.Y **Other specified ulcerative colitis**

DD71.Z **Ulcerative colitis, unspecified**

DD72 **Indeterminate colitis**

Indeterminate colitis is a chronic inflammatory disorder of the colon, for which a definitive diagnosis of neither Crohn's disease or ulcerative colitis can be made.

DD7Y **Other specified inflammatory bowel diseases**

DD7Z **Inflammatory bowel diseases, unspecified**

Functional gastrointestinal disorders (DD90-DD9Z)

Functional gastrointestinal disorder (FGID) is used to define several variable combinations of chronic or recurrent gastrointestinal (GI) symptoms that do not have an identified underlying pathophysiology, and that occur in the absence of underlying structural abnormalities. FGID may include a number of separate idiopathic disorders which affect different part of the gastrointestinal tract. FGID are the most common problem in gastroenterological practice. The Rome process has helped to define the functional gastrointestinal disorders.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Symptoms, signs or clinical findings, not elsewhere classified (Chapter 21)

DD90 **Functional oesophageal or gastroduodenal disorders**

This group incorporates oesophageal and gastroduodenal disorders which principally present unpleasant upper gastrointestinal complaints without apparent morphological changes of oesophagus and gastroduodenum.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

DD90.0 **Globus**

Globus is a persistent or intermittent non-painful sensation of a lump or foreign body in the throat unrelated to swallowing without structural or motor disorder of the pharynx and/or oesophagus, often accompanying with acute anxiety or emotional conflicts.

DD90.1 **Functional swallowing disorder**

Functional dysphagia is a disorder having no structural abnormalities and absence of gastroesophageal reflux for dysphagia, characterised by sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the oesophagus.

Inclusions: Functional dysphagia

Exclusions: dysphagia NOS (MD93)

DD90.2 Functional heartburn

Functional heartburn is a disorder having no structural abnormalities and absence of gastroesophageal reflux for heartburn, characterised by burning retrosternal discomfort or pain.

Exclusions: heartburn NOS (MD95)

DD90.3 Functional dyspepsia

Functional dyspepsia is a disorder defined as the presence of dyspepsia symptoms thought to originate from the gastroduodenal region, in the absence of any organic, systemic, or metabolic disease that is likely to explain the symptoms such as epigastric pain, epigastric burning, postprandial fullness, and early satiation.

Inclusions: Indigestion

Exclusions: Heartburn (MD95)

Dyspepsia NOS (MD92)

Coded Elsewhere: Chronic primary epigastric pain syndrome (MG30.00)

DD90.4 Functional nausea or vomiting

Functional nausea and vomiting is a disorder having no structural abnormalities for nausea and vomiting.

Exclusions: Nausea or vomiting NOS (MD90)

Coded Elsewhere: Cyclic vomiting syndrome (8A80.4)

DD90.5 Functional belching disorders

Functional belching disorders are having troublesome repetitive belching with observed excessive air swallowing and no evidence of excessive air swallowing.

Inclusions: Excessive belching, unspecified

Aerophagia

Exclusions: Belching NOS (MD91)

DD90.6 Adult rumination syndrome

Adult rumination syndrome is a disorder in adulthood characterised by the persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent spitting or remastication and swallowing.

Exclusions: Rumination-regurgitation disorder (6B85)

Rumination-regurgitation (MB29.4)

DD90.Y Other specified functional oesophageal or gastroduodenal disorders

DD90.Z Functional oesophageal or gastroduodenal disorders, unspecified

DD91 **Irritable bowel syndrome or certain specified functional bowel disorders**

This group incorporates functional bowel disorders which principally present symptoms attributable to the intestinal tract in the absence of specific and unique organic pathology in the small and large intestine.

Inclusions: Functional intestinal disorders NOS

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

DD91.0 **Irritable bowel syndrome**

Irritable bowel syndrome (IBS) is a functional bowel disorder in which abdominal pain or discomfort is associated with defecation or a change in bowel habit, and with features of disordered defecation.

Inclusions: irritable colon

DD91.00 Irritable bowel syndrome, constipation predominant

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits with constipation predominant.

DD91.01 Irritable bowel syndrome, diarrhoea predominant

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits with diarrhoea predominant.

DD91.02 Irritable bowel syndrome, mixed type

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits having both diarrhoea and constipation. The subtype having diarrhoea and constipation alternatively often varying over time is also considered as synonymous.

DD91.03 Irritable bowel syndrome, unsubtyped

DD91.0Z Irritable bowel syndrome, type unspecified

DD91.1 **Functional constipation**

Functional constipation is a functional bowel disorder that presents as persistently difficult, infrequent, or seemingly incomplete defecation, which do not meet IBS criteria.

Exclusions: Constipation NOS (ME05.0)

Coded Elsewhere: Slow transit constipation (DB32.1)

DD91.2 **Functional diarrhoea**

Functional diarrhoea is a continuous or recurrent syndrome characterised by the passage of loose (mushy) or watery stools without abdominal pain or discomfort.

DD91.3 **Functional bloating**

Functional bloating is a recurrent sensation of abdominal distension, that may or may not be associated with measurable distension, but is not part of another functional bowel or gastroduodenal disorder.

DD91.4 **Functional abdominal pain syndrome**

Functional abdominal pain syndrome represents a pain syndrome attributed to the abdomen that is poorly related to gut function, is associated with some loss of daily activities, and has been present at least 6 months. The pain is constant, nearly constant, or at least frequently recurring. Also there is the lack of symptom relationship to food intake or defecation.

DD91.Y **Other specified irritable bowel syndrome or functional bowel disorders**

DD91.Z **Irritable bowel syndrome or functional bowel disorders, unspecified**

DD92 Functional anorectal disorders

This group incorporates anorectal disorders which principally present anorectal and defecation complaints without apparent morphological changes of anorectal regions. However, the distinction between organic and functional anorectal disorders may be difficult to make in individual patients.

Exclusions: Bodily distress disorder (6C20)

DD92.0 **Functional faecal incontinence**

Recurrent uncontrolled passage of faecal material in an individual with a developmental age of at least 4 years and one or more of the following;

a. Abnormal functioning of normally innervated and structurally intact muscles

b. Minor abnormalities of sphincter structure and/or innervation

c. Normal or disordered bowel habits

d. Psychological causes

Exclusions: Encopresis (6C01)

Encopresis with constipation or overflow incontinence (6C01.0)

Encopresis without constipation or overflow incontinence (6C01.1)

DD92.1 **Functional anorectal pain**

This group incorporates functional disorders which principally complaints pain in the anorectal regions. In this category two disorders (chronic proctalgia – Levator ani syndrome and proctalgia fugax) are distinguished on the basis of duration, frequency, and characteristic quality of pain.

DD92.2 **Functional defaecation disorders**

Functional defaecation disorders are characterised by paradoxical contraction or inadequate relaxation of the pelvic floor muscles during attempted defaecation (dyssynergic defaecation) or inadequate propulsive forces during attempted defaecation (inadequate defaecatory propulsion). The patients must satisfy diagnostic criteria for functional constipation.

Exclusions: Encopresis (6C01)

Encopresis with constipation or overflow incontinence (6C01.0)

Encopresis without constipation or overflow incontinence (6C01.1)

DD92.Y **Other specified functional anorectal disorders**

DD92.Z **Functional anorectal disorders, unspecified**

DD93 Functional digestive disorders of infants, toddlers or children

This group incorporates functional gastrointestinal disorders in infants and toddlers and disorders diagnosed more often in school-aged children and adolescents. These disorders include a variable combination of often age-dependent, chronic or recurrent symptoms not explained by structural or biochemical abnormalities.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Rumination-regurgitation (MB29.4)

Rumination-regurgitation disorder (6B85)

DD93.0 **Infant regurgitation**

This is a functional regurgitation that presents frequently (greater than or equal to 2 times/day for greater than equal to 3 weeks) in infants during the first year of life, without retching, haematemesis, aspiration, apnoea, or feeding or swallowing difficulties, or abnormal posturing.

DD93.1 **Infantile colic**

This is a condition in which an otherwise healthy baby cries or displays symptoms of distress (cramping, moaning, etc.) frequently and for extended periods, without any discernible reason.

DD93.2 **Infant dyschezia**

DD93.Y **Other functional digestive disorders of infants, neonates or toddlers**

DD93.Z **Functional digestive disorders of infants, toddlers or children, unspecified**

DD94 Functional gallbladder disorder

This is a motility disorder that manifests symptomatically with biliary pain as consequence of either an initial metabolic disorder (supersaturated bile with cholesterol) or a primary motility alteration of gallbladder, at least initially, of any abnormalities of bile composition. There are normal liver enzymes, conjugated bilirubin and amylase/lipase.

DD95 Functional sphincter of Oddi disorder

This is a functional disorder of the sphincter of Oddi which defines motility abnormalities of sphincter of Oddi associated with prevention of bile and pancreatic juice from flowing through and a backup of the juice. It causes severe abdominal pain with elevated pancreatic enzymes, liver enzymes or both.

DD9Y Other specified functional gastrointestinal disorders

DD9Z Functional gastrointestinal disorders, unspecified

Postprocedural disorders of digestive system (DE10-DE13)

This is a group of disorders associated with the digestive system that occur after medical procedures and are not classified elsewhere.

Exclusions: Radiation proctitis (DB33.42)

Coded Elsewhere: Postcholecystectomy syndrome (DC14.1)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Chronic dental injuries (DA08.2)

Radiation oesophageal ulcer (DA25.32)

Intramural haemorrhage of oesophagus (DA26.2)

Anastomotic ulcer (DA62)

Radiation oesophagitis (DA24.22)

Radiation gastritis (DA42.81)

Radiation gastric ulcer (DA60.63)

Radiation duodenal ulcer (DA63.51)

Radiation duodenitis (DA51.53)

Enteritis or ulcer of small intestine due to trauma (DA94.32)

Enteritis or ulcer of small intestine due to radiation (DA94.31)

Radiation-induced colitis (DB33.41)

Incisional hernia (DD56)

Short bowel syndrome (DA96.04)

Thermal oesophageal ulcer (NE02)

DE10 Vomiting following gastrointestinal surgery

Vomiting occurred following gastrointestinal surgery due to disturbance or inadequate movement of GI tract.

DE11 Dumping syndrome

Dumping syndrome is a group of signs and symptoms that develops most often in people who have had surgery to remove all or part of their stomach, or in whom surgically bypassed. It may occur early (during a meal or within 15-30 minutes after a meal with nausea, vomiting, abdominal pain, cramps, diarrhoea, dizziness, and heart palpitations) or late (1 to 3 hours after eating with sweating, weakness, fatigue, dizziness, lightheadedness, heart palpitations, and fainting).

DE12 Malfunction or complication of external stoma of digestive organs

Exclusions: Postsurgical leak (NE81.3)

Acute gastrointestinal bleeding, not elsewhere classified (ME24.90)

Acute postoperative haemorrhage (NE81.0)

Coded Elsewhere: Skin problem resulting from external stoma of digestive organs (EM0Y)

DE12.0 Colostomy or enterostomy malfunction or complication

DE12.1 **Gastrostomy malfunction**

DE13 **Postsurgical malabsorption, not elsewhere classified**

Inclusions: Postsurgical blind loop syndrome

Exclusions: Osteoporosis due to malabsorption (FB83.14)

DE2Y **Other specified diseases of the digestive system**

DE2Z **Diseases of the digestive system, unspecified**

CHAPTER 14

Diseases of the skin

This chapter has 246 four-character categories.

Code range starts with EA00

Diseases of the skin incorporate conditions affecting the epidermis, its appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails) and associated mucous membranes (conjunctival, oral and genital), the dermis, the cutaneous vasculature and the subcutaneous tissue (subcutis).

Inclusions: Diseases of the epidermis

Diseases of the dermis

Diseases of the epidermal appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails)

Diseases of subcutaneous tissue

Diseases of cutaneous vasculature

Coded Elsewhere: Malignant neoplasms involving the skin

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Neonatal phototherapy burn (KC50)

Symptoms or signs involving the skin (ME60-ME6Y)

This chapter contains the following top level blocks:

- Certain skin disorders attributable to infection or infestation
- Inflammatory dermatoses
- Metabolic and nutritional disorders affecting the skin
- Genetic and developmental disorders affecting the skin
- Sensory and psychological disorders affecting the skin
- Skin disorders involving specific cutaneous structures
- Skin disorders involving certain specific body regions
- Skin disorders associated with pregnancy, the neonatal period and infancy
- Adverse cutaneous reactions to medication
- Skin disorders provoked by external factors
- Benign proliferations, neoplasms and cysts of the skin
- Disorders of the skin of uncertain or unpredictable malignant potential
- Cutaneous markers of internal disorders
- Postprocedural disorders of the skin
- Malignant neoplasms involving the skin

Certain skin disorders attributable to infection or infestation (EA00-EA6Y)

Infections and infestations affecting the skin incorporate both direct invasion of the skin (including associated mucous membranes, hair and nails) by microorganisms or parasites and dermatoses arising from systemic or other distant infections (e.g. viral exanthems)

Coded Elsewhere: Certain parasitic infections or infestations affecting the skin

Infestation of the skin by ectoparasites

Pythiosis (1G60.1)

Protothecosis (1G60.2)

Mycetoma of unknown or unspecified type (1G60.0)

Certain skin disorders attributable to viral infection (EA00-EA3Z)

This group incorporates both localised infection of the skin by virus (e.g. viral warts) and systemic or distant viral infections with important skin manifestations (e.g. viral exanthemata).

Coded Elsewhere: Pox virus infections of the skin

Human herpes virus infections involving skin or mucous membrane

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

Viral exanthems (EA00-EA0Y)

Acute viral infections characterised by the appearance of a skin rash.

Coded Elsewhere: Measles without complication (1F03.0)

Rubella without complication (1F02.2)

Roseola infantum (1F01)

Erythema infectiosum (1F04)

Enteroviral vesicular stomatitis (1F05.0)

Foot and mouth disease (1F05.3)

Picornavirus infections presenting in the skin or mucous membranes (1F05)

EA00 **Viral exanthem due to unknown or unspecified agent**

An exanthematic rash with symptoms suggestive of a viral aetiology where the agent is either unknown or unspecified.

EA0Y **Viral exanthem due to other specified virus**

Certain dermatoses with suspected viral aetiology (EA10-EA12)

Skin disorders for which there are indications but no proof that viral infection is responsible.

EA10 **Pityriasis rosea**

Pityriasis rosea is an acute, self-limiting skin disease, probably infective in origin, affecting mainly children and young adults, and characterised by a distinctive skin eruption and minimal constitutional symptoms. The cause of pityriasis rosea is uncertain, but many epidemiological and clinical features suggest that an infective agent may be implicated. In the majority of cases the disease follows a characteristic course whereby a so-called herald patch, larger than subsequent lesions, appears several days before the eruption of multiple oval scaly pink macules over the trunk and proximal limbs predominantly.

EA11 **Papular purpuric gloves and socks syndrome**

This acute acral dermatosis is characterised by an intensely pruritic papular and often purpuric eruption affecting the hands, wrists, feet and ankles. This is frequently accompanied by oral inflammation and ulceration, malaise and fever. It affects adults predominantly and had been linked to a range of viral infections, most commonly to parvovirus B19.

EA12 **Infantile papular acrodermatitis**

Infantile papular acrodermatitis (Gianotti-Crosti syndrome) is a cutaneous reaction pattern to a range of infective agents affecting predominantly young children aged from six months to two years. Agents implicated include hepatitis B virus, Epstein-Barr virus and a number of enteroviruses. The rash consists in a profuse eruption of 5-10 mm diameter dull red flat-topped papules which appear first on the thighs and buttocks, then on the extensor aspects of the arms, and finally on the face. There may be lymphadenopathy but the child is usually otherwise well and the eruption fades over the course of a few weeks.

Exclusions: Acrodermatitis chronica atrophicans (1C1G.14)

Acrodermatitis continua of Hallopeau (EA90.41)

Acrodermatitis enteropathica (5C64.20)

Acrodermatitis perstans (EA90.41)

Dermatoses from distant or systemic viral infection (EA20-EA20)

Coded Elsewhere: Hairy leukoplakia (DA01.01)

Erythema multiforme provoked by viral infection (EB12.Y)

Skin disorders associated with Human immunodeficiency virus infection (EL3Y)

EA20 **Necrolytic acral erythema**

Necrolytic acral erythema is a distinctive acrally-located dermatosis affecting patients with active viral hepatitis C. It manifests principally on the dorsal surfaces of the feet and hands as well circumscribed dusky erythematous areas with flaccid blisters in its early stages and elevated scaly psoriasiform plaques in its chronic form. Microscopically there is keratinocyte necrosis in the upper epidermis.

EA3Z **Unspecified skin disorder attributable to viral infection**

Certain skin disorders attributable to bacterial infection (EA40-EA5Z)

Disorders of the skin and/or subcutaneous tissues caused by bacteria which a) cause infection normally limited to the skin (e.g. erythrasma); b) characteristically involve the skin at the same time as other organs (e.g. syphilis); c) which may cause disease in the skin as well as in other organs (e.g. cutaneous tuberculosis) or d) which infect other organs but which may manifest in the skin as a result of release of toxins or other indirect mechanism (e.g. streptococcal toxic shock syndrome).

Exclusions: Asymptomatic colonization of the skin by virulent or therapy resistant bacteria (QD04)

Coded Elsewhere: Certain sexually transmissible bacterial infections affecting skin

Certain zoonotic bacterial infections involving the skin

Dermatoses due to certain filamentous bacteria

Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70-1B7Y)

Non-pyogenic bacterial infections of the skin (1C44)

Yaws (1C1D)

Pinta (1C1E)

Endemic non-venereal syphilis (1C1F)

Cutaneous tuberculosis (1B12.8)

Leprosy (1B20)

Cutaneous non-tuberculous mycobacterial infection (1B21.2)

Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

Non-venereal treponematoses (1C4Y)

Systemic bacterial infection affecting skin (1C41)

Predominantly tropical or subtropical bacterial infections affecting skin (EA40-EA40)

Coded Elsewhere: Cutaneous and subcutaneous melioidosis (1C42)

EA40 Tropical phagedaenic ulcer

Tropical (phagedaenic) ulcer is an acute or chronic skin disease seen in the tropics and subtropics that is characterised by necrosis of the epidermis and underlying superficial tissue. Ulcers may heal spontaneously, leaving regular depressed scars, but sometimes enlarge to enter a chronic phase. Chronic ulcers are often large and irregular in shape and may involve the whole circumference of a limb. Pseudoepitheliomatous changes can develop which may proceed to the development of frank squamous carcinoma. Vincent's organisms (Fusobacterium nucleatum and Borrelia vincentii) are thought to play a pathogenic role.

EA50 Toxin-mediated cutaneous reactions to distant or systemic bacterial infection

Coded Elsewhere: Scarlet fever (1B50)

Streptococcal toxic shock syndrome (1C45.0)

Staphylococcal toxic shock syndrome (1C45.1)

Toxic shock syndrome (1C45)

EA50.0 **Erythema marginatum rheumaticum**

A cutaneous exanthem occurring in up to 10% of cases of rheumatic fever. The rash appears as widespread pink or red macules or papules that expand centrifugally with central clearing to form annular or polycyclic erythematous plaques. The exanthem may persist intermittently for weeks to months.

EA50.1 **Streptococcal toxin-mediated perineal erythema**

Streptococcal toxin-mediated perineal erythema is characterised by a striking diffuse macular erythema in the perineum occurring abruptly after a streptococcal pharyngitis. It is often recurrent.

EA50.2 **Staphylococcal scalded skin syndrome**

A syndrome caused by an infection with the gram-positive bacteria Staphylococcus. This syndrome is characterised by fever, blisters, erythema, large areas of skin peel, or Nikolsky's sign. Transmission is by direct or indirect contact with an infected individual, through fomites, or by iatrogenic transmission. Confirmation is by identification of Staphylococcus in a blood or skin sample.

Exclusions: Toxic epidermal necrolysis (EB13.1)

Coded Elsewhere: Neonatal staphylococcal scalded skin syndrome (EH11)

EA50.3 **Staphylococcal scarlatina**

An exanthem mediated by staphylococcal toxins from distant Staphylococcus aureus infection but without the systemic complications seen in staphylococcal toxic shock syndrome, of which it may be regarded as a mild form. Clinically it resembles scarlet fever.

Exclusions: Scarlatina NOS (1B50)

EA50.Y **Other specified toxin-mediated cutaneous reactions to distant or systemic bacterial infection**

EA51 **Skin complications of BCG immunisation**

Complications secondary to immunization with attenuated Mycobacterium bovis (Bacillus Calmette-Guérin or BCG) [Dermatology TAG].

Exclusions: Cutaneous tuberculosis (1B12.8)

Coded Elsewhere: BCG-induced tuberculid (EA5Y)

Adverse reaction to BCG immunization (PK81.7)

EA5Y **Cutaneous involvement by other specified bacterial infection**

EA5Z **Cutaneous involvement by unspecified bacterial infection**

EA60 **Certain skin disorders attributable to fungal infection**

This group incorporates both localised infection of the skin by fungus (e.g. pityriasis versicolor) and systemic fungal infections with important skin manifestations (e.g. cutaneous cryptococcosis).

Coded Elsewhere: Candidosis of skin or mucous membranes (1F23.1)
Dermatophytosis (1F28)
Non-dermatophyte superficial dermatomycoses (1F2D)
Otomycosis (AA03)

EA60.0 Subcutaneous mycoses

Coded Elsewhere: Lobomycosis (1F2B)
Lymphocutaneous sporotrichosis (1F2J.0)
Fixed cutaneous sporotrichosis (1F2J.1)
Eumycetoma (1F29)
Chromoblastomycosis (1F24)
Conidiobolomycosis (1F26)
Cutaneous mucormycosis (1F2C)
Cutaneous or lymphocutaneous sporotrichosis (1F2J.Y)
Subcutaneous infections due to dematiaceous fungi (1F2Y)

EA60.1 Systemic mycoses affecting skin

Coded Elsewhere: Primary cutaneous coccidioidomycosis (1F25.11)
Disseminated paracoccidioidomycosis (1F2E.1)
Talaromycosis (1F2K)
Histoplasmosis due to Histoplasma duboisii (1F2A.1)
Disseminated adiaspiromycosis (1F2L.0)
Disseminated histoplasmosis capsulati (1F2A.Y)
Primary cutaneous blastomycosis (1F22)
Disseminated blastomycosis (1F22)
Mucocutaneous paracoccidioidomycosis (1F2E.Y)
Cutaneous cryptococcosis (1F27.Y)

EA60.Y Skin involvement in other specified fungal infection

EA60.Z Fungal infection of the skin, unspecified

EA6Y **Cutaneous involvement by other specified infection or infestation**

Inflammatory dermatoses (EA80-EB7Y)

A large group of skin disorders in which inflammation plays an important role.

Exclusions: Napkin candidosis (1F23.12)

Bullous impetigo of the napkin area (1B72.0)

Dermatoses precipitated by drug therapy (EH71)

Dermatoses associated with specific classes of medication (EH76)

Coded Elsewhere: Nonorgan specific systemic autoimmune disorders involving the skin

Autoinflammatory disorders (4A60-4A6Z)

Dermatitis and eczema (EA80-EA8Z)

Dermatitis and eczema are synonymous and describe an inflammatory reaction pattern in the skin characterised histologically by spongiosis with varying degrees of acanthosis, and a superficial perivascular lympho-histiocytic infiltrate. The clinical features may include itching, redness, scaling and clustered papulo-vesicles. The condition may be induced by a wide range of external and internal factors acting singly or in combination.

Exclusions: Dermatitis herpetiformis (EB44)

Periorificial dermatitis (ED90.1)

Cercarial dermatitis (1F86.4)

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Irritant contact dermatitis (EK02)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Irritant contact blepharoconjunctivitis (EK02.11)

Contact gingivostomatitis (DA02.3)

Irritant contact dermatitis of hands (EK02.12)

Irritant contact dermatitis of vulva (EK02.13)

Dermatitis or eczema of eyelids (9A06.7)

Dermatitis or eczema of external ear

Eczematous nail dystrophy (EE13.5)

Dermatitis due to exogenous factors (EK5Y)

Eczematous drug eruption (EH6Y)

EA80 Atopic eczema

A chronic inflammatory genetically-determined eczematous dermatosis associated with an atopic diathesis (elevated circulating IgE levels, Type I allergy, asthma and allergic rhinitis). Filaggrin mutations resulting in impaired epidermal barrier function are important in its pathogenesis. Atopic eczema is manifested by intense pruritus, exudation, crusting, excoriation and lichenification. The face and non-flexural areas are often involved in infants; involvement of the limb flexures may be seen at any age. Although commonly limited in extent and duration, atopic eczema may be generalised and life-long.

Inclusions: Atopic dermatitis

Coded Elsewhere: Atopic eczema of eyelids (9A06.70)

Atopic eczema of hands (EA85.20)

EA80.0 Infantile atopic eczema

Infantile atopic eczema is defined as atopic eczema present during the first year of life. It typically first manifests between the ages of 2 and 6 months: approximately 50% of people with atopic eczema first present in infancy. The face and non-flexural areas are commonly affected. The napkin area tends to be relatively spared. Involvement of the limb flexures, as is typical in childhood atopic eczema, is also often seen in infancy.

EA80.1 Childhood atopic eczema

Atopic eczema in children and adolescents first presenting or continuing after infancy up to age 19 years. Its prevalence is highest in northern latitudes (e.g. nearly 20% in Norwegian children as compared with 0.7% in Tanzanian children). The sites most characteristically involved are the elbow and knee flexures, sides of the neck, wrists and ankles. As the disease progresses, lichenification (skin thickening) becomes a typical clinical features, especially in areas that can be easily reached and scratched. Discoid variants are more common in children of African and Asian ancestry.

EA80.2 Adult atopic eczema

Atopic eczema in adults (19 years or greater) may persist from childhood, recur in adulthood in individuals with a history of atopic eczema in childhood or, less commonly, may develop de novo in adult life.

EA80.Y Other specified forms of atopic eczema

EA81 Seborrhoeic dermatitis and related conditions

A group of related inflammatory skin disorders affecting predominantly the scalp, face, upper trunk and flexures and characterised by variable amounts of erythema, scale, inflammation and exudation. It is thought that Malassezia yeasts pay an important role in their pathogenesis. Although these disorders are common, they are seen with increased frequency and severity amongst persons infected with HIV.

Exclusions: Seborrhoea (ED91.2)

Coded Elsewhere: Infantile seborrhoeic dermatitis (EH40.0)

Seborrhoeic dermatitis of eyelids (9A06.71)

Seborrhoeic otitis externa (AA10)

Malassezia folliculitis (1F2D.1)

HIV-associated seborrhoeic dermatitis (EL3Y)

EA81.0 Seborrhoeic dermatitis of face

Seborrhoeic dermatitis affecting the face, most typically the nasolabial folds and chin.

Exclusions: Seborrhoea (ED91.2)

EA81.1 **Seborrhoeic dermatitis of the scalp**

Seborrhoeic dermatitis of the scalp is characterised by varying degrees of scaling, inflammation, exudation and crusting affecting the scalp. It may occur in isolation or may be accompanied by seborrhoeic dermatitis of other sites. It may be difficult to differentiate from scalp psoriasis. Pityriasis capitis (dandruff) is considered to represent a mild form of seborrhoeic dermatitis of the scalp.

Exclusions: Cradle cap (EH40.00)

Seborrhoea (ED91.2)

EA81.Y **Seborrhoeic dermatosis of other specified type or distribution**

EA81.Z **Seborrhoeic dermatitis, unspecified**

EA82 Nummular dermatitis

Cutaneous eruption otherwise known as discoid eczema characterised by discoid or coin-shaped plaques of eczema. The lesions usually occur on the extensor surfaces of the extremities, but the face and trunk may also be involved. The cause is unknown.

Coded Elsewhere: Nummular dermatitis of hands (EA85.2Y)

EA83 Lichen simplex or lichenification

If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. This may occur as a discrete patch within normal skin (lichen simplex) but frequently complicates eczema or other pruritic dermatoses.

EA83.0 **Lichen simplex**

Circumscribed pruritic lichenification of the skin of any origin. If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. The nape of the neck, genitalia, perianal area and lateral calf are commonly affected sites.

Inclusions: Neurodermatitis

EA83.00 Lichen simplex of vulva

Circumscribed pruritic lichenification of female external genitalia.

EA83.01 Lichen simplex of male genitalia

Circumscribed pruritic lichenification of male genitalia. The scrotum or the base of the penis are commonly affected sites.

EA83.02 Perianal lichen simplex

Circumscribed pruritic lichenification of perianal localisation.

EA83.0Y Lichen simplex of other specified site

EA83.0Z Lichen simplex of unspecified site

EA83.1 **Secondary lichenification**

Thickening of skin affected by a primary dermatosis as the result of repeated rubbing and scratching.

Coding Note: Code also the causing condition

EA84 Asteatotic eczema

Asteatotic eczema develops from asteatosis cutis. In the latter cracking and crazing of the epidermal stratum corneum produces a flaky skin with a reticulate erythema beneath the scales. It occurs particularly on the lower legs. It is more common in the elderly and is provoked by a combination of defatting and desiccation of the epidermis. If inflammation progresses then it may become more pruritic and eczematous, asteatotic eczema.

EA85 Dermatitis or eczema of hands and feet

Dermatitis (eczema) involving the hands and/or feet.

Inclusions: Dermatitis of hands and feet

Eczema of hands and feet

EA85.0 **Vesicular dermatitis of hands and feet**

An eczema of unknown cause affecting principally the palms, soles and sides of the fingers and toes. It is commonly known as pompholyx and is characterised by eruptions of itchy, often multiloculated blisters, which tend to rupture and become secondarily infected. It occurs most commonly in adolescents and young adults. Its relationship to other forms of eczema and to allergic sensitisation, especially to nickel, remains to be adequately elucidated.

EA85.1 **Hyperkeratotic dermatitis of hands and feet**

Form of eczema (dermatitis) characterised by highly irritable, scaly, fissured, hyperkeratotic patches on the palms and/ or soles. The aetiology is unknown. This disorder takes a chronic course and may be extremely refractory to treatment.

EA85.2 **Dermatitis of hands**

Dermatitis or eczema involving predominantly the hands.

Coded Elsewhere: Irritant contact dermatitis of hands (EK02.12)

Vesicular dermatitis of hands (EA85.0)

Chronic relapsing vesiculosquamous dermatitis of hands (EA85.0)

Hyperkeratotic fissured palmar dermatitis (EA85.1)

EA85.20 Atopic eczema of hands

Atopic eczema involving predominantly the hands. Individuals with an atopic diathesis are particularly prone to hand eczema. It may be provoked by repeated contact with irritants at work as in hairdressers, cooks and health care workers. It may manifest in a discoid pattern of eczema.

EA85.2Y Other specified dermatitis of hands

EA85.2Z Dermatitis of hands, unspecified

EA85.3 **Dermatitis of feet**

Dermatitis (eczema) involving predominantly the feet.

Coded Elsewhere: Vesicular dermatitis of feet (EA85.0)

Hyperkeratotic fissured plantar dermatitis (EA85.1)

EA86 Dermatitis and eczema of lower legs

Dermatitis (eczema) affecting the lower legs, most commonly associated with lower limb venous insufficiency, lymphoedema and/or immobility.

Coded Elsewhere: Lower limb venous eczema (EF70)

EA86.0 **Stasis dermatitis of the lower legs**

A chronic eczematous process affecting the skin of the lower legs in association with chronic lower limb lymphoedema and immobility. It is often associated with lipodermatosclerosis. Failure of the normal "muscle pump" to aid venous return is an important component in the aetiology. It is common in the morbidly obese. It is characterised by low grade inflammation with variable scaling and desquamation.

EA87 Dermatitis or eczema of anogenital region

Dermatitis (eczema) affecting the external genitalia, crural folds and/or perianal skin.

EA87.0 **Dermatitis or eczema of male genitalia**

Dermatitis (eczema) involving male external genital organs.

EA87.1 **Dermatitis or eczema of female genitalia**

Dermatitis (eczema) affecting the female external genitalia.

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

EA87.2 **Dermatitis or eczema of perianal area**

Dermatitis (eczema) involving perianal skin.

Coded Elsewhere: Perianal dermatitis of the newborn (KC21.2)

Irritant contact dermatitis of perianal skin (EK02.1Y)

EA88 Miscellaneous specified eczematous dermatoses

A heterogeneous group of eczematous dermatoses not classified elsewhere.

EA88.0 **Infectious dermatitis**

Infective dermatitis (infective eczematoid dermatitis) is an acute exudative dermatitis developing on normal skin surrounding a focus of suppurative infection. Such foci include infected wounds, suppurating sinuses and acute inflammatory fungal and/or bacterial infection of the toe clefts. The dermatitis may spread well beyond the skin directly affected by the suppuration.

Inclusions: Infective eczematoid dermatitis

Coded Elsewhere: Infectious dermatitis of the forefeet (EA85.3)

EA88.00 Human T-cell lymphotropic virus type 1 associated infective dermatitis of childhood

An inflammatory dermatitis of childhood which develops in a minority of children with HTLV-1 infection, acquired usually via breast milk from an infected mother. Although the disease may clear spontaneously in adolescence, there is a high risk of development of Human T-cell lymphotropic virus-associated myelopathy (tropical spastic paraparesis) in later life. The onset is most frequent between the ages of 2 and 3, but it can manifest from as early as a few months of age to late childhood. Sites of predilection include the scalp, ears, eyelids, nostrils, neck, axillae and groin: erosions and crusting are commonly seen.

EA88.0Y Other specified infectious dermatitis

EA88.0Z Infectious dermatitis, unspecified

EA88.1 **Post traumatic eczema**

Eczema localised to skin damaged by physical trauma or by chemical or thermal burns. It may appear months or years after the injury has healed, usually with visible scarring.

EA88.2 **Disseminated secondary eczema**

The development of eczematous inflammation at sites distant from the primary site of an eczema or dermatitis. The onset of such dissemination may occur days or weeks after the primary dermatitis. The distribution of the secondary eczema tends to be symmetrical. Venous eczema, allergic contact dermatitis, acute irritant contact dermatitis and infective dermatitis are all potential triggers. The precise aetiopathology is as yet poorly understood.

Coding Note: Code also the causing condition

Inclusions: Eczematid

EA88.3 **Secondary eczema**

An eczematous reaction to the presence of another, usually inflammatory, skin disorder. This may be observed in some forms of psoriasis when the underlying disease may be obscured by a concurrent eczematous reaction.

Coding Note: Code also the causing condition

EA88.4 **Pityriasis alba**

A common low grade inflammatory dermatosis of unknown aetiology in which multiple small finely scaling macules appear on the face, and less commonly the shoulders and upper arms, of children. These may initially be mildly erythematous but soon become hypopigmented with fine surface scale. Histopathologically there is a mild subacute spongiotic dermatitis with reduction in melanin. It is more prominent in children with pigmented skin and may give rise to concern about vitiligo.

EA89 Generalised eczematous dermatitis of unspecified type

Generalised eczema of uncertain, unknown or unspecified aetiology.

EA8Y Other specified eczematous dermatosis

EA8Z Dermatitis or eczema, unspecified

Papulosquamous dermatoses (EA90-EA95)

A group of skin disorders characterised by epidermal thickening and scaling. The archetypal papulosquamous dermatosis is psoriasis.

EA90 **Psoriasis**

Psoriasis is a common, chronic, relapsing, inflammatory skin disorder characterised by abnormal epidermal keratinization and hyperproliferation. It has a strong genetic component and affects some 2% of the populations of many regions of the world. Up to 10-20% of patients with psoriasis also experience an inflammatory polyarthritis (psoriatic arthritis). Although many people with psoriasis have limited disease, both psoriasis and its associated arthritis often cause major functional and psychosocial disability. The more severe forms of psoriasis are frequently associated with the metabolic syndrome and, as a result, a reduced life expectancy.

EA90.0 Plaque psoriasis

The commonest form of psoriasis, which manifests as well-defined red, scaly plaques on the skin. Typical sites of initial involvement are the scalp, the extensor surfaces of the elbows and knees, the lower back and the shins. In severe disease a majority of the skin surface may be involved.

EA90.1 Guttate psoriasis

An acute, usually widespread eruption of small (<1cm) papules of psoriasis associated in a majority of cases with preceding streptococcal infection, particularly tonsillitis and streptococcal sore throat. This form of psoriasis is seen typically in children and young adults. If untreated it tends to resolve over a period of four to six months.

EA90.2 Unstable psoriasis

Unstable psoriasis is an inflammatory form of psoriasis which may be the precursor of erythrodermic or generalised pustular psoriasis. It is characterised by intense inflammation around the edges of existing plaques and/or the appearance of multiple small fresh inflammatory papules and plaques. Some patients may have a lifelong tendency to unstable psoriasis. It tends to be difficult to control without resort to systemic therapy.

EA90.3 Erythrodermic psoriasis

Erythrodermic psoriasis is a severe generalised inflammatory form of psoriasis characterised by confluent intense erythema involving more than 90% of the skin surface. Erythrodermic psoriasis usually develops from preceding extensive, active plaque psoriasis but may arise de novo. Precipitating or trigger factors include withdrawal of systemic glucocorticosteroids, and, less frequently, abrupt discontinuation of methotrexate, phototherapy burns, or intercurrent infections. Patients may develop hypothermia or high output cardiac failure.

EA90.4 Pustular psoriasis

Psoriasis characterised by clinically visible pustules. Pustular psoriasis may be localised or generalised and life-threatening.

Coded Elsewhere: Infantile pustular psoriasis (EH40.Y)

EA90.40 Generalised pustular psoriasis

An inflammatory form of psoriasis characterised by the presence of widely distributed areas of visible sterile pustulation.

EA90.41 Acropustulosis of Hallopeau

An uncommon pustular form of psoriasis which may rarely eventuate into generalised pustular psoriasis. It is characterised by pustules and variable scaling occurring in and around the nails and nail-beds of the fingers and toes. It may cause marked nail destruction and may be associated with a distal interphalangeal joint arthritis, with palmoplantar pustulosis or with plaque psoriasis elsewhere.

Exclusions: Palmoplantar pustulosis (EA90.42)

EA90.42 Palmoplantar pustulosis

Palmoplantar pustulosis (PPP) is a chronic inflammatory skin condition characterised by crops of sterile pustules on the palms and soles which erupt repeatedly over months or years. The affected areas tend to become red and scaly; cracks may form and these are often painful. It is strongly associated with smoking. It is associated with psoriasis elsewhere on the body in up to 24% of patients though appears to have a genetic profile distinct from psoriasis vulgaris. Interleukin-36 receptor gene polymorphisms are strongly associated with generalised pustular psoriasis and have been detected in a minority of patients with PPP.

Inclusions: Palmoplantar pustular psoriasis

EA90.4Y Other specified pustular psoriasis

EA90.5 **Psoriasis of specified site or distribution**

The appearance, management and impact of psoriasis can vary considerably according to its location. Important variants are listed under this heading.

EA90.50 Scalp psoriasis

The scalp is frequently the site of initial presentation and is the commonest anatomical site to be involved by psoriasis. Morphologies range from discrete plaques to total scalp involvement with either thick plaques or scaly non-thickened areas almost identical to seborrhoeic dermatitis. Sites of predilection include the immediate post-auricular area and occiput.

EA90.51 Nail psoriasis

Psoriasis of the nails manifests as pitting, roughening, thickening or detachment of the nail plate and in its early stages is accompanied by reddening of the distal nail bed.

EA90.52 Flexural and intertriginous psoriasis

Psoriasis involving flexures (retro-auricular folds, axillae, crural folds) and/or intertriginous areas (groins, under the breasts and, in obese individuals, abdominal apron fold). It may occur on its own or in association with seborrhoeic psoriasis or chronic plaque psoriasis. Plaques are thin, shiny and beef-red in colour with minimal scale. They may become secondarily fissured and/or macerated.

EA90.53 Anogenital psoriasis

Psoriasis involving anogenital skin including the vulva, penis or perianal area.

EA90.5Y Psoriasis of other specified site or distribution

EA90.Y **Other specified forms of psoriasis**

EA90.Z **Psoriasis of unspecified type**

EA91 Lichen planus

Lichen planus is an inflammatory disease of skin and mucous membranes characterised by intense inflammation at the interface between epidermis/epithelium and dermis/corium. Its clinical manifestations vary according to how acutely it develops and to where it attacks. On the skin it typically presents as a symmetrical eruption of itchy, flat-topped pink or purple papules or plaques. Involvement of the scalp or nail matrix can produce permanent loss of hair or nails respectively. Although mucous membrane involvement can be asymptomatic, it can cause significant pain and distress, particularly when it is erosive.

EA91.0 **Acute eruptive lichen planus**

An acute generalised form of lichen planus.

Exclusions: Lichenoid drug eruption (EH62)

EA91.1 **Hypertrophic lichen planus**

A chronic recalcitrant form of lichen planus often localised to the lower legs and ankles and characterised by plaques of markedly thickened skin. It is often extremely pruritic. It can leave permanent pigmentation and scarring.

EA91.2 **Follicular lichen planus**

Lichen planus involving the hair follicle rather than the epidermis. It typically involves the scalp but may be seen elsewhere. Clinically it presents as grouped small, slightly scaly erythematous follicular papules.

EA91.3 **Lichen planus of genital skin and mucous membranes**

Lichen planus of genital mucous membranes tends to be mild in men but may give rise to concern about sexually-transmitted infection. Although it may be asymptomatic in women the severe erosive form may cause mark pain and disability.

EA91.4 **Lichen planus and lichenoid reactions of oral mucosa**

Oral lichenoid reactions represent a common end point in response to extrinsic agents (drugs, allergens), altered self-antigens, or superantigens. Clinical presentation can vary from asymptomatic white reticular striae to painful erythema and erosions. Cutaneous and mucosal involvement of other sites is common. Although oral lichen planus is by definition idiopathic, oral lichenoid reactions may be caused by medications or exogenous agents such as cinnamates and other flavourings.

EA91.40 Non-erosive lichen planus of oral mucosa

Oral lichen planus in which the epithelium remains intact.

EA91.41 Erosive oral lichen planus

Oral lichen planus in which the epithelium is ulcerated.

Coded Elsewhere: Vulvovaginal gingival syndrome (EA91.3)

EA91.42 Oral lichen planus, unspecified

Lichen planus of oral mucosa without mention of presence or absence of ulceration.

EA91.43 Lichenoid mucositis

Oral lichenoid mucositis is a term describing clinicopathological features of the oral mucosa which represent a common end point in response to extrinsic agents such as drugs or contact allergens, or to presumed altered self-antigens as in lichen planus. Clinical presentation can vary from asymptomatic

white reticular striae to painful erythema and erosions. Idiopathic lichen planus cannot always be distinguished from lichenoid reactions to external agents and in such circumstances it is appropriate to label the changes observed as oral lichenoid mucositis until a more definitive diagnosis can be made.

EA91.4Y Other specified lichenoid reactions of oral mucosa

EA91.5 Lichen planus of the nails

Lichen planus of the nail most commonly presents as nail plate thinning with longitudinal grooving and ridging. Hyperpigmentation, subungual hyperkeratosis, onycholysis, and longitudinal melanonychia can also occur. Rarely, the matrix can be permanently destroyed with prominent pterygium formation. Lichen planus has been linked to childhood idiopathic nail atrophy and may overlap with twenty-nail dystrophy of childhood.

EA91.6 Subacute lichen planus

The commonest form of lichen planus affecting the skin. It may be limited to a few papules or plaques but may be widespread. It may continue to extend over months and may remain active over several years.

EA91.Y Other specified lichen planus

EA91.Z Lichen planus of unspecified type

EA92 Lichenoid dermatoses

Conditions other than lichen planus in which there is histological damage to the lower epidermis accompanied by a chronic inflammatory infiltrate in the papillary dermis disturbing the interface between the epidermis and dermis.

Coded Elsewhere: Lichenoid drug eruption (EH62)

EA93 Pityriasis lichenoides

Pityriasis lichenoides is an uncommon inflammatory skin disease of unknown aetiology. It can range from a relatively mild chronic form to a fulminant form with skin necrosis and severe constitutional symptoms. The disease can last from just weeks to months or years. The chronic form is manifest as multiple small flat asymptomatic scaly papules located predominantly on the trunk and proximal limbs. The acute forms present with the abrupt appearance of multiple papules in the same distribution which rapidly progress to haemorrhagic blisters and ulceration.

EA94 **Pityriasis rubra pilaris**

Pityriasis rubra pilaris (PRP) is the name given to a group of clinically similar papulosquamous dermatoses of unknown aetiology. They initially present with erythematous, hyperkeratotic perifollicular papules, which tend to coalesce into plaques, but may progress to erythroderma, particularly in adults. The distribution, age of onset and speed of onset differ markedly between patients and these differences have been used to classify PRP into a number of clinically distinct subtypes.

EA95 **Small plaque parapsoriasis**

The benign form of parapsoriasis, a chronic multifocal skin disease characterised by atrophic erythematous patches located preferentially on the trunk and proximal extremities. The aetiology is unknown.

Inclusions: Digitate dermatosis

Chronic superficial dermatitis

Urticaria, angioedema and other urticarial disorders (EB00-EB0Y)

A heterogeneous group of disorders characterised by dermal and/or subcutaneous and submucosal oedema. The most common underlying mechanism is release of histamine from mast cells with consequent capillary dilatation and tissue oedema. This is responsible for the weals of spontaneous and most physical urticarias. A variety of other mechanisms are involved in other urticarial disorders.

Exclusions: Urticaria pigmentosa (2A21.10)

Papular urticaria (EK50.00)

Coded Elsewhere: Hereditary angioedema (4A00.14)

Acquired angioedema (4A00.15)

Urticarial vasculitis (EF40.10)

Food-induced urticaria or angioedema (4A85.21)

Drug-induced urticaria, angioedema and anaphylaxis (EH61)

Angioedema due to disordered complement activation or kinin metabolism (4A00.1Y)

EB00 **Spontaneous urticaria**

Spontaneous urticaria is a disease characterised by the daily or almost daily eruption of spontaneous weals, angioedema or both.

Inclusions: Ordinary urticaria

EB00.0 Acute urticaria

Spontaneous urticaria lasting less than six weeks

EB00.1 Chronic urticaria

Spontaneous urticaria lasting six weeks or more.

Inclusions: Chronic spontaneous urticaria

Chronic ordinary urticaria

EB01 Inducible urticaria and angioedema

The inducible or physical urticarias are a heterogeneous subgroup of urticarias in which pruritic weals, angioedema or both are triggered reproducibly by specific external physical stimuli. The onset of wealing is characteristically rapid with resolution within an hour. The exception is delayed pressure urticaria where weals take longer to develop and resolve. Individual susceptibility to a physical urticaria may be short-lived or may last for years.

EB01.0 Dermographism

Dermographism is characterised by the development of short-lived itchy weals in response to stroking of the skin. The weals are typically linear. Symptomatic dermographism is triggered by light skin stroking or friction and is pruritic, whereas simple dermographism is a common physiological response to firm skin stroking and is not pruritic.

Inclusions: Factitious urticaria

Dermatographic urticaria

EB01.1 Cold urticaria

Cold urticaria is triggered by skin cooling. Weals often develop as the skin rewarms afterwards. Cold contact urticaria is triggered by local skin cooling whereas the much less common cold reflex urticaria is triggered by generalised chilling causing a fall in core temperature.

EB01.2 Delayed pressure urticaria

Delayed pressure urticaria differs from other forms of physical urticaria in that the appearance of weals is delayed for several hours following the provoking stimulus. It is commonly associated with chronic spontaneous urticaria but tends to respond poorly to antihistamine therapy. The palms and soles, the waist, and the buttocks and thighs are commonly affected areas. Wealing can be induced by a variety of stimuli, including standing, walking, wearing of tight clothes, or sitting on a hard surface.

EB01.3 Contact urticaria

Urticaria resulting from skin or mucosal contact with a substance or substances capable of inducing wealing either by immunological or by non-immunological means.

Coded Elsewhere: Allergic contact urticaria (EK10)

EB01.Y Other specified forms of inducible urticaria and angioedema

EB02 Cholinergic urticaria and related conditions

A range of urticarial disorders associated with heat and activation of sweating.

Coded Elsewhere: Exercise-induced anaphylaxis (4A84.30)

EB02.0 **Cholinergic urticaria**

Cholinergic urticaria presents as an eruption of multiple small 2-3 mm monomorphic papular weals in response to sweat-inducing stimuli such as physical exertion, hot baths, spicy foods or sudden emotional stress. The weals tend to be pink in milder cases but white with surrounding macular erythema when the oedema is more intense. Angioedema and systemic manifestations including faintness, headache, palpitations and wheezing may occur in severe cases.

Exclusions: Exercise-induced anaphylaxis (4A84.30)

EB02.Y **Other conditions mediated by cholinergic activation**

EB03 **Syndromes with urticarial reactions or angioedema**

Periodic and other syndromes in which urticarial reactions or angioedema play an important part.

Coded Elsewhere: Cryopyrin-associated periodic syndromes (4A60.1)

Tumour necrosis factor receptor 1 associated periodic syndrome (4A60.2)

EB04 **Idiopathic angioedema**

EB05 **Urticaria of unspecified type**

Inclusions: Hives

Nettle rash

EB0Y **Other specified urticarial disorders**

Inflammatory erythemas and other reactive inflammatory dermatoses (EB10-EB31)

A heterogeneous group of disorders characterised by skin inflammation in response to known (usually infections or drugs) or unknown triggers

Coded Elsewhere: Inflammatory dermatoses of the newborn (KC21)

Pyodermatitis–pyostomatitis vegetans (EL3Y)

EB10 **Diffuse inflammatory erythemas**

A group of disorders characterised by diffuse redness of the skin. They may be due to drugs, viral infections or circulating toxins but frequently a precise aetiology cannot be determined.

Coded Elsewhere: Drug-induced erythroderma (EH64)

Neonatal toxic erythema (KC21.1)

EB11 **Annular erythema**

Annular erythema is the term given to a group of chronic annular and gyrate eruptions in which irregular rings and arcs of elevated erythema form from initial inflammatory papules which slowly enlarge whilst clearing centrally. The lesions are usually located on the buttocks, thighs and upper arms, but any area may be involved. The condition may persist for months to years. In the majority of cases the aetiology remains obscure.

Coded Elsewhere: Erythema gyratum repens (EL10)

Necrolytic migratory erythema (EL10)

EB12 **Erythema multiforme**

Erythema multiforme is a self-limiting reactive inflammatory dermatosis triggered by cell-mediated hypersensitivity, most commonly to drugs or infection, particularly Herpes simplex. It is characterised by an eruption of macules, papules, nodules, vesicles and/or bullae affecting preferentially the dorsal aspects of the hands and forearms. It may also involve oral and genital mucous membranes.

Exclusions: Stevens-Johnson syndrome or toxic epidermal necrolysis (EB13)

EB12.0 Cutaneous erythema multiforme

Erythema multiforme confined to the skin and typically triggered by recurrent Herpes simplex infection.

EB12.1 Mucocutaneous erythema multiforme

Erythema multiforme with mucosal involvement, usually of oral and/or genital mucous membranes. It causes significantly more morbidity than erythema multiforme confined to the skin.

Coded Elsewhere: Erythema multiforme with oral ulceration (DA01.13)

EB12.Y Other specified erythema multiforme

EB12.Z Erythema multiforme, unspecified

EB13 **Stevens-Johnson syndrome or toxic epidermal necrolysis**

A spectrum of severe and life-threatening hypersensitivity disorders affecting skin and mucous membranes, most commonly precipitated by an idiosyncratic reaction to medication. Stevens-Johnson syndrome (SJS) always involves mucosal surfaces but the skin involvement is limited by definition to <10% body surface area (BSA). Toxic epidermal necrolysis (TEN) may sometimes spare mucous membranes but skin involvement is by definition >30% BSA. An intermediate form is recognised in which mucosal involvement is accompanied by skin involvement of 10-30% BSA (SJS-TEN overlap syndrome). All forms result in extensive sloughing and ulceration and carry a significant risk of fatal outcome.

Coded Elsewhere: Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

EB13.0 **Stevens-Johnson syndrome**

Stevens-Johnson syndrome is an immune-complex–mediated hypersensitivity disorder involving mucous membranes (conjunctivae, oral mucosa and genital mucosa) with, by definition, skin involvement limited to no more than 9% body surface area. It is related to toxic epidermal necrolysis and shares many of the same triggers, notably drugs, but the inflammation is centred on and close to mucosal surfaces. Although mortality is low, acute morbidity is high and conjunctival involvement has the potential to cause blindness.

Coded Elsewhere: Drug-induced Stevens-Johnson syndrome (EH63.0)

Acute cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

Chronic cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

EB13.1 **Toxic epidermal necrolysis**

Toxic epidermal necrolysis (TEN) is an acute life-threatening skin disease with commonly quoted overall risk of mortality of between 25 and 30%, though the risk of fatal outcome is around 90% in the most severely affected patients (SCORTEN score >5). It is characterised by the rapid onset of extensive erythema, necrosis, and bullous detachment of the epidermis (> 30% body surface area). Commonly, the mucous membranes are also involved. Death may result from a combination of sepsis, fluid depletion and multi-organ failure. In two thirds of cases, TEN is triggered by a clearly identifiable drug allergy.

Coded Elsewhere: Drug-induced toxic epidermal necrolysis (EH63.1)

EB13.2 **Stevens-Johnson and toxic epidermal necrolysis overlap syndrome**

A severe reactive skin disorder with features of both toxic epidermal necrolysis and Stevens-Johnson syndrome. It is defined by the presence of mucosal involvement and between 10% and 30% body surface area detachment of skin. It may be regarded as an intermediate form of these two disorders and, as with them, it can in most cases be attributed to a drug.

Coded Elsewhere: Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Neutrophilic dermatoses (EB20-EB2Y)

A group of inflammatory skin disorders characterised by neutrophilic infiltration of the skin.

Coded Elsewhere: Disseminated gonococcal infection (1A73)

Behçet disease (4A62)

EB20 **Acute febrile neutrophilic dermatosis**

Sweet syndrome (the eponym for acute febrile neutrophilic dermatosis) is characterised by a constellation of clinical symptoms, physical features, and pathological findings which include fever, neutrophilia, tender erythematous skin lesions (papules, nodules, and plaques), and a diffuse infiltrate consisting predominantly of mature neutrophils that are typically located in the upper dermis. Sweet syndrome presents in three clinical settings: classical (or idiopathic), malignancy-associated, and drug-induced.

Inclusions: Sweet syndrome

EB21 **Pyoderma gangrenosum**

An idiopathic, rapidly evolving, and severely debilitating disease occurring most commonly in association with chronic ulcerative colitis. It is characterised by the presence of boggy, purplish ulcers with undermined borders, appearing mostly on the legs. The majority of cases are in people between 40 and 60 years old. Its etiology is unknown.

Inclusions: Phagedenic pyoderma

EB2Y **Other specified neutrophilic dermatoses**

EB30 **Eosinophilic cellulitis**

Eosinophilic cellulitis (Wells syndrome) is characterised by a distinctive clinical picture resembling cellulitis, and a typical histology with tissue eosinophilia, oedema and 'flame' figures (clusters of eosinophils and histiocytes around a core of collagen and eosinophilic debris). It can affect either sex, usually in adult life. Any site may be involved, with single or multiple lesions and recurrences are common. Initially, the lesions are itchy erythematous plaques with features resembling both urticaria and cellulitis but bullous and nodular forms have also been described. It may arise spontaneously but a number of drugs and infections have been implicated.

EB31 **Erythema nodosum**

An erythematous eruption commonly associated with drug reactions or infection and characterised by inflammatory nodules that are usually tender, multiple, and bilateral. These nodules are located predominantly on the shins with less common occurrence on the thighs and forearms. They undergo characteristic colour changes ending in temporary bruise-like areas. This condition usually subsides in 3-6 weeks without scarring or atrophy.

Coded Elsewhere: Acute sarcoidosis with erythema nodosum (4B20.5)

Drug-induced erythema nodosum (EH6Y)

Immunobullous diseases of the skin (EB40-EB4Y)

A group of disorders characterised by the presence of circulating auto-antibodies directed against specific skin or mucous membrane antigens and resulting in blisters or erosions.

EB40 **Pemphigus**

Pemphigus is a group of chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to desmosome components. Three clinical forms have been characterised. Pemphigus vulgaris, pemphigus foliaceus and pemphigus vegetans. Other variants exist, namely intercellular IgA dermatosis and paraneoplastic pemphigus.

Coded Elsewhere: Neonatal pemphigus (KA07.1)

EB40.0 Pemphigus vulgaris

Pemphigus vulgaris is a chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome components desmoglein 1 and 3.

EB40.00 Oral pemphigus

Oral pemphigus is variant of pemphigus vulgaris, and is a chronic autoimmune skin diseases characterised by blister formation on the oral mucous membrane mediated by auto-antibodies to the desmosome component desmoglein 3.

EB40.0Y Other specified pemphigus vulgaris

EB40.0Z Pemphigus vulgaris, unspecified

EB40.1 **Pemphigus foliaceus**

Pemphigus foliaceus is a chronic autoimmune skin diseases characterised by superficial blister formation on the skin mediated by auto-antibodies to the desmosome component desmoglein 1.

EB40.2 **Paraneoplastic pemphigus**

Paraneoplastic pemphigus is a severe, often fatal autoimmune disease characterised by blisters and erosions not only on the skin and the mucous membranes but also involving other organs including the respiratory system. Auto-antibodies to a variety of plakin components of desmosomes and hemidesmosomes and to the protease inhibitor, Alpha-2-macroglobulin-like-1 protein, have all been implicated in its pathogenesis. It is strongly associated with lymphoproliferative disease.

Coding Note: Code also the causing condition

EB40.Y **Other specified pemphigus**

EB40.Z **Pemphigus, unspecified**

EB41 **Pemphigoid**

The pemphigoid group of immuobullous diseases is characterised by the production of IgG antibodies to the epidermal basement membrane zone, leading to subepidermal clefts which are clinically manifest as blisters or erosions of skin or mucous membranes.

Coded Elsewhere: Gestational pemphigoid (JA65.10)

Neonatal gestational pemphigoid (KA07.Y)

EB41.0 **Bullous pemphigoid**

Bullous pemphigoid is the most common autoimmune blistering disease in the Western world. It chiefly affects the elderly and typically presents with a pruritic urticated erythema which evolves into a widespread eruption of intact tense blisters. It can sometimes involve mucous membranes. It is characterised by IgG antibodies to the basement membrane zone, leading to subepidermal clefts that are clinically manifest as blisters.

EB41.1 **Mucous membrane pemphigoid**

Mucous membrane pemphigoid (MMP) encompasses a heterogeneous group of mucous membrane-dominated autoimmune diseases in which autoantibodies to antigens of the basement membrane zone (BMZ) of mucous membranes and the skin result in subepithelial blistering. MMP may be limited to the conjunctivae (ocular pemphigoid) or to the oral cavity (oral pemphigoid). When the skin is involved, it is generally less extensive and less migratory than in bullous pemphigoid. MMP follows a chronic course and may lead to severe scarring with the attendant risks of loss of vision and oesophageal strictures.

Coded Elsewhere: Mucous membrane pemphigoid with ocular involvement (9A62)

EB41.Y **Other specified pemphigoid**

EB42 **Linear IgA bullous dermatosis**

Linear IgA bullous dermatosis is an uncommon immunobullous disorder which occurs in both adults and children. It is characterised by linear deposition of IgA along the epidermal basement membrane. Although the clinical picture may resemble dermatitis herpetiformis, it is not associated with gluten enteropathy and it has different clinical and immunopathological attributes.

EB43 **Epidermolysis bullosa acquisita**

Epidermolysis bullosa acquisita is an acquired non-familial blistering disease characterised by the presence of autoantibodies to collagen VII at the epidermal basement membrane zone, as demonstrated by direct immunofluorescence. There is a wide spectrum of clinical manifestations including a trauma-induced variant and a more inflammatory variant.

Exclusions: Genetically-determined epidermolysis bullosa (EC30-EC3Z)

Coded Elsewhere: Transient neonatal epidermolysis bullosa acquisita (KA07.Y)

EB44 **Dermatitis herpetiformis**

Dermatitis herpetiformis is an immunobullous skin characterised by recurrent eruptions of intensely itchy papules, vesicles or bullae, which are typically grouped symmetrically on the extensor surfaces of the limbs and on the buttocks and back. The primary lesions are frequently obscured by excoriation. An incompletely understood abnormal response to dietary gluten provokes the formation of autoantibodies to tissue and epidermal transglutaminases and granular deposition of IgA in dermal papillae. The disease is strongly associated with gluten-sensitive enteropathy, which can range from mild jejunal epithelial inflammation to total villous atrophy (coeliac disease).

EB4Y **Other specified immunobullous disorder**

Cutaneous lupus erythematosus (EB50-EB5Z)

Lupus erythematosus involving the skin. This ranges from acute cutaneous lupus as may accompany a flare of systemic lupus erythematosus to a variety of chronic forms which are in the majority of cases limited to the skin.

Exclusions: Systemic lupus erythematosus (4A40.0)

Lupus vulgaris (1B12.8)

Coded Elsewhere: Systemic lupus erythematosus with skin involvement (4A40.00)

Neonatal lupus erythematosus (KA07.0)

EB50 **Subacute cutaneous lupus erythematosus**

Subacute cutaneous lupus erythematosus is a non-scarring form of lupus erythematosus typified by the presence of circulating anti-Ro/SSA antibodies and discoid or annular inflamed red patches with variable fine scaling on sun-exposed skin, especially the sides of the face and neck, the vee of the neck, the extensor surfaces of the upper arms and the upper back: in contrast with systemic lupus erythematosus the cheeks tend to be spared. Visceral disease is less frequent than in systemic lupus erythematosus: renal involvement is rare and mild.

EB51 **Chronic cutaneous lupus erythematosus**

Chronic cutaneous lupus erythematosus (LE) is characterised by the presence of circumscribed cutaneous plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It most commonly presents as discoid plaques involving the face, ears and scalp but can be widely disseminated or may affect predominantly the extremities (chilblain LE) or subcutaneous fat (lupus panniculitis). It can cause marked disfigurement with prominent facial scarring and permanent hair loss. Most patients remain otherwise in good health but 5-10% may develop systemic lupus erythematosus. Photosensitivity is less apparent than in subacute cutaneous lupus erythematosus.

Exclusions: Systemic lupus erythematosus (4A40.0)

EB51.0 Discoid lupus erythematosus

Discoid lupus erythematosus is characterised by the presence of discoid plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It typically involves the face, ears and scalp, but widespread dissemination may occur. It can cause marked disfigurement with prominent facial scarring and permanent hair loss.

EB51.Y Other specified chronic cutaneous lupus erythematosus

EB5Z **Cutaneous lupus erythematosus of unspecified type**

Scarring or sclerosing inflammatory dermatoses (EB60-EB61.Y)

A group of inflammatory dermatoses limited to skin and mucous membranes and characterised by variable degrees of sclerosis, fibrosis and atrophy.

Coded Elsewhere: Graft-versus-host disease (4B24)

EB60 **Lichen sclerosus**

Lichen sclerosus is a chronic inflammatory dermatosis of unknown aetiology. It affects both women and men of all ages. It is characterised by the development of white, smooth, atrophic plaques on vulval and perianal skin in females and on the prepuce and glans penis in males. It often results in scar formation leading to a narrow introitus or phimosis with impairment of urinary and sexual function. The risk of anogenital squamous cell carcinoma is slightly increased. Less commonly other sites of the skin are affected, either independently or in conjunction with anogenital involvement.

EB60.0 Lichen sclerosus of vulva

Lichen sclerosus of the vulva is an inflammatory disorder of unknown aetiology affecting the skin of the vulva and perianal area. Typically it affects women in the fifth and sixth decades of life though is not uncommon in prepubertal girls. It presents with pruritus, soreness or dyspareunia. The affected skin is white and atrophic, though secondary changes including maceration, purpura and erosion may dominate the clinical picture. In longstanding cases there may be marked shrinkage of the vulva, labial fusion and an increased risk of malignant transformation.

EB60.1 Lichen sclerosus of penis

Lichen sclerosus of the penis develops almost exclusively in uncircumcised males and is the result of chronic occluded contact of susceptible epithelium to urine. It often causes dyspareunia and difficulties with micturition. It manifests typically as a sclerotic phimosis of the prepuce, which it may not be possible to retract, together with inflammation and sclerosis of the mucocutaneous surface of the prepuce and glans penis. Stenosis and occasionally obliteration of the external meatal orifice may occur in severe cases. Although most commonly recognised in adult men it is a common cause of acquired phimosis in boys.

Inclusions: Balanitis xerotica obliterans

EB60.Y Lichen sclerosus of other specified sites

EB61 **Morphoea**

A group of related diseases of poorly understood aetiology affecting principally skin and subcutaneous tissue and characterised by variable fibrosis, sclerosis and cutaneous atrophy.

Coded Elsewhere: Extragenital lichen sclerosus with morphoea (EB60.Y)

Atrophoderma of Pasini and Pierini (EE7Y)

EB61.0 **Plaque morphoea**

The commonest form of morphoea which presents as indurated waxy plaques, often with a violaceous border and commonly affecting the trunk, especially in the submammary folds and around the waist. The cause is unknown. It is commoner in women than men.

Inclusions: Circumscribed scleroderma

EB61.1 **Linear morphoea**

Linear morphoea is a form of morphoea which usually present in childhood or adolescence and is usually unilateral, affecting a limb with a linear induration of skin, subcutis and occasionally underlying muscle and bone. It may also affect the scalp and forehead ("en coup de sabre") producing a depressed scar likened to a healed sabre wound, with sclerosis of the skin and alopecia of affected scalp.

EB61.Y **Other specified forms of morphoea**

EB7Y **Other specified inflammatory dermatoses**

Metabolic and nutritional disorders affecting the skin (EB90-EB9Y)

This group includes dermatoses resulting either from disturbed metabolic processes or from defective nutrition

Coded Elsewhere: Disorders of essential minerals or their metabolism affecting the skin

Disorders of vitamins or their metabolism which may affect the skin

Neonatal nutritional disorders affecting the skin (KC24)

Dermatoses resulting from defective nutrition (5C3Y)

EB90 **Dermatoses resulting from disturbed metabolic processes**

This group comprises dermatoses where abnormal quantities of biological material accumulate in the skin. The effects of such accumulations depend on the particular material involved. Examples include lipid, mucin, amyloid, porphyrins and calcium.

Coded Elsewhere: Tophaceous gout (FA25.20)

Genetic disorders of amino acid metabolism or transport affecting the skin

Cutaneous amyloidosis (5D00.Y)

EB90.0 **Diabetic skin lesions**

Unspecified skin changes attributable to diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

EB90.1 **Cutaneous mucinosis**

Skin disorders characterised by accumulation of mucin in the skin

Coded Elsewhere: Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

EB90.10 Pretibial myxoedema

Pretibial myxoedema is a form of diffuse cutaneous mucinosis in which there is an accumulation of excess glycosaminoglycans, especially hyaluronic acid, in the dermis and subcutis. It is most commonly seen on the shins (pretibial areas) but does occur elsewhere on the lower extremities. It manifests as violaceous or brownish, firm, non-pitting, asymmetrical nodules or plaques or nodules which tend to coalesce to produce extensive areas of induration with a "peau d'orange" (orange peel) appearance.

It is nearly always associated with autoimmune thyroiditis (Graves disease) and may be associated with finger clubbing (acropachy) and exophthalmos (thyroid eye disease).

Coding Note: Code also the causing condition

EB90.11 Lichen myxoedematosus

localised lichen myxedematosus is a group of skin diseases characterised by the development of papules, nodules and/or plaques with mucin deposits and a variable degree of fibrosis in the absence of thyroid disease. The group comprises five sub-forms: nodular lichen myxedematosus, discrete papular lichen myxedematosus, papular mucinosis of infancy, acral persistent papular mucinosis and self-healing papular mucinosis.

EB90.12 Reticular erythematous mucinosis

Reticular erythematous mucinosis comprises areas of reticular infiltrated erythema affecting particularly the upper anterior chest wall. Histologically there is a mucinous and chronic inflammatory cell infiltrate in the dermis. It occurs most frequently in women in middle years of life. The aetiology is not understood though exposure to sunlight may play a part.

EB90.1Y Other specified forms of cutaneous mucinosis

EB90.2 **Cutaneous and subcutaneous xanthomata**

An abnormal accumulation of lipid in the skin or soft tissues, most frequently due to an associated dyslipidaemia.

Exclusions: Benign cephalic histiocytosis (EE81)

EB90.20 Plane xanthoma

Plane (planar) xanthomata are flat cutaneous xanthomata and contrast with eruptive and tuberous xanthomata which present as papules and nodules. They are often completely macular but may develop into elevated plaques. The commonest type is the xanthelasma of the eyelid but also included is the palmar xanthoma and a less common widespread form, diffuse plane xanthoma, which may be mimicked by a clinically similar disorder associated with paraproteinaemia, diffuse normolipidaemic plane xanthomastosis.

Coding Note: Code also the causing condition

Coded Elsewhere: Xanthelasma of eyelid (9A06.4)

EB90.21 Tuberous xanthoma

Tuberous xanthomas are firm yellow-red nodules that occur over sites of pressure: they usually indicate the presence of hyperlipidaemia type 3 (Type III hyperlipoproteinaemia). They start as small xanthomas, usually over the extensor aspects of the elbows and knees, but can develop into quite exuberant exophytic lesions several centimetres in diameter and height. They can develop over other pressure sites particularly the heels and plantar surfaces of the feet.

Coding Note: Code also the causing condition

EB90.22 Eruptive xanthoma

Eruptive xanthomata manifest as crops of small yellow papules which erupt in large numbers over extensor surfaces, particularly the buttocks, back, legs and arms. They are associated with severe hypertriglyceridaemia and may be associated with uncontrolled diabetes mellitus.

Coding Note: Code also the causing condition

EB90.23 Tendinous xanthoma

Tendinous xanthomata manifest most commonly as subcutaneous nodules attached to the extensor tendons over the knuckles or the Achilles tendon, though other tendons can sometimes be affected. They are most frequently seen in familial hypercholesterolaemia but may also be associated with secondary hypercholesterolaemia due to prolonged cholestasis.

Coding Note: Code also the causing condition

EB90.24 Xanthoma due to specified disorder of lipid metabolism

Lipid accumulations in the skin and soft tissues resulting from disordered lipid metabolism.

Coding Note: Code also the causing condition

EB90.2Z Cutaneous and subcutaneous xanthomata of unspecified type

EB90.3 **Porphyria or pseudoporphyria affecting the skin**

Skin disorders resulting from or simulating disorders due to certain disorders of porphyrin metabolism.

Coded Elsewhere: Porphyria cutanea tarda (5C58.10)

Variegate porphyria (5C58.13)

Erythropoietic porphyrias (5C58.12)

EB90.30 Pseudoporphyria

The development of blistering of exposed skin on the extremities resembling porphyria cutanea tarda without demonstrable abnormalities of porphyrin metabolism.

EB90.3Y Other specified porphyria or pseudoporphyria affecting the skin

EB90.4 **Calcification of skin or subcutaneous tissue**

A heterogeneous group of disorders which result in deposition of calcium in skin and soft tissues.

EB90.40 Dystrophic calcification of the skin of uncertain or unspecified aetiology

Abnormal deposition of calcium in the skin and subcutaneous tissues of unknown (idiopathic) or unspecified cause.

Coded Elsewhere: Scrotal calcinosis (GA81.Y)

EB90.41 Calcific panniculitis

Calcific panniculitis presents as discrete, firm subcutaneous masses, often affecting the thighs and hips. It is strongly associated with hyperparathyroidism, particularly in the context of chronic renal failure. It may occur in conjunction with but is clinically distinct from calcific arteriolopathy (calciphylaxis).

EB90.42 Calcific arteriolopathy

Calcific arteriolopathy (calciphylaxis) is a life-threatening vasculopathic disorder characterised by painful cutaneous ischaemia and infarction due to calcification, intimal fibroplasia, and thrombosis of subcutaneous arterioles. It is most commonly associated with end-stage kidney disease or renal transplantation, particularly in the context of longstanding diabetes mellitus. Affected skin, commonly on the hips and thighs, appears mottled, grey and devitalized before progressing to full thickness infarction and deep ulceration. These changes may be accompanied by indurated subcutaneous plaques indicating an underlying calcifying panniculitis. The condition may be but is not always associated with hyperparathyroidism or an elevated calcium-phosphate product.

Inclusions: Calciphylaxis

EB90.4Y Other specified calcification of skin or subcutaneous tissue

EB9Y **Other specified metabolic and nutritional disorders affecting the skin**

Genetic and developmental disorders affecting the skin (EC10-EC7Y)

A large group of disorders, some limited to the skin but many involving other organ systems, due to heritable genetic defects, chromosomal abnormalities or embryofetal developmental anomalies.

Coded Elsewhere: Chromosomal disorders affecting the skin

DNA instability syndromes affecting the skin

Genetic disorders of adipose tissue or lipid metabolism affecting the skin

Genetic disorders of amino acid metabolism or transport affecting the skin

Sphingolipidoses with skin manifestations

Genetic hamartoneoplastic syndromes affecting the skin (LD27.5)

Variegate porphyria (5C58.13)

Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Acrodermatitis enteropathica (5C64.20)

Monogenic autoinflammatory syndromes (4A60)

Chronic mucocutaneous candidosis (1F23.14)

Congenital anomalies of skin development (LC60-LC60)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Developmental defects of hair or nails (LC30-LC31)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Genetic syndromes affecting the skin (EC10-EC1Y)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Ectodermal dysplasia syndromes (LD27.0)

Syndromes with premature ageing appearance as a major feature (LD2B)

EC10 Genetic syndromes with poikiloderma

Hereditary syndromes in which poikiloderma (cutaneous pigmentation, atrophy and telangiectasia) is a conspicuous feature.

Coded Elsewhere: Cockayne syndrome (LD2B)

Rothmund-Thomson syndrome (LD2B)

Hereditary acrokeratotic poikiloderma, Weary type (LD27.Y)

Kindler syndrome (LD2B)

Bloom syndrome (4A01.31)

Dyskeratosis congenita (3A70.0)

EC1Y Other specified genetic syndromes affecting the skin

EC20 **Genetic disorders of keratinisation**

Heritable disorders characterised by abnormal epidermal keratinization. They include the ichthyoses and palmoplantar keratodermas.

Coded Elsewhere: Syndromic ichthyosis (LD27.2)

Keratosis pilaris (ED56)

EC20.0 **Non-syndromic ichthyosis**

Hereditary ichthyoses with clinical manifestations limited to the integument.

EC20.00 Ichthyosis vulgaris

Ichthyosis vulgaris accounts for 95% of all cases of hereditary ichthyosis. It is an autosomal dominant condition due to filaggrin gene mutations. At birth the skin may appear normal but it gradually becomes dry, rough and scaly, with most signs and symptoms appearing by the age of 5. Ichthyosis vulgaris can affect all parts of the skin surface including the face and scalp though the limb flexures are usually spared. Hyperlinearity of the palms is a characteristic feature. It is closely associated with the development of atopic eczema.

EC20.01 X-linked ichthyosis

X-linked ichthyosis is an X-linked recessive genodermatosis associated with steroid sulfatase deficiency and elevated plasma cholesterol sulfate. generalised scaling is present at or shortly after birth, most prominently over the extremities, neck, trunk, and buttocks. It occurs only in males and may be associated with testicular disease and corneal opacities.

EC20.02 Autosomal recessive congenital ichthyosis

A heterogeneous group of genetically-determined ichthyoses with autosomal recessive inheritance.

EC20.03 Keratinopathic ichthyoses

Heritable ichthyoses resulting from mutations in keratin genes.

EC20.0Y Other specified or unclassifiable non-syndromic ichthyosis

EC20.1 **Hereditary skin peeling**

A group of uncommon heritable disorders characterised by abnormal skin peeling

EC20.2 **Hereditary acantholytic dermatoses**

A group of heritable disorders characterised by epidermal acantholysis and loss of epidermal integrity.

EC20.3 **Hereditary palmoplantar keratodermas**

Heritable disorders of keratinisation of the skin of the palms and soles.

EC20.30 Diffuse palmoplantar keratodermas

Palmoplantar keratoderma in which there is confluent epidermal thickening affecting the palms and soles.

Coded Elsewhere: Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

EC20.31 Focal palmoplantar keratodermas

Palmoplantar keratoderma in which there is focal epidermal thickening with areas of normal intervening palmar and plantar skin.

Coded Elsewhere: Tyrosinaemia type 2 (5C50.12)

EC20.32 Papular palmoplantar keratodermas

Palmoplantar keratoderma characterised by the presence of multiple small discrete hyperkeratotic papules involving palmar and plantar skin.

EC20.3Z Hereditary palmoplantar keratoderma of unspecified type

EC20.Y **Other specified genetic disorders of keratinisation**

EC21 Genetic defects of hair or hair growth

Coded Elsewhere: Genetic syndromes with hypertrichosis (LD27.3)

EC21.0 **Genetic defects of the hair shaft**

Exclusions: Menkes' kinky hair syndrome (5C64.0)

EC21.1 **Genetic syndromes with abnormalities of the hair shaft**

Coded Elsewhere: Bamforth-Lazarus syndrome (5A00.0Y)

Cartilage-hair hypoplasia (LD27.0Y)

Netherton syndrome (LD27.2)

Woolly hair – palmoplantar keratoderma – dilated cardiomyopathy (BC43.6)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Menkes disease (5C64.0Y)

Curly hair – ankyloblepharon – nail dysplasia syndrome (LD27.0Y)

EC21.2 **Hereditary alopecia or hypotrichosis**

Genetically-determined absence or sparsity of hair.

EC21.3 **Genetic syndromes with alopecia or hypotrichosis**

Hereditary syndromes in which sparse or absent hair is a component

Coded Elsewhere: Argininosuccinic aciduria (5C50.A0)

Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)

Ichthyosis – hypotrichosis syndrome (LD27.2)

Neonatal sclerosing cholangitis – ichthyosis – hypotrichosis syndrome (DB96.2Y)

Odonto-onycho-dermal dysplasia (LD27.0Y)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Autosomal dominant palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Autosomal recessive palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Alopecia - contractures - dwarfism - intellectual deficit (LD27.0Y)

Alopecia – psychomotor epilepsy – periodontal pyorrhoea – intellectual disability syndrome (LD90.Y)

Cataract - alopecia - sclerodactyly (LD27.0Y)

Odonto-onycho dysplasia - alopecia (LD27.0Y)

Schöpf-Schulz-Passarge syndrome (LD27.0Y)

Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)

EC21.4 **Genetically-determined hypertrichosis**

Increased non-androgen-dependent hair growth due to genetic abnormality

Coded Elsewhere: Hypertrichosis lanuginosa congenita (LD27.0Y)

Congenital generalised hypertrichosis (LD27.0Y)

X-linked dominant congenital generalised hypertrichosis (LD27.0Y)

Familial isolated trichomegaly (LD27.0Y)

EC21.Y **Other specified genetic defects of hair or hair growth**

EC22 Genetic defects of nails or nail growth

Coded Elsewhere: Genetic syndromes affecting nails (LD27.4)

EC22.0 **Inherited deformities of nails**

Genetically-determined abnormalities of nail development.

EC23 Genetic disorders of skin pigmentation

Genetic disorders of the skin characterised by disordered pigmentation, including albinism and inherited forms of lentiginosis.

EC23.0 **Non-syndromic genetically-determined hypermelanosis or lentiginosis**

EC23.1 **Syndromic genetically-determined hypermelanosis or lentiginosis**

Coded Elsewhere: Peutz-Jeghers syndrome (LD2D.0)
Incontinentia pigmenti (LD27.00)
Neurofibromatoses (LD2D.1)
Arterial dissection - lentiginosis (BD50.Z)
McCune-Albright syndrome (FB80.0)
LEOPARD syndrome (LD2F.1Y)
Carney complex (5A70.Y)
Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)
Legius syndrome (LD27.5)

EC23.2 **Albinism or other specified genetically-determined hypomelanotic disorders**

A large group of heritable disorders in which cutaneous melanin production is reduced or absent, mainly as the result of defects in enzymes required for normal melanin biosynthesis.

Coded Elsewhere: Ocular albinism (9E1Y)

EC23.20 Oculocutaneous albinism

Oculocutaneous albinism is a genetically heterogeneous congenital disorder characterised by decreased or absent pigmentation in the hair, skin, and eyes.

EC23.2Y Other specified genetically-determined hypomelanotic disorders

EC23.Y **Other specified genetic disorders of skin pigmentation**

Genetically-determined epidermolysis bullosa (EC30-EC3Z)

Epidermolysis bullosa (EB) is the name given to a heterogeneous group of blistering disorders which in the majority of cases are due to genetically-determined defects in structural proteins of the epidermis and dermo-epidermal junction. The genetic forms are to be distinguished from the immunobullous disorder, epidermolysis bullosa acqiusita (qv).

Exclusions: Epidermolysis bullosa acquisita (EB43)

EC30 Epidermolysis bullosa simplex

Epidermolysis bullosa simplex is the name given to a heterogeneous group of genetically-determined defects in epidermal cell-cell adhesion. These give rise to blistering in response to frictional and shearing stresses.

EC31 Junctional epidermolysis bullosa

Junctional (lucidolytic) epidermolysis bullosa is due to defects at the level of the lamina lucida of the epidermal basement membrane. The generalised severe form (Herlitz) is associated with widespread mucosal involvement of internal organs and has a high mortality in infancy.

EC32 **Dystrophic epidermolysis bullosa**

Dystrophic (dermolytic) epidermolysis bullosa is due to defects in or absence of type VII collagen. As a result the anchoring fibrils which secure the epidermal basement membrane to the dermis are defective or absent. The severe recessive form causes extensive scarring and predisposes to aggressive squamous cell carcinoma.

EC33 **Syndromic epidermolysis bullosa**

A small group of disorders including Kindler syndrome in which skin blistering is associated with other defects.

Coded Elsewhere: Kindler syndrome (LD2B)
Ectodermal dysplasia – skin fragility syndrome (EC30)
Skin fragility-woolly hair syndrome (EC21.1)

EC3Z **Epidermolysis bullosa**

Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

A heterogeneous group of disorders due to genetically-determined abnormalities of dermal structural proteins including collagen and elastin.

Coded Elsewhere: Ehlers-Danlos syndrome (LD28.1)
Marfan syndrome (LD28.01)
Genetically-determined cutis laxa (LD28.2)
Familial cutaneous collagenoma (LC2Y)

EC40 **Pseudoxanthoma elasticum**

Pseudoxanthoma elasticum (PXE) is an inherited connective tissue disorder characterised by progressive calcification and fragmentation of elastic fibres in the skin, retina, and arterial walls.

EC4Y **Other specified genetic disorders affecting dermal matrix proteins**

Specified developmental anomalies affecting the skin (EC50-EC5Y)

Coded Elsewhere: Structural developmental anomalies of eyelids (LA14.0)
Structural developmental anomalies of mouth or tongue (LA31)
Facial clefts (LA51)
Minor anomalies of pinnae (LA21)
Amniotic bands (LD2F.1Y)

EC50 **Developmental anomalies of the umbilicus**

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)
Umbilical sinus (LB03.Y)
Umbilical vitelline cyst or remnants (LB03.Y)
Subcutaneous vitelline cyst or remnants (LB03.Y)

EC5Y **Other specified developmental anomalies affecting the skin**

EC7Y **Other specified genetic and developmental disorders affecting the skin**

Sensory and psychological disorders affecting the skin (EC90-ED3Y)

A group of skin disorders due to disturbances of cutaneous sensation including pruritus and pain, psychological disorders including artefact and delusional states, and dermatoses resulting from nerve damage and other neurological conditions.

Disturbances of cutaneous sensation (EC90-EC9Y)

This group includes dermatoses associated with itch, pain and other disturbances of cutaneous sensation.

Coded Elsewhere: Lichen simplex (EA83.0)

EC90 **Pruritus**

An intense itching sensation that produces the urge to rub or scratch the skin to obtain relief.

Exclusions: neurotic excoriation (6B25.1)

Coded Elsewhere: Pruritus of pregnancy (JA65.11)

EC90.0 **Pruritus due to skin disorder**

Pruritus due to skin disorder, especially those such as xerosis cutis or psoriasis where itch may occur but is not an inherent component of the disorder.

EC90.1 **Pruritus due to systemic disorder**

Pruritus due to underlying systemic disorder such as renal failure or cholestatic jaundice.

Coded Elsewhere: HIV-associated pruritus (EL3Y)

Paraneoplastic pruritus (EL1Y)

EC90.10 Uraemic pruritus

Pruritus in patients with chronic renal failure. Although common in untreated chronic kidney disease, it is particularly prevalent in patients receiving peritoneal or haemodialysis. The itch is not due to elevated serum urea levels. The precise mechanisms are not fully understood.

EC90.11 Cholestatic pruritus

Pruritus due to defective elimination of bile.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

EC90.12 Haemodialysis-associated pruritus

generalised pruritus attributable to haemodialysis rather than to chronic kidney disease. The causes are not well understood.

EC90.1Y Pruritus due to other specified systemic disorder

EC90.2 **Drug-induced pruritus**

Pruritus attributable to drugs, in particular opioids.

EC90.3 **Pruritus due to neurological disorder**

Pruritus resulting from damage or irritation of sensory nerves or their central connections.

EC90.4 **Psychogenic pruritus**

Chronic episodic pruritus in the absence of an identifiable organic cause and typically associated with stress and/or depression.

EC90.5 **Anogenital pruritus**

Persistent itching of the perianal skin and/or external genitalia.

Coded Elsewhere: Penoscrotal pruritus (GA81.0)

Vulval pruritus (GA42.0)

Anal pruritus (EG60)

EC90.6 **Pruritus of unknown cause**

Pruritus without identifiable cause despite thorough investigation.

EC90.Y **Pruritus of other specified type or aetiology**

EC90.Z **Pruritus, unspecified**

EC91 Prurigo

Prurigo is a cutaneous reaction pattern due to chronic scratching of itchy skin. It is characterised by widespread, symmetrically distributed, itchy, excoriated papules and nodules with focal epidermal acanthosis and hyperkeratosis on histology.

Coded Elsewhere: HIV-associated papular pruritic eruption (EL3Y)

EC91.0 **Nodular prurigo**

A chronic highly pruritic dermatosis of poorly understood aetiology which presents with multiple warty nodules on the skin, particularly on the limbs. Exudation, crusting and scale result from repeated scratching.

EC91.1 **Atopic prurigo**

A clinical variant of atopic eczema characterised by multiple discrete itchy, often excoriated papules, particularly on the limbs.

Coded Elsewhere: Childhood atopic eczema, prurigo pattern (EA80.1)

Adult atopic eczema, prurigo pattern (EA80.2)

EC91.Z **Prurigo, unspecified**

EC92 Mucocutaneous or cutaneous pain syndromes

A range of chronic focal pain disorders affecting skin or mucosal sites, with a predilection for the orocervical and urogenital regions. They are diagnoses of exclusion and should be made only when no other explanation for the symptoms can be found. They are frequently associated with severe psychological distress.

Coded Elsewhere: Burning mouth syndrome (DA0F.0)

Vulvodynia (GA34.02)

EC92.0 **Penoscrotodynia**

An uncommon but distressing somatoform disorder affecting men in which there is a clear and precise complaint of genital pain and/or a skin burning sensation or which no underlying cause can be found.

EC92.1 **Scalp dysaesthesia**

An uncommon but distressing somatoform disorder in which there is a clear and precise complaint of scalp pain or burning sensation for which no underlying cause can be found.

EC9Y **Other specified disturbances of cutaneous sensation**

Psychological or psychiatric conditions affecting the skin (ED00-ED2Y)

This group includes cutaneous artefacts and disorders of cutaneous image and perception including delusional states and body dysmorphic disorder.

Coded Elsewhere: Olfactory reference disorder (6B22)

Body dysmorphic disorder (6B21)

Somatic delusion directed at the skin (MB26.09)

Self-inflicted skin disorders (ED00-ED0Y)

This heterogeneous group of disorders all result from self-inflicted skin injury or pathomimicry directly induced either by psychopathological behaviour or by intentional deception.

Coded Elsewhere: Body-focused repetitive behaviour disorders (6B25)

Trichotillomania (6B25.0)

Self-inflicted hair-damaging disorder (6B25.Y)

ED00 **Artefactual skin disorder**

Artefactual skin disorder encompasses a diverse range of self-inflicted skin injuries that are provoked by mechanical means or by the application or injection of chemical irritants or caustics. They may simulate other dermatoses but usually have a distinctive, geometric, bizarre configuration which cannot be otherwise explained.

Inclusions: Dermatitis artefacta

Exclusions: Excoriation disorder (6B25.1)

Factitious disorders (6D50-6D5Z)

Malingering (QC30)

Coded Elsewhere: Artefactual panniculitis (EF00.Y)

ED01 **Simulated skin disease**

Simulated skin disease can present in a variety of ways such as application of glue, dyes or make-up to the skin (particularly by children or adolescent girls) and is usually though not always readily recognised for what it is. The motivation for the simulation can vary but may point to some form of psychopathology or may be purely experimentation.

Exclusions: Factitious disorders (6D50-6D5Z)

Malingering (QC30)

ED02 **Painful bruising syndrome**

Painful bruising syndrome (Gardner-Diamond syndrome, autoerythrocyte sensitization, psychogenic purpura) is a rare and poorly understood clinical presentation of unexplained painful ecchymoses, mostly on the extremities and/or the face. It has been associated with emotional stress or one or more concomitant mental illnesses.

ED0Y **Other specified self-inflicted skin disorders**

ED2Y **Other specified psychological or psychiatric conditions affecting the skin**

Neurological conditions affecting the skin (ED30-ED3Y)

Skin conditions resulting from degeneration of or damage to the nervous system

Coded Elsewhere: Pruritus due to neurological disorder (EC90.3)

Hereditary sensory or autonomic neuropathy (8C21)

ED30 **Neuropathic skin damage**

Skin changes attributable entirely or in part to sensory or autonomic nerve damage.

ED30.0 Neuropathic skin ulceration

Ulceration of the skin resulting from impairment of pain sensation due to sensory nerve dysfunction.

Inclusions: Neuropathic ulcer

Coded Elsewhere: Neuropathic skin ulceration due to leprosy (1B20.3)

ED30.Y Other specified neuropathic skin damage

ED31 **Burning feet syndrome**

Burning feet syndrome is thought to be due to a specific autonomic neuropathy affecting predominantly small fibre cholinergic nerves. It is characterised by an uncomfortable burning sensation on the feet, often accentuated by heat or cold. It may be sporadic, familial or associated with diabetes mellitus.

ED3Y **Cutaneous involvement in other specified neurological condition**

Skin disorders involving specific cutaneous structures (ED50-EG02)

Disorders of the epidermis and epidermal appendages (ED50-EE21)

This group incorporates skin disorders involving principally the epidermis, including abnormalities of keratinization and pigmentation, and the epidermal appendages, namely the hair follicular unit (hair, hair follicle, sebaceous gland, apocrine duct and apocrine gland), the eccrine sweat gland apparatus (eccrine duct and gland) and the nail apparatus.

Disorders of epidermal keratinisation (ED50-ED5Y)

This group incorporates dermatoses characterised by scaling (ichthyoses and hyperkeratoses), epidermal thickening (acanthoses and keratodermas), loss of cohesion (acantholytic dermatoses and skin peeling) or xeroderma.

Coded Elsewhere: Hereditary acantholytic dermatoses (EC20.2)

ED50 **Ichthyoses**

Genetically-determined and acquired disorders of epidermal keratinization characterised by diffuse scaling and/or thickening of the stratum corneum.

Coded Elsewhere: Non-syndromic ichthyosis (EC20.0)

Syndromic ichthyosis (LD27.2)

Hereditary ichthyosis (EC20.Y)

ED50.0 Acquired ichthyosis

Acquired ichthyosis resembles autosomal dominant ichthyosis vulgaris but develops in adult life in individuals without a previous history of ichthyosis. It may be caused by certain drugs but when associated with underlying malignancy (i.e. paraneoplastic) it is strongly associated with Hodgkin lymphoma and may be the presenting sign of that disease. It may less commonly be associated with other lymphoid neoplasms or solid tumours.

Exclusions: Hereditary ichthyosis (EC20)

Coded Elsewhere: Paraneoplastic acquired ichthyosis (EL10)

ED50.Z Ichthyosis of unspecified type

ED51 **Diffuse epidermal hyperkeratosis and acanthosis**

Conditions characterised by diffuse thickening of the horny and/or spinous layers of the epidermis.

ED51.0 Acanthosis nigricans

Acanthosis nigricans is characterised by dark, thick, velvety skin in body folds and creases. It is most commonly encountered in association with obesity and type 2 diabetes though may be a component of a number of genetic syndromes. Hyperinsulinaemia and insulin resistance are important underlying factors. Acanthosis nigricans may rarely be due to underlying malignancy (paraneoplastic acanthosis nigricans).

Coded Elsewhere: Paraneoplastic acanthosis nigricans (EL10)

ED51.00 Benign acanthosis nigricans

Benign acanthosis nigricans is a thickening and pigmentation affecting predominantly flexural skin, especially the neck, axillae and groins. It is thought to be due to high concentrations of insulin binding to insulin-like growth factor receptors, with resultant keratinocyte proliferation. It is strongly associated with insulin resistance and obesity. Type 2 diabetes and the metabolic syndrome are commonly associated.

Exclusions: Paraneoplastic acanthosis nigricans (EL10)

ED51.0Y Other specified acanthosis nigricans

ED51.0Z Acanthosis nigricans, unspecified

ED51.Y **Other specified hyperkeratotic and acanthotic dermatoses**

ED52 Porokeratoses

Porokeratoses result from a clonal disorder of keratinization. They are characterised by one or more atrophic patches surrounded by a clinically and histologically distinctive ridged hyperkeratotic border (cornoid lamella). Multiple clinical variants of porokeratosis are recognised.

ED53 Skin peeling

A range of hereditary and acquired disorders characterised by an increased tendency to superficial skin peeling.

Coded Elsewhere: Hereditary skin peeling (EC20.1)

ED54 Xerosis cutis or asteatosis

Dryness of the skin surface commonly due to defatting of the epidermis by excessive exposure to soaps and detergents or desiccation from prolonged exposure to low ambient humidity. It occurs most commonly in the elderly and is seen particularly on the lower legs. It is a major cause of pruritus in the elderly. In more severe cases the skin may become inflamed (asteatotic eczema).

Coded Elsewhere: Asteatotic eczema (EA84)

Xerosis cutis due to leprosy (1B20.3)

ED55 Palmoplantar keratodermas

A range of genetic and acquired disorders in which there is thickening of the epidermal keratin of the skin of the palmar surfaces of the hands and plantar surfaces of the feet.

Coded Elsewhere: Hereditary palmoplantar keratodermas (EC20.3)

ED55.0 **Acquired palmoplantar keratodermas**

Exclusions: inherited keratosis palmaris et plantaris (EC50-EC5Y)

Coded Elsewhere: Arsenical keratosis (EK90.Y)

ED55.Z **Palmoplantar keratoderma, unspecified**

ED56 **Keratosis pilaris**

Keratosis pilaris is a very common abnormality of keratinization characterised by keratinous plugging of follicular orifices with varying degrees of perifollicular erythema. It is seen in up to half of normal children and in three quarters of children with ichthyosis vulgaris. The sides of the face and the extensor surfaces of the upper arms are sites of predilection. Autosomal dominant inheritance can often be demonstrated. In some variants atrophy or pigmentation may be more prominent than keratosis.

ED5Y **Other specified disorders of epidermal keratinisation**

Disorders of skin colour (ED60-ED6Y)

This group includes not only abnormalities of melanin pigmentation (e.g. vitiligo and melasma) but also skin colour changes due to other pigments (e.g. carotenaemia and argyria).

Coded Elsewhere: Genetic disorders of skin pigmentation (EC23)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Late lesions of pinta (1C1E.2)

Pigmentary abnormalities of skin due to drug (EH70)

ED60 **Acquired hypermelanosis**

Increased melanin pigmentation of the skin resulting from disease or from other stimuli including ultraviolet radiation and hormones.

Coded Elsewhere: Drug-induced hypermelanosis (EH70)

Labial melanin incontinence (DA00.2)

Oral melanin incontinence (DA01.Y)

Occupational melanosis (EK5Y)

ED60.0 **Physiological hypermelanosis**

The response of normal skin to exposure to natural or artificial ultraviolet radiation.

ED60.00 Suntan

Increased melanin pigmentation of the skin as a result of exposure to natural sunlight.

ED60.01 Tanning due to exposure to artificial sources of ultraviolet radiation

Increased melanin pigmentation as a result of deliberate (sunbeds and tanning booths) or unintentional exposure to UV.

Exclusions: Burn from exposure to artificial source of ultraviolet radiation (EJ41)

ED60.1 **Melasma**

A common condition of incompletely understood aetiology characterised by patchy melanin pigmentation of the malar prominences, forehead and perioral skin. The pigmentation is exacerbated by sun exposure. Melasma is common in pregnancy and in women taking oral contraceptive preparations; it may, however, also be seen in men.

ED60.2 **Postinflammatory hypermelanosis**

Melanin pigmentation of the skin resulting from preceding cutaneous inflammation, particularly when this is centred on the dermo-epidermal junction as in lichen planus. Damage to melanocytes results in release of melanin into the dermis (pigmentary incontinence).

ED60.Y **Hypermelanosis of other specified aetiology**

ED60.Z **Hypermelanosis of unspecified aetiology**

ED61 Acquired melanotic macules or lentigines

Acquired discrete macules and flat patches of melanin skin pigmentation including freckles and lentigines.

Coded Elsewhere: Actinic lentigo (EJ20.1)

Actinic lentiginosis (EJ20.2)

PUVA lentiginosis (EM0Y)

ED61.0 **Freckles**

The presence of multiple ephelides (ephelis = freckle) as is commonly seen in sun-exposed skin of individuals with phototype I (sun-sensitive) skin. They occur as a profusion of light brown macules, particularly on the face and upper extremities, and become more prominent after sun exposure. In contrast to lenitigines there is no keratinocyte proliferation histologically.

ED61.1 **Mucosal melanosis**

Abnormal pigmentation of the mucous membranes

Coded Elsewhere: Labial melanotic macule (DA00.2)

Melanotic macule of oral mucosa (DA01.Y)

ED61.10 Penile melanotic macule

Discrete circumscribed area of macular hypermelanosis affecting the glans penis or the shaft of the penis. These are much commoner than melanoma of the penis but may be clinically suspected to be melanoma and thus require biopsy. By definition the cause is unknown.

ED61.11 Vulval melanotic macule

Benign genital melanosis affecting the vulva.

ED61.1Y Other specified mucosal melanosis

ED61.Y **Other specified acquired melanotic macules or lentigines**

ED62 Endogenous non-melanin pigmentation

Pigmentation of the skin resulting from endogenous pigments other than melanin. The most important of these is haemosiderin.

Coded Elsewhere: Endogenous ochronosis (5C50.10)

ED62.0 **Haemosiderin pigmentation of skin**

Dermal haemosiderin deposition causes a yellowish-brown or bronze discolouration of the skin. The deposition may be focal as seen following repeated extravasation of red blood cells (e.g. in association with venous hypertension or chronic vasculitis) or from generalised iron overload (e.g. haemochromatosis). Haemosiderin may stimulate melanogenesis and thus the colour is due to variable proportions of haemosiderin and melanin.

Coded Elsewhere: Hereditary haemochromatosis (5C64.10)

ED62.Y **Other specified endogenous non-melanin pigmentation**

ED63 **Acquired hypomelanotic disorders**

Acquired disorders characterised by diminution or loss of pigment from the skin. The most important of these is vitiligo.

ED63.0 **Vitiligo**

Vitiligo is an acquired pigmentary disorder of the skin and mucous membranes where progressive destruction of melanocytes results in loss of skin pigmentation. Half of all cases first appear before the age of 20. The clinical course is unpredictable but gradual extension of the areas involved is the norm. The disease may have a devastating psychological impact, particularly in people with dark skin.

Coded Elsewhere: Vitiligo of eyelid or periocular area (9A06.1)

ED63.1 **Hypomelanosis due to exposure to chemicals**

Loss of skin pigment due to exposure to depigmenting agents such as hydroquinone, which is frequently employed as a cosmetic skin lightener, and industrial chemicals such as 4-tert-butylcatechol (PTBC) and para-substituted phenols (PSP).

Coded Elsewhere: Occupational leukoderma (EK5Y)

ED63.2 **Postinflammatory hypomelanosis**

A reduction in skin pigmentation apparent following the resolution of skin inflammation. This may be from an inflammatory dermatosis such as dermatitis or lichen planus or may follow trauma or interventional procedures. The loss of pigment may cause significant psychological distress in dark-skinned individuals but in most cases is temporary.

Exclusions: Postinfective hypomelanosis (ED63)

ED63.3 **Vogt-Koyanagi-Harada syndrome**

Coded Elsewhere: Vogt-Koyanagi-Harada syndrome-associated anterior uveitis (9A96.1)

Posterior uveitis due to Vogt Koyanagi Harada syndrome (9B65.0)

ED63.Y **Acquired hypomelanosis due to other specified disorder**

ED63.Z **Acquired hypomelanosis of unknown or unspecified aetiology**

ED64 **Abnormal skin pigmentation**

Abnormal skin pigmentation without specification of type or cause.

ED6Y **Other specified disorders of skin pigmentation**

Disorders of hair (ED70-ED7Y)

Coded Elsewhere: Genetic defects of hair or hair growth (EC21)

Developmental defects of hair or hair growth (LC30)

Trichotillomania (6B25.0)

Drug-induced hair abnormalities (EH72)

Self-inflicted hair-damaging disorder (6B25.Y)

ED70 Alopecia or hair loss

Disorders characterised by abnormal temporary or permanent loss of hair, particularly from the scalp and beard.

Coded Elsewhere: Madarosis of eyelid or periocular area (9A04.1)

ED70.0 Male pattern hair loss

Male pattern hair loss (common baldness; male androgenetic alopecia) is the result of a progressive, patterned hair loss mediated by exposure to androgens. Although over 90% of men demonstrate some degree of frontoparietal recession of the hairline by the age of 20, the extent of hair loss is genetically determined and only 30% of men ever develop extensive hair loss.

Inclusions: Common balding

ED70.1 Female pattern hair loss

Female pattern hair loss differs from male pattern hair loss not only in being generally less pronounced than in men but also by the fact that the normal frontal hair line is usually preserved. A quarter of women will develop clinically detectable pattern hair loss by the age of 70. In the majority of cases it can be attributed to the effects of androgens.

ED70.2 Alopecia areata

A microscopically inflammatory, usually reversible, patchy hair loss occurring in sharply defined areas and usually involving the beard or scalp

ED70.20 Patchy alopecia areata of scalp

The commonest form of alopecia areata in which one or more usually circular patches of scalp hair loss develop.

ED70.21 Alopecia totalis

Alopecia totalis is a form of alopecia areata in which hair loss extends to the entire scalp

ED70.2Y Other specified forms of alopecia areata

ED70.2Z Alopecia areata, unspecified

ED70.3 **Telogen effluvium**

Increased shedding of telogen hairs from the scalp. There are numerous triggers of which severe systemic illness and pregnancy are important examples.

Coded Elsewhere: Drug-induced telogen hair loss (EH72.00)

ED70.30 Acute telogen effluvium

Acute telogen effluvium is an acute-onset scalp hair loss that occurs two to three months after a triggering, often life-threatening, stress which interrupts normal anagen hair growth. It is commonly seen in survivors who have required intensive care for severe sepsis, blood loss, inflammatory disease or trauma. It may also result from acute starvation. Large numbers of anagen hairs are converted to telogen and are shed two to three months later resulting in a diffuse alopecia.

ED70.31 Postpartum telogen effluvium

A physiological phenomenon in which diffuse hair loss occurs two to three months following parturition. It is due to a postponement of the normal cyclical conversion of anagen hairs to telogen during pregnancy. After parturition a large number of anagen hairs are converted simultaneously to telogen and shed two to three months later. Normal hair cycling is then resumed.

ED70.3Y Telogen hair shedding due to other specified cause

ED70.4 **Anagen effluvium**

Anagen effluvium occurs after any insult to the hair follicle that impairs its mitotic or metabolic activity. Patients present with diffuse hair loss after an exposure to drugs or toxic chemicals. Chemotherapeutic agents are most commonly responsible for hair loss. The most severe hair loss occurs in association with doxorubicin, the nitrosoureas, and cyclophosphamide. Hair loss usually begins 7-14 days after a single pulse of chemotherapy. The hair loss is clinically most apparent after 1-2 months.

Coded Elsewhere: Drug-induced anagen effluvium (EH72.01)

ED70.5 **Scarring alopecia**

Hair loss in which there is irreversible damage to the hair follicle from inflammation, infection malignant infiltration or trauma, resulting in destruction of the follicle and repair by fibrosis. Regeneration does not occur once the follicle has been destroyed.

Inclusions: Cicatricial alopecia

Exclusions: Lichen planopilaris (EA91.2)

ED70.50 Folliculitis decalvans

Folliculitis decalvans is characterised by the progression of scalp folliculitis to extensive inflammation, follicular destruction and scarring. In a variant called tufted folliculitis the hairs become clumped into tufts containing a dozen or more hairs. In contrast to the course in the vast majority of people who develop a bacterial pustular folliculitis of the scalp, individuals with folliculitis decalvans appear unable to eradicate Staphylococcus aureus from the hair follicle even with appropriate antibiotic therapy. Recurrent pustulation with surrounding inflammation and scaling leads to extensive permanent scarring and loss of hair.

ED70.51 Dissecting cellulitis

Dissecting cellulitis is a destructive inflammatory disorder of the scalp characterised by widespread perifolliculitis with dermal abscess and sinus tract formation and extensive scarring. It occurs predominantly in black males aged between 18 and 40 years. It may be associated with hidradenitis suppurativa and acne conglobata (follicular occlusion triad), and with pilonidal sinus. Painful swellings develop around the vertex of the scalp and coalesce to form irregular undulating oedematous ridges and furrows. With time an extensive network of sinuses discharging pus may develop. Progressive scarring and permanent alopecia ensue.

Coded Elsewhere: Follicular occlusion syndrome (ED80.41)

ED70.5Y Scarring alopecia due to other specified cause

ED70.5Z Scarring alopecia of unknown or unspecified aetiology

ED70.Y **Other specified alopecia or hair loss**

ED70.Z **Alopecia, unspecified**

ED71 Hypertrichosis

Exclusions: congenital hypertrichosis (9B70)

Hirsutism and syndromes with hirsutism (ED72)

Coded Elsewhere: Hypertrichosis of eyelid (9A04.Y)

Naevoid hypertrichosis (LC30)

Acquired hypertrichosis lanuginosa (EL10)

Drug-induced hypertrichosis (EH72.Y)

ED72 Hirsutism and syndromes with hirsutism

Coded Elsewhere: Polycystic ovary syndrome (5A80.1)

Congenital adrenal hyperplasia (5A71.01)

HAIR-AN syndrome (5A44)

ED72.0 **Constitutional hirsutism**

Hirsutism in a person with normal endocrine and reproductive function. It is more prevalent in some ethnic groups (e.g. South Asian) than others.

ED72.1 **Hirsutism associated with hyperandrogenaemia**

Excessive male-pattern facial and body hair in women, mostly caused by PCOS, by hyperandrogenemia combined with normal ovulation, or idiopathically, after exclusion of androgen-secreting neoplasm, congenital adrenal hyperplasia and HAIR-AN syndrome. The severity of hirsutism can be assessed by the Ferriman-Gallwey score.

ED72.Z **Hirsutism, unspecified**

ED73 Acquired disorders of the hair shaft

ED73.0 **Weathered hair**

Weathered hair results from repetitive damage to the hair shaft from excessive sunlight, excessive wetting, chemical insults including hair cosmetics and physical damage. The hair appears dull and lustreless, fractures readily and may show "split ends".

ED73.1 **Acquired changes in hair colour**

Abnormal diffuse or circumscribed alterations in natural hair colour. Causes include drugs, idiopathic premature greying of the hair, differential shedding of pigmented hair in alopecia areata or hair pigment loss in association with vitiligo or regressing melanocytic naevi.

Coded Elsewhere: Drug-induced hair colour change (EH72.Y)

Segmental heterochromia of hair (LC30)

ED73.10 Premature canities

Premature greying of the hair, usually taken to mean before the age of 20 in Caucasians and before the age of 30 in Africans.

Inclusions: Premature greying of hair

ED73.11 Acquired poliosis

Circumscribed loss of hair pigment. This is most commonly associated with vitiligo (especially segmental vitiligo), alopecia areata or regressing melanocytic naevi. It is also a component of Vogt-Koyanagi-Harada syndrome and Alezzandrini syndrome.

Inclusions: Circumscribed loss of hair pigment

Coded Elsewhere: Acquired poliosis of eyelashes (9A04.Y)

ED73.Y **Other specified acquired disorders of the hair shaft**

ED7Y **Other specified disorders of hair**

Disorders of the hair follicle (ED80-ED9Y)

This group incorporates disorders of the hair shaft and hair follicular unit including, for example, hirsutism, alopecia, acne and hidradenitis suppurativa.

Coded Elsewhere: Chronic deep bacterial folliculitis (1B75.4)

Acne and related disorders (ED80-ED81.Y)

A group of related disorders characterised by follicular occlusion and inflammation.

ED80 **Acne**

Acne without further specification.

Coded Elsewhere: Neonatal acne (KC21.0)

ED80.0 **Comedonal acne**

Acne in which the principal manifestation is the presence of open and/or closed comedones, respectively blackheads and whiteheads.

Exclusions: Actinic comedonal plaque (EJ20.0)

Comedo naevus (LC01)

ED80.1 **Superficial mixed comedonal and papulopustular acne**

Acne in which comedones are accompanied by small inflammatory papules and pustules

ED80.2 **Papulopustular acne**

Acne in which the principal manifestation is the presence of multiple small inflammatory papules and pustules.

ED80.3 **Nodular acne**

Acne in which large inflammatory nodules and fluid-filled cystic swellings as well as more superficial lesions are present. Systemic therapy with antibiotics or retinoids is usually required.

ED80.4 **Severe inflammatory acne**

Intensely inflammatory acne which may be acute (acne fulminans) or subacute and chronic (acne conglobata).

ED80.40 Acne fulminans

Acne fulminans is a severe systemic disease in which acute inflammatory acne with multiple follicular abscesses and skin ulceration is accompanied by fever, weight loss and arthralgia. It typically affects adolescent white males.

ED80.41 Acne conglobata

An uncommon chronic severe inflammatory form of acne characterised by the development of multiple abscesses and sinuses followed by extensive hypertrophic and atrophic scarring. It may be associated with spondyloarthropathy or with other follicular occlusive diseases including dissecting cellulitis of the scalp and hidradenitis suppurativa.

ED80.4Y Other specified severe inflammatory acne

ED80.4Z Severe inflammatory acne, unspecified

ED80.5 **Acne scarring**

Scarring resulting from acne, ranging from mild irregularity of the skin surface to highly disfiguring or functionally disabling distortion of normal skin anatomy.

Coded Elsewhere: Keloidal acne (EE60.Y)

ED80.6 **Infantile acne**

Infantile acne usually presents at 3–6 months of age but has been reported as late as 16 months. Male infants are affected more commonly than females and there may be a history of severe acne in one or more parents. It may last up to the age of five years. Both comedonal and inflammatory acne with papules, pustules and nodules may be seen; scarring may result.

ED80.Y **Other specified acne**

ED80.Z **Acne, unspecified**

ED81 Acneform inflammatory disorders

Disorders characterised by acne-like follicular inflammation.

Coded Elsewhere: Scalp folliculitis (EG30.0)

Acne or acneform reactions attributable to drugs (EH67)

Folliculitis keloidalis (EE60.Y)

ED81.0 **Folliculitis cruris pustulosa atrophicans**

A folliculitis prevalent in Sub-Saharan Africa due to the custom of applying of greasy ointments to the lower legs. It presents as an inflammatory folliculitis which may result in follicular scarring and atrophy.

ED81.1 **Acneform reactions to halogenated aromatic hydrocarbons**

Acne caused by exposure to halogenated hydrocarbons such as chlorinated naphthalene, dioxins and dibenzofurans. Numerous comedones and noninflammatory cysts are a common feature. The course is often chronic. Frequently affected body parts are the face, neck, axillae and groin area.

Inclusions: Chloracne

ED81.Y **Other specified acneform inflammatory disorders**

ED90 Rosacea and related disorders

ED90.0 **Rosacea**

The term rosacea encompasses a spectrum of changes that occur mainly in facial skin but may also involve the eyes. Most patients with rosacea have facial erythema and vascular instability which are variably associated with inflammatory papules and pustules, hypertrophic changes and ocular involvement. The cause of rosacea is unknown. It is doubtful that any single aetiological factor is responsible for the diverse features that comprise this disorder.

Coded Elsewhere: Posterior blepharitis (9A02.1)

Lymphoedematous rosacea (BD93.1Y)

ED90.00 Erythematotelangiectatic rosacea

Erythematotelangiectatic rosacea manifests as facial erythema and a flushing tendency affecting but not confined to the central face and forehead: the lateral cheeks, the ears and the sides of the neck may also be involved. It is commonest in fair-skinned individuals and tends to be made worse by exposure to wind and sunlight. With time permanent telangiectasia develops.

ED90.01 Papulopustular rosacea

Papulopustular rosacea is characterised, as the name implies, by erythematous papules and sterile pustules affecting facial skin. These are typically located on the cheeks, central chin, nose and central forehead. The perilesional skin is inflamed and may be oedematous. In contradistinction to papulopustular acne, comedones, nodules and cysts are not a feature.

ED90.02 Phymatous rosacea

The hallmark of phymatous rosacea is rhinophyma but the forehead, chin and ears may also be affected. It is characterised by hypertrophy of the affected tissue which can produce gross distortion, particularly of the nose. The pathological changes include a variably severe mixed inflammatory infiltrate, sebaceous gland hyperplasia and dermal fibrosis. The aetiology is poorly understood. It is not always accompanied by other features of rosacea.

ED90.0Y Other specified rosacea

ED90.1 **Periorificial dermatitis**

Periorificial dermatitis is a term which links two erythematous and papulopustular facial dermatoses that are strongly linked to prolonged potent topical corticosteroid use, namely perioral dermatitis and periocular dermatitis. It is characterised by the development of erythema, papules and pustules in perioral and periocular skin.

ED90.Y **Other specified rosacea-like disorders**

ED91 Disorders of the sebaceous gland

A group of disorders in which sebaceous gland size, location, anatomy or secretion is abnormal.

ED91.0 **Heterotopic sebaceous glands**

ED91.1 **Sebaceous gland hyperplasia**

ED91.2 **Seborrhoea**

The secretion of excessive amounts of sebum resulting in an excessively greasy skin, a situation which may cause considerable distress. It may be associated with a number of conditions including acne, acromegaly and Parkinson disease. It is not normally a prominent component of seborrhoeic dermatitis, which is an inflammatory dermatitis.

Exclusions: Seborrhoeic dermatitis and related conditions (EA81)

ED92 Disorders involving the apocrine follicular unit

A group of disorders involving apocrine glands and their associated follicular units. The most important of these is hidradenitis suppurativa.

ED92.0 **Hidradenitis suppurativa**

Hidradenitis suppurativa is a chronic disease characterised by recurrent, painful, deep-seated, rounded nodules and abscesses due to follicular occlusion with secondary inflammation and destruction of the pilo-sebaceo-apocrine apparatus and extension to the adjacent subcutaneous tissue. Subsequent hypertrophic scarring and suppuration of apocrine gland-bearing skin (axillae, groins, peri-anal and perineal regions) are the main clinical features. Infection and hormonal influence are described but are not the primary pathogenetic factor: the exact aetiology remains unknown. Obesity is common and is associated with more severe disease. The main complications are fistulae, arthropathy, carcinoma and amyloidosis.

ED92.1 **Apocrine sweat disorders**

Disorders in which apocrine secretion is abnormal or obstructed.

Exclusions: Hidradenitis suppurativa (ED92.0)

ED9Y **Other specified disorders involving the hair follicle**

Disorders of eccrine sweat glands or sweating (EE00-EE0Y)

This group incorporates disorders characterised by increased or reduced sweating (hyper- and hypohidrosis respectively), and by eccrine duct occlusion (miliaria).

EE00 **Hyperhidrosis**

Excessive sweating. In the localised type, the most frequent sites are the palms, soles, axillae, inguinal folds, and the perineal area. Emotional factors may play a part. generalised hyperhidrosis may be induced by a hot, humid environment, by fever, or by vigorous exercise.

Inclusions: Excessive sweating

EE00.0 **Localised hyperhidrosis**

Excessive sweating in specific and localised sites.

EE00.00 Palmoplantar hyperhidrosis

Excessive sweating of palms and soles. This is usually bilateral. Palmar hyperhidrosis may be triggered by emotional stress but, in severe cases, can be continuous and cause major disability by inhibiting normal social interaction and interfering with everyday tasks such as writing, preparing food or handling papers. Plantar hyperhidrosis may accompany palmar hyperhidrosis but may occur independently.

EE00.01 Axillary hyperhidrosis

Excessive axillary sweating, sometimes in response to emotional stress but often persistent and disabling.

EE00.02 Craniofacial hyperhidrosis

Excessive sweating involving the scalp, face and/or neck.

EE00.0Y Other specified localised hyperhidrosis

EE00.0Z Localised hyperhidrosis, unspecified

EE00.1 **Primary generalised hyperhidrosis**

Primary generalised hyperhidrosis is characterised by sweating that exceeds the amount necessary to maintain thermal regulation.

Coded Elsewhere: Cold-induced sweating syndrome (8C21.Y)

EE00.Z **Hyperhidrosis, unspecified**

EE01 **Hypohidrosis**

Abnormally diminished or absent perspiration. Both generalised and segmented (reduced or absent sweating in circumscribed locations) forms of the disease are usually associated with other underlying conditions.

Coding Note: Code also the causing condition

Inclusions: Impaired sweating

EE01.0 Hypohidrosis attributable to defective sudomotor innervation or function

Coding Note: Code also the causing condition

EE01.1 Hypohidrosis due to genetic abnormalities of eccrine gland structure or function

Hypohidrosis due to a heritable disorder of sweat gland or duct development. Sweating may be severely diminished or absent due to a paucity or absence of eccrine glands or to defective autonomic innervation. An absence of sweating leads to an inability to thermoregulate by evaporative cooling, and hyperthermia can occur with physical exertion or in a warm environment.

Coding Note: Code also the causing condition

Coded Elsewhere: Hereditary sensory and autonomic neuropathy type IV (8C21.2)

EE01.2 Hypohidrosis of undetermined aetiology

Reduced or absent sweating for which no explanation has been found.

EE01.Y Other specified forms of hypohidrosis

Coding Note: Code also the causing condition

EE01.Z Hypohidrosis, unspecified

Coding Note: Code also the causing condition

EE02 **Miliaria**

Miliaria is a common skin disorder resulting from occlusion of eccrine sweat ducts. It is precipitated by hot, humid conditions.

EE02.0 Neonatal miliaria

EE02.Y Other specified forms of miliaria

EE0Y **Other specified disorders of eccrine sweat glands or sweating**

Disorders of the nail or perionychium (EE10-EE1Z)

Disorders affecting the nail and surrounding tissues

Coded Elsewhere: Genetic defects of nails or nail growth (EC22)

EE10 **Acquired deformities of the nail plate**

Acquired abnormalities of nail shape, surface, thickness or adhesion

EE10.0 **Abnormality of nail shape**

Exclusions: Congenital club finger (LB90.5)

EE10.1 **Abnormality of nail surface**

EE10.10 Nail pitting

Coded Elsewhere: Psoriatic nail pitting (EA90.51)

EE10.1Y Other specified abnormality of nail surface

EE10.2 **Onycholysis**

Coded Elsewhere: Psoriatic onycholysis (EA90.51)

Drug-induced onycholysis (EH73)

EE10.3 **Nail hypertrophy**

Coded Elsewhere: Psoriatic nail hypertrophy (EA90.51)

Drug-induced nail hypertrophy (EH73)

EE10.4 **Nail atrophy**

EE10.5 **Nail dystrophy, not otherwise specified**

EE10.Y **Other specified acquired deformities of the nail plate**

EE11 Acquired abnormalities of nail colour

Coded Elsewhere: Pseudomonas infection of nail (EE12.Y)

Drug-induced nail pigmentation (EH73)

EE11.0 **Melanonychia**

Melanin pigmentation of the nail plate. This may be of no significance but may signify the presence of melanoma arising from the nail matrix

EE11.1 **Yellow nail syndrome**

Yellow nail syndrome is characterised by yellow, dystrophic, thick and slowly growing nails, associated with lymphoedema and respiratory involvement. Less than 100 cases have been described. Lymphoedema occurs more often in the lower limbs. It can appear at birth or later in life. Onset generally follows the onset of ungual abnormalities. Patients usually suffer from chronic bronchitis and in some cases, from chronic sinusitis, bronchiectasia and recurring pneumonitis. They can also present with pleural effusion (30% of cases) and bronchial hyperreactivity. Most cases are sporadic. However, familial forms have been described. Aetiology is unknown.

EE11.Y **Other abnormalities of nail colour**

EE12 Infections of the nail or perionychium

Infections involving the nail or perionychium for which no information on the infecting organism is available.

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

Paronychial herpes simplex infection (1F00.0Y)

EE12.0 **Acute bacterial paronychia**

Acute bacterial paronychia is an acute infection, usually by Staphylococcus aureus, of the paronychial tissues of a digit. It may result from local injury, e.g. a thorn prick in a lateral nail groove, a splinter, torn hangnails or nail biting, but also occurs frequently as an episode during the course of chronic paronychia, when other organisms may be involved, including streptococci, Pseudomonas aeruginosa, coliform organisms and Proteus vulgaris.

Inclusions: Whitlow

Exclusions: Herpetic whitlow (1F00.0)

EE12.1 **Onychomycosis**

Fungal infection of fingernails and/or toenails due most commonly to dermatophytes (tinea unguium) or yeasts, especially Candida species.

Inclusions: Fungal infection of the nails

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

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

Dermatophytosis of nail (1F28.1)

Candida onychomycosis (1F23.13)

EE12.Y **Other specified infections of the nail or perionychium**

EE13 **Certain disorders affecting the nails or perionychium**

Abnormalities of the nails and perionychium (the soft tissues surrounding the nail plate including the matrix, nail folds, eponychium and hyponychium) which are not classified elsewhere.

Coded Elsewhere: Drug-induced nail abnormalities (EH73)

Nail psoriasis (EA90.51)

Lichen planus of the nails (EA91.5)

Subungual haematoma (NC50)

Traumatic injury to nail bed or matrix of nail of foot (ND10)

Traumatic injury to nail bed or matrix of nail of hand (NC50)

Alopecia areata of the nails (ED70.2Y)

EE13.0 **Nail fragility**

A range of nail disorders in which the integrity of the nail plate is disturbed.

Coded Elsewhere: Drug-induced nail fragility (EH73)

EE13.1 **Ingrowing nail**

EE13.10 Ingrowing toenail

EE13.11 Infected ingrowing toenail

EE13.2 **Chronic paronychia**

Coded Elsewhere: Candida paronychia (1F23.13)

EE13.3 **Nail disorder associated with specified dermatosis**

Abnormality of the nail plate attributable to other specified skin disease.

Coding Note: Code also the causing condition

Exclusions: Lichen planus of the nails (EA91.5)

Nail psoriasis (EA90.51)

Alopecia areata of the nails (ED70.2)

EE13.4 **Nail disorder associated with specified systemic disease**

Nail dystrophy attributable to systemic disorder. A wide range of systemic disorders may produce abnormalities of the nails.

Coding Note: Code also the causing condition

EE13.5 **Eczematous nail dystrophy**

Nail dystrophy attributable to eczema affecting paronychial tissues.

EE13.Y **Other specified nail disorder**

EE1Y **Other specified disorders of the nail or perionychium**

EE1Z **Disorders of the nail or perionychium, unspecified**

Disorders of epidermal integrity (EE20-EE21)

Coded Elsewhere: Diabetic bullae (EB90.0)

EE20 **Acute cutaneous distension syndrome**

A common sequela of acute oedema, especially of the lower extremities. It manifests as blisters, which may be mistaken for an immunobullous disorder, (acute oedema blisters); or as superficial fissuring and inflammation of the skin (eczéma craquelé).

EE21 **Epidermal fragility**

Epidermal fragility of unknown or unspecified cause resulting in reduced resistance to mechanical stress and manifesting as abnormal fissuring, erosion or blistering of the skin surface.

Disorders of the dermis and subcutis (EE40-EF0Y)

This group incorporates disorders of dermal connective tissue, dermal histiocytic and granulomatous disorders and disorders affecting subcutaneous fat.

Coded Elsewhere: Cutaneous mastocytosis (2A21.1)

Disorders of cutaneous connective tissue (EE40-EE7Y)

Skin disorders attributable to abnormalities affecting dermal and subcutaneous collagen, elastin and other connective tissue components.

Coded Elsewhere: Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

EE40 **Atrophy or degeneration of dermal or subcutaneous connective tissue**

A heterogeneous group of disorders resulting from atrophic and degenerative changes in dermal and subcutaneous collagen and elastin.

Coded Elsewhere: Actinic elastosis (EJ20.0)

EE40.0 Corticosteroid-induced skin atrophy

EE40.1 Stretch marks

Linear scars attributable to rupture of the normal dermal matrix from distension by abnormal physical forces (pregnancy, obesity, pubertal growth spurt), increased collagenase activity (corticosteroids) or as a result of genetically abnormal dermal matrix proteins.

EE40.10 Stretch marks of pregnancy

EE40.1Y Stretch marks of other specified aetiology

EE40.2 Atrophic scarring of the skin

The process whereby healing of damaged skin results in a reduction of dermal thickness as well as scarring, thus the counterpart of hypertrophic scarring.

Coded Elsewhere: Atrophic surgical scar (EL50.2)

EE40.3 Skin fragility

Fragility of the skin due principally to genetic or acquired abnormalities of dermal matrix proteins.

Exclusions: Epidermal fragility (EE21)

Coded Elsewhere: Skin fragility of prematurity (KC30)

EE40.30 Genetically-determined skin fragility

Coded Elsewhere: Purpura or bruising due to genetically-determined skin fragility (EE40.32)

EE40.31 Age-related skin fragility

EE40.32 Purpura or bruising due to vascular fragility

Purpura due to leakage or rupture of abnormally fragile cutaneous blood vessels.

Coded Elsewhere: Scorbutic purpura (5B56.0)

EE40.Y **Other specified atrophy or degeneration of dermal or subcutaneous connective tissue**

EE40.Z **Atrophy or degeneration of dermal or subcutaneous connective tissue, unspecified type**

EE41 Abnormalities of dermal elastin

Coded Elsewhere: Blepharochalasis (9A06.8)

Pseudoxanthoma elasticum (EC40)

Granulomatous slack skin (2B01)

EE41.0 **Cutis laxa**

Cutis laxa is the term used for a group of inherited and acquired conditions in which abnormalities of elastic fibres result in loose, redundant, hypoelastic skin. Typically, the skin can easily be pulled away from underlying tissue and only slowly returns to its original position. Unlike some conditions in the differential diagnosis, cutis laxa is not characterised by spontaneous bruising or abnormal scarring. Redundant skin is often most noticeable on the neck, hands, and groin, but can also be seen on the face, creating a premature aging appearance.

Coded Elsewhere: Genetically-determined cutis laxa (LD28.2)

EE41.1 **Anetoderma**

A condition presenting as focal areas of thinned, flaccid skin and resulting from focal defects in dermal elastin. The involved skin is often elevated above the surrounding normal skin but can be depressed. The condition may be primary and without identifiable cause or may be a sequela of a large number of different conditions which may damage elastin in the dermis.

EE41.Y **Other specified dermatoses characterised by abnormal dermal elastin**

Poikiloderma (EE50-EE50)

Poikiloderma is defined as a combination of skin atrophy, pigmentation and telangiectasia. It is a component of a number of genetic syndromes, of certain non-organ-specific systemic autoimmune disorders and may follow skin injury including from radiotherapy.

Coded Elsewhere: Genetic syndromes with poikiloderma (EC10)

Poikiloderma vasculare atrophicans (EK91.1)

EE50 Acquired poikiloderma

Coded Elsewhere: Poikiloderma following radiotherapy (EL61)

Poikiloderma of Civatte (EK20)

Fibromatoses and keloids (EE60-EE6Y)

A heterogeneous group of disorders characterised by pathologically increased deposition of fibrous tissue in the skin and subcutaneous tissues.

EE60 Keloid or hypertrophic scars

Keloid and hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. Keloid scars often develop apparently spontaneously after minor injury or inflammation and expand beyond the boundary of that initial injury or inflammation. Hypertrophic scars on the other hand remain confined to the area of injury or inflammation and may undergo spontaneous resolution.

EE60.0 Keloid

A keloid is a progressively enlarging scar resulting from formation of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. It differs from a hypertrophic scar in that a keloid expands beyond the boundaries of the initial wound or site of inflammation.

Coded Elsewhere: Keloidal surgical scar (EL50.0)

EE60.00 Ear-lobe keloid

A common type of keloid which usually follows ear-piercing

EE60.0Y Other specified keloid

EE60.0Z Keloid, unspecified

EE60.1 Hypertrophic scar

Hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. In contrast to keloid scars, they do not expand beyond the boundary of the initial injury or inflammation and may undergo spontaneous resolution.

Coded Elsewhere: Hypertrophic surgical scar (EL50.1)

EE60.Y Other specified keloidal disorders

EE61 Superficial fibromatoses

Coded Elsewhere: Palmar fascial fibromatosis (FB51.0)

Knuckle pads (FB51.1)

Penile fibromatosis (GB06.2)

Plantar fascial fibromatosis (FB51.Y)

Fibro-osseous pseudotumour of the digit (FB51.Y)

EE6Y Other specified fibromatous disorders of skin and soft tissue

EE70 Perforating dermatoses

A group of skin disorders characterised by trans-epidermal elimination of abnormal matter, especially collagen or elastin, from the dermis to the exterior.

Coded Elsewhere: Perforating granuloma annulare (EE80.0)

EE70.0 **Acquired perforating dermatosis**

A condition commonly seen in association with longstanding diabetes mellitus, particularly in association with renal failure, in which multiple large follicular and non-follicular keratotic papules develop on the trunk and limbs. Trauma from scratching pruritic skin may be the initiating event leading to transepidermal elimination of degenerate collagen and elastic fibres from the dermis.

EE70.Y **Other specified perforating dermatoses**

EE7Y **Other specified disorders of cutaneous connective tissue**

Histiocytic-granulomatous disorders of the skin (EE80-EE8Y)

A range of disorders characterised by the presence of increased numbers of histiocytes in the skin as a result of granulomatous inflammation or histiocytic infiltration.

Coded Elsewhere: Cutaneous sarcoidosis (4B20.5)

Crohn disease of anal region (DD70.4)

Langerhans cell histiocytosis involving the skin (2B31.20)

Indeterminate cell histiocytosis (2B31.6)

EE80 **Necrobiotic granulomatous skin disorders**

EE80.0 **Granuloma annulare**

A common inflammatory disorder in which granulomatous inflammation surrounds foci of degenerate dermal collagen. It presents clinically as dermal papules and annular plaques. It may be localised, especially over bony prominences, or generalised. The cause is unknown.

EE80.1 **Necrobiosis lipoidica**

Necrobiosis lipoidica is an uncommon skin condition in which degenerate dermal collagen is surrounded by a granulomatous inflammatory response to produce shiny, red-brown or yellowish patches in the skin, particularly on the shins. In severe cases the affected skin may ulcerate. It is associated in the majority of but not all cases with underlying diabetes mellitus, the onset of which it may precede.

EE81 **Dermal dendrocyte, Class IIa histiocytoses**

A sub-class of cutaneous histiocytic disorders involving dermal dendritic cells.

Inclusions: Non-Langerhans cell histiocytoses of dermal dendrocyte lineage

Coded Elsewhere: Juvenile xanthogranuloma (2B31.0)

Erdheim-Chester disease (2B31.Y)

EE8Y **Other specified histiocytic and granulomatous disorders of the skin**

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (EE90-EE91)

EE90 **Benign lymphocytic infiltration of the skin**

Benign lymphocytic infiltration of Jessner is a chronic benign T-cell lymphoproliferative disorder characterised by the presence of non-scarring red tumid nodules, usually on facial skin. It may be difficult to distinguish from cutaneous lupus erythematosus.

Inclusions: Jessner lymphocytic infiltration

EE91 **Lymphocytoma cutis**

Lymphocytoma cutis is a benign, cutaneous B-cell lymphoproliferative disorder. It presents as papules, nodules or plaques usually on the head and neck and pursues a chronic course. It occurs as a response to known or unknown antigenic stimuli that result in the accumulation of lymphocytes and other inflammatory cells.

Inclusions: Benign cutaneous lymphoid hyperplasia

Coded Elsewhere: Borrelial lymphocytoma cutis (1C1G.14)

Disorders of subcutaneous fat (EF00-EF0Y)

Coded Elsewhere: Neonatal disorders of subcutaneous fat (KC22)

EF00 **Panniculitis**

Panniculitis is the name given to a heterogeneous group of diseases all characterised by inflammation of subcutaneous adipose tissue.

Exclusions: Calcific panniculitis (EB90.41)

Coded Elsewhere: Erythema nodosum (EB31)

Lipodermatosclerosis (BD74.2)

Cold panniculitis of the newborn (KC22.1)

Alpha-1 antitrypsin deficiency panniculitis (5C5A)

Lupus panniculitis (EB51.Y)

Erythema induratum (EF40.2Y)

Cytophagic histiocytic panniculitis (EE8Y)

Gouty panniculitis (FA25.2Y)

EF00.0 Pancreatic enzyme panniculitis

EF00.Y Panniculitis of other specified aetiology

EF00.Z Panniculitis of undetermined or unspecified etiology

EF01 **Lipoatrophy or lipodystrophy**

Hereditary or acquired disorders characterised by loss of subcutaneous fat.

Coded Elsewhere: Genetic lipodystrophy (LD27.6)

EF01.0 **Acquired partial lipodystrophy**

Acquired partial lipodystrophy, or Barraquer-Simons syndrome, is characterised by the association of lipoatrophy of the upper part of the body and lipohypertrophy of the thighs.

EF01.1 **Localised lipoatrophy and lipodystrophy**

Localised lipodystrophies covers a heterogeneous group of conditions characterised by loss of subcutaneous tissue from small regions of the body.

EF01.Y **Other specified forms of lipodystrophy and lipoatrophy**

EF01.Z **Lipodystrophy of unspecified type**

EF02 Certain noninflammatory disorders of subcutaneous fat

EF02.0 **Fat hypertrophy**

Focal hypertrophy of subcutaneous adipose tissue. It is a common sequela of long-term insulin injection into the skin.

EF02.1 **Subcutaneous lipomatosis**

Diffuse infiltration of the subcutis by non-encapsulated adipose tissue.

EF02.2 **Lipoedema**

Lipoedema is characterised by non-pitting diffuse "fatty" swelling, usually confined to the legs, thighs, hips and upper arms. It may be confused with lymphoedema. Lipoedema may also occur in the scalp.

Coded Elsewhere: Lipo-lymphoedema (BD93.1Y)

EF02.3 **Cellulite**

Cellulite is a common architectural derangement of subcutaneous adipose tissue which results in dimpling and nodularity of the overlying skin. It is seen most commonly in postpubertal women and affects principally the pelvic region, lower limbs, and abdomen. It is thought to result from herniation of multiple small aggregates of subcutaneous fat through the fibrous tissue at the dermohypodermal junction. Obesity predisposes to but is not necessary for its development. The term is in widespread use but is misleading as it has nothing to do with cellulitis. The condition is asymptomatic but may cause considerable embarrassment.

EF02.Y **Other specified noninflammatory disorders of subcutaneous fat**

EF0Y Other specified disorders of subcutaneous fat

Disorders of cutaneous blood and lymphatic vessels (EF20-EG02)

Coded Elsewhere: Malformations involving cutaneous lymphatic vessels

Oedema of skin or soft tissues

Superficial thrombophlebitis (BD70)

Lower limb deep vein thrombosis (BD71.4)

Lymphoedema (BD93)

Venous varicosities of sites other than lower extremity (BD75)

Malformations involving cutaneous blood vessels (EF20-EF2Z)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

EF20 Acquired malformations of cutaneous blood vessels

Coded Elsewhere: Erythematotelangiectatic rosacea (ED90.00)

Actinic telangiectasia (EJ20.3)

Lower limb superficial venous ectasia (BD74.0)

EF20.0 Venous lake

EF20.1 Angiokeratoma

Angiokeratomas are acquired vascular lesions that result from the ectatic dilatation of pre-existing vessels in the papillary dermis, accompanied by hyperkeratotic epidermis. There are several clinical variants: solitary papular angiokeratoma, angiokeratoma corporis diffusum, angiokeratoma of Mibelli and angiokeratoma of Fordyce, amongst which the last, in which the lesions are located on the vulva or scrotum, is the most common.

Coded Elsewhere: Angiokeratoma corporis diffusum (5C56.01)

EF20.2 Lower limb venous telangiectases

Finely dilated superficial veins of lower limbs resulting from chronic venous hypertension.

EF20.3 Spider telangiectasis

A benign vascular ectasia consisting of a central dilated terminal arteriole from which radiate several ectatic capillaries, giving rise to a spider-like appearance. They occur most commonly on the upper trunk and proximal upper limbs. Large numbers may develop in association with pregnancy or liver disease.

Exclusions: Lower limb venous telangiectases (EF20.2)

EF20.4 Generalised essential telangiectasia

EF20.Y Other specified acquired malformations of cutaneous blood vessels

EF20.Z Acquired malformations of cutaneous blood vessels, unspecified

EF2Z Cutaneous vascular malformation, unspecified

Purpura or bruising (EF30-EF3Z)

Purpura is a non-blanchable multifocal purple skin discolouration due to bleeding into the skin and manifested as petechiae (pinpoint foci of intradermal haemorrhage) and ecchymoses (larger areas of intradermal haemorrhage). It has many causes and may be the presenting sign of diseases as diverse as thrombocytopenia, primary amyloidosis, meningococcal septicaemia and scurvy. It will often be accompanied by haemorrhage into the subcutaneous tissues (spontaneous bruising or haematoma).

Coded Elsewhere: Purpura due to disorders of platelets

Purpura or bruising due to vascular fragility (EE40.32)

Painful bruising syndrome (ED02)

EF30 **Purpura or bruising due to disorders of coagulation**

Purpura resulting from genetically-determined or acquired deficiencies or dysfunction of clotting factors.

EF31 **Traumatic purpura**

Purpura and bruising attributable to trauma which may be self-induced (as from rubbing itchy skin), due to friction from clothing or due to man-handling, particularly of debilitated elderly patients.

EF3Y **Other specified purpura**

EF3Z **Purpura of unspecified aetiology**

EF40 **Vasculitis or capillaritis involving the skin**

A range of conditions characterised by inflammation of cutaneous blood vessels with or without extravasation of red blood cells into the interstitium.

Coded Elsewhere: Giant cell arteritis (4A44.2)

Mucocutaneous lymph node syndrome (4A44.5)

Sneddon syndrome (4A44.6)

Thromboangiitis obliterans (4A44.8)

Pityriasis lichenoides (EA93)

Vasculitis associated with probable aetiology (4A44.Y)

EF40.0 Capillaritis

Capillaritis results from extravasation of red blood cells from leaky capillaries into the dermis and manifests initially as a finely stippled pink to purple purpura, most commonly affecting the lower limbs. As iron is released and converted into haemosiderin, the skin stains gold or brown. Various patterns of capillaritis have been described and given separate names depending on the distribution, time course, extent and degree of pigmentation and presence or otherwise of epidermal thickening. The underlying processes involved in all these variants is very similar and of unknown cause. Histology may show mild inflammation around capillaries but no vasculitis.

Inclusions: Pigmented purpura

Exclusions: Pulmonary capillaritis (CB04.4)

EF40.1 **Vasculitis affecting small cutaneous blood vessels**

Coded Elsewhere: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)

Cryoglobulinaemic vasculitis (4A44.90)

IgA vasculitis (4A44.92)

Acute haemorrhagic oedema of infancy (EH40.3)

Cutaneous leukocytoclastic vasculitis (4A44.B0)

EF40.10 Urticarial vasculitis

An uncommon form of cutaneous leucocytoclastic vasculitis manifested by urticarial weals which, in contrast to those of chronic urticaria, are long-lasting and painful rather than itchy. A cause is often not identified. It may be associated with hypocomplementaemia and systemic inflammation (hypocomplementaemic urticarial vasculitis).

Coded Elsewhere: Hypocomplementaemic urticarial vasculitis (4A44.91)

EF40.1Y Other specified vasculitis affecting small cutaneous blood vessels

EF40.2 **Localised cutaneous vasculitis**

A heterogeneous group of uncommon, predominantly chronic inflammatory dermatoses, each with a characteristic limited distribution, which all exhibit vasculitis on histopathological examination.

EF40.20 Granuloma faciale

EF40.2Y Other specified localised cutaneous vasculitis

EF40.Z **Cutaneous vasculitis unspecified**

Dermatoses attributable to hyperviscosity or microvascular occlusion (EF50-EF5Y)

A range of disorders characterised by vascular occlusion but attributable not to primary vascular inflammation but to intravascular occlusion.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Antiphospholipid syndrome (4A45)

Disseminated intravascular coagulation (3B20)

Cryoglobulinaemic vasculitis (4A44.90)

EF50 **Livedoid vasculopathy**

EF5Y **Other specified dermatoses attributable to hyperviscosity or microvascular occlusion**

Dermatoses resulting from vascular insufficiency (EF60-EF9Y)

EF60 **Ischaemic ulceration of skin**

Coding Note: Code also the causing condition

Dermatoses due to venous disease (EF70-EF7Z)

Coded Elsewhere: Venous leg ulcer (BD74.3)

Lipodermatosclerosis (BD74.2)

EF70 **Lower limb venous eczema**

A pruritic inflammatory dermatitis affecting the lower legs and ankles of individuals with lower limb venous hypertension. It may become acutely exudative, when the possibility of superimposed allergic contact dermatitis should be considered. Treatment of the associated venous hypertension is an important part of management. Venous eczema is not necessarily associated with the presence of varicose leg veins.

EF7Y **Other specified dermatoses due to venous disease**

EF7Z **Dermatoses due to venous disease, unspecified**

EF9Y **Other specified dermatoses resulting from vascular insufficiency**

Functional vascular disorders of the skin (EG00-EG02)

Skin disorders due to disturbances in vascular tone and skin blood flow.

EG00 **Vasodilatation of extremities**

Disorders due to failure of normal vasoconstrictive mechanisms in the cutaneous vasculature.

EG01 **Vasoconstriction of extremities**

Disorders characterised by peripheral vasospasm including Raynaud disease and ergotism.

Coded Elsewhere: Raynaud phenomenon (BD42)

EG02 **Flushing disorders**

Coded Elsewhere: Carcinoid syndrome (5B10)

Flushing (ME64.4)

Menopausal hot flush (GA30.4)

Skin disorders involving certain specific body regions (EG30-EG9Z)

Skin disorders involving the head and neck (EG30-EG4Z)

Dermatoses specific to the scalp; external ear; the eyes, eyelids and eyebrows; the lips and oral cavity; and to dermatoses specific to the skin of the head and neck

Coded Elsewhere: Dermatoses of the eye, eyelids or eyebrows

Dermatoses of the lips or oral cavity

EG30 **Skin disorders localised to the scalp**

Skin disorders affecting preferentially or exclusively the scalp.

Coded Elsewhere: Dermatophytosis of scalp (1F28.0)

Seborrhoeic dermatitis of the scalp (EA81.1)

Scalp psoriasis (EA90.50)

Contact dermatitis of scalp (EK5Y)

Lichen planopilaris of scalp (EA91.2)

Chronic cutaneous lupus erythematosus of scalp (EB51.Y)

Scalp pruritus (EC90.Y)

Cutis verticis gyrata (EE7Y)

Lipoedema of the scalp (EF02.2)

Aplasia cutis congenita of scalp (LC60)

Hereditary hypotrichosis of scalp (EC21.2)

EG30.0 Scalp folliculitis

A non-scarring chronic superficial folliculitis of the scalp that is typically characterised by multiple minute, very itchy pustules within the scalp and which has in the past been termed acne necrotica miliaris. The cause is not well understood but an inflammatory response to Propionibacterium acnes has been postulated.

EG30.1 Erosive pustular dermatosis of scalp

Erosive pustular dermatosis of the scalp is a distinctive scalp disorder of the elderly characterised by the development of sterile pustules, erosions and crusts in areas of chronically sun-damaged scalp skin. Local trauma may also play an aetiological role. It normally responds to high-potency topical corticosteroids.

EG30.2 Pityriasis amiantacea

Pityriasis amiantacea refers to a reaction pattern on the scalp where large adherent are attached to the growing hairs and overlap like tiles on a roof. The abnormality may be localised and confined to a small patch or widespread involving the entire scalp. The underlying scalp is often moist and inflamed. The condition may occur on its own or may be associated with inflammatory disorders such as seborrhoeic dermatitis and psoriasis or with underlying dermatophytosis (tinea capitis).

EG30.Y Other specified scalp disorders not elsewhere classifiable

Disorders of the external ear involving the skin (EG40-EG4Z)

Coded Elsewhere: Dermatitis or eczema of external ear

Otitis externa (AA10-AA3Z)

Acquired deformity of pinna (AA41)

Inflammatory disorders of the external ear (EG40-EG4Z)

Coded Elsewhere: Chronic otitis externa (AA13)

Acute noninfectious otitis externa (AA11)

Seborrhoeic otitis externa (AA10)

EG40 **Contact dermatitis of external ear**

Contact dermatitis of external ear may be due to irritants or allergy. Antimicrobial aural preparations are common causes of allergic contact dermatitis.

Coded Elsewhere: Irritant contact dermatitis of external ear (EK02.10)

EG40.0 Allergic contact dermatitis of external ear

Allergic contact dermatitis affecting the external ear.

EG4Y **Other specified inflammatory disorder of external ear**

EG4Z **Inflammatory disorder of external ear, unspecified**

Skin disorders involving the genital and perianal regions (EG60-EG7Y)

Coded Elsewhere: Dermatoses of male genitalia (GA80-GA81.Y)

Dermatoses of female genitalia (GA40-GA4Y)

Dermatoses of the anus, perianal area or perineum (EG60-EG63.2)

Disorders affecting the skin of and surrounding the anus including the intergluteal cleft and genitocrural folds.

Coded Elsewhere: Perianal lichen simplex (EA83.02)

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

Anal warts (1A95.0)

Primary anal syphilis (1A61.1)

Drug-induced anal ulceration (EH76.Y)

EG60 **Anal pruritus**

Anal pruritus is irritation of the skin at the anal margin and surrounding perianal skin which results in the desire to scratch.

EG61 **Infections of the anus or perianal skin**

EG62 **Inflammatory dermatoses of the perianal area**

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Dermatitis or eczema of perianal area (EA87.2)

Perianal psoriasis (EA90.53)

Hidradenitis suppurativa of anogenital region (ED92.0)

EG63 **Sacrococcygeal pilonidal disease**

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacrococcygeal area which tend to recur. It is found predominantly in white males in their second and third decades and is thought to result from penetration of hair into the tissues with the formation of sinuses and a foreign-body granulomatous response. Risk factors for pilonidal disease include male gender, Caucasian ethnicity, sitting occupations, obesity, a deep natal cleft, and presence of hair within the natal cleft.

EG63.0 **Sacrococcygeal pilonidal sinus**

EG63.1 **Sacrococcygeal pilonidal cyst**

EG63.2 **Sacrococcygeal pilonidal abscess**

EG7Y **Other specified skin disorders involving the genital and perianal regions**

EG9Y **Skin disorders involving other specific body regions**

EG9Z **Skin disorders involving certain specific body regions, unspecified**

Skin disorders associated with pregnancy, the neonatal period and infancy (EH10-EH40.Y)

Dermatoses which are either specific to or occur predominantly in pregnancy, the neonatal period or the first few months of life

Coded Elsewhere: Pregnancy dermatoses (JA65.1)

Diseases of the skin complicating pregnancy, childbirth or the puerperium (JB64.7)

Skin disorders specific to the perinatal or neonatal period (EH10-EH3Y)

This group incorporates both skin disorders of the neonate and other disorders of the neonate with skin manifestations

Coded Elsewhere: Prenatally acquired infections with neonatal skin manifestations

Inflammatory dermatoses of the newborn (KC21)

Neonatal dermatoses due to maternal antibodies (KA07)

Neonatal nutritional disorders affecting the skin (KC24)

Neonatal disorders of subcutaneous fat (KC22)

Neonatal disorders of the oral mucosa (KC23)

Skin disorders associated with prematurity (KC30-KC3Y)

Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)

Miscellaneous skin disorders in the neonate (KC40)

Neonatal skin infection (EH10-EH1Z)

Any condition of the skin affecting neonates, caused by an infection with a bacterial, viral, fungal, or parasitic source.

EH10 **Neonatal viral infections involving the skin**

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

Disseminated perinatal varicella (KA62.2)

Mucocutaneous perinatal varicella (KA62.2)

EH11 **Neonatal pyogenic skin infections**

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

EH12 **Neonatal fungal infections involving the skin**

Exclusions: Prenatally-acquired mucocutaneous candidosis (KA63.2)

EH1Z **Neonatal skin infection, unspecified**

EH3Y **Other specified skin disorders specific to the perinatal or neonatal period**

EH40 Dermatoses of infancy

Exclusions: Syndromes with skin or mucosal anomalies as a major feature (LD27)

Congenital malformations affecting the skin (LC00-LC7Z)

Coded Elsewhere: Infantile atopic eczema (EA80.0)

Infantile acne (ED80.6)

Infantile papular acrodermatitis (EA12)

EH40.0 Infantile seborrhoeic dermatitis

An inflammatory but usually non-pruritic dermatitis of infants with a similar distribution to adult seborrhoeic dermatitis. Its principal manifestations are a confluent psoriasiform napkin eruption and greasy, adherent scaling over the scalp ("cradle cap"). In disseminated forms the face, retroauricular folds, neck and trunk may be involved. A small proportion of cases represent infantile onset of psoriasis ("napkin psoriasis"). Its onset is characteristically earlier than that of infantile atopic eczema, the subsequent development of which it does not preclude.

Inclusions: Neonatal seborrhoeic dermatitis

Exclusions: Seborrhoea (ED91.2)

EH40.00 Cradle cap

Cradle cap is a form of seborrhoeic dermatitis that manifests as yellowish, crusty, greasy patches of scaling on the scalp of infants between the second week and sixth month of life. The forehead and eyebrows are frequently affected. It is usually asymptomatic. It may be associated with infantile seborrhoeic dermatitis of other areas including the trunk and napkin area.

EH40.01 Disseminated infantile seborrhoeic dermatitis

A widespread form of infantile seborrhoeic dermatitis affecting the napkin area, scalp, face, neck, axillae and anterior trunk. In contrast to atopic eczema, pruritus is not usually evident and the infant remains otherwise well.

EH40.02 Psoriasiform napkin dermatitis

A napkin eruption characterised by sharply marginated confluent erythema and scale in the napkin area. It is considered a component of infantile seborrhoeic dermatitis, the disseminated form of which may start in the napkin area. In some cases, however, the same clinical picture may eventuate into psoriasis (napkin psoriasis). The clinical picture is essentially identical.

EH40.1 Infantile napkin dermatoses

Coded Elsewhere: Psoriasiform napkin dermatitis (EH40.02)

Acrodermatitis enteropathica (5C64.20)

EH40.10 Primary irritant napkin dermatitis

A type of irritant dermatitis seen most frequently in infants localised to the area in contact with a napkin (diaper) and occurring most often as a reaction to prolonged contact with urine, faeces, or retained soap or detergent.

Inclusions: Nappy rash

Diaper rash

EH40.1Y Other specified infantile napkin dermatoses

EH40.2 **Erythrodermas of infancy**

Coded Elsewhere: Severe combined immunodeficiency with hypereosinophilia (4A01.10)

Wiskott-Aldrich syndrome (3B62.0Y)

Congenital non-bullous ichthyosiform erythroderma (EC20.02)

Netherton syndrome (LD27.2)

Multiple carboxylase deficiency due to holocarboxylase synthetase deficiency (5C50.E0)

EH40.3 **Acute haemorrhagic oedema of infancy**

Acute haemorrhagic oedema is an immune complex-mediated cutaneous vasculitis typically usually associated with respiratory infection or immunization. It affects children between the ages of 4 months and 2 years, with males being affected twice as frequently as females. The dramatic clinical appearance of facial and limb oedema with multiple targetoid purpuric macules belies its generally benign course.

EH40.Y **Other specified dermatoses of infancy**

Adverse cutaneous reactions to medication (EH60-EH7Z)

This group incorporates not only drug rashes but also other acute and chronic cutaneous and mucocutaneous effects of topical or systemic medicaments, whether conventional or "alternative".

Coded Elsewhere: Drug-induced pruritus (EC90.2)

Drug eruptions (EH60-EH6Z)

Coded Elsewhere: Drug-associated immune complex vasculitis (4A85.03)

EH60 **Exanthematic drug eruption**

Acute skin eruption typically resembling viral infections such as measles, rubella or scarlatina attributable to drug. Antibiotics are common causes.

Inclusions: Drug-induced toxic erythema

EH61 **Drug-induced urticaria, angioedema and anaphylaxis**

Adverse reaction to drugs due to release of histamine or vasoactive kinins.

Coded Elsewhere: Drug-induced anaphylaxis (4A84.1)

EH61.0 **Drug-induced urticaria**

Urticaria provoked by drug. This may be due to immunological or non-immunological mechanisms. Mild anaphylactic reactions may cause little more than urticaria but may serve as a warning of more severe reactions if the responsible agent is encountered again. Aspirin is a well-known cause of non-allergic urticaria.

EH61.1 **Drug-induced angioedema**

Non-allergic angioedema due to drugs, in particular angiotensin converting enzyme inhibitors and nonsteroidal anti-inflammatory drugs.

EH62 Lichenoid drug eruption

Coded Elsewhere: Drug-induced oral lichenoid reaction (EA91.4Y)

EH63 Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug

A spectrum of severe and potentially life-threatening reactions affecting skin and mucous membranes. In the majority of cases a drug can be implicated.

EH63.0 **Drug-induced Stevens-Johnson syndrome**

This is one of the four principal forms of severe cutaneous adverse reaction to drugs (SCARs) and is characterised by inflammation, blistering and erosion of skin and mucous membranes. By definition, there is involvement of at least one mucous membrane and skin detachment is limited to less than 10% of body surface area. Most cases occur within the first 8 weeks of drug exposure. The drugs most commonly involved are antimicrobial sulfonamides, anticonvulsants, allopurinol, nevirapine and oxicam–nonsteroidal anti-inflammatory drugs.

EH63.1 **Drug-induced toxic epidermal necrolysis**

EH63.2 **Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome**

EH64 Drug-induced erythroderma

Erythroderma (defined as erythema and scaling involving at least 90% of the skin surface) which is attributable to drug administration but which cannot be more precisely categorized, thus excluding more specific severe cutaneous adverse reactions to drugs reaction patterns such as DRESS syndrome, acute generalised exanthematous pustulosis (AGEP) and toxic epidermal necrolysis. Many drugs have been implicated.

Exclusions: DRESS syndrome (EH65)

Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

Drug-induced toxic epidermal necrolysis (EH63.1)

Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Drug-induced acute generalised exanthematous pustulosis (EH67.0)

EH65 **DRESS syndrome**

DRESS syndrome (Drug Rash with Eosinophilia and Systemic Symptoms) is a hypersensitivity reaction characterised by a generalised skin rash, fever, eosinophilia, lymphocytosis and visceral involvement (hepatitis, nephritis, pneumonitis, pericarditis and myocarditis) and, in some patients, reactivation of human herpes virus 6.

Inclusions: Drug-induced hypersensitivity syndrome

EH66 **Fixed drug eruption**

The term fixed drug eruption describes the development of one or more annular or oval inflamed erythematous patches on the skin as a result of systemic exposure to a drug. The patches may develop into bullae. The inflamed patches normally resolve with post-inflammatory hyperpigmentation but typically recur at the same site(s), often with progressively more involved sites, following each reexposure to the drug. In extreme cases (generalised bullous fixed drug eruption) the clinical picture may mimic toxic epidermal necrolysis. A large number of drugs have been implicated as triggers.

EH67 **Acne or acneform reactions attributable to drugs**

Coded Elsewhere: Corticosteroid-induced acne (EH76.2)

EH67.0 Drug-induced acute generalised exanthematous pustulosis

This uncommon reaction to systemic medication is characterised by fever (generally on the same day as the start of the rash) and multiple, small, non-follicular pustules that arise on a widespread inflammatory erythema centred on the upper trunk and body folds. It may be difficult to differentiate from acute generalised pustular psoriasis. It usually appears within 24 hours of drug exposure. Antibiotics are probably the commonest precipitants although many drugs have been implicated.

Inclusions: Drug-induced toxic pustuloderma

EH67.Y Other specified acne or acneform reactions attributable to drugs

EH67.Z Acne or acneform reactions attributable to drugs, unspecified

EH6Y **Drug eruption of other specified type**

EH6Z **Drug eruption of unspecified type**

EH70 **Pigmentary abnormalities of skin due to drug**

Disturbances of skin colour due to an ingested or injected drug. These may result from a number of different mechanisms including the colour of the drug itself, disturbed melanisation of the skin or deposition of pigments by drug breakdown products.

Coded Elsewhere: Non-melanin pigmentation due to drug (ED6Y)

EH71 **Dermatoses precipitated by drug therapy**

Specific dermatoses which are not in themselves commonly associated with drugs but which may be precipitated in susceptible individuals by certain drugs.

Coded Elsewhere: Drug-induced lupus erythematosus (4A40.1)
Drug-induced thrombocytopenic purpura (3B64.12)
Acute febrile neutrophilic dermatosis, drug-induced (EB20)
Drug-induced capillaritis (EF40.0)
Drug-induced ichthyosis (ED50.0)

EH72 **Drug-induced hair abnormalities**

EH72.0 Drug-induced alopecia

EH72.00 Drug-induced telogen hair loss

Telogen hair loss due to drug. Many drugs may occasionally cause telogen hair loss. Commonly implicated drugs include retinoids and anticonvulsants.

Exclusions: Anagen effluvium (ED70.4)

EH72.01 Drug-induced anagen effluvium

Anagen effluvium due to medication, most commonly from cytotoxic cancer chemotherapy.

EH72.Y Other specified drug-induced hair abnormalities

EH73 **Drug-induced nail abnormalities**

Abnormalities of nails or nail growth attributable to drugs.

Coded Elsewhere: Drug-induced photo-onycholysis (EH75)

EH74 **Drug-induced oral conditions**

Coded Elsewhere: Drug-induced oral ulcer (DA01.14)
Drug-induced cheilitis (DA00.0)
Oral mucositis due to cancer chemotherapy (DA01.11)
Drug-induced gingival hyperplasia (DA0D.1)

EH75 **Photosensitivity due to drug**

A photosensitive skin reaction to a medicament, most commonly a phototoxic reaction to a systemically administered drug, although photoallergy to drugs may rarely occur.

EH76 **Dermatoses associated with specific classes of medication**

A heterogeneous group of adverse skin reactions characteristic for each drug or class of drug involved. Cancer chemotherapeutic agents and systemic corticosteroids are two important examples.

EH76.0 Dermatoses resulting from cytotoxic or cancer chemotherapy

Coded Elsewhere: Oral mucositis due to cancer chemotherapy (DA01.11)
Neutrophilic eccrine hidradenitis (EB2Y)

EH76.1 **Dermatoses resulting from immunosuppressive therapy**

EH76.2 **Dermatoses attributable to corticosteroid therapy**

Coded Elsewhere: Corticosteroid-induced skin atrophy (EE40.0)

Corticosteroid-modified dermatophytosis (1F28.Y)

Perioral dermatitis (ED90.1)

Corticosteroid-induced stretch marks (EE40.1Y)

Corticosteroid-induced purpura (EE40.32)

EH76.3 **Dermatoses resulting from anticoagulant therapy**

Coded Elsewhere: Heparin-induced thrombocytopenia (3B64.12)

EH76.Y **Other dermatoses associated with specific classes of medication**

EH77 **Localised adverse cutaneous reactions to administration of drug**

Coded Elsewhere: Allergic contact dermatitis due to topical medicaments (EK00.C)

Allergic contact dermatitis due to systemic medicaments (EK00.B)

Localised lipoatrophy due to injected drug (EF01.1)

Insulin-induced localised fat hypertrophy (EF02.0)

Superficial thrombophlebitis resulting from infusion or injection of drug (BD70.1)

EH78 **Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies**

These may range from "drug" eruptions, phototoxicity, contact allergy to skin infections and scarring. (The primary code should be the adverse cutaneous reaction but this may be used to add supplementary information.)

EH7Y **Other specified adverse cutaneous reactions to medication**

EH7Z **Unspecified adverse cutaneous reactions to medication**

Skin disorders provoked by external factors (EH90-EK5Y)

A large group of skin disorders due to exposure of the skin to various external physical, chemical or environmental insults including chemical irritants and allergens, poisons, pressure, cold, heat, sunlight, radiation and physical injury.

Coded Elsewhere: Miscellaneous specified dermatoses provoked by pressure

Skin injury due to exposure to corrosive substances

Hand and arm vibration syndrome (NF08.20)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Contact gingivostomatitis (DA02.3)

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Cutaneous wounds, injuries or scars (ND56.0)

EH90 Pressure ulceration

Pressure ulcers result from localised injury and ischaemic necrosis of skin and underlying tissues due to prolonged pressure, or pressure in combination with shear; bony prominences of the body are the most frequently affected sites; immobility and debility are major contributing factors.

Inclusions: pressure injury

pressure ulcer

bedsore

Exclusions: decubitus (trophic) ulcer of cervix (uteri) (GA15.1)

EH90.0 Pressure ulceration grade 1

Pressure ulceration grade I is a precursor to skin ulceration. The skin remains intact but there is non-blanchable redness of a localised area, usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. It can be difficult to detect in individuals with dark skin but affected areas may differ in colour from the surrounding skin. The presence of pressure ulceration grade 1 may indicate persons at risk of progressing to frank ulceration.

Inclusions: pressure injury stage 1 with nonblanchable erythema

EH90.1 Pressure ulceration grade 2

Pressure injury with partial thickness loss of dermis. It presents as a shallow open ulcer with a red or pink wound bed without slough or as a serum-filled or serosanguinous blister which may rupture.

This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriation

Inclusions: pressure injury stage 2 with partial thickness skin loss

EH90.2 **Pressure ulceration grade 3**

Pressure ulcer with full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. There may be undermining and tunnelling into adjacent structures. The depth varies by anatomical location: grade 3 pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus). In contrast, grade 3 pressure ulcers can be extremely deep in areas of significant adiposity.

Inclusions: pressure injury stage 3 with full thickness skin loss

EH90.3 **Pressure ulceration grade 4**

Pressure ulcer with visible or directly palpable muscle, tendon or bone as a result of full thickness loss of skin and subcutaneous tissue. Slough or eschar may be present. The depth varies by anatomical location: grade IV pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus) but are typically deep and often undermine or tunnel into adjacent structures.

Inclusions: pressure injury stage 4 with full thickness tissue loss

EH90.4 **Suspected deep pressure-induced tissue damage, depth unknown**

An area of soft tissue damage due to pressure or shear which is anticipated to evolve into a deep pressure ulcer but has not yet done so. The affected skin is typically discoloured purple or maroon and may display haemorrhagic blistering. It may be painful and oedematous. It can be either warmer or cooler than adjacent tissue. Evolution into a deep ulcer may be rapid even with optimal treatment.

EH90.5 **Pressure ulceration, ungradable**

Pressure ulcer with full thickness skin loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, it is not possible to determine whether the ulcer is grade 3 or grade 4.

Inclusions: pressure injury with depth unknown

EH90.Z **Pressure ulcer of unspecified grade**

EH92 Dermatoses provoked by friction or mechanical stress

Coded Elsewhere: Contact dermatitis due to skin damage from friction or micro-trauma (EK02.Y)

EH92.0 **Corns or callosities**

Callosities are areas of focal hyperkeratosis due to repeated friction and pressure. A corn is a sharply demarcated callosity occurring over a bony prominence, usually on the foot, and is painful.

Coded Elsewhere: Occupational callosities (EK5Y)

EH92.00 Hard corn

A discrete area of painful hyperkeratosis resulting from repeated pressure and friction over a bony prominence, most commonly a metatarsal head or an interphalangeal joint of the forefoot.

EH92.01 Soft corn

A soft corn is a painful callosity extending from the side of one toe across to the side of the adjacent toe. It is normally caused by lateral pressure from ill-fitting footwear and appears white as a result of maceration of the excess keratin.

EH92.0Z Callosity, unspecified

EH92.1 Friction blister

A blister due to disruption of epidermal integrity as a result of repeated frictional stress. They usually form in areas with a strong, thick epidermis, i.e. the palms, fingers, soles and sides of the feet and toes. Common causes include repetitive heavy manual tasks or ill-fitting footwear.

EH92.Y Other specified skin damage due to repetitive friction and mechanical trauma

EH93 Dermatoses due to foreign bodies

Coded Elsewhere: Sacrococcygeal pilonidal disease (EG63)

EH93.0 Tattoos or tattoo reactions

Tattoos are the result of injection into the skin of insoluble coloured pigments as ornamentation of the body, or of inert materials such as coal dust as a result of superficial trauma or blast injury. They may provoke both allergic and foreign body reactions.

EH93.1 Foreign body reaction to inorganic matter in the skin

A usually granulomatous, often sarcoidal reaction to the presence in the skin of inorganic foreign material which cannot be degraded or eliminated. Responsible agents include tattoo pigment, suture materials, silica, zirconium, aluminium, paraffin, and silicone.

EH93.2 Foreign body reaction to organic matter in the skin

EH93.3 Foreign body granuloma of skin

EH93.Y Other specified reaction to foreign body in the skin

EH94 Scar of skin, not elsewhere classified

Dermatoses provoked or exacerbated by exposure to cold (EJ0Y-EJ0Y)

Skin conditions provoked by exposure to low temperatures.

Coded Elsewhere: Skin or soft tissue injury due to exposure to cold

Abnormal vascular reactivity to cold

EJ0Y Other specified dermatoses provoked or exacerbated by exposure to cold

Dermatoses provoked by heat or electricity (EJ10-EJ1Y)

Coded Elsewhere: Burns of external body surface, specified by site (ND90-ND9Z)

Heat contact urticaria (EB01.Y)

Thermal keratosis (EK90.Y)

EJ10 **Erythema ab igne**

A characteristic reticular telangiectatic and pigmented dermatosis resulting from repeated or prolonged exposure to infrared radiation (heat) of insufficient energy to produce a burn. It most commonly affects the lower extremities or lower back as a result of habitually sitting too close to a heat source (radiator or open hearth) or from keeping a hot water bottle held against the skin.

Exclusions: Burns of external body surface, specified by site (ND90-ND9Z)

EJ1Y **Other specified dermatoses provoked by heat or electricity**

Dermatoses provoked by light or UV radiation (EJ20-EJ6Y)

Coded Elsewhere: Porphyria or pseudoporphyria affecting the skin (EB90.3)

Cutaneous lupus erythematosus (EB50-EB5Z)

Dermatomyositis (4A41.0)

Rosacea (ED90.0)

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

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

Photo-allergic contact dermatitis (EK01)

Chronic effects of ultraviolet radiation on the skin (EJ20-EJ2Y)

Coded Elsewhere: Actinic keratosis (EK90.0)

Diffuse actinic keratinocyte dysplasia (EK90.1)

Brachioradial pruritus (EC90.3)

Disseminated superficial actinic porokeratosis (ED52)

Poikiloderma of Civatte (EK20)

Actinic cheilitis (EK90.Y)

EJ20 **Photoaging of the skin**

The changes in skin which can be attributed to chronic exposure to ultraviolet radiation and which are clinically manifest principally as actinic elastosis, wrinkles and dyspigmentation.

Inclusions: Sun damage due to chronic sun exposure

EJ20.0 Actinic elastosis

Inclusions: Solar elastosis

Rhytides

EJ20.1 **Actinic lentigo**

A circumscribed grey or brown macule resulting from chronic exposure to the sun or to artificial sources of ultraviolet such as sun-beds. They are typically located on the backs of the hands and forearms, shoulders, forehead and the scalp (if bald). They often coexist with and may be difficult to differentiate from plane seborrhoeic keratoses, which differ clinically in exhibiting fine scaling and histologically in showing proliferation of keratinocytes as well as melanocytes.

Inclusions: Liver spot

EJ20.2 **Actinic lentiginosis**

The presence of multiple actinic lentigines. This is a common finding in people with fair skin who have a long history of repeated exposure to the sun where it most commonly affects the upper extremities, upper back, forehead and scalp (if bald). It can be generalised and occur at an earlier age in people with an addiction to sun-bathing and use of sun beds.

EJ20.3 **Actinic telangiectasia**

EJ2Y **Other specified chronic effects of ultraviolet radiation on the skin**

EJ30 **Autoimmune or other photodermatoses**

A heterogeneous group of dermatoses mostly involving an interaction between the immune system and ultraviolet radiation or visible light

Coded Elsewhere: Solar urticaria (EB01.Y)

EJ30.0 **Polymorphic light eruption**

Polymorphic light eruption is a common delayed-onset abnormal inflammatory cutaneous reaction to sunlight or other source of ultraviolet radiation. It typically manifests as an eruption of papules and vesicles affecting normally sun-protected skin sites following exposure to sunlight. Tolerance is commonly seen after repeated sunlight or UV exposure.

EJ30.1 **Chronic actinic dermatitis**

EJ30.Y **Other specified photodermatoses**

Acute effects of ultraviolet radiation on normal skin (EJ40-EJ4Z)

Coded Elsewhere: Photosensitivity due to drug (EH75)

Photo-onycholysis (EE10.2)

EJ40 **Sunburn**

An injury to the skin causing erythema, tenderness, and sometimes blistering and resulting from excessive exposure to the sun. The reaction is produced by the ultraviolet radiation in sunlight.

EJ40.0 **Sunburn erythema**

EJ40.1 **Sunburn with blisters or exudation**

EJ41 **Burn from exposure to artificial source of ultraviolet radiation**

Exclusions: Tanning due to exposure to artificial sources of ultraviolet radiation (ED60.01)

EJ41.0 Burn from exposure to therapeutic ultraviolet radiation

EJ41.Y Other specified burn from exposure to artificial source of ultraviolet radiation

EJ41.Z Burn from exposure to artificial source of ultraviolet radiation, unspecified

EJ4Z **Acute effects of ultraviolet radiation on normal skin, unspecified**

EJ6Y **Other specified dermatoses provoked by light or UV radiation**

Dermatoses due to ionizing radiation (EJ71-EJ7Z)

Coded Elsewhere: Acute effects of ionizing radiation on the skin

EJ71 **Chronic effects of ionizing radiation on the skin**

The long-term sequelae of prior exposure of skin to ionizing radiation.

Coded Elsewhere: Chronic radiodermatitis following radiotherapy (EL61)

Radionecrosis of skin attributable to diagnostic procedure (EL80)

Chronic radiation keratosis (EK90.Y)

EJ7Z **Dermatoses due to ionizing radiation, unspecified**

EK00 **Allergic contact dermatitis**

Allergic contact dermatitis is an eczematous response provoked by a Type IV delayed immune reaction in the skin to a substance or substances to which the individual has previously been sensitized.

Exclusions: Irritant contact dermatitis (EK02)

Allergic contact sensitisation (EK12)

Coded Elsewhere: Allergic contact dermatitis of external ear (EG40.0)

Allergic contact gingivostomatitis (DA02.30)

EK00.0 Allergic contact dermatitis due to clothing or footwear

Allergic contact dermatitis due to exposure to allergens found in clothing and footwear: these include colophony, p-phenylenediamine (PPD), disperse dyes, potassium dichromate and formaldehyde resins.

EK00.1 Allergic contact dermatitis due to cosmetics or fragrances

Allergic contact dermatitis due to sensitisation to any of a large number of allergens which may be found in cosmetics and other products to which fragrances are added. Common allergens include colophony, fragrances such as hydroxycitronellal, emollients such as lanolin (wool wax alcohols), surfactants such as cocamidopropyl betaine, or preservatives such as isothiazolinones, parabens or formaldehyde-releasing agents. Fragrances are found in many household products as well as in cosmetics.

EK00.2 Allergic contact dermatitis due to dental materials

Allergic contact dermatitis due to sensitisation to agents used in dentistry. Dentists, dental nurses and dental technicians are generally at greater risk than their clients. Important allergens include acrylates and methacrylates, disinfectant aldehydes and fragrances.

EK00.3 Allergic contact dermatitis due to food flavours or additives

Allergic contact dermatitis due to flavouring agents (e.g. cinnamyl alcohol) and other food additives (e.g. ammonium persulfate, benzoic acid). Such agents may be encountered at work in food processing or preparation, or may rarely cause allergic contact cheilitis or stomatitis.

EK00.4 Allergic contact dermatitis due to hairdressing products

Allergic contact dermatitis due to hair care products such as dyes, permanent wave and bleaching agents and shampoos. Such allergens may show occupational relevance among hairdressers although consumers are most commonly affected.

EK00.5 Allergic contact dermatitis due to industrial biocides, cutting oils or disinfectants

Allergic contact dermatitis due to any of a large number of potential allergens used to prevent microbial contamination in industrial processes or in commercial, health care and other public environments. These allergens are of predominantly occupational relevance.

EK00.6 Allergic contact dermatitis due to metals or metal salts

Allergic contact dermatitis due to exposure to metals and metal salts such as nickel, cobalt or chromate.

EK00.7 Allergic contact dermatitis due to allergenic haptens derived from plants or organic matter

Allergic contact dermatitis due to low molecular weight allergens from organic matter including plants and woods such as Primula obconica, sesquiterpene lactones and teak.

EK00.8 Allergic contact dermatitis due to plastics, glues or resin systems

Allergic contact dermatitis due to exposure to chemicals used in plastics and resin systems. It is normally the uncured chemicals (e.g. uncured epoxy resin or methacrylates) which are responsible.

EK00.9 Allergic contact dermatitis due to preservatives or biocides

Allergic contact dermatitis due to exposure to preservatives and biocides such as parabens, isothiazolinones, formaldehyde, formaldehyde releasers and phenoxyethanol.

EK00.A Allergic contact dermatitis due to rubber chemicals

Allergic contact dermatitis due to exposure to rubber chemicals such as thiurams, mercaptobenzothiazoles, N-isopropyl-N-phenyl-p-phenylenediamine (IPPD), thiourea derivatives or carbamates.

EK00.B **Allergic contact dermatitis due to systemic medicaments**

Allergic contact dermatitis due to exposure to systemic medicaments, usually during the manufacturing process. Examples include penicillins, carbamazepine and tetrazepam.

EK00.C **Allergic contact dermatitis due to topical medicaments**

Allergic contact dermatitis due to exposure to topical medicaments such as corticosteroids, antibiotics, antimycotics, disinfectants, local anaesthetics or NSAIDs.

EK00.Y **Other specified allergic contact dermatitis**

EK00.Z **Allergic contact dermatitis, unspecified**

EK01 Photo-allergic contact dermatitis

Allergic contact dermatitis caused by sensitisation to a photoproduct of a compound either applied directly to the skin or taken up by the skin via the systemic circulation. The parent compound does not elicit an allergic reaction until it is chemically modified by exposure to ultraviolet radiation.

EK02 Irritant contact dermatitis

Irritant contact dermatitis is an eczematous reaction provoked by acute or prolonged and repeated contact with a substance or substances which are injurious to the skin. Common irritants include defatting agents (solvents, soaps and detergents), acids (both inorganic and organic) and alkalis (e.g. sodium hydroxide and wet cement).

Exclusions: Allergic contact dermatitis (EK00)

EK02.0 **Irritant contact dermatitis from specified external agents**

Irritant contact dermatitis from external agents grouped according to the type of causative agent.

EK02.00 Irritant contact dermatitis due to wet work

Irritant contact dermatitis caused by prolonged or repetitive wet work. It usually affects predominantly the skin of the hands and wrists but may affect other sites if clothing is repeatedly drenched. Although water and sweat alone (especially from under occlusive protection gloves) may be responsible, the risk is increased by exposure to defatting agents and irritants including soaps, detergents and cooling fluids. It is seen commonly in those looking after dependent relatives, especially young mothers. Professions or occupational sectors where there are substantial risks include health care, hairdressing, cleaning, catering and food-processing.

EK02.01 Irritant contact dermatitis due to solvents

Irritant contact dermatitis caused by skin contact with solvents such as tetrachloroethylene, toluene, turpentine, acetone, methyl acetate, ethyl acetate, hexane, citrus terpenes or ethanol. These have numerous uses including in dry-cleaning chemicals, paint thinners, nail polish removers, glue solvents and perfumes. Occupations where there are substantial risks include painters and decorators, construction workers, dry-cleaners, machinists and workers in the chemical industry.

EK02.02 Irritant contact dermatitis due to exposure to acids, alkalis or other specified chemical irritants

EK02.03 Irritant contact dermatitis due to cosmetics or emollients

Irritant contact dermatitis caused by skin contact with cosmetics and emollients containing substances with irritant capacities such as fragrances, sodium lauryl sulfate, formaldehyde, alcohols, urea, lactic acid, enzymes or peeling particles.

EK02.04 Irritant contact dermatitis due to topical medicaments or antimicrobials

Irritant contact dermatitis caused by repetitive or prolonged skin contact with topical medicaments and antimicrobials containing e.g. benzoyl peroxide, hydrogen peroxide, povidone iodine, formaldehyde, salicylic acid, alcohols, 5-fluorouracil, dithranol, chlorhexidine, quaternary ammonium compounds or tretinoin. Their irritancy is usually mild and sometimes part of their therapeutic action.

EK02.05 Irritant contact dermatitis due to plants or other vegetable matter

Irritant contact dermatitis caused by exposure to plants and other vegetable matter. Irritation may be due to the mechanical (e.g. hairs, thorns, or spines) or chemical (e.g. acids, proteolytic enzymes) properties of the plant. Occupations where there is a substantial risk include agricultural workers, florists and gardeners.

EK02.06 Irritant contact dermatitis due to foods

EK02.1 **Irritant contact dermatitis of specified site**

Irritant contact dermatitis organised by the body part affected.

Exclusions: Irritant contact dermatitis from specified external agents (EK02.0)

Coded Elsewhere: Irritant contact gingivostomatitis (DA02.31)

EK02.10 Irritant contact dermatitis of external ear

Irritant contact dermatitis affecting skin of external ear. This may result from retention of irritants such as soaps and shampoos in the external auditory canal or from friction and maceration from use of hearing-aids etc. Irritant damage to the skin may predispose to secondary infection.

EK02.11 Irritant contact blepharoconjunctivitis

Irritant contact dermatitis affecting skin of eyelid and/or conjunctiva. Cosmetics are often responsible.

EK02.12 Irritant contact dermatitis of hands

Irritant contact dermatitis affecting skin of hands. This is the commonest site for the development of irritant contact dermatitis. In the early stages the dorsal finger-webs are affected before the inflammation extends to involve the fingers, the dorsa of the hands and frequently the wrists. The palms are usually but not always less severely affected.

Inclusions: Irritant hand dermatitis

EK02.13 Irritant contact dermatitis of vulva

Irritant contact dermatitis affecting the vulva and surrounding skin. It is much more frequent than allergic contact dermatitis in this area. It is commonly due to a combination of occlusion and use of feminine hygiene products in the genital area. Leakage of urine or profuse vaginal discharge are sometimes important factors.

Inclusions: Vulval irritant contact dermatitis

EK02.1Y Irritant contact dermatitis of other specified site

EK02.2 **Irritant contact dermatitis due to friction, sweating or contact with body fluids**

Irritant contact dermatitis due to friction, sweating and contact with body fluids. Irritation from body fluids may be due to high or low pH, to proteolytic enzymes or both; the irritant effect may be aggravated or caused solely by sweating and repetitive friction of apposed skin surfaces.

Coded Elsewhere: Primary irritant napkin dermatitis (EH40.10)

EK02.20 Intertriginous dermatitis due to friction, sweating or contact with body fluids

Intertriginous dermatitis (intertrigo) is a form of irritant contact dermatitis of the skin folds (axillary, submammary, genitocrural, abdominal apron) caused by repetitive shearing forces of skin on skin. Sweat, other body fluids, occlusion and obesity all contribute to its development.

EK02.21 Irritant contact dermatitis due to saliva

Perioral irritant contact dermatitis caused by repetitive or prolonged contact with saliva.

EK02.22 Irritant contact dermatitis due to incontinence

Irritant contact dermatitis from prolonged contact with urine or faeces as a result of incontinence.

Inclusions: Incontinence-associated dermatitis

EK02.23 Irritant contact dermatitis related to stoma or fistula

Irritant contact dermatitis of skin surrounding stomas or fistulas caused by prolonged or repeated contact with gastrointestinal secretions, faeces, urine, pus, mucus, or cleansing materials.

EK02.24 Irritant contact dermatitis related to skin contact with prostheses or surgical appliances

Irritant contact dermatitis resulting from friction and sweating between the skin surface and a prosthesis or appliance in contact with the skin, especially limb prostheses.

EK02.Y **Irritant contact dermatitis due to other specified cause**

EK02.Z **Irritant contact dermatitis, unspecified**

EK10 Allergic contact urticaria

Allergic contact urticaria is a Type I IgE-mediated immediate immune reaction from cutaneous or mucosal contact to a substance or substances to which the individual has previously been exposed.

EK10.0 **Oral allergy syndrome**

Type I IgE-mediated immediate immune reaction limited to the lips, oral cavity, tongue and throat caused by direct contact with allergen in sensitized patient. Symptoms include with mucosal swelling, itching or a burning sensation.

Inclusions: Pollen-food allergy syndrome

EK10.1 **Contact urticaria due to food allergen**

Contact urticaria due to food allergen is a IgE-mediated immediate immune reaction from cutaneous or mucosal contact to food allergen in a sensitized patient.

EK10.Y **Other specified allergic contact urticaria**

EK11 **Protein contact dermatitis**

Immediate contact dermatitis due to exposure to proteins from plants, animal tissue and other organic matter.

Exclusions: Allergic contact dermatitis due to food allergen (4A85.22)

EK12 **Allergic contact sensitisation**

The presence of specific delayed type IV hypersensitivity of the immune system to a given substance without imputation of past or current disease. Such sensitisation is normally acquired by prior contact of the skin or mucous membranes with the substance or with one chemically closely related to it (cross-reactivity). Subsequent contact with the substance may provoke an allergic reaction. In certain circumstances such sensitisation may prevent an individual from taking up or continuing employment where exposure to the allergen cannot be avoided. Some individuals sensitized to a specific allergen may, however, never experience symptoms on contact with it.

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

Non-allergic skin inflammation caused by cellular damage from reactive oxygen species in the skin produced by the interaction between ultraviolet or visible light and a photoactive substance in contact with the skin.

EK20 **Phototoxic reaction to fragrance or cosmetics**

Phototoxic reaction caused by a combination of sun exposure and skin contact with fragrances or cosmetics containing photoactive substances such as oak moss, musk ambrette or bergamot oil.

EK2Y **Phototoxic reaction to skin contact with other specified photoactive agent**

EK2Z **Phototoxic dermatitis, unspecified**

EK50 Cutaneous reactions to venomous or noxious animals

Coded Elsewhere: Cutaneous reactions to arthropods (NE61)

Cutaneous reactions to venomous or noxious aquatic invertebrates (NE61)

Cutaneous reactions to venomous or noxious vertebrates (NE61)

EK50.0 Cutaneous insect bite reactions

Skin reactions to known or presumed insect bites. Commonly the nature of the insect responsible is unknown.

Coded Elsewhere: Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom (4A85.31)

EK50.00 Papular urticaria

A reaction pattern to insect bites with the formation of multiple itchy, urticated papules or papulovesicles.

EK50.01 Bullous insect bite reaction

Cutaneous blisters resulting from a brisk immune response to insect bites. These are most common around the lower legs and ankles and in children rather than adults.

EK50.02 Persistent insect bite reaction

Bite reactions lasting for months as inflamed papules and nodules, this is particularly likely to be seen with tick bites and mosquito bites. These may be confused with lymphoma histologically, with a dense inflammatory infiltrate of lymphoid cells, histiocytes, eosinophils and plasma cells together with the presence of atypical mononuclear cells.

Inclusions: Insect bite granuloma

EK50.0Y Other specified cutaneous insect bite reactions

EK50.0Z Cutaneous insect bite reactions, unspecified

EK5Y Other specified skin disorders provoked by external factors

Benign proliferations, neoplasms and cysts of the skin (EK70-EK71.Z)

Coded Elsewhere: Benign adipocytic neoplasms of skin or soft tissue

Benign cutaneous neoplasms (2F20-2F2Z)

EK70 Cutaneous cysts

Coded Elsewhere: Neonatal milia (KC40.1)

EK70.0 **Epidermoid cyst**

A cutaneous cyst with an epidermoid wall filled with keratin and its breakdown products. It most commonly forms as the result of squamous metaplasia in a damaged sebaceous gland but may result from trauma (traumatic inclusion cyst), especially when situated on the extremities. It typically presents as a spherical skin-coloured or yellowish nodule, often with a central pore opening onto the skin surface.

Inclusions: Epidermal inclusion cyst

EK70.00 Infected epidermoid cyst

An epidermoid cyst which has become secondarily infected by, most commonly, Staphylococcus aureus. It manifests as pain, swelling and erythema of a preexisting cyst and is predisposed to rupture.

EK70.0Z Epidermoid cyst, unspecified

EK70.1 **Trichilemmal cyst**

A trichilemmal (pilar) cyst is a common, typically non-tender, intradermal or subcutaneous cyst. The cysts are typically confined to the scalp and are often multiple. They usually occur sporadically but may be inherited in an autosomal dominant manner. They are derived from the outer root sheath of the hair follicle and as such contain keratin or keratin degradation products. Rarely, they may undergo malignant transformation.

Inclusions: Pilar cyst

EK70.2 **Digital myxoid pseudocyst**

Digital myxoid cysts (DMCs) are benign ganglion cysts of the digits, which typically present as a small dome-shaped, often translucent papule on the dorsum of the terminal phalanx and/or as longitudinal "guttering" of the nail plate which is focally compressed by the cyst as it develops from the underlying nail matrix. In the majority of cases a stalk connecting the cyst with the adjacent distal interphalangeal joint can be demonstrated, accounting for the alternative names of digital ganglion cyst and digital synovial cyst.

Inclusions: Digital ganglion cyst

EK70.3 **Hidrocystoma**

A hidrocystoma is a cystic cutaneous swelling lined by either apocrine or eccrine ductal epithelium. It presents typically as a small solitary bluish translucent papule on or around the eyelids. It is not always possible to be certain whether it is of apocrine or eccrine origin though the majority show apocrine differentiation.

EK70.Y **Other specified cutaneous cysts**

EK70.Z **Cutaneous cysts, unspecified**

EK71 Skin tags or polyps

Benign outgrowths of skin consisting of a fibrovascular core covered with normal or thinned epidermis. They may be single or multiple and range in diameter from less than a millimetre to a centimetre or more.

EK71.0 **Fibroepithelial polyp of skin**

A common polypoid, often pedunculated non-neoplastic benign skin growth consisting of a fibrovascular core covered with normal or thinned epidermis. If torsion of the stalk occurs they may become painful, swollen and necrotic.

EK71.1 **Multiple skin tags**

very common non-neoplastic fibroepithelial skin growths ranging from less than one to several millimetres in diameter. They favour the neck and intertriginous areas and may be very numerous. They are associated with obesity, type II diabetes, insulin resistance and acanthosis nigricans.

EK71.Z **Polyp of skin not elsewhere classified**

Disorders of the skin of uncertain or unpredictable malignant potential (EK90-EK92)

Coded Elsewhere: Neoplasms of uncertain behaviour of skin (2F72)

EK90 **Actinic keratosis and other discrete epidermal dysplasias**

A group of conditions characterised by varying degrees of keratinocytic atypia resulting from damage to keratinocyte DNA. They carry a small propensity to develop into invasive squamous cell carcinoma.

EK90.0 **Actinic keratosis**

Actinic keratoses (AKs) are focal areas of abnormal keratinocyte proliferation and differentiation induced by chronic exposure to ultraviolet radiation. They are very common on sun-exposed skin of fair-skinned individuals who have had excessive exposure to sunlight. Initially flat scaly papules, they may become significantly elevated from the skin surface by producing dense adherent keratin or as a result of unregulated cellular proliferation which may progress to frank carcinoma in situ or invasive squamous cell carcinoma.

Inclusions: Solar keratosis

EK90.1 **Diffuse actinic keratinocyte dysplasia**

Diffuse actinic dysplasia develops after repeated exposure of skin to ultraviolet radiation, usually over decades, and results from cumulative DNA damage within the nuclei of epidermal keratinocytes. It is characterised initially by subtle diffuse skin changes including mottling, erythema, telangiectasia and irregular fine scaling. It is seen most commonly on the unprotected scalp skin of bald men. Histologically there are early signs of dysplasia in the basal epidermis. As damage accumulates the clinical changes become more pronounced with the formation of discrete actinic keratoses, from which intraepidermal or invasive squamous cell carcinoma may develop.

Inclusions: "Field change" due to chronic exposure to ultraviolet radiation

EK90.Y **Other discrete epidermal dysplasias**

EK91 **Dermatoses which may presage cutaneous lymphoma**

Dermatoses which may represent the earliest stages of cutaneous lymphoma but where it is not possible to confirm their neoplastic nature.

EK91.0 **Large plaque parapsoriasis**

Large plaque parapsoriasis is a chronic skin disorder characterised by the indolent development over years or decades of scaly patches or slightly elevated plaques which may be clinically indistinguishable from early mycosis fungoides but in which no evidence of infiltration by abnormal lymphocytes can be found. Approximately 10% of patients will, however, eventually progress to mycosis fungoides.

EK91.1 **Poikiloderma vasculare atrophicans**

Poikiloderma vasculare atrophicans is a cutaneous reaction pattern characterised by mottled hyper- and hypomelanosis, telangiectasia and progressive dermal and epidermal atrophy. It may manifest as a component of established mycosis fungoides but may precede the development of the latter by many years and, in some cases, may persist indefinitely without progression to frank lymphoma. It should be distinguished from other causes of poikiloderma such as may be seen with dermatomyositis.

EK91.2 **Primary cutaneous plasmacytosis**

A skin disorder resulting from focal or multifocal dense infiltration of the skin by plasma cell aggregates. It may be associated with high levels of serum IgG4. It typically presents as widespread reddish-brown papules, nodules and pigmented indurated plaques involving the trunk and limbs but may present as a single nodule or plaque. The majority of patients with this uncommon skin disorder are of East Asian descent. There is a risk of progression to systemic lymphoproliferative malignancy.

EK92 Histiocytoses of uncertain malignant potential

Disorders characterised by abnormal proliferation of dendritic cells and macrophages. The proliferation may or may not be clonal and the prognosis is unpredictable.

Coded Elsewhere: Langerhans cell histiocytosis (2B31.2)

Indeterminate cell histiocytosis (2B31.6)

Cutaneous markers of internal disorders (EL10-EL3Y)

A heterogeneous group of skin disorders associated with underlying disease.

Coded Elsewhere: Tophaceous gout (FA25.20)
Diabetic skin lesions (EB90.0)
Benign acanthosis nigricans (ED51.00)
Acquired perforating dermatosis (EE70.0)
Calcific arteriolopathy (EB90.42)
Pretibial myxoedema (EB90.10)
Acromegaly or pituitary gigantism (5A60.0)
Cholestatic pruritus (EC90.11)
Yellow nail syndrome (EE11.1)
Uraemic pruritus (EC90.10)
Nail-patella syndrome (LD24.J0)
Hairy leukoplakia (DA01.01)
Immune reconstitution inflammatory syndrome (4B23)

Cutaneous markers of internal malignancy (EL10-EL1Y)

A range of generally uncommon skin signs which may point to the presence of an internal malignancy

EL10 **Paraneoplastic syndromes involving skin**

Coded Elsewhere: Paraneoplastic pemphigus (EB40.2)
Thrombophlebitis migrans (BD70.2)
Paraneoplastic dermatomyositis (4A41.00)
Paraneoplastic hypertrophic osteoarthropathy (FB86.10)

EL1Y **Other specified cutaneous markers of internal malignancy**

EL3Y **Other specified cutaneous markers of internal disorders**

Coding Note: Code also the causing condition

Postprocedural disorders of the skin (EL50-EL80)

This group of disorders incorporates drug eruptions, other cutaneous side effects of medication and adverse reactions to medical and surgical interventions.

EL50 **Unsatisfactory surgical scar of skin**

A surgical skin scar with a poor functional or cosmetic outcome.

EL50.0 Keloidal surgical scar

A surgical scar which heals with an overgrowth of fibrous scar tissue which extends beyond the limits of the original surgical wound.

EL50.1 **Hypertrophic surgical scar**

An elevated surgical scar containing an excess of fibrous tissue which, in contrast to a keloidal scar, does tend to flatten with time.

EL50.2 **Atrophic surgical scar**

A surgical scar in which there is thinning of the skin giving it a wrinkled appearance.

Exclusions: Postinflammatory atrophic scarring of the skin (EE40.2)

EL50.3 **Expanded surgical scar**

A widened surgical scar, often resulting from inadequate deep suturing or poor surgical technique. They are common in disorders of connective tissue such as Ehlers-Danlos syndrome.

Inclusions: Stretched scar

EL51 **Cutaneous flap necrosis**

Necrosis of surgical skin flap

EL52 **Myocutaneous flap necrosis**

Necrosis of a surgical flap containing both skin and muscle

EL53 **Skin graft failure**

Failure of skin graft tissue to engraft as intended

EL54 **Composite graft failure**

Failure of composite graft tissue (e.g. skin and cartilage) to engraft as intended

Adverse cutaneous effects of therapeutic ionizing irradiation (EL60-EL63)

Coded Elsewhere: Oral mucositis due to radiotherapy (DA01.11)

Radiotherapy-induced xerostomia (DA02.1)

Scarring alopecia following radiotherapy (ED70.5Y)

Radiotherapy-induced skin malignancy (2C3Y)

EL60 **Acute radiodermatitis following radiotherapy**

The reaction of the skin, and in particular the epidermis, to acute exposure to ionising radiation directed at the skin for therapeutic purposes. It manifests as inflammation, erosion and crusting.

EL61 **Chronic radiodermatitis following radiotherapy**

The late cutaneous sequelae of the therapeutic use of ionising radiation. It may take five to ten years to develop and is characterised by cutaneous atrophy, fibrosis, dyspigmentation, alopecia and telangiectasia with associated damage to underlying subcutaneous fat.

EL63 **Radionecrosis of skin due to therapeutic ionizing irradiation**

Necrosis and ulceration of skin attributable to radiotherapy

EL73 **Unsatisfactory outcome from cutaneous cosmetic surgical procedure**

The outcome from a surgical intervention designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.

EL73.0 Adverse reaction to dermal or deep fillers

Any adverse event attributable to the use of injected fillers used for soft tissue augmentation.

Exclusions: Pyogenic abscess of the skin (1B75.3)

EL73.1 Adverse reaction to chemical peel

Any adverse reaction attributable to the use of chemical peels on the skin for cosmetic enhancement. Examples include infection, chemical burns, pustular acneform eruptions, dyspigmentation and scarring. The precise adverse reaction should be documented separately.

EL73.2 Adverse reaction to injection of neurotoxin

Adverse event resulting from use of neurotoxins, especially botulinum toxin, into the skin. This is most commonly administered for aesthetic reasons. Recognised problems include ptosis, diplopia and hypersensitivity to the toxin. Details of the reaction should be coded separately.

EL73.3 Unsatisfactory outcome from cosmetic laser surgery

The outcome from an intervention using lasers designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.

EL73.4 Hypomelanosis resulting from cosmetic procedure

Loss of skin pigmentation attributable to a cosmetic intervention and particularly associated with chemical peels.

EL73.5 Dyspigmentation resulting from cosmetic procedure

Disturbed skin pigmentation following a cosmetic procedure

EL73.6 Fibrosis or scarring following cosmetic procedure

Unsatisfactory scarring and fibrosis following a procedure designed to improve cosmesis.

EL80 **Adverse cutaneous effects of diagnostic procedures**

Skin problems arising from diagnostic procedures. Examples would be radiation necrosis from prolonged fluoroscopy or anaphylaxis from use of radiocontrast media.

Coded Elsewhere: Nephrogenic systemic fibrosis (FB51.Y)

EM0Y **Other specified diseases of the skin**

EM0Z **Skin disease of unspecified nature**

CHAPTER 15

Diseases of the musculoskeletal system or connective tissue

This chapter has 90 four-character categories.

Code range starts with FA00

This chapter contains diseases of musculoskeletal system and diseases of connective tissue.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Temporomandibular joint disorders (DA0E.8)

Certain conditions originating in the perinatal period (Chapter 19)

Coded Elsewhere: Neoplasms of the musculoskeletal system

Monogenic autoinflammatory syndromes (4A60)

Nonorgan specific systemic autoimmune disorders (4A40-4A4Z)

Symptoms, signs or clinical findings of the musculoskeletal system (ME80-MF1Y)

Structural developmental anomalies of the skeleton (LB70-LB9Z)

Syndromes with connective tissue involvement as a major feature (LD28)

Syndromes with skeletal anomalies as a major feature (LD24)

This chapter contains the following top level blocks:

- Arthropathies
- Conditions associated with the spine
- Soft tissue disorders
- Osteopathies or chondropathies
- Neoplasms of the musculoskeletal system

Arthropathies (FA00-FA5Z)

Osteoarthritis (FA00-FA0Z)

Osteoarthritis (OA) can be defined as a group of distinct, but overlapping diseases, which may have different etiologies, but similar biological, morphological, and clinical outcomes affecting the articular cartilage, subchondral bone, ligaments, joint capsule, synovial membrane, and periarticular muscles. OA is the most common joint disease in persons 65 years of age and above. Its etiology is not fully understood, although there are several related factors, such as female gender, genetics, metabolism, and excessive mechanical stress. The diagnosis of OA is primarily based on clinical history and physical examination. The cardinal radiographic features of OA are focal/non-uniform narrowing of the joint space in the areas subjected to the most pressure, subchondral cysts, subchondral sclerosis, and osteophytes.

FA00 Osteoarthritis of hip

FA00.0 Primary osteoarthritis of hip

FA00.1 Post traumatic osteoarthritis of hip

FA00.2 Other secondary osteoarthritis of hip

Coding Note: Code also the causing condition

FA00.Z Osteoarthritis of hip, unspecified

FA01 Osteoarthritis of knee

Primary osteoarthritis occurring in an otherwise intact knee joint, involving genetically related, age-related or use-related degeneration with microscopic and macroscopic anatomical changes, which ultimately limit motion in one or more joints. Changes to the joint include increasing cartilage loss and osseous transformation such as sclerosis, osteophyte formation and cysts as well as potential inflammatory changes in surrounding soft tissue structures.

FA01.0 Primary osteoarthritis of knee

FA01.1 Post traumatic osteoarthritis of knee

FA01.2 Other secondary osteoarthritis of knee

Coding Note: Code also the causing condition

FA01.Z Osteoarthritis of knee, unspecified

FA02 Osteoarthritis of wrist or hand

FA02.0 Primary osteoarthritis of wrist or hand

FA02.1 Post traumatic osteoarthritis of wrist or hand

FA02.2 Other secondary osteoarthritis of wrist or hand

Coding Note: Code also the causing condition

FA02.Z Osteoarthritis of wrist or hand, unspecified

FA03 Osteoarthritis of other specified joint

FA03.0 **Primary osteoarthritis of other specified joint**

FA03.1 **Post traumatic osteoarthritis of other specified joint**

FA03.2 **Other secondary osteoarthritis of other specified joint**

Coding Note: Code also the causing condition

FA03.Z **Osteoarthritis of other specified joint, unspecified**

FA04 **Oligoosteoarthritis**

Coding Note: Code also the causing condition

FA05 **Polyosteoarthritis**

Coding Note: Code also the causing condition

FA0Z **Osteoarthritis, unspecified**

Coding Note: Code also the causing condition

Infection related arthropathies (FA10-FA1Z)

A disease of the joints, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Distinction is made between the following types of etiological relationship.

a) direct infection of joint, where organisms invade synovial tissue and microbial antigen is present in the joint;

b) indirect infection, which may be of two types: a reactive arthropathy, where microbial infection of the body is established but neither organisms nor antigens can be identified in the joint, and a postinfective arthropathy, where microbial antigen is present but recovery of an organism is inconstant and evidence of local multiplication is lacking.

FA10 **Direct infections of joint**

Hematogenic or non-hematogenic infections of joints with the microbes listed.

Exclusions: Reactive arthropathies (FA11)

Postinfectious arthropathies (FA12)

FA10.0 **Bacterial infection of joint**

Coded Elsewhere: Gonococcal arthritis (1A72.0)

FA10.1 **Viral infection of joint**

FA10.2 **Fungal infection of joint**

FA10.Z **Direct infections of joint, unspecified**

FA11 Reactive arthropathies

A disease of the joints, caused by an infection in another part of the body, auto-immune disease, or post-vaccination. This disease is characterised by a secondary inflammation of the joints in reaction to infection, auto-immune disease, or vaccination. Common previous sites of infection are the enteric or genitourinary system.

Coding Note: Code also the underlying disease or aetiology.

Exclusions: Acute rheumatic fever (1B40-1B42)

Behçet disease (4A62)

Coded Elsewhere: Arthritis mutilans (FA21.Y)

FA11.0 Arthropathy following intestinal bypass

Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)

FA11.1 Arthropathy following vaccination

FA11.2 Arthropathy following genitourinary infection

Reactive arthritis (ReA) is an autoimmune disorder belonging to the group of seronegative spondyloarthropathies and is characterised by the classic triad of arthritis, urethritis and conjunctivitis.

Coding Note: Code also the causing condition

FA11.Y Other specified reactive arthropathies

Coding Note: Code also the underlying disease or aetiology.

FA11.Z Reactive arthropathies, unspecified

Coding Note: Code also the underlying disease or aetiology.

FA12 Postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.0 Bacterial postinfectious arthropathy

Coding Note: Code also the causing condition

FA12.1 Viral postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.2 Fungal postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.3 Parasitic postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Y Other specified postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Z **Postinfectious arthropathies, unspecified**

Coding Note: Code also the causing condition

FA13 **Infectious spondyloarthritis**

A condition of the spine, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by inflammation of the vertebrae.

Exclusions: Inflammatory spondyloarthritis (FA92)

FA1Y **Other specified infection related arthropathies**

FA1Z **Infection related arthropathies, unspecified**

Inflammatory arthropathies (FA20-FA2Z)

Coded Elsewhere: Peripheral spondyloarthritis (FA92.1)

FA20 **Rheumatoid arthritis**

Rheumatoid arthritis (RA) is persistent and/or erosive disease that is defined as the confirmed presence of synovitis in at least 1 joint, absence of an alternative diagnosis that better explains the synovitis, and achievement of a total score of 6 or greater (of a possible 10) from the individual scores in 4 domains: number and site of involved joints, serologic abnormality, elevated acute-phase response, and symptom duration.

Exclusions: rheumatoid arthritis, juvenile (FA24.1)

Acute rheumatic fever (1B40-1B42)

Coded Elsewhere: Respiratory disorders in rheumatoid arthritis (CB05.1)

FA20.0 **Seropositive rheumatoid arthritis**

FA20.1 **Seronegative rheumatoid arthritis**

FA20.Z **Rheumatoid arthritis, serology unspecified**

FA21 **Psoriatic arthritis**

Psoriatic arthritis, a member of the spondyloarthritis family, is defined as an inflammatory arthropathy associated with psoriasis that is usually rheumatic factor negative. It is characterised by various clinical manifestations, including symmetric polyarthritis, asymmetric oligoarthritis or polyarthritis, spinal inflammation similar to ankylosing spondylitis, peripheral enthesitis, anterior chest wall involvement, distal interphalangeal arthritis of the hands and feet, dactylitis (sausage digit or toe), arthritis mutilans and onycho-pachydermo-periostitis. The CASPAR has high sensitivity and specificity.

Exclusions: Juvenile psoriatic arthritis (FA24.2)

FA21.0 **Psoriatic spondyloarthritis**

Inclusions: Psoriatic spondylitis

FA21.Y **Other specified psoriatic arthritis**

FA21.Z **Psoriatic arthritis, unspecified**

FA22 **Polymyalgia rheumatica**

Polymyalgia rheumatica (PMR) is a syndrome characterised by aching of the proximal portions of the extremities and torso. Provisional classification criteria for PMR by the European League Against Rheumatism/American College of Rheumatology Collaborative Initiative should be applied to patients aged 50 years or older with bilateral shoulder aching, and abnormal CRP and/or ESR. The scoring algorithm is based on morning stiffness >45 minutes (2 points), hip pain/limited range of motion (1 point), absence of rheumatoid factor and/or anti-citrullinated protein antibody (1 point), with optional ultrasound criteria. Most commonly, PMR occurs in isolation, but may be seen in 40-50% of patients with giant cell arteritis.

Exclusions: Giant cell arteritis with polymyalgia rheumatica (4A44.2)

FA23 **Adult-onset Still disease**

Adult onset Still's disease is a rare rheumatic condition characterised by a combination of symptoms, such as fever higher than 39 degrees C, cutaneous rash during fever peaks, joint or muscle pain, lymph node hypertrophy, increase of white blood cells (especially polymorphonuclear neutrophils) and abnormalities of liver metabolism.

Exclusions: Still disease NOS (FA24.4)

FA24 **Juvenile idiopathic arthritis**

Juvenile idiopathic arthritis (JIA) is the term used to describe a group of inflammatory articular disorders of unknown cause that begin before the age of 16 and last over 6 weeks. Six disorders have been defined: systemic-onset juvenile idiopathic arthritis (formerly referred to as Still's disease), oligoarticular arthritis, rheumatoid factor-positive polyarthritis, rheumatoid factor-negative polyarthritis, enthesitis-related arthritis (spondyloarthropathies), and the juvenile form of psoriatic arthritis (see these terms). A seventh category has been defined comprising unclassified types of arthritis (types that do not correspond to any of the defined disease or that correspond to more than one of the disease definitions).

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

Exclusions: Juvenile dermatomyositis (4A41.01)

Felty syndrome (FA20.0)

FA24.0 Juvenile idiopathic oligoarthritis

Oligoarticular juvenile arthritis is the most common form of juvenile idiopathic arthritis, representing nearly 50% of cases. It is more common in girls (80% of cases), with onset occurring between ages 2 and 4. It is usually asymmetrical and affects between one and a maximum of four joints, predominantly those of the lower limbs (knee or foot).

Coding Note: Use additional code, if desired, to identify associated uveitis

FA24.00 Juvenile idiopathic oligoarthritis, onset persistent

Onset persistent refers to the fact that the child never has more than four joints involved throughout the course of the disease.

FA24.01 Juvenile idiopathic oligoarthritis, onset extended

Onset extended refers to the fact that after the initial six month period, the total number of affected joints exceeds four.

FA24.0Z Juvenile idiopathic oligoarthritis, onset unspecified

Coding Note: Use additional code, if desired, to identify associated uveitis

FA24.1 **Juvenile idiopathic polyarthritis**

Juvenile idiopathic polyarthritis is a type of juvenile idiopathic arthritis (JIA) that affects five or more joints in the first six months after onset. It often affects the same joints on each side of the body. It is more common in girls.

FA24.2 **Juvenile psoriatic arthritis**

Juvenile psoriatic arthritis is an autoimmune inflammatory disorder representing less than 10% of all juvenile idiopathic arthritis (JIA) cases, and characterised by the association of psoriasis with one of two forms of arthritis: the association of psoriasis with an arthritis that most resembles oligoarticular arthritis with a risk of uveitis is more common in girls with onset at around 6 years of age, whereas the association of psoriasis with a form of arthritis that most resembles a spondyloarthropathy is most common in boys and manifests later.

Coding Note: Use additional code to identify associated uveitis

FA24.3 **Juvenile enthesitis related arthritis**

Enthesitis-related arthritis is a type of juvenile idiopathic arthritis (JIA) that represents the paediatric form of spondyloarthropathy in adults, but differs from it as the initial manifestations in the paediatric form are asymmetric oligoarticular arthritis of the lower limbs, associated with enthesitis. Axial manifestations (sacroiliac involvement) are present in only 25% of cases at onset but appear several years later in the disease course.

Coding Note: Use additional code to identify associated uveitis

FA24.4 **Juvenile systemic arthritis**

Systemic-onset juvenile idiopathic arthritis represents 10-11% of cases of juvenile idiopathic arthritis (JIA) and is marked by the severity of the extra-articular manifestations (fever, cutaneous eruptions) and by an equal sex ratio. Fever peaks are associated with transient cutaneous eruptions and diffuse erythematosis or urticarial-like lesions. The presence of arthritis is essential for diagnosis but may appear later in the disease course. The number of sites affected is variable (mono-, oligo- or polyarthritis) affecting both the small and large joints in a nearly symmetrical manner. This characteristic diagnostic triad may also be associated with an adenopathy and hepatosplenomegaly. Visceral complications (pericarditis, pleural effusion or serous peritonitis with abdominal pain) may be present.

Coding Note: Code also the causing condition

FA24.Y **Other specified juvenile idiopathic arthritis**

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

FA24.Z **Juvenile idiopathic arthritis, unspecified**

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

FA25 **Gout**

Gout is an acute or chronic arthropathy resulting from deposition of monosodium urate monohydrate crystals in joint tissues. It is strongly associated with hyperuricaemia, which may be secondary to certain drugs, poisons or lymphoproliferative disorders. Gout is definitively diagnosed by demonstration of urate crystals in aspirated synovial fluid in the absence of an alternative aetiology for arthritis. It may be associated with focal urate deposition in skin and subcutaneous tissue (tophaceous gout) and with urate nephropathy

Exclusions: Hyperuricaemia without signs of inflammatory arthritis or tophaceous disease (5C55)

FA25.0 **Primary gout**

Primary gout refers to those cases that appear to be innate, that are neither secondary to another acquired disorder nor a subordinate manifestation of an inborn error that leads initially to a major disease unlike gout. Although some cases of primary gout have a genetic basis, others do not.

Inclusions: Gouty bursitis

Gouty arthropathy

FA25.1 **Secondary gout**

Secondary gout refers to those cases that develop during the course of another disease, or as a consequence of treatment with drugs. Secondary gout is associated with increased purine biosynthesis de novo, increased nucleic acid turnover, or decreased renal clearance of uric acid.

Coding Note: Code also the causing condition

FA25.10 Lead-induced gout

FA25.11 Drug-induced gout

FA25.12 Gouty arthropathy due to enzyme defects or other inherited disorders

Coding Note: Code also the causing condition

FA25.1Y Other specified secondary gout

Coding Note: Code also the causing condition

FA25.1Z Secondary gout, unspecified

Coding Note: Code also the causing condition

FA25.2 **Gout without specification whether primary or secondary**

FA25.20 Tophaceous gout

Tophi are precipitates of monosodium urate in the tissues of patients with hyperuricaemia and may be associated with other manifestations of hyperuricaemia including gouty arthropathy. They present particularly in the skin and subcutaneous tissue. One of the more common sites for them is the helix of the ear.

FA25.2Y Other specified gout without specification whether primary or secondary

FA25.2Z Gout, unspecified

FA26 Certain specified crystal arthropathies

Exclusions: Gout (FA25)

FA26.0 Calcium pyrophosphate dehydrate deposition disease

Familial calcium pyrophosphate deposition is a chronic inherited arthropathy characterised by chondrocalcinosis (cartilage calcification), often associated with recurrent acute calcium pyrophosphate crystal arthritis and polyarticular osteoarthritis.

FA26.1 Hydroxyapatite deposition disease

Calcium hydroxyapatite crystal deposition disease is characterised by the presence of basic calcium phosphate crystals - predominantly hydroxyapatite - in periarticular soft tissues, especially tendons. This entity is best recognised as "calcific tendinitis" at its most frequent site about the shoulder, but the disease involves numerous other sites and may be more appropriately termed calcific periarthritis.

FA26.2 Chondrocalcinosis

Chondrocalcinosis refers to radiographic calcification in hyaline and/or fibrocartilage and is not specific for CPPD or other particular crystal deposition disease. Familial l CPPD deposition disease has been reported from many countries and some kindred have CPPD disease linked to ANKH mutation on chromosome 5p.

Inclusions: Familial chondrocalcinosis

FA26.Y Other specified crystal arthropathies

FA26.Z Crystal arthropathies, unspecified

FA27 Certain specified inflammatory arthropathies

Exclusions: cricoarytenoid arthropathy (CA0H)

arthropathy NOS (FA38)

FA27.0 Kashin-Beck disease

Kashin-Beck disease (KBD) is a chronic, endemic osteochondropathy of unknown etiology. The disease is mainly distributed in a diagonal belt ranging from the northeast to the southwest of China, where the soil selenium content is low. Mineral deficiencies (e.g., selenium, iodine), fungal cereal contamination, and water contamination may be contributing factors to its etiology. The disease is manifested by arthritic pain, morning stiffness, enlarged and shortened fingers, deformed and enlarged joints, and limited motion of the joints in the extremities.

FA27.1 Pigmented villonodular synovitis

This condition is characterised by outgrowths of synovial membrane composed of villi and fibrous nodules and is histologically characterised by hemosiderin- and lipid-containing macrophages and multinucleated giant cells. It usually occurs in the knee and hip, and is often diagnosed by Magnetic Resonance Imaging.

FA27.2 **Palindromic rheumatism**

Palindromic rheumatism causes sudden attacks of joint pain and swelling, typically in the hands and feet. An episode may last from a few hours to several days. The frequency of attacks also varies. Between attacks, pain and swelling completely disappear, and the affected joints look normal on X-rays. It is likely that 30 to 50 percent of patients with palindromic rheumatism go on to develop rheumatoid arthritis, but the progression may take several years.

FA27.3 **Transient synovitis**

FA27.4 **Intermittent hydrarthrosis**

FA27.Y **Other specified inflammatory arthropathies**

FA2Z **Inflammatory arthropathies, unspecified**

Certain specified joint disorders or deformities of limbs (FA30-FA3Z)

Exclusions: Conditions associated with the spine (FA70-FB1Z)

FA30 **Acquired deformities of fingers or toes**

Exclusions: congenital deformities and malformations of fingers and toes (LB80-LB8Z)

Congenital absence of finger (LB99.7)

Congenital absence of toe (LB9A.5)

Acquired absence of toe (QF00)

Acquired absence of finger, including thumb, unilateral (QF00)

amputation of finger (QF00)

amputation of toe (QF00)

FA30.0 **Acquired hallux valgus**

FA30.1 **Hallux rigidus**

Coding Note: Code also the causing condition

FA30.2 **Acquired hammer toe**

Exclusions: Congenital hammer toe (LB98.5)

FA30.Y **Other specified acquired deformities of fingers or toes**

FA30.Z **Acquired deformities of fingers or toes, unspecified**

FA31 Other acquired deformities of limbs

Exclusions: congenital: deformities and malformations of limbs (LB70-LB9Z)

Acquired deformities of fingers or toes (FA30)

congenital: absence of limbs (LB70-LB9Z)

Coxa plana (FB82.1)

Acquired absence of limb (QF00)

FA31.0 Valgus deformity, not elsewhere classified

Exclusions: Talipes calcaneovalgus (LB98.22)

Metatarsus valgus (LB98.21)

FA31.1 Varus deformity, not elsewhere classified

Exclusions: Metatarsus varus (LB98.02)

tibia vara (FB82.1)

FA31.2 Flexion deformity

FA31.3 Acquired wrist drop

FA31.4 Acquired foot drop

FA31.5 Acquired pes planus

Exclusions: Congenital pes planus (LB98.1)

FA31.6 Acquired clawhand or clubhand

FA31.7 Acquired clawfoot or clubfoot

Exclusions: congenital clubfoot - varus (LB98.0)

congenital clubfoot - valgus (LB98.22)

FA31.8 Acquired unequal limb length

FA31.Y Other specified acquired deformities of limbs

FA31.Z Acquired deformities of limbs, unspecified

FA32 Disorders of patella

Exclusions: Dislocation of patella (NC93.1)

Coded Elsewhere: Chondromalacia patellae (FB82.00)

FA32.0 Recurrent instability of patella

FA32.1 Patellofemoral disorders

FA32.Y Other specified disorders of patella

FA32.Z Disorders of patella, unspecified

FA33 **Internal derangement of knee**

Internal derangement of the knee (IDK) is a chronic disorder of the knee due to a torn, ruptured or deranged meniscus of the knee, or a partial or complete cruciate rupture, with or without injury to the capsular ligament, resulting in ongoing or intermittent signs and symptoms such as pain, instability, or abnormal mobility of that knee.

If indicated that derangement is due to trauma, code to Injury, poisoning and certain other consequences of external causes, regardless of time past since injury.

Exclusions: recurrent dislocation or subluxation patella (FA32.0)

Ankylosis of joint (FA34.4)

deformity of knee (FA31)

Injuries to the knee or lower leg (NC90-NC9Z)

Disorders of patella (FA32)

FA33.0 Cystic meniscus

FA33.1 Discoid meniscus

FA33.2 Derangement of meniscus due to old tear or injury

Inclusions: Old bucket-handle tear

FA33.3 Loose body in knee

FA33.4 Chronic instability of knee

Exclusions: Recurrent instability of patella (FA32.0)

FA33.40 Chronic instability of knee, medial collateral ligament or other or unspecified part of medial meniscus

FA33.4Y Other specified chronic instability of knee

FA33.4Z Chronic instability of knee, unspecified

FA33.Y Other specified internal derangement of knee

FA33.Z Internal derangement of knee, unspecified

FA34 **Certain specified joint derangements**

Exclusions: Temporomandibular joint disorders (DA0E.8)

current injury - see injury of joint by body region (Chapter 22)

FA34.0 Loose body in joint

Exclusions: Loose body in knee (FA33.3)

FA34.1 Disorder of ligament

Exclusions: Chronic instability of knee (FA33.4)

familial ligamentous laxity (LD28.1)

FA34.2 **Recurrent instability of joint**

Exclusions: vertebral subluxation (ME93)

Recurrent instability of patella (FA32.0)

FA34.3 **Contracture of joint**

Exclusions: Dupuytren contracture (FB51.0)

contracture of tendon (sheath) without contracture of joint (FB42.1)

acquired deformities of limbs (FA31)

FA34.4 **Ankylosis of joint**

Exclusions: stiffness of joint without ankylosis (ME85)

Ankylosis of spinal joint (FB00)

FA34.5 **Impingement syndrome of hip**

FA34.Y **Other joint derangements**

FA35 **Wear of articular bearing surface of joint prosthesis**

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

FA35.0 **Wear of articular bearing surface of joint prosthesis of hip**

FA35.1 **Wear of articular bearing surface of joint prosthesis of knee**

FA35.2 **Wear of articular bearing surface of joint prosthesis of other joint**

FA35.Z **Wear of articular bearing surface of joint prosthesis of unspecified joint**

FA36 **Effusion of joint**

Increased intra-articular fluid secondary to trauma and/or other acquired conditions not detailed in other codes.

Inclusions: hydrarthrosis

Exclusions: hydrarthrosis of yaws (1C1D.2)

FA36.0 **Effusion of joint containing blood**

Inclusions: haemarthrosis

Exclusions: Dislocation or strain or sprain of unspecified body region (ND56.3)

FA36.Y **Other specified effusion of joint**

FA36.Z **Effusion of joint, unspecified**

FA37 Certain joint disorders, not elsewhere classified

Exclusions: calcification of: tendon (FB40.3)
difficulty in walking (MB44.2)
abnormality of gait and mobility (MB44)
Acquired deformities of fingers or toes (FA30)
Other acquired deformities of limbs (FA31)

Coded Elsewhere: Pain in joint (ME82)
Stiffness of joint (ME85)

FA37.0 Osteophyte

FA37.Y Other specified certain joint disorders, not elsewhere classified

FA37.Z Certain joint disorders, not elsewhere classified, unspecified

FA38 Arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

Exclusions: arthropathy in: haematological disorders (Chapter 03)
neuropathic spondylopathy (FB00-FB0Z)
psoriatic and enteropathic arthropathies juvenile (FA24.2)

FA38.0 Diabetic arthropathy

Coding Note: Code also the causing condition

Exclusions: Diabetic Charcot arthropathy (FA38.10)
Diabetic cheiroarthropathy (EE40-EE7Y)

FA38.1 Neuropathic arthropathy

Neuropathic arthropathy is a progressive destructive arthritis associated with loss of pain sensation, proprioception, or both. Normal muscular reflexes that modulate joint movement are decreased. Without these protective mechanisms, joints are subjected to repeated trauma, resulting in progressive cartilage and bone damage. Additional symptoms include skin changes, such as erythema, swelling, hyperpigmentation, or purpura and soft tissue ulcers over the affected area, as well as joint loosening or instability and joint deformities.

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.10 Diabetic Charcot arthropathy

Joint damage resulting from diabetic sensory polyneuropathy. This most commonly affects the ankle and foot in patients with longstanding diabetes mellitus.

Coding Note: Always assign an additional code for diabetes mellitus.

FA38.1Y Other specified neuropathic arthropathy

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.1Z Neuropathic arthropathy, unspecified

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.2 **Arthropathy in hypersensitivity reactions classified elsewhere**

Coding Note: Code also the causing condition

FA38.3 **Haemophilic arthropathy**

Joint destruction in the knees, shoulders, ankles, elbows, and hips is associated with haemophilia. The condition includes acute hemarthrosis, subacute or chronic arthritis, and end-stage haemophilic arthropathy. Nearly all patients with severe haemophilia A or B and half of patients with moderate disease activity experience hemarthrosis. Symptoms include joint pain, joint swelling, joint fibrosis, development of flexion deformities, and erosion of joint cartilage. Joints most commonly affected are knees, ankles, elbows, shoulders, and hips (in order of frequency). Bleeding into muscle and soft tissue also causes musculoskeletal dysfunction.

Coding Note: Code also the causing condition

FA38.Y **Other specified arthropathy in diseases classified elsewhere**

Coding Note: Code also the causing condition

FA38.Z **Unspecified arthropathy in diseases classified elsewhere**

Coding Note: Code also the causing condition

FA3Z **Unspecified joint disorders and deformities of limbs**

FA5Y **Other specified arthropathies**

FA5Z **Arthropathies, unspecified**

Conditions associated with the spine (FA70-FB1Z)

This is a group of conditions in which there is a deviation from or interruption of the normal structure or function of the spine.

Coded Elsewhere: Spinal pain (ME84)

Neck syndrome (ME86.C)

Structural disorders of spine (FA70-FA7Z)

FA70 **Spinal deformities**

FA70.0 **Kyphosis**

This is a curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture.

Exclusions: Post radiation kyphosis (FC01.2)

FA70.1 **Scoliosis**

Coded Elsewhere: Post radiation scoliosis (FC01.5)

Congenital scoliosis due to congenital bony malformation (LB73.25)

FA70.2 **Lordosis**

This is the inward curvature of a portion of the lumbar and cervical vertebral column, excessive curvature is called hyperlordosis.

Coded Elsewhere: Postsurgical lordosis (FC01.4)

FA70.Z **Spinal deformities, unspecified**

FA71 **Torticollis**

Exclusions: Cervical dystonia or spasmodic torticollis (8A02.0)

Congenital torticollis (LA62)

current injury - see injury of spine by body region (NB50-NB9Z)

torticollis: due to birth injury (KA43.3)

FA72 **Disorders of vertebra**

Changes in the structure of the spine causing damage to vertebrae and surrounding tissue secondary to infection, injury, tumours, infections, bone changes that come with age etc. Spinal diseases often limit movement and cause pain when bone changes put pressure on the spinal cord or nerves.

FA72.0 **Ankylosing hyperostosis**

FA72.1 **Kissing spine**

FA72.2 **Traumatic spondylopathy**

Coding Note: Code also the causing condition

FA72.3 **Fatigue fracture of vertebra**

Coding Note: Code also the causing condition

Inclusions: Stress fracture of vertebra

FA72.4 **Collapsed vertebra, not elsewhere classified**

Exclusions: collapsed vertebra in osteoporosis (FB00-FB0Z)

current injury - see injury of spine by body region. (NB50-NB9Z)

FA72.Y **Other specified disorders of vertebra**

FA7Y **Other specified structural disorders of spine**

FA7Z **Structural disorders of spine, unspecified**

Degenerative condition of spine (FA80-FA8Z)

This is a disease characterised by degenerative changes in the intervertebral disc, vertebral end-plates and spinal joints due to aging or structural change.

FA80 **Intervertebral disc degeneration**

FA80.0 **Intervertebral disc degeneration of cervical spine without prolapsed disc**

This is a disease characterised by degenerative changes in the intervertebral disc and vertebral end-plates without prolapse of the intervertebral disc.

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.1 **Intervertebral disc degeneration of cervical spine with prolapsed disc**

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.2 **Intervertebral disc degeneration of cervical spine with bony spur at the vertebra**

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.3 **Intervertebral disc degeneration of cervical spine with nervous system involvement**

FA80.4 **Intervertebral disc degeneration of thoracic spine without prolapsed disc**

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.5 **Intervertebral disc degeneration of thoracic spine with prolapsed disc**

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.6 **Intervertebral disc degeneration of thoracic spine with bony spur at the vertebra**

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.7 **Intervertebral disc degeneration of thoracic spine with nervous system involvement**

FA80.8 **Intervertebral disc degeneration of lumbar spine without prolapsed disc**

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.9 **Intervertebral disc degeneration of lumbar spine with prolapsed disc**

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.A **Intervertebral disc degeneration of lumbar spine with bony spur at the vertebra**

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.B **Intervertebral disc degeneration of lumbar spine with nervous system involvement**

FA80.Y **Other specified intervertebral disc degeneration**

FA80.Z **Intervertebral disc degeneration, unspecified**

FA81 **Spondylolysis**

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra).

FA81.0 Spondylolysis with slippage

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) with forward displacement of a superior vertebral body over the vertebral body below.

FA81.1 Spondylolysis without slippage

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) without slippage of the vertebrae.

FA81.Z Spondylolysis, unspecified

FA82 **Spinal stenosis**

This is a condition characterised by narrowing of the spinal canal.

FA83 **Ossification of spinal ligaments**

Coding Note: Code also the causing condition

Coded Elsewhere: Ankylosing hyperostosis (FA72.0)

FA84 **Spondylolisthesis**

This is a forward displacement of a vertebral body (the anterior or front-facing portion of a vertebrae), with a higher position over the vertebral body below.

Coding Note: Code also the causing condition

FA84.0 Spondylolisthesis with pars defect

FA84.1 Spondylolisthesis without pars defect

This is a condition characterised by forward displacement of a superior vertebral body over the vertebral body below without a defect in the pars interarticularis.

FA84.Z Spondylolisthesis, unspecified

Coding Note: Code also the causing condition

FA85 **Spinal endplate defects**

FA85.0 Spinal epiphysiopathy with no determinant

FA85.1 Spinal epiphysiopathy with determinants

FA85.10 Localised central endplate defect

FA85.11 Multiple anterior endplate defect

Familial Scheuermann disease is an inherited disorder characterised by kyphotic deformity of the spine that develops in adolescence. The spinal deformity includes irregularities of the vertebral endplates, the presence of Schmorl's nodes, disk-space narrowing, and vertebral wedging.

FA85.12 Separation of ring apophysis

FA85.1Y Other specified spinal epiphysiopathy with determinants

FA85.1Z Spinal epiphysiopathy with determinants, unspecified

FA85.Y **Other specified spinal endplate defects**

FA85.Z **Spinal endplate defects, unspecified**

FA8Y **Other specified degenerative condition of spine**

FA8Z **Degenerative condition of spine, unspecified**

Inflammation of spine (FA90-FA9Z)

FA90 **Infection of vertebra**

A condition of the vertebrae, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly present with fever, chills, headache, weight loss, or may be asymptomatic. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.

FA90.0 **Infection of vertebra with no determinant**

FA90.1 **Infection of vertebra with determinants**

FA90.Y **Other specified infection of vertebra**

FA90.Z **Infection of vertebra, unspecified**

FA91 **Infection of intervertebral disc**

A condition of the intervertebral discs, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly present with fever, chills, headache, stiffness of the neck, or tingling sensations in the arms or legs. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.

FA92 **Inflammatory spondyloarthritis**

Inflammatory spondyloarthritis is a rheumatic disease referring to the group of inflammatory disorders affecting the lower limb, enthesitis, dactylitis, and uveitis. Clinical characteristics include typical patterns of peripheral arthritis (i.e., predominantly of the lower limb and asymmetric), absence of rheumatoid factor, absence of subcutaneous nodules and other extra-articular features of rheumatoid arthritis, overlapping extra-articular features of the group (e.g., anterior uveitis), and significant familial aggregation and association with HLA-B27.

Exclusions: Infectious spondyloarthritis (FA13)

FA92.0 **Axial spondyloarthritis**

Inclusions: Ankylosing spondylitis

Exclusions: Behçet disease (4A62)

FA92.00 Spinal enthesitis

FA92.01 Sacroiliitis, not elsewhere classified

Inflammation of the sacroiliac joint that may be related to local disease or systemic disease.

FA92.0Y Other specified axial spondyloarthritis

FA92.0Z Axial spondyloarthritis, unspecified

FA92.1 **Peripheral spondyloarthritis**

Experts from the Assessment of SpondyloArthritis international Society (ASAS) developed classification criteria for axSpA and peripheral SpA. These criteria were developed for patients with peripheral manifestations without back pain, arthritis, enthesitis or dactylitis plus SpA features.

FA92.Y **Other specified inflammatory spondyloarthritis**

FA92.Z **Inflammatory spondyloarthritis, unspecified**

FA9Y **Other specified inflammation of spine**

FA9Z **Inflammation of spine, unspecified**

Spondylopathies (FB00-FB0Z)

Coded Elsewhere: Infectious spondyloarthritis (FA13)

Collapsed vertebra, not elsewhere classified (FA72.4)

Nonunion after spinal arthrodesis (FC01.70)

FB00 **Ankylosis of spinal joint**

FB0Y **Other specified spondylopathies**

FB0Z **Spondylopathies, unspecified**

FB10 **Spinal instabilities**

Exclusions: Spondylolysis (FA81)

FB1Y **Other specified conditions associated with the spine**

FB1Z **Conditions associated with the spine, unspecified**

Soft tissue disorders (FB30-FB6Z)

Coded Elsewhere: Diabetic radiculoplexoneuropathy (8B94)

Autoimmune neuritis (8E4A.1)

Disorders of muscles (FB30-FB3Z)

Exclusions: Muscular dystrophy (8C70)

Coded Elsewhere: Foreign body granuloma of soft tissue, not elsewhere classified (FB56.0)

FB30 **Infectious myositis**

Infective myositis is an acute, subacute, or chronic infection of skeletal muscle and may be caused by a wide range of infecting organisms. Immunosuppression, particularly as the result of HIV infection, is an important predisposing factor.

FB31 **Calcification or ossification of muscle**

FB31.0 Progressive osseous heteroplasia

FB31.1 Fibrodysplasia ossificans progressiva

This is an extremely rare disease of the connective tissue where a mutation of the body's repair mechanism causes fibrous tissue (including muscle, tendon, and ligament) to be ossified when damaged.

FB31.Y Other specified calcification or ossification of muscle

FB31.Z Calcification or ossification of muscle, unspecified

FB32 **Certain specified disorders of muscle**

This is an impairment of health or a condition of abnormal functioning of the muscle that does not fit in another category.

Exclusions: Alcoholic myopathy (8D44.1)

Myalgia (FB56.2)

Cramp or spasm (MB47.3)

Stiff person syndrome (8E4A.0)

Primary disorders of muscles (8C70-8C7Z)

Coded Elsewhere: Drug-induced myopathy (8C80)

Sarcoid myositis (4B20.Y)

FB32.0 Diastasis of muscle

This is a pathological separation or tearing of muscle fibres from other muscle fibres, tendons or fascia

FB32.1 **Spontaneous rupture of muscle**

This is a spontaneous tearing or separation of muscle fibres from other muscle fibres and/or tendons in the absence of trauma.

Exclusions: rupture of tendon (Chapter 22)

traumatic rupture of muscle - see injury of muscle by body region (Chapter 22)

FB32.2 **Ischaemic infarction of muscle**

Exclusions: Volkmann ischaemic contracture (NF0A.6)

traumatic ischaemia of muscle (NF0A.6)

compartment syndrome, traumatic (NF0A.6)

FB32.20 Idiopathic rhabdomyolysis

Skeletal muscle breakdown with leakage of muscle contents, frequently accompanied by myoglobinuria, occurring in both adult and paediatric populations with no identifiable cause. The attacks are often recurrent. Renal failure due to tubular necrosis is a severe complication.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

FB32.2Y Other specified ischaemic infarction of muscle

FB32.2Z Ischaemic infarction of muscle, unspecified

FB32.3 **Immobility syndrome**

FB32.4 **Contracture of muscle**

Exclusions: Contracture of joint (FA34.3)

FB32.5 **Muscle strain or sprain**

Exclusions: current injury - see injury of muscle by body region (Chapter 22)

FB32.Y **Other specified disorders of muscles**

FB33 Secondary disorders of muscle

Coding Note: Code also the causing condition

Exclusions: myopathy in: metabolic diseases (8C80-8C8Z)

FB3Z Disorders of muscles, unspecified

Disorders of synovium or tendon (FB40-FB4Z)

This is a group of disorders which affect the synovial joint lining (synovium) and also tendons.

FB40 **Tenosynovitis**

Exclusions: soft tissue disorders related to use, overuse and pressure (FB50.1)

current injury - see injury of ligament or tendon by body region (Chapter 22)

FB40.0 Infectious tenosynovitis

FB40.1 Plantar fasciitis

FB40.2 Posterior tibial tendonitis

FB40.3 Calcific tendinitis

This is a disorder characterised by deposits of hydroxyapatite in any tendon of the body causing inflammation and pain.

FB40.4 Trigger finger

This is a common disorder characterised by catching, snapping or locking of the involved finger flexor tendon, associated with dysfunction and pain.

Inclusions: Nodular tendinous disease

FB40.5 Radial styloid tenosynovitis

Inflammation of the flexor and/or extensor tendon synovial sheaths in the hand and wrist that control movement of the thumb.

FB40.Y Other specified tenosynovitis

FB40.Z Tenosynovitis, unspecified

FB41 **Spontaneous rupture of synovium or tendon**

This is a spontaneous rupture to a fluid-filled sac containing viscous fluid which normally acts to decrease friction and also provides a cushion between bones and tendons and/or muscles around a joint.

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

Exclusions: rupture where an abnormal force is applied to normal tissue - see injury of tendon by body region (Chapter 22)

rotator cuff syndrome (FB53.1)

FB41.0 Spontaneous rupture of popliteal cyst

This is a rupture of the semimembranous or more rarely some other synovial bursa, or fluid filled sac, found behind the knee joint.

FB41.1 **Spontaneous rupture of synovium**

This is a rupture to a fluid-filled sac containing viscous fluid which normally acts to decrease friction and also provides a cushion between bones and tendons and/or muscles around a joint.

Exclusions: Spontaneous rupture of popliteal cyst (FB41.0)

FB41.2 **Spontaneous rupture of tendon**

FB41.Y **Other specified spontaneous rupture of synovium or tendon**

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

FB41.Z **Spontaneous rupture of synovium or tendon, unspecified**

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

FB42 Certain specified disorders of synovium or tendon

Exclusions: Palmar fascial fibromatosis (FB51.0)

tendinitis NOS (FB55)

xanthomatosis localized to tendons (5C80.2)

FB42.0 **Acquired short Achilles tendon**

FB42.1 **Contracture of tendon sheath**

FB42.2 **Ganglion**

This is a nodular tumour-like lesions or mucoid flesh, arising from tendon sheaths, ligaments, or joint capsule, especially of the hands, wrists, or feet. They are not true cysts as they lack epithelial wall. They are distinguished from synovial cysts by the lack of communication with a joint cavity or the synovial membrane.

Inclusions: Ganglion of tendon sheath

Exclusions: ganglion in yaws (1C1D.1)

FB42.3 **Synovial hypertrophy, not elsewhere classified**

This is an increase in synovial lining thickness which is not elsewhere classified.

FB43 Secondary disorders of synovium or tendon

Coding Note: Code also the causing condition

FB4Y Other specified disorders of synovium or tendon

FB4Z Disorders of synovium or tendon, unspecified

Miscellaneous specified soft tissue disorders (FB50-FB56.6)

This is a group of other disorders, which are not defined elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone.

FB50 Bursitis

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain.

Exclusions: Tibial collateral bursitis (FB54.2)

FB50.0 Infectious bursitis

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by an infectious agent.

Exclusions: Tuberculous bursitis (1B12.4)

FB50.1 Bursitis related to use, overuse or pressure

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by repetitive use, overuse and pressure irritation.

FB50.2 Synovial cyst of popliteal space

This is a benign swelling of the semimembranous or more rarely some other synovial bursa found behind the knee joint.

Exclusions: Spontaneous rupture of popliteal cyst (FB41.0)

FB50.3 Calcium deposit in bursa

Exclusions: Calcific tendinitis of shoulder (FB40.3)

FB50.Y Other specified bursitis

FB50.Z Bursitis, unspecified

FB51 Fibroblastic disorders

FB51.0 Palmar fascial fibromatosis

This is a fixed flexion contracture of the hand where the fingers bend towards the palm and cannot be fully extended (straightened).

Inclusions: Dupuytren disease of palm

FB51.1 Knuckle pads

This is a benign, asymptomatic, well-circumscribed, smooth, firm, skin-coloured papules, nodules, or plaques, located in the skin over the dorsal aspects of the metacarpophalangeal (MCP) and interphalangeal (IP) joints.

FB51.2 Fasciitis and fibromatosis

FB51.3 Fibroblastic rheumatism

FB51.4 **Retroperitoneal fibrosis**

Retroperitoneal fibrosis (RPF) is a disease characterised by the development of extensive proliferation of fibrous tissue in the retroperitoneum, resulting in entrapment and obstruction of retroperitoneal structures, notably the ureters. RPF can be classified as primary (idiopathic) meaning that the cause is not known or secondary. But its association with various immune-related conditions and response to immunosuppression have led to speculation regarding an autoimmune aetiology of idiopathic RPF. One-third of the cases are secondary to malignancy, medication, trauma, or certain infections.

FB51.40 Primary retroperitoneal fibrosis

This is the commonest form of retroperitoneal fibrosis. By definition, no associated trigger (e.g. drugs or malignancy) can be determined, although atherosclerosis of the abdominal aorta is often associated. It has been postulated that such atherosclerosis may be of aetiological significance in some cases.

FB51.4Y Other specified retroperitoneal fibrosis

FB51.Y **Other specified fibroblastic disorders**

FB51.Z **Fibroblastic disorders, unspecified**

FB52 Soft tissue disorders in diseases classified elsewhere

This is a group of disorders affecting tissues that connect, support, or surround other structures and organs of the body, not being bone and occur in diseases classified elsewhere.

Coding Note: Code also the causing condition

FB53 Shoulder lesions

This is a group of disorders which are normally characterised with shoulder pain and reduced range of motion of the shoulder girdle.

Exclusions: Rotator cuff tendonitis (FB40.3)

Shoulder-hand syndrome (MG30.04)

FB53.0 **Adhesive capsulitis of shoulder**

This is a condition characterised by spontaneous onset of shoulder pain accompanied by progressive loss of active and passive ranges of motion.

Inclusions: Frozen shoulder

FB53.1 **Rotator cuff syndrome**

Exclusions: Rotator cuff tendonitis (FB40.3)

FB53.2 **Impingement syndrome of shoulder**

This is a clinical syndrome which occurs when the tendons of the rotator cuff muscles become irritated and inflamed as they pass through the subacromial space, the passage beneath the acromion. This can result in pain, weakness and loss of movement at the shoulder.

FB53.Y **Other specified shoulder lesions**

FB53.Z **Shoulder lesions, unspecified**

FB54 Enthesopathies of lower limb

This is a group of disorders which refer to any abnormality of tendon and ligament insertion points of the leg. Abnormalities include inflammation and calcification.

Exclusions: Bursitis related to use, overuse or pressure (FB50.1)

FB54.0 **Iliac crest spur**

This is a disorder characterised by bony exostosis at iliac muscle origins.

FB54.1 **Iliotibial band syndrome**

This is the most common running injury of the lateral side of the knee. It is a non-traumatic overuse injury caused by repeated flexion and extension of the knee that causes irritation in the structures around the knee causing knee pain.

FB54.2 **Tibial collateral bursitis**

FB54.3 **Calcaneal spur**

This is a disorder characterised by a bone outgrowth located on the calcaneus (heel bone).

FB54.4 **Metatarsalgia**

This is a condition characterised by pain and inflammation in the ball of your foot or at the metatarsal heads.

Exclusions: Morton metatarsalgia (8C11.6)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB54.Y **Other specified enthesopathies of lower limb**

FB54.Z **Enthesopathies of lower limb, unspecified**

FB55 Certain specified enthesopathies

Exclusions: Bursitis related to use, overuse or pressure (FB50.1)

spinal enthesopathy (FA92.00)

Osteophyte (FA37.0)

FB55.0 **Medial epicondylitis of elbow**

This is a common upper extremity disorder which is characterised by degenerative changes in the musculotendonous region of the medial epicondyle, resulting from repetitive stress of flexion and extension movements of the wrist joint.

FB55.1 **Lateral epicondylitis of elbow**

This is a common upper extremity disorder which is characterised by degenerative changes in the musculotendonous region of the lateral epicondyle, resulting from repetitive stress of flexion and extension movements of the wrist joint

Inclusions: Tennis elbow

FB55.2 **Periarthritis of wrist**

This is disorder is characterised by inflammation of tissues around the joints of the wrist.

FB55.Z **Enthesopathies, unspecified**

FB56 Specified soft tissue disorders, not elsewhere classified

This is a group of other disorders, which are not classified elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone.

Exclusions: brachial radiculitis NOS (8B93)

lumbosacral radiculitis NOS (8B93)

Mononeuropathy (8C10-8C1Z)

radiculitis NOS (8B93)

Sciatica (ME84.3)

FB56.0 **Foreign body granuloma of soft tissue, not elsewhere classified**

Exclusions: Foreign body granuloma of skin (EH93.3)

FB56.1 **Residual foreign body in soft tissue**

Exclusions: Foreign body granuloma of skin (EH93.3)

Foreign body granuloma of soft tissue, not elsewhere classified (FB56.0)

FB56.2 **Myalgia**

This is a disorder characterised by pain in a muscle or group of muscles.

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB56.3 **Hypertrophy of infrapatellar fat pad**

This is a hypertrophy of an intracapsular but extrasynovial structure limited by the inferior pole of the patella superiorly, the joint capsule and patellar tendon anteriorly, the proximal tibia and deep infrapatellar bursa inferiorly, and the synovium-lined joint cavity posteriorly.

FB56.4 **Pain in limb**

Exclusions: Chronic primary limb pain (MG30.02)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB56.6 **Other specified soft tissue disorders**

FB6Z Soft tissue disorders, unspecified

Osteopathies or chondropathies (FB80-FB8Z)

Coded Elsewhere: Bone diseases with increased bone density (LD24.1)

Bone diseases with disorganised development of skeletal components (LD24.2)

Congenital vascular bone syndromes (LD26.6)

Tuberculosis of bones or joints (1B12.40)

Malignant otitis externa (AA02)

FB80 Certain specified disorders of bone density or structure

Exclusions: Osteopoikilosis (LD24.11)

Osteopetrosis (LD24.10)

Coded Elsewhere: Osteogenesis imperfecta (LD24.K0)

FB80.0 Fibrous dysplasia of bone

Fibrous dysplasia of bone is a congenital non-hereditary benign bone disease, where normal bone is replaced by a fibrous-like tissue with immature osteogenesis. Bone lesions are mono- or polyostotic and may be associated with bone pain and fragility, leading to fractures. In some patients or bone sites, they are hypertrophic, and responsible for neurological complications.

FB80.1 Skeletal fluorosis

FB80.2 Osteitis condensans

FB80.3 Hyperostosis of skull

FB80.4 Osteosclerosis

FB80.5 Solitary bone cyst

A solitary bone cyst is a benign non-epithelial bone cavity that is asymptomatic and that is found most commonly in the second decade of life by chance. The long bones are most often affected, but cases involving the jaw bone have been reported.

Exclusions: solitary cyst of jaw (DA05)

FB80.6 Aneurysmal bone cyst

Exclusions: aneurysmal cyst of jaw (DA05)

FB80.7 Malunion of fracture

FB80.8 Nonunion of fracture

Exclusions: Pseudarthrosis after fusion or arthrodesis (FC01.0)

FB80.9 Delayed union of fracture

FB80.A Stress fracture, not elsewhere classified

Exclusions: stress fracture of vertebra (FA72.3)

FB80.B Pathological fracture

Exclusions: Collapsed vertebra, not elsewhere classified (FA72.4)

FB80.Y **Other specified disorders of bone density and structure**

FB80.Z **Disorder of bone density and structure, unspecified**

FB81 Osteonecrosis

Osteonecrosis is the medical term for death of bone tissue that occurs when the supply of blood to the bone is cut off for some reason. Doctors sometimes refer to the condition as avascular necrosis, aseptic necrosis or ischemic bone necrosis

Coding Note: Code also the causing condition

Inclusions: avascular necrosis of bone

FB81.0 **Idiopathic aseptic osteonecrosis**

FB81.1 **Osteonecrosis due to dialysis**

FB81.2 **Drug-induced osteonecrosis**

Alteration of the normal structure of orofacial tissues resulting from medicinal substances acting locally or systemically.

Inclusions: Osteonecrosis due to chemical burn of oral mucosa

FB81.3 **Osteonecrosis due to trauma**

FB81.4 **Osteonecrosis due to haemoglobinopathy**

Coding Note: Code also the causing condition

FB81.5 **Osteonecrosis due to ionizing radiation**

Necrosis of bone attributable to ionizing radiation, most commonly seen affecting the mandible following radical radiotherapy for the treatment of head and neck cancer or the chest wall following radiotherapy for breast cancer.

Coded Elsewhere: Osteoradionecrosis of jaw (DA06.0)

FB81.Y **Other specified osteonecrosis**

Coding Note: Code also the causing condition

FB81.Z **Osteonecrosis, unspecified**

Coding Note: Code also the causing condition

FB82 Chondropathies

Exclusions: postprocedural chondropathies (FC01)

Coded Elsewhere: Chondrodysplasia punctata (LD24.04)

FB82.0 **Chondromalacia**

FB82.00 Chondromalacia patellae

A disease of the knee joint, caused by damaged to the cartilage under the patella. This disease is characterised by pain in the front of the knee that worsens when walking up or down stairs. This disease may be associated with injury or overuse.

FB82.0Y Other specified chondromalacia

FB82.0Z Chondromalacia, unspecified

FB82.1 **Osteochondrosis or osteochondritis dissecans**

Note: Osteochondroses are typically referred to by eponyms. The most common eponyms are indexed to osteochondrosis with specification identified by the site and time in life.

Coded Elsewhere: Medial condensing osteitis of clavicle (LB72.Y)

Idiopathic aseptic osteonecrosis of carpal lunate (FB81.0)

FB82.2 **Slipped upper femoral epiphysis**

FB82.3 **Relapsing polychondritis**

Relapsing polychondritis is a multisystem inflammatory disease of unknown etiology affecting the cartilage. The disease is characterised by intermittent or fluctuant inflammatory manifestations due to inflammation of the cartilaginous structures, resulting in tissue damage and tissue destruction. Chondritis of auricular, nasal, tracheal cartilage predominates in this disease, suggesting response to tissue-specific antigens such as collagen II and cartilage matrix protein (matrillin-1). In about one third of patients, RP is associated with vasculitis (from isolated cutaneous leucocytoclastic vasculitis to systemic polyangiitis) and autoimmune rheumatic diseases (autoimmune rheumatic diseases mainly rheumatoid arthritis and systemic lupus erythematosus). haematological malignant diseases, gastrointestinal disorders and endocrine diseases may also occur. Functional and anatomical evaluation for upper and lower airway disease is essential in evaluation and management of the disease.

FB82.Y **Other specified chondropathies**

FB82.Z **Chondropathies, unspecified**

FB83 Low bone mass disorders

Coded Elsewhere: Genetic bone diseases with decreased bone density (LD24.K)

FB83.0 **Osteopenia**

Coding Note: Code also the causing condition

FB83.00 Premenopausal idiopathic osteopenia

FB83.01 Postmenopausal osteopenia

FB83.02 Senile osteopenia

Coding Note: Code also the causing condition

FB83.03 Osteopenia of disuse

FB83.04 Drug-induced osteopenia

FB83.0Y Other specified osteopenia

Coding Note: Code also the causing condition

FB83.0Z Osteopenia, unspecified

Coding Note: Code also the causing condition

FB83.1 **Osteoporosis**

Coded Elsewhere: Postoophorectomy osteoporosis (FC01.9)

Osteoporosis in multiple myelomatosis (2A83.1)

FB83.10 Premenopausal idiopathic osteoporosis

FB83.11 Postmenopausal osteoporosis

Susceptibility to bone fracture secondary to a systemic decrease in bone mass and micro-architectural deterioration of bone tissue related to hormonal changes associated with menopause

FB83.12 Osteoporosis of disuse

FB83.13 Drug-induced osteoporosis

FB83.14 Osteoporosis due to malabsorption

Coded Elsewhere: Osteoporosis in atypical cystic fibrosis (CA25.1)

Osteoporosis in classical cystic fibrosis (CA25.0)

Osteoporosis in unspecified cystic fibrosis (CA25.Z)

FB83.1Y Other specified osteoporosis

FB83.1Z Osteoporosis, unspecified

FB83.2 **Adult osteomalacia**

A disease characterised by defects in bone mineralization and bone softening secondary to vitamin D deficiency.

Exclusions: renal osteodystrophy (GB61)

osteomalacia: vitamin-D-resistant (5C64.3)

infantile and juvenile osteomalacia (5B57.0)

rickets (active) vitamin-D-resistant (5C64.3)

Coded Elsewhere: Puerperal osteomalacia (JB44.6)

FB83.20 Aluminium bone disease

Coding Note: Code also the causing condition

FB83.21 Adult osteomalacia due to malnutrition

Coding Note: Code also the causing condition

FB83.22 Drug-induced adult osteomalacia

FB83.2Y Other specified adult osteomalacia

FB83.2Z Adult osteomalacia, unspecified

FB84 Osteomyelitis or osteitis

Exclusions: osteomyelitis jaw (DA06.0)

osteomyelitis vertebra (FA90)

FB84.0 **Acute haematogenous osteomyelitis**

FB84.1 **Other acute osteomyelitis**

FB84.2 **Subacute osteomyelitis**

FB84.3 **Chronic multifocal osteomyelitis**

FB84.4 **Chronic osteomyelitis with draining sinus**

FB84.5 **Other chronic haematogenous osteomyelitis**

FB84.Y **Other specified osteomyelitis or osteitis**

FB84.Z **Osteomyelitis or osteitis, unspecified**

FB85 Paget disease of bone

A disorder characterised by pathologically excessive resorption of bone by multinucleated osteoclasts and abnormal modelling of disorganised, woven bone by osteoblasts with resultant bone vascularization, weakness, enlargement and deformity.

Inclusions: Osteitis deformans

FB85.0 **Juvenile Paget disease**

FB85.1 **Paget disease of bone in neoplastic disease**

Coding Note: Code also the causing condition

FB85.Y **Other specified Paget disease of bone**

FB85.Z **Paget disease of bone, unspecified**

FB86 Disorders associated with bone growth

FB86.0 **Epiphyseal arrest**

FB86.1 **Bone hyperplasias**

Coded Elsewhere: Ankylosing hyperostosis (FA72.0)

FB86.10 Hypertrophic osteoarthropathy

Hypertrophic osteoarthropathy (HOA) is a syndrome of clubbing of the digits, subperiosteal new bone formation (periostitis) affecting the long bones, and arthritis. The primary hereditary form is associated with mutations in the HPGD gene. The secondary form may be secondary to a number of systemic disorders, most commonly as a paraneoplastic phenomenon related to bronchial carcinoma.

Exclusions: Isolated congenital club finger (LB90.5)

FB86.11 Hypertrophy of bone

FB86.1Y Other specified bone hyperplasias

FB86.1Z Bone hyperplasias, unspecified

FB86.2 **Osteolysis**

Coding Note: Code also the causing condition

FB86.Y **Other specified disorders associated with bone growth**

FB86.Z **Disorders associated with bone growth, unspecified**

FB8Y **Other specified osteopathies or chondropathies**

FB8Z **Osteopathies or chondropathies, unspecified**

FC00 **Certain specified acquired deformities of musculoskeletal system or connective tissue, not elsewhere classified**

Coding Note: Code also the causing condition

Exclusions: Dentofacial anomalies (DA0E)

Spinal deformities (FA70)

Structural developmental anomalies of the skeleton (LB70-LB9Z)

acquired deformities of limbs (FA30-FA3Z)

acquired absence of limbs (QF00)

Postprocedural disorders of the musculoskeletal system (FC01)

Acquired absence of organs (QF01)

FC00.0 **Acquired deformity of nose**

Coding Note: Code also the causing condition

Exclusions: Deviated nasal septum (CA0D)

FC00.1 **Acquired deformity of neck**

Coding Note: Code also the causing condition

FC00.2 **Acquired deformity of chest or rib**

Coding Note: Code also the causing condition

FC00.3 **Acquired deformity of pelvis**

Coding Note: Code also the causing condition

Exclusions: Maternal care for known or suspected disproportion (JA83)

Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to deformed pelvis (JB05.0)

FC00.4 **Acquired deformity of trunk**

FC00.Y **Acquired deformities of musculoskeletal system and connective tissue, not classified elsewhere, other specified sites**

Coding Note: Code also the causing condition

FC01 **Postprocedural disorders of the musculoskeletal system**

Exclusions: Osteoporosis (FB83.1)

Presence of devices other than cardiac or vascular implants (QB51)

Arthropathy following intestinal bypass (FA11.0)

Coded Elsewhere: Osteonecrosis due to ionizing radiation (FB81.5)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Wear of articular bearing surface of joint prosthesis (FA35)

Post radiation lordosis (FA70.2)

FC01.0 Pseudarthrosis after fusion or arthrodesis

FC01.1 Postlaminectomy syndrome, not elsewhere classified

FC01.2 Post radiation kyphosis

FC01.3 Postlaminectomy kyphosis

FC01.4 Postsurgical lordosis

FC01.5 Post radiation scoliosis

FC01.6 Fracture of bone following insertion of orthopaedic implant, joint prosthesis, or bone plate

FC01.7 Nonunion after arthrodesis

FC01.70 Nonunion after spinal arthrodesis

Inclusions: nonunion after spinal fusion

FC01.7Y Nonunion after arthrodesis of other sites

FC01.8 Postsurgical osteolysis

FC01.9 Postoophorectomy osteoporosis

osteoporosis occurring after oophorectomy

FC01.A Postsurgical malabsorption osteoporosis

FC0Y **Other specified diseases of the musculoskeletal system or connective tissue**

FC0Z **Diseases of the musculoskeletal system or connective tissue, unspecified**

CHAPTER 16

Diseases of the genitourinary system

This chapter has 120 four-character categories.

Code range starts with GA00

Any disease characterised by pathological changes to the genitourinary system.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Coded Elsewhere: Contact with health services for reasons associated with reproduction (QA20-QA4Z)

Predominantly sexually transmitted infections (1A60-1A9Z)

Symptoms, signs or clinical findings of the genitourinary system (MF30-MG0Y)

Female gonococcal pelvic inflammatory disease (1A71)

This chapter contains the following top level blocks:

- Diseases of the female genital system
- Diseases of the male genital system
- Disorders of breast
- Diseases of the urinary system
- Other conditions of the genitourinary system
- Postprocedural disorders of genitourinary system

Diseases of the female genital system (GA00-GA6Z)

Coded Elsewhere: Certain specified disorders of genital development

Neoplasms of the female genital organs

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

Inflammatory disorders of the female genital tract (GA00-GA0Z)

Exclusions: those complicating: abortion or ectopic or molar pregnancy (JA00-JA0Z)

Infections of genitourinary tract in pregnancy (JA62)

Other infection during labour (JB0D)

Infections in the puerperium (JB40)

Coded Elsewhere: Endometriosis (GA10)

Adenomyosis (GA11)

GA00 **Vulvitis**

Exclusions: senile (atrophic) vaginitis (GA30.2)

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

Genital warts of vulva (1A95.1)

Tuberculous ulceration of vulva (1B12.5)

GA00.0 Acute vulvitis

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

GA00.1 Subacute, chronic or recurrent vulvitis

GA00.2 Abscess of vulva

A condition of the vulva, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the vulva. This condition may present with pain and swelling of the vulva, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.

GA00.3 Genital ulcer of vulva

Ulceration of the vulva of unknown or uncertain aetiology but where a sexually transmitted infection, especially Herpes simplex, primary syphilis or chancroid, is suspected. This is a provisional diagnosis which should be amended once the cause of the ulceration is known.

Coding Note: Code also the causing condition

GA00.4 Vulvovaginal ulceration and inflammation

Coded Elsewhere: Vulvovaginal candidosis (1F23.10)

GA00.40 Vulvovaginal ulceration

GA00.4Y Other specified vulvovaginal ulceration and inflammation

GA00.4Z Vulvovaginal ulceration and inflammation, unspecified

GA01 Inflammatory disorders of the uterus, except cervix

A spectrum of inflammation involving the UTERUS and the supporting tissues. It is usually caused by an ascending infection of organisms from the endocervix. Such inflammation can lead to functional impairment and infertility.

GA01.0 Acute inflammatory disease of uterus

GA01.00 Acute endometritis

A disease of the endometrium, caused by an infection with a bacterial or viral source. This condition is characterised by fever, lower abdominal pain, abnormal vaginal bleeding, or vaginal discharge. Confirmation is by a pelvic exam and identification of the bacteria or virus from a cervical swab, endometrial biopsy, or laparoscopy.

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.01 Acute inflammatory disease of uterus with pyometra

GA01.0Z Acute inflammatory disease of uterus, unspecified

GA01.1 Chronic inflammatory disease of uterus

A condition characterised by inflammation of the uterus which lasts for more than 3 months.

GA01.10 Chronic endometritis

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.11 Chronic inflammatory disease of uterus with pyometra

GA01.1Z Chronic inflammatory disease of uterus, unspecified

GA01.Y Other specified inflammatory disorders of the uterus, except cervix

GA01.Z Inflammatory disorders of the uterus, except cervix, unspecified

GA02 Vaginitis

Coded Elsewhere: Vulvovaginal ulceration and inflammation (GA00.4)
Genital warts of vagina (1A95.1)

GA02.0 Acute vaginitis

Coding Note: Code also the causing condition

GA02.1 Inflammatory vaginitis

Clinical syndrome characterised by diffuse exudative vaginitis, epithelial cell exfoliation and a profuse purulent vaginal discharge, associated with vulvovaginal burning or irritation and dyspareunia. Signs may include vulvovaginal erythema and ecchymotic spots.

Coding Note: Code also the causing condition

GA02.2 **Subacute or chronic vaginitis**

Chronic vulvovaginal candidiasis, marked by chronic irritative symptoms of vestibule, vulva and vagina, with burning replacing itching as the prominent symptom. Differential diagnosis with chronic atopic dermatitis or atrophic vulvovaginitis.

GA02.3 **Genital ulcer disease of vagina**

GA03 Diseases of Bartholin gland

Any disease characterised by inflammation of the Bartholin gland.

GA03.0 **Abscess of Bartholin gland**

A condition of the Bartholin gland, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material in the Bartholin gland, located on either side of the vaginal opening. This condition may present with swelling on either side of the vagina, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.

GA03.1 **Cyst of Bartholin gland**

A condition of the vagina, caused by growth of a flap of skin, occlusion of the Bartholin duct due to mucus, or infection. This condition is characterised by the accumulation of mucus or clear fluid in a closed sac-like structure that forms on (or from) one of the Bartholin glands or its ducts. This condition is commonly asymptomatic, but may become painful if the cyst becomes enlarged or infected.

GA03.Y **Other specified diseases of Bartholin gland**

GA03.Z **Diseases of Bartholin gland, unspecified**

GA04 Cervicitis

Coded Elsewhere: Tuberculosis of cervix uteri (1B12.5)

GA05 Female pelvic inflammatory diseases

Coded Elsewhere: Postprocedural acute female pelvic inflammatory disease (GC78)

Secondary syphilitic female pelvic inflammatory disease (1A61.4)

GA05.0 **Acute female pelvic inflammatory disease**

Coded Elsewhere: Tuberculous female pelvic inflammatory disease (1B12.5)

GA05.1 **Chronic pelvic inflammatory disease**

Coded Elsewhere: Chlamydial female pelvic inflammatory disease (1A81.1)

GA05.2 **Female pelvic peritonitis, unspecified**

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

GA05.3 **Tuboovarian abscess**

End-stage process of acute PID, marked by pelvic mass palpable during bimanual examination. Usually bilateral but can be unilateral,

GA05.Y **Other specified female pelvic inflammatory diseases**

GA05.Z **Female pelvic inflammatory diseases, unspecified**

GA06 **Pelvic peritoneal adhesions of unknown or combined origin**

A condition characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction.

GA07 **Salpingitis and oophoritis**

Inflammation of the fallopian tube, characterised by a typical inflammatory response (redness and oedema). It is usually manifested by lower abdominal pain and tenderness, fever, increased pulse rate, hypermenorrhoea and/or metrorrhagia. The disorder may resolve or result in fibrosis, hydrosalpinx, pyosalpinx, or cyst formation.

Inclusions: salpingo-oophoritis

tubo-ovarian inflammatory disease

Exclusions: Salpingitis isthmica nodosa (GA17.4)

Coded Elsewhere: Tuberculous oophoritis or salpingitis (1B12.5)

Chlamydial salpingitis (1A81.1)

GA07.0 **Acute salpingitis and oophoritis**

Coded Elsewhere: Acute gonococcal salpingitis (1A71)

GA07.1 **Chronic salpingitis and oophoritis**

Coded Elsewhere: Chronic gonococcal salpingitis (1A71)

GA07.Z **Salpingitis and oophoritis, unspecified**

GA0Z **Inflammatory disorders of the female genital tract, unspecified**

GA10 **Endometriosis**

A condition of the uterus that is frequently idiopathic. This condition is characterised by ectopic growth and function of endometrial tissue outside the uterine cavity. This condition may be associated with remaining vestigial tissue from the wolffian or mullerian duct, or fragments endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, nonmenstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.

Coded Elsewhere: Salpingitis isthmica nodosa (GA17.4)

GA10.B **Endometriosis of the reproductive system**

Exclusions: Endometriosis of the uterus (GA11)

GA10.B0 Endometriosis of the uterosacral ligaments

GA10.B1 Endometriosis of the pelvic side wall

GA10.B2 Endometriosis of rectovaginal septum or vagina

GA10.B3 Endometriosis of fallopian tube

GA10.B4 Superficial ovarian endometriosis

Endometriosis on the ovarian cortex, containing typical or subtle lesions.

GA10.B5 Deep ovarian endometriosis

Ovarian endometriosis cyst containing dark stained blood (chocolate fluid) and lined by a pseudocyst wall covered by ectopic endometrium. This cyst can be subdivided according to its size in the following categories: less than 1 cm, 1-3 cm, > 3 cm

GA10.BY Endometriosis of other sites of the reproductive system

GA10.BZ Endometriosis of unspecified site of reproductive system

GA10.C **Endometriosis of the digestive system**

GA10.C0 Endometriosis of the gallbladder

GA10.C1 Endometriosis of intestine

Endometriosis situated inside the bowel wall at or below the subserosal level, excluding superficial serosal lesions that are still classified as peritoneal endometriosis. Mostly affecting rectosigmoid area, but can be found also in other parts of the bowel system.

GA10.C2 Endometriosis of pelvic peritoneum

A condition that is frequently idiopathic. This condition is characterised by ectopic growth and function of endometrial tissue extending 5 millimetres or less under the visceral or parietal pelvic peritoneal surface and appearing as black-brown or light red-orange lesions. This condition may be associated with remaining vestigial tissue from the wolffian or mullerian duct, or fragments endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, nonmenstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.

GA10.C3 Peritoneal pockets due to endometriosis

Peritoneal pockets usually observed in the cul-de-sac, may occur in other parts of the female pelvis, also known as Allen-Masters defect. Can be asymptomatic or harbour microscopic endometriosis.

GA10.CY Endometriosis of other sites within the digestive system

GA10.CZ Endometriosis of unspecified site within the digestive system

GA10.D **Endometriosis of urinary system**

GA10.D0 Endometriosis of the bladder

GA10.DY Endometriosis of other sites in the urinary system

GA10.DZ Endometriosis of unspecified site in the urinary system

GA10.E **Endometriosis of the circulatory system**

GA10.F **Endometriosis of the nervous system**

GA10.G **Thoracic endometriosis**

Thoracic endometriosis lesions can affect the diaphragm, pleura, lung and bronchi. There may be a greater affinity for the right hemi thorax, and the parenchyma is more commonly affected in the lower lobes. Macroscopically, the endometriotic implants appear as brown–yellow and sometimes red nodules surrounded by neovascularization. Symptoms include: dyspnea, shortness of breath, rapid heartbeat, coughing up blood and a variety of pain patterns to include scapula, chest, ipsilateral neck and shoulder, upper abdominal and epigastric. Thoracic endometriosis may present with catamenial pneumothorax (recurrent pneumothorax occurring within 72 hours of menstruation), haemoptysis in case of bronchial location, haemothorax, pericardial effusions. A diagnosis of thoracic endometriosis is simple when both endometrial stroma and gland are present. In cases of endometriosis with stroma only, a further classification of “aggregated pattern”, in which immunohistochemistry is ER-, PR- and CD10-positive might be necessary for diagnosis.

Exclusions: Endometriosis of the heart (GA10.E)

GA10.H **Endometriosis in cutaneous scar**

GA10.J **Endometriosis-related adhesions**

GA10.Y **Endometriosis of other specified sites**

GA10.Z **Endometriosis of unspecified site**

GA11 **Adenomyosis**

A condition of the uterus characterised by endometrial tissue growth in the myometrium, hypertrophy of the myometrium, and heavy or prolonged menstrual bleeding, dysmenorrhoea, dyspareunia, bleeding between menstruation, infertility, or is asymptomatic. Confirmation is by histopathology or ultrasound.

Exclusions: Leiomyoma of uterus (2E86.0)

Noninflammatory disorders of female genital tract (GA12-GA1Z)

Any disorder of the female genital tract, characterised by pathological changes, leading to noninflammatory effects.

Coded Elsewhere: Congenital abnormalities of vulva or perineum

Congenital abnormalities of vagina

Congenital abnormalities of cervix uteri

Congenital abnormalities of uterus, except cervix

Congenital abnormalities of fallopian tube

Congenital abnormalities of ovary

Congenital abnormalities of broad ligament

Endometriosis (GA10)

Adenomyosis (GA11)

GA12 Dyspareunia

A symptom of the genital system affecting females, caused by physical determinants. This symptom is characterised by recurrent genital pain or discomfort that occurs before, during, or after sexual intercourse, or superficial or deep vaginal penetration that is related to an identifiable physical cause, not including lack of lubrication. Confirmation is by medical assessment of physical causes.

Exclusions: Sexual pain-penetration disorder (HA20)

GA13 Acquired abnormalities of vulva or perineum

Any condition of the vulva and perineum, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the vulva and perineum.

GA13.0 Polyp of vulva

GA13.1 Low grade squamous intraepithelial lesion of vulva

A condition of the vulva, characterised by lesion of the squamous vulvar intraepithelial cells, leading to unspecified grade or severity of dysplasia and varying degrees of atypia of the cells. This condition is associated with smoking and immunosuppression, or conditions such as human papillomavirus, chronic vulvar irritation, or herpes simplex virus type 2. Confirmation is by tissue biopsy.

Exclusions: Genital warts of vulva (1A95.1)

Squamous cell carcinoma of vulva (2C70.2)

High grade squamous intraepithelial lesion of vulva , HPV-associated (2E67.13)

Vulvar intraepithelial neoplasia, HPV-independent (2E67.12)

GA13.2 Hypertrophy of vulva

A condition of the vulva that is frequently idiopathic. This condition is characterised by enlargement or thickening of the tissues of all or part of the female external genitalia, such as the clitoris, labia, vestibule, or glands. This condition may also present with a patchy white discolouration, itching, pain or burning of the skin.

GA13.3 **Vulvar cyst**

Closed, fluid filled sac located on or in the vulvar tissue.

GA13.4 **Labial agglutination**

Sign of agglutination of labia minora and/or majora as a result of chronic vulvar inflammation from any cause, usually observed in prepubertal girls.

GA13.5 **Skene duct cyst**

Cystic dilations of the Skene glands, typically located adjacent to the urethral meatus within the vulvar vestibule. Mostly small and often asymptomatic, they may enlarge urinary obstruction, requiring excision.

GA13.6 **Vulvar laceration**

An injury to the vulva, caused by trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by tearing of the skin, muscle, or other tissue in the vulvar area.

GA13.7 **Vulvar haematoma**

An injury to the vulvar branches of the internal pudendal or inferior rectal arteries, caused by rupture and trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by a localised collection of extravasated blood vessels and significant bruising. This injury may also present with an inability to urinate.

GA13.Y **Other specified acquired abnormalities of vulva or perineum**

GA13.Z **Acquired abnormalities of vulva or perineum, unspecified**

GA14 Acquired abnormalities of vagina

Any condition of the vagina, caused by determinants arising after birth. These conditions are characterised by pathological changes to the vagina.

Coded Elsewhere: Postoperative adhesions of vagina (GC70)

Prolapse of vaginal vault after hysterectomy (GC71)

GA14.0 **Polyp of vagina**

GA14.1 **Haematocolpos**

A condition of the vagina, caused by an outflow vaginal obstruction. This condition is characterised by the presence of blood in the vagina.

GA14.2 **Vaginal foreign body**

A condition of the vagina, caused by foreign bodies lodged into the vaginal canal. This condition is characterised by vaginitis, vaginal bleeding, foul-smelling and purulent vaginal discharge, abdominal pain, and supra-pubic pain. This condition may also present with dysuria or infection.

GA14.3 **Vaginal haematoma**

A condition of the vagina, caused by trauma, commonly subsequent to childbirth, sexual abuse, or forceful impact. This condition is characterised by a localised collection of extravasated blood vessels and significant bruising. This condition may also present with pain, swelling, ecchymosis and urinary retention.

GA14.5 **Leukoplakia of vagina**

A condition of the vagina, caused by hyperkeratinisation of epithelial cells due to human papillomavirus (HPV) infection, chronic trauma, radiotherapy, or premalignant/ malignant lesions. This condition is characterised by white, whitish yellow, or grey plaque on the mucosal surfaces in the vagina.

GA14.6 **Low grade squamous intraepithelial lesion of vagina**

GA14.Y **Other specified acquired abnormalities of vagina**

GA14.Z **Acquired abnormalities of vagina, unspecified**

GA15 Acquired abnormalities of cervix uteri

GA15.0 **Polyp of cervix uteri**

GA15.1 **Erosion or ectropion of cervix uteri**

A condition of the cervix uteri, caused by an increase in the total estrogen level in the body. This condition is characterised by protrusion and transformation of the endocervical columnar epithelium to stratified squamous epithelium on the cervix uteri. This condition may also present with non-purulent vaginal discharge, post-coital bleeding, or may be asymptomatic.

Exclusions: Cervicitis (GA04)

GA15.2 **Nabothian cyst**

GA15.3 **Old laceration of cervix uteri**

An injury of the cervix, caused by trauma subsequent to procedures that lacerate the cervix, such as vaginal delivery, induced abortion, or surgery. This condition is characterised by tearing of the cervix uteri tissue.

Exclusions: Perineal laceration during delivery (JB09)

GA15.4 **Stricture or stenosis of cervix uteri**

A condition of the cervix uteri, caused by inflammation, trauma, scarring, or atrophy. This condition is characterised by narrowing of the cervical ostium.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

GA15.5 **Hypertrophic elongation of cervix uteri**

A condition of the cervix uteri, caused by uterine prolapse. This condition is characterised by hypertrophy, hyperplasia, elongation or strain to the vaginal or supravaginal parts of the cervix uteri. This condition may also present with dyspareunia or infertility. Confirmation is by pelvic examination to differentiate between vaginal or supravaginal elongation.

GA15.6 **Incompetence of cervix uteri**

A condition of the cervix uteri, caused by the weakness of the cervical tissue and intrauterine pressure as pregnancy progresses. This condition is characterised by dilation and effacement of the cervix before reaching a term pregnancy. This condition may lead to a miscarriage during the second trimester, or an early preterm birth during the third trimester.

Exclusions: Fetus or newborn affected by incompetence of cervix uteri (KA01.0)

Maternal care for cervical incompetence (JA84.3)

GA15.7 **Low grade squamous intraepithelial lesion of cervix uteri**

A condition of the cervix uteri caused by chronic infection. This condition is characterised by premalignant transformation and abnormal cell growth and behaviour of the cervical squamous epithelial tissue.

Exclusions: Carcinoma in situ of cervix uteri (2E66)

High grade squamous intraepithelial lesion of cervix uteri (2E66.2)

Cervical Intraepithelial neoplasia grade III (2E66.2)

Cervical Intraepithelial neoplasia grade II (2E66.2)

GA15.Y **Other specified acquired abnormalities of cervix uteri**

GA15.Z **Acquired abnormalities of cervix uteri, unspecified**

GA16 Acquired abnormalities of uterus, except cervix

Any condition of the uterus, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the uterus (excluding the cervix).

Coded Elsewhere: Adenomyosis (GA11)

Leiomyoma of uterus (2E86.0)

Acquired absence of the uterus (QF01.10)

GA16.0 **Endometrial glandular hyperplasia**

A condition of the uterus, caused by chronic, excess oestrogen stimulation due to obesity, anovulation, or oestrogen therapy. This condition is characterised by excessive proliferation of the endometrial gland cells and a greater gland-to-stroma ratio of endometrial cells. This condition may also present with abnormal uterine bleeding, particularly among postmenopausal women and premenopausal women of increasing age. Confirmation is by sampling endometrial tissue through biopsy or dilation and curettage.

GA16.1 **Malposition of uterus**

A condition of the uterus, caused by weakened pelvic ligaments, enlargement of the uterus, scarred pelvic tissue from pregnancy, tumour, menopause, endometriosis, inflammation, or salpingitis. This condition is characterised by a deviation in the position of the uterus from normal.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

Maternal care for other abnormalities of pelvic organs (JA84)

GA16.2 **Intrauterine synechiae**

Intrauterine adhesions caused by pelvic inflammatory disease, uterine surgery, or complications related to spontaneous, incomplete or induced abortion. May be asymptomatic or associated with amenorrhea or light menstrual bleeding and subfertility.

GA16.3 **Haematometra**

Presence of blood clots inside the uterus, usually caused by a uterine outflow obstruction.

Exclusions: haematometra with haematocolpos (GA14.1)

GA16.Y **Other specified acquired abnormalities of uterus, except cervix**

GA16.Z **Acquired abnormalities of uterus, except cervix, unspecified**

GA17 Acquired abnormalities of fallopian tube

A condition of the fallopian tube, caused by determinants arising after birth. This condition is characterised by a malfunction, malformation, or another anomaly.

GA17.0 **Acquired parafimbrial cyst of the fallopian tube**

Cyst located on the fallopian tube at the outside of the fimbrial end.

GA17.1 **Fimbrial agglutination**

Agglutination of fimbriae in the presence of an open or closed fallopian tube

GA17.2 **Hydrosalpinx**

A condition of the fallopian tube, caused by a distal occlusion and the release of purulent material following infection. This condition is characterised by the presence of fluid inside the fallopian tube, and pelvic pressure, pelvic pain, or dyspareunia.

GA17.3 **Haematosalpinx**

A condition of the Fallopian tube, caused by tubal pregnancy, endometriosis, tubal carcinoma, or cryptomenorrhoea. This condition is characterised by bleeding and the presence of blood clots inside the Fallopian tubes, and pelvic pain or uterine bleeding. Confirmation is by imaging.

Exclusions: haematosalpinx with haematocolpos (GA14.1)

haematosalpinx with haematometra (GA16.3)

GA17.4 **Salpingitis isthmica nodosa**

A condition of the fallopian tube caused by infection or inflammation. This condition is characterised by bilateral, nodular thickening of the isthmic and proximal ampullary tunica muscularis. This condition may also present with infertility or ectopic pregnancy. Confirmation is by imaging.

GA17.Y **Other specified acquired abnormalities of fallopian tube**

GA17.Z **Acquired abnormalities of fallopian tube, unspecified**

GA18 Acquired abnormalities of ovary

Any condition of the ovary, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the ovary.

Coded Elsewhere: Polycystic ovary (5A80.2)

Cystic teratoma (2F32.0)

Ovarian fibroma (2F32.1)

Meigs' Syndrome (2F32.2)

Serous ovarian cystadenoma (2F32.3)

GA18.0 **Follicular cyst of ovary**

A condition of the ovary, caused by a follicular growth or involution due to failure of ovulation. This condition is characterised by the non-neoplastic formation of closed sac-like structures filled with fluid on or in the ovary and lined by layers of granulosa cells. This condition is commonly asymptomatic, but may also present with pelvic pain, irregular menstrual bleeding, dyspareunia, nausea, vomiting, or urgency to urinate. Confirmation is by imaging.

Inclusions: Cyst of graafian follicle

GA18.1 **Corpus luteum cyst**

A condition affecting females, caused by the expansion of the corpus luteum with air, blood, or fluid in the ovary after ovulation of a follicle. This condition is characterised by a mass of up to 10 cm in diameter. This condition may also present with pelvic or abdominal pain, haemorrhage, or ovarian torsion.

GA18.2 **Theca lutein cyst**

Least common of functional ovarian cysts, usually bilateral and coexistent with pregnancy, including molar pregnancies. May be quite large (up to 30 cm), are multicystic and disappear spontaneously.

GA18.4 **Para ovarian cyst**

GA18.5 **Torsion of ovary, ovarian pedicle or fallopian tube**

A condition of the ovary, ovarian pedicle, and fallopian tube, caused by a benign ovarian cyst or ovarian hyperstimulation. This condition is characterised by the partial or complete rotation of the ovarian vascular pedicle and abdominal pain. Confirmation is by imaging.

GA18.6 Other or unspecified ovarian cysts

Any collection of fluid, surrounded by a very thin wall, within an ovary, which is not classified elsewhere. This includes any ovarian follicle that is larger than about two centimetres in diameter.

Exclusions: Polycystic ovary syndrome (5A80.1)

ovarian cyst: developmental (LB45.2)

ovarian cyst: neoplastic (2C73)

GA18.7 Acquired atrophy of ovary or fallopian tube

A condition of the ovary and Fallopian tube, caused by determinants such as infection, chemotherapy or radiation therapy, or shock, arising after birth. This condition is characterised by the partial or complete decrease in size and function of the ovary and the Fallopian tube, premature menopause, fatigue, irregular menstruation, weight gain, and irritability. Confirmation is by identification of elevated levels of oestrogen and follicle stimulating hormone levels in a blood sample.

GA18.Y Other specified acquired abnormalities of ovary

GA18.Z Acquired abnormalities of ovary, unspecified

GA19 Acquired abnormalities of broad ligament

Coded Elsewhere: Postprocedural pelvic peritoneal adhesions (GC73)

GA19.0 Haematoma of broad ligament

A condition affecting females, caused by childbirth, trauma, or surgery. This condition is characterised by a tear in the upper vagina, cervix, or uterus that extends into uterine or vaginal arteries, bleeding (although not always with obvious vaginal bleeding), back pain, pressure in the rectoanal area, dizziness, hypotension, or anaemia. Confirmation is by rectovaginal exam to rule out clotting and expansion of haematoma.

GA19.Y Other specified acquired abnormalities of broad ligament

GA19.Z Acquired abnormalities of broad ligament, unspecified

GA1Y Other specified noninflammatory disorders of female genital tract

GA1Z Noninflammatory disorders of female genital tract, unspecified

Abnormal uterine or vaginal bleeding (GA20-GA2Z)

A condition of the genital system, caused by hormonal disturbances, weight changes, neoplasms, or use of pharmacological agents. This condition is characterised by irregular or excessive shedding of the uterine lining, or vaginal bleeding during or between menstrual cycles.

Coded Elsewhere: Postmenopausal uterine bleeding (GA30.1)

Neonatal vaginal or uterine haemorrhage (KA83.9)

GA20 Menstrual cycle bleeding disorders

GA20.0 **Amenorrhoea**

A condition of the genital system, caused by hormonal or endocrine disturbances, absence of the uterus, pregnancy, lactation, abnormalities of the genital outflow tract, or failure of the ovaries to retain egg cells during the antenatal period. This condition is characterised by the absence of menstruation by age 16, or the termination of an established menstruation cycle for more than 3-9 months.

Exclusions: Ovarian dysfunction (5A80)

Coded Elsewhere: Amenorrhoea related to obstetric fistula (GC04.1Y)

GA20.00 Primary amenorrhoea

No menses by age 14 in the absence of growth or development of secondary sexual characteristics ; OR; no menses by age 16 regardless of the presence of normal growth and development of secondary sexual characteristics

Coded Elsewhere: 46,XX gonadal dysgenesis (LB45.1)

GA20.01 Secondary amenorrhoea

In women who have menstruated previously, no menses for an interval of time equivalent to a total of at least 3 previous cycles, or 6 months

Coding Note: Code also the causing condition

GA20.02 Lactational amenorrhoea

A condition of the genital system affecting females, caused by hormonal disturbances associated with lactation. This condition is characterised by the termination of an established menstruation cycle for more than 3-9 months.

GA20.0Y Other specified amenorrhoea

GA20.0Z Amenorrhoea, unspecified

GA20.1 **Abnormal frequency of uterine bleeding**

Any condition of the genital system affecting females, caused by hormonal disturbances. These conditions are characterised by menstrual bleeding episodes that occur with increased frequency or are delayed over several menstrual cycles (within 90 days).

GA20.10 Frequent menstrual bleeding

A condition of the genital system affecting females, caused by hormonal change due to pharmacologic or nonpharmacologic agents. This condition is characterised by menstrual bleeding episodes that occur with increased frequency over several menstrual cycles (more than four episodes within 90 days).

GA20.11 Infrequent menstrual bleeding

Menstruation with a frequency of 39 days or more

GA20.1Z Abnormal frequency of uterine bleeding, unspecified

GA20.2 **Ovulation bleeding**

A condition of the genital system affecting females, caused by natural and routine fluctuations in endocrine hormones. This condition is characterised by recurrent and cyclic bleeding of the uterine lining, occurring during the peri-ovulatory period.

GA20.20 Intermenstrual bleeding

A condition of the genital system affecting females, caused by a hormonal imbalance, use of an intrauterine device, pregnancy complications, uterine fibroids or polyps, infection, or cancer. This condition is characterised by vaginal bleeding between menstrual periods.

GA20.2Y Other specified ovulation bleeding

GA20.2Z Ovulation bleeding, unspecified

GA20.3 **Abnormal regularity of uterine bleeding**

A condition of the genital system affecting females, caused by hormonal disturbances. This condition is characterised by abnormal menstruation, with a between cycle variation of 2-20 days.

GA20.4 **Abnormal duration of uterine bleeding**

GA20.5 **Abnormal volume of uterine bleeding**

GA20.50 Heavy menstrual bleeding

Menstruation with heavy (> 80 ml) volume of monthly blood loss

GA20.51 Light menstrual bleeding

Menstruation with light (< 5 ml) volume of monthly blood loss

GA20.5Z Abnormal volume of uterine bleeding, unspecified

GA20.Y **Other specified menstrual cycle bleeding disorders**

GA20.Z **Menstrual cycle bleeding disorders, unspecified**

GA21 **Nonmenstrual bleeding disorders**

Coded Elsewhere: Postprocedural nonmenstrual uterine bleeding (GC77)

GA21.0 **Postcoital or contact bleeding**

A condition of the genital system, caused by infection, cervical ectropion, cervical or endometrial polyps, cancer, or trauma to the cervix or vagina. This condition is characterised by non-menstrual bleeding after sexual intercourse. Confirmation is by transvaginal imaging to identify any structural abnormalities.

GA21.Y **Other specified nonmenstrual bleeding disorders**

GA21.Z **Nonmenstrual bleeding disorders, unspecified**

GA22 **Excessive menstruation with irregular cycle**

Inclusions: Menometrorrhagia

GA23 **Anovulatory bleeding**

GA2Y **Other specified abnormal uterine or vaginal bleeding**

GA2Z **Abnormal uterine or vaginal bleeding, unspecified**

GA30 **Menopausal or certain specified perimenopausal disorders**

Any disorder affecting females, characterised by pathological changes during the menopausal and perimenopausal periods.

Coded Elsewhere: Postprocedural ovarian failure (5D44)

Menopausal symptom or complaint (MF32)

GA30.0 **Menopause**

A condition affecting females, caused by the loss of ovarian follicular function and decline in circulating blood oestrogen levels. This condition is characterised by the cessation of menstruation, hot flushes, atrophic genital changes, psychophysiological effects, and bone loss. Confirmation is by taking a patient history to determine psychophysiological effects such as the presence of amenorrhoea, and identification of hypooestrogenaemia and elevated serum FSH levels in a blood sample.

Coded Elsewhere: Contact with health services for menopausal counselling (QA4B)

GA30.00 Menopausal or female climacteric states

Any condition of the genital system affecting females, caused by pathological changes associated with the perimenopausal period, such as the permanent cessation of menstruation and infertility.

Coding Note: Includes: Symptoms such as flushing, sleeplessness, headache, lack of concentration, associated with menopause

Exclusions: States associated with artificial menopause (GA30.3)

GA30.01 Menopausal transition

A condition affecting females, caused by gradual loss of ovarian follicular function and decline in circulating blood estrogen levels. This condition is characterised by infrequent or irregular menstrual bleeding, alterations in the functioning of the ovary, and gradual atrophic genital changes, psychophysiological effects. Confirmation is by taking a patient history to determine psychophysiological effects.

GA30.02 Excessive bleeding in the premenopausal period

aka ""menorrhagia"", excessive uterine bleeding during MENSTRUATION

GA30.0Y Other specified menopause

GA30.0Z Menopause, unspecified

GA30.1 **Postmenopausal uterine bleeding**

A condition of the genital system, caused by polyps, endometrial atrophy, hyperplasia, or cancer. This condition is characterised by abnormal uterine bleeding subsequent to the completion of menopause.

Exclusions: that associated with artificial menopause (GA30.3)

GA30.2 **Postmenopausal atrophic vaginitis**

A condition of the vagina, caused by decreased oestrogen levels during the menopausal period. This condition is characterised by inflammation of the vagina and outer urinary tract, thinning and drying of the vaginal tissues, decreased lubrication, vaginal burning or dryness, shortening and tightening of the vaginal canal, or urinary incontinence after menopause.

Exclusions: States associated with artificial menopause (GA30.3)

GA30.3 **States associated with artificial menopause**

Any condition caused by the artificial cessation of menstruation induced by surgical or pharmacological effects.

GA30.4 **Menopausal hot flush**

A condition affecting females, caused by hormonal changes associated with menopause. This condition is characterised by recurrent and transient periods of flushing, sweating, and a systemic sensation of heat. This condition may also present with palpitations, anxiety, or periods of heat followed by chills.

GA30.5 **Menopausal osteoporosis**

GA30.6 **Premature ovarian failure**

Menopause occurring spontaneously before 40 years of age, generally resulting in secondary amenorrhea although some women may exhibit intermittent ovarian function and ovulation, with a minority conceiving and delivering a pregnancy. POF/POI occurs mostly without a known cause, but can be caused by the following conditions: numerical and structural chromosomal abnormalities, Fragile X (FMR1) premutations, autoimmune disorders, radiation therapy, chemotherapy, galactosemia, and other rare enzyme defects or mutations. To be subdivided in 4 categories according to cause: congenital, acquired, iatrogenic and unknown

Exclusions: Isolated gonadotropin deficiency (5A61.0)

Postprocedural ovarian failure (5D44)

Coded Elsewhere: Primary amenorrhoea (GA20.00)

Secondary amenorrhoea (GA20.01)

GA30.Y **Other specified menopausal and perimenopausal disorders**

GA30.Z **Menopausal and perimenopausal disorders, unspecified**

GA31 **Female infertility**

Disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.

Inclusions: inability to achieve a pregnancy

Exclusions: relative infertility (GA33)

Male infertility (GB04)

Coded Elsewhere: Contact with health services for preconception counselling (QA33)

Contact with health services for fertility preservation counselling (QA34)

Contact with health services by gestational carrier (QA35)

Female hypofertility in classical cystic fibrosis (CA25.0)

Female hypofertility in atypical cystic fibrosis (CA25.1)

Contact with health services for preimplantation genetic diagnosis (QA3Y)

Contact with health services for preimplantation genetic screening (QA3Y)

GA31.0 **Primary female infertility**

Infertility in a woman who has never had a clinical pregnancy

GA31.00 Primary female infertility of uterine origin

Female infertility caused by uterine abnormalities on the level of the endometrium or myometrium, with more detailed description classified elsewhere, i.e. under genitourinary infections, STDs and noninflammatory benign gynaecological disease

Coding Note: Code also the causing condition

GA31.01 Primary female infertility of tubal origin

Female infertility caused by dysfunction of one or both fallopian tubes, usually related to pelvic adhesions or occurring after pelvic surgery, with or without hydrosalpinx

Coding Note: Code also the causing condition

GA31.0Y Primary female infertility of other specified origin

GA31.0Z Primary female infertility of unspecified origin

GA31.1 **Secondary female infertility**

Infertility in a woman who has had at least one clinical pregnancy

GA31.10 Secondary female infertility of uterine origin

GA31.11 Secondary female infertility of tubal origin

GA31.1Y Secondary female infertility of other specified origin

GA31.1Z Secondary female infertility of unspecified origin

GA31.Z **Female infertility without specification whether primary or secondary**

GA32 **Complications associated with medically assisted reproduction**

Any complication caused by or subsequent to any intervention used to achieve pregnancy by artificial or partially artificial means.

GA32.0 Ovarian hyperstimulation syndrome

A disease of the endocrine system, caused by elevated human chorionic gonadotropin hormone, commonly after the use of injectable fertility treatments. This disease is characterised by ovarian enlargement, and hemodynamic or metabolic complications. This disease may also present with abdominal pain, abdominal bloating, or weight gain depending on graded symptoms.

Inclusions: Hyperstimulation of ovaries associated with induced ovulation

GA32.1 Bleeding after egg retrieval

Significant bleeding after egg retrieval requiring hospitalization for blood transfusion, surgical intervention, clinical observation or other medical procedure

GA32.2 Infection associated with medically assisted reproduction

Significant genital or pelvic infection occurring after egg retrieval or other treatment with medically assisted reproduction

GA32.3 Complications of attempted embryo transfer or medically assisted insemination

Any complication caused by or subsequent to any attempted embryo transfer or medically assisted sperm insemination procedure.

GA32.Y Other specified complications associated with medically assisted reproduction

GA32.Z Complications associated with medically assisted reproduction, unspecified

GA33 **Recurrent pregnancy loss**

Exclusions: currently pregnant (Chapter 18)

with current abortion (JA00-JA0Z)

GA34 **Female pelvic pain associated with genital organs or menstrual cycle**

A symptom affecting females, characterised by pain in the pelvic region associated with any of the genital organs or the menstrual cycle.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Interstitial cystitis (GC00.3)

GA34.0 Pain related to vulva, vagina or pelvic floor

A condition affecting females, characterised by any type of pain associated with the vulva, vagina, and pelvic floor tissues, either during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.00 Vulval pain

A symptom of vulval pain affecting females, caused by trauma, infection, injury, inflammation, or hypersensitivity of the nerve fibres. This symptom is characterised by any type of pain in the vulva, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.01 Perineal pain

A symptom of perineal pain affecting females, caused by trauma, infection, injury, inflammation, or hypersensitivity of the nerve fibres. This symptom is characterised by any type of pain in the area between the posterior lip of the vaginal introitus and the anus, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.02 Vulvodynia

Vulvodynia describes a chronic sensation of pain, burning or rawness of vulval skin which cannot be ascribed to any specific cause and persists for at least three months. Symptoms may be diffuse and unprovoked (dysaesthetic vulvodynia) or localised, usually to the vulval vestibule, and provoked by touch (vestibulodynia). Dysaesthetic vulvodynia characteristically occurs in postmenopausal women who are often not sexually active: pain is spontaneous and often occurs independently of touch. Vestibulodynia occurs typically in younger women and is characterised by vestibular tenderness to touch, erythema of the vestibular epithelium and secondary dyspareunia.

GA34.0Y Other specified pain related to vulva, vagina or pelvic floor

GA34.0Z Pain related to vulva, vagina or pelvic floor, unspecified

GA34.1 **Vaginal laxity**

GA34.2 **Female pelvic pain**

Pain in the pelvic region in a female associated with any of the genital organs or the menstrual cycle.

Exclusions: Pain related to vulva, vagina or pelvic floor (GA34.0)

Pelvic or perineal pain (MD81.11)

Bladder pain (MF52)

Chronic primary bladder pain syndrome (MG30.00)

Sexual pain-penetration disorder (HA20)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Vulvodynia (GA34.02)

Chronic pelvic pain in females (MG30.00)

GA34.20 Cyclic pelvic pain

A symptom affecting females, caused by gynaecological and physiological aspects associated with the menstrual cycle such as dysmenorrhoea or mittelschmertz. This symptom is characterised by recurrent pain in the pelvis, anterior abdominal wall, lower back, or buttocks, associated with a specific moment or period of time.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.21 Noncyclic pelvic pain

A symptom affecting females, caused by gynaecological and physiological aspects not associated with the menstrual cycle. This symptom is characterised by chronic pelvic pain in the pelvis, anterior abdominal wall, lower back, or buttocks, not associated with a specific moment or period of time.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.2Z Female pelvic pain, unspecified

GA34.3 Dysmenorrhoea

A condition of the genital system affecting females, caused by endometriosis, adenomyosis, ovarian cysts, or may be idiopathic. This condition is characterised by cyclic pelvic pain preceding or accompanying menstruation that interferes with daily activities, lower, umbilical, or suprapubic abdominal pain, such as sharp, throbbing, burning, or shooting pains that may extend to the thighs and lower back.

GA34.4 Premenstrual disturbances

GA34.40 Premenstrual tension syndrome

A syndrome affecting females that is frequently idiopathic. This syndrome is characterised by certain environmental, metabolic, or behavioural factors that occur during the luteal phase of the menstrual cycle, and leads to cyclic emotional, physical, or behavioural symptoms that interfere with an individual's lifestyle. Confirmation is by documentation of specific cyclic symptoms associated with the luteal and menstrual phases of the cycle (from a prospective symptom diary), and evidence of socioeconomic dysfunction.

Exclusions: Premenstrual dysphoric disorder (GA34.41)

Coded Elsewhere: Premenstrual symptom or complaint (MF33)

GA34.41 Premenstrual dysphoric disorder

During a majority of menstrual cycles within the past year, a pattern of mood symptoms (depressed mood, irritability), somatic symptoms (lethargy, joint pain, overeating), or cognitive symptoms (concentration difficulties, forgetfulness) that begin several days before the onset of menses, start to improve within a few days after the onset of menses, and then become minimal or absent within approximately 1 week following the onset of menses. The temporal relationship of the symptoms and luteal and menstrual phases of the cycle should ideally be confirmed by a prospective symptom diary over at least two symptomatic menstrual cycles. The symptoms are severe enough to cause significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning and do not represent the exacerbation of a mental disorder.

Inclusions: PMDD - [premenstrual dysphoric disorder]

Exclusions: Premenstrual tension syndrome (GA34.40)

GA34.4Y Other specified premenstrual disturbances

GA34.4Z Premenstrual disturbances, unspecified

GA34.5 Ovarian remnant syndrome

Chronic pelvic pain in a patient after bilateral salpingooophorectomy for severe endometriosis or PID, caused by residual ovarian cortical tissue left in situ after difficult dissection. Symptoms may include lateralizing pelvic pain, often cyclic and associated with genitourinary or gastrointestinal symptoms. Signs may include a tender mass in the lateral region of the pelvis.

GA34.6 Female genital pain

A symptom of genital pain affecting females that is idiopathic. This symptom is characterised by any type of pain in the genital area tissues, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.Y Other specified female pelvic pain associated with genital organs or menstrual cycle

GA34.Z Female pelvic pain associated with genital organs or menstrual cycle, unspecified

Dermatoses of female genitalia (GA40-GA4Y)

Coded Elsewhere: Malignant neoplasms of vulva (2C70)

Carcinoma in situ of vulva (2E67.1)

GA40 **Inflammatory dermatoses of the vulva**

Coded Elsewhere: Dermatitis or eczema of female genitalia (EA87.1)

Lichen sclerosus of vulva (EB60.0)

Vulval psoriasis (EA90.53)

GA41 **Ulcerative or erosive disorders of the vulva**

Coded Elsewhere: Genital ulcer of vulva (GA00.3)
Herpes simplex infection of vulva (1A94.0)
Erosive lichen planus of vulva or vagina (EA91.3)
Ulceration of vulva due to Behçet disease (4A62)
Vulval pemphigus (EB40.0Y)
Mucous membrane pemphigoid of vulval mucosa (EB41.1)

GA41.0 Vulval aphthosis

Vulval aphthae are vulval ulcers not attributable to infection or other identifiable cause. They typically occur on the medial aspects of the labia minora in young females (second decade of life). They may be associated with fever and malaise or with oral aphthae.

GA41.Y Other specified ulcerative or erosive disorders of the vulva

GA42 **Sensory disturbance of the vulva**

Disorders characterised by vulval pruritus, dysaesthesia or pain.

Coded Elsewhere: Lichen simplex of vulva (EA83.00)
Vulvodynia (GA34.02)

GA42.0 Vulval pruritus

Intense itching of the external female genitalia.

GA43 **Miscellaneous dermatoses of female genitalia**

Coded Elsewhere: Vulval melanotic macule (ED61.11)
Heterotopic sebaceous glands of vulva (ED91.0)

GA4Y **Other specified dermatoses of female genitalia**

GA6Y **Other specified diseases of the female genital system**

GA6Z **Diseases of the female genital system, unspecified**

Diseases of the male genital system (GA80-GB0Z)

Any disease characterised by pathological changes to the male genital system.

Coded Elsewhere: Neoplasms of the male genital organs

Ejaculatory dysfunctions (HA03)

Problems of male genital organs (MF40)

Penoscrotodynia (EC92.0)

Structural developmental anomalies of the male genital system (LB50-LB5Z)

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

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

Dermatoses of male genitalia (GA80-GA81.Y)

Coded Elsewhere: Inflammatory dermatoses affecting the penis or scrotum

Premalignant or malignant disorders of the penis or scrotum

Balanoposthitis (GB06.0)

GA80 Ulcerative disorders of the penis or scrotum

Coded Elsewhere: Herpes simplex infection of penis (1A94.0)

Mucous membrane pemphigoid of penile mucosa (EB41.1)

Ulceration of penis or scrotum due to Behçet disease (4A62)

Necrotising fasciitis of the scrotum, penis or perineum (1B71.1)

Amoebiasis of penis (1A36.1Y)

GA80.0 Aphthosis of penis or scrotum

Genital aphthosis in men is a non-infective but often painful ulceration of penile, scrotal or perigenital skin. It may be associated with oral ulceration (orogenital aphthosis) or with Behçet disease but may occur on its own. Both genital and orogenital aphthosis may represent formes frustes of Behçet disease.

Inclusions: Penile or scrotal ulceration due to Behçet disease

Genital aphthosis in the male

GA80.1 Ulcer of penis of uncertain nature

Exclusions: Syphilitic chancre of penis (1A61.0)

Penile chancroid (1A90)

Herpetic ulcer of penis (1A94.0)

Penile aphthosis (GA80.0)

Ulceration of penis or scrotum due to Behçet disease (4A62)

GA80.Y Other specified ulcerative disorders of penis and scrotum

GA81 **Miscellaneous dermatoses of male genitalia**

Coded Elsewhere: Lichen simplex of male genitalia (EA83.01)
Penile melanotic macule (ED61.10)
Heterotopic sebaceous glands of penis (ED91.0)
Angiokeratoma of the scrotum (EF20.1)
Burning scrotum (EC92.0)
Genitoperineal median raphe cyst (LB5Y)

GA81.0 Penoscrotal pruritus

An intense itching sensation that produces the urge to rub or scratch the skin of the scrotum and/ or base of the penis to obtain relief.

GA81.Y Other specified dermatoses of male genitalia

Diseases of prostate (GA90-GA91.Z)

Coded Elsewhere: Tuberculosis of prostate (1B12.5)

GA90 **Hyperplasia of prostate**

A condition of the prostate, caused by an increased rate of cellular division of the glandular and stromal cells. This condition is characterised by enlargement of the prostatic tissue, dysuria, urinary urgency, nocturia, weak urine stream, straining while urinating, incomplete bladder emptying during urination, or increased frequency of urinary tract infection.

Inclusions: Adenofibromatous hypertrophy of prostate

Exclusions: Benign neoplasms of prostate (2F34)

GA91 **Inflammatory and other diseases of prostate**

Any disease caused by obstruction of the prostate gland. These diseases are characterised by a build-up of secretions and inflammation of the prostate.

Coded Elsewhere: Gonococcal prostatitis (1A70.Y)
Prostatitis due to Trichomonas vaginalis (1A92)

GA91.0 Chronic prostatitis

A condition caused by obstruction of the prostate glands. This condition is characterised by inflammation of the prostate gland, dysuria, pollakiuria, urinary urgency, genital pain, lower back pain, abdominal pain, and repeated bladder infections that last for at least three months.

GA91.1 Abscess of prostate

A condition caused by infection with the gram-negative bacteria Neisseria gonorrhoeae, Staphylococcus, or Escherichia coli, or the gram-positive bacteria Staphylococcus aureus or Mycobacterium tuberculosis. This condition is characterised by a focal accumulation of purulent material and neutrophils within or on the prostatic tissue, dysuria, fever, and suprapubic pain. Confirmation is by a transrectal ultrasound to identify size and location of abscess, and a urine sample to identify leukocytes.

GA91.2 **Prostatocystitis**

A condition characterised by inflammation of the bladder, bladder neck, prostate, and prostatic urethra.

GA91.3 **Calculus of prostate**

A condition characterised by a small, solid calcification commonly composed of calcium carbonate or calcium phosphate that is formed in the prostate. This condition may be associated with diabetes mellitus, infection, cancer, iatrogenic factors, or may be idiopathic. Confirmation is by imaging.

Inclusions: Prostatolithiasis

GA91.4 **Haemorrhage of the prostate**

A condition of the prostate, caused by ruptured vessel walls in the prostate. This condition is characterised by excessive loss of blood from the prostate.

Inclusions: Bleeding of prostate

prostatic varicosis

GA91.5 **Atrophy of prostate**

A condition of the prostate, caused by apoptosis of the cells due to diminished cellular proliferation, decreased cellular volume, decreased function, ischemia, malnutrition, disease, mutation, or hormonal changes. This condition is characterised by a partial or complete decrease in size and function of the prostatic tissue.

GA91.6 **Low grade intraepithelial lesion of prostate**

A condition of the prostate, caused by an alteration or mutation in cell growth, or prostatic epithelial cells that are dividing more rapidly than normal epithelium. This condition is characterised by premalignant transformation and abnormal development of the prostatic epithelial tissue.

Inclusions: Low grade prostatic intraepithelial neoplasia

Exclusions: high grade dysplasia of prostate (2E67.5)

PIN III (2E67.5)

high grade PIN (2E67.5)

GA91.Y **Other specified inflammatory and other diseases of prostate**

GA91.Z **Inflammatory and other diseases of prostate, unspecified**

GB00 **Hydrocele or spermatocele**

A condition characterised by an accumulation of serous fluid in the tunica vaginalis testis or along the spermatic cord, and cystic swelling containing fluid and dead spermatozoa of the testicular epididymis, rete testis or efferent ductuli.

Coded Elsewhere: Congenital hydrocele (KC00)

GB00.0 **Encysted hydrocele**

A condition of the testis, caused by inflammation or testicular epididymis, obstruction to the venous or lymphatic systems through the cord, or an abnormality during the antenatal period. This condition is characterised by a circumscribed accumulation of fluid in the tunica vaginalis testis or along the spermatic cord.

GB00.1 **Infected hydrocele**

GB00.2 **Spermatocele**

A condition characterised by cystic swelling (containing fluid and dead spermatozoa) of the epididymis, rete testis, or efferent ductuli. This condition may be associated with obstruction of the epididymal ducts due to trauma, infection, or an inflammatory process.

Exclusions: Encysted hydrocele (GB00.0)

Infected hydrocele (GB00.1)

GB00.Y **Other specified hydrocele or spermatocele**

GB00.Z **Hydrocele or spermatocele, unspecified**

GB01 Torsion of testis, epididymis or appendices

Any condition characterised by a partial or complete rotation and an occlusion to the venous or arterial blood supply of the testis, epididymis or testicular appendix.

GB01.0 **Torsion of testis**

A condition of the testes, caused by determinants arising during the antenatal period, or exposure to cold temperatures. This condition is characterised by twisting of the spermatic cord, ischaemia of the testis, severe pain, tenderness, and decreased or absent cremasteric reflex. Confirmation is by imaging.

Inclusions: Torsion of spermatic cord

GB01.1 **Torsion of epididymis**

A condition of the epididymis, caused by determinants arising during the antenatal period. This condition is characterised by twisting of the epididymis around its axis and ischaemia, scrotal pain, or inflammation. This condition may also present with a thickened scrotal wall, a reactive hydrocele, and enlargement of the head of the epididymis. Confirmation is by imaging.

GB01.2 **Torsion of hydatids**

A condition of the testicular appendix, caused by determinants arising during the antenatal period. This condition is characterised by twisting of the hydatid of Morgagni and pedunculated hydatid around its axis and ischaemia, testicular pain, scrotal oedema, and a palpable blue dot discolouration on the scrotum. Confirmation is by imaging.

GB01.Z **Torsion of testis, epididymis or appendices, unspecified**

GB02 Orchitis or epididymitis

Coded Elsewhere: Orchitis due to mumps virus (1D80.1)
Gonococcal epididymitis (1A70.Y)
Gonococcal orchitis (1A70.Y)
Chlamydial epididymitis (1A81.1)
Chlamydial orchitis (1A81.1)

GB02.0 Orchitis, epididymitis or epididymo-orchitis with abscess

Inflammation of a testis and / or the epididymitis with an associated abscess, a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process or other foreign materials.

GB02.1 Orchitis, epididymitis or epididymo-orchitis without abscess

Inflammation of a testis and / or the epididymitis without associated abscess, a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process or other foreign materials.

GB02.Y Other specified orchitis or epididymitis

GB02.Z Orchitis or epididymitis, unspecified

GB03 Atrophy of testis

A condition of the testis, caused by apoptosis of the cells due to diminished cellular proliferation, decreased cellular volume, decreased function, ischemia, malnutrition, disease, infection, mutation, or hormonal changes. This condition is characterised by a partial or complete decrease in size and function of the testis tissue.

GB04 Male infertility

Any disorder of the reproductive system affecting males, characterised by dysfunctionalities in the ejection of semen or an abnormal absence in the measurable level of sperm in semen.

Coded Elsewhere: Male infertility in classical cystic fibrosis (CA25.0)
Male infertility in atypical cystic fibrosis (CA25.1)

GB04.0 Azoospermia

Any condition of the genital system affecting males, caused by obstruction of the reproductive tract, abnormal hormone levels, testicular failure, or inadequate production of spermatozoa. These conditions are characterised by the absence of a measurable level of sperm cells in semen, and very low levels of fertility. Confirmation is by the absence of spermatozoa in the sediment of a centrifuged sample of ejaculate.

GB04.Y Other specified male infertility

GB04.Z Male infertility, unspecified

GB05 Redundant prepuce, phimosis or paraphimosis

Several conditions of the foreskin, caused by abnormalities in the prepuce. This condition is characterised by redundant or tight foreskin and lack of retractability of the foreskin or the inability of the foreskin to be reduced.

GB05.0 Redundant prepuce

A condition of the foreskin, caused by determinants arising during the antenatal period. This condition is characterised by the presence of excess foreskin tissue.

GB05.1 Frenulum breve

A condition of the frenulum preputii penis, caused by determinants arising during the antenatal period. This condition is characterised by a short frenulum and restricted movement of the prepuce, leading to hindered penetration during sexual intercourse or pain and tearing.

GB05.2 Phimosis

A condition of the foreskin, caused by the improper development of the foreskin during the antenatal period, balanitis, lichen sclerosus, inflammation, infection, repeated catheterization, or forcible foreskin retraction. This condition is characterised by constriction of the preputial orifice and restricted movement of the prepuce over the glans. This condition may also present with difficulty urinating or dysfunctions during sexual intercourse.

GB05.3 Paraphimosis

A condition of the foreskin, caused by a narrow or inflamed foreskin, improper handling of foreskin, or retraction of the foreskin for an extended duration. This condition is characterised by an inability for the foreskin to return to its normal position after being retracted over the glans, pain, and inflammation, and may lead to gangrene.

GB05.4 Adherent prepuce

A condition in which the prepuce is adherent to the prepuce which makes it hard to retract the prepuce.

GB05.Z Redundant prepuce, phimosis or paraphimosis, unspecified

GB06 Certain specified disorders of penis

Exclusions: Redundant prepuce, phimosis or paraphimosis (GB05)

Coded Elsewhere: Male erectile dysfunction (HA01.1)

GB06.0 Balanoposthitis

Inflammation of the foreskin and/or glans penis. It may be associated with specific disorders such as lichen planus, lichen sclerosus, reactive arthritis or contact dermatitis etc. but is most commonly "non-specific".

GB06.01 Irritant balanoposthitis

GB06.02 Balanoposthitis due to infection

Coded Elsewhere: Candida balanoposthitis (1F23.11)

GB06.0Y Other specified forms of balanitis and balanoposthitis

GB06.0Z Balanoposthitis, unspecified

GB06.1 **Priapism**

A condition of the penis, caused by acute leukaemia, sickle cell anaemia, infection, a penile or central nervous system lesion, or the use of certain pharmacological agents. This condition is characterised by prolonged or persistent painful penile erection lasting over four hours without physical or psychological sexual arousal.

Inclusions: Painful erection

GB06.2 **Penile fibromatosis**

A condition characterised by induration of the corpora cavernosa of the penis producing a painful fibrous chordee within the soft tissue of the penis and inflammation of the tunica albuginea. This condition may be associated with trauma or injury to the penis. This condition may also present with pain during erection, erectile dysfunction, shortening, or abnormal curvature of the penis when erect. Confirmation is by ultrasonography.

Inclusions: Peyronie disease

Plastic induration of penis

Induratio penis plastica

GB06.3 **Mondor disease of the penis**

A well-recognised usually benign and self-limiting entity occurring in sexually active men and presenting with a cord-like thickening of penile veins or lymphatics located around the coronal sulcus or, less commonly, along the dorsal vein of the penis. Infrequently it may be associated with non-sexual trauma or with hypercoagulable states.

GB06.4 **Chronic penile oedema**

Chronic oedema localised to the penis. Proposed causes include chronic strangulation, low grade streptococcal infection with resultant irreversible lymphatic damage or primary hypoplastic lymphatics.

GB06.5 **Sclerosing lymphangitis of penis**

This condition presents with a usually painless serpiginous cord-like swelling in the coronal sulcus of the penis. It is typically associated with vigorous sexual intercourse. It normally resolves within a period of weeks.

GB06.Y **Other specified disorders of penis**

GB06.Z **Disorders of penis, unspecified**

GB07 Inflammatory disorders of male genital organs, not elsewhere classified

Any disorder of the male genital organs, characterised by pathological changes and inflammation of the tissue, not classified elsewhere.

Exclusions: Inflammation of penis (GB06)

Orchitis or epididymitis (GB02)

Epididymorchitis (GB02)

GB07.0 Inflammatory disorders of seminal vesicle

Any disorder of the seminal vesicle, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Tuberculosis of seminal vesicle (1B12.5)

GB07.1 Inflammatory disorders of spermatic cord, tunica vaginalis or vas deferens

Any disorder of the spermatic cord, tunica vaginalis and vas deferens, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Chylocele of tunica vaginalis in loiasis (1F66.0)

Chylocele of tunica vaginalis in filariasis due to Wuchereria bancrofti (1F66.30)

GB07.2 Inflammatory disorders of scrotum

Any disorder of the scrotum, caused by poor hygiene or chafing of the skin. This condition is characterised by superficial inflammation of the tissue.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

GB07.Y Other specified inflammatory disorders of male genital organs, not elsewhere classified

GB08 Vascular disorders of male genital organs

Any disorder affecting the cardiovascular and genital systems, characterised by pathological changes to the blood vessels of the male genital organs.

GB0Y Other specified diseases of the male genital system

GB0Z Diseases of the male genital system, unspecified

Disorders of breast (GB20-GB2Z)

Any disorder characterised by pathological changes to the breast or breast tissue.

Exclusions: Certain specified disorders of breast or lactation associated with childbirth (JB46)

Coded Elsewhere: Neoplasms of the breast

GB20 Benign breast disease

Any disease affecting females, characterised by benign, noncancerous lesions in the breast, leading to pathological changes to (and discomfort of) the breast or breast tissue.

Coded Elsewhere: Breast abscess (GB21.0)

Disorders of breast augmentation (GC7A)

Disorders of breast reduction (GC79)

GB20.0 Fibrocystic change

A condition characterised by changes to the breast tissue leading to benign, noncancerous lesions in the breast. This conditions may be associated with small or large cyst formation, hyperplasia of the ductal epithelium, apocrine metaplasia of the ductal cells, papillomatosis, duct ectasia, sclerosing adenosis, or fibrosis of the stroma. This condition may also present with breast pain, thickening of breast tissue, or nipple discharge that worsen prior to menstruation, or may be asymptomatic. Confirmation is by clinical breast exam, followed by mammography or ultrasonography to distinguish between abnormal tissue.

GB20.1 Fibroadenosis of breast

Exclusions: Fibroadenoma of breast (2F30.5)

GB20.Y Other specified benign breast disease

GB20.Z Benign breast disease, unspecified

GB21 Inflammatory disorders of breast

Any disorder of the breast or breast tissue, characterised by inflammatory effects, pain, heat, redness, swelling, and loss of function.

Coded Elsewhere: Nonpurulent mastitis associated with childbirth (JB45.1)

Neonatal infectious mastitis (KA65.3)

GB21.0 Breast abscess

A condition of the breast, caused by inflammation due to infection with a bacterial or parasitic host, or contact with other foreign materials. This condition is characterised by a focal accumulation of purulent material within or on the breast tissue.

Coded Elsewhere: Abscess of breast associated with childbirth (JB45.0)

GB21.Y Other specified inflammatory disorders of breast

GB21.Z Inflammatory disorders of breast, unspecified

GB22 **Hypertrophy of breast**

A condition affecting the breast, characterised by unilateral or bilateral enlargement or thickening of the connective tissues that exceeds 3% of the total body weight. This condition may be associated with increased histologic sensitivity to, or abnormally high levels of, prolactin, estrogen, and progesterone in the blood.

GB23 **Certain specified disorders of breast**

Any disorder of the breast or breast tissue, characterised by pathological changes, not classified elsewhere.

Coded Elsewhere: Other signs or symptoms in breast (MF3Y)

GB23.0 Mammary duct ectasia

A condition of the breast, caused by lipid and cellular debris or secretory (such as colostrum) stasis, or a nonspecific duct widening process. This condition is characterised by obstruction and subsequent dilation of the lactiferous duct, periductal inflammation, periductal fibrosis, nipple retraction, inversion, pain, or bloody discharge from the nipple.

GB23.1 Fissure or fistula of nipple

A condition characterised by the formation of a deep furrow or crack-like lesion on the nipple and an abnormal passage between the nipple and adjacent tissues or surfaces.

GB23.2 Fat necrosis of breast

A condition of the breast, caused by saponification of fat tissue, commonly subsequent to trauma or radiation therapy. This condition is characterised by damage, death, or inflammation of the fat tissue by blood and tissue digestive enzymes, and the development of scar tissue and lesions. Confirmation is by imaging of the breast and needle aspiration.

GB23.3 Atrophy of breast

A condition of the breast, caused by apoptosis of the cells commonly due to prolonged estrogen reduction, diminished cellular proliferation, decreased cellular volume, decreased function, ischaemia, malnutrition, disease, or mutation. This condition is characterised by a partial or complete decrease in size and function of the breast tissue.

GB23.4 Galactorrhoea not associated with childbirth

A condition of the breast, characterised by persistent and abnormal secretion of white discharge. In females, the secretions occur between intervals of neonate or infant nursing, or after the infant has stopped breastfeeding. In males and children, these secretions occur spontaneously. This condition is not associated with the physiological changes as part of pregnancy, childbirth, or the puerperium.

GB23.5 Mastodynia

The symptom of breast pain. This symptom may be classified as cyclic or non-cyclical depending on the clinical patterns.

Exclusions: Chronic pain (MG30)

GB2Z **Disorders of breast, unspecified**

Diseases of the urinary system (GB40-GC2Z)

Any disease characterised by pathological changes to the urinary system.

Coded Elsewhere: Neoplasms of the urinary system

Clinical findings on examination of urine, without diagnosis (MF90-MF9Y)

Structural developmental anomalies of the urinary system (LB30-LB3Z)

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

Hypertensive renal disease (BA02)

Glomerular diseases (GB40-GB4Z)

Any disease characterised by pathological changes to the glomerulus.

Exclusions: Hypertensive renal disease (BA02)

Coded Elsewhere: Clinical findings in specimens from the urinary system (MF80-MF8Z)

Symptomatic late syphilis of other sites (1A62.2)

Plasmodium malariae malaria with nephropathy (1F42.0)

Glomerular disorders in secondary systemic amyloidosis (5D00.1)

GB40 Nephritic syndrome

Sudden onset of glomerular disease usually with severe (macroscopic/visible) haematuria accompanied by oliguria, elevated blood pressure, mild oedema and albuminuria or proteinuria usually of sub-nephrotic range. May be a cause of acute renal failure in which case the syndrome is termed rapidly progressive nephritis. Nephritic syndrome has many possible causes and is associated with renal light microscopic changes such hypercellularity, necrosis or thrombosis.

Inclusions: acute nephritis

Exclusions: Tubulo-interstitial nephritis, not specified as acute or chronic (GB54)

GB41 Nephrotic syndrome

A condition characterised by severe proteinuria, greater than 3.5 g/day in an average adult. The substantial loss of protein in the urine results in hypoalbuminaemia and generalised oedema. There is also usually hyperlipidaemia. Other manifestations of glomerular disease may be present. There are many possible causes and renal histological appearances. Possible complications include vascular thrombosis, infections, malnutrition and renal failure.

GB42 **Persistent proteinuria or albuminuria**

Persistent albuminuria >3mg/mmol creatinine or >30mg/day is regarded as abnormal, indicative and often the first manifestation of chronic kidney disease (KDOQI, KDIGO). In surveillance for CKD in “at risk” patients such as diabetics, urinalysis for albuminuria is recommended by most clinical practice guidelines. This diagnosis does not refer to intermittent proteinuria as in orthostatic or exercise induced proteinuria, nor to non-albuminuric proteinuria such as Bence Jones (immunoglobulin light chain) proteinuria.

Exclusions: Orthostatic proteinuria (MF96.0)

proteinuria NOS (MF96)

Gestational proteinuria without hypertension (JA22.0)

Bence Jones proteinuria (MF96.1)

Nephrotic syndrome (GB41)

albuminuria NOS (MF96)

GB42.0 **Albuminuria, Grade A2**

Presence of excessive albumin in the urine, indicating abnormal permeability glomerular filtration. Can be quantitated by either timed collections or spot urine samples with the concentration adjusted to the urine creatinine concentration to correct for variations in overall urine concentration. When persistent and of moderate or greater severity usually indicates overt glomerular disease such as caused by diabetic glomerulosclerosis, glomerulonephritis or amyloid.

Coding Note: Code also the causing condition

GB42.1 **Albuminuria, Grade A3**

Presence of excessive albumin in the urine, indicating abnormal permeability glomerular filtration. Can be quantitated by either timed collections or spot urine samples with the concentration adjusted to the urine creatinine concentration to correct for variations in overall urine concentration. When persistent and of moderate or greater severity usually indicates overt glomerular disease such as caused by diabetic glomerulosclerosis, glomerulonephritis or amyloid.

Coding Note: Code also the causing condition

GB42.Y **Other specified persistent proteinuria or albuminuria**

GB42.Z **Persistent proteinuria or albuminuria, unspecified**

GB4Y **Other specified glomerular diseases**

GB4Z **Glomerular diseases, unspecified**

Renal tubulo-interstitial diseases (GB50-GB5Z)

Any disease characterised by pathological changes to the renal tubules and interstitial tissues.

Exclusions: pyeloureteritis cystica (GB90)

Coded Elsewhere: Renal tubulo-interstitial disorders due to toxoplasmoa gondii (1F57.Y)

Renal tubulo-interstitial disorders due to salmonella infection (1A09.Y)

GB50 **Acute tubulo-interstitial nephritis**

A disease characterised by acute inflammation of, and damage to, tubules and the interstitium of the kidney, usually accompanied by acute renal failure (acute kidney injury). Histology shows acute inflammatory infiltrate in the interstitium with oedema and tubular cell necrosis, and often prominent eosinophils and plasma cells. Usually due to an allergic or immunological reaction to an identifiable allergen. Usually accompanied by acute renal failure which may be reversible if the allergen is withdrawn expeditiously with or without corticosteroid administration. Can lead to chronic tubulointerstitial nephritis, particularly if the allergen exposure is not short term. May be associated with other signs of an allergic reaction such as rash or fever.

GB51 **Acute pyelonephritis**

Acute inflammation of the renal pelvis and parenchyma due to bacterial infection. One of the commonest bacterial infections of adult women. Symptoms include fever, loin (kidney) pain, nausea and vomiting. Co-incident symptoms of acute cystitis with dysuria, frequency and haematuria may occur. Renal failure is not a feature unless there is septicaemia, hypotension or hypovolemia.

GB52 **Acute tubular necrosis**

Any condition of the kidney, caused by hypotension, hypoperfusion, ischaemia, hypoxia, or use of nephrotoxic drugs. These conditions are characterised by death of tubular epithelial cells and acute kidney injury. Confirmation is by identification of "muddy brown casts" of epithelial cells in a urine sample.

Coding Note: Code also the causing condition

GB53 **Acute renal papillary necrosis**

A condition of the kidney, caused by ischaemia, liver disease, or analgesic nephropathy. This condition is characterised by death of single or multiple renal papillae, haematuria, flank pain, and tissue fragments in the urine. This condition may also present with fever and chills.

GB54 **Tubulo-interstitial nephritis, not specified as acute or chronic**

A disease characterised by inflammation of and damage to tubules or the interstitium of the kidney while sparing the glomeruli secondary to immune reaction or toxic agent.

Exclusions: calculous pyelonephritis (GB70)

GB55 Chronic tubulo-interstitial nephritis

A disease characterised by inflammation of and damage to tubules and/or the interstitium of the kidney, interstitial scarring, fibrosis and tubule atrophy resulting in progressive chronic renal insufficiency

Coding Note: Code also the causing condition

Exclusions: calculous pyelonephritis (NFAD) (GB70)

Coded Elsewhere: Autosomal dominant polycystic kidney disease (GB81)

GB55.0 Balkan nephropathy

Balkan nephropathy is a form of interstitial nephritis characterised by a very localised geographic occurrence. It was first identified in the 1920s among several small, discrete communities along the Danube River and its major tributaries. Now thought to be due to chronic aristolochic acid ingestion (ingestion of Aristolochia clematitis seeds native to the Balkan region), though it has some differences from Chinese herbal nephropathy. This disease is characterised by renal insufficiency, proteinuria, tubulointerstitial nephritis, anaemia, weakness, copper discoloration of the skin, and may lead to end-stage renal disease within 5 years after onset.

Inclusions: Balkan endemic nephropathy

GB55.1 Nephropathy induced by heavy metals

A disease of the kidney, caused by exposure to heavy, nephrotoxic metals such as cadmium, lead, copper, and mercury. This disease is characterised by tubular damage, renal insufficiency, interstitial fibrosis, necrosis, or renal dysfunction. This disease may also present with hypertension, proteinuria, hyperuricaemia, aminoaciduria, or other symptoms characteristic of chronic kidney disease.

GB55.2 Chronic urate nephropathy

A condition characterised by deposition of urate crystals in the tubules and interstitium, partial or complete obstruction of the collecting ducts, renal pelvis, or ureter, hyperuricaemia disproportionate to the degree of renal insufficiency and decreased urate excretion. This condition may lead to inflammation, fibrosis, and renal failure.

GB55.Y Other specified chronic tubulo-interstitial nephritis

Coding Note: Code also the causing condition

GB55.Z Chronic tubulo-interstitial nephritis, unspecified

Coding Note: Code also the causing condition

GB56 Obstructive or reflux nephropathy

Distention of the pelvis and calices of the kidney with urine as a result of obstruction of the ureter or as a result of a vesicoureteral or vesicoureterorenal reflux of urine. Diffuse or focal cortical scarring and chronic tubulointerstitial nephritis may be present.

Exclusions: Calculus of kidney and ureter without hydronephrosis (GB70-GB7Z)

Obstructive pyelonephritis (GB55)

GB56.0 **Hydronephrosis with ureteropelvic junction obstruction**

A condition caused by any obstruction in or stenosis of the ureteropelvic junction. This condition is characterised by distension of the pelvis and calyces of the kidney with a partial or complete obstructed flow of urine. This condition may present with flank pain, haematuria, pyuria, or hyperpyrexia.

Exclusions: Congenital ureteropelvic junction occlusion (QJCB) (LB31.8)

Congenital hydronephrosis (LB31.0)

GB56.1 **Hydronephrosis with ureteral obstruction**

Intrinsic stenosis or stricture or extrinsic obstruction of the ureter, except at the ureteropelvic junction or at the ureteral orifice, causing distension of the pelvis and calices of the kidney with urine.

Exclusions: Congenital hydronephrosis (LB31.0)

GB56.2 **Hydronephrosis with ureteral orifice obstruction**

Dilatation of the renal pelvis and calyces associated with (and presumably due to) obstruction of the ureter at the insertion into the bladder and hence ascending back pressure.

Exclusions: with infection (GB58)

GB56.3 **Hydronephrosis due to bladder obstruction**

A condition caused by an obstruction in the urinary bladder. It is characterised by distention of the pelvis and calices of one or both kidneys, and lack of free flow of urine from the kidney, and can lead to progressive atrophy of the kidney if untreated. The condition may also present with pain in the flank, haematuria, pyuria, or hyperpyrexia.

GB56.4 **Other or unspecified hydronephrosis**

This refers to distension and dilation of the renal pelvis and calyces in situations other than those coded elsewhere or when no additional details is available.

Exclusions: Pyonephrosis (GB58)

GB56.5 **Hydronephrosis and reflux nephropathy with vesicoureteral or vesico-uretero-renal reflux**

Distention of the pelvis and calices of the kidney with urine as a result of obstruction of the ureter not caused by strictures or stenoses of the ureter or by ureteral stones.

Exclusions: Congenital vesico-uretero-renal reflux (LB31.D)

Congenital hydronephrosis (LB31.0)

GB56.Y **Other specified obstructive or reflux nephropathy**

GB56.Z **Obstructive or reflux nephropathy, unspecified**

GB57 Nephrocalcinosis

A condition of the kidney, caused by previous inflammation or degeneration when accompanied by previous renal failure. This condition is characterised by renal lithiasis, or calcium-based deposition in the renal parenchyma. This condition may also present with infection, haematuria, anal colic, or decreased renal function. Confirmation is by abdominal medical imaging to determine location of deposits.

GB58 **Pyonephrosis**

A condition caused by complications subsequent to calyces, hydronephrosis, or pyelonephritis, or which may be idiopathic. This condition is characterised by a collection of pus in the renal pelvis, leading to distension of the kidney and possibly kidney failure.

GB59 **Renal or perinephric abscess**

A collection of purulent material in the kidney substance and/or around the kidneys. Usually due to bacterial infection. Minor: Origin Can be haematogenous or ascending infection

GB5Y **Other specified renal tubulo-interstitial diseases**

Coding Note: Code also the causing condition

GB5Z **Renal tubulo-interstitial diseases, unspecified**

Coding Note: Code also the causing condition

Kidney failure (GB60-GB6Z)

Inability of the kidneys to adequately filter the blood of waste products, with a lower than normal glomerular filtration rate (GFR). Can be abrupt and potentially reversible (acute kidney injury) or persistent due to irreversible kidney damage (chronic kidney disease).

Exclusions: Hypertensive renal disease (BA02)

Coded Elsewhere: Renal failure following abortion, ectopic or molar pregnancy (JA05.4)

Congenital renal failure (KC01)

GB60 **Acute kidney failure**

An increase in serum creatinine by 0.3 mg/dl or greater within 48 hours; or Increase in serum creatinine by 1.5-fold or greater above baseline, which is known or presumed to have occurred within 7 days; or Urine volume less than 0.5 ml/kg/h for 6 hours or more.

Coding Note: Code also the causing condition

Inclusions: nontraumatic acute kidney injury

GB60.0 Acute kidney failure, stage 1

Rate of change of serum creatinine: Increase 1.5-1.9 times baseline within 7 days OR increase by 0.3 mg/dl increase within 48 h OR Magnitude of urine output: <0.5 ml/kg/h for 6-12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, mild

GB60.1 Acute kidney failure, stage 2

Rate of change of serum creatinine: 2.0-2.9 times baseline OR Magnitude of urine output: <0.5 ml/kg/h for >= 12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, moderate

GB60.2 **Acute kidney failure, stage 3**

Rate of change of serum creatinine: 3.0 times baseline OR increase to 4.0 mg/dl OR need for renal replacement therapy (i.e. dialysis) or for patients <18 years, decrease in GFR to <35 ml/min per 1.73 m2 OR Magnitude of urine output: <0.3 ml/kg/h for 24 hours OR anuria for >= 12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, severe

GB60.Y **Other specified acute kidney failure**

Coding Note: Code also the causing condition

GB60.Z **Acute kidney failure, stage unspecified**

Coding Note: Code also the causing condition

GB61 Chronic kidney disease

GFR <60 or presence of kidney damage that is present for more than 3 months. Evidence of kidney damage can include structural abnormalities (imaging or histology), albuminuria above normal limits, urinary sediment abnormalities or electrolyte disturbances due to tubular disorders.

Coding Note: Code also the causing condition

Inclusions: chronic renal failure

Chronic renal insufficiency

Exclusions: Hypertensive renal disease (BA02)

GB61.0 **Chronic kidney disease, stage 1**

Kidney damage with normal or increased GFR (>90 ml/min/1.73m²)

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 1

GB61.1 **Chronic kidney disease, stage 2**

Kidney damage and GFR 60-89 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 2

GB61.2 **Chronic kidney disease, stage 3a**

GFR 45-59 ml/min/1.63m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 3a

GB61.3 **Chronic kidney disease, stage 3b**

GFR 30-44 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 3b

GB61.4 **Chronic kidney disease, stage 4**

GFR (15-29 ml/min/1.73m²)

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 4

GB61.5 **Chronic kidney disease, stage 5**

Kidney failure, GFR < 15 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 5

Coded Elsewhere: Albuminurica retinitis (9B65.Z)

GB61.Z **Chronic kidney disease, stage unspecified**

Coding Note: Code also the causing condition

GB6Z **Kidney failure, unspecified**

Coding Note: Code also the causing condition

Urolithiasis (GB70-GB7Z)

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the presence of calculi originating in the urinary system or are which are located within the urinary system. Confirmation is by abdominal radiography, or intravenous pyelography.

Exclusions: Hyperoxaluria (5C51.2)

Hypercalciuria (MF98.0)

Crystalluria (MF90-MF9Y)

Cystinuria (5C60.2)

GB70 **Calculus of upper urinary tract**

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the upper urinary tract (renal papilla). This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB70.0 **Calculus of kidney**

A condition of the kidney, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the urinary calculi located in the kidney, in renal calyces, or in the renal pelvis. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Inclusions: Renal calculus or stone

Stone in kidney

GB70.00 Staghorn calculus

A condition of the kidney, characterised by large, branched, struvite or calcium carbonate apatite calculi within the renal pelvis and extending into one or more caliceal extensions, and fever, haematuria, or flank pain, leading to renal failure and life-threatening sepsis. This condition may be associated with urinary tract infection. Confirmation is by imaging of the abdominal region.

GB70.0Y Other specified calculus of kidney

GB70.0Z Calculus of kidney, unspecified

GB70.1 Calculus of ureter

A condition of the ureter, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the ureter, and may lead to renal colic. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Inclusions: Ureteric stone

Ureteral calculus or stone

Stone in the ureter

GB70.Z Calculus of upper urinary tract, unspecified

GB71 Calculus of lower urinary tract

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the lower urinary tract (urinary bladder and urethra). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB71.0 Calculus in bladder

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bladder. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography, to determine the presence and location of calculi.

Inclusions: Urinary bladder stone

Exclusions: Calculus in a bowel segment for urinary diversion (e.g. neobladder, pouch) (NFBC) (GB71.2)

GB71.1 **Calculus in urethra**

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the urethra, where it may lead to renal colic. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Exclusions: Calculus of bowel segments for urinary diversion (GB71.2)

GB71.2 **Calculus of bowel segments for urinary diversion**

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bowel segment for urinary diversion (ileal neobladder, ileal conduit, ileocaecal pouch). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB71.Z **Calculus of lower urinary tract, unspecified**

GB7Z Urolithiasis, unspecified

Cystic or dysplastic kidney disease (GB80-GB8Z)

Any disease of the kidney, caused by determinants arising during the antenatal period or after birth. These diseases are characterised by pathological changes to one or both kidneys, and may manifest in other anatomical tissues.

Coded Elsewhere: Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Meckel-Gruber syndrome (LD2F.13)

Asphyxiating thoracic dystrophy (LD24.B1)

Multicystic renal dysplasia (LB30.9)

GB80 Nonfamilial nongenetic cystic kidney disease

Diseases where there are developmental anatomical or pathological changes in the renal substance not occurring in a familial distribution and not known to have a mono-genetic cause.

Coded Elsewhere: Medullary sponge kidney (LB30.8)

Multicystic renal dysplasia (LB30.9)

GB80.0 **Simple renal cyst**

A disease of the kidney, caused by obstruction of tubules, anaemia, or detachment of diverticula. This disease is characterised by the formation of thin-walled abnormal sacs filled with hypo-echogenic radiolucent fluid in the kidney. Confirmation is by imaging.

Inclusions: Bosniak 1 cyst

GB80.1 **Complex renal cyst**

Renal cyst with high attenuation or mixed contents, septate or thickened wall. May be subclassified by the Bosniak classification Bosniak 2-4 to indicate increasing likelihood of neoplasm.

GB80.2 **Subscapular or perirenal urinoma**

A disease of the kidney, caused by urinary obstruction such as calices in the kidney or ureter, or a breach of the integrity of the pelvis. This disease is characterised by an encapsulated collection of urine located in a fat-lined sac around the kidneys or in the retroperitoneum. Confirmation is by imaging.

GB80.Y **Other specified nonfamilial nongenetic cystic kidney disease**

GB80.Z **Nonfamilial nongenetic cystic kidney disease, unspecified**

GB81 Autosomal dominant polycystic kidney disease

Multiple cysts in both kidneys increasing in number and size from adolescence, associated with development of hypertension and chronic renal failure. Autosomal dominant familial pattern is usual and due to mutations on Chromosomes 16 and 4. Non-renal manifestations can include cysts in the liver and less commonly pancreas,. Cerebral arterial aneurysms with subarachnoid haemorrhage, and other non-renal vascular abnormalities can also occur.

GB82 Autosomal dominant tubulointerstitial disease

Nonglomerular, autosomal dominant kidney diseases characterised by progressive tubulointerstitial fibrosis and progression to end-stage renal disease. Currently there are 4 known genetic defects - in oromudulin, mucin-1, renin and hepatocyte nuclear factor 1-ß. The last is associated with Maturity-Onset Diabetes of the Young (MODY) and thus is classified as MODY-5.

Coded Elsewhere: Medullary sponge kidney (LB30.8)

MODY 5 syndrome (5A13.6)

GB83 Nephronophthisis

Autosomal recessive disease characterised by polyuria, polydipsia, enuresis and chronic kidney disease with end stage renal failure occurring between birth and late adolescence depending on the NPHP gene involved. Extra-renal manifestations occur with associated multisystem genetic disorders (e.g. Senior-Loken, Cogan, Joubert)

GB8Y Other specified cystic or dysplastic kidney disease

GB8Z Cystic or dysplastic kidney disease, unspecified

GB90 Certain specified disorders of kidney or ureter

Any disorder characterised by pathological changes to the kidney or ureter.

Coding Note: Code also the causing condition

Exclusions: Urolithiasis (GB70-GB7Z)

Coded Elsewhere: Macroscopic changes of size of the kidney (MF54)

Ureteral fistula (GC04.2)

Postinterventional ischemia or infarction of kidney (GC7B)

Neonatal haemorrhage originating in kidney or bladder (KA83.6)

Diabetic nephropathy (GB61.Z)

Renal late syphilis (1A62.2Y)

Disorders of kidney or ureter in tuberculosis (1B1Y)

GB90.0 Nephroptosis

Enhanced mobility of the kidney, resulting in ptosis when the patient is upright. More common on the right, associated with a longer renal artery, and debatably associated with fibromuscular hyperplasia and hypertension.

GB90.1 Hydroureter

A condition caused by obstruction, stricture, or stenosis of the ureter, which may be due to prostatic hypertrophy, carcinoma, retroperitoneal or pelvic neoplasms, calculi, or a congenital anomaly. This condition is characterised by distention of the ureter with urine.

Exclusions: Congenital primary megaureter (LB31.1)

GB90.2 Ureteral kinking or deviation without obstruction

A condition characterised by a sharp twist, curve, or other deviation in the length of the ureter, but without an obstructed flow of urine.

Inclusions: Kinking of the ureter without hydronephrosis

Exclusions: with infection (GB58)

congenital ureteric stenosis (LB31.8)

GB90.3 Ischaemia or infarction of kidney

Exclusions: Atherosclerosis of renal artery (BD40.2)

Goldblatt kidney (BD40.2)

Congenital renal artery stenosis (LA90.40)

GB90.4 Renal tubular function disorders

Disorders primarily due to abnormalities of renal tubular resorption or secretion.

Coded Elsewhere: Cystinuria (5C60.2)

Nephrogenic syndrome of inappropriate antidiuresis (5A60.20)

GB90.40 Hypotonia-cystinuria type 1

This is a rare syndrome including neonatal and infantile hypotonia and failure to thrive, cystinuria type 1, nephrolithiasis, growth retardation due to growth hormone deficiency, and minor facial dysmorphism due to a homozygous deletion of two contiguous genes on chromosome 2: SLC3A1 and PREP (2p21).

Coded Elsewhere: Hypotonia-cystinuria syndrome (5C60.Y)

GB90.41 Pseudohypoaldosteronism type 1

Pseudohypoaldosteronism type 1 (PHA1) are rare forms of mineralocorticoid resistance. PHA1 presents in the newborn with renal salt wasting, failure to thrive and dehydration. Two clinical forms have been described: i) a renal form (renal PHA1) that improves with age and in which mineralocorticoid resistance is restricted to the kidney, and ii) a generalised severe form (generalised PHA1) that persists into adulthood and in which mineralocorticoid resistance is systemic and salt loss occurs in multiple organs. Inheritance can be autosomal recessive (arPHA1) which is more severe and persistent than the autosomal dominant form (AdPHA1)

GB90.42 Fanconi syndrome

Disorder associated with generalised dysfunction of the proximal tubule expressed as amino-aciduria, low molecular weight proteinuria, polyuria with sodium and potassium wasting, hyper-phosphaturia (hence bone disease), renal tubular acidosis, glycosuria and hypercalciuria.

Coded Elsewhere: Oculocerebrorenal syndrome (5C60.0)

GB90.43 Bartter syndrome

Bartter syndrome is a genetic renal tubular disease characterised by the association of hypokalaemic alkalosis, increased levels of plasma renin and aldosterone, low blood pressure and vascular resistance to angiotensin II. Two forms of the disease can be distinguished according to clinical criteria: an antenatal or infantile Bartter syndrome (most patients with genotypes I, II and IV), characterised by polyhydramnios, premature delivery, polyuria, dehydration, hypercalciuria and nephrocalcinosis; and classical Bartter syndrome (mostly patients with genotype III, but also some type IV patients), manifesting as polyuria-polydipsia in infancy-childhood through to adulthood, dehydration and a variable delay in the height-weight growth curve.

GB90.44 Renal tubular acidosis

Conditions characterised by failure of the kidney to excrete acids, or to lose bicarbonate into the urine, which causes the blood to become too acidic. Characteristically hyperchloremic acidosis (low anion gap metabolic acidosis) . Has several forms and many causes.

Coded Elsewhere: Osteopetrosis with renal tubular acidosis (LD24.10)

GB90.45 Renal glycosuria

Glycosuria (glucose in the urine) at normal blood glucose levels due to inadequate renal tubular resorption. Can be due to above normal glomerular filtration as in pregnancy or occurs residual nephrons in renal failure, or reduced tubular resorption.

GB90.46 Tubular disorders of sodium or potassium transport

Abnormalities of the renal tubules resorptive or secretory functions, inherited or acquired.

Exclusions: Fanconi syndrome (GB90.42)

GB90.47 Aminoaciduria

Conditions in which amino acids are found in the urine either due to over-production (high blood levels) or failure of tubular resorption

GB90.48 Disorders of calcium or phosphate excretion

Conditions in which renal excretion of calcium and / or phosphate is deranged.

Coded Elsewhere: Pseudohypoparathyroidism (5A50.1)

Hypophosphataemic rickets (5C63.22)

GB90.49 Renal hypocalciuria

A condition of the kidney, caused by renal tubular retention, low dietary calcium intake, or abnormalities in calcium absorption and may be associated with thiazide diuretic intake, Gitelmans disease, or familial hypocalciuric hypercalcaemia. This condition is characterised by a decrease in the level of calcium in the urine.

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Acquired hypocalciuric hypercalcemia (5A51.Y)

GB90.4A Nephrogenic diabetes insipidus

Nephrogenic diabetes insipidus is a condition in which the kidney tubules respond poorly to pituitary secreted anti-diuretic hormone, resulting in a failure to concentrate the urine, and water loss. Polyuria with dilute urine and polydypsia (excessive thirst) are present. It can be congenital or acquired with many causes. The congenital forms may be attributed to vasopressin receptor or aquaporin -2 defects. They are characterised by polyuria with polydipsia, recurrent bouts of fever, constipation, and acute hypernatraemic dehydration after birth that may cause neurological sequelae.

Exclusions: Central diabetes insipidus (5A61.5)

GB90.4Y Other specified renal tubular function disorders

GB90.4Z Renal tubular function disorders, unspecified

GB90.Y **Other specified disorders of kidney or ureter**

Coding Note: Code also the causing condition

Certain specified diseases of urinary system (GC00-GC0Y)

Exclusions: Infections of genitourinary tract in pregnancy (JA62)

Urolithiasis (GB70-GB7Z)

Coded Elsewhere: Urinary incontinence (MF50.2)

Tuberculosis of kidney or ureter (1B12.5)

Tuberculosis of bladder (1B12.5)

GC00 Cystitis

A condition of the bladder, caused by infection, reaction to pharmacological agents, exposure to radiation therapy, or potential irritants. This condition is characterised by inflammation of the urinary bladder, dysuria, pollakiuria, fever, or flank pain.

Exclusions: Prostatocystitis (GA91.2)

Coded Elsewhere: Infections of bladder in pregnancy (JA62.1)

GC00.0 Trigonitis

A condition of the bladder that is frequently idiopathic. This condition is characterised by inflammation of the nonkeratinizing squamous metaplasia in the trigone region of the bladder.

GC00.1 Infectious cystitis

Inflammation of the urinary bladder caused by microbes

Exclusions: tuberculous cystitis (NHEA) (1B12.5)

bladder disorder in schistosomiasis [bilharziasis] (NHEB) (1F86.0)

GC00.2 Contracted urinary bladder

A condition characterised by inflammation of the urinary bladder that may lead to progressive shrinkage, fibrosis, contraction, and irreversible end-stage disease with high urination frequency.

GC00.3 Interstitial cystitis

A condition characterised by inflammation of the urinary bladder and ureters. This condition may be associated with a malformation of, or injury to, the bladder epithelium, infection with toxins, an autoimmune reaction, or an allergy. This condition may also present with Hunner ulcers diffuse glomerulations affecting all quadrants of the bladder mucosa, mild to severe chronic bladder pressure, bladder pain, urgency to urinate, and low volumes of urine.

GC00.Y Other specified cystitis

GC00.Z Cystitis, unspecified

GC01 Other disorders of bladder

Any disorder characterised by pathological changes to the urinary bladder.

Exclusions: Cystocele (GC40.0)

hernia or prolapse of bladder, female (GC40.0)

Calculus in bladder (GB71.0)

Coded Elsewhere: Bladder pain (MF52)

Neonatal haemorrhage originating in kidney or bladder (KA83.6)

GC01.0 Bladder neck obstruction

A condition of the bladder, caused by congenital or acquired abnormalities that impair the muscles that connect the bladder to the urethra. This condition is characterised by obstruction of the bladder neck and constricted opening during urination. This condition may also present with pelvic pain, pollakiuria, incontinence, or incomplete bladder emptying. Confirmation is by video urodynamics to observe the obstruction as the bladder fills and voids.

GC01.1 Vesical fistula, not elsewhere classified

A condition caused by medical intervention, trauma, inflammation, infection, cancer, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder and the skin, bowel, vagina, uterus, or rectum, and suprapubic pain, frequency, dysuria, or tenesmus.

Coded Elsewhere: Vesicovaginal fistula (GC04.10)

GC01.2 Diverticulum of bladder

A condition of the bladder, caused by congenital or acquired obstruction to the bladder outlet, a bladder dysfunction following a nerve injury, or a prior bladder surgery. This condition is characterised by balloon-like protrusions on the bladder lining, leading to an area of weakness in the bladder wall. This condition may be asymptomatic, or present with recurrent bladder infections, difficulty urinating, or abdominal fullness. Confirmation is by contrast radiography or cystoscopy.

Exclusions: Congenital diverticulum of urinary bladder (LB31.4)

Urachal diverticulum (LB03.0)

Hutch-diverticulum (LB31.4)

GC01.3 Rupture of bladder, nontraumatic

A condition of the bladder, caused by determinants not attributable to wound or injury. This condition is characterised by rupture of the bladder.

GC01.4 Neuromuscular dysfunction of bladder, not elsewhere classified

Exclusions: Functional urinary incontinence (MF50.23)

neurogenic bladder due to cauda equina syndrome (8B40)

due to spinal cord lesion (ND51)

Urinary incontinence associated with pelvic organ prolapse (GC40.5)

GC01.Y Other specified disorders of bladder

GC01.Z **Disorder of bladder, unspecified**

GC02 Urethritis and urethral syndrome

A condition of the urethra, caused by non-infectious factors such as trauma, allergies, anatomical malformations, or scarring and adhesions following a medical intervention. This condition is characterised by inflammation of the urethra, chronic recurrent urinary tract infections without bacterial growth, and pyuria.

Exclusions: urethrotrigonitis (GC00.0)

urethritis in diseases with a predominantly sexual mode of transmission (1A60-1A9Z)

Reiter disease (FA11.2)

Coded Elsewhere: Infections of urethra in pregnancy (JA62.2)

GC02.0 **Urethral abscess**

A condition of the urethra, caused by an obstruction to the periurethral glands that is commonly the result of frequent infection. This condition is characterised by a focal accumulation of purulent material within or on the urethral tissue.

Exclusions: Urethral caruncle (GC07)

GC02.1 **Nonspecific urethritis**

Urethral inflammation for which a specific sexually transmitted infective cause, in particular gonococcal or chlamydial infection, has not been identified. It typically presents in males with dysuria, urethral discharge, itching or urinary urgency. It can occur following urinary tract infection or genital trauma. Historically, before chlamydia infection could be easily identified, chlamydial urethritis was labeled "non-specific".

Exclusions: Chlamydial infection of lower genitourinary tract (1A81.0)

Chlamydial urethritis (1A81.0)

Gonococcal genitourinary infection (1A70)

GC02.Y **Other specified urethritis and urethral syndrome**

GC02.Z **Urethritis and urethral syndrome, unspecified**

GC03 Urethral stricture

Stenosis of the urethra accompanied by fibrosis and scarring of the spongiosal body

Coded Elsewhere: Postprocedural urethral stricture (GC72)

GC04 Fistula of the genitourinary tract

Any condition caused by trauma, medical intervention, infection, cancer, or congenital factors. This condition is characterised by the formation of an abnormal passage between any two locations within the genitourinary tract.

Coded Elsewhere: Fistula of intestinal segments used for urinary diversion (GC01.1)

GC04.0 **Urethral fistula**

A condition of the urethra, caused by surgery, infection, trauma, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urethra and adjacent organs or surfaces.

Coded Elsewhere: Urethrovaginal fistula (GC04.14)

GC04.1 **Fistulae involving female genital tract**

Any condition characterised by the formation of an abnormal passage between the genital tract and another organ, or between a genital organ and an adjacent organ or surface.

GC04.10 Vesicovaginal fistula

A condition of the bladder and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infections, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder and the vagina, leading to the continuous involuntary discharge of urine into the vagina.

Coded Elsewhere: Vesicosigmoidovaginal fistula (GC04.12)

GC04.11 Fistula of small intestine to vagina

Exclusions: Obstetric Fistula (GC04.1)

GC04.12 Fistula of large intestine to vagina

A condition of the large intestine and vagina, caused by damage to the tissue due to childbirth, an inflammatory bowel disease, radiation treatment, cancer, or a complication following pelvic surgery. This condition is characterised by the formation of an abnormal passage between any part of the large bowel and the vagina. This condition may also present with leakage of bowel contents (faeces or gas) through the vagina.

Exclusions: Obstetric Fistula (GC04.1)

Coded Elsewhere: Rectovaginal fistula (GC04.16)

GC04.13 Female genital tract-skin fistulae

A condition of the genital system, caused by damage to the tissue between the genital tract and the skin. This condition is characterised by the formation of an abnormal passage between the genital tract and the skin.

Exclusions: Obstetric Fistula (GC04.1)

GC04.14 Urethrovaginal fistula

This refers to the abnormal connection or passageway between the female urethra and the vagina without further specification.

GC04.15 Combined urethrovesicovaginal fistula

A condition of the bladder, urethra, and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infection, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder, urethra, and the vagina, not otherwise specified.

Inclusions: Urethrovesicovaginal fistula

GC04.16 Rectovaginal fistula

A condition of the rectum and vagina, caused by childbirth, trauma, Crohn's disease, medical intervention, or infection. This condition is characterised by the formation of an abnormal passage between the rectum and the vagina, not otherwise specified.

GC04.17 Vesicouterine fistula with severe scar or extensive tissue loss

This is a condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with a vesicouterine fistula.

GC04.18 Other combined urinary fistula with severe scar or extensive tissue loss

Any other condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with any other abnormal connection or passageway between any two locations within the urinary tract which do not normally connect.

GC04.19 Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss

A condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with an abnormal connection or passageway between the rectum, including cloaca, and a location within the urinary system.

GC04.1A Vaginal stenosis or gynatresia related to obstetric fistula

A condition of the vagina, caused by congenital or acquired factors. The congenital condition is caused by Mayer-Kustner-Hauser syndrome. The acquired condition is caused by severe or failed childbirth or medical intervention to repair a fistula. This condition is characterised by an abnormal narrowing and foreshortening of the vagina. Confirmation is by pelvic examination.

GC04.1Y Other specified fistulae involving female genital tract

GC04.1Z Fistulae involving female genital tract, unspecified

GC04.2 Ureteral fistula

Abnormal passage or communication between the ureter and another body organ or cavity or the body surface.

GC04.Y Other specified fistula of the genitourinary tract

GC04.Z Fistula of the genitourinary tract, unspecified

GC05 **Prolapsed urethral mucosa**

A condition characterised by a circular protrusion of the distal urethra mucosa through the external urethral meatus. This condition may be associated with congenital or acquired abnormalities such as weakened pelvic floor structures, trauma, or separation of the longitudinal and circular-oblique smooth muscle layers. This condition is commonly asymptomatic in adolescents, or presents with vaginal bleeding and difficulty urinating in postmenopausal individuals.

Inclusions: prolapse of urethra

Exclusions: Female urethrocele (GC40.0)

GC06 **Urethral diverticulum**

A disease of the urethra, caused by an obstruction to the periurethral glands due to subsequent to frequent infection, or congenitally. This disease is characterised by a localised protrusion of the urethra into the anterior vaginal wall, consisting mostly of fibrous tissue. This disease may also present with urinary frequency, urgency, and dysuria. Confirmation is by imaging to determine the extent and location of the diverticulum.

GC07 **Urethral caruncle**

A condition characterised by small, focal, benign, pink or red polypoid masses of the distal urethral mucosa, which may become painful, bloody, and deep red in colour. This condition may be associated with urogenital atrophy due to estrogen deficiency, and may be aggravated by chronic irritation of urethral mucosa exposure. This condition typically affects postmenopausal women.

GC08 **Urinary tract infection, site not specified**

Coded Elsewhere: Urinary tract infection following delivery (JB40.3)

Neonatal urinary tract infection (KA65.2)

Pyuria associated with urinary tract infection (MF97)

GC08.0 Urinary tract infection, site not specified, due to Escherichia coli

GC08.1 Urinary tract infection, site not specified, due to Klebsiella pneumoniae

GC08.2 Urinary tract infection, site not specified, due to Proteus

A disease of the urinary tract, caused by an infection with the gram-negative bacteria Proteus. In females, this disease is characterised by dysuria, pyuria, or pollakiuria; in males, this disease may present with urethral discharge. Transmission is unknown. Confirmation is by identification of Proteus in a urinary sample.

GC08.Y Urinary tract infection, site not specified due to other agent

GC08.Z Urinary tract infection, site and agent not specified

GC0Y **Other diseases of urinary system**

GC2Z **Diseases of the urinary system, unspecified**

Other conditions of the genitourinary system (GC40-GC51.Z)

Any disorder characterised by pathological changes to the genitourinary system.

Female pelvic floor dysfunction (GC40-GC4Z)

Any condition affecting females, caused by an altered or lack of function of the female pelvic floor. These conditions are characterised by weakened or tightened pelvic floor muscles, or an impairment of the sacroiliac joint, lower back, coccyx, or hip joint.

Coded Elsewhere: Rectal prolapse (DB31.2)

GC40 **Pelvic organ prolapse**

The descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault) or cuff scar after hysterectomy.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

Maternal care for other abnormalities of gravid uterus (JA84)

GC40.0 Prolapse of anterior vaginal wall

GC40.00 Incomplete anterior vaginal wall prolapse

Most distal prolapse is 1cm or less proximal or distal to the hymen

GC40.01 Complete anterior vaginal wall prolapse

GC40.0Z Prolapse of anterior vaginal wall, unspecified

GC40.1 Prolapse of posterior vaginal wall

GC40.10 Incomplete posterior vaginal wall prolapse

GC40.11 Complete posterior vaginal wall prolapse

GC40.1Z Prolapse of posterior vaginal wall, unspecified

GC40.2 Prolapse of the vaginal apex

GC40.20 Incomplete apical vaginal wall prolapse

GC40.21 Complete apical vaginal wall prolapse

GC40.2Z Prolapse of the vaginal apex, unspecified

GC40.3 Uterovaginal prolapse

GC40.30 Incomplete uterovaginal prolapse

A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 1 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre above the hymen or stage 2 descensus with distal prolapse of 1 centimetre or less proximal or distal to the hymen. This condition is may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.

Exclusions: Incomplete uterine prolapse with anterior vaginal wall prolapse (GC40.31)

Incomplete uterine prolapse with posterior vaginal wall prolapse (GC40.32)

Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse (GC40.33)

GC40.31 Incomplete uterine prolapse with anterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).

GC40.32 Incomplete uterine prolapse with posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).

GC40.33 Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.

GC40.34 Complete uterovaginal prolapse

A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 3 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre below the hymen or stage 4 descensus with complete eversion of the total length of the genital tract. This condition may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.

GC40.35 Complete uterine prolapse with anterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).

GC40.36 Complete uterine prolapse with posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).

GC40.37 Complete uterine prolapse with anterior and posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.

GC40.3Z Uterovaginal prolapse, unspecified

GC40.4 Pelvic floor muscle disruption

A condition caused by damage or trauma to the muscles of the pelvic floor. This condition is characterised by weakness and dysfunction of the muscle.

GC40.40 Levator avulsion from symphysis pubis

A condition caused by damage or trauma to the pelvic floor, leading to the detachment of the levator ani muscle fibres from the symphysis pubis. This condition is characterised by weakness and dysfunction of the muscle.

GC40.4Y Other specified pelvic floor muscle disruption

GC40.4Z Pelvic floor muscle disruption, unspecified

GC40.5 Urinary incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by the abnormal displacement of one or more pelvic organs. This condition is characterised by the involuntary loss of urine. Confirmation is by urinalysis.

GC40.50 Stress Incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by weakness of the pelvic floor muscles and an increase in intra-abdominal pressure, leading to pressure on the bladder. This condition is characterised by a shift in the position of the urethra allowing urine to pass easily, and urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.

GC40.51 Urge incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by detrusor dysfunction. This condition is characterised by urinary incontinence that accompanies detrusor hyperreflexia when a specific bladder volume is reached, leakage of urine, lack of urge to urinate, or lack of awareness of bladder filling.

GC40.52 Mixed urinary incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by detrusor overactivity and impaired urethral function. This condition is characterised by a mix of stress and urge incontinence symptoms including involuntary loss of urine, urinary urgency, urinary frequency, or urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.

GC40.53 Overflow incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by the incomplete emptying of urine from the bladder and an acontractile detrusor muscle. This condition is characterised by urinary incontinence and leakage of urine in small volumes. This condition may be associated with obstruction, weak bladder muscles, injury, pharmacological use, diabetes mellitus, nerve damage or nervous system dysfunction.

GC40.54 Urinary incontinence, not otherwise specified with pelvic organ prolapse

GC40.6 **Functional bladder disorders associated with pelvic organ prolapse**

Any condition characterised by urinary postponement, stress incontinence, urge incontinence, urinary urgency, or urinary incontinence, or dysfunctional urinary voiding. These conditions are associated with abnormal displacement of one or more pelvic organs.

Exclusions: Diurnal enuresis (6C00.1)

Enuresis (6C00)

Nocturnal and diurnal enuresis (6C00.2)

Nocturnal enuresis (6C00.0)

Coded Elsewhere: Absent or diminished bladder sensation associated with pelvic organ prolapse (GC50.10)

GC40.60 Overactive bladder associated with pelvic organ prolapse

A condition of the bladder, caused by impaired kidney function, dysfunctional or absent nerve innervation, involuntary contraction of the bladder muscles, diabetes, pharmacological use, or infection. This condition is characterised by a sudden urge to urinate, urinary frequency, and urge incontinence. This condition may also present with nocturia.

GC40.6Y Other specified functional bladder disorders associated with pelvic organ prolapse

GC40.6Z Functional bladder disorders associated with pelvic organ prolapse, unspecified

GC40.Z **Pelvic organ prolapse, unspecified**

GC41 Anorectal dysfunction associated with pelvic organ prolapse

Any condition characterised by abnormal or absent function of the anus and rectum and dysfunctional defecation or flatus. These conditions are associated with abnormal displacement of one or more pelvic organs.

GC42 **Sexual dysfunction associated with pelvic organ prolapse**

A condition affecting women, characterised by difficulties experienced in the sensations or function of the genital system during normal sexual activity. This condition is associated with abnormal displacement of the vagina, introitus, or pelvic floor tissues.

GC42.0 Diminished sensation due to vaginal or introital laxity

A condition characterised by decreased or absent feeling due to decreased muscle tone in the vaginal muscles or at the vaginal opening (introitus).

GC42.1 Obstructed intercourse

A condition of the genital system, caused by obstruction or blockage in the vaginal canal, or hypertonicity of the vaginal muscles. This condition is characterised by the inability to engage in vaginal sexual intercourse.

GC4Z **Female pelvic floor dysfunction, unspecified**

GC50 **Functional bladder disorders, not otherwise specified**

Any other condition characterised by symptoms that include overactive bladder syndrome, voiding postponement, stress incontinence, giggle incontinence, and dysfunctional voiding in children, without further specification.

Exclusions: Diurnal enuresis (6C00.1)

Nocturnal and diurnal enuresis (6C00.2)

Enuresis (6C00)

Nocturnal enuresis (6C00.0)

GC50.0 Overactive bladder

A urological condition characterised by urgency and frequency, as well as the potential for nocturia, which may or may not be accompanied by incontinence.

Exclusions: Diurnal enuresis (6C00.1)

Nocturnal and diurnal enuresis (6C00.2)

Enuresis (6C00)

Nocturnal enuresis (6C00.0)

Coded Elsewhere: Overactive bladder associated with pelvic organ prolapse (GC40.60)

GC50.1 Absent or diminished bladder sensation

A condition of the bladder, caused by lack of muscle tone, dysfunctional or absent innervation, or chronic obstruction. This condition is characterised by a large, dilated bladder and incomplete bladder emptying.

GC50.10 Absent or diminished bladder sensation associated with pelvic organ prolapse

GC50.1Y Other specified absent or diminished bladder sensation

GC50.1Z Absent or diminished bladder sensation, unspecified

GC50.Y Other specified functional bladder disorders, not otherwise specified

GC50.Z **Functional bladder disorders, not otherwise specified, unspecified**

GC51 **Female Genital Mutilation**

A condition caused by procedures or other interventions for non-medical purposes. This condition is characterised by the partial or total removal of the external female genitalia or other injury to the female genital organs.

Exclusions: Traumatic amputation of entire vulva (NB93.24)

Traumatic amputation of part of vulva (NB93.25)

GC51.0 **Female Genital Mutilation Type 1**

Vulvar abnormality caused by partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

GC51.00 Female Genital Mutilation Type 1a

Removal of the clitoral hood or prepuce only.

GC51.01 Female Genital Mutilation Type 1b

Removal of the clitoris with the prepuce.

GC51.0Z Female Genital Mutilation Type 1, unspecified

GC51.1 **Female Genital Mutilation Type 2**

Vulvar abnormality caused by partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

GC51.10 Female Genital Mutilation Type 2a

Removal of the labia minora only.

GC51.11 Female Genital Mutilation Type 2b

Partial or total removal of the clitoris and the labia minora.

GC51.12 Female Genital Mutilation Type 2c

Partial or total removal of the clitoris, the labia minora and the labia majora.

GC51.1Z Female Genital Mutilation Type 2, unspecified

GC51.2 **Female Genital Mutilation Type 3**

Vulvar/vaginal abnormality caused by narrowing of the vaginal orifice with a covering seal, as a result from cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

GC51.20 Female Genital Mutilation Type 3a

Removal and apposition of the labia minora.

GC51.21 Female Genital Mutilation Type 3b

Removal and apposition of the labia majora.

GC51.2Z Female Genital Mutilation Type 3, unspecified

GC51.3 **Female Genital Mutilation Type 4**

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

GC51.Z **Female Genital Mutilation, unspecified**

Postprocedural disorders of genitourinary system (GC70-GC7B)

Any disorder caused by or subsequent to any intervention of the genitourinary system.

Exclusions: Irradiation cystitis (GC00)

States associated with artificial menopause (GA30.3)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

GC70 **Postoperative adhesions of vagina**

A condition caused by or subsequent to any vaginal surgery or intervention. This condition is characterised by fibrous bands of scar tissue between the intravaginal tissues (intravaginal adhesions). This condition may also present with pelvic pain and dyspareunia.

GC71 **Prolapse of vaginal vault after hysterectomy**

A condition of the vagina, caused by or subsequent to hysterectomy. This condition is characterised by descensus of the vaginal vault that may also lead to weakening of the vaginal walls.

GC72 **Postprocedural urethral stricture**

Urethral stricture caused by catheterization, transurethral manipulations (e.g. transurethral resections), urethral instillations, or irradiation exposure

GC73 **Postprocedural pelvic peritoneal adhesions**

A condition caused by or subsequent to any pelvic intervention leading to damage and inflammation of the peritoneum. This condition is characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction.

Exclusions: Endometriosis (GA10)

GC74 **Malfunction or complication of external stoma of urinary tract**

A condition caused by a surgically created opening connecting the urinary tract to the external environment. This condition is characterised by dysfunction or decreased function of the incision.

Exclusions: Postsurgical leak (NE81.3)

GC75 **Malfunction of the afferent segment of a continent urinary pouch**

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine enters the pouch.

GC76 **Malfunction of the efferent segment of a continent urinary pouch**

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine exits the pouch.

GC77 **Postprocedural nonmenstrual uterine bleeding**

Uterine bleeding occurring after procedure (i.e. uterine surgery, induced abortion, …)

GC78 **Postprocedural acute female pelvic inflammatory disease**

GC79 **Disorders of breast reduction**

GC7A **Disorders of breast augmentation**

A group of disorders that may arise in concert with or subsequent to the surgical placement of breast implants.

GC7B **Postinterventional ischemia or infarction of kidney**

This refers to a restriction in blood supply to tissues of the kidney due to a health care intervention causing a shortage of oxygen and glucose needed for cellular metabolism resulting in the death of kidney tissue cells.

GC8Y **Other specified diseases of the genitourinary system**

GC8Z **Diseases of the genitourinary system, unspecified**

CHAPTER 17

Conditions related to sexual health

This chapter has 15 four-character categories.

Code range starts with HA00

Coded Elsewhere: Changes in female genital anatomy
Changes in male genital anatomy
Paraphilic disorders (6D30-6D3Z)
Adrenogenital disorders (5A71)
Predominantly sexually transmitted infections (1A60-1A9Z)
Contact with health services for contraceptive management (QA21)

This chapter contains the following top level blocks:

- Sexual dysfunctions
- Sexual pain disorders
- Gender incongruence
- Changes in female genital anatomy
- Changes in male genital anatomy

Sexual dysfunctions (HA00-HA0Z)

Sexual Dysfunctions are syndromes that comprise the various ways in which adult people may have difficulty experiencing personally satisfying, non-coercive sexual activities. Sexual response is a complex interaction of psychological, interpersonal, social, cultural and physiological processes and one or more of these factors may affect any stage of the sexual response. In order to be considered a sexual dysfunction, the dysfunction must: 1) occur frequently, although it may be absent on some occasions; 2) have been present for at least several months; and 3) be associated with clinically significant distress.

Coded Elsewhere: Sexual dysfunction associated with pelvic organ prolapse (GC42)

HA00 **Hypoactive sexual desire dysfunction**

Hypoactive Sexual Desire Dysfunction is characterised by absence or marked reduction in desire or motivation to engage in sexual activity as manifested by any of the following: 1) reduced or absent spontaneous desire (sexual thoughts or fantasies); 2) reduced or absent responsive desire to erotic cues and stimulation; or 3) inability to sustain desire or interest in sexual activity once initiated. The pattern of diminished or absent spontaneous or responsive desire or inability to sustain desire or interest in sexual activity has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA00.0 **Hypoactive sexual desire dysfunction, lifelong, generalised**

The person has always experienced hypoactive sexual desire dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.1 **Hypoactive sexual desire dysfunction, lifelong, situational**

The person has always experienced hypoactive sexual desire dysfunction, from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.2 **Hypoactive sexual desire dysfunction, acquired, generalised**

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.3 **Hypoactive sexual desire dysfunction, acquired, situational**

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.Z **Hypoactive sexual desire dysfunction, unspecified**

HA01 Sexual arousal dysfunctions

Sexual arousal dysfunctions include difficulties with the physiological or the subjective aspects of sexual arousal.

HA01.0 **Female sexual arousal dysfunction**

Female sexual arousal dysfunction is characterised by absence or marked reduction in response to sexual stimulation in women, as manifested by any of the following: 1) Absence or marked reduction in genital response, including vulvovaginal lubrication, engorgement of the genitalia, and sensitivity of the genitalia; 2) Absence or marked reduction in non-genital responses such as hardening of the nipples, flushing of the skin, increased heart rate, increased blood pressure, and increased respiration rate; 3) Absence or marked reduction in feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation. The absence or marked reduction in response to sexual stimulation occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA01.00 Female sexual arousal dysfunction, lifelong, generalised

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.01 Female sexual arousal dysfunction, lifelong, situational

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.02 Female sexual arousal dysfunction, acquired, generalised

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.03 Female sexual arousal dysfunction, acquired, situational

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.0Z Female sexual arousal dysfunction, unspecified

HA01.1 **Male erectile dysfunction**

Male erectile dysfunction is characterised by inability or marked reduction in the ability in men to attain or sustain a penile erection of sufficient duration or rigidity to allow for sexual activity. The pattern of erectile difficulty occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Coding Note: Code also the causing condition

HA01.10 Male erectile dysfunction, lifelong, generalised

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.11 Male erectile dysfunction, lifelong, situational

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.12 Male erectile dysfunction, acquired, generalised

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.13 Male erectile dysfunction, acquired, situational

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situation

HA01.1Z Male erectile dysfunction, unspecified

Coding Note: Code also the causing condition

HA01.Y **Other specified sexual arousal dysfunctions**

HA01.Z **Sexual arousal dysfunctions, unspecified**

HA02 Orgasmic dysfunctions

Orgasmic dysfunctions refer to difficulties related to the subjective experience of orgasm.

HA02.0 **Anorgasmia**

Anorgasmia is characterised by the absence or marked infrequency of the orgasm experience or markedly diminished intensity of orgasmic sensations. In women, this includes a marked delay in orgasm, which in men would be diagnosed as Male Delayed Ejaculation. The pattern of absence, delay, or diminished frequency or intensity of orgasm occurs despite adequate sexual stimulation, including the desire for sexual activity and orgasm, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Inclusions: Psychogenic anorgasmy

HA02.00 Anorgasmia, lifelong, generalised

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.01 Anorgasmia, lifelong, situational

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.02 Anorgasmia, acquired, generalised

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.03 Anorgasmia, acquired, situational

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.0Z Anorgasmia, unspecified

HA02.Y **Other specified orgasmic dysfunctions**

HA02.Z **Orgasmic dysfunctions, unspecified**

HA03 Ejaculatory dysfunctions

Ejaculatory dysfunctions refer to difficulties with ejaculation in men, including ejaculatory latencies that are experienced as too short (Male early ejaculation) or too long (Male delayed ejaculation).

Coded Elsewhere: Retrograde ejaculation (MF40.3)

HA03.0 Male early ejaculation

Male early ejaculation is characterised by ejaculation that occurs prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.00 Male early ejaculation, lifelong, generalised

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.01 Male early ejaculation, lifelong, situational

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.02 Male early ejaculation, acquired, generalised

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.03 Male early ejaculation, acquired, situational

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.0Z Male early ejaculation, unspecified

HA03.1 Male delayed ejaculation

Male delayed ejaculation is characterised by an inability to achieve ejaculation or an excessive or increased latency of ejaculation, despite adequate sexual stimulation and the desire to ejaculate. The pattern of delayed ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.10 Male delayed ejaculation, lifelong, generalised

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.11 Male delayed ejaculation, lifelong, situational

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.12 Male delayed ejaculation, acquired, generalised

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.13 Male delayed ejaculation, acquired, situational

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.1Z Male delayed ejaculation, unspecified

HA03.Y Other specified ejaculatory dysfunctions

HA03.Z Ejaculatory dysfunctions, unspecified

HA0Y **Other specified sexual dysfunctions**

HA0Z **Sexual dysfunctions, unspecified**

Sexual pain disorders (HA20-HA2Z)

Sexual pain disorders refer to marked and persistent or recurrent difficulties related to the experience of pain during sexual activity in adult people, which are not entirely attributable to an underlying medical condition, insufficient lubrication in women, age-related changes, or changes associated with menopause in women and are associated with clinically significant distress.

Inclusions: Psychogenic dyspareunia

Coded Elsewhere: Dyspareunia (GA12)

HA20 **Sexual pain-penetration disorder**

Sexual pain-penetration disorder is characterised by at least one of the following: 1) marked and persistent or recurrent difficulties with penetration, including due to involuntary tightening or tautness of the pelvic floor muscles during attempted penetration; 2) marked and persistent or recurrent vulvovaginal or pelvic pain during penetration; 3) marked and persistent or recurrent fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of penetration. The symptoms are recurrent during sexual interactions involving or potentially involving penetration, despite adequate sexual desire and stimulation, are not entirely attributable to a medical condition that adversely affects the pelvic area and results in genital and/or penetrative pain or to a mental disorder, are not entirely attributable to insufficient vaginal lubrication or post-menopausal/ age-related changes, and are associated with clinically significant distress.

Exclusions: Dyspareunia (GA12)

Pain related to vulva, vagina or pelvic floor (GA34.0)

HA20.0 Sexual pain-penetration disorder, lifelong, generalised

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.1 Sexual pain-penetration disorder, lifelong, situational

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.2 Sexual pain-penetration disorder, acquired, generalised

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.3 Sexual pain-penetration disorder, acquired, situational

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.Z Sexual pain-penetration disorder, unspecified

HA2Y **Other specified sexual pain disorders**

HA2Z **Sexual pain disorders, unspecified**

HA40 **Aetiological considerations in sexual dysfunctions and sexual pain disorders**

HA40.0 Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment

This category should be assigned when there is evidence that an underlying or co-occurring health condition, including hormonal, neurological, and vascular conditions, injuries, and consequences of surgical or radiation treatment is an important contributing factor to a Sexual Dysfunction or a Sexual Pain Disorder. In such cases, the diagnosis corresponding to the underlying or co-occurring health condition should also be assigned. However, underlying or contributory mental disorders should be noted using the qualifier 'Associated with psychological and behavioural factors, including mental disorders', rather than using with this category.

HA40.1 Aetiological considerations associated with psychological or behavioural factors, including mental disorders

This category should be assigned when psychological and behavioural factors or symptoms are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include low self-esteem, negative attitudes toward sexual activity, adverse past sexual experiences, and behavioural patterns such as poor sleep hygiene and overwork. Depressive, anxiety, or cognitive symptoms as well as other symptoms of Mental, Behavioural, or Neurodevelopmental Disorders may also interfere with sexual functioning. If the symptoms reach the level of constituting a diagnosable Mental and Behavioural Disorder and the Sexual Dysfunction or Sexual Pain Disorder is an independent focus of clinical attention, this category should be used and the appropriate Mental and Behavioural Disorder diagnosis should also be assigned. However, underlying or contributory Disorders Due to Substance Use should be noted using the category 'Associated with use of psychoactive substance or medication', rather than using this category.

HA40.2 Aetiological considerations associated with use of psychoactive substance or medication

This category should be assigned when there is evidence that the direct physiological effects of a psychoactive substance or medication are an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. Examples include selective serotonin reuptake inhibitors, histamine-2 receptor antagonists (e.g., cimetidine), alcohol, opioids, and amphetamines. If the diagnostic requirements for a Disorder Due to Substance Use are met, the appropriate Disorder Due to Substance Use diagnosis should also be assigned.

HA40.3 Aetiological considerations associated with lack of knowledge or experience

This category should be assigned when, in the clinician's judgment, the individual's lack of knowledge or experience of her or his own body, sexual functioning, and sexual response is an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. This includes inaccurate information or myths about sexual functioning.

HA40.4 **Aetiological considerations associated with relationship factors**

his category should be assigned when, in the clinician's judgment, relationship factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include relationship conflict or lack of romantic attachment. This category may also be used when the Sexual Dysfunction or Sexual Pain Disorder is associated with a Sexual Dysfunction or Sexual Pain Disorder in the sexual partner.

HA40.5 **Aetiological considerations associated with cultural factors**

This category should be assigned when, in the clinician's judgment, cultural factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Cultural factors may influence expectations or provoke inhibitions about the experience of sexual pleasure or other aspects of sexual activity. Other examples include strong culturally shared beliefs about sexual expression, for example a belief that loss of semen can lead to weakness, disease or death.

HA40.Y **Other specified aetiological considerations in sexual dysfunctions and sexual pain disorders**

Gender incongruence (HA60-HA6Z)

Gender incongruence is characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex. Gender variant behaviour and preferences alone are not a basis for assigning the diagnoses in this group.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA60 **Gender incongruence of adolescence or adulthood**

Gender Incongruence of Adolescence and Adulthood is characterised by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual´s body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA61 **Gender incongruence of childhood**

Gender incongruence of childhood is characterised by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA6Z **Gender incongruence, unspecified**

HA8Y **Other specified conditions related to sexual health**

HA8Z **Conditions related to sexual health, unspecified**

CHAPTER 18

Pregnancy, childbirth or the puerperium

This chapter has 83 four-character categories.

Code range starts with JA00

A group of conditions characterised as occurring during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: The codes included in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)

Exclusions: Postpartum necrosis of pituitary gland (5A61.0)

Obstetrical tetanus (1C14)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Gestational trophoblastic diseases

Contact with health services for reasons associated with reproduction (QA20-QA4Z)

This chapter contains the following top level blocks:

- Abortive outcome of pregnancy
- Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium
- Obstetric haemorrhage
- Certain specified maternal disorders predominantly related to pregnancy
- Maternal care related to the fetus, amniotic cavity or possible delivery problems
- Complications of labour or delivery
- Delivery
- Complications predominantly related to the puerperium
- Certain obstetric conditions, not elsewhere classified
- Gestational trophoblastic diseases

Abortive outcome of pregnancy (JA00-JA0Z)

A group of conditions characterised by pregnancy which does not result in live offspring. These conditions include e.g. abortion, ectopic pregnancy or molar pregnancy.

Exclusions: Continuing pregnancy after abortion of one fetus or more (JA81.1)

JA00 **Abortion**

JA00.0 **Spontaneous abortion**

Spontaneous abortion (also referred to as miscarriage) is a spontaneous loss of pregnancy (i.e. embryo or fetus) before 22 completed weeks of gestation. When information on gestational age is unavailable, use birthweight less than 500 grams as the criteria.

Spontaneous abortions (miscarriages) are distinct from cases of induced abortion.

JA00.00 Spontaneous abortion, incomplete, complicated by genital tract or pelvic infection

JA00.01 Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by delayed or excessive bleeding. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.02 Spontaneous abortion, incomplete, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by embolism. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.03 Spontaneous abortion, incomplete, with other or unspecified complications

JA00.04 Spontaneous abortion, incomplete, without complication

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence without any associated complications. This condition is characterised by passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.05 Spontaneous abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.06 Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by delayed or excessive bleeding. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks' gestation or weighing less than 500 grams.

JA00.07 Spontaneous abortion, complete or unspecified, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by embolism. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.08 Spontaneous abortion, complete or unspecified, with other or unspecified complications

JA00.09 Spontaneous abortion, complete or unspecified, without complication

JA00.1 **Induced abortion**

Induced abortion (also referred to as Artificial termination of pregnancy) is a complete expulsion or extraction from a woman of an embryo or a fetus (irrespective of the duration of the pregnancy), following a deliberate interruption of an ongoing pregnancy by medical or surgical means, which is not intended to result in a live birth. Induced abortions are distinct from cases of spontaneous abortion and stillbirth.

Inclusions: therapeutic abortion

JA00.10 Induced abortion, incomplete, complicated by genital tract or pelvic infection

JA00.11 Induced abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.12 Induced abortion, incomplete, complicated by embolism

JA00.13 Induced abortion, incomplete, with other or unspecified complications

JA00.14 Induced abortion, incomplete, without complication

JA00.15 Induced abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.16 Induced abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by delayed or excessive bleeding. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.17 Induced abortion, complete or unspecified, complicated by embolism

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by embolism. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.18 Induced abortion, complete or unspecified, with other complication

JA00.19 Induced abortion, complete or unspecified, without complication

JA00.2 **Unspecified abortion**

JA00.20 Unspecified abortion, incomplete, complicated by genital tract or pelvic infection

JA00.21 Unspecified abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.22 Unspecified abortion, incomplete, complicated by embolism

JA00.23 Unspecified abortion, incomplete, with other or unspecified complications

JA00.24 Unspecified abortion, incomplete, without complication

JA00.25 Unspecified abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.26 Unspecified abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

JA00.27 Unspecified abortion, complete or unspecified, complicated by embolism

JA00.28 Unspecified abortion, complete or unspecified, with other or unspecified complications

JA00.29 Unspecified abortion, complete or unspecified, without complication

JA00.3 **Failed attempted abortion**

Ongoing pregnancy after medical or surgical interventions which fail to terminate the pregnancy.

Inclusions: failure of attempted induction of abortion

Exclusions: incomplete abortion (JA00.1)

JA00.30 Failed medical abortion, complicated by genital tract or pelvic infection

Medical interventions which fail to terminate the pregnancy and complicated by genital tract and pelvic infection

JA00.31 Failed medical abortion, complicated by delayed or excessive haemorrhage

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.32 Failed medical abortion, complicated by embolism

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.33 Failed medical abortion, with other or unspecified complications

Medical interventions which fail to terminate the pregnancy and associated with other and unspecified complications.

JA00.34 Failed medical abortion, without complication

Medical interventions which fail to terminate the pregnancy without any associated complications.

JA00.35 Other or unspecified failed attempted abortion, complicated by genital tract or pelvic infection

JA00.36 Other or unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage

JA00.37 Other or unspecified failed attempted abortion, complicated by embolism

JA00.38 Other or unspecified failed attempted abortion, with other or unspecified complications

JA00.39 Other or unspecified failed attempted abortion, without complication

JA01 Ectopic pregnancy

Any condition characterised by implantation of the embryo outside the endometrium and endometrial cavity during pregnancy.

Inclusions: ruptured ectopic pregnancy

JA01.0 **Abdominal pregnancy**

A condition characterised by implantation of the embryo within the peritoneal cavity during pregnancy.

Exclusions: Maternal care for viable fetus in abdominal pregnancy (JA86.6)

Delivery of viable fetus in abdominal pregnancy (JB23.3)

JA01.1 **Tubal pregnancy**

A condition characterised by implantation of the embryo within the fallopian tube (ampullary, isthmus, interstitium) during pregnancy.

Inclusions: Fallopian pregnancy

Tubal abortion

JA01.2 **Ovarian pregnancy**

A condition characterised by implantation of the embryo within the ovary during pregnancy.

JA01.Y **Other specified ectopic pregnancy**

JA01.Z **Ectopic pregnancy, unspecified**

JA02 Molar pregnancy

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, and a placental mass.

Exclusions: malignant hydatidiform mole (2C75.0)

JA02.0 **Complete hydatidiform mole**

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to severe trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, 25-30% theca lutein cysts, 15-20% persistent trophoblastic disease, 50% uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to an absent fetus.

Inclusions: classical hydatidiform mole

JA02.1 **Incomplete or partial hydatidiform mole**

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to moderate trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, theca lutein cysts, 1-5% persistent trophoblastic disease, small uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to some fetal development and a missed abortion.

JA02.Y **Other specified molar pregnancy**

JA02.Z **Molar pregnancy, unspecified**

JA03 **Missed abortion**

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, immature fetal or embryonic death that is not expelled from the uterus for at least 8 weeks, and diminished uterine size. This condition may also present with maternal infection, blood clotting, fetal calcification, and resorption of conception products. Confirmation is by imaging.

Inclusions: Early fetal death with retention of dead fetus

Exclusions: Blighted ovum or nonhydatidiform mole (JA04)

Molar pregnancy (JA02)

JA04 **Blighted ovum or nonhydatidiform mole**

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, implantation of a fertilized egg without development into an embryo, haemorrhage into the decidua, and adjacent tissue necrosis.

Inclusions: Pathological ovum

JA05 **Complications following abortion, ectopic or molar pregnancy**

Any complication affecting pregnant females, caused by or subsequent to abortion, ectopic, and molar pregnancy.

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

Exclusions: septic or septicopyaemic embolism (JA05.2)

Urinary tract infection, site not specified (GC08)

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

JA05.2 Embolism following abortion, ectopic or molar pregnancy

JA05.3 Shock following abortion, ectopic or molar pregnancy

Exclusions: septic shock (JA05.0)

JA05.4 Renal failure following abortion, ectopic or molar pregnancy

JA05.5 Metabolic disorders following abortion, ectopic or molar pregnancy

JA05.6 Damage to pelvic organs and tissues following abortion, ectopic or molar pregnancy

JA05.7 Other venous complications following abortion, ectopic or molar pregnancy

JA05.Y Other specified complications following abortion, ectopic or molar pregnancy

JA05.Z Complications following abortion, ectopic or molar pregnancy, unspecified

JA0Z **Abortive outcome of pregnancy, unspecified**

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20-JA2Z)

Any disorder affecting pregnant females, characterised by excessive systemic fluid build-up, excess serum proteins in the urine, and abnormally elevated blood pressure during pregnancy, childbirth, or the puerperium.

JA20 **Pre-existing hypertension complicating pregnancy, childbirth or the puerperium**

A condition affecting pregnant females, caused by previously diagnosed maternal hypertension. This condition is characterised by any complication during pregnancy, childbirth, and the puerperium as a result of a blood pressure reading above 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum. Confirmation is by sphygmomanometer.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA20.0 Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated heart disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Hypertensive heart disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated renal disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium

Blood pressure of 140 mm Hg or greater systolic and/or 90 mm Hg or greater diastolic diagnosed preconception or in the first 20 weeks of pregnancy with associated heart and renal disease

Inclusions: Hypertensive heart and renal disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.4 **Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium**

A condition affecting pregnant females, caused by renal disease, endocrine disorders, or tumours. This condition is characterised by blood pressure greater than 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Secondary hypertension specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.Y **Other specified pre-existing hypertension complicating pregnancy, childbirth or the puerperium**

JA20.Z **Pre-existing hypertension complicating pregnancy, childbirth or the puerperium, unspecified**

JA21 **Pre-eclampsia superimposed on chronic hypertension**

A condition affecting pregnant females over 20 weeks gestation. This condition is characterised by systolic blood pressure greater than 140mmHg and diastolic greater or equal to 90mmHg on two occasions 4 hours apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction in a female diagnosed with pre-existing hypertension.

Inclusions: Superimposed pre-eclampsia

JA22 **Gestational oedema or proteinuria without hypertension**

A condition affecting pregnant females, characterised by excessive systemic fluid build-up and serum proteins in the urine, without an abnormally elevated blood pressure induced by pregnancy.

Inclusions: Pregnancy-induced oedema and proteinuria without hypertension

JA22.0 **Gestational proteinuria without hypertension**

JA22.1 **Gestational oedema without hypertension**

JA22.2 **Gestational oedema with proteinuria without hypertension**

The accumulation of fluid and proteinuria due to the physiological alterations of pregnancy in the absence of hypertension

JA23 **Gestational hypertension**

A condition affecting pregnant females, characterised by systolic blood pressure greater than 140mmHg and/or a diastolic blood pressure greater or equal to 90mmHg on two occasions, 4 hours or more apart. Can be newly diagnosed after 20 weeks gestation or before 1 week postpartum. Confirmation is by measurement of blood pressure, liver and kidney functions test, and urine test.

JA24 **Pre-eclampsia**

This condition is characterised by systolic blood pressure greater than 140mmHg and or diastolic greater or equal to 90mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA24.0 Mild to moderate pre-eclampsia

This condition is characterised by systolic blood pressure greater than 140mmHg and or diastolic greater or equal to 90mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.1 Severe pre-eclampsia

This condition is characterised by systolic blood pressure greater than 160mmHg and or diastolic greater or equal to 110mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.2 HELLP syndrome

severe preeclampsia associated with haemolysis, elevated liver enzymes, or low platelets

JA24.Z Pre-eclampsia, unspecified

JA25 **Eclampsia**

Any condition affecting pregnant females, characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that may occur during pregnancy, labour, or the puerperium.

JA25.0 Eclampsia in pregnancy

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during pregnancy.

JA25.1 Eclampsia in labour

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during labour.

JA25.2 **Eclampsia in the puerperium**

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during the puerperium.

JA25.3 **Eclampsia, time period unspecified**

Onset of convulsions in a women with preeclampsia not attributable to other causes without a specific onset time

JA2Z **Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium, unspecified**

Obstetric haemorrhage (JA40-JA4Z)

JA40 **Haemorrhage in early pregnancy**

Exclusions: Abortive outcome of pregnancy (JA00-JA0Z)

JA40.0 **Threatened abortion**

A bloody vaginal discharge of bleeding appears through a closed cervical os during the first half of pregnancy.

Inclusions: Haemorrhage specified as due to threatened abortion

JA40.Y **Other specified haemorrhage in early pregnancy**

JA40.Z **Haemorrhage in early pregnancy, unspecified**

JA41 **Antepartum haemorrhage**

Exclusions: Haemorrhage in early pregnancy (JA40)

JA41.0 **Antepartum haemorrhage with coagulation defect**

JA41.Y **Other specified antepartum haemorrhage**

JA41.Z **Antepartum haemorrhage, unspecified**

JA42 **Intrapartum haemorrhage**

Exclusions: Postpartum haemorrhage (JA43)

Maternal care related to premature separation of placenta (JA8C)

Antepartum haemorrhage (JA41)

Maternal care related to placenta praevia or low lying placenta (JA8B)

JA42.0 **Intrapartum haemorrhage with coagulation defect**

A condition affecting pregnant females, excluding those caused by abruptio placentae and placenta praevia. This condition is characterised by excessive loss of blood with difficulties in blood clotting factors, after 20 weeks gestation until labour and delivery.

JA42.1 **Intrapartum haemorrhage resulting from obstructed labour with uterine rupture**

Coding Note: Code also the causing condition

JA42.2 **Intrapartum haemorrhage resulting from obstructed labour without mention of uterine rupture**

Labour and delivery complicated by intrapartum haemorrhage from obstructed labour due to not otherwise specified causes or without mention of uterine rupture

Coding Note: Code also the causing condition

JA42.Y **Other specified intrapartum haemorrhage**

JA42.Z **Intrapartum haemorrhage, unspecified**

JA43 Postpartum haemorrhage

Coding Note: Code also the causing condition

Inclusions: haemorrhage after delivery of fetus or infant

JA43.0 **Third-stage haemorrhage**

A condition characterised by excessive loss of blood during the third stage of labour for a vaginal delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

Inclusions: third-stage postpartum haemorrhage

JA43.1 **Other immediate postpartum haemorrhage**

A condition characterised by excessive loss of blood within the first 24 hours after the completion of the third stage of labour for a vaginal delivery (more than 500 millilitres), or after a caesarean section (more than 1000 millilitres). This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

JA43.2 **Delayed or secondary postpartum haemorrhage**

A condition characterised by excessive loss of blood between 24 hours and 12 weeks after delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

JA43.3 **Postpartum coagulation defects**

A condition characterised by excessive loss of blood following a vaginal or caesarean section delivery. This condition is caused by coagulation defects during the postpartum period.

Coding Note: Code also the causing condition

JA43.4 **Postpartum haemorrhage following obstructed labour with uterine rupture**

Coding Note: Code also the causing condition

JA43.5 **Postpartum haemorrhage following obstructed labour without mention of uterine rupture**

Coding Note: Code also the causing condition

JA43.Y **Other specified postpartum haemorrhage**

Coding Note: Code also the causing condition

JA43.Z **Postpartum haemorrhage, unspecified**

Coding Note: Code also the causing condition

JA4Z **Obstetric haemorrhage, unspecified**

Certain specified maternal disorders predominantly related to pregnancy (JA60-JA6Z)

A group of conditions of the mother which occur during the period of time from conception to delivery (pregnancy).

Exclusions: Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB63)

Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80-JA8Z)

Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB64)

Coded Elsewhere: Pregnancy symptom or complaint (MF34)

JA60 **Excessive vomiting in pregnancy**

JA60.0 **Mild hyperemesis gravidarum**

Vomiting occurring during pregnancy responsive to dietary modification and antiemetic treatment

Inclusions: Hyperemesis gravidarum, mild or unspecified, starting before the end of the 22nd week of gestation

Exclusions: Hyperemesis gravidarum with metabolic disturbance (JA60.1)

JA60.1 **Hyperemesis gravidarum with metabolic disturbance**

Vomiting in pregnancy, not responsive to dietary modification and antiemetic treatment and associated with electrolyte disturbances and acid-base imbalance

JA60.2 **Late vomiting of pregnancy**

Vomiting occurring after 22 completed weeks of gestation.

Inclusions: Excessive vomiting starting after 22 completed weeks of gestation

JA60.Y **Other specified excessive vomiting in pregnancy**

JA60.Z **Excessive vomiting in pregnancy, unspecified**

JA61 Venous complications in pregnancy

Exclusions: Complications following abortion, ectopic or molar pregnancy (JA05)

obstetric pulmonary embolism (JB42.2)

Venous complications in the puerperium (JB41)

JA61.0 Varicose veins of lower extremity in pregnancy

JA61.1 Genital varices in pregnancy

JA61.2 Superficial thrombophlebitis in pregnancy

Inclusions: Thrombophlebitis of legs in pregnancy

JA61.3 Deep phlebothrombosis in pregnancy

JA61.4 Haemorrhoids in pregnancy

A condition affecting females during pregnancy, caused by an increase in intra-abdominal pressure and hormonal changes during pregnancy. This condition is characterised by enlarged and varicosed haemorrhoidal veins in the anus and lower rectum. This condition may also present with itching, burning, painful swellings at the anus, dyschezia or rectal bleeding with bowel movements. Confirmation is by digital or visual examination with an anoscope, proctoscope, or sigmoidoscope of the anal canal and rectum to determine the presence of haemorrhoids.

JA61.5 Cerebral venous thrombosis in pregnancy

Inclusions: Cerebrovenous sinus thrombosis in pregnancy

JA61.Y Other specified venous complications in pregnancy

JA61.Z Venous complications in pregnancy, unspecified

JA62 Infections of genitourinary tract in pregnancy

JA62.0 Infections of kidney in pregnancy

Kidney infections occurring during pregnancy

JA62.1 Infections of bladder in pregnancy

Bladder infections occurring during pregnancy

JA62.2 Infections of urethra in pregnancy

Urethra infections occurring during pregnancy

JA62.3 Infections of other parts of urinary tract in pregnancy

Infections of urinary tract other than kidney, bladder and urethra occurring during pregnancy

JA62.4 Infections of the genital tract in pregnancy

JA62.Y Infections of genitourinary tract in pregnancy, other specified site

JA62.Z Infection of genitourinary tract in pregnancy, site unspecified

JA63 **Diabetes mellitus in pregnancy**

A condition caused by dysfunctional maternal insulin receptors. This condition is characterised by glucose intolerance with onset or first recognition during pregnancy, with at least one of the following criteria met: fasting plasma glucose greater than or equal to 7.0 millimoles per litre (126 mg/ dL); 2-hour plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/dL) following a 75 gram oral glucose load; random plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/ dL). Confirmation is by an oral glucose tolerance test.

JA63.0 Pre-existing type 1 diabetes mellitus in pregnancy

JA63.1 Pre-existing type 2 diabetes mellitus in pregnancy

JA63.2 Diabetes mellitus arising in pregnancy

Diabetes mellitus arising or diagnosed in pregnancy (per WHO criteria or other national criteria)-Gestational diabetes. Gestational diabetes mellitus is defined as any degree of glucose intolerance with onset or first recognition during pregnancy. The definition applies regardless of whether insulin or only diet modification is used for treatment or whether the condition persists after pregnancy.

JA63.Y Other specified diabetes mellitus in pregnancy

JA63.Z Diabetes mellitus in pregnancy, unspecified

JA64 **Malnutrition in pregnancy**

A condition caused by ingestion of a diet in which the nutrients are lacking or are in excess.

JA65 **Maternal care for other conditions predominantly related to pregnancy**

Any reason for encounter to assess (or care for) a mother for other conditions predominantly related to pregnancy.

JA65.0 Liver disorders in pregnancy, childbirth or the puerperium

Any disorder affecting females, characterised by pathological changes to the liver that occur during pregnancy, childbirth, and the puerperium.

Exclusions: Hepatorenal syndrome following labour or delivery (JB44.4)

Viral hepatitis (1E50-1E5Z)

Coded Elsewhere: HELLP syndrome (JA24.2)

JA65.1 Pregnancy dermatoses

A group of skin disorders which are specific to pregnancy.

Coded Elsewhere: Generalised pustular psoriasis of pregnancy (EA90.40)

JA65.10 Gestational pemphigoid

Gestational pemphigoid (pemphigoid gestationis) is an autoimmune skin disease characterised by pruritic plaques and blister formation on the skin in association with pregnancy or the trophoblastic tumours, hydatiform mole and choriocarcinoma. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to the hemidesmosome component BP180/BPAg2/collagen XVII. The maternal antibodies may cause short lived disease in the neonate, neonatal pemphigoid gestationis.

This disease is not an infection with herpes virus despite its old name, herpes gestationis.

Exclusions: impetigo herpetiformis (EA90.40)

JA65.11 Pruritus of pregnancy

Pruritus in pregnancy can usually be attributed to a specific cause such as cholestasis, a pregnancy-specific dermatosis such as pruritic urticarial papules and plaques of pregnancy, or to exacerbation of a preexisting inflammatory dermatosis such as atopic eczema. Not uncommonly, however, a specific cause cannot be identified.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

JA65.12 Polymorphic eruption of pregnancy

Polymorphic eruption of pregnancy is a dermatosis which occurs almost exclusively in primigravidae or women with multiple pregnancy. It is associated with above average weight gain in pregnancy and it is thought that distension of abdominal skin is important in the pathogenesis: the precise mechanism is not understood. The eruption characteristically first appears in the third trimester of pregnancy as intensely itchy erythematous urticarial papules and plaques in and around the abdominal striae distensae. In some women it may then become more generalised. Onset is sometimes delayed until the immediate postpartum period. It does not usually recur in subsequent pregnancies.

JA65.1Y Other specified pregnancy dermatoses

JA65.2 **Excessive weight gain in pregnancy**

Any reason for encounter to assess (or care for) a mother for excessive weight gain during pregnancy.

Exclusions: Gestational oedema without hypertension (JA22.1)

JA65.3 **Low weight gain in pregnancy**

Any reason for encounter to assess (or care for) a mother for low weight gain during pregnancy.

JA65.4 **Pregnancy care of habitual aborter**

Any reason for encounter to assess (or care for) a mother who has a history of habitual aborting.

Exclusions: habitual aborter with current abortion (JA00-JA0Z)

habitual aborter without current pregnancy (GA33)

JA65.5 **Retained intrauterine contraceptive device in pregnancy**

Any reason for encounter to assess (or care for) a mother with a retained intrauterine contraceptive device during pregnancy.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

JA65.6 **Maternal hypotension syndrome**

Any reason for encounter to assess a mother for low blood pressure during pregnancy.

Inclusions: Supine hypotensive syndrome

JA65.7 **Subluxation of symphysis pubis in pregnancy, childbirth or the puerperium**

Any reason for encounter to assess (or care for) a mother for subluxation of pubis symphysis during pregnancy.

Exclusions: traumatic separation of symphysis (pubis) during childbirth (JB0A.7)

JA65.Y **Maternal care for other specified conditions predominantly related to pregnancy**

JA65.Z **Maternal care for unspecified conditions predominantly related to pregnancy**

JA66 Clinical findings on antenatal screening of mother

Any sign characterised by an abnormality detected during an antenatal screening of the mother.

Exclusions: Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80-JA8Z)

JA66.0 **Abnormal haematological finding on antenatal screening of mother**

A sign characterised by an abnormality detected by haematology during an antenatal screening of the mother.

JA66.1 **Abnormal biochemical finding on antenatal screening of mother**

A sign characterised by an abnormality detected by biochemistry during an antenatal screening of the mother.

JA66.2 **Abnormal cytological finding on antenatal screening of mother**

A sign characterised by an abnormality detected by cytology during an antenatal screening of the mother.

JA66.3 **Abnormal ultrasonic finding on antenatal screening of mother**

A sign characterised by an abnormality detected by ultrasound during an antenatal screening of the mother.

JA66.4 **Abnormal radiological finding on antenatal screening of mother**

A sign characterised by an abnormality detected by radiology during an antenatal screening of the mother.

JA66.5 **Abnormal chromosomal or genetic finding on antenatal screening of mother**

A sign characterised by a chromosomal or genetic abnormality detected during an antenatal screening of the mother.

JA66.Y **Other specified clinical findings on antenatal screening of mother**

JA66.Z **Clinical findings on antenatal screening of mother, unspecified**

JA67 Complications of anaesthesia during pregnancy

Exclusions: Complications of anaesthesia during the puerperium (JB43)

Complications of anaesthesia during labour or delivery (JB0C)

complications of anaesthesia during: abortion or ectopic or molar pregnancy (JA00-JA0Z)

JA67.0 **Pulmonary complications of anaesthesia during pregnancy**

JA67.1 **Cardiac complications of anaesthesia during pregnancy**

JA67.2 **Central nervous system complications of anaesthesia during pregnancy**

JA67.3 **Toxic reaction to local anaesthesia during pregnancy**

A condition affecting females during pregnancy, caused by the properties or the concentration of the anaesthetic agent, or patient factors. This condition is characterised by a local or systemic toxic reaction leading to malfunctioning or failure of the neurovascular, central nervous, respiratory or cardiovascular systems with onset between 30 seconds and 60 minutes after administration of an anaesthetic.

JA67.4 **Spinal or epidural anaesthesia-induced headache during pregnancy**

A condition affecting females during pregnancy, caused by the administration of spinal and epidural anaesthesia. This condition is characterised by cephalgia during pregnancy.

JA67.5 **Failed or difficult intubation during pregnancy**

A condition affecting females during pregnancy, caused by physiological, pathophysiological, or psychological factors that aggravate the tissues necessary to secure the tube. This condition is characterised by a difficulty or inability to insert a tube into an external or internal orifice of the body during pregnancy.

JA67.6 **Awareness under general anaesthesia during pregnancy**

JA67.Y **Other specified complications of anaesthesia during pregnancy**

JA67.Z **Complications of anaesthesia during pregnancy, unspecified**

JA6Z Maternal disorders predominantly related to pregnancy, unspecified

Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80-JA8Z)

A group of conditions characterised by the provision of health interventions to the mother due to conditions associated with the fetus, the amniotic cavity, or to issues associated with labour and delivery.

JA80 **Maternal care related to multiple gestation**

Exclusions: Maternal care related to complications specific to multiple gestation (JA81)

JA80.0 Twin pregnancy

JA80.1 Triplet pregnancy

JA80.2 Quadruplet pregnancy

JA80.Y Maternal care related to other specified multiple gestation

JA80.Z Maternal care related to unspecified multiple gestation

JA81 **Maternal care related to complications specific to multiple gestation**

Exclusions: Delayed delivery of successive neonates (JB03.2)

conjoined twins causing disproportion (JA83)

Obstructed labour due to malposition or malpresentation of fetus (JB04)

Maternal care for multiple gestation with malpresentation of one fetus or more (JA82.5)

Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA81.0 Papyraceous fetus

Inclusions: Fetus compressus

JA81.1 Continuing pregnancy after abortion of one fetus or more

JA81.2 Continuing pregnancy after intrauterine death of one fetus or more

JA81.3 Loss of pregnancy after abortion or intrauterine death of one fetus or more

JA81.Y Other specified maternal care related to complications specific to multiple gestation

JA81.Z Maternal care related to complications specific to multiple gestation, unspecified

JA82 **Maternal care for known or suspected malpresentation of fetus**

Care provided for the pregnant female for incorrect position or orientation of the fetus at near term or during labour, determined by its relation to the spine of the mother and the birth canal.

Exclusions: Obstructed labour due to malposition or malpresentation of fetus (JB04)

JA82.0 **Maternal care for unstable lie**

JA82.1 **Maternal care for breech presentation**

JA82.2 **Maternal care for transverse or oblique lie**

JA82.3 **Maternal care for face, brow or chin presentation**

JA82.4 **Maternal care for high head at term**

Inclusions: Failure of head to enter pelvic brim

JA82.5 **Maternal care for multiple gestation with malpresentation of one fetus or more**

JA82.6 **Maternal care for compound presentation**

JA82.Y **Maternal care for known or suspected other specified malpresentation of fetus**

JA82.Z **Maternal care for known or suspected malpresentation of fetus, unspecified**

JA83 Maternal care for known or suspected disproportion

A condition characterised by the provision of health interventions to the mother due to the situation in which a the head or body of the fetus is too large to fit through the pelvis of the mother.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA83.0 **Maternal care for disproportion due to deformity of maternal pelvic bones**

JA83.1 **Maternal care for disproportion due to generally contracted pelvis**

JA83.2 **Maternal care for disproportion due to inlet contraction of pelvis**

JA83.3 **Maternal care for disproportion due to outlet contraction of pelvis**

JA83.4 **Maternal care for disproportion of mixed maternal and fetal origin**

JA83.5 **Maternal care for disproportion due to unusually large fetus**

JA83.6 **Maternal care for disproportion due to hydrocephalic fetus**

JA83.Y **Maternal care for known or suspected other specified disproportion**

JA83.Z **Maternal care for known or suspected disproportion, unspecified**

JA84 Maternal care for known or suspected abnormality of pelvic organs

A condition characterised by the provision of health interventions to the mother due to some abnormality that is either suspected or known to be present in of one or more of her pelvic organs.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

JA84.0 **Maternal care for congenital malformation of uterus**

Care provided for the pregnant female necessary due to malformation of the pregnant female's uterus present at or before the time of birth.

JA84.1 **Maternal care for tumour of corpus uteri**

Care provided for the pregnant female necessary due to the presence of a uterine tumour at the time of pregnancy.

Exclusions: maternal care for tumour of cervix (JA84)

JA84.2 **Maternal care due to uterine scar from previous surgery**

Inclusions: Maternal care for scar from prior uterine surgery

Exclusions: Vaginal delivery following previous caesarean section (JB0D.6)

JA84.3 **Maternal care for cervical incompetence**

JA84.4 **Maternal care for abnormality of vagina**

Care provided for the pregnant female necessary due to some abnormality of the vagina.

Exclusions: maternal care for vaginal varices in pregnancy (JA61.1)

JA84.5 **Maternal care for abnormality of vulva or perineum**

Exclusions: maternal care for perineal and vulval varices in pregnancy (JA61.1)

JA84.Y **Maternal care for known or suspected other specified abnormality of pelvic organs**

JA84.Z **Maternal care for known or suspected abnormality of pelvic organs, unspecified**

JA85 **Maternal care for known or suspected fetal abnormality or damage**

A condition characterised by the provision of health interventions to the mother due to some abnormality or damage that is either suspected or known to be present in the fetus.

Exclusions: Maternal care for known or suspected disproportion (JA83)

JA85.0 **Maternal care for known or suspected central nervous system malformation in fetus**

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.1 **Maternal care for known or suspected chromosomal abnormality in fetus**

JA85.2 **Maternal care for known or suspected hereditary disease in fetus**

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.3 **Maternal care for known or suspected damage to fetus from viral disease in mother**

JA85.Y **Maternal care for known or suspected other specified fetal abnormality or damage**

JA85.Z **Maternal care for known or suspected fetal abnormality or damage, unspecified**

JA86 **Maternal care for other known or suspected fetal problems**

A condition characterised by the provision of health interventions to the mother due to any other issue that is either suspected or known to be present in the fetus.

Exclusions: Labour or delivery complicated by fetal distress (JB07)

Placental transfusion syndromes (JA8A.0)

JA86.0 Maternal care for red cell antibodies

Maternal care for rhesus or other isoimmunization

JA86.1 Maternal care for hydrops fetalis

JA86.2 Maternal care for signs of fetal hypoxia

JA86.3 Maternal care for intrauterine death

Exclusions: Missed abortion (JA03)

JA86.4 Maternal care for fetal growth restriction

JA86.5 Maternal care for suspected macrosomia

Inclusions: Maternal care for known or suspected large-for-dates

JA86.6 Maternal care for viable fetus in abdominal pregnancy

JA86.Y Maternal care for other specified fetal problems

JA86.Z Maternal care for other known or suspected fetal problems, unspecified

JA87 **Maternal care related to polyhydramnios**

Excessive amniotic fluid normally diagnosed on ultrasound either subjectively using either single deepest vertical pocket of greater or equal to 8cm and /or amniotic fluid index greater or equal to 24cm

Inclusions: Hydramnios

JA88 **Maternal care related to certain specified disorders of amniotic fluid or membranes**

Exclusions: Maternal care related to premature rupture of membranes (JA89)

JA88.0 Oligohydramnios

JA88.1 Infection of amniotic sac or membranes

JA88.Y Other specified disorders of amniotic fluid and membranes

JA88.Z Disorders of amniotic fluid and membranes, unspecified

JA89 **Maternal care related to premature rupture of membranes**

Spontaneous rupture of fetal membranes before the onset of labour.

JA89.0 Premature rupture of membranes, onset of labour within 24 hours

JA89.1 **Premature rupture of membranes, onset of labour after 24 hours**

Exclusions: Premature rupture of membranes, labour delayed by therapy (JA89.2)

JA89.2 **Premature rupture of membranes, labour delayed by therapy**

JA89.3 **Preterm premature rupture of membranes**

JA89.Y **Other specified maternal care related to premature rupture of membranes**

JA89.Z **Maternal care related to premature rupture of membranes, unspecified**

JA8A **Maternal care related to placental disorders**

Exclusions: Maternal care related to premature separation of placenta (JA8C)

Maternal care related to placenta praevia or low lying placenta (JA8B)

maternal care for poor fetal growth due to placental insufficiency (JA86.4)

JA8A.0 **Placental transfusion syndromes**

JA8A.1 **Malformation of placenta**

JA8A.2 **Morbidly adherent placenta**

JA8A.Y **Other specified maternal care related to placental disorders**

JA8A.Z **Maternal care related to placental disorders, unspecified**

JA8B **Maternal care related to placenta praevia or low lying placenta**

A placenta that is implanted over or very near the internal cervical os--total, partial, marginal, low-lying placenta

JA8B.0 **Placenta praevia specified as without haemorrhage**

Inclusions: Low implantation of placenta specified as without haemorrhage

JA8B.1 **Placenta praevia with haemorrhage**

Exclusions: labour and delivery complicated by haemorrhage from vasa praevia (JB08.3)

JA8B.Z **Maternal care related to placenta praevia or low lying placenta, unspecified**

JA8C **Maternal care related to premature separation of placenta**

JA8C.0 **Premature separation of placenta with coagulation defect**

JA8C.Y **Other specified maternal care related to premature separation of placenta**

JA8C.Z **Maternal care related to premature separation of placenta, unspecified**

JA8D **Maternal care related to false labour**

Contractions suggestive of labour but which do not lead to cervical dilatation.

JA8D.0 **False labour before 37 completed weeks of gestation**

JA8D.1 **False labour at or after 37 completed weeks of gestation**

JA8D.Z **Maternal care related to false labour, unspecified**

JA8E **Maternal care related to prolonged pregnancy**

Pregnancy that has exceeded a duration of 42 weeks from the last menstrual period.

Inclusions: Post-term

JA8Y **Maternal care related to other specified fetus, amniotic cavity or possible delivery problems**

JA8Z **Maternal care related to unspecified fetus, amniotic cavity or possible delivery problems**

Complications of labour or delivery (JB00-JB0Z)

Any complication characterised by the adverse evolution of a condition that arises during any one of the three stages of labour and delivery.

JB00 **Preterm labour or delivery**

A condition characterised by the onset of labour and delivery before 37 completed weeks.

Assign an additional extension code, if desired, for Duration of pregnancy.

JB00.0 **Preterm labour without delivery**

A condition characterised by the onset of labour before 37 completed weeks, without delivery.

JB00.1 **Preterm spontaneous labour with preterm delivery**

A condition characterised by the spontaneous onset of labour and delivery before 37 completed weeks.

JB00.2 **Preterm labour with term delivery**

A condition characterised by the spontaneous onset of labour before 37 completed weeks followed by a delivery after 39 weeks.

JB00.3 **Preterm delivery following iatrogenic induction of labour or caesarean section**

JB00.Y **Other specified preterm labour or delivery**

JB00.Z **Preterm labour or delivery, unspecified**

JB01 **Failed induction of labour**

A condition characterised by a failed attempt to stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.0 **Failed medical induction of labour**

A condition characterised by a failed attempt to stimulate contractions pharmacologically before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.1 **Failed instrumental induction of labour**

A condition characterised by a failed attempt to instrumentally stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.Z **Failed induction of labour, unspecified**

JB02 Abnormalities of forces of labour

Any condition affecting pregnant females, characterised by an anomaly or dysfunction to the tissues or processes associated with the natural progression of labour. These conditions may lead to further complications during labour and childbirth.

JB02.0 **Primary uterine inertia**

A condition affecting pregnant females characterised by insufficiently strong or inappropriately coordinated rhythmic activity of the myometrium during labour to efface and dilate the cervix.

Inclusions: Primary hypotonic uterine dysfunction

Uterine inertia during latent phase of labour

Primary inadequate contractions

JB02.1 **Secondary uterine inertia**

A condition affecting pregnant females that is idiopathic. This condition is characterised by vigorous contractions that decrease in vigour due to exhaustion or dehydration of the individual. This condition leads to lack of labour progress.

Inclusions: Secondary hypotonic uterine dysfunction

Arrested active phase of labour

JB02.2 **Other uterine inertia**

A condition affecting pregnant females that is idiopathic. This condition is characterised by the absence of effective uterine contractions during labour and abnormal relaxation of the uterus during labour. This condition leads to lack of labour progress or uterine haemorrhage.

Inclusions: Atony of uterus, during labour

Exclusions: atony of uterus, postpartum (JA43.1)

JB02.3 **Precipitate labour**

A condition affecting pregnant females that is idiopathic. This condition is characterised by rapid labour and the lack of time for standard obstetric preparations or procedures leading to the delivery of the newborn. This condition leads to vaginal bleeding, frequent strong contractions, feelings of defecation, crowning of the fetus head at the vaginal introitus, or bulging of the amniotic sac.

JB02.4 **Hypertonic, incoordinate, or prolonged uterine contractions**

A condition affecting pregnant females that is idiopathic. This condition is characterised by uterine dysfunction leading to hypertonic, uncoordinated, and prolonged rhythmic activity of the myometrium during labour.

Exclusions: dystocia (fetal)(maternal) NOS (JB06)

JB02.Y **Other specified abnormalities of forces of labour**

JB02.Z **Abnormalities of forces of labour, unspecified**

JB03 Long labour

Any condition characterised by a longer than average parturition between the initiation of regular, rhythmic, and painful contractions and cervical dilation, to the delivery of the placenta.

JB03.0 **Prolonged first stage of labour**

The first stage of labour where cervical dilatation progresses less than 1 centimetre per hour for a minimum of 4 hours. Protracted descent is less than 1 centimetre per hour for nulliparas and less than 2 centimetre per hour for multiparas.

JB03.1 **Prolonged second stage of labour**

The fetus has not been delivered after the cervix has become fully dilated within 2 hours for a primipara, or 1 hour for a multipara. Presence of regional anaesthesia will add 1 hour.

JB03.2 **Delayed delivery of successive neonates**

A condition affecting pregnant females, characterised by the delayed spontaneous or caesarean section delivery of the successive neonates in a multiple delivery.

JB03.Z **Long labour, unspecified**

JB04 Obstructed labour due to malposition or malpresentation of fetus

A condition affecting pregnant females, caused by the abnormal position of fetal head or the abnormal presentation of the fetus away from the fetal head in vertex.

JB04.0 **Obstructed labour due to incomplete rotation of fetal head**

JB04.1 **Obstructed labour due to breech presentation**

JB04.2 **Obstructed labour due to face presentation**

JB04.3 **Obstructed labour due to brow presentation**

JB04.4 **Obstructed labour due to shoulder presentation**

Inclusions: Prolapsed arm

Exclusions: Obstructed labour due to shoulder dystocia (JB06.0)

impacted shoulders (JB06.0)

JB04.5 **Obstructed labour due to compound presentation**

JB04.Y **Obstructed labour due to other malposition and malpresentation of fetus**

JB04.Z **Obstructed labour due to malposition or malpresentation of fetus, unspecified**

JB05 Obstructed labour due to maternal pelvic abnormality

Obstructed labour means that, in spite of strong contractions of the uterus, the fetus cannot descend through the pelvis because there is an insurmountable barrier preventing its descent. Obstruction usually occurs at the pelvic brim, but occasionally it may occur in the cavity or at the outlet of the pelvis. Complications resulting from obstructed labour can be avoided if a woman in obstructed labour is identified early and appropriate action is taken.

JB05.0 **Obstructed labour due to deformed pelvis**

JB05.1 **Obstructed labour due to generally contracted pelvis**

JB05.2 **Obstructed labour due to pelvic inlet contraction**

JB05.3 **Obstructed labour due to pelvic outlet or mid-cavity contraction**

JB05.4 **Obstructed labour due to foetopelvic disproportion, unspecified**

Exclusions: dystocia due to abnormality of fetus (JB06)

JB05.5 **Obstructed labour due to abnormality of maternal pelvic organs**

Inclusions: Obstructed labour due to maternal care for known or suspected abnormality of pelvic organs

JB05.Y **Obstructed labour due to other maternal pelvic abnormalities**

JB05.Z **Obstructed labour due to maternal pelvic abnormality, unspecified**

JB06 Obstructed labour due to other causes

Any other condition characterised by the inability of the presenting part of the fetus to progress into the birth canal for any reason.

JB06.0 **Obstructed labour due to shoulder dystocia**

Inclusions: Impacted shoulders

JB06.1 **Obstructed labour due to locked twins**

JB06.2 **Obstructed labour due to unusually large fetus**

JB06.3 **Obstructed labour due to other abnormalities of fetus**

JB06.Y **Obstructed labour due to other specified causes**

JB06.Z **Obstructed labour due to unspecified causes**

JB07 Labour or delivery complicated by fetal distress

JB07.0 **Labour or delivery complicated by fetal heart rate anomaly**

A condition characterised by an abnormal fetal heart rate. This condition leads to further difficulties and complications during labour and delivery. Confirmation is by Doppler ultrasound.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.1 **Labour or delivery complicated by meconium in amniotic fluid**

A condition characterised by complications during labour and delivery that is caused by meconium in amniotic fluid.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.2 **Labour or delivery complicated by biochemical evidence of fetal stress**

A condition characterised by complications during labour and delivery that is caused by biochemical evidence of fetal distress. Confirmation is by a fetal blood sample from a scalp prick through the open cervix during labour.

JB07.Y **Other specified labour or delivery complicated by fetal distress**

JB07.Z **Labour or delivery complicated by fetal distress, unspecified**

JB08 Labour or delivery complicated by umbilical cord complications

JB08.0 **Labour or delivery complicated by prolapse of cord**

A condition characterised by complications during labour and delivery that is caused by umbilical cord prolapse.

JB08.1 **Labour or delivery complicated by cord around neck, with compression**

A condition characterised by complications during labour and delivery that is caused by wrapping of the umbilical cord around the neck of the fetus, with compression.

JB08.2 **Labour or delivery complicated by short cord**

A condition characterised by complications during labour and delivery that is caused by a short umbilical cord.

JB08.3 **Labour or delivery complicated by vasa praevia**

A condition characterised by complications during labour and delivery that is caused when the umbilical vessels traverse the membranes of the internal cervical os.

Inclusions: Haemorrhage from vasa praevia

JB08.4 **Labour or delivery complicated by vascular lesion of cord**

A condition characterised by complications during labour and delivery that is caused by vascular lesion of the umbilical cord.

JB08.5 **Labour or delivery complicated by other cord entanglement, with compression**

JB08.Y **Labour and delivery complicated by other specified umbilical cord complications**

JB08.Z **Labour or delivery complicated by umbilical cord complications, unspecified**

JB09 Perineal laceration during delivery

An injury characterised by a laceration to the maternal perineum during delivery.

Inclusions: episiotomy extended by laceration

JB09.0 **First degree perineal laceration during delivery**

Perineal lacerations involving the fourchette, perineal skin, and vaginal mucous membrane but not the underlying fascia and muscle.

JB09.1 **Second degree perineal laceration during delivery**

Perineal lacerations involve, in addition, the fascia and muscles of the perineal body but not the anal sphincter.

Exclusions: that involving anal sphincter (JB09.2)

JB09.2 **Third degree perineal laceration during delivery**

Perineal lacerations extending farther to involve the anal sphincter.

Exclusions: that involving anal or rectal mucosa (JB09.3)

JB09.3 **Fourth degree perineal laceration during delivery**

Perineal lacerations extending through the rectum's mucosa to expose its lumen.

JB09.Z **Perineal laceration during delivery, unspecified**

JB0A **Certain specified obstetric trauma**

Any injury characterised by maternal trauma. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Coded Elsewhere: Vesicovaginal fistula (GC04.10)

Urethrovaginal fistula (GC04.14)

Combined urethrovesicovaginal fistula (GC04.15)

Vesicouterine fistula with severe scar or extensive tissue loss (GC04.17)

Other combined urinary fistula with severe scar or extensive tissue loss (GC04.18)

Rectovaginal fistula (GC04.16)

Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss (GC04.19)

Vaginal stenosis or gynatresia related to obstetric fistula (GC04.1A)

Obstetric Fistula (GC04.1Y)

JB0A.0 **Rupture of uterus before onset of labour**

An injury characterised by rupture of the myometrial wall of the uterus before the onset of labour. This injury is caused by pregnancy. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

JB0A.1 **Rupture of uterus during labour**

An injury characterised by rupture of the myometrial wall of the uterus during labour. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

Inclusions: Rupture of uterus not stated as occurring before onset of labour

JB0A.2 **Postpartum inversion of uterus**

An injury characterised by uterine inversion and prolapse through the dilated cervix that occurs after the delivery of a neonate. This condition is caused by or subsequent to labour and delivery, commonly as a result of excessive fundal pressure or cord traction. This condition presents with postpartum haemorrhage.

JB0A.3 **Obstetric laceration of cervix**

An injury characterised by a laceration to the cervix. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.4 **Obstetric high vaginal laceration**

An injury characterised by a laceration in the upper third area of the vagina. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Inclusions: Laceration of vaginal wall without mention of perineal laceration

high vaginal obstetrical instrument injury

JB0A.5 **Obstetric uterine laceration or tear**

JB0A.6 **Other obstetric injury to pelvic organs**

Any injury characterised by damage to the maternal pelvic organs. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.7 **Obstetric damage to pelvic joints or ligaments**

An injury characterised by damage to the pelvic joints and ligaments. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.8 **Obstetric haematoma of pelvis**

An injury characterised by a collection of extravasated blood trapped in the pelvic tissues. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This condition may also present with bruising or blood clots in the pelvic area.

JB0A.Y **Other specified obstetric trauma**

JB0A.Z **Obstetric trauma, unspecified**

JB0B Retained placenta or membranes, without haemorrhage

A condition characterised by a placenta or membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

JB0B.0 Retained placenta without haemorrhage

A condition characterised by a placenta that has not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code also the causing condition

JB0B.1 Retained portions of placenta or membranes, without haemorrhage

A condition characterised by portions of a placenta and membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code also the causing condition

JB0C Complications of anaesthesia during labour or delivery

Any complication caused by or subsequent to any anaesthetic intervention used during labour and delivery.

Inclusions: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during the puerperium (JB43)

JB0C.0 Aspiration pneumonitis due to anaesthesia during labour or delivery

Massive gastric inhalation causing pulmonary insufficiency from aspiration pneumonitis due to anaesthesia during labour and delivery

Inclusions: Mendelson syndrome due to anaesthesia during labour and delivery

JB0C.1 Other pulmonary complications of anaesthesia during labour or delivery

JB0C.2 Cardiac complications of anaesthesia during labour or delivery

JB0C.3 Central nervous system complications of anaesthesia during labour or delivery

JB0C.4 Toxic reaction to local anaesthesia during labour or delivery

JB0C.5 Spinal or epidural anaesthesia-induced headache during labour or delivery

JB0C.6 Other complications of spinal or epidural anaesthesia during labour or delivery

JB0C.7 **Failed or difficult intubation during labour or delivery**

JB0C.8 **Awareness under general anaesthesia during labour or delivery**

JB0C.Y **Other specified complications of anaesthesia during labour or delivery**

JB0C.Z **Complications of anaesthesia during labour or delivery, unspecified**

JB0D Certain specified complications of labour or delivery, not elsewhere classified

Exclusions: Infections in the puerperium (JB40)

Puerperal sepsis (JB40.0)

JB0D.0 **Maternal distress during labour or delivery**

A condition characterised by maternal anxiety, depression, or stress during labour and delivery.

JB0D.1 **Shock during or following labour or delivery**

A syndrome characterised by systemic cellular hypoxia and organ dysfunction as a result of hypoperfusion following labour and delivery. This syndrome is caused by haemorrhage, vomiting, diarrhoea, inadequate fluid intake, or a systemic inflammatory response to bacteria, endotoxins, or exotoxins.

Inclusions: Obstetric shock

JB0D.2 **Pyrexia during labour, not elsewhere classified**

A complication characterised by maternal fever during labour, and not elsewhere classified.

JB0D.3 **Other complications of obstetric surgery or procedures**

Any complication caused by or subsequent to obstetric surgery and procedures, and not elsewhere classified.

Exclusions: Infection of obstetric surgical wound (JB40.1)

Haematoma of obstetric wound (JB44.2)

Complications of anaesthesia during labour or delivery (JB0C)

Disruption of perineal obstetric wound (JB44.1)

JB0D.4 **Delayed delivery after artificial rupture of membranes**

A complication characterised by a delayed neonatal delivery after the artificial rupture of the membranes.

JB0D.5 **Delayed delivery after spontaneous or unspecified rupture of membranes**

A complication characterised by a delayed neonatal delivery after the spontaneous or unspecified rupture of the membranes.

Exclusions: spontaneous premature rupture of membranes (JA89)

JB0D.6 **Vaginal delivery following previous caesarean section**

JB0D.7 **Failed application of vacuum extractor or forceps, unspecified**

Inclusions: Failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively

JB0D.8 **Failed trial of labour, unspecified**

JB0D.Y **Other specified complications of labour or delivery, not elsewhere classified**

JB0Y **Other specified complications of labour or delivery**

JB0Z **Complications of labour or delivery, unspecified**

Delivery (JB20-JB2Z)

Birth of one or more neonates from the uterus either spontaneously, assisted, or by caesarean section.

Exclusions: Disorders of newborn related to length of gestation or fetal growth (KA20-KA2Z)

JB20 **Single spontaneous delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate from the uterus.

Inclusions: delivery in a completely normal case

JB20.0 **Spontaneous vertex delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in vertex position from the uterus.

JB20.1 **Spontaneous breech delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in breech position from the uterus.

JB20.Y **Single spontaneous delivery with other specified presentation**

JB20.Z **Single spontaneous delivery, unspecified**

JB21 **Single delivery by forceps or vacuum extractor**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using forceps and vacuum extractor to assist the delivery.

Exclusions: Failed application of vacuum extractor or forceps, unspecified (JB0D.7)

JB22 **Single delivery by caesarean section**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a single neonate from the uterus by caesarean section.

JB22.0 **Delivery by elective caesarean section**

JB22.1 **Delivery by emergency caesarean section**

JB22.2 **Single delivery by caesarean hysterectomy**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus by caesarean section followed by removal of the uterus.

JB22.Z **Single delivery by caesarean section, unspecified**

JB23 Other assisted single delivery

JB23.0 **Breech extraction**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using breech extraction interventions or techniques to assist the delivery.

JB23.1 **Other assisted breech delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using other interventions or techniques to assist the delivery.

JB23.2 **Other manipulation-assisted delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using other manipulation-assisted interventions or techniques to assist the delivery.

JB23.3 **Delivery of viable fetus in abdominal pregnancy**

A condition caused by the development of a viable fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a viable neonate from the abdominal cavity, at the culmination of an abdominal pregnancy.

JB23.4 **Destructive operation for delivery**

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate using destructive operation interventions or techniques to assist the delivery.

JB23.Z **Other assisted single delivery, unspecified**

JB24 Multiple delivery

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus either spontaneously, assisted, or by caesarean section.

JB24.0 **Multiple delivery, all spontaneous**

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate spontaneously from the uterus.

JB24.1 **Multiple delivery, all by forceps or vacuum extractor**

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus using forceps and vacuum extractor.

JB24.2 **Multiple delivery, all by caesarean section**

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus by caesarean section.

JB24.3 **Multiple delivery by combination of methods with caesarean**

JB24.Y **Other specified multiple delivery**

JB24.Z **Multiple delivery, unspecified**

JB2Z **Delivery, unspecified**

Complications predominantly related to the puerperium (JB40-JB4Z)

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Obstetrical tetanus (1C14)

Coded Elsewhere: Postpartum symptom or complaint (MF35)

JB40 **Infections in the puerperium**

Exclusions: infection during labour (JB0D)

JB40.0 **Puerperal sepsis**

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

Exclusions: Obstetric pyaemic or septic embolism (JB42.3)

sepsis during labour (JB0D)

JB40.1 **Infection of obstetric surgical wound**

JB40.2 **Other infection of genital tract following delivery**

JB40.3 **Urinary tract infection following delivery**

JB40.4 **Pyrexia of unknown origin following delivery**

Exclusions: puerperal fever (JB40.0)

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

JB40.Y **Other specified infections in the puerperium**

JB40.Z **Infections in the puerperium, unspecified**

JB41 **Venous complications in the puerperium**

Exclusions: Venous complications in pregnancy (JA61)

Obstetric embolism (JB42)

JB41.0 **Superficial thrombophlebitis in the puerperium**

JB41.1 **Deep phlebothrombosis in the puerperium**

JB41.2 **Haemorrhoids in the puerperium**

JB41.3 **Cerebral venous thrombosis in the puerperium**

JB41.Y **Other specified venous complications in the puerperium**

JB41.Z **Venous complications in the puerperium, unspecified**

JB42 **Obstetric embolism**

A condition characterised by the lodging of a blood clot, a fat globule or a gas bubble (embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Embolism following abortion, ectopic or molar pregnancy (JA05.2)

JB42.0 **Obstetric air embolism**

A condition characterised by the lodging of a gas bubble (air embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.1 **Amniotic fluid embolism**

Amniotic fluid embolism is a rare obstetric emergency in which it is postulated that amniotic fluid, fetal cells, hair, or other debris enter the maternal circulation, causing cardiorespiratory collapse.

Inclusions: Anaphylactoid syndrome of pregnancy

JB42.2 **Obstetric blood-clot embolism**

A condition characterised by the lodging of a blood clot (a specific type of embolus known as a thrombus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.3 **Obstetric pyaemic or septic embolism**

JB42.Y **Other specified obstetric embolism**

JB42.Z **Obstetric embolism, unspecified**

JB43 Complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

JB43.0 **Pulmonary complications of anaesthesia during the puerperium**

JB43.1 **Cardiac complications of anaesthesia during the puerperium**

JB43.2 **Central nervous system complications of anaesthesia during the puerperium**

JB43.3 **Spinal or epidural anaesthesia-induced headache during the puerperium**

JB43.4 **Other complications of spinal or epidural anaesthesia during the puerperium**

JB43.5 **Failed or difficult intubation during the puerperium**

JB43.6 **Awareness under general anaesthesia during the puerperium**

JB43.Y **Other specified complications of anaesthesia during the puerperium**

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB43.Z **Complications of anaesthesia during the puerperium, unspecified**

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB44 Certain specified complications of the puerperium

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium) which are not classified elsewhere.

JB44.0 **Disruption of caesarean section wound**

JB44.1 **Disruption of perineal obstetric wound**

Inclusions: Secondary perineal tear

JB44.2 **Haematoma of obstetric wound**

JB44.3 **Cardiomyopathy in the puerperium**

A group of diseases in which the dominant feature is the involvement of the cardiac muscle itself occurring in puerperium, the period of 6-8 weeks after giving birth. Cardiomyopathies are classified according to their predominant pathophysiological features or their etiological/pathological factors.

JB44.4 **Postpartum acute renal failure**

JB44.5 **Postpartum thyroiditis**

Postpartum thyroiditis (PPT) is the occurrence, in the postpartum period, of transient hyperthyroidism and/or transient hypothyroidism, with most women returning to the euthyroid state by 1 year postpartum.

JB44.6 **Puerperal osteomalacia**

Coding Note: Code also the causing condition

JB44.Y **Other specified complications of the puerperium**

JB44.Z **Complications of the puerperium, unspecified**

JB45 Infections of breast associated with childbirth

JB45.0 **Abscess of breast associated with childbirth**

JB45.1 **Nonpurulent mastitis associated with childbirth**

JB45.Y **Other specified infections of breast associated with childbirth**

JB45.Z **Infections of breast associated with childbirth, unspecified**

JB46 Certain specified disorders of breast or lactation associated with childbirth

Coded Elsewhere: Breast or lactation symptom or complaint (MF31)

JB46.0 **Retracted nipple associated with childbirth**

A condition characterised as the abnormal inversion of a nipple that does not return to normal position even when stimulated that has occurred in association with childbirth.

JB46.1 **Cracked nipple associated with childbirth**

JB46.2 **Other or unspecified disorders of breast associated with childbirth**

JB46.3 **Agalactia**

Inclusions: Failure of lactation

Primary agalactia

JB46.4 **Hypogalactia**

Inclusions: Insufficient milk supply

Delayed milk supply

JB46.5 **Suppressed lactation**

JB46.6 **Galactorrhoea**

Excessive or inappropriate lactation in females or males, and not necessarily related to pregnancy. Galactorrhoea can occur either unilaterally or bilaterally, and be profuse or sparse. Its most common cause is hyperprolactinemia.

Inclusions: Oversupply of milk

Exclusions: Galactorrhoea not associated with childbirth (GB23.4)

JB46.7 **Other or unspecified disorders of lactation**

JB4Z **Complications predominantly related to the puerperium, unspecified**

Certain obstetric conditions, not elsewhere classified (JB60-JB6Z)

Any condition characterised by an obstetric complication, condition, disease, or death during pregnancy, labour and delivery, or the puerperium that is not elsewhere classified.

JB60 **Obstetric death of unspecified cause**

A condition characterised by maternal death during pregnancy or within 42 days following delivery. This death may be associated with physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium, but has no specified cause.

JB61 **Death from any obstetric cause occurring more than 42 days but less than one year after delivery**

A condition characterised by maternal death between 43 days and one year following delivery. This death is caused by any physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium.

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

JB62 **Death from sequelae of obstetric causes**

A secondary condition of pregnant females, caused by and subsequent to any complications during pregnancy, childbirth, or puerperium. This condition is characterised by maternal death.

Inclusions: Death from any direct obstetric cause occurring one year or more after delivery

JB62.0 **Death from sequelae of direct obstetric cause**

Any condition directly resulting in death due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.1 **Death from sequelae of indirect obstetric cause**

Any condition resulting in death via an intermediate cause due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.Z **Death from sequelae of obstetric causes, unspecified**

JB63 **Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium**

Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Exclusions: Obstetrical tetanus (1C14)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Asymptomatic human immunodeficiency virus infection (1C62.0)

puerperal infection (JB40)

Puerperal sepsis (JB40.0)

when the reason for maternal care is that the disease is known or suspected to have affected the fetus (JA80-JA8Z)

JB63.0 **Tuberculosis complicating pregnancy, childbirth or the puerperium**

JB63.00 Tuberculous placenta

JB63.0Y Other specified tuberculosis complicating pregnancy, childbirth or the puerperium

JB63.0Z Tuberculosis complicating pregnancy, childbirth or the puerperium, unspecified

JB63.1 **Syphilis complicating pregnancy, childbirth or the puerperium**

Syphilis complicating pregnancy, childbirth or the puerperium

JB63.2 **Gonorrhoea complicating pregnancy, childbirth or the puerperium**

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

JB63.4 **Viral hepatitis complicating pregnancy, childbirth or the puerperium**

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

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

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

JB63.6Y Other specified protozoal diseases complicating pregnancy, childbirth or the puerperium

JB63.6Z Protozoal diseases complicating pregnancy, childbirth or the puerperium, unspecified

JB63.7 **Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium**

JB63.Y **Other specified maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium**

JB63.Z **Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified**

JB64 Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: when the reason for maternal care is that the condition is known or suspected to have affected the fetus (JA85)

infectious and parasitic diseases (JB63)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

Injury complicating pregnancy (ND56.9)

JB64.0 **Anaemia complicating pregnancy, childbirth or the puerperium**

A condition of the circulatory system affecting pregnant females, characterised by a haemoglobin level below 11 grams per decilitre that complicates pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.1 **Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium**

Any disease affecting pregnant females, characterised by pathological changes to the blood and blood-forming organs and pathological changes involving the immune mechanism that complicate pregnancy, childbirth, or the puerperium not classified elsewhere.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Antepartum haemorrhage with coagulation defect (JA41.0)

Intrapartum haemorrhage with coagulation defect (JA42.0)

JB64.2 **Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium**

Any disease affecting pregnant females, characterised by endocrine, nutrition, or metabolic manifestations that complicate pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Malnutrition in pregnancy (JA64)

Diabetes mellitus in pregnancy (JA63)

Postpartum thyroiditis (JB44.5)

JB64.3 **Diseases of the nervous system complicating pregnancy, childbirth or the puerperium**

Any disorder or disease of the nervous system affecting pregnant females leading to complications during pregnancy, childbirth, or puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

JB64.4 **Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Obstetric embolism (JB42)

venous complications and cerebrovenous sinus thrombosis in pregnancy (JA61)

Venous complications in the puerperium (JB41)

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20-JA2Z)

Cardiomyopathy in the puerperium (JB44.3)

Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

JB64.5 **Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.6 **Diseases of the digestive system complicating pregnancy, childbirth or the puerperium**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

JB64.7 **Diseases of the skin complicating pregnancy, childbirth or the puerperium**

Diseases of the skin or subcutaneous tissue not specifically related to pregnancy but which contribute to increased morbidity during pregnancy, childbirth or the puerperium, for example genetic blistering disorders or lichen sclerosus.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Herpes gestationis (JA65.10)

Gestational pemphigoid (JA65.10)

Polymorphic eruption of pregnancy (JA65.12)

Pregnancy dermatoses (JA65.1)

Pruritus of pregnancy (JA65.11)

JB64.8 **Congenital anomaly complicating pregnancy**

JB64.Y **Other specified maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.Z **Maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB65 Sequelae of complication of pregnancy, childbirth or the puerperium

A secondary condition that develops during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the six weeks following delivery (puerperium).

Exclusions: Death from any obstetric cause occurring more than 42 days but less than one year after delivery (JB61)

Death from sequelae of obstetric causes (JB62)

JB6Y Other specified obstetric conditions, not elsewhere classified

JB6Z Unspecified obstetric condition

CHAPTER 19

Certain conditions originating in the perinatal period

This chapter has 151 four-character categories.

Code range starts with KA00

This chapter includes conditions that have their origin in the perinatal period even though death or morbidity occurs later.

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Neoplasms (Chapter 02)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Congenital gonococcal infection (1A70-1A7Z)

Certain infectious or parasitic diseases - acquired after birth (Chapter 01)

Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

Hereditary haemolytic anaemia (3A10)

Transient hypogammaglobulinaemia of infancy (4A01.03)

Certain congenital diseases of the nervous system (Chapter 08)

congenital cardiomyopathy (BC43)

Paralytic ileus (DA93.0)

Pemphigus neonatorum (EA50)

Cradle cap (EH40.00)

This chapter contains the following top level blocks:

- Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery
- Disorders of newborn related to length of gestation or fetal growth
- Birth injury
- Infections of the fetus or newborn
- Haemorrhagic or haematological disorders of fetus or newborn

- Neurological disorders specific to the perinatal or neonatal period
- Respiratory disorders specific to the perinatal or neonatal period
- Cardiovascular disorders present in the perinatal or neonatal period
- Transitory endocrine or metabolic disorders specific to fetus or newborn
- Digestive system disorders of fetus or newborn
- Genitourinary system disorders specific to the perinatal or neonatal period
- Disorders involving the integument of fetus or newborn
- Disturbances of temperature regulation of newborn
- Certain disorders originating in the perinatal period

Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery (KA00-KA0Z)

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother or by an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00 **Fetus or newborn affected by maternal conditions that may be unrelated to present pregnancy**

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother which are unrelated to the present pregnancy.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal complications of pregnancy (KA01)

fetus and newborn affected by maternal endocrine and metabolic disorders (KB60-KB6Z)

Fetus or newborn affected by noxious influences transmitted via placenta or breast milk (KA06)

KA00.0 Fetus or newborn affected by maternal hypertensive disorders

Maternal hypertensive disorders - chronic hypertension, preeclampsia-eclampsia, preeclampsia superimposed on chronic hypertension, and gestational hypertension.

KA00.1 Fetus or newborn affected by gestational oedema or proteinuria without hypertension

KA00.2 Fetus or newborn affected by maternal renal or urinary tract diseases

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother associated with the kidneys and urinary tract.

KA00.3 **Fetus or newborn affected by maternal infectious diseases**

A condition affecting fetuses or newborns, that is (or suspected to be) caused by a maternal infection with a bacterial, viral, fungal, or parasitic source.

Exclusions: Infections of the genital tract in pregnancy (JA62.4)

KA00.4 **Fetus or newborn affected by periodontal disease in mother**

KA00.5 **Fetus or newborn affected by maternal respiratory diseases**

KA00.6 **Fetus or newborn affected by maternal nutritional disorders**

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother that are directly or indirectly associated with a lack of essential nutrients in the diet.

KA00.60 Fetus or newborn affected by maternal malnutrition

KA00.61 Fetus or newborn affected by maternal overweight or obesity

KA00.6Y Other specified fetus or newborn affected by maternal nutritional disorders

KA00.6Z Fetus or newborn affected by maternal nutritional disorders, unspecified

KA00.7 **Fetus or newborn affected by abnormal maternal chemistry**

KA00.8 **Fetus or newborn affected by maternal injury**

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from physical damage or harm.

Inclusions: Fetus or newborn affected by maternal injury, poisoning or certain other consequences of external causes

KA00.9 **Fetus or newborn affected by maternal chemotherapy**

KA00.A **Fetus or newborn affected by surgical procedure on mother**

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from surgical health intervention.

Exclusions: damage to placenta from amniocentesis, caesarean section or surgical induction (KA02)

Termination of pregnancy, affecting surviving fetus or newborn (KD3A)

previous surgery to uterus or pelvic organs (KA05)

Fetus or newborn affected by caesarean delivery (KA05.4)

KA00.B **Fetus or newborn affected by maternal anaemia**

KA00.Y **Fetus or newborn affected by other specified maternal condition that may be unrelated to present pregnancy**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00.Z **Fetus or newborn affected by unspecified maternal condition that may be unrelated to present pregnancy**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01 **Fetus or newborn affected by maternal complications of pregnancy**

Any other condition characterised by findings in the fetus or newborn due to any condition of the mother due to an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.0 **Fetus or newborn affected by incompetence of cervix uteri**

Cervical incompetence refers to a weakness of the cervix and lower uterine segment, which can lead to recurrent second-trimester or early third-trimester loss of pregnancy due to an inability of the uterine cervix to retain a pregnancy until term. It is associated with a premature shortening of the cervix, dilatation, and opening of the cervical os during pregnancy. Ultrasound changes that suggest cervical incompetence include a cervical length < 1.5 cm, cervical width > 3 cm, and an expanded cervical canal > 8 mm.

KA01.1 **Fetus or newborn affected by premature rupture of membranes**

Preterm premature rupture of membranes (PPROM) refers to a patient who is at less than 37 weeks' gestation and has presented with a rupture of membranes prior to the onset of labour. Complications include pre-term delivery, ascending infection, umbilical cord prolapse, oligohydramnios, placental abruption, retained placenta, postpartum haemorrhage, or rupture of the vasa praevia.

KA01.2 **Fetus or newborn affected by oligohydramnios**

Oligohydramnios is defined as a decrease in the volume of amniotic fluid. It is diagnosed if the diameter of the largest amniotic fluid depot is < 2 cm, or if the amniotic fluid index (AFI) is < 5 cm.

Exclusions: Fetus or newborn affected by premature rupture of membranes (KA01.1)

KA01.3 **Fetus or newborn affected by polyhydramnios**

Polyhydramnios is defined as an abnormally large volume of amniotic fluid within the uterus. An amount of 2 L at term, any single pool >8cm or an amniotic fluid index (AFI) > 24 cm is considered to be polyhydramnios.

Inclusions: fetus or newborn affected by hydramnios

KA01.4 **Fetus or newborn affected by ectopic pregnancy**

An ectopic pregnancy occurs when a pregnancy begins outside of the uterus. The most common site is within one of the fallopian tubes, although in rare cases, ectopic pregnancies can occur in the stomach region, cervix, or ovary. It is often caused by a condition that slows or blocks the movement of a fertilised egg through the fallopian tube to the uterus. Ectopic pregnancies cannot continue to term and the developing cells must be removed to prevent rupture of the ectopic area, which can lead to shock and danger the life of the mother.

Inclusions: Abdominal pregnancy affecting fetus or newborn

KA01.5 **Fetus or newborn affected by multiple pregnancy**

A condition characterised by findings in the fetus or newborn due to any condition associated with the presence of a multiple pregnancy.

KA01.6 **Fetus or newborn affected by maternal death**

A condition characterised by findings in the fetus or newborn due to death of the mother.

KA01.7 **Fetus or newborn affected by malpresentation before labour**

Malpresentations are all presentations of the fetus other than the vertex, and includes breech, transverse, shoulder, compound, face, and brow presentations. They may pose risks to the fetus and mother and may necessitate operative vaginal or caesarean delivery, or other interventions to accomplish delivery. Breech presentation, the most common malpresentation, results when the fetal buttocks, legs, feet, or a combination of these presents first into the maternal pelvis.

KA01.8 **Fetus or newborn affected by maternal blood loss**

KA01.Y **Fetus or newborn affected by other specified maternal complication of pregnancy**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.Z **Fetus or newborn affected by unspecified maternal complication of pregnancy**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02 Fetus or newborn affected by complications of placenta

A group of conditions characterised by findings in the fetus or newborn due to an adverse evolution (complication) associated with the placenta, umbilical cord, or chorioamniotic membranes.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.0 **Fetus or newborn affected by placenta praevia**

Placenta praevia exists when the placenta lies wholly or in part in the lower segment of the uterus. Diagnosis has evolved from the clinical I-IV grading system, and is determined by ultrasonic imaging techniques relating the leading edge of the placenta to the cervical os. Grade I is a low lying placenta, Grade II is a placenta that meets the edge of the cervical os, Grade III is a placenta that partially covers the os, and Grade IV is a placenta that completely covers the os.

KA02.1 **Fetus or newborn affected by placental oedema or large placenta**

A large placenta, also known as placentomegaly, is one that weighs > 750 g. Placentomegaly can be seen in the following conditions: fetal hydrops, maternal diabetes mellitus, Rh incompatibility, chronic infections (e.g. syphilis, cytomegalovirus), maternal anaemia, or acute placental oedema with acute chorioamnionitis.

KA02.2 **Fetus or newborn affected by placental infarction**

Placental infarction is the formation of localised areas of ischemic villous necrosis, usually due to vasospasm of the maternal circulation. The affected regions of the placenta are incompetent, and lead to placental insufficiency if the infarcts are severe.

KA02.3 **Fetus or newborn affected by placental insufficiency or small placenta**

Placental insufficiency is defined as the inability of the placenta to deliver a sufficient supply of oxygen and nutrients to the fetus, and therefore, is unable to sustain the growth of the developing baby until term. Placental insufficiency can result in intrauterine growth restriction (IUGR), pre-eclampsia, abruption, or preterm labour and delivery. A small placenta is defined as a placenta that weighs less that the lower limit of normal for the gestational period. A low placental weight can be the result of a maternal or fetal conditions. Among maternal conditions belong those causing underperfusion of the placenta, such as pre-eclampsia or maternal hypertension. Among fetal conditions belong fetal malformations or chromosomal anomalies.

KA02.4 **Fetus or newborn affected by placental transfusion syndromes**

Twin-to-twin transfusion syndrome (TTTS) occurs in monozygotic twins while they are in the uterus. It occurs when blood travels from one twin to the other, and the twin that loses blood is the donor twin, while the twin that receives blood is the recipient twin. Depending on the severity of the transfusion, both infants may experience problems, such as anaemia, paleness, and dehydration in the donor twin, and redness and an increased blood pressure in the recipient twin.

Inclusions: Placental and cord abnormalities resulting in twin-to-twin or other transplacental transfusion

KA02.Y **Fetus or newborn affected by other specified complication of placenta**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.Z **Fetus or newborn affected by unspecified complication of placenta**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA03 Fetus or newborn affected by complications of umbilical cord

KA03.0 **Fetus or newborn affected by prolapsed cord**

A prolapsed umbilical cord is when the cord enters the opening cervix and down into the birth canal during labour before the baby has left the uterus. The risk of prolapse is higher if the baby is lying in a transverse position, the mother has had more than one baby, an excess amount of amniotic fluid exists, there is preterm prelabour rupture of membranes, or if membranes are artificially ruptured.

KA03.1 **Fetus or newborn affected by other compression of umbilical cord**

A group of conditions characterised by findings in the fetus or newborn due obstruction of blood flow through the umbilical cord secondary to pressure from an external object or misalignment of the cord itself not classified elsewhere.

Coded Elsewhere: Fetus or newborn affected by umbilical cord-to-cord entanglements in monoamniotic twins (LB03.Y)

Fetus or newborn affected by umbilical cord knot (LB03.Y)

Fetus or newborn affected by umbilical cord loop (LB03.Y)

KA03.2 **Fetus or newborn affected by abnormalities of umbilical cord length**

KA03.20 Fetus or newborn affected by short umbilical cord

An umbilical cord < 2 SD in length below mean for the gestational age. At term, this is < 35 cm. Often associated with fetal hypokinesia

KA03.21 Fetus or newborn affected by long umbilical cord

An umbilical cord > 2 SD in length above mean for the gestational age. At term, this is > 80 cm.

KA03.2Y Other specified fetus or newborn affected by abnormalities of umbilical cord length

KA03.2Z Fetus or newborn affected by abnormalities of umbilical cord length, unspecified

KA03.3 **Fetus or newborn affected by vasa praevia**

An obstetric complication characterised by fetal vessels crossing or running in close proximity to the internal orifice of the cervix (inner cervical os).

Exclusions: Fetal blood loss from vasa praevia (KA80.0)

KA03.4 **Fetus or newborn affected by traumatic injury of the umbilical cord**

KA03.Y **Fetus or newborn affected by other specified complication of umbilical cord**

KA03.Z **Fetus or newborn affected by unspecified complication of umbilical cord**

KA04 Fetus or newborn affected by other abnormalities of membranes

KA04.0 **Fetus or newborn affected by chorioamnionitis**

Chorioamnionitis is an infection of the placental tissues and amniotic fluid. It can lead to bacteraemia in the mother, which is an infection of the blood, and this can cause preterm birth or infection in the newborn. Organisms which are usually responsible for chorioamnionitis include Escherichia coli (E. coli) and Group B streptococcus.

Exclusions: Infections of the fetus or newborn (KA60-KA6Z)

KA04.1 **Fetus or newborn affected by amniotic Band Syndrome**

KA04.Y **Fetus or newborn affected by other specified abnormality of membranes**

KA04.Z **Fetus or newborn affected by unspecified abnormality of membranes**

KA05 Fetus or newborn affected by certain complications of labour or delivery

A group of conditions characterised by findings in the fetus or newborn due to any other adverse evolution (complication) during labour and delivery.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.0 **Fetus or newborn affected by breech delivery or extraction**

Breech presentation refers to a fetus that is lying with its bottom downwards. There are three different types of breech presentation: breech with extended legs (frank), fully flexed legs (complete), or footling (incomplete) with one or both thighs extended. Breech presentation is associated with an increased risk of intrapartum trauma or asphyxia, and caesarean section is a common mode of delivery to reduce birth-related complications.

KA05.1 **Fetus or newborn affected by other malpresentation, malposition or disproportion during labour or delivery**

A condition characterised by findings in the fetus or newborn due to abnormal positions of the vertex of the fetal head (malposition) or any presentation position of the fetus other than vertex of the fetal head, first (malpresentation) during labour and delivery.

KA05.2 **Fetus or newborn affected by forceps delivery**

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with smooth metal instruments curved to fit around the head (forceps).

KA05.3 **Fetus or newborn affected by delivery by vacuum extractor**

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with a soft or hard plastic or metal cup attached by a tube to a suction device that fits firmly onto the head and attaches with suction (vacuum extractor, ventouse).

Inclusions: Fetus and newborn affected by delivery by ventouse

KA05.4 **Fetus or newborn affected by caesarean delivery**

A condition characterised by findings in the fetus or newborn due to delivery via a surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies (Caesarean delivery).

KA05.5 **Fetus or newborn affected by precipitate delivery**

A precipitate delivery is one that is < 3 hours and where contractions are unusually severe. It commonly occurs in multiparous women or when labour has been induced. Due to the force and speed of delivery, trauma may occur to the mother and newborn. The mother may suffer from haemorrhage, perineal laceration, infection, or uterine rupture, and the newborn may suffer from subdural hematoma, anoxia, or fractures.

KA05.6 **Fetus or newborn affected by abnormal uterine contractions**

Abnormal uterine contractions can either be hypertonic or hypotonic. Hypertonic contractions are ones that occur more frequently and are marked by an increase in resting tone to more than 15 mm Hg. Hypotonic contractions are ones where the number of contractions is unusually low, the resting tone of the uterus is less than 10 mm Hg, and the strength of contractions is consistently < 26 mm Hg.

KA05.7 **Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm**

KA05.70 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm before onset of labour

KA05.71 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm during labour

KA05.7Z Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm, unspecified

KA05.8 **Meconium passage during delivery**

Meconium passage by the fetus during labour and/or delivery process.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium staining (KD38)

KA05.Y **Fetus or newborn affected or suspected to be affected by other specified complications of labour or delivery**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.Z **Fetus or newborn affected or suspected to be affected by unspecified complications of labour or delivery**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06 **Fetus or newborn affected by noxious influences transmitted via placenta or breast milk**

A group of conditions characterised by findings in the fetus or newborn due to the transmission of any harmful or poisonous substance to the fetus or newborn via the placenta or in breast milk.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Inclusions: nonteratogenic effects of substances transmitted via placenta

Exclusions: congenital malformations (Chapter 20)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

KA06.0 Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery

A condition characterised by findings in the fetus or newborn due to the transmission of anaesthesia or analgesia provided to the mother during the period of time between conception and childbirth.

Inclusions: Reactions and intoxications from maternal opiates and tranquillizers administered during labour and delivery

KA06.1 Fetus or newborn affected by maternal use of tobacco

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from tobacco use by the mother to the fetus or newborn.

Exclusions: Exposure to tobacco smoke in the perinatal period (KD37)

KA06.2 Fetus or newborn affected by maternal use of alcohol

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from alcohol use by the mother to the fetus or newborn.

Exclusions: Fetal alcohol syndrome (LD2F.00)

KA06.3 Fetus or newborn affected by maternal use of drugs of addiction

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from other drug use by the mother to the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

withdrawal symptoms from maternal use of drugs of addiction (KD35)

KA06.4 Fetus or newborn affected by maternal use of nutritional chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from nutritional chemical use by the mother to the fetus or newborn.

KA06.5 **Fetus or newborn affected by maternal exposure to environmental chemical substances**

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from exposure of the mother to environmental chemicals.

KA06.Y **Fetus or newborn affected by other specified noxious influence transmitted via placenta or breast milk**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06.Z **Fetus or newborn affected by unspecified noxious influence transmitted via placenta or breast milk**

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA07 Neonatal dermatoses due to maternal antibodies

A range of antibody-mediated neonatal skin disorders due to transplacental transfer of maternal antibodies to the fetus. The relevant autoimmune disorder may or may not be apparent in the mother.

KA07.0 **Neonatal lupus erythematosus**

Neonatal lupus erythematosus results from trans-placental transfer of maternal antibodies, in particular anti-Ro/SSA and anti La/SSB. It manifests with an erythematous rash which may be obviously photosensitive and is closely associated with congenital heart block. The mother may have known lupus, especially subacute cutaneous lupus erythematosus, but she may be asymptomatic. The rash normally subsides within the first few months of life.

KA07.1 **Neonatal pemphigus**

Neonatal pemphigus vulgaris is a short lived autoimmune skin diseases arising as a result of transplacental transmission to the neonate of maternal antibodies. Neonatal pemphigus is characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome component desmoglein 3.

KA07.Y **Other specified neonatal dermatoses due to maternal antibodies**

KA0Z Fetus or newborn affected by unspecified maternal factors or by complications of pregnancy, labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Disorders of newborn related to length of gestation or fetal growth (KA20-KA2Z)

A group of conditions related to the length of time that the fetus is carried inside the uterus and develops.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20 Disorders of newborn related to slow fetal growth or fetal malnutrition

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0 **Small for gestational age**

Birth weight below – 2 standard deviations of the mean or below the 10th percentile according to local intrauterine growth charts

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Inclusions: Small-for-dates

KA20.00 Small for gestational age, symmetrical

Growth of the fetus is affected in early pregnancy and growth is slow throughout the duration of the pregnancy. The head circumference is proportional to the rest of the body. Birth weight is 2 standard deviations below the mean, or below the 10th percentile.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.01 Small for gestational age, asymmetrical

This growth restriction leads to a disparity in length and head circumference when compared to birth weight. This condition typically occurs in the third trimester.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0Z Small for gestational age, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1 **Intrauterine growth restriction**

The fetus does not achieve its predicted genetic potential and infant, not light or small for gestational age, showing signs of fetal malnutrition.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.10 Asymmetrical intrauterine growth restriction

There is restriction of body weight followed by length with general head sparing. This condition occurs late in pregnancy and is caused by extrinsic factors. Fetal malnutrition leading to low ponderal index less than 2 (weight to length ratio) but weight not severe enough to qualify as small for gestational age.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.11 Symmetrical intrauterine growth restriction

This condition begins earlier in pregnancy and there is a higher incidence of permanent neurologic sequela. It is often associated with either genetic abnormalities or fetal infection, especially 1st trimester viral infections.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.12 Intrauterine growth restriction associated with small for gestational age

These infants are classified as small for gestational age but have also been subject to intrauterine growth restriction.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1Y Other specified intrauterine growth restriction

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1Z Intrauterine growth restriction, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.2 **Fetal intrauterine malnutrition without mention of small for gestational age**

Neonate, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: fetal malnutrition with mention of: light for gestational age (KA21)

fetal malnutrition with mention of: small for gestational age (KA20.0)

KA20.Y **Other specified disorders of newborn related to slow fetal growth or fetal malnutrition**

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.Z **Disorders of newborn related to slow fetal growth or fetal malnutrition, unspecified**

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21 **Disorders of newborn related to short gestation or low birth weight, not elsewhere classified**

Infants whose weight is appropriate for their gestational ages are termed appropriate for gestational age (AGA). Infants that are heavier than expected are large for gestational age (LGA). Conversely, those smaller than expected are considered small for gestational age (SGA).

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Disorders of newborn related to slow fetal growth or fetal malnutrition (KA20)

KA21.0 **Extremely low birth weight of newborn**

Newborn birth weight 999 g or less. Infants have increased morbidity including neurosensory disability, cerebral palsy, retinopathy of prematurity, deafness, pulmonary immaturity, chronic lung disease and subnormal cognitive function.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.00 Extremely low birth weight of newborn, 499g or less

A paediatric condition in which the infant is born weighing 499 g or less.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.01 Extremely low birth weight of newborn, 500-749g

A paediatric condition in which the infant is born weighing between 500 and 749 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.02 Extremely low birth weight of newborn, 750-999g

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.0Z Extremely low birth weight of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.1 **Very low birth weight of newborn**

A paediatric condition in which the infant is born weighing between 1000 and 1499 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.10 Very low birth weight of newborn, 1000-1249g

A paediatric condition in which the infant is born weighing between 1000 and 1249 g.

KA21.11 Very low birth weight of newborn, 1250-1499g

A paediatric condition in which the infant is born weighing between 1250 and 1499 g.

KA21.1Z Very low birth weight of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.2 **Low birth weight of newborn**

A paediatric condition in which the infant is born weighing between 1500 and 2499 g.

KA21.20 Low birth weight of newborn, 1500-1999g

A paediatric condition in which the infant is born weighing between 1500 and 1999 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.21 Low birth weight of newborn, 2000-2499g

A paediatric condition in which the infant is born weighing between 2000 and 2499 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.2Z Low birth weight of newborn, unspecified

KA21.3 **Extreme prematurity of newborn**

Less than 28 completed weeks (less than 196 completed days) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.30 Extreme prematurity of newborn, gestational age less than 22 completed weeks

Extreme prematurity of newborn, gestational age less than 22 weeks, 0 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.31 Extreme prematurity of newborn, gestational age 22 completed weeks

Extreme prematurity of newborn, gestational age 22 weeks, 0 days through 22 weeks, 6 days.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.32 Extreme prematurity of newborn, gestational age 23 completed weeks

Extreme prematurity of newborn, gestational age 23 weeks, 0 days through 23 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.33 Extreme prematurity of newborn, gestational age 24 completed weeks

Extreme prematurity of newborn, gestational age 24 weeks, 0 days through 24 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.34 Extreme prematurity of newborn, gestational age 25 completed weeks

Extreme prematurity of newborn, gestational age 25 weeks, 0 days through 25 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.35 Extreme prematurity of newborn, gestational age 26 completed weeks

Extreme prematurity of newborn, gestational age 26 weeks, 0 days through 26 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.36 Extreme prematurity of newborn, gestational age 27 completed weeks

Extreme prematurity of newborn, gestational age 27 weeks, 0 days through 27 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.3Z Extreme prematurity of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.4 **Preterm newborn**

Preterm: is less than 37 completed weeks (less than 259 days) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment must be given to gestational age.

KA21.40 Preterm newborn, gestational age 28 completed weeks

Preterm newborn, gestational age 28 weeks, 0 days through 28 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.41 Preterm newborn, gestational age 29 completed weeks

Preterm newborn, gestational age 29 weeks, 0 days through 29 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.42 Preterm newborn, gestational age 30 completed weeks

Preterm newborn, gestational age 30 weeks, 0 days through 30 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.43 Preterm newborn, gestational age 31 completed weeks

Preterm newborn, gestational age 31 weeks, 0 days through 31 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.44 Preterm newborn, gestational age 32 completed weeks

Preterm newborn, gestational age 32 weeks, 0 days through 32 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.45 Preterm newborn, gestational age 33 completed weeks

Preterm newborn, gestational age 33 weeks, 0 days through 33 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.46 Preterm newborn, gestational age 34 completed weeks

Preterm newborn, gestational age 34 weeks, 0 days through 34 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.47 Preterm newborn, gestational age 35 completed weeks

Preterm newborn, gestational age 35 weeks, 0 days through 35 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.48 Preterm newborn, gestational age 36 completed weeks

Preterm newborn, gestational age 36 weeks, 0 days through 36 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.4Z Preterm newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment must be given to gestational age.

KA22 Disorders of newborn related to long gestation or high birth weight

Usually implies gestation > 290 or 294 days (42 weeks); high birthweight = >4000g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA22.0 Exceptionally large newborn

An exceptionally large baby is defined as having a weight at birth of > 4500 g, regardless of gestational age at birth.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

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

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

KA22.1 **Large newborn for gestational age**

A birth weight greater than the 90th percentile for gestational age or birth weight 4000-4499 g at term regardless of period of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

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

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

KA22.2 **Post-term newborn**

A condition of the newborn characterised by a gestational period that reached or exceeded 42 completed weeks (294 days or more) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Postmaturity syndrome (KA22.3)

KA22.3 **Postmaturity syndrome**

Post-term infant with signs of dysmaturity including dry peeling wrinkled skin, yellow staining of the skin, long stained fingernails, abundant scalp hair, thin growth retarded body with long thin limbs and hyperalert behaviours.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Post-term newborn (KA22.2)

KA2Y **Other specified disorders of newborn related to length of gestation or fetal growth**

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA2Z **Disorders of newborn related to length of gestation or fetal growth, unspecified**

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Birth injury (KA40-KA4Z)

A group of conditions characterised by the presence of damage of the tissues and organs of a newly delivered child due to physical pressure or injury during delivery.

KA40 **Birth injury to central nervous system**

A condition characterised by the presence of damage to the central nervous system due to physical pressure or injury during delivery.

KA40.0 **Intracranial laceration or haemorrhage due to birth injury**

A group of conditions characterised as a traumatic brain injury occurring when the tissue of the brain is mechanically cut or torn and bleeds in a newly delivered child due to physical pressure or injury during delivery.

Exclusions: intracranial haemorrhage of fetus or newborn: due to anoxia, hypoxia, or ischaemia (KA82)

Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

KA40.00 Subdural haemorrhage due to birth injury

Haemorrhage into the subdural space (between the dura and the arachnoid) resulting from traumatic tearing of the bridging veins and venous sinuses due to rotational movement of the brain secondary to a traumatic delivery.

Exclusions: subdural haemorrhage accompanying tentorial tear (KA40.05)

KA40.01 Cerebral haemorrhage due to birth injury

Cerebral haemorrhage due to birth injury refers to haemorrhage occurring into the cerebral parenchyma as a result of birth trauma, and is commonly accompanied by extracerebral contusion and/or bleeding haemorrhage in the scalp. May have associated skull fracture(s).

KA40.02 Cerebellar haemorrhage due to birth injury

Haemorrhage into the cerebellum, hemispheres or vermis, due to trauma. Occipitaloseodiastasis with breech delivery is the most common cause of this injury.

KA40.03 Intraventricular haemorrhage due to birth injury

Traumatic haemorrhage into the intraventricular space as the dominant lesion, usually in a term infant, a result of birth trauma. Usually seen in conjunction with other intracranial bleeding (parenchymal, subdural, subarachnoid) and can be seen in the term or preterm infant.

KA40.04 Subarachnoid haemorrhage due to birth injury

Haemorrhage within the subarachnoid space (the area between the arachnoid membrane and the pia matter) due to either leakage from the leptomeningeal plexus or rupture of bridging veins within the subarachnoid space.

KA40.05 Tentorial tear due to birth injury

Lacerations of tentorium cerebelli due to birth trauma, usually resulting in infratentorial haemorrhages; lesser degrees of tentorial injury most commonly associated with subdural bleeds.

KA40.06 Cerebellar contusion due to birth injury

A bruise of the brain tissue. There is a punctuate haemorrhage which occurs in the long gyri.

KA40.07 Cerebral contusion due to birth injury

A bruise of the brain tissue. Focal region of necrosis and haemorrhage, usually involving the cerebral cortex and subcortical white matter

KA40.08 Extradural or epidural haemorrhage due to birth injury

Haemorrhage in the plane between the skull bone and the periosteum on the inner surface of the skull from injury to the middle meningeal artery from birth trauma

KA40.0Y Other specified intracranial laceration or haemorrhage due to birth injury

KA40.0Z Intracranial laceration or haemorrhage due to birth injury, unspecified

KA40.1 **Cerebral oedema due to birth injury**

Cerebral oedema is an excessive accumulation of water in the intracellular or extracellular spaces of the brain. There is a break down of the tight endothelial junctions which make up the blood brain barrier.

Code also any intracranial haemorrhage.

KA40.2 **Birth injury to spine or spinal cord**

Injury to the spinal cord incurred during delivery from excessive traction or rotation, principally occurring during breech and rotational forceps during vertex deliveries

KA40.3 **Birth injury to brainstem**

Injury to the brain stem occurring during delivery due to excessive longitudinal traction especially when this traction is combined with flexion and torsion of the spine during delivery.

Exclusions: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

KA40.Y **Other specified birth injury to central nervous system**

KA40.Z **Birth injury to central nervous system, unspecified**

KA41 Birth injury to eye

Ocular injuries due to birth trauma include lid lacerations, hyphema, rupture of Descemet's membrane of cornea, vitreous haemorrhage, corneal oedema, abrasions and lacerations, orbital haemorrhage and fractures, and intraocular haemorrhages.

KA42 Birth injury to scalp

A condition characterised by the presence of damage to the scalp due to physical pressure or injury during delivery.

KA42.0 **Bruising of scalp due to birth injury**

Erythema of the scalp occurring usually as a result of dystocia or application of forceps

KA42.1 **Cephalohaematoma due to birth injury**

Cephalhaematoma is a subperiosteal collection of blood caused by rupture of vessels beneath the periosteum and does not extend across the suture lines.

KA42.2 **Chignon due to birth injury**

Chignon is a temporary swelling (oedema of the scalp) secondary to the placement of a ventouse suction cup used in assisted vacuum deliveries. It usually disappears after several hours

KA42.3 **Monitoring injury of scalp of newborn**

Injuries to the scalp from use of intrapartum fetal monitoring devices including injury following fetal blood sampling.

KA42.4 **Subgaleal epicranial subaponeurotic haemorrhage due to birth injury**

Subgaleal haemorrhage is a collection of blood in the space between the epicranial aponeurosis of the scalp and the periosteum of the skull.

KA42.Y **Other specified birth injury to scalp**

KA42.Z **Birth injury to scalp, unspecified**

KA43 Birth injury to skin or soft tissues

Superficial injury including abrasions, lacerations and ecchymoses sustained during birth to sites other than scalp face and external genitalia

Exclusions: Birth injury to scalp (KA42)

KA43.0 **Birth injury to sternocleidomastoid**

Injury to the sternomastoid muscle due to birth usually presents with torticollis (tilt and rotation of head) and a firm, spindle-shaped, immobile mass in the midportion of sternomastoid muscle.

KA43.1 **Birth injury to external genitalia**

Injuries of external genitalia such as oedema, ecchymoses, and haematomas of scrotum and labia majora, haematocoele, and trauma to the testes as a result trauma during birth, especially after a breech delivery

KA43.2 **Subcutaneous fat necrosis due to birth injury**

Subcutaneous fat necrosis is a rare acute transient hypodermatitis that develops within first weeks of life in term infants.

Exclusions: Subcutaneous fat necrosis of the newborn (KC22.0)

KA43.3 **Birth injury to face**

Birth injuries to face include injuries sustained to nose (deviations, deformities, and septal damage), ears (abrasions, lacerations, deformities and haematomas).

KA43.Y **Other specified birth injury to skin or soft tissues**

KA44 Birth injury to peripheral nervous system

A condition characterised by the presence of damage to the nerves and ganglia outside of the brain and spinal cord due to physical pressure or injury during delivery.

KA44.0 **Birth injury to cranial nerves**

Birth injuries to the cranial nerves include contusion, avulsion, rupture, neuroma and praxis.

KA44.00 Birth injury to facial nerve

Facial palsy involving both upper and lower halves of the face caused by traumatic compression of the facial nerve as it exits the stylomastoid foramen, or as it passes over the ramus of the mandible.

KA44.0Y Birth injury to other specified cranial nerve

KA44.0Z Birth injury to unspecified cranial nerve

KA44.1 **Brachial plexus palsy in newborn**

Brachial plexus birth palsy occurs when the brachial plexus are damaged during birth. It occurs most typically during a difficult delivery.

KA44.10 Erb paralysis

Erb paralysis is one of the most common brachial plexus birth palsy. The injury occurs in the upper brachial plexus nerves and affects the upper arm.

KA44.11 Klumpke paralysis

Klumpke paralysis is a form of brachial plexus palsy that causes paralysis in the hand.

KA44.1Z Brachial plexus palsy in newborn, unspecified

KA44.2 **Phrenic nerve paralysis due to birth injury**

Birth injury to the cervical roots 3 to 5 resulting in the paralysis of the ipsilateral diaphragm usually after a difficult breech delivery

KA44.Y **Birth injury to other specified peripheral nerve**

KA44.Z **Birth injury to unspecified peripheral nerve**

KA45 Birth injury to skeleton

A condition characterised by the presence of damage to the skeleton due to physical pressure or injury during delivery.

Exclusions: Birth injury to spine or spinal cord (KA40.2)

KA45.0 **Fracture of skull due to birth injury**

Linear or depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.00 Linear skull fracture due to birth injury

Linear fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery.

KA45.01 Depressed skull fracture due to birth injury

Depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.0Y Other specified fracture of skull due to birth injury

KA45.0Z Fracture of skull due to birth injury, unspecified

KA45.1 **Occipital osteodiastasis due to birth injury**

Occipital osteodiastasis (OOD) is a form of birth injury characterised by a tear along the innominate (posterior occipital or supraoccipital-exoccipital) synchondrosis with separation of the occipital squama from the lateral or condylar parts of the occipital bone.

KA45.2 **Birth injury to facial bones**

KA45.20 Mandibular bone fracture due to birth injury

KA45.21 Nasal bone fracture due to birth injury

KA45.2Y Other specified birth injury to facial bones

KA45.2Z Birth injury to facial bones, unspecified

KA45.3 **Birth injury of thorax**

Fracture of bones of the thorax including ribs, sternum due to birth injury.

KA45.4 **Fracture, dislocation or subluxation of spine due to birth injury**

KA45.5 **Fracture of clavicle due to birth injury**

This is a greenstick fracture of the clavicle that may occur during the birthing process.

KA45.6 **Birth injury to long bones**

KA45.Y **Other specified birth injury to skeleton**

KA46 **Birth injury to other organs**

A group of conditions characterised by the presence of damage of organs of a newly delivered child due to physical pressure or injury during delivery.

KA46.0 **Birth injury to liver**

Rupture or subcapsular haemorrhage into the liver parenchyma as a result of birth trauma usually seen in large for gestational age infants, those with hepatomegaly, those born by breech delivery; may present as haemoperitoneum

KA46.1 **Birth injury to spleen**

Rupture or subcapsular haemorrhage into spleen as a result of birth trauma; may present as haemoperitoneum

Inclusions: Rupture of spleen due to birth injury

KA46.2 **Adrenal haemorrhage due to birth injury**

KA46.Y **Birth injury to other specified organ**

KA4Z **Birth injury, unspecified**

Infections of the fetus or newborn (KA60-KA6Z)

Inclusions: infections acquired in utero or during birth

Exclusions: human immunodeficiency virus [HIV] disease (1C60-1C62.Z)

Congenital pneumonia (KB24)

congenital gonococcal infection (1A70-1A7Z)

Asymptomatic human immunodeficiency virus infection (1C62.0)

Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Coded Elsewhere: Fetus or newborn affected by maternal infectious diseases (KA00.3)

Congenital syphilis (1A60)

KA60 Sepsis of fetus or newborn

Coded Elsewhere: Bacterial infection of fetus or newborn due to other and unspecified streptococci (KA61.Z)

Bacterial infection of fetus or newborn due to other and unspecified staphylococci (KA61.Z)

KA61 Other bacterial infections of the fetus or newborn

Coding Note: Code also the causing condition

Coded Elsewhere: Early congenital syphilis, latent (1A60.1)

Early congenital syphilis, symptomatic (1A60.0)

Neonatal necrotising fasciitis (1B71.2)

Tetanus neonatorum (1C15)

KA61.0 Congenital tuberculosis

A disease affecting infants, caused by an infection with the bacteria Mycobacterium tuberculosis in utero. Transmission is by vertical transmission.

KA61.1 Neonatal listeriosis

A condition affecting fetuses or neonates, caused by an infection with the gram-positive bacteria Listeria. This condition is characterised by respiratory distress and shock in the neonate, by stillbirth, or by abortion. Transmission is by vertical transmission. Confirmation is by identification of Listeria in the neonate and mother.

KA61.Z Bacterial infection of the fetus or newborn, unspecified

Coding Note: Code also the causing condition

KA62 Viral infection in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a virus.

KA62.0 Congenital Zika virus infection

KA62.1 **Congenital Epstein-Barr virus infection**

There are several forms of Epstein–Barr virus infection. Infectious mononucleosis, nasopharyngeal carcinoma, and Burkitt's lymphoma can all be caused by the Epstein–Barr virus.

KA62.2 **Congenital Varicella Zoster virus infection**

Transplacentally acquired Varicella zoster virus infection. Both the gestational age at the time of maternal infection and the time interval between maternal infection and birth have major influences on the clinical course.

KA62.3 **Congenital cytomegalovirus infection**

A condition affecting neonates, caused by an infection with cytomegalovirus in utero. This condition is characterised by jaundice, low birth weight, splenomegaly, hepatomegaly, or pneumonia if symptoms develop shortly after birth, or may be asymptomatic. This condition commonly present later in life with loss of hearing, loss of vision, or developmental disabilities. Transmission is by vertical transmission. Confirmation is by detection of cytomegalovirus in neonatal urine, saliva, blood, or other body tissues within 2-3 weeks of birth.

KA62.4 **Congenital echovirus infection**

A disease affecting neonates, caused by an infection with enteric cytopathic human orphan (ECHO) virus in utero. This disease presents with various symptoms depending on the site of the infection, or may be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of ECHO virus in the neonate.

KA62.5 **Congenital enterovirus infection**

Congenital viral infections with enteroviruses (including coxsackie viruses and ECHO viruses) is an infectious embryofetopathy that have been reported to cause fetal malformations, acute systemic illness in the newborn and long-term neurodevelopmental abnormalities

KA62.6 **Congenital human immunodeficiency virus infection**

A disease affecting neonates, caused by an infection with human immunodeficiency virus in utero. Transmission is by vertical transmission. Confirmation is by identification of human immunodeficiency virus in the neonate.

KA62.7 **Congenital parvovirus syndrome**

Fetal parvovirus syndrome is a fetopathy likely to occur when a pregnant woman is infected by parvovirus B19. Fetal parvovirus infection results in aplastic crisis. Anaemia induces a risk of hydrops and fetal death by cardiac failure in 10 to 20% of cases.

KA62.8 **Congenital rubella syndrome**

A disease caused by an infection with the rubella virus in utero. This disease presents with symptoms depending on the timing of infection of the fetus and may present with birth defects (such as hearing loss), or intrauterine growth retardation. Transmission is by vertical transmission. Confirmation is by identification of rubella virus or detection of anti-rubella virus IgM antibodies in the neonate or infant.

KA62.9 **Congenital viral hepatitis**

A disease of the liver affecting the neonate, caused by an infection with either hepatitis A, B, C, D, or E virus in utero. This disease is characterised by lethargy, jaundice, abdominal distention, failure to thrive, or clay coloured stools. Transmission is by vertical transmission. Confirmation is by identification of the hepatitis A, B, C, D, or E virus in a blood sample from the neonate.

KA62.A **Perinatal Herpes simplex infection**

Herpes simplex infection acquired during the perinatal period, normally from active herpes infection of the mother's genital tract, but may also be transmitted in utero.

KA62.Y **Other specified viral infection in the fetus or newborn**

KA62.Z **Viral infection in the fetus or newborn, unspecified**

KA63 Fungal infection of fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a fungal agent.

KA63.0 **Malassezia infection in newborn**

A condition affecting newborns, caused by an infection with Malassezia that leads to a severe systemic inflammatory response. This condition is characterised by fever or respiratory distress. Confirmation is by identification of Malassezia in a blood sample.

KA63.1 **Neonatal aspergillosis**

A disease affecting neonates, caused by an infection with the fungi Aspergillus. This disease presents with clinical symptoms depending on the site of infection. Transmission is by inhalation of Aspergillus spores, or direct contact. Confirmation is by identification of Aspergillus from affected sites.

KA63.2 **Neonatal candidosis**

A condition affecting neonates, caused by an infection with the fungi Candida. This condition is characterised by apnoea, thrombocytopenia, or decreasing respiratory function or other symptoms depending on the site of infection. Transmission is vertical (from the mother to the baby). Confirmation is by identification of Candida in a blood or urine sample.

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

KA63.Y **Other specified fungal infection of fetus or newborn**

KA63.Z **Fungal infection of fetus or newborn, unspecified**

KA64 Parasitic diseases in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a parasite.

Exclusions: Tetanus neonatorum (1C15)

Congenital syphilis (1A60)

Necrotising enterocolitis of newborn (KB88)

KA64.0 Congenital toxoplasmosis

A disease caused by an infection with the protozoan parasite Toxoplasma gondii in utero. This disease is characterised by chorioretinitis, hydrocephalus, intracranial calcifications, anaemia, or neurological deficits that develop after birth. This disease may present at birth with jaundice, premature birth, hepatosplenomegaly, myocarditis, pneumonitis, or rash. Transmission is by vertical transmission. In the fetus, confirmation is by identification of Toxoplasma gondii in amniotic fluid; in the neonate, confirmation is by identification of Toxoplasma gondii in body fluids or tissues, or detection of antibodies against Toxoplasma gondii.

KA64.1 Congenital falciparum malaria

A disease caused by an infection with the protozoan parasite Plasmodium falciparum in utero. This disease is characterised by fever, anaemia, splenomegaly, hepatomegaly, jaundice, regurgitation, diarrhoea, or poor feeding. This disease may also present with respiratory distress, drowsiness, or cyanosis. Transmission is by vertical transmission. Confirmation is by identification of the Plasmodium falciparum in a blood sample from the neonate.

KA64.Y Other specified parasitic diseases in the fetus or newborn

KA64.Z Parasitic diseases in the fetus or newborn, unspecified

KA65 Neonatal infections of certain specified sites

Coded Elsewhere: Neonatal tracheitis (KB25)

Neonatal skin infection (EH10-EH1Z)

KA65.0 Neonatal conjunctivitis or dacryocystitis

This refers to inflammation of the conjunctiva (the outermost layer of the eye and the inner surface of the eyelids) and the inflammation of the nasolacrimal sac, frequently caused by nasolacrimal duct obstruction or infection.

Exclusions: Gonococcal conjunctivitis (1A72.4)

KA65.1 Omphalitis of newborn

A disease of the umbilical cord affecting newborns, commonly caused by an infection with a bacterial source. This disease is characterised by purulent or foul-smelling discharge from the umbilicus or umbilical stump, periumbilical erythema, oedema, or tenderness. This disease may also present with fever, hypothermia, jaundice, tachycardia, hypotension, tachypnoea, respiratory distress, apnoea, or abdominal distention with absent bowel sounds. Transmission is by vertical transmission or iatrogenic transmission. Confirmation is by identification of the infectious agent.

KA65.2 Neonatal urinary tract infection

A condition of the urinary tract affecting neonates, commonly caused by an infection with a bacterial source. This condition is characterised by fever, pyuria, jaundice, poor appetite, diarrhoea, blood tinged stool, vomiting, or abdominal distention. This condition may also be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of the infectious agent in a urine sample.

KA65.3 **Neonatal infectious mastitis**

A disease of the breasts in neonates, may be caused by a maternal infection with a bacterial source. This disease is characterised by swelling, erythema, warmth, tenderness, induration of the breast, or purulent discharge from the nipple . It is usually unilateral. This disease may also present with breast abscesses.

Exclusions: Breast engorgement of newborn (KC41.0)

noninfective mastitis of newborn (KC41.0)

Coded Elsewhere: Neonatal staphylococcal mastitis (EH11)

Neonatal streptococcal mastitis (EH11)

KA65.4 **Neonatal meningitis**

KA65.Y **Neonatal infections of other specified sites**

KA6Y **Other specified infections of the fetus or newborn**

KA6Z **Infections of the fetus or newborn, unspecified**

Haemorrhagic or haematological disorders of fetus or newborn (KA80-KA8Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with bleeding, the blood, and blood forming organs.

Exclusions: Hereditary haemolytic anaemia (3A10)

Gilbert syndrome (5C58.01)

Congenital stenosis or stricture of bile ducts (LB20.22)

Crigler-Najjar syndrome (5C58.00)

Dubin-Johnson syndrome (5C58.02)

Coded Elsewhere: Hereditary Vitamin B12 deficiency anaemia (3A01.0)

Neonatal vitamin B12 deficiency anaemia (3A01.1)

Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Y)

KA80 **Fetal blood loss**

Fetal blood loss is a loss of blood from the fetal circulation during pregnancy, labour, or delivery. Due to the small volume of fetal blood that is present, even a small loss can lead to anaemia or fetal death.

KA80.0 **Fetal blood loss from vasa praevia**

In vasa praevia, the fetal blood vessels connecting the placenta and umbilical cord cross the internal cervical os, the entrance to the birth canal, underneath the fetus.

KA80.1 **Fetal blood loss from ruptured cord**

The umbilical cord can rupture during labour and delivery and lead to fetal blood loss. Possible reasons include: traction on an abnormally short cord, a cord that is entangled around the fetus, a thin friable cord, or a cord with vascular abnormalities. Fetal blood loss can also occur following accidental cord puncture during amniocentesis or following in utero cordocentesis or transfusion.

KA80.2 **Fetal blood loss from placenta**

fetal blood loss can result from placental abruption, which is when the placenta separates from the uterine wall prior to delivery. Placental abruptions occur under conditions of maternal hypertension and drug use (e.g. cocaine), maternal vascular and collagen vascular disease, maternal clotting disorders, and following direct abdominal trauma. fetal blood loss can also result from accidental incision of the placenta during a caesarean section.

KA80.3 **Haemorrhage into co-twin**

Monozygous twins often share a placenta. Vascular anastomoses within the placenta allow for the transfer of blood between the two fetuses. In some cases, the flow is unbalanced and one fetus (larger, plethoric, and polycythaemic twin) has an overload of fluid, while the other (smaller, hydropic twin) becomes anaemic.

KA80.4 **Haemorrhage into maternal circulation**

Fetal-maternal haemorrhage occurs when the trophoblastic lining of the placenta fails to act as a barrier and allows fetal blood cells to enter the maternal circulation.

KA80.5 **Fetal blood loss from cut end of co-twin cord**

Sometimes the blood content of monozygotic twins differs considerably, which can occur when anastomoses exist. One twin loses blood through shunts, while the other gains a large quantity of blood. Therefore, following the delivery of one twin, the other may bleed through these anastomoses if the umbilical cord of the delivered twin is not immediately clamped.

KA80.Y **Other specified fetal blood loss**

KA80.Z **Fetal blood loss, unspecified**

KA81 Umbilical haemorrhage of newborn

A condition characterised by bleeding from the umbilical cord stump of a newborn.

Exclusions: omphalitis with mild haemorrhage (KA65.1)

KA82 Intracranial nontraumatic haemorrhage of fetus or newborn

Intraventricular (nontraumatic) haemorrhage of the fetus and newborn is a condition characterised by bleeding within the skull of a newborn that is not due to injury causing physical damage.

Exclusions: intracranial haemorrhage due to birth injury (KA40.0)

Intracranial haemorrhage due to head trauma (NA00-NA0Z)

KA82.0 **Intraventricular nontraumatic haemorrhage, grade 1, of fetus or newborn**

A condition characterised by bleeding into the subependymal region or germinal matrix of the ventricular system of the brain of a newborn that is not due to injury causing physical damage.

KA82.1 **Intraventricular nontraumatic haemorrhage, grade 2, of fetus or newborn**

Intraventricular (nontraumatic) haemorrhage, grade 2 is a condition of the fetus or newborn characterised by bleeding into the germinal matrix of the ventricular system with bleeding into the lateral ventricles of the brain without ventricular enlargement.

Inclusions: Subependymal haemorrhage with intraventricular extension without ventricular dilatation

KA82.2 **Intraventricular nontraumatic haemorrhage, grade 3, of fetus or newborn**

Intraventricular (nontraumatic) haemorrhage, grade 3, of the fetus and newborn located in the subependymal region with extension into the lateral ventricles, with ventricular enlargement.

Inclusions: Subependymal haemorrhage with both intraventricular and ventricular dilatation

KA82.3 **Intraventricular nontraumatic haemorrhage, grade 4, of fetus or newborn**

KA82.4 **Intracerebral nontraumatic haemorrhage of fetus or newborn**

A condition characterised by bleeding within the brain tissue of a fetus or newborn that is not due to injury causing physical damage.

KA82.5 **Subarachnoid nontraumatic haemorrhage of fetus or newborn**

A condition characterised by bleeding into the area between the arachnoid membrane and the pia mater (subarachnoid space) surrounding the brain of a fetus or newborn that is not due to injury causing physical damage.

KA82.6 **Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn**

A condition characterised by bleeding within the part of the intracranial cavity located between the foramen magnum and tentorium cerebelli (posterior fossa) including bleeding in tissue of the cerebellum or brain stem, of a fetus or newborn that is not due to injury causing physical damage.

KA82.7 **Subdural nontraumatic haemorrhage of fetus or newborn**

KA82.Z **Intracranial nontraumatic haemorrhage of fetus or newborn, unspecified**

KA83 Certain specified neonatal haemorrhages

Any other condition characterised by bleeding in a newborn.

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

Fetal blood loss (KA80)

KA83.0 **Neonatal bleeding originating in the mouth, nose or pharynx**

Exclusions: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.1 **Neonatal bleeding originating in the oesophagus, stomach, small or large intestine**

Bleeding in the neonate that originates from the digestive system. Most common causes include enteritis, gastritis, milk protein allergies, intussusception, and/or erosions of mucosa.

Exclusions: Neonatal volvulus (LB18)

Meckel diverticulum with complication (LB15.0)

Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.2 **Neonatal rectal haemorrhage**

A condition characterised by bleeding in the rectum of a newborn.

KA83.3 **Neonatal hepatic haemorrhage**

Haemorrhage of the liver in the newborn.

KA83.4 **Neonatal haemorrhage originating in adrenal gland**

A condition characterised by bleeding into the adrenal glands in a newborn.

KA83.5 **Neonatal haemorrhage originating in spleen**

KA83.6 **Neonatal haemorrhage originating in kidney or bladder**

KA83.7 **Neonatal haemorrhage originating in trachea or pulmonary parenchyma**

KA83.8 **Neonatal cutaneous haemorrhage**

Exclusions: Bruising of scalp due to birth injury (KA42.0)

Cephalohaematoma due to birth injury (KA42.1)

KA83.9 **Neonatal vaginal or uterine haemorrhage**

A condition characterised by bleeding from the vagina of a newborn which is excessive or lasts longer than the first month of life.

Inclusions: Pseudomenses

KA83.A **Neonatal epistaxis**

A condition characterised by bleeding from the nose of a newborn.

KA84 Haemolytic disease of fetus or newborn

A paediatric alloimmune condition characterised by the break-down of red blood cells by IgG antibodies which are transmitted from mother to child via the placenta.

KA84.0 **Rh isoimmunization of fetus or newborn**

A condition characterised by the transmission of antibodies from a mother to the child via the placenta against the Rhesus factor of blood. Such antibodies were developed in an Rhesus factor negative mother subsequent to exposure to Rhesus positive factor blood resulting in the break-down of the red blood cells of the fetus.

KA84.1 **Isoimmunization due to other red cell factors**

KA84.2 **ABO isoimmunization of fetus or newborn**

A condition of the newborn characterized by the destruction of red blood cells initiated by the transmission of anti-A or anti-B antibodies from a mother to the child via the placenta against A or B antigens of the newborn's blood.

KA84.3 **Haemolytic anaemia due to other unclassified antibodies of fetus or newborn**

KA84.4 **Haemolytic disease due to disease of other neonatal organs**

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

KA84.Z **Haemolytic disease of fetus or newborn, unspecified**

KA85 Hydrops fetalis due to haemolytic disease

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the antibody-mediated break-down of fetal red blood cells.

Exclusions: Hydrops fetalis not due to haemolytic disease (KC41.1)

KA85.0 **Hydrops fetalis due to isoimmunization**

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the transmission of IgG antibodies against the Rhesus factor of blood from the mother to the child via the placenta that break-down of the red blood cells of the fetus.

KA85.Y **Other specified hydrops fetalis due to haemolytic disease**

KA85.Z **Hydrops fetalis due to haemolytic disease, unspecified**

KA86 Neonatal kernicterus

Kernicterus is a pathologic diagnosis of the neonate that is characterised by yellow staining of the basal ganglia following elevated bilirubin concentrations in the blood and/or a breech in the blood brain barrier more common in the premature infant or the sick term neonate. It is characterised later in infancy and childhood by hearing deficits, choreoathetosis, and varying degrees of cognitive deficit.

Exclusions: kernicterus due to inborn errors of metabolism (5C50-5C5Z)

KA87 Neonatal hyperbilirubinaemia

A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due to excessive break-down of red blood cells for any other reason not classified elsewhere.

Exclusions: jaundice due to isoimmunization (KA84.0)

Coded Elsewhere: Neonatal hyperbilirubinaemia due to red cell haemolysis with infection (KA6Y)

KA87.0 **Neonatal hyperbilirubinaemia due to swallowed maternal blood**

A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due consumption by the newborn of blood from the mother.

KA87.1 **Neonatal hyperbilirubinaemia due to enzymatic defect in bilirubin degradation**

KA87.2 **Neonatal hyperbilirubinaemia due to breast milk inhibitor of bilirubin conjugation**

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to any chemical substance that prevents or decreases the production of breast milk by the mother.

KA87.3 **Neonatal hyperbilirubinaemia due to total parenteral nutrition**

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to intravenous feeding which bypasses the normal processes of eating and digestion.

KA87.4 **Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother**

KA87.5 **Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn**

KA87.6 **Neonatal hyperbilirubinaemia from other or unspecified hepatocellular damage**

KA87.Y **Other specified neonatal hyperbilirubinaemia**

KA87.Z **Neonatal hyperbilirubinaemia, unspecified**

KA88 Disseminated intravascular coagulation of fetus or newborn

Neonatal purpura fulminans is a potentially lethal disorder characterised by progressive haemorrhagic necrosis of the skin associated with cutaneous vascular thrombosis. It is usually due to a genetically transmitted thrombophilic disorder: most commonly homozygous deficiency of protein C or, less frequently, protein S.

KA89 Transient neonatal thrombocytopaenia

A rare paediatric condition characterised by a temporary relative decrease in the number of platelets in the blood associated with either increased destruction or decreased production of platelets in a newborn.

KA89.0 **Thrombocytopaenia following systemic infection, including diffuse intravascular coagulation**

KA89.Y **Other specified transient neonatal thrombocytopaenia**

KA89.Z **Transient neonatal thrombocytopaenia, unspecified**

KA8A Polycythaemia neonatorum

Polycythaemia of the neonate represents an excessive quality of circulating red blood cells due to excessive marrow production and haematocrits that exceed ~60%.

KA8A.0 **Polycythaemia neonatorum due to placental insufficiency or fetal intrauterine growth restriction**

KA8A.1 **Polycythaemia neonatorum due to twin to twin transfusion**

KA8A.2 **Polycythaemia neonatorum due to inherited disorder of erythropoietin production**

KA8A.3 **Polycythaemia neonatorum following umbilical cord transfusion or stripping at delivery**

KA8A.4 **Polycythaemia neonatorum following blood transfusion**

KA8A.Y **Other specified polycythaemia neonatorum**

KA8A.Z **Polycythaemia neonatorum, unspecified**

KA8B

Anaemia of prematurity

A paediatric condition characterised by a decrease in number of red blood cells (RBCs) or less than the normal quantity of haemoglobin in the blood of a newborn associated with the child being born prior to completing 37 weeks of gestation.

KA8C

Congenital hypoplastic anaemia

A paediatric condition characterised by a decreased number of red blood cells (RBCs) or lower than the normal levels of haemoglobin in the blood of a newborn present at birth due to loss of blood from the circulatory system of the fetus.

KA8D

Transient neonatal neutropaenia

Neonatal neutropaenia can be due to underproduction of the marrow (e.g. hypoxemia due to placental insufficiency, congenital viral disease) or excessive utilization of white blood cells (bacterial sepsis) or due to maternal transfer of antibodies to the fetus

Coding Note: Code also the causing condition

KA8E

Alloimmune neonatal neutropaenia

Alloimmune Neonatal neutropaenia (ANN) is a disease caused by the passive transfer of neutrophil specific maternal IgG antibodies across the placenta during pregnancy.

KA8F

Neonatal vitamin K deficiency

There are 3 forms of vitamin K–deficiency bleeding (VKDB) of the newborn. Early VKDB (haemorrhagic disease of the newborn) that occurs at 1-14 days of age. The most common sites of bleeding are the gastrointestinal tract, mucosal and cutaneous tissue, the umbilical stump, and the post-circumcision site. Late VKDB most commonly occurs at 2-12 weeks of age, although cases can occur up to 6 months. The most common site of bleeding is intracranial, although cutaneous and gastrointestinal bleeding may be initial manifestation. The third form of VKDB occurs at birth or shortly thereafter. It is secondary to maternal intake of medications (warfarin, phenobarbital, phenytoin) that cross the placenta.

KA8F.0 **Diffuse bleeding diathesis due to vitamin K deficient haemorrhagic disease of fetus or newborn**

Haemorrhagic disease of the newborn is a bleeding disorder of the newborn usually seen in the first week after life when vitamin K replacement is not provided to the newborn infant immediately after birth and is primarily characterised by gastrointestinal bleeding. The disorder can also be seen later in the newborn period in breast fed infants of Vitamin K deficient mothers.

KA8F.Y **Other specified neonatal vitamin K deficiency**

KA8F.Z **Neonatal vitamin K deficiency, unspecified**

KA8Y **Other specified haemorrhagic or haematological disorders of fetus or newborn**

KA8Z **Haemorrhagic or haematological disorders of fetus or newborn, unspecified**

Neurological disorders specific to the perinatal or neonatal period (KB00-KB0Z)

A group of paediatric conditions characterised by an abnormal change in the cerebral status of a newborn.

Coded Elsewhere: Brain cystic malformations (LA05.7)

Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

KB00 **Neonatal cerebral ischaemia**

A paediatric condition characterised by insufficient blood flow to the brain of a newborn to meet metabolic demand.

KB00.0 **Perinatal arterial stroke**

KB00.1 **Neonatal cerebral sinovenous thrombosis**

KB00.Y **Other specified neonatal cerebral ischaemia**

KB00.Z **Neonatal cerebral ischaemia, unspecified**

KB01 **Periventricular cysts of newborn**

A paediatric condition characterised by the development of cysts around the brain ventricles in a newborn.

KB02 **Neonatal cerebral leukomalacia**

A paediatric condition characterised by the death of small areas of brain tissue creating "holes" in the brain of a newborn.

Exclusions: Hypoxic-ischaemic encephalopathy (8B24)

KB03 **Neonatal encephalopathy**

Encephalopathy is disorder of the brain. It may be the result of interference in the development of the brain, an infection or other condition in the neonate.

Exclusions: Hypoxic ischaemic encephalopathy of newborn (KB04)

KB04 **Hypoxic ischaemic encephalopathy of newborn**

Hypoxic ischaemic encephalopathy (HIE) is when a newborn's brain fails to receive a sufficient amount of oxygen or blood before and during birth that may lead to brain damage or death.

KB05 **Neonatal hydrocephalus**

Exclusions: Hydrocephalusn due to congenital toxoplasmosis (KA64.0)

Coded Elsewhere: Congenital hydrocephalus (LA04)

KB05.0 Neonatal obstructive hydrocephalus

KB05.Y Other specified neonatal hydrocephalus

KB05.Z Neonatal hydrocephalus, unspecified

KB06 **Neonatal seizures**

A paediatric condition characterised by rapid and repeated muscle contraction and relaxation, resulting in an uncontrolled shaking of the body of a newborn.

Exclusions: Benign familial neonatal epilepsy (8A61.0)

Epilepsy due to prenatal or perinatal vascular insults (8A60.00)

KB07 **Compression of brain in neonate**

Exclusions: Crushing injury of brain (NA08.0)

KB08 **Disorders of muscle tone of newborn**

A group of paediatric conditions characterised by abnormal muscle tone in a newborn.

KB08.0 Transient neonatal myasthenia gravis

A paediatric condition characterised as a temporary autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigue in a newborn.

KB08.1 Congenital hypertonia

A paediatric condition characterised by abnormally increased muscle tone that is present at birth in a newborn.

KB08.2 Congenital hypotonia

A paediatric condition characterised by abnormally decreased muscle tone that is present at birth in a newborn.

Inclusions: Nonspecific floppy baby syndrome

KB08.Y Other specified disorders of muscle tone of newborn

KB08.Z Disorders of muscle tone of newborn, unspecified

KB0Y **Other specified neurological disorders specific to the perinatal or neonatal period**

KB0Z **Neurological disorders specific to the perinatal or neonatal period, unspecified**

Respiratory disorders specific to the perinatal or neonatal period (KB20-KB2Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular or respiratory systems.

Coded Elsewhere: Choanal atresia (LA70.2)

Congenital hypoplasia of lung (LA75.2)

Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

Late acquired pneumonia (CA40.Y)

KB20 Intrauterine hypoxia

Intrauterine hypoxia occurs when the fetus is deprived of an adequate supply of oxygen. This may occur with prolapse or occlusion of the umbilical cord, placental infarction and maternal smoking. This can lead to damage of the central nervous system and neonatal encephalopathy, which increases the risk of mortality.

Inclusions: intrauterine distress

Exclusions: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

Hypoxic ischaemic encephalopathy of newborn (KB04)

Metabolic acidaemia in newborn (KB22)

Late metabolic acidosis of newborn (KB63.0)

KB20.0 Intrauterine hypoxia first noted before onset of labour

A condition characterised by deprivation of an adequate supply of oxygen to the fetus during the gestation period which is diagnosed prior to the onset of labour.

KB20.1 Intrauterine hypoxia first noted during labour or delivery

A condition characterised by deprivation of an adequate supply of oxygen to the fetus diagnosed immediately prior to or during labour and delivery.

KB20.Z Intrauterine hypoxia, unspecified

KB21 Birth asphyxia

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

Exclusions: intrauterine hypoxia or asphyxia (KB20)

KB21.0 Severe birth asphyxia

Pulse less than 100 per minute at birth and falling or steady, respiration absent or gasping, colour poor, tone absent.

Asphyxia with 5-minute Apgar score 0-3

White asphyxia

KB21.1 **Mild and moderate birth asphyxia**

Normal respiration not established within one minute, but heart rate 100 or above, some muscle tone present, some response to stimulation.

Asphyxia with 5 minute Apgar score 4-7.

Blue asphyxia

KB21.Y **Other specified birth asphyxia**

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

KB22 **Metabolic acidaemia in newborn**

Metabolic acidaemia represents an increase in hydrogen ion concentration, usually due to the production of lactic acid following hypoxia or ischemia induced anaerobic metabolism. Acidaemia can also result from inborn errors of metabolism, and disorders of the kidney and liver.

KB23 **Respiratory distress of newborn**

A condition characterised by a by developmental insufficiency of surfactant associated proteins or surfactant production and structural immaturity in the lungs.

Exclusions: Respiratory failure of newborn (KB2D)

KB23.0 **Respiratory distress syndrome of newborn**

Respiratory distress syndrome (RDS) is an acute illness, usually of preterm infants, due to pulmonary surfactant deficiency, developing within 4-6 hours of birth, and is characterised by respiratory distress (tachypnoea, intercostal and sternal retractions, expiratory grunt, and cyanosis with abnormal chest radiograph showing diffuse reticulogranular densities and air bronchograms, evidence of reduced lung compliance and functional residual capacity, evidence of abnormal gas exchange (hypoxaemia, hypercapnia, cyanosis) of sufficient severity to require oxygen and/or continuous or intermittent positive pressure ventilatory support for more than 24 hours.

KB23.00 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy

KB23.01 Respiratory distress syndrome of the newborn, altered by pulmonary surfactant replacement therapy

KB23.02 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy or pulmonary surfactant replacement therapy

KB23.0Y Other specified respiratory distress syndrome of newborn

KB23.0Z Respiratory distress syndrome of newborn, unspecified

KB23.1 **Transient tachypnoea of newborn**

Transient tachypnoea of newborn is usually a benign self-limiting illness of term and near-term infants demonstrating increased respiratory rate and requiring supplementary oxygen after birth.

KB23.2 **Respiratory instability of prematurity**

Infant within the neonatal period who requires continued respiratory life support, including positive pressure ventilation and/or prolonged oxygen therapy, without a clear pathologic diagnosis. This may be caused by inadequate respiratory muscle strength, excessive chest wall compliance, and/or inadequate CNS respiratory drive.

KB23.Y **Other specified respiratory distress of newborn**

KB23.Z **Respiratory distress of newborn, unspecified**

KB24 Congenital pneumonia

Congenital pneumonia is an acute respiratory infection contracted prenatally or during the intrapartum period that is caused by a virus, bacteria, or fungi.

Inclusions: infective pneumonia acquired in utero or during birth

Exclusions: Neonatal aspiration syndromes (KB26)

Pneumonitis (CA70-CA7Z)

KB25 Neonatal tracheitis

A disease of the trachea in neonates, caused by an infection with a bacterial, viral, or fungal source. This disease is characterised by stridor, or increased respiratory effort. Transmission is commonly by inhalation of the infectious agent. Confirmation is by direct laryngoscopy.

KB26 Neonatal aspiration syndromes

Aspiration of meconium, blood, amniotic fluids and gastric contents in a neonate resulting in clinical symptoms from airway obstruction (atelectasis, air trapping and air leaks), parenchymal injury (pneumonitis), right-to-left shunting, and ventilation-perfusion mismatch.

KB26.0 **Neonatal aspiration of meconium**

Meconium Aspiration Syndrome (MAS) is defined as respiratory distress in an infant born through meconium-stained amniotic fluid with roentgenographic findings consistent with MAS and whose symptoms could not be otherwise explained.

Exclusions: Meconium passage during delivery (KA05.8)

Meconium staining (KD38)

KB26.1 **Neonatal aspiration of amniotic fluid or mucus**

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of amniotic fluid

KB26.2 **Neonatal aspiration of blood**

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of blood usually during birth process, or through aspiration of gastrointestinal bleeding.

KB26.3 **Neonatal aspiration of milk or regurgitated food**

Clinical symptoms of Neonatal aspiration syndrome due to aspiration of acidic gastric contest and/or milk

KB26.Y **Other specified neonatal aspiration syndromes**

KB26.Z **Neonatal aspiration syndromes, unspecified**

KB27 **Pulmonary air leak or related conditions originating in the perinatal period**

Clinical syndrome due to free air from rupture of overdistended alveoli tracking into pulmonary interstitium, mediastinum, pleural cavity or subcutaneous tissues.

KB27.0 **Interstitial emphysema originating in the perinatal period**

Escape of air into the interstitium, lymphatics and venous circulation of the lungs resulting from rupture of small airways associated with a characteristic cystic appearance on chest X-ray, almost exclusively seen in preterm infants receiving mechanical ventilation

KB27.1 **Pneumothorax originating in the perinatal period**

Abnormal presence of air or other gas in the pleural cavity, usually secondary to tracking of free air from pulmonary interstitial emphysema, or rupture of subpleural blebs.

KB27.2 **Pneumomediastinum originating in the perinatal period**

Presence of air in the mediastinum usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.3 **Pneumopericardium originating in the perinatal period**

Presence of air in the pericardial cavity usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.4 **Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes**

KB27.Y **Other specified pulmonary air leak or related conditions originating in the perinatal period**

KB27.Z **Pulmonary air leak or related conditions originating in the perinatal period, unspecified**

KB28 **Pulmonary haemorrhage originating in the perinatal period**

A condition characterised by bleeding from the lung which begins during the period of time around childbirth, especially the five months before and one month after birth.

Exclusions: Acute idiopathic pulmonary haemorrhage in infants over 28 days of age (MD24)

KB28.0 **Tracheobronchial haemorrhage originating in the perinatal period**

A condition characterised by bleeding from the trachea or bronchi which begins during the period of time around childbirth, especially the five months before and one month after birth.

KB28.1 **Traumatic pulmonary haemorrhage originating in the perinatal period**

Pulmonary haemorrhage in neonate as a result of trauma, generally from a respiratory suction catheter following deep suctioning.

KB28.Y **Other specified pulmonary haemorrhage originating in the perinatal period**

KB28.Z **Pulmonary haemorrhage originating in the perinatal period, unspecified**

KB29 **Chronic respiratory disease originating in the perinatal period**

A group of conditions associated with the respiratory system which begin during the period of time around childbirth, especially the five months before and one month after birth, and which lasts for at least 3 months.

KB29.0 **Bronchopulmonary dysplasia originating in the perinatal period**

Chronic lung disease requiring treatment with oxygen for at least 28 days and with a spectrum of severity from mild to severe, that predominantly affects premature infants.

KB29.Y **Other specified chronic respiratory disease originating in the perinatal period**

KB29.Z **Chronic respiratory disease originating in the perinatal period, unspecified**

KB2A **Apnoea of newborn**

Any condition characterised by suspension of external breathing in a newborn (premature or term) which is not classified elsewhere

KB2A.0 **Central neonatal apnoea**

Central apnoea is a cessation of airflow > 20 seconds with loss of all respiratory effort. It is due to immaturity of the brainstem to control respiration. It is found in many premature infants and generally resolves by 36 weeks of age.

KB2A.1 **Obstructive neonatal apnoea**

Apnoea that occurs secondary to diminished airway airflow from an obstruction in the airway from the nose and mouth, tongue, hypopharynx, epiglottis, vocal cords or subglottic region. This is characterised by initial increased work of breathing and rapid progression to cyanosis.

KB2A.2 **Mixed neonatal apnoea**

A combination of central apnoea and obstructive apnoea. Most apnoea of prematurity is of the mixed variety, and most often resolves by 36 weeks of age.

KB2A.3 **Apnoea of newborn, due to neurologic injury**

KB2A.Y **Other specified apnoea of newborn**

KB2A.Z **Apnoea of newborn, unspecified**

KB2B **Primary atelectasis of newborn**

Failure of the lungs to expand after birth, as in stillborn infants or in liveborn infants who die before respiration is established

Inclusions: Primary failure to expand terminal respiratory units

KB2C **Cyanotic attacks of newborn**

Sudden attacks of cyanosis, lasting from a few moments up to half an hour, in an infant whose colour was previously normal, and whose colour returns to normal in atmospheric air after the attack

Exclusions: Apnoea of newborn (KB2A)

KB2D **Respiratory failure of newborn**

Acute or chronic respiratory failure in a newborn. Neonates in acute respiratory failure require respiratory support.

KB2E **Respiratory arrest of newborn**

KB2F **Congenital lung or lobar atelectasis**

Collapsed lobe or lobes of the lung that is present at birth and is due to narrowing of the airway, kinking of the airway, compression from a mass in the airway or other congenital abnormality.

KB2G **Tracheal haemorrhage of newborn due to airway trauma**

Trauma from suction catheters, endotracheal tubes, bronchoscopes that results in tracheal haemorrhage in the newborn.

KB2H **Acquired vocal cord paralysis in newborn**

Acquired vocal cord paralysis may result from birth trauma, result of the extracorporeal membrane oxygenation cannulation, thoracic surgery, or some infections. Unilateral vocal cord paralysis is more common and the left vocal cord is most frequently involved.

KB2J **Airway obstruction in the neonate due to airway abnormality**

Coded Elsewhere: Congenital macroglossia (LA31.0)

Congenital micrognathia (DA0E.00)

KB2J.0 Hypotonia of hypopharynx in neonate

Poor muscle tone of the hypopharynx.

KB2J.1 Hypopharyngeal mass in neonate

KB2J.2 Tracheo-bronchial malacia in neonate

Tracheomalacia is a condition characterised by flaccidity of the tracheal support cartilage causing weakness of the tracheobronchial tree and tracheal collapse.

KB2J.Y Other specified airway obstruction in the neonate due to airway abnormality

KB2J.Z Airway obstruction in the neonate due to airway abnormality, unspecified

KB2K **Pulmonary cysts in newborn**

KB2K.0 Acquired pulmonary cysts in newborn

Cysts occurring as a result of infection or trauma from mechanical ventilation resulting in pulmonary interstitial emphysema.

KB2K.Z **Pulmonary cysts in newborn, unspecified**

KB2Y **Other specified respiratory disorders specific to the perinatal or neonatal period**

KB2Z **Respiratory disorders specific to the perinatal or neonatal period, unspecified**

Cardiovascular disorders present in the perinatal or neonatal period (KB40-KB4Z)

A group of conditions which begin during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular systems.

Exclusions: congenital malformations of the heart and circulatory system (LA80-LA8Z)

Coded Elsewhere: Patent arterial duct (LA8B.4)

KB40 **Neonatal cardiac failure**

Cardiac failure originating in the neonatal period

KB40.0 **Neonatal cardiac failure due to pulmonary overperfusion**

Neonatal cardiac failure due to pulmonary overperfusion

KB40.1 **Neonatal cardiac failure due to decreased left ventricular output**

KB40.Y **Other specified neonatal cardiac failure**

KB40.Z **Neonatal cardiac failure, unspecified**

KB41 **Cardiac arrhythmias in the neonate**

Abnormal electrical rhythm, both tachyarrhythmias and bradyarrhythmias, in neonate

KB42 **Persistent pulmonary hypertension of the newborn**

Persistent pulmonary hypertension of the newborn is a cardiopulmonary disorder characterised by systemic arterial hypoxemia secondary to pulmonary hypertension and extrapulmonary right-to-left shunting across the foramen ovale and ductus arteriosus.

KB44 **Transient myocardial ischaemia of newborn**

A paediatric condition characterised by an imbalance between the oxygen supply and demand of the heart muscle (myocardium) in a newborn.

KB45 **Neonatal hypertension**

Hypertension is defined by a systolic blood pressure in a neonate which is >95th percentile for age and sex on 3 separate occasions

KB46 **Neonatal hypotension**

Mean Arterial Blood Pressure below gestational age in weeks (corresponds with 10th centile for birth weight and postnatal age1) or below 30mmHg as hypotension

KB47 **Benign or innocent cardiac murmurs in newborn**

A paediatric condition characterised by heart sounds that are produced as a result of turbulent blood flow that is sufficient to produce audible noise primarily due to physiologic conditions outside the heart, as opposed to structural defects in the heart itself in a newborn.

KB48 **Patent arterial duct of prematurity**

Patent arterial duct associated with the child being born prior to completing 37 weeks of gestation, in the absence of ductal-dependent congenital heart disease.

KB4Y **Other specified cardiovascular disorders present in the perinatal or neonatal period**

KB4Z **Cardiovascular disorders present in the perinatal or neonatal period, unspecified**

Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60-KB6Z)

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with changes in hormone production or utilization (endocrine system) or when abnormal chemical reactions in the body disrupt the normal processes of enzyme catalyzed reactions within tissue cells (metabolism), such as getting or making energy from consumed food.

KB60 **Transitory disorders of carbohydrate metabolism specific to fetus or newborn**

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with abnormal chemical reactions in the body disrupting the process of getting or making energy from consumed carbohydrates.

KB60.0 Syndrome of infant of mother with gestational diabetes

Describes the range of effects on the infant born to a woman with gestational diabetes (onset or first recognition of carbohydrate intolerance of variable severity in pregnancy). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, and hypertrophic cardiomyopathy.

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

Describes the range of effects on the infant born to a woman with pregestational diabetes mellitus (type 1 or type 2). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, caudal regression syndrome and hypertrophic cardiomyopathy.

KB60.2 **Neonatal diabetes mellitus**

Neonatal diabetes mellitus (NDM) is a monogenic form of diabetes that occurs in the first 6 months of life. It is a rare condition occurring in only one in 100,000 to 500,000 live births. Infants with NDM do not produce enough insulin, leading to an increase in blood glucose. NDM can be mistaken for the much more common type 1 diabetes, but type 1 diabetes usually occurs later than the first 6 months of life. In about half of those with NDM, the condition is lifelong and is called permanent neonatal diabetes mellitus (PNDM). In the rest of those with NDM, the condition is transient and disappears during infancy but can reappear later in life; this type of NDM is called transient neonatal diabetes mellitus (TNDM).

KB60.20 Transient neonatal diabetes mellitus

Transient neonatal diabetes mellitus (TNDM)is a developmental disorder of insulin production that resolves postnatally within the first year of life. Intrauterine growth restriction is usually present. TNDM infants develop diabetes in the first few weeks of life but may go into remission in a few months, with possible relapse to a permanent diabetes state usually around adolescence or as adults. The pancreatic dysfunction in this condition may be maintained throughout life, with relapse initiated at times of metabolic stress such as puberty or pregnancy.

KB60.2Y Other specified neonatal diabetes mellitus

KB60.2Z Neonatal diabetes mellitus, unspecified

KB60.3 **Neonatal hyperglycaemia**

KB60.30 Neonatal hyperglycaemia due to insulin deficiency

KB60.31 Neonatal hyperglycaemia due to iatrogenic intravenous therapy

KB60.3Y Other specified neonatal hyperglycaemia

KB60.3Z Neonatal hyperglycaemia, unspecified

KB60.4 **Neonatal hypoglycaemia**

KB60.40 Transient hyperinsulinaemic neonatal hypoglycaemia

This refers to transient above normal level of insulin in the blood, and an abnormally diminished content of glucose in the blood, of a newborn.

KB60.41 Transitory iatrogenic neonatal hypoglycaemia

A condition associated with hypoglycemia as a result of therapeutic intervention. Often occurs with insulin therapy, but may also result from inadequate provision of glucose.

KB60.42 Other transitory neonatal hypoglycaemia

KB60.4Y Other specified neonatal hypoglycaemia

KB60.4Z Neonatal hypoglycaemia, unspecified

KB60.Y **Other specified transitory disorders of carbohydrate metabolism specific to fetus or newborn**

KB60.Z **Transitory disorders of carbohydrate metabolism specific to fetus or newborn, unspecified**

KB61 Transitory neonatal disorders of calcium or magnesium metabolism

A group of paediatric conditions in which there is a temporary disorder in a newborn associated with abnormal chemical reactions in the body disrupting the normal processes of enzyme catalyzed reactions to utilize calcium and magnesium for other body functions.

KB61.0 **Neonatal hypomagnesaemia**

Defined as serum magnesium levels less than 0.66 mmol/L (1.6 mg/L) in neonates. Symptoms usually do not develop until serum Mg levels falls below 0.49 mmol/L (1.2 mg/L).This is usually transient but can cause symptoms similar to those of hypocalcaemia.

KB61.1 **Neonatal tetany without calcium or magnesium deficiency**

Features of tetany (hyperexcitability, hyperreflexia, spasms and laryngospasm) not accompanied by low calcium or magnesium levels

KB61.2 **Neonatal hypocalcaemia**

Hypocalcaemia is a common metabolic problem in newborns. In the neonate, hypocalcaemia is defined by birth weight (BW) categories. In infants with BW greater than 1500 g, hypocalcaemia is defined as a total serum Calcium (Ca) concentration less than 8 mg/dL (2 mmol/L) or an ionized fraction of less than 4.4 mg/dL (1.1 mmol/L). In very low birth weight premature infants (BW<1500g), hypocalcaemia is defined as a total serum Ca concentration less than 7 mg/dL (1.75 mmol/L) or an ionized fraction of less than 4 mg/dL (1 mmol/L). Etiologies of early hypocalcaemia (occurs in the first two to three days after birth) include prematurity, maternal diabetes, birth asphyxia, and intrauterine growth. Causes of late hypocalcaemia (usually occurs at the end of the first week of life) include hypoparathyroidism and high phosphate intake. Most infants with hypocalcaemia are asymptomatic. If symptomatic, neuromuscular irritability is the most common sign with jitteriness and muscle jerking. Less common findings include seizures, and rarely laryngospasm, wheezing, or vomiting.

Exclusions: Transitory neonatal hypoparathyroidism (KB64)

KB61.3 **Neonatal osteopenia**

Metabolic bone disease is a common complication in very low birthweight (VLBW) preterm infants. The smallest, sickest infants are at greatest risk. Progressive osteopenia with demineralized bones and, occasionally, pathologic fractures may develop. The major cause is inadequate intake of calcium and phosphorus to meet the requirements for growth. Poor intake of vitamin D is an additional risk factor. Contributing factors include prolonged parenteral nutrition, vitamin D and calcium malabsorption, intake of unsupplemented human milk, immobilization, and urinary calcium losses from long-term diuretic use.

KB61.Y **Other specified transitory neonatal disorders of calcium or magnesium metabolism**

KB61.Z **Transitory neonatal disorders of calcium or magnesium metabolism, unspecified**

KB62 Transitory neonatal disorders of thyroid function

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with the thyroid.

Exclusions: Pendred syndrome (5A00.02)

Congenital hypothyroidism (5A00.0)

dyshormogenetic goitre (5A00.00)

Coded Elsewhere: Transient congenital hypothyroidism (5A00.03)

KB62.0 Transitory neonatal hyperthyroidism

A paediatric condition characterised by a temporarily abnormally increased level of thyroid hormones (triiodothyronine (T3) and thyroxine (T4)) in the blood of a newborn.

Inclusions: Neonatal thyrotoxicosis

KB62.1 Other transitory neonatal disorders of thyroid function, not elsewhere classified

Any other paediatric condition characterised by abnormal or absent function of the thyroid gland in a newborn.

Inclusions: Transitory neonatal hypothyroidism

KB62.2 Transient hyperthyrotropinaemia

Transient hyperthyrotropinaemia is characterised by elevated thyroid-stimulating hormone (TSH) and normal thyroxine (FT4) levels with the elevated TSH levels eventually normalising. (Miki K, Nose O, Miyai K, et al Transient infantile hyperthyrotrophinaemia).

KB62.3 Transient hypothyroxinaemia

Transient hypothyroxinaemia is characterised by low thyroxine (T4, T3 and FT4) levels but normal level of thyroid-stimulating hormone (TSH), and is seen in preterm infants, usually those born before 30 weeks of gestational age.

KB62.Y Other specified transitory neonatal disorders of thyroid function

KB62.Z Transitory neonatal disorders of thyroid function, unspecified

KB63 Certain specified transitory neonatal electrolyte or metabolic disturbances

A group of paediatric conditions in which there is a temporary abnormality in the normal processes of enzyme catalyzed reactions within tissue cells (metabolism) or with the levels of minerals in the blood or other body fluids.

KB63.0 Late metabolic acidosis of newborn

Mild to moderate metabolic acidosis occurring between 1 to 3 weeks of age in otherwise healthy premature infants fed cow's milk and accompanied by poor growth. This is thought to be due to excessive protein content of the milk.

KB63.1 Dehydration of newborn

A paediatric condition characterised by excessive loss of body water in a newborn.

KB63.2 **Disturbances of sodium balance of newborn**

A paediatric condition characterised by abnormally high or low levels of sodium in the blood in a newborn, when the normal range is defined as 135 to 150 mEq/L.

KB63.20 Hyponatremia of newborn

Hyponatremia is defined as serum sodium less than 130 mmol/L

KB63.21 Hypernatremia of newborn

Hypernatremia is defined as serum sodium greater than 145 mmol/L.

KB63.2Y Other specified disturbances of sodium balance of newborn

KB63.2Z Disturbances of sodium balance of newborn, unspecified

KB63.3 **Disturbances of potassium balance of newborn**

A paediatric condition characterised by abnormally high or low levels of potassium in the blood in a newborn, when the normal range is defined as 3.5 to 5.5 mmol/L.

KB63.30 Hypokalaemia of newborn

Hypokalaemia is defined as serum potassium less than 3.5 mmol/L.

KB63.31 Hyperkalaemia of newborn

Hyperkalaemia is defined as serum potassium greater than 5.5 mmol/L.

KB63.3Y Other specified disturbances of potassium balance of newborn

KB63.3Z Disturbances of potassium balance of newborn, unspecified

KB63.4 **Transitory tyrosinaemia of newborn**

Clinically asymptomatic elevated blood tyrosine level caused by late fetal maturation of 4-hydroxyphenylpyruvate dioxygenase, usually detected on newborn bloodspot screening. Most commonly seen in premature infants receiving milk formulae with high protein content. Generally considered benign and resolves by 4-6 weeks of age.

KB63.5 **Metabolic bone disease of prematurity**

A paediatric condition characterised by bone abnormalities in a newborn due to abnormalities of minerals such as calcium, phosphorus, magnesium or vitamin D associated with the child being born prior to completing 37 weeks of gestation.

KB64 Transitory neonatal hypoparathyroidism

Defined as hypocalcaemia, hyperphosphatemia and low serum parathyroid hormone that improves spontaneously but may last from weeks to months.

KB6Z Transitory endocrine or metabolic disorders specific to fetus or newborn, unspecified

Digestive system disorders of fetus or newborn (KB80-KB8Z)

Coded Elsewhere: Hirschsprung disease (LB16.1)

Meconium ileus in unspecified cystic fibrosis (CA25.Z)

KB80 **Gastro-oesophageal reflux disease in newborn**

A condition which develops when the reflux of stomach contents causes the newborn to vomit with associated discomfort, difficulty feeding and/or weight loss.

KB81 **Oesophagitis in newborn**

Oesophagitis is inflammation of the oesophagus. If left untreated, this condition can cause ulcers or scarring of the oesophagus.

KB81.0 Neonatal eosinophilic oesophagitis

Eosinophilic oesophagitis is an inflammatory condition, possibly caused by food allergy, in which the wall of the oesophagus becomes filled with a large number of eosinophils. It can be confused with acid reflux disease but it can be differentiated if neonate does not respond to anti-reflux medications.

KB81.Y Other specified oesophagitis in newborn

KB82 **Prenatal gastric perforation**

Prenatal gastric perforation is a perforation or hole of the wall of the stomach that occurs while the baby is in utero. This is a rare and life-threatening condition in a neonate.

KB83 **Postnatal gastric perforation**

Postnatal gastric perforation is a spontaneous or traumatic penetration or hole of the wall of the stomach that occurs after birth. This is a rare and life-threatening condition in a neonate.

KB84 **Postnatal isolated ileal perforation**

Post natal bowel perforation, generally in the terminal ileum. Can be confused with necrotizing enterocolitis, but generally occurs earlier (2-5 days of age) and does not involve extensive bowel necrosis.

KB85 **Prenatal intrauterine intestinal perforation**

In-utero or prenatal bowel perforation results in a chemical peritonitis (meconium peritonitis) from peritoneal leakage of sterile meconium. Meconium peritonitis results from prenatal intestinal perforation nearly always involving the small bowel.

Exclusions: Meconium ileus with perforation (KB87.4)

KB85.0 Prenatal intrauterine intestinal perforation due to in utero volvulus

KB85.1 Prenatal intrauterine intestinal perforation due to intestinal atresia or stenosis

KB85.2 Prenatal intrauterine intestinal perforation due to intraluminal obstruction

KB85.Y Other specified prenatal intrauterine intestinal perforation

KB85.Z Prenatal intrauterine intestinal perforation, unspecified

KB86 Postnatal intestinal perforation

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

KB86.0 Postnatal intestinal perforation due to drugs

KB86.1 Postnatal intestinal perforation due to in utero volvulus

KB86.2 Postnatal intestinal perforation due to intestinal atresia or stenosis

KB86.3 Postnatal intestinal perforation due to intraluminal obstruction

KB86.Y Other specified postnatal intestinal perforation

KB86.Z Postnatal intestinal perforation, unspecified

KB87 Intestinal obstruction of newborn

Any other impairment, arrest, or reversal of the normal flow of intestinal toward the anal canal in a newborn

KB87.0 Intestinal obstruction due to inspissated milk

Mechanical intestinal obstruction in premature infants due to hard milk curds formed when high-energy formula or powdered milk is fed in the presence of reduced intestinal motility and increased absorption of water from the colon. The site of obstruction is the terminal ileum, the ileocaecal valve, or the colon. The manifestations include constipation, abdominal distension, and vomiting (progressively bilious or faecal).

KB87.1 Meconium plug without ileus

Meconium plug, also referred to as functional immaturity of the colon, is an obstruction in the newborn colon. It is usually a transient disorder of the newborn and is characterised by delayed passage of meconium and intestinal dilatation.

KB87.2 Meconium ileus without perforation

The meconium sometimes becomes thickened and congested in the terminal ileum, a condition known as meconium ileus. Meconium ileus is among the most common causes of intestinal obstruction in the newborn, accounting for 9-33% of neonatal intestinal obstructions. A symptom of both Hirschsprung's disease and cystic fibrosis is the failure to pass meconium. Some babies have a blockage in their colon that may look like meconium ileus (a meconium plug), and they have small left colon syndrome. This means the last part of their colon is smaller than normal.

KB87.3 Transitory ileus of newborn

Transient intestinal obstruction of functional rather than anatomical origin which is not uncommon in the first few days of life. As surgery may be strongly contraindicated in this group, the differential diagnosis is extremely important.

Exclusions: Hirschsprung disease (LB16.1)

KB87.4 Meconium ileus with perforation

Complicated meconium ileus with bowel perforation with varying degrees of meconium peritonitis.

KB87.Y **Other specified intestinal obstruction of newborn**

KB87.Z **Intestinal obstruction of newborn, unspecified**

KB88 **Necrotising enterocolitis of newborn**

This is a fulminating disease of neonates in which there is extensive mucosal ulceration, pseudomembrane formation, submucosal haemorrhage, and necrosis usually of the right colon, caecum, terminal ileum, and appendix (ENTEROCOLITIS), possibly due to perinatal intestinal ischemia and bacterial invasion. The entire colon, small intestine, stomach, and oesophagus may also be affected. Most infants are premature or suffer from respiratory distress syndrome, sepsis, or hypoxia. Symptoms (apparent during the first few weeks of life) include abdominal distension, bilious vomiting, and melaena; there may be apnoea, lethargy, temperature instability, tachycardia, tachypnoea, and a fall in blood pressure. The disorder may progress to perforation and peritonitis.

KB88.0 **Necrotising enterocolitis of newborn, Stage 1A & B**

KB88.1 **Necrotising enterocolitis of newborn, Stage 2A & B**

KB88.2 **Necrotising enterocolitis of newborn, Stage 3A**

KB88.3 **Necrotising enterocolitis of newborn, Stage 3B**

KB88.Y **Other specified necrotising enterocolitis of newborn**

KB88.Z **Necrotising enterocolitis of newborn, unspecified**

KB89 **Neonatal malabsorption syndromes**

Coded Elsewhere: Glucose or galactose intolerance of newborn (5C51.42)

Hereditary fructose intolerance (5C51.50)

KB89.0 **Neonatal malabsorption due to endocrine secreting tumour**

KB89.1 **Short bowel syndrome in neonate**

Short bowel syndrome in neonate is a condition originating in the perinatal period in which nutrients are not properly absorbed due to either surgical removal of a large portion of the small intestine or rarely due to the complete dysfunction of a large segment of small intestine.

Exclusions: Congenital short bowel (LB15.2)

KB89.Y **Other specified neonatal malabsorption syndromes**

KB89.Z **Neonatal malabsorption syndromes, unspecified**

KB8A **Neonatal haematemesis or melaena due to swallowed maternal blood**

A less serious, self-limiting case of haematemesis and melena which can occur in newborns two to three days after delivery, due to swallowed maternal blood.

KB8B **Neonatal peritonitis**

Neonatal peritonitis may be bacterial or chemical in origin. The majority of cases of bacterial peritonitis are due to intestinal perforations, ruptured omphaloceles, or ischemic intestinal necrosis. Although most babies had peritonitis secondary to intestinal perforation subsequent to intestinal obstruction, many instances are unexplained perforation, possibly secondary to defects in the intestinal musculature or visceral ischemia. The less common chemical peritonitis is due to prenatal intestinal perforation with extrusion of sterile meconium into the peritoneal cavity. The two types may coexist if an antenatal perforation remains open after birth, allowing bacterial contamination of the previously sterile peritoneum.

KB8C **Noninfectious neonatal diarrhoea**

Non-infectious causes of diarrhoea in neonates. Childhood diarrhoea is most often caused by infection. Much less often, however, it is due to other causes - e.g., malabsorption or dietary intolerance, endocrine abnormalities, hormone-secreting tumours, pancreatic and liver dysfunction. Non-infectious causes of diarrhoea may have other systemic signs and symptoms. Neonates are at particular risk of dehydration and malnutrition.

KB8Y **Other specified digestive system disorders of fetus or newborn**

KB8Z **Digestive system disorders of fetus or newborn, unspecified**

Genitourinary system disorders specific to the perinatal or neonatal period (KC00-KC0Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the genitourinary system.

KC00 **Congenital hydrocele**

A paediatric condition characterised by the buildup of watery fluid around one or both testicles of a newborn that is present at birth.

KC01 **Congenital renal failure**

A severe irreversible decline in the ability of kidneys to remove wastes, concentrate urine, and maintain electrolyte balance; blood pressure; and calcium metabolism which existed at, or often before, birth.

Inclusions: Uraemia of newborn

KC0Y **Other specified genitourinary system disorders specific to the perinatal or neonatal period**

KC0Z **Genitourinary system disorders specific to the perinatal or neonatal period, unspecified**

Disorders involving the integument of fetus or newborn (KC20-KC9Z)

Coded Elsewhere: Neonatal dermatoses due to maternal antibodies (KA07)

KC20 **Conditions involving the umbilical cord**

KC20.0 **Delayed separation of umbilical cord**

KC20.1 **Umbilical cutis or polyp of newborn**

An umbilical cord polyp is a congenital lesion resulting from persistence of the omphalomesenteric duct. It originates from either the omphalomesenteric duct or from urachal remnants. The polyp may contain intestinal mucosa.

KC20.2 **Umbilical granuloma of newborn**

KC20.Y **Other specified conditions involving the umbilical cord**

KC20.Z **Conditions involving the umbilical cord, unspecified**

KC21 Inflammatory dermatoses of the newborn

A range of inflammatory skin disorders presenting in the neonatal period.

KC21.0 **Neonatal acne**

Acne presenting at birth or shortly afterwards, generally with predominantly comedonal lesions of the cheeks and a paucity of inflammatory lesions. It is thought to be due to hyperactivity of the sebaceous glands stimulated by neonatal androgens from the testes in boys and adrenals in girls.

KC21.1 **Neonatal toxic erythema**

Neonatal toxic erythema is a common rash in neonates, appearing in up to half of newborns carried to term, usually between day 2-5 after birth; it does not occur outside the neonatal period and typically resolves within first two weeks of life. It is characterised by blotchy erythema with crops of evanescent small white or yellow papules or pustules. It is a benign condition and is thought to cause no discomfort to the baby.

Inclusions: Neonatal erythema toxicum

KC21.2 **Perianal dermatitis of the newborn**

Perianal dermatitis of the newborn presents with perianal erythema during the first week of life, which in more severe forms may progress to oedema and superficial erosion of perianal skin. Although it usually occurs alone, perianal dermatitis may sometimes be associated with primary irritant napkin dermatitis. It is commoner in infants receiving cow's milk formulations than in breast-fed infants; it is assumed that it represents an irritant response to faecal constituents.

KC21.Y **Other specified inflammatory dermatoses of the newborn**

KC22 Neonatal disorders of subcutaneous fat

Coding Note: Code also the causing condition

KC22.0 **Subcutaneous fat necrosis of the newborn**

Exclusions: Subcutaneous fat necrosis due to birth injury (KA43.2)

KC22.1 **Cold panniculitis of the newborn**

Cold panniculitis resulting either from exposure of neonates to low environmental temperature or from local application of cold objects (e.g. ice packs for management of neonatal supraventricular tachycardia). The newborn are particularly susceptible as a result of a high saturated/unsaturated fat ratio in subcutaneous fat with a consequent elevation of the freezing point of fat.

KC22.2 **Sclerema neonatorum**

Sclerema neonatorum is an uncommon condition which typically affects gravely ill, preterm neonates in the first week of life. It manifests as a diffuse hardening of skin and subcutaneous adipose tissue such that the skin cannot be pitted or picked up and pinched into a fold. Histologically there is minimal inflammation without fat necrosis. It is associated with a high mortality.

KC22.Y **Other specified neonatal disorders of subcutaneous fat**

Coding Note: Code also the causing condition

KC23 **Neonatal disorders of the oral mucosa**

KC24 **Neonatal nutritional disorders affecting the skin**

A range of nutritional disorders presenting in the neonatal period with skin manifestations. They may result from inadequate maternal nutrition or from problems with neonatal absorption of minerals such as zinc.

Coding Note: Code also the causing condition

Skin disorders associated with prematurity (KC30-KC3Y)

KC30 **Skin fragility of prematurity**

Coding Note: Code also the causing condition

KC31 **Congenital erosive or vesicular dermatosis healing with reticulated supple scarring**

A rare condition reported principally in premature neonates characterised by extensive erosions, vesicles, ulcerations and crusts affecting up to 75% of the body surface. The cause is unknown and the skin heals rapidly leaving faint reticulate scars.

Coding Note: Code also the causing condition

KC3Y **Other specified skin disorders associated with prematurity**

Coding Note: Code also the causing condition

KC40 **Miscellaneous skin disorders in the neonate**

Coded Elsewhere: Neonatal miliaria (EE02.0)

Disseminated intravascular coagulation of fetus or newborn (KA88)

Neonatal graft-versus-host disease (4B24.Y)

KC40.0 **Congenital sucking blisters**

KC40.1 **Neonatal milia**

KC40.Y **Other specified skin disorders in the neonate**

KC41 **Miscellaneous specified conditions of integument specific to fetus or newborn**

KC41.0 **Breast engorgement of newborn**

A paediatric condition characterised by the painful overfilling of the breasts of a newborn with milk.

KC41.1 **Hydrops fetalis not due to haemolytic disease**

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen that is not due to the breakdown of red blood cells.

KC41.Y **Other specified conditions of integument specific to fetus and newborn**

Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)

Postnatal iatrogenic skin injury (KC50-KC5Z)

Injuries resulting from perinatal and postnatal medical procedures

KC50 **Neonatal phototherapy burn**

Burn resulting from phototherapy administered to neonate, usually for the treatment of neonatal jaundice.

KC5Y **Other specified postnatal iatrogenic skin injury**

KC5Z **Postnatal iatrogenic skin injury, unspecified**

KC7Y **Other specified iatrogenic injuries involving the skin of the neonate**

KC9Z **Disorders involving the integument of fetus or newborn, unspecified**

Disturbances of temperature regulation of newborn (KD10-KD1Z)

Normal temperature of newborn is 36.5 degrees C (S.D. = 0.6 degrees C). Temperature above 38.0 and below 36.0 may be regarded as unusual and called hyper- or hypothermia.

KD10 **Environmental hyperthermia of newborn**

A paediatric condition characterised by a core body temperature above 37.5 degrees C (99.5 degrees F) in a newborn due to exposure of the newborn to prolonged or extremely high environmental temperature.

KD11 **Fever of newborn**

KD12 **Hypothermia of newborn**

Core body temperature of a newborn below -1SD (36.0 degrees C) compared with mean temperature (36.5 degrees of C).

KD12.0 Neonatal cold injury syndrome

Neonatal cold injury syndrome is characterised by a core body temperature below 35°C (95°F) due to exposure of the newborn to prolonged or extremely low environmental temperatures. Clinically it is characterised by coldness to touch, apathy, immobility, decreased urine output and refusal of food. In addition oedema and redness of the extremities, especially the hands, feet, and face, are observed. It is commonly fatal and survivors may have evidence of brain damage.

KD12.Y Other specified hypothermia of newborn

KD12.Z Hypothermia of newborn, unspecified

KD1Y **Other specified disturbances of temperature regulation of newborn**

KD1Z **Disturbances of temperature regulation of newborn, unspecified**

Certain disorders originating in the perinatal period (KD30-KD3Y)

A group of any other paediatric conditions that occur during the period of time around childbirth, especially the five months before and one month after birth.

Coded Elsewhere: Abnormal findings on neonatal screening (MG71.0)

Excessive crying of infant (MG44.0)

KD30 **Birth depression**

A condition characterised by cardiorespiratory and neurological depression In newborn.

Coding Note: Code also the causing condition

KD30.0 Birth depression with 5 minute Apgar score 0-3

A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 0 to 3 at 5 minutes following birth.

KD30.1 Birth depression with 5 minute Apgar score 4-6

A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 4 and 6 at 5 minutes following birth.

KD30.2 Birth depression with associated metabolic acidaemia of cord blood

KD30.Z Birth depression, unspecified

Coding Note: Code also the causing condition

KD31 **Wide cranial sutures of newborn**

A paediatric condition characterised by abnormally large separation between the bones of the skull of a newborn.

KD32 **Feeding problems of newborn**

A lack of interest in feeding or a problem receiving the proper amount of nutrition in a newborn.

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

KD32.0 Slow feeding of newborn

A paediatric condition characterised by a newborn who requires more than approximately 45 minutes per feeding.

KD32.1 Underfeeding of newborn

A paediatric condition characterised by a newborn who consumes less than average for their age and weight and who seems hungry and unsatisfied after feeding, is fussy or cries a lot, does not produce several wet and soiled diapers each day, and who does not gain weight.

KD32.2 Overfeeding of newborn

A paediatric condition characterised by a newborn who consumes too much food and has subsequent excessive vomiting or weight gain beyond normal averages.

KD32.3 Neonatal difficulty in feeding at breast

A paediatric condition characterised by a newborn has difficulty breastfeeding associated with problematic latching on to the breast, poor sucking reflex, structural anomalies, or other issues.

KD32.4 Failure to thrive in newborn

When newborn's current weight or rate of weight gain is significantly below that of other newborns of similar age and gender.

KD32.Y Other specified feeding problems of newborn

KD32.Z Feeding problems of newborn, unspecified

KD33 **Jittery baby, not elsewhere classified**

Jitteriness can occur on the first day of life. It can be caused by hypoglycaemia, hypocalcaemia, drug withdrawal, or other conditions.

KD34 **Reactions or intoxications due to drugs administered to fetus or newborn**

A group of paediatric substance-induced conditions associated with health interventions applied to a fetus or newborn using pharmaceutical products.

Exclusions: Withdrawal symptoms from therapeutic use of drugs in newborn (KD36)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

reactions and intoxications from maternal opiates, tranquillizers and other medication (KA06.0)

Neonatal withdrawal syndrome from maternal use of drugs of addiction (KD35)

Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn (KA87.5)

KD35 **Neonatal withdrawal syndrome from maternal use of drugs of addiction**

Intrauterine exposure to addictive drugs can lead to neonatal withdrawal symptoms. Withdrawal symptoms are usually neurological, preventing normal autonomic function. The clinical presentation of drug withdrawal is variable and dependent on several factors, such as, the type and dose of drug used, and rate of metabolism and excretion of the mother and infant.

Inclusions: Drug withdrawal syndrome in infant of dependent mother

Neonatal abstinence syndrome

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

KD36 **Withdrawal symptoms from therapeutic use of drugs in newborn**

A paediatric condition characterised by the presence of symptoms due to drug withdrawal in a newborn.

KD37 **Exposure to tobacco smoke in the perinatal period**

Exposure to tobacco smoke in the perinatal period, both directly or through second hand smoke, can lead to: low birth weight, preterm delivery, Sudden Infant Death Syndrome (SIDS or cot death), spontaneous abortion, or intrauterine growth retardation.

Exclusions: Fetus or newborn affected by maternal use of tobacco (KA06.1)

KD38 **Meconium staining**

Green or yellowish appearing amniotic fluid, indicating presence of meconium. The newborn’s skin, nail beds or the umbilical cord may be stained.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium passage during delivery (KA05.8)

KD39 Complications of intrauterine procedures, not elsewhere classified

A group of conditions characterised as an unfavourable evolution of a condition (complication) due to a health intervention applied inside of the uterus.

Exclusions: fetus and newborn affected by placental separation and haemorrhage due to intrauterine procedures (KA02)

KD39.0 Fetus or newborn affected by amniocentesis

Amniocentesis involves extracting a small sample of amniotic fluid surrounding the fetus. Risks include miscarriage or injury if the needle comes into contact with the fetus or placenta.

KD39.1 Fetus or newborn affected by chorionic villous sampling

Chorionic villus sampling (CVS) is a procedure where a small sample of the placenta is removed, either through the cervix or abdomen. Risks when performing CVS include: injury to the fetus or mother from the needle, infection to the mother from a punctured bowel or contaminated skin, or Rhesus sensitisation. Injury or infection can lead to miscarriage, although this is rare.

KD39.2 Fetus or newborn affected by fetal blood sampling

fetal blood sampling involves extracting a sample of fetal blood from the umbilical cord using a needle and an ultrasound as a guide. It is used to detect fetal abnormalities and is generally performed after the completion of 18 weeks of gestation. Risks to the fetus and newborn include: miscarriage, bleeding from the needle entry site, uterine infection, and temporary slowing of the baby's heart rate following the procedure.

Inclusions: Fetus or newborn affected by cordocentesis

KD39.3 Fetus or newborn affected by complications of fetal surgery

A condition in the fetus due to an unfavourable evolution of a condition (complication) associated with a surgical health intervention applied to the fetus.

KD39.4 Fetus or newborn affected by complications of intrauterine fetal surgery

fetal surgery is the surgical treatment of a fetus still present in the uterus. It is performed when the fetus is suffering from a birth defect and is not expected to survive the delivery or live long after birth. It allows for the fetus to survive to birth, so that further corrective surgery can then be performed. fetal surgery can be done in the following ways: fetoscopic surgery by using a fibreoptic scope to enter the uterus through small surgical openings, open fetal surgery by performing a hysterotomy which is an opening of the uterus, or radiofrequency ablation which cuts off the blood supply to a tumour.

KD39.Y Other specified complications of intrauterine procedures, not elsewhere classified

KD39.Z Complications of intrauterine procedures, not elsewhere classified, unspecified

KD3A **Termination of pregnancy, affecting surviving fetus or newborn**

Termination of pregnancy (TOP) refers to a medically directed miscarriage, and this can be performed using pharmacological or surgical methods.

Exclusions: termination of pregnancy (affecting mother) (JA00.1)

KD3B **Fetal death, cause not specified**

Fetal death is death of a fetus prior to its complete expulsion or extraction from a woman, irrespective of the duration of pregnancy. Fetal death may be diagnosed in utero by absence of fetal heart sounds, confirmed by imaging techniques where available, or after delivery by absence of signs of life after the complete expulsion or extraction from the woman.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Coding Note: This code is to be used for mortality coding only.

Inclusions: stillbirth NOS

stillborn NOS

osteopedion fetus

lithopedion fetus

fetus maceration

calcified fetus

KD3B.0 Antepartum fetal death

Antepartum fetal death is a fetal death before the onset of labour. If vital status of the fetus at the onset of labour is unknown, consider it was antepartum if there is presence of signs of maceration at the time of delivery.

Macerated stillbirth - is the complete expulsion or extraction from a woman of a fetus following a fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500g or more with skin showing signs of maceration.

Antepartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an antepartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Inclusions: macerated stillbirth

antepartum stillbirth

KD3B.1 **Intrapartum fetal death**

Intrapartum fetal death is a fetal death during labour. If vital status of the fetus at the onset of labour is unknown, consider it was intrapartum if there is fresh skin appearance or no signs of maceration at the time of delivery.

Intrapartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an intrapartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Inclusions: intrapartum stillbirth

fresh stillbirth

KD3B.Z **Unspecified time of fetal death, cause not specified**

Coding Note: This code is to be used for mortality coding only.

KD3C **Vomiting in newborn**

A paediatric condition characterised by the forceful expulsion of the contents of the stomach through the mouth and sometimes the nose of a newborn.

KD3C.0 **Bilious vomiting of newborn**

KD3C.Y **Other specified vomiting in newborn**

KD3C.Z **Vomiting in newborn, unspecified**

KD3Y **Other specified disorders originating in the perinatal period**

KD5Z **Conditions originating in the perinatal or neonatal period, unspecified**

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

CHAPTER 20

Developmental anomalies

This chapter has 222 four-character categories.

Code range starts with LA00

This chapter includes conditions caused by failure of a particular body site or body system to develop correctly during the antenatal period.

Exclusions: Inborn errors of metabolism (5C50-5C5Z)

This chapter contains the following top level blocks:

- Structural developmental anomalies primarily affecting one body system
- Multiple developmental anomalies or syndromes
- Chromosomal anomalies, excluding gene mutations

Structural developmental anomalies primarily affecting one body system (LA00-LD0Z)

A deformation established before birth of an anatomical structure.

Structural developmental anomalies of the nervous system (LA00-LA0Z)

Any condition caused by failure of the nervous system to correctly develop during the antenatal period.

LA00 **Anencephaly or similar anomalies**

A malformation of the nervous system caused by the failure of neuropore closure. Infants are born with intact spinal cord, cerebellum, and brainstem, but lack formation of neural structures above this level. The skull is only partially formed but the eyes are usually normal.

LA00.0 Anencephaly

Anencephaly is a neural tube defect, characterised by the total or partial absence of the cranial vault and the covering skin, the brain being missing or reduced to a small mass. Most cases are stillborn, although some infants have been reported to survive for a few hours. In most cases autopsy findings reveal absence of adrenal glands. Anencephaly is likely to be multifactorial, the result of gene-environment interactions. Familial cases with a seemingly autosomal recessive mode of inheritance have been described but most cases are sporadic. Folic acid and zinc deficiencies, as well as maternal obesity, have been shown to be risk factors.

LA00.00 Craniorachischisis

A condition caused by failure of the neural tube to close completely during the antenatal period. This condition is characterised by complete absence of the skull, extensive defects in the vertebrae and skin, and absence of the brain.

LA00.0Y Other specified anencephaly

LA00.0Z Anencephaly, unspecified

LA00.1 **Iniencephaly**

Iniencephaly is a rare form of neural tube defect in which a malformation of the cervico-occipital junction is associated with a malformation of the central nervous system. The cardinal features are occipital bone defect, partial or total absence of cervicothoracic vertebrae, fetal retroflexion of the head and characteristic absence of the neck. It is associated with malformations of the central nervous (spina bifida and/or anencephaly), gastrointestinal (omphalocele) and cardiovascular systems.

LA00.2 **Acephaly**

LA00.3 **Amyelencephaly**

Amyelencephaly is the absence of both the brain and spinal cord.

LA00.Y **Other specified anencephaly or similar anomalies**

LA00.Z **Anencephaly or similar anomalies, unspecified**

LA01 **Cephalocele**

A condition caused by failure of the skull to correctly close during the antenatal period. This condition is characterised by herniation of the meninges. This condition may present with herniation of brain, or developmental delay. Confirmation is through observation of herniated meninges by imaging.

LA02 **Spina bifida**

Spina bifida is the most common of a group of birth defects called neural tube defects. Spina bifida affects the backbone and, sometimes, the spinal cord. Aperta spina bifida defines the dorsal malclosure of vertebrae, associated with various degrees of spine defects. A pocket of skin may form, containing meninges (meningocele) or spinal cord and meninges (myelomeningocele). Different subtypes are distinguished according to the location of the defect. Consequences are paraplegia (paralysed lower limbs), hydrocephaly, Chiari malformation (result of the attached spine during life in utero), urinary and anorectal incontinence. The intensity of signs varies greatly with the level and extent of the lesion.

Inclusions: Rachischisis

Spinal dysraphism

Exclusions: Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

Occult spinal dysraphism (LB73.0)

LA02.0 **Spina bifida cystica**

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and the presence of meningoceles on the back. This condition may present with physical or mental impairment.

LA02.00 Myelomeningocele with hydrocephalus

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and hydrocephalus. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.

LA02.01 Myelomeningocele without hydrocephalus

A condition caused by failure of the neural tube to close completely during fetal development. This condition is characterised by nerve damage. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.

LA02.02 Myelocystocele

A condition caused by failure of the neural tube to close completely during fetal development. The condition is characterised by skin covered lumbosacral masses, an arachnoid lined meningocele that is directly continuous with the spinal subarachnoid space, and a low lying hydromyelic spinal cord that traverses the meningocele and expands into a large terminal cyst. This condition can present with neural damage and consequent impairment of function below the site of the myelocystocele.

LA02.0Y Other specified spina bifida cystica

LA02.0Z Spina bifida cystica, unspecified

LA02.1 **Spina bifida aperta**

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage originating from a known location in the spine, signified by the presence of a meningocele or myelomeningocele. This condition may present with physical or mental impairment.

LA02.Y **Other specified spina bifida**

LA02.Z **Spina bifida, unspecified**

LA03 **Arnold-Chiari malformation type II**

A condition caused by failure of the brain and spinal cord to correctly develop during the antenatal period. This condition is characterised by extension of both cerebellar and brain stem tissue into the foramen magnum. This condition may present with partial or complete absence of the cerebellar vermis, myelomeningocele, neck pain, balance problems, muscle weakness, limb numbness, dizziness, vision problems, difficulty swallowing, ringing in the ears, hearing loss, vomiting, insomnia, depression, or impairment of motor skills.

Exclusions: Arnold-Chiari malformation type I (LA07.4)

LA04 **Congenital hydrocephalus**

A disease caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by a rapid increase in head circumference or an unusually large head size due to excessive accumulation of cerebrospinal fluid in the brain. This condition may also present with vomiting, sleepiness, irritability, downward deviation of the eyes, or seizures. Confirmation is through observation of cerebrospinal fluid within cerebral ventricles by imaging.

Inclusions: Hydrocephalus in newborn

Exclusions: Myelomeningocele with hydrocephalus (LA02.00)

Hydrocephalus due to congenital toxoplasmosis (KA64.0)

Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

LA04.0 Hydrocephalus with stenosis of the aqueduct of Sylvius

Hydrocephalus with stenosis of aqueduct of Sylvius (HSAS) or Bickers-Adams syndrome is characterised by the association of hydrocephaly, severe intellectual deficit, spasticity and adducted thumbs, and is part of the L1 syndrome (see this term).

Inclusions: Stenosis of the aqueduct of Sylvius

LA04.Y Other specified congenital hydrocephalus

LA04.Z Congenital hydrocephalus, unspecified

LA05 **Cerebral structural developmental anomalies**

Any condition caused by failure of the brain to correctly develop during the antenatal period.

Exclusions: Encephalocele (LA01)

LA05.0 Microcephaly

A condition caused by failure of the head to correctly develop during the antenatal period. This condition is characterised by a head size that is significantly smaller than normal for their age and sex. This condition may also present with developmental delays, difficulties with balance and coordination, short stature, hyperactivity, mental retardation, seizures, or other neurological abnormalities.

Coding Note: Code also the causing condition

Inclusions: Micrencephaly

Exclusions: Syndromes with microcephaly as a major feature (LD20.2)

LA05.1 **Megalencephaly**

A condition caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by increased size or weight of an otherwise correctly formed brain. This condition may also present with seizures, motor deficits, mental retardation and mild cognitive impairment.

LA05.2 **Holoprosencephaly**

Holoprosencephaly is a brain malformation resulting from incomplete cleavage of the prosencephalon, occurring between the 18th and the 28th day of gestation and affecting both the forebrain and the face. In most of the cases, facial anomalies are observed: cyclopia, proboscis and median or bilateral cleft lip/palate in severe forms, and ocular hypotelorism or solitary median maxillary central incisor in minor forms. These latter midline defects can occur without the cerebral malformations (microforms). Children with HPE have many medical problems: developmental delay and feeding difficulties, epilepsy, and instability of temperature, heart rate and respiration. Endocrine disorders like diabetes insipidus, adrenal hypoplasia, hypogonadism, thyroid hypoplasia and growth hormone deficiency are frequent.

Coded Elsewhere: Cyclopia (LA10.Y)

LA05.3 **Corpus callosum agenesis**

Corpus callosum agenesis is the most common brain malformation and is characterised by total or partial absence of the main interhemispheric commissure, the corpus callosum.

LA05.4 **Arrhinencephaly**

A condition caused by failure of the olfactory organs to correctly develop during the antenatal period. This condition is characterised by absence of the olfactory bulbs and tracts.

LA05.5 **Abnormal neuronal migration**

Any condition caused by abnormal migration of neuronal cells during the antenatal period. These conditions may present with poor muscle tone and motor function, seizures, developmental delays, mental retardation, failure to grow and thrive, difficulties with feeding, swelling in the extremities or microcephaly.

Exclusions: Lissencephaly (LD20.1)

LA05.50 Polymicrogyria

Polymicrogyria (PMG) is a cerebral cortical malformation characterised by excessive cortical folding and by shallow sulci. Microscopic examination reveals abnormal cortical layering. Topographic distribution of PMG is variable, but bilateral symmetrical perisylvian PMG (BPP) is the most frequent form. PMG is manifested by mild intellectual deficit, epilepsy, and pseudobulbar palsy, which causes difficulties with speech learning and feeding. The severity of PMG is highly dependent on the location and size of the affected area.

LA05.51 Cortical dysplasia

A condition caused by failure of the cortex to correctly develop during the antenatal period, or by trauma. This condition is characterised by epileptic seizures. This condition may also present with learning impairments.

LA05.5Y Other specified abnormal neuronal migration

LA05.5Z Abnormal neuronal migration, unspecified

LA05.6 Encephaloclastic disorders

LA05.60 Porencephaly

Porencephaly is characterised by a circumscribed intracerebral cavity of variable size that may be bordered by abnormal polymicrogyric grey matter. In extreme cases, this cavity may result in a communication between the pial surface and the ventricle; this is termed schizencephaly.

LA05.61 Schizencephaly

Schizencephaly is a rare congenital cerebral malformation characterised by the presence of linear clefts in one or both hemispheres of the brain, extending from the lateral ventricles to the pial surface of the cortex, and that lead to a variety of neurological symptoms such as epilepsy, motor deficits, and psychomotor retardation.

LA05.62 Hydranencephaly

A condition caused by failure of the cerebral hemispheres to develop during the antenatal period. This condition is characterised by a lack of a forebrain upon imaging. This condition may present with visual impairment, lack of growth, deafness, blindness, spastic quadriparesis, or intellectual deficits.

LA05.6Y Other specified encephaloclastic disorders

LA05.6Z Encephaloclastic disorders, unspecified

LA05.7 Brain cystic malformations

A disease caused by expansion of the roof plate of the brain vesicle, or by extraaxial structures such as an arachnoid membrane or migrating ependymal cells. This disease is characterised by the presence of fluid filled cysts in the brain. This disease may present with asymmetry of the skull, brain compression, raised intracranial pressure, hydrocephalus, bleeding or seizures. This disease may also be asymptomatic. Confirmation is through observation of intracerebral cysts by imaging.

Exclusions: Acquired porencephalic cysts (8E40)

Dandy-Walker malformation with hydrocephalus (LA06.0)

Dandy-Walker malformation without hydrocephalus (LA06.0)

Coded Elsewhere: Intracranial arachnoid cyst (8D67)

LA05.8 Colpocephaly

A condition caused by the white matter in the posterior cerebrum has failed to develop or thicken during the antenatal period. This conditions is characterised by the occipital horns-the posterior or rear portion of the lateral ventricles(cavities) of the brain-are larger than normal.

Exclusions: Porencephaly (LA05.60)

stenosis of interventricular foramen (ME93)

LA05.Y Other specified cerebral structural developmental anomalies

LA05.Z **Cerebral structural developmental anomalies, unspecified**

LA06 **Cerebellar structural developmental anomalies**

Any condition caused by failure of the brain to correctly develop during the antenatal period.

Exclusions: Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

LA06.0 **Dandy-Walker malformation**

Dandy-Walker malformation is the association of three signs: hydrocephalus, partial or complete absence of the cerebellar vermis, and posterior fossa cyst contiguous with the fourth ventricle.

LA06.1 **Hypoplasia or agenesis of cerebellar hemispheres**

Cerebellar hypoplasia corresponds to underdevelopment of cerebellar structures that can involve the vermis and/or the cerebellar hemispheres from partial to total agenesis. It has been described in the context of various clinical entities: chromosomal anomalies, in utero exposure to toxins and infectious agents, metabolic disorders (disorders of glycosylation and CoQ10 deficiencies), and a wide variety of rare genetic neurological diseases. It can be confined to the cerebellum, or affect other CNS structures: the midbrain (molar tooth syndromes), pons and medulla (ponto-cerebellar hypoplasia), cerebral cortex (lissencephaly cerebellar hypoplasia syndromes).

Exclusions: PHACE syndrome (LD2F.1)

LA06.2 **Focal cerebellar dysplasia**

A condition caused by failure of the cerebellum to correctly develop during the antenatal period. This condition may present with hypotonia, facial deformities, abnormalities in eyes or in ocular motricity, cognitive deficiencies, or motor dysfunction. Confirmation is through observation of a malformed cerebellum by imaging.

LA06.Y **Other specified cerebellar structural developmental anomalies**

LA06.Z **Cerebellar structural developmental anomalies, unspecified**

LA07 **Structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column**

Any condition caused by failure of the neurenteric canal, spinal cord and vertebral column to correctly develop during the antenatal period.

Coded Elsewhere: Occult spinal dysraphism (LB73.0)

LA07.0 **Primary tethered cord syndrome**

A condition caused by failure of the spinal cord to correctly develop during the antenatal period. This condition is characterised by tethering of the spinal cord to the spinal canal. This condition may present with lower back skin appendages, radicular pain, weakness, asymmetric hyporeflexia, spasticity, sensory changes, bowel or bladder dysfunction, or motor dysfunction. Confirmation is through observation of a tethered spinal cord by imaging.

LA07.1 **Diastematomyelia**

A condition caused by failure of the of the spinal cord during the antenatal period. This condition is characterised by separation of the spinal cord into two parts by a rigid or fibrous septum. This condition may present with misformed vertebrae, pain, weakness, impaired gait, sensory changes in the legs, or sphincter disturbance. Confirmation is through observation of a septum-bifurcated spinal cord by imagine.

Inclusions: Split cord malformation

LA07.2 **Amyelia**

A condition caused by malformation of the spinal cord during the antenatal period. This condition is characterised by absence of sections of the spinal cord.

Inclusions: Spinal cord agenesis

LA07.3 **Primary syringomyelia or hydromyelia**

A condition caused by failure of the spinal canal to correctly develop during the antenatal period. This condition is characterised by a cavity within the spinal cord in which cerebrospinal fluid can accumulate. Confirmation is through observation of a fluid filled cavity within the spinal cord by imaging.

Exclusions: Syringomyelia due to certain specified cause (8D66.1)

LA07.4 **Arnold-Chiari malformation type I**

A condition caused by failure of the cerebellum to correctly develop during the antenatal period. This condition is characterised by extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. This condition may present as asymptomatic. Confirmation is through observation of the cerebellar tonsil extension by imaging.

Exclusions: Arnold-Chiari malformation type II (LA03)

LA07.Y **Other specified structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column**

LA07.Z **Structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column, unspecified**

LA0Y Other specified structural developmental anomalies of the nervous system

LA0Z Structural developmental anomalies of the nervous system, unspecified

Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10-LA1Z)

Any condition caused by failure of the eye, eyelid and lacrimal apparatus to correctly develop during the antenatal period.

LA10 Structural developmental anomalies of ocular globes

Any condition caused by failure of the ocular globes to correctly develop during the antenatal period.

Exclusions: Holoprosencephaly with cyclopia or synophthalmia (LA05.2)

LA10.0 **Microphthalmos**

Inclusions: Dysplasia of eye
Hypoplasia of eye
Rudimentary eye

LA10.1 **Clinical anophthalmos**

This refers to the clinical absence of one or both eyes. Both the globe (human eye) and the ocular tissue are missing from the orbit. The absence of the eye will cause a small bony orbit, a constricted mucosal socket, short eyelids, reduced palpebral fissure and malar prominence. Genetic mutations, chromosomal abnormalities, and prenatal environment can all cause anophthalmia. Anophthalmia is an extremely rare disease and is mostly rooted in genetic abnormalities.

Inclusions: Agenesis of eye
Aplasia of eye

LA10.2 **Buphthalmos**

A condition characterised by enlargement of the globe of the eye.

LA10.3 **Congenital macrophthalmos**

A condition caused by failure of the eye to develop correctly during the antenatal period. This condition is characterised by enlargement of the globe of the eye.

Exclusions: macrophthalmos in congenital glaucoma (9C61.4)

LA10.Y **Other specified structural developmental anomalies of ocular globes**

LA10.Z **Structural developmental anomalies of ocular globes, unspecified**

LA11 Structural developmental anomalies of the anterior segment of eye

Any condition caused by failure of the anterior segment of the eye to correctly develop during the antenatal period.

Coded Elsewhere: Developmental glaucoma (9C61.4)

LA11.0 **Blue sclera**

A condition of the eye, characterised by transparency of the sclera such that the blue uvea is visible.

LA11.1 **Structural developmental anomalies of cornea**

Any condition caused by failure of the cornea to correctly develop during the antenatal period.

Coded Elsewhere: Corneal staphyloma (9A78.51)

LA11.2 **Anterior segment dysgenesis**

A condition caused by failure of the anterior structures of the eye to correctly develop during the antenatal period. This condition may present with iris hypoplasia, irregular and misplaced pupils, hazy corneas, or attachments of the iris to the cornea.

LA11.3 **Aniridia**

Aniridia is a congenital ocular malformation characterised by the complete or partial absence of the iris. It can be isolated or part of a syndrome (isolated and syndromic aniridia).

LA11.4 **Coloboma of iris**

A disease of the eye, caused by trauma or congenital genetic mutation. This disease is characterised by notches or gaps in iris.

LA11.5 **Congenital corneal opacity**

A condition caused by failure of the cornea to correctly develop during the antenatal period. This condition is characterised by opacity of the cornea.

Coded Elsewhere: Peters anomaly (9C61.42)

Congenital hereditary endothelial dystrophy type 2 (9A70.0)

LA11.6 **Structural disorders of the pupil**

LA11.60 Irregular pupil of the eye

LA11.61 Iridoschisis

LA11.62 Anomalies of pupillary function

This is a group of conditions associated with pupillary function which is to regulate the amount of light that enters the eye controlled by the muscular structures of the iris.

Coded Elsewhere: Congenital mydriasis (9B01.3)

LA11.6Y Other specified structural disorders of the pupil

LA11.6Z Structural disorders of the pupil, unspecified

LA11.Y **Other specified structural developmental anomalies of the anterior segment of eye**

LA11.Z **Structural developmental anomalies of the anterior segment of eye, unspecified**

LA12 Structural developmental anomalies of lens or zonula

Any condition caused by failure of the lens and zonula to correctly develop during the antenatal period.

LA12.0 **Coloboma of lens**

LA12.1 **Congenital cataract**

Partial or complete opacity on or in the lens or capsule of one or both eyes, impairing vision or causing blindness; typically diagnosed at birth

LA12.2 **Congenital aphakia**

Congenital primary aphakia is a developmental eye defect characterised by an absence of the lens, and can be associated with variable secondary ocular defects (including aplasia/dysplasia of the anterior segment of the eye, microphthalmia, and in some cases absence of the iris, retinal dysplasia, or sclerocornea).

LA12.3 **Spherophakia**

A disease of the eye, caused by homozygous mutations in the LTBP2 gene (Isolated spherophakia), or by other genetic mutations. This disease is characterised by small, spherical lenses. This disease can also present with lenticular myopia, glaucoma, or sublation of the lens into the vitreous cavity.

LA12.Y **Other specified structural developmental anomalies of lens or zonula**

LA12.Z **Structural developmental anomalies of lens or zonula, unspecified**

LA13 Structural developmental anomalies of the posterior segment of eye

Any condition caused by failure of the posterior segment of the eye to correctly develop during the antenatal period. These conditions are characterised by clinical, functional, or morphological changes to the posterior segment of the eye.

Coded Elsewhere: Juvenile retinoschisis (9B73.11)

Optic nerve hypoplasia or aplasia (LA13.7Y)

LA13.0 **Congenital anomalies of the vitreous**

Coded Elsewhere: Congenital vitreoretinal dysplasia (LA13.3)

Persistent hyperplastic primary vitreous (LA13.Y)

LA13.1 **Coloboma of choroid or retina**

A condition of the eye characterised by absence of the retina in the lower inside corner of the eye.

LA13.2 **Coloboma of macula**

A disease caused by malformation of the macula due to retinal inflammation during the antenatal period or by congenital genetic mutation. This disease is characterised by a clearly delineated defect in the macula.

LA13.3 **Congenital vitreoretinal dysplasia**

Any disease caused by the maldevelopment of the vitreous and retina.

Coded Elsewhere: Incontinentia pigmenti (LD27.00)

Walker Warburg syndrome (8C70.6)

Norrie disease (LD21.Y)

LA13.5 **Congenital retinal aneurysm**

LA13.6 **Congenital malformations of choroid**

These are single or multiple defects of the morphogenesis of the choroid, the vascular layer of the eye, identifiable at birth or during the intrauterine life.

LA13.7 **Congenital malformation of optic disc**

LA13.70 Isolated optic nerve hypoplasia

LA13.71 Optic nerve aplasia

LA13.72 Congenitally elevated optic disc

LA13.73 Optic disc dysplasia

deformed optic discs that fail to conform to any recognizable diagnostic category

LA13.74 Megalopapilla

LA13.76 Coloboma of optic disc

Congenital abnormal optic disc appearance due to incomplete coaptation of the proximal end of the embryonic fissure in ocular development

LA13.7Y Other specified congenital malformation of optic disc

LA13.7Z Congenital malformation of optic disc, unspecified

LA13.8 **Certain congenital malformations of posterior segment of eye**

Coded Elsewhere: Coloboma of choroid or retina (LA13.1)

LA13.80 Anastomosis of retinal or choroidal vessels

LA13.Y **Other specified structural developmental anomalies of the posterior segment of eye**

LA13.Z **Structural developmental anomalies of the posterior segment of eye, unspecified**

LA14 Structural developmental anomalies of eyelid, lacrimal apparatus or orbit

Any condition caused by failure of the eyelid lacrimal apparatus and orbit to correctly develop during the antenatal period.

Exclusions: cryptophthalmos NOS (LA10.0)

LA14.0 **Structural developmental anomalies of eyelids**

Coding Note: Code also any associated syndrome

LA14.00 Palpebral cleft or coloboma

LA14.01 Cryptophthalmia

Isolated cryptophtalmia is a congenital abnormality in which the eyelids are absent and skin covers the ocular bulb, which is often microphthalmic.

LA14.02 Congenital entropion

LA14.03 Congenital ectropion

LA14.04 Congenital ptosis

Congenital ptosis is characterised by superior eyelid drop present at birth.

LA14.05 Congenital eyelid retraction

LA14.06 Epibulbar choristoma

LA14.07 Ankyloblepharon filiforme adnatum

Isolated ankyloblepharon filiforme adnatum is characterised by the presence of single or multiple thin bands of connective tissue between the upper and lower eyelids, preventing full opening of the eye.

LA14.0Y Other specified structural developmental anomalies of eyelids

Coding Note: Code also any associated syndrome

LA14.1 **Structural developmental anomalies of lacrimal apparatus**

This refers to structural developmental anomalies of the physiologic system containing the orbital structures for tear production and drainage.

LA14.10 Aplasia of lacrimal or salivary glands

LA14.11 Agenesis of lacrimal ducts

Isolated congenital alacrima is characterised by deficient lacrimation (ranging from a complete absence of tears to hyposecretion of tears) that is present from birth.

Inclusions: Absence of punctum lacrimale

LA14.12 Congenital dacryocele

LA14.13 Congenital agenesis of lacrimal punctum

LA14.14 Congenital stenosis or stricture of lacrimal duct

LA14.1Y Other specified structural developmental anomalies of lacrimal apparatus

LA14.1Z Structural developmental anomalies of lacrimal apparatus, unspecified

LA14.2 **Structural developmental anomalies of orbit**

Any condition caused by failure of the orbit to correctly develop during the antenatal period.

LA14.Y **Other specified structural developmental anomalies of eyelid, lacrimal apparatus or orbit**

LA14.Z **Structural developmental anomalies of eyelid, lacrimal apparatus or orbit, unspecified**

LA1Y Other specified structural developmental anomalies of the eye, eyelid or lacrimal apparatus

LA1Z Structural developmental anomalies of the eye, eyelid or lacrimal apparatus, unspecified

Structural developmental anomalies of the ear (LA20-LA2Z)

Any condition caused by failure of the ear to correctly develop during the antenatal period.

LA20 Structural anomaly of eustachian apparatus

LA21 Minor anomalies of pinnae

Any condition caused by failure of the pinna to correctly develop during the antenatal period. These conditions are characterised by asymptomatic abnormalities of the visible part of the ear.

LA21.0 Macrotia

1) Median longitudinal ear length greater than 2 SD above the mean and median ear width greater than 2 SD above the mean (objective). 2) Apparently increase in length and width of the pinna (subjective).

LA21.1 Protruding ear

LA21.2 Low-set ear

The upper third of the pinna is not above a plane defined by the lateral canthi and the maximum convexity of the occiput.

Exclusions: cervical auricle (LA23)

LA21.3 Misshapen ear

A condition caused by the malformation of the ear during the antenatal period.

Exclusions: Acquired deformity of pinna (AA41)

LA21.Y Other specified minor anomalies of pinnae

LA22 Structural developmental anomalies of ear causing hearing impairment

Any condition caused by the failure of the ear to correctly develop during the antenatal period. These conditions are characterised by hearing impairment.

LA22.0 Microtia

Microtia is a congenital malformation of variable severity of the external and middle ear. Both hereditary factors (evidence for familial craniofacial microsomia and patterns suggestive of multifactorial inheritance)

and vascular accidents are involved in the etiology of the disease. Specific causative factors also can include maternal rubella during the first trimester of pregnancy. Microtia commonly involves the external canal and middle ear; hence, hearing can be affected. Microtia may present within a spectrum of branchial arch defects (hemifacial microsomia, craniofacial microsomia) or may manifest as an independent malformation. The microtic auricle consists of a disorganised remnant of cartilage attached to a variable amount of soft tissue lobule.

LA22.1 Anotia

Complete absence of any auricular structures.

LA22.2 Aplasia or hypoplasia of external auditory canal

Exclusions: Microtia (LA22.0)

Anotia (LA22.1)

LA22.3 Structural developmental anomalies of ear ossicles

Any condition caused by failure of the ear ossicles to correctly develop during the antenatal period.

LA22.4 **Structural developmental anomalies of inner ear**

Any condition caused by failure of the inner ear to correctly develop during the antenatal period.

LA22.Y **Other specified structural developmental anomalies of ear causing hearing impairment**

LA22.Z **Structural developmental anomalies of ear causing hearing impairment, unspecified**

LA23 **Otocephaly**

Malplacement of the external ears with or without fusion microstomia, and persistence of the buccopharyngeal membrane likely being secondary effects of absence or hypoplasia of the mandibular arch.

LA24 **Accessory auricle**

A condition caused by development of an auricular appendage during the antenatal period.

LA2Y **Other specified structural developmental anomalies of the ear**

LA2Z **Structural developmental anomalies of the ear, unspecified**

Structural developmental anomalies of the face, mouth or teeth (LA30-LA5Z)

Any condition caused by failure of the face, mouth and teeth to correctly develop during the antenatal period.

Coded Elsewhere: Dermoid cyst (LC40)

Congenital micrognathia (DA0E.00)

LA30 **Structural developmental anomalies of teeth and periodontal tissues**

Coded Elsewhere: Disturbances in tooth formation (DA07.3)

Root anomaly (DA07.4)

Disturbances in tooth eruption (DA07.6)

Anomalies of tooth position (DA0E.3)

LA30.0 **Anodontia**

Anodontia is a genetic disorder commonly defined as the absence of all teeth, affecting both, temporary and permanent dentitions, and is extremely rarely encountered in a pure form without any associated abnormalities. Rare but more common than complete anodontia are hypodontia.

LA30.1 **Hypodontia**

Hypodontia presents as a lack of one or a few (less than 6) permanent teeth, without any systemic disorders.

Inclusions: Congenital absence of one tooth

LA30.2 **Oligodontia**

A genetic condition characterised by the development of fewer than the normal number of teeth. The diagnosis of Oligodontia is usually made in cases in which more than six teeth are missing.

LA30.3 **Hyperdontia**

is the condition of having supernumerary teeth, or teeth which appear in addition to the regular number of teeth.

Inclusions: Supplementary teeth

Supernumerary teeth

distomolar

Fourth molar

Mesiodens

Paramolar

LA30.4 **Abnormalities of size or form of teeth**

A group of conditions characterised by abnormal size and form of teeth.

LA30.5 **Anomalies in tooth resorption or loss**

Coded Elsewhere: Pathological resorption of teeth (DA08.14)

LA30.50 Early exfoliation of teeth

LA30.51 Late exfoliation of teeth

LA30.5Y Other specified anomalies in tooth resorption or loss

LA30.5Z Anomalies in tooth resorption or loss, unspecified

LA30.6 **Amelogenesis imperfecta**

Amelogenesis imperfecta presents with a rare abnormal formation of the enamel or external layer of the crown of teeth. Amelogenesis imperfecta is due to the malfunction of the proteins in the enamel: ameloblastin, enamelin, tuftelin and amelogenin. People afflicted with amelogenesis imperfecta have teeth with abnormal colour: yellow, brown or grey; this disorder can afflict any number of teeth of both dentitions. The teeth have a higher risk for dental cavities and are hypersensitive to temperature changes as well as rapid attrition, excessive calculus deposition, and gingival hyperplasia.

LA30.7 **Dentine dysplasia**

LA30.8 **Dentinogenesis imperfecta**

LA30.9 **Odontogenesis imperfecta**

LA30.Y **Other specified structural developmental anomalies of teeth and periodontal tissues**

LA30.Z **Structural developmental anomalies of teeth and periodontal tissues, unspecified**

LA31 **Structural developmental anomalies of mouth or tongue**

Embryo fetal anomalies affecting structure of maxillo-labial or mandibular tissues or the tongue.

LA31.0 Congenital macroglossia

A condition caused by failure of the tongue to correctly develop during the antenatal period. This condition is characterised by a larger than normal tongue.

LA31.1 Hypoglossia or aglossia

Isolated aglossia and hypoglossia are terms covering the spectrum from partial to total absence of the tongue. These congenital malformations have been classified as part of the group of oromandibular-limb hypogenesis syndromes (OLHS).

LA31.2 Ankyloglossia

A condition of the tongue, caused by short, tight, lingual frenulum or fusion of the tongue to the floor of the mouth. This condition is characterised by difficulty in speech articulation due to limitation or restriction in tongue movement.

Inclusions: Tongue tie

LA31.3 Macrostomia

Congenital macrostomia or transverse facial cleft is a rare congenital craniofacial anomaly. It is usually associated with deformities of other structures developed from the first and second branchial arches and is thought to be part of the manifestations of hemifacial microsomia, the second most common congenital craniofacial anomaly.

Inclusions: Transverse facial cleft

LA31.4 Microstomia

A condition of the mouth, caused by congenital genetic mutation, burns, or injury. This condition is characterised by reduction in the size of the oral aperture with or without involvement of the entire oral cavity.

LA31.Y Other specified structural developmental anomalies of mouth or tongue

Clefts of lip, alveolus or palate (LA40-LA4Z)

A condition caused by failure of the structures of the mouth to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the upper lip, nasal base, alveolar ridge or the palate. This condition may present with disruption of sucking or swallowing in neonates, recurrent otitis, transmission hypoacusia, or abnormalities of the maxillary lateral incisor.

LA40 **Cleft lip**

Isolated cleft lip is a fissure type embryopathy extending from the upper lip to the nasal base.

Exclusions: Cleft lip and alveolus (LA41)

LA40.0 Cleft lip, unilateral

Exclusions: Cleft lip and alveolus (LA41)

LA40.1 **Cleft lip, bilateral**

A condition caused by failure of the upper lip to correctly develop during the antenatal period. This condition is characterised by two fissures in the upper lip and a collapsed and stretched nose through one side of the upper lip. This condition may present with disruption of sucking or swallowing in neonates.

Exclusions: Cleft lip and alveolus (LA41)

LA40.2 **Cleft lip, median**

Exclusions: Cleft lip and alveolus (LA41)

LA41 **Cleft lip and alveolus**

Cleft lip and alveolus is a fissure type embryopathy that involves the upper lip, nasal base and alveolar ridge in variable degrees.

LA41.0 **Cleft lip and alveolus, unilateral**

LA41.1 **Cleft lip and alveolus, bilateral**

LA42 **Cleft palate**

Cleft palate is a fissure type embryopathy that affects the soft and hard palate to varying degrees.

LA42.0 **Cleft hard palate**

A condition caused by failure of the palate to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the palate, including the bony portion of the palate. This condition may present with disruption of sucking or swallowing in neonates.

LA42.1 **Cleft soft palate**

Cleft velum is a fissure type embryopathy that affects in varying degrees the soft palate.

LA42.2 **Cleft uvula**

Bifid uvula is a fissure type embryopathy affecting the uvula at the back of the soft palate.

LA4Y **Other specified clefts of lip, alveolus or palate**

LA4Z **Clefts of lip, alveolus or palate, unspecified**

LA50 **Congenital velopharyngeal incompetence**

A condition caused by failure of the velum to correctly develop during the antenatal period. This condition is characterised by improper closing of the velopharyngeal sphincter, nasal speech, and difficulties in pronouncing certain letters or words.

LA51 **Facial clefts**

Any condition caused by failure of the structures of the face to correctly develop during the antenatal period. These conditions are characterised by a partition in bone, soft tissue, or skin of the face.

Exclusions: Frontofacionasal dysostosis (LD25.3)

Frontonasal dysplasia (LD25.3)

LA52 **Facial asymmetry**

A condition caused by failure of the face to develop symmetrically during the antenatal period.

LA53 **Macrocheilia**

A condition characterised by above normal lip volume. This condition may present with difficulties in speaking, drinking, salivary control, or mastication.

LA54 **Microcheilia**

A condition caused by failure of the lips to develop correctly during the antenatal period. This condition is characterised by below normal lip size.

LA55 **Compression facies**

A disease caused by neurovascular compression of the facial nerve. This disease is characterised by facial spasm, and abnormal facial expression.

LA56 **Pierre Robin syndrome**

Pierre-Robin syndrome (or Pierre-Robin sequence) is characterised by triad of orofacial morphological anomalies consisting of retrognathism, glossoptosis and a posterior median velopalatal cleft. This condition is referred to as a sequence because the posterior cleft palate is a secondary defect associated with abnormal mandibular development: mandibular hypoplasia occurring early in gestation causes the tongue to be maintained high-up in the oral cavity, preventing fusion of the palatal shelves.

LA5Y **Other specified structural developmental anomalies of the face**

LA5Z **Structural developmental anomalies of the face, unspecified**

Structural developmental anomalies of the neck (LA60-LA6Z)

Any condition caused by failure of the neck to correctly develop during the antenatal period.

Coded Elsewhere: Thyroglossal cyst (DA05.Y)

LA60 **Webbed neck**

A condition caused by failure of the tissues of the neck to correctly develop during the antenatal period. This condition is characterised by a broad neck due to lateral folds of skin. This condition may present with limited range of motion of the neck.

Inclusions: Pterygium colli

LA61 **Congenital sternomastoid tumour**

LA62 **Congenital torticollis**

LA6Y **Other specified structural developmental anomalies of the neck**

LA6Z **Structural developmental anomalies of the neck, unspecified**

Structural developmental anomalies of the respiratory system (LA70-LA7Z)

LA70 **Structural developmental anomalies of the nose or cavum**

Any condition caused by failure of the nose and cavum to correctly develop during the antenatal period.

LA70.0 Arrhinia

Also called nasal agenesis, it is a very rare anomaly in which external nose does not develop and the nasal cavity is totally or partially obliterated.

LA70.1 Bifid nose

Isolated bifid nose is defined as a median cleft of the nose due to fusion anomalies of the medial nasal processes, that may involve the nasal tip only, or the nose on its length. Bifid nose may also be seen in multiple malformation syndromes like frontonasal dysplasia.

LA70.2 Choanal atresia

Any condition in neonates, caused by failure of the nose to correctly develop during the antenatal period. This condition is characterised by narrowing or blockage of the nasal airway by tissue. This condition may also present with chest retraction unless child is breathing through mouth or crying, difficulty breathing, cyanosis, and inability to nurse and breathe at same time.

LA70.3 Congenital perforated nasal septum

A condition caused by trauma during birth or by failure of the nasal septum to correctly develop during the antenatal period. This condition is characterised by the presence of a hole in the nasal septum.

LA70.Y Other specified structural developmental anomalies of the nose or cavum

LA70.Z Structural developmental anomalies of the nose or cavum, unspecified

LA71 **Structural developmental anomalies of larynx**

Any condition caused by failure of the larynx to correctly develop during the antenatal period.

Coded Elsewhere: Airway obstruction in the neonate due to airway abnormality (KB2J)

Laryngeal lymphatic malformation (LA90.12)

LA71.0 **Congenital laryngomalacia**

A condition caused by failure of the larynx to correctly develop during the antenatal period. This disease is characterised by collapse of the supraglottic structures into the airway during the inspiratory phase of respiration, resulting in inspiratory stridor. This disease may also present with regurgitation, emesis, cough, choking, slow feedings, weight loss, failure to thrive, tachypnoea, suprasternal and substernal retractions, cyanosis, pectus excavatum, or obstructive sleep apnoea. Confirmation is through verification of supraglottic collapse by flexible laryngoscopy.

LA71.1 **Laryngocele**

A condition of the larynx, characterised by an abnormal saccular dilatation of the appendix of the laryngeal ventricle of Morgagni. This condition may also present with cough, hoarseness, stridor, sore throat, or swelling of the neck. Alternatively this condition may be asymptomatic.

LA71.2 **Laryngeal hypoplasia**

A condition caused by failure of the pharynx and larynx to correctly develop during the antenatal period. This condition is characterised by a narrowed airway and protrusion of intestines through the belly button. This condition may also present with high pitched voice, spinal curvature, or learning difficulties.

LA71.3 **Congenital subglottic stenosis**

A condition caused by failure of the tracheal rings to correctly develop during the antenatal period. This condition is characterised by inspiratory stridor. This condition may also present with shortness of breath, difficulty feeding, or failure to thrive. Confirmation is through observation of the stenosis by flexible laryngoscopy.

LA71.Y **Other specified structural developmental anomalies of larynx**

LA71.Z **Structural developmental anomalies of larynx, unspecified**

LA72 Laryngotracheooesophageal cleft

A laryngo-tracheo-oesophageal cleft (LC) is a congenital malformation characterised by an abnormal, posterior, sagittal communication between the larynx and the pharynx, possibly extending downward between the trachea and the oesophagus. Five types of laryngo-tracheo-oesophageal cleft have been described based on the downward extension of the cleft, which typically correlates with the severity of symptoms: Type 0 laryngo-tracheo-oesophageal cleft to Type 4 laryngo-tracheo-oesophageal cleft (see these terms).

LA73 Structural developmental anomalies of trachea

Coded Elsewhere: Congenital tracheobronchomegaly (CA27.1)

LA73.0 **Congenital stenosis of trachea**

Tracheal stenosis is a fixed intrinsic narrowing of the trachea. The narrowing can be localised to a short or long tracheal segment, often due to a complete tracheal rings. Alternatively, the tracheal lumen may become progressively narrow caudally

Inclusions: Atresia of trachea

LA73.1 **Congenital tracheomalacia**

Congenital tracheomalacia is a relatively uncommon anomaly that results from an intrinsic weakness of the cartilaginous support of the trachea such that it is prone to collapse especially during expiration.

LA73.Y **Other specified structural developmental anomalies of trachea**

LA73.Z **Structural developmental anomalies of trachea, unspecified**

LA74 Structural developmental anomalies of bronchi

This refers to the structural developmental anomalies of the passage of airway in the respiratory tract that conducts air into the lungs.

LA74.0 **Congenital stenosis or atresia of bronchus**

A condition caused by interruption of a lobar, segmental, or subsegmental bronchus with peripheral mucus impaction, during the antenatal period. This condition is characterised by hyperinflation of the blocked section of lung. This condition may present with respiratory distress, infiltrative pneumonia, or emphysema.

LA74.1 **Congenital bronchomalacia**

Bronchus characterised by excessive dynamic collapse

LA74.Y **Other specified structural developmental anomalies of bronchi**

LA74.Z **Structural developmental anomalies of bronchi, unspecified**

LA75 Structural developmental anomalies of lungs

Any condition caused by failure of the lungs to correctly develop during the antenatal period.

LA75.0 **Accessory lobe of lung**

An extra lobe of lung beyond the 3 on the right and the 2 on the left

LA75.1 **Agenesis of lung**

This refers to the absence or rudimentary residua of an undeveloped lung.

LA75.2 **Congenital hypoplasia of lung**

LA75.3 **Congenital hyperplasia of lung**

LA75.4 **Congenital pulmonary airway malformations**

A disease caused by failure of the bronchial structure to correctly develop during the antenatal period. This disease may present with severe respiratory distress in the newborn period, acute respiratory distress or infection later in life, or may be asymptomatic. This disease can be distinguished from other lesions and normal lung by polypoid projections of the mucosa, an increase in smooth muscle and elastic tissue within the cyst walls, an absence of cartilage in the cystic parenchyma, mucous secreting cells, and the absence of inflammation.

Inclusions: Congenital honeycomb lung

Congenital polycystic disease of lung

Exclusions: Cystic lung disease, acquired or unspecified (CB40)

LA75.5 **Congenital lobar emphysema**

Congenital lobar emphysema is a developmental lung anomaly characterised by over distension of the affected lobe and leading to compression and displacement of adjacent normal lung tissue and mediastinum. In the majority of cases, symptoms appear during the neonatal period or in early childhood. Clinically, children present with signs of respiratory distress, frequently occurring with a lower respiratory tract infection that aggravates air trapping and renders the patient symptomatic.

LA75.6 **Congenital sequestration of lung**

A medical condition wherein a piece of tissue that ultimately develops into lung tissue is not attached to the pulmonary arterial blood supply, as is the case in normally developing lung. As a result, this sequestered tissue is not connected to the normal bronchial airway. Intralobar sequestration: With intralobar sequestration, the lung tissue lies within the same visceral pleura as the lobe in which it occurs With extralobar sequestrations, an accessory lung is contained within its own pleura

LA75.Y **Other specified structural developmental anomalies of lungs**

LA75.Z **Structural developmental anomalies of lungs, unspecified**

LA76 **Structural developmental anomalies of pleura**

Anomalies of the lining of the lung (visceral pleura) and thoracic cavity (parietal pleura)

LA77 **Congenital cyst of mediastinum**

A condition caused by failure of the anterior intestine or coelomic cavity to correctly develop during the antenatal period. This condition may be asymptomatic or may present with adjacent organ compression. Confirmation is observation of the cysts by imaging.

LA7Y **Other specified structural developmental anomalies of the respiratory system**

LA7Z **Structural developmental anomalies of the respiratory system, unspecified**

Structural developmental anomalies of the circulatory system (LA80-LA9Z)

Structural developmental anomaly of heart or great vessels (LA80-LA8Z)

A congenital malformation of the heart and/or great vessels or an acquired abnormality unique to the congenitally malformed heart.

Coded Elsewhere: Congenital great vessel related acquired abnormality (BD52.6)

Congenital cardiac tumor, not otherwise specified (2F9Y)

LA80 **Anomalous position-orientation of heart**

A congenital cardiovascular finding or malformation in which there is an abnormality of the position or orientation of heart.

LA80.0 **Laevocardia**

A congenital cardiovascular finding in which the heart is predominantly to the left of the thoracic midline.

Additional information: this is independent of the orientation of the cardiac apex. This is a normal finding and should be coded only in the context of complex congenital heart disease.

Coding Note: This term should be coded only in the context of complex heart disease. This is independent of the orientation of the cardiac apex.

LA80.1 **Dextrocardia**

A congenital cardiovascular malformation in which the heart is predominantly to the right of the thoracic midline. This is independent of the orientation of the cardiac apex.

Exclusions: Isomerism of left atrial appendages (LA80-LA8Z)

Isomerism of right atrial appendages (LA80-LA8Z)

Total mirror imagery (LA82)

LA80.2 **Mesocardia**

A congenital cardiovascular malformation in which the heart is central or midline within the thorax.

LA80.3 **Extrathoracic heart**

A congenital cardiovascular malformation in which the heart is at least partially outside of the thorax.

LA80.Y **Other specified anomalous position-orientation of heart**

LA80.Z **Anomalous position-orientation of heart, unspecified**

LA81 Abnormal ventricular relationships

A congenital cardiovascular malformation in which the ventricular positions relative to each other or their laterality (sidedness) are abnormal.

LA82 Total mirror imagery

A congenital malformation in which there is complete mirror-imaged arrangement of the internal organs along the left-right axis of the body.

Inclusions: Situs inversus totalis

Exclusions: dextrocardia NOS (LA80.1)

laevocardia (LA80.0)

Primary ciliary dyskinesia, Kartagener type (LA75)

Kartagener triad (LA75)

LA83 Right isomerism

A congenital cardiovascular malformation that is a variant of heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal right-sided structures.

LA84 **Left isomerism**

A congenital cardiovascular malformation that is a variant of an heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal left-sided structures.

LA85 **Congenital anomaly of an atrioventricular or ventriculo-arterial connection**

A congenital cardiovascular malformation in which one or more of the following connections is abnormal 1) the morphologically right atrium to the morphologically right ventricle, 2) the morphologically left atrium to the morphologically left ventricle, 3) the morphologically right ventricle to the pulmonary trunk, 4) the morphologically left ventricle to the aorta.

This excludes codes for hearts with a univentricular atrioventricular connection (mitral atresia, tricuspid atresia and double inlet ventricle), as these are listed under Functionally Univentricular Heart.

Exclusions: Functionally univentricular heart (LA89)

LA85.0 **Discordant atrioventricular connections**

A congenital cardiovascular malformation in which the morphologically right atrium connects to the morphologically left ventricle and the morphologically left atrium connects to the morphologically right ventricle.

LA85.00 Congenitally corrected transposition of great arteries

A congenital cardiac malformation in which the morphologically right atrium connects to the morphologically left ventricle, the morphologically left atrium connects to the morphologically right ventricle, the morphologically right ventricle connects to the aorta, and the morphologically left ventricle connects to the pulmonary trunk.

Inclusions: corrected transposition

LA85.0Y Other specified discordant atrioventricular connections

LA85.0Z Discordant atrioventricular connections, unspecified

LA85.1 **Transposition of the great arteries**

A congenital cardiovascular malformation in which the morphologically right ventricle or its remnant connects to the aorta and the morphologically left ventricle or its remnant connects to the pulmonary trunk.

LA85.2 **Double outlet right ventricle**

A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically right ventricle.

LA85.20 Double outlet right ventricle with subpulmonary ventricular septal defect, transposition type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with a subpulmonary ventricular septal defect (includes Taussig-Bing heart).

LA85.21 Double outlet right ventricle with non-committed ventricular septal defect

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with ventricular septal defect that is remote from the ventricular outflow tracts and usually within the inlet or trabecular muscular septum.

LA85.22 Double outlet right ventricle with subaortic or doubly committed ventricular septal defect without pulmonary stenosis, ventricular septal defect type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and unobstructed pulmonary outflow tract.

LA85.23 Double outlet right ventricle with subaortic or doubly committed ventricular septal defect and pulmonary stenosis, Fallot type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and pulmonary outflow tract obstruction.

LA85.2Y Other specified double outlet right ventricle

LA85.2Z Double outlet right ventricle, unspecified

LA85.3 **Double outlet left ventricle**

A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically left ventricle.

LA85.4 **Common arterial trunk**

A congenital cardiovascular malformation in which a single arterial trunk arises from the heart, giving origin sequentially to the coronary arteries, one or more pulmonary arteries, and the systemic arterial circulation.

Inclusions: persistent truncus arteriosus

truncus arteriosus

LA85.40 Common arterial trunk with aortic dominance

A congenital cardiovascular malformation in which a common arterial trunk is associated with an unobstructed aortic arch.

LA85.41 Common arterial trunk with pulmonary dominance and interrupted aortic arch

A congenital cardiovascular malformation in which a common arterial trunk is associated with an interrupted aortic arch.

LA85.4Y Other specified common arterial trunk

LA85.4Z Common arterial trunk, unspecified

LA85.Y **Other specified congenital anomaly of an atrioventricular or ventriculo-arterial connection**

LA85.Z **Congenital anomaly of an atrioventricular or ventriculo-arterial connection, unspecified**

LA86 **Congenital anomaly of mediastinal vein**

A congenital cardiovascular malformation in which there is an abnormality of a mediastinal vein including but not limited to: pulmonary veins, caval veins, coronary sinus, hepatic veins connecting to the heart, brachiocephalic veins, azygos veins, and/or levo-atrial cardinal veins.

LA86.0 **Left superior caval vein**

A congenital cardiovascular malformation in which there is a left superior caval vein (superior vena cava).

Coding Note: Unless the code for absent right superior caval vein is used, this term assumes that a right superior caval vein is present and, therefore, there are bilateral superior caval veins with or without a bridging vein.

LA86.1 **Unroofed coronary sinus**

A congenital cardiovascular malformation in which there is direct communication between the left atrium and the coronary sinus.

Additional information: this term includes partial and complete unroofing of the coronary sinus in the presence or absence of an interatrial communication. If an interatrial communication is present through the coronary sinus orifice then also select the term 'Interatrial communication through coronary sinus orifice'. If a left superior caval vein (superior vena cava) is present then one should also select the term for 'Left superior caval vein (superior vena cava) to left-sided atrium'.

Coding Note: If an interatrial communication is present through the coronary sinus orifice code also interatrial communication through coronary sinus orifice. If a left superior caval vein (superior vena cava) is present code also left superior caval vein (superior vena cava) to left-sided atrium.

LA86.2 **Anomalous pulmonary venous connection**

A congenital cardiovascular malformation in which one or more pulmonary vein does not connect normally to the morphologically left atrium.

LA86.20 Total anomalous pulmonary venous connection

A congenital cardiovascular malformation in which none of the pulmonary veins connect to the morphologically left atrium.

LA86.21 Partial anomalous pulmonary venous connection

A congenital cardiovascular malformation in which one or more (but not all) of the pulmonary veins connect anomalously to the right atrium or to one or more of its venous tributaries and the remaining pulmonary veins connect to the left atrium.

LA86.22 Scimitar syndrome

A congenital cardiopulmonary malformation with “partial anomalous pulmonary venous connection of Scimitar type” and one or more of the following: hypoplasia of the right lung with bronchial anomalies, dextrocardia, hypoplasia of the right pulmonary artery, lobar lung sequestration, and anomalous systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.

LA86.2Y Other specified anomalous pulmonary venous connection

LA86.2Z Anomalous pulmonary venous connection, unspecified

LA86.3 **Congenital pulmonary venous stenosis or hypoplasia**

A congenital cardiovascular malformation with a pathologic narrowing of one or more pulmonary veins including diffuse hypoplasia, long segment focal/tubular stenosis and/or discrete stenosis.

LA86.Y **Other specified congenital anomaly of mediastinal vein**

LA86.Z **Congenital anomaly of mediastinal vein, unspecified**

LA87 **Congenital anomaly of an atrioventricular valve or atrioventricular septum**

A congenital cardiovascular malformation in which there is an abnormality of the atrioventricular valve or atrioventricular septum.

LA87.0 **Congenital anomaly of tricuspid valve**

A congenital cardiovascular malformation in which there is an abnormality of the tricuspid valve.

Inclusions: congenital anomaly of tricuspid subvalvular apparatus

Exclusions: Tricuspid atresia (LA89.1)

LA87.00 Congenital tricuspid regurgitation

A congenital cardiovascular finding in which there is backward flow through the tricuspid valve.

LA87.01 Congenital tricuspid valvar stenosis

A congenital cardiovascular malformation of the tricuspid valve in which there is narrowing or stricture (obstruction to flow).

LA87.02 Dysplasia of tricuspid valve

A congenital cardiovascular malformation of the tricuspid valve, commonly consisting of leaflet thickening and restricted mobility, with normally hinged leaflets.

Coding Note: This diagnosis is not used for patients with Ebstein malformation of tricuspid valve, which is characterised by abnormally hinged tricuspid valve.

Exclusions: Ebstein malformation of tricuspid valve (LA87.03)

LA87.03 Ebstein malformation of tricuspid valve

A congenital cardiovascular malformation of the tricuspid valve and right ventricle that is characterised by incomplete delamination of the septal and inferior (posterior) tricuspid valvar leaflets from the myocardium of the right ventricle, and varying degrees of downward (apical) rotational displacement of the functional annulus.

Additional information: associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways and varying degrees of right ventricular outflow tract obstruction, including pulmonary atresia. In the setting of discordant atrioventricular and ventriculo-arterial connections ['Congenitally corrected transposition of great arteries'], 'Ebstein malformation of tricuspid valve' may be present.

LA87.0Y Other specified congenital anomaly of tricuspid valve

LA87.0Z Congenital anomaly of tricuspid valve, unspecified

LA87.1 **Congenital anomaly of mitral valve**

A congenital cardiac malformation in which there is an abnormality of the mitral valve.

Exclusions: Mitral atresia (LA89.2)

LA87.10 Congenital mitral regurgitation

A congenital cardiovascular finding in which there is backward flow through the mitral valve.

LA87.11 Congenital mitral valvar stenosis

A congenital cardiovascular malformation of the mitral valve in which there is narrowing or stricture of the valvar orifice (obstruction to flow).

LA87.12 Dysplasia of mitral valve

A congenital cardiac malformation that includes any structural abnormality of the mitral valvar leaflet(s), commonly consisting of leaflet thickening and restricted mobility.

LA87.13 Congenital anomaly of mitral subvalvar apparatus

A congenital cardiac malformation in which the mitral chords, chordal attachments, or papillary muscles are abnormal.

LA87.1Y Other specified congenital anomaly of mitral valve

LA87.1Z Congenital anomaly of mitral valve, unspecified

LA87.3 **Common atrioventricular junction without an atrioventricular septal defect**

A congenital cardiac malformation in which there is a common atrioventricular junction without any comunication at the level of the atrioventricular septum.

Additional information: this code should be used when there is a trifoliate left atrioventricular valve in the setting of a common atrioventricular junction with evidence of obliteration of the atrioventricular septal defect by valve or subvalvar tissue. This should be distinguished from a 'True cleft of anterior mitral leaflet', without evidence of a common atrioventricular junction. Additional defects in the atrial or ventricular septums that do not involve the atrioventricular septum are not excluded by this term and should be coded separately.

LA87.4 **Common atrioventricular junction with atrioventricular septal defect**

Inclusions: AVC - [atrioventricular canal]

LA87.40 Atrioventricular septal defect with communication at the atrial level only

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, no interventricular communication just below the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.

Additional information: the bridging leaflets of the common atrioventricular valve are bound down to the crest of the scooped out ventricular septum so that the potential for shunting through the atrioventricular septal defect is possible only at the atrial level and not at the ventricular level.

LA87.41 Atrioventricular septal defect with communication at the ventricular level only

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interventricular communication just below the atrioventricular valve, no interatrial communication just above the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.

Additional information: the bridging leaflets of the common atrioventricular valve are bound to the atrial septum so that the potential for shunting through the atrioventricular septal defect is possible only at the ventricular level and not at the atrial level.

LA87.42 Atrioventricular septal defect with communication at atrial level and restrictive communication at ventricular level

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication immediately above the atrioventricular valve, and a restrictive interventricular communication immediately below the atrioventricular valve.

LA87.43 Atrioventricular septal defect with communication at atrial level and unrestrictive communication at ventricular level

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, an interventricular communication just below the atrioventricular valve, and varying degrees of malformation of the left ventricular component of the common atrioventricular valve.

Additional information: there is unrestrictive interventricular communication (no interventricular pressure gradient) and the bridging leaflets usually float to varying extent within the atrioventricular septal defect.

LA87.44 Atrioventricular septal defect with ventricular imbalance

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with one ventricle significantly larger than the other.

Additional information: unbalanced ventricular size and unbalanced relation of the common atrioventricular valve to the ventricles are to be distinguished by coding unbalanced ventricular size as 'Atrioventricular septal defect with ventricular imbalance' and the unbalanced relation of the common atrioventricular valve to the ventricles should also be coded as 'Common atrioventricular valve with unbalanced commitment of valve to ventricles'.

LA87.45 Atrioventricular septal defect and tetralogy of Fallot

A congenital cardiac malformation with both an atrioventricular septal defect (atrioventricular canal defect) and tetralogy of Fallot.

Additional information: tetralogy of Fallot with atrioventricular septal defect (common atrioventricular canal defect) is always the complete form (unrestrictive interventricular component) and very few or no attachments of the superior bridging leaflet to the crest of ventricular septum.

LA87.4Y Other specified common atrioventricular junction with atrioventricular septal defect

LA87.4Z Common atrioventricular junction with atrioventricular septal defect, unspecified

LA87.Y **Other specified congenital anomaly of an atrioventricular valve or atrioventricular septum**

LA87.Z **Congenital anomaly of an atrioventricular valve or atrioventricular septum, unspecified**

LA88 Congenital anomaly of a ventricle or the ventricular septum

A congenital cardiac malformation in which there is an abnormality of a ventricle and/or the ventricular septum. The ventricles include the ventricular inlet, ventricular body and ventricular outflow tract.

LA88.0 **Congenital right ventricular outflow tract obstruction**

A congenital cardiovascular condition in which the flow through the right ventricular outflow tract (proximal to the valve[s] guarding the outflow from the right ventricle) is blocked or impeded.

Additional information: this code should not be used for obstruction immediately under the arterial valve(s) because specific codes exist for these entities, such as congenital subpulmonary and subaortic stenosis.

LA88.1 **Double chambered right ventricle**

A congenital cardiovascular malformation in which the right ventricle is divided into two chambers, one inferior including the inlet and trabecular portions of the right ventricle and one superior including the trabecular portion and infundibulum.

Additional information: Double chamber right ventricle is often associated with one or several closing ventricular septal defects. In some cases, the ventricular septal defect is already closed. Double chamber right ventricle is differentiated from the rare isolated infundibular stenosis that develops more superiorly.

LA88.2 **Tetralogy of Fallot**

A group of congenital cardiovascular malformations with biventricular atrioventricular alignments or connections characterised by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta.

Additional information: tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, aortic override, and most often right ventricular hypertrophy.

LA88.20 Tetralogy of Fallot with absent pulmonary valve syndrome

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which the ventriculo-arterial junction of the right ventricle with the pulmonary trunk features an atypical valve with absent or rudimentary leaflets (cusps) that do not coapt.

Additional information: in its usual form there is dilatation of the pulmonary trunk and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi, often with tracheobronchomalacia. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve.

LA88.21 Tetralogy of Fallot with pulmonary atresia

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree.

Exclusions: Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery (LA88.22)

LA88.22 Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree and there are collateral blood vessels between the systemic and pulmonary arteries.

Coding Note: This morphological abnormality usually is an integral part of other congenital cardiovascular anomalies and does not need to be coded separately. It should be coded as secondary to an accompanying congenital cardiovascular anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiovascular diagnosis such as hypoplastic left heart syndrome.

LA88.2Y Other specified tetralogy of Fallot

LA88.2Z Tetralogy of Fallot, unspecified

LA88.3 **Congenital left ventricular outflow tract obstruction**

A congenital cardiac condition in which the flow through the left ventricular outflow tract (proximal to the valve[s] guarding the outflow from the left ventricle) is blocked or impeded.

This code should not be used for obstruction immediately under the arterial valve such as subaortic stenosis due to fibromuscular shelf or tunnel.

LA88.4 **Ventricular septal defect**

A congenital cardiac malformation in which there is a hole or pathway between the ventricular chambers.

LA88.40 Trabecular muscular ventricular septal defect

A congenital cardiac malformation in which there is a ventricular septal defect within the trabeculated component of the ventricular septum.

Additional information: the codes specifying defects within the trabecular part of the ventricular septum should not be used to code inlet or outlet muscular defects, as there are specific codes for these entities.

LA88.41 Perimembranous central ventricular septal defect

A congenital cardiovascular malformation in which there is a ventricular septal defect that 1) occupies the space that is usually closed by the interventricular part of the membranous septum, 2) is usually adjacent to the area of fibrous continuity between the leaflets of an atrioventricular valve and an arterial valve, 3) is adjacent to an area of mitral-tricuspid fibrous continuity, and 4) is located at the center of the base of the ventricular mass.

Additional information: This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. It should also not be used to code an inlet ventricular septal defect, or the so-called atrioventricular canal ventricular septal defect. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous ventricular septal defect without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular ventricular septal defect with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

Coding Note: Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. It should not be used to code an inlet VSD, or the so-called atrioventricular canal VSD. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous VSD without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular VSD with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. All perimembranous defects, nonetheless, have part of their margins made up of fibrous continuity either between the leaflets of an atrioventricular and an arterial valve or, in the setting of double outlet right ventricle or overriding of the tricuspid valve, by fibrous continuity between the leaflets of the mitral and tricuspid valves. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

LA88.42 Ventricular septal defect haemodynamically insignificant

A congenital cardiac malformation in which there is one or more small, clinically insignificant ventricular septal defect(s) in the absence of flow-related cardiac chamber dilation or abnormal elevation of pulmonary arterial pressure.

Additional information: though restrictive ventricular septal defect is listed as a synonym of haemodynamically insignificant VSD, it should be recognised that some pressure restrictive ventricular septal defects will lead to flow-related chamber dilation, and thus would be haemodynamically significant. In such instances, the term haemodynamically insignificant ventricular septal defect should not be coded.

LA88.4Y Other specified ventricular septal defect

LA88.4Z Ventricular septal defect, unspecified

LA88.Y Other specified congenital anomaly of a ventricle or the ventricular septum

LA88.Z Congenital anomaly of a ventricle or the ventricular septum, unspecified

LA89 Functionally univentricular heart

The term “functionally univentricular heart” describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation.

Additional information: a heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term “functionally univentricular heart”.

LA89.0 Double inlet atrioventricular connection

A congenital cardiovascular malformation with a univentricular atrioventricular connection wherein both atria connect to one ventricle either via two separate atrioventricular valves or a common atrioventricular valve, such that all or nearly all of the total atrioventricular junctional (annular) area is committed to one ventricular chamber.

LA89.1 Tricuspid atresia

A congenital cardiovascular malformation with absence of the tricuspid valvar annulus (connection/junction) or an imperforate tricuspid valve.

LA89.2 Mitral atresia

A congenital cardiovascular malformation with absence of the mitral valvar annulus (connection/junction) or an imperforate mitral valve.

LA89.3 **Hypoplastic left heart syndrome**

A spectrum of congenital cardiovascular malformations with normally aligned great arteries without a common atrioventricular junction, characterised by underdevelopment of the left heart with significant hypoplasia of the left ventricle including atresia, stenosis, or hypoplasia of the aortic or mitral valve, or both valves, and hypoplasia of the ascending aorta and aortic arch.

LA89.Y **Other specified functionally univentricular heart**

LA89.Z **Functionally univentricular heart, unspecified**

LA8A **Congenital anomaly of a ventriculo-arterial valve or adjacent regions**

A congenital cardiovascular malformation of a ventriculo-arterial valve or its immediate subvalvar and supravalvar regions.

Exclusions: Common arterial trunk (LA85.4)

LA8A.0 **Congenital anomaly of pulmonary valve**

A congenital malformation of the heart where the pulmonary valve is abnormal.

LA8A.00 Congenital pulmonary valvar stenosis

A congenital cardiovascular malformation of the pulmonary valve in which there is narrowing or stricture causing obstruction to flow.

Additional information: congenital pulmonary valvar stenosis ranges from critical neonatal pulmonic valve stenosis with hypoplasia of the right ventricle to valvar pulmonary stenosis in the infant, child, or adult.

LA8A.01 Congenital pulmonary regurgitation

Congenital cardiovascular malformation of the pulmonary valve allowing backward flow into the ventricle. Congenital pulmonary valve regurgitation may be due to primary annular dilation, prolapse and leaflet underdevelopment.

LA8A.0Y Other specified congenital anomaly of pulmonary valve

LA8A.0Z Congenital anomaly of pulmonary valve, unspecified

LA8A.1 **Congenital pulmonary atresia**

A congenital cardiovascular malformation in which there is no opening between any ventricle and the pulmonary arterial tree.

Exclusions: Tetralogy of Fallot with pulmonary atresia (LA88.21)

LA8A.10 Pulmonary atresia with intact ventricular septum

A congenital cardiovascular malformation in which there are normally aligned great arteries, no opening between the morphologically right ventricle and the pulmonary trunk, and no ventricular level communication.

Additional information: pulmonary atresia with intact ventricular septum is a duct-dependent congenital malformation that forms a spectrum of lesions including atresia of the pulmonary valve, a varying degree of right ventricle and tricuspid valve hypoplasia, and anomalies of the coronary circulation. A right ventricular dependent coronary artery circulation is present when coronary artery fistulas are associated with a proximal coronary artery stenosis. Associated Ebstein anomaly of the tricuspid valve can be present.

LA8A.1Y Other specified congenital pulmonary atresia

LA8A.1Z Congenital pulmonary atresia, unspecified

LA8A.2 **Congenital anomaly of aortic valve**

A congenital cardiovascular malformation where the aortic valve is abnormal.

LA8A.20 Congenital aortic valvar stenosis

A congenital cardiovascular malformation of the aortic valve in which there is narrowing or stricture (obstruction to flow).

Additional information: 'Congenital aortic valvar stenosis' arises most commonly as a result of partial or complete fusion of one or more commissures, or is due to dysplasia of one or more aortic cusps. These congenital malformations of the aortic valve may not be initially obstructive but may become stenotic later in life due to leaflet thickening, poor relative growth and-or calcification. It is not until the congenitally malformed aortic valve is or becomes stenotic that this term should be used.

Exclusions: Congenital subaortic stenosis (LA8A.5)

that in hypoplastic left heart syndrome (LA89.3)

LA8A.21 Congenital aortic regurgitation

Congenital cardiovascular malformation of the aortic valve allowing backward flow into the ventricle.

Additional information: congenital aortic regurgitation is rare as an isolated entity. Aortic regurgitation is more commonly seen with other associated congenital cardiac anomalies.

LA8A.22 Bicuspid aortic valve

A congenital abnormality of the heart where the aortic valve has two commissures and two separate leaflets because of fusion or absence of one of the commissures

LA8A.23 Aortic valvar atresia

A congenital cardiovascular malformation in which there is no orifice of the aortic valve.

Additional information: aortic valvar atresia will most often not be coded independently, as it is frequently included within the 'Hypoplastic left heart syndrome' code as part of this spectrum of cardiovascular malformations. However, there is a small subset of patients with aortic valve atresia who have a well developed left ventricle and mitral valve and a large ventricular septal defect (nonrestrictive or restrictive).

Coding Note: Aortic valve atresia will most often be coded under the hypoplastic left heart syndrome/complex diagnostic codes since it most often occurs as part of a spectrum of cardiovascular malformations. However, there is a small subset of patients with aortic valve atresia who have a well developed left ventricle and mitral valve and a large ventricular septal defect (nonrestrictive or restrictive).

LA8A.24 Unicuspid aortic valve

A congenital cardiovascular malformation in which the aortic valve has a single commissure and a single or functionally single leaflet (cusp)

LA8A.2Y Other specified congenital anomaly of aortic valve

LA8A.2Z Congenital anomaly of aortic valve, unspecified

LA8A.3 **Congenital supravalvar aortic stenosis**

A congenital cardiovascular malformation with narrowing of the aorta at the level of the sinotubular junction which may extend into the ascending aorta.

Additional information: 'Congenital supravalvar aortic stenosis' is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. Supravalvar aortic stenosis may involve the coronary artery ostia, and the aortic leaflets may be tethered. The coronary arteries can become tortuous and dilated due to elevated pressures and early atherosclerosis may ensue.

Exclusions: Congenital aortic valvar stenosis (LA8A.20)

LA8A.4 **Aneurysm of aortic sinus of Valsalva**

A congenital cardiovascular malformation in which there is dilation of one or more sinuses of Valsalva.

Additional information: the sinus of Valsalva is defined as that portion of the aortic root between the aortic root annulus and the sinotubular junction. Sinus of Valsalva aneurysm most commonly originates from the right sinus, less commonly from the non-coronary sinus and rarely from the left sinus (<5%). The aneurysm may rupture into an adjacent chamber or site (right atrium, right ventricle, left atrium, left ventricle, pulmonary artery, pericardium) and in this case should be coded specifically (‘Ruptured aortic sinus of Valsalva aneurysm’). This is to be distinguished from aortic root dilation associated with connective tissue disorders and aortopathies.

LA8A.5 **Congenital subaortic stenosis**

Exclusions: Subaortic stenosis due to fibromuscular tunnel (LA8A)

Subaortic stenosis due to fibromuscular shelf (LA8A)

LA8A.6 **Congenital subpulmonary stenosis**

A congenital cardiovascular malformation associated with narrowing within the outflow tract supporting the pulmonary valve.

Additional information: subvalvar (infundibular) pulmonary stenosis is a narrowing of the outflow tract of the ventricle immediately below the pulmonic valve. This term should preferably be used in the setting of abnormal ventriculo-arterial connections, such as double outlet ventricle. Although subvalvar pulmonary stenosis is a type of right ventricular outflow tract obstruction if the ventriculo-arterial connections are normal, in this setting 'Congenital right ventricular outflow tract obstruction' should be used. Subvalvar pulmonary stenosis is also a type of left ventricular outflow tract obstruction in the setting of discordant ventriculo-arterial connections; this term should be used when the obstruction is only apparent immediately below the pulmonary valve, otherwise the term 'Congenital left ventricular outflow tract obstruction' should be used

Exclusions: Double chambered right ventricle (LA88.1)

LA8A.Y **Other specified congenital anomaly of a ventriculo-arterial valve or adjacent regions**

LA8A.Z **Congenital anomaly of a ventriculo-arterial valve or adjacent regions, unspecified**

LA8B

Congenital anomaly of great arteries including arterial duct

A congenital cardiovascular malformation of the great arteries (aorta, pulmonary trunk [main pulmonary artery], branch pulmonary arteries) or the arterial duct (ductus arteriosus).

Exclusions: Common arterial trunk (LA85.4)

LA8B.0 **Congenital aortopulmonary window**

A congenital cardiovascular malformation in which there is side-to-side continuity of the lumens of the ascending aorta and pulmonary trunk in association with separate aortic and pulmonary valves or their atretic remnants.

Additional information: side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants, and involvement of the pulmonary trunk (main pulmonary artery).

Inclusions: Aortic septal defect

Aortopulmonary window

LA8B.1 **Congenital anomaly of pulmonary arterial tree**

A congenital cardiovascular malformation of the pulmonary trunk (main pulmonary artery) and/or branch pulmonary arteries (right, left, and ramifications).

Inclusions: Aberrant pulmonary artery

Anomaly of pulmonary artery

LA8B.2 **Congenital anomaly of aorta or its branches**

A congenital cardiovascular malformation of the aorta and/or its branches.

LA8B.21 Coarctation of aorta

A congenital cardiovascular malformation in which there is a discrete luminal narrowing of the junction between the aortic arch and the descending aorta.

Additional information: 'Coarctation of the aorta' generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.

LA8B.22 Interrupted aortic arch

A congenital cardiovascular malformation in which there is an absence of luminal continuity between the ascending and descending aorta.

Additional information: this includes luminal atresia with discontinuity between the aortic segments and also luminal atresia with fibrous continuity between the aortic segments. Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases, blood flow to the descending thoracic aorta is through a patent arterial duct, and there is a large ventricular septal defect. Arch interruption is further defined by site of interruption.

In type A, interruption is distal to the left subclavian artery; in type B, interruption is between the left carotid and left subclavian arteries; and in type C, interruption occurs between the innominate and left carotid arteries.

LA8B.23 Congenital anomaly of descending thoracic or abdominal aorta

A congenital cardiovascular malformation of the aorta distal to the aortic arch

Coded Elsewhere: Descending thoracic or abdominal aortic coarctation (LA8B.21)

Coarctation of the descending thoracic aorta (LA8B.21)

Coarctation of the abdominal aorta (LA8B.21)

LA8B.24 Congenital anomaly of aortic arch branch

A congenital cardiovascular malformation of one or more branches of the aortic arch (innominate, carotid, or subclavian arteries).

LA8B.2Y Other specified congenital anomaly of aorta or its branches

LA8B.2Z Congenital anomaly of aorta or its branches, unspecified

LA8B.3 **Tracheo-oesophageal compressive syndrome**

A congenital cardiovascular malformation which causes compression of the trachea and/or the oesophagus.

LA8B.4 **Patent arterial duct**

A congenital cardiovascular finding in which the arterial duct (ductus arteriosus) is open beyond the normal age of spontaneous closure.

Inclusions: bilateral arterial ducts

Coded Elsewhere: Patent arterial duct of prematurity (KB48)

LA8B.Y **Other specified congenital anomaly of great arteries including arterial duct**

LA8B.Z **Congenital anomaly of great arteries including arterial duct, unspecified**

LA8C

Congenital anomaly of coronary artery

A congenital cardiovascular malformation of a coronary artery. This includes absence of a coronary, anomalous origin or course, dilation or stenosis, and fistulas.

Additional information: congenital anomalies of the coronary venous system should not be included here but rather under 'Congenital anomaly of mediastinal systemic vein'.

LA8C.0 **Anomalous origin of coronary artery from pulmonary arterial tree**

A congenital cardiovascular malformation in which a coronary artery origin is the pulmonary trunk or one of its branches. Although the most common of these malformations involves the left coronary artery arising from the pulmonary trunk (main pulmonary artery) rather than from the aorta, occasionally the right coronary artery, the circumflex, or both coronary arteries may arise from any of the central pulmonary arteries.

LA8C.1 **Anomalous aortic origin or course of coronary artery**

A congenital cardiovascular malformation in which the origin and/or course of a coronary artery is abnormal.

This is where coronary "anomalies" in the presence of discordant ventriculo-arterial connections should be coded.

LA8C.2 **Congenital coronary arterial fistula**

A congenital cardiovascular malformation in which a coronary artery communicates, through an anomalous channel, with a cardiac chamber or with any segment of the systemic or pulmonary circulation.

Additional information: this communication may be simple and direct or may be tortuous and dilated. In order of frequency the involved coronary artery is the right, the left and, rarely, both coronary arteries. Occasionally multiple fistulas are present.

Inclusions: congenital coronary fistula to pulmonary artery

Exclusions: anomalous origin of coronary artery from pulmonary arterial tree (LA8C.0)

LA8C.Y **Other specified congenital anomaly of coronary artery**

LA8C.Z **Congenital anomaly of coronary artery, unspecified**

LA8D

Congenital pericardial anomaly

A congenital cardiovascular malformation in which there is a structural and/or functional abnormality of the pericardium.

LA8E

Congenital anomaly of atrial septum

A congenital cardiovascular malformation in which there is an abnormality of the atrial septum.

LA8E.0 **Patent oval foramen**

A congenital cardiovascular finding in which there is a small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterised by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).

LA8E.1 **Atrial septal defect within oval fossa**

A congenital cardiovascular malformation in which there is an interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute. Source: ISNPCHD

LA8E.2 **Sinus venosus defect**

A congenital cardiovascular malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous veno-atrial communication.

Additional information: although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial septum.

LA8E.3 **Interatrial communication through coronary sinus orifice**

A congenital cardiovascular malformation in which there is a communication between the left atrium and the coronary sinus allowing interatrial communication through the coronary sinus ostium.

Additional information: 'Interatrial communication through coronary sinus orifice' may or may not be associated with a persistent left superior caval vein (superior vena cava). This occurs in the absence of the coronary sinus (total unroofing of the coronary sinus) or partial unroofing of the coronary sinus.

LA8E.Y **Other specified congenital anomaly of atrial septum**

LA8E.Z **Congenital anomaly of atrial septum, unspecified**

LA8F Congenital anomaly of right atrium

A congenital cardiovascular malformation in which there is an abnormality of the right atrium.

LA8G Congenital anomaly of left atrium

A congenital cardiovascular malformation in which there is an abnormality of the left atrium.

LA8G.0 **Divided left atrium**

A congenital cardiac malformation in which there is a partition that divides the left atrium into a posterosuperior chamber that receives some or all of the pulmonary veins and an antero-inferior chamber that communicates with the left atrial appendage and atrioventricular junction (usually the mitral valve).

Additional information: in differentiating 'Divided left atrium' from 'Congenital supravalvar or intravalvar mitral ring', in the latter, the antero-inferior compartment contains only the mitral valvar orifice.

LA8G.Y **Other specified congenital anomaly of left atrium**

LA8G.Z **Congenital anomaly of left atrium, unspecified**

LA8Y **Other specified structural developmental anomaly of heart or great vessels**

LA8Z **Structural developmental anomaly of heart or great vessels, unspecified**

LA90 **Structural developmental anomalies of the peripheral vascular system**

Exclusions: Congenital anomaly of coronary artery (LA8C)

Congenital anomaly of pulmonary arterial tree (LA8B.1)

haemangioma and lymphangioma (2E81)

Congenital retinal aneurysm (LA13.5)

LA90.0 **Capillary malformations**

This is a vascular anomaly consisting of superficial and deep dilated capillaries in the skin which produce a reddish to purplish discoloration of the skin.

Exclusions: Macrocephaly - Cutis Marmorata Telangiectatica Congenita (LD2F.1)

Coded Elsewhere: Developmental capillary vascular malformations of the skin (LC50)

LA90.00 Hereditary haemorrhagic telangiectasia

Rendu-Osler-Weber disease, also called hereditary haemorrhagic telangiectasia (HHT), is a genetic disorder of angiogenesis leading to arteriovenous dilatations: cutaneo-mucosal haemorrhagic telangiectasias and visceral shunting.

LA90.0Y Other specified capillary malformations

LA90.0Z Capillary malformations, unspecified

LA90.1 **Lymphatic malformations**

Lymphatic malformations (LM), formerly referred to by the term lymphangioma, are malformations of the lymphatic system which result in obstructed lymphatic drainage. There are two types of LM: macrocystic LM (including cystic hygroma/lymphangioma) and tissue-infiltrating microcystic LM (lymphangioma circumscriptum). The macro and microcystic forms of LM may occur in association.

Coded Elsewhere: Primary lymphoedema (BD93.0)

LA90.10 Macrocystic lymphatic malformation

A condition caused by failure of the lymphatic system to correctly develop during the antenatal period. This condition is characterised by large, soft, smooth clear masses under normal or bluish skin. This condition may be associated with cellulitis, bleeding within the malformation, pain, or leakage of lymphatic fluid internally.

LA90.11 Microcystic lymphatic malformation

Microcystic lymphatic malformations consist of clusters of dilated lymphatic vessels which have developed without connection to the systemic lymphatic circulation. They present with grouped clear or haemorrhagic vesicles anywhere on the skin or mucous membrane.

Inclusions: Lymphangioma circumscriptum

Exclusions: Circumscribed lymphatic malformation (LA90.10)

LA90.12 Lymphatic malformations of certain specified sites

LA90.13 Cystic hygroma in fetus

Development abnormalities of the lymphoid system that occur at sites of lymphatic-venous connection, most commonly in the posterior neck but may be anterior and may extend into chest. Frequently associated with karyotypic abnormalities, various malformation syndromes, and several teratogenic agents. When diagnosed prenatally, the overall prognosis is poor. Cystic hygroma diagnosed after birth is usually associated with a good prognosis.

LA90.1Y Other specified lymphatic malformations

LA90.1Z Lymphatic malformations, unspecified

LA90.2 Peripheral venous malformations

Coded Elsewhere: Developmental venous malformations involving the skin (LC51)

Blue rubber bleb naevus syndrome (LC51)

LA90.20 Vein of Galen aneurysm

Vein of Galen aneurysmal malformation (VGAM) is a congenital vascular malformation characterised by dilation of the embryonic precursor of the vein of Galen. It is a sporadic lesion that occurs during embryogenesis. Cardiac insufficiency of variable severity is the principle manifestation that leads to detection of the malformation in newborns.

LA90.21 Anomalous portal venous connection

LA90.2Y Other specified peripheral venous malformations

LA90.2Z Peripheral venous malformations, unspecified

LA90.3 **Peripheral arteriovenous malformations**

This is a peripheral, abnormal connection between arteries and veins, bypassing the capillary system. This vascular anomaly is widely known because of its occurrence in the central nervous system, but can appear in any location.

Inclusions: congenital arteriovenous varices NOS

Exclusions: acquired arteriovenous aneurysm (BD52.1)

Coded Elsewhere: Arteriovenous malformation of cerebral vessels (8B22.40)

LA90.30 Portal vein-hepatic artery fistula

LA90.31 Arteriovenous malformation of precerebral vessels

LA90.32 Uterine arteriovenous malformations

LA90.3Y Other specified peripheral arteriovenous malformations

LA90.3Z Peripheral arteriovenous malformations, unspecified

LA90.4 **Peripheral arterial malformations**

This is a peripheral lesion with a direct connection between an artery and a vein, without an intervening capillary bed, but with an interposed nidus of dysplastic vascular channels in between.

Coded Elsewhere: Hereditary cerebrovascular diseases (8B22.C)

LA90.40 Congenital renal artery stenosis

This is the congenital narrowing of the renal artery, most often caused by atherosclerosis or fibromuscular dysplasia. This narrowing of the renal artery can impede blood flow to the target kidney.

LA90.41 Congenital precerebral nonruptured aneurysm

LA90.42 Congenital cerebral nonruptured aneurysm

This is a cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localised dilation or ballooning of the blood vessel (nonruptured).

Coded Elsewhere: Familial cerebral saccular aneurysm (8B22.6)

LA90.4Y Other specified peripheral arterial malformations

LA90.4Z Peripheral arterial malformations, unspecified

LA90.5 **Pulmonary arteriovenous fistula**

A congenital cardiovascular malformation in which there is an abnormal, direct connection between a pulmonary artery and pulmonary vein or left atrium without an intervening capillary bed.

LA90.Y **Other specified structural developmental anomalies of the peripheral vascular system**

LA90.Z **Structural developmental anomalies of the peripheral vascular system, unspecified**

LA9Y **Other specified structural developmental anomalies of the circulatory system**

LA9Z **Structural developmental anomalies of the circulatory system, unspecified**

Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord (LB00-LB0Z)

Any condition caused by failure of the diaphragm, abdominal wall or umbilical cord to correctly develop during the antenatal period.

Exclusions: Prune belly syndrome (LD2F.10)

LB00 **Structural developmental anomalies of diaphragm**

LB00.0 Congenital diaphragmatic hernia

Congenital diaphragmatic hernia is a posterolateral defect of the diaphragm that allows passage of abdominal viscera into the thorax, leading to respiratory insufficiency and persistent pulmonary hypertension with high mortality.

Exclusions: Congenital hiatus hernia (LB13.1)

LB00.1 Absence of diaphragm

LB00.Y Other specified structural developmental anomalies of diaphragm

LB00.Z Structural developmental anomalies of diaphragm, unspecified

LB01 **Omphalocele**

Omphalocele is an embryopathy classified in the group of abdominal celosomias and is characterised by a large hernia of the abdominal wall, centred on the umbilical cord, in which the protruding viscera are protected by a sac.

Exclusions: Umbilical hernia (DD53)

LB02 **Gastroschisis**

Gastroschisis is a congenital abdominal wall defect characterised by viscera protruding, without a covering sac, from the fetal abdomen on the right lateral base of the umbilicus.

LB03 **Structural developmental anomalies of umbilical cord**

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period.

Coded Elsewhere: Umbilical cord haemangioma (2E81.00)

Fetus or newborn affected by short umbilical cord (KA03.20)

Fetus or newborn affected by long umbilical cord (KA03.21)

Developmental anomalies of the umbilicus (EC50)

LB03.0 Allantoic duct remnants or cysts

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period. These conditions are characterised by cysts or remnants of allantoic tissue within the umbilical cord, the umbilicus, or the urachus.

LB03.1 **Single umbilical cord artery**

A single umbilical artery arising from the either the allantoic arterial system (Type I), or vitelline artery (Type II). And has been associated with renal anomalies

LB03.Y **Other specified structural developmental anomalies of umbilical cord**

LB03.Z **Structural developmental anomalies of umbilical cord, unspecified**

LB0Y **Other specified structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord**

LB0Z **Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord, unspecified**

Structural developmental anomalies of the digestive tract (LB10-LB1Z)

Any condition caused by failure of the digestive tract to correctly develop during the antenatal period.

Coded Elsewhere: Genetic or developmental disorders involving lips or oral mucosa (DA02.0)

LB10 **Structural developmental anomalies of salivary glands or ducts**

Any condition caused by failure of the salivary glands and ducts to correctly develop during the antenatal period.

LB11 **Congenital diverticulum of pharynx**

A condition caused by failure of the pharynx to correctly develop during the antenatal period. This condition may present with difficulty swallowing, or may be asymptomatic. Confirmation is through observation of a diverted pharynx by imaging.

Exclusions: pharyngeal pouch syndrome (LD44.N0)

LB12 **Structural developmental anomalies of oesophagus**

Any congenital defect of oesophagus that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Coded Elsewhere: Bronchopulmonary foregut malformation (LA74.Y)

LB12.0 **Congenital oesophageal web or ring**

A rare form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut that presents as a mucosal lesion forming an incomplete diaphragm. Symptoms (apparent from birth) include dysphagia, regurgitation, and choking.

Exclusions: Oesophageal web (DA20.2)

LB12.1 **Atresia of oesophagus**

Oesophageal atresia encompasses a group of congenital anomalies with an interruption in the continuity of the oesophagus, with or without persistent communication with the trachea. In 86% of cases there is a distal tracheooesophageal fistula, in 7% of cases there is no fistulous connection, while in 4% of cases there is a tracheooesophageal fistula without atresia. The remaining cases are made up of patients with OA with proximal, or both proximal and distal, tracheooesophageal fistula.

Coded Elsewhere: Laryngotracheooesophageal cleft (LA72)

LB12.10 Atresia of oesophagus with oesophagobronchial fistula

LB12.1Y Other specified atresia of oesophagus

LB12.2 **Oesophageal fistula without atresia**

This is a birth defect (congenital anomaly) of oesophagus, and one type of EA/TEF, namely isolated "H"-shaped atresia. Tracheoesophageal fistula in which there is no oesophageal atresia because the oesophagus is continuous to the stomach. Fistula is present between the oesophagus and the trachea. Incidence of TE fistula without atresia varies between 1 -11% of oesophageal malformations.

LB12.3 **Congenital stenosis or stricture of oesophagus**

A form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut. Abnormal narrowing of the oesophagus occurs most often at the junction of the middle and lower thirds. Clinical manifestations, apparent 2 to 3 weeks after birth, include dysphagia and progressive vomiting.

LB12.4 **Congenital diverticulum of oesophagus**

A very rare congenital diverticulum which is typically located just above the cricopharyngeal junction. It is usually asymptomatic unless complicated by an inflammatory process. If the diverticulum compresses the trachea or is associated with oesophageal stenosis or fistula, the symptoms of stridor, progressive dysphagia, respiratory distress, severe choking, and regurgitation may be present from birth.

Inclusions: Congenital oesophageal pouch

oesophageal pouch

Exclusions: Diverticulum of oesophagus, acquired (DA20.1)

LB12.5 **Congenital dilatation of oesophagus**

This is a congenital abnormal enlargement of the lower portion of the oesophagus, as seen in patients with achalasia.

LB12.Y **Other specified structural developmental anomalies of oesophagus**

LB12.Z **Structural developmental anomalies of oesophagus, unspecified**

LB13 Structural developmental anomalies of stomach

Any congenital defect of stomach that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Coded Elsewhere: Gastric volvulus (DA40.2)

LB13.0 Congenital hypertrophic pyloric stenosis

A not uncommon congenital malformation of the stomach of unknown cause in which there is hypertrophy and hyperplasia of the circular muscle of the pylorus. Symptoms of gastric outlet obstruction usually appear between the third and sixth weeks of life. The anomaly is manifested by intermittent vomiting (which increases in frequency and becomes projectile), regurgitation, weight loss, dehydration, electrolyte imbalance, sometimes a small palpable pyloric mass, and visible peristaltic contractions across the epigastrium; there may also be jaundice. Some cases appear to be familial (possibly of autosomal dominant inheritance).

LB13.1 Congenital hiatus hernia

Congenital diaphragmatic hernia is an embryopathy which is defined by the absence of development of all or part of the diaphragmatic dome that results in the presence of abdominal viscera in the thorax, whit compression of the homolateral lung and impaired development of the contralateral lung.

Inclusions: Congenital displacement of cardia through oesophageal hiatus

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Diaphragmatic hernia (DD50.0)

LB13.2 Congenital antral web

LB13.Y Other specified structural developmental anomalies of stomach

LB13.Z Structural developmental anomalies of stomach, unspecified

LB14 Structural developmental anomalies of duodenum

Any congenital defect of duodenum that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

LB15 Structural developmental anomalies of small intestine

Congenital gross anatomical structural defect of small intestine that results from interference with the normal growth and differentiation of the fetus, which may be inherited genetically, acquired during gestation, or inflicted during parturition.

LB15.0 **Meckel diverticulum**

A congenital abnormality characterised by the outpouching or sac formation in the ILEUM. It is a remnant of the embryonic YOLK SAC in which the VITELLINE DUCT failed to close. During early gestation, the omphalomesenteric or vitelline duct connects the fetal yolk sac to the primitive gut. By 7-8 weeks of gestation, this duct is normally completely obliterated. A Meckel diverticulum results when this structure fails to resorb completely.

LB15.1 **Atresia of small intestine**

Jejunoileal atresias and stenoses are major causes of neonatal intestinal obstruction. Atresia refers to a congenital obstruction with complete occlusion of the intestinal lumen. It accounts for 95% of obstructions. Four types of jejunoileal atresias are described. They can range from having a small area of blockage or web to missing large sections of the intestines.

Intestinal atresia is one of the most frequent causes of bowel obstruction in the newborn. The ileal atresia is more common than jejunal atresia, and multiple foci are more common than isolated atresia. The most accepted theory regarding the etiology of jejunoileal atresia is that of an intrauterine vascular accident resulting in necrosis of the affected segment.

Stenosis, on the other hand, refers to a partial occlusion with incomplete obstruction and accounts for the remaining 5% of cases. A stenosis has an intact mesentery and is a localised narrowing of the bowel. No loss of continuity of the lumen exists.

Inclusions: Congenital absence of small intestine

Congenital stenosis of small intestine

LB15.2 **Congenital short bowel**

Short bowel syndrome is a condition in which nutrients are not properly absorbed due to a congenital defect where a large part of the small intestine is missing .

LB15.3 **Congenital diverticulitis of small intestine**

This refers to a clinical entity characterised by the presence of sac-like congenital herniations in the wall of the small intestine, in which the pouches of small intestine (diverticula) become infected or inflamed.

LB15.4 **Congenital diverticulosis of small intestine**

This refers to a condition characterised by the presence of congenital multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

LB15.5 **Congenital diverticulum of small intestine**

This refers to a morphological condition in which there is single small congenital pouch in the lining of the small intestine, bulging outward through a weak spot.

LB15.Y **Other specified structural developmental anomalies of small intestine**

LB15.Z **Structural developmental anomalies of small intestine, unspecified**

LB16 Structural developmental anomalies of large intestine

Any congenital defect of large intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Exclusions: Congenital atresia of rectum (LB17)

Persistent cloaca (LB17.2)

Congenital atresia of anus (LB17)

Coded Elsewhere: Meconium ileus without perforation (KB87.2)

LB16.0 Congenital absence, atresia or stenosis of large intestine

Colonic atresia is a congenital intestinal malformation resulting in a non-latent segment of the colon and characterised by lower intestinal obstruction manifesting with abdominal distention and failure to pass meconium in newborns.

Exclusions: Congenital atresia of rectum (LB17)

Congenital absence of rectum (LB17)

LB16.1 Hirschsprung disease

This is a developmental anomaly affecting the intestinal tract characterised by congenital absence of myenteric ganglion cells (aganglionosis) in a segment of the large bowel. Due to the absence of intrinsic innervation of the muscle layers of the affected segment, there is a loss of motor function. This results in an abnormally large or dilated colon (congenital megacolon) with intestinal occlusion or constipation. This condition becomes evident shortly after birth.

LB16.2 Immature ganglionosis of large intestine

When the number of ganglion cells is normal but the ganglion cells are prominently immature, the disease is referred to as immature ganglionosis or immaturity of ganglia.

LB16.3 Congenital hypoganglionosis of large intestine

The number and size of ganglion cells are small at birth. The size of ganglion cells tends to increase over time, but because their numbers do not increase the symptoms of dysmotility do not improve.

Source: http://www.ncbi.nlm.nih.gov/pubmed/17161202

Exclusions: Acquired hypoganglionosis of large intestine (DB32.3)

LB16.Y Other specified structural developmental anomalies of large intestine

LB16.Z Structural developmental anomalies of large intestine, unspecified

LB17 Structural developmental anomalies of anal canal

LB17.0 Anorectal malformations

Anorectal malformations (ARMs) are birth defects (due to alterations in embryo development of hindgut or proctodeum) where the anus and rectum (the lower end of the digestive tract) do not develop properly. They occur in approximately 1 in 5000 live births. These comprise a wide spectrum of diseases, which can affect boys and girls, and involve the distal anus and rectum as well as the urinary and genital tracts. Several abnormalities can occur, including the following: A membrane may be present over the anal opening; The rectum may not connect to the anus (imperforate anus); The rectum may connect to a part of the urinary tract or the reproductive system through an abnormal passage called a fistula. The classification of ARMs is mainly based on the position of the rectal pouch relative to the puborectal sling, the presence or absence of fistulas, and the types and locations of the fistulas. The following classification is according to the level of the atretic rectal cul-de-sac with respect to the pubococcygeal line (the radiological landmark for the upper border or the levator ani muscle).

LB17.1 Ectopic anus

While children with imperforate or obviously mislocated anus are identified in the newborn period, some children with a very mild abnormality may escape identification until after the newborn period. This mild mislocation of the anus has been termed anterior ectopic anus. Anterior ectopic anus is different from imperforate anus with perineal fistula in that the anal opening is usually of normal size, and only mildly misplaced. Most of these children come to medical attention due to severe constipation.

LB17.2 Persistent cloaca

A congenital anomaly in which the intestinal, urinary, and reproductive ducts open into a common cavity, a result of the failure of the urorectal septum to form during prenatal development. They occur exclusively in girls and comprise the most complex defect in the spectrum of anorectal malformations.

LB17.3 Cloacal exstrophy

Rare and complex anorectal and genitourinary malformation in which rectum, vagina and urinary tract share a common everted orifice, accompanied by an omphalocele and an imperforate anus.

Exstrophy of the cloaca is a well-known malformation that includes the persistence and the exstrophy of a cloaca that receives ureters, ileum and a rudimentary hindgut. Cloacal exstrophy is a severe birth defect wherein much of the abdominal organs (the bladder and intestines) are exposed. It often causes the splitting of both male and female genitalia (specifically, the penis and clitoris respectively), and the anus is occasionally sealed.

LB17.4 Perineal groove

The perineal groove describes a normal vestibule but with a groove extending from the vestibule to the anus, which is both normal sized and positioned.

LB17.Y Other specified structural developmental anomalies of anal canal

LB17.Z Structural developmental anomalies of anal canal, unspecified

LB18 **Congenital anomalies of intestinal fixation**

A condition caused by failure of the intestines to correctly develop during the antenatal period. This condition may present with intermittent abdominal pain, vomiting, or diarrhoea. Confirmation is through observation of intestinal rotation by imaging.

LB1Y **Other specified structural developmental anomalies of the digestive tract**

LB1Z **Structural developmental anomalies of the digestive tract, unspecified**

Structural developmental anomalies of the liver, biliary tract, pancreas or spleen (LB20-LB2Z)

Any condition caused by failure of the liver, biliary tract, pancreas and spleen to correctly develop during the antenatal period.

LB20 **Structural developmental anomalies of gallbladder, bile ducts or liver**

Any condition caused by failure of the gallbladder, bile ducts and liver to correctly develop during the antenatal period.

LB20.0 **Structural developmental anomalies of liver**

Exclusions: Non-alcoholic fatty liver disease (DB92)

Coded Elsewhere: Biliary atresia (LB20.21)

LB20.00 Fibropolycystic liver disease

Coded Elsewhere: Choledochal cyst (LB20.20)

LB20.0Y Other specified structural developmental anomalies of liver

LB20.0Z Structural developmental anomalies of liver, unspecified

LB20.1 **Structural developmental anomalies of gallbladder**

LB20.10 Agenesis, aplasia or hypoplasia of gallbladder

LB20.1Y Other specified structural developmental anomalies of gallbladder

LB20.1Z Structural developmental anomalies of gallbladder, unspecified

LB20.2 **Structural developmental anomalies of bile ducts**

Coded Elsewhere: Congenital bronchobiliary fistula (LA74.Y)

LB20.20 Choledochal cyst

Inclusions: Congenital bile duct dilatation

LB20.21 Biliary atresia

Biliary atresia is a rare disease characterised by an inflammatory biliary obstruction of unknown origin that presents in the neonatal period. It is the most frequent surgical cause of cholestatic jaundice in this age group. Untreated, this condition leads to cirrhosis and death within the first years of life.

LB20.22 Congenital stenosis or stricture of bile ducts

LB20.23 Structural developmental anomalies of cystic duct

LB20.24 Accessory bile duct

LB20.2Y Other specified structural developmental anomalies of bile ducts

LB20.2Z Structural developmental anomalies of bile ducts, unspecified

LB20.Y Other specified structural developmental anomalies of gallbladder, bile ducts or liver

LB20.Z Structural developmental anomalies of gallbladder, bile ducts or liver, unspecified

LB21 Structural developmental anomalies of pancreas

LB21.0 Annular pancreas

Annular pancreas is a distinct form of duodenal atresia in which the head of the pancreas forms a ring around the second portion of the duodenum. During the neonatal period, the clinical picture is dominated by epigastric distension with vomiting, which is nonbilious as the obstruction is usually supra-vaterian. Chromosomal abnormalities are present in one-third of cases of annular pancreas, with trisomy 21 (followed by trisomy 18 and 13) being the most frequently detected anomaly. Annular pancreas is an embryopathy resulting from an anomaly occurring early (towards the fourth week) in development.

LB21.1 Pancreas divisum

This is a congenital anomaly in the anatomy of the ducts of the pancreas in which a single pancreatic duct is not formed, but rather remains as two distinct dorsal and ventral ducts.

LB21.2 Accessory pancreas

Accessory pancreas is an asymptomatic embryopathy characterised by the presence of pancreatic tissue in other sites of the body such as the splenic pedicle, gonadic pedicles, intestinal mesentery, duodenum wall, upper jejunum, or, more rarely, the gastric wall, ileum, gallbladder or spleen.

LB21.3 Agenesis-aplasia of pancreas

This refers to the failure of an organ to develop during embryonic growth and development due to the absence of primordial tissue of the pancreas.

LB21.4 Partial agenesis of pancreas

Partial agenesis of the pancreas is characterised by the congenital absence of a critical mass of pancreatic tissue. The severity of the disease depends on the amount of functional pancreatic tissue present. Pancreatic agenesis is commonly associated with other malformations, in particular pancreaticobiliary duct anomalies, leading to acute or chronic pancreatitis, hyperglycaemia (50% of cases), or, more rarely, polysplenia.

LB21.5 Hypoplasia of pancreas

LB21.Y Other specified structural developmental anomalies of pancreas

LB21.Z Structural developmental anomalies of pancreas, unspecified

LB22 **Structural developmental anomalies of spleen**

Any condition caused by failure of the spleen to correctly develop during the antenatal period.

Exclusions: isomerism of atrial appendages (with asplenia or polysplenia) (LA80-LA8Z)

LB22.0 Congenital asplenia

A condition caused by failure of the spleen to develop during the antenatal period. This condition may present with pneumococcal sepsis. Confirmation is through verification of no spleen by imaging.

LB22.1 Polysplenia

A condition caused by the development of supernumerary spleens during the antenatal period. This condition may present with cardiac defects, anomalies in abdominal organs, or may be asymptomatic.

LB22.2 Ectopic spleen

LB22.Y Other specified structural developmental anomalies of spleen

LB22.Z Structural developmental anomalies of spleen, unspecified

LB2Y **Other specified structural developmental anomalies of the liver, biliary tract, pancreas or spleen**

LB2Z **Structural developmental anomalies of the liver, biliary tract, pancreas or spleen, unspecified**

Structural developmental anomalies of the urinary system (LB30-LB3Z)

Any condition caused by failure of the urinary system to correctly develop during the antenatal period.

LB30 **Structural developmental anomalies of kidneys**

Any condition caused by failure of the kidneys to correctly develop during the antenatal period.

LB30.0 Renal agenesis or other reduction defects of kidney

A series of conditions resulting in reduced kidney function including a congenital absence of both kidneys

LB30.00 Renal agenesis

A condition where one or both kidneys does not form (or develop) in utero.

LB30.0Y Other specified renal agenesis or other reduction defects of kidney

LB30.0Z Renal agenesis or other reduction defects of kidney, unspecified

LB30.1 Renal dysplasia

A condition characterised by abnormal development of one or both kidneys.

Exclusions: Autosomal dominant polycystic kidney disease (GB81)

LB30.2 **Congenital single renal cyst**

A single cyst in a kidney, noted in utero or from birth. No other structural abnormality of the kidney or urinary tract noted.

LB30.3 **Renal tubular dysgenesis**

Abnormal renal development and kidney formation secondary to an underlying condition or exposure.

LB30.4 **Oligomeganephronia**

Oligomeganephronic renal hypoplasia is a severe developmental defect of both kidneys characterised by a reduced number of nephrons (the functional unit of the kidney), hypertrophic glomeruli with diameters twice the normal size, hypertrophic tubules and thickening of Bowman's capsule, occurring in the absence of a urinary tract malformation.

LB30.5 **Accessory kidney**

LB30.6 **Fusion anomaly of kidneys**

The embryological, incomplete fusion of renal lobules and/or kidneys

LB30.60 Lobulated kidney

Any condition caused by incomplete fusion of the developing renal lobules during the antenatal period. This condition may be asymptomatic.

LB30.61 Fused pelvic kidney

A condition caused by failure of the kidneys to correctly develop during the antenatal period. This condition is characterised by the presence of a single kidney, along the midline of the body. This condition may present with kidney stones, hydronephrosis, kidney infection, haematuria, or may be asymptomatic. Confirmation is through observation of a fused kidney by imaging.

LB30.62 Horseshoe kidney

Horseshoe kidney is the most frequent renal fusion anomaly and is characterised by the union of the inferior poles of the two kidneys through an isthmus. Horseshoe kidney is in fact an anatomical anomaly rather than a disease, but it does lead to predisposition to certain conditions such as hydronephrosis, nephrolithiasis or pyelonephritis. One third of individuals with horseshoe kidney are asymptomatic, with the anomaly being discovered fortuitously during a radiological examination. Urogenital or renal vessel anomalies may be associated with the condition. For cases requiring treatment, various therapeutic approaches are available and choice of treatment depends on the associated pathology.

LB30.6Y Other specified fusion anomaly of kidneys

LB30.6Z Fusion anomaly of kidneys, unspecified

LB30.7 **Ectopic or pelvic kidney**

A birth defect characterised by an abnormally positioned kidney; may be asymptomatic or result in urine blockage, infection or kidney stones

Inclusions: Congenital displaced kidney

Malrotation of kidney

LB30.8 **Medullary sponge kidney**

A condition characterised by cystic or saccular dilatations of the medullary collecting ducts seen with radiocontrast filling. A predisposition to stones and associated often with renal tubular acidosis. There is no clear genetic predisposition.

LB30.9 **Multicystic renal dysplasia**

A condition characterised by abnormal development of the kidney, specifically in which the abnormal kidney does not form a reniform structure but rather, a collection of non-communicating cysts, with no renal functional tissue.

LB30.Y **Other specified structural developmental anomalies of kidneys**

LB30.Z **Structural developmental anomalies of kidneys, unspecified**

LB31 Structural developmental anomalies of urinary tract

Any condition caused by failure of the urinary tract to correctly develop during the antenatal period.

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)

Persistent urogenital sinus (LB42.Y)

LB31.0 **Congenital hydronephrosis**

Congenital hydronephrosis is a renal urinary disease characterised by distension and dilation of the renal pelvis and calyces secondary to various congenital obstructive malformations of the kidneys and urinary tract that can evolve to renal atrophy.

LB31.1 **Congenital primary megaureter**

Congenital primary megaureter is an idiopathic condition in which the bladder and bladder outlet are normal but the ureter is dilated to some extent. It may be obstructed, refluxing or unobstructed and not refluxing.

LB31.2 **Fetal lower urinary tract obstruction**

A disease caused by partial or complete obstruction of the urethra, during the antenatal period. This disease can present with enlarged bladder, oligohydramnios, or pulmonary hypoplasia. Confirmation is through observation of the obstruction by imaging.

LB31.3 **Exstrophy of urinary bladder**

Bladder exstrophy (or classic bladder exstrophy) is a congenital genitourinary malformation belonging to the spectrum of the exstrophy-epispadias complex and is characterised by an evaginated bladder plate, epispadias and an anterior defect of the pelvis, pelvic floor and abdominal wall.

Inclusions: Ectopia vesicae

Extroversion of bladder

LB31.4 **Congenital diverticulum of urinary bladder**

A condition caused by failure of the bladder to correctly develop. This condition is characterised by weakness in the bladder wall through which some of the lining of the bladder protrudes. This condition may present with urinary tract infections, difficulty voiding, or abdominal fullness. This condition may also be asymptomatic.

LB31.5 **Duplication of urethra**

A condition caused by failure of the urethra to correctly develop during the antenatal period. This condition is characterised by the presence of a second passage from the bladder. This condition may present with double urinary stream, urination from the anus, or may be asymptomatic. Confirmation is through observation of a second urethra by imaging.

LB31.6 **Congenital megalourethra**

A condition caused by failure of the penile corpora cavernosa and spongiosa to correctly develop during the antenatal period. This condition is characterised by dilatation of the penile urethra. This condition may present with poor stream, swelling of the penis, megacystis, oligohydramnios, renal failure, or pulmonary hypoplasia.

LB31.7 **Megacystis-megaureter**

Megacystic-megaureter syndrome describes the presence of a massive primary non-obstructive vesicoureteral reflux and a large capacity, smooth, thin walled bladder due to the continual recycling of refluxed urine. Recurrent urinary infections are commonly associated with this condition.

LB31.8 **Atresia or stenosis of ureter**

A condition caused by blockage or narrowing of the ureter due to failure to correctly develop during the antenatal period. This condition may present with bladder outlet obstruction, low amniotic fluid volume, pulmonary hypoplasia, megacystis, hydroureter, hydronephrosis, or renal dysplasia.

LB31.9 **Agenesis of ureter**

A condition caused by failure of the ureter to develop during the antenatal period. Confirmation verification that one or more ureters are missing by imaging.

Inclusions: Absent ureter

LB31.A **Duplication of ureter**

A condition caused by failure of the ureter to correctly develop during the antenatal period, resulting in incorrect connection of the ureter to the kidney. This condition may present with ureteroureteral reflux, or ureteropelvic junction obstruction of the lower pole of the kidney in the case of incomplete duplication. Complete duplication may present with vesicoureteral reflux, ectopic ureterocele, or ectopic ureteral insertion. Confirmation is through observation of two ureters on one side by imaging.

Inclusions: Double ureter

Accessory ureter

LB31.B **Malposition of ureter**

A condition caused by failure of the ureter to correctly develop during the antenatal period, resulting in partial or complete duplication of the ureter. This condition may present with hydronephrosis, urinary tract infection, or incontinence in females. Confirmation is through observation of an incorrectly positioned ureter by imaging.

LB31.C **Congenital absence of bladder or urethra**

Any condition caused by failure of both the bladder and the urethra to develop during the antenatal period. This condition may result in fetal death, or sepsis and sever complications in cases of live births.

LB31.D **Congenital vesico-uretero-renal reflux**

A condition caused by failure of the ureter to develop correctly during the antenatal period. This condition may present with urinary tract infection, or may be asymptomatic.

LB31.Y **Other specified structural developmental anomalies of urinary tract**

LB31.Z **Structural developmental anomalies of urinary tract, unspecified**

LB3Y **Other specified structural developmental anomalies of the urinary system**

LB3Z **Structural developmental anomalies of the urinary system, unspecified**

Structural developmental anomalies of the female genital system (LB40-LB4Z)

Exclusions: Disorders of sex development leading to sexual ambiguity (LD2A)

LB40 **Structural developmental anomalies of vulva**

A deformation established before birth of an anatomical structure of the vulva.

LB40.0 **Absence of vulva**

This is a birth defect or congenital abnormality of the female genitourinary system that manifests itself in the absence of the vulva.

LB40.1 **Embryonic cyst of vulva**

Remnant tissue from embryological development of the development of the pelvic organs presenting as a closed fluid sac in or on the tissue of the vulva.

LB40.2 **Fusion of labia**

A condition of the labia commonly affecting females between 6 months and 6 years of age, caused by skin irritation during infancy. This condition is characterised by the sealing of the labia minor (usually completely) due to a thin membrane that seals the entrance to the vagina, leaving a very small gap for urination.

LB40.Y **Other specified structural developmental anomalies of vulva**

LB40.Z **Structural developmental anomalies of vulva, unspecified**

LB41 Structural developmental anomalies of clitoris

A deformation established before birth of an anatomical structure of the clitoris.

LB41.0 **Agenesis of clitoris**

LB41.1 **Duplication of clitoris**

An anatomical anomaly present at birth in which there are two clitoral structures present.

LB41.2 **Clitoromegaly**

LB41.Y **Other specified structural developmental anomalies of clitoris**

LB41.Z **Structural developmental anomalies of clitoris, unspecified**

LB42 Structural developmental anomalies of vagina

A deformation established before birth of an anatomical structure of the vagina.

LB42.0 **Absence of vagina**

A condition of the genitourinary system affecting females, caused by an abnormality arising during the antenatal period. This condition is characterised by vaginal agenesis.

LB42.1 **Septate vagina**

A condition of the genitourinary system affecting females, caused by the absence of Mullerian duct fusion during the antenatal period. This condition is characterised by a transverse of longitudinal septum, partitioning the vagina into two parts. This condition may also present with dyspareunia, abnormal vaginal bleeding, or is asymptomatic. Confirmation is by imaging.

Exclusions: doubling of vagina with doubling of uterus and cervix (LB44.3)

LB42.2 **Congenital rectovaginal fistula**

A condition of the genitourinary system affecting females, caused by an abnormality arising during the antenatal period. This condition is characterised by the formation of an abnormal passage between the rectum and the vagina.

Exclusions: Persistent cloaca (LB17.2)

LB42.3 **Tight hymenal ring**

A condition of the vagina, caused by determinants arising during the antenatal period. This condition is characterised by tightening of the hymen and stenosis of the external opening of the vagina, and dyspareunia.

Inclusions: Rigid hymen

Tight introitus

Exclusions: Imperforate hymen (LB42.4)

LB42.4 **Imperforate hymen**

A condition in which the hymen, the membrane that surrounds or partially covers the external vaginal opening, is harder than normal or is complete and sealed without any opening into the vaginal vault.

LB42.5 **Stricture or atresia of vagina**

A condition of the vagina, caused by an abnormality arising during the antenatal period. This condition is characterised by stenosis and occlusion of the vaginal opening.

Exclusions: Postoperative adhesions of vagina (GC70)

LB42.Y **Other specified structural developmental anomalies of vagina**

LB42.Z **Structural developmental anomalies of vagina, unspecified**

LB43 Structural developmental anomalies of cervix uteri

LB43.0 **Embryonic cyst of cervix**

A condition of the cervix, caused by a cluster of cells that have formed a closed sac or structures left behind from development during the antenatal period. This condition is characterised by air, fluid, or semi-solid material surrounded by a distinct membrane of cells with abnormal appearance and behaviour.

LB43.1 **Agenesis or aplasia of cervix**

A condition of the cervix, caused by the absence of primordial tissue development during the antenatal period. This condition is characterised by improper or lack of development of the cervix.

LB43.Y **Other specified structural developmental anomalies of cervix uteri**

LB43.Z **Structural developmental anomalies of cervix uteri, unspecified**

LB44 Structural developmental anomalies of uterus, except cervix

LB44.0 **Agenesis or aplasia of uterine body**

A condition of the uterus, caused by the absence of primordial tissue development during the antenatal period. This condition is characterised by improper or lack of development of the uterine body.

LB44.1 **Hypoplasia of uterus**

LB44.2 **Unicornuate uterus**

A uterine malformation where the uterus is formed from one only of the paired Müllerian ducts while the other Müllerian duct does not develop or develops only in a rudimentary fashion.

LB44.3 **Bicornuate uterus**

A condition of the uterus, caused by malformation in the development of the uterus during the antenatal period. This condition is characterised by a uterus with a bifurcated cephalo, and a unitary caudal part. Confirmation is by imaging.

LB44.4 **Septate uterus**

Longitudinal septum in uterus, subclassified as complete or partial

LB44.5 **Congenital fistulae between uterus and digestive and urinary tracts**

A condition caused by abnormal tissue development during the antenatal period. This condition is characterised by the formation of an abnormal passage between the uterus, digestive, and urinary tracts.

LB44.6 **Uterovaginal malformation due to diethylstilbestrol syndrome**

Fetal diethylstilbestrol syndrome is characterised by a group of symptoms likely to occur in children and grandchildren of a woman who was treated while pregnant with diethylstilbestrol (DES). The drug is a synthetic nonsteroidal oestrogen, used in the US until 1971 and in Europe until 1978 to try and prevent miscarriage, premature delivery, and other pregnancy complications. It has been estimated that 25% of female fetuses exposed to DES in utero during the first trimester have subsequently developed genital tract anomalies including vaginal adenosis, cervical malformations, vaginal septae, uterine cavity anomalies, or fallopian tube anomalies causing subsequent fertility problems.

LB44.Y **Other specified structural developmental anomalies of uterus, except cervix**

LB44.Z **Structural developmental anomalies of uterus, except cervix, unspecified**

LB45 Structural developmental anomalies of ovaries, fallopian tubes or broad ligaments

LB45.0 **Congenital absence of ovary**

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two ovaries.

Exclusions: Turner syndrome (LD50.0)

LB45.1 **46,XX gonadal dysgenesis**

Karyotype 46 XX; Gonads: gonadal dysgenesis (streak gonads); Phenotype female with symptoms like primary amenorrhea, hypergonadotrophic hypogonadism, normal stature and no other abnormalities.

LB45.2 **Developmental ovarian cyst**

A condition in which an individual is born with a benign, functional cyst, or cysts, on one or more ovaries which result from enlargement of otherwise normal follicles during third trimester or early neonatal period.

LB45.3 **Congenital torsion of ovary**

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a partial or complete rotation of the ovary, an occlusion to the venous or arterial blood supply of the ovary, severe lower abdominal pain that may radiate to the back, pelvis and thigh, and nausea, vomiting, diarrhoea or constipation.

LB45.4 **Accessory ovary**

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by excess ovarian tissue situated near an anatomically correct ovary, which may or may not be connected to the original ovarian tissue.

LB45.5 **Congenital absence of fallopian tube**

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two fallopian tubes.

LB45.6 **Atresia of fallopian tube**

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by unilateral or bilateral closure or absence of the fallopian tube(s), commonly within the proximal isthmic or proximal ampullary segments.

LB45.7 **Accessory fallopian tube**

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by the duplication of one or more fallopian tubes, commonly attached to the ampullary segment.

LB45.8 **Embryonic cyst of fallopian tube**

A condition of the Fallopian tube, caused by the overgrowth of pelvic tissue during the antenatal period. This condition is characterised by air, fluid, or semi-solid material surrounded by a distinct membrane of cells with abnormal appearance and behaviour.

Inclusions: Fimbrial cyst

LB45.9 **Embryonic cyst of broad ligament**

Remnant tissue from embryological development of the development of the pelvic organs presenting as a closed fluid sac on the broad ligament.

Inclusions: epoophoron cyst

parovarian cyst

LB45.Y **Other specified structural developmental anomalies of ovaries, fallopian tubes or broad ligaments**

LB45.Z **Structural developmental anomalies of ovaries, fallopian tubes or broad ligaments, unspecified**

LB4Y Other specified structural developmental anomalies of the female genital system

LB4Z **Structural developmental anomalies of the female genital system, unspecified**

Structural developmental anomalies of the male genital system (LB50-LB5Z)

Any condition affecting the male genital system, caused by determinants arising during the antenatal period. These conditions are characterised by structural developmental anomalies.

Exclusions: Disorders of sex development leading to sexual ambiguity (LD2A)

LB50 **Micropenis or penis agenesis**

A condition caused by reduced androgen production during the antenatal period. This condition is characterised by an absent, or unusually small penis. Confirmation is by measuring the length of a dorsal erectile penis.

LB51 **Anorchia or microorchidia**

A disorder affecting males, caused by an abnormality occurring in sex development during the antenatal period. This disorder is characterised by individuals who are born with absence of the testes, or with testes that are deficient in size and function. Confirmation is by physical examination, identification of low testosterone levels but elevated follicle stimulating hormone and luteinizing hormone levels in a blood sample, or imaging.

Coded Elsewhere: Testicular agenesis (LD2A.2)

LB52 **Cryptorchidism**

A disorder affecting males, caused by an abnormality occurring in sex development during the antenatal period. This disorder is characterised by the absence of one or both testes from the scrotum. This disorder may also present with reduced fertility, psychological implications, or increased risk of testicular germ cell tumours. Confirmation is by imaging, karyotyping, or identification of male sex hormones in a blood sample.

Exclusions: Retractile testis migrans (MF42)

LB52.0 Ectopic testis

A condition of the testis, caused by determinants arising during the antenatal period. This condition is characterised by the abnormal location of the testis away from the normal line of decent such as in the superficial inguinal pouch, perineal, abdominal, pelvic, crural, penile or femoral positions, and with normal testis and spermatic cord anatomy. Confirmation is by diagnostic laparoscopy to rule out an intra-abdominal, inguinal or absent/vanishing testis.

LB52.1 Undescended testicle, unilateral

The situation in which one of the two testicles in a male has not transitioned from the abdomen, and therefore appears absent from the scrotum.

LB52.2 Undescended testicle, bilateral

The situation in which both testicles in a male have not transitioned from the abdomen, and therefore appear absent from the scrotum.

LB52.Y Other specified cryptorchidism

LB52.Z **Cryptorchidism, unspecified**

LB53 **Hypospadias**

Any condition of the urethra affecting males, caused by determinants arising during the antenatal period. These conditions are characterised by a malformation of the urethra and an abnormally placed urinary meatus.

Exclusions: Epispadias (LB55)

LB53.0 **Hypospadias, balanic**

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.00 Hypospadias, coronal

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens in the ventral portion of the coronal sulcus. This condition may also present with an incomplete foreskin that forms a hood.

LB53.01 Hypospadias, glandular

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.0Y Other specified hypospadias, balanic

LB53.0Z Hypospadias, balanic, unspecified

LB53.1 **Hypospadias, penile**

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens along the shaft of the penis. This condition may also present with an incomplete foreskin that forms a hood.

LB53.2 **Hypospadias, penoscrotal**

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens where the shaft of the penis meets the scrotum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.3 **Hypospadias, scrotal**

A condition caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens on the scrotum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.4 **Hypospadias, perineal**

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens in the perineum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.Y **Other specified hypospadias**

LB53.Z **Hypospadias, unspecified**

LB54 Congenital chordee

A condition caused by the development of fibrous bands of tissue along the corpus spongiosum and shortening of the ventral skin during the antenatal period. This condition is characterised by ventral or dorsal curvature of the head of the penis at the junction with the shaft, most apparent during erection. This condition may also present with hypospadias.

LB55 Epispadias

Epispadias is a congenital genitourinary malformation belonging to the spectrum of the exstrophy-epispadias complex and is characterised in males by an ectopic meatus or a mucosal strip in place of the urethra on the penile dorsum and in females by bifid clitoris and a variable cleft of the urethra.

Exclusions: Hypospadias (LB53)

LB56 Bifid scrotum

A condition caused by failure of the scrotum to correctly develop during the antenatal period resulting in incomplete fusion of the labioscrotal folds. This condition in characterised by a deep midline cleft in the scrotum. This condition may be asymptomatic.

LB57 Agenesis of vas deferens

A condition of the vas deferens affecting males, caused by determinants arising during the antenatal period. This condition is characterised by the unilateral or bilateral absence of the vas deferens, azoospermia, and infertility.

LB58 Polyorchidism

A condition of the testes, caused by determinants arising during the antenatal period. This condition is characterised by the presence of more than two testicles. Confirmation is by imaging.

LB59 **Hypoplasia of testis or scrotum**

A condition caused by incomplete development of the testis and scrotum during the antenatal period. This condition is characterised by a decrease or destruction in the number or size of cells testis and scrotal tissue.

LB5Y **Other specified structural developmental anomalies of the male genital system**

LB5Z **Structural developmental anomalies of the male genital system, unspecified**

Structural developmental anomalies of the breast (LB60-LB6Z)

A deformation established before birth of an anatomical structure of the breast or breast tissue.

LB60 **Breast aplasia**

A condition caused by failure of the breast to develop during the antenatal period. This condition is characterised by a total lack of breast tissue. This condition may also present with absence of the nipple or pectoral muscle.

LB61 **Absent nipple**

A condition caused by failure of the nipple to develop during the antenatal period. This condition is characterised by a total lack of a nipple. This condition may also present with absence of the breast or pectoral muscle.

LB62 **Supernumerary breasts**

A condition caused by failure of the breasts to correctly develop during the antenatal period. This condition is characterised by supernumerary breasts, with or without nipples. This condition may be asymptomatic.

LB63 **Accessory nipple**

A condition caused by development of supernumerary nipples during the antenatal period. This condition is characterised by the presence of nipples or nipple-like structures additional to the normal two. This condition may be asymptomatic.

Inclusions: Supernumerary nipple

LB6Y **Other specified structural developmental anomalies of the breast**

LB6Z **Structural developmental anomalies of the breast, unspecified**

Structural developmental anomalies of the skeleton (LB70-LB9Z)

A deformation established before birth of an anatomical structure of one or more bones.

LB70 **Structural developmental anomalies of cranium**

Any condition caused by failure of the cranium to correctly develop during the antenatal period.

Coded Elsewhere: Wide cranial sutures of newborn (KD31)

LB70.0 **Craniosynostosis**

Craniosynostosis consists of premature fusion of one or more cranial sutures, resulting in an abnormal head shape. It can be divided in several subgroups; the major different types are primary vs secondary craniosynostosis and isolated vs syndromic craniosynostosis.

Inclusions: Imperfect fusion of skull

LB70.00 Plagiocephaly

Isolated synostotic plagiocephaly is a form of nonsyndromic craniosynostosis characterised by premature fusion of one coronal or lambdoid suture leading to skull deformity and facial asymmetry.

LB70.0Y Other specified craniosynostosis

LB70.0Z Craniosynostosis, unspecified

LB70.1 **Wormian bones**

Also known as intrasutural bone, is an additional bony segment interlocked in an existing cranial suture. A special form: Interparietal bone or Inca bone is an interlocked irregular isolated bone at the lambdoid suture. Although harmless it may be associated with craniofacial and other syndromes.

LB70.2 **J-shaped sella turcica**

LB70.3 **Macrocephaly**

A condition characterised by above normal head size.

Coding Note: Code also the causing condition

LB70.Y **Other specified structural developmental anomalies of cranium**

LB70.Z **Structural developmental anomalies of cranium, unspecified**

LB71 Structural developmental anomalies of facial bones

Any condition caused by failure of the facial bones to correctly develop during the antenatal period.

Exclusions: Facial clefts (LA51)

Otomandibular dysplasia (LD2F.16)

Agnathia (LA30-LA5Z)

Micrognathia (DA0E.00)

LB71.0 **Hypotelorism**

A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by lower than normal distance between the eyes.

LB71.1 **Hypertelorism**

A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by higher than normal distance between the eyes.

LB71.Y **Other specified structural developmental anomalies of facial bones**

LB71.Z **Structural developmental anomalies of facial bones, unspecified**

LB72 Structural developmental anomalies of shoulder girdle

Any condition caused by failure of the shoulder girdle to correctly develop during the antenatal period.

LB72.0 **Cervical rib**

LB72.1 **Sprengel deformity**

A condition caused by failure of the pectoral girdle to correctly develop during the antenatal period. This condition is characterised by abnormal descent, and altered position and anatomy of the scapula. This condition may present with muscle hypoplasia.

LB72.2 **Deformation of scapula**

LB72.Y **Other specified structural developmental anomalies of shoulder girdle**

LB72.Z **Structural developmental anomalies of shoulder girdle, unspecified**

LB73 Structural developmental anomalies of spine or bony thorax

Any condition caused by failure of the spine or bony thorax to correctly develop during the antenatal period.

LB73.0 **Occult spinal dysraphism**

Inclusions: Spina bifida occulta

Cryptomerorachischisis

Exclusions: meningocele (spinal) (LA02)

Spina bifida aperta (LA02.1)

Spina bifida cystica (LA02.0)

LB73.1 **Structural developmental anomalies of chest wall**

Any condition caused by failure of the chest wall to correctly develop during the antenatal period.

LB73.10 Poland syndrome

Poland syndrome is characterised by a unilateral absence or hypoplasia of the pectoralis major muscle (most frequently involving the sternocostal portion), and a variable degree of ipsilateral hand anomalies, including symbrachydactyly.

LB73.11 Bifid rib

LB73.12 Accessory rib

A condition caused by failure of the ribs to correctly develop during the antenatal period. This condition is characterised by a supernumerary rib arising for a cervical or lumbar vertebra. This condition may present with thoracic outlet syndrome, or may be asymptomatic.

LB73.13 Structural developmental anomalies of sternum

Any condition caused by failure of the sternum to correctly develop during the antenatal period.

LB73.1Y Other specified structural developmental anomalies of chest wall

LB73.1Z Structural developmental anomalies of chest wall, unspecified

LB73.2 **Structural developmental anomalies of spine**

Any condition caused by failure of the spine to correctly develop during the antenatal period.

LB73.20 Klippel-Feil anomaly

Klippel-Feil syndrome is characterised by improper segmentation of cervical segments resulting in congenitally fused cervical vertebrae.

Inclusions: Cervical fusion syndrome

LB73.21 Occipitalisation of atlas

A condition caused by failure of the atlas and occiput to correctly develop during the antenatal period. This condition is characterised by fusion of the atlas to the base of the occiput. This condition may present with headache, suboccipital stiffness, restricted motion, or dizziness. Confirmation is through observation of the fusion by imaging.

LB73.22 Atlanto-axial instability or subluxation

A condition caused by bony or ligamentous abnormality of the upper spinal column. This condition is characterised by excessive movement at the junction between C1 and C2 vertebrae. This condition may present with impaired rotation of the neck, neurological difficulties, or may be asymptomatic.

LB73.23 Aplasia or hypoplasia of the odontoid process of axis

LB73.24 Segmentation anomalies of vertebrae

Any condition caused by failure of the vertebrae to correctly develop during the antenatal period. These conditions are characterised by an abnormal number of fully developed vertebrae. Confirmation is through verification of absent or improperly formed vertebrae by imaging.

LB73.25 Congenital scoliosis due to congenital bony malformation

A condition caused by malformation of the ribs or spine. This condition is characterised by abnormal curving of the spine.

Exclusions: congenital scoliosis NOS (LB73.2)

LB73.26 Sacralization of the last lumbar vertebra

LB73.27 Lumbarisation of the first sacral vertebra

LB73.28 Sacrum agenesis or hypoplasia

LB73.29 Caudal appendage

A condition caused by development of a malformation on the lower back during the antenatal period. This condition is characterised by a cutaneous protrusion superior to the buttocks. This condition may be associated with occult spinal dysraphism.

Exclusions: Caudal regression sequence (LD2F.1)

LB73.2A Congenital spondylolisthesis

A condition caused by vertebral malformation, which allows the vertebra to slip forward over the sacrum. This condition may present with lower back pain, or may be asymptomatic.

Exclusions: acquired spondylolisthesis (FA84)

acquired spondylolysis (FA81)

LB73.2Y Other specified structural developmental anomalies of spine

LB73.2Z Structural developmental anomalies of spine, unspecified

LB73.Y Other specified structural developmental anomalies of spine or bony thorax

LB73.Z Structural developmental anomalies of spine or bony thorax, unspecified

LB74 Structural developmental anomalies of pelvic girdle

Any condition caused by failure of the pelvic girdle to correctly develop during the antenatal period.

Exclusions: Clicking hip (ME80)

LB74.0 Developmental dysplasia of hip

A condition caused by failure of the hip to correctly develop during the antenatal period. This condition is characterised by slippage of the hip from the socket. This condition may present with outward turning of the leg, reduced movement on one side of the body, shortness of one leg, uneven skin folds on thigh or buttocks, walking difficulties, or inward rounding of the lower back.

LB74.1 Congenital subluxation of hip

LB74.2 Unstable hip

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by looseness of the hip joint. This condition may present with dislocation, multidirectional intra-operative instability, abductor insufficiency, or neuromuscular disability.

LB74.3 Congenital coxa vara

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by a decrease in the femoral neck-shaft angle. This condition may present with a shortened leg, or a limp.

LB74.4 Congenital coxa valga

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by an increase in the femoral neck-shaft angle.

LB74.5 **Wide symphysis pubis**

LB74.Y **Other specified structural developmental anomalies of pelvic girdle**

LB74.Z **Structural developmental anomalies of pelvic girdle, unspecified**

LB75 Brachydactyly

Brachydactyly ('short digits') is a general term that refers to disproportionately short fingers and toes, and forms part of the group of limb malformations characterised by bone dysostosis. The various types of isolated brachydactyly are rare, except for types A3 and D.

LB75.0 **Brachydactyly of fingers**

A condition caused by failure of the fingers to correctly develop during the antenatal period. This condition is characterised by below normal finger length.

LB75.1 **Brachydactyly of toes**

A condition caused by failure of the toes to correctly develop during the antenatal period. This condition is characterised by below normal toe length.

LB75.2 **Symbrachydactyly of hands or feet**

A condition caused by failure of the digits to correctly develop during the antenatal period. This condition is characterised by short digits, which may be webbed. This condition may also present with missing digits, shortened metacarpals, or short limb sections.

LB75.Y **Other specified brachydactyly**

LB75.Z **Brachydactyly, unspecified**

LB76 Triphalangeal thumb

A condition caused by failure of the thumb to correctly develop during the antenatal period. This condition is characterised by a long, finger-like thumb with three phalanges instead of two. Isolated triphalangeal thumbs may be associated with genetic abnormality in the 7q36 region.

LB77 Hyperphalangy

LB78 Polydactyly

Any condition caused by development of supernumerary fingers during the antenatal period.

LB78.0 **Polydactyly of the thumb**

A condition caused by development of supernumerary thumbs during the antenatal period.

LB78.1 **Polysyndactyly**

Polysyndactyly is a form of preaxial polydactyly of fingers characterised by the presence of a thumb showing the mildest degree of duplication, being broad, bifid or with radially deviated distal phalanx. Syndactyly of various degrees of third-and-fourth fingers is occasionally present. Two forms have been characterised: unilateral and bilateral.

LB78.2 **Postaxial polydactyly of fingers**

A condition caused by development of supernumerary fingers during the antenatal period. This condition is characterised by fifth digit duplications.

LB78.3 **Polydactyly of toes**

Any condition caused by development of supernumerary toes during the antenatal period.

LB78.Y **Other specified polydactyly**

LB78.Z **Polydactyly, unspecified**

LB79 **Syndactyly**

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the digits during the antenatal period. This condition is characterised by the presence of two or more digits that are fused together.

Coded Elsewhere: Polysyndactyly (LB78.1)

LB79.0 **Fused fingers**

Inclusions: complex syndactyly of fingers with synostosis

LB79.1 **Webbed fingers**

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the fingers to during the antenatal period. This condition is characterised by the presence of two or more fingers that are fused together.

Inclusions: Simple syndactyly of fingers without synostosis

LB79.2 **Fused toes**

Inclusions: Complex syndactyly of toes with synostosis

LB79.3 **Webbed toes**

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the toes during the antenatal period. This condition is characterised by the presence of two or more toes that are fused together.

Inclusions: Simple syndactyly of toes without synostosis

LB79.Y **Other specified syndactyly**

LB79.Z **Syndactyly, unspecified**

Congenital deformities of fingers or toes (LB80-LB8Z)

LB80 **Congenital deformities of fingers**

Any condition caused by failure of the fingers to develop correctly during the antenatal period.

Inclusions: Congenital deformities of hand

LB80.0 **Clinodactyly of fingers**

A condition caused by failure of the fifth finger to correctly develop during the antenatal period. This condition is characterised by bending of the fifth finger towards the fourth.

LB80.2 **Radial deviation of fingers**

LB80.Y **Other specified congenital deformities of fingers**

LB81 **Congenital deformities of toes**

Coded Elsewhere: Congenital hammer toe (LB98.5)

LB81.0 **Clinodactyly of toes**

LB81.Y **Other specified congenital deformities of toes**

LB8Z **Congenital deformities of fingers or toes, unspecified**

LB90 **Joint formation defects**

Any condition of the skeletal system, caused by failure of joints to correctly develop during the antenatal period.

LB90.0 **Humero-radio-ulnar synostosis**

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus to the ulnar and radial bones of the arm, and consequent inability to straighten the elbow joint. This condition may be associated with thalidomide embryopathy. Confirmation is through observation of humero-radio-ulnar fusion by imaging.

LB90.1 **Humero-radial synostosis**

LB90.2 **Humero-ulnar synostosis**

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus and radial bones of the arm, and consequent inability to straighten the elbow joint. Confirmation is through observation of humero-ulnar fusion by imaging.

LB90.3 **Radio-ulnar synostosis**

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the ulnar and radial bones of the arm, and consequent limitation of rotational movement of the forearm. Confirmation is through observation of radio ulnar fusion by imaging.

LB90.4 **Madelung deformity**

Madelung disease, or deformity is a predominantly bilateral wrist anomaly characterised by shortened and bowed radii and long ulnae leading to dorsal dislocation of the distal ulna and limited mobility of the wrist and elbow.

LB90.5 **Congenital digital clubbing**

Isolated congenital digital clubbing is a rare genodermatosis disorder characterised by enlargement of the terminal segments of fingers and toes with thickened nails without any other abnormality.

LB90.6 **Tibio-fibular synostosis**

LB90.7 **Cubitus valgus**

LB90.8 **Cubitus varus**

LB90.Y **Other specified joint formation defects**

LB90.Z **Joint formation defects, unspecified**

LB91 Congenital shoulder dislocation

LB92 Congenital elbow dislocation

LB93 Congenital knee dislocation

A condition characterised by hyperextension of the knee joint.

LB93.0 **Congenital genu recurvatum**

LB93.1 **Congenital genu flexum**

LB93.Y **Other specified congenital knee dislocation**

LB93.Z **Congenital knee dislocation, unspecified**

LB94 Congenital patella dislocation

LB95 Patella aplasia or hypoplasia

Isolated patella aplasia-hypoplasia is an extremely rare genetic condition characterised by congenital absence or marked reduction of the patellar bone. This condition may present with discomfort or abnormal gait. Confirmation is through verification of the reduced or absent patella by imaging

LB96 Congenital bowing of long bones

Congenital bowing of long bones is a congenital condition described by the presence of symmetric or asymmetric angular deformity and shortening of the long bones, particularly the femurs, tibiae and ulnae.

LB96.0 **Congenital bowing of femur**

A condition caused by failure of the femur to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the femur. Confirmation is through observation of the bowed femur by imaging.

LB96.1 **Congenital bowing of tibia**

A condition caused by failure of the tibia to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the tibia. Confirmation is through observation of the bowed tibia by imaging.

LB96.Y **Other specified congenital bowing of long bones**

LB96.Z **Congenital bowing of long bones, unspecified**

LB97 **Limb overgrowth**

Disproportionately long or asymmetric upper limbs

Exclusions: Hemihypertrophy (LD2C)

LB97.0 Macrodactyly of fingers

A condition caused by failure of the fingers to correctly develop during the antenatal period. This condition is characterised by overgrowth of bone and soft tissue, resulting in larger than normal fingers. This condition may be asymptomatic.

LB97.1 Macrodactyly of toes

LB97.2 Upper limb hypertrophy

LB97.3 Lower limb hypertrophy

LB97.Y Other specified limb overgrowth

LB97.Z Limb overgrowth, unspecified

LB98 **Congenital deformities of feet**

Any condition caused by malformation of the foot during the antenatal period.

LB98.0 Congenital varus deformities of feet

Any condition caused by failure of the bones of the foot to correctly develop during the antenatal period. These conditions are characterised by twisting of parts of the foot inward from the centre of the body.

LB98.00 Talipes equinovarus

A condition characterised by a foot that is fixated in adduction, in supination, and in varus. This condition may be associated with intrauterine position, genetic mutation, or can be idiopathic.

LB98.01 Talipes calcaneovarus

LB98.02 Metatarsus varus

A condition characterised by medial rotation of the cuneiform bones at the midtarsal joint, with associated medial deviation of the metatarsal, resulting in adduction and supination of the forefoot.

LB98.0Y Other specified congenital varus deformities of feet

LB98.0Z Congenital varus deformities of feet, unspecified

LB98.1 Congenital pes planus

Any condition caused by failure of the foot to correctly develop during the antenatal period. These conditions are characterised by severe rigid flat foot deformity.

Inclusions: congenital flat foot

LB98.2 Congenital valgus deformities of feet

Any condition caused by failure of the bones of the foot to correctly develop during the antenatal period. These conditions are characterised by twisting of parts of the foot outward from the centre of the body.

LB98.20 Congenital hallux valgus

A condition caused by failure of the hallux to correctly develop during the antenatal period. This condition is characterised by angling of the hallux medial to the metatarsophalangeal joint.

LB98.21 Metatarsus valgus

A condition caused by failure of the bones of the foot to correctly develop during the antenatal period. This condition is characterised by rotation of the forepart of the foot outward from the midline of the body.

LB98.22 Talipes calcaneovalgus

A condition caused by tightness of the muscles of the foot due to resting of the foot in a turned up position during the antenatal period. This condition is characterised by a foot that is turned upwards towards the shin.

LB98.2Y Other specified congenital valgus deformities of feet

LB98.2Z Congenital valgus deformities of feet, unspecified

LB98.3 Congenital pes cavus

A condition characterised by a high arch of the foot that does not flatten with weight bearing.

LB98.4 Congenital vertical talus

Isolated congenital vertical talus is a rare pedal deformity recognizable at birth by a dislocation of the talonavicular joint, resulting in a characteristic radiographic near-vertical orientation of the talus.

LB98.5 Congenital hammer toe

A condition characterised by angling downwards of the toe.

LB98.Y Other specified congenital deformities of feet

LB98.Z Congenital deformities of feet, unspecified

LB99 Reduction defects of upper limb

Any condition caused by the failure of an upper limb to correctly develop during the antenatal period. These conditions are characterised by reduction in size or absence of the limb.

LB99.0 Amelia of upper limb

A condition caused by the failure of an upper limb to develop during the antenatal period. This condition is characterised by absence of the upper limb.

LB99.1 Humeral agenesis or hypoplasia

LB99.2 Radial hemimelia

Radial hemimelia is a congenital longitudinal deficiency of the radius bone of the forearm characterised by partial or total absence of the radius.

Inclusions: Radial clubhand

LB99.3 **Ulnar hemimelia**

Ulnar hemimelia is a congenital ulnar deficiency of the forearm characterised by complete or partial absence of the ulna bone.

LB99.4 **Congenital absence of upper arm or forearm with hand present**

A condition caused by the failure of the upper arm and forearm to develop during the antenatal period, but with the hand present. This condition is characterised by direct connection of the hand to the shoulder.

LB99.5 **Congenital absence of both forearm and hand**

A condition caused by the failure of the forearm and hand to develop during the antenatal period.

LB99.6 **Acheiria**

A condition caused by failure of one or both hands to develop during the antenatal period.

LB99.7 **Adactyly of hands**

A condition caused by failure of the digits on the hand to correctly develop during the antenatal period. This condition is characterised by absence of digits on the hand.

LB99.8 **Split hand**

A condition caused by malformation of the hand during the antenatal period. This condition is characterised by a deep median cleft of the hand due to the absence of the central rays.

LB99.Y **Other specified reduction defects of upper limb**

LB99.Z **Reduction defects of upper limb, unspecified**

LB9A Reduction defects of lower limb

Any condition caused by the failure of a lower limb to correctly develop during the antenatal period. These conditions are characterised by reduction in size or absence of the limb.

LB9A.0 **Amelia of lower limb**

LB9A.1 **Tibial hemimelia**

Tibial hemimelia is a rare congenital anomaly characterised by deficiency of the tibia with a relatively intact fibula.

LB9A.2 **Fibular hemimelia**

Fibular hemimelia is a congenital longitudinal limb deficiency characterised by complete or partial absence of the fibula bone.

LB9A.3 **Congenital absence of thigh or lower leg with foot present**

Any condition caused by the failure of the thigh and lower leg to develop during the antenatal period. These conditions are characterised by direct connection of the foot to the hip.

LB9A.4 **Apodia**

A condition caused by failure of the foot to develop during the antenatal period.

LB9A.5 **Adactyly of feet**

A condition caused by failure of the digits on the foot to correctly develop during the antenatal period. This condition is characterised by absence of digits on the foot.

LB9A.6 **Split foot**

A condition caused by malformation of the foot during the antenatal period. This condition is characterised by a deep median cleft of the foot due to the absence of the central rays.

LB9A.7 **Congenital absence of both lower leg and foot**

Any condition caused by the failure of the lower leg and foot to develop during the antenatal period.

LB9A.8 **Femoral agenesis or hypoplasia**

Femoral agenesis/hypoplasia is a rare malformation of variable severity ranging from mild hypoplasia to complete absence of the femur.

LB9A.Y **Other specified reduction defects of lower limb**

LB9A.Z **Reduction defects of lower limb, unspecified**

LB9B **Reduction defects of upper and lower limbs**

LB9Y **Other specified structural developmental anomalies of the skeleton**

LB9Z **Structural developmental anomalies of the skeleton, unspecified**

Structural developmental anomalies of the skin (LC00-LC7Z)

A deformation established before birth of an anatomical structure of the skin.

Exclusions: pilonidal cyst or sinus (EG63)

Congenital erythropoietic porphyria (5C58.12)

Acrodermatitis enteropathica (5C64.20)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Keratinocytic, pilosebaceous, eccrine, apocrine and other complex hamartomatous malformations of the skin.

LC00 **Keratinocytic epidermal hamartoma**

Keratinocytic epidermal hamartoma or epidermal naevus is a congenital hamartomatous epidermal malformation composed of keratinocytes. It is thought to arise as a result of somatic mutation: early embryonic mutations can give rise to extensive systematised naevi, though typically epidermal naevi are localised linear papillomatous or verrucous plaques. Histologically they exhibit acanthosis, papillomatosis and acanthosis.

Coded Elsewhere: Linear porokeratosis (ED52)

LC00.0 Epidermal naevus

LC00.Y Other specified keratinocytic epidermal hamartoma

LC01 **Pilosebaceous hamartoma**

Hamartomatous malformation involving elements originating from the developing pilosebaceous follicle.

LC02 **Complex epidermal hamartoma**

Hamartomatous malformation composed of elements deriving from several components of the developing epidermis and epidermal appendages.

LC0Y **Other specified developmental hamartomata of the epidermis and epidermal appendages**

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomatous cutaneous malformations involving melanocytes including congenital pigmented naevi.

Coded Elsewhere: Congenital melanocytic naevus (2F20.2)

Familial multiple café-au-lait macules (EC23.0)

LC10 **Dermal melanocytosis**

The presence at birth of functional melanocytes within the dermis. Most commonly this is as a result of incomplete migration of melanocytes to the epidermis as in lumbosacral dermal melanocytosis (Mongolian spot). Less commonly it is due to circumscribed hamartomatous proliferation of melanocytes in the dermis (e.g. Naevus of Ota).

Coded Elsewhere: Phakomatosis caesioflammea (LD2D.Y)

Phakomatosis caesiomarmorata (LD2D.Y)

LC1Y **Other specified developmental anomalies of skin pigmentation**

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Hamartomatous malformations of dermal collagen and elastin.

LC20 **Connective tissue hamartoma**

Inclusions: Connective tissue naevus

LC2Y **Other specified hamartomata derived from dermal connective tissue**

Developmental defects of hair or nails (LC30-LC31)

LC30 **Developmental defects of hair or hair growth**

LC31 **Developmental defects of the nail apparatus**

Congenital malformations of the nail apparatus.

Inclusions: congenital abnormalities of the nails

LC40 **Dermoid cyst**

Coded Elsewhere: Dermoid cyst of eyelid (2F36.4)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Congenital vascular malformations affecting the skin

LC50 **Developmental capillary vascular malformations of the skin**

Coded Elsewhere: Phakomatosis pigmentovascularis (LD2D.Y)

LC50.0 **Salmon patch**

A common skin condition of neonates, characterised by flat, deep-pink localised areas of capillary dilation that occur predominantly on the back of the neck, lower occiput, upper eyelids, upper lip, and bridge of the nose. The areas disappear permanently by about 2 years of age.

LC50.1 **Port-wine stain**

A port-wine stain is defined as a macular telangiectatic area of skin which is present at birth and does not spontaneously involute. Port-wine stains may be localised or extensive and they are often associated with an underlying disorder.

Coded Elsewhere: Sturge-Weber syndrome (LD23)

LC50.Y **Other specified cutaneous capillary vascular malformation**

LC51 **Developmental venous malformations involving the skin**

Certain genetically-determined syndromes presenting with venous anomalies in the skin

LC52 **Complex or combined developmental vascular malformations involving the skin**

Coded Elsewhere: Angio-osteohypertrophic syndrome (LD26.60)
Cobb syndrome (LA90.3Y)
Maffucci syndrome (LD2F.1Y)

LC5Y **Other specified developmental anomalies of cutaneous vasculature**

LC5Z **Developmental anomalies of cutaneous vasculature, unspecified**

Congenital anomalies of skin development (LC60-LC60)

Coded Elsewhere: Focal dermal hypoplasia (LD27.0Y)
Beckwith-Wiedemann syndrome (LD2C)

LC60 **Aplasia cutis congenita**

Congenital absence of skin. The commonest form presents as a defect limited to the scalp. It is also a component of a number of genetic syndromes.

LC7Y **Other specified structural developmental anomalies of the skin**

LC7Z **Structural developmental anomalies of the skin, unspecified**

Structural developmental anomalies of the adrenal glands (LC80-LC8Z)

A deformation established before birth of an anatomical structure of the adrenal glands.

Exclusions: Congenital adrenal hyperplasia (5A71.01)

LC80 **Congenital adrenal hypoplasia**

Coded Elsewhere: Congenital adrenocortical insufficiency (5A74.Y)

LC8Y **Other specified structural developmental anomalies of the adrenal glands**

LC8Z **Structural developmental anomalies of the adrenal glands, unspecified**

LD0Y **Other specified structural developmental anomalies primarily affecting one body system**

LD0Z **Structural developmental anomalies primarily affecting one body system, unspecified**

Multiple developmental anomalies or syndromes (LD20-LD2Z)

Complex developmental anomalies involving more than one body system

LD20 **Syndromes with central nervous system anomalies as a major feature**

Exclusions: Meckel syndrome (LD2F.13)

LD20.0 Syndromes with cerebellar anomalies as a major feature

Coded Elsewhere: Dysplastic cerebellar gangliocytoma (2A00.21)

LD20.00 Joubert syndrome

Joubert syndrome is a genetic midbrain-hindbrain malformation syndrome characterised by congenital malformation of the brainstem and agenesis or hypoplasia of the cerebellar vermis leading to an abnormal respiratory pattern, nystagmus, hypotonia, ataxia, and delay in achieving motor milestones.

Coded Elsewhere: Oral-facial-digital syndrome type 6 (LD25.00)

LD20.01 Pontocerebellar hypoplasia

Nonsyndromic pontocerebellar hypoplasias are a rare heterogeneous group of diseases characterised by hypoplasia and atrophy and/or early neurodegeneration of the cerebellum and pons. Eight subtypes named type 1-8 have been described, generally inherited in an autosomal recessive pattern.

LD20.0Y Other specified syndromes with cerebellar anomalies as a major feature

LD20.0Z Syndromes with cerebellar anomalies as a major feature, unspecified

LD20.1 Syndromes with lissencephaly as a major feature

The term lissencephaly covers a group of rare malformations sharing the common feature of anomalies in the appearance of brain convolutions (characterised by simplification or absence of folding) associated with abnormal organisation of the cortical layers as a result of neuronal migration defects during embryogenesis. Children with lissencephaly have feeding and swallowing problems, muscle tone anomalies (early hypotonia and subsequently limb hypertonia), seizures (in particular, infantile spasms) and severe psychomotor retardation. Two large groups can be distinguished: classical lissencephaly (and its variants) and cobblestone lissencephaly.

Inclusions: Agyria

Pachygyria

LD20.2 **Syndromes with microcephaly as a major feature**

Developmental syndromes in which an abnormally small head size is a significant feature.

LD20.3 **Syndromes with holoprosencephaly as a major feature**

Any syndrome caused by failure of the prosencephalon to divide in two during the antenatal period. These syndromes may present with closely spaced eyes, cyclopia, flat nasal bridge, single maxillary central incisor, small head size, and clefts of the lip and palate.

Coded Elsewhere: Arrhinencephaly (LA05.4)

LD20.4 **Syndromes with brain calcifications as a major feature**

A group of rare familial syndromes characterised by abnormal calcification of cerebral tissue and typically first manifesting in adult life with any of a wide range of neuropsychiatric disorders.

LD20.Y **Other specified syndromes with central nervous system anomalies as a major feature**

LD20.Z **Syndromes with central nervous system anomalies as a major feature, unspecified**

LD21 Syndromes with eye anomalies as a major feature

Any syndrome caused by failure of one or both eyes to correctly develop during the antenatal period.

Exclusions: Septo-optic dysplasia (5A61.0)

Cat-eye syndrome (LD41.P)

Aicardi syndrome (LD20)

Papillorenal syndrome (LA13.7)

WAGR syndrome (LD2A)

LD21.0 **Syndromes with microphthalmia as a major feature**

Syndromes in which abnormally small eyes form an important component.

LD21.Y **Other specified syndromes with eye anomalies as a major feature**

LD21.Z **Syndromes with eye anomalies as a major feature, unspecified**

LD22 Syndromes with dental anomalies as a major feature

Coded Elsewhere: Amelogenesis imperfecta (LA30.6)

Dentine dysplasia (LA30.7)

Dentinogenesis imperfecta (LA30.8)

LD23 Syndromes with vascular anomalies as a major feature

Coded Elsewhere: Angio-osteohypertrophic syndrome (LD26.60)

Primary lymphoedema (BD93.0)

Cutis marmorata telangiectatica congenita (LC52)

LD24 Syndromes with skeletal anomalies as a major feature

Coded Elsewhere: Progressive osseous heteroplasia (FB31.0)

Fibrodysplasia ossificans progressiva (FB31.1)

Osteolysis syndromes (FB86.2)

Calcification or ossification of muscles of genetic origin (FB31.Y)

LD24.0 Syndromes with micromelia

Syndromes in which abnormally short limbs are a major feature

LD24.00 Achondroplasia

Achondroplasia is the most frequent form of chondrodysplasia and is a type of dwarfism is characterised by short limbs, hyperlordosis, short hands, and macrocephaly with high forehead and saddle nose, with normal intellectual development.

LD24.01 Hypochondroplasia

Hypochondroplasia is a skeletal dysplasia characterised by disproportionate short stature, mild lumbar lordosis and limited extension of the elbow joints.

LD24.02 Thanatophoric dysplasia

Thanatophoric Dysplasia is a severe skeletal disorder that is lethal in the neonatal period. Two clinically defined TD subtypes have been classified: type I (TDI), characterised by micromelia with bowed femurs and, occasionally, by the presence of cloverleaf skull deformity of varying severity and type II (TDII), characterised by micromelia with straight femurs and a moderate to severe cloverleaf skull deformity.

LD24.03 Diastrophic dysplasia

Diastrophic dwarfism is a rare autosomal recessive disorder marked by short stature with short extremities (final adult height is 120cm +/- 10cm), and joint malformations leading to multiple joint contractures (principally involving the shoulders, elbows, interphalangeal joints and hips)

LD24.04 Chondrodysplasia punctata

LD24.0Y Other specified syndromes with micromelia

LD24.0Z Syndromes with micromelia, unspecified

LD24.1 Bone diseases with increased bone density

Coded Elsewhere: Pycnodysostosis (5C56.Y)

Buschke-Ollendorff syndrome (EC4Y)

LD24.10 Osteopetrosis

Osteopetrosis ('marble bone disease') is a descriptive term that refers to a group of rare, heritable disorders of the skeleton characterised by increased bone density on radiographs. Osteopetrotic conditions vary greatly in their presentation and severity, ranging from neonatal onset with life-threatening complications such as bone marrow failure (as in classical or 'malignant' autosomal recessive osteopetrosis) to the incidental finding of osteopetrosis on radiographs (e.g. osteopoikilosis).

Coded Elsewhere: OL-EDA-ID syndrome (LD27.0Y)

Osteopetrosis - hypogammaglobulinaemia (4A01.0Y)

LD24.11 Osteopoikilosis

LD24.1Y Other specified bone diseases with increased bone density

LD24.1Z Bone diseases with increased bone density, unspecified

LD24.2 **Bone diseases with disorganised development of skeletal components**

Coded Elsewhere: Osteogenesis imperfecta (LD24.K0)

Enchondromatosis (2E83.Z)

X-linked cutis laxa (LD28.2)

Maffucci syndrome (LD2F.1Y)

Inherited bone dysplasia (FB80.Y)

LD24.20 Multiple osteochondromas

Inclusions: Diaphyseal aclasis

LD24.21 Exostoses with anetodermia and brachydactyly type E

LD24.22 Cherubism

Cherubism is a benign fibro-osseous hereditary disorder of childhood, limited to the lower half of the face, the maxilla and particularly the mandible, with bilateral painless swelling of jaws (giving the so-called cherubic look) associated with multicystic bone tumours and eyes-to-heaven appearance. Dentition is also abnormal at the sites concerned: tooth agenesis, noneruption, displacement, root resorption and malocclusions are common.

LD24.23 Yunis-Varon disease

A disease caused by failure of multiple body systems to correctly develop during the antenatal period, due to mutation of the FIG4 gene. This disease is characterised by cleidocranial dysplasia, digital anomalies, and severe neurological involvement.

LD24.2Y Other specified bone diseases with disorganised development of skeletal components

LD24.2Z Bone diseases with disorganised development of skeletal components, unspecified

LD24.3 **Spondyloepiphyseal or spondyloepimetaphyseal dysplasias**

Spondyloepiphyseal dysplasias (SED) are a heterogeneous group of congenital chondrodysplasias that specifically affect epiphyses and vertebrae. Their most frequent form is characterised by small neonatal size of ovid vertebrae and overall late growth of bones, more marked in the femoral heads, with a slightly irregular metaphyseal limit. Other clinical forms have been described, some of which were dominant and more or less severe with metaphyseal lesions, while others were recessive and included nephrotic syndrome, lymphopenia, and immune disorders (immune bone dysplasia).

LD24.4 **Spondylometaphyseal dysplasias**

Spondylometaphyseal dysplasias are a heterogeneous group of disorders associated with walking and growth disturbances that become evident during the second year of life. The disorders are characterised by platyspondyly (flattened vertebrae) and marked hip and knee metaphyseal lesions. The different forms of spondylometaphyseal dysplasia are distinguished by the localization and severity of involvement of the affected metaphyses.

LD24.5 **Spondylodysplastic dysplasias**

LD24.50 Achondrogenesis

LD24.51 Hypochondrogenesis

A condition caused by failure of the skeletal system to correctly develop during the antenatal period, due to mutation of the COL2A1 gene. This condition is characterised by a small body, short limbs, underdeveloped lungs, flat and oval-shaped face, hypertelorism, micrognathia, enlarged abdomen, and ossification in the spine and pelvis. This condition may also present with a cleft palate.

LD24.5Y Other specified spondylodysplastic dysplasias

LD24.5Z Spondylodysplastic dysplasias, unspecified

LD24.6 **Multiple epiphyseal dysplasia or pseudoachondroplasia**

LD24.60 Pseudoachondroplasia

Pseudoachondroplasia is a chondrodysplasia characterised by severe growth deficiency and deformations such as bow legs and hyperlordosis.

LD24.61 Multiple epiphyseal dysplasias

Multiple epiphyseal dysplasias (MED/EDMs) are characterised by epiphyseal anomalies causing joint pain early in life, recurrent osteochondritis and early arthrosis. The EDMs are a heterogeneous group of diseases with variable expression classed as MED/EDMs 1-6.

Coded Elsewhere: Wolcott-Rallison syndrome (5A13.6)

LD24.6Y Other specified multiple epiphyseal dysplasia or pseudoachondroplasia

LD24.6Z Multiple epiphyseal dysplasia or pseudoachondroplasia, unspecified

LD24.7 **Multiple metaphyseal dysplasias**

Exclusions: Pyle disease (LD24.1)

Coded Elsewhere: Cartilage-hair hypoplasia (LD27.0Y)

Metaphyseal dysostosis - intellectual deficit - conductive deafness (LD2H.Y)

LD24.8 **Acromelic dysplasias**

Coded Elsewhere: Microspherophakia or Weill Marchesani Syndrome (9C61.42)

Trichorhinophalangeal syndrome type 1 and 3 (LD27.0Y)

LD24.80 Langer-Giedion syndrome

Langer-Giedon syndrome or trichorhinophalangeal syndrome type 2 is a chromosomal anomaly syndrome characterised by the association of intellectual deficit and numerous other anomalies including redundant skin, multiple cartilaginous exostoses, characteristic facies and cone-shaped phalangeal epiphyses.

LD24.8Y Other specified acromelic dysplasias

LD24.8Z Acromelic dysplasias, unspecified

LD24.9 **Acromesomelic dysplasias**

A group of rare disorders characterised by shortening of the bones of the forearms, lower legs, hands and feet.

Exclusions: Sensenbrenner syndrome (LD27.0)

LD24.A **Mesomelic or rhizomesomelic dysplasias**

LD24.B **Short rib syndromes**

Exclusions: Oral-facial-digital syndrome type 4 (LD25.00)

Coded Elsewhere: Chondroectodermal dysplasia (LD27.0Y)

LD24.B0 Short rib-polydactyly syndrome

Short rib-polydactyly syndromes are a group of bone malformations characterised by a narrow thorax and polydactyly (usually preaxial). Prevalence as a group is unknown. The group is heterogeneous and includes Jeune syndrome and Ellis Van Creveld syndrome, neither of which are lethal, together with lethal chondrodysplasias: Saldino-Noonan (type 1), Majewski (type 2), Verma-Naumoff (type 3) and Beemer-Langer (Type 4).

LD24.B1 Asphyxiating thoracic dystrophy

Asphyxiating thoracic dystrophy, also called Jeune syndrome, is a short-rib dysplasia characterised by a narrow thorax, short limbs and radiological skeletal abnormalities including "trident" aspect of the acetabula and metaphyseal changes.

LD24.BY Other specified short rib syndromes

LD24.BZ Short rib syndromes, unspecified

LD24.C **Bent bone dysplasias**

Any syndromes are characterised by poor mineralization of the skull, craniosynostosis, hypoplastic pubis and clavicles, osteopenia, bent long bones, low-set ears, hypertelorism, midface hypoplasia, prematurely erupted fetal teeth, and micrognathia. These syndromes may be associated with mutation of the FGFR2 gene.

Coded Elsewhere: Campomelic dysplasia (LD2A.Y)

Juvenile osteochondrosis of tibia or fibula (FB82.1)

LD24.D **Slender bone dysplasias**

Any syndrome characterised by dwarfism, thin bones, multiple fractures, and prenatal or early postnatal death.

Coded Elsewhere: IMAGe syndrome (5A74.Y)

LD24.E **Bone dysplasias with multiple joint dislocations**

Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which include the dislocations of multiple joints.

LD24.F **Progressive ossification of skin, skeletal muscle, fascia, tendons or ligaments**

Coded Elsewhere: Progressive osseous heteroplasia (FB31.0)

Fibrodysplasia ossificans progressiva (FB31.1)

LD24.G **Syndromic craniosynostoses**

Any syndrome caused by premature fusing of sections of the infant skull. These syndromes are characterised by disfiguring compensatory growth of the skull. These syndromes may also present with frequent worsening morning headache, recurrent vomiting, cephalocranial disproportion, raised intracranial pressure, optic atrophy, blindness, or developmental delay.

Exclusions: Sensenbrenner syndrome (LD27.0)

Shprintzen-Goldberg craniosynostosis syndrome (LD28.0)

Craniotelencephalic dysplasia (LD20.1)

Coded Elsewhere: Craniofrontonasal dysplasia (LD25.3)

LD24.G0 Pfeiffer syndrome

Pfeiffer syndrome (associated with mutations in the FGFR1 and 2 gene) is a syndromic form of craniosynostosis characterised by the association of craniosynostosis. Often pansynostosis. Severe midface hypoplasia. Broad and deviated thumbs and big toes, and partial syndactyly of the fingers and toes. Hydrocephaly may be found occasionally, along with severe ocular proptosis, ankylosed elbows.

Exclusions: Pfeiffer disease (1D81.0)

LD24.G1 Crouzon disease

Crouzon disease is a form of syndromic craniosynostosis characterised by craniosynostosis and facial hypoplasia.

LD24.G2 Apert syndrome

Apert syndrome is a syndromic craniosynostosis associated with mutations in the FGFR2 gene and characterised by premature closure of coronal suture and a later onset of pansynostosis. Pathognomonic is an osseous and membranous syndactyly of at least Digitus II-IV (fingers and toes). High incidence of midface hypoplasia with orbital- and facial stenosis, cleft palate, vertebral fusion. Mental deficits in 30%.

LD24.GY Other specified syndromic craniosynostoses

LD24.GZ Syndromic craniosynostoses, unspecified

LD24.H **Dysostoses with predominant vertebral and costal involvement**

Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which include dysgenesis of the vertebrae and intercostal cartilage.

Exclusions: Spondylocostal dysostosis - anal and genitourinary malformations (LD2F.1)

LD24.J **Patellar dysostoses**

Any syndrome characterised by malformation of the patella during the antenatal period.

LD24.J0 Nail-patella syndrome

Nail patella syndrome is a hereditary osteo-onychodysplasia characterised by nail dysplasia with triangular lunula, hypoplastic or absent patellas, iliac exostoses (`iliac horns') and dysplastic elbows.

LD24.JY Other specified patellar dysostoses

LD24.JZ Patellar dysostoses, unspecified

LD24.K **Genetic bone diseases with decreased bone density**

Coded Elsewhere: Ehlers-Danlos-osteogenesis imperfecta syndrome (LD28.1Y)

LD24.K0 Osteogenesis imperfecta

Osteogenesis imperfecta (OI) comprises a heterogeneous group of genetic disorders characterised by increased bone fragility, low bone mass, and susceptibility to bone fractures with variable severity. The most clinically relevant characteristic of all types of OI is bone fragility, which manifests as multiple spontaneous fractures.

Inclusions: Fragilitas ossium

Osteopsathyrosis

LD24.KY Other specified genetic bone diseases with decreased bone density

LD24.KZ Genetic bone diseases with decreased bone density, unspecified

LD24.Y **Other specified syndromes with skeletal anomalies as a major feature**

LD24.Z **Syndromes with skeletal anomalies as a major feature, unspecified**

LD25 Syndromes with face or limb anomalies as a major feature

Exclusions: Freeman-Sheldon syndrome (LD26.4)

LD25.0 Oromandibular-limb anomaly syndrome

A syndrome caused by failure of the face and limbs to correctly develop during the antenatal period. This syndrome is characterised by malformations of the tongue, mandible, and limbs.

Exclusions: Ectrodactyly - cleft palate (LD2F.1)

Ectrodactyly - ectodermal dysplasia - cleft lip or palate (LD27.0)

LD25.00 Oral-facial-digital syndrome

A condition caused by failure of the head and digits to correctly develop during the antenatal period. This condition may be associated with cleft or lobed tongue, noncancerous tumours or nodules of the tongue, abnormal shape or number of teeth, cleft palate, hyperplastic frenula of the lip or gums, cleft lip, hypertelorism, wide nose with broad, flat nasal bridge, syndactyly, brachydactyly, clinodactyly, polydactyly, polycystic kidney disease, neurological problems, bone abnormalities, vision loss, or heart defects.

LD25.0Y Other specified oromandibular-limb anomaly syndrome

LD25.0Z Oromandibular-limb anomaly syndrome, unspecified

LD25.1 Fronto-otopalatodigital syndromes

LD25.2 Acrofacial dysostoses

Any syndrome caused by failure of the face and limbs to correctly develop during the antenatal period.

LD25.3 Craniofacial dysostoses

Syndromes caused by abnormal development of skull and facial bones. They may present with acrocephaly, exophthalmos, hypertelorism, strabismus, parrot-beaked nose, or hypoplastic maxilla. Non-syndromic craniosynostosis, which is predominantly sporadic, is coded elsewhere.

Exclusions: Acrofacial dysostosis, Nager type (LD25.2)

Postaxial acrofacial dysostosis (LD25.2)

Acrofacial dysostosis, Weyers type (LD25.2)

Frontometaphyseal dysplasia (LD25.1)

Craniosynostosis (LB70.0)

LD25.Y Other specified syndromes with face or limb anomalies as a major feature

LD25.Z Syndromes with face or limb anomalies as a major feature, unspecified

LD26 Syndromes with limb anomalies as a major feature

LD26.0 Combined reduction defects of upper and lower limbs

LD26.1 **Complex brachydactylies**

A disease caused by failure of the digits to correctly develop during the antenatal period. This disease is characterised by multiple digits of below normal length. This condition may be associated with mutation in the GDF5 gene.

Exclusions: Catel-Manzke syndrome (LD2F.1)

LD26.2 **Syndromes with limb duplication, polydactyly, syndactyly or triphalangism**

Any syndrome caused by failure of the limbs to correctly develop during the antenatal period. These syndromes are characterised by supernumerary limbs or digits, fused digits, or supernumerary phalanges.

Exclusions: Townes-Brocks syndrome (LD2F.1)

LD26.3 **Syndromes with synostoses of limbs**

LD26.4 **Arthrogryposis syndromes**

Any syndrome caused by failure of elastic tissue to correctly develop during the antenatal period. These syndromes are characterised by the presence of multiple joint contractures, where elastic tissues are replaced by inelastic tissues, which results in fixation of the joint.

Exclusions: Arthrogryposis due to muscular dystrophy (8C70)

LD26.40 Multiple pterygium syndrome

LD26.41 Arthrogryposis multiplex congenita

Arthrogryposis multiplex congenita, comprises nonprogressive congenital conditions characterised by multiple joint contractures. The term is currently used in connection with a very heterogeneous group of disorders that all include multiple congenital joint contractures. The major cause of arthrogryposis is fetal akinesia due to fetal abnormalities (e.g. neurogenic, muscle, or connective tissue abnormalities; mechanical limitations to movement) or maternal disorders (e.g. infection, drugs, trauma, other maternal illnesses). generalised fetal akinesia can also lead to polyhydramnios, pulmonary hypoplasia, micrognathia, ocular hypertelorism, and short umbilical cord. Lack of fetal movement causes extra connective tissue to develop around the joint, limiting movement and further aggravating the joint contracture.

Exclusions: COFS syndrome (LD2B)

Arthrogryposis multiplex congenita - lissencephaly (LD2F.1)

Coded Elsewhere: Arthrogryposis - renal dysfunction - cholestasis (5C58.0Y)

LD26.4Y Other specified arthrogryposis syndromes

LD26.4Z Arthrogryposis syndromes, unspecified

LD26.5 **Constriction rings**

A condition caused by entangling of fibrous bands of the amniotic sac around a developing fetus. This condition may present with circular indentation around a digit or limb, swelling, restriction of the lymphatic or venous flow, limb development defects, or in utero amputation.

LD26.6 **Congenital vascular bone syndromes**

LD26.60 Angio-osteohypertrophic syndrome

Angio-osteohypertrophic (AOH) syndrome is a congenital vascular bone syndrome characterised by the presence of vascular malformations in a limb resulting in limb overgrowth. Depending on whether the malformations are slow flow venous or fast flow arteriovenous the syndrome may be divided into two subtypes, Klippel-Trénaunay and Parkes-Weber syndromes respectively. Some cases of the latter are associated with mutations in the RASA1 gene.

LD26.6Y Other specified congenital vascular bone syndromes

LD26.6Z Congenital vascular bone syndromes, unspecified

LD26.Y Other specified syndromes with limb anomalies as a major feature

LD26.Z Syndromes with limb anomalies as a major feature, unspecified

LD27 Syndromes with skin or mucosal anomalies as a major feature

Coded Elsewhere: Acrodermatitis enteropathica (5C64.20)

Non-syndromic ichthyosis (EC20.0)

Pseudoxanthoma elasticum (EC40)

Xeroderma pigmentosum-Cockayne syndrome complex (LD2B)

Hereditary ichthyosis (EC20.Y)

Palmoplantar keratoderma – oral leukokeratosis – oesophageal carcinoma (EC20.31)

LD27.0 Ectodermal dysplasia syndromes

Ectodermal dysplasias (EDs) are a heterogeneous group of disorders characterised by developmental dystrophies of ectodermal structures, such as hypohidrosis, hypotrichosis, onychodysplasia and hypodontia or anodontia. More than 160 clinically and genetically distinct hereditary ectodermal dysplasias have been catalogued.

Coded Elsewhere: Langer-Giedion syndrome (LD24.80)

Oral-facial-digital syndrome (LD25.00)

Solitary median maxillary central incisor syndrome (LA30.Y)

Rothmund-Thomson syndrome (LD2B)

Hallermann-Streiff-François syndrome (LD2B)

Keratitis – ichthyosis – deafness syndrome (LD27.2)

Papillon-Lefèvre syndrome (EC20.30)

Cataract – hypertrichosis – intellectual deficit (LD27.3)

Hypomelanosis of Ito (EC23.2Y)

Ectodermal dysplasia – skin fragility syndrome (EC30)

Dyskeratosis congenita (3A70.0)

LD27.00 Incontinentia pigmenti

Incontinentia pigmenti is an X-linked dominant gene disorder due to abnormalities of the NF-kappa-B (NEMO) gene on chromosome Xq28. It is lethal in male fetuses but the presence of a normal second X chromosome in females results in a mosaicism which is compatible with life. Affected females present in infancy with skin blisters in linear arrays (Blaschko lines) typically on the scalp and limbs. Within the first few months of life these are succeeded by warty changes and hyperpigmentation. These tend to resolve over time, often leaving atrophic streaks. Associated features include abnormal dentition, ocular defects and a variety of neurological complications.

LD27.01 Cronkhite-Canada syndrome

Cronkhite-Canada syndrome (CCS) is a sporadically occurring, noninherited disorder of generalised gastrointestinal polyps (hamartomas), cutaneous pigmentation, alopecia, and onychodystrophy. The possibility of progression to cancer is considered to be low. Chronic diarrhea and protein-losing enteropathy are often observed.

LD27.02 Hypohidrotic ectodermal dysplasia

Hypohidrotic ectodermal dysplasia is a genetic disorder of ectoderm development characterised by malformation of ectodermal structures such as skin, hair, teeth and sweat glands. It comprises three clinically almost indistinguishable subtypes with impaired sweating as the key symptom: Christ-Siemens-Touraine syndrome (X-linked), autosomal recessive and autosomal dominant hypohidrotic ectodermal dysplasia, as well as a fourth rare subtype with immunodeficiency as the key symptom.

LD27.03 Hidrotic ectodermal dysplasia, Clouston type

Clouston syndrome (or hidrotic ectodermal dysplasia) is an inherited disorder characterised by the clinical triad of nail dystrophy, alopecia, and palmoplantar hyperkeratosis.

LD27.0Y Other specified ectodermal dysplasia syndromes

LD27.1 Xeroderma pigmentosum

Xeroderma pigmentosum (XP) is a rare genodermatosis characterised by extreme sensitivity to ultraviolet (UV)-induced changes in the skin and eyes, and multiple skin cancers. It is subdivided into 8 complementation groups, according to the affected gene: XPA to XPG, and XP variant (XPV). The severity of the clinical manifestations and the age of onset are extremely variable and are in part dependent on exposure to sunlight and the complementation group.

Coded Elsewhere: Xeroderma pigmentosum variant (LD27.Y)

LD27.2 Syndromic ichthyosis

Hereditary disorders in which ichthyosis is associated with significant other abnormalities.

Coded Elsewhere: Sjögren-Larsson syndrome (5C52.03)

LD27.3 Genetic syndromes with hypertrichosis

Genetic syndromes in which excessive non-androgen-dependent hair growth is associated with other abnormalities.

Coded Elsewhere: Cone-rod type amaurosis congenita – congenital hypertrichosis (9B70)

Ramon syndrome (LD2F.1Y)

LD27.4 Genetic syndromes affecting nails

Coded Elsewhere: Wilson disease (5C64.00)

Nail-patella syndrome (LD24.J0)

Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)

Odonto-onycho-dermal dysplasia (LD27.0Y)

Onycho-tricho-dysplasia – neutropaenia syndrome (LD27.0Y)

Knuckle pads – leukonychia – sensorineural deafness (LD2H.Y)

Deafness – enamel hypoplasia – nail defects (LD27.0Y)

Anonychia with bizarre flexural pigmentation (LD27.0Y)

Anonychia or onychodystrophy – hypoplasia or absence of distal phalanges (LD27.0Y)

Autosomal dominant hypodontia with nail dysplasia (LD27.0Y)

Amelo-onycho-hypohidrotic syndrome (LD27.0Y)

Deafness – onychodystrophy (LD27.0Y)

Odonto-onycho-hypohidrotic dysplasia - midline scalp defects (LD27.0Y)

Tricho-odonto-onycho-dermal syndrome (LD27.0Y)

Tricho-odonto-onychodysplasia - dominant syndactyly (LD27.0Y)

Pili torti - onychodysplasia (LD27.0Y)

Dyskeratosis congenita (3A70.0)

Primary hypertrophic osteoarthropathy (FB86.10)

LD27.5 Genetic hamartoneoplastic syndromes affecting the skin

A heterogeneous group of inherited diseases characterised by the presence of multiple hamartomata and associated with an increased risk of malignancy.

Coded Elsewhere: Neurofibromatoses (LD2D.1)

Tuberous sclerosis (LD2D.2)

Gardner syndrome (LD2D.3)

Gorlin syndrome (LD2D.4)

Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)

Cowden syndrome (LD2D.Y)

Multiple familial trichoepithelioma (2F22)

LD27.6 **Genetic lipodystrophy**

Genetic lipodystrophies represent a heterogeneous group of rare diseases characterised by a generalised or localised loss of body fat (lipoatrophy).

Coded Elsewhere: Familial partial lipodystrophy (5A44)

Wiedemann-Rautenstrauch progeroid syndrome (LD2B)

LD27.60 Congenital generalised lipodystrophy

Coded Elsewhere: Berardinelli-Seip congenital lipodystrophy (5A44)

LD27.6Z Genetic lipodystrophy, unspecified

LD27.Y **Other specified syndromes with skin or mucosal anomalies as a major feature**

LD27.Z **Syndromes with skin or mucosal anomalies as a major feature, unspecified**

LD28 **Syndromes with connective tissue involvement as a major feature**

Exclusions: Cutis laxa (EE41.0)

Pseudoxanthoma elasticum (EC40)

LD28.0 **Marfan syndrome or Marfan-related disorders**

Coded Elsewhere: Aortic aneurysm syndrome, Loeys-Dietz type (BD50.Z)

Ectopia lentis syndrome (LA12.Y)

LD28.00 Congenital contractural arachnodactyly

Congenital contractural arachnodactyly (CCA, Beals syndrome) is a connective tissue disorder characterised by multiple flexion contractures, arachnodactyly, severe kyphoscoliosis, abnormal pinnae and muscular hypoplasia. Although the clinical features can be similar to Marfan syndrome (MFS), multiple joint contractures (especially of the elbow, knee, and finger joints), and crumpled ears in the absence of significant aortic root dilatation are characteristic of Beals syndrome and rarely found in MFS.

LD28.01 Marfan syndrome

Marfan syndrome is a systemic disease of connective tissue characterised by a variable combination of cardiovascular, musculo-skeletal, ophthalmic and pulmonary manifestations. Cardiovascular involvement is characterised by 1) progressive dilation of the aorta accompanied by an increased risk of aortic dissection, which affects prognosis and 2) mitral insufficiency. Skeletal involvement is often the first sign of the disease and can include dolichostenomelia, large size, arachnodactyly, joint hypermobility, scoliotic deformations, acetabulum protrusion, thoracic deformity, dolichocephaly of the anteroposterior axis, micrognathism or malar hypoplasia. Ophthalmic involvement results in axile myopia, which can lead to retinal detachment and lens displacement.

LD28.0Y Other specified Marfan syndrome or Marfan-related disorders

LD28.0Z Marfan syndrome or Marfan-related disorders, unspecified

LD28.1 **Ehlers-Danlos syndrome**

Ehlers – Danlos syndrome (EDS) is a heterogeneous group of inherited disorders of connective tissue, principally collagen, that range in severity from mild joint hypermobility to life-threatening fragility of soft tissue and vasculature.

LD28.10 Ehlers-Danlos syndrome, classical type

Ehlers-Danlos syndrome, classic type is a type of Ehlers-Danlos syndromes (EDS), a heterogeneous group of hereditary connective tissue diseases characterised by joint hyperlaxity, cutaneous hyperelasticity and tissue fragility, and is characterised by the following major clinical diagnostic criteria: hyperextensible skin, atrophic cutaneous scars due to tissue fragility and joint hyperlaxity.

LD28.1Y Other specified types of Ehlers-Danlos syndrome

LD28.2 **Genetically-determined cutis laxa**

LD28.Y **Other specified syndromes with connective tissue involvement as a major feature**

LD28.Z **Syndromes with connective tissue involvement as a major feature, unspecified**

LD29 Syndromes with obesity as a major feature

Exclusions: WAGR syndrome (LD2A)

Fragile X syndrome (LD55)

Coded Elsewhere: Prader-Willi syndrome (LD90.3)

Alström syndrome (LD2H.Y)

Cohen syndrome (LD90.Y)

Sotos syndrome (LD2C)

Weaver syndrome (LD2C)

Beckwith-Wiedemann syndrome (LD2C)

LD2A Malformative disorders of sex development

Any condition caused by failure of the genitals to correctly develop during the antenatal period.

Exclusions: pseudohermaphroditism: female, with adrenocortical disorder (5A71)

Coded Elsewhere: Chimaera 46, XX, 46, XY (LD56)

46,XX disorders of sex development induced by androgens of maternal origin (5A71.1)

Congenital adrenal hyperplasia (5A71.01)

LD2A.0 **Ovotesticular disorder of sex development**

Ovotesticular disorder of sex development, formerly called true hermaphroditism, is a rare cause of genital ambiguity characterised by the presence of ovarian and testicular tissue in an individual, leading to development of both male and female structures.

LD2A.1 **46,XY gonadal dysgenesis**

This is any congenital developmental disorder of the reproductive system characterised by a progressive loss of primordial germ cells on the developing gonads of an embryo.

LD2A.2 **Testicular agenesis**

LD2A.3 **46,XY disorder of sex development due to a defect in testosterone metabolism**

Exclusions: Congenital adrenal hyperplasia (5A71.01)

Coded Elsewhere: Smith-Lemli-Opitz syndrome (5C52.10)

LD2A.4 **46,XY disorder of sex development due to androgen resistance**

Androgen insensitivity syndrome (AIS) is a disorder of sex development (DSD) characterised by the presence of female external genitalia, ambiguous genitalia or variable defects in virilization in a 46,XY individual with absent or partial responsiveness to age-appropriate levels of androgens. It comprises two clinical subgroups: complete AIS (CAIS) and partial AIS (PAIS).

LD2A.Y **Other specified malformative disorders of sex development**

LD2A.Z **Malformative disorders of sex development, unspecified**

LD2B **Syndromes with premature ageing appearance as a major feature**

A heterogeneous group of hereditary syndromes in which affected individuals do or appear to age at an accelerated rate.

Inclusions: Progeroid syndromes

Exclusions: Xeroderma pigmentosum (LD27.1)

Cutis laxa (EE41.0)

Coded Elsewhere: Ehlers-Danlos syndrome, progeroid type (LD28.1Y)

Autosomal recessive cutis laxa, type 3 (LD28.2)

Bloom syndrome (4A01.31)

Ataxia-telangiectasia (4A01.31)

Mandibuloacral dysplasia (LD27.6Z)

LD2C **Overgrowth syndromes**

Exclusions: Sturge-Weber syndrome (LD23)

Diabetic embryopathy (KB60.1)

Enchondromatosis (2E83)

Maffucci syndrome (LD2F.1)

Coded Elsewhere: Perlman syndrome (2C90.Y)

LD2D Phakomatoses or hamartoneoplastic syndromes

Exclusions: Ataxia-telangiectasia (4A01.31)
familial dysautonomia [Riley-Day] (8C21.1)
Rendu-Osler-Weber disease (LA90.00)
Proteus syndrome (LD2C)
Sturge-Weber syndrome (LD23)
Enchondromatosis (2E83)
Maffucci syndrome (LD2F.1)
Angio-osteohypertrophic syndrome (LD26.60)

Coded Elsewhere: NAME syndrome (2F01)
Von Hippel-Lindau disease (5A75)
Focal dermal hypoplasia (LD27.0Y)
Epidermal naevus syndrome (LC02)
Lumbosacral dermal melanocytosis (LC10)
Naevus of Ota (LC10)
Naevus of Ito (LC10)
Dermal melanocyte hamartoma (LC10)
Hereditary leiomyomatosis and renal cell cancer (2C90.Y)

LD2D.0 Peutz-Jeghers syndrome

Peutz-Jeghers syndrome (PJS) is an autosomal dominant inherited disorder characterised by intestinal hamartomatous polyps in association with a distinct pattern of skin and mucosal macular melanin deposition. Patients have an increased risk of developing intestinal cancer.

LD2D.1 Neurofibromatoses

The neurofibromatoses (NF) are related genetic disorders which affect bone, soft tissue, skin and nervous system. In NF type 1 neurofibromas develop in the skin and elsewhere: these can cause problems as a result of their visibility in the skin, compression of vital internal structures or from malignant degeneration. Neuromas of the acoustic nerve are the predominant problem in NF type 2.

LD2D.10 Neurofibromatosis type 1

Neurofibromatosis type 1 (NF1) is an inherited, multi-system, neurocutaneous disorder that predisposes to the development of benign and malignant tumours. Two of the following criteria are required to diagnose NF1: six or more café au lait patches, neurofibromas, i.e. peripheral nerve sheath tumours manifesting as cutaneous, sub-cutaneous or plexiform lesions, skin-fold freckling, two or more iris Lisch nodules, an optic pathway glioma, a specific bony dysplasia (thinning of the long bone cortex, sphenoid wing dysplasia), an affected first-degree relative.

Inclusions: von Recklinghausen disease

LD2D.11 Neurofibromatosis type 2

Neurofibromatosis type 2 (NF2) is a tumour-prone disorder characterised by the development of multiple schwannomas and meningiomas.

LD2D.12 Neurofibromatosis type 3

LD2D.1Y Other specified neurofibromatoses

LD2D.1Z Neurofibromatosis, unspecified

LD2D.2 **Tuberous sclerosis**

A disease caused by a dominant mutation of 9q34 (TSC1) or 16p13 (TSC2). This disease may present with facial angiofibromas, Koenen tumours, fibrous plaques on the forehead and scalp, renal angiomyolipomas, subependymal nodules, multiple cortical tuber or retinal hamartoma, epilepsy, or mental retardation.

Inclusions: Bourneville disease

Coded Elsewhere: Autosomal dominant polycystic kidney disease type 1 with tuberous sclerosis (LD2F.1Y)

LD2D.3 **Gardner syndrome**

Gardner syndrome develops adenomatous polyps throughout the gastrointestinal tract, accompanied by extracolonic manifestations, including periampullary adenomas, papillary carcinoma of the thyroid, hepatoblastoma, osteomas of the mandible and skull, epidermal cysts, and desmoid tumours. Gardner syndrome is a term used to refer to patients in whom these extraintestinal features are unusually prominent.

LD2D.4 **Gorlin syndrome**

Gorlin syndrome, also known as naevoid basal cell carcinoma syndrome (NBCCS), is a hereditary condition characterised by a wide range of developmental abnormalities (odontogenic keratocysts of the jaws, hyperkeratosis of palms and soles, skeletal abnormalities, intracranial ectopic calcifications, and facial dysmorphism) and a predisposition to neoplasms (multiple basal cell carcinomas, medulloblastoma).

Inclusions: Naevoid basal cell carcinoma syndrome

LD2D.Y **Other specified phakomatoses or hamartoneoplastic syndromes**

LD2D.Z **Phakomatoses or hamartoneoplastic syndromes, unspecified**

LD2E **Syndromes with structural anomalies due to inborn errors of metabolism**

Coded Elsewhere: Disorders of cholesterol synthesis (5C52.10)

Pyruvate dehydrogenase complex deficiency (5C53.02)

Inborn errors of glycosylation or other specified protein modification (5C54)

Fabry disease (5C56.01)

Mucolipidosis (5C56.20)

Oligosaccharidosis (5C56.21)

Mucopolysaccharidosis (5C56.3)

Pseudo-Zellweger syndrome (5C57.Y)

Hypophosphatasia (5C64.3)

Classical homocystinuria (5C50.B)

Encephalopathy due to sulfite oxidase deficiency (5C50.B)

Mucosulfatidosis (5C56.0Y)

Zellweger syndrome (5C57.0)

Infantile Refsum disease (5C57.1)

Menkes disease (5C64.0Y)

LD2F **Syndromes with multiple structural anomalies, without predominant body system involvement**

Coded Elsewhere: Congenital rubella syndrome (KA62.8)

Congenital cytomegalovirus infection (KA62.3)

Perinatal Herpes simplex infection (KA62.A)

Congenital Epstein-Barr virus infection (KA62.1)

Congenital parvovirus syndrome (KA62.7)

Congenital enterovirus infection (KA62.5)

Congenital toxoplasmosis (KA64.0)

Congenital Zika virus infection (KA62.0)

Congenital Varicella Zoster virus infection (KA62.2)

Embryofetopathy due to maternal phenylketonuria (5C50.02)

LD2F.0 Toxic or drug-related embryofetopathies

Coded Elsewhere: Uterovaginal malformation due to diethylstilbestrol syndrome (LB44.6)

LD2F.00 Fetal alcohol syndrome

Fetal alcohol syndrome is a malformation syndrome caused by maternal consumption of alcohol during pregnancy. It is characterised by prenatal and/or postnatal growth deficiency (weight and/or height <10th percentile); a unique cluster of minor facial anomalies (short palpebral fissures, flat and smooth philtrum, and thin upper lip) that presents across all ethnic groups, is identifiable at birth, and does not diminish with age. Affected children present severe central nervous system abnormalities including: microcephaly, cognitive and behavioural impairment (intellectual disability, deficit in general cognition, learning and language, executive function, visual-spatial processing, memory, and attention).

Coded Elsewhere: Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

LD2F.01 Fetal hydantoin syndrome

Fetal hydantoin syndrome is a fetopathy likely to occur when a pregnant woman takes the anticonvulsant drug phenytoin (diphenylhydantoin) for epileptic seizures. In utero exposure to this drug may result in a characteristic dysmorphic syndrome in the newborn, including low-set hair, short neck with pterygium colli, small nose, deep nasal bridge, epicanthus, hypertelorism, large mouth, malformed ears, hypoplastic distal phalanges of the fingers and toes and finger-like thumbs. These dysmorphic features are often associated with growth retardation and delayed psychomotor development. The mechanism underlying these anomalies has been shown to depend on maternal genetic characteristics, i.e. on maternal capacity to detoxify intermediate metabolites of phenytoin.

LD2F.02 Embryofetopathy due to oral anticoagulant therapy

A condition caused by exposure of the embryo or fetus to anticoagulants during the antenatal period. This disease may present with optic nerve anomaly, optic atrophy, anomaly of the papilla, blindness, or choanal atresia.

LD2F.03 Fetal Valproate Spectrum Disorder

Fetal valproate spectrum disorder (FVSD) and Fetal valproate syndrome (FVS) describe the range of signs and symptoms which occur as a consequence of exposure to sodium valproate or valproic acid in the womb. A wide range of physical anomalies occur at increased frequency, including spina bifida, major and minor limb abnormalities, oral clefting, cardiac defects, hypospadias, and joint laxity. A characteristic pattern of facial dysmorphism is frequently present, especially notable in early childhood. Neurodevelopmental problems including reduced IQ, poorer language and motor development, increased rates of autistic spectrum disorder and attention deficit hyperactivity disorder are observed in up to 40% of those exposed. Vision problems such as myopia and astigmatism are also common. Risks are dose dependent and the impact on the brain may be seen at lower doses than those required for physical development alterations.

LD2F.0Y Other specified toxic or drug-related embryofetopathies

LD2F.0Z Toxic or drug-related embryofetopathies, unspecified

LD2F.1 Syndromes with multiple structural anomalies, not of environmental origin

Coded Elsewhere: Fraser syndrome (LD2H.0)

Waardenburg-Shah syndrome (LD2H.3)

Oculocerebrorenal syndrome (5C60.0)

Albinism - black lock - cell migration disorder of the neurocytes of the gut - sensorineural deafness (LD2H.Y)

Bardet-Biedl syndrome (5A61.0)

Blepharocheilodontic syndrome (LD27.0Y)

Cat-eye syndrome (LD41.P)

Cataract - intellectual deficit - hypogonadism (5A61.0)

CHARGE syndrome (5A61.0)

Coffin-Siris syndrome (LD27.0Y)

Dubowitz syndrome (LD27.0Y)

Ectodermal dysplasia - ectrodactyly - macular dystrophy (LD27.0Y)

Ectrodactyly - ectodermal dysplasia - cleft lip or palate (LD27.0Y)

Ectrodactyly - ectodermal dysplasia without clefting (LD27.0Y)

Hirschsprung disease - deafness - polydactyly (LD2H.Y)

Limb-mammary syndrome (LD27.0Y)

Marshall syndrome (LD27.0Y)

MODY 5 syndrome (5A13.6)

Nijmegen breakage syndrome-like disorder (4A01.31)

Papillorenal syndrome (LA13.7Y)

Perrault syndrome (LD2H.Y)

Phocomelia - ectrodactyly - deafness - sinus arrhythmia (LD2H.Y)

Shwachman-Diamond syndrome (3A70.0)

Smith-Magenis syndrome (LD44.H1)

Split hand - split foot - deafness (LD2H.Y)

Triple A syndrome (5A74.Y)

Waardenburg syndrome (EC23.2Y)

WAGR syndrome (LD2A.Y)

Williams-Beuren syndrome (LD44.70)

Gorham-Stout disease (FB86.2)

Alagille syndrome (LB20.0Y)

Deafness – onychodystrophy (LD27.0Y)

Autosomal recessive cutis laxa, type 3 (LD28.2)

Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)

SCARF syndrome (LD28.2)

Lethal restrictive dermopathy (EE6Y)

Encephalocraniocutaneous lipomatosis (EF02.1)

Dahlberg-Borer-Newcomer syndrome (LD27.0Y)

LD2F.10 Prune belly syndrome

A syndrome is characterised by cryptorchidism, urinary tract defects, and poor development of the abdominal muscles causing the skin on the abdomen to wrinkle.

LD2F.11 VATER association

VACTERL/VATER is an association of congenital malformations typically characterised by the presence of at least three of the following: vertebral defects, anal atresia, cardiac defects, tracheo-oesophageal fistula, renal anomalies, and limb abnormalities.

LD2F.12 Sirenomelia

Sirenomelia is a rare lethal malformation characterised by severe anomalies of the caudal part of the fetus that include a single lower limb, with various degrees of involvement ranging from single to separate femurs in the same skin shaft, presence of two feet (sympode mermaid) or one foot (monopode mermaid), to absence of both feet (ectromelic mermaid). Urogenital anomalies are also present and include bilateral renal agenesis, absence of outflow tract and absence of external genitalia. Imperforate anus and sacro-coccygeal agenesis have also been reported. Together these malformations comprise the extreme form of the caudal regression sequence.

LD2F.13 Meckel-Gruber syndrome

Meckel syndrome (MKS) is a monogenic disease characterised by a combination of renal cysts and variably associated features, including developmental anomalies of the central nervous system (usually occipital encephalocele), hepatic ductal dysplasia and cysts, and polydactyly., and a lethal course, with death occurring in the perinatal period.

LD2F.14 MURCS association

MURCS association, which stands for Müllerian duct aplasia (MU), congenital renal dysplasia (R), cervical somite anomalies (CS), is the atypical (or type II) form of Mayer-Rokitansky-Küster-Hauser syndrome, characterised by utero-vaginal atresia in otherwise normal females as well associated kidney and skeletal abnormalities and hearing problems.

LD2F.15 Noonan syndrome

Noonan Syndrome is characterised by short stature, facial dysmorphism and congenital heart defects. The main facial features of NS are hypertelorism with down-slanting palpebral fissures, ptosis and low-set posteriorly rotated ears with a thickened helix. The cardiovascular defects most commonly associated with this condition are pulmonary stenosis and hypertrophic cardiomyopathy. Other associated features are webbed neck, chest deformity, mild intellectual deficit, cryptorchidism, poor feeding in infancy, bleeding tendency and lymphatic dysplasia. The syndrome is transmitted as an autosomal dominant trait.

LD2F.16 Otomandibular dysplasia

Any condition characterised by malformation of facial bones and muscles. These conditions may present with eyes that slant downward, sparse eyelashes, eyelid coloboma, hearing loss, underdeveloped or absent vertebrae, or cleft palate.

LD2F.1Y Other specified syndromes with multiple structural anomalies, not of environmental origin

LD2F.1Z Syndromes with multiple structural anomalies, not of environmental origin, unspecified

LD2F.Y **Other specified syndromes with multiple structural anomalies, without predominant body system involvement**

LD2F.Z **Syndromes with multiple structural anomalies, without predominant body system involvement, unspecified**

LD2G **Conjoined twins**

A condition characterised as twins that are physically united at some part or parts of their bodies at the time of birth.

LD2H **Syndromic genetic deafness**

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

Pendred syndrome (5A00.02)

Generalised resistance to thyroid hormone (5A05)

CHARGE syndrome (5A61.0)

Deafness - opticoacoustic nerve atrophy - dementia (5C53.2Y)

Ectodermal dysplasia - sensorineural deafness (LD27.0Y)

Hypoparathyroidism - deafness - renal disease (LD27.0Y)

Renal tubular acidosis - deafness (GB90.44)

Stapes ankylosis with broad thumbs and toes (LD2F.1Y)

Stickler syndrome (LD2F.1Y)

Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

Mitochondrial encephalopathy with lactic acidosis and stroke-like episodes (8C73.Y)

Norrie disease (LD21.Y)

Fechtner syndrome (3B64.01)

Spondyloepiphyseal dysplasia, MacDermot type (LD24.3)

Oral-facial-digital syndrome type 1 (LD25.00)

Oral-facial-digital syndrome type 2 (LD25.00)

Oral-facial-digital syndrome type 3 (LD25.00)

Oral-facial-digital syndrome type 4 (LD25.00)

Oral-facial-digital syndrome type 6 (LD25.00)

Oral-facial-digital syndrome type 8 (LD25.00)

Otopalatodigital syndrome (LD25.1)

Kearns-Sayre syndrome (9C82.0)

Multiple synostoses syndrome (LD26.3)

Arthrogryposis-like hand anomaly - sensorineural deafness (LD26.4Y)

Cockayne syndrome (LD2B)

Keratitis – ichthyosis – deafness syndrome (LD27.2)

Connexin palmoplantar keratoderma with sensorineural deafness (EC20.30)

Deafness – enamel hypoplasia – nail defects (LD27.0Y)

Tietz hypomelanosis – deafness syndrome (EC23.2Y)

LEOPARD syndrome (LD2F.1Y)

Cutis verticis gyrata - retinitis pigmentosa - sensorineural deafness (LD27.Y)

Deafness, lymphoedema and leukaemia syndrome (BD93.0)

Long QT syndrome with hearing impairment (BC65.0)

Infantile Bartter syndrome with deafness (GB90.43)

LD2H.0 **Fraser syndrome**

Fraser syndrome is a rare syndrome characterised by cryptophthalmos and syndactyly and associated with a wide variety of other anomalies including: middle and outer ear malformations; high-arched palate; cleavage along the midplane of nares and tongue; hypertelorism; laryngeal stenosis; wide separation of symphysis pubis; displacement of umbilicus and nipples; absent or multicystic kidneys; bicornuate uterus, malformed Fallopian tubes, fusion of labia and enlargement of clitoris in girls; and undescended testes and small penis with hypospadias in boys.

LD2H.1 **Neuropathy with hearing impairment**

Neuropathy with hearing impairment is characterised by the association of sensorineural hearing impairment and peripheral demyelinating and predominantly sensory neuropathy.

LD2H.2 **Progressive deafness with stapes fixation**

LD2H.3 **Waardenburg-Shah syndrome**

In this syndrome the phenotype includes not only the classical features of Waardenburg syndrome but also Hirschsprung disease. It may be caused by mutations in SOX10, EDN3 or EDNRB genes.

LD2H.4 **Usher syndrome**

Usher syndrome is the most common cause of hereditary combined deafness-blindness, and is characterised by the association of sensorineural deafness (usually congenital) with retinitis pigmentosa and progressive vision loss.

LD2H.Y **Other specified syndromic genetic deafness**

LD2H.Z **Syndromic genetic deafness, unspecified**

LD2Y **Other specified multiple developmental anomalies or syndromes**

LD2Z **Multiple developmental anomalies or syndromes, unspecified**

Chromosomal anomalies, excluding gene mutations (LD40-LD7Z)

Any disease caused by alteration of the number or structure of chromosomes.

LD40 **Complete trisomies of the autosomes**

Any disease caused by the presence of one extra autosome, for a total of three. Confirmation is through observation of a supernumerary autosome by karyotyping.

LD40.0 **Complete trisomy 21**

Trisomy 21 is a chromosomal abnormality, characterised by the presence of a third (partial or total) copy of chromosome 21, which clinical manifestations include variable intellectual deficiency, muscular hypotonia and joint laxity, often associated with facial dysmorphism and variable malformations (essentially heart and digestive) and a risk of complications (epilepsy, leukemia, auto-immune and endocrine pathologies, earlier aging and Alzheimer disease.

Inclusions: Down syndrome

Coded Elsewhere: Keratoconus in Down syndrome (9A78.50)

LD40.1 **Complete trisomy 13**

Trisomy 13 is a chromosomal anomaly caused by the presence of an extra chromosome 13 and is characterised by brain malformations (holoprosencephaly), facial dysmorphism, ocular anomalies, postaxial polydactyly, visceral malformations (cardiopathy) and severe psychomotor retardation.

Inclusions: Patau syndrome

LD40.2 **Complete trisomy 18**

Trisomy 18 is a chromosomal abnormality associated with the presence of an extra chromosome 18 and characterised by growth delay, dolichocephaly, a characteristic facies, limb anomalies and visceral malformations.

LD40.Y **Other specified complete trisomies of the autosomes**

LD40.Z **Complete trisomies of the autosomes, unspecified**

LD41 Duplications of the autosomes

LD41.0 **Duplications of chromosome 1**

LD41.00 Duplications of the long arm of chromosome 1

LD41.01 Duplications of the short arm of chromosome 1

LD41.0Y Other specified duplications of chromosome 1

LD41.0Z Duplications of chromosome 1, unspecified

LD41.1 **Duplications of chromosome 2**

LD41.10 Duplications of the long arm of chromosome 2

LD41.11 Duplications of the short arm of chromosome 2

LD41.1Y Other specified duplications of chromosome 2

LD41.1Z Duplications of chromosome 2, unspecified

LD41.2 **Duplications of chromosome 3**

LD41.20 Duplications of the long arm of chromosome 3

LD41.21 Duplications of the short arm of chromosome 3

LD41.2Y Other specified duplications of chromosome 3

LD41.2Z Duplications of chromosome 3, unspecified

LD41.3 **Duplications of chromosome 4**

LD41.30 Duplications of the long arm of chromosome 4

LD41.31 Duplications of the short arm of chromosome 4

LD41.3Y Other specified duplications of chromosome 4

LD41.3Z Duplications of chromosome 4, unspecified

LD41.4 **Duplications of chromosome 5**

LD41.40 Duplications of the long arm of chromosome 5

LD41.41 Duplications of the short arm of chromosome 5

LD41.4Y Other specified duplications of chromosome 5

LD41.4Z Duplications of chromosome 5, unspecified

LD41.5 **Duplications of chromosome 6**

LD41.50 Duplications of the long arm of chromosome 6

LD41.51 Duplications of the short arm of chromosome 6

LD41.5Y Other specified duplications of chromosome 6

LD41.5Z Duplications of chromosome 6, unspecified

LD41.6 **Duplications of chromosome 7**

LD41.60 Duplications of the long arm of chromosome 7

LD41.61 Duplications of the short arm of chromosome 7

LD41.6Y Other specified duplications of chromosome 7

LD41.6Z Duplications of chromosome 7, unspecified

LD41.7 **Duplications of chromosome 8**

LD41.70 Duplications of the long arm of chromosome 8

LD41.71 Duplications of the short arm of chromosome 8

LD41.7Y Other specified duplications of chromosome 8

LD41.7Z Duplications of chromosome 8, unspecified

LD41.8 **Duplications of chromosome 9**

LD41.80 Duplications of the long arm of chromosome 9

LD41.81 Duplications of the short arm of chromosome 9

LD41.8Y Other specified duplications of chromosome 9

LD41.8Z Duplications of chromosome 9, unspecified

LD41.9 **Duplications of chromosome 10**

LD41.90 Duplications of the long arm of chromosome 10

LD41.91 Duplications of the short arm of chromosome 10

LD41.9Y Other specified duplications of chromosome 10

LD41.9Z Duplications of chromosome 10, unspecified

LD41.A **Duplications of chromosome 11**

LD41.B **Duplications of chromosome 12**

LD41.B0 Duplications of the long arm of chromosome 12

LD41.B1 Duplications of the short arm of chromosome 12

LD41.BY Other specified duplications of chromosome 12

LD41.BZ Duplications of chromosome 12, unspecified

LD41.C **Duplications of chromosome 13**

LD41.D **Duplications of chromosome 14**

LD41.E **Duplications of chromosome 15**

LD41.F **Duplications of chromosome 16**

LD41.F0 Duplications of the long arm of chromosome 16

LD41.F1 Duplications of the short arm of chromosome 16

LD41.FY Other specified duplications of chromosome 16

LD41.FZ Duplications of chromosome 16, unspecified

LD41.G **Duplications of chromosome 17**

LD41.G0 Duplications of the long arm of chromosome 17

LD41.G1 Duplications of the short arm of chromosome 17

LD41.GY Other specified duplications of chromosome 17

LD41.GZ Duplications of chromosome 17, unspecified

LD41.H **Duplications of chromosome 18**

LD41.H0 Duplications of the long arm of chromosome 18

LD41.H1 Duplications of the short arm of chromosome 18

LD41.HY Other specified duplications of chromosome 18

LD41.HZ Duplications of chromosome 18, unspecified

LD41.J **Duplications of chromosome 19**

LD41.J0 Duplications of the long arm of chromosome 19

LD41.J1 Duplications of the short arm of chromosome 19

LD41.JY Other specified duplications of chromosome 19

LD41.JZ Duplications of chromosome 19, unspecified

LD41.K **Duplications of chromosome 20**

LD41.K0 Duplications of the long arm of chromosome 20

LD41.K1 Duplications of the short arm of chromosome 20

LD41.KY Other specified duplications of chromosome 20

LD41.KZ Duplications of chromosome 20, unspecified

LD41.L **Duplications of chromosome 21**

LD41.M **Duplications of chromosome 22**

LD41.N **Extra ring or dicentric chromosomes**

LD41.P **Duplications with other complex rearrangements**

LD41.Q **Extra marker chromosomes**

LD41.Y **Other specified duplications of the autosomes**

LD41.Z **Duplications of the autosomes, unspecified**

LD42 Polyploidies

Any disease caused by one or more additional sets of chromosomes. Non mosaic version of these diseases are characterised by gross fetal malformation or death of the fetus. Confirmation is through observation of supernumerary sets of chromosomes by karyotyping.

LD42.0 **Triploidy**

A disease caused by one additional set of chromosomes, for a total of 69 chromosomes. Triploidy can present with albuminuria, oedema, or hypertension in the mother. The fetus may present with microcephaly and a placenta that is enlarged and filled with cysts in the case of extra maternally inherited chromosomes, while extra paternally inherited chromosomes cause severe growth problems, an enlarged head, and a small placenta that does not have cysts. Non-mosaic triploidy is highly lethal, and is rarely observed in live births. Confirmation is through observation of an additional set of chromosomes by karyotyping.

LD42.1 **Tetraploidy**

A disease caused by two additional sets of chromosomes, for a total of 92 chromosomes. This disease commonly results in spontaneous abortion during the first trimester. Live births of tetraploidy individuals are very rare. These cases are characterised by facial dysmorphism, severely delayed growth and developmental delay. Confirmation is through observation of two additional set of chromosomes by karyotyping.

LD42.Y **Other specified polyploidies**

LD42.Z **Polyploidies, unspecified**

LD43 Complete monosomies of the autosomes

LD43.0 **Complete monosomy of autosome**

LD43.1 **Mosaic monosomy of autosome**

Any disease caused by embryonic fusion or loss of an autosome early in embryonic development, resulting in a subset of cells in the body having only one of a pair of autosomes.

LD43.Y **Other specified complete monosomies of the autosomes**

LD43.Z **Complete monosomies of the autosomes, unspecified**

LD44 Deletions of the autosomes

LD44.1 **Deletions of chromosome 1**

LD44.10 Deletions of the long arm of chromosome 1

LD44.11 Deletions of the short arm of chromosome 1

LD44.1Y Other specified deletions of chromosome 1

LD44.1Z Deletions of chromosome 1, unspecified

LD44.2 **Deletions of chromosome 2**

LD44.20 Deletions of the long arm of chromosome 2

LD44.21 Deletions of the short arm of chromosome 2

LD44.2Y Other specified deletions of chromosome 2

LD44.2Z Deletions of chromosome 2, unspecified

LD44.3 **Deletions of chromosome 3**

LD44.30 Deletions of the long arm of chromosome 3

LD44.31 Deletions of the short arm of chromosome 3

LD44.3Y Other specified deletions of chromosome 3

LD44.3Z Deletions of chromosome 3, unspecified

LD44.4 **Deletions of chromosome 4**

LD44.40 Deletions of the long arm of chromosome 4

LD44.41 Deletions of the short arm of chromosome 4

LD44.4Y Other specified deletions of chromosome 4

LD44.4Z Deletions of chromosome 4, unspecified

LD44.5 Deletions of chromosome 5

LD44.50 Deletions of the long arm of chromosome 5

LD44.51 Deletions of the short arm of chromosome 5

LD44.5Y Other specified deletions of chromosome 5

LD44.5Z Deletions of chromosome 5, unspecified

LD44.6 Deletions of chromosome 6

LD44.60 Deletions of the long arm of chromosome 6

LD44.61 Deletions of the short arm of chromosome 6

LD44.6Y Other specified deletions of chromosome 6

LD44.6Z Deletions of chromosome 6, unspecified

LD44.7 Deletions of chromosome 7

LD44.70 Deletions of the long arm of chromosome 7

LD44.71 Deletions of the short arm of chromosome 7

LD44.7Y Other specified deletions of chromosome 7

LD44.7Z Deletions of chromosome 7, unspecified

LD44.8 Deletions of chromosome 8

LD44.80 Deletions of the long arm of chromosome 8

Coded Elsewhere: Langer-Giedion syndrome (LD24.80)

LD44.81 Deletions of the short arm of chromosome 8

LD44.8Y Other specified deletions of chromosome 8

LD44.8Z Deletions of chromosome 8, unspecified

LD44.9 Deletions of chromosome 9

LD44.90 Deletions of the long arm of chromosome 9

LD44.91 Deletions of the short arm of chromosome 9

LD44.9Y Other specified deletions of chromosome 9

LD44.9Z Deletions of chromosome 9, unspecified

LD44.A **Deletions of chromosome 10**

LD44.A0 Deletions of the long arm of chromosome 10

LD44.A1 Deletions of the short arm of chromosome 10

LD44.AY Other specified deletions of chromosome 10

LD44.AZ Deletions of chromosome 10, unspecified

LD44.B **Deletions of chromosome 11**

LD44.B0 Deletions of the long arm of chromosome 11

LD44.B1 Deletions of the short arm of chromosome 11

These deletions may give rise to the Paris-Trousseau syndrome, a very rare disorder in which intellectual deficit, cardiac malformations and facial abnormalities are associated with thrombocytopenia and dysmegakaryopoiesis.

Coded Elsewhere: WAGR syndrome (LD2A.Y)

LD44.BY Other specified deletions of chromosome 11

LD44.BZ Deletions of chromosome 11, unspecified

LD44.C **Deletions of chromosome 12**

LD44.C0 Deletions of the long arm of chromosome 12

LD44.C1 Deletions of the short arm of chromosome 12

LD44.CY Other specified deletions of chromosome 12

LD44.CZ Deletions of chromosome 12, unspecified

LD44.D **Deletions of chromosome 13**

LD44.E **Deletions of chromosome 14**

LD44.F **Deletions of chromosome 15**

LD44.G **Deletions of chromosome 16**

LD44.G0 Deletions of the long arm of chromosome 16

LD44.G1 Deletions of the short arm of chromosome 16

Coded Elsewhere: Autosomal dominant polycystic kidney disease type 1 with tuberous sclerosis (LD2F.1Y)

Alpha thalassaemia - intellectual deficit syndrome (3A50.1)

LD44.GY Other specified deletions of chromosome 16

LD44.GZ Deletions of chromosome 16, unspecified

LD44.H **Deletions of chromosome 17**

LD44.H0 Deletions of the long arm of chromosome 17

LD44.H1 Deletions of the short arm of chromosome 17

Coded Elsewhere: Miller-Dieker syndrome (LD20.1)

LD44.HY Other specified deletions of chromosome 17

LD44.HZ Deletions of chromosome 17, unspecified

LD44.J **Deletions of chromosome 18**

LD44.J0 Deletions of the long arm of chromosome 18

LD44.J1 Deletions of the short arm of chromosome 18

LD44.JY Other specified deletions of chromosome 18

LD44.JZ Deletions of chromosome 18, unspecified

LD44.K **Deletions of chromosome 19**

LD44.K0 Deletions of the long arm of chromosome 19

LD44.K1 Deletions of the short arm of chromosome 19

LD44.KY Other specified deletions of chromosome 19

LD44.KZ Deletions of chromosome 19, unspecified

LD44.L **Deletions of chromosome 20**

LD44.L0 Deletions of the long arm of chromosome 20

LD44.L1 Deletions of the short arm of chromosome 20

LD44.LY Other specified deletions of chromosome 20

LD44.LZ Deletions of chromosome 20, unspecified

LD44.M **Deletions of chromosome 21**

LD44.N **Deletions of chromosome 22**

LD44.N0 CATCH 22 phenotype

Monosomy 22q11 (DiGeorge Velocardiofacial syndrome, DGS/VCF) syndrome is a chromosomal anomaly characterised by the association of several variable malformations: hypoplastic thymus and parathyroid glands, congenital conotruncal heart defects, a subtle but characteristic facial dysmorphism, cleft palate or velar insufficiency, and learning difficulties.

Inclusions: Pharyngeal pouch syndrome

DiGeorge syndrome

Velocardiofacial syndrome

LD44.NY Other specified deletions of chromosome 22

LD44.NZ Deletions of chromosome 22, unspecified

LD44.P **Deletions with other complex rearrangements**

LD44.Y **Other specified deletions of the autosomes**

LD44.Z **Deletions of the autosomes, unspecified**

LD45 Uniparental disomies

Any disease caused by the inheritance of two homologous copies of a chromosome from one parent, and none from the other parent. Confirmation is by observation of identical chromosomes pairs by genetic testing.

LD45.0 **Uniparental disomies of maternal origin**

Any disease characterised by the inheritance of two homologous copies of a chromosome from the mother, and none from the father. Confirmation is by observation of identical chromosome pairs, and matching to a maternal chromosome, by genetic testing.

LD45.1 **Uniparental disomies of paternal origin**

Any disease caused by the inheritance of two homologous copies of a chromosome from the father, and none from the mother. Confirmation is by observation of identical chromosome pairs, and matching to a paternal chromosome, by genetic testing.

LD45.Y **Other specified uniparental disomies**

LD45.Z **Uniparental disomies, unspecified**

LD46 Imprinting errors

LD46.0 **Maternal imprinting error**

LD46.1 **Paternal imprinting error**

LD46.Y **Other specified imprinting errors**

LD46.Z **Imprinting errors, unspecified**

LD47 Balanced rearrangements or structural rearrangements

A condition caused by translocation or other structural rearrangement of genomic material between chromosomes demonstrating no net gain or loss of genomic material, in an individual displaying no phenotype. Confirmation is through observation of a balanced event by genetic testing.

LD47.0 **Balanced translocation and insertion in normal individual**

A condition caused by translocation of genetic material between chromosomes with no net gain or loss of genetic material, in an individual demonstrating no abnormalities. Confirmation is through observation of a balanced translocation and insertion by genetic testing.

LD47.1 **Chromosome inversion in normal individual**

Any disease caused by inversion of genetic material on a chromosome, in an individual demonstrating no abnormalities. Confirmation is through observation of a chromosomal inversion by genetic testing.

LD47.2 **Balanced autosomal rearrangement in abnormal individual**

Any disease caused by alteration of autosome structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.

LD47.3 **Balanced sex or autosomal rearrangement in abnormal individual**

Any disease caused by alteration of chromosomal structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.

LD47.4 **Autosomal fragile site**

Any disease caused by presence of a fragile site on an autosome. These diseases may present as asymptomatic. Confirmation is through observation of a fragile site by genetic testing.

LD47.Y **Other specified balanced rearrangements or structural rearrangements**

LD47.Z **Balanced rearrangements or structural rearrangements, unspecified**

Sex chromosome anomalies (LD50-LD5Z)

Any disease caused by change in the number or structure of the X or Y chromosome. Confirmation is by observation of a chromosomal anomaly by genetic testing.

LD50 Number anomalies of chromosome X

LD50.0 **Turner syndrome**

Karyotype missing one X chromosome (45, X0 or 45,X0/46,XX mosaicism) ; gonads: ovaries (streak); phenotype female with short stature, amenorrhea (hypergonadotrophic hypogonadism), absence of sexual development, webbed neck, low set ears, posterior hairline, widely-spaced nipples, short fourth metacarpals, and increased carrying angle at the elbow (cubitus valgus). Often associated with renal, cardiac and ocular abnormalities.

Inclusions: Monosomy X

Exclusions: Noonan syndrome (LD2F.15)

LD50.00 Karyotype 45, X

A disease affecting females, caused by absence of one of the two X chromosomes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. Confirmation is through observation of only one X chromosome by karyotyping.

LD50.01 Karyotype 46, X iso Xq

A disease affecting females, caused by one of the two X chromosomes consisting of two q arms, which are structurally identical and contain the same genes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. This disease may be differentiated from classical Turner Syndrome by a near complete lack of gonadal development, resulting in a lack of menstruation or breast development. Confirmation is through observation of an iso Xq chromosome by karyotyping.

LD50.02 Karyotype 46, X with abnormal sex chromosome, except iso Xq

LD50.03 Mosaicism, 45, X, 46, XX or XY

A disease caused by embryonic fusion, or by the loss of one of the sex chromosomes from a cell early in embryonic development; Gonadal status: normal or variable abnormalities of sexual anatomy, maturation or function. Phenotype: normal, or abnormal sexual development.

LD50.04 Mosaicism, 45, X or other cell line with abnormal sex chromosome

A disease caused by embryonic fusion or the structural mutation of a sex chromosome early in embryonic development, resulting in a subset of cells in the body having one normal copy of the X chromosome and one abnormal sex chromosome. This disease may present with short stature, sexual organ dysfunction, or may be asymptomatic.

LD50.1 **Karyotype 47,XXX**

Trisomy X is a sex chromosome anomaly with a variable phenotype caused by the presence of an extra X chromosome in females (47,XXX instead of 46,XX). Most individuals are only mildly affected or asymptomatic, the most common physical features including tall stature, epicanthal folds, hypotonia and clinodactyly, with seizures, renal and genitourinary abnormalities, and premature ovarian failure being also associated findings.

LD50.2 **Mosaicism, lines with various numbers of X chromosomes**

A disease caused by embryonic fusion or gain or loss of X chromosomes early in embryonic development, resulting in a subset of cells in the body having an abnormal number of X chromosomes. This disease may present with abnormal height, genitourinary abnormalities, or may be asymptomatic.

LD50.3 **Klinefelter syndrome**

Klinefelter syndrome defines a group of chromosomal disorders in which there is at least one extra X chromosome compared with the normal 46,XY male karyotype. The effects on physical features and on physical and cognitive development increase with the number of extra X's, and each extra X is associated with an intelligence quotient (IQ) decrease of approximately 15-16 points, with language most affected, particularly expressive language skills.

LD50.30 Klinefelter syndrome with karyotype 47,XXY, regular

Karyotype 47 XXY; gonads: testes (hypogonadism) small and firm with decreased spermatogenesis ; phenotype male with associated congenital abnormalities (decreased virilization due to decreased testosterone production, long arms and legs, short trunk, psychosocial problems).

LD50.31 Klinefelter syndrome, male with more than two X chromosomes

A disease affecting males, caused by the presence of more than two X chromosomes in each cell. This disease is characterised by impaired sexual development, intellectual disability, distinctive facial features, skeletal abnormalities, poor coordination, and severe problems with speech. This disease may be differentiated from classic Klinefelter syndrome by increased severity of symptoms. Confirmation is through observation of more than two X chromosomes by karyotyping.

LD50.3Y Other specified Klinefelter syndrome

LD50.Y Other specified number anomalies of chromosome X

LD50.Z Number anomalies of chromosome X, unspecified

LD51 Structural anomalies of chromosome X, excluding Turner syndrome

LD52 Number anomalies of chromosome Y

LD52.0 Male with 46,XX karyotype

A disease affecting males, characterised by hypergonadotrophic hypogonadism, testosterone deficiency, and infertility. This condition may also present with hypospadias. This disease may be associated with abnormal crossing over of the sex chromosomes during meiosis in the father, resulting in the SRY gene being present on one or both copies of the X chromosome.

LD52.1 Male with double or multiple Y

A condition affecting males, caused by the presence of supernumerary Y chromosomes. This condition is asymptomatic. Confirmation is through observation of supernumerary Y chromosomes by karyotyping.

LD52.Y Other specified number anomalies of chromosome Y

LD52.Z Number anomalies of chromosome Y, unspecified

LD53 Structural anomalies of chromosome Y

Coded Elsewhere: Chromosome Y deletion (5A81.1)

LD54 Male with sex chromosome mosaicism

Any disease affecting males, caused by embryonic fusion or gain or loss of a sex chromosome early in embryonic development, resulting in a subset of cells in the body having an abnormal number of sex chromosomes. These diseases may present with deficiencies in testosterone, abnormalities of sexual development, or infertility.

LD55 **Fragile X chromosome**

Fragile X syndrome is a rare genetic disease associated with mild to severe intellectual deficit that may be associated with behavioural disorders and characteristic physical features.

Inclusions: Fragile X syndrome

LD56 **Chimaera 46, XX, 46, XY**

A disease caused by XX and XY embryonic fusion or two distinct loss event of a sex chromosome from a XXY embryo early in development. This results in a subset of cells in the body having a XX karyotype, while other cells demonstrate a XY karyotype. This disease may present with abnormal genital development.

LD56.0 **Androgenetic chimaera**

LD56.1 **Gynogenetic chimaera**

LD56.Y **Other specified chimaera 46, XX, 46, XY**

LD56.Z **Chimaera 46, XX, 46, XY, unspecified**

LD5Y **Other specified sex chromosome anomalies**

LD5Z **Sex chromosome anomalies, unspecified**

LD7Y **Other specified chromosomal anomalies, excluding gene mutations**

LD7Z **Chromosomal anomalies, excluding gene mutations, unspecified**

LD90 **Conditions with disorders of intellectual development as a relevant clinical feature**

Coded Elsewhere: Lesch-Nyhan syndrome (5C55.01)

Hydrocephalus with stenosis of the aqueduct of Sylvius (LA04.0)

Pelizaeus-Merzbacher disease (8A44.0)

Hereditary sensory and autonomic neuropathy type IV (8C21.2)

Joubert syndrome (LD20.00)

Phenylketonuria (5C50.0)

Tyrosinaemia type 2 (5C50.12)

Carbamoylphosphate synthetase deficiency (5C50.A1)

Carnosinaemia (5C50.F1)

Homocarnosinosis (5C50.F2)

Syndromes with lissencephaly as a major feature (LD20.1)

Sjögren-Larsson syndrome (5C52.03)

Polymicrogyria (LA05.50)

Porencephaly (LA05.60)

Pyruvate dehydrogenase complex deficiency (5C53.02)

Brain-lung-thyroid syndrome (CB04.5)

Metachromatic leukodystrophy (5C56.02)

Neuronal ceroid lipofuscinosis (5C56.1)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Oculocerebrorenal syndrome (5C60.0)

CATCH 22 phenotype (LD44.N0)

Langer-Giedion syndrome (LD24.80)

Crigler-Najjar syndrome (5C58.00)

Fragile X chromosome (LD55)

Incontinentia pigmenti (LD27.00)

Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Congenital rubella syndrome (KA62.8)

Congenital cytomegalovirus infection (KA62.3)

Complete trisomy 21 (LD40.0)

Klinefelter syndrome, male with more than two X chromosomes (LD50.31)

Intellectual disability – enteropathy – deafness – neuropathy – ichthyosis – keratoderma syndrome (LD2H.Y)

Microcephaly - deafness - intellectual disability (LD2H.Y)

Schizophrenia - intellectual disability - deafness - retinitis (LD2H.Y)

Corneal anaesthesia - deafness - intellectual disability (LD2H.Y)

Ataxia - deafness - intellectual disability syndrome (LD2H.Y)

Retinitis pigmentosa - intellectual disability - deafness - hypogenitalism (LD2H.Y)

LD90.0 Angelman syndrome

Angelman syndrome is a neurogenetic disorder characterised by severe intellectual deficit and distinct facial dysmorphic (microcephaly, macrostomia, maxillary hypoplasia, prognathia), behavioural (outbursts of laughter with hand flapping, a happy demeanour, hyperactivity without aggression, short attention span, excitability and sleeping problems with decreased need to sleep, increased sensitivity to heat, attraction to and fascination with water), and neurological features (a puppet-like gait, ataxia and epileptic seizures).

LD90.1 Early-onset parkinsonism - intellectual deficit

Early-onset parkinsonism with intellectual deficit is a basal ganglia disorder characterised by parkinsonian-type symptoms (postural changes, tremor, rigidity), megalencephaly and variable intellectual deficit. Other signs are frontal bossing, persistent frontal lobe reflexes, strabismus and seizures.

LD90.2 Pelizaeus-Merzbacher-like disease

Pelizaeus-Merzbacher like disease (PMLD) is an autosomal recessive leukodystrophy sharing identical clinical and radiological features as X-linked Pelizaeus-Merzbacher disease (PMD;).

LD90.3 Prader-Willi syndrome

Prader-Willi syndrome is a rare genetic disorder characterised by hypothalamic-pituitary abnormalities with severe hypotonia during the neonatal period and first two years of life and the onset of hyperphagia with a risk of morbid obesity during infancy and adulthood, learning difficulties and behavioural problems or severe psychiatric problems.

LD90.4 Rett syndrome

A condition in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

LD90.Y Other specified conditions with disorders of intellectual development as a relevant clinical feature

LD90.Z Conditions with disorders of intellectual development as a relevant clinical feature, unspecified

LD9Y Other specified developmental anomalies

LD9Z Developmental anomalies, unspecified

CHAPTER 21

Symptoms, signs or clinical findings, not elsewhere classified

This chapter has 311 four-character categories.

Code range starts with MA00

Clinical findings include those found using physical, laboratory and imaging techniques.

Diseases can manifest in many ways and in different body systems. Such specific manifestations may be a reason for treatment or encounter, with or without identifying or addressing the underlying condition.
Categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, could be designated 'not otherwise specified', 'unknown aetiology' or 'transient'.

The conditions and signs or symptoms included in this chapter consist of:

- cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
- signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- provisional diagnoses in a patient who failed to return for further investigation or care;
- cases referred elsewhere for investigation or treatment before the diagnosis was made;
- cases in which a more precise diagnosis was not available for any other reason;
- certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

These categories should be used in conjunction with a code from another chapter that identifies the underlying condition.

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

Clinical findings on antenatal screening of mother (JA66)

This chapter contains the following top level blocks:

- Symptoms, 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 (MA00-MA3Y)

Symptoms of blood, blood-forming organs, or the immune system (MA00-MA0Y)

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

MA00 **Symptom or complaint of the blood**

MA01 **Enlarged lymph nodes**

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

Inclusions: Lymphadenopathy

Exclusions: Chronic lymphadenitis (BD90.2)

Nonspecific mesenteric lymphadenitis (BD90.1)

lymphadenitis NOS (BD90)

MA01.0 Localised lymph node enlargement

MA01.1 Generalised lymph node enlargement

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

MA01.Z Enlarged lymph nodes, unspecified

MA0Y **Other specified symptoms of blood, blood-forming organs, or the immune system**

Clinical findings in blood, blood-forming organs, or the immune system (MA10-MA1Y)

Exclusions: abnormalities of coagulation (3B10-3B4Z)

abnormalities of lipids (5C80-5C8Z)

Thrombocytopenia (3B64)

Abnormal haematological finding on antenatal screening of mother (JA66.0)

Haemorrhagic or haematological disorders of fetus or newborn (KA80-KA8Z)

MA10 **Abnormal serum enzyme levels**

MA10.0 Elevation of levels of transaminase or lactic acid dehydrogenase

MA10.1 **Abnormal levels of other specified serum enzymes**

MA10.2 **Abnormal level of unspecified serum enzyme**

MA11 Clinical findings of hormones in blood, blood-forming organs, or the immune system

MA12 Clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

MA12.0 **Finding of opiate drug in blood**

MA12.1 **Finding of cocaine in blood**

MA12.2 **Finding of hallucinogen in blood**

MA12.3 **Finding of psychotropic drug in blood**

MA12.4 **Finding of steroid agent in blood**

MA12.Y **Other specified clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system**

MA13 Clinical findings of substances chiefly nonmedicinal as to source in blood, blood-forming organs, or the immune system

MA13.0 **Finding of abnormal level of heavy metals in blood**

MA13.00 Abnormal level of lead in blood

Abnormal level of lead in blood in those who have been exposed to lead and who require management.

Exclusions: Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Metals (NE61)

MA13.0Y Finding of abnormal level of other specified heavy metals in blood

MA13.1 **Finding of alcohol in blood**

MA13.Y **Abnormal level of other specified substances chiefly nonmedicinal as to source in blood, blood-forming organs and the immune system**

MA14 Immunological findings in blood, blood-forming organs, or the immune system

MA14.0 **Laboratory evidence of human immunodeficiency virus**

Exclusions: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

Human immunodeficiency virus disease (1C60-1C62.Z)

Asymptomatic human immunodeficiency virus infection (1C62.0)

MA14.1 **Certain specified immunological findings**

MA14.10 Abnormal reaction to tuberculin test

MA14.11 Anticitrullinated protein antibody negative

MA14.12 Anticitrullinated protein antibody positive

MA14.13 Anti-nuclear antibody negative

MA14.14 Anti-nuclear antibody positive

MA14.15 Elevated C-reactive protein

MA14.16 False-positive serological test for syphilis

Inclusions: False-positive Wassermann reaction

MA14.17 Human leukocyte antigen negative

MA14.18 Human leukocyte antigen positive

Inclusions: HLA B-27

MA14.19 Neural autoantibody negative

MA14.1A Neural autoantibody positive

MA14.1B Prostate specific antigen positive

MA14.1C Raised antibody titre

Exclusions: isoimmunization, in pregnancy affecting fetus or newborn (KA84)

MA14.1D Rheumatoid factor negative

MA14.1E Rheumatoid factor positive

MA14.Y **Other specified immunological findings in blood, blood-forming organs, or the immune system**

MA15 Microbiological findings in blood, blood-forming organs, or the immune system

MA15.0 **Bacteraemia**

The presence of bacteria in the blood. A positive blood culture without signs of infection.

Exclusions: Bacterial infection of unspecified site (1C41)

Sepsis (1G40-1G41)

MA15.1 **Fungaemia**

MA15.Y **Other specified microbiological findings in blood, blood-forming organs, or the immune system**

MA16 Cytological findings in blood, blood-forming organs, or the immune system

MA16.0 **Abnormality of red blood cells**

Exclusions: Polycythaemia neonatorum (KA8A)

polycythaemia: NOS (3A80-3A8Z)

polycythaemia: benign (familial) (3A80.0)

anaemias (3A00-3A9Z)

Polycythaemia vera (2A20.4)

Acquired polycythaemia (3A81)

MA16.00 Haemolysis, not elsewhere classified

Exclusions: Postpartum coagulation defects (JA43.3)

Delayed or excessive haemorrhage following abortion, ectopic or molar pregnancy (JA05.1)

Intrapartum haemorrhage with coagulation defect (JA42.0)

HELLP syndrome (JA24.2)

Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation (KA84.5)

MA16.0Y Other specified abnormality of red blood cells

MA16.0Z Abnormality of red blood cells, unspecified

MA16.1 **Abnormality of white blood cells**

Exclusions: Neutrophilia (4B00.1)

MA16.10 Decreased white blood cell count

MA16.11 Elevated white blood cell count

MA16.12 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 (5C70-5C7Z)

Neonatal hypoglycaemia (KB60.4)

MA18.0 Elevated blood glucose level

Exclusions: Diabetes mellitus in pregnancy (JA63)

Syndrome of infant of mother with gestational diabetes (KB60.0)

Postprocedural hypoinsulinaemia (5D41)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

Neonatal diabetes mellitus (KB60.2)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

MA18.00 Abnormal glucose tolerance test

Greater than normal levels of glucose found in laboratory examination of the blood to check how the body breaks down (metabolizes) blood sugar. Positive findings may indicate diabetes or Cushing diseases, among other things.

MA18.0Y Other specified elevated blood glucose level

MA18.1 Abnormal level of blood mineral

Inclusions: Abnormal blood level of mineral NEC

Exclusions: nutritional mineral deficiency (5B5K)

Neonatal hypomagnesaemia (KB61.0)

MA18.2 Abnormal arterial blood-gas level

MA18.3 Abnormal coagulation profile

MA18.4 Low haemoglobin

Exclusions: Low affinity haemoglobin (3A51.8)

MA18.Y Other specified abnormal findings of blood chemistry

MA18.Z Abnormal findings of blood chemistry, unspecified

MA19 Certain abnormalities of plasma proteins

Exclusions: Disorders of plasma-protein metabolism, not elsewhere classified (5D00-5D0Y)

MA19.0 **Abnormality of albumin**

MA19.1 **Abnormality of alphafetoprotein**

MA19.2 **Abnormality of globulin**

MA19.Y **Abnormalities of other specified plasma proteins**

MA19.Z **Abnormalities of unspecified plasma proteins**

MA1A **Elevated erythrocyte sedimentation rate or abnormality of plasma viscosity**

MA1A.0 **Elevated erythrocyte sedimentation rate**

MA1A.1 **Abnormal plasma viscosity**

MA1Y **Other specified clinical findings in blood, blood-forming organs, or the immune system**

MA3Y **Other specified symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system**

Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (MA50-MA6Y)

Coded Elsewhere: Symptoms of endocrine, nutritional or metabolic diseases

Results of function studies of the endocrine, nutritional or metabolic diseases (MA50-MA51)

MA50 **Abnormal results of thyroid function studies**

MA51 **Abnormal results of other endocrine function studies**

Exclusions: Abnormal glucose tolerance test (MA18.00)

MA6Y **Other specified symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases**

Symptoms, signs or clinical findings of speech or voice (MA80-MB0Y)

Symptoms or signs involving speech or voice (MA80-MA8Y)

Coded Elsewhere: Echolalia (MB23.9)

MA80 Speech disturbances

Speech disturbances, not classified elsewhere include dysphasia and aphasia, dysarthria and anarthria, and other speech disturbances.

Exclusions: Developmental speech or language disorders (6A01)

Autism spectrum disorder (6A02)

Speech dysfluency (MA81)

Coded Elsewhere: Mutism (MB23.D)

MA80.0 Aphasia

Exclusions: Developmental speech or language disorders (6A01)

MA80.1 Dysphasia

A cognitive disorder marked by an impaired ability to comprehend or express language in its written or spoken form. This condition is caused by diseases which affect the language areas of the dominant hemisphere. Clinical features are used to classify the various subtypes of this condition.

Exclusions: progressive isolated aphasia (8E40-8E4Y)

Developmental speech or language disorders (6A01)

MA80.2 Dysarthria

Exclusions: Developmental speech or language disorders (6A01)

MA80.20 Anarthria

MA80.2Y Other specified dysarthria

MA80.2Z Dysarthria, unspecified

MA80.Y Other specified speech disturbances

MA80.Z Speech disturbances, unspecified

MA81 Speech dysfluency

Speech dysfluency is characterised by the frequent or pervasive disruption of the rhythmic flow of speech that arises subsequent to the developmental period (i.e., adult onset) and is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication. It can involve repetitions of sounds, syllables or words, prolongations, word breaks, blockage of production, excessive use of interjections, and rapid short bursts of speech.

Exclusions: Developmental language disorder (6A01.2)

Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

Dysarthria (MA80.2)

Selective mutism (6B06)

childhood onset stammering (6A01.1)

childhood onset stuttering (6A01.1)

childhood onset cluttering (6A01.1)

childhood-onset speech fluency disorder (6A01.1)

MA82 Voice disturbances

Voice disturbances include dysphonia, aphonia, hypernasality and hyponasality, and other voice disturbances.

MA82.0 Aphonia

Aphonia is the inability to produce voice. It is considered more severe than dysphonia. Like dysphonia, aphonia can be caused by voice strain or overuse, injury, by structural laryngeal anomalies or by dystonic neurological disorders.

Inclusions: Loss of voice

Exclusions: Dissociative disorders (6B60-6B6Z)

MA82.1 Dysphonia

Difficulty and/or pain in phonation or speaking.

Exclusions: Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

MA82.10 Hoarseness

MA82.1Y Other specified dysphonia

MA82.1Z Dysphonia, unspecified

MA82.2 Nasality

Nasality (or resonance) refers to the quality of the voice that is determined by the balance of sound vibration in the oral, nasal, and pharyngeal cavities during speech. Abnormal resonance can occur when there is obstruction in one of the cavities, causing hyponasality, or when there is velopharyngeal dysfunction, causing hypernasality. This category should only be assigned when hyponasality or hypernasality is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication.

MA82.Y **Other specified voice disturbances**

MA82.Z **Voice disturbances, unspecified**

MA8Y **Other specified symptoms or signs involving speech or voice**

MB0Y **Other specified symptoms, signs or clinical findings of speech or voice**

Mental or behavioural symptoms, signs or clinical findings (MB20-MB2Y)

MB20 **Symptoms, signs or clinical findings involving consciousness**

Symptoms, signs, and clinical findings indicative of a disturbance in the state or quality of awareness of oneself and the environment, alertness, or clarity of the wakeful state.

Exclusions: newborn uremic coma (KC01)

Delirium (6D70)

Psychomotor retardation (MB23.N)

MB20.0 **Stupor**

Total or nearly total lack of spontaneous movement and marked decrease in reactivity to environment.

Inclusions: Semicoma

Exclusions: Catatonia (6A40-6A4Z)

Delirium (6D70)

MB20.1 **Coma**

Acute state lasting more than one hour and usually less than a month. The comatose patient is unresponsive, lying with their eyes closed and cannot be aroused even by vigorous and noxious stimuli. Motor responses to noxious stimulation are limited to reflexive behaviour. Etiologies include but are not limited to traumatic, anoxic, infectious, neoplastic, vascular, inflammatory and metabolic brain injuries.

Coding Note: Code also the causing condition

Exclusions: Diabetic coma (5A23)

Hepatic coma (DB99.5)

Neonatal coma (KB03)

Nondiabetic hypoglycaemic coma (5A41)

chronic uremic coma (GB61)

MB20.2 **Clouding of consciousness**

An impairment in the clarity of consciousness characterised by impaired ability to comprehend aspects of the environment or the self in relation to the environment, inattention, and abnormalities in thought processes, comprehension. It is typically accompanied by subjective experience of mental clouding described as feeling 'foggy'. Clouding of consciousness is a common form of cognitive disturbance in Delirium, but it is not synonymous with Delirium because Delirium includes additional diagnostic requirements.

Exclusions: Delirium (6D70)

MB20.Y **Other specified symptoms, signs or clinical findings involving consciousness**

MB21 Symptoms, signs or clinical findings involving cognition

Symptoms, signs, and clinical findings indicative of a disturbance in mental abilities and processes related to attention, memory, judgment, reasoning, problem solving, decision making, or comprehension, or the integration of these functions.

Coded Elsewhere: Symbolic dysfunctions (MB4B)

MB21.0 **Age-associated cognitive decline**

A normative (non-pathological) deterioration of higher cortical functions such as thinking, reasoning, comprehension, calculation, learning, language, and judgment.

MB21.1 **Amnesia**

An inability to recall past experiences, especially where recall is to be expected.

Exclusions: Dissociative disorders (6B60-6B6Z)

MB21.10 Anterograde amnesia

An inability to recall past experiences, especially where recall is to be expected, occurring after an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.11 Retrograde amnesia

An inability to recall past experiences, especially where recall is to be expected, preceding an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.12 Transient global amnesia

A time-limited episode (lasting up to two days) of short-term memory loss without other signs or symptoms of neurological impairment.

MB21.1Y Other specified amnesia

MB21.1Z Amnesia, unspecified

MB21.2 **Anosognosia**

A lack of awareness or failure to recognize one's own illness, symptoms, or functional deficits, considered to be an aspect of the illness.

MB21.3 **Confabulation**

The filling of memory gaps with fabricated, distorted, or misinterpreted memories about oneself or the world, without the conscious intention to deceive.

MB21.4 **Disorientation**

Impairment in or loss of awareness of the position of the self in relation to place, time, situation, or other persons. In severe cases, the sense of personal identity may also be lost.

MB21.5 **Distractibility**

Difficulty focusing on tasks; attention is easily diverted by extraneous stimuli.

MB21.6 **Impaired abstract thinking**

The inability to use concepts and to make and understand generalizations, such as the identifying the properties or pattern shared by a variety of specific items or events.

MB21.7 **Impaired executive functioning**

Impairment in higher-level cognitive abilities, such as planning, sequencing, concept formation, abstracting, and decision-making.

MB21.8 **Impaired judgment**

Deficit in the capacity to make sound, reasoned, and responsible decisions.

MB21.9 **Perseveration**

Persistent repetition of previously used words, phrases, or details that are not responsive to the demands of the situation.

MB21.A **Poor concentration**

Difficulty focusing attention and sustaining the mental energy necessary to accomplish a task or goal.

MB21.B **Racing thoughts**

Subjective perception of accelerated thought processes.

MB21.Y **Other specified symptoms and signs involving cognition**

MB21.Z **Symptoms and signs involving cognition, unspecified**

MB22 Symptoms or signs involving motivation or energy

Symptoms and signs involving motivation (the process that initiates, guides, and maintains goal-oriented behaviours) or energy (the strength and vitality required for sustained physical or mental activity).

Coded Elsewhere: Fatigue (MG22)

MB22.0 **Avolition**

A general lack of drive, or lack of motivation to pursue meaningful goals (e.g., as evidenced by limited participation in work, school, or socializing with others).

MB22.1 **Decreased libido**

Decreased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.2 **Demoralization**

Loss of confidence in one's ability to cope, with associated feelings of helplessness, hopelessness, and discouragement.

MB22.3 **Hopelessness**

Little or no belief in a positive future.

MB22.4 **Increased energy**

Increased physical or mental resources for activity, typically characterised by increased capacity for work and greater efficiency in responding to stimuli.

MB22.5 **Increased goal-directed activity**

Increased planning of and participation in multiple activities (e.g. sexual, occupational, political, religious), compared to the individual's typical level of activity.

MB22.6 **Increased libido**

Increased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.7 **Tiredness**

Feeling of reduced alertness and an accompanying decrease in mental acuity, in some cases resulting in an impulse or tendency to fall asleep.

MB22.Y **Other specified symptoms and signs involving motivation or energy**

MB22.Z **Symptoms or signs involving motivation or energy, unspecified**

MB23 Symptoms or signs involving appearance or behaviour

Coded Elsewhere: Speech dysfluency (MA81)

MB23.0 **Aggressive behaviour**

Actions intended to threaten or hurt another person or to damage property that may be physical, verbal, or symbolic (e.g., acting against the other person's interests). Aggressive behaviour may be appropriate and self-protective, or inappropriate, hostile, and destructive.

MB23.1 **Antisocial behaviour**

Behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws, are violated.

MB23.2 **Avoidance behaviour**

The act of keeping away from circumstances, situations, or stimuli that cause anxiety or other negative emotions in the individual.

MB23.3 **Bradyphrenia**

Slowness of thoughts or fatigability of initiative

MB23.4 **Compulsions**

Repetitive behaviours or rituals (e.g., washing, checking) or mental acts (e.g., repeating words silently) that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'.

Exclusions: Obsessive-compulsive disorder (6B20)

MB23.5 **Coprolalia**

Involuntary swearing or the involuntary utterance of obscene words or socially inappropriate and derogatory remarks, often in Tourette syndrome.

Exclusions: Tourette syndrome (8A05.00)

MB23.6 **Disorganised behaviour**

Behaviour including posture, gait, and other activity that is unpredictable or not goal-directed (e.g., shouting at strangers on the street).

MB23.7 **Disheveled appearance**

Untidy or unkempt appearance reflecting a lack of attention to one or more aspects of hygiene, grooming, or dress.

MB23.8 **Disruptive behaviour**

Behaviour that causes disorder and turmoil in others or one's environment (e.g., angry outbursts, arguments, disobedience).

Exclusions: Disruptive behaviour or dissocial disorders (6C90-6C9Z)

MB23.9 **Echolalia**

The automatic repetition of vocalizations, words, or phrases uttered by another person, which may be immediate or delayed (e.g., repetition of phrases earlier heard on television), without meaningful communicative function. Echolalia is a common feature of communication abnormalities in Autism spectrum disorder, but may also occur in other Mental, behavioural or neurodevelopmental disorders and certain neurological conditions, among children with severe visual impairment, and occasionally in typically developing children. Echolalia does not include repetition as a normal feature of language acquisition in early childhood development.

Exclusions: Autism spectrum disorder (6A02)

Developmental language disorder (6A01.2)

MB23.A **Excessive crying of child, adolescent, or adult**

Episodes of crying for several hours a day for more than several days a week for several weeks in an otherwise healthy child, adolescent, or adult.

MB23.C **Increased sociability**

Decrease or loss of normal social inhibitions manifested in increased impulses to be with and talk to other people, including overfamiliarity, compared to the individual's typical level of activity.

MB23.D **Mutism**

A lack of verbal output that may be generalised or restricted to specific situations.

Coded Elsewhere: Akinetic mutism (MB21.Y)

MB23.E **Non-suicidal self-injury**

Intentional self-inflicted injury to the body, most commonly cutting, scraping, burning, biting, or hitting, with the expectation that the injury will lead to only minor physical harm.

MB23.F **Odd or peculiar appearance**

Grooming, clothing, or other aspects of personal appearance that are eccentric, unusual, or peculiar, and inconsistent with cultural or subcultural norms.

MB23.G **Odd or peculiar behaviour**

Behaviour including posture and gait that is eccentric, unusual, or peculiar, and is inconsistent with cultural or subcultural norms.

MB23.H **Panic attack**

A discrete episode of intense fear or apprehension accompanied by the rapid and concurrent onset of a number of characteristic symptoms. These symptoms may include, but are not limited to, palpitations or increased heart rate, sweating, trembling, sensations of shortness of breath, feelings of choking, chest pain, nausea or abdominal distress, feelings of dizziness or lightheadedness, chills or hot flushes, tingling or lack of sensation in extremities (i.e., paresthesias), depersonalization or derealization, fear of losing control or going mad, and fear of imminent death. Panic attacks can appear out of the blue or can be triggered by particular situations.

Exclusions: Panic disorder (6B01)

recurrent panic attacks (6B01)

MB23.J **Poor personal hygiene**

Unwillingness or inability to maintain a level of personal cleanliness that is in keeping with the standards of the person's culture, society, or setting, such as not washing or brushing one's teeth.

MB23.K **Poverty of speech**

A general lack of the unprompted content and elaboration normally seen in speech that is attributed to poverty of thought. It is one of the negative symptoms of Schizophrenia.

MB23.L **Pressured speech**

Speech in which the person feels undue pressure to get the words out. The person’s speech is usually rapid, loud, and emphatic and may be difficult or impossible to interrupt. Frequently, the person talks without any social stimulation and may continue to talk even though no one is listening.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Bipolar or related disorders (6A60-6A6Z)

MB23.M **Psychomotor agitation**

Excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, etc.

MB23.N **Psychomotor retardation**

A visible generalised slowing of movements and speech.

Exclusions: Stupor (MB20.0)

MB23.Q **Social withdrawal**

Retreat from relationships and other social interactions

MB23.R **Suicide attempt**

A specific episode of self-harming behaviour undertaken with the conscious intention of ending one's life.

MB23.S **Suicidal behaviour**

Concrete actions, such buying a gun or stockpiling medication, that are taken in preparation for fulfilling a wish to end one's life but that do not constitute an actual suicide attempt.

MB23.Y **Other specified symptoms and signs involving appearance and behaviour**

MB23.Z **Symptoms and signs involving appearance and behaviour, unspecified**

MB24 Symptoms or signs involving mood or affect

Symptoms and signs involving the regulation and expression of emotions or feeling states.

MB24.0 **Ambivalence**

Conflicting ideas, wishes, or feelings toward a person, thing or situation that are distressing and may create difficulties in making decisions.

MB24.1 **Anger**

An emotional state related to one's psychological interpretation of having been threatened that may range in intensity from mild irritation to intense fury and rage.

MB24.2 **Anhedonia**

Inability to experience pleasure from normally pleasurable activities.

MB24.3 **Anxiety**

Apprehensiveness or anticipation of future danger or misfortune accompanied by a feeling of worry, distress, or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

Inclusions: Nervous tension

MB24.4 **Apathy**

A reduction or lack of feeling, emotion, interest, or concern; a state of indifference.

MB24.5 **Depressed mood**

Negative affective state characterised by low mood, sadness, emptiness, hopelessness, or dejection

Exclusions: Mood disorders (6A60-6A8Z)

Low self-esteem (MB28.9)

MB24.6 **Disturbance of affect**

A disturbance in the expression or outward manifestation of mood.

MB24.60 Constricted affect

A marked reduction in the expressive range and intensity of affect, but less than is observed in Blunted affect.

MB24.61 Blunted affect

A severe reduction in the expressive range and intensity of affect, but less than is observed in Flat affect.

MB24.62 Flat affect

Absence or near absence of any sign of affective expression.

MB24.63 Labile affect

Marked variability in emotional expression, with repeated, rapid, and abrupt shifts.

MB24.64 Inappropriate affect

Affective expression that is discordant with the content of the person's speech or ideation, or incompatible with the demands of a particular situation.

MB24.6Y Other specified disturbance of affect

MB24.6Z Disturbance of affect, unspecified

MB24.7 **Dysphoria**

An unpleasant mood state, which can include feelings of depression, anxiety, discontent, irritability, and unhappiness

MB24.8 **Elevated mood**

A positive mood state typically characterised by increased energy and self-esteem which may be out of proportion to the individual's life circumstances.

MB24.9 **Euphoria**

An exaggerated feeling of physical and emotional well-being and vitality.

MB24.A **Fear**

An emotional response to perceived imminent threat or danger associated with urges to flee or fight.

MB24.B **Feelings of guilt**

Remorse related to past events or one's past actions (or inaction), thoughts, or desires.

MB24.C **Irritability**

A mood state characterised by being easily annoyed and provoked to anger, out of proportion to the circumstances.

MB24.D **Leaden paralysis**

A feeling that one's arms or legs are as heavy as lead, associated with a form of depression that also commonly includes overeating and oversleeping.

MB24.E **Mental rumination**

Mental preoccupation with negative events, personal characteristics, or failures.

MB24.F **Restlessness**

A feeling of being unable to keep still.

MB24.G **Tantrum**

An emotional outburst, usually among children or those in emotional distress, that is typically characterised by stubbornness, crying, screaming, defiance, anger, a resistance to attempts at pacification, and in some cases hitting or other violent behaviour.

MB24.H **Worry**

Unpleasant thoughts that are difficult to control, related to anticipated potential negative events.

MB24.Y **Other specified symptoms and signs involving mood or affect**

MB24.Z **Symptoms and signs involving mood or affect, unspecified**

MB25 Symptoms or signs involving form of thought

Symptoms and signs involving the logical sequence and coherence of thought, typically manifest in speech, including thought disorder (circumstantiality, tangentiality, disorganised thinking and incoherence), flight of ideas, neologisms, and thought blocking.

MB25.0 **Symptoms and signs of thought disorder**

Disturbances in the associative thought process typically manifest in speech or writing that range from circumstantiality to incoherence. These may be indicative of Schizophrenia and other primary psychotic disorders but can also occur in other mental disorders (e.g., Delirium).

MB25.00 Circumstantiality

A relatively mild disturbance in the associative thought process typically manifest in speech or writing characterised by delay in getting to the point because of the interpolation of unnecessary details and irrelevant parenthetical remarks.

MB25.01 Tangentiality

A disturbance in the associative thought process typically manifest in speech in which the person tends to digress readily from the topic under discussion to other topics through associations without ever returning to the original topic.

MB25.02 Disorganised thinking

A disturbance in the associative thought process typically manifested in speech in which the person shifts suddenly from one topic to another that is unrelated or minimally related to the first. The individual gives no indication of being aware of the disconnectedness or illogicality of their thinking.

MB25.03 Incoherence

Speech or thinking that is so disorganised that it is essentially incomprehensible to others.

MB25.0Y Other specified symptoms and signs of thought disorder

MB25.0Z Symptoms and signs of thought disorder, unspecified

MB25.1 Flight of ideas

A nearly continuous flow of thoughts, usually manifested in speech, with rapid changes from topic to topic that are often based on understandable associations, distracting stimuli, or plays on words. In severe cases, the changes may be so rapid that speech is disorganised and incoherent.

MB25.2 Neologisms

The invention of new words that have meaning only to the person using them. May also include the use of existing words in ways that are inconsistent with their common meaning.

MB25.3 Thought blocking

A phenomenon usually manifested by the person's speech being suddenly interrupted by silences, experienced as a quick and total emptying of the mind.

MB25.Y Other specified symptoms and signs of form of thought

MB25.Z Symptoms and signs of form of thought, unspecified

MB26 Symptoms or signs involving content of thought

Symptoms and signs involving content of thought include delusions, experiences of influence, passivity, and control, grandiosity, homicidal ideation, identity disturbance, obsessions, overvalued ideas, paranoid ideation, referential thinking, suspiciousness, and suicidal ideation.

MB26.0 Delusion

A belief that is demonstrably untrue or not shared by others, usually based on incorrect inference about external reality. The belief is firmly held with conviction and is not, or is only briefly, susceptible to modification by experience or evidence that contradicts it. The belief is not ordinarily accepted by other members or the person's culture or subculture (i.e., it is not an article of religious faith).

MB26.00 Bizarre delusion

A delusion that involves a phenomenon that would be regarded as physically impossible within the person's cultural context.

MB26.01 Delusion of being controlled

A delusion that involves an external force or person controlling one's feelings, impulses, thoughts, or behaviour.

Exclusions: Experiences of influence, passivity, and control (MB26.1)

MB26.02 Delusion of guilt

A delusion involving exaggerated or inappropriate responsibility, need for punishment or retribution, or disproportionate consequences of one's actions, such as that a minor error in the past will lead to disaster, that the person has committed a sin or horrible crime and should be punished severely, or that the person is responsible for a horrible outcome with which there can be no possible connection.

MB26.03 Delusion of reference

A delusion that events, objects, or other people in the person's immediate environment have a particular and unusual personal significance, usually of a negative or pejorative nature.

MB26.04 Erotomanic delusion

A delusion that another person, usually of higher status, is in love with the individual.

MB26.05 Grandiose delusion

A delusion of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Exclusions: Grandiosity (MB26.2)

MB26.06 Jealous delusion

A delusion that one's sexual partner is unfaithful.

MB26.07 Persecutory delusion

A delusion in which the central theme is that one (or someone to whom one is close) is being attacked, mocked, harassed, cheated, conspired against, or persecuted.

MB26.08 Religious delusion

A delusion involving religious or spiritual themes or subject matter that other members of the person's religious group do not accept as possible.

MB26.09 Somatic delusion

A delusion involving the functioning or appearance of one's body, including of having a serious disease.

Coded Elsewhere: Olfactory reference disorder (6B22)

MB26.0A Nihilistic delusion

A delusion that the self, part of the self, part of the body, other persons, or the whole world has ceased to exist.

MB26.0B Misidentification delusion

A delusion that people in one’s environment, which may include family members and loved ones, are imposters or actors or are otherwise not who they seem to be.

MB26.0C Delusion of impoverishment

A delusional conviction that one is currently destitute or soon will be, or that one does not have the necessary financial resources to live on, in spite of evidence to the contrary.

MB26.0Y Other specified delusion

MB26.0Z Delusion, unspecified

MB26.1 **Experiences of influence, passivity, and control**

The experience that one's feelings, impulses, thoughts, bodily functions, or behaviour are under the control of another person or other external force instead of under one's own control. These experiences may or may not be accompanied by a delusional belief that provides an explanation for the subjective experience.

Exclusions: Delusion of being controlled (MB26.01)

MB26.10 Thought broadcasting

The experience that one's thoughts are accessible by others so that others know what one is thinking.

MB26.11 Thought insertion

The experience that certain thoughts are being placed in one's mind by others.

MB26.12 Thought withdrawal

The experience that one's thoughts are being removed by an outside person or force.

MB26.1Y Other specified experiences of influence, passivity, and control

MB26.1Z Experiences of influence, passivity, and control, unspecified

MB26.2 **Grandiosity**

Exaggerated self-esteem or an unrealistic belief in one's superiority, importance, capacities, or identity.

Exclusions: Grandiose delusion (MB26.05)

MB26.3 **Homicidal ideation**

Thoughts, ideas, or ruminations about killing another person, which range from vague ideas of revenge to detailed and fully formulated plans but do not include actual homicidal attempts.

MB26.4 **Identity disturbance**

Distortion or inconsistency in the sense or view of sameness and historical continuity of one's self.

MB26.5 **Obsessions**

Repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent scenes), or impulses/urges (e.g., to stab someone) that are experienced as intrusive, unwanted, and are commonly associated with anxiety.

MB26.6 **Overvalued ideas**

Unreasonable and sustained beliefs that are maintained with less than delusional intensity (i.e., the person is able to acknowledge the possibility that the belief may not be true). An alternative use of this term is to refer to conventional or plausible thoughts (e.g., religious concepts, political ideas, or excessively idealistic beliefs) that are held with such a level of intensity so that the person's life is taken up by them.

Exclusions: Delusion (MB26.0)

Grandiosity (MB26.2)

Paranoid ideation (MB26.7)

Referential thinking (MB26.8)

MB26.7 **Paranoid ideation**

Ideation, not held with delusional intensity, involving suspiciousness or beliefs of being harassed, persecuted, or unfairly treated by others.

Exclusions: Persecutory delusion (MB26.07)

MB26.8 **Referential thinking**

Ideation, not held with delusional intensity, that random or coincidental events are of particular and unusual significance to the person.

Exclusions: Delusion of reference (MB26.03)

MB26.9 **Suspiciousness**

The behaviour of others is viewed with anxiety, mistrust, or hostility and perceived as potentially threatening.

MB26.A **Suicidal ideation**

Thoughts, ideas, or ruminations about the possibility of ending one's life, ranging from thinking that one would be better off dead to formulation of elaborate plans.

Exclusions: Suicide attempt (MB23.R)

Personal history of self-harm (QC4B)

MB26.Y **Other specified symptoms or signs involving content of thought**

MB26.Z **Symptoms or signs involving content of thought, unspecified**

MB27 Symptoms or signs involving perceptual disturbance

Symptoms and signs involving a disruption in sensory perception, including depersonalization, derealization, and hallucinations in any modality.

Exclusions: disturbances of skin sensation (MB40.5)

MB27.0 **Depersonalisation**

Experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one's thoughts, feelings, sensations, body, or actions. Depersonalization may take the form of emotional and/or physical numbing, a sense of watching oneself from a distance or 'being in a play', or perceptual alterations (e.g., a distorted sense of time).

MB27.1 **Derealisation**

Experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one's surroundings.

MB27.2 **Hallucinations**

Sensory perceptions of any modality occurring in the absence of the appropriate (external) stimulus. The person may or may not have insight into the unreal nature of the perception.

MB27.20 Auditory hallucinations

Hallucinations involving the perception of sound, most frequently of voices but sometimes of clicks or other noises, that are not restricted to the period of awakening or the onset of sleep.

MB27.21 Gustatory hallucinations

Hallucinations of taste in the absence of an actual external stimulus.

MB27.22 Hypnopompic hallucinations

Hallucinations that occur during the period of awakening, most commonly of the visual, tactile or auditory modality.

MB27.23 Hypnagogic hallucinations

Hallucinations that occur at the onset of sleep, most commonly of the visual, tactile or auditory modality.

MB27.24 Olfactory hallucinations

Hallucinations involving the perception of odour (e.g., of burning rubber, decaying fish, orange peel) in the absence of an actual external stimulus.

MB27.25 Somatic hallucinations

Hallucinations involving the perception of an unusual physical state or event within the body, such as an electrical impulse running down one's arms or an object inside one's chest.

MB27.26 Tactile hallucinations

Hallucinations involving the perception of being touched (e.g., feeling like bugs are crawling on the skin, pins being stuck into one's finger) that are not restricted to the period of awakening or the onset of sleep.

MB27.27 Visual hallucinations

Hallucinations involving sight in the absence of an actual visual stimulus that are not restricted to the period of awakening or the onset of sleep. Visual hallucinations may involve formed images, such as of people, or of unformed images, such as flashes of light. Visual hallucinations must be distinguished from illusions, which are visual misperceptions of real external stimuli.

Coded Elsewhere: Visual release hallucinations (9D56)

MB27.2Y Other specified hallucinations

MB27.2Z Hallucinations, unspecified

MB27.3 **Disturbance of body image**

Excessively negative, distorted, or inaccurate perception of one's own body or parts of it.

MB27.4 **Illusions**

A misinterpretation of a true sensation (e.g., hearing voices in the sound of running water, the perception of figures in shadows).

Exclusions: Visual illusions (9D54)

MB27.Y **Other specified symptoms and signs of perceptual disturbance**

MB27.Z **Symptoms and signs of perceptual disturbance, unspecified**

MB28 Symptoms or signs related to personality features

Symptoms and signs involving the characteristics or qualities possessed by a person that uniquely influence his or her cognition, motivations, and behaviours in various situations.

MB28.0 **Attention seeking**

A tendency to engage in behaviour designed to attract notice and to make oneself the focus of others' attention.

MB28.1 **Callousness**

Lack of concern for the feelings or problems of others; a lack of guilt or remorse about the negative or harmful effects of one's actions on others.

MB28.2 **Eccentricity**

A tendency toward appearance or behaviour that is odd, unusual, peculiar, or unconventional, and is inconsistent with cultural or subcultural norms.

MB28.3 **Entitlement**

The belief that one is inherently deserving of privileges or special treatment.

MB28.4 **Hostility**

A tendency to experience persistent or frequent angry feelings, especially in response to minor slights and insults, and to adopt an unfriendly or threatening attitude in interactions with others.

MB28.5 **Impulsivity**

A tendency to act on the spur of the moment in response to immediate stimuli, characterised by lack of deliberation and failure to consider risks and consequences before acting. Impulsivity may reflect a desire for immediate rewards or an inability to delay gratification.

MB28.6 **Indecisiveness**

A tendency to have difficulty making decisions or committing to a course of action.

MB28.7 **Irresponsibility**

A pattern of disregard for and failure to honour obligations or commitments; a lack of respect for and follow-through on agreements or promises; carelessness with others' property.

MB28.8 **Low frustration tolerance**

Diminished ability to regulate one's emotions and behaviour in response to frustrating circumstances.

MB28.9 **Low self-esteem**

Low appraisal of one's self-worth.

MB28.A **Negative affectivity**

A tendency to experience a broad range of distressing emotions, e.g. anxiety, anger irritability, depression, and other negative emotional states, often in response to even relatively minor actual or perceived stressors.

Inclusions: negative emotionality

proneness to negative emotional states

MB28.B **Negativism**

A tendency to oppose or resist suggestions or advice, or to resist stubbornly for no apparent reason.

MB28.C **Perfectionism**

An inclination to demand flawlessness of oneself or others and setting excessively high standards.

MB28.D **Pessimism**

An inclination to emphasize adverse aspects, conditions, and possibilities, or to expect the worst possible outcome.

MB28.E **Recklessness**

A tendency to engage in behaviour that potentially endangers a person's physical health, safety, or life.

MB28.F **Sensation seeking**

An inclination to search for experiences and feelings that are varied, novel, complex, and intense.

MB28.G **Stubbornness**

A steadfast adherence to an opinion, purpose, or course of action in spite of reason, arguments, or persuasion.

MB28.H **Submissiveness**

A tendency to adapt one's behaviour to the actual or perceived interests and desires of others even when doing so is antithetical to one's own interests, needs, or desires.

MB28.Y **Other specified symptoms and signs related to personality features**

MB28.Z **Symptoms and signs related to personality features, unspecified**

MB29 Symptoms or signs involving eating and related behaviour

Symptoms and signs related to disturbances in the regulation or form of eating behaviour that are not developmentally appropriate or culturally sanctioned, including avoidant or restrictive eating, binge eating, decreased appetite, eating of non-nutritive substances, increased appetite, purging behaviour, and rumination-regurgitation.

Coded Elsewhere: Decreased appetite (MG43.8)
Excessive weight gain (MG43.6)
Excessive weight loss (MG43.5)
Increased appetite (MG43.9)
Overeating (MG43.1)

MB29.0 **Avoidant or restrictive eating**

Acceptance of only a limited diet, which may be defined in terms of a specific dietary composition or sensory features of food, that is inconsistent with cultural or subcultural norms.

Exclusions: Avoidant-restrictive food intake disorder (6B83)

MB29.1 **Binge eating**

An episode in which an individual eats notably more than usual and feels that she or he is unable to stop or limit the amount or type of food eaten.

Exclusions: Bulimia Nervosa (6B81)
Binge eating disorder (6B82)

MB29.2 **Eating of non-nutritive substances**

Consumption of non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour).

Exclusions: Pica (6B84)

MB29.3 **Purging behaviour**

Behaviour aimed at the removal of ingested food from the body with the specific intention to lose weight or prevent weight gain (e.g., self-induced vomiting, laxative abuse, or the use of enemas).

Exclusions: Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.4 **Rumination-regurgitation**

Rechewing of previously swallowed food that has been brought back to the mouth through regurgitation, which may then be reswallowed or spat out.

Exclusions: Rumination-regurgitation disorder (6B85)

Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.Y **Other specified symptoms and signs involving eating and related behaviour**

MB29.Z **Symptoms and signs involving eating and related behaviour, unspecified**

MB2A

Symptoms or signs involving elimination

Symptoms and signs involving the behavioural components of defecation (soiling, faecal elimination) and urination.

MB2A.0 **Soiling**

The passage of faeces in clothing, bed, or other inappropriate places in an individual who has reached a developmental age where faecal continence is ordinarily expected.

Exclusions: Encopresis (6C01)

MB2A.1 **Wetting**

The voiding of urine into clothes or bed, which may occur during the day or night in an individual who has reached a developmental age where urinary continence is ordinarily expected.

Exclusions: Enuresis (6C00)

MB2A.Y **Other specified symptoms and signs involving elimination**

MB2A.Z **Symptoms and signs involving elimination, unspecified**

MB2Y

Other specified mental or behavioural symptoms, signs or clinical findings

Symptoms, signs or clinical findings of the nervous system (MB40-MB9Y)

Symptoms or signs involving the nervous system (MB40-MB6Y)

Coded Elsewhere: Fear of neurological disease (MG24.9)
Symptom or complaint of a body part (ME86)
Age-associated cognitive decline (MB21.0)
Speech disturbances (MA80)
Types of seizures (8A68)
Fear of cancer of neurological system (MG24.0Y)

MB40 Sensation disturbance

MB40.0 Asomatognosia

MB40.1 Allodynia
Pain due to a normally non-painful stimulus

MB40.2 Anacusis

MB40.3 Anaesthesia of skin
Partial or complete loss of sensation affecting the skin, most commonly affecting a circumscribed area and resulting from sensory nerve damage as from injury or leprosy.

Inclusions: Numbness of skin

MB40.4 Tingling fingers or feet or toes

MB40.5 Hyperaesthesia
Increased sensibility to stimuli of sense

MB40.6 Dysesthesia

MB40.7 Acroparaesthesia
Severe pain in the extremities

MB40.8 Analgesia

MB40.9 Neurological neglect syndrome

MB40.Y Other specified sensation disturbance

MB40.Z Sensation disturbance, unspecified

MB41 Disturbances of smell and taste

Disturbances of smell and taste include anosmia, parosmia, parageusia, and other disturbances of smell and taste.

MB41.0 Anosmia

MB41.1 Parosmia

MB41.2 **Dysgeusia**

A disorder characterised by an alteration of the sense of taste

Inclusions: cacogeusia

ageusia

MB41.3 **Hyposmia**

Decreased ability to smell

MB41.Y **Other specified disturbances of smell and taste**

MB41.Z **Disturbances of smell and taste, unspecified**

MB42 **Phonophobia**

Hypersensitivity to sounds

MB43 **Dyssomnia**

Difficulties to fall asleep, or to remain sleeping

MB44 **Abnormalities of gait and mobility**

Abnormalities of gait and mobility include ataxic gait, paralytic gait, difficulty in walking, immobility, and other abnormalities of gait and mobility.

Exclusions: Immobility syndrome (FB32.3)

Ataxia, unspecified (MB45.0)

Hereditary ataxia (8A03.1)

ataxia, locomotor (syphilitic) (1A62.01)

MB44.0 **Ataxic gait**

Inclusions: Staggering gait

MB44.1 **Paralytic gait**

A collection of gait abnormalities due to affected motor control, sensory feedback, and muscle strength.

Inclusions: Spastic gait

MB44.2 **Difficulty in walking**

MB44.3 **Immobility**

Inclusions: Bedfast

Chairfast

Exclusions: Catatonia (6A40-6A4Z)

Psychomotor retardation (5C50.B)

MB44.Y **Other specified abnormalities of gait and mobility**

MB44.Z **Abnormalities of gait and mobility, unspecified**

MB45 **Lack of coordination**

Other lack of coordination is a lack of coordination other than abnormal involuntary movements and abnormalities of gait and mobility.

Exclusions: Vertigo (MB48.0)

Hereditary ataxia (8A03.1)

Ataxic gait (MB44.0)

MB45.0 Ataxia, unspecified

MB45.1 Automatism

Repetitive unconscious gestures such as lip smacking, chewing or swallowing

MB45.2 Atonia

Loss of muscle tone

MB45.3 Head drop

MB45.4 Intention tremor

Cerebellar tremor characterised by a broad course and low frequency

MB45.Y Other specified lack of coordination

MB45.Z Lack of coordination, unspecified

MB46 **Abnormal involuntary movements**

Abnormal involuntary movements include abnormal head movements, tremor, cramp, spasm, fasciculation, and other abnormal involuntary movements

Exclusions: Movement disorders (8A00-8A0Z)

Stereotyped movement disorder (6A06)

Tic disorders (8A05)

Essential tremor or related tremors (8A04.1)

Intention tremor (MB45.4)

Coded Elsewhere: Tremor due to certain specified central nervous system diseases (8A04.33)

MB46.0 Asterixis

MB46.1 Abnormal head movements

MB46.2 Athetosis

Twisting and writhing movements

MB46.3 Drop attack

A sudden spontaneous fall while standing and recovery within seconds or minutes

MB46.4 Titubation

Head tremor of cerebellar origin

MB46.5 Shuddering

MB46.Y **Other specified abnormal involuntary movements**

MB46.Z **Abnormal involuntary movements, unspecified**

MB47 Abnormality of tonus and reflex

MB47.0 **Abnormal reflex**

Exclusions: vasovagal reaction or syncope (MG45)

hyperactive gag reflex (CA00-CA0Z)

abnormal pupillary reflex (LA11.62)

MB47.1 **Abnormal posture**

MB47.2 **Clonus**

A series of involuntary muscle contractions and relaxations

MB47.3 **Cramp or spasm**

Exclusions: Infantile spasms (8A62.0)

carpopedal spasm (MB47.D)

MB47.4 **Dystonia**

Sustained muscle contraction, involuntary movements that can lead to fixed abnormal postures

MB47.5 **Fasciculation**

MB47.6 **Meningismus**

MB47.7 **Muscle fibrillation**

An involuntary muscle contraction and relaxation in a muscle fiber

MB47.8 **Muscular hypertonia**

Coded Elsewhere: Congenital hypertonia (KB08.1)

MB47.9 **Myotonia**

Slow relaxation of the muscles after voluntary contraction

MB47.A **Ophthalmoparesis**

Paresis of one or more extraocular muscles

MB47.B **Opisthotonos**

Arching position of the body due spasm of the axial muscles along the spinal column

MB47.C **Tendency to fall**

Inclusions: Tendency to fall because of old age or other unclear health problems

Exclusions: falls causing injury (Chapter 22)

Dizziness and giddiness (MB48)

Syncope and collapse (MG45)

Difficulty in walking (MB44.2)

accidents (Chapter 23)

MB47.D **Tetany**

Exclusions: Parathyroid tetany (5A50)

post-thyroidectomy tetany (5D42)

Coded Elsewhere: Neonatal tetany without calcium or magnesium deficiency (KB61.1)

MB47.Y **Other specified abnormality of tonus and reflex**

MB47.Z **Abnormality of tonus and reflex, unspecified**

MB48 **Dizziness and giddiness**

An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness.

Exclusions: Vertiginous syndromes (AB31.7)

MB48.0 **Vertigo**

Coded Elsewhere: Other peripheral vertigo (AB34.1)

Epidemic vertigo (1C8Y)

MB48.00 Vertigo of central origin

Central vertigo is usually a result of an abnormal processing of the vestibular sensory input by the central nervous system due to either a disruption of central integrators (i.e. brain stem, cerebellum) or a sensory information mismatch (i.e. from the cortex). Lesions that affect the vestibular nerve or root entry zone (i.e. cerebellopontine angle [CPA] lesions) result in imbalance by affecting primary vestibular sensory information

Inclusions: Central positional nystagmus

MB48.0Y Other specified vertigo

MB48.0Z Vertigo, unspecified

MB48.1 **Disorder of equilibrium**

MB48.2 **Exertional dizziness**

MB48.3 **Light-headedness**

MB48.4 **Presyncope**

MB48.Y **Other specified dizziness and giddiness**

MB48.Z **Dizziness and giddiness, unspecified**

MB49 **Aura**

Reversible visual and/or sensory symptoms prior to a seizure (few seconds) or migraine with aura (20 minutes)

MB4A **Apraxia**

MB4B **Symbolic dysfunctions**

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Echolalia (MB23.9)

MB4B.0 **Dyslexia and alexia**

Dyslexia and alexia refer to the loss, usually in adulthood, of a previous ability to read fluently and to accurately comprehend written material that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Alexia (9D92)

MB4B.1 **Agnosia**

Agnosia refers to the inability to recognize objects, shapes, people, sounds, or smells, which occurs despite otherwise normal functioning of the specific sense and is not accounted for by memory impairment.

MB4B.2 **Acalculia**

Acalculia refers to the loss, usually in adulthood, of a previous ability to perform simple mathematical calculations that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.3 **Agraphia**

Agraphia refers to the loss, usually in adulthood, of a previous ability to write that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.4 **Anomia**

Acquired difficulty in retrieving previously used vocabulary, particularly nouns and verbs.

MB4B.5 **Dyscalculia**

Dyscalculia refers to acquired difficulty with performing simple mathematical calculations that is inconsistent with general level of intellectual functioning, with onset after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.Y **Other specified symbolic dysfunctions**

MB4B.Z **Symbolic dysfunctions, unspecified**

MB4C **Gerstmann syndrome**

Gerstmann syndrome is a very rare neurological disorder characterised by the specific association of acalculia, finger agnosia, left-right disorientation, and agraphia, which is supposed to be secondary to a focal subcortical white matter damage in the parietal lobe.

Exclusions: Gerstmann-Straussler-Scheinker syndrome (8E02.1)

MB4D **Headache, not elsewhere classified**

Headache with characteristic features suggesting that it is a unique diagnostic entity, a finding or complaint, but not fulfilling criteria for any of the headache disorders described above.

Exclusions: Trigeminal neuralgia (8B82.0)

Atypical facial pain (8A85)

Acute headache, not elsewhere classified (MG31.1)

Chronic secondary headache or orofacial pain (MG30.6)

Paralytic symptoms (MB50-MB5Z)

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB50 **Tetraplegia**

Coding Note: Code also the causing condition

Inclusions: Quadriplegia

MB50.0 **Flaccid tetraplegia**

This is a severe or complete loss of motor function in all four limbs with limp and relaxed muscles.

Coding Note: Code also the causing condition

MB50.1 **Spastic tetraplegia**

This is a severe or complete loss of motor function in all four limbs with involuntary contractions.

Coding Note: Code also the causing condition

MB50.Z **Tetraplegia, unspecified**

Coding Note: Code also the causing condition

MB51 **Diplegia of upper extremities**

This is a loss of motor control in both arms.

Coding Note: Code also the causing condition

Inclusions: paralysis of both upper limbs

Paralysis of both arms

MB51.0 **Flaccid diplegia of upper extremities**

MB51.1 **Spastic diplegia of upper extremities**

MB51.Z **Diplegia of upper extremities, unspecified**

Coding Note: Code also the causing condition

MB52 **Diplegia of lower extremities**

Coding Note: Code also the causing condition

MB53 **Hemiplegia**

This is a severe or complete loss of motor function on one side of the body.

Coding Note: Code also the causing condition

Exclusions: congenital cerebral palsy (8D20-8D2Z)

spastic hemiplegic cerebral palsy (8D20.0)

MB53.0 **Alternating hemiplegia**

Coding Note: Code also the causing condition

MB53.1 **Flaccid hemiplegia**

This is a severe or complete loss of motor function on one side of the body with limp and relaxed muscles.

Coding Note: Code also the causing condition

MB53.2 **Spastic hemiplegia**

This is a severe or complete loss of motor function on one side of the body with involuntary contractions.

Coding Note: Code also the causing condition

MB53.Z **Hemiplegia, unspecified**

Coding Note: Code also the causing condition

MB54 **Monoplegia of upper extremity**

This is a loss of motor control in one arm.

Coding Note: Code also the causing condition

Inclusions: paralysis of upper limb

Paralysis of arm

MB54.0 **Flaccid monoplegia of upper extremity**

Coding Note: Code also the causing condition

MB54.1 **Spastic monoplegia of upper extremity**

Coding Note: Code also the causing condition

MB54.Z **Monoplegia of upper extremity, unspecified**

Coding Note: Code also the causing condition

MB55 **Monoplegia of lower extremity**

This is a loss of motor control in one leg.

Coding Note: Code also the causing condition

Inclusions: paralysis of lower limb

Paralysis of leg

MB55.0 **Flaccid monoplegia of lower extremity**

Coding Note: Code also the causing condition

MB55.1 **Spastic monoplegia of lower extremity**

Coding Note: Code also the causing condition

MB55.Z **Monoplegia of lower extremity, unspecified**

Coding Note: Code also the causing condition

MB56 **Paraplegia**

Coding Note: Code also the causing condition

MB57 **Functional level of injury of spinal cord**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.0 **Functional level of injury of cervical spinal cord**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.1 **Functional level of injury of thoracic spinal cord**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.2 **Functional level of injury of lumbar spinal cord**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.3 **Functional level of injury of spinal cord, sacrum**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Y **Other specified functional level of injury of spinal cord**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Z **Functional level of injury of spinal cord, unspecified**

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB5Y **Other specified paralytic symptoms**

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB5Z **Paralytic symptoms, unspecified**

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB60 **Sleeptalking**

MB6Y **Other specified symptoms or signs involving the nervous system**

Clinical findings in the nervous system (MB70-MB7Y)

MB70 **Clinical findings in cerebrospinal fluid**

MB70.0 Abnormal level of enzymes in cerebrospinal fluid

MB70.1 Abnormal level of hormones in cerebrospinal fluid

MB70.2 Abnormal level of drugs, medicaments and biological substances in cerebrospinal fluid

MB70.3 Abnormal level of substances chiefly nonmedicinal as to source in cerebrospinal fluid

MB70.4 Abnormal immunological findings in cerebrospinal fluid

MB70.5 Abnormal microbiological findings in cerebrospinal fluid

MB70.6 Abnormal cytological findings in cerebrospinal fluid

MB70.7 Abnormal histological findings in cerebrospinal fluid

MB70.8 Other abnormal findings in cerebrospinal fluid

MB70.Y Other specified clinical findings in cerebrospinal fluid

MB70.Z Clinical findings in cerebrospinal fluid, unspecified

MB71 **Clinical findings on diagnostic imaging of central nervous system**

Clinical findings on diagnostic imaging of central nervous system is findings on diagnostic imaging of the brain or the spinal cord which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MB71.0 Intracranial space-occupying lesion

MB71.Y Other specified clinical findings on diagnostic imaging of central nervous system

MB71.Z Clinical findings on diagnostic imaging of central nervous system, unspecified

MB72 **Results of function studies of the nervous system**

MB7Y **Other specified clinical findings in the nervous system**

MB9Y **Other specified symptoms, signs or clinical findings of the nervous system**

Symptoms, signs or clinical findings of the visual system (MC10-MC2Y)

Symptoms or signs involving the visual system (MC10-MC1Y)

Coded Elsewhere: Fear of eye disease (MG24.4)
Ophthalmoparesis (MB47.A)

MC10 **Eye appearance abnormal**

MC11 **Eye sensation abnormal**

MC12 **Chronic enlargement of lacrimal gland**

MC13 **Epiphora**
This is overflow of tears onto the face. A clinical sign or condition that constitutes insufficient tear film drainage from the eyes in that tears will drain down the face rather than through the nasolacrimal system.

MC14 **Eye discharge**

MC15 **Red eye**

MC16 **Pallor conjunctiva**

MC17 **Icteric sclera**

MC18 **Ocular pain**
Exclusions: Chronic primary headache or orofacial pain (MG30.03)
Chronic secondary headache or orofacial pain (MG30.6)

MC19 **Quadrantanopia**

MC1A **Visual floaters**
Floaters are dark spots or shapes that seem to float in front of the retinal image.

MC1B **Symptom or complaint of the eyelid**

MC1C **Symptom or complaint of glasses**

MC1D **Symptom or complaint of contact lens**

MC1Y **Other specified symptoms or signs involving the visual system**

MC20 **Clinical findings of the visual system**

MC20.0 **Staphyloma**

This is an abnormal protrusion of the uveal tissue through a weak point in the eyeball. The protrusion is generally black in colour, due to the inner layers of the eye. It occurs due to weakening of outer layer of eye (cornea or sclera) by an inflammatory or degenerative condition. It may be of 5 types, depending on the location on the eye ball (bulbus oculi).

MC20.1 **Small drusen of the macula**

MC20.2 **Hypopyon**

Hypopyon is inflammatory cells in the anterior chamber of eye. It is a leukocytic exudate, seen in the anterior chamber, usually accompanied by redness of the conjunctiva and the underlying episclera. It is a sign of inflammation of the anterior uvea and iris, i.e. iritis, which is a form of anterior uveitis. The exudate settles at the bottom due to gravity.

MC20.Y **Other specified clinical findings of the visual system**

MC21 **Impairment of electrophysiological functions**

MC21.0 **Profound impairment of electrooculogram**

MC21.1 **Normal electroretinogram**

An Electro-Retinogram records retinal action potentials in response to various visual stimuli.

MC21.Y **Other specified impairment of electrophysiological functions**

MC21.Z **Impairment of electrophysiological functions, unspecified**

MC2Y **Other specified symptoms, signs or clinical findings of the visual system**

Symptoms, signs or clinical findings of ear or mastoid process (MC40-MC6Y)

Symptoms or signs involving the ear or mastoid process (MC40-MC4Y)

Coded Elsewhere: Otalgia or effusion of ear (AB70)

MC40 **Plugged feeling ear**

MC41 **Tinnitus**

A nonspecific symptom of hearing disorder characterised by the sensation of buzzing, ringing, clicking, pulsations, and other noises in the ear in the absence of appropriate corresponding external stimuli and in the absence 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 (MC80-MC9Y)

Symptoms or signs involving the circulatory system (MC80-MC8Y)

Coded Elsewhere: Ankle oedema (MG29.00)

Fear of cardiovascular disease (MG24.7)

Fear of heart disease (MG24.5)

Fear of hypertension (MG24.6)

MC80 **Abnormal blood-pressure reading, without diagnosis**

Abnormal blood-pressure reading, without diagnosis is a reading of blood pressure which is higher than normal blood pressure or lower than normal blood pressure, without diagnosis.

MC80.0 **Elevated blood-pressure reading, without diagnosis of hypertension**

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.00 White coat hypertension

Persistently elevated office blood pressure readings with persistently normal out-of-the office readings.

MC80.01 Combined diastolic and systolic elevated blood pressure reading without diagnosis of hypertension

MC80.02 Diastolic elevated blood pressure reading without diagnosis of hypertension

MC80.03 Systolic elevated blood pressure reading without diagnosis of hypertension

MC80.0Y Other specified elevated blood-pressure reading, without diagnosis of hypertension

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.0Z Elevated blood-pressure reading, without diagnosis of hypertension, unspecified

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.1 **Nonspecific low blood-pressure reading**

Exclusions: Maternal hypotension syndrome (JA65.6)

Orthostatic hypotension (BA21)

MC80.Y **Other specified abnormal blood-pressure reading, without diagnosis**

MC80.Z **Abnormal blood-pressure reading, without diagnosis, unspecified**

MC81 Abnormalities of heart beat

Abnormalities of heart beat is arrhythmia which is any disorder of the heart rate or rhythm. It means that the heart beats too quickly, too slowly or with an irregular pattern.

Exclusions: specified arrhythmias (BC60-BC9Z)

Cardiovascular disorders present in the perinatal or neonatal period (KB40-KB4Z)

MC81.0 **Tachycardia, unspecified**

MC81.1 **Bradycardia, unspecified**

MC81.2 **Palpitations**

Inclusions: Awareness of heart beat

MC81.3 **Paroxysmal tachycardia**

Exclusions: complicating, abortion or ectopic or molar pregnancy (JA05)

Coded Elsewhere: Re-entry ventricular arrhythmia (BC71.2)

MC81.4 **Pulseless electrical activity, not elsewhere classified**

MC81.Y **Other specified abnormalities of heart beat**

MC81.Z **Abnormalities of heart beat, unspecified**

MC82 Cardiac arrest

A sudden, sometimes temporary, cessation of heart function resulting in hemodynamic collapse.

Exclusions: complicating abortion or ectopic or molar pregnancy (JA05)

Cardiogenic shock (MG40.0)

MC82.0 **Ventricular tachycardia and fibrillation cardiac arrest**

Discoordinated or rapid ventricular depolarization resulting in hemodynamic collapse.

MC82.1 **Bradycardic cardiac arrest**

Slow escape rhythm associated with hemodynamic collapse.

MC82.2 **Asystolic cardiac arrest**

Absence of electrical activity of the heart resulting in hemodynamic collapse.

MC82.3 **Cardiac arrest with pulseless electrical activity**

Electrical activation of the heart without mechanical activation resulting in hemodynamic collapse.

MC82.4 **Cardiopulmonary arrest**

MC82.Z **Cardiac arrest, unspecified**

MC83 **Cardiac murmurs and other cardiac sounds**

Cardiac murmurs are blowing, whooshing, or rasping sounds heard during a heartbeat. Other cardiac sounds are sounds heard from heart other than cardiac murmurs.

Exclusions: Cardiovascular disorders present in the perinatal or neonatal period (KB40-KB4Z)

MC83.0 Benign and innocent cardiac murmurs

Coded Elsewhere: Benign or innocent cardiac murmurs in newborn (KB47)

MC83.1 Other cardiac sounds

MC83.Z Cardiac murmurs and sounds, unspecified

MC84 **Cardiovascular pain**

Exclusions: Chronic secondary visceral pain (MG30.4)

MC85 **Gangrene**

Gangrene, not elsewhere classified is the death of tissues in the body which happens when a part of the body loses its blood supply.

Exclusions: Pyoderma gangrenosum (EB21)

Gas gangrene (1C16)

Polymicrobial necrotising fasciitis (1B71.1)

MC86 **Precordial pain**

Exclusions: Chronic secondary visceral pain (MG30.4)

MC87 **Pressure or tightness of heart**

MC88 **Prominent veins**

MC8Y **Other specified symptoms or signs involving the circulatory system**

MC90 **Clinical findings on diagnostic imaging of heart or coronary circulation**

Exclusions: Long QT syndrome (BC65.0)

MC91 **Results of function studies of the circulatory system**

Exclusions: Long QT syndrome (BC65.0)

MC9Y **Other specified symptoms, signs or clinical findings of the circulatory system**

Symptoms, signs or clinical findings of the respiratory system (MD10-MD6Y)

Symptoms or signs involving the respiratory system (MD10-MD3Y)

Coded Elsewhere: Fear of respiratory disease (MG24.A)

Acute life threatening episode (MG44.Y)

MD10 **Abnormal sputum**

This category includes the abnormalities of quantity, colour and odor in sputum which may suggest 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 (7A40-7A4Z)

MD11.1 Asphyxia

Asphyxia is a life-threatening condition in which oxygen is prevented from reaching the tissues by obstruction of or damage to any part of the respiratory system. More generally the term indicates all the conditions generating impaired or impeded breathing.

Exclusions: asphyxia due to foreign body in respiratory tract (ND72)

asphyxia due to carbon monoxide (NE61)

asphyxia due to traumatic (Chapter 22)

Coded Elsewhere: Intrauterine hypoxia (KB20)

Birth asphyxia (KB21)

MD11.2 Ataxic breathing

An irregular breathing pattern that usually progresses to complete apnoea.

MD11.3 Breath holding

MD11.4 **Sleep related Cheyne-Stokes respiration**

Periodic breathing, a variant of Cheyne-Stokes respiration, is characterised by regular, recurrent cycles of changing tidal volumes in which the lowest tidal volume is less than half the maximal tidal volume in that cycle. It is the most frequent abnormal respiratory pattern directly related to stroke rather than underlying systemic disease, occurring in approximately 25 percent of patients. Periodic breathing may be more common among patients with subarachnoid haemorrhage.

Exclusions: Central sleep 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.

Dyspnoea is considered acute when it lasts from hours up to 3 weeks, subacute from 3 weeks up to 8 weeks, and chronic dyspnoea lasts more than 8 weeks.

Exclusions: Transient tachypnoea of newborn (KB23.1)

MD11.6 **Hiccough**

Hiccough are repeated involuntary spasms of the diaphragm followed by sudden closure of the glottis, which checks the inflow of air and causes the characteristic sound. Transient episodes are very common. Persistent (> 2 days) and intractable (> 1 mo) Hiccough are uncommon but quite distressing.

MD11.7 **Hyperventilation**

Hyperventilation refers to an increase in the rate of alveolar ventilation that is excessive for the rate of metabolic carbon dioxide production, resulting in a decrease in arterial PCO2 to below the normal range of 37 to 43 mm Hg. Hyperventilation should be distinguished from tachypnoea, an increase in respiratory frequency, and from hyperpnea, an increase in minute volume of ventilation.

MD11.8 **Mouth breathing**

Breathing through mouth. Nasal obstruction may also necessitate mouth breathing, which itself can precipitate obstructive apnoea. Breathing through the mouth may also increase risk for OSA by its effect on the tongue. The tongue forms the anterior wall of the oropharynx; both the supine posture and opening of the mouth tend to displace it posteriorly and encourage airway closure.

Exclusions: Dry mouth (DA02.1)

MD11.80 Stertor

Stertor is a heavy snoring or gasping sound on inspiration occurring in coma or deep sleep that may be caused by partial obstruction of airway, choanal stenosis, enlarged tonsils and/or adenoids, and redundant upper airway tissues.

MD11.8Y Other specified mouth breathing

MD11.8Z Mouth breathing, unspecified

MD11.9 **Nasal congestion**

MD11.A **Sneezing**

Sneezing is one of the most fundamental airway reflexes, which is characterised by a deep preparatory inspiration followed by an abrupt increase in subglottic pressure reflecting a forceful, active expiration rather similar to coughing. Chemical or physical stimuli to the nasal mucosa may initiate potent respiratory and cardiovascular reflexes via stimulation of trigeminal nerves. Mild stimuli result in sneezing and nasal hypersecretion. These reflex responses protect the lower airways from inhalation of physical and chemical irritants.

MD11.B **Stridor**

Stridor or a low-pitched, focal inspiratory wheeze usually heard over the neck, is a manifestation of upper airway obstruction and should result in an expedited evaluation of the patient as it can precede complete upper airway obstruction and respiratory failure.

Exclusions: laryngismus (stridulus) (CA0H.4)

congenital laryngeal stridor (KB20-KB2Z)

MD11.C **Wheezing**

Continuous adventitious sounds that are high-pitched are called wheezes. Wheezes originate in airways narrowed by spasm, thickening of the mucosa, or luminal obstruction.

MD11.D **Yawning**

MD11.Y **Other specified abnormalities of breathing**

MD11.Z **Abnormalities of breathing, unspecified**

MD12 Cough

Cough is an important natural defensive mechanism and protective reflex for clearing the upper and lower airways of excessive secretions such as mucus and inhaled particles. Cough is a common symptom of most respiratory disorders and may be indicative of trivial to very serious airway or lung pathology.

Exclusions: cough with haemorrhage (MD22)

Haemorrhage from respiratory passages (MD20-MD2Z)

Haemorrhage from respiratory passages is the bleeding from upper respiratory tract or lower respiratory tract. The major passages and structures of the upper respiratory tract include the nose or nostrils, nasal cavity, mouth, pharynx, and larynx. The major passages and structures of the lower respiratory tract include the trachea and within the lungs, the bronchi, bronchioles, and alveoli.

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

MD20 **Epistaxis**

Bleeding from the nose

Inclusions: Nosebleed

Haemorrhage from nose

Coded Elsewhere: Neonatal epistaxis (KA83.A)

MD21 **Haemorrhage from throat**

Haemorrhage from throat is the bleeding from throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

Exclusions: Haemoptysis (MD22)

MD22 **Haemoptysis**

Expectoration or spitting of blood originating from any part of the respiratory tract, usually from haemorrhage in the lung parenchyma and the bronchial arteries.

Inclusions: Blood-stained sputum

Cough with haemorrhage

MD23 **Haemorrhage from other sites in respiratory passages**

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

Coded Elsewhere: Neonatal haemorrhage originating in trachea or pulmonary parenchyma (KA83.7)

MD24 **Acute idiopathic pulmonary haemorrhage in infants over 28 days of age**

Exclusions: Von Willebrand disease (3B12)

MD2Z **Haemorrhage from respiratory passages, unspecified**

MD30 **Pain in throat or chest**

Pain in throat and chest means having pain sensation in throat or chest. Throat is a tube that carries food to oesophagus and air to windpipe and larynx. The technical name for throat is pharynx.

Exclusions: Cervical spine pain (ME84.0)
acute sore throat NOS (CA02)
pain in breast (GB23.5)
Epidemic myalgia (1D83)
Dysphagia (MD93)
Chronic primary chest pain syndrome (MG30.00)
Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Pain in throat (MD36.0)
Precordial pain (MC86)
Musculoskeletal chest pain (ME81)

MD30.0 Chest pain on breathing

Pleuritic chest pain is a type of pain that is caused by problems with the thin layers of tissue that surround the lungs (called the “pleura”). This type of pain feels like a sharp, stabbing chest pain, and it gets worse when you breathe in. Pleuritic chest pain can be caused by the following problems: pneumothorax, pleural effusion, pleuritis, empyema, pericarditis.

Inclusions: Painful respiration

Exclusions: Pleurisy (MD31)
Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

MD30.1 Other chest pain

Exclusions: Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

MD30.Z Chest pain, unspecified

MD31 **Pleurisy**

Pleurisy or Pleuritis is the medical term for inflammation of the pleura. The most common cause of pleuritis is infection, but it can also be caused by lupus, rheumatoid arthritis, and certain medicines. Pleurisy or pleuritis usually accumulates exudative pleural effusions.

Exclusions: pleurisy with effusion (CB27)

MD32 **Rales**

MD33 **Respiratory arrest**

Arrest of spontaneous breathing.

Coded Elsewhere: Respiratory arrest of newborn (KB2E)

MD34 **Symptom or complaint of the nose**

MD35 **Symptom or complaint of the sinus**

MD36 **Symptom or complaint of the throat**

MD36.0 **Pain in throat**

Pain in throat means having pain sensation in throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD36.Y **Other specified symptom or complaint of the throat**

MD36.Z **Symptom or complaint of the throat, unspecified**

MD3Y **Other specified symptoms or signs involving the respiratory system**

Clinical findings in the respiratory system (MD40-MD4Y)

MD40 **Clinical findings in specimens from respiratory organs and thorax**

Exclusions: Haemoptysis (MD22)

MD40.0 **Abnormal level of enzymes in specimens from respiratory organs and thorax**

MD40.1 **Abnormal level of hormones in specimens from respiratory organs and thorax**

MD40.2 **Abnormal level of drugs, medicaments and biological substances in specimens from respiratory organs and thorax**

MD40.3 **Abnormal level of substances chiefly nonmedicinal as to source in specimens from respiratory organs and thorax**

MD40.4 **Abnormal immunological findings in specimens from respiratory organs and thorax**

MD40.5 **Abnormal microbiological findings in specimens from respiratory organs and thorax**

MD40.50 Positive culture from nose

MD40.51 Positive sputum culture

MD40.52 Positive throat culture

MD40.5Y Other specified abnormal microbiological findings in specimens from respiratory organs and thorax

MD40.5Z Abnormal microbiological findings in specimens from respiratory organs and thorax, unspecified

MD40.6 **Abnormal cytological findings in specimens from respiratory organs and thorax**

MD40.7 **Abnormal histological findings in specimens from respiratory organs and thorax**

MD40.Y **Other specified clinical findings in specimens from respiratory organs and thorax**

MD41 **Clinical findings on diagnostic imaging of lung**

Clinical findings on diagnostic imaging of lung is findings on diagnostic imaging of the lung which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MD42 **Results of function studies of the respiratory system**

MD4Y **Other specified clinical findings in the respiratory system**

MD6Y **Other specified symptoms, signs or clinical findings of the respiratory system**

Symptoms, signs or clinical findings of the digestive system or abdomen (MD80-ME4Y)

Symptoms or signs involving the digestive system or abdomen (MD80-ME1Y)

Exclusions: pylorospasm congenital or infantile (LB13.0)

Intestinal obstruction of newborn (KB87)

gastrointestinal haemorrhage newborn (KA83.1)

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

Coded Elsewhere: Fear of digestive disease (MG24.3)

MD80 **Symptoms or signs of the orofacial complex**

MD80.0 **Symptom or complaint of the teeth or gum**

MD80.1 **Symptom or complaint of the mouth, tongue or lip**

MD80.Y **Other specified symptoms or signs of the orofacial complex**

MD81 Abdominal or pelvic pain

Pain, an unpleasant distress sensation occurring in varying degrees of severity, received by nerve ending in the abdominal and pelvic region.

Exclusions: Spinal pain (ME84)

Flatulence and related conditions (ME08)

renal colic (MF56)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.0 Abdominal tenderness

MD81.1 Localised abdominal pain

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.10 Pain localised to upper abdomen

Pain, an unpleasant distress sensation, which is localised to upper part of abdomen.

Inclusions: Epigastric pain

Exclusions: Functional dyspepsia (DD90.3)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.11 Pelvic or perineal pain

Pain, an unpleasant distress sensation, which occurs in the pelvic and perineal region.

Exclusions: Female pelvic pain associated with genital organs or menstrual cycle (GA34)

Chronic primary bladder pain syndrome (MG30.00)

Bladder pain (MF52)

Sexual pain-penetration disorder (HA20)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Perineal pain (GA34.01)

Pelvic floor tension myalgia (GA34.0Y)

MD81.12 Pain localised to other parts of lower abdomen

Pain, an unpleasant distress sensation, which is localised to other part of lower abdomen than the pelvic or perineal region.

Exclusions: Pelvic or perineal pain (MD81.11)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.1Z Localised abdominal pain, unspecified

MD81.2 **Generalised abdominal pain**

Pain, an unpleasant distress sensation occurring in varying degrees of severity, or cramps, spasmodic contraction causing severe pain in the abdominal area in general.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.3 **Acute abdomen**

A clinical syndrome with acute abdominal pain that is severe, and rapid onset. Acute abdomen may be caused by a variety of disorders, injuries, or diseases

MD81.4 **Other and unspecified abdominal pain**

Exclusions: Infantile colic (DD93.1)

Chronic primary abdominal pain syndrome (MG30.00)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD82 **Intra-abdominal or pelvic swelling, mass or lump**

This refers to the presence of abdominal or pelvic wall swelling, mass or tumour in the abdominal and pelvic regions. These mass or tumours can be recognised by visual examination and/or palpation.

Exclusions: Abdominal distension (ME01)

Ascites (ME04)

Symptoms related to the upper gastrointestinal tract (MD90-MD9Y)

Clinical symptoms presumed to be arising from disorders/diseases of upper GI tract.

Coded Elsewhere: Haematemesis (ME24.A5)

MD90 **Nausea or vomiting**

Nausea is the feeling of having an urge to vomit. Vomiting is forcing the contents of the stomach up through the oesophagus and out of the mouth.

Exclusions: haematemesis neonatal (KB8A)

Functional nausea or vomiting (DD90.4)

psychogenic vomiting (8A80.4)

MD90.0 **Nausea**

MD90.1 **Vomiting**

Coded Elsewhere: Vomiting following gastrointestinal surgery (DE10)

Excessive vomiting in pregnancy (JA60)

Vomiting in newborn (KD3C)

MD91 **Belching**

The liberation of gas in the upper gastrointestinal tract via the oesophagus through the mouth.

Exclusions: Functional belching disorders (DD90.5)

MD92 **Dyspepsia**

A condition characterised by upper abdominal symptoms that suggest indigestion (painful, difficult, or disturbed digestion), which may include pain or discomfort of upper abdomen, bloating, feeling of fullness with very little intake of food, nausea and vomiting, heartburn, loss of appetite.

Exclusions: Functional dyspepsia (DD90.3)

MD93 **Dysphagia**

Difficulty in swallowing which may result from neuromuscular disorder or mechanical obstruction. Dysphagia is classified into two distinct types: oropharyngeal dysphagia due to malfunction of the pharynx and upper oesophageal sphincter; and oesophageal dysphagia due to malfunction of the oesophagus.

Inclusions: Difficulty in swallowing

Exclusions: Functional swallowing disorder (DD90.1)

MD94 **Halitosis**

Halitosis is an oral health condition in which one's mouth emits a foul odour. There are many causes of halitosis such as poor oral hygiene, tobacco and or alcohol, and possibly a medical condition such as respiratory and digestive tract disorders.

MD95 **Heartburn**

Substernal pain or burning sensation, usually associated with regurgitation of gastric juice into the oesophagus.

Exclusions: Functional dyspepsia (DD90.3)

Pain in throat or chest (MD30)

Functional heartburn (DD90.2)

MD9Y **Other specified symptoms related to the upper gastrointestinal tract**

Symptoms related to the lower gastrointestinal tract or abdomen (ME00-ME0Y)

Exclusions: Abdominal or pelvic pain (MD81)

Coded Elsewhere: Haematochezia (ME24.A3)

Haemorrhage of anus and rectum (ME24.A1)

Meconium ileus without perforation (KB87.2)

Melaena (ME24.A4)

ME00 Abdominal compartment syndrome

Abdominal compartment syndrome is a condition of organ dysfunction caused by increased intra-abdominal pressure (intra-abdominal hypertension), possibly due to intra-abdominal haemorrhage, retroperitoneal haematoma, or intestinal oedema, often occurred after surgical intervention or trauma, or often associated with septic condition. The importance of this clinical entity was recognised recently in the end of the 20th Century. Usually the abdominal distension due to primary ischaemic bowel injury was excluded from this clinical entity.

ME01 Abdominal distension

This is a condition in which the abdomen feels full and tight because of swelling of the abdomen, usually due to an increased amount of intestinal gas, but occurs sometimes when fluid, substances or mass are accumulating or expanding in the abdomen.

ME02 Abdominal rigidity

Abdominal rigidity is stiffness of the muscles in the belly area, which can be felt when touched or pressed.

Exclusions: that with severe abdominal pain (MD81.3)

ME03 Abnormal bowel sounds

Bowel sounds are caused by the products of digestion as they move through the lower gastrointestinal tract, usually heard on auscultation. Abnormal bowel sounds are reduced or increased bowel sounds which provide valuable information about the disorders of bowel movement.

ME03.0 Hyperactive bowel sounds

ME03.1 Absent bowel sounds

ME03.Z Abnormal bowel sounds, unspecified

ME04 Ascites

Accumulation or retention of free fluid in the abdominal peritoneal cavity between the tissues lining the abdomen and abdominal organs. The fluid may be serous, haemorrhagic, or the result of inflammation or tumour metastasis to the peritoneum.

ME04.0 Fluid in peritoneal cavity

Exclusions: Malignant ascites (2D91)

ME04.Y Other specified ascites

ME04.Z Ascites, unspecified

ME05 Change in bowel habit

Bowel habits are the time, size, amount, consistency and frequency of bowel movements throughout the day. A change in bowel habits is any alteration in regular bowel habits.

Exclusions: Functional diarrhoea (DD91.2)

ME05.0 Constipation

Constipation is an acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are often painful or difficult to pass. Here constipation other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: faecal impaction

Exclusions: Functional constipation (DD91.1)

Functional constipation of infants, toddlers or children (DD93)

Atonic constipation (DD91.1)

Slow transit constipation (DB32.1)

Neurogenic constipation (DD91.1)

Spastic constipation (DD91.1)

ME05.1 Diarrhoea

Diarrhoea is an acute or chronic condition in which there is an increased frequency or decreased consistency of bowel movements, usually with excessive and frequent evacuation of watery faeces. Here diarrhoea other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: frequent/loose bowel movements

watery stools

Exclusions: Melaena (ME24.A4)

Change in faeces or bowel movements (ME00-ME0Y)

Functional diarrhoea (DD91.2)

infectious diarrhoea (1A00-1A40.Z)

Coded Elsewhere: Noninfectious neonatal diarrhoea (KB8C)

ME05.Z Other and unspecified change in bowel habit

ME06 Chronic enteritis of uncertain aetiology

Exclusions: Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)

ME07 Faecal incontinence

Failure of voluntary control of the anal sphincters, with involuntary passage of faeces and flatus.

Exclusions: Functional faecal incontinence (DD92.0)

Nonretentive faecal incontinence in children (DD93)

nonorganic encopresis (6C01)

ME07.0 **Faecal smearing**

ME07.1 **Incomplete defaecation**

Exclusions: Constipation (ME05.0)

ME07.2 **Faecal urgency**

ME07.Y **Other specified faecal incontinence**

ME07.Z **Faecal incontinence, unspecified**

ME08 **Flatulence and related conditions**

Production or presence of gas in the gastrointestinal tract which may be expelled through the anus and other conditions associated with the production or presence of gas in the GI tract.

ME09 **Rectal tenesmus**

A symptom, where there is a feeling of constantly needing to pass stools, despite an empty colon.

ME0A **Visible peristalsis**

The wavelike increased peristaltic motions of the intestines by which contents are forced onward toward the opening in such a way that they become visible through the abdominal walls by visual examination.

ME0B **Problems with defaecation, not otherwise specified**

Exclusions: Incomplete defaecation (ME07.1)

Functional constipation (DD91.1)

Functional defaecation disorders (DD92.2)

ME0Y **Other specified symptoms related to the lower gastrointestinal tract or abdomen**

ME10 **Abnormalities related to hepatobiliary system**

ME10.0 **Hepatomegaly or splenomegaly**

Hepatomegaly is swelling of the liver beyond its normal size and splenomegaly is an enlargement of the spleen beyond its normal size.

ME10.00 Hepatomegaly, not elsewhere classified

ME10.01 Splenomegaly, not elsewhere classified

This refers to swelling of the spleen beyond its normal size, not elsewhere described.

Exclusions: Hypersplenism (3B81.B)

ME10.02 Hepatomegaly with splenomegaly

This refers to swelling of the liver and spleen beyond its normal size, not elsewhere described.

ME10.1 **Unspecified jaundice**

A clinical manifestation of hyperbilirubinemia of unspecified origin, characterised by the yellowish staining of the skin; mucus membranes and sclera.

Exclusions: neonatal jaundice (KA87)

ME1Y **Other specified symptoms or signs involving the digestive system or abdomen**

Clinical findings in the digestive system (ME20-ME2Y)

ME20 **Clinical findings in specimens from digestive organs or abdominal cavity**

Exclusions: Other faecal abnormalities (ME00-ME0Y)

ME20.0 **Abnormal level of enzymes in specimens from digestive organs or abdominal cavity**

ME20.1 **Abnormal level of hormones in specimens from digestive organs or abdominal cavity**

ME20.2 **Abnormal level of drugs, medicaments or biological substances in specimens from digestive organs of abdominal cavity**

ME20.3 **Abnormal level of substances chiefly nonmedicinal as to source in specimens from digestive organs and abdominal cavity**

ME20.4 **Abnormal immunological findings in specimens from digestive organs and abdominal cavity**

ME20.5 **Abnormal microbiological findings in specimens from digestive organs and abdominal cavity**

ME20.6 **Abnormal cytological findings in specimens from digestive organs and abdominal cavity**

ME20.7 **Abnormal histological findings in specimens from digestive organs and abdominal cavity**

ME20.Y **Other specified clinical findings in specimens from digestive organs or abdominal cavity**

ME20.Z **Clinical findings in specimens from digestive organs or abdominal cavity, unspecified**

ME21 **Clinical findings on diagnostic imaging of liver or biliary tract**

ME22 **Clinical findings on diagnostic imaging of digestive tract**

ME23 **Results of function studies of the digestive system**

ME24 **Clinical manifestations of the digestive system**

Coding Note: Code also the causing condition

ME24.0 **Digestive system abscess**

This is a clinical form of sign indicating the presence of abscess in digestive system. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.1 **Digestive system fistula**

This is a clinical form of sign indicating the presence of fistula in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.2 **Digestive system obstruction**

This is a clinical form of a sign indicating obstruction of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.3 **Digestive system perforation**

This is a clinical form of sign indicating perforation of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

Coded Elsewhere: Prenatal gastric perforation (KB82)

Postnatal gastric perforation (KB83)

Postnatal intestinal perforation (KB86)

Prenatal intrauterine intestinal perforation (KB85)

ME24.30 Perforation of small intestine

Small intestinal perforation is a complete penetration of the wall of small intestine, often resulting in the leakage of small intestinal contents into the abdominal cavity.

Exclusions: Primary ulcer of small intestine (DA94.0)

Diverticulitis of small intestine (DC70)

perforation due to Crohn disease (DD70.1)

perforation due to obstruction (DA91)

perforation due to malignant neoplasm ()

Coded Elsewhere: Postnatal isolated ileal perforation (KB84)

Injury of small intestine (NB91.7)

Laceration of small intestine (NB91.71)

ME24.31 Perforation of large intestine

Perforation of large intestine is a complete penetration of the colonic wall, often resulting in the leakage of luminal contents into the abdominal cavity. Perforation of large intestine results in the potential for bacterial contamination of the abdominal cavity and peritonitis.

Exclusions: Diverticular disease of large intestine (DC80-DC82.Z)

Ulcerative colitis (DD71)

Crohn disease (DD70)

Neoplasms of the large intestine ()

Coded Elsewhere: Injury of colon (NB91.8)

ME24.35 Perforation of gallbladder or bile ducts

This is perforation in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile.

Inclusions: Rupture of cystic duct or gallbladder

Rupture of gallbladder or bile duct

ME24.3Y Digestive system perforation of other specified site

Coding Note: Code also the causing condition

ME24.3Z Digestive system perforation of unspecified site

Coding Note: Code also the causing condition

ME24.4 **Digestive system stenosis**

This is a clinical form of sign indicating stenosis of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.5 **Digestive system ulcer**

Coding Note: Code also the causing condition

ME24.6 **Digestive system dilatation**

This is a clinical form of sign indicating the excess dilatation of lumen in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.7 **Digestive system incarceration**

This is a clinical form of sign indicating the presence of incarceration in the digestive tract. This category is to be used for postcoordination codes particularly in case of haemorrhoids and hernia as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.8 **Digestive system strangulation or gangrene**

This is a clinical form of sign indicating the presence of strangulation and/or gangrene in the digestive tract. This category is to be used for postcoordination codes particularly in case of mechanical bowel obstruction and hernia as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.9 **Gastrointestinal bleeding**

Coding Note: Code also the causing condition

ME24.90 Acute gastrointestinal bleeding, not elsewhere classified

ME24.91 Chronic gastrointestinal bleeding, not elsewhere classified

ME24.9Z Gastrointestinal bleeding, unspecified

Coding Note: Code also the causing condition

ME24.A **Other digestive system haemorrhage, not elsewhere classified**

Coded Elsewhere: Neonatal bleeding originating in the mouth, nose or pharynx (KA83.0)

Neonatal bleeding originating in the oesophagus, stomach, small or large intestine (KA83.1)

ME24.A0 Obscure gastrointestinal bleeding

Obscure gastrointestinal bleeding (OGIB) is defined as gastrointestinal bleeding with no source identified at upper and lower endoscopy. Despite a thorough endoscopic examination, the origin of the blood loss remains unexplained and observed for further bleeding.

ME24.A1 Haemorrhage of anus and rectum

Bleeding from anus and anal canal. The bleeding due to specific diseases classified elsewhere (haemorrhoid, cancer, infection etc) is excluded from here.

Coded Elsewhere: Neonatal rectal haemorrhage (KA83.2)

ME24.A2 Oesophageal haemorrhage

ME24.A3 Haematochezia

Haematochezia is the passage of fresh blood through the anus, usually in or with stools (contrast with melena). Haematochezia is commonly associated with lower gastrointestinal bleeding.

ME24.A4 Melaena

It is bloody stools that indicate bleeding from vascular system in the digestive tract. It is also described as black, tarry, and foul-smelling stools or red/maroon-coloured stools that contain degraded blood.

Exclusions: occult blood in faeces (ME00-ME0Y)

ME24.A5 Haematemesis

Vomiting of blood that is either fresh bright red, or older ""coffee-ground"" in character. Vomiting blood is a regurgitation of blood through the upper gastrointestinal tract and It generally indicates bleeding of the upper gastrointestinal track.

Coded Elsewhere: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

ME24.A6 Positive occult blood in stool

Positive tests (positive stool) determined by faecal occult blood testing (FOBT), which aims to detect subtle blood loss in the gastrointestinal tract. Positive occult blood in stool may suggest gastrointestinal bleeding and warrant further investigation, especially for malignancy.

ME24.Y **Other specified clinical manifestations of the digestive system**

Coding Note: Code also the causing condition

ME2Y **Other specified clinical findings in the digestive system**

ME4Y **Other specified symptoms, signs or clinical findings of the digestive system or abdomen**

Symptoms, signs or clinical findings involving the skin (ME60-ME6Y)

Symptoms or signs involving the skin (ME60-ME6Y)

This category allows the capture of imprecise data where a more specific diagnosis cannot be made or to supplement information about a specific diagnosis.

ME60 **Skin lesion of uncertain or unspecified nature**

To be used where there is either significant uncertainty or alternatively no information as to the nature of a circumscribed skin lesion. This is of particular importance with regard to whether or not the lesion may be malignant.

ME60.0 **Skin lesion of uncertain nature**

This denotes the presence of a skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.1 **Pigmented skin lesion of uncertain nature**

This denotes the presence of a pigmented skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.2 **Ulcer of skin of uncertain nature**

This denotes the presence of a skin ulcer but uncertainty as to its nature. No inference as to whether the ulcer might be of serious significance (e.g. suspected skin cancer) is made.

ME60.3 **Keratosis of skin of uncertain or unspecified nature**

ME60.Z **Skin lesion of unspecified nature**

ME61 Subcutaneous swelling, mass or lump of uncertain or unspecified nature

One or more localised subcutaneous soft tissue masses of undetermined or unspecified nature

Exclusions: localized adiposity (5B80.1)

mass and lump: breast (MF30)

enlarged lymph nodes (MA01)

mass and lump: intra-abdominal or pelvic (MD82)

oedema (MG29)

swelling (of): intra-abdominal or pelvic (MD82)

swelling (of): joint (FA36)

ME62 Acute skin eruption of uncertain or unspecified nature

A provisional diagnosis for an acute skin eruption of less than six weeks' duration of unknown, uncertain or unspecified nature.

Exclusions: Drug eruptions (EH60-EH6Z)

ME62.0 **Acute erythematous skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of diffuse cutaneous erythema. A classical cause is scarlet fever but reactions to other bacterial toxins, drugs and certain foods or acute graft-versus-host disease may present with a similar picture.

ME62.1 **Acute purpuric skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of disseminated purpura. Potential causes are numerous and include thrombocytopenia, coagulopathies, vasculitides and sepsis.

ME62.2 **Acute urticarial skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of urticaria-like papules and plaques. Drugs are a common precipitant.

ME62.3 **Acute maculopapular skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple macules and papules. Viral infections and drugs are common precipitants.

ME62.4 **Acute papular skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple skin papules. A wide variety of infectious and inflammatory skin disorders may present in this way. Examples include guttate psoriasis, lichen planus, pityriasis lichenoides, insect bites, scabies and secondary syphilis.

ME62.5 **Acute exudative skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which exudation and crusting are prominent features. Common causes are infected eczema, acute allergic contact dermatitis and impetigo.

ME62.6 **Acute blistering skin eruption**

A provisional diagnosis for an acute blistering skin eruption of unknown or uncertain nature. Examples include vesicular dermatitis of the hands and feet (pompholyx), acute phototoxic reactions, especially to contact with plants (phytophotodermatitis), sunburn and immunobullous disorders such as bullous pemphigoid.

ME62.7 **Acute desquamating skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which desquamation (shedding of skin scales) is a prominent feature. This is seen characteristically in the later stages of many acute viral exanthemata but may also be seen in drug reactions and in unstable and erythrodermic psoriasis.

ME62.8 **Acute discoid or annular skin eruption**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.

ME62.9 **Acute excoriation of skin**

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple excoriations. In the majority of cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as cholestatic jaundice or from a pruritic skin disease such as eczema. In some cases, however, psychogenic factors may be responsible.

ME62.Y **Other specified acute skin eruption of uncertain or unspecified nature**

ME63 Chronic skin disorder of uncertain or unspecified nature

A provisional diagnosis for a chronic skin disorder (of at least six weeks' duration) of unknown, uncertain or unspecified nature.

ME63.0 **Chronic erythematous skin disorder**

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which widespread confluent erythema is the predominant feature. Examples include generalised atopic eczema, erythrodermic psoriasis, pityriasis rubra pilaris and Sézary syndrome.

ME63.1 **Chronic urticarial skin disorder**

A provisional diagnosis for a rash consisting of persistent urticated papules and plaques for which a more precise diagnosis has not 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).

Coded Elsewhere: Neonatal cutaneous haemorrhage (KA83.8)

ME64.4 Flushing

Paroxysmal vasodilatation of skin capillaries.

ME65 Disturbances of skin sensation of unspecified aetiology

A group of cutaneous symptoms for which it is frequently impossible to identify a precise cause.

Coded Elsewhere: Anaesthesia of skin (MB40.3)

Tactile hallucinations (MB27.26)

ME65.0 Burning of skin

A burning sensation in the skin which usually arises without obvious explanation.

ME65.1 Itching of skin

The sensation of itch in the skin. For persistent itch of unknown cause the term "Pruritus of unknown cause" should be used.

ME65.2 Pain or tenderness of skin

Exclusions: Chronic pain (MG30)

ME65.3 **Stinging of skin**

An unpleasant sensation such as may be provoked by stinging nettles but which can be set off in some individuals by a wide variety of topical preparations or stimuli which are otherwise well tolerated by most people.

ME65.4 **Tingling of skin**

A prickling sensation in the skin which may result from external factors such as rain falling on the skin or may be due to transient or permanent peripheral nerve damage.

ME65.Y **Other specified disturbance of skin sensation**

ME66 Miscellaneous non-specific skin-related symptoms and signs

Other specified skin changes which cannot be more precisely defined.

Coded Elsewhere: Abnormal skin pigmentation (ED64)

ME66.0 **Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature**

Inclusions: Photosensitivity

ME66.1 **Changes in skin texture**

Alterations in skin texture of unspecified cause.

ME66.2 **Excess and redundant skin**

A condition which typically occurs in formerly grossly obese individuals following massive weight loss, as following bariatric surgery or severe calorie restriction.

ME66.3 **Symptom or complaint relating to hair or scalp**

A very non-specific term to indicate an actual or perceived problem affecting the hair or the scalp which cannot be more precisely coded elsewhere.

ME66.4 **Symptom or complaint relating to nails**

A very non-specific term to indicate an actual or perceived problem affecting the finger- or toenails which cannot be more precisely coded elsewhere.

ME66.5 **Complaint of abnormal sweating**

Complaint that sweating is abnormal (most commonly that it is increased) without sufficient evidence to make a specific diagnosis.

ME66.6 **Rash**

A non-specific term indicating the presence of an acquired skin disturbance to be used only when no more precise information is available.

Exclusions: Acute skin eruption of uncertain or unspecified nature (ME62)

Chronic skin disorder of uncertain or unspecified nature (ME63)

ME66.60 Rash localised

A very non-specific term to denote a localised acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (EH60-EH6Z)

ME66.61 Rash generalised

A very non-specific term to denote a widespread acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (EH60-EH6Z)

ME66.6Y Other specified rash

ME66.6Z Rash, unspecified

ME66.Y **Other specified skin changes**

ME67 **Skin disorder of uncertain or unspecified nature**

A category to enable the presence of a skin disorder to be recorded without making assumptions as to the precise nature of the disorder in question.

ME6Y **Other specified symptoms or signs involving the skin**

Symptoms, signs or clinical findings of the musculoskeletal system (ME80-MF1Y)

Symptoms or signs of the musculoskeletal system (ME80-ME8Y)

Coded Elsewhere: Abnormality of tonus and reflex (MB47)
Constitutional tall stature (5B12)
Fear of musculoskeletal disease (MG24.8)
Myalgia (FB56.2)
Osteonecrosis (FB81)
Osteophyte (FA37.0)
Short stature, not elsewhere classified (5B11)

ME80 **Clicking hip**

Exclusions: Structural developmental anomalies of pelvic girdle (LB74)

ME81 **Musculoskeletal chest pain**

Exclusions: Other chest pain (MD30.1)
Costochondritis (FB82)
Tietze syndrome (FB82)
Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME81.0 Intercostal pain

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME81.Y Other specified musculoskeletal chest pain

ME81.Z Musculoskeletal chest pain, unspecified

ME82 **Pain in joint**

Arthralgia secondary to inflammation, cartilage degeneration, crystal deposition, infection, and trauma not detailed in or used in conjunction with other codes (?)

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME83 **Rheumatism, unspecified**

This is a group of disorders marked by inflammation or pain in the connective tissue structures of the body and is considered unspecified.

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME84 **Spinal pain**

This is a condition characterised by pain felt in the back that usually originates from the muscles, nerves, bones, joints or other structures in the spine.

Exclusions: Symptom or complaint of the back (ME86.2)
Chronic secondary musculoskeletal pain (MG30.3)
Chronic neuropathic pain (MG30.5)

ME84.0 Cervical spine pain

This is a condition which is usually characterised by pain or discomfort in the neck region and can be caused by numerous spinal problems. It may be a feature of virtually every disorder and disease that occurs above the shoulder blades.

Coding Note: Code also the causing condition

Inclusions: cervicalgia

Exclusions: cervical disc degeneration (FA80)
Chronic primary cervical pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)
Chronic neuropathic pain (MG30.5)

ME84.1 **Thoracic spine pain**

This is a group of conditions characterised by pain perceived anywhere in the region bounded superiorly by a transverse line through the tip of the spinous process of T1, inferiorly by a transverse line through the tip of the spinous process of T12, and laterally by vertical lines tangential to the most lateral margins of the erector spinae muscles.

Coding Note: Code also the causing condition

Exclusions: Chronic primary thoracic pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.2 **Low back pain**

This is a condition which is defined as pain and discomfort, localised below the costal margin and above the inferior gluteal folds, with or without leg pain.

Coding Note: Code also the causing condition

Inclusions: Lumbago NOS

Loin pain

Exclusions: Degenerative condition of spine (FA80-FA8Z)

Chronic primary low back pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.20 Lumbago with sciatica

Exclusions: that due to intervertebral disc disorder (FA80-FA8Z)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.2Y Other specified low back pain

Coding Note: Code also the causing condition

ME84.2Z Low back pain, unspecified

Coding Note: Code also the causing condition

ME84.3 **Sciatica**

Exclusions: Degenerative condition of spine (FA80-FA8Z)

Lesion of sciatic nerve (8C11.0)

Lumbago with sciatica (ME84.20)

Chronic neuropathic pain (MG30.5)

ME84.Z **Spinal pain, unspecified**

ME85 Stiffness of joint

Lack of range of motion of a joint secondary to pain, disease process or congenital malformation not detailed in or used in conjunction with other codes.

ME86 Symptom or complaint of a body part

ME86.0 Symptom or complaint of the ankle

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.1 Symptom or complaint of the arm

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.2 Symptom or complaint of the back

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.20 Back syndrome without radiating pain

Exclusions: Spondylolysis (FA81)

Spondylolisthesis (FA84)

Atlanto-axial instability or subluxation (LB73.22)

Subluxation complex (ME93)

Torticollis (FA71)

Spinal enthesitis (FA92.00)

Axial spondyloarthritis (FA92.0)

Myelopathy (8B42)

Spondylopathies (FB00-FB0Z)

Intervertebral disc degeneration (FA80)

Localised central endplate defect (FA85.10)

Spinal instabilities (FB10)

Strain or sprain of lumbar spine (NB53.5)

Chronic primary musculoskeletal pain (MG30.02)

ME86.21 Back syndrome with radiating pain

Exclusions: Spondylolysis (FA81)

Low back pain (ME84.2)

Sciatica (ME84.3)

Intervertebral disc degeneration (FA80)

Chronic primary musculoskeletal pain (MG30.02)

ME86.22 Symptom or complaint of the low back

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

ME86.2Y Other specified symptom or complaint of the back

ME86.2Z Symptom or complaint of the back, unspecified

ME86.3 **Symptom or complaint of the chest**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.4 **Symptom or complaint of the elbow**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.5 **Symptom or complaint of the flank or axilla**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.6 **Symptom or complaint of the foot or toe**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.7 **Symptom or complaint of the hand or finger**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.8 **Symptom or complaint of the hip**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.9 **Symptom or complaint of the jaw**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.A **Symptom or complaint of the knee**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.B **Symptom or complaint of the leg or thigh**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.C **Symptom or complaint of the neck**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.D **Symptom or complaint of the shoulder**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)
Chronic secondary musculoskeletal pain (MG30.3)

ME86.D0 Shoulder syndrome

A shoulder syndrome is defined by shoulder pain with one or more of the following problems: limitations of movement, local tenderness, crepitus or periarticular calcification in imaging.

Exclusions: Arthropathies (FA00-FA5Z)

Shoulder lesions (FB53)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.DY Other specified symptom or complaint of the shoulder

ME86.DZ Symptom or complaint of the shoulder, unspecified

ME86.E **Symptom or complaint of the wrist**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.F **Symptom or complaint of joint, not otherwise specified**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.G **Symptom or complaint of muscle, not otherwise specified**

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.Y **Problem of other specified body part**

ME86.Z **Problem of unspecified body part**

ME8Y Other specified symptoms or signs of the musculoskeletal system

Clinical findings in the musculoskeletal system (ME90-ME9Y)

ME90 Clinical findings on diagnostic imaging of skull and head

Exclusions: Intracranial space-occupying lesion (MB71.0)

ME91 Clinical findings on diagnostic imaging of limbs

ME92 Clinical findings on diagnostic imaging of other parts of musculoskeletal system

Exclusions: Clinical findings on diagnostic imaging of skull and head (ME90)

ME92.0 **Wedging of vertebra**

ME92.1 **Bony erosion**

ME92.Y **Other specified clinical findings on diagnostic imaging of other parts of musculoskeletal system**

ME92.Z **Clinical findings on diagnostic imaging of other parts of musculoskeletal system, unspecified**

ME93 Biomechanical lesions, not elsewhere classified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.0 **Segmental and somatic dysfunction**

ME93.1 **Subluxation stenosis of neural canal**

ME93.2 **Osseous stenosis of neural canal**

ME93.3 **Connective tissue stenosis of neural canal**

ME93.4 **Intervertebral disc stenosis of neural canal**

ME93.40 Intervertebral disc stenosis of neural canal, head region

ME93.41 Intervertebral disc stenosis of neural canal, cervical region

ME93.42 Intervertebral disc stenosis of neural canal, thoracic region

ME93.43 Intervertebral disc stenosis of neural canal, lumbar region

ME93.44 Intervertebral disc stenosis of neural canal, sacral region

ME93.45 Intervertebral disc stenosis of neural canal, pelvic region

ME93.46 Intervertebral disc stenosis of neural canal, lower extremity

ME93.47 Intervertebral disc stenosis of neural canal, upper extremity

ME93.48 Intervertebral disc stenosis of neural canal, rib cage

ME93.4Y Other specified intervertebral disc stenosis of neural canal

ME93.4Z Intervertebral disc stenosis of neural canal, unspecified

ME93.5 **Osseous and subluxation stenosis of intervertebral foramina**

ME93.6 **Connective tissue and disc stenosis of intervertebral foramina**

ME93.Y **Other specified biomechanical lesions, not elsewhere classified**

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.Z **Biomechanical lesions, unspecified**

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME9Y Other specified clinical findings in the musculoskeletal system

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MF1Y Other specified symptoms, signs or clinical findings of the musculoskeletal system

Symptoms, signs or clinical findings of the genitourinary system (MF30-MG0Y)

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

Coded Elsewhere: Fear of complications of pregnancy (MG24.D)
Fear of female genital or breast disease (MG24.F)
Fear of sexually transmitted disease female (MG24.E)
Menstrual cycle bleeding disorders (GA20)
Breast engorgement of newborn (KC41.0)

MF30 **Breast lump or mass female**

MF31 **Breast or lactation symptom or complaint**

MF32 **Menopausal symptom or complaint**

Coded Elsewhere: Postmenopausal atrophic vaginitis (GA30.2)
Menopausal hot flush (GA30.4)

MF33 **Premenstrual symptom or complaint**

A symptom of premenstrual syndrome affecting females that is idiopathic. This symptom is characterised by cyclic emotional, physical, or behavioural symptoms such as mood alterations, psychological changes, fluid retention, neurologic changes, gastrointestinal changes, pelvic heaviness, or dermatological changes affecting women in the luteal phase of the menstrual cycle that interfere with an individual's lifestyle.

MF34 **Pregnancy symptom or complaint**

MF35 **Postpartum symptom or complaint**

MF36 **Other symptom or complaint of vagina**

MF37 **Symptom or complaint of female nipple**

MF38 **Symptom or complaint of female pelvis**

MF39 **Symptom or complaint of the vulva**

MF3A **Vaginal discharge**

MF3Y **Other specified symptoms, signs or clinical findings involving the female genital system**

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

Coded Elsewhere: Fear of genital disease male (MG24.H)
Fear of sexually transmitted disease male (MG24.G)
Male infertility (GB04)
Fear of sexual dysfunction male (MG24.Y)

MF40 **Problems of male genital organs**

A group of disorders associated with the male genital organs occurring in diseases more specifically classified elsewhere.

MF40.0 Symptom or complaint of the penis

MF40.00 Pain in penis

Exclusions: Chronic secondary visceral pain (MG30.4)
Chronic primary visceral pain (MG30.00)

MF40.0Y Other specified symptom or complaint of the penis

MF40.0Z Symptom or complaint of the penis, unspecified

MF40.1 Problems of the prostate

A group of disorders associated with the prostate occurring in diseases more specifically classified elsewhere.

MF40.2 Symptom or complaint of the scrotum or testis

Coded Elsewhere: Pain in scrotum (GB0Y)

MF40.20 Acute scrotal pain

Exclusions: Torsion of testis (GB01.0)
Torsion of epididymis (GB01.1)
Torsion of hydatids (GB01.2)
Orchitis (GB02)

MF40.21 Testicular pain

Exclusions: Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

MF40.2Y Other specified symptom or complaint of the scrotum or testis

MF40.2Z Symptom or complaint of the scrotum or testis, unspecified

MF40.3 Retrograde ejaculation

Retrograde Ejaculation is a condition in which semen that is normally ejaculated via the urethra is redirected to the urinary bladder. Retrograde Ejaculation is typically accompanied by subjective orgasm, though the man may notice that release of semen is limited or absent. Retrograde Ejaculation most commonly occurs as a complication of transurethral prostatic resection, but may also be caused by other surgery of the pelvic area, nervous system dysfunction, or use of pharmacological agents. Confirmation is by identification of spermatozoa in a urine sample.

MF40.Y **Other specified problems of male genital organs**

MF40.Z **Problems of male genital organs, unspecified**

MF41 **Symptom or complaint of male sexual function**

MF42 **Retractile testis migrans**

A retractile testicle is one that may move back and forth between the scrotum and the groin. For most boys, the problem resolves sometime before or during puberty.

MF4Y **Other specified symptoms, signs or clinical findings involving the male genital system**

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

Coded Elsewhere: Fear of urinary disease (MG24.C)

MF50 **Abnormal micturition**

MF50.0 **Frequent micturition**

Needing to urinate more often than normal.

Exclusions: Pollakiuria (MF50.1)

MF50.1 **Pollakiuria**

MF50.2 **Urinary incontinence**

Any condition of the urinary system, caused by determinants arising during the antenatal period or after birth, leading to loss of voluntary control or support of the urethra. These conditions are characterised by involuntary leakage of large amounts of urine, in association with uninhibited contractions of the detrusor muscle and the inability to control urination.

Exclusions: haematuria: recurrent and persistent (GB40-GB4Z)

haematuria with specified morphological lesion (GB40-GB4Z)

proteinuria NOS (MF96)

haematuria NOS (MF50.4)

Diurnal enuresis (6C00.1)

Enuresis (6C00)

Nocturnal and diurnal enuresis (6C00.2)

Nocturnal enuresis (6C00.0)

MF50.20 Stress incontinence

Urinary incontinence due to diminished urethral pressure in straining or coughing.

Coding Note: Code also the causing condition

Exclusions: Stress Incontinence associated with pelvic organ prolapse (GC40.50)

MF50.21 Urge Incontinence

This is a form of urinary incontinence characterised by the involuntary loss of urine occurring for no apparent reason while feeling urinary urgency, a sudden need or urge to urinate.

Exclusions: Urge incontinence associated with pelvic organ prolapse (GC40.51)

MF50.22 Mixed incontinence

MF50.23 Functional urinary incontinence

Urinary incontinence due to cognitive impairment, or severe physical disability or immobility

Exclusions: Stress incontinence (MF50.20)

MF50.24 Reflex incontinence

Urinary incontinence that accompanies detrusor hyperreflexia

MF50.2Y Other specified urinary incontinence

MF50.2Z Urinary incontinence, unspecified

MF50.3 **Retention of urine**

Incomplete emptying of the bladder

MF50.4 **Haematuria**

Exclusions: recurrent or persistent haematuria (GB40-GB4Z)

MF50.40 Macroscopic haematuria

MF50.41 Microscopic haematuria

MF50.4Z Haematuria, unspecified

MF50.5 **Extravasation of urine**

MF50.6 **Other difficulties with micturition**

MF50.60 Hesitancy of micturition

Difficulty in beginning the flow of urine or maintaining a urinary stream

MF50.61 Poor urinary stream

A reduced, slow or weak stream of urine

MF50.62 Splitting of urinary stream

A condition where the urine stream splits into two or more different directions

MF50.63 Urgency of urination

A sudden and strong urge to urinate along with discomfort in the bladder

MF50.64 Feeling of incomplete bladder emptying

A sensation that the bladder is not empty after voiding.

MF50.65 Straining to void

The need to strain or push in order to empty the bladder

MF50.6Y Other specified difficulties with micturition

MF50.6Z Difficulties with micturition, unspecified

MF50.7 **Dysuria**

painful urination

Inclusions: Strangury

MF50.8 **Vesical tenesmus**

ineffective and painful straining for urination

MF50.Y **Other specified abnormal micturition**

MF50.Z **Abnormal micturition, unspecified**

MF51 **Anuria or oliguria**

Anuria means nonpassage of urine, in practice is defined as passage of less than 50 millilitres of urine in a day. Oliguria is the low output of urine. It is clinically classified as an output below 300-500ml/day.

Exclusions: Maternal care for other conditions predominantly related to pregnancy (JA65)

MF52 **Bladder pain**

Complaint of suprapubic or retropubic pain, pressure, or discomfort, related to the bladder, and usually increasing with bladder filling. It may persist or be relieved after voiding.

Exclusions: Chronic primary bladder pain syndrome (MG30.00)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MF53 **Extrarenal uraemia**

Inclusions: Prerenal uraemia

MF54 **Macroscopic changes of size of the kidney**

Any condition characterised by alterations in the size of the kidney, observable by the unaided eye.

MF54.0 **Smooth contracted kidney**

A condition of the kidney, caused by an overgrowth of abnormal fibrous tissue and ischaemic atrophy. This condition is characterised by a small, granular, and smooth kidney.

Exclusions: Small kidney (MF54.2)

diffuse sclerosing glomerulonephritis (GB61)

contracted kidney due to hypertension (BA02)

hypertensive nephrosclerosis (arteriolar)(arteriosclerotic) (BA02)

MF54.1 **Irregularly contracted kidney**

A kidney with deep cortical indentations or scars large enough to be perceived or examined by the naked eye

MF54.2 **Small kidney**

A condition characterised by a kidney smaller in size and weight than the average (less than 11 centimetres long, 5-7.5 centimetres wide, 2.5 centimetres thick, and weighing less than 120 grams).

MF54.Y **Other specified macroscopic changes of size of the kidney**

MF54.Z **Macroscopic changes of size of the kidney, unspecified**

MF55 **Polyuria**

Polyuria is a condition defined as excessive or abnormally large production or passage of urine.

MF56 **Renal colic**

A severe paroxysmal pain in the flank radiating to the groin, scrotum or labia, caused by blockage of the renal pelvis or ureter most commonly by a renal stone. May be associated with nausea and vomiting.

MF57 **Symptom or complaint of bladder**

MF58 **Urethral discharge**

Inclusions: Urethrorrhoea

Penile discharge

MF59 **Urinary symptom or complaint**

MF5Y **Other specified symptoms, signs or clinical findings involving the urinary system**

Clinical findings in specimens from female genital organs (MF60-MF6Z)

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

Carcinoma in situ of other or unspecified genital organs (2E67)

Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

MF60 **Abnormal level of enzymes in specimens from female genital organs**

MF61 **Abnormal level of hormones in specimens from female genital organs**

MF62 **Abnormal level of drugs, medicaments and biological substances in specimens from female genital organs**

MF63 **Abnormal level of substances chiefly nonmedicinal as to source in specimens from female genital organs**

MF64 **Abnormal immunological findings in specimens from female genital organs**

MF65 **Abnormal microbiological findings in specimens from female genital organs**

MF66 **Abnormal cytological findings in specimens from female genital organs**

MF66.0 **Abnormal cervix smear**

MF66.Y **Other specified abnormal cytological findings in specimens from female genital organs**

MF66.Z **Abnormal cytological findings in specimens from female genital organs, unspecified**

MF67 **Abnormal histological findings in specimens from female genital organs**

MF68 **Abnormal chromosomal findings in specimens from female genital organs**

MF6Y **Other specified clinical findings in specimens from female genital organs**

MF6Z **Clinical findings in specimens from female genital organs, unspecified**

Clinical findings in specimens from male genital organs (MF70-MF7Z)

Exclusions: Oligospermia (GB04)

Azoospermia (GB04.0)

MF70 **Abnormal level of enzymes in specimens from male genital organs**

MF71 **Abnormal level of hormones in specimens from male genital organs**

MF72 **Abnormal level of drugs, medicaments and biological substances in specimens from male genital organs**

MF73 **Abnormal level of substances chiefly nonmedicinal as to source in specimens from male genital organs**

MF74 **Abnormal immunological findings in specimens from male genital organs**

MF75 **Abnormal microbiological findings in specimens from male genital organs**

Exclusions: Prostate specific antigen positive (MA14.1B)

MF76 **Abnormal cytological findings in specimens from male genital organs**

MF77 **Abnormal histological findings in specimens from male genital organs**

MF78 **Abnormal chromosomal findings in specimens from male genital organs**

MF7Y **Other specified clinical findings in specimens from male genital organs**

MF7Z **Clinical findings in specimens from male genital organs, unspecified**

Clinical findings in specimens from the urinary system (MF80-MF8Z)

MF80 **Diffuse mesangial sclerosis**

Diffuse mesangial sclerosis is a histological appearance which is characterised by diffuse thickening of basement membrane and massive enlargement of mesangial areas leading to contraction and sclerosis of the glomerular capillary tuft. It may be seen in children with early onset steroid resistant nephrotic syndrome due to a variety of genetic abnormalities, either as an isolated renal disease or as part of a multi-organ syndrome.

MF81 **Fibronectin glomerulopathy**

Fibronectin glomerulopathy is a rare hereditary kidney disease in which fibronectin (FN1) deposits are seen in the mesangium and subendothelial space. The clinical picture is characterised by proteinuria, type IV renal tubular acidosis, microscopic haematuria and hypertension that may lead to end-stage renal failure in the second to sixth decade of life. This disease may be associated with mutations in the FN1 gene.

MF82 **Lipoprotein glomerulopathy**

Characteristic lipoprotein thrombi are found in the glomerulus in this genetically determined disease mainly found in East Asia.

MF83 **Diabetic glomerular changes**

Diabetic glomerulosclerosis involves diffuse thickening of the basement membrane progressing to diffuse mesangial expansion (diffuse diabetic glomerulosclerosis) with in some cases matrix occupying the capillary lumen to form Kimmelstiel Wilson nodules (nodular glomerulosclerosis)

Coding Note: Code also the causing condition

MF84 **Pauci-immune proliferative glomerulonephritis**

A focal and segmental necrotising glomerulonephritis with no immune deposits ("pauci-immune:"). Typical of glomerular involvement in anti-neutrophil cytoplasmic antibody (ANCA) mediated vasculitis – microscopic polyangiitis and 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 (MF90-MF9Y)

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

Exclusions: Specific findings indicating disorder of amino-acid metabolism (5C50)

Specific findings indicating disorder of carbohydrate metabolism (5C51)

Clinical findings on antenatal screening of mother (JA66)

MF90 **Acetonuria**

Acetonuria is a medical condition in which acetone is present in the urine.

Inclusions: Ketonuria

MF91 **Bilirubinuria**

Bilirubinuria means the presence of any bile pigment in the urine.

MF92 **Chyluria**

Chyluria, also called chylous urine, is a medical condition involving the presence of chyle in the urine stream, which results in urine appearing milky white.

Exclusions: Filarial chyluria (1F66)

MF93 **Glycosuria**

Coded Elsewhere: Renal glycosuria (GB90.45)

MF94 **Haemoglobinuria**

The presence of free haemoglobin in the urine, indicating haemolysis of erythrocytes within the vascular system. After saturating the haemoglobin-binding proteins (haptoglobins), free haemoglobin begins to appear in the urine.

Exclusions: Marchiafava-Micheli syndrome (3A21.0)

MF95 **Myoglobinuria**

Myoglobinuria is the presence of myoglobin in the urine usually as result of rhabdomyolysis. Any process that interferes with the storage or use of energy by muscle cells can lead to myoglobinuria. When excreted into the urine, myoglobin can precipitate, causing tubular obstruction and acute kidney injury. The most common causes of myoglobinuria in adults are trauma, alcohol and drug abuse, usually in relation to muscle necrosis from prolonged immobilization and pressure by the body weight. Prolonged ethanol consumption and seizure activity, similar to excessive physical activity, can produce an imbalance between muscle energy consumption and production, resulting in muscle destruction.

MF96 **Proteinuria**

Excessive serum proteins in the urine, such as in renal disease when albumin is the main protein, but also may be due to other proteins such as immunoglobulin light chains in plasma cell dyscrasia such as multiple myeloma.

Exclusions: Persistent proteinuria or albuminuria (GB42)

Coded Elsewhere: Gestational proteinuria without hypertension (JA22.0)

Gestational oedema with proteinuria without hypertension (JA22.2)

MF96.0 Orthostatic proteinuria

A condition characterised by an elevated protein excretion while in the upright position and normal protein excretion in a supine or recumbent position.

MF96.1 Bence Jones proteinuria

A condition characterised by the presence of a monoclonal globulin protein or immunoglobulin light chain (Bence Jones protein) in the urine. Originally detected by precipitating at 56 and dissolving again at 100 degrees centigrade (Henry Bence Jones 1813-1873) they are now detected by urinary electrophoresis or light chain assay.

MF96.Y Other specified proteinuria

MF96.Z Proteinuria, unspecified

MF97 **Pyuria**

Pyuria is a urinary condition that is characterized by an elevated number of white blood cells in the urine. Doctors define a high number as at least 10 white blood cells per cubic millimeter (mm3) of centrifuged urine. Pyuria can cause the urine to look cloudy or as if it contains pus.

MF98 **Abnormal levels of serum electrolytes in the urine**

Coded Elsewhere: Hyperphosphaturia (GB90.48)

MF98.0 **Hypercalciuria**

MF98.1 **Hyperkaluria**

MF98.2 **Hypermagnesuria**

MF98.3 **Hypocalciuria**

MF98.4 **Hypokaluria**

MF98.5 **Hypomagnesuria**

MF98.6 **Hypophosphaturia**

MF98.Y **Other specified abnormal levels of serum electrolytes in the urine**

MF98.Z **Abnormal levels of serum electrolytes in the urine, unspecified**

MF99 **Elevated urine levels of drugs, medicaments and biological substances**

Elevated urine levels of drugs, medicaments and biological substances mean that the levels of drugs, medicaments, and biological substances have elevated on the urine examination.

MF9A **Abnormal urine levels of substances chiefly nonmedicinal as to source**

MF9B **Abnormal findings on microbiological examination of urine**

MF9C **Abnormal findings on cytological and histological examination of urine**

MF9Y **Other specified clinical findings on examination of urine, without diagnosis**

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

MG00 **Clinical findings on diagnostic imaging of breast**

Clinical findings on diagnostic imaging of breast is findings on diagnostic imaging of the breast which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MG01 **Clinical findings on diagnostic imaging of urinary organs**

Exclusions: hypertrophy of kidney (GB90)

MG02 **Results of kidney function studies**

Inclusions: Abnormal renal function test

MG0Y **Other specified symptoms, signs or clinical findings of the genitourinary system**

General symptoms, signs or clinical findings (MG20-MG9Y)

General symptoms (MG20-MG4Y)

Coded Elsewhere: Enlarged lymph nodes (MA01)

Symptom or complaint of a body part (ME86)

MG20 Cachexia

Cachexia is a pathological generalised loss of body mass with reduction of the storage fat deposits, structural fat and musculature that can be accompanied by gradual loss of function of organs.

Exclusions: Human immunodeficiency virus disease associated with wasting syndrome (1C62.3)

Malignant neoplasms of ill-defined or unspecified primary sites (2D40-2D4Z)

nutritional marasmus (5B51)

MG20.0 Malignant cachexia

MG20.Z Cachexia, unspecified

MG21 Chills

MG22 Fatigue

A feeling of exhaustion, lethargy, or decreased energy, usually experienced as a weakening or depletion of one's physical or mental resource and characterised by a decreased capacity for work and reduced efficiency in responding to stimuli. Fatigue is normal following a period of exertion, mental or physical, but sometimes may occur in the absence of such exertion as a symptom of health conditions.

Inclusions: General physical deterioration

Lethargy

Exclusions: Combat fatigue (QE84)

Exhaustion due to exposure (NF07.2)

heat exhaustion (NF01)

Bodily distress disorder (6C20)

Depressive disorders (6A70-6A7Z)

Sleep-wake disorders (Chapter 07)

Bipolar or related disorders (6A60-6A6Z)

senile fatigue (MG2A)

Chronic fatigue syndrome (8E49)

Myalgic encephalomyelitis (8E49)

Postviral fatigue syndrome (8E49)

pregnancy-related exhaustion and fatigue (JA65)

MG23 Fear of death or dying

MG24 **Fear of disease**

Exclusions: Bodily distress disorder (6C20)
Hypochondriasis (6B23)

Coded Elsewhere: Fear of ear disease (MC4Y)
Fear of skin disease (ME66.Y)
Fear of sexual dysfunction female (MF3Y)

MG24.0 **Fear of cancer**

MG24.00 Fear of cancer of digestive system
This refers to worrying about having a cancer of the digestive system.

MG24.01 Fear of breast cancer female

MG24.02 Fear of genital cancer male

MG24.0Y Other specified fear of cancer

MG24.0Z Fear of cancer, unspecified

MG24.1 **Fear of human immunodeficiency virus**

MG24.2 **Fear of haematological disease**

Coded Elsewhere: Fear of haematological cancer (MG24.0Y)

MG24.3 **Fear of digestive disease**
This is a health anxiety and refers to worrying about having a digestive disease.

Coded Elsewhere: Fear of cancer of digestive system (MG24.00)

MG24.4 **Fear of eye disease**

MG24.5 **Fear of heart disease**

MG24.6 **Fear of hypertension**

MG24.7 **Fear of cardiovascular disease**

MG24.8 **Fear of musculoskeletal disease**

Coded Elsewhere: Fear of cancer musculoskeletal (MG24.0Y)

MG24.9 **Fear of neurological disease**

Coded Elsewhere: Fear of cancer of neurological system (MG24.0Y)

MG24.A **Fear of respiratory disease**

Coded Elsewhere: Fear of cancer of respiratory system (MG24.0Y)

MG24.B **Fear of endocrine, metabolic or nutritional disease**

Coded Elsewhere: Fear of cancer of endocrine system (MG24.0Y)

MG24.C **Fear of urinary disease**

Coded Elsewhere: Fear of cancer of urinary system (MG24.0Y)

MG24.D **Fear of complications of pregnancy**

MG24.E **Fear of sexually transmitted disease female**

MG24.F **Fear of female genital or breast disease**

Coded Elsewhere: Fear of breast cancer female (MG24.01)

Fear of genital cancer female (MG24.0Y)

MG24.G **Fear of sexually transmitted disease male**

MG24.H **Fear of genital disease male**

Coded Elsewhere: Fear of genital cancer male (MG24.02)

MG24.J **Fear of mental disorder**

MG24.Y **Fear of other specified disease**

MG24.Z **Fear of disease, unspecified**

MG25 **Feeling ill**

Inclusions: malaise

MG26 **Fever of other or unknown origin**

An abnormal elevation of body temperature of unknown origin, often as a result of a pathologic process.

Exclusions: fever of unknown origin in newborn (KD10-KD1Z)

Malignant hyperthermia due to anaesthesia (NE86)

Coded Elsewhere: Pyrexia of unknown origin following delivery (JB40.4)

Pyrexia during labour, not elsewhere classified (JB0D.2)

Fever of newborn (KD11)

MG27 **Haemorrhage, not elsewhere classified**

Bleeding or escape of blood from a vessel.

Exclusions: Obstetric haemorrhage (JA40-JA4Z)

Haemorrhage or haematoma complicating a procedure, not elsewhere classified (NE81.0)

Fetal blood loss (KA80)

Certain specified neonatal haemorrhages (KA83)

MG28 **Hypothermia, not associated with low environmental temperature**

Exclusions: hypothermia NOS (NF02)

hypothermia low environmental temperature (NF02)

Coded Elsewhere: Hypothermia of newborn (KD12)

MG29 **Oedema**

Abnormal fluid accumulation in tissues or body cavities not coded elsewhere.

Exclusions: oedema of pharynx (CA00-CA0Z)

oedema of nasopharynx (CA00-CA0Z)

Pulmonary oedema (CB01)

Ascites (ME04)

hydrops fetalis NOS (KC41.1)

angioneurotic oedema (EB04)

Cerebral oedema due to birth injury (KA40.1)

hereditary oedema (4A00.14)

Oedema of larynx (CA0H.3)

malnutrition (5B50-5B7Z)

hydrothorax (CB27)

Coded Elsewhere: Gestational oedema without hypertension (JA22.1)

Gestational oedema with proteinuria without hypertension (JA22.2)

MG29.0 **Localised oedema**

Coded Elsewhere: Swollen tongue (MD80.1)

MG29.00 Ankle oedema

MG29.01 Oedema of legs

MG29.02 Pitting of lip

MG29.0Y Other specified localised oedema

MG29.1 **Generalised oedema**

MG29.10 Oedema due to increased capillary pressure

Increased capillary pressure increases the leakage of fluid from the vascular compartment to the interstitial tissues, resulting in oedema. Causes include impaired or obstructed venous return (fluid overload, venous thrombosis, right heart failure, venous compression from tumour tissue), increased blood flow (physiological response to heat exposure, arteriovenous malformations, disturbed cutaneous vasomotor control due to drug or autonomic neuropathy), or reduced plasma oncotic pressure due to hypoproteinaemia.

Coded Elsewhere: Fluid overload with oedema (5C78)

MG29.1Y Other specified generalised oedema

MG29.2 **Infectious oedema**

MG29.3 **Pitting oedema**

MG29.Z **Oedema, unspecified**

MG2A **Ageing associated decline in intrinsic capacity**

Inclusions: senescence without mention of psychosis

Exclusions: Senile dementia (6D80-6D8Z)

Pain (MG30-MG3Z)

Inclusions: pain not referable to any one organ or body region

Exclusions: Headache disorders (8A80-8A8Z)

Abdominal or pelvic pain (MD81)

Breast pain (GB23.5)

Pain in joint (ME82)

Pain in eye (MC18)

Ear pain (AB70.2)

Pain in chest (MD30)

Pelvic or perineal pain (MD81.11)

Pain in shoulder (ME82)

Spinal pain (ME84)

Pain in tooth, toothache (DA0A)

Renal colic (MF56)

Pain in throat (MD36.0)

Low back pain (ME84.2)

Pain in limb (FB56.4)

Pain disorders (8E43)

MG30 **Chronic pain**

Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Chronic pain is pain that persists or recurs for longer than 3 months. Chronic pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome.

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

Exclusions: Acute pain (MG31)

MG30.0 **Chronic primary pain**

Chronic primary pain is chronic pain in one or more anatomical regions that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

Coded Elsewhere: Painful bruising syndrome (ED02)

MG30.00 Chronic primary visceral pain

Chronic primary visceral pain is chronic pain localized in the thoracic, abdominal or pelvic region, and is associated with significant emotional distress or functional disability. The distinct anatomical location is compatible with typical referral pain patterns from specific internal organs. The symptoms are not better explained by a diagnosis of chronic secondary visceral pain. Chronic primary visceral pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Exclusions: Chronic abdominal pain NOS (MD81.4)

Coded Elsewhere: Penoscrotodynia (EC92.0)

Vulvodynia (GA34.02)

Irritable bowel syndrome (DD91.0)

Functional gallbladder disorder (DD94)

Functional sphincter of Oddi disorder (DD95)

Functional abdominal pain in children (DD93.Y)

Functional biliary sphincter of Oddi disorder (DD95)

Functional pancreatic sphincter of Oddi disorder (DD95)

Abdominal pain-related functional GI disorders in children (DD93.Y)

Vulval dysaesthesia syndrome (GA34.02)

MG30.01 Chronic widespread pain

Chronic widespread pain (CWP) is diffuse pain in at least 4 of 5 body regions and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate when the pain is not directly attributable to a nociceptive process in these regions and there are features consistent with nociplastic pain and identified psychological and social contributors.

Exclusions: Acute pain (MG31)

MG30.02 Chronic primary musculoskeletal pain

Chronic primary musculoskeletal pain is chronic pain in the muscles, bones, joints or tendons that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary musculoskeletal pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. Other chronic musculoskeletal pain diagnoses to be considered are those listed under chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

MG30.03 Chronic primary headache or orofacial pain

Chronic primary headache or orofacial pain is defined as headache or orofacial pain that occurs on at least 50% of the days during at least 3 months. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities, reduced participation in social roles). Chronic primary headache or orofacial pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. The duration of pain per day is at least 2 hours.

Exclusions: Headache disorders (8A80-8A8Z)

Coded Elsewhere: Chronic migraine (8A80.2)

Burning mouth syndrome (DA0F.0)

Chronic tension-type headache (8A81.2)

Chronic cluster headache (8A82)

Hemicrania continua (8A82)

MG30.04 Complex regional pain syndrome

Complex regional pain syndrome (CRPS) is a chronic pain condition in an extremity with a variable course over time. It is characterized by continuing regional pain (not in a specific nerve territory or dermatome), usually with distal predominance or distal-to-proximal gradient. It typically arises after tissue trauma and is seemingly disproportionate in magnitude or duration to the usual course of pain after such tissue trauma.

CRPS is characterized by signs indicating autonomic and neuro-inflammatory changes in the affected body region varying between patients and over time. Often, CRPS is accompanied by significant emotional distress or functional disability. CRPS is multifactorial.

MG30.0Y Other specified chronic primary pain

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.0Z Chronic primary pain, unspecified

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.1 **Chronic cancer related pain**

Chronic cancer-related pain is pain caused by the primary cancer itself or metastases (chronic cancer pain) or its treatment (chronic post-cancer treatment pain). It is distinct from pain caused by co-morbid disease [1-3]. It should be highly probable that the pain is due to cancer or its treatment; if its genesis is vague, consider using codes in the section of Primary pain.

Coding Note: Code also the causing condition

MG30.10 Chronic cancer pain

Chronic cancer pain is chronic pain caused by the primary cancer or metastases. It should be highly probable that the pain is due to cancer; if its genesis is vague, consider using codes in the section of chronic primary pain.

Coding Note: Code also the causing condition

MG30.11 Chronic post cancer treatment pain

Chronic post-cancer treatment pain is pain caused by any treatment given to treat the primary tumour or metastases. The most common forms are:

(i) Chronic painful chemotherapy-induced polyneuropathy (CIPN): chronic peripheral neuropathic pain caused by oral or intravenous chemotherapy.

(ii) Chronic post-radiotherapy pain: chronic pain caused by delayed local damage to the nervous system in the field of radiotherapy. It is distinct from pain caused by tumour recurrence or co-morbid disease.

Other treatments include surgery and hormonal therapy.

Diagnostic Criteria

Conditions A to C are fulfilled:

A. Chronic pain (persistent or recurrent for longer than 3 months) is present and characterised by all of the following:

A1 History of treatment with neurotoxic chemotherapy or radiotherapy or any treatment given to treat the primary tumour or metastases

A2 It is likely that the pain is caused by the cancer treatment.

B. One of the following applies:

B1 An active or recurrent tumour or metastases have been specifically excluded on radiological investigation.

B2 If an active or a recurrent tumor or metastases are present, the pain is not better accounted for by them.

C. The pain is not better accounted for by another diagnosis of chronic pain.

Coding Note: Code also the causing condition

MG30.1Y Other specified chronic cancer related pain

Coding Note: Code also the causing condition

MG30.1Z Chronic cancer related pain, unspecified

Coding Note: Code also the causing condition

MG30.2 **Chronic postsurgical or post traumatic pain**

Chronic postsurgical or post traumatic pain is pain developing or increasing in intensity after a surgical procedure or a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after surgery or tissue trauma. The pain is either localized to the surgical field or area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

Coded Elsewhere: Complex regional pain syndrome (MG30.04)

MG30.20 Chronic post traumatic pain

Chronic post traumatic pain is pain developing or increasing in intensity after a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after the tissue trauma. The pain is either localized to the area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

Coded Elsewhere: Chronic central neuropathic pain associated with spinal cord injury (MG30.50)

Chronic central neuropathic pain associated with brain injury (MG30.50)

Chronic neuropathic pain after peripheral nerve injury (MG30.51)

Complex regional pain syndrome type II (MG30.04)

MG30.21 Chronic postsurgical pain

Chronic postsurgical pain is chronic pain developing or increasing in intensity after a surgical procedure and persisting beyond the healing process, i.e. at least 3 months after surgery. The pain is either localised to the surgical field, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Dependent on type of surgery, chronic postsurgical pain often may be neuropathic pain.

Coding Note: The postsurgical aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Y Other specified chronic postsurgical or post traumatic pain

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Z Chronic postsurgical or post traumatic pain, unspecified

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.3 **Chronic secondary musculoskeletal pain**

Chronic secondary musculoskeletal pain is chronic pain arising from bone(s), joint(s), muscle(s), vertebral column, tendon(s) or related soft tissue(s). It is a heterogeneous group of chronic pain conditions originating in persistent nociception in joint, bone, muscle, vertebral column, tendons and related soft tissues, with local and systemic aetiologies, but also related to deep somatic lesions. The pain may be spontaneous or movement-induced.

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

Exclusions: Acute pain (MG31)

Chronic neuropathic pain (MG30.5)

Chronic primary pain (MG30.0)

Chronic secondary visceral pain (MG30.4)

MG30.30 Chronic secondary musculoskeletal pain from persistent inflammation

Chronic secondary musculoskeletal pain from persistent inflammation is chronic pain due to inflammatory mechanisms in joint(s), bone(s),tendon(s), muscle(s), soft tissue(s) or vertebral column. The pain may be spontaneous or movement-induced. It is characterised by clinical features of inflammation, including increased sensitivity of the part to stimuli.

Coding Note: Code also the causing condition

MG30.31 Chronic secondary musculoskeletal pain associated with structural changes

Chronic secondary musculoskeletal pain associated with structural changes is chronic pain of unknown mechanism(s) that is attributable to anatomical changes in joint(s), bone(s) or tendon(s). The structural change needs to be inferred from clinical examination and/or demonstrable on imaging. The pain may be spontaneous or movement-induced. It is characterised by clinical features such as swelling, allodynia or restricted movement.

Diagnostic Criteria:

Conditions A to D are fulfilled:

A) Chronic pain (persistent or recurrent for longer than 3 months) in joint(s), bone(s), or tendon(s) is present. The pain may be spontaneous or movement induced.

B) At least one of the following fulfilled:

B1) Swelling is present.

B2) Allodynia over the part is present.

C) The structural change is inferred from clinical examination or imaging.

D) The pain is not better accounted for by another diagnosis of chronic pain.

Coding Note: Code also the causing condition

Coded Elsewhere: Chronic pain after musculoskeletal injury (MG30.20)

MG30.32 Chronic secondary musculoskeletal pain due to disease of the nervous system

Chronic secondary musculoskeletal pain due to diseases of the nervous system is chronic pain localized in joint(s), bone(s), tendon(s) or muscle(s) that is related to peripheral or central neurological disorders classified elsewhere. It includes pain due to altered motor function and altered sensory function. Altered biomechanical function due to the neurological disease is responsible for the activation of nociceptors in musculoskeletal tissue. The pain may be spontaneous or movement-induced.

Coding Note: Code also the causing condition

MG30.3Y Other specified chronic secondary musculoskeletal pain

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.3Z Chronic secondary musculoskeletal pain, unspecified

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.4 **Chronic secondary visceral pain**

Chronic visceral pain is persistent or recurrent pain originating from internal organs of the head/neck region and of the thoracic, abdominal and pelvic cavities. The visceral etiology of the pain should be highly probable; if it is vague, consider using codes in the section of Chronic Primary Pain.

Coding Note: Code also the causing condition

Exclusions: Neuropathic pain (8E43.0)

Coded Elsewhere: Chronic visceral cancer pain (MG30.10)

MG30.40 Chronic visceral pain from mechanical factors

Chronic visceral pain from mechanical factors is chronic pain deriving from a) the obstruction of hollow viscera as a consequence of internal migrating obstacles (e.g., stones) or stenosis, with dilation above the obstacle/stenosis or b) from the traction of ligaments and vessels of internal organs or the external compression of internal organs.

Coding Note: Code also the causing condition

MG30.41 Chronic visceral pain from vascular mechanisms

Chronic visceral pain from vascular mechanisms is chronic visceral pain due to alterations of arterial and/or venous blood vessels to/from viscera of the head/neck region, thoracic, abdominal and pelvic cavities or pain conditions of the vascular system producing pain in other locations.

Coding Note: Code also the causing condition

MG30.42 Chronic visceral pain from persistent inflammation

Chronic visceral pain from persistent inflammation is chronic pain due to longlasting inflammation of internal organs of the head/neck region and of the thoracic, abdominal, or pelvic cavities.

Coding Note: Code also the causing condition

MG30.4Y Other specified chronic secondary visceral pain

Coding Note: Code also the causing condition

MG30.4Z Chronic secondary visceral pain, unspecified

Coding Note: Code also the causing condition

MG30.5 **Chronic neuropathic pain**

Chronic neuropathic pain is chronic pain caused by a lesion or disease of the somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of chronic neuropathic pain requires a history of nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (for example, decreased or loss of sensation) and positive sensory symptoms or signs (for example, allodynia or hyperalgesia) indicating the involvement of the somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Chronic neuropathic orofacial pain (MG30.62)

Chronic neuropathic cancer pain (MG30.10)

MG30.50 Chronic central neuropathic pain

Chronic central neuropathic pain is chronic pain caused by a lesion or disease of the central somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of central neuropathic pain requires a history of central nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the central somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

MG30.51 Chronic peripheral neuropathic pain

Chronic peripheral neuropathic pain is chronic pain caused by a lesion or disease of the peripheral somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of peripheral neuropathic pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the peripheral somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Postherpetic neuralgia (1E91.5)

Chronic painful radiation-induced neuropathy (MG30.11)

Postzoster glossopharyngeal neuralgia (1E91.5)

Postzoster trigeminal neuralgia (1E91.5)

MG30.5Y Other specified chronic neuropathic pain

Coding Note: Code also the causing condition

MG30.5Z Chronic neuropathic pain, unspecified

Coding Note: Code also the causing condition

MG30.6 **Chronic secondary headache or orofacial pain**

Chronic secondary headache and orofacial pain comprises all headache and orofacial pain disorders that have underlying causes and occur on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

Exclusions: Acute pain in the face, not elsewhere classified (MG31.0)

Acute headache, not elsewhere classified (MG31.1)

MG30.61 Chronic dental pain

Chronic dental pain is chronic pain that is caused by a disorder involving the teeth or associated tissues (pulpal, periodontal or gingival pain) and that occurs for two hours or more per day on at least 50% of the days during at least three months. The typical causative factor will be caries or trauma to a tooth or teeth or associated tissues. In addition to clinical examination, imaging (intraoral x-rays, CT scans etc.) may facilitate the correct diagnosis. If the etiology is vague, consider using codes in the section of chronic primary pain. condition.

Coding Note: Code also the causing condition

MG30.62 Chronic neuropathic orofacial pain

Chronic neuropathic orofacial pain is chronic pain in the orofacial region that is caused by a lesion or disease of the peripheral somatosensory nervous system. It occurs for two hours or more per day (or several shorter attacks per day occur) on at least 50% of the days during at least three months The diagnosis of chronic neuropathic orofacial pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative and positive sensory symptoms or signs must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Tolosa-Hunt syndrome (8A85)

Other cranial neuralgia or other centrally mediated facial pain (8A85)

Combined hyperactive dysfunction syndrome of the cranial nerves (8A85)

Supraorbital neuralgia (8A85)

Occipital neuralgia (8A85)

Postzoster glossopharyngeal neuralgia (1E91.5)

Postzoster trigeminal neuralgia (1E91.5)

MG30.63 Headache or orofacial pain associated with chronic secondary temporomandibular disorders

Chronic secondary temporomandibular disorder pain is chronic pain in the temporomandibular joint(s) or masseter or temporalis muscle(s) associated with persistent inflammation (due to e.g. infection, crystal deposition or autoimmune disorders), structural changes (such as osteoarthritis or spondylosis), injury, or diseases of the nervous system It occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours. If the etiology is vague, consider using codes in the section of chronic primary pain.

Coding Note: Code also the causing condition

MG30.64 Chronic headache or orofacial pain associated with disorders of homoeostasis or their nonpharmacological treatment

Chronic headache or orofacial pain associated with disorders of homeostasis or their nonpharmacological treatment is caused by disorders of homoeostasis or the nonpharmacological treatment thereof, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.65 Chronic headache or orofacial pain associated with cranial or cervical vascular disorder

Chronic headache or orofacial pain associated with cranial or cervical vascular disorder is caused by vascular cervical or cranial disorders, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.66 Chronic headache or orofacial pain associated with non-vascular intracranial disorder

Chronic headache or orofacial pain associated with non-vascular intracranial disorder is caused by non-vascular intracranial disorders, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.67 Chronic headache associated with a substance or its withdrawal

Chronic headache associated with a substance or its withdrawal is caused by use of, exposure to or withdrawal from a substance, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

Exclusions: Medication-overuse headache (8A84)

MG30.6Y Other specified chronic secondary headache or orofacial pain

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.6Z Chronic secondary headache or orofacial pain, unspecified

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.Y **Other specified chronic pain**

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG30.Z **Chronic pain, unspecified**

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG31 **Acute pain**

Pain with a duration of less than 3 months.

This code should be used only when there is no further specification of site.

MG31.0 **Acute pain in the face, not elsewhere classified**

MG31.1 **Acute headache, not elsewhere classified**

MG31.2 **Acute postoperative pain, not elsewhere classified**

Pain at the intervention site or caused by an intervention.

MG31.Y **Other specified acute pain**

MG31.Z **Acute pain, unspecified**

MG3Z **Pain, unspecified**

MG40 **Shock**

Shock is a life-threatening medical condition that occurs due to inadequate substrate for aerobic cellular respiration. In the early stages this is generally an inadequate tissue level of oxygen. Shock, not elsewhere classified is a shock that isn't classified elsewhere.

Exclusions: Traumatic shock, not elsewhere classified (NF0A.4)

Toxic shock syndrome (1C45)

lightening shock (NF08.0)

electric shock (NF08.4)

Psychic shock (QE84)

Anaphylactic shock NOS (4A84)

Anaphylaxis due to allergic reaction to food (4A84.0)

anaphylactic shock due to serum (NE80.3)

Coded Elsewhere: Sepsis with septic shock (1G41)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

Shock during or following labour or delivery (JB0D.1)

MG40.0 Cardiogenic shock

Exclusions: Cardiogenic shock, unrelated to mechanical complications, as current complication following acute myocardial infarction (BA60.9)

MG40.1 Hypovolaemic shock

Exclusions: traumatic hypovolemic shock (NF0A.4)

MG40.Y Other specified shock

MG40.Z Shock, unspecified

MG41 **Sleep disturbance, not elsewhere classified**

Exclusions: Sleep-wake disorders (Chapter 07)

MG42 **Somnolence, not elsewhere classified**

Inclusions: Drowsiness

Exclusions: Sleep-wake disorders (Chapter 07)

MG43 **Symptoms and signs concerning food and fluid intake**

Symptoms and signs concerning food and fluid intake include anorexia, polydipsia, polyphagia, feeding difficulties and mismanagement, abnormal weight loss, abnormal weight gain, insufficient intake of food and water due to self neglect and other symptoms and signs concerning food and fluid intake.

Exclusions: Feeding or eating disorders (6B80-6B8Z)

malnutrition (5B50-5B7Z)

MG43.0 **Polydipsia**

Inclusions: Excessive thirst

MG43.1 **Overeating**

The consumption of excess food in relation to energy and nutritional requirements.

Inclusions: Excessive eating

Exclusions: Bipolar or related disorders (6A60-6A6Z)

Depressive disorders (6A70-6A7Z)

Feeding or eating disorders (6B80-6B8Z)

MG43.2 **Abulia**

Abulia is state of poverty of behaviour and speech output, lack of initiative, loss of emotional responses, psychomotor slowing, and prolonged speech latency.

MG43.3 **Feeding difficulties**

Exclusions: Feeding problems of newborn (KD32)

Feeding or eating disorders (6B80-6B8Z)

Anorexia Nervosa (6B80)

Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Cyclic vomiting syndrome (8A80.4)

MG43.30 Feeding problem of infant

Exclusions: Feeding problems of newborn (KD32)

Avoidant-restrictive food intake disorder (6B83)

MG43.31 Feeding problem of child

Exclusions: Feeding or eating disorders (6B80-6B8Z)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Binge eating disorder (6B82)

Bulimia Nervosa (6B81)

Cyclic vomiting syndrome in children (DD93)

MG43.32 Feeding problem of adult

Exclusions: Anorexia Nervosa (6B80)
Bulimia Nervosa (6B81)
Binge eating disorder (6B82)
Avoidant-restrictive food intake disorder (6B83)
Pica (6B84)
Rumination-regurgitation disorder (6B85)
Feeding or eating disorders (6B80-6B8Z)
Cyclic vomiting syndrome (8A80.4)

MG43.3Z Feeding difficulties, unspecified

MG43.4 **Insufficient intake of food and water due to self neglect**

Exclusions: starvation due to privation of food (PD27)
thirst due to privation of water (PD28)
Anorexia Nervosa (6B80)
Avoidant-restrictive food intake disorder (6B83)
Bulimia Nervosa (6B81)
Feeding or eating disorders (6B80-6B8Z)

MG43.40 Refusal of food, not elsewhere classified

Exclusions: Intentional self-harm by lack of food (PD27)
Anorexia (MG43.7)

MG43.41 Refusal of fluid, not elsewhere classified

Exclusions: Intentional self-harm by lack of water (PD28)
Dehydration (5C70.0)

MG43.4Y Other specified insufficient intake of food and water due to self neglect

MG43.4Z Insufficient intake of food and water due to self neglect, unspecified

MG43.5 **Excessive weight loss**

A reduction of total body mass, due to loss of fluid, body fat or adipose tissue, or lean (muscle) mass that is sufficient in quantity or rate to create risk to the individual's health.

MG43.6 **Excessive weight gain**

An increase in total body mass, due to increase in fluid, fat or adipose tissue, or lean (muscle) mass that is outside the expected range for normal growth and development and is sufficient in quantity or rate to create risk to the individual's health.

Exclusions: Obesity (5B81)

Coded Elsewhere: Excessive weight gain in pregnancy (JA65.2)

MG43.7 **Anorexia**

Anorexia is a pathological lack or loss of appetite.

Inclusions: Loss of appetite

Exclusions: loss of appetite of nonorganic origin (6B80-6B8Z)

anorexia nervosa (6B80)

Decreased appetite (MG43.8)

MG43.8 **Decreased appetite**

Intermittent or persistent decreased motivation or desire to eat food as compared to what is typical for the individual.

MG43.9 **Increased appetite**

Intermittent or persistent increased motivation or desire to eat food as compared to what is typical for the individual.

MG43.Y **Other specified symptoms and signs concerning food and fluid intake**

MG44 Symptoms peculiar to infancy

MG44.0 **Excessive crying of infant**

Inclusions: Irritable infant

Exclusions: neonatal cerebral irritability (KB03)

MG44.1 **Lack of expected normal physiological development**

Lack of expected normal physiological development includes delayed milestone of development and other lack of expected normal physiological development including gross and fine motor development, language, social milestones.

Exclusions: Delayed puberty (5A91)

Disorders of intellectual development (6A00)

MG44.10 Delayed milestone

Inclusions: Delayed attainment of expected physiological developmental stage

MG44.11 Failure to thrive in infant or child

When an infant or child's current weight or rate of weight gain is significantly below that of other children of similar age and gender.

Exclusions: Failure to thrive in newborn (KD32.4)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Cachexia (MG20)

MG44.12 Short stature of child

Short stature is when a child is significantly shorter than children of the same age and gender

Exclusions: Short stature due to growth hormone resistance (5A61.0)

Short stature, not elsewhere classified (5B11)

MG44.13 Constitutional delay of growth and puberty

Delayed development concerning maturation of bones and their growth at prepubertal and pubertal ages of children. Occurs with or without short stature below the third percentile of body height. Height velocity is usually temporarily below the mean. Bone age is always delayed. Puberty starts late, but spontaneously. Other causes of delayed growth (with or without short stature below the third percentile of body height) or of delayed puberty must be excluded.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.14 Familial short stature

Short stature of a child or adolescent (below 3rd percentile) with one or both parents with an adult height below 3rd percentile. Combination with constitutional delay of growth and puberty may occur.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.1Y Other specified lack of expected normal physiological development

MG44.1Z Lack of expected normal physiological development, unspecified

MG44.Y Other specified symptoms peculiar to infancy

MG44.Z Symptoms peculiar to infancy, unspecified

MG45 **Syncope and collapse**

Syncope is also called fainting, temporary loss of consciousness. Syncope and collapse is temporary loss of consciousness with a fall down.

Inclusions: Fainting

Blackout

Exclusions: Heat syncope (NF01.1)

carotid sinus syncope (8D88)

Shock during or following labour or delivery (JB0D.1)

unconsciousness NOS (MB20.1)

Cardiogenic shock (MG40.0)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

shock: NOS (MG40)

Orthostatic hypotension (BA21)

neurogenic orthostatic hypotension (8D87.0)

Coded Elsewhere: Reflex syncope (8D89.0)

Syncope due to autonomic failure (8D89.1)

MG45.0 Cardiac syncope

MG45.Y Other specified syncope and collapse

MG45.Z Syncope and collapse, unspecified

MG46 **Systemic inflammatory response syndrome of noninfectious origin**

Coding Note: Code also the underlying condition.

Exclusions: Systemic inflammatory response syndrome of infectious origin (Chapter 01)

MG47 **Toxicosis not further specified**

Exclusions: Harmful effects of substances (NE60-NE6Z)

MG48 **Unknown and unspecified causes of morbidity**

Inclusions: Undiagnosed disease, not specified as to the site or system involved

MG49 **Hangover**

Exclusions: Alcohol withdrawal (6C40.4)

MG4A **Multi organ failure**

Failure of function of more than one organ or organ system, not otherwise specified

Coding Note: Code also the causing condition

MG4Y **Other specified general symptoms**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50 Finding of gram negative bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0 Antibiotic resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.00 Tetracycline resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.01 Aminoglycoside resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.02 Carbapenem resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.03 Polymyxin resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Y Acinetobacter resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Z Acinetobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1 **Antibiotic resistant Campylobacter**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.10 Fluoroquinolone resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Y Other specified antibiotic resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Z Campylobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2 **Antibiotic resistant Escherichia coli**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.20 Sulfonamide or trimethoprim resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.21 Fluoroquinolone resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.22 Third generation cephalosporin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.23 Fourth-generation cephalosporins resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.24 Carbapenem resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.25 Polymyxin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.26 Penicillin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.27 Extended spectrum beta-lactamase producing Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2Y Escherichia coli resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.2Z Escherichia coli resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3 **Antibiotic resistant Haemophilus influenzae**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.30 Ampicillin resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.3Y Other specified antibiotic resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3Z Antibiotic resistant Haemophilus influenzae, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.4 Antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.40 Clarithromycin resistant Helicobacter pylori

MG50.4Y Other specified antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.4Z Antibiotic resistant Helicobacter pylori, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5 Antibiotic resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.50 Sulfonamide or trimethoprim resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.51 Fluoroquinolone resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.52 Third-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.53 Fourth-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.54 Carbapenem resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.55 Polymyxin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.56 Extended-spectrum beta-lactamase producing Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5Y Klebsiella pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.5Z Klebsiella pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6 **Antibiotic resistant Neisseria gonorrhoeae**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.60 Third generation cephalosporin resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.61 Macrolide resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.62 Aminocyclitol resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.63 Fluoroquinolone resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.64 Aminoglycoside resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.6Y Neisseria gonorrhoeae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6Z Neisseria gonorrhoeae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7 **Antibiotic resistant Neisseria meningitidis**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.70 Penicillin resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.7Y Other specified antibiotic resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7Z Antibiotic resistant Neisseria meningitidis, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8 **Antibiotic resistant Pseudomonas aeruginosa**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.80 Carbapenem-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.81 Polymyxin-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.8Y Pseudomonas aeruginosa resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8Z Pseudomonas aeruginosa resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9 **Antibiotic resistant Salmonella**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.90 Fluoroquinolone resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.91 Third generation cephalosporin resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.92 Carbapenem resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.9Y Salmonella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9Z Salmonella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A **Antibiotic resistant Shigella**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A0 Carbapenem resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A1 Fluoroquinolone resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A2 Third-generation cephalosporins resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A3 Macrolides resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.AY Shigella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.AZ Shigella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B **Antibiotic resistant Vibrio**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B0 Fluoroquinolone resistant Vibrio

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.BY Vibrio resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.BZ Vibrio resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C **Other antibiotic resistant Enterobacterales**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C0 Other carbapenem resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.C1 Other third-generation cephalosporin resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.CY Other specified other antibiotic resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.CZ Other antibiotic resistant Enterobacterales, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.Y **Other specified finding of gram negative bacteria resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.Z **Finding of gram negative bacteria resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51 Finding of gram positive bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0 **Antibiotic resistant Staphylococcus aureus**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.00 Methicillin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.01 Vancomycin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.02 Penicillinase-stable beta lactams resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0Y Other specified antibiotic resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.0Z Antibiotic resistant Staphylococcus aureus, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1 **Antibiotic resistant Streptococcus pneumoniae**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.10 Penicillin resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.11 Sulfonamide and trimethoprim resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.12 Third-generation cephalosporins resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.1Y Streptococcus pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1Z Streptococcus pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2 **Antibiotic resistant Enterococcus**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.20 Vancomycin resistant Enterococcus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.2Y Enterococcus resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2Z Enteroccus resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.Y **Other specified finding of gram positive bacteria resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.Z **Finding of gram positive bacteria resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52 Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0 **Antibiotic resistant Mycobacterium**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.00 Multi-drug resistant Mycobacterium tuberculosis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.01 Antibiotic resistant non-tuberculous Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.02 Extensively drug-resistant mycobacterium tuberculosis

Extensively drug-resistant tuberculous mycobacteria, are resistant to at least four of the core anti-TB drugs. XDR-TB mycobacteria are resistant to the two most powerful anti-TB drugs, isoniazid and rifampicin, also known as multidrug-resistance, in addition to resistance to any of the fluoroquinolones (such as levofloxacin or moxifloxacin) and to at least one of the three injectable second-line drugs (amikacin, capreomycin or kanamycin).

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0Y Other specified antibiotic resistant Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.0Z Antibiotic resistant Mycobacterium, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.Y **Other specified finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.Z **Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53 Finding of virus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.0 **Antiretroviral therapy resistant Human immunodeficiency virus**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Y **Other specified finding of virus resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Z **Finding of virus resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG54 Finding of fungus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55 Finding of parasite resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.0 **Artemisinin resistant Plasmodium falciparum**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Y **Other specified finding of parasite resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Z **Finding of parasite resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG56 **Finding of microorganism resistant to other multiple antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Y **Finding of other microorganism resistant to antimicrobial drugs**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Z **Finding of microorganism resistant to antimicrobial drugs, unspecified**

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

Clinical findings in specimens from other specified organs, systems and tissues (MG60-MG6Y)

Coded Elsewhere: Meconium staining (KD38)

MG60 **Abnormal level of enzymes in specimens from other organs, systems and tissues**

MG61 **Abnormal level of hormones in specimens from other organs, systems and tissues**

MG62 **Abnormal level of drugs, medicaments and biological substances in specimens from other organs, systems and tissues**

MG63 **Abnormal level of substances chiefly nonmedicinal as to source in specimens from other organs, systems and tissues**

MG64 **Abnormal immunological findings in specimens from other organs, systems and tissues**

MG65 **Abnormal microbiological findings in specimens from other organs, systems and tissues**

MG66 **Abnormal cytological findings in specimens from other organs, systems and tissues**

MG67 **Abnormal histological findings in specimens from other organs, systems and tissues**

MG6Y **Other specified clinical findings in specimens from other specified organs, systems and tissues**

Abnormal results, not elsewhere classified (MG70-MG7Z)

MG70 **Abnormal diagnostic imaging results not elsewhere classified**

MG71 **Abnormal laboratory results, not elsewhere classified**

MG71.0 Abnormal findings on neonatal screening

MG71.Y Other specified abnormal laboratory results, not elsewhere classified

MG71.Z Abnormal laboratory results, not elsewhere classified, unspecified

MG72 **Abnormal results of function studies of other organs and systems**

MG7Y **Other specified abnormal results, not elsewhere classified**

MG7Z **Abnormal results, not elsewhere classified, unspecified**

MG9Y **Other specified general symptoms, signs or clinical findings**

Ill-defined and unknown causes of mortality (MH10-MH15)

Exclusions: Fetal death, cause not specified (KD3B)

Obstetric death of unspecified cause (JB60)

MH10 **Brain death**

Persistent apnoeic coma due to irreversible cessation brainstem, cerebellar and cortical activity as seen clinically by no eye opening or eye movement to noxious stimuli, no motor and verbal response, no brain stem and spinal reflexes corneal, cough, vestibuloocular and respiratory, and no cerebral electrical activity as seen by EEG, no cerebral blood flow as seen by cerebral angiogram (conventional, MR, CT, Doppler) and no metabolic activity evidenced by SPECT or PET lasting for more than 24 hours due to irreversible diffuse lesion of the brain not due to hypothermia, sedative drug, neuromuscular blocker overdose or metabolic abnormality without evidence of peripheral circulatory shock.

MH11 **Sudden infant death syndrome**

Sudden infant death syndrome is the abrupt and unexplained death of an apparently healthy infant under one year of age, remaining unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Exclusions: Fetal death, cause not specified (KD3B)

MH11.0 Sudden infant death syndrome with mention of autopsy

MH11.1 Sudden infant death syndrome without autopsy

MH11.Z Sudden infant death syndrome, unspecified

MH12 **Other sudden death, cause unknown**

Exclusions: Sudden infant death syndrome (MH11)

MH12.0 Instantaneous death

Inclusions: Sudden unexplained death in adult

MH12.1 **Death occurring less than 24 hours from onset of symptoms, not otherwise explained**

Inclusions: Death known not to be violent or instantaneous for which no cause can be discovered

Death without sign of disease

MH12.Y **Other specified sudden death, cause unknown**

MH13 **Unattended death**

Inclusions: Found dead

MH14 **Other ill-defined and unspecified causes of mortality**

Inclusions: Unknown cause of mortality

MH15 **Sudden unexpected death in epilepsy**

Sudden unexpected death in epilepsy (SUDEP) is a category of death in people with epilepsy that occurs under benign circumstances and in the absence of known structural causes of death (i.e. not due to drowning, injury, intoxication and other internal or external factors). Evidence of a preceding seizure may be present or not. A “definite SUDEP” is confirmed if a postmortem examination does not reveal an alternative cause of death. If such examination lacks, but potentially lethal alternative causes are excluded and all other criteria are met, the death is labelled as “probable SUDEP”. The term “possible SUDEP” is used in cases with competing causes of death or when data are insufficient to reasonably allow their classification. The term “SUDEP plus” applies when a patient also suffered from other diseases that may have contributed to the death, but there are no clues that the alternative condition has truly caused it. Cases in which cardiopulmonary resuscitation prevented the death are called “near-SUDEP”.

MH2Y **Other specified symptoms, signs or clinical findings, not elsewhere classified**

CHAPTER 22

Injury, poisoning or certain other consequences of external causes

This chapter has 236 four-character categories.

Code range starts with NA00

In the ICD, injury means physical or physiological bodily harm resulting from interaction of the body with energy (mechanical, thermal, electrical, chemical or radiant, or due to extreme pressure) in an amount, or at a rate of transfer, that exceeds physical or physiological tolerance. Injury can also result from lack of vital elements, such as oxygen. Poisoning by and toxic effects of substances are included, as is damage of or due to implanted devices.

Injury usually has rapid onset in response to a well-defined event (e.g. a car crash, striking the ground after falling, drinking a strongly alkaline liquid, an overdose of a medication, a burn sustained during a surgical procedure). These events are often referred to as external causes of injury. The injurious energy can, however, originate from the injured person and/or from his or her immediate environment (e.g. a person running on a hot day sustains heat exhaustion), and injury can be caused by the injured person (i.e. intentional self-harm).

Injury includes manifestations that are evident immediately after onset, which may persist or not, and manifestations that first become evident at a later date.

Exclusions: Stress fracture, not elsewhere classified (FB80.A)

Pathological fracture (FB80.B)

Certain specified obstetric trauma (JB0A)

Malunion of fracture (FB80.7)

Birth injury (KA40-KA4Z)

Nonunion of fracture (FB80.8)

This chapter contains the following top level blocks:

- Injuries to the head
- Injuries to the neck
- Injuries to the thorax
- Injuries to the abdomen, lower back, lumbar spine or pelvis
- Injuries to the shoulder or upper arm
- Injuries to the elbow or forearm
- Injuries to the wrist or hand
- Injuries to the hip or thigh
- Injuries to the knee or lower leg
- Injuries to the ankle or foot
- Injuries involving multiple body regions

- Injuries to unspecified part of trunk, limb or body region
- Effects of foreign body entering through natural orifice
- Burns
- Frostbite
- Harmful effects of substances
- Injury or harm arising from surgical or medical care, not elsewhere classified
- Other or unspecified effects of external causes

Injuries to the head (NA00-NA0Z)

Coding Note: This Block includes the following:

• injuries of face [any part]

• injuries of gum

• injuries of jaw

• injuries of oral cavity

• injuries of palate

• injuries of periocular area

• injuries of scalp

• injuries of temporomandibular joint area

• injuries of tongue

• injuries of tooth

Exclusions: Foreign body in ear (ND71)

Foreign body in mouth (ND73.0)

Foreign body in larynx (ND72.3)

Foreign body in pharynx (ND72.2)

Foreign body in nostril (ND72.1)

Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

Foreign body on external eye (ND70)

Coded Elsewhere: Epilepsy due to injuries to the head (8A60.5)

Birth injury to face (KA43.3)

NA00 **Superficial injury of head**

Damage inflicted on the surface or shallow tissues of the head as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injury of eye or orbit (NA06)

cerebral contusion (diffuse) focal (NA07.4)

NA00.0 Superficial injury of scalp

Coded Elsewhere: Birth injury to scalp (KA42)

NA00.00 Abrasion of scalp

NA00.01 Contusion of scalp

Coded Elsewhere: Bruising of scalp due to birth injury (KA42.0)

NA00.02 Superficial foreign body in scalp

NA00.0Y Other specified superficial injury of scalp

NA00.0Z Superficial injury of scalp, type unspecified

NA00.1 Superficial injury of eyelid or periocular area

NA00.10 Abrasion of eyelid or periocular area

NA00.11 Contusion of eyelid or periocular area

Inclusions: black eye

Exclusions: Contusion of eyeball or orbital tissues (NA06.9)

NA00.1Y Other specified superficial injury of eyelid or periocular area

NA00.1Z Superficial injury of eyelid or periocular area, unspecified

NA00.2 Superficial injury of ear

Damage inflicted on the surface or shallow tissues of the ear as the direct or indirect result of an external force, with or without disruption of structural continuity.

NA00.3 Superficial injury of nose

NA00.4 Superficial injury of lip or oral cavity

NA00.5 Multiple superficial injuries of head

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA00.6 Abrasion of other or unspecified sites of head

NA00.7 Contusion of other or unspecified sites of head

NA00.Y Superficial injury of other specified part of head

NA00.Z Superficial injury of unspecified part of head

NA01 Open wound of head

Exclusions: Decapitation (NA63)

Traumatic amputation of part of head (NA09)

Injury of eye or orbit (NA06)

Coded Elsewhere: Open wound of eyelid or periocular area (NA06.04)

NA01.2 Laceration without foreign body of head

Inclusions: laceration of skin of head

NA01.3 **Laceration with foreign body of head**

NA01.4 **Puncture wound without foreign body of head**

NA01.5 **Puncture wound with foreign body of head**

NA01.6 **Open bite of head**

NA01.7 **Multiple open wounds of head**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA01.Y **Other specified open wound of head**

NA01.Z **Open wound of head, unspecified**

NA02 Fracture of skull or facial bones

Coded Elsewhere: Fracture of skull due to birth injury (KA45.0)

Birth injury to facial bones (KA45.2)

NA02.0 **Fracture of vault of skull**

NA02.00 Fracture of squama of frontal bone of skull

NA02.01 Fracture of parietal bone of skull

NA02.02 Fracture of squama of temporal bone of skull

NA02.03 Fracture of squama of occipital bone of skull

NA02.1 **Fracture of base of skull**

Fractures which extend through the base of the skull, usually involving the petrous bone.

Exclusions: Fracture of orbital floor (NA02.21)

fracture of orbit NOS (NA02.2)

NA02.10 Fracture of anterior fossa of base of skull

NA02.11 Fracture of middle fossa of base of skull

NA02.12 Fracture of posterior fossa of base of skull

NA02.13 Fracture of sinus of ethmoid bone of skull

NA02.14 Fracture of frontal sinus of skull

NA02.15 Fracture of sphenoid bone of skull

NA02.16 Fracture of occipital condyle of skull, type I

NA02.17 Fracture of occipital condyle of skull, type II

NA02.18 Fracture of occipital condyle of skull, type III

NA02.19 Fracture of other part of occipital bone of skull

NA02.1A Other fractures of base of skull

NA02.1Z Fracture of base of skull, unspecified

NA02.2 **Orbital fracture**

NA02.20 Fracture of orbital roof

NA02.21 Fracture of orbital floor

Exclusions: Fracture of orbital roof (NA02.20)

NA02.2Y Other specified orbital fracture

NA02.2Z Orbital fracture, unspecified

NA02.3 **Fracture of nasal bones**

Coded Elsewhere: Nasal bone fracture due to birth injury (KA45.21)

NA02.4 **Fracture of maxilla**

NA02.40 Le Fort fracture type I

NA02.41 Le Fort fracture type II

NA02.42 Le Fort fracture type III

NA02.4Y Other specified fracture of maxilla

NA02.4Z Fracture of maxilla, unspecified

NA02.5 **Fracture of zygoma**

Inclusions: Fracture of malar

NA02.7 **Fracture of mandible**

Fracture of the largest and strongest bone of the face constituting the lower jaw.

Coded Elsewhere: Mandibular bone fracture due to birth injury (KA45.20)

NA02.70 Fracture of condylar process of mandible

Condylar process fractures are defined as fractures running above or posterior to a line confined by the sigmoid notch line and the masseteric notch line. The mandibular condylar process comprises three fracture levels and is subdivided into the head region, the condylar neck, and the condylar base. Fractures of the condylar head show typical fracture lines either within the lateral pole zone, which may lead to loss of vertical height, or medially to the pole zone, with the latter ones usually not compromising the vertical condyle to disc and fossa relation. Fractures of the condylar neck and base can be differentiated according to radiologically based rules with regard to the proportion of the fracture line above and below the level of the sigmoid notch, and are basically subdivided according to the presence or absence of displacement or dislocation. Further parameters for definition are presence or absence of fragmentation, sideward displacement (medially or laterally), angulation of the superior main fragment and fracture-site geometry (e.g. straight or oblique, interfragmentary interdigitation)

Exclusions: Fracture of ramus of mandible (NA02.73)

Fracture of subcondylar process of mandible (NA02.71)

NA02.71 Fracture of subcondylar process of mandible

NA02.72 Fracture of coronoid process of mandible

NA02.73 Fracture of ramus of mandible

NA02.74 Fracture of angle of mandible

NA02.75 Fracture of alveolar margin of mandible

NA02.76 Fracture of symphysis of mandible

NA02.7Y Other specified fracture of mandible

NA02.7Z Fracture of mandible, unspecified

NA02.8 Multiple fractures involving skull or facial bones

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA02.Y Fracture of other specified skull or facial bones

NA02.Z Fracture of skull and facial bones, part unspecified

NA03 Dislocation or strain or sprain of joints or ligaments of head

NA03.0 Dislocation of jaw

Displacement of the mandible, the largest and strongest bone of the face constituting the lower jaw. Dislocation of the temporomandibular joint is a painful condition that occurs when the mandibular condyle becomes fixed in the anterosuperior aspect of the articular eminence.

TMJ dislocation is due to either trauma or, more commonly, excessive opening of the mandible. Spasm of the masseter, temporalis, and internal pterygoid muscles results in trismus, preventing return of the condyle to the temporal fossa.

Exclusions: disc displacement (internal derangement of the TMJ) (DA0E.8)

NA03.1 **Dislocation of septal cartilage of nose**

NA03.3 **Strain or sprain of jaw**

A collective term for muscle and ligament injuries of the tissues associated with the mandible without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NA03.Y **Dislocation or sprain of other specified joints or ligaments of head**

NA03.Z **Dislocation or strain or sprain of joints or ligaments of head, unspecified**

NA04 Injury of cranial nerves

Coded Elsewhere: Birth injury to cranial nerves (KA44.0)

NA04.0 **Injury of olfactory nerve**

NA04.1 **Injury of optic nerve or pathways**

NA04.10 Injury of optic nerve, unilateral

Coded Elsewhere: Traumatic optic neuropathy (9C40.7)

NA04.11 Injury of optic nerve, bilateral

Coded Elsewhere: Traumatic optic neuropathy (9C40.7)

NA04.12 Injury of optic chiasm

NA04.13 Injury of optic tract or pathways, unilateral

NA04.14 Injury of optic tract or pathways, bilateral

NA04.15 Injury of visual cortex, unilateral

NA04.16 Injury of visual cortex, bilateral

NA04.1Y Other specified injury of optic nerve or pathways

NA04.1Z Injury of optic nerve or pathways, unspecified

NA04.2 **Injury of oculomotor nerve**

NA04.3 **Injury of trochlear nerve**

NA04.4 **Injury of trigeminal nerve**

NA04.5 **Injury of abducent nerve**

NA04.6 **Injury of facial nerve**

Coded Elsewhere: Birth injury to facial nerve (KA44.00)

NA04.7 **Injury of acoustic nerve**

NA04.8 **Injury of glossopharyngeal nerve**

NA04.9 **Injury of vagus nerve**

NA04.A **Injury of accessory nerve**

NA04.B **Injury of hypoglossal nerve**

NA04.Z **Injury of cranial nerves, unspecified**

NA05 Injury of blood vessels of head

NA05.0 **Injury of intracranial vessels of head**

NA05.1 **Injury of extracranial vessels of head**

NA05.Z **Injury of blood vessels of head, unspecified**

NA06 Injury of eye or orbit

Exclusions: Orbital fracture (NA02.2)
Injury of optic nerve, unilateral (NA04.10)
Injury of oculomotor nerve (NA04.2)
superficial injury of eyelid (NA00.1)

Coded Elsewhere: Birth injury to eye (KA41)

NA06.0 **Eyelid trauma**

Coded Elsewhere: Contusion of eyelid or periocular area (NA00.11)
Chemical burn of eyelid and periocular area (NE00)

NA06.00 Eyelid Avulsion

This an injury in which a body structure is forcibly detached from its normal point of insertion by either trauma or surgery. The term most commonly refers to a surface trauma where all layers of the skin have been torn away, exposing the underlying structures (i.e.—subcutaneous tissue, muscle, tendons, or bone). This is similar to an abrasion but more severe, where the eyelid can be partially or fully detached from the body.

NA06.01 Haematoma of eyelid

NA06.02 Oedema of eyelid

NA06.03 Retained foreign body in eyelid

NA06.04 Open wound of eyelid or periocular area

NA06.0Y Other specified eyelid trauma

NA06.0Z Eyelid trauma, unspecified

NA06.1 **Penetrating wound of orbit with or without foreign body**

Exclusions: Retained foreign body following penetrating wound of orbit (NA06.2)

NA06.2 **Retained foreign body following penetrating wound of orbit**

Exclusions: Penetrating wound of orbit with or without foreign body (NA06.1)

Traumatic injury to eyeball (NA06.8)

NA06.3 **Traumatic orbital haemorrhage**

This is the loss of blood or blood escaping from the circulatory system, of the cavity or socket of the skull in which the eye and its appendages are situated.

NA06.4 **Injury of conjunctiva or corneal abrasion without mention of foreign body**

Exclusions: Foreign body in cornea (ND70.0)

Foreign body in conjunctival sac (ND70.1)

NA06.5 **Trauma to the iris sphincter**

This refers to trauma to the muscle in the part of the eye called the iris. It encircles the pupil of the iris, appropriate to its function as a constrictor of the pupil.

NA06.6 **Traumatic injuries of the retina**

This refers to traumatic injuries of the light-sensitive layer of tissue, lining the inner surface of the eye. The optics of the eye create an image of the visual world on the retina, which serves much the same function as the film in a camera.

NA06.60 Traumatic macular hole

Exclusions: Non-traumatic macular hole (9B75.1)

NA06.61 Choroidal rupture

NA06.62 Commotio Retina

NA06.63 Optic nerve avulsion

NA06.6Y Other specified traumatic injuries of the retina

NA06.6Z Traumatic injuries of the retina, unspecified

NA06.7 **Traumatic retinal haemorrhage**

NA06.8 **Traumatic injury to eyeball**

Coded Elsewhere: Chemical burn with resulting rupture or destruction of eyeball (NE00)

NA06.80 Retained intraocular magnetic foreign body, unilateral

Inclusions: old magnetic foreign body in eyeball

NA06.81 Retained intraocular nonmagnetic foreign body, unilateral

NA06.82 Closed eyeball trauma, unilateral

NA06.83 Closed eyeball trauma, bilateral

NA06.84 Penetrating wound of eyeball without foreign body, unilateral

NA06.85 Avulsion of eye, unilateral

Inclusions: Traumatic enucleation

NA06.86 Avulsion of eye, bilateral

NA06.87 Ocular laceration or rupture with prolapse or loss of intraocular tissue, unilateral

Forcible or traumatic tearing or breaking of the eyeball with protrusion or loss of the tissues and fluids located within the eyeball.

NA06.88 Ocular laceration or rupture with prolapse or loss of intraocular tissue, bilateral

NA06.89 Penetrating injury of eyeball, bilateral

NA06.8A Perforating injury of eyeball, bilateral

NA06.8B Retained intraocular magnetic foreign body, bilateral

NA06.8C Retained intraocular nonmagnetic foreign body, bilateral

NA06.8D Ocular laceration without prolapse or loss of intraocular tissue, unilateral

NA06.8E Ocular laceration without prolapse or loss of intraocular tissue, bilateral

NA06.8Y Other specified traumatic injury to eyeball

NA06.8Z Traumatic injury to eyeball, unspecified

NA06.9 **Contusion of eyeball or orbital tissues**

Injuries to the eyeball and surrounding tissue resulting in haemorrhage, usually manifested in the skin.

Exclusions: black eye (NA00.11)

Contusion of eyelid or periocular area (NA00.11)

NA06.A **Injury of lens**

NA06.Y **Other specified injury of eye or orbit**

NA06.Z **Injury of eye or orbit, unspecified**

NA07 **Intracranial injury**

Damage inflicted on the tissues of the brain as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Intracranial laceration or haemorrhage due to birth injury (KA40.0)

Epilepsy due to injuries to the head (8A60.5)

NA07.0 **Concussion**

Loss or diminution of consciousness due to injury.

Coding Note: Code also the causing condition

Inclusions: Commotio cerebri

NA07.00 Incomplete loss of consciousness with amnesia

NA07.01 Incomplete loss of consciousness without amnesia

NA07.02 Loss of consciousness, short duration of less than 30 minutes

NA07.03 Loss of consciousness, short duration of 30 minutes to less than one hour

NA07.04 Loss of consciousness, short duration of one hour to less than 6 hours

NA07.05 Loss of consciousness, intermediate duration of 6 hours to less than 24 hours

NA07.06 Loss of consciousness, persisting longer than 24 hours or until discharge or latest assessment

NA07.07 Loss of consciousness, persisting until death

NA07.08 Loss of consciousness, duration unspecified or unknown due to effects of therapy

NA07.09 Loss of consciousness, duration unspecified or unknown due to lack of information

NA07.0Y Other specified concussion

Coding Note: Code also the causing condition

NA07.1 **Traumatic intracerebral haemorrhage**

Inclusions: traumatic intracerebral haematoma

NA07.2 **Traumatic cerebral oedema**

Coded Elsewhere: Cerebral oedema due to birth injury (KA40.1)

NA07.20 Diffuse traumatic oedema

NA07.21 Focal traumatic oedema

NA07.2Y Other specified traumatic cerebral oedema

NA07.2Z Traumatic cerebral oedema, unspecified

NA07.3 **Diffuse brain injury**

Coded Elsewhere: Cerebral contusion due to birth injury (KA40.07)

NA07.30 Diffuse injury of cerebrum

NA07.31 Diffuse injury of cerebellum

Coded Elsewhere: Cerebellar contusion due to birth injury (KA40.06)

NA07.32 Diffuse injury of brainstem

Coded Elsewhere: Birth injury to brainstem (KA40.3)

NA07.33 Diffuse injury of multiple parts of brain

NA07.3Y Other specified diffuse brain injury

NA07.3Z Unspecified diffuse traumatic brain injury

NA07.4 **Focal brain injury**

NA07.40 Focal non-haemorrhagic contusion of cerebrum

NA07.41 Focal haemorrhagic contusion of cerebrum

NA07.42 Focal laceration of cerebrum

NA07.43 Multiple focal injuries of cerebrum

NA07.44 Focal non-haemorrhagic contusion of cerebellum

NA07.45 Focal haematoma or haemorrhage of cerebellum

NA07.46 Focal laceration of cerebellum

NA07.47 Multiple focal injuries of cerebellum

NA07.48 Focal non-haemorrhagic contusion of brainstem

NA07.49 Focal haematoma or haemorrhage of brainstem

NA07.4A Contusion of temporal lobe

NA07.4B Focal laceration of brainstem

NA07.4C Focal brain contusion

NA07.4D Focal brain laceration

NA07.4E Contusion of parietal lobe

NA07.4F Contusion of occipital lobe

NA07.4Z Unspecified focal traumatic brain injury

NA07.5 **Traumatic epidural haemorrhage**

Coded Elsewhere: Extradural or epidural haemorrhage due to birth injury (KA40.08)

NA07.6 **Traumatic subdural haemorrhage**

Exclusions: Nontraumatic subdural haemorrhage (8B02)

Coded Elsewhere: Subdural haemorrhage due to birth injury (KA40.00)

NA07.7 **Traumatic subarachnoid haemorrhage**

Coded Elsewhere: Subarachnoid haemorrhage due to birth injury (KA40.04)

NA07.8 **Traumatic haemorrhage in brain tissue**

NA07.80 Traumatic haemorrhage in cerebrum white matter

NA07.81 Traumatic haemorrhage in thalamus or basal ganglia

NA07.82 Traumatic haemorrhage in cerebellum

NA07.83 Traumatic haemorrhage in brainstem

NA07.84 Traumatic haemorrhage in brainstem, primary

NA07.85 Traumatic haemorrhage in brainstem, secondary

NA07.86 Multiple traumatic haemorrhages

NA07.8Y Other specified traumatic haemorrhage in brain tissue

NA07.8Z Traumatic haemorrhage in brain tissue, unspecified

NA07.Y **Other specified intracranial injury**

NA07.Z **Intracranial injury, unspecified**

NA08 **Crushing injury of head**

Damage inflicted on the tissues of the head as the direct or indirect result of an crushing external force.

NA08.0 **Crushing injury of brain**

NA08.1 **Crushing injury of face**

NA08.2 **Crushing injury of skull**

Exclusions: with crushing injury of brain (NA08.0)

NA08.3 **Crushed scalp**

NA08.Y **Other specified crushing injury of head**

NA08.Z **Crushing injury of head, unspecified**

NA09 **Traumatic amputation of part of head**

Exclusions: Decapitation (NA63)

NA09.0 **Avulsion of scalp**

NA09.1 **Traumatic amputation of ear**

NA09.10 Traumatic amputation of ear, complete

NA09.11 Traumatic amputation of ear, partial

NA09.1Y Other specified traumatic amputation of ear

NA09.1Z Traumatic amputation of ear, unspecified

NA09.2 **Traumatic amputation of nose**

NA09.20 Traumatic amputation of nose, complete

NA09.21 Traumatic amputation of nose, partial

NA09.2Y Other specified traumatic amputation of nose

NA09.2Z Traumatic amputation of nose, unspecified

NA09.3 **Traumatic amputation of lip**

NA09.Y **Other specified traumatic amputation of part of head**

NA09.Z **Traumatic amputation of part of head, unspecified**

NA0A **Certain specified injuries of head**

Coded Elsewhere: Cephalohaematoma due to birth injury (KA42.1)
Decapitation (NA63)

NA0A.0 Complex wounds to the head

Exclusions: Decapitation (NA63)

NA0A.00 Complex wounds to the head with retained external material

NA0A.01 Complex wounds to the head with intracranial haemorrhage

NA0A.02 Complex wounds to the head with through and through perforation

NA0A.03 Complex wounds to the head with avulsive loss of part of skull and cranial contents

NA0A.0Y Other specified complex wounds to the head

NA0A.0Z Complex wounds to the head, unspecified

NA0A.1 Injury of muscle, fascia or tendon of head

NA0A.10 Strain or sprain of muscle, fascia or tendon of head

NA0A.11 Laceration of muscle, fascia or tendon of head

NA0A.1Y Other specified injury of muscle, fascia or tendon of head

NA0A.1Z Injury of muscle, fascia or tendon of head, unspecified

NA0A.2 Traumatic rupture of ear drum

NA0A.3 Multiple injuries of head

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA0A.Y Other specified injuries of head

NA0B **Injury of the auricle**

Exclusions: Haematoma of auricle (NA00.2)
Superficial injury of ear auricle (NA00.2)

NA0C **Injury of middle or inner ear**

NA0D **Injury of teeth or supporting structures**

Damage inflicted on the surface of the tooth as the direct or indirect result of an external force, with disruption of continuity of the tooth substance, and/or impairment of the tooth-supporting structures (periodontium).

Exclusions: Abfraction (DA08.13)

Dental caries (DA08.0)

Excessive attrition of teeth (DA08.10)

Abrasion of teeth (DA08.11)

Erosion of teeth (DA08.12)

Chronic dental injuries (DA08.2)

Nontraumatic fracture of tooth (DA08.3)

Certain specified disorders of teeth or supporting structures (DA0A)

NA0D.0 Injury of hard dental tissues and pulp

NA0D.00 Enamel infraction

An incomplete fracture (crack) of the enamel without loss of tooth substance.

NA0D.01 Enamel fracture

Uncomplicated crown fracture. A fracture with loss of tooth substance confined to the enamel.

NA0D.02 Enamel-dentin fracture

Uncomplicated crown fracture. A fracture with loss of tooth substance confined to enamel and dentin, but not involving the pulp.

NA0D.03 Complicated crown fracture

A fracture involving enamel and dentin, and exposing the pulp.

NA0D.04 Uncomplicated crown-root fracture

A fracture involving enamel, dentin and cementum, but not exposing the pulp.

NA0D.05 Complicated crown-root fracture

A fracture involving enamel, dentin and cementum, and exposing the pulp.

NA0D.06 Root fracture

A fracture involving dentin, cementum and the pulp.

NA0D.0Y Other specified injury of hard dental tissues and pulp

NA0D.0Z Injury of hard dental tissues and pulp, unspecified

NA0D.1 Injury of periodontal tissues

NA0D.10 Concussion of periodontal tissue

An injury to the tooth-supporting structures without abnormal loosening or displacement of the tooth. There is marked reaction to percussion.

NA0D.11 Subluxation of tooth

An injury to the tooth-supporting structures with abnormal loosening, but without displacement of the tooth.

NA0D.12 Extrusive luxation of tooth

Peripheral dislocation, partial avulsion. Partial displacement of the tooth out of its socket.

NA0D.13 Lateral luxation of tooth

Displacement of the tooth in a direction other than axially. This is accompanied by comminution or fracture of the alveolar socket.

NA0D.14 Intrusive luxation of tooth

Central dislocation. Displacement of the tooth into the alveolar bone. This injury is accompanied by comminution or fracture of the alveolar socket.

NA0D.15 Avulsion of tooth

Exarticulation. Complete displacement of the tooth out of its socket.

NA0D.1Y Other specified injury of periodontal tissues

NA0D.1Z Injury of periodontal tissues, unspecified

NA0D.Y **Other specified injury of teeth or supporting structures**

NA0D.Z **Injury of teeth or supporting structures, unspecified**

NA0Z Injuries to the head, unspecified

Coding Note: This Block includes the following:

- injuries of face [any part]
- injuries of gum
- injuries of jaw
- injuries of oral cavity
- injuries of palate
- injuries of periocular area
- injuries of scalp
- injuries of temporomandibular joint area
- injuries of tongue
- injuries of tooth

Injuries to the neck (NA20-NA6Z)

Coding Note: This Block includes the following:

- injuries of nape
- injuries of supraclavicular region
- injuries of throat

Exclusions: injury of spinal cord NOS (ND51)

Frostbite (NE40-NE4Z)

injury of trunk NOS (ND50-ND5Z)

fracture of spine NOS (ND50)

effects of foreign body in: larynx (ND72.3)

effects of foreign body in: oesophagus (ND73.1)

effects of foreign body in: pharynx (ND72.2)

effects of foreign body in: trachea (ND72.4)

burns and corrosions (ND90)

NA20 **Superficial injury of neck**

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NA20.0 Abrasion of throat

NA20.1 Contusion of throat

NA20.2 Other or unspecified superficial injuries of throat

NA20.3 Multiple superficial injuries of neck

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA20.Y Other specified superficial injury of neck

NA20.Z Superficial injury of neck, unspecified

NA21 **Open wound of neck**

Exclusions: Decapitation (NA63)

NA21.0 Laceration without foreign body of neck

Inclusions: laceration of skin of neck

NA21.1 Laceration with foreign body of neck

NA21.2 Puncture wound without foreign body of neck

NA21.3 Puncture wound with foreign body of neck

NA21.4 Open bite of neck

NA21.5 **Multiple open wounds of neck**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA21.Y **Other specified open wound of neck**

NA21.Z **Open wound of neck, unspecified**

NA22 Fracture of neck

Inclusions:
- fracture of cervical neural arch
- fracture of cervical spine
- fracture of cervical spinous process
- fracture of cervical transverse process
- fracture of cervical vertebra
- fracture of cervical vertebral arch

NA22.0 **Fracture of first cervical vertebra**

NA22.00 Fracture of first cervical vertebra, burst fracture

NA22.01 Fracture of posterior arch of first cervical vertebra

NA22.02 Fracture of lateral mass of first cervical vertebra

NA22.03 Other fracture of first cervical vertebra

NA22.0Z Fracture of first cervical vertebra, unspecified

NA22.1 **Fracture of second cervical vertebra**

NA22.10 Traumatic spondylolisthesis of second cervical vertebra, type III

NA22.11 Other traumatic spondylolisthesis of second cervical vertebra

NA22.12 Fracture of odontoid process

NA22.13 Other fracture of second cervical vertebra

NA22.1Z Fracture of second cervical vertebra, unspecified

NA22.2 **Fracture of other specified cervical vertebra**

NA22.3 **Multiple fractures of cervical spine**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA22.Z **Fracture of neck, unspecified**

NA23 Dislocation or strain or sprain of joints or ligaments at neck level

NA23.0 **Traumatic rupture of cervical intervertebral disc**

NA23.1 **Dislocation of cervical vertebra**

Displacement of one or more bones of the cervical spine

NA23.10 Cranio-cervical dissociation

NA23.11 Atlanto-axial dislocation

NA23.12 Dislocation of other specified cervical vertebra

NA23.1Z Dislocation of cervical vertebra, unspecified

NA23.2 Dislocation of other or unspecified parts of neck

NA23.3 Multiple dislocations of neck

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA23.4 Strain or sprain of cervical spine

A collective term for muscle and ligament injuries of the tissues associated with the cervical spine without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

Inclusions: Whiplash injury

NA23.40 Acute whiplash associated disorder with complaint of neck pain, stiffness or tenderness only

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.41 Acute whiplash associated disorder with complaint of neck pain with musculoskeletal signs

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.42 Acute whiplash associated disorder with complaint of neck pain with neurological signs

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.4Y Other specified strain or sprain of cervical spine

NA23.4Z Strain or sprain of cervical spine, unspecified

NA23.5 Strain or sprain of thyroid region

NA23.Y Other specified dislocation or strain or sprain of joints or ligaments at neck level

NA23.Z Dislocation or strain or sprain of joints or ligaments at neck level, unspecified

Injury of nerves or spinal cord at neck level (NA30-NA4Z)

Injury of spinal cord at neck level (NA30-NA3Z)

NA30 **Concussion or oedema of cervical spinal cord**

NA31 **Certain specified injuries of cervical spinal cord**

NA31.0 **Complete lesion of cervical spinal cord**

NA31.1 **Central cord syndrome of cervical spinal cord**

NA31.2 **Anterior cord syndrome of cervical spinal cord**

NA31.3 **Posterior cord syndrome of cervical spinal cord**

NA31.4 **Brown-Sequard syndrome of cervical spinal cord**

NA31.5 **Other incomplete cord syndrome of cervical spinal cord**

NA3Z **Injury of cervical spinal cord, unspecified**

Injury of nerves at neck level (NA40-NA4Z)

NA40 **Injury of nerve root of cervical spine**

NA41 **Injury of brachial plexus**

Coded Elsewhere: Brachial plexus palsy in newborn (KA44.1)

NA41.0 **Injury of brachial plexus cord**

NA41.1 **Injury of brachial plexus division**

NA41.2 **Injury of brachial plexus trunk**

NA41.Y **Other specified injury of brachial plexus**

NA41.Z **Injury of brachial plexus, unspecified**

NA42 **Injury of peripheral nerves of neck**

NA42.0 **Injury of supraclavicular nerve**

NA42.1 **Injury to anterior cutaneous nerve of neck**

NA42.Y **Injury of other specified peripheral nerves of neck**

NA42.Z **Injury of peripheral nerves of neck, unspecified**

NA43 **Injury of cervical sympathetic nerves**

NA44 **Injury of phrenic nerve**

Coded Elsewhere: Phrenic nerve paralysis due to birth injury (KA44.2)

NA4Y **Injury of other specified nerves at neck level**

NA4Z **Injury of nerves at neck level, unspecified**

NA60 **Injury of blood vessels at neck level**

NA60.0 **Injury of carotid artery**

NA60.00 Laceration of carotid artery, minor

Inclusions: incomplete transection of carotid artery
laceration of carotid artery NOS
superficial laceration of carotid artery

NA60.01 Laceration of carotid artery, major

Inclusions: complete transection of carotid artery
traumatic rupture of carotid artery

NA60.0Y Other specified injury of carotid artery

NA60.0Z Injury of carotid artery, unspecified

NA60.1 Injury of vertebral artery

NA60.10 Laceration of vertebral artery, minor

Inclusions: incomplete transection of vertebral artery
laceration of vertebral artery NOS
superficial laceration of vertebral artery

NA60.11 Laceration of vertebral artery, major

Inclusions: complete transection of vertebral artery
traumatic rupture of vertebral artery

NA60.1Y Other specified injury of vertebral artery

NA60.1Z Injury of vertebral artery, unspecified

NA60.2 Injury of external jugular vein

NA60.20 Laceration of external jugular vein, minor

Inclusions: incomplete transection of external jugular vein
laceration of external jugular vein NOS
superficial laceration of external jugular vein

NA60.21 Laceration of external jugular vein, major

Inclusions: complete transection of external jugular vein
traumatic rupture of external jugular vein

NA60.2Y Other specified injury of external jugular vein

NA60.2Z Injury of external jugular vein, unspecified

NA60.3 Injury of internal jugular vein

NA60.30 Laceration of internal jugular vein, minor

Inclusions: incomplete transection of internal jugular vein
laceration of internal jugular vein NOS
superficial laceration of internal jugular vein

NA60.31 Laceration of internal jugular vein, major

Inclusions: complete transection of internal jugular vein

traumatic rupture of internal jugular vein

NA60.3Y Other specified injury of internal jugular vein

NA60.3Z Injury of internal jugular vein, unspecified

NA60.4 Injury of multiple blood vessels at neck level

Coding Note: Assign additional codes for the specific injuries.

NA60.Y Injury of other specified blood vessels at neck level

NA60.Z Injury of blood vessels at neck level, unspecified

NA61 Injury of muscle, fascia or tendon at neck level

NA61.0 Strain or sprain of muscle, fascia or tendon at neck level

NA61.1 Laceration of muscle, fascia or tendon at neck level

NA61.Y Other specified injury of muscle, fascia or tendon at neck level

NA61.Z Injury of muscle, fascia or tendon at neck level, unspecified

NA62 Crushing injury of neck

NA62.0 Crushing injury of larynx or trachea

NA62.Y Crushing injury of other specified site of neck

NA62.Z Crushing injury of neck, unspecified

NA63 Traumatic amputation at neck level

NA64 Multiple injuries of neck

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA6Y Other specified injuries to the neck

Coding Note: This Block includes the following:

- injuries of nape
- injuries of supraclavicular region
- injuries of throat

NA6Z Injuries to the neck, unspecified

Coding Note: This Block includes the following:

- injuries of nape
- injuries of supraclavicular region
- injuries of throat

Injuries to the thorax (NA80-NB3Z)

Exclusions: injuries of spinal cord NOS (ND51)

injuries of shoulder (NC10-NC1Z)

Injuries of trunk NOS (ND51)

insect bite or sting, venomous (NE61)

fracture of spine NOS (ND50)

injuries of clavicle (NC10-NC1Z)

injuries of scapular region (NC10-NC1Z)

Frostbite (NE40-NE4Z)

injuries of axilla (NC10-NC1Z)

effects of foreign body in lung (ND72)

effects of foreign body in bronchus (ND72.5)

Foreign body in trachea (ND72.4)

Foreign body in oesophagus (ND73.1)

Burns (ND90-NE2Z)

Coded Elsewhere: Birth injury of thorax (KA45.3)

NA80 **Superficial injury of thorax**

Damage inflicted on the surface or shallow tissues of the thorax as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NA80.0 Abrasion of breast

NA80.1 Contusion of breast

NA80.2 Other or unspecified superficial injuries of breast

NA80.3 Other superficial injuries of front wall of thorax

NA80.4 Other superficial injuries of back wall of thorax

NA80.5 Abrasion of thorax

NA80.6 Contusion of thorax

NA80.7 Multiple superficial injuries of thorax

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA80.Y Other specified superficial injury of thorax

NA80.Z Superficial injury of thorax, unspecified

NA81 **Open wound of thorax**

Inclusions: open wound thoracic wall NOS

Exclusions: Traumatic pneumothorax (NB32.0)

Traumatic haemothorax (NB32.1)

Traumatic haemopneumothorax (NB32.2)

NA81.0 Laceration without foreign body of thorax

Inclusions: laceration of skin of thorax

NA81.1 Laceration with foreign body of thorax

NA81.2 Puncture wound without foreign body of thorax

NA81.3 Puncture wound with foreign body of thorax

NA81.4 Open bite of thorax

NA81.5 Multiple open wounds of thoracic wall

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA81.Y Other specified open wound of thorax

NA81.Z Open wound of thorax, unspecified

NA82 **Fracture of rib, sternum or thoracic spine**

Exclusions: Fracture of scapula (NC12.1)

Fracture of clavicle (NC12.0)

NA82.0 Fracture of thoracic vertebra

NA82.1 Multiple fractures of thoracic spine

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA82.2 Fracture of sternum

NA82.3 Fracture of rib

NA82.30 Fracture of rib, posterior or posterior and lateral

NA82.3Y Other specified fracture of rib

NA82.3Z Fracture of rib, unspecified

NA82.4 Multiple fractures of ribs

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA82.5 Flail chest

NA82.Y Other specified fracture of rib, sternum or thoracic spine

NA82.Z Fracture of rib, sternum or thoracic spine, unspecified

NA83 **Dislocation or strain or sprain of joints or ligaments of thorax**

Exclusions: Intervertebral disc degeneration of thoracic spine with prolapsed disc (FA80.5)

NA83.0 Traumatic rupture of thoracic intervertebral disc

NA83.1 Dislocation of thoracic vertebra

NA83.2 Dislocation of other or unspecified parts of thorax

NA83.3 Strain or sprain of ligaments of thoracic spine

NA83.4 Strain or sprain of ribs or sternum

NA83.40 Strain or sprain of sternum

NA83.41 Strain or sprain of sterno-clavicular joint or ligament

NA83.42 Strain or sprain of chondro-sternal joint

Aberrant biomechanical functions of the joints between the ribs and the sternum, which may be as a result of local disease, systemic disease, postural strain or trauma.

NA83.4Y Strain or sprain of other specified site of ribs or sternum

NA83.4Z Strain or sprain of ribs or sternum, unspecified

NA83.Y Other specified dislocation or strain or sprain of joints or ligaments of thorax

NA83.Z Dislocation or strain or sprain of joints or ligaments of thorax, unspecified

Injury of nerves or spinal cord at thorax level (NA90-NB2Z)

Exclusions: Injury of brachial plexus (NA41)

Injury of spinal cord at thorax level (NA90-NA9Z)

NA90 **Concussion or oedema of thoracic spinal cord**

NA91 **Certain specified injuries of thoracic spinal cord**

NA91.0 Complete lesion of thoracic spinal cord

NA91.1 Central cord syndrome of thoracic spinal cord

NA91.2 Anterior cord syndrome of thoracic spinal cord

NA91.3 Posterior cord syndrome of thoracic spinal cord

NA91.4 Brown-Sequard syndrome of thoracic spinal cord

NA91.5 Other incomplete cord syndrome of thoracic spinal cord

NA9Z **Injury of thoracic spinal cord, unspecified**

Injury of nerves at thorax level (NB00-NB0Y)

NB00 **Injury of nerve root of thoracic spine**

NB01 **Injury of peripheral nerves of thorax**

NB02 **Injury of thoracic sympathetic nerves**

NB0Y **Injury of other specified nerves at thorax level**

NB2Y **Other specified injury of nerves or spinal cord at thorax level**

NB2Z **Injury of nerves or spinal cord at thorax level, unspecified**

NB30 **Injury of blood vessels of thorax**

NB30.0 **Injury of thoracic aorta**

NB30.00 Minor laceration of thoracic aorta

Inclusions: incomplete transection of thoracic aorta
laceration of thoracic aorta NOS
superficial laceration of thoracic aorta

NB30.01 Major laceration of thoracic aorta

Inclusions: complete transection of thoracic aorta
traumatic rupture of thoracic aorta

NB30.0Y Other specified injury of thoracic aorta

NB30.0Z Injury of thoracic aorta, unspecified

NB30.1 **Injury of innominate or subclavian artery**

NB30.10 Minor laceration of innominate or subclavian artery

Inclusions: incomplete transection of innominate or subclavian artery
laceration of innominate or subclavian artery NOS
superficial laceration of innominate or subclavian artery

NB30.11 Major laceration of innominate or subclavian artery

Inclusions: complete transection of innominate or subclavian artery
traumatic rupture of innominate or subclavian artery

NB30.1Y Other specified injury of innominate or subclavian artery

NB30.1Z Injury of innominate or subclavian artery, unspecified

NB30.2 **Injury of superior vena cava**

NB30.20 Minor laceration of superior vena cava

Inclusions: incomplete transection of superior vena cava
laceration of superior vena cava NOS
superficial laceration of superior vena cava

NB30.21 Major laceration of superior vena cava

Inclusions: complete transection of superior vena cava
traumatic rupture of superior vena cava

NB30.2Y Other specified injury of superior vena cava

NB30.2Z Injury of superior vena cava, unspecified

NB30.3 **Injury of innominate or subclavian vein**

NB30.30 Minor laceration of innominate or subclavian vein

Inclusions: incomplete transection of innominate or subclavian vein
laceration of innominate or subclavian vein NOS
superficial laceration of innominate or subclavian vein

NB30.31 Major laceration of innominate or subclavian vein

Inclusions: complete transection of innominate or subclavian vein
traumatic rupture of innominate or subclavian vein

NB30.3Y Other specified injury of innominate or subclavian vein

NB30.3Z Injury of innominate or subclavian vein, unspecified

NB30.4 **Injury of pulmonary blood vessels**

NB30.40 Minor laceration of pulmonary blood vessels

Inclusions: incomplete transection of pulmonary blood vessels
laceration of pulmonary blood vessels NOS
superficial laceration of pulmonary blood vessels

NB30.41 Major laceration of pulmonary blood vessels

Inclusions: complete transection of pulmonary blood vessels
traumatic rupture of pulmonary blood vessels

NB30.4Y Other specified injury of pulmonary blood vessels

NB30.4Z Injury of pulmonary blood vessels, unspecified

NB30.5 **Injury of intercostal blood vessels**

NB30.50 Laceration of intercostal blood vessels

NB30.5Y Other specified injury of intercostal blood vessels

NB30.5Z Injury of intercostal blood vessels, unspecified

NB30.6 **Injury of multiple blood vessels of thorax**

Coding Note: Assign additional codes for the specific injuries.

NB30.Y **Injury of other specified blood vessels of thorax**

NB30.Z **Injury of unspecified blood vessels of thorax**

NB31 **Injury of heart**

NB31.0 **Injury of heart with haemopericardium**

NB31.00 Contusion of heart with haemopericardium

NB31.01 Minor laceration of heart with haemopericardium

Inclusions: laceration of heart without penetration of heart chamber

NB31.02 Moderate laceration of heart with haemopericardium

Inclusions: laceration of heart with penetration of heart chamber

NB31.03 Major laceration of heart with haemopericardium

Inclusions: laceration of heart with penetration of multiple heart chambers

NB31.0Y Other specified injury of heart with haemopericardium

NB31.0Z Injury of heart with haemopericardium, unspecified

NB31.1 **Injury of heart without haemopericardium**

NB31.10 Contusion of heart without haemopericardium

NB31.11 Laceration of heart without haemopericardium

NB31.1Y Other specified injury of heart without haemopericardium

NB31.1Z Injury of heart without haemopericardium, unspecified

NB31.2 **Injury of heart, unspecified without open wound into thoracic cavity**

NB31.3 **Injury of heart, unspecified with open wound into thoracic cavity**

NB31.4 **Injury of heart valve**

NB31.40 Injury to mitral valve

NB31.4Y Injury of other specified heart valve

NB31.4Z Injury of heart valve, unspecified

NB31.Y **Other specified injury of heart**

NB31.Z **Injury of heart, unspecified**

NB32 **Injury of other or unspecified intrathoracic organs**

Exclusions: injury of cervical oesophagus (NA20-NA6Z)

injury of trachea (cervical) (NA20-NA6Z)

NB32.0 **Traumatic pneumothorax**

NB32.1 **Traumatic haemothorax**

NB32.2 **Traumatic haemopneumothorax**

NB32.3 **Certain injuries of lung**

NB32.30 Contusion of lung

NB32.31 Laceration of lung

NB32.32 Inhalation injury of lung

NB32.33 Primary blast injury of lung

NB32.3Y Other injury of lung

NB32.3Z Injury of lung, unspecified

NB32.4 **Injury of bronchus**

NB32.40 Contusion of bronchus

NB32.41 Minor laceration of bronchus

Inclusions: laceration of bronchus less than 1 cm
laceration of bronchus NOS

NB32.42 Moderate laceration of bronchus

Inclusions: laceration of bronchus 1 to 3 cm

Exclusions: Multiple moderate lacerations of bronchus (NB32.43)

NB32.43 Major laceration of bronchus

Inclusions: laceration of bronchus greater than 3 cm
massive laceration of bronchus
multiple moderate lacerations of bronchus
stellate laceration of bronchus

NB32.4Y Other specified injury of bronchus

NB32.4Z Injury of bronchus, unspecified

NB32.5 **Injury of thoracic trachea**

Coded Elsewhere: Tracheal haemorrhage of newborn due to airway trauma (KB2G)

NB32.50 Contusion of thoracic trachea

NB32.51 Minor laceration of thoracic trachea

Inclusions: laceration of thoracic trachea less than 1 cm
laceration of thoracic trachea NOS

NB32.52 Moderate laceration of thoracic trachea

Inclusions: laceration of thoracic trachea 1 to 3 cm

Exclusions: Multiple moderate lacerations of thoracic trachea (NB32.53)

NB32.53 Major laceration of thoracic trachea

Inclusions: laceration of thoracic trachea greater than 3 cm
massive laceration of thoracic trachea
multiple moderate lacerations of thoracic trachea
stellate laceration of thoracic trachea

NB32.5Y Other specified injury of thoracic trachea

NB32.5Z Injury of thoracic trachea, unspecified

NB32.6 Injury of pleura

NB32.60 Laceration of pleura

NB32.6Y Other specified injury of pleura

NB32.6Z Injury of pleura, unspecified

NB32.7 Multiple injuries of intrathoracic organs

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB32.8 Injury of other specified intrathoracic organs

Coded Elsewhere: Oesophagitis due to external causes (DA24.2)

NB32.Y Other specified injury of other or unspecified intrathoracic organs

NB32.Z Injury of other or unspecified intrathoracic organs, unspecified

NB33 Crushing injury of thorax or traumatic amputation of part of thorax

NB33.0 Crushed chest

Exclusions: Flail chest (NA82.5)

NB33.1 Traumatic amputation of breast

NB33.10 Traumatic amputation of part of breast

NB33.11 Traumatic amputation of entire breast

NB33.1Z Traumatic amputation of breast, unspecified

NB33.2 Traumatic amputation of other part of thorax

Exclusions: transection of thorax (ND35)

NB33.Y Other specified crushing injury of thorax or traumatic amputation of part of thorax

NB33.Z Crushing injury of thorax or traumatic amputation of part of thorax, unspecified

NB34 Injury of muscle, fascia or tendon at thorax level

NB34.0 **Strain or sprain of muscle, fascia or tendon at thorax level**

NB34.1 **Laceration of muscle, fascia or tendon at thorax level**

NB34.Y **Other specified injury of muscle, fascia or tendon at thorax level**

NB34.Z **Injury of muscle, fascia or tendon at thorax level, unspecified**

NB35 **Multiple injuries of thorax**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB3Y **Other specified injuries to the thorax**

NB3Z **Injuries to the thorax, unspecified**

Injuries to the abdomen, lower back, lumbar spine or pelvis (NB50-NB9Z)

Exclusions: insect bite or sting, venomous (NE61)

Foreign body in anus or rectum (ND73.5)

Foreign body in genitourinary tract (ND74)

Burns (ND90-NE2Z)

Foreign body in colon (ND73.4)

Fracture of spine, level unspecified (ND50)

injuries of trunk NOS (ND51)

injuries of spinal cord NOS (ND51)

Frostbite (NE40-NE4Z)

Foreign body in stomach (ND73.2)

Foreign body in small intestine (ND73.3)

NB50 **Superficial injury of abdomen, lower back or pelvis**

Damage inflicted on the surface or shallow tissues of the abdomen, lower back and pelvis as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: superficial injury of hip (NC70)

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NB50.0 **Abrasion of lower back or pelvis**

NB50.1 **Contusion of lower back or pelvis**

NB50.2 **Abrasion of abdominal wall**

NB50.3 **Contusion of abdominal wall**

NB50.4 **Abrasion of external genital organs**

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.5 **Contusion of external genital organs**

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.6 **Multiple superficial injuries of abdomen, lower back or pelvis**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB50.Y **Other specified superficial injury of abdomen, lower back or pelvis**

NB50.Z **Superficial injury of abdomen, lower back or pelvis, unspecified**

NB51 Open wound of abdomen, lower back or pelvis

Exclusions: open wound of hip (NC71)

traumatic amputation of part of abdomen, lower back and pelvis (NB93)

NB51.0 **Laceration without foreign body of abdomen, lower back or pelvis**

Inclusions: laceration of skin of abdomen, lower back or pelvis

NB51.1 **Laceration with foreign body of abdomen, lower back or pelvis**

NB51.2 **Puncture wound without foreign body of abdomen, lower back or pelvis**

NB51.3 **Puncture wound with foreign body of abdomen, lower back or pelvis**

NB51.4 **Open bite of abdomen, lower back or pelvis**

NB51.5 **Multiple open wounds of abdomen, lower back or pelvis**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB51.Y **Other specified open wound of abdomen, lower back or pelvis**

NB51.Z **Open wound of abdomen, lower back or pelvis, unspecified**

NB52 Fracture of lumbar spine or pelvis

Broken bone in the lumbar spine or pelvis.

Exclusions: fracture of hip NOS (NC72.2)

NB52.0 **Fracture of lumbar vertebra**

NB52.1 **Fracture of pelvic bone without disruption of posterior arch of pelvic ring**

NB52.10 Fracture of sacrum without disruption of pelvic ring

NB52.11 Fracture of coccyx

NB52.12 Fracture of ilium without disruption of pelvic ring

NB52.13 Fracture of acetabulum without disruption of pelvic ring

NB52.14 Fracture of pubis without disruption of pelvic ring

NB52.15 Fracture of ischium without disruption of pelvic ring

NB52.1Y Fracture of other specified pelvic bone without disruption of posterior arch of pelvic ring

NB52.1Z Fracture of unspecified pelvic bone without disruption of posterior arch of pelvic ring

NB52.2 Fracture of the pelvic ring with incomplete disruption of posterior arch

NB52.3 Fracture of pelvic ring with complete disruption of posterior arch

NB52.4 Multiple fractures of lumbar spine or pelvis

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB52.Y Other specified fracture of lumbar spine or pelvis

NB52.Z Fracture of lumbar spine or pelvis, unspecified

NB53 Dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis

Exclusions: Dislocation or strain or sprain of joint or ligaments of hip (NC73)

Obstetric damage to pelvic joints or ligaments (JB0A.7)

NB53.0 Traumatic rupture of lumbar intervertebral disc

NB53.1 Dislocation of lumbar vertebra

NB53.2 Dislocation of sacroiliac or sacrococcygeal joint without disruption of pelvic ring

NB53.3 Dislocation of other or unspecified parts of lumbar spine or pelvis without disruption of pelvic ring

NB53.4 Traumatic rupture of symphysis pubis without disruption of pelvic ring

NB53.5 Strain or sprain of lumbar spine

A collective term for muscle and ligament injuries of the tissues associated with the lumbar spine without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NB53.6 Strain or sprain of sacroiliac joint

Aberrant biomechanical functions of the joints between the ilia and the sacrum, which may be as a result of local disease, systemic disease, postural strain or trauma.

NB53.Y Other specified dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis

NB53.Z Dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis, unspecified

Injury of spinal cord at abdomen, lower back or pelvis level (NB60-NB6Z)

NB60 **Concussion or oedema of lumbar spinal cord**

NB61 **Concussion or oedema of sacral spinal cord**

NB62 **Certain specified injuries of lumbar spinal cord**

NB62.0 **Complete lesion of lumbar spinal cord**

NB62.1 **Central cord syndrome of lumbar spinal cord**

NB62.2 **Anterior cord syndrome of lumbar spinal cord**

NB62.3 **Posterior cord syndrome of lumbar spinal cord**

NB62.4 **Brown-Sequard syndrome of lumbar spinal cord**

NB62.5 **Other incomplete cord syndrome of lumbar spinal cord**

NB62.6 **Puncture wound or laceration of dura mater of lumbar spinal cord**

NB63 **Certain specified injuries of sacral spinal cord**

NB63.0 **Complete injury of sacral spinal cord**

NB63.1 **Incomplete injury of sacral spinal cord**

NB63.Z **Injury of sacral spinal cord, unspecified**

NB6Z **Injury of spinal cord at abdomen, lower back or pelvis level, unspecified**

Injury of nerves at abdomen, lower back or pelvis level (NB70-NB7Z)

NB70 **Injury of nerve root of lumbar spine**

NB71 **Injury of nerve root of sacral spine**

NB72 **Injury of cauda equina**

NB73 **Injury of lumbosacral plexus**

NB74 **Injury of lumbar, sacral or pelvic sympathetic nerves**

NB75 **Injury of peripheral nerve of abdomen, lower back or pelvis**

NB7Y **Other specified injury of nerves at abdomen, lower back or pelvis level**

NB7Z **Injury of nerves at abdomen, lower back or pelvis level, unspecified**

NB90 **Injury of blood vessels at abdomen, lower back or pelvis level**

NB90.0 **Injury of abdominal aorta**

Exclusions: injury aorta NOS (NB30.0)

NB90.00 Minor laceration of abdominal aorta

Inclusions: incomplete transection of abdominal aorta
laceration of abdominal aorta NOS
superficial laceration of abdominal aorta

NB90.01 Major laceration of abdominal aorta

Inclusions: complete transection of abdominal aorta
traumatic rupture of abdominal aorta

NB90.0Y Other specified injury of abdominal aorta

NB90.0Z Injury of abdominal aorta, unspecified

NB90.1 **Injury of inferior vena cava**

Exclusions: injury vena cava NOS (NB30.2)

NB90.10 Minor laceration of inferior vena cava

Inclusions: incomplete transection of inferior vena cava
laceration of inferior vena cava NOS
superficial laceration of inferior vena cava

NB90.11 Major laceration of inferior vena cava

Inclusions: complete transection of inferior vena cava
traumatic rupture of inferior vena cava

NB90.1Y Other specified injury of inferior vena cava

NB90.1Z Injury of inferior vena cava, unspecified

NB90.2 **Injury of coeliac artery**

NB90.20 Minor laceration of coeliac artery

Inclusions: incomplete transection of coeliac artery
laceration of coeliac artery NOS
superficial laceration of celiac artery

NB90.21 Major laceration of coeliac artery

Inclusions: complete transection of coeliac artery
traumatic rupture of coeliac artery

NB90.2Y Other specified injury of coeliac artery

NB90.2Z Injury of coeliac artery, unspecified

NB90.3 **Injury of mesenteric artery**

NB90.30 Minor laceration mesenteric artery

Inclusions: incomplete transection of mesenteric artery
laceration of mesenteric artery NOS
superficial laceration of mesenteric artery

NB90.31 Major laceration of mesenteric artery

Inclusions: complete transection of mesenteric artery
traumatic rupture of mesenteric artery

NB90.3Y Other specified injury of mesenteric artery

NB90.3Z Injury of mesenteric artery, unspecified

NB90.4 Injury of portal or splenic vein

NB90.40 Minor laceration of portal or splenic vein

Inclusions: incomplete transection of portal or splenic vein
laceration of portal or splenic vein NOS
superficial laceration of portal or splenic vein

NB90.41 Major laceration of portal or splenic vein

Inclusions: complete transection of portal or splenic vein
traumatic rupture of portal or splenic vein

NB90.4Y Other specified injury of portal or splenic vein

NB90.4Z Injury of portal or splenic vein, unspecified

NB90.5 Injury of renal blood vessels

NB90.50 Minor laceration of renal blood vessels

Inclusions: incomplete transection of renal blood vessels
superficial laceration of renal blood vessels
laceration of renal blood vessels NOS

NB90.51 Major laceration of renal blood vessels

Inclusions: complete transection of renal blood vessels
traumatic rupture of renal blood vessels

NB90.5Y Other specified injury of renal blood vessels

NB90.5Z Injury of renal blood vessels, unspecified

NB90.6 Injury of iliac blood vessels

NB90.60 Minor laceration of iliac blood vessels

Inclusions: incomplete transection of iliac blood vessels
laceration of iliac blood vessels NOS
superficial laceration of iliac blood vessels

NB90.61 Major laceration of iliac blood vessels

Inclusions: complete transection of iliac blood vessels

traumatic rupture of iliac blood vessels

NB90.6Y Other specified injury of iliac blood vessels

NB90.6Z Injury of iliac blood vessels, unspecified

NB90.7 **Injury of multiple blood vessels at abdomen, lower back or pelvis level**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB90.Y **Injury of other specified blood vessels at abdomen, lower back or pelvis level**

NB90.Z **Injury of unspecified blood vessel at abdomen, lower back or pelvis level**

NB91 Injury of intra-abdominal organs

Coded Elsewhere: Adrenal haemorrhage due to birth injury (KA46.2)

NB91.0 **Injury of spleen**

Coded Elsewhere: Birth injury to spleen (KA46.1)

NB91.00 Contusion of spleen, minor

Inclusions: contusion of spleen less than 2 cm

NB91.01 Contusion of spleen, major

Inclusions: contusion of spleen greater than 2 cm

NB91.02 Laceration of spleen, minor

Inclusions: laceration of spleen less than 1 cm

NB91.03 Laceration of spleen, moderate

Inclusions: laceration of spleen 1 to 3 cm

Exclusions: Multiple moderate lacerations of spleen (NB91.04)

NB91.04 Laceration of spleen, major

Inclusions: laceration of spleen greater than 3 cm

massive laceration of spleen

multiple moderate lacerations of spleen

stellate laceration of spleen

Exclusions: Avulsion of spleen (NB91.05)

NB91.05 Avulsion of spleen

NB91.0Y Other specified injury of spleen

NB91.0Z Injury of spleen, unspecified

NB91.1 **Injury of liver**

Damage inflicted on the liver as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Birth injury to liver (KA46.0)

NB91.10 Contusion of liver

NB91.11 Laceration of liver, minor

Inclusions: laceration of liver involving capsule only, or, without significant involvement of hepatic parenchyma [i.e., less than 1 cm deep]

NB91.12 Laceration of liver, moderate

Inclusions: laceration of liver involving parenchyma but without major disruption of parenchyma [i.e., less than 10 cm long and less than 3 cm deep]

Exclusions: Multiple moderate lacerations of liver, with or without haematoma (NB91.13)

NB91.13 Laceration of liver, major

Inclusions: laceration of liver with significant disruption of hepatic parenchyma [i.e., greater than 10 cm long and 3 cm deep]

multiple moderate lacerations of liver, with or without haematoma

stellate laceration of liver

NB91.14 Injury of hepatic duct

NB91.1Y Other specified injury of liver

NB91.1Z Injury of liver, unspecified

NB91.2 **Injury of gallbladder**

Coded Elsewhere: Common bile duct trauma (NB91.3)

NB91.3 **Injury of bile duct**

NB91.4 **Injury of pancreas**

NB91.40 Contusion of pancreas

NB91.41 Laceration of pancreas, minor

Inclusions: laceration of pancreas less than 1 cm

laceration of pancreas NOS

superficial capsular laceration of pancreas

NB91.42 Laceration of pancreas, moderate

Inclusions: laceration of pancreas 1 to 3 cm

Exclusions: Multiple moderate lacerations of pancreas (NB91.43)

NB91.43 Laceration of pancreas, major

Inclusions: laceration of pancreas greater than 3 cm
multiple moderate lacerations of pancreas
massive laceration of pancreas
stellate laceration of pancreas

NB91.4Y Other specified injury of pancreas

NB91.4Z Injury of pancreas, unspecified

NB91.5 **Injury of stomach**

NB91.50 Contusion of stomach

NB91.51 Laceration of stomach without perforation

NB91.52 Laceration of stomach with perforation, avulsion or massive damage

NB91.53 Ingestion injury of stomach without perforation

Exclusions: Chemical burn or corrosion of stomach (NE02)

NB91.54 Ingestion injury of stomach with perforation

Exclusions: Chemical burn or corrosion of stomach (NE02)

NB91.5Y Other specified injury of stomach

NB91.5Z Injury of stomach, unspecified

NB91.6 **Injury of duodenum**

NB91.60 Contusion of duodenum

NB91.61 Laceration of duodenum

NB91.62 Primary blast injury of duodenum

NB91.63 Perforation of duodenum

Perforation of duodenum is a penetration of the wall of the duodenum, resulting in luminal contents in duodenum flowing into the abdominal cavity or retroperitoneal wall.

Inclusions: Perforation of duodenum due to Injury

NB91.6Y Other specified injury of duodenum

NB91.6Z Injury of duodenum, unspecified

NB91.7 **Injury of small intestine**

Inclusions: Iatrogenic injury of small intestine

Exclusions: Injury of duodenum (NB91.6)

NB91.70 Contusion of small intestine

An injury to small intestine resulting from a blow in which the subsurface tissue is injured and often internally bled but the skin is not broken.

Exclusions: Contusion of duodenum (NB91.60)

NB91.71 Laceration of small intestine

A tear or wound of small intestine.

Exclusions: Laceration of duodenum (NB91.61)

NB91.72 Primary blast injury of small intestine

An injury to small intestine resulting from direct or indirect exposure to explosion. Primary injuries are caused by high-order explosives or shock waves

Exclusions: Primary blast injury of duodenum (NB91.62)

NB91.7Y Other specified injury of small intestine

NB91.7Z Injury of small intestine, unspecified

NB91.8 Injury of colon

NB91.80 Contusion of colon

An injury to large intestine resulting from a blow in which the subsurface tissue is injured and often internally bled but the skin is not broken.

NB91.81 Laceration of colon

A tear or wound of large intestine.

NB91.82 Primary blast injury of colon

An injury to large intestine resulting from direct or indirect exposure to explosion. Primary injuries are caused by high-order explosives or shock waves.

NB91.8Y Other specified injury of colon

NB91.8Z Injury of colon, unspecified

NB91.9 Injury of rectum

NB91.90 Contusion of rectum

NB91.91 Laceration of rectum

NB91.92 Primary blast injury of rectum

NB91.9Y Other specified injury of rectum

NB91.9Z Injury of rectum, unspecified

NB91.A Injury of mesentery

NB91.B **Injury of multiple intra-abdominal organs**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB91.Y **Injury of other specified intra-abdominal organs**

NB91.Z **Injury of intra-abdominal organs, unspecified**

NB92 Injury of urinary or pelvic organs

Exclusions: peritoneum and retroperitoneum (NB91)

Coded Elsewhere: Female Genital Mutilation (GC51)

Sequelae of injury of intra-abdominal or pelvic organs (NB91.Y)

NB92.0 **Injury of kidney**

NB92.00 Contusion of kidney, minor

Inclusions: contusion of kidney less than 2 cm

contusion of kidney NOS

NB92.01 Contusion of kidney, major

Inclusions: contusion of kidney greater than 2 cm

NB92.02 Laceration of kidney, minor

Inclusions: laceration of kidney less than 1 cm

laceration of kidney NOS

NB92.03 Laceration of kidney, moderate

Inclusions: laceration of kidney 1 to 3 cm

Exclusions: Multiple moderate lacerations of kidney (NB92.04)

NB92.04 Laceration of kidney, major

Inclusions: avulsion of kidney

laceration of kidney greater than 3 cm

massive laceration of kidney

stellate laceration of kidney

multiple moderate lacerations of kidney

NB92.0Y Other specified injury of kidney

NB92.0Z Injury of kidney, unspecified

NB92.1 **Injury of ureter**

NB92.10 Contusion of ureter

NB92.11 Laceration of ureter

NB92.1Y Other specified injury of ureter

NB92.1Z Injury of ureter, unspecified

NB92.2 **Injury of bladder**

Exclusions: Obstetric injury to bladder (JB0A.6)

NB92.20 Contusion of bladder

NB92.21 Laceration of bladder

NB92.2Y Other specified injury of bladder

NB92.2Z Injury of bladder, unspecified

NB92.3 **Injury of urethra**

NB92.30 Contusion of urethra

NB92.31 Laceration of urethra

NB92.3Y Other specified injury of urethra

NB92.3Z Injury of urethra, unspecified

NB92.4 **Injury of ovary**

NB92.40 Contusion of ovary

NB92.41 Laceration of ovary

NB92.4Y Other specified injury of ovary

NB92.4Z Injury of ovary, unspecified

NB92.5 **Injury of fallopian tube**

NB92.6 **Injury of uterus**

NB92.7 **Injury of urinary tract**

NB92.8 **Injury of multiple pelvic organs**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB92.Y **Injury of other specified pelvic organs**

NB92.Z **Injury of urinary or pelvic organs, unspecified**

NB93 Crushing injury or traumatic amputation of part of abdomen, lower back or pelvis

NB93.0 **Crushing injury of external genital organs**

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB93.00 Crushing injury of penis

NB93.01 Crushing injury of testes or scrotum

NB93.02 Crushing injury of vulva

NB93.0Z Crushing injury of external genital organs, unspecified

NB93.1 **Crushing injury of other or unspecified parts of abdomen, lower back or pelvis**

NB93.2 **Traumatic amputation of external genital organs**

NB93.20 Traumatic amputation of entire penis

Inclusions: Traumatic amputation of penis

NB93.21 Traumatic amputation of part of penis

NB93.22 Traumatic amputation of entire testes or scrotum

NB93.23 Traumatic amputation of part of testes or scrotum

NB93.24 Traumatic amputation of entire vulva

Inclusions: Traumatic amputation of vulva

Exclusions: Female Genital Mutilation (GC51)

NB93.25 Traumatic amputation of part of vulva

Exclusions: Female Genital Mutilation (GC51)

NB93.2Z Traumatic amputation of external genital organs, unspecified

NB93.3 **Traumatic amputation of other or unspecified parts of abdomen, lower back or pelvis**

Exclusions: transection of abdomen (ND35)

NB94 Injury of muscle, fascia or tendon of abdomen, lower back or pelvis

NB94.0 **Strain or sprain of muscle, fascia or tendon of abdomen**

NB94.1 **Strain or sprain of muscle, fascia or tendon of lower back**

NB94.2 **Strain or sprain of muscle, fascia or tendon of pelvis**

NB94.3 **Laceration of muscle, fascia or tendon of abdomen**

NB94.4 **Laceration of muscle, fascia or tendon of lower back**

NB94.5 **Laceration of muscle, fascia or tendon of pelvis**

NB94.Y **Other specified injury of muscle, fascia or tendon of abdomen, lower back or pelvis**

NB94.Z **Injury of muscle, fascia or tendon of abdomen, lower back or pelvis, unspecified**

NB95 Injury of intra-abdominal organ with pelvic organ

Coded Elsewhere: Sequelae of injury of intra-abdominal or pelvic organs (NB91.Y)

NB96 **Other multiple injuries of abdomen, lower back or pelvis**

Coding Note: Assign additional codes for the specific injuries.

NB97 **Certain specified injuries of abdomen, lower back or pelvis**

NB97.0 Retroperitoneal haemorrhage or haematoma

NB97.1 Fractured penis

NB98 **Injury to female genital organ without further specification**

Exclusions: Crushing injury of external genital organs (NB93.0)

NB99 **Injury to male genital organ without further specification**

Exclusions: Crushing injury of external genital organs (NB93.0)

NB9Y **Other specified injuries to the abdomen, lower back, lumbar spine or pelvis**

NB9Z **Injuries to the abdomen, lower back, lumbar spine or pelvis, unspecified**

Injuries to the shoulder or upper arm (NC10-NC1Z)

Exclusions: Burns (ND90-NE2Z)

Other injuries of arm, level unspecified (ND53)

Frostbite (NE40-NE4Z)

Insect bite or sting, venomous (NE61)

Injuries to the elbow or forearm (NC30-NC3Z)

NC10 **Superficial injury of shoulder or upper arm**

NC10.0 Abrasion of shoulder or upper arm

NC10.1 Contusion of shoulder or upper arm

NC10.2 Multiple superficial injuries of shoulder or upper arm

Coding Note: Assign additional codes for the specific injuries.

NC10.Y Other specified superficial injury of shoulder or upper arm

NC10.Z Superficial injury of shoulder or upper arm, unspecified

NC11 **Open wound of shoulder or upper arm**

Exclusions: Traumatic amputation of shoulder or upper arm (NC18)

NC11.0 Laceration without foreign body of shoulder or upper arm

Inclusions: laceration of skin of shoulder or upper arm

NC11.1 Laceration with foreign body of shoulder or upper arm

NC11.2 **Puncture wound without foreign body of shoulder or upper arm**

NC11.3 **Puncture wound with foreign body of shoulder or upper arm**

NC11.4 **Open bite of shoulder or upper arm**

NC11.5 **Multiple open wounds of shoulder or upper arm**

Coding Note: Assign additional codes for the specific injuries.

NC11.Y **Other specified open wound of shoulder or upper arm**

NC11.Z **Open wound of shoulder or upper arm, unspecified**

NC12 Fracture of shoulder or upper arm

NC12.0 **Fracture of clavicle**

A break in one or both of the clavicles.

Coded Elsewhere: Fracture of clavicle due to birth injury (KA45.5)

NC12.00 Fracture of sternal end of clavicle

NC12.01 Fracture of shaft of clavicle

NC12.02 Fracture of acromial end of clavicle

NC12.03 Multiple fractures of clavicle, alone

NC12.0Y Other specified fracture of clavicle

NC12.0Z Fracture of clavicle, unspecified

NC12.1 **Fracture of scapula**

A break in one or both of the scapulae.

NC12.10 Multiple fractures of scapula

NC12.1Y Other specified fracture of scapula

NC12.1Z Fracture of scapula, unspecified

NC12.2 **Fracture of upper end of humerus**

NC12.20 Fracture of upper end of humerus, head

NC12.21 Fracture of surgical neck of humerus

NC12.22 Fracture of anatomical neck of humerus

NC12.23 Fracture of greater tuberosity of humerus

NC12.24 Fracture of lesser tuberosity of humerus

NC12.2Z Fracture of upper end of humerus, unspecified site

NC12.3 **Fracture of shaft of humerus**

NC12.4 **Fracture of lower end of humerus**

Inclusions: fracture of articular process of humerus

Exclusions: fracture of elbow NOS (NC32.0)

NC12.40 Supracondylar fracture of humerus

NC12.41 Fracture of lateral epicondyle of humerus

NC12.42 Fracture of medial epicondyle of humerus

NC12.43 Fracture of lateral condyle of humerus

NC12.44 Fracture of medial condyle of humerus

NC12.4Y Other specified fracture of lower end of humerus

NC12.4Z Fracture of lower end of humerus, unspecified

NC12.5 **Multiple fractures of clavicle, scapula or humerus**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC12.6 **Fracture of other parts of shoulder or upper arm**

NC12.7 **Fracture of shoulder girdle, part unspecified**

NC12.Z **Fracture of shoulder or upper arm, unspecified**

NC13 Dislocation or strain or sprain of joints or ligaments of shoulder girdle

NC13.0 **Dislocation of shoulder joint**

Displacement of the humerus from the scapula.

NC13.1 **Dislocation of acromioclavicular joint**

NC13.2 **Dislocation of sternoclavicular joint**

NC13.3 **Dislocation of scapula**

NC13.4 **Dislocation of other or unspecified parts of shoulder girdle**

NC13.5 **Strain or sprain of shoulder joint**

A collective term for muscle and ligament injuries of the tissues associated with the shoulder joint without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC13.6 **Strain or sprain of acromioclavicular joint**

NC13.7 **Strain or sprain of sternoclavicular joint**

Aberrant biomechanical functions of the joints between the clavicle and the sternum, which may be as a result of local disease, systemic disease or trauma.

NC13.8 **Strain or sprain of other or unspecified parts of shoulder girdle**

NC13.Y **Dislocation or sprain of other specified joints and ligaments of shoulder girdle**

NC13.Z **Dislocation or strain or sprain of joints or ligaments of shoulder girdle, unspecified**

NC14 **Injury of nerves at shoulder or upper arm level**

Exclusions: Injury of brachial plexus (NA41)

NC14.0 **Injury of ulnar nerve at upper arm level**

Exclusions: ulnar nerve NOS (NC34.0)

NC14.1 **Injury of median nerve at upper arm level**

Exclusions: median nerve NOS (NC34.1)

NC14.2 **Injury of radial nerve at upper arm level**

Exclusions: radial nerve NOS (NC34.2)

NC14.3 **Injury of axillary nerve**

NC14.4 **Injury of musculocutaneous nerve**

NC14.5 **Injury of cutaneous sensory nerve at shoulder or upper arm level**

NC14.6 **Injury of multiple nerves at shoulder or upper arm level**

Coding Note: Assign additional codes for the specific injuries.

NC14.Y **Injury of other specified nerves at shoulder or upper arm level**

NC14.Z **Injury of unspecified nerve at shoulder or upper arm level**

NC15 **Injury of blood vessels at shoulder or upper arm level**

Exclusions: injury of subclavian artery (NB30.1)
injury of subclavian vein (NB30.3)

NC15.0 **Injury of axillary artery**

NC15.00 Laceration of axillary artery

NC15.0Y Other specified injury of axillary artery

NC15.0Z Injury of axillary artery, unspecified

NC15.1 **Injury of brachial artery**

NC15.10 Laceration of brachial artery

NC15.1Y Other specified injury of brachial artery

NC15.1Z Injury of brachial artery, unspecified

NC15.2 **Injury of axillary or brachial vein**

NC15.20 Laceration of axillary or brachial vein

NC15.2Y Other specified injury of axillary or brachial vein

NC15.2Z Injury of axillary or brachial vein, unspecified

NC15.3 **Injury of superficial vein at shoulder or upper arm level**

NC15.30 Laceration of superficial vein at shoulder or upper arm level

NC15.3Y Other specified injury of superficial vein at shoulder or upper arm level

NC15.3Z Injury of superficial vein at shoulder or upper arm level, unspecified

NC15.4 **Injury of multiple blood vessels at shoulder or upper arm level**

Coding Note: Assign additional codes for the specific injuries.

NC15.Y **Injury of other specified blood vessels at shoulder or upper arm level**

NC15.Z **Injury of unspecified blood vessel at shoulder or upper arm level**

NC16 **Injury of muscle, fascia, tendon or bursa at shoulder or upper arm level**

Exclusions: injury of muscle and tendon at or below elbow (NC36)

NC16.0 **Injury of muscle or tendon of the rotator cuff of shoulder**

NC16.00 Strain or sprain of muscle or tendon of the rotator cuff of shoulder

NC16.01 Laceration of muscle or tendon of the rotator cuff of shoulder

NC16.0Y Other specified injury of muscle or tendon of the rotator cuff of shoulder

NC16.0Z Injury of muscle or tendon of the rotator cuff of shoulder, unspecified

NC16.1 **Injury of muscle, fascia or tendon of long head of biceps**

NC16.10 Strain or sprain of muscle, fascia or tendon of long head of biceps

NC16.11 Laceration of muscle, fascia or tendon of long head of biceps

NC16.1Y Other specified injury of muscle, fascia or tendon of long head of biceps

NC16.1Z Injury of muscle, fascia or tendon of long head of biceps, unspecified

NC16.2 **Injury of muscle, fascia or tendon of other parts of biceps**

NC16.20 Strain or sprain of muscle, fascia or tendon of other parts of biceps

NC16.21 Laceration of muscle, fascia or tendon of other parts of biceps

NC16.2Y Other specified injury of muscle, fascia or tendon of other parts of biceps

NC16.2Z Injury of muscle, fascia or tendon of other parts of biceps, unspecified

NC16.3 **Injury of muscle, fascia or tendon of triceps**

NC16.30 Strain or sprain of muscle, fascia or tendon of triceps

NC16.31 Laceration of muscle, fascia or tendon of triceps

NC16.3Y Other specified injury of muscle, fascia or tendon of triceps

NC16.3Z Injury of muscle, fascia or tendon of triceps, unspecified

NC16.4 **Injury of multiple muscles or tendons at shoulder or upper arm level**

Coding Note: Assign additional codes for the specific injuries.

NC16.40 Strain or sprain of multiple muscles or tendons at shoulder or upper arm level

NC16.41 Laceration of multiple muscles or tendons at shoulder or upper arm level

NC16.4Y Other specified injury of multiple muscles or tendons at shoulder or upper arm level

Coding Note: Assign additional codes for the specific injuries.

NC16.4Z Injury of multiple muscles or tendons at shoulder or upper arm level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC16.5 **Injury of bursa of shoulder**

NC16.Y **Injury of other specified muscle, fascia, tendon or bursa at shoulder or upper arm level**

NC16.Z **Injury of unspecified muscle, fascia or tendon at shoulder or upper arm level**

NC17 **Crushing injury of shoulder or upper arm**

Exclusions: Crushing injury of elbow (NC37.0)

NC18 **Traumatic amputation of shoulder or upper arm**

Exclusions: traumatic amputation of arm, level unspecified (ND53)

traumatic amputation at elbow level (NC38)

NC18.0 **Traumatic amputation at right shoulder joint**

NC18.1 **Traumatic amputation at left shoulder joint**

NC18.2 **Traumatic amputation at shoulder joint, bilateral**

NC18.3 **Traumatic amputation at level between right shoulder and elbow**

NC18.4 **Traumatic amputation at level between left shoulder and elbow**

NC18.5 **Traumatic amputation at level between shoulder and elbow, bilateral**

NC18.Z **Traumatic amputation of shoulder or upper arm, unspecified**

NC19 **Multiple injuries of shoulder or upper arm**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC1Y **Other specified injuries to the shoulder or upper arm**

NC1Z **Injuries to the shoulder or upper arm, unspecified**

Injuries to the elbow or forearm (NC30-NC3Z)

Exclusions: Injuries to the wrist or hand (NC50-NC5Z)

Insect bite or sting, venomous (NE61)

Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

Other injuries of arm, level unspecified (ND53)

NC30 **Superficial injury of forearm**

Exclusions: Superficial injury of wrist or hand (NC51)

NC30.0 Abrasion of elbow

NC30.1 Contusion of elbow

NC30.2 Abrasion of other or unspecified parts of forearm

NC30.3 Contusion of other or unspecified parts of forearm

NC30.4 Multiple superficial injuries of forearm

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC30.Y Other specified superficial injury of forearm

NC30.Z Superficial injury of forearm, unspecified

NC31 **Open wound of forearm**

Exclusions: Open wound of wrist or hand (NC52)

Traumatic amputation of forearm (NC38)

NC31.0 Laceration without foreign body of forearm

Inclusions: laceration of skin of forearm

NC31.1 Laceration with foreign body of forearm

NC31.2 Puncture wound without foreign body of forearm

NC31.3 Puncture wound with foreign body of forearm

NC31.4 Open bite of forearm

NC31.5 Multiple open wounds of forearm

Coding Note: Assign additional codes for the specific injuries.

NC31.Y Other specified open wound of forearm

NC31.Z Open wound of forearm, unspecified

NC32 **Fracture of forearm**

A break in one or both of the radius and/or ulna.

Exclusions: Fracture at wrist or hand level (NC53)

NC32.0 **Fracture of upper end of ulna**

Exclusions: supracondylar elbow fracture (NC12.4)

NC32.1 **Fracture of upper end of radius**

NC32.2 **Fracture of shaft of ulna**

NC32.3 **Fracture of shaft of radius**

NC32.4 **Fracture of shafts of both ulna and radius**

NC32.5 **Fracture of lower end of radius**

NC32.50 Fracture of lower end of radius, dorsal tilt

NC32.51 Fracture of lower end of radius, volar tilt

NC32.5Y Other specified fracture of lower end of radius

NC32.5Z Fracture of lower end of radius, unspecified

NC32.6 **Fracture of lower end of both ulna and radius**

NC32.7 **Multiple fractures of forearm**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Fracture of shafts of both ulna and radius (NC32.4)

Fracture of lower end of both ulna and radius (NC32.6)

NC32.Y **Fracture of other specified parts of forearm**

NC32.Z **Fracture of forearm, unspecified**

NC33 **Dislocation or strain or sprain of joints or ligaments of elbow**

A collective term for muscle and ligament injuries of the tissues associated with, or displacement of the bones of, the elbow.

NC33.0 **Dislocation of radial head**

Inclusions: Radiohumeral joint

Exclusions: Monteggia fracture-dislocation (NC32.0)

NC33.1 **Dislocation of elbow**

NC33.2 **Traumatic rupture of radial collateral ligament**

NC33.3 **Traumatic rupture of ulnar collateral ligament**

NC33.4 **Strain or sprain of elbow**

A collective term for muscle and ligament injuries of the tissues associated with the elbow without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC33.Y **Dislocation or sprain of other specified joints or ligaments of elbow**

NC33.Z **Dislocation or strain or sprain of joints or ligaments of elbow, unspecified**

NC34 **Injury of nerves at forearm level**

Exclusions: Injury of nerves at wrist or hand level (NC55)

NC34.0 **Injury of ulnar nerve at forearm level**

NC34.1 **Injury of median nerve at forearm level**

NC34.2 **Injury of radial nerve at forearm level**

NC34.3 **Injury of cutaneous sensory nerve at forearm level**

NC34.4 **Injury of multiple nerves at forearm level**

Coding Note: Assign additional codes for the specific injuries.

NC34.Y **Injury of other specified nerves at forearm level**

NC34.Z **Injury of unspecified nerve at forearm level**

NC35 **Injury of blood vessels at forearm level**

Exclusions: Injury of blood vessels at wrist or hand level (NC56)

injury of brachial vessels (NC15.2)

NC35.0 **Injury of ulnar artery at forearm level**

NC35.00 Laceration of ulnar artery at forearm level

NC35.0Y Other specified injury of ulnar artery at forearm level

NC35.0Z Injury of ulnar artery at forearm level, unspecified

NC35.1 **Injury of radial artery at forearm level**

NC35.10 Laceration of radial artery at forearm level

NC35.1Y Other specified injury of radial artery at forearm level

NC35.1Z Injury of radial artery at forearm level, unspecified

NC35.2 **Injury of vein at forearm level**

NC35.20 Laceration of vein at forearm level

NC35.2Y Other specified injury of vein at forearm level

NC35.2Z Injury of vein at forearm level, unspecified

NC35.3 **Injury of multiple blood vessels at forearm level**

Coding Note: Assign additional codes for the specific injuries.

NC35.Y **Injury of other specified blood vessels at forearm level**

NC35.Z **Injury of unspecified blood vessel at forearm level**

NC36 **Injury of muscle, fascia, tendon or bursa at forearm level**

Exclusions: injury of muscle and tendon at or below wrist (NC57)

NC36.0 **Injury of flexor muscle, fascia or tendon of thumb at forearm level**

NC36.00 Strain or sprain of flexor muscle, fascia or tendon of thumb at forearm level

NC36.01 Laceration of flexor muscle, fascia or tendon of thumb at forearm level

NC36.02 Injury of long flexor muscle of thumb, forearm level

NC36.0Y Other specified injury of flexor muscle, fascia or tendon of thumb at forearm level

NC36.0Z Injury of flexor muscle, fascia or tendon of thumb at forearm level, unspecified

NC36.1 **Injury of long flexor muscle, fascia or tendon of other finger at forearm level**

NC36.10 Strain or sprain of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.11 Laceration of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.1Y Other specified injury of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.1Z Injury of long flexor muscle, fascia or tendon of other finger at forearm level, unspecified

NC36.2 **Injury of other flexor muscle, fascia or tendon at forearm level**

NC36.20 Strain or sprain of other flexor muscle, fascia or tendon at forearm level

NC36.21 Laceration of other flexor muscle, fascia or tendon at forearm level

NC36.2Y Other specified injury of other flexor muscle, fascia or tendon at forearm level

NC36.2Z Injury of other flexor muscle, fascia or tendon at forearm level, unspecified

NC36.3 **Injury of extensor or abductor muscles or tendons of thumb at forearm level**

NC36.30 Strain or sprain of extensor or abductor muscles or tendons of thumb at forearm level

NC36.31 Laceration of extensor or abductor muscles or tendons of thumb at forearm level

NC36.3Y Other specified injury of extensor or abductor muscles or tendons of thumb at forearm level

NC36.3Z Injury of extensor or abductor muscles or tendons of thumb at forearm level, unspecified

NC36.4 **Injury of extensor muscle, fascia or tendon of other finger at forearm level**

NC36.40 Strain or sprain of extensor muscle, fascia or tendon of other finger at forearm level

NC36.41 Laceration of extensor muscle, fascia or tendon of other finger at forearm level

NC36.4Y Other specified injury of extensor muscle, fascia or tendon of other finger at forearm level

NC36.4Z Injury of extensor muscle, fascia or tendon of other finger at forearm level, unspecified

NC36.5 **Injury of other extensor muscle, fascia or tendon at forearm level**

NC36.50 Strain or sprain of other extensor muscle, fascia or tendon at forearm level

NC36.51 Laceration of other extensor muscle, fascia or tendon at forearm level

NC36.5Y Other specified injury of other extensor muscle, fascia or tendon at forearm level

NC36.5Z Injury of other extensor muscle, fascia or tendon at forearm level, unspecified

NC36.6 **Injury of multiple muscles or tendons at forearm level**

Coding Note: Assign additional codes for the specific injuries.

NC36.7 **Injury of bursa of elbow**

NC36.Y **Injury of other specified muscle, fascia, tendon or bursa at forearm level**

NC36.Z **Injury of unspecified muscle, fascia, tendon or bursa at forearm level**

NC37 **Crushing injury of forearm**

Exclusions: Crushing injury of wrist or hand (NC58)

NC37.0 **Crushing injury of elbow**

NC37.Y **Crushing injury of other specified part of forearm**

NC37.Z **Crushing injury of forearm, unspecified**

NC38 **Traumatic amputation of forearm**

Exclusions: Traumatic amputation of wrist or hand (NC59)

NC38.0 **Traumatic amputation at right elbow level**

NC38.1 **Traumatic amputation at left elbow level**

NC38.2 **Traumatic amputation at elbow level, bilateral**

NC38.3 **Traumatic amputation at level between right elbow and wrist**

NC38.4 **Traumatic amputation at level between left elbow and wrist**

NC38.5 **Traumatic amputation between elbow and wrist, bilateral**

NC38.Z **Traumatic amputation of forearm, unspecified**

NC39 **Multiple injuries of forearm**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC3Y **Other specified injuries to the elbow or forearm**

NC3Z **Injuries to the elbow or forearm, unspecified**

Injuries to the wrist or hand (NC50-NC5Z)

Exclusions: Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

Other injuries of arm, level unspecified (ND53)

Insect bite or sting, venomous (NE61)

NC50 **Injury to fingernail**

NC51 **Superficial injury of wrist or hand**

NC51.0 **Superficial injury of finger or thumb**

NC51.00 Abrasion of finger or thumb

NC51.01 Contusion of finger or thumb

NC51.0Y Other specified superficial injury of finger or thumb

NC51.0Z Superficial injury of finger or thumb, unspecified

NC51.1 **Superficial injury of other parts of wrist or hand**

Exclusions: Superficial injury of finger or thumb (NC51.0)

NC51.10 Contusion of other parts of wrist or hand

NC51.11 Nonvenomous insect bite of other parts of wrist or hand

NC51.1Y Other specified superficial injury of other parts of wrist or hand

NC51.1Z Superficial injury of other parts of wrist or hand, unspecified

NC51.2 **Multiple superficial injuries of wrist or hand**

Coding Note: Assign additional codes for the specific injuries.

NC52 **Open wound of wrist or hand**

Exclusions: Traumatic amputation of wrist or hand (NC59)

NC52.0 **Open wound of finger or thumb**

Exclusions: Traumatic amputation of other single finger (NC59.1)

NC52.00 Laceration without foreign body of finger or thumb

NC52.01 Laceration with foreign body of finger or thumb

NC52.02 Puncture wound without foreign body of finger or thumb

NC52.03 Puncture wound with foreign body of finger or thumb

NC52.04 Open bite of finger or thumb

NC52.0Y Other specified open wound of finger or thumb

NC52.0Z Open wound of finger or thumb, unspecified

NC52.1 **Open wound of other parts of wrist or hand**

NC52.10 Laceration without foreign body of other parts of wrist or hand

Inclusions: laceration of skin of wrist or hand

NC52.11 Laceration with foreign body of other parts of wrist or hand

NC52.12 Puncture wound with foreign body of other parts of wrist or hand

NC52.13 Puncture wound without foreign body of other parts of wrist or hand

NC52.14 Open bite of other parts of wrist or hand

NC52.1Y Other specified open wound of other parts of wrist or hand

NC52.1Z Open wound of other parts of wrist or hand, unspecified

NC52.2 **Multiple open wounds of wrist or hand**

Coding Note: Assign additional codes for the specific injuries.

NC53 **Fracture at wrist or hand level**

A break in one of the bones of the wrist or hand.

Exclusions: fracture of distal parts of ulna and radius (NC32.6)

NC53.0 **Fracture of scaphoid bone of hand**

NC53.1 **Fracture of other carpal bone**

A break in one or more of the carpal bones of the wrist

NC53.2 **Fracture of first metacarpal bone**

A break in the first metacarpal bone, that which is part of the thumb.

NC53.3 **Fracture of other metacarpal bone**

NC53.30 Fracture of shaft of other metacarpal bone

NC53.31 Fracture of neck of other metacarpal bone

NC53.3Y Fracture of other specified part of other metacarpal bone

NC53.3Z Fracture of other metacarpal bone, unspecified

NC53.4 **Multiple fractures of metacarpal bones**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC53.5 **Fracture of thumb bone**

Exclusions: Fracture of first metacarpal bone (NC53.2)

NC53.6 **Fracture of other finger bone**

A break in one or more of the phalanges

NC53.60 Fracture of index finger

NC53.61 Fracture of middle finger

NC53.62 Fracture of ring finger

NC53.63 Fracture of little finger

NC53.6Y Other specified fracture of other finger bone

NC53.6Z Fracture of other finger bone, unspecified

NC53.7 **Multiple fractures of fingers**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC53.Y **Fracture at other specified part of wrist or hand level**

NC53.Z **Fracture at wrist or hand level, unspecified**

NC54 Dislocation or strain or sprain of joints or ligaments at wrist or hand level

NC54.0 **Dislocation of wrist**

Displacement of one or more of the bones of the wrist

NC54.00 Dislocation of distal radioulnar joint

NC54.01 Dislocation of radiocarpal joint

NC54.02 Dislocation of midcarpal joint

NC54.03 Dislocation of carpometacarpal joint of thumb

NC54.04 Dislocation of other carpometacarpal joint

NC54.05 Dislocation of metacarpal bone, proximal end

NC54.0Y Dislocation of other specified part of wrist

NC54.0Z Dislocation of wrist, unspecified

NC54.1 **Dislocation of thumb**

NC54.10 Dislocation of metacarpophalangeal joint of thumb

NC54.11 Dislocation of interphalangeal joint of thumb

NC54.1Y Dislocation of other specified part of thumb

NC54.1Z Dislocation of thumb, unspecified

NC54.2 **Dislocation of finger**

Displacement of one or more of the phalanges

Inclusions: Dislocation of phalanx, hand

NC54.20 Dislocation of metacarpophalangeal joint of finger

NC54.21 Dislocation of interphalangeal joint of finger

NC54.2Y Dislocation of other specified part of finger

NC54.2Z Dislocation of finger, unspecified

NC54.3 **Multiple dislocations of fingers**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC54.4 **Traumatic rupture of ligament of wrist or carpus**

NC54.40 Traumatic rupture of scapholunate ligament

NC54.41 Traumatic rupture of radiocarpal ligament

NC54.42 Traumatic rupture of ulnocarpal ligament

NC54.43 Traumatic rupture of lunotriquetral ligament

NC54.4Y Traumatic rupture of other specified ligament of wrist or carpus

NC54.4Z Traumatic rupture of ligament of wrist or carpus, unspecified

NC54.5 **Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint**

NC54.50 Traumatic rupture of collateral ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.51 Traumatic rupture of palmar ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.52 Traumatic rupture of volar plate of finger at metacarpophalangeal or interphalangeal joint

NC54.53 Traumatic rupture of other ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.5Z Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint, unspecified

NC54.6 **Strain or sprain of wrist**

A collective term for muscle and ligament injuries of the tissues associated with the wrist without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC54.60 Strain or sprain of carpal joint

NC54.61 Strain or sprain of radiocarpal joint

NC54.62 Strain or sprain of carpometacarpal joint

NC54.6Y Sprain of other specified part of wrist

NC54.6Z Strain or sprain of wrist, unspecified

NC54.7 **Strain or sprain of thumb**

NC54.70 Strain or sprain of metacarpophalangeal joint of thumb

NC54.71 Strain or sprain of interphalangeal joint of thumb

NC54.7Y Sprain of other specified part of thumb

NC54.7Z Strain or sprain of thumb, unspecified

NC54.8 **Strain or sprain of finger**

NC54.80 Strain or sprain of metacarpophalangeal joint of finger

NC54.81 Strain or sprain of interphalangeal joint of finger

NC54.8Y Sprain of other specified part of finger

NC54.8Z Strain or sprain of finger, unspecified

NC54.Y **Dislocation or sprain of other specified joints or ligaments at wrist or hand level**

NC54.Z **Dislocation or strain or sprain of joints or ligaments at wrist or hand level, unspecified**

NC55 Injury of nerves at wrist or hand level

NC55.0 **Injury of ulnar nerve at wrist or hand level**

NC55.1 **Injury of median nerve at wrist or hand level**

NC55.2 **Injury of radial nerve at wrist or hand level**

NC55.3 **Injury of multiple nerves at wrist or hand level**

Coding Note: Assign additional codes for the specific injuries.

NC55.Y **Injury of other specified nerves at wrist or hand level**

NC55.Z **Injury of unspecified nerve at wrist or hand level**

NC56 Injury of blood vessels at wrist or hand level

NC56.0 **Injury of ulnar artery at wrist or hand level**

NC56.00 Laceration of ulnar artery at wrist or hand level

NC56.01 Contusion of ulnar artery at wrist or hand level

NC56.0Y Other specified injury of ulnar artery at wrist or hand level

NC56.0Z Injury of ulnar artery at wrist or hand level, unspecified

NC56.1 **Injury of radial artery at wrist or hand level**

NC56.10 Laceration of radial artery at wrist or hand level

NC56.11 Contusion of radial artery at wrist or hand level

NC56.1Y Other specified injury of radial artery at wrist or hand level

NC56.1Z Injury of radial artery at wrist or hand level, unspecified

NC56.2 **Injury of superficial palmar arch**

NC56.20 Laceration of superficial palmar arch

NC56.21 Contusion of superficial palmar arch

NC56.2Y Other specified injury of superficial palmar arch

NC56.2Z Injury of superficial palmar arch, unspecified

NC56.3 **Injury of deep palmar arch**

NC56.30 Laceration of deep palmar arch

NC56.31 Contusion of deep palmar arch

NC56.3Y Other specified injury of deep palmar arch

NC56.3Z Injury of deep palmar arch, unspecified

NC56.4 **Injury of blood vessel of thumb**

NC56.40 Laceration of blood vessel of thumb

NC56.41 Contusion of blood vessel of thumb

NC56.4Y Other specified injury of blood vessel of thumb

NC56.4Z Injury of blood vessel of thumb, unspecified

NC56.5 **Injury of blood vessel of other finger**

NC56.50 Laceration of blood vessel of other finger

NC56.51 Contusion of blood vessel of other finger

NC56.5Y Other specified injury of blood vessel of other finger

NC56.5Z Injury of blood vessel of other finger, unspecified

NC56.6 **Injury of multiple blood vessels at wrist or hand level**

Coding Note: Assign additional codes for the specific injuries.

NC56.60 Laceration of multiple blood vessels at wrist or hand level

NC56.61 Contusion of multiple blood vessels at wrist or hand level

NC56.6Y Other specified injury of multiple blood vessels at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC56.6Z Injury of multiple blood vessels at wrist or hand level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC56.Y **Injury of other specified blood vessels at wrist and hand level**

NC56.Z **Injury of unspecified blood vessel at wrist or hand level**

NC57 Injury of muscle, fascia or tendon at wrist or hand level

NC57.0 **Injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level**

NC57.00 Strain or sprain of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.01 Laceration of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.0Y Other specified injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.0Z Injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.1 **Injury of flexor muscle, fascia or tendon of other finger at wrist or hand level**

NC57.10 Strain or sprain of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.11 Laceration of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.1Y Other specified injury of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.1Z Injury of flexor muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.2 **Injury of extensor muscle, fascia or tendon of thumb at wrist or hand level**

NC57.20 Strain or sprain of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.21 Laceration of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.2Y Other specified injury of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.2Z Injury of extensor muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.3 **Injury of extensor muscle, fascia or tendon of other finger at wrist or hand level**

NC57.30 Strain or sprain of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.31 Laceration of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.3Y Other specified injury of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.3Z Injury of extensor muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.4 **Injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level**

NC57.40 Strain or sprain of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.41 Laceration of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.4Y Other specified injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.4Z Injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.5 **Injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level**

NC57.50 Strain or sprain of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.51 Laceration of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.5Y Other specified injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.5Z Injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.6 **Injury of multiple flexor muscles or tendons at wrist or hand level**

Coding Note: Assign additional codes for the specific injuries.

NC57.7 **Injury of multiple extensor muscles or tendons at wrist or hand level**

Coding Note: Assign additional codes for the specific injuries.

NC57.Y **Injury of other specified muscle, fascia or tendon at wrist or hand level**

NC57.Z **Injury of unspecified muscle, fascia or tendon at wrist or hand level**

NC58 Crushing injury of wrist or hand

NC58.0 **Crushing injury of thumb**

NC58.1 **Crushing injury of other finger**

NC58.2 **Crushing injury of hand**

NC58.3 **Crushing injury of wrist**

NC58.Y **Crushing injury of other specified part of wrist or hand**

NC58.Z **Crushing injury of wrist or hand, unspecified**

NC59 Traumatic amputation of wrist or hand

NC59.0 **Traumatic amputation of thumb**

Exclusions: avulsion of fingernail (NC50)

NC59.00 Traumatic amputation at or near base of right thumb

NC59.01 Traumatic amputation at or near base of left thumb

NC59.02 Traumatic amputation at or near base of thumb, bilateral

NC59.0Y Other specified traumatic amputation of thumb

NC59.0Z Traumatic amputation of thumb, unspecified

NC59.1 **Traumatic amputation of other single finger**

Exclusions: avulsion of fingernail (NC50)

NC59.2 **Traumatic amputation of two or more fingers alone**

Exclusions: avulsion of fingernail (NC50)

NC59.20 Traumatic amputation of two or more fingers at or near base, right hand

NC59.21 Traumatic amputation of two or more fingers at or near base, left hand

NC59.22 Traumatic amputation of two or more fingers alone at or near base, bilateral

NC59.2Y Other specified traumatic amputation of two or more fingers alone

NC59.2Z Traumatic amputation of two or more fingers alone, unspecified

NC59.3 **Combined traumatic amputation of finger with other parts of wrist or hand**

NC59.4 **Traumatic amputation of hand at metacarpal level**

NC59.Z **Traumatic amputation of wrist or hand, unspecified**

NC5A Multiple injuries of wrist or hand

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.0 **Injury of multiple sites of hand**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.1 **Injury of multiple sites of wrist**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.Y **Other specified multiple injuries of wrist or hand**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.Z **Multiple injuries of wrist or hand, unspecified**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5Y **Other specified injuries to the wrist or hand**

NC5Z **Injuries to the wrist or hand, unspecified**

Injuries to the hip or thigh (NC70-NC7Z)

Exclusions: Frostbite (NE40-NE4Z)

Burns (ND90-NE2Z)

Insect bite or sting, venomous (NE61)

Other injuries of leg, level unspecified (ND55)

NC70 **Superficial injury of hip or thigh**

NC70.0 **Abrasion of hip**

NC70.1 **Contusion of hip**

NC70.2 **Abrasion of thigh**

NC70.3 **Contusion of thigh**

NC70.4 **Multiple superficial injuries of hip or thigh**

Coding Note: Assign additional codes for the specific injuries.

NC70.Y **Other specified superficial injury of hip or thigh**

NC70.Z **Superficial injury of hip or thigh, unspecified**

NC71 **Open wound of hip or thigh**

Exclusions: Traumatic amputation of hip or thigh (NC78)

NC71.0 **Laceration without foreign body of hip or thigh**

Inclusions: laceration of skin of hip or thigh

NC71.1 **Laceration with foreign body of hip or thigh**

NC71.2 **Puncture wound without foreign body of hip or thigh**

NC71.3 **Puncture wound with foreign body of hip or thigh**

NC71.4 **Open bite of hip or thigh**

NC71.5 **Multiple open wounds of hip or thigh**

Coding Note: Assign additional codes for the specific injuries.

NC71.Y **Other specified open wound of hip or thigh**

NC71.Z **Open wound of hip or thigh, unspecified**

NC72 **Fracture of femur**

A break in the femur, longest and largest bone of the skeleton, situated between the hip and the knee.

NC72.0 **Fracture of head of femur**

NC72.1 **Fracture of upper epiphysis of femur**

NC72.2 **Fracture of neck of femur**

NC72.20 Fracture of neck of femur, subcapital

NC72.21 Fracture of neck of femur, mid-cervical

NC72.22 Fracture of base of neck of femur

NC72.23 Intracapsular fracture of femur

NC72.2Y Other specified fracture of neck of femur

NC72.2Z Fracture of neck of femur, unspecified

NC72.3 **Fracture of trochanteric section of femur**

Inclusions: Trochanteric fracture

NC72.30 Intertrochanteric fracture of femur

NC72.31 Pertrochanteric fracture of femur

NC72.3Y Fracture of other specified trochanteric section of femur

NC72.3Z Fracture of unspecified trochanteric section of femur

NC72.4 **Subtrochanteric fracture of femur**

NC72.5 **Fracture of shaft of femur**

NC72.6 **Fracture of lower end of femur**

NC72.60 Fracture of lower end of femur not extending into joint, simple

NC72.61 Fracture of lower end of femur not extending into joint, wedge

NC72.62 Fracture of lower end of femur not extending into joint, complex

NC72.63 Fracture of lower end of femur extending into joint, lateral condyle

NC72.64 Fracture of lower end of femur extending into joint, medial condyle

NC72.65 Fracture of lower end of femur extending into joint, frontal

NC72.66 Fracture of lower end of femur extending into joint, complete articular

NC72.6Y Other specified fracture of lower end of femur

NC72.6Z Fracture of lower end of femur, unspecified

NC72.7 **Multiple fractures of femur**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC72.8 **Fractures of other parts of femur**

NC72.Y **Other specified fracture of femur**

NC72.Z **Fracture of femur, unspecified**

NC73 **Dislocation or strain or sprain of joint or ligaments of hip**

A collective term for muscle and ligament injuries of the tissues associated with, or displacement of the bones of, the hip.

NC73.0 **Dislocation of hip**

NC73.00 Posterior dislocation of hip

NC73.01 Obturator dislocation of hip

NC73.02 Other anterior dislocation of hip

NC73.03 Central dislocation of hip

NC73.0Y Other specified dislocation of hip

NC73.0Z Dislocation of hip, unspecified

NC73.1 **Strain or sprain of hip**

A collective term for muscle and ligament injuries of the tissues associated with the hip without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC73.10 Iliofemoral ligament strain or sprain of hip

NC73.11 Ischiocapsular ligament strain or sprain of hip

NC73.1Y Other specified strain or sprain of hip

NC73.1Z Strain or sprain of hip, unspecified

NC74 **Injury of nerves at hip or thigh level**

NC74.0 **Injury of sciatic nerve at hip or thigh level**

NC74.1 **Injury of femoral nerve at hip or thigh level**

NC74.2 **Injury of cutaneous sensory nerve at hip or thigh level**

NC74.3 **Injury of multiple nerves at hip or thigh level**

Coding Note: Assign additional codes for the specific injuries.

NC74.Y **Injury of other specified nerves at hip or thigh level**

NC74.Z **Injury of unspecified nerve at hip or thigh level**

NC75 **Injury of blood vessels at hip or thigh level**

Exclusions: Injury of popliteal artery (NC95.0)

NC75.0 **Injury of femoral artery**

NC75.00 Laceration of femoral artery, minor

Inclusions: incomplete transection of femoral artery
laceration of femoral artery NOS
superficial laceration of femoral artery

NC75.01 Laceration of femoral artery, major

Inclusions: complete transection of femoral artery
traumatic rupture of femoral artery

NC75.0Y Other specified injury of femoral artery

NC75.0Z Injury of femoral artery, unspecified

NC75.1 **Injury of femoral vein at hip or thigh level**

NC75.10 Laceration of femoral vein at hip or thigh level, minor

Inclusions: incomplete transection of femoral vein at hip or thigh level
laceration of femoral vein at hip or thigh level NOS
superficial laceration of femoral vein at hip or thigh level

NC75.11 Laceration of femoral vein at hip or thigh level, major

Inclusions: complete transection of femoral vein at hip or thigh level
traumatic rupture of femoral vein at hip and thigh level

NC75.1Y Other specified injury of femoral vein at hip or thigh level

NC75.1Z Injury of femoral vein at hip or thigh level, unspecified

NC75.2 **Injury of greater saphenous vein at hip or thigh level**

Exclusions: Injury of greater saphenous vein at lower leg level (NC95.4)

NC75.20 Laceration of greater saphenous vein at hip or thigh level, minor

Inclusions: incomplete transection of greater saphenous vein at hip or thigh level

laceration of greater saphenous vein at hip or thigh level NOS

superficial laceration of greater saphenous vein at hip or thigh level

NC75.21 Laceration of greater saphenous vein at hip or thigh level, major

Inclusions: complete transection of greater saphenous vein at hip or thigh level

traumatic rupture of greater saphenous vein at hip or thigh level

NC75.2Y Other specified injury of greater saphenous vein at hip or thigh level

NC75.2Z Injury of greater saphenous vein at hip or thigh level, unspecified

NC75.3 **Injury of multiple blood vessels at hip or thigh level**

Coding Note: Assign additional codes for the specific injuries.

NC75.Y **Injury of other specified blood vessels at hip and thigh level**

NC75.Z **Injury of unspecified blood vessel at hip or thigh level**

NC76 Injury of muscle, fascia, tendon or bursa at hip or thigh level

NC76.0 **Injury of muscle, fascia or tendon of hip**

NC76.00 Strain or sprain of muscle, fascia or tendon of hip

NC76.01 Laceration of muscle, fascia or tendon of hip

NC76.0Y Other specified injury of muscle, fascia or tendon of hip

NC76.0Z Injury of muscle, fascia or tendon of hip, unspecified

NC76.1 **Injury of quadriceps muscle or tendon**

NC76.10 Strain or sprain of quadriceps muscle or tendon

NC76.11 Laceration of quadriceps muscle or tendon

NC76.1Y Other specified injury of quadriceps muscle or tendon

NC76.1Z Injury of quadriceps muscle or tendon, unspecified

NC76.2 **Injury of adductor muscle, fascia or tendon of thigh**

NC76.20 Strain or sprain of adductor muscle, fascia or tendon of thigh

NC76.21 Laceration of adductor muscle, fascia or tendon of thigh

NC76.2Y Other specified injury of adductor muscle, fascia or tendon of thigh

NC76.2Z Injury of adductor muscle, fascia or tendon of thigh, unspecified

NC76.3 **Injury of muscle, fascia or tendon of the posterior muscle group at thigh level**

NC76.30 Strain or sprain of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.31 Laceration of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.3Y Other specified injury of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.3Z Injury of muscle, fascia or tendon of the posterior muscle group at thigh level, unspecified

NC76.4 **Injury of multiple muscles or tendons at hip or thigh level**

Coding Note: Assign additional codes for the specific injuries.

NC76.40 Injury of bursa of hip

NC76.4Y Other specified injury of multiple muscles or tendons at hip or thigh level

Coding Note: Assign additional codes for the specific injuries.

NC76.4Z Injury of multiple muscles or tendons at hip or thigh level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC76.Y **Injury of other specified muscle, fascia, tendon or bursa at hip or thigh level**

NC76.Z **Injury of unspecified muscle, fascia, tendon or bursa at hip or thigh level**

NC77 Crushing injury of hip or thigh

NC77.0 **Crushing injury of hip**

NC77.1 **Crushing injury of thigh**

NC77.2 **Crushing injury of hip with thigh**

NC77.Z **Crushing injury of hip or thigh, unspecified**

NC78 Traumatic amputation of hip or thigh

Exclusions: traumatic amputation of leg, level unspecified (ND55)

NC78.0 **Traumatic amputation at right hip joint**

NC78.1 **Traumatic amputation at left hip joint**

NC78.2 **Traumatic amputation at hip joint, bilateral**

NC78.3 **Traumatic amputation at level between right hip and knee**

NC78.4 **Traumatic amputation at level between left hip and knee**

NC78.5 **Traumatic amputation at level between hip and knee, bilateral**

NC78.Z **Traumatic amputation of hip or thigh, unspecified**

NC79 **Multiple injuries of hip or thigh**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC7Y **Other specified injuries to the hip or thigh**

NC7Z **Injuries to the hip or thigh, unspecified**

Injuries to the knee or lower leg (NC90-NC9Z)

Exclusions: Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

Insect bite or sting, venomous (NE61)

Other injuries of leg, level unspecified (ND55)

Injuries to the ankle or foot (ND10-ND1Z)

NC90 **Superficial injury of knee or lower leg**

Exclusions: Superficial injury of ankle or foot (ND11)

NC90.0 Abrasion of knee

NC90.1 Contusion of knee

NC90.2 Abrasion of other or unspecified parts of lower leg

NC90.3 Contusion of other or unspecified parts of lower leg

NC90.4 Multiple superficial injuries of lower leg

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC90.Y Other specified superficial injury of knee or lower leg

NC90.Z Superficial injury of knee or lower leg, unspecified

NC91 **Open wound of knee or lower leg**

Exclusions: Traumatic amputation of lower leg (NC98)

Open wound of ankle or foot (ND12)

NC91.0 Laceration without foreign body of lower leg

Inclusions: laceration of skin of lower leg

NC91.1 Laceration with foreign body of lower leg

NC91.2 Puncture wound without foreign body of lower leg

NC91.3 Puncture wound with foreign body of lower leg

NC91.4 Open bite of lower leg

NC91.5 **Multiple open wounds of lower leg**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC91.Y **Other specified open wound of knee or lower leg**

NC91.Z **Open wound of knee or lower leg, unspecified**

NC92 Fracture of lower leg, including ankle

Exclusions: Fracture of foot, except ankle (ND13)

NC92.0 **Fracture of patella**

A break in the patellar bone (kneecap)

NC92.1 **Fracture of upper end of tibia**

NC92.10 Avulsion of cruciate ligament insertion

NC92.11 Avulsion of tibial tuberosity

NC92.12 Metaphyseal fracture of upper end of tibia

NC92.13 Fracture of upper end of tibia, lateral condyle

NC92.14 Fracture of upper end of tibia, medial condyle

NC92.1Y Other specified fracture of upper end of tibia

NC92.1Z Fracture of upper end of tibia, unspecified

NC92.2 **Fracture of shaft of tibia**

Inclusions: Fracture of shaft of tibia with or without mention of fracture of fibula

NC92.3 **Fracture of lower end of tibia**

Inclusions: Fracture of lower end of tibia with or without mention of fracture of fibula

Exclusions: Fracture of medial malleolus (NC92.5)

NC92.4 **Fracture of fibula alone**

Exclusions: Fracture of lateral malleolus (NC92.6)

NC92.40 Avulsion of fibular head

NC92.4Y Other specified fracture of fibula alone

NC92.4Z Fracture of fibula alone, unspecified

NC92.5 **Fracture of medial malleolus**

A fracture of the medial malleolus, the bony landmark located on the distal end of the tibia

NC92.6 **Fracture of lateral malleolus**

NC92.7 **Complex fractures of ankle**

NC92.70 Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus

NC92.71 Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia

NC92.72 Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus

NC92.73 Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia

NC92.74 Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis

NC92.75 Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis and fracture of posterior margin of distal tibia

NC92.76 Bimalleolar fracture of ankle, not otherwise specified

NC92.77 Trimalleolar fracture of ankle, not otherwise specified

NC92.7Y Other specified complex fractures of ankle

NC92.7Z Complex fractures of ankle, unspecified

NC92.8 **Multiple fractures of lower leg**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: fractures of both tibia and fibula upper end (NC92.1)

fractures of both tibia and fibula shafts (NC92.2)

fractures of both tibia and fibula lower end (NC92.3)

NC92.Y **Fracture of other specified part of lower leg, including ankle**

NC92.Z **Fracture of lower leg, including ankle, unspecified**

NC93 Dislocation or strain or sprain of joints or ligaments of knee

Exclusions: dislocation of knee recurrent (FA34.2)

Internal derangement of knee (FA33)

derangement of patella (FA32)

dislocation of knee old (FA34.2)

NC93.0 **Acute internal damage of knee**

NC93.1 **Dislocation of patella**

Displacement of the patella from the femoral groove.

NC93.10 Lateral dislocation of patella

NC93.1Y Other specified dislocation of patella

NC93.1Z Dislocation of patella, unspecified

NC93.2 **Dislocation of knee**

NC93.20 Anterior dislocation of proximal end of tibia

NC93.21 Posterior dislocation of proximal end of tibia

NC93.22 Medial dislocation of proximal end of tibia

NC93.23 Lateral dislocation of proximal end of tibia

NC93.2Y Other specified dislocation of knee

NC93.2Z Dislocation of knee, unspecified

NC93.3 **Tear of meniscus, current**

Exclusions: old bucket-handle tear (FA33)

NC93.30 Tear of medial meniscus

NC93.31 Tear of lateral meniscus

NC93.3Y Other specified tear of meniscus, current

NC93.3Z Tear of meniscus, current, unspecified

NC93.4 **Tear of articular cartilage of knee**

NC93.5 **Strain or sprain involving fibular or tibial collateral ligament of knee**

NC93.50 Strain or sprain of medial collateral ligament of knee, excluding rupture

NC93.51 Strain or sprain of lateral collateral ligament of knee, excluding rupture

NC93.52 Rupture of medial collateral ligament of knee

NC93.53 Rupture of lateral collateral ligament of knee

NC93.5Y Other specified strain or sprain involving fibular or tibial collateral ligament of knee

NC93.5Z Strain or sprain involving fibular or tibial collateral ligament of knee, unspecified

NC93.6 **Strain or sprain involving anterior or posterior cruciate ligament of knee**

NC93.60 Strain or sprain of anterior cruciate ligament of knee, excluding rupture

NC93.61 Strain or sprain of posterior cruciate ligament of knee, excluding rupture

NC93.62 Rupture of anterior cruciate ligament

NC93.63 Rupture of posterior cruciate ligament

NC93.6Y Other specified strain or sprain involving anterior or posterior cruciate ligament of knee

NC93.6Z Strain or sprain involving anterior or posterior cruciate ligament of knee, unspecified

NC93.7 **Strain or sprain of other or unspecified parts of knee**

A collective term for muscle and ligament injuries of other and unspecified tissues associated with the knee without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

Exclusions: sprain of patellar ligament (NC76.1)

NC93.8 **Injury to multiple structures of knee**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC93.Y **Other specified dislocation or strain or sprain of joints or ligaments of knee**

NC93.Z **Dislocation or strain or sprain of joints or ligaments of knee, unspecified**

NC94 Injury of nerves at lower leg level

Exclusions: Injury of nerves at ankle or foot level (ND15)

NC94.0 **Injury of tibial nerve at lower leg level**

NC94.1 **Injury of peroneal nerve at lower leg level**

NC94.2 **Injury of cutaneous sensory nerve at lower leg level**

NC94.3 **Injury of multiple nerves at lower leg level**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC94.Y **Injury of other specified nerves at lower leg level**

NC94.Z **Injury of unspecified nerve at lower leg level**

NC95 Injury of blood vessels at lower leg level

Exclusions: Injury of blood vessels at ankle or foot level (ND16)

NC95.0 **Injury of popliteal artery**

NC95.00 Laceration of popliteal artery

NC95.0Y Other specified injury of popliteal artery

NC95.0Z Injury of popliteal artery, unspecified

NC95.1 **Injury of anterior tibial artery**

NC95.10 Laceration of anterior tibial artery

NC95.1Y Other specified injury of anterior tibial artery

NC95.1Z Injury of anterior tibial artery, unspecified

NC95.2 **Injury of posterior tibial artery**

NC95.20 Laceration of posterior tibial artery

NC95.2Y Other specified injury of posterior tibial artery

NC95.2Z Injury of posterior tibial artery, unspecified

NC95.3 Injury of peroneal artery

NC95.30 Laceration of peroneal artery

NC95.3Y Other specified injury of peroneal artery

NC95.3Z Injury of peroneal artery, unspecified

NC95.4 Injury of greater saphenous vein at lower leg level

NC95.40 Laceration of greater saphenous vein at lower leg level

NC95.4Y Other specified injury of greater saphenous vein at lower leg level

NC95.4Z Injury of greater saphenous vein at lower leg level, unspecified

NC95.5 Injury of lesser saphenous vein at lower leg level

NC95.50 Laceration of lesser saphenous vein at lower leg level

NC95.5Y Other specified injury of lesser saphenous vein at lower leg level

NC95.5Z Injury of lesser saphenous vein at lower leg level, unspecified

NC95.6 Injury of popliteal vein

NC95.60 Laceration of popliteal vein

NC95.6Y Other specified injury of popliteal vein

NC95.6Z Injury of popliteal vein, unspecified

NC95.7 Injury of multiple blood vessels at lower leg level

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC95.Y Injury of other specified blood vessels at lower leg level

NC95.Z Injury of unspecified blood vessel at lower leg level

NC96 Injury of muscle, fascia, tendon or bursa at lower leg level

Exclusions: Injury of muscle, fascia or tendon at ankle or foot level (ND17)

injury of patellar ligament (tendon) (NC76.1)

NC96.0 Injury of Achilles tendon

NC96.00 Strain or sprain of Achilles tendon

NC96.01 Laceration of Achilles tendon

NC96.02 Rupture of Achilles tendon

NC96.0Y Other specified injury of Achilles tendon

NC96.0Z Injury of Achilles tendon, unspecified

NC96.1 **Injury of other muscle, fascia or tendon of posterior muscle group at lower leg level**

NC96.10 Strain or sprain of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.11 Laceration of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.1Y Other specified injury of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.1Z Injury of other muscle, fascia or tendon of posterior muscle group at lower leg level, unspecified

NC96.2 **Injury of muscle, fascia or tendon of anterior muscle group at lower leg level**

NC96.20 Strain or sprain of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.21 Laceration of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.2Y Other specified injury of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.2Z Injury of muscle, fascia or tendon of anterior muscle group at lower leg level, unspecified

NC96.3 **Injury of muscle, fascia or tendon of peroneal muscle group at lower leg level**

NC96.30 Strain or sprain of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.31 Laceration of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.3Y Other specified injury of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.3Z Injury of muscle, fascia or tendon of peroneal muscle group at lower leg level, unspecified

NC96.4 **Injury of multiple muscles, fasciae or tendons at lower leg level**

Coding Note: Assign additional codes for the specific injuries.

NC96.5 **Injury of bursa of knee**

NC96.Y **Injury of other specified muscle, fascia, tendon or bursa at lower leg level**

NC96.Z **Injury of unspecified muscle, fascia, tendon or bursa at lower leg level**

NC97 Crushing injury of lower leg

Exclusions: Crushing injury of ankle or foot (ND18)

NC97.0 **Crushing injury of knee**

NC97.Y **Crushing injury of other specified part of lower leg**

NC97.Z **Crushing injury of lower leg, unspecified**

NC98 **Traumatic amputation of lower leg**

Exclusions: Traumatic amputation of ankle or foot (ND19)

traumatic amputation of leg, level unspecified (ND55)

NC98.0 **Traumatic amputation of right lower leg at knee level**

NC98.1 **Traumatic amputation of left lower leg at knee level**

NC98.2 **Traumatic amputation at knee level, bilateral**

NC98.3 **Traumatic amputation at level between right knee and ankle**

NC98.4 **Traumatic amputation at level between left knee and ankle**

NC98.5 **Traumatic amputation at level between knee and ankle, bilateral**

NC98.Y **Other specified traumatic amputation of lower leg**

NC98.Z **Traumatic amputation of lower leg, unspecified**

NC99 **Multiple injuries of lower leg**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC9Y **Other specified injuries to the knee or lower leg**

NC9Z **Injuries to the knee or lower leg, unspecified**

Injuries to the ankle or foot (ND10-ND1Z)

Exclusions: fracture of ankle and malleolus (NC92.5)

Other injuries of leg, level unspecified (ND55)

Frostbite (NE40-NE4Z)

Burns (ND90-NE2Z)

Insect bite or sting, venomous (NE61)

ND10 **Injury to toenail**

ND11 **Superficial injury of ankle or foot**

ND11.0 **Abrasion of ankle**

ND11.1 **Contusion of ankle**

ND11.2 **Nonthermal blister of ankle**

ND11.3 **Nonvenomous insect bite of ankle**

ND11.4 **Superficial foreign body in ankle**

ND11.40 Splinter in ankle

ND11.4Y Other specified superficial foreign body in ankle

ND11.4Z Superficial foreign body in ankle, unspecified

ND11.5 **Abrasion of toe**

ND11.6 **Contusion of toe**

ND11.7 **Abrasion of other or unspecified parts of foot**

ND11.8 **Contusion of other or unspecified parts of foot**

ND11.9 **Nonthermal blister of other or unspecified parts of foot**

ND11.A **Nonvenomous insect bite of other or unspecified parts of foot**

ND11.B **Superficial foreign body in other or unspecified parts of foot**

ND11.B0 Splinter in other or unspecified parts of foot

ND11.BY Other specified superficial foreign body in other or unspecified parts of foot

ND11.BZ Superficial foreign body in other or unspecified parts of foot, unspecified

ND11.C **Multiple superficial injuries of ankle or foot**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND11.Y **Other specified superficial injury of ankle or foot**

ND11.Z **Superficial injury of ankle or foot, unspecified**

ND12 Open wound of ankle or foot

Exclusions: Traumatic amputation of ankle or foot (ND19)

ND12.0 **Laceration without foreign body of ankle or foot**

Inclusions: laceration of skin of ankle or foot

ND12.1 **Laceration with foreign body of ankle or foot**

ND12.2 **Puncture wound with foreign body of ankle or foot**

ND12.3 **Puncture wound without foreign body of ankle or foot**

ND12.4 **Open bite of ankle or foot**

ND12.5 **Multiple open wounds of ankle or foot**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND12.6 **Open wound of toe**

ND12.60 Laceration without foreign body of toe

Exclusions: Injury to toenail (ND10)

ND12.61 Laceration with foreign body of toe

ND12.62 Puncture wound without foreign body of toe

ND12.63 Puncture wound with foreign body of toe

ND12.64 Open bite of toe

ND12.6Y Other specified open wound of toe

ND12.6Z Open wound of toe, unspecified

ND12.Y **Other specified open wound of ankle or foot**

ND12.Z **Open wound of ankle or foot, unspecified**

ND13 Fracture of foot, except ankle

Exclusions: Fracture of medial malleolus (NC92.5)

Fracture of lower leg, including ankle (NC92)

Fracture of lateral malleolus (NC92.6)

ND13.0 **Fracture of calcaneus**

ND13.1 **Fracture of talus**

Inclusions: Fracture of astragalus

ND13.2 **Fracture of unspecified tarsal bone**

ND13.3 **Fracture of metatarsal bone**

A break in one or more of the metatarsal bones of the foot

Exclusions: march fracture (FB80.A)

ND13.4 **Fracture of great toe**

ND13.5 **Fracture of other toe**

ND13.6 **Multiple fractures of foot**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND13.7 **Fracture of cuboid bone**

ND13.8 **Fracture of lateral cuneiform**

ND13.9 **Fracture of intermediate cuneiform**

ND13.A **Fracture of medial cuneiform**

ND13.B **Fracture of navicular of foot**

ND13.Y **Fracture of other specified part of foot, except ankle**

ND13.Z **Fracture of foot, except ankle, unspecified**

ND14 Dislocation or strain or sprain of joints or ligaments at ankle or foot level

ND14.0 **Dislocation of ankle joint**

Displacement of one or more bones of the ankle, including the tarsals

Inclusions: Dislocation of astragalus

Dislocation of talus

ND14.1 **Dislocation of great toe**

ND14.10 Dislocation of metatarsophalangeal joint of great toe

ND14.11 Dislocation of interphalangeal joint of great toe

ND14.1Z Dislocation of great toe, unspecified

ND14.2 **Dislocation of other toe**

ND14.20 Dislocation of metatarsophalangeal joint of lesser toe

ND14.21 Dislocation of interphalangeal joints of lesser toe

ND14.2Y Dislocation of other specified toe

ND14.2Z Dislocation of other toe, unspecified

ND14.3 **Dislocation of tarsal joint**

ND14.4 **Dislocation of tarsometatarsal joint**

ND14.5 **Rupture of ligaments at ankle or foot level**

ND14.6 **Dislocation of other or unspecified parts of foot**

ND14.7 **Strain or sprain of ankle**

Exclusions: Injury of Achilles tendon (NC96.0)

ND14.70 Strain or sprain of calcaneofibular ligament

ND14.71 Strain or sprain of deltoid ligament

ND14.72 Strain or sprain of tibiofibular ligament

ND14.73 Strain or sprain of other ligament of ankle

ND14.7Z Strain or sprain of ankle, unspecified

ND14.8 **Strain or sprain of toe**

Exclusions: Strain or sprain of great toe (ND14.9)

ND14.9 **Strain or sprain of great toe**

ND14.90 Strain or sprain of metatarsophalangeal joint of great toe

ND14.91 Strain or sprain of interphalangeal joint of great toe

ND14.9Z Strain or sprain of great toe, unspecified

ND14.A **Strain or sprain of other or unspecified parts of foot**

ND14.A0 Strain or sprain of metatarsophalangeal joint of lesser toe

ND14.A1 Strain or sprain of interphalangeal joints of lesser toe

ND14.AY Sprain of other specified parts of foot

ND14.AZ Sprain of unspecified parts of foot

ND14.Y **Other specified dislocation or strain or sprain of joints or ligaments at ankle or foot level**

ND14.Z **Dislocation or strain or sprain of joints or ligaments at ankle or foot level, unspecified**

ND15 Injury of nerves at ankle or foot level

ND15.0 **Injury of lateral plantar nerve**

ND15.1 **Injury of medial plantar nerve**

ND15.2 **Injury of deep peroneal nerve at ankle or foot level**

ND15.3 **Injury of cutaneous sensory nerve at ankle or foot level**

ND15.4 **Injury of multiple nerves at ankle or foot level**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND15.Y **Injury of other specified nerves at ankle and foot level**

ND15.Z **Injury of unspecified nerve at ankle or foot level**

ND16 Injury of blood vessels at ankle or foot level

Exclusions: Injury of posterior tibial artery (NC95.2)

ND16.0 **Injury of dorsal artery of foot**

ND16.00 Laceration of dorsal artery of foot

ND16.0Y Other specified injury of dorsal artery of foot

ND16.0Z Injury of dorsal artery of foot, unspecified

ND16.1 **Injury of plantar artery of foot**

ND16.10 Laceration of plantar artery of foot

ND16.1Y Other specified injury of plantar artery of foot

ND16.1Z Injury of plantar artery of foot, unspecified

ND16.2 **Injury of dorsal vein of foot**

ND16.20 Laceration of dorsal vein of foot

ND16.2Y Other specified injury of dorsal vein of foot

ND16.2Z Injury of dorsal vein of foot, unspecified

ND16.3 **Injury of multiple blood vessels at ankle or foot level**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND16.Y **Injury of other specified blood vessels at ankle and foot level**

ND16.Z **Injury of unspecified blood vessel at ankle or foot level**

ND17 **Injury of muscle, fascia or tendon at ankle or foot level**

Damage inflicted on the muscular or tendinous tissues of the ankle or foot as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injury of Achilles tendon (NC96.0)

ND17.0 **Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level**

ND17.00 Strain or sprain of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.01 Laceration of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.0Y Other specified injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.0Z Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level, unspecified

ND17.1 **Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level**

ND17.10 Strain or sprain of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.11 Laceration of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.1Y Other specified injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.1Z Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level, unspecified

ND17.2 **Injury of intrinsic muscle, fascia or tendon at ankle or foot level**

ND17.20 Strain or sprain of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.21 Laceration of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.2Y Other specified injury of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.2Z Injury of intrinsic muscle, fascia or tendon at ankle or foot level, unspecified

ND17.3 **Injury of multiple muscles or tendons at ankle or foot level**

Coding Note: Assign additional codes for the specific injuries.

ND17.Y **Injury of other specified muscle, fascia or tendon at ankle or foot level**

ND17.Z **Injury of unspecified muscle, fascia or tendon at ankle or foot level**

ND18 Crushing injury of ankle or foot

ND18.0 **Crushing injury of ankle**

ND18.1 **Crushing injury of toe**

ND18.2 **Crushing injury of other parts of ankle or foot**

ND18.Z **Crushing injury of ankle or foot, unspecified**

ND19 Traumatic amputation of ankle or foot

ND19.0 **Traumatic amputation of right foot at ankle level**

ND19.1 **Traumatic amputation of left foot at ankle level**

ND19.2 **Traumatic amputation of foot at ankle level, bilateral**

ND19.3 **Traumatic amputation of right foot at metatarsal level**

ND19.4 **Traumatic amputation of left foot at metatarsal level**

ND19.5 **Traumatic amputation of foot at metatarsal level, bilateral**

ND19.6 **Traumatic amputation of one toe**

Exclusions: avulsion of toenail (ND10)

ND19.7 **Traumatic amputation of two or more toes**

Exclusions: avulsion of toenail (ND10)

ND19.8 **Traumatic amputation of other parts of foot**

Inclusions: Combined traumatic amputation of toe(s) and other parts of foot

ND19.Z **Traumatic amputation of ankle or foot, unspecified**

ND1A Multiple injuries of ankle or foot

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND1Y Other specified injuries to the ankle or foot

ND1Z Injuries to the ankle or foot, unspecified

Injuries involving multiple body regions (ND30-ND37)

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Frostbite (NE40-NE4Z)

Sunburn (EJ40)

Burns (ND90-NE2Z)

ND30 Superficial injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND31 Open wounds involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Traumatic amputations involving multiple body regions (ND35)

ND32 Fractures involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Coded Elsewhere: Fractures involving multiple body regions due to birth injury (KA45.Y)

ND33 Dislocations, strains or sprains involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND34 Crushing injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND35 Traumatic amputations involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Inclusions: avulsion involving multiple body regions

Exclusions: traumatic amputation of leg NOS (ND55)

traumatic amputation of arm NOS (ND53)

Open wounds involving multiple body regions (ND31)

Decapitation (NA63)

traumatic amputation of: trunk NOS (NB33)

ND36 Other injuries involving multiple body regions, not elsewhere classified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND37 **Unspecified multiple injuries**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

Exclusions: injury NOS (ND56)

Injuries to unspecified part of trunk, limb or body region (ND50-ND5Z)

Exclusions: Injuries involving multiple body regions (ND30-ND37)

Insect bite or sting, venomous (NE61)

Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

ND50 **Fracture of spine, level unspecified**

Exclusions: multiple fractures of spine, level unspecified (ND32)

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51 **Other injuries of spine or trunk, level unspecified**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: multiple internal injuries of trunk (ND36)

crushing injury of trunk NOS (ND34)

transection of trunk (ND35)

ND51.0 Dislocation or strain or sprain of unspecified joint or ligament of trunk

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51.1 Injury of unspecified nerve, spinal nerve root or plexus of trunk

ND51.2 Injury of spinal cord, level unspecified

Coded Elsewhere: Birth injury to spine or spinal cord (KA40.2)

ND51.3 Injury of unspecified muscle, fascia or tendon of trunk

ND51.4 Crushing injury of spine or trunk, level unspecified

ND51.Y Other specified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND51.Z Unspecified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND52 **Fracture of arm, level unspecified**

Exclusions: Fractures involving multiple regions of one arm (ND32)

ND53 **Other injuries of arm, level unspecified**

Exclusions: crushing injury of arm NOS (ND34)

Fracture of arm, level unspecified (ND52)

Injuries involving multiple body regions (ND30-ND37)

ND53.0 Crushing injury of arm, level unspecified

ND53.Y Other specified injuries of arm, level unspecified

ND54 **Fracture of leg, level unspecified**

Exclusions: Fractures involving multiple regions of one leg (ND32)

ND55 **Other injuries of leg, level unspecified**

Exclusions: Fracture of leg, level unspecified (ND54)

Injuries involving multiple body regions (ND30-ND37)

ND56 **Injury of unspecified body region**

Damage inflicted on the body in an unspecified area as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injuries involving multiple body regions (ND30-ND37)

multiple injuries NOS (ND37)

ND56.0 Superficial injury of unspecified body region

Exclusions: multiple superficial injuries NOS (ND30)

Coded Elsewhere: Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

ND56.1 Open wound of unspecified body region

Exclusions: Traumatic amputations involving multiple body regions (ND35)

Open wounds involving multiple body regions (ND31)

traumatic amputation NOS (ND56.8)

ND56.2 Fracture of unspecified body region

Exclusions: multiple fractures NOS (ND32)

ND56.3 Dislocation or strain or sprain of unspecified body region

Exclusions: multiple dislocations, sprains and strains NOS (ND33)

ND56.4 Injury of nerve of unspecified body region

Exclusions: multiple injuries of nerves NOS (ND36)

ND56.5 Injury of blood vessel of unspecified body region

Exclusions: multiple injuries of blood vessels NOS (ND36)

ND56.6 **Injury of muscles or tendons of unspecified body region**

Exclusions: multiple injuries of tendons and muscles NOS (ND36)

ND56.7 **Crushing injury of unspecified body region**

ND56.8 **Traumatic amputation of unspecified body region**

Exclusions: multiple: crushing injuries NOS (ND34)

multiple traumatic amputations NOS (ND35)

ND56.9 **Injury complicating pregnancy**

ND56.Y **Other specified injury of unspecified body region**

ND56.Z **Unspecified injury to unspecified part of trunk, limb or body region**

ND57 **Secondary effect of trauma**

Inclusions: deformity NOS

scarring resulting from previous injury

old amputation

Exclusions: Post traumatic stress disorder (6B40)

Post traumatic wound infection, not elsewhere classified (NF0A.3)

ND5Y **Other specified injuries to unspecified part of trunk, limb or body region**

ND5Z **Injuries to unspecified part of trunk, limb or body region, unspecified**

Effects of foreign body entering through natural orifice (ND70-ND7Z)

Exclusions: foreign body accidentally left in operation wound (PL11.3)

Residual foreign body in soft tissue (FB56.1)

ND70 **Foreign body on external eye**

Exclusions: Retained foreign body following penetrating wound of orbit (NA06.2)

Retained foreign body in eyelid (NA06.03)

ND70.0 **Foreign body in cornea**

ND70.1 **Foreign body in conjunctival sac**

ND70.2 **Foreign body in multiple parts of external eye**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND70.Y **Foreign body in other specified part of external eye**

ND70.Z **Foreign body on external eye, unspecified**

ND71 **Foreign body in ear**

Objects that inadvertently enter the ear from the environment.

ND72 **Foreign body in respiratory tract**

ND72.0 **Foreign body in nasal sinus**

ND72.1 **Foreign body in nostril**

ND72.2 **Foreign body in pharynx**

Objects that inadvertently enter the pharynx from the environment.

ND72.20 Asphyxia on mucous in nasopharynx

ND72.2Y Other specified foreign body in pharynx

ND72.2Z Foreign body in pharynx, unspecified

ND72.3 **Foreign body in larynx**

ND72.4 **Foreign body in trachea**

ND72.5 **Foreign body in bronchus**

ND72.6 **Foreign body in multiple parts of respiratory tract**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND72.Y **Foreign body in other parts of respiratory tract**

ND72.Z **Foreign body in unspecified part of respiratory tract**

ND73 **Foreign body in alimentary tract**

Inclusions: foreign body in digestive system NOS

Exclusions: Foreign body in pharynx (ND72.2)

ND73.0 **Foreign body in mouth**

ND73.1 **Foreign body in oesophagus**

Mechanical impaction or retention of foreign body in the oesophagus

ND73.2 **Foreign body in stomach**

Mechanical impaction or retention of foreign body in the stomach.

ND73.20 Trichobezoar

A hair ball which is formed from ingested hairs in the stomach which may cause bowel obstruction.

ND73.2Y Other specified foreign body in stomach

ND73.2Z Foreign body in stomach, unspecified

ND73.3 **Foreign body in small intestine**

Mechanical impaction or retention of foreign body in the small intestine.

ND73.4 **Foreign body in colon**

ND73.5 **Foreign body in anus or rectum**

ND73.Y **Foreign body in other specified part of alimentary tract**

ND73.Z **Foreign body in alimentary tract, unspecified**

ND74 **Foreign body in genitourinary tract**

Exclusions: Presence of contraceptive device (QB51.C)

ND74.0 **Foreign body in urethra**

ND74.1 **Foreign body in bladder**

ND74.2 **Foreign body in vulva or vagina**

ND74.3 **Foreign body in uterus, any part**

ND74.Y **Foreign body in other specified part of genitourinary tract**

ND74.Z **Foreign body in genitourinary tract, unspecified**

ND7Z **Effects of foreign body entering through natural orifice, unspecified**

Burns (ND90-NE2Z)

A burn is an injury to the tissues caused by a pathological flux of energy which causes cellular destruction and irreversible denaturation of proteins and is primarily caused by thermal or other acute trauma.

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Inclusions:
- internal chemical burn or corrosion
- external chemical burn or corrosion
- burns from hot objects
- burns from friction
- burns from hot air and hot gases
- burns from lightning

Exclusions:
- Sunburn (EJ40)
- Adverse cutaneous effects of therapeutic ionizing irradiation (EL60-EL63)
- Adverse effects of phototherapy (Chapter 14)
- Photosensitivity due to drug (EH75)
- Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)
- Neonatal phototherapy burn (KC50)

Burns of external body surface, specified by site (ND90-ND9Z)

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

ND90 **Burn of head or neck except face**

Injury to the tissues of the head and neck caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions:
- Burn of eye or ocular adnexa (NE00)
- Burn of mouth or pharynx (NE02)

ND90.0 Burn of head or neck except face, epidermal burn

ND90.1 Burn of head or neck except face, superficial partial thickness burn

ND90.2 Burn of head or neck except face, deep partial thickness burn

ND90.3 Burn of head and neck except face, full thickness burn

ND90.4 Burn of head or neck except face, deep full thickness or complex burn

ND90.Z Burn of head and neck except face, depth of burn unspecified

ND91 **Burn of face except eye or ocular adnexa**

ND91.0 Burn of face except eye or ocular adnexa, epidermal burn

ND91.1 Burn of face except eye or ocular adnexa, superficial partial thickness burn

ND91.2 **Burn of face except eye or ocular adnexa, deep partial thickness burn**

ND91.3 **Burn of face except eye or ocular adnexa, full thickness burn**

ND91.4 **Burn of face except eye or ocular adnexa, deep full thickness or complex burn**

ND91.Z **Burn of face except eye, depth of burn unspecified**

ND92 **Burn of trunk except perineum or genitalia**

Injury to the tissues of the trunk caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: burn and corrosion of scapular region (ND94)
burn and corrosion of axilla (ND94)

ND92.0 **Burn of trunk except perineum or genitalia, epidermal burn**

ND92.00 Burn of breast, epidermal burn

ND92.01 Burn of chest wall, epidermal burn

ND92.02 Burn of abdominal wall, epidermal burn

ND92.03 Burn of back, any part, epidermal burn

ND92.0Y Other specified burn of trunk except perineum or genitalia, epidermal burn

ND92.0Z Burn of trunk except perineum or genitalia, epidermal burn, unspecified

ND92.1 **Burn of trunk except perineum or genitalia, superficial partial thickness burn**

ND92.2 **Burn of trunk except perineum or genitalia, deep partial thickness burn**

ND92.3 **Burn of trunk except perineum or genitalia, full thickness burn**

ND92.4 **Burn of trunk except perineum or genitalia, deep full thickness or complex burn**

ND92.Z **Burn of trunk except perineum and genitalia, depth of burn unspecified**

ND93 **Burn of perineum or genitalia**

ND93.0 **Burn of perineum or genitalia, epidermal burn**

ND93.1 **Burn of perineum or genitalia, superficial partial thickness burn**

ND93.2 **Burn of perineum or genitalia, deep partial thickness burn**

ND93.3 **Burn of perineum or genitalia, full thickness burn**

ND93.4 **Burn of perineum or genitalia, deep full thickness or complex burn**

ND93.Z **Burn of perineum and genitalia, depth of burn unspecified**

ND94 **Burn of shoulder or arm, except wrist or hand**

Injury to the tissues of the shoulder and arm (except wrist and hand) caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: burn and corrosion of interscapular region (ND92)

Burn of wrist or hand (ND95)

ND94.0 **Burn of shoulder or arm, except wrist or hand, epidermal burn**

ND94.1 **Burn of shoulder or arm, except wrist or hand, superficial partial thickness burn**

ND94.10 Burn of forearm and elbow, superficial partial thickness burn

ND94.1Y Other specified burn of shoulder or arm, except wrist or hand, superficial partial thickness burn

ND94.1Z Burn of shoulder or arm, except wrist or hand, superficial partial thickness burn, unspecified

ND94.2 **Burn of shoulder or arm, except wrist or hand, deep partial thickness burn**

ND94.20 Burn of forearm or elbow, deep partial thickness burn

ND94.2Y Other specified burn of shoulder or arm, except wrist or hand, deep partial thickness burn

ND94.2Z Burn of shoulder or arm, except wrist or hand, deep partial thickness burn, unspecified

ND94.3 **Burn of shoulder or arm, except wrist or hand, full thickness burn**

ND94.4 **Burn of shoulder or arm, except wrist or hand, deep full thickness or complex burn**

ND94.Z **Burn of shoulder and arm except wrist and hand, depth of burn unspecified**

ND95 **Burn of wrist or hand**

Injury to the tissues of the wrist and hand caused by contact with, for example, heat, steam, chemicals, or electricity.

ND95.0 **Burn of wrist or hand, epidermal burn**

ND95.1 **Burn of wrist or hand, superficial partial thickness burn**

ND95.2 **Burn of wrist or hand, deep partial thickness burn**

ND95.3 **Burn of wrist or hand, full thickness burn**

ND95.4 **Burn of wrist or hand, deep full thickness or complex burn**

ND95.Z **Burn of wrist and hand, depth of burn unspecified**

ND96 **Burn of hip or leg, except ankle or foot**

Injury to the tissues of the hip and leg (except ankle and foot) caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: Burn of ankle or foot (ND97)

ND96.0 **Burn of hip or leg, except ankle or foot, epidermal burn**

ND96.1 **Burn of hip or leg, except ankle or foot, superficial partial thickness burn**

ND96.2 **Burn of hip or leg, except ankle or foot, deep partial thickness burn**

ND96.3 **Burn of hip or leg, except ankle or foot, full thickness burn**

ND96.4 **Burn of hip or leg, except ankle or foot, deep full thickness or complex burn**

ND96.Z **Burn of hip and leg except ankle and foot, depth of burn unspecified**

ND97 Burn of ankle or foot

Injury to the tissues of the ankle and foot caused by contact with, for example, heat, steam, chemicals, or electricity.

ND97.0 **Burn of ankle or foot, epidermal burn**

ND97.1 **Burn of ankle or foot, superficial partial thickness burn**

ND97.2 **Burn of ankle or foot, deep partial thickness burn**

ND97.3 **Burn of ankle or foot, full thickness burn**

ND97.4 **Burn of ankle or foot, deep full thickness or complex burn**

ND97.Z **Burn of ankle and foot, depth of burn unspecified**

ND99 Acute skin injury due to skin contact with corrosive substance

ND99.1 **Chemical burn due to skin contact with corrosive substance**

A chemical skin burn is an acute, severe irritant reaction to skin contact with corrosive or caustic substances sufficient to cause cell necrosis. The corrosive potential of substances depends on their chemical properties, concentration and pH, and on the duration and type of skin contact. Occlusion has an additive effect.

ND9Y Burns of external body surface, other specified site

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

ND9Z Burns of external body surface, unspecified site

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Burns of eye or internal organs (NE00-NE0Z)

Injury confined to the tissues of the eye and internal organs caused by contact with, for example, heat, steam, chemicals, or electricity.

NE00 Burn of eye or ocular adnexa

Injury confined to the tissues of the eye and adnexa caused by contact with, for example, heat, steam, chemicals, or electricity.

NE01 **Burn of respiratory tract**

Injury to the tissues of the respiratory tract caused by contact with, for example, heat, steam, chemicals, or electricity.

NE02 **Burn of other internal organs**

Injury to other internal organs caused by contact with, for example, heat, steam, chemicals, or electricity.

NE0Z **Burns of unspecified internal organ**

Burns of multiple or unspecified body regions (NE10-NE11)

Injury to the tissues of the multiple and unspecified body regions caused by contact with, for example, heat, steam, chemicals, or electricity.

Coding Note: Each burn should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NE10 **Burns of multiple body regions**

Coding Note: Each burn should be coded separately. This code should be used only when the detail of the specific burn is unknown, or it is not possible to code each burn.

NE11 **Burn of unspecified body region**

NE2Z **Burns, unspecified**

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Frostbite (NE40-NE4Z)

Frostbite is injury from ice formation within tissues resulting from contact with cold air, liquids or metals. It is most commonly due to excessive exposure of skin to sub-zero environmental temperatures. The risk of injury is exacerbated by wind. The most commonly affected sites are fingers, toes, ears, nose, cheeks and chin with injury limited to skin and soft tissues. Full thickness skin necrosis and injury to deeper structures including muscles and bone may occur with prolonged exposure to cold.

Exclusions: Hypothermia (NF02)

NE40 **Superficial frostbite**

Frostbite in which injury is confined to the skin, where there may be epidermal blistering and sloughing but no significant tissue necrosis.

Inclusions: frostbite with partial-thickness skin loss

Exclusions: Superficial frostbite involving multiple body regions (NE42)

NE41 **Frostbite with tissue necrosis**

Frostbite with localised tissue necrosis of skin and deeper tissues

Exclusions: Frostbite with tissue necrosis involving multiple body regions (NE42)

NE42 **Frostbite involving multiple body regions**

Frostbite is damage to tissues as the result of exposure to low environmental temperatures.

Coding Note: Each frostbite injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NE4Z **Frostbite, unspecified**

Harmful effects of substances (NE60-NE6Z)

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

NE60 **Harmful effects of drugs, medicaments or biological substances, not elsewhere classified**

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Exclusions: Alcohol intoxication (6C40.3)

pathological drug intoxication (6C40-6C5Z)

hypersensitivity reaction to correctly administered drug (4A80-4A8Z)

Reactions or intoxications due to drugs administered to fetus or newborn (KD34)

NE61 **Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified**

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Exclusions: corrosions (ND90-NE2Z)

Bacterial foodborne intoxications (1A10-1A1Z)

NE6Z **Harmful effects of unspecified substance**

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Exclusions: Attention to artificial openings (QB62)

adverse effects of drugs and medicaments (NE60)

Fitting or adjustment of external prosthetic device (QB31.0)

burns and corrosions from local applications and irradiation (ND90-NE2Z)

poisoning and toxic effects of drugs and chemicals (NE60)

Colostomy malfunction (DE12.0)

Disorders of fluid, electrolyte or acid-base balance (5C70-5C7Z)

Other functional disturbances following cardiac surgery (BE11)

Dumping syndrome (DE11)

Postmastectomy lymphoedema syndrome (BE1B.0)

Postsurgical blind-loop syndrome (DE13)

Coded Elsewhere: Complications of intrauterine procedures, not elsewhere classified (KD39)

Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

Complications of anaesthesia during the puerperium (JB43)

NE80 **Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified**

Exclusions: bone-marrow transplant rejection (NE84)

toxic endophthalmitis (9C21)

NE80.0 Air embolism following infusion, transfusion or therapeutic injection

NE80.1 ABO incompatibility reaction

Inclusions: Reaction to blood-group incompatibility in infusion or transfusion

NE80.2 Rh incompatibility reaction

Inclusions: Reaction due to Rh factor in infusion or transfusion

NE80.3 Other serum reactions

Exclusions: serum hepatitis (1E50.1)

Coded Elsewhere: Serum sickness vasculitis (4A44.Y)

Anaphylactic shock due to serum (4A84.Y)

NE80.Y Other specified injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified

NE80.Z Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified, unspecified

NE81 Injury or harm arising from a procedure, not elsewhere classified

Any complication attributable to a medical, surgical or other clinical procedure which cannot be more precisely coded elsewhere in the classification.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Failure or rejection of transplanted organs or tissues (NE84)

Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified (NE80)

NE81.0 Haemorrhage or haematoma complicating a procedure, not elsewhere classified

Inclusions: Haemorrhage at any site resulting from a procedure

Coded Elsewhere: Haematoma of obstetric wound (JB44.2)

NE81.00 Haematoma of surgical wound of skin

Collection of blood within skin and soft tissues following surgical wound of skin usually resulting from defective haemostasis

NE81.01 Haemorrhage and haematoma of eye or ocular adnexa complicating a procedure

NE81.0Z Haemorrhage or haematoma of other or unspecified site complicating a procedure, not elsewhere classified

NE81.1 Disruption of operation wound, not elsewhere classified

Inclusions: Dehiscence of operation wound

Rupture of operation wound

Exclusions: Postsurgical anastomosis leak (NE81.3)

Coded Elsewhere: Disruption of caesarean section wound (JB44.0)

Disruption of perineal obstetric wound (JB44.1)

NE81.2 Surgical site infection

Coded Elsewhere: Infection of obstetric surgical wound (JB40.1)

NE81.20 Superficial incisional site infection

A surgical site infection involving only skin and subcutaneous tissue of the incision.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

NE81.21 Deep incisional site infection

A surgical site infection involving deep soft tissues of the incision (e.g. fascia and muscle layers).

NE81.22 Organ or organ space surgical site infection

A surgical site infection that involves any part of the body deeper than the fascial or muscle layers, that is opened or manipulated during the operative procedure.

NE81.2Y Other specified surgical site infection

NE81.2Z Surgical site infection, unspecified

NE81.3 **Postsurgical leak**

Exclusions: Malfunction or complication of external stoma of digestive organs (DE12)

Tracheostomy malfunction (CB60)

NE81.Y **Other specified injury or harm arising from a procedure, not elsewhere classified**

NE81.Z **Injury or harm arising from a procedure, not elsewhere classified, unspecified**

NE82 Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified

Coded Elsewhere: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

NE82.0 **Pacemaker or implantable cardioverter defibrillator complication**

An event or occurrence related to a pacemaker or an implantable cardioverter defibrillator (ICD) or one of its components that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

NE82.00 Pacemaker or implantable cardioverter defibrillator pocket erosion

Any breakdown of the implant site or skin overlying pacemaker or an implantable cardioverter defibrillator (ICD) pocket.

NE82.01 Pacemaker or implantable cardioverter defibrillator pocket muscle stimulation

Inappropriate muscular stimulation in or near a pacemaker or implantable cardioverter defibrillator (ICD) generator pocket that cannot be managed with device reprograming and results in patient discomfort or need for reoperation.

NE82.02 Pacemaker or implantable cardioverter defibrillator phrenic nerve stimulation

NE82.03 Pacing-induced cardiomyopathy

Pacing-induced cardiomyopathy is ventricular dilation, dysfunction (systolic and-or diastolic) and dyskinesia associated with chronic ventricular pacing in the absence of other causes of cardiomyopathy.

NE82.0Y Other specified pacemaker or implantable cardioverter defibrillator complication

NE82.0Z Pacemaker or implantable cardioverter defibrillator complication, unspecified

NE82.1 **Pacemaker or implantable cardioverter defibrillator dysfunction**

Any abnormality of pacemaker or implantable cardioverter defibrillator (ICD) device function.

NE82.10 Inappropriate implantable cardioverter defibrillator shock

One or more implantable cardioverter defibrillator (ICD) high energy discharges delivered in response to an event other than an appropriately sensed ventricular arrhythmia meeting criteria for therapy. Examples of such events include artefactual sensing (e.g., T-wave oversensing or noise) or a supraventricular arrhythmias (e.g., atrial fibrillation or flutter, supraventricular tachycardia (SVT)) and sinus tachycardia.

NE82.11 Pacemaker syndrome

Cardiovascular signs or symptoms following pacemaker implantation due to suboptimal atrioventricular synchrony, regardless of the pacing mode

NE82.12 Pacemaker generator dysfunction

Pacemaker pulse generator malfunction for any reason except routine battery exhaustion.

NE82.1Y Other specified pacemaker or implantable cardioverter defibrillator dysfunction

NE82.1Z Pacemaker or implantable cardioverter defibrillator dysfunction, unspecified

NE82.2 Pacemaker or implantable cardioverter defibrillator lead complication

NE82.20 Pacemaker or implantable cardioverter defibrillator lead fracture

NE82.21 Pacemaker or implantable cardioverter defibrillator lead dislodgement

NE82.22 Pacemaker or implantable cardioverter defibrillator lead insulation break

NE82.2Y Other specified pacemaker or implantable cardioverter defibrillator lead complication

NE82.2Z Pacemaker or implantable cardioverter defibrillator lead complication, unspecified

NE82.3 Pacemaker or implantable cardioverter defibrillator lead dysfunction

NE82.Y Other specified dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified

NE82.Z Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified, unspecified

NE83 Injury or harm arising from other device, implant or graft, not elsewhere classified

Coded Elsewhere: Wear of articular bearing surface of joint prosthesis (FA35)
Postsurgical osteolysis (FC01.8)
Cardiac conduit failure (BE14.B)
Systemic-to-pulmonary arterial shunt obstruction (BE14.B)
Systemic-to-pulmonary arterial shunt failure (BE14.B)

NE83.0 Destruction or cartilage wear of joint with hemiarthroplasty

NE83.1 Infection arising from device, implant or graft, not elsewhere classified

Coding Note: This code should not be used if the type of infection is specified

Coded Elsewhere: Infection due to pacemaker or implantable cardioverter defibrillator (NE82.0Y)

NE83.Y Other specified injury or harm arising from other device, implant or graft, not elsewhere classified

NE84 Failure or rejection of transplanted organs or tissues

NE85 Complications peculiar to reattachment or amputation

NE85.0 **Complications of reattached upper extremity**

NE85.1 **Complications of reattached lower extremity**

NE85.2 **Complications of other reattached body part**

NE85.3 **Neuroma of amputation stump**

NE85.4 **Infection of amputation stump**

NE85.5 **Necrosis of amputation stump**

NE85.6 **Other or unspecified complications of amputation stump**

Exclusions: Phantom limb syndrome (8E43.00)

NE86 **Malignant hyperthermia due to anaesthesia**

A condition caused by hypermetabolism in response to certain anaesthetic drugs. This condition is characterised by hyperthermia, tachycardia, tachypnoea, increased carbon dioxide production, increased oxygen consumption, acidosis, muscle rigidity, and rhabdomyolysis. This condition may be associated with genetic mutation.

NE87 **Failed or difficult intubation**

Intubation complicated by patient anatomy or physiology which complicates, prolongs or prevents intubation.

Complication is defined as saturations falling more than 20% below baseline, significant damage to lips, teeth or tongue, or regurgitation and aspiration of gastric contents. Prolongation is defined as either intubation using special techniques (fibreoptic intubation) or three or more attempts at intubation using direct laryngoscopy or videolaryngoscopy when performed by a fully trained and expert anesthetist. Failure is defined as the abandonment of the attempt at intubation.

Exclusions: Failed or difficult intubation during pregnancy (JA67.5)

Failed or difficult intubation during labour or delivery (JB0C.7)

Failed or difficult intubation during the puerperium (JB43.5)

NE88 **Drug toxicity associated with harm in surgical or medical care, not elsewhere classified**

NE89 **Awareness under general anaesthesia**

The experience by patients whose expectation was oblivion under general anaesthesia of awareness of their surroundings. This may include some or all of the following sensations: visual, auditory, tactile (including presence of a tracheal tube or airway device, manipulation), motion, pain and paralysis.

Exclusions: Awareness of heartbeat (MC81.2)

NE8Y **Other specified injury or harm arising from surgical or medical care, not elsewhere classified**

NE8Z **Injury or harm arising from surgical or medical care, not elsewhere classified, unspecified**

Other or unspecified effects of external causes (NF00-NF0Z)

Coded Elsewhere: Anaphylaxis (4A84)

NF00 Effects of radiation, not elsewhere classified

Exclusions: Sunburn (EJ40)

Burns (ND90-NE2Z)

specified adverse effects of radiation, such as leukaemia (2A20-2B3Z)

Radiation gastritis (DA42.81)

Acute pulmonary manifestations due to radiation (CA82.0)

Radiation duodenitis (DA51.53)

Radiation oesophagitis (DA24.22)

Radiation-induced colitis (DB33.41)

NF01 Effects of heat

Adverse effects resulting from a failure to maintain normal body core temperature on exposure to excessive heat. Vigorous exercise, insulation by clothing (e.g. protective clothing) or an inability to sweat normally (e.g. genetic hypohidrosis or autonomic neuropathy) may be contributory factors.

Inclusions: heat prostration NOS

Exclusions: Sunburn (EJ40)

Burns (ND90-NE2Z)

Malignant hyperthermia due to anaesthesia (NE86)

Dermatoses provoked by heat or electricity (EJ10-EJ1Y)

NF01.0 Heat stroke

Elevation of core body temperature above 40.6 degrees centigrade due to environmental heat exposure and a failure of thermoregulation. This is a potentially fatal disorder, particularly in infants and children.

Coded Elsewhere: Environmental hyperthermia of newborn (KD10)

NF01.1 Heat syncope

Fainting attributable to exposure to heat

Inclusions: Heat collapse

NF01.2 Heat exhaustion due to fluid depletion

A failure of thermoregulatory sweating on exposure to heat as a result of water deprivation and/or inadequate replacement of fluids lost through sweating or by other means (e.g. severe diarrhoea). If untreated this may progress to heat stroke.

Inclusions: Heat prostration due to water depletion

NF01.3 Heat fatigue, transient

NF01.Y Other specified effects of heat

NF01.Z **Effects of heat, unspecified**

NF02 Hypothermia

Inclusions: Accidental hypothermia

Exclusions: Hypothermia, not associated with low environmental temperature (MG28)

Frostbite (NE40-NE4Z)

Coded Elsewhere: Hypothermia of newborn (KD12)

NF03 Other effects of reduced temperature

Exclusions: Frostbite (NE40-NE4Z)

Hypothermia (NF02)

NF03.0 **Chilblains**

Chilblains are the result of cold-induced damage principally to the microvasculature of acral skin in susceptible individuals. They are commonest in the winter months in cold, damp climates. They present as itchy or painful red-purple macules, papules or plaques, most commonly affecting the fingers and toes, though other body extremities including the heels, nose and ears can be involved. Because of insulation from core body temperature, other areas, especially the lateral thighs, may be involved in areas where there is a thick layer of subcutaneous fat.

NF03.1 **Immersion hand or foot**

Injury to the skin and soft tissues of the feet and, less commonly, the hands due to prolonged exposure to non-freezing cold and wet conditions. Originally reported in soldiers as trench foot during World War I, it is now more commonly seen in the homeless either because of vagrancy or as the result of conflict. Affected extremities are initially cold, numb, swollen and pulseless; this is followed by a period of intense hyperaemia and pain which then gives way to increased sweating and cold sensitivity.

NF03.Y **Other specified effects of reduced temperature**

NF03.Z **Unspecified effects of reduced temperature**

NF04 Effects of air pressure or water pressure

NF04.0 **Otitic barotrauma**

Inclusions: Aero-otitis media

NF04.1 **Sinus barotrauma**

Inclusions: Aerosinusitis

Effects of change in ambient atmospheric pressure on sinuses

NF04.2 **Caisson disease**

Inclusions: Compressed-air disease

Exclusions: Osteonecrosis due to trauma (FB81.3)

NF04.3 **Effects of high-pressure fluids**

NF04.Y **Other specified effects of air pressure or water pressure**

NF04.Z **Effects of air pressure or water pressure, unspecified**

NF05 **Asphyxiation**

Exclusions: Respiratory distress of newborn (KB23)
Adult acute respiratory distress syndrome (CB00)
asphyxia from carbon monoxide (NE61)
asphyxia from inhalation of food or foreign body (ND72)

NF06 **Effects of strenuous physical exercise**

NF06.0 **Exertional heat stroke**

NF06.1 **Post exercise postural hypotension**

NF06.2 **Post exertional dehydration**

NF06.3 **Exercise muscle cramp**

NF06.Y **Other specified effects of strenuous physical exercise**

NF06.Z **Effects of strenuous physical exercise, unspecified**

NF07 **Effects of other deprivation**

NF07.0 **Effects of hunger**

Inclusions: Deprivation of food
Starvation

NF07.1 **Effects of thirst**

Inclusions: Deprivation of water

NF07.2 **Exhaustion due to exposure**

NF07.Y **Other specified effects of deprivation**

NF07.Z **Effects of other deprivation, unspecified**

NF08 **Effects of certain specified external causes**

Exclusions: electric burns (ND90-NE2Z)
Adverse effects, not elsewhere classified (NF09)

NF08.0 **Effects of lightning**

NF08.1 **Drowning or nonfatal submersion**

Inclusions: Immersion

NF08.2 **Effects of vibration**

Coded Elsewhere: Vibratory angioedema (EB01.Y)

NF08.20 Hand and arm vibration syndrome

Hand Transmitted Vibration is mechanical vibration arising from powered processes or tools which enters the body at the fingers or the palm of the hands. As a consequence of this exposure some people develop a secondary Raynaud's phenomenon and / or peripheral sensory neuropathy affecting the hands.

Exclusions: Carpal tunnel syndrome (8C10.0)

NF08.2Y Other specified effects of vibration

NF08.2Z Effects of vibration, unspecified

NF08.3 **Motion sickness**

NF08.4 **Effects of electric current**

NF09 Adverse effects, not elsewhere classified

Adverse effects which cannot be attributed to any more specific cause and thus excluding but not limited to injury, allergy, hypersensitivity, toxic effects and complications of surgical and medical care.

Exclusions: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Anaphylaxis (4A84)

anaphylactic shock due to serum (NE80.3)

Allergic or hypersensitivity disorders involving skin or mucous membranes (4A82)

Allergic or hypersensitivity disorders involving the gastrointestinal tract (4A83)

Allergic or hypersensitivity disorders involving the respiratory tract (4A80)

anaphylactic shock due to adverse food reaction (4A84.0)

Harmful effects of substances (NE60-NE6Z)

NF0A Certain early complications of trauma, not elsewhere classified

Exclusions: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Respiratory distress of newborn (KB23)

Adult acute respiratory distress syndrome (CB00)

NF0A.0 **Air embolism, traumatic, not elsewhere classified**

Exclusions: air embolism complicating abortion or ectopic or molar pregnancy (JA05.2)

air embolism complicating pregnancy, childbirth and the puerperium (JB42.0)

NF0A.1 **Fat embolism, traumatic, not elsewhere classified**

Exclusions: fat embolism complicating abortion or ectopic or molar pregnancy (JA05.2)

fat embolism complicating: pregnancy, childbirth and the puerperium (JB42)

NF0A.2 **Traumatic secondary or recurrent haemorrhage, not elsewhere classified**

NF0A.3 **Post traumatic wound infection, not elsewhere classified**

Infection of skin and soft tissue secondary to trauma

NF0A.4 **Traumatic shock, not elsewhere classified**

Exclusions: obstetric shock (JB0D.1)

nontraumatic shock NEC (MG40)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

lightening shock (NF08.0)

electric shock (NF08.4)

anaphylactic shock NOS (4A84)

shock anaphylactic: due to: correct medicinal substance properly administered (4A84.1)

shock: anaphylactic: due to adverse food reaction (4A84.0)

anaphylactic due to serum (NE80.3)

NF0A.5 **Traumatic anuria, not elsewhere classified**

Inclusions: Crush syndrome

Renal failure following crushing

NF0A.6 **Traumatic ischaemia of muscle, not elsewhere classified**

Inclusions: Traumatic compartment syndrome

Exclusions: anterior tibial syndrome (FB54)

NF0A.7 **Traumatic subcutaneous emphysema, not elsewhere classified**

Exclusions: emphysema (subcutaneous) resulting from a procedure (NE81)

NF0A.Y **Other early complication of trauma, not elsewhere classified**

NF0Y **Other specified effects of external causes**

NF0Z **Unspecified effects of external causes**

NF2Y **Other specified injury, poisoning or certain other consequences of external causes**

NF2Z **Unspecified injury, poisoning or certain other consequences of external causes**

CHAPTER 23

External causes of morbidity or mortality

This chapter has 568 four-character categories.

Code range starts with PA00

The WHO definition of an ‘injury’ is: ‘Injuries are caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases, (for example, drowning and frostbite), injuries result from the sudden lack of essential agents such as oxygen or heat’. Injuries may be categorized in a number of ways. However, for most analytical purposes and for identifying intervention opportunities, it is especially useful to categorize injuries according to whether or not they were deliberately inflicted and by whom. Commonly used categories are:

- unintentional (i.e. accidental)
- intentional (i.e. deliberate):
- interpersonal (e.g. assault and homicide)
- self-harm (e.g. abuse of drugs and alcohol, self-mutilation, suicide)
- legal intervention (e.g. action by police or other law enforcement personnel)
- war, civil insurrection and disturbances (e.g. demonstrations and riots)
- undetermined intent

Regarding the collection of events that cause injuries, a set of definitions apply. See section ‘Definition related to transport accidents’.

This chapter contains the following top level blocks:

- Unintentional causes
- Intentional self-harm
- Assault
- Undetermined intent
- Exposure to extreme forces of nature
- Maltreatment
- Legal intervention
- Armed conflict
- Causes of healthcare related harm or injury

Unintentional causes (PA00-PB6Z)

Unintentional transport injury event (PA00-PA5Z)

[Definitions in relation to transport injury events]
(https://icdcdn.who.int/icd11referenceguide/en/html/index.html#descriptions-related-to-transport-injury-events)

Unintentional land transport road traffic injury event (PA00-PA0Z)

PA00 **Unintentional land transport traffic event injuring a pedestrian**

PA01 **Unintentional land transport traffic event injuring the user of a pedestrian conveyance**

PA02 **Unintentional land transport traffic event injuring a pedal cyclist**

PA03 **Unintentional land transport traffic event injuring a motor cyclist**

Exclusions: Unintentional land transport traffic event injuring an occupant of a low powered passenger vehicle (PA09)

PA04 **Unintentional land transport traffic event injuring a car occupant**

PA05 **Unintentional land transport traffic event injuring an occupant of a bus or coach**

PA06 **Unintentional land transport traffic event injuring an occupant of a light goods vehicle**

PA07 **Unintentional land transport traffic event injuring an occupant of a heavy goods vehicle**

PA08 **Unintentional land transport traffic event injuring an occupant of a streetcar or tram**

PA09 **Unintentional land transport traffic event injuring an occupant of a low powered passenger vehicle**

PA0A **Unintentional land transport traffic event injuring a user of a special vehicle mainly used in agriculture**

PA0B **Unintentional land transport traffic event injuring a user of a special vehicle mainly used on industrial premises**

PA0C **Unintentional land transport traffic event injuring a user of a special construction vehicle**

PA0D **Unintentional land transport traffic event injuring a user of an all-terrain vehicle**

PA0E **Unintentional land transport traffic event injuring a rider of an animal**

PA0F **Unintentional land transport traffic event injuring an occupant of an animal-drawn vehicle**

PA0Y **Unintentional land transport traffic event injuring a user of other specified land transport**

PA0Z **Unintentional land transport traffic event injuring a user of unspecified land transport**

Unintentional land transport off-road nontraffic injury event (PA10-PA1Z)

PA10 **Unintentional land transport nontraffic event injuring a pedestrian**

PA11 **Unintentional land transport nontraffic event injuring the user of a pedestrian conveyance**

PA12 **Unintentional land transport nontraffic event injuring a pedal cyclist**

PA13 **Unintentional land transport nontraffic event injuring a motor cyclist**

PA14 **Unintentional land transport nontraffic event injuring a car occupant**

PA15 **Unintentional land transport nontraffic event injuring an occupant of a bus or coach**

PA16 **Unintentional land transport nontraffic event injuring an occupant of a light goods vehicle**

PA17 **Unintentional land transport nontraffic event injuring an occupant of a heavy goods vehicle**

PA18 **Unintentional land transport nontraffic event injuring an occupant of a streetcar or tram**

PA19 **Unintentional land transport nontraffic event injuring an occupant of a low powered passenger vehicle**

PA1A **Unintentional land transport nontraffic event injuring a user of a special vehicle mainly used in agriculture**

PA1B **Unintentional land transport nontraffic event injuring a user of a special vehicle mainly used on industrial premises**

PA1C **Unintentional land transport nontraffic event injuring a user of a special construction vehicle**

PA1D **Unintentional land transport nontraffic event injuring a user of an all-terrain vehicle**

PA1E **Unintentional land transport nontraffic event injuring a rider of an animal**

PA1F **Unintentional land transport nontraffic event injuring an occupant of an animal-drawn vehicle**

PA1Y **Unintentional land transport nontraffic event injuring a user of other specified land transport**

PA1Z **Unintentional land transport nontraffic event injuring a user of unknown or unspecified land transport**

Unintentional land transport injury event unknown whether road traffic or off-road nontraffic (PA20-PA2Z)

PA20 **Unintentional land transport event unknown whether traffic or nontraffic injuring a pedestrian**

PA21 **Unintentional land transport event unknown whether traffic or nontraffic injuring the user of a pedestrian conveyance**

PA22 **Unintentional land transport event unknown whether traffic or nontraffic injuring a pedal cyclist**

PA23 **Unintentional land transport event unknown whether traffic or nontraffic injuring a motor cyclist**

PA24 **Unintentional land transport event unknown whether traffic or nontraffic injuring a car occupant**

PA25 **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a bus or coach**

PA26 **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a light goods vehicle**

PA27 **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a heavy goods vehicle**

PA28 **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a streetcar or tram**

PA29 **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a low powered passenger vehicle**

PA2A **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special vehicle mainly used in agriculture**

PA2B **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special vehicle mainly used on industrial premises**

PA2C **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special construction vehicle**

PA2D **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of an all-terrain vehicle**

PA2E **Unintentional land transport event unknown whether traffic or nontraffic injuring a rider of an animal**

PA2F **Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of an animal-drawn vehicle**

PA2Y **Unintentional land transport injury event unknown whether traffic or nontraffic injuring a user of other specified transport**

PA2Z **Unintentional land transport injury event unknown whether traffic or nontraffic injuring a user of unspecified transport**

Unintentional railway transport injury event (PA30-PA3Z)

PA30 **Unintentional railway transport injury event with collision or derailment**

PA31 **Unintentional railway transport injury event without collision or derailment**

PA3Z **Unintentional railway transport injury event of unspecified type**

Unintentional water transport injury event (PA40-PA4Z)

PA40 **Unintentional water transport injury event with water vessel not damaged, disabled or destroyed**

PA40.0 **Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning**

PA40.1 **Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing other injury**

PA40.Z **Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing unspecified injury**

PA41 **Unintentional water transport injury event with water vessel damaged, disabled or destroyed**

PA41.0 **Unintentional water transport injury event with water vessel damaged, disabled or destroyed, causing submersion or drowning**

Inclusions: drowning and submersion due to boat sinking

Exclusions: Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning (PA40.0)

PA41.Z **Unintentional water transport injury event with water vessel damaged, disabled or destroyed, causing unspecified injury**

PA4Z **Unintentional water transport injury event with damage to water vessel unspecified**

PA50 **Unintentional air or space transport injury event**

PA50.0 **Unintentional air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed**

PA50.1 **Unintentional air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed**

PA50.Z **Unintentional air or space transport injury event, unspecified**

PA5Y **Other specified unintentional transport injury event**

PA5Z **Unintentional transport injury event, unspecified**

Unintentional fall (PA60-PA6Z)

Exclusions: Fall in health care (PL14.E)
Tendency to fall (MB47.C)
Unintentional land transport traffic event injuring a rider of an animal (PA0E)
Fall from animal (PA1E)
Fall from burning building or structure (PB10)
Fall into fire (PB10-PB1Z)
Unintentional immersion, submersion or falling into water (PA90-PA9Z)
Fall into or from machinery (PB50-PB5B)
Fall from railway train or railway vehicle (PA31)

PA60 **Unintentional fall on the same level or from less than 1 metre**

Exclusions: Fall in health care (PL14.E)
Fall while in hospital (PL14.E)
Fall from hospital bed (PL14.E)

PA61 **Unintentional fall from a height of 1 metre or more**

Exclusions: Fall in health care (PL14.E)
Fall from animal (PA1E)

PA6Z **Unintentional fall from unspecified height**

Unintentional contact with person, animal or plant (PA70-PA7Z)

PA70 **Unintentionally struck, kicked, or bumped by person**

PA71 **Unintentionally struck, kicked, or bumped by animal**

PA72 **Unintentionally stepped on or crushed by person**

PA73 **Unintentionally stepped on or crushed by animal**

PA74 **Unintentionally bitten by person**

PA75 **Unintentionally bitten by animal**

PA76 **Unintentionally scratched or clawed by person**

PA77 **Unintentionally scratched or clawed by animal**

PA78 **Unintentionally stung or envenomated by animal**

PA79 **Unintentionally injured by contact with plant**

PA7Y **Other specified type of unintentional contact with person, animal or plant**

PA7Z **Unintentional contact with person, animal or plant, type unspecified**

Unintentional exposure to object, not elsewhere classified (PA80-PA8Z)

Exclusions: Intentional self-harm by exposure to object, not elsewhere classified (PC50-PC5Z)

Assault by exposure to object not elsewhere classified (PE20-PE4Z)

Unintentional contact with person, animal or plant (PA70-PA7Z)

PA80 **Unintentionally struck by projectile from firearm**

PA80.0 **Unintentionally struck by projectile from handgun**

Inclusions: gun for single hand use

PA80.1 **Unintentionally struck by projectile from rifle, shotgun or larger firearm**

PA80.2 **Unintentional exposure to other and unspecified firearm**

Inclusions: shot NOS

PA81 **Unintentionally struck by moving object**

PA82 **Unintentional striking against stationary object**

PA83 **Unintentionally cut or pierced by sharp object**

PA83.0 **Unintentionally cut or pierced by knife, sword, or dagger**

PA83.1 **Unintentionally cut or pierced by sharp glass**

PA83.2 **Unintentionally cut or pierced by other or unspecified sharp object**

PA84 **Unintentionally struck by blunt object**

PA85 **Unintentionally caught, crushed, jammed or pinched between objects**

PA8Y **Unintentional exposure to other specified object, not elsewhere classified**

PA8Z **Unintentional exposure to object, unspecified**

Unintentional immersion, submersion or falling into water (PA90-PA9Z)

PA90 **Unintentional drowning or submersion, while in body of water**

PA91 **Unintentional drowning or submersion, following fall into body of water**

PA92 **Unintentional injury other than drowning following fall into body of water**

PA9Z **Unintentional immersion, submersion or falling into water, unspecified**

Unintentional threat to breathing (PB00-PB0Z)

PB00 **Unintentional threat to breathing by suffocation from object covering mouth or nose**

PB01 **Unintentional threat to breathing by hanging**

PB02 **Unintentional threat to breathing by strangulation**

PB03 **Unintentional threat to breathing by external compression of airways or chest**

Exclusions: Unintentional threat to breathing by hanging (PB01)

Unintentional threat to breathing by strangulation (PB02)

PB04 **Unintentional threat to breathing by inhalation or ingestion of gastric contents**

PB05 **Unintentional threat to breathing by inhalation or ingestion of liquids**

PB06 **Unintentional threat to breathing by inhalation or ingestion of food**

PB07 **Unintentional threat to breathing by inhalation or ingestion of other objects or materials**

PB08 **Unintentional threat to breathing from low oxygen environment**

PB0Y **Unintentional threat to breathing by other specified means**

PB0Z **Unintentional threat to breathing by unspecified means**

Unintentional exposure to thermal mechanism (PB10-PB1Z)

PB10 **Unintentional exposure to uncontrolled fire**

PB11 **Unintentional exposure to controlled fire**

PB12 **Unintentional exposure to ignition or melting of material**

PB13 **Unintentional contact with hot object or liquid**

PB14 **Unintentional exposure to steam, hot vapour, air or gases**

PB15 **Unintentional exposure to excessive heat**

PB16 **Unintentional exposure to excessive cold**

PB1Y **Unintentional exposure to other specified thermal mechanism**

PB1Z **Unintentional exposure to unspecified thermal mechanism**

Unintentional exposure to or harmful effects of substances (PB20-PB36)

Unintentional harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

Unintentional exposure to or harmful effects of drugs, medicaments or biological substances (PB20-PB29)

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB20 **Unintentional exposure to or harmful effects of opioids or related analgesics**

Inclusions: accidental overdose of opioids or related analgesics

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB21 **Unintentional exposure to or harmful effects of sedative hypnotic drugs or other CNS depressants**

Inclusions: accidental overdose by sedative hypnotic drugs or other CNS depressants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB22 **Unintentional exposure to or harmful effects of psychostimulants**

Inclusions: accidental overdose of psychostimulants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB23 **Unintentional exposure to or harmful effects of cannabinoids or hallucinogens**

Inclusions: accidental overdose of cannabinoids or hallucinogens

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB24 **Unintentional exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs**

Inclusions: accidental overdose of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB25 **Unintentional exposure to or harmful effects of antidepressants**

Inclusions: accidental overdose of antidepressants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB26 **Unintentional exposure to or harmful effects of antipsychotics**

Inclusions: accidental overdose of antipsychotics

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB27 **Unintentional exposure to or harmful effects of antiepileptics or antiparkinsonism drugs**

Inclusions: accidental overdose of antiepileptics or antiparkinsonism drugs

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

PB28 **Unintentional exposure to or harmful effects of other or unspecified drug, medicament or biological substance**

PB29 **Unintentional exposure to or harmful effects of multiple drugs, medicaments or biological substances**

Inclusions: accidental overdose of multiple drugs, medicaments or biological substances

Unintentional exposure to or harmful effects of substances chiefly nonmedicinal as to source (PB30-PB36)

PB30 **Unintentional exposure to or harmful effects of alcohols**

PB31 **Unintentional exposure to or harmful effects of organic solvents**

PB32 **Unintentional exposure to or harmful effects of carbon monoxide**

PB33 **Unintentional exposure to or harmful effects of pesticides**

PB34 **Unintentional exposure to or harmful effects of corrosive substances**

PB35 **Unintentional exposure to or harmful effects of halogen derivatives of aliphatic or aromatic hydrocarbons**

PB36 **Unintentional exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source**

Unintentional exposure to other mechanism (PB50-PB5B)

PB50 **Unintentional exposure to foreign body in orifice**

PB51 **Unintentional exposure to electric current**

PB52 **Unintentional exposure to sunlight**

PB53 **Unintentional exposure to radiation**

PB54 **Unintentional exposure to high or low air pressure or changes in air pressure**

PB55 **Unintentional exposure to explosion**

PB55.0 **Unintentional exposure to chemical explosion**

PB55.1 **Unintentional exposure to explosion or rupture of pressurised materials or object**

PB55.Y **Other specified unintentional exposure to explosion**

PB55.Z **Unintentional exposure to explosion, unspecified**

PB56 **Unintentional exposure to physical overexertion**

PB57 **Unintentional lack of food**

PB58 **Unintentional lack of water**

PB59 **Unintentional other specified privation**

PB5A **Unintentional abandonment**

PB5B **Unintentional neglect**

PB6Y **Other unintentional cause of morbidity or mortality**

PB6Z **Unspecified unintentional cause of morbidity or mortality**

Intentional self-harm (PB80-PD3Z)

Intentional self-harm by transport injury event (PB80-PC2Z)

PB80 **Intentional self-harm by land transport road traffic injury event**

PB81 **Intentional self-harm by land transport off-road nontraffic injury event**

PB82 **Intentional self-harm by land transport injury event unknown whether traffic or nontraffic**

PB83 **Intentional self-harm by railway transport injury event**

Intentional self-harm by water transport injury event (PB90-PB9Z)

PB90 **Intentional self-harm by water transport injury event with water vessel damaged, disabled or destroyed**

PB91 **Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed**

PB91.0 **Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed causing submersion or drowning**

PB91.1 **Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed causing other injury**

PB91.Z **Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed, unspecified**

PB9Z **Intentional self-harm by water transport injury event with damage to water vessel unspecified**

Intentional self-harm by air or space transport injury event (PC00-PC0Z)

PC00 **Intentional self-harm by air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed**

PC01 **Intentional self-harm by air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed**

PC0Z **Intentional self-harm by air or space transport injury event with damage to aircraft or spacecraft unspecified**

PC2Y **Intentional self-harm by other specified transport injury event**

PC2Z **Intentional self-harm by transport injury event, unspecified**

Intentional self-harm by fall or jump (PC30-PC3Z)

Inclusions: intentional fall from one level to another

PC30 **Intentional self-harm by fall or jump on same level or from less than 1 metre**

PC31 **Intentional self-harm by fall or jump from a height of 1 metre or more**

PC3Y **Other specified intentional self-harm by fall or jump**

PC3Z **Intentional self-harm by fall or jump, unspecified**

Intentional self-harm by contact with person, animal or plant (PC40-PC4Z)

PC40 **Intentional self-harm by being struck, kicked, or bumped by person**

PC41 **Intentional self-harm by being struck, kicked, or bumped by animal**

PC42 **Intentional self-harm by being stepped on or crushed by person**

PC43 **Intentional self-harm by being stepped on or crushed by animal**

PC44 **Intentional self-harm by being bitten by animal**

PC45 **Intentional self-harm by being scratched or clawed by person**

PC46 **Intentional self-harm by being scratched or clawed by animal**

PC47 **Intentional self-harm by being stung or envenomated by animal**

PC48 **Intentional self-harm by contact with plant**

PC4Y **Other specified type of intentional self-harm by contact with person, animal or plant**

PC4Z **Intentional self-harm by contact with person, animal or plant, type unspecified**

Intentional self-harm by exposure to object, not elsewhere classified (PC50-PC5Z)

PC50 **Intentional self-harm by being struck by projectile from firearm**

PC50.0 **Intentional self-harm by projectile from handgun**

PC50.1 **Intentional self-harm by projectile from rifle, shotgun or larger firearm**

PC50.Y **Other specified intentional self-harm by being struck by projectile from firearm**

PC50.Z **Intentional self-harm by being struck by projectile from firearm, unspecified**

PC51 **Intentional self-harm by being struck by moving object, not elsewhere classified**

PC52 **Intentional self-harm by striking against stationary object**

PC53 **Intentional self-harm by being cut or pierced by sharp object**

PC53.0 **Intentional self-harm by being cut or pierced by knife, sword or dagger**

PC53.1 **Intentional self-harm by being cut or pierced by sharp glass**

PC53.Y **Other specified intentional self-harm by being cut or pierced by sharp object**

PC53.Z **Intentional self-harm by being cut or pierced by sharp object, unspecified**

PC54 **Intentional self-harm by being struck by blunt object**

PC55 **Intentional self-harm by being caught, crushed, jammed or pinched between objects**

PC5Y **Intentional self harm by contact with other specified type of weapon**

PC5Z **Intentional self harm by contact with weapon, type unspecified**

Intentional self-harm by immersion, submersion or falling into water (PC60-PC6Z)

PC60 **Intentional self-harm by drowning or submersion while in body of water**

PC61 **Intentional self-harm by drowning or submersion following fall into body of water**

PC62 **Intentional self-harm by injury other than drowning while in body of water**

PC63 **Intentional self-harm by injury other than drowning following fall into body of water**

PC6Z **Intentional self-harm by immersion, submersion or falling into water, unspecified**

Intentional self-harm by threat to breathing (PC70-PC7Z)

PC70 **Intentional self-harm by threat to breathing by suffocation from object covering mouth or nose**

PC71 **Intentional self-harm by threat to breathing by hanging**

PC72 **Intentional self-harm by threat to breathing by strangulation**

PC73 **Intentional self-harm by threat to breathing by external compression of airways or chest**

Exclusions: Intentional self-harm by threat to breathing by hanging (PC71)

Intentional self-harm by threat to breathing by strangulation (PC72)

PC74 **Intentional self-harm by inhalation or ingestion of gastric contents**

PC75 **Intentional self-harm by threat to breathing by inhalation or ingestion of liquids**

PC76 **Intentional self-harm by threat to breathing by inhalation or ingestion of food**

PC77 **Intentional self-harm by threat to breathing by inhalation or ingestion of other objects or materials**

PC78 **Intentional self-harm by threat to breathing from low oxygen environment**

PC7Y **Other specified intentional self-harm by threat to breathing**

PC7Z **Intentional self-harm by threat to breathing, unspecified**

Intentional self-harm by exposure to thermal mechanism (PC80-PC8Z)

PC80 **Intentional self-harm by exposure to controlled fire**

PC81 **Intentional self-harm by exposure to uncontrolled fire**

PC82 **Intentional self-harm by exposure to ignition or melting of material**

PC83 **Intentional self-harm by contact with hot object or liquid**

PC84 **Intentional self-harm by exposure to steam, hot vapour, air or gases**

PC85 **Intentional self-harm by exposure to excessive heat**

PC86 **Intentional self-harm by exposure to excessive cold**

PC8Y **Intentional self-harm by exposure to other specified thermal mechanism**

PC8Z **Intentional self-harm by exposure to unspecified thermal mechanism**

Intentional self-harm by exposure to or harmful effects of substances (PC90-PD05)

Intentional self harm by harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Use additional extension code, if desired, to identify substance.

Exclusions: Substances associated with injury or harm with therapeutic intent (PL00-PL0Z)

Intentional self-harm by exposure to or harmful effects of drugs, medicaments or biological substances (PC90-PC99)

PC90 **Intentional self-harm by exposure to or harmful effects of opioids or related analgesics**

PC91 **Intentional self-harm by exposure to or harmful effects of sedative hypnotic drugs or other CNS depressants**

PC92 **Intentional self-harm by exposure to or harmful effects of psychostimulants**

PC93 **Intentional self-harm by exposure to or harmful effects of cannabinoids or hallucinogens**

PC94 **Intentional self-harm by exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs**

PC95 **Intentional self-harm by exposure to or harmful effects of antidepressants**

PC96 **Intentional self-harm by exposure to or harmful effects of antipsychotics**

PC97 **Intentional self-harm by exposure to or harmful effects of antiepileptics or antiparkinsonism drugs**

PC98 **Intentional self-harm by exposure to other and unspecified drug, medicament and biological substance**

PC99 **Intentional self-harm by exposure to or harmful effects of multiple drugs, medicaments or biological substances**

Intentional self-harm by exposure to or harmful effects of substances chiefly nonmedicinal as to source (PD00-PD05)

PD00 **Intentional self-harm by exposure to or harmful effects of alcohols**

PD01 **Intentional self-harm by exposure to or harmful effects of organic solvents**

PD02 **Intentional self-harm by exposure to or harmful effects of carbon monoxide**

PD03 **Intentional self-harm by exposure to or harmful effects of pesticides**

PD04 **Intentional self-harm by exposure to or harmful effects of corrosive substances**

PD05 **Intentional self-harm by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source**

Intentional self-harm by exposure to other mechanism (PD20-PD29)

PD20 **Intentional self-harm by foreign body in orifice**

PD21 **Intentional self-harm by exposure to electric current**

PD22 **Intentional self-harm by exposure to sunlight**

PD23 **Intentional self-harm by exposure to radiation**

PD24 **Intentional self-harm by exposure to high or low air pressure or changes in air pressure**

PD25 **Intentional self-harm by explosion or rupture of pressurised materials or object**

PD26 **Intentional self-harm by physical overexertion**

PD27 **Intentional self-harm by lack of food**

PD28 **Intentional self-harm by lack of water**

PD29 **Intentional self-harm by other specified privation**

PD3Y **Other specified intentional self-harm**

PD3Z **Intentional self-harm, unspecified**

Assault (PD50-PF2Z)

Assault by transport events (PD50-PD9Z)

PD50 **Assault by land transport road traffic injury event**

PD51 **Assault by land transport off-road nontraffic injury event**

PD52 **Assault by land transport injury event unknown whether road traffic or off-road nontraffic**

PD53 **Assault by railway transport injury event**

Assault by water transport injury event (PD60-PD6Z)

PD60 **Assault by water transport injury event with water vessel damaged, disabled or destroyed**

PD60.0 **Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing submersion or drowning**

PD60.1 **Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing other injury**

PD60.Z **Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing unspecified injury**

PD61 **Assault by water transport injury event with water vessel not damaged, disabled or destroyed**

PD61.0 **Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning**

PD61.1 **Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing other injury**

PD61.Y **Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing unspecified injury**

PD61.Z **Assault by water transport injury event with water vessel not damaged, disabled or destroyed, unspecified**

PD6Z **Assault by water transport injury event with damage to water vessel unspecified**

Assault by air or space transport injury event (PD70-PD7Z)

PD70 **Assault by air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed**

PD71 **Assault by air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed**

PD7Z **Assault by air or space transport injury event with damage to aircraft or spacecraft unspecified**

PD9Y **Other specified assault by transport injury event**

PD9Z **Assault by transport injury event, unspecified**

Assault by causing a fall or jump (PE00-PE0Z)

PE00 **Assault by causing a fall or jump on same level or from less than 1 metre**

PE01 **Assault by causing a fall or jump from a height of 1 metre or more**

PE0Z **Assault by causing a fall or jump from unspecified height**

Assault by contact with person, animal or plant (PE10-PE1Z)

PE10 **Assault by being struck, kicked or bumped by person**

PE11 **Assault by being struck, kicked or bumped by animal**

PE12 **Assault by being crushed or stepped on by person**

PE13 **Assault by being crushed or stepped on by animal**

PE14 **Assault by being bitten by person**

PE15 **Assault by being bitten by animal**

PE16 **Assault by being scratched or clawed by person**

PE17 **Assault by being scratched or clawed by animal**

PE18 **Assault by being stung or envenomated by animal**

PE19 **Assault by contact with plant**

PE1Y **Other specified type of assault by contact with person, animal or plant**

PE1Z **Assault by contact with person, animal or plant, type unspecified**

Assault by exposure to object not elsewhere classified (PE20-PE4Z)

PE20 **Assault by projectile from firearm**

PE20.0 **Assault by projectile from handgun**

PE20.1 **Assault by projectile from rifle, shotgun or larger firearm**

PE20.Y **Assault by being struck by projectile from other specified firearm**

PE20.Z **Assault by being struck by projectile from unspecified firearm**

PE21 **Assault by being struck by moving object, not elsewhere classified**

PE22 **Assault by striking against stationary object**

Assault by being cut or pierced by sharp object (PE30-PE3Z)

Inclusions: assault by being stabbed NOS

PE30 **Assault by being cut or pierced by knife, sword, or dagger**

PE31 **Assault by being cut or pierced by sharp glass**

PE3Z **Assault by being cut or pierced by other or unspecified sharp object**

PE40 **Assault by being struck by blunt object**

PE41 **Assault by being caught, crushed, jammed or pinched between objects**

PE4Y **Assault by contact with other specified object, not elsewhere classified**

PE4Z **Assault by exposure to unspecified object, not elsewhere classified**

Assault by immersion, submersion or falling into water (PE50-PE5Z)

PE50 **Assault by drowning or submersion, while in body of water**

PE51 **Assault by drowning or submersion following fall into body of water**

PE52 **Assault by injury other than drowning while in body of water**

PE53 **Assault by injury other than drowning following fall into body of water**

PE5Y **Other specified assault by immersion, submersion or falling into water**

PE5Z **Assault by immersion, submersion or falling into water, unspecified**

Assault by threat to breathing (PE60-PE6Z)

PE60 **Assault by threat to breathing, suffocation from object covering mouth or nose**

PE61 **Assault by threat to breathing by hanging**

PE62 **Assault by threat to breathing by strangulation**

PE63 **Assault by threat to breathing by external compression of airways or chest**

Exclusions: Assault by threat to breathing by hanging (PE61)

Assault by threat to breathing by strangulation (PE62)

PE64 **Assault by threat to breathing by inhalation or ingestion of liquids**

PE65 **Assault by threat to breathing by inhalation or ingestion of food**

PE66 **Assault by threat to breathing by inhalation or ingestion of other objects or materials**

PE67 **Assault by threat to breathing by low oxygen environment**

PE6Y **Other specified assault by threat to breathing**

PE6Z **Assault by threat to breathing, unspecified**

Assault by exposure to thermal mechanism (PE70-PE7Z)

PE70 **Assault by exposure to uncontrolled fire**

PE71 **Assault by exposure to controlled fire**

PE72 **Assault by exposure to ignition or melting of materials**

PE73 **Assault by contact with hot object or liquid**

PE74 **Assault by contact with steam, hot vapour, air or gases**

PE75 **Assault by exposure to excessive heat**

PE76 **Assault by exposure to excessive cold**

PE7Y **Assault by exposure to other specified thermal mechanism**

PE7Z **Assault by exposure to unspecified thermal mechanism**

Assault by exposure to or harmful effects of substances (PE80-PE95)

Assault by harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Use additional extension code, if desired, to identify substance.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

Assault by exposure to or harmful effects of drugs, medicaments or biological substances (PE80-PE8Z)

Inclusions: homicidal poisoning by (any) biological substance

homicidal poisoning by (any) drug

homicidal poisoning by (any) medicament

PE80 **Assault by exposure to or harmful effects of opioids or related analgesics**

PE81 **Assault by exposure to or harmful effects of sedative, hypnotic drugs or other CNS depressants**

PE82 **Assault by exposure to or harmful effects of psychostimulants**

PE83 **Assault by exposure to or harmful effects of cannabinoids or hallucinogens**

PE84 **Assault by exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs**

PE85 **Assault by exposure to or harmful effects of antidepressants**

PE86 **Assault by exposure to or harmful effects of antipsychotics**

PE87 **Assault by exposure to or harmful effects of antiepileptics or antiparkinsonism drugs**

PE88 **Assault by exposure to or harmful effects of other or unspecified drug, medicament or biological substance**

PE89 **Assault by exposure to or harmful effects of multiple drugs, medicaments or biological substances**

PE8Y **Other specified assault by exposure to or harmful effects of drugs, medicaments or biological substances**

PE8Z **Assault by exposure to or harmful effects of drugs, medicaments or biological substances, unspecified**

Assault by exposure to or harmful effects of substances chiefly nonmedicinal as to source (PE90-PE95)

PE90 **Assault by exposure to or harmful effects of alcohols**

PE91 **Assault by exposure to or harmful effects of organic solvents**

PE92 **Assault by exposure to or harmful effects of carbon monoxide**

PE93 **Assault by exposure to or harmful effects of pesticides**

PE94 **Assault by exposure to or harmful effects of corrosive substances**

PE95 **Assault by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source**

Assault by exposure to other mechanism (PF10-PF1B)

PF10 **Assault by foreign body in orifice or eye**

PF11 **Assault by exposure to electric current**

PF12 **Assault by exposure to sunlight**

PF13 **Assault by exposure to radiation**

PF14 **Assault by exposure to high or low air pressure or changes in air pressure**

PF15 **Assault by exposure to explosion**

PF15.0 **Assault by exposure to chemical explosion**

PF15.1 **Assault by explosion or rupture of materials or object**

PF15.Y **Other specified assault by exposure to explosion**

PF15.Z **Assault by exposure to explosion, unspecified**

PF16 **Assault by physical overexertion**

PF17 **Assault by lack of food**

PF18 **Assault by lack of water**

PF19 **Assault by other specified privation**

PF1A **Assault by abandonment**

PF1B **Assault by neglect**

PF2Y **Other specified assault**

PF2Z **Assault, unspecified**

Undetermined intent (PF40-PH8Z)

Transport injury event of undetermined intent (PF40-PG4Z)

Land transport road traffic injury event of undetermined intent (PF40-PF4Z)

PF40 **Land transport traffic injury event of undetermined intent injuring a pedestrian**

PF41 **Land transport traffic injury event of undetermined intent injuring the user of a pedestrian conveyance**

PF42 **Land transport traffic injury event of undetermined intent injuring a pedal cyclist**

PF43 **Land transport traffic injury event of undetermined intent injuring a motor cyclist**

PF44 **Land transport traffic injury event of undetermined intent injuring a car occupant**

PF45 **Land transport traffic injury event of undetermined intent injuring a bus or coach occupant**

PF46 **Land transport traffic injury event of undetermined intent injuring an occupant of light goods vehicle**

PF47 **Land transport traffic injury event of undetermined intent injuring an occupant of heavy goods vehicle**

PF48 **Land transport traffic injury event of undetermined intent injuring an occupant of a streetcar or tram**

PF49 **Land transport traffic injury event of undetermined intent injuring an occupant of a low powered passenger vehicle**

PF4A **Land transport traffic injury event of undetermined intent injuring a user of a special vehicle mainly used in agriculture**

PF4B **Land transport traffic injury event of undetermined intent injuring a user of a special vehicle mainly used on industrial premises**

PF4C **Land transport traffic injury event of undetermined intent injuring a user of a special construction vehicle**

PF4D **Land transport traffic injury event of undetermined intent injuring a user of an all-terrain vehicle**

PF4E **Land transport traffic injury event of undetermined intent injuring a rider of an animal**

PF4F **Land transport traffic injury event of undetermined intent injuring an occupant of an animal-drawn vehicle**

PF4Y **Land transport traffic injury event of undetermined intent injuring a user of other specified land transport**

PF4Z **Land transport traffic injury event of undetermined intent injuring a user of unknown or unspecified land transport**

Land transport off-road nontraffic injury event of undetermined intent (PF50-PF5Z)

PF50 **Land transport nontraffic injury event of undetermined intent injuring a pedestrian**

PF51 **Land transport nontraffic injury event of undetermined intent injuring the user of a pedestrian conveyance**

PF52 **Land transport nontraffic injury event of undetermined intent injuring a pedal cyclist**

PF53 **Land transport nontraffic injury event of undetermined intent injuring a motor cyclist**

PF54 **Land transport nontraffic injury event of undetermined intent injuring a car occupant**

PF55 **Land transport nontraffic injury event of undetermined intent injuring a bus or coach occupant**

PF56 **Land transport nontraffic injury event of undetermined intent injuring an occupant of light goods vehicle**

PF57 **Land transport nontraffic injury event of undetermined intent injuring an occupant of heavy goods vehicle**

PF58 **Land transport nontraffic injury event of undetermined intent injuring an occupant of a streetcar or tram**

PF59 **Land transport nontraffic injury event of undetermined intent injuring an occupant of a low powered passenger vehicle**

PF5A **Land transport nontraffic injury event of undetermined intent injuring a user of a special vehicle mainly used in agriculture**

PF5B **Land transport nontraffic injury event of undetermined intent injuring a user of a special vehicle mainly used on industrial premises**

PF5C **Land transport nontraffic injury event of undetermined intent injuring a user of a special construction vehicle**

PF5D **Land transport nontraffic injury event of undetermined intent injuring a user of an all-terrain vehicle**

PF5E **Land transport nontraffic injury event of undetermined intent injuring a rider of an animal**

PF5F **Land transport nontraffic injury event of undetermined intent injuring an occupant of an animal-drawn vehicle**

PF5Y **Land transport nontraffic injury event of undetermined intent injuring a user of other specified land transport**

PF5Z **Land transport nontraffic injury event of undetermined intent injuring a user of unknown or unspecified land transport**

Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic (PF60-PF6Z)

PF60 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a pedestrian**

PF61 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring the user of a pedestrian conveyance**

PF62 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a pedal cyclist**

PF63 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a motor cyclist**

PF64 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a car occupant**

PF65 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a bus or coach occupant**

PF66 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of light goods vehicle**

PF67 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of heavy goods vehicle**

PF68 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of a streetcar or tram**

PF69 **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of a low powered passenger vehicle**

PF6A **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special vehicle mainly used in agriculture**

PF6B **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special vehicle mainly used on industrial premises**

PF6C **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special construction vehicle**

PF6D **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an all-terrain vehicle**

PF6E **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a rider of an animal**

PF6F **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of an animal-drawn vehicle**

PF6Y **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an other specified vehicle**

PF6Z **Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an unknown or unspecified vehicle**

Railway transport injury event of undetermined intent (PF70-PF7Z)

PF70 **Railway transport injury event of undetermined intent with collision or derailment**

PF71 **Railway transport injury event of undetermined intent without collision or derailment**

PF7Z **Railway transport injury event of undetermined intent of unspecified type**

Water transport injury event of undetermined intent (PF80-PG1Z)

Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed (PF80-PF8Z)

PF80 **Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing submersion or drowning**

PF8Y **Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing other injury**

PF8Z **Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing unspecified injury**

Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed (PF90-PF9Z)

PF90 **Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing submersion or drowning**

PF9Y **Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing other injury**

PF9Z **Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing unspecified injury**

PG1Z **Water transport injury event of undetermined intent, damage to water vessel unspecified**

Air or space transport injury event of undetermined intent (PG20-PG2Z)

PG20 **Air or space transport injury event of undetermined intent with aircraft or spacecraft damaged, disabled or destroyed**

PG21 **Air or space transport injury event of undetermined intent with aircraft or spacecraft not damaged, disabled or destroyed**

PG2Z **Air or space transport event injury of undetermined intent, damage to aircraft or spacecraft unspecified**

PG4Y **Other specified transport injury event of undetermined intent**

PG4Z **Unspecified transport injury event of undetermined intent**

Fall or jump with undetermined intent (PG50-PG5Z)

PG50 **Fall or jump of undetermined intent on the same level or from less than 1 metre**

PG51 **Fall or jump of undetermined intent from a height of 1 metre or more**

PG5Z **Fall or jump of undetermined intent, height unspecified**

Contact with person, animal or plant with undetermined intent (PG60-PG6Z)

PG60 **Struck, kicked, or bumped with undetermined intent by person**

PG61 **Struck, kicked, or bumped with undetermined intent by animal**

PG62 **Stepped on or crushed with undetermined intent by person**

PG63 **Stepped on or crushed with undetermined intent by animal**

PG64 **Bitten with undetermined intent by person**

PG65 **Bitten with undetermined intent by animal**

PG66 **Scratched or clawed with undetermined intent by person**

PG67 **Scratched or clawed with undetermined intent by animal**

PG68 **Stung or envenomated with undetermined intent by animal**

PG69 **Contact with plant of undetermined intent**

PG6Y **Other specified type of contact with person, animal or plant of undetermined intent**

PG6Z **Unspecified type of contact with person, animal or plant of undetermined intent**

Contact with object, not elsewhere classified with undetermined intent (PG70-PH0Z)

Struck by projectile from firearm of undetermined intent (PG70-PG7Z)

PG70 **Struck by projectile from handgun of undetermined intent**

PG71 **Struck by projectile from rifle, shotgun or larger firearm of undetermined intent**

PG7Z **Struck by projectile from other and unspecified firearm with unknown intent**

PG80 **Struck by moving object, not elsewhere classified of undetermined intent**

PG81 **Striking against stationary object of undetermined intent**

Cut or pierced by sharp object of undetermined intent (PG90-PG9Z)

PG90 **Cut or pierced by knife, sword or dagger of undetermined intent**

PG91 **Cut or pierced by sharp glass of undetermined intent**

PG9Z **Cut or pierced by other or unspecified sharp object, undetermined intent**

PH00 **Struck by blunt object with undetermined intent**

PH01 **Caught, crushed, jammed or pinched between objects with undetermined intent**

PH0Y **Contact with other specified object, not elsewhere classified with undetermined intent**

PH0Z **Exposure to unspecified object, not elsewhere classified, undetermined intent**

Immersion, submersion or falling into water with undetermined intent (PH10-PH1Z)

PH10 **Drowning or submersion while in body of water with undetermined intent**

PH11 **Drowning or submersion following fall into body of water with undetermined intent**

PH12 **Injury other than drowning while in body of water with undetermined intent**

PH13 **Injury other than drowning following fall into body of water with undetermined intent**

PH1Z **Immersion, submersion or falling into water with undetermined intent, unspecified**

Threat to breathing with undetermined intent (PH20-PH2Z)

PH20 **Threat to breathing by suffocation from object covering mouth or nose with undetermined intent**

PH21 **Threat to breathing by hanging with undetermined intent**

PH22 **Threat to breathing by strangulation with undetermined intent**

PH23 **Threat to breathing by external compression of airways or chest with undetermined intent**

Exclusions: Threat to breathing by hanging with undetermined intent (PH21)

Threat to breathing by strangulation with undetermined intent (PH22)

PH24 **Threat to breathing by inhalation or ingestion of liquids with undetermined intent**

PH25 **Threat to breathing by inhalation or ingestion of food with undetermined intent**

PH26 **Threat to breathing by inhalation or ingestion of other objects or materials with undetermined intent**

PH27 **Threat to breathing by low oxygen environment with undetermined intent**

PH2Y **Other specified threat to breathing with undetermined intent**

PH2Z **Threat to breathing with undetermined intent, unspecified**

Exposure to thermal mechanism with undetermined intent (PH30-PH3Z)

PH30 **Exposure to uncontrolled fire with undetermined intent**

PH31 **Exposure to controlled fire with undetermined intent**

PH32 **Exposure to ignition or melting of materials with undetermined intent**

PH33 **Contact with hot object or liquid with undetermined intent**

PH34 **Contact with steam, hot vapour, air or gases with undetermined intent**

PH35 **Exposure to excessive heat with undetermined intent**

PH36 **Exposure to excessive cold with undetermined intent**

PH3Y **Exposure to other specified thermal mechanism with undetermined intent**

PH3Z **Exposure to unspecified thermal mechanism with undetermined intent**

Exposure to or harmful effects of substances, undetermined intent (PH40-PH56)

Undetermined intent of harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

Exposure to or harmful effects of undetermined intent of drugs, medicaments or biological substances (PH40-PH49)

PH40 **Exposure to or harmful effects of undetermined intent of opioids or related analgesics**

PH41 **Exposure to or harmful effects of undetermined intent of sedative hypnotic drugs or other CNS depressants**

PH42 **Exposure to or harmful effects of undetermined intent of psychostimulants**

PH43 **Exposure to or harmful effects of undetermined intent of cannabinoids or hallucinogens**

PH44 **Exposure to or harmful effects of undetermined intent of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs**

PH45 **Exposure to or harmful effects of undetermined intent of antidepressants**

PH46 **Exposure to or harmful effects of undetermined intent of antipsychotics**

PH47 **Exposure to or harmful effects of undetermined intent of antiepileptics or antiparkinsonism drugs**

PH47.0 **Harmful effects of or exposure to mixed antiepileptics, not elsewhere classified, undetermined intent**

PH47.Z **Undetermined intent: Harmful effects of and exposure to noxious substances: Drugs, medicaments or biological substances: Unspecified antiepileptics or antiparkinsonism drugs**

PH48 **Exposure to or harmful effects of undetermined intent of other or unspecified drugs, medicaments or biological substances**

PH49 **Exposure to or harmful effects of undetermined intent of multiple drugs, medicaments or biological substances**

Exposure to or harmful effects of undetermined intent of substances chiefly nonmedicinal as to source (PH50-PH56)

PH50 **Exposure to or harmful effects of undetermined intent of alcohols**

PH51 **Exposure to or harmful effects of undetermined intent of organic solvents**

PH52 **Exposure to or harmful effects of undetermined intent of carbon monoxide**

PH53 **Exposure to or harmful effects of undetermined intent of pesticides**

PH54 **Exposure to or harmful effects of undetermined intent of corrosive substances**

PH55 **Exposure to or harmful effects of undetermined intent of halogen derivatives of aliphatic or aromatic hydrocarbons**

PH56 **Exposure to or harmful effects of undetermined intent of other or unspecified substances chiefly nonmedicinal as to source**

Exposure to other mechanism with undetermined intent (PH70-PH7B)

PH70 **Exposure to foreign body in orifice or eye with undetermined intent**

PH71 **Exposure to electric current with undetermined intent**

PH72 **Exposure to sunlight with undetermined intent**

PH73 **Exposure to radiation with undetermined intent**

PH74 **Exposure to high or low air pressure or changes in air pressure with undetermined intent**

PH75 **Exposure to explosion with undetermined intent**

PH75.0 **Exposure to chemical explosion with undetermined intent**

PH75.1 **Exposure to explosion or rupture of pressurised materials or object with undetermined intent**

PH75.Y **Other specified exposure to explosion with undetermined intent**

PH75.Z **Exposure to explosion with undetermined intent, unspecified**

PH76 **Physical overexertion with undetermined intent**

PH77 **Lack of food with undetermined intent**

PH78 **Lack of water with undetermined intent**

PH79 **Other specified privation with undetermined intent**

PH7A **Abandonment with undetermined intent**

PH7B **Neglect with undetermined intent**

PH8Y **Other specified injury event of undetermined intent**

PH8Z **Unspecified injury event of undetermined intent**

Exposure to extreme forces of nature (PJ00-PJ0Z)

PJ00 **Victim of lightning**

PJ01 **Victim of earthquake**

PJ02 **Victim of cataclysmic earth movements caused by earthquake**

PJ03 **Victim of tsunami**

PJ04 **Victim of volcanic eruption**

PJ05 **Victim of avalanche, landslide or other earth movements**

PJ06 **Victim of cataclysmic storm**

PJ07 **Victim of flood**

PJ0Y **Exposure to other specified forces of nature**

PJ0Z **Exposure to unspecified forces of nature**

Maltreatment (PJ20-PJ2Z)

Non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm or have a reasonable potential for harm. These categories are applied to the victim of the maltreatment, not the perpetrator.

PJ20 **Physical maltreatment**

Non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm or that evoke significant fear. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ21 **Sexual maltreatment**

In adults, forced or coerced sexual acts or sexual acts with someone who is unable to consent; in children, sexual acts involving a child that are intended to provide sexual gratification to an adult. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ22 **Psychological maltreatment**

Non-accidental verbal or symbolic acts that result in significant psychological harm. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ2Y **Other specified maltreatment**

PJ2Z **Maltreatment, unspecified**

Legal intervention (PJ40-PJ4Z)

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

PJ40 **Legal intervention involving projectile from firearm**

Inclusions: Legal intervention involving rifle pellet or rubber bullet

PJ41 **Legal intervention involving other projectile**

PJ42 **Legal intervention involving blunt object**

Inclusions: Hit, struck by blunt object during legal intervention

PJ43 **Legal intervention involving sharp object**

Inclusions: Cut during legal intervention

PJ44 **Legal intervention involving electric weapon**

PJ45 **Legal intervention involving explosive**

PJ46 **Legal intervention involving gas**

PJ47 **Legal intervention involving application of physical force**

PJ4Y **Legal intervention involving other means**

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

PJ4Z **Legal intervention involving unspecified means**

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

Armed conflict (PJ60-PK6Z)

Explosion of marine weapons during armed conflict (PJ60-PJ6Z)

PJ60 **Explosion of depth-charge or marine mine during armed conflict**

PJ61 **Explosion of torpedo during armed conflict**

PJ62 **Explosion of sea-based artillery shell during armed conflict**

PJ6Y **Explosion of other marine weapons during armed conflict**

PJ6Z **Explosion of unspecified marine weapon**

Attack on or destruction of aircraft during armed conflict (PJ70-PJ7Z)

PJ70 **Attack on or destruction of aircraft during armed conflict due to enemy fire or explosives**

PJ71 **Attack on or destruction of aircraft during armed conflict due to collision with other aircraft**

PJ7Y **Other destruction of aircraft during armed conflict**

PJ7Z **Unspecified destruction of aircraft during armed conflict**

Other explosions or fragments during armed conflict (PJ80-PJ8Z)

Exclusions: Attack on or destruction of aircraft during armed conflict due to enemy fire or explosives (PJ70)

Use of nuclear weapons during armed conflict (PK10-PK1Z)

Injury event occurring after cessation of armed conflict (PK40-PK4Z)

PJ80 **Explosion of missile during armed conflict**

PJ81 **Explosion of aerial bomb during armed conflict**

PJ82 **Explosion of munitions or weapons during armed conflict**

PJ83 **Explosion of improvised explosive device during armed conflict**

PJ8Y **Other explosion or fragments during armed conflict**

PJ8Z **Unspecified explosion or fragments during armed conflict**

Fires, conflagrations or hot substances during armed conflict (PJ90-PJ9Z)

PJ90 **Use of gasoline bomb during armed conflict**

PJ91 **Use of flamethrower during armed conflict**

PJ92 **Use of incendiary bullets during armed conflict**

PJ9Y **Other specified fires, conflagrations or hot substances during armed conflict**

PJ9Z **Unspecified fire, conflagration or hot substance during armed conflict**

Firearm discharge or other forms of conventional warfare during armed conflict (PK00-PK0Z)

PK00 **Use of rubber bullets during armed conflict**

PK01 **Use of firearm pellets during armed conflict**

PK02 **Other firearms discharge during armed conflict**

PK03 **Other weapons use during armed conflict**

PK04 **Unarmed combat during armed conflict**

PK0Z **Other and unspecified forms of conventional weapons use during armed conflict**

Use of nuclear weapons during armed conflict (PK10-PK1Z)

PK10 **Thermal or blast effects of nuclear weapon during armed conflict**

PK11 **Nuclear radiation effects of nuclear weapon during armed conflict**

PK1Z **Other and unspecified effect of nuclear weapon during armed conflict**

Use of biological weapons during armed conflict (PK20-PK2Z)

PK20 **Use of weaponised micro-organisms during armed conflict**

PK2Y **Use of other specified biological weapons during armed conflict**

PK2Z **Use of unspecified biological weapons during armed conflict**

Chemical weapons or other forms of unconventional warfare during armed conflict (PK30-PK3Z)

PK30 **Use of chemical weapons during armed conflict**

PK31 **Use of lasers or other energetic beams or fields during armed conflict**

PK32 **Use of electric weapons during armed conflict**

PK33 **Use of autonomous or semi-autonomous machines as weapons during armed conflict**

PK3Z **Other and unspecified forms of unconventional warfare during armed conflict**

Injury event occurring after cessation of armed conflict (PK40-PK4Z)

PK40 **Explosion of mine after cessation of armed conflict**

PK41 **Explosion of bomb after cessation of armed conflict**

PK4Z **Other and unspecified event after cessation of armed conflict**

PK6Y **Other specified weapon or attack during armed conflict**

PK6Z **Unspecified weapon or attack during armed conflict**

Causes of healthcare related harm or injury (PK80-PL14.Z)

Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use (PK80-PK8Z)

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80 **Medical or surgical procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.0 Neurological procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.00 Neurological procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.01 Neurological procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.02 Neurological procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.0Y Neurological procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.0Z Neurological procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.1 **Cardiac procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.10 Cardiac procedure for repair of congenital anomaly associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.11 Cardiac procedure for repair of congenital anomaly associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.12 Cardiac procedure for repair of congenital anomaly associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.13 Cardiac procedure for repair of congenital anomaly associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.14 Other cardiac procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.15 Other cardiac procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.16 Other cardiac procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.17 Other cardiac procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.1Y Unspecified type of cardiac procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.1Z Unspecified type of cardiac procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.2 **Thoracic procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Cardiac procedure associated with injury or harm in therapeutic use (PK80.1)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.20 Thoracic procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.21 Thoracic procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.22 Thoracic procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.2Y Thoracic procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.2Z Thoracic procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.3 **Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.30 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.31 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.32 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.3Y Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.3Z Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.4 **Endocrine procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.40 Endocrine procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.41 Endocrine procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.42 Endocrine procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.4Y Endocrine procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.4Z Endocrine procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.5 **Gynaecological or breast procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

Procedures related to abortion (PK80.7)

PK80.50 Gynaecological or breast procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.51 Gynaecological or breast procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.52 Gynaecological or breast procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.53 Gynaecological or breast procedure associated with injury or harm in therapeutic use, per orifice approach

PK80.5Y Gynaecological or breast procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.5Z Gynaecological or breast procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.6 **Urological procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.60 Urological procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.61 Urological procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.62 Urological procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.6Y Urological procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.6Z Urological procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7 **Obstetric procedure associated with injury or harm in therapeutic use**

Surgical procedure on the pregnant woman for conditions associated with pregnancy, labour, or the puerperium

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.70 Caesarean section or other obstetric procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.71 Obstetric procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.72 Obstetric procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.73 Obstetric procedure associated with injury or harm in therapeutic use, per orifice approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7Y Caesarean section or other obstetric procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7Z Caesarean section or other obstetric procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.8 **Musculoskeletal procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.80 Musculoskeletal procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.81 Musculoskeletal procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

Coded Elsewhere: Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use (PK81.4)

PK80.82 Musculoskeletal procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.8Y Musculoskeletal procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.8Z Musculoskeletal procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.9 **Vascular procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.90 Vascular procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.91 Vascular procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.92 Vascular procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.9Y Vascular procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.9Z Vascular procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.A **Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.A0 Ear, nose, oral, or throat procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.A1 Ear, nose, oral, or throat procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.A2 Ear, nose, oral, or throat procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.AY Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.AZ Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.B **Dental procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.B0 Dental procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.B1 Dental procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.B2 Dental procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.BY Dental procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.BZ Dental procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.C **Skin or integument procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.C0 Skin or integument procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.C1 Skin or integument procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.C2 Skin or integument procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK80.CY Skin or integument procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.CZ Skin or integument procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.D **Ophthalmic procedure associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81 Certain medical procedures associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

Coded Elsewhere: Skin complications of BCG immunisation (EA51)

PK81.0 **Ventilation associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.1 **Extracorporeal life support procedure associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.2 **Aspiration or drainage of body cavity or fluid collection associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.3 **Acupuncture or related therapies associated with injury or harm in therapeutic use**

Injury or harm associated with insertion of needles into certain points of the body for treatment.

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.30 Acupuncture cupping associated with injury or harm in therapeutic use

PK81.3Y Other specified acupuncture or related therapies associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81.3Z Acupuncture or related therapies associated with injury or harm in therapeutic use, unspecified

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81.4 **Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.5 **Biopsy procedure, not elsewhere classified, associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use (PK81.4)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.6 **Dialysis associated with injury or harm in therapeutic use**

Replacing kidney function, a procedure to filter blood, including haemodialysis and peritoneal dialysis.

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.7 **Injection or infusion for therapeutic or diagnostic purposes associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.8 **Insertion of tube associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.9 **Joint aspiration associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.A **Lumbar puncture associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.B **Manipulative therapies associated with injury or harm in therapeutic use**

Manipulation and/or movement of one or more parts of the human body for correction and treatment.

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.C **Radiation therapy associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.D **Other specified medical procedure associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.E **Cardiopulmonary resuscitation associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

PK81.F **Needle stick associated with injury or harm in therapeutic use**

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK8Y **Other specified surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use**

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK8Z **Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use, unspecified**

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Surgical or other medical devices, implants or grafts associated with injury or harm in therapeutic use (PK90-PK9C.4)

Medical devices could be associated with injury or harm in therapeutic use through different mechanisms: failure, malfunction, dislodgement, misconnection, removal, unclean/unsterile, use error, inappropriate for related task, poor presentation or packaging, lack of presentation

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: medical devices associated with adverse incidents due to external causes classified elsewhere (PL12)

PK90 **Anaesthesiology devices associated with injury or harm**

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK90.0 Anaesthesiology devices associated with injury or harm, diagnostic or monitoring devices

An anaesthesiology device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK90.1 Anaesthesiology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An anaesthesiology device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK90.2 Anaesthesiology devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Anaesthesiology related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.3 **Anaesthesiology devices associated with injury or harm, surgical instruments, materials or devices**

Anaesthesiology related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.4 **Anaesthesiology devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.Y **Other specified anaesthesiology devices associated with injury or harm**

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.Z **Anaesthesiology devices associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91 Cardiovascular devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.0 **Cardiovascular devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

Coded Elsewhere: Cardiovascular devices associated with injury or harm, central venous catheter (PK91.15)

PK91.1 **Cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

Coded Elsewhere: Extracorporeal life support procedure associated with injury or harm in therapeutic use (PK81.1)

PK91.10 Cardiovascular devices associated with injury or harm, Pacemaker

Coding Note: Code first injury or harm associated with the device.

Exclusions: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.11 Cardiovascular devices associated with injury or harm, implantable defibrillator

Coding Note: Code first injury or harm associated with the device.

Exclusions: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.12 Cardiovascular devices associated with injury or harm, left ventricular assist devices

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.13 Cardiovascular devices associated with injury or harm, intra-aortic balloon pump

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.14 Cardiovascular devices associated with injury or harm, IVC filter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.15 Cardiovascular devices associated with injury or harm, central venous catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.16 Cardiovascular devices associated with injury or harm: peripheral venous catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.1Y Other specified cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.1Z Cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.2 **Cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

A cardiovascular prosthetic or other implant, or cardiovascular material or an accessory device was associated with an adverse incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Ventricular assist devices (PK91.12)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.20 Cardiovascular devices associated with injury or harm, grafts

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.21 Cardiovascular devices associated with injury or harm, stents

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.22 Cardiovascular devices associated with injury or harm, mechanical or bioprosthetic valves

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.2Y Other specified cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.2Z Cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.3 **Cardiovascular devices associated with injury or harm, surgical instruments, materials or devices**

A cardiovascular surgical instrument, material or device (including sutures) was associated with an adverse incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.4 **Cardiovascular devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK91.Y **Other specified cardiovascular devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.Z **Cardiovascular devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK92 Otorhinolaryngological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.0 **Otorhinolaryngological devices associated with injury or harm, diagnostic or monitoring devices**

An otorhinolaryngological device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.1 **Otorhinolaryngological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

An otorhinolaryngological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.2 **Otorhinolaryngological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Otorhinolaryngological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.3 **Otorhinolaryngological devices associated with injury or harm, surgical instruments, materials or devices**

Otorhinolaryngological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.4 **Otorhinolaryngological devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK92.Y **Other specified otorhinolaryngological devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK92.Z **Otorhinolaryngological devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93 **Gastroenterology or urology devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.0 **Gastroenterology or urology devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.1 **Gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

A gastroenterology or urology device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.10 Gastroenterology or urology devices associated with injury or harm, urinary catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.1Y Other specified gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.1Z Gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.2 **Gastroenterology or urology devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.3 **Gastroenterology or urology devices associated with injury or harm, surgical instruments, materials or devices**

Gastroenterology or urology related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.4 **Gastroenterology or urology devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK93.Y **Other specified gastroenterology or urology devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.Z **Gastroenterology or urology devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK94 General hospital or personal use devices associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.0 **General hospital or personal use devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.1 **General hospital or personal use devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

A general hospital and personal-use device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.2 **General hospital or personal use devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

General hospital and personal-use related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.3 **General hospital or personal use devices associated with injury or harm, surgical instruments, materials or devices**

General hospital and personal-use related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.4 **General hospital or personal use devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK94.Y **Other specified general hospital or personal use devices associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK94.Z **General hospital or personal use devices associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95 **Neurological devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.0 **Neurological devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.1 **Neurological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.2 **Neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Neurological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.20 Neurological devices associated with injury or harm, ventricular shunt

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.2Y Other specified neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.2Z Neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.3 **Neurological devices associated with injury or harm, surgical instruments, materials or devices**

Neurological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.4 **Neurological devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK95.Y **Other specified neurological devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.Z **Neurological devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK96 Obstetric or gynaecological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.0 **Obstetric or gynaecological devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.1 **Obstetric or gynaecological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

An obstetric or gynaecological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.2 **Obstetric or gynaecological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.3 **Obstetric or gynaecological devices associated with injury or harm, surgical instruments, materials or devices**

Obstetric or gynaecological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.4 **Obstetric or gynaecological devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK96.Y **Other specified obstetric or gynaecological devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK96.Z **Obstetric or gynaecological devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK97 Ophthalmic devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.0 Ophthalmic devices associated with injury or harm, diagnostic or monitoring devices

An ophthalmic device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.1 Ophthalmic devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An ophthalmic device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.2 Ophthalmic devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Ophthalmic related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.3 Ophthalmic devices associated with injury or harm, surgical instruments, materials or devices

Ophthalmic related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.4 **Ophthalmic devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK97.Y **Other specified ophthalmic devices, implants or grafts associated with injury or harm**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK97.Z **Ophthalmic devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98 Radiological devices associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.0 **Radiological devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK98.1 **Radiological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

A radiological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK98.2 **Radiological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Radiological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK98.3 **Radiological devices associated with injury or harm, surgical instruments, materials or devices**

Radiological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK98.4 **Radiological devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.Y **Other specified radiological devices associated with injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.Z **Radiological devices associated with injury or harm, unspecified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK99 Orthopaedic devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.0 **Orthopaedic devices associated with injury or harm, diagnostic or monitoring devices**

An orthopaedic device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.1 **Orthopaedic devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

An orthopaedic device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.2 **Orthopaedic devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Orthopaedic related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.3 **Orthopaedic devices associated with injury or harm, surgical instruments, materials or devices**

Orthopaedic related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.4 **Orthopaedic devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK99.Y **Other specified orthopaedic devices, implants or grafts associated with injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK99.Z **Orthopaedic devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A **Physical medicine devices associated with injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9A.0 **Physical medicine devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9A.1 **Physical medicine devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

A physical medicine device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.2 **Physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Physical medicine related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident (e.g., infection following use of unclean acupuncture needles)

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9A.20 Communication system devices associated with adverse incidents

PK9A.21 Communication system devices associated with adverse incidents in a physical medicine care environment

PK9A.22 Environmental control system devices associated with adverse incidents

PK9A.23 Mobility aids associated with adverse incidents

PK9A.24 Orthotic devices associated with adverse incidents

PK9A.2Y Other specified physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.2Z Physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.3 **Physical medicine devices associated with injury or harm, surgical instruments, materials or devices**

Physical medicine related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident.

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9A.4 **Physical medicine devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9A.Y **Other specified physical medicine devices associated with injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.Z **Physical medicine devices associated with injury or harm, unspecified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B General or plastic surgery devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9B.0 **General or plastic surgery devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9B.1 **General or plastic surgery devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

A general- or plastic-surgery device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9B.2 **General or plastic surgery devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

General- or plastic-surgery related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9B.3 **General or plastic surgery devices associated with injury or harm, surgical instruments, materials or devices**

General- or plastic-surgery related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B.4 **General or plastic surgery devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9B.Y **Other specified general or plastic surgery devices, implants or grafts associated with injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B.Z **General or plastic surgery devices, implants or grafts associated with injury or harm, unspecified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C Other or unspecified medical devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.0 **Other or unspecified medical devices associated with injury or harm, diagnostic or monitoring devices**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9C.1 **Other or unspecified medical devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices**

An other or unspecified medical device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9C.2 **Other or unspecified medical devices associated with injury or harm, prosthetic or other implants, materials or accessory devices**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9C.3 **Other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices**

Other or unspecified medical related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

PK9C.30 Mechanical complication of nonabsorbable surgical material, not otherwise specified

PK9C.31 Mechanical complication of permanent sutures

PK9C.3Y Other specified other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.3Z Other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.4 **Other or unspecified medical devices associated with injury or harm, miscellaneous devices, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

Substances associated with injury or harm in therapeutic use (PL00-PL0Z)

Situations where a substance (drug or medicament) causes harm, in the context of intentional use for therapeutic purposes

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: accidents in the technique of administration of drugs, medicaments and biological substances in medical and surgical procedures (PL13)

PL00 Drugs, medicaments or biological substances associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm (QA70-QA7Z)

PL01 Complementary or traditional medicines associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.0 **Complementary or traditional medicines associated with injury or harm in therapeutic use, Herbal Preparations or Formulas**

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.1 **Complementary or traditional medicines associated with injury or harm in therapeutic use, Dietary Supplements, Vitamins or Minerals**

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.2 **Complementary or traditional medicines associated with injury or harm in therapeutic use, Complementary or Traditional Medicines, not elsewhere classified**

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.Y **Other specified complementary or traditional medicines associated with injury or harm in therapeutic use**

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.Z **Complementary or traditional medicines associated with injury or harm in therapeutic use, unspecified**

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL0Z Substances associated with injury or harm in therapeutic use, unspecified

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL10 Other health care related causes of injury or harm

Coding Note: Code first the injury or harm associated with other health care. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL11 Mode of injury or harm associated with a surgical or other medical procedure

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

PL11.0 **Cut, puncture or tear, as mode of injury or harm**

The cut or puncture occurs when a solid organ or blood vessel or nerve is unintentionally lacerated or otherwise damaged during a surgical or medical procedure. The cut or puncture must not be required for the successful completion of the procedure. A perforation occurs when a hollow viscous, such as the bowel or urinary bladder, is injured during a surgical procedure such that the contents of the viscous leak into the surrounding tissues or space.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.1 **Burn arising during procedure, as mode of injury or harm**

A burn occurs when tissue is damaged by heat, electricity or fire. It can occur, for example, as the direct result of cautery equipment, warming efforts, or because of a fire.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Burn from ionising radiation (PB53)

PL11.2 **Embolisation, as mode of injury or harm**

An embolisation occurs when a solid object within the venous or arterial circulation propagates to a distal location and becomes lodged there.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Obstruction of device, as mode of injury or harm (PL12.3)

Embolisation without injury or harm (QA50)

PL11.20 Air embolism, as mode of injury

PL11.2Y Other specified embolisation, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.2Z Embolisation, as mode of injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.3 **Foreign body accidentally left in body, as mode of injury or harm**

A foreign body is any solid material not normally found in the human body. It is accidentally left in the body if there was no specific intention to keep it in the body, either because it was indicated for medical purposes or because it was unsafe to retrieve.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Foreign body accidentally left in body without injury or harm (QA51)

PL11.4 **Failure of sterile precautions, as mode of injury or harm**

An infection occurred because standard procedures designed to minimize the risk of hospital acquired infection were not followed or were insufficient.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Failure of sterile precautions without injury or harm (QA52)

PL11.5 **Procedure undertaken at wrong site or wrong side, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Patient received diagnostic test or treatment intended for another patient (PL14.C)

PL11.6 **Pressure, as mode of injury or harm**

Includes factors such as: body positioning, retractors, or other instruments causing tissue damage through direct pressure

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Pressure as potential mode of injury without injury or harm (QA53)

PL11.Y **Other specified mode of injury or harm associated with a surgical or other medical procedure**

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

PL11.Z **Unspecified mode of injury or harm associated with a surgical or other medical procedure**

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

PL12 Mode of injury or harm associated with a surgical or other medical device, implant or graft

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL12.0 **Structural device failure, as mode of injury or harm**

Harm arising due to mechanical or material device failure not related to the installation of the device.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Structural device failure without injury or harm (QA60)

PL12.1 **Functional device failure, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Pacemaker or implantable cardioverter defibrillator dysfunction (NE82.1)

Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Functional device failure without injury or harm (QA61)

PL12.2 **Perforation or protrusion by device, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Cut, puncture or tear, as mode of injury or harm (PL11.0)

PL12.3 **Obstruction of device, as mode of injury or harm**

Obstruction associated with prosthetic devices, grafts or implants

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Obstruction of device without injury or harm (QA63)

PL12.4 **Dislodgement, misconnection or de-attachment, as mode of injury or harm**

Harm arising from loss of connection of device

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Pacemaker or implantable cardioverter defibrillator lead complication (NE82.2)

Dislodgement, misconnection or de-attachment of a surgical or medical device without injury or harm (QA62)

PL12.5 **Operator error, as mode of injury or harm**

Harm arising due to process or procedural issues associated with the use and/or maintenance of a device not related to device failure.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Operator error without injury or harm (QA64)

PL12.6 **Combination or interaction of operator error and device failure, as mode of injury or harm**

Harm arising due to a combination of device failure and process/procedural error in device use or maintenance.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Operator error, as mode of injury or harm (PL12.5)

Structural device failure, as mode of injury or harm (PL12.0)

Functional device failure, as mode of injury or harm (PL12.1)

Combination or interaction of operator error and device failure without injury or harm (QA65)

PL12.Y **Other specified mode of injury or harm associated with a surgical or other medical device, implant or graft**

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL12.Z **Mode of injury or harm associated with a surgical or other medical device, implant or graft, unspecified**

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL13 Mode of injury or harm associated with exposure to a drug, medicament or biological substance

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.0 **Overdose of substance, as mode of injury or harm**

Incorrect dose - too high

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Inclusions: overdose of prescribed drug

medication error leading to excess level or effect of prescribed drug

Exclusions: Overdose of substance without injury or harm (QA70)

Unintentional exposure to or harmful effects of drugs, medicaments or biological substances (PB20-PB29)

Intentional self-harm by exposure to or harmful effects of drugs, medicaments or biological substances (PC90-PC99)

Assault by exposure to or harmful effects of drugs, medicaments or biological substances (PE80-PE8Z)

Exposure to or harmful effects of undetermined intent of drugs, medicaments or biological substances (PH40-PH49)

PL13.1 **Underdosing, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.2 **Drug-related injury or harm in the context of correct administration or dosage, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.3 **Incorrect substance, as mode of injury or harm**

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.5 **Incorrect administration of drug or medicament, as mode of injury**

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.50 Incorrect route of drug or medicament, as mode of injury

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.51 Incorrect rate of drug or medicament, as mode of injury

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.52 Incorrect timing of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance.

Exclusions: Problem with delayed treatment (PL14.B)

Overdose of substance, as mode of injury or harm (PL13.0)

PL13.53 Incorrect duration of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

Underdosing, as mode of injury or harm (PL13.1)

PL13.5Y Other specified incorrect administration of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.5Z Incorrect administration of drug or medicament, as mode of injury, unspecified

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.6 Medication or substance that is known to be an allergen, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.7 Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Exclusions: Medication or substance that is known to be an allergen, as mode of injury or harm (PL13.6)

PL13.8 Expired or deteriorated medication or substance, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.9 Drug or substance interactions, as mode of injury or harm

Medication or substance that is known to interact with another medication or substance that the patient is taking or is expected to take. Code also all involved substances.

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.A Inappropriate stoppage or discontinuation of drug, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.Y Other specified mode of injury or harm associated with exposure to a drug, medicament or biological substance

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.Z Mode of injury or harm associated with exposure to a drug, medicament or biological substance, unspecified

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL14 Mode of injury or harm associated with other health care related causes

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

Mode of injury or harm associated with a surgical or other medical procedure (PL11)

Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

PL14.0 Non-administration of necessary drug

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Underdosing, as mode of injury or harm (PL13.1)

PL14.1 Non provision of necessary procedure

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Delayed treatment (PL14.B)

PL14.2 Problem associated with physical transfer of patient

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.3 Mismatched blood used in transfusion

Mismatched blood was used in transfusion and led to injury.

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.4 Other problem associated with transfusion

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.5 Problem associated with physical restraints

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.6 Problem associated with isolation protocol

Isolation of patient for infection cause injury to occur

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.7 **Problem associated with clinical documentation**

Clinical documentation error or omission led to injury of patient

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.8 **Problem associated with clinical software**

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.9 **Incorrect diagnosis**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.A **Delayed diagnosis**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.B **Delayed treatment**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Incorrect timing of drug or medicament, as mode of injury (PL13.0)

Non provision of necessary procedure (PL14.1)

PL14.C **Patient received diagnostic test or treatment intended for another patient**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Procedure undertaken at wrong site or wrong side, as mode of injury or harm (PL11.5)

PL14.D **Problem associated with transitions of care, hand offs, or handovers**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.E **Fall in health care**

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.Y **Other specified aspects of care associated with injury or harm**

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.Z **Mode of injury or harm associated with other health care related causes, unspecified**

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL2Y **Other specified external causes of morbidity or mortality**

PL2Z **External causes of morbidity or mortality, unspecified**

CHAPTER 24

Factors influencing health status or contact with health services

This chapter has 334 four-character categories.

Code range starts with QA00

Categories in this chapter are provided for occasions when circumstances other than a disease, injury or external cause classifiable elsewhere are recorded as "diagnoses" or "problems". This can arise in two main ways:

1. When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury.
2. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Such circumstance or problem may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as additional information to be borne in mind when the person is receiving care for some illness or injury.

This chapter contains the following top level blocks:

- Reasons for contact with the health services
- Factors influencing health status

Reasons for contact with the health services (QA00-QD3Z)

Coded Elsewhere: Gender incongruence (HA60-HA6Z)

Contact with health services for purposes of examination or investigation (QA00-QA0Z)

Exclusions: examinations related to pregnancy and reproduction (QA20-QA4Z)

Clinical findings in blood, blood-forming organs, or the immune system (MA10-MA1Y)

QA00 **General examination or investigation of persons without complaint or reported diagnosis**

Exclusions: Special screening examination for infectious diseases (QA08)

Examination or encounter for administrative purposes (QA01)

Special screening examination for neoplasms (QA09)

Special screening examination for other diseases or disorders (QA0A)

QA00.0 **General adult medical examination**

Encounter for periodic examination (annual) (physical) and any associated laboratory and radiologic examinations on adult.

Exclusions: Routine child health examination (QA00.1)

Routine general health check-up of defined subpopulation (QA03)

Routine newborn health examination (QA00.2)

Symptoms, signs or clinical findings, not elsewhere classified (Chapter 21)

QA00.1 **Routine child health examination**

Routine health check for child over 28 days of age through 19 years of age.

Exclusions: Health supervision or care of abandoned infant (QC22)

Health supervision or care of other healthy infant or child (QC20-QC2Z)

QA00.2 **Routine newborn health examination**

Health examination for infant under 29 days of age

Exclusions: Routine child health examination (QA00.1)

QA00.3 **General psychiatric examination**

Exclusions: examination requested for medicolegal reasons (QA04)

QA00.4 **Examination of potential donor of organ or tissue**

QA00.5 **Examination for normal comparison or control in clinical research programme**

QA00.6 **Examination of eyes or vision**

Exclusions: Examination for driving license (QA01.4)

QA00.61 Normal Visual Field

QA00.62 No vision impairment

QA00.6Y Other specified examination of eyes or vision

QA00.6Z Examination of eyes or vision, unspecified

QA00.7 **Examination of ears and hearing**

QA00.8 **Dental examination**

QA00.9 **Gynaecological examination**

Exclusions: routine examination for contraceptive maintenance (QA21.5)

Pregnancy examination or test (QA40)

QA00.A **Skin or other sensitisation tests**

QA00.B **Radiological examination**

Exclusions: Special screening examination for neoplasm of breast (QA09.3)

QA00.C **Laboratory examination**

QA00.D **Encounter for blood typing**

QA00.E **Encounter for antibody response examination**

Exclusions: Skin or other sensitisation tests (QA00.A)

QA00.Y **Other specified general examination or investigation of persons without complaint or reported diagnosis**

QA00.Z **General examination or investigation of persons without complaint or reported diagnosis, unspecified**

QA01 Examination or encounter for administrative purposes

QA01.0 **Examination for admission to educational institution**

QA01.1 **Pre-employment examination**

Exclusions: Occupational health examination (QA03.0)

QA01.2 **Examination for admission to residential institutions**

Exclusions: Routine general health check-up of inhabitants of institutions (QA03.1)

QA01.3 **Examination for recruitment to armed forces**

Exclusions: Routine general health check-up of armed forces (QA03.2)

QA01.4 **Examination for driving license**

QA01.5 **Examination for participation in sport**

Exclusions: Blood-alcohol or blood-drug test (QA04.0)

Routine general health check-up of sports teams (QA03.3)

QA01.6 **Examination for insurance purposes**

QA01.7 **Issue of medical certificate**

Exclusions: General adult medical examination (QA00.0)

QA01.8 **Encounter for adoption services**

Encounter to provide pre or post-adoption services to assist prospective adoptive parents in making an informed decision prior to adoption or to address the medical history and current health of the child and provide parental guidance

QA01.Y **Other specified examination or encounter for administrative purposes**

QA01.Z **Examination or encounter for administrative purposes, unspecified**

QA02 Medical observation or evaluation for suspected diseases or conditions, ruled out

Persons without signs or symptoms or a diagnosis when suspected of having an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care because suspected condition has been ruled out.'

Coding Note: Includes persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care

Exclusions: Person with feared complaint in whom no diagnosis is made (QA1C)

QA02.0 Observation for suspected tuberculosis, ruled out

Cases presenting with signs susceptible to be due to Tuberculosis, but where after observation and examination it was confirmed that this was not Tuberculosis - and no other disease had been identified that could explain the symptoms.

QA02.1 Observation for suspected Dengue, ruled out

QA02.2 Observation for suspected malignant neoplasm, ruled out

Exclusions: Special screening examination for neoplasms (QA09)

QA02.3 Observation for suspected mental or behavioural disorders, ruled out

QA02.4 Observation for suspected nervous system disorder, ruled out

QA02.5 Observation for suspected toxic effect from ingested substance, ruled out

Inclusions: observation for suspected adverse effect from drug

observation for suspected poisoning

QA02.6 Observation and evaluation of newborn for suspected condition, ruled out

QA02.7 Observation for suspected suicide ideation or attempt, ruled out

QA02.8 Observation for suspected allergy or hypersensitivity, ruled out

Observation for a suspected allergy or hypersensitivity, not confirmed or no evidence found at the time of evaluation.

QA02.Y Medical observation or evaluation for other suspected diseases or conditions, ruled out

Coding Note: Includes persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care

QA03 Routine general health check-up of defined subpopulation

Exclusions: Examination or encounter for administrative purposes (QA01)

QA03.0 Occupational health examination

Exclusions: Pre-employment examination (QA01.1)

QA03.1 **Routine general health check-up of inhabitants of institutions**

Exclusions: Examination or encounter for administrative purposes (QA01)

QA03.2 **Routine general health check-up of armed forces**

Exclusions: Examination for recruitment to armed forces (QA01.3)

QA03.3 **Routine general health check-up of sports teams**

Exclusions: Examination for participation in sport (QA01.5)

Blood-alcohol or blood-drug test (QA04.0)

QA03.Y **Other specified routine general health check-up of defined subpopulation**

QA03.Z **Routine general health check-up of defined subpopulation, unspecified**

QA04 Examination or observation for reasons other than suspected diseases or conditions or administrative purposes

QA04.0 **Blood-alcohol or blood-drug test**

Exclusions: Finding of alcohol in blood (MA13.1)

presence of drugs in blood (MA12)

QA04.1 **Alcohol and drug testing other than by blood**

QA04.2 **Examination or observation following transport accident**

Exclusions: Examination or observation following work accident (QA04.3)

QA04.3 **Examination or observation following work accident**

QA04.4 **Examination or observation following accident other than work or transport**

QA04.5 **Examination or observation for suspected maltreatment**

QA04.50 Examination or observation for suspected physical maltreatment

Observation and evaluation for suspected or alleged physical abuse which, after study is ruled out

QA04.51 Examination or observation for suspected sexual maltreatment

Observation and evaluation for suspected or alleged sexual abuse or rape which, after study is ruled out

QA04.52 Examination or observation for suspected psychological maltreatment

Observation and evaluation for suspected or alleged psychological abuse which, after study is ruled out.

QA04.53 Examination or observation for suspected neglect or abandonment

Observation and evaluation for suspected or alleged neglect or abandonment which, after study is ruled out.

QA04.5Y Other specified examination or observation for suspected maltreatment

QA04.5Z Examination or observation for suspected maltreatment, unspecified

QA04.6 **General psychiatric examination, requested by authority**

QA04.7 **Examination for medicolegal reasons**

QA04.Y **Other specified examination or observation for reasons other than suspected diseases or conditions or administrative purposes**

QA04.Z **Examination or observation for reasons other than suspected diseases or conditions or administrative purposes, unspecified**

QA05 Person consulting for explanation of investigation findings

QA06 Follow-up examination after treatment for malignant neoplasms

Inclusions: medical surveillance following treatment for malignant neoplasms

Exclusions: follow-up medical care and convalescence (QB70-QB7Z)

Attention to surgical dressings, drains or sutures (QB85)

QA07 Follow-up examination after treatment for conditions other than malignant neoplasms

Inclusions: medical surveillance following treatment for conditions other than malignant neoplasms

Exclusions: Fitting, adjustment or management of devices (QB30-QB3Z)

Surveillance of contraceptive device (QA21.6)

Follow-up examination after treatment for malignant neoplasms (QA06)

Convalescence (QB70-QB7Z)

QA07.0 **Follow-up examination after organ transplant**

QA07.Y **Other specified follow-up examination after treatment for conditions other than malignant neoplasms**

QA07.Z **Follow-up examination after treatment for conditions other than malignant neoplasms, unspecified**

QA08 Special screening examination for infectious diseases

A reason for encounter to screen for an infection with a bacterial, viral, fungal, or parasitic source.

QA08.0 **Special screening examination for intestinal infectious diseases**

QA08.1 **Special screening examination for respiratory tuberculosis**

QA08.2 **Special screening examination for other bacterial diseases**

QA08.3 **Special screening examination for infections with a predominantly sexual mode of transmission**

QA08.4 **Special screening examination for human immunodeficiency virus**

QA08.5 **Special screening examination for other viral diseases**

Exclusions: Viral intestinal infections (1A20-1A2Z)

Special screening examination for infections with a predominantly sexual mode of transmission (QA08.3)

Special screening examination for human immunodeficiency virus (QA08.4)

QA08.6 **Special screening examination for other protozoal diseases or helminthiases**

Exclusions: Protozoal intestinal infections (1A30-1A3Z)

QA08.Y **Special screening examination for other specified infectious diseases**

QA08.Z **Special screening examination for unspecified infectious diseases**

QA09 Special screening examination for neoplasms

QA09.0 **Special screening examination for neoplasm of stomach**

QA09.1 **Special screening examination for neoplasm of intestinal tract**

QA09.2 **Special screening examination for neoplasm of respiratory organs**

QA09.3 **Special screening examination for neoplasm of breast**

Exclusions: routine mammogram (QA00.B)

QA09.4 **Special screening examination for neoplasm of cervix**

Exclusions: Gynaecological examination (QA00.9)

QA09.5 **Special screening examination for neoplasm of prostate**

Exclusions: Prostate specific antigen positive (MA14.1B)

QA09.6 **Special screening examination for neoplasm of bladder**

QA09.7 **Special screening examination for neoplasm of skin**

Attendance for special screening for skin cancer including whole skin surface photographic or dermoscopic documentation of patients with multiple melanocytic naevi or naevoid basal cell carcinoma syndrome.

QA09.Y **Other specified special screening examination for neoplasms**

QA09.Z **Special screening for neoplasm of unspecified site**

QA0A Special screening examination for other diseases or disorders

QA0A.0 **Special screening examination for diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism**

QA0A.1 **Special screening examination for endocrine and metabolic disorder**

QA0A.10 Special screening examination for diabetes mellitus

QA0A.1Y Other specified special screening examination for endocrine and metabolic disorder

QA0A.1Z Special screening examination for endocrine and metabolic disorder, unspecified

QA0A.2 Special screening examination for nutritional disorders

QA0A.3 Special screening examination for mental or behavioural disorders

QA0A.4 Special screening examination for certain developmental disorders in childhood

Exclusions: routine development testing of infant or child (QA00.1)

QA0A.5 Special screening examination for eye or ear disorders

QA0A.6 Special screening examination for cardiovascular disorders

QA0A.7 Special screening examination for allergic and hypersensitivity conditions

QA0A.Y Special screening for diseases and disorders not elsewhere classified

QA0A.Z Special screening examination for other diseases or disorders, unspecified

QA0B **Preprocedural examination**

Evaluation and testing for assessment and proactive management of risks of perioperative morbidity and mortality and implements measurements to minimize risks.

QA0Y **Other examination or investigation**

QA0Z **Examination or investigation, unspecified**

Contact with health services for counselling (QA10-QA1Z)

Exclusions: Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Contact with health services for menopausal counselling (QA4B)

Contact with health services for preconception counselling (QA33)

Contact with health services for fertility preservation counselling (QA34)

Coded Elsewhere: Contact with health services for genetic counselling (QA31)

QA10 **Contact with health services for dietary counselling or surveillance**

QA11 **Contact with health services for alcohol use counselling or surveillance**

Exclusions: Alcohol rehabilitation (QB95.2)

Disorders due to use of alcohol (6C40)

QA12 **Contact with health services for drug use counselling or surveillance**

Exclusions: Drug rehabilitation (QB95.3)

Disorders due to substance use or addictive behaviours (6C40-6C5Z)

QA13 **Contact with health services for tobacco use counselling**

Exclusions: Tobacco rehabilitation (QB95.8)

Disorders due to use of nicotine (6C4A)

QA14 **Contact with health services for human immunodeficiency virus counselling**

Human immunodeficiency virus counselling can be defined as accessible HIV counselling services that meet the needs of clients and providers in an equitable and acceptable manner, within the resources available and in line with national guidelines. Counselling should increase knowledge of HIV prevention and help the client to focus on solutions to risk reduction.

QA15 **Counselling related to sexuality**

Exclusions: Contact with health services for contraceptive management (QA21)

Conditions related to sexual health (Chapter 17)

Contact with health services for procreative management (QA30-QA3Z)

QA15.0 **Counselling related to sexual attitudes**

QA15.1 **Counselling related to sexual behaviour and orientation or sexual relationships of the person**

QA15.2 **Counselling related to sexual behaviour and orientation or sexual relationships of third party**

QA15.3 **Counselling related to combined sexual attitudes, sexual behaviour and sexual relationships**

QA15.Y **Other specified counselling related to sexuality**

QA15.Z **Counselling related to sexuality, unspecified**

QA16 **Individual psychological or behavioural counselling**

QA17 **Marital or couples counselling**

QA18 **Family counselling**

QA19 **Group counselling**

QA1A **Discussion of issues surrounding impending death**

QA1B **Concern about or fear of medical treatment**

QA1C **Person with feared complaint in whom no diagnosis is made**

Exclusions: Medical observation or evaluation for suspected diseases or conditions, ruled out (QA02)

QA1Y **Contact with health services for other specified counselling**

QA1Z **Contact with health services for unspecified counselling**

Contact with health services for reasons associated with reproduction (QA20-QA4Z)

Coded Elsewhere: Contact with health services for concerns about body image related to pregnancy (QD31)

Contact with health services for preimplantation genetic diagnosis (QA3Y)

Contact with health services for preimplantation genetic screening (QA3Y)

QA20 **Contact with health services for concerns about pregnancy**

QA21 **Contact with health services for contraceptive management**

QA21.0 **Contact with health services for postcoital contraception**

QA21.1 **Contact with health services for general counselling or advice on contraception**

QA21.2 **Contact with health services for insertion of contraceptive device**

QA21.3 **Contact with health services for sterilisation**

QA21.4 **Contact with health services for menstrual extraction**

QA21.5 **Surveillance of contraceptive drugs**

QA21.6 **Surveillance of contraceptive device**

QA21.60 Retained intrauterine device without injury or harm in non-pregnant uterus

QA21.6Y Other specified surveillance of contraceptive device

QA21.6Z Surveillance of contraceptive device, unspecified

QA21.Y **Other specified contact with health services for contraceptive management**

QA21.Z **Contact with health services for contraceptive management, unspecified**

Contact with health services for procreative management (QA30-QA3Z)

Exclusions: complications associated with artificial fertilization (GA32)

QA30 **Contact with health services for medically assisted reproduction**

Medically Assisted Reproduction (MAR) : reproduction brought about through ovulation induction, controlled ovarian stimulation, ovulation triggering, ART procedures, and intrauterine, intracervical, and intravaginal insemination with semen of husband/partner or donor.

QA30.0 **Contact with health services for assisted insemination**

Artificial insemination is a treatment for infertility that involves directly inserting sperm into a woman’s uterus.

QA30.00 Contact with health services for gamete intrafallopian transfer

QA30.01 Contact with health services for procreative management by artificial insemination

QA30.02 Contact with health services for medically assisted sperm insemination

Noncoital insemination by intrauterine, intracervical, or intravaginal route using sperm from either a woman's partner or a sperm donor.

QA30.0Y Contact with health services for other specified assisted insemination

QA30.0Z Contact with health services for unspecified assisted insemination

QA30.1 **Contact with health services for assisted reproductive technology**

All treatments or procedures that include the in vitro handling of both human oocytes and sperm or embryos, for the purpose of establishing a pregnancy. This includes, but is not limited to, in vitro fertilization and embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy. ART does not include assisted insemination (artificial insemination) using sperm from either a woman's partner or a sperm donor.

QA30.10 Contact with health services for in vitro fertilisation

QA30.11 Contact with health services for egg retrieval

Ovarian Follicular aspiration performed with the aim to retrieve oocytes

QA30.12 Contact with health services for embryo transfer

The procedure in which one or more embryos are placed in the uterus or Fallopian tube.

QA30.13 Contact with health services for ovum implantation

QA30.14 Contact with health services for harvesting ovum for in vitro fertilisation

QA30.15 Contact with health services for harvesting or implantation of ova

QA30.1Y Contact with health services for other specified assisted reproductive technology

QA30.1Z Contact with health services for unspecified assisted reproductive technology

QA30.2 **Contact with health services for other assisted fertilisation methods**

QA30.20 Contact with health services for controlled ovarian stimulation for assisted reproductive technology

Medical treatment in which women are stimulated to induce the development of multiple ovarian follicles to obtain multiple oocytes at follicular aspiration.

QA30.21 Contact with health services for controlled ovarian stimulation for non-assisted reproductive technology cycles

Pharmacological treatment for women with normal ovulatory cycles in which the ovaries are stimulated to ovulate more than one oocyte.

QA30.22 Contact with health services for ovulation induction

Ovulation Induction (OI): Pharmacological treatment for women with anovulation or oligo-ovulation to result in normal ovulatory cycles.

QA30.2Y Contact with health services for other specified assisted fertilisation methods

QA30.2Z Contact with health services for unspecified assisted fertilisation methods

QA30.Y **Other specified contact with health services for medically assisted reproduction**

QA30.Z **Contact with health services for medically assisted reproduction, unspecified**

QA31 **Contact with health services for genetic counselling**

QA32 **Contact with health services for tuboplasty or vasoplasty after previous sterilisation**

QA33 **Contact with health services for preconception counselling**

A reason for encounter to counsel an individual's queries or complaints regarding conception.

QA34 **Contact with health services for fertility preservation counselling**

A reason for encounter to counsel an individual's queries or complaints regarding fertility preservation.

QA35 **Contact with health services by gestational carrier**

A female who is carrying a pregnancy and who has agreed to give the neonate to the intended parents after childbirth. Gametes may be harvested from the intended parent(s) or from a third party.

QA3Y **Contact with health services for other specified procreative management**

QA3Z **Contact with health services for procreative management, unspecified**

QA40 **Pregnancy examination or test**

QA41 **Pregnant state**

QA42 **Supervision of normal pregnancy**

QA42.0 **Supervision of normal first pregnancy**

QA42.Y **Supervision of other specified normal pregnancy**

QA42.Z **Supervision of normal pregnancy, unspecified**

QA43 **Supervision of high-risk pregnancy**

QA43.0 **Supervision of pregnancy with history of infertility**

QA43.1 **Supervision of pregnancy with history of abortive outcome**

Exclusions: Recurrent pregnancy loss (GA33)

Pregnancy care of habitual aborter (JA65.4)

QA43.2 **Supervision of pregnancy with other poor reproductive or obstetric history**

QA43.3 **Supervision of pregnancy with history of insufficient antenatal care**

QA43.30 Concealed pregnancy

QA43.3Y Other specified supervision of pregnancy with history of insufficient antenatal care

QA43.3Z Supervision of pregnancy with history of insufficient antenatal care, unspecified

QA43.4 Supervision of elderly primigravida

QA43.5 Supervision of very young primigravida

QA43.6 Supervision of high-risk pregnancy due to social problems

QA43.Y Other specified supervision of high-risk pregnancy

QA43.Z Supervision of high-risk pregnancy, unspecified

QA44 Expectant parent pre-birth visit

Encounter for the provision of prenatal counselling to prospective parents where there is no identified fetal condition/anomaly or consultative services when referred by another physician due to an identified fetal condition/anomaly.

QA45 Antenatal screening

Antenatal screening is a way of assessing whether the unborn baby could develop or has developed an abnormality or other condition during pregnancy.

Exclusions: routine prenatal care (QA42)

Clinical findings on antenatal screening of mother (JA66)

QA45.0 Antenatal screening for chromosomal anomalies

QA45.1 Antenatal screening due to raised alphafetoprotein level

QA45.Y Other specified antenatal screening

QA45.Z Antenatal screening, unspecified

QA46 Outcome of delivery

Coding Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.

QA46.0 Single live birth

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.1 Single stillbirth

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.2 **Twins, both liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.3 **Twins, one liveborn and one stillborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.4 **Twins, both stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.5 **Triplets, all liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.6 **Triplets, some liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.7 **Triplets, all stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.8 **Quadruplets, all liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.9 **Quadruplets, some liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.A **Quadruplets, all stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.B **Quintuplets, all liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.C **Quintuplets, some liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.D **Quintuplets, all stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.E **Sextuplets, all liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.F **Sextuplets, some liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.G **Sextuplets, all stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.H **Other multiple births, all liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.J **Other multiple births, some liveborn**

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.K **Other multiple births, all stillborn**

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight less than 500 grams as the criteria.

QA46.Z **Outcome of delivery, unspecified**

Coding Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.

QA47 Liveborn infants according to place of birth

QA47.0 **Singleton, born in hospital**

QA47.00 Single liveborn infant, delivered vaginally

QA47.01 Single liveborn infant, delivered by caesarean

QA47.0Y Other specified singleton, born in hospital

QA47.0Z Singleton, born in hospital, unspecified

QA47.1 **Singleton, born outside hospital**

QA47.2 **Singleton, unspecified as to place of birth**

QA47.3 **Twin, born in hospital**

QA47.30 Twin liveborn infant, delivered vaginally

QA47.31 Twin liveborn infant, delivered by caesarean

QA47.3Y Other specified twin, born in hospital

QA47.3Z Twin, born in hospital, unspecified

QA47.4 **Twin, born outside hospital**

QA47.5 **Twin, unspecified as to place of birth**

QA47.6 **Multiple other than twins, born in hospital**

QA47.60 Multiple other than twins, delivered vaginally

QA47.61 Multiple other than twins, delivered by caesarean section

QA47.6Y Other specified multiple other than twins, born in hospital

QA47.6Z Multiple other than twins, born in hospital, unspecified

QA47.7 **Multiple other than twins, born outside hospital**

QA47.8 **Other multiple, unspecified as to place of birth**

QA47.Z **Liveborn infants according to place of birth, unspecified**

QA48 **Postpartum care or examination**

QA48.0 **Care or examination immediately after delivery**

Exclusions: Complications predominantly related to the puerperium (JB40-JB4Z)

QA48.1 **Care or examination of lactating mother**

Exclusions: Certain specified disorders of breast or lactation associated with childbirth (JB46)

QA48.2 **Routine postpartum follow-up**

QA48.Y **Other specified postpartum care or examination**

QA48.Z **Postpartum care or examination, unspecified**

QA49 **Problems related to unwanted pregnancy**

Exclusions: Supervision of high-risk pregnancy due to social problems (QA43.6)

QA4A **Problems related to multiparity**

Exclusions: Supervision of pregnancy with grand multiparity (QA43)

QA4B **Contact with health services for menopausal counselling**

A reason for encounter to counsel an individual's queries or complaints regarding menopause.

QA4Y **Other specified contact with health services for reasons associated with reproduction**

QA4Z **Contact with health services for reasons associated with reproduction, unspecified**

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical procedure (PL11)

QA50 **Embolisation without injury or harm**

An embolisation without documented injury or harm occurs when a solid object within the venous or arterial circulation propagates to a distal location and becomes lodged there.

Exclusions: Embolisation, as mode of injury or harm (PL11.2)

QA51 **Foreign body accidentally left in body without injury or harm**

A foreign body is any solid material not normally found in the human body. It is accidentally left in the body if there was no specific intention to keep it in the body.

Exclusions: Foreign body accidentally left in body, as mode of injury or harm (PL11.3)

QA52 **Failure of sterile precautions without injury or harm**

Standard procedures designed to minimize the risk of hospital acquired infection were not followed or were insufficient, without documented injury or harm.

Exclusions: Failure of sterile precautions, as mode of injury or harm (PL11.4)

QA53 **Pressure as potential mode of injury without injury or harm**

Pressure as a potential mode of injury, includes factors such as: body positioning, retractors, or other instruments with direct pressure, without documented injury or harm.

Exclusions: Pressure, as mode of injury or harm (PL11.6)

QA5Y **Other specified circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm**

QA5Z **Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm, unspecified**

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

QA60 **Structural device failure without injury or harm**

Mechanical or material device failure not related to the installation of the device without any documented injury or harm.

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Structural device failure, as mode of injury or harm (PL12.0)

QA61 **Functional device failure without injury or harm**

A device not working or operating correctly, or has stopped functioning after a period of function, but without documented injury or harm to the patient.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

Retained intrauterine contraceptive device in pregnancy (JA65.5)

Breakage of device without documented injury or harm (QA60)

Functional device failure, as mode of injury or harm (PL12.1)

QA62 **Dislodgement, misconnection or de-attachment of a surgical or medical device without injury or harm**

A device that has moved out of place, become disconnected, loosened or unstable, but without documented injury or harm.

Exclusions: Dislodgement, misconnection or de-attachment, as mode of injury or harm (PL12.4)

QA63 **Obstruction of device without injury or harm**

A device that has become obstructed or blocked but without any documented injury or harm.

Exclusions: Obstruction of device, as mode of injury or harm (PL12.3)

QA64 **Operator error without injury or harm**

Incorrect, or improper maintenance or installation of device without documented injury or harm due to operator error.

Exclusions: Operator error, as mode of injury or harm (PL12.5)

QA65 **Combination or interaction of operator error and device failure without injury or harm**

Combination of device failure (structural or functional)and process/procedural error (poor training, maintenance, incorrect installation) in device use or maintenance without documented injury or harm

Exclusions: Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

QA6Y **Other specified circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm**

QA6Z **Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm, unspecified**

Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm (QA70-QA7Z)

Exclusions: Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

QA70 **Overdose of substance without injury or harm**

Overdose of a substance occurs when a patient is given more of a prescribed drug or other substance than is intended. Can be the result of inaccurate measurement of drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

QA71 **Underdosing without injury or harm**

Under-dosing occurs when a patient takes less of a medication than is prescribed by the provider or the manufacturer's instructions without documented injury or harm. This can be the result of inaccurate measurement of a drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Underdosing, as mode of injury or harm (PL13.1)

QA72 **Incorrect substance without injury or harm**

Incorrect substance administration occurs when a substance is given which was not the intended or prescribed drug and does not result in injury or harm.

Exclusions: Incorrect substance, as mode of injury or harm (PL13.3)

QA73 **Incorrect route of administration without injury or harm**

Incorrect or wrong route of administration without documented injury or harm.

Exclusions: Incorrect route of drug or medicament, as mode of injury (PL13.50)

QA74 **Unspecified appropriateness of dosing or administration without injury or harm**

Unspecified administration of dosage or route without documented injury or harm.

Exclusions: Delayed treatment without injury or harm (QA8B)

QA75 **Incorrect duration of administration or course of therapy without injury or harm**

Incorrect duration of administration or course of therapy including extended period of time or too brief in duration without documented injury or harm.

Exclusions: Incorrect duration of drug or medicament, as mode of injury (PL13.53)

QA76 **Medication or substance that is known to be an allergen without injury or harm**

Medication that has previously been identified as an allergen to the patient is administered, but does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen, as mode of injury or harm (PL13.6)

QA77 **Medication or substance that is known to be contraindicated for the patient without injury or harm**

Prescription or non-prescription drug or other substance that has a medical reason for why it should not be used that is administered and does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen without injury or harm (QA76)

Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm (PL13.7)

QA78 **Expired or deteriorated medication or substance without injury or harm**

Administration of a medication that has passed the manufacturer's expiration date. Administration of a medication which has become impaired or inferior in quality, functioning, or condition. No injury or harm occurred as a result.

Exclusions: Expired or deteriorated medication or substance, as mode of injury or harm (PL13.8)

QA79 **Drug or substance interactions without injury or harm**

A drug interaction is a situation in which a substance affects the activity of another drug when both are administered together. Includes increased effectiveness, decreased effectiveness or a new effect that is not produced from either drug on its own. No injury or harm occurred as a result.

Exclusions: Drug or substance interactions, as mode of injury or harm (PL13.9)

QA7A **Inappropriate stoppage or discontinuation of drug without injury or harm**

Drug administration cancelled before prescribed or patient stopped taking drug without provider instructions. No injury or harm occurred as a result.

Exclusions: Inappropriate stoppage or discontinuation of drug, as mode of injury or harm (PL13.A)

QA7Y **Other specified circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm**

QA7Z **Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm, unspecified**

Circumstances associated with other aspects of care influencing the episode of care without injury or harm (QA80-QA8Z)

QA80 **Non-administration of necessary drug without injury or harm**

Prescribed drug not given. Missed dose, drug not started, drug delayed resulting in missed dose, but no documented injury or harm resulted.

Exclusions: Delayed treatment without injury or harm (QA8B)

Non-administration of necessary drug (PL14.0)

QA81 **Non-provision of necessary procedure without injury or harm**

Medically ordered procedure not performed in the episode of care (interrupted, cancelled).

Exclusions: Delayed treatment without injury or harm (QA8B)

Non provision of necessary procedure (PL14.1)

QA82 **Problem associated with physical transfer of patient without injury or harm**

Fall, bump, slip, entanglement, drop of patient during movement with healthcare personnel, without documented injury or harm

Exclusions: Problem associated with physical transfer of patient (PL14.2)

QA83 **Mismatched blood used in transfusion without injury or harm**

Blood product (.e.g. packed red blood cells, platelets, plasma) improperly matched with patient; wrong blood product administered to patient without documented injury or harm.

Exclusions: Mismatched blood used in transfusion (PL14.3)

QA84 **Other problem with transfusion without injury or harm**

Transfusion interruption or delay (e.g. took too long to administer – clotted or had to be discarded); transfusion line issues: cracked, leaked a substantial amount of blood so that insufficient amount reached patient; large amount of air infused without documented injury or harm.

Exclusions: Other problem associated with transfusion (PL14.4)

QA85 **Problem with physical restraints without injury or harm**

Restraints not attached properly and not effective (e.g. restraints came undone); restraint broken; restraint too tight but problem identified before injury occurred

Exclusions: Problem associated with physical restraints (PL14.5)

QA86 **Problem with isolation protocol without injury or harm**

Patient not monitored as frequently as required or ordered; or patient mistakenly or inappropriately put on isolation; or isolation technique broken and contamination possible by patient, health provider, or visitor. No injury or harm resulted.

Exclusions: Problem associated with isolation protocol (PL14.6)

QA87 **Problem with clinical documentation without injury or harm**

Documentation on wrong patient; incomplete documentation; incorrect documentation identified as inconsistent with other source, but without documented injury or harm to the patient.

Exclusions: Problem associated with clinical documentation (PL14.7)

QA88 **Problem with clinical software without injury or harm**

Software malfunction causing interruption in processing of patient orders, laboratory or other diagnostic results, data entry, electronic communication, or data output, but without documented injury or harm.

Exclusions: Problem associated with clinical software (PL14.8)

QA89 **Incorrect diagnosis without injury or harm**

Diagnosis changed after further study and as a result, treatment was incorrect; misdiagnosis; conflicting diagnoses

Exclusions: Incorrect diagnosis (PL14.9)

QA8A **Delayed diagnosis without injury or harm**

Diagnosis not established in a timely manner; symptoms but no diagnosis were documented. In this situation, no documented injury or harm resulted.

Exclusions: Delayed diagnosis (PL14.A)

QA8B **Delayed treatment without injury or harm**

delayed commencement of therapy (e.g. Drug therapy, physical therapy, occupational therapy, radiation therapy, surgery, psychological or psychiatric therapy, dressing change, irrigation, etc.)

delayed surgery or procedure

delayed administration of drug or medicament

Exclusions: Delayed treatment (PL14.B)

QA8C **Problem with transitions of care, hand offs, or handovers without injury or harm**

Miscommunication, errors, or no communication when changing setting of care from one patient care unit, department, or institution to another

Exclusions: Problem associated with transitions of care, hand offs, or handovers (PL14.D)

QA8D **Patient received diagnostic test or treatment intended for another patient without injury or harm**

Patient order for testing or treatment performed on wrong patient; (e.g. lab test, diagnostic imaging test, physical or psychological therapy, dressing change, irrigation, etc.)

Patient received drug or medicament meant for another patient, but no harm resulted.

Exclusions: Patient received diagnostic test or treatment intended for another patient (PL14.C)

QA8E **Fall in health care without injury or harm**

Exclusions: Fall in health care with injury or harm (PL14.E)

QA8F **Needle stick without injury or harm**

Exclusions: Needle stick associated with injury or harm in therapeutic use (PK81.F)

QA8Y **Other specified circumstances associated with other aspects of care influencing the episode of care without injury or harm**

QA8Z **Circumstances associated with other aspects of care influencing the episode of care without injury or harm, unspecified**

QB0Y **Other specified health care related circumstances influencing the episode of care without injury or harm**

QB0Z **Health care related circumstances influencing the episode of care without injury or harm, unspecified**

Factors related to medical facilities and other health care (QB10-QB1Z)

QB10 **Medical services not available in home**

Exclusions: Difficulty or need for assistance with activities (QF20-QF2Z)

QB11 **Person awaiting admission to adequate facility elsewhere**

QB12 **Waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere**

QB12.0 Organ transplant candidate

QB12.Y Other specified waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere

QB12.Z Waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere, unspecified

QB13 **Unavailability or inaccessibility of helping agencies other than health care facilities**

QB14 **Unavailability or inaccessibility of health care facilities**

Exclusions: bed unavailable (QB11)

QB15 **Medical services not available in current medical facility**

QB16 **Respite care**

Provision of temporary health-care facilities to a person normally cared for at home.

QB1Y **Other specified factors related to medical facilities and other health care**

QB1Z **Factors related to medical facilities and other health care, unspecified**

Donors of organs or tissues (QB20-QB2Z)

Exclusions: Examination of potential donor of organ or tissue (QA00.4)

Coded Elsewhere: Stem cell donor (QB20)

QB20 **Blood donor**

Blood donor is a human being who is a source of blood for the purpose of transfusion.

QB21 **Bone marrow donor**

Bone marrow donor is a human being, who is a source of Bone marrow for the purpose of transplantation.

QB22 **Kidney donor**

Kidney donor is a human being, who is a source of a kidney for the purpose of transplantation.

QB23 **Cornea donor**

Cornea donor is a human being, who is a source of a cornea for the purpose of transplantation.

QB24 **Liver donor**

Liver donor is a human being, who is a source of a liver for the purpose of transplantation.

QB25 **Heart donor**

Heart donor is a human being, who is a source of a heart for the purpose of transplantation.

QB2Y **Donors of other specified organs or tissues**

QB2Z **Donors of organs or tissues, unspecified**

Fitting, adjustment or management of devices (QB30-QB3Z)

Exclusions: Contact with health services for issue of repeat prescription (QB92)

Presence of devices other than cardiac or vascular implants (QB51)

malfunction or other complications of device (NE80-NE8Z)

QB30 **Adjustment or management of implanted devices**

QB30.0 Adjustment or management of implanted hearing device

QB30.00 Adjustment or management of bone conduction device

QB30.01 Adjustment or management of cochlear device

QB30.0Y Adjustment or management of other implanted hearing device

QB30.0Z Adjustment or management of implanted hearing device, unspecified

QB30.1 Adjustment or management of infusion pump

QB30.2 **Adjustment or management of cardiac devices**

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.20 Adjustment or management of cardiac pacemaker

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.21 Adjustment or management of cardiac resynchronization therapy defibrillator

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.22 Adjustment or management of cardiac resynchronization therapy pacemaker

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.23 Adjustment or management of cardioverter-defibrillator

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.2Y Other specified adjustment or management of cardiac devices

QB30.2Z Adjustment or management of cardiac devices, unspecified

QB30.3 **Adjustment or management of vascular access device**

QB30.4 **Adjustment or management of implanted gastric device**

QB30.5 **Fitting or adjustment of urinary device**

QB30.6 **Adjustment or management of breast implant**

QB30.7 **Adjustment or removal of myringotomy stent or tube**

QB30.8 **Adjustment and management of a neurostimulator**

QB30.9 **Fitting or adjustment of cerebrospinal fluid drainage device**

QB30.A **Fitting or adjustment of neuropacemaker**

QB30.Y **Fitting, adjustment or management of other specified implanted devices**

QB30.Z **Adjustment or management of implanted devices, unspecified**

QB31 **Fitting, adjustment or management of external devices**

Coded Elsewhere: Fitting or adjustment of urinary device (QB30.5)

Adjustment and management of a neurostimulator (QB30.8)

Fitting or adjustment of cerebrospinal fluid drainage device (QB30.9)

Fitting or adjustment of neuropacemaker (QB30.A)

Fitting or adjustment of devices related to nervous system or special senses (QB30.Y)

QB31.0 **Fitting or adjustment of external prosthetic device**

Exclusions: presence of prosthetic device (QB50-QB5Z)

QB31.00 Fitting or adjustment of artificial arm

QB31.01 Fitting or adjustment of artificial leg

QB31.02 Fitting or adjustment of artificial eye

QB31.03 Fitting or adjustment of external breast prosthesis

QB31.0Y Other specified fitting or adjustment of external prosthetic device

QB31.0Z Fitting or adjustment of external prosthetic device, unspecified

QB31.1 **Fitting or adjustment of orthopaedic device**

QB31.2 **Fitting or adjustment of orthodontic device**

QB31.3 **Fitting or adjustment of dental prosthetic device**

QB31.4 **Fitting or adjustment of hearing aid**

QB31.5 **Fitting or adjustment of spectacles or contact lenses**

QB31.Y **Fitting, adjustment or management of other specified external devices**

QB31.Z **Fitting, adjustment or management of external devices, unspecified**

QB3Z **Fitting, adjustment or management of devices, unspecified**

Dependence on enabling machines or devices (QB40-QB4Z)

QB40 **Dependence on aspirator**

QB41 **Dependence on respirator**

QB42 **Dependence on renal dialysis**

Inclusions: renal dialysis status

Exclusions: dialysis preparation, treatment or session (QB94)

QB43 **Dependence on artificial heart**

QB44 **Dependence on wheelchair**

QB4Y **Dependence on other specified machine or device**

QB4Z **Dependence on unspecified machine or device**

Presence of device, implants or grafts (QB50-QB5Z)

QB50 **Presence of cardiac or vascular implants or grafts**

QB50.0 **Presence of electronic cardiac devices**

Exclusions: Adjustment or management of cardiac devices (QB30.2)

QB50.00 Presence of cardiac pacemaker

QB50.01 Presence of cardiac resynchronization therapy defibrillator

QB50.02 Presence of cardiac resynchronization therapy pacemaker

QB50.03 Presence of cardioverter-defibrillator

QB50.0Y Other specified presence of electronic cardiac devices

QB50.0Z Presence of electronic cardiac devices, unspecified

QB50.1 **Presence of aortocoronary bypass graft**

QB50.2 **Presence of prosthetic heart valve**

QB50.3 **Presence of xenogenic heart valve**

QB50.4 **Presence of coronary angioplasty implant or graft**

QB50.Y **Presence of other specified cardiac or vascular implants or grafts**

QB50.Z **Presence of unspecified cardiac or vascular implants or grafts**

QB51 **Presence of devices other than cardiac or vascular implants**

Exclusions: Fitting, adjustment or management of devices (QB30-QB3Z)

QB51.0 **Presence of a neurostimulator**

QB51.1 **Presence of urogenital implants**

QB51.2 **Presence of intraocular lens**

QB51.3 **Presence of otological or audiological implants**

QB51.4 **Presence of artificial larynx**

QB51.5 **Presence of endocrine implants**

Inclusions: presence of insulin pump

QB51.6 **Presence of tooth-root or mandibular implants**

QB51.7 **Presence of orthopaedic joint implants**

QB51.8 **Presence of artificial eye**

QB51.9 **Presence of artificial limb**

QB51.A **Presence of dental prosthetic device**

QB51.B **Presence of external hearing-aid**

QB51.C **Presence of contraceptive device**

Exclusions: Contact with health services for insertion of contraceptive device (QA21.2)

Surveillance of contraceptive device (QA21.6)

QB51.D **Presence of cerebrospinal fluid drainage device**

QB51.Y **Presence of other specified devices other than cardiac or vascular implants**

QB5Z **Presence of unspecified device**

Surgical or postsurgical states (QB60-QB6Z)

Exclusions: Convalescence (QB70-QB7Z)

Coded Elsewhere: After-cataract (9B10.22)

Presence of intraocular lens (QB51.2)

Presence of cataract surgery (9B1Z)

QB60 **Presence of arthrodesis**

QB61 **Presence of artificial opening**

Exclusions: Malfunction or complication of external stoma of urinary tract (GC74)

Attention to artificial openings (QB62)

Tracheostomy malfunction (CB60)

Malfunction or complication of external stoma of digestive organs (DE12)

QB61.0 **Presence of tracheostomy**

QB61.1 **Presence of thoracostomy**

QB61.2 **Presence of gastrostomy**

QB61.3 **Presence of enterostomy**

QB61.30 Presence of ileostomy

QB61.3Y Other specified presence of enterostomy

QB61.3Z Presence of enterostomy, unspecified

QB61.4 **Presence of colostomy**

QB61.5 **Presence of cystostomy**

QB61.6 **Presence of nephrostomy**

QB61.7 **Presence of ureterostomy**

QB61.8 **Presence of urethrostomy**

QB61.Y **Presence of other artificial opening**

QB61.Z **Presence of artificial opening, unspecified**

QB62 **Attention to artificial openings**

Exclusions: fitting and adjustment of prosthetic and other devices (QB30-QB3Z)

complications of external stoma (CB60)

artificial opening status only, without need for care (QB61)

Malfunction or complication of external stoma of digestive organs (DE12)

Malfunction or complication of external stoma of urinary tract (GC74)

QB62.0 **Attention to tracheostomy**

QB62.1 **Attention to gastrostomy**

QB62.2 **Attention to ileostomy**

QB62.3 **Attention to colostomy**

QB62.4 **Attention to cystostomy**

QB62.5 **Attention to artificial vagina**

QB62.6 **Attention to nephrostomy**

QB62.7 **Attention to ureterostomy**

QB62.8 **Attention to urethrostomy**

QB62.Y **Attention to other artificial openings**

QB62.Z **Attention to artificial openings, unspecified**

QB63 **Presence of transplanted organ or tissue**

Inclusions: organ or tissue replaced by heterogenous or homogenous transplant

Exclusions: Failure or rejection of transplanted organs or tissues (NE84)

Presence of cardiac or vascular implants or grafts (QB50)

Presence of xenogenic heart valve (QB50.3)

QB63.0 **Presence of transplanted kidney**

Inclusions: kidney transplant status

QB63.1 **Presence of transplanted heart**

Exclusions: Presence of heart-valve replacement other than prosthetic or xenogenic (QB50)

QB63.2 **Presence of transplanted lung**

QB63.3 **Presence of transplanted liver**

QB63.4 **Presence of transplanted skin**

QB63.5 **Presence of transplanted bone**

QB63.6 **Presence of transplanted bone marrow**

QB63.7 **Presence of transfused blood**

QB63.8 **Presence of transplanted stem cell**

QB63.9 **Presence of transplanted cornea**

QB63.Y **Presence of other transplanted organ or tissue**

QB63.Z **Presence of transplanted organ or tissue, unspecified**

QB6Y **Other specified surgical or postsurgical states**

QB6Z **Surgical or postsurgical states, unspecified**

Convalescence (QB70-QB7Z)

Convalescence is the period in which the body recovers from a serious illness, injury or surgery.

QB70 **Convalescence following chemotherapy**

QB71 **Convalescence following psychotherapy**

QB72 **Convalescence following treatment of fracture**

QB73 **Convalescence following combined treatment**

Convalescence following any combination of rehabilitation treatments including cardiac rehabilitation, alcohol rehabilitation, drug rehabilitation, psychotherapy, and physical therapy

QB7Y **Other specified convalescence**

QB7Z **Convalescence, unspecified**

Contact with health services for specific surgical interventions (QB80-QB8Z)

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

Exclusions: follow-up examination for medical surveillance after treatment (QA00-QA0Z)

QB80 **Contact with health services for prophylactic surgery**

QB80.0 **Contact with health services for prophylactic surgery for risk-factors related to malignant neoplasms**

QB80.Y **Other specified contact with health services for prophylactic surgery**

QB80.Z **Contact with health services for prophylactic surgery, unspecified**

QB81 **Contact with health services for plastic surgery for unacceptable cosmetic appearance other than hair transplant**

Exclusions: plastic and reconstructive surgery following healed injury or operation (QB83)

QB82 **Contact with health services for routine or ritual circumcision**

QB83 **Follow-up care involving plastic surgery**

Inclusions: plastic and reconstructive surgery following healed injury or operation

repair of scarred tissue

QB84 **Follow-up care involving removal of fracture plate or other internal fixation device**

Exclusions: removal of external fixation device (QB80-QB8Z)

QB85 **Attention to surgical dressings, drains or sutures**

QB86 **Contact with health services for hair transplant**

QB8Y **Contact with health services for other specified surgical interventions**

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

QB8Z **Contact with health services for specific surgical interventions, unspecified**

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

Contact with health services for nonsurgical interventions not involving devices (QB90-QB9Z)

QB90 **Contact with health services for ear piercing**

QB91 **Contact with health services for piercing of body site other than ear**

QB92 **Contact with health services for issue of repeat prescription**

Exclusions: Issue of medical certificate (QA01.7)

repeat prescription for contraceptive (QA21.5)

QB93 **Contact with health services for orthodontic care**

QB94 **Care involving dialysis**

Care involving dialysis includes the preparation and maintenance of the patient and carer(s) on dialysis whether extracorporeal or peritoneal dialysis. This includes, but is not confined to: education, counselling, assessment and management of co-morbidities, prevention and management of infections (particularly blood borne) and psychosocial assessment and support.

Inclusions: dialysis preparation and treatment

Exclusions: renal dialysis status (QB42)

QB94.0 Preparatory care for dialysis

Preparatory care for dialysis may include the assessment, education and counselling of the patient and carer(s) to facilitate psychosocial adjustment, choice of dialysis modality (including site – home, satellite, hospital) and timing of commencement, identification and management of social and physical barriers to dialysis or specific modalities. This may include preparation of the patient for dialysis access modalities including creation of fistula and/or insertion of dialysis catheter.

QB94.1 Care involving extracorporeal dialysis

QB94.2 Care involving peritoneal dialysis

QB94.Y Care involving other specified dialysis

QB94.Z Care involving dialysis, unspecified

QB95 **Care involving use of rehabilitation procedures**

Exclusions: Contact with health services for counselling (QA10-QA1Z)

QB95.0 Cardiac rehabilitation

Cardiac rehabilitation is a medically supervised program that helps improve the health and well-being of people who have heart problems.

Cardiac rehabilitation aims to reverse limitations experienced by patients who have suffered the adverse pathophysiologic and psychological consequences of cardiac events.

QB95.1 Physical rehabilitation

Exclusions: Cardiac rehabilitation (QB95.0)

QB95.2 Alcohol rehabilitation

Alcohol rehabilitation is defined as the process that begins when alcohol users come into contact with a health provider or service, and continues through a succession of specific interventions until the highest attainable level of health and well-being is reached.

QB95.3 **Drug rehabilitation**

Drug rehabilitation is defined as the process that begins when drug users come into contact with a health provider or service, and continues through a succession of specific interventions until the highest attainable level of health and well-being is reached.

Exclusions: Tobacco rehabilitation (QB95.8)

QB95.4 **Psychotherapy**

QB95.5 **Speech therapy**

QB95.6 **Orthoptic training**

QB95.7 **Occupational therapy or vocational rehabilitation**

QB95.8 **Tobacco rehabilitation**

QB95.Y **Care involving use of other specified rehabilitation procedures**

QB95.Z **Care involving use of rehabilitation procedures, unspecified**

QB96 **Radiotherapy session**

QB97 **Chemotherapy session for neoplasm**

QB98 **Blood transfusion without reported diagnosis**

QB99 **Apheresis**

QB9A **Preparatory care for subsequent treatment**

Exclusions: Preparatory care for dialysis (QB94.0)

QB9B **Palliative care**

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems- physical, psychosocial and spiritual.

QB9C **Allergen immunotherapy**

Allergen immunotherapy (AIT) is the stimulation of the immune system with the administration of gradually increasing doses of the substance/allergen to which the patient is allergic. AIT is indicated in the treatment of many allergic conditions, such as allergic rhinitis, allergic asthma, allergic conjunctivitis, IgE-mediated food allergies among others.

QB9Y **Other specified contact with health services for nonsurgical interventions not involving devices**

QB9Z **Contact with health services for nonsurgical interventions not involving devices, unspecified**

Contact with health services related to immunizations or certain other prophylactic measures (QC00-QC0Z)

QC00 **Need for immunization against single bacterial diseases**

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC00.0 Need for immunization against cholera alone

QC00.1 Need for immunization against typhoid-paratyphoid alone

QC00.2 Need for immunization against tuberculosis

QC00.3 Need for immunization against plague

QC00.4 Need for immunization against tularaemia

QC00.5 Need for immunization against tetanus alone

QC00.6 Need for immunization against diphtheria alone

QC00.7 Need for immunization against pertussis alone

QC00.Y Other specified need for immunization against single bacterial diseases

QC00.Z Need for immunization against single bacterial diseases, unspecified

QC01 **Need for immunization against certain single viral diseases**

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC01.0 Need for immunization against poliomyelitis

QC01.1 Need for immunization against arthropod-borne viral encephalitis

QC01.2 Need for immunization against rabies

QC01.3 Need for immunization against yellow fever

QC01.4 Need for immunization against measles alone

QC01.5 Need for immunization against rubella alone

QC01.6 Need for immunization against viral hepatitis

QC01.7 Need for immunization against mumps alone

QC01.8 Need for immunization against influenza

QC01.9 Need for immunization against COVID-19

Exclusions: Immunization not carried out (QC04)

QC01.Y Other specified need for immunization against certain single viral diseases

QC01.Z Need for immunization against certain single viral diseases, unspecified

QC02 **Need for immunization against certain specified single infectious diseases**

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC02.0 Need for immunization against leishmaniasis

QC02.Y Other specified need for immunization against certain specified single infectious diseases

QC02.Z Need for immunization against certain specified single infectious diseases, unspecified

QC03 **Need for immunization against combinations of infectious diseases**

Exclusions: Immunization not carried out (QC04)

QC03.0 Need for immunization against cholera with typhoid-paratyphoid

QC03.1 Need for immunization against diphtheria-tetanus-pertussis, combined

QC03.2 Need for immunization against diphtheria-tetanus-pertussis with typhoid-paratyphoid

QC03.3 Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis

QC03.4 Need for immunization against measles-mumps-rubella

QC03.Y Other specified need for immunization against combinations of infectious diseases

QC03.Z Need for immunization against combinations of infectious diseases, unspecified

QC04 **Immunization not carried out**

QC04.0 Immunization not carried out due to patient having had the disease

QC04.1 Immunization not carried out because of acute illness

QC04.2 Immunization not carried out because of chronic illness or condition of patient

QC04.3 Immunization not carried out because of immune-compromised state of patient

QC04.4 Immunization not carried out because of patient allergy to vaccine or component

QC04.5 Immunization not carried out because of patient refusal

QC04.6 Immunization not carried out because of caregiver refusal

QC04.7 Immunization not carried out due to lack of availability

QC04.Y Immunization not carried out for other reasons

QC04.Z Immunization not carried out for unspecified reason

QC05 **Need for certain specified other prophylactic measures**

Exclusions: Contact with health services for prophylactic surgery (QB80)

Allergen immunotherapy (QB9C)

QC05.0 Isolation

Isolation is the 'separation, for the period of communicability, of infected persons from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread agent to others'. Isolation measures can be undertaken in hospitals or homes, as well as in alternative facilities.

QC05.1 Prophylactic immunotherapy

QC05.Y Other specified prophylactic measures

QC05.Z Prophylactic measures, unspecified

QC06 **Underimmunization status**

QC0Y **Other specified contact with health services related to immunizations or certain other prophylactic measures**

QC0Z **Contact with health services related to immunizations or certain other prophylactic measures, unspecified**

Interventions not carried out (QC10-QC1Z)

Exclusions: Immunization not carried out (QC04)

Non provision of necessary procedure associated with injury or harm (PL14.1)

Non-provision of necessary procedure without injury or harm (QA81)

QC10 **Procedure not carried out because of contraindication**

QC11 **Procedure not carried out because of patient's decision for reasons of belief or group pressure**

QC12 **Procedure not carried out because of patient's decision for reasons other than belief or group pressure**

QC1Y **Intervention not carried out for other reasons**

QC1Z **Intervention not carried out, unspecified reason**

Contact with health services associated with the health of others (QC20-QC2Z)

QC20 **Person consulting on behalf of another person**

Exclusions: anxiety (normal) about sick person in family (QE50)

QC20.0 Partner illness problem

QC20.1 Illness problem with child

QC20.Y **Other specified person consulting on behalf of another person**

QC20.Z **Person consulting on behalf of another person, unspecified**

QC21 **Healthy person accompanying sick person**

QC22 **Health supervision or care of abandoned infant**

QC2Y **Other specified contact with health services associated with the health of others**

QC2Z **Contact with health services associated with the health of others, unspecified**

QC30 **Malingering**

Malingering is the feigning, intentional production or significant exaggeration of physical or psychological symptoms, or intentional misattribution of genuine symptoms to an unrelated event or series of events when this is specifically motivated by external incentives or rewards such as escaping duty or work; mitigating punishment; obtaining medications or drugs; or receiving unmerited recompense such as disability compensation or personal injury damages award

Exclusions: peregrinating patient (6D50)

Factitious disorders (6D50-6D5Z)

Bodily distress disorder (6C20)

Factitious disorder imposed on another (6D51)

Factitious disorder imposed on self (6D50)

Hypochondriasis (6B23)

Personal or family history or late effect of prior health problems (QC40-QC8Z)

Exclusions: follow-up examination (QA00-QA0Z)

Maternal care for known or suspected fetal abnormality or damage (JA85)

Convalescence (QB70-QB7Z)

Special screening examination for infectious diseases (QA08)

Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Special screening examination for neoplasms (QA09)

Special screening examination for other diseases or disorders (QA0A)

Occupational exposure to risk-factors (QD84)

Personal history of health problems (QC40-QC4Z)

Exclusions: Problems associated with health behaviours (QE10-QE2Z)

QC40 **Personal history of malignant neoplasm**

Exclusions: Convalescence (QB70-QB7Z)

QC40.0 **Personal history of malignant neoplasm of digestive organs**

QC40.1 **Personal history of malignant neoplasm of trachea, bronchus or lung**

QC40.2 **Personal history of malignant neoplasm of respiratory or intrathoracic organs other than the digestive organs, trachea, bronchus or lung**

QC40.3 **Personal history of malignant neoplasm of breast**

QC40.4 **Personal history of malignant neoplasm of genital organs**

QC40.5 **Personal history of malignant neoplasm of urinary tract**

QC40.6 **Personal history of leukaemia**

QC40.7 **Personal history of other malignant neoplasms of lymphoid, haematopoietic or related tissues**

QC40.Y **Personal history of malignant neoplasm of other specified site**

QC40.Z **Personal history of malignant neoplasm of unspecified site**

QC41 **Personal history of non-malignant neoplasms**

Exclusions: Personal history of malignant neoplasm (QC40)

QC42 **Personal history of infectious or parasitic diseases**

QC42.0 **Personal history of COVID-19**

QC42.Y **Other specified personal history of infectious or parasitic diseases**

QC42.Z **Personal history of infectious or parasitic diseases, unspecified**

QC43 **Personal history of diseases of the blood or blood-forming organs**

QC44 **Personal history of diseases of the immune system**

QC44.0 **Personal history of anaphylaxis**

QC44.1 **Personal history of food-induced allergy or hypersensitivity**

QC44.2 **Personal history of allergy to drugs, medicaments or biological substances**

QC44.3 **Personal history of allergy, other than to drugs or biological substances**

Exclusions: Personal history of allergy to drugs, medicaments or biological substances (QC44.2)

QC44.Y **Other specified personal history of diseases of the immune system**

QC44.Z **Personal history of diseases of the immune system, unspecified**

QC45 **Personal history of endocrine, nutritional or metabolic diseases**

QC46 **Personal history of mental or behavioural disorder**

QC47 **Personal history of diseases of the nervous system or sense organs**

Exclusions: Personal history of allergy or hypersensitivity involving the eye and adnexa (QC44)

QC48 **Personal history of medical treatment**

QC48.0 Personal history of long-term use of anticoagulants

QC48.Y Other specified personal history of medical treatment

QC48.Z Personal history of medical treatment, unspecified

QC49 **Personal history of noncompliance with medical treatment or regimen**

QC4A **Personal history of poor personal hygiene**

QC4B **Personal history of self-harm**

QC4Y **Personal history of other specified health problems**

QC4Z **Personal history of health problems, unspecified**

QC50 **Late effect of prior health problem, not elsewhere classified**

Code used to indicate that a prior health problem is now associated with a late effect causing current symptoms or conditions. This concept excludes prior health problems that are NOT causing a current symptom or condition.

Coding Note: Code also the causing condition

Exclusions: Personal history of health problems (QC40-QC4Z)

Coded Elsewhere: Sequelae of complication of pregnancy, childbirth or the puerperium (JB65)

Sequelae of tuberculosis (1G80)

Sequelae of poliomyelitis (1G83)

Sequelae of leprosy (1G82)

Sequelae of diphtheria (1G85)

Sequelae of trachoma (1G81)

Sequelae of viral encephalitis (1G84)

Family history of health problems (QC60-QC6Z)

QC60 **Family history of infectious diseases**

QC61 **Family history of malignant neoplasm**

QC61.0 Family history of malignant neoplasm of digestive organs

QC61.1 Family history of malignant neoplasm of trachea, bronchus or lung

QC61.2 Family history of malignant neoplasm of respiratory or intrathoracic organs other than digestive organs, trachea, bronchus or lung

QC61.3 Family history of malignant neoplasm of breast

QC61.4 **Family history of malignant neoplasm of genital organs**

QC61.5 **Family history of malignant neoplasm of urinary tract**

QC61.6 **Family history of leukaemia**

QC61.7 **Family history of malignant neoplasms of lymphoid, haematopoietic or related tissues**

QC61.Y **Other specified family history of malignant neoplasm**

QC61.Z **Family history of malignant neoplasm, unspecified**

QC62 **Family history of diseases of the blood or blood-forming organs**

QC63 **Family history of disorders involving the immune mechanism**

QC64 **Family history of endocrine, nutritional or metabolic diseases**

QC64.0 **Family history of diabetes mellitus**

QC64.Y **Other specified family history of endocrine, nutritional or metabolic diseases**

QC64.Z **Family history of endocrine, nutritional or metabolic diseases, unspecified**

QC65 **Family history of mental or behavioural disorder**

QC66 **Family history of eye or ear disorders**

QC67 **Family history of ischaemic heart disease or other diseases of the circulatory system**

QC68 **Family history of consanguinity**

QC69 **Family history of stroke**

QC6Y **Family history of other specified health problems**

QC6Z **Family history of health problems, unspecified**

QC8Y **Other specified personal or family history or late effect of prior health problems**

QC8Z **Personal or family history or late effect of prior health problems, unspecified**

Risk factors associated with infectious or certain other conditions (QC90-QD2Z)

QC90 **Contact with or exposure to communicable diseases**

QC90.0 **Contact with or exposure to intestinal infectious diseases**

QC90.00 Exposure to cholera

QC90.0Y Other specified contact with or exposure to intestinal infectious diseases

QC90.0Z Contact with or exposure to intestinal infectious diseases, unspecified

QC90.1 **Contact with or exposure to tuberculosis**

QC90.2 **Contact with or exposure to infections with a predominantly sexual mode of transmission**

QC90.3 **Contact with or exposure to rabies**

QC90.4 **Contact with or exposure to rubella**

QC90.5 **Contact with or exposure to viral hepatitis**

QC90.6 **Contact with or exposure to human immunodeficiency virus**

Exclusions: Asymptomatic human immunodeficiency virus infection (1C62.0)

QC90.7 **Contact with or exposure to pediculosis, acariasis or other infestations**

QC90.Y **Contact with or exposure to other specified communicable diseases**

QC90.Z **Contact with or exposure to communicable diseases, unspecified**

Carrier of infectious disease agent (QD00-QD0Z)

Coded Elsewhere: Carrier of viral hepatitis (obsolete concept) (1E51.Y)

QD00 **Carrier of salmonella typhi**

QD01 **Carrier of intestinal infectious agents**

QD01.0 **Asymptomatic enteric carriage of Entamoeba**

QD01.Y **Other specified carrier of intestinal infectious agents**

QD01.Z **Carrier of intestinal infectious agents, unspecified**

QD02 **Carrier of corynebacterium diphtheriae**

QD03 **Carrier of infectious agents with a predominantly sexual mode of transmission**

QD04 **Asymptomatic colonization of the skin by virulent or therapy resistant bacteria**

The presence on the skin of bacteria which may pose an elevated risk of disease either to the carrier or to others as a result of therapy resistance or increased virulence.

Exclusions: Certain skin disorders attributable to bacterial infection (EA40-EA5Z)

QD0Y **Carrier of other specified infectious disease agent**

QD0Z **Carrier of infectious disease agent, unspecified**

QD2Y **Other specified health status associated with infectious or certain specified conditions**

QD2Z **Unspecified health status associated with infectious or certain specified conditions**

Concern about body appearance (QD30-QD3Z)

Exclusions: Body dysmorphic disorder (6B21)

QD30 **Concern about breast appearance**

Exclusions: Body dysmorphic disorder (6B21)

QD31 **Contact with health services for concerns about body image related to pregnancy**

QD3Y **Other specified concern about body appearance**

QD3Z **Concern about body appearance, unspecified**

Factors influencing health status (QD50-QF2Z)

Problems associated with finances (QD50-QD5Z)

QD50 **Poverty**

QD51 **Low income**

QD5Y **Other specified problems associated with finances**

QD5Z **Problems associated with finances, unspecified**

Problems associated with drinking water or nutrition (QD60-QD6Z)

QD60 **Problems associated with inadequate drinking-water**

Exclusions: Effects of thirst (NF07.1)

QD61 **Inadequate food**

Exclusions: Effects of hunger (NF07.0)

Problems with inappropriate diet or eating habits (QE23)

malnutrition (5B50-5B7Z)

QD6Z **Problems associated with drinking water or nutrition, unspecified**

Problems associated with the environment (QD70-QD7Z)

QD70 **Problems associated with the natural environment or human-made changes to the environment**

Exclusions: Occupational exposure to risk-factors (QD84)

Coded Elsewhere: Problems associated with inadequate drinking-water (QD60)

QD70.0 **Problems associated with exposure to noise**

QD70.1 **Problems associated with exposure to air pollution**

Exclusions: Problems associated with exposure to tobacco smoke (QD70.5)

QD70.2 **Problems associated with exposure to water pollution**

Exclusions: Problems associated with inadequate drinking-water (QD60)

QD70.3 **Problems associated with exposure to soil pollution**

QD70.4 **Problems associated with exposure to radiation**

QD70.5 **Problems associated with exposure to tobacco smoke**

Exclusions: Tobacco use (QE13)

Personal history of psychoactive substance abuse (QC46)

Disorders due to use of nicotine (6C4A)

Coded Elsewhere: Exposure to tobacco smoke in the perinatal period (KD37)

QD70.6 **Problems associated with inadequate access to electricity**

Inadequate power that may restrict healthy living.

QD70.Z **Problems associated with the natural environment or human-made changes to the environment, unspecified**

QD71 **Problems associated with housing**

Exclusions: Problems associated with inadequate drinking-water (QD60)

QD71.0 **Homelessness**

QD71.1 **Inadequate housing**

Exclusions: Problems associated with the natural environment or human-made changes to the environment (QD70)

QD71.2 **Problems related to living in residential institution**

Exclusions: Institutional upbringing (QE94)

QD71.Z **Problems associated with housing, unspecified**

QD7Y **Other specified problems associated with the environment**

QD7Z **Problems associated with the environment, unspecified**

Problems associated with employment or unemployment (QD80-QD8Z)

Exclusions: problems related to housing and economic circumstances (QD71)

Coded Elsewhere: Problem associated with relationships with people at work (QE50.2)

QD80 **Problem associated with unemployment**

QD81 **Problem associated with change of job**

QD82 **Problem associated with threat of job loss**

QD83 **Problem with employment conditions**

QD83.0 **Problem associated with uncongenial work**

QD83.1 **Problem associated with stressful work schedule**

QD83.Y **Other specified problem with employment conditions**

QD84 **Occupational exposure to risk-factors**

QD84.0 **Occupational exposure to dust**

Occupational exposure to dust is exposure to dust during work, at the work location, or from the work location. The primary route of exposure is inhalation.

Dusts are technically defined as dry particle aerosols produced by mechanical processes such as breaking, grinding, and pulverizing. Dusts may be of biological or nonbiological origin.

QD84.1 **Occupational exposure to toxic agents in agriculture**

QD84.2 **Occupational exposure to toxic agents in industries other than agriculture**

QD84.3 **Occupational exposure to vibration**

QD84.4 **Occupational exposure to ergonomic risk**

QD84.Y **Other specified occupational exposure to risk-factors**

QD84.Z **Occupational exposure to risk-factors, unspecified**

QD85 **Burnout**

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Exclusions: Adjustment disorder (6B43)

Disorders specifically associated with stress (6B40-6B4Z)

Anxiety or fear-related disorders (6B00-6B0Z)

Mood disorders (6A60-6A8Z)

QD8Y **Other specified problems associated with employment or unemployment**

QD8Z **Problems associated with employment or unemployment, unspecified**

Problems associated with education (QD90-QD9Z)

Exclusions: factors associated with psychological development (Chapter 06)

Coded Elsewhere: Relationships with teachers or classmates (QE50.1)

QD90 **Problem associated with illiteracy or low-level literacy**

QD91 **Problem associated with education unavailable or unattainable**

QD92 **Problem with educational progress**

Exclusions: Disorders of intellectual development (6A00)

QD9Y **Other specified problems associated with education**

QD9Z **Problems associated with education, unspecified**

Problems associated with social or cultural environment (QE00-QE0Z)

Coded Elsewhere: Acute stress reaction (QE84)

QE00 **Acculturation difficulty**

Problems resulting from the inability to adjust to a different culture or environment.

Exclusions: Disorders specifically associated with stress (6B40-6B4Z)

QE01 **Stress, not elsewhere classified**

Exclusions: Problems associated with employment or unemployment (QD80-QD8Z)

QE02 **Social role conflict**

QE03 **Social exclusion or rejection**

Exclusion and rejection on the basis of personal characteristics such as physical appearance, sexual orientation, gender identity and expression, illness or behaviour.

Exclusions: Target of perceived adverse discrimination or persecution (QE04)

QE04 **Target of perceived adverse discrimination or persecution**

Persecution or discrimination, perceived as reality by an individual or real, on the basis of membership in some group (such as defined by skin colour, religion, ethnic origin, sexual orientation, gender identity and expression, etc.) rather than personal characteristics

Exclusions: Social exclusion or rejection (QE03)

QE0Y **Other specified problems associated with social or cultural environment**

QE0Z **Problems associated with social or cultural environment, unspecified**

Exclusions: Difficulty or need for assistance with general life tasks or life management (QF21)

Hazardous substance use (QE10-QE1Z)

Hazardous substance use is a pattern of psychoactive substance use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous substance use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40-6C4Z)

QE10 **Hazardous alcohol use**

A pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of alcohol use, from the amount used on a given occasion, or from risky behaviours associated with alcohol use or the context of use, or from a combination of these. The risk may be related to short-term effects of alcohol or to longer-term cumulative effects on physical or mental health or functioning. Hazardous alcohol use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of alcohol use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of alcohol (6C40)

QE11 **Hazardous drug use**

A pattern of use of psychoactive substance(s) other than nicotine or alcohol that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous drug use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of drug use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40-6C4Z)

QE11.0 **Hazardous use of opioids**

A pattern of opioid use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of opioid use, from the amount used on a given occasion, from risky behaviours associated with opioid use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of opioids or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of opioids has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of opioid use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of opioids (6C43)

QE11.1 **Hazardous use of cannabis**

A pattern of cannabis use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cannabis use, from the amount used on a given occasion, from risky behaviours associated with cannabis use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cannabis or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cannabis has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cannabis use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cannabis (6C41)

QE11.2 **Hazardous use of sedatives, hypnotics or anxiolytics**

A pattern of use of sedatives, hypnotics or anxiolytics that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of sedatives, hypnotics or anxiolytics, from the amount used on a given occasion, from risky behaviours associated with use of sedatives, hypnotics or anxiolytics or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of sedatives, hypnotics or anxiolytics or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of sedatives, hypnotics or anxiolytics has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of sedatives, hypnotics or anxiolytics often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of sedatives, hypnotics or anxiolytics (6C44)

QE11.3 **Hazardous use of cocaine**

A pattern of cocaine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cocaine use, from the amount used on a given occasion, from risky behaviours associated with cocaine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cocaine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cocaine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cocaine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cocaine (6C45)

QE11.4 **Hazardous use of stimulants including amphetamines or methamphetamine**

A pattern of use of stimulants including amphetamines and methamphetamine that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of stimulants including amphetamines and methamphetamine, from the amount used on a given occasion, from risky behaviours associated with use of stimulants including amphetamines and methamphetamine or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of stimulants including amphetamines and methamphetamine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of stimulants including amphetamines and methamphetamine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of stimulants including amphetamines and methamphetamine often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

QE11.5 **Hazardous use of caffeine**

A pattern of caffeine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of caffeine use, from the amount used on a given occasion, from risky behaviours associated with caffeine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of caffeine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of caffeine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of caffeine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of caffeine (6C48)

QE11.6 Hazardous use of MDMA or related drugs

A pattern of use of MDMA (3,4-methylenedioxymethamphetamine) or related drugs that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of MDMA or related drugs, from the amount used on a given occasion, from risky behaviours associated with use of MDMA or related drugs or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of MDMA or related drugs or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of MDMA or related drugs has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use MDMA or related drugs often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of MDMA or related drugs, including MDA (6C4C)

QE11.7 Hazardous use of dissociative drugs including ketamine or PCP

A pattern of use of dissociative drugs including ketamine and PCP (phencyclidine) that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of dissociative drugs including ketamine and PCP, from the amount used on a given occasion, from risky behaviours associated with use of dissociative drugs including ketamine and PCP or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of dissociative drugs including ketamine and PCP or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of dissociative drugs including ketamine and PCP has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use dissociative drugs including ketamine and PCP often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] (6C4D)

QE11.8 Hazardous use of other specified psychoactive substances

A pattern of use of other specified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the specified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of other specified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of other specified psychoactive substances, including medications (6C4E)

QE11.9 **Hazardous use of unknown or unspecified psychoactive substances**

A pattern of use of unknown or unspecified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the unknown or unspecified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of unknown or unspecified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of unknown or unspecified psychoactive substances (6C4G)

QE11.Y **Other specified hazardous drug use**

QE11.Z **Hazardous drug use, unspecified**

QE12 **Hazardous nicotine use**

A pattern of nicotine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. Most often nicotine is consumed in the form of tobacco, but there are also other forms of nicotine delivery (e.g., nicotine vapour). Hazardous nicotine use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of nicotine use often persists in spite of awareness of increased risk of harm to the user or to others. This category is not intended to include the use of nicotine replacement therapies under medical supervision when these are used as part of attempts to stop or reduce smoking.

Exclusions: Tobacco use (QE13)

Disorders due to use of nicotine (6C4A)

QE13 **Tobacco use**

Exclusions: Disorders due to use of nicotine (6C4A)

Use of Nicotine in non-tobacco forms (QE12)

QE1Y **Other specified hazardous substance use**

QE1Z **Hazardous substance use, unspecified**

QE20 **Lack of physical exercise**

QE21 **Hazardous gambling or betting**

Hazardous gambling and betting refers to a pattern of gambling or betting that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gambling or betting, the amount of time spent on these activities, the context of gambling or betting, the neglect of other activities and priorities, risky behaviours associated with gambling or betting or its context, the adverse consequences of gambling or betting, or from the combination of these factors. The pattern of gambling or betting often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gambling or betting warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gambling Disorder.

Exclusions: Gambling disorder (6C50)

QE22 **Hazardous gaming**

Hazardous gaming refers to a pattern of gaming, either online or offline, that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gaming, the amount of time spent on these activities, the neglect of other activities and priorities, risky behaviours associated with gaming or its context, the adverse consequences of gaming, or from the combination of these factors. The pattern of gaming often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gaming behaviour warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gaming Disorder.

Exclusions: Gaming disorder (6C51)

QE23 **Problems with inappropriate diet or eating habits**

Exclusions: malnutrition and other nutritional deficiencies (5B50-5C3Z)

Inadequate food (QD61)

Feeding or eating disorders (6B80-6B8Z)

QE24 **Problems with hygiene behaviours**

QE25 **Problems with oral health behaviours**

QE26 **Problem with sun exposure behaviour**

QE27 **Problem with behaviours related to psychological health or wellbeing**

QE28 **Problem with health literacy**

QE2Y **Problems with other specified health-related behaviours**

QE2Z **Problem with health-related behaviours, unspecified**

Problems associated with social insurance or welfare (QE30-QE3Z)

QE30 **Insufficient social insurance support**

QE30.0 **Insufficient social insurance support, aged**

QE30.1 **Insufficient social insurance support, disability**

QE30.2 **Insufficient social insurance support, unemployment**

QE30.3 **Insufficient social insurance support, family support**

QE31 **Insufficient social welfare support**

QE31.0 **Insufficient social welfare support, child protection**

QE31.1 **Insufficient social welfare support, protection against domestic violence**

QE31.2 **Insufficient social welfare support, protection against homelessness**

QE31.3 **Insufficient social welfare support, post prison services**

QE3Y **Other specified problems associated with social insurance or welfare**

QE3Z **Problems associated with social insurance or welfare, unspecified**

Problems associated with the justice system (QE40-QE4Z)

QE40 **Problem associated with conviction in civil or criminal proceedings without imprisonment**

QE41 **Problem associated with imprisonment and other incarceration**

QE42 **Problem associated with release from prison**

QE4Y **Other specified problems associated with the justice system**

QE4Z **Problems associated with the justice system, unspecified**

Problems associated with relationships (QE50-QE5Z)

QE50 **Problem associated with interpersonal interactions**

QE50.0 **Problem associated with relationship with friend**

QE50.1 **Relationships with teachers or classmates**

QE50.10 Dissatisfaction with school environment

QE50.1Y Other specified relationships with teachers or classmates

QE50.1Z Relationships with teachers or classmates, unspecified

QE50.2 **Problem associated with relationships with people at work**

QE50.3 **Relationships with neighbours, tenant or landlord**

QE50.4 **Relationship with parents, in-laws or other family members**

Exclusions: Caregiver-child relationship problem (QE52.0)

Problems associated with upbringing (QE90-QE9Z)

Problem associated with interactions with spouse or partner (QE51)

QE50.5 **Discord with counsellors**

QE50.6 **Inadequate social skills**

Exclusions: Mental, behavioural or neurodevelopmental disorders (Chapter 06)

QE50.7 **Personality difficulty**

Personality difficulty refers to pronounced personality characteristics that may affect treatment or health services but do not rise to the level of severity to merit a diagnosis of Personality disorder. Personality difficulty is characterised by long-standing difficulties (e.g., at least 2 years), in the individual's way of experiencing and thinking about the self, others and the world. In contrast to Personality disorders, these difficulties are manifested in cognitive and emotional experience and expression only intermittently (e.g., during times of stress) or at low intensity. The difficulties are associated with some problems in functioning but these are insufficiently severe to cause notable disruption in social, occupational, and interpersonal relationships and may be limited to specific relationships or situations.

Exclusions: Personality disorder (6D10)

QE50.Y **Other specified problem associated with interpersonal interactions**

QE51 Problem associated with interactions with spouse or partner

QE51.0 **Relationship distress with spouse or partner**

Substantial and sustained dissatisfaction with a spouse or intimate partner associated with significant disturbance in functioning.

QE51.1 **History of spouse or partner violence**

Non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm to a spouse or intimate partner or that have a reasonable potential for harm.

QE52 Problem associated with interpersonal interactions in childhood

QE52.0 **Caregiver-child relationship problem**

Substantial and sustained dissatisfaction within a caregiver-child relationship, including a parental relationship, associated with significant disturbance in functioning.

QE52.1 **Loss of love relationship in childhood**

Loss of an emotionally close relationship, such as of a parent, a sibling, a very special friend or a loved pet, by death or permanent departure or rejection.

QE5Y Other specified problems associated with relationships

QE5Z **Problems associated with relationships, unspecified**

Problems associated with absence, loss or death of others (QE60-QE6Z)

QE60 **Absence of family member**

QE61 **Disappearance or death of family member**

Exclusions: Prolonged grief disorder (6B42)

QE61.0 Loss or death of child

Exclusions: Prolonged grief disorder (6B42)

QE61.Y Disappearance or death of other family member

QE62 **Uncomplicated bereavement**

QE6Y **Other specified problems associated with absence, loss or death of others**

QE6Z **Problems associated with absence, loss or death of others, unspecified**

QE70 **Problems related to primary support group, including family circumstances**

Exclusions: Problems associated with upbringing (QE90-QE9Z)

Problems associated with harmful or traumatic events (QE80-QE8Z)

QE70.0 Inadequate family support

QE70.1 Disruption of family by separation or divorce

QE70.2 Dependent relative needing care at home

QE70.Z Problems related to primary support group, including family circumstances, unspecified

Problems associated with harmful or traumatic events (QE80-QE8Z)

Exclusions: Disorders specifically associated with stress (6B40-6B4Z)

Coded Elsewhere: Personal history of psychological trauma, not elsewhere classified (QC4Y)

Personal history of physical trauma other than self-harm (QC4Y)

QE80 **Victim of crime or terrorism**

QE81 **Exposure to disaster, war or other hostilities**

Exclusions: Target of perceived adverse discrimination or persecution (QE04)

QE82 Personal history of maltreatment

Personal history of non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm or have a reasonable potential for harm. These categories are applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence (QE51.1)

QE82.0 Personal history of physical abuse

Personal history of non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm or that evoke significant fear. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, physical (QE51.1)

QE82.1 Personal history of sexual abuse

Personal history of forced or coerced sexual acts, sexual acts with someone who is unable to consent, or sexual acts involving a child that are intended to provide sexual gratification to an adult. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, sexual (QE51.1)

QE82.2 Personal history of psychological abuse

Personal history of non-accidental verbal or symbolic act that results in significant psychological harm. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, psychological (QE51.1)

QE82.3 Personal history of neglect

Personal history of egregious acts or omissions by a caregiver that deprive a child of needed age-appropriate care or an adult who is incapable of self-care and that result, or have reasonable potential to result, in physical or psychological harm. This category is applied to the victim of the neglect, not the perpetrator.

QE82.Y Other specified personal history of maltreatment

QE82.Z Personal history of maltreatment, unspecified

QE83 Personal frightening experience in childhood

QE84 **Acute stress reaction**

Acute stress reaction refers to the development of transient emotional, somatic, cognitive, or behavioural symptoms as a result of exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature (e.g., natural or human-made disasters, combat, serious accidents, sexual violence, assault). Symptoms may include autonomic signs of anxiety (e.g., tachycardia, sweating, flushing), being in a daze, confusion, sadness, anxiety, anger, despair, overactivity, inactivity, social withdrawal, or stupor. The response to the stressor is considered to be normal given the severity of the stressor, and usually begins to subside within a few days after the event or following removal from the threatening situation.

Inclusions: acute crisis reaction

acute reaction to stress

Exclusions: Post traumatic stress disorder (6B40)

QE8Y **Other specified problems associated with harmful or traumatic events**

QE8Z **Problems associated with harmful or traumatic events, unspecified**

Problems associated with upbringing (QE90-QE9Z)

QE90 **Inadequate parental supervision or control**

Lack of parental knowledge of what the child is doing or where the child is; poor control; lack of concern, understanding or comprehension or lack of attempted intervention when the child is in risky situations.

QE91 **Parental overprotection**

QE92 **Altered pattern of family relationships in childhood**

Departure of a family member or arrival of a new person into a family resulting in adverse change in child's relationships. May include new relationship or marriage by a parent, death or illness of a parent, illness or birth of a sibling.

QE93 **Removal from home in childhood**

QE94 **Institutional upbringing**

Group foster care in which parenting responsibilities are largely taken over by some form of institution (such as residential nursery, orphanage, or children's home), or therapeutic care over a prolonged period in which the child is in a hospital, convalescent home or the like, without at least one parent living with the child.

QE95 **Inappropriate parental pressure or other abnormal qualities of upbringing**

Parents forcing the child to be different from the local norm, either sex-inappropriate (e.g. dressing a boy in girl's clothes), age-inappropriate (e.g. forcing a child to take on responsibilities above her or his own age) or otherwise inappropriate (e.g. pressing the child to engage in unwanted or too difficult activities).

QE96 **Events resulting in loss of self-esteem in childhood**

Events resulting in a negative self-reappraisal by the child such as failure in tasks with high personal investment; disclosure or discovery of a shameful or stigmatizing personal or family event; or other humiliating experiences.

QE9Y **Other specified problems associated with upbringing**

QE9Z **Problems associated with upbringing, unspecified**

Acquired absence of body structure (QF00-QF0Z)

QF00 **Acquired absence of limb**

Inclusions: postoperative loss of limb

post traumatic loss of limb

Exclusions: Other acquired deformities of limbs (FA31)

Congenital absence of thigh or lower leg with foot present (LB9A.3)

Congenital absence of both lower leg and foot (LB9A.7)

Congenital absence of upper arm or forearm with hand present (LB99.4)

QF01 **Acquired absence of organs**

Exclusions: postoperative absence of endocrine glands (5D40-5D46)

postoperative absence of spleen (3B81.1)

QF01.0 Acquired absence of breast

Coded Elsewhere: Traumatic amputation of breast (NB33.1)

QF01.1 Acquired absence of genital organs

Coded Elsewhere: Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment (HA40.0)

QF01.10 Acquired absence of female genital organs

Coded Elsewhere: Traumatic amputation of entire vulva (NB93.24)

Traumatic amputation of part of vulva (NB93.25)

Female Genital Mutilation (GC51)

QF01.11 Acquired absence of male genital organs

Coded Elsewhere: Traumatic amputation of entire penis (NB93.20)

Traumatic amputation of part of penis (NB93.21)

Traumatic amputation of entire testes or scrotum (NB93.22)

Traumatic amputation of part of testes or scrotum (NB93.23)

QF01.Y Other specified acquired absence of organs

QF01.Z Acquired absence of organs, unspecified

QF0Y **Other specified acquired absence of body structure**

QF0Z **Acquired absence of body structure, unspecified**

QF10 **Limited function or disability of body organ or system**

Exclusions: Difficulty or need for assistance with activities (QF20-QF2Z)

Difficulty or need for assistance with activities (QF20-QF2Z)

Identifies activities for which the person needs assistance or has such difficulty with, that it affects their need for health services or their treatment.

Exclusions: Dependence on enabling machines or devices (QB40-QB4Z)

QF20 **Difficulty or need for assistance with learning**

QF21 **Difficulty or need for assistance with general life tasks or life management**

Inclusions: difficulty with carrying out tasks and daily routine

QF22 **Difficulty or need for assistance with communication**

QF23 **Difficulty or need for assistance with mobility**

Exclusions: Abnormalities of gait and mobility (MB44)

QF24 **Difficulty or need for assistance with self-care**

QF25 **Difficulty or need for assistance with relationships**

QF26 **Difficulty or need for assistance with household tasks**

QF27 **Difficulty or need for assistance at home and no other household member able to render care**

QF28 **Difficulty or need for assistance with work activities**

QF29 **Difficulty or need for assistance with major areas of life**

QF2A **Difficulty or need for assistance with community participation**

QF2B **Need for continuous supervision**

Exclusions: Difficulty or need for assistance at home and no other household member able to render care (QF27)

QF2Y **Difficulty or need for assistance with other specified activity**

QF2Z **Difficulty or need for assistance with unspecified activity**

QF4Y **Other specified factors influencing health status or contact with health services**

QF4Z **Factors influencing health status or contact with health services, unspecified**

CHAPTER 25

Codes for special purposes

This chapter has 17 four-character categories.

Code range starts with RA00

This chapter contains the following top level blocks:

- International provisional assignment of new diseases of uncertain aetiology and emergency use
- National provisional assignment of new diseases of uncertain aetiology

International provisional assignment of new diseases of uncertain aetiology and emergency use (RA00-RA09)

RA00 **Conditions of uncertain aetiology and emergency use**

RA00.0 Vaping related disorder

Disorder resulting from inhaling a vaporized solution (aerosol) which frequently contains flavourants, usually dissolved into Propylene Glycol or Glycerin, or both, and may or may not contain doses of nicotine, and other substances and additives with the use of electronic nicotine delivery systems (ENDS) or electronic non-nicotine delivery systems (ENNDS).

In the affected individual, infections as cause of the damage are unlikely or should have been excluded.

Relevant findings include proof of presence of pulmonary infiltrate, such as opacities, on plain film chest radiograph or ground-glass opacities on chest CT.

RA01 **COVID-19**

As definition may evolve, the URL for the Global surveillance document will be added as the short description

RA01.0 COVID-19, virus identified

Coding Note: Use this code when infection with the COVID-19 virus (SARS-CoV-2) has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Inclusions: Coronavirus disease 2019

COVID-19 NOS

Exclusions: Coronavirus infection, unspecified site (1D92)

Middle East respiratory syndrome (1D64)

Severe acute respiratory syndrome (1D65)

RA01.1 **COVID-19, virus not identified**

Coding Note: Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available.

Exclusions: COVID-19, virus identified (RA01.0)

Coronavirus infection, unspecified site (1D92)

Special screening examination for other viral diseases (QA08.5)

suspected but ruled out by negative laboratory results (QA02)

confirmed by laboratory testing (RA01.0)

RA02 **Post COVID-19 condition**

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms, and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others, and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.

Coding Note: This optional code serves to allow the establishment of a link with COVID-19. This code is not to be used in cases that still are presenting COVID-19.

RA03 **Multisystem inflammatory syndrome associated with COVID-19**

Exclusions: Kawasaki syndrome (4A44.5)

Mucocutaneous lymph node syndrome (4A44.5)

RA04 **International emergency code 05**

RA05 **International emergency code 06**

RA06 **International emergency code 07**

RA07 **International emergency code 08**

RA08 **International emergency code 09**

RA09 **International emergency code 10**

National provisional assignment of new diseases of uncertain aetiology (RA20-RA26)

RA20 **National emergency code 01**

RA21 **National emergency code 02**

RA22 **National emergency code 03**

RA23 **National emergency code 04**

RA24 **National emergency code 05**

RA25 **National emergency code 06**

RA26 **National emergency code 07**

CHAPTER 26

Supplementary Chapter Traditional Medicine Conditions - Module I

This chapter has 470 four-character categories.

Code range starts with SA00

This chapter contains the following top level blocks:

- Traditional medicine disorders (TM1)
- Traditional medicine patterns (TM1)

Traditional medicine disorders (TM1) (SA00-SE5Z)

Organ system disorders (TM1) (SA00-SB2Z)

Liver system disorders (TM1) (SA00-SA0Z)

SA00 **Hypochondrium pain disorder (TM1)**

SA01 **Jaundice disorder (TM1)**

Inclusions: Acute jaundice
Yang jaundice
Yin jaundice

SA02 **Liver distension disorder (TM1)**

SA03 **Tympanites disorder (TM1)**

SA04 **Liver abscess disorder (TM1)**

SA05 **Gallbladder distension disorder (TM1)**

SA0Y **Other specified liver system disorders (TM1)**

SA0Z **Liver system disorders (TM1), unspecified**

Heart system disorders (TM1) (SA10-SA4Z)

Palpitation disorders (TM1) (SA10-SA1Z)

SA10 **Inducible palpitation disorder (TM1)**

Inclusions: Fright palpitation disorder (TM1)

SA11 **Spontaneous palpitation disorder (TM1)**

Inclusions: Fearful throbbing disorder (TM1)

SA1Y **Other specified palpitation disorders (TM1)**

SA1Z **Palpitation disorders (TM1), unspecified**

Chest impediment disorders (TM1) (SA20-SA2Z)

Inclusions: Heart pain disorder (TM1)

Chest impediment disorder (TM1)

SA20 **True heart pain disorder (TM1)**

SA2Y **Other specified chest impediment disorders (TM1)**

SA2Z **Chest impediment disorders (TM1), unspecified**

SA4Y **Other specified heart system disorders (TM1)**

SA4Z **Heart system disorders (TM1), unspecified**

Spleen system disorders (TM1) (SA50-SA5Z)

SA50 **Dysphagia disorder (TM1)**

Inclusions: Choke disorder (TM1)

SA51 **Stomach ache disorder (TM1)**

SA52 **Epigastric distension disorder (TM1)**

SA53 **Epigastric upset disorder (TM1)**

SA54 **Food retention disorder (TM1)**

SA55 **Diarrhea disorder (TM1)**

SA56 **Dysentery disorder (TM1)**

SA57 **Constipation disorder (TM1)**

SA58 **Abdominal pain disorder (TM1)**

Exclusions: Lower abdominal colic disorder (TM1)

SA59 **Intestinal abscess disorder (TM1)**

SA5Y **Other specified spleen system disorders (TM1)**

SA5Z **Spleen system disorders (TM1), unspecified**

Lung system disorders (TM1) (SA60-SA8Z)

SA60 **Common cold disorder (TM1)**

Exclusions: Seasonal cold disorder (TM1)

Cough disorders (TM1) (SA70-SA7Z)

SA70 **Cough with dyspnea disorder (TM1)**

Exclusions: Panting disorder (TM1)

Dyspnea disorder (TM1)

SA7Y **Other specified cough disorders (TM1)**

SA7Z **Cough disorders (TM1), unspecified**

SA80 **Dyspnea disorder (TM1)**

Exclusions: Cough with dyspnea disorder (TM1)

SA81 **Wheezing disorder (TM1)**

SA82 **Lung distension disorder (TM1)**

SA83 **Pleural fluid retention disorder (TM1)**

SA84 **Lung heat disorder (TM1)**

SA85 **Lung withering disorder (TM1)**

SA86 **Chest bind disorder (TM1)**

SA8Y **Other specified lung system disorders (TM1)**

SA8Z **Lung system disorders (TM1), unspecified**

Kidney system disorders (TM1) (SA90-SB0Z)

Strangury disorders (TM1) (SA90-SA9Z)

SA90 **Stony stranguria disorder (TM1)**

SA91 **Heat stranguria disorder (TM1)**

SA9Y **Other specified strangury disorders (TM1)**

SA9Z **Strangury disorders (TM1), unspecified**

SB00 **Kidney stagnation disorder (TM1)**

SB01 **Flooding urine disorder (TM1)**

SB02 **Enuresis disorder (TM1)**

SB03 **Turbid urine disorder (TM1)**

SB04 **Dribbling urinary block disorder (TM1)**

SB05 **Block and repulsion disorder (TM1)**

SB06 **Edema disorders (TM1)**

SB06.0 **Kidney edema disorder (TM1)**

SB06.1 **Wind edema disorder (TM1)**

SB06.Y **Other specified edema disorders (TM1)**

SB06.Z **Edema disorders (TM1), unspecified**

SB07 **Lower abdominal colic disorder (TM1)**

Inclusions: Hernia (TM1)

Exclusions: Abdominal pain disorder (TM1)

SB08 **Premature ejaculation disorder (TM1)**

SB09 **Involuntary ejaculation disorder (TM1)**

SB0A **Persistent erection disorder (TM1)**

SB0B **Impotence disorder (TM1)**

SB0C **Male Infertility disorder (TM1)**

SB0Y **Other specified kidney system disorders (TM1)**

SB0Z **Kidney system disorders (TM1), unspecified**

SB2Y **Other specified organ system disorders (TM1)**

SB2Z **Organ system disorders (TM1), unspecified**

Other body system disorders (TM1) (SB30-SD6Z)

Skin and mucosa system disorders (TM1) (SB30-SB7Z)

SB30 **Dampness sore disorder (TM1)**

SB31 **Impetigo disorder (TM1)**

Furuncle disorders (TM1) (SB40-SB4Z)

SB40 **Septicemic furunculosis disorder (TM1)**

SB4Y **Other specified furuncle disorders (TM1)**

SB4Z **Furuncle disorders (TM1), unspecified**

SB50 **Bed sore disorder (TM1)**

Abscess disorders (TM1) (SB60-SB6Z)

SB60 **Deep multiple abscess disorder (TM1)**

SB61 **Anal abscess disorder (TM1)**

SB6Y **Other specified abscess disorders (TM1)**

SB6Z **Abscess disorders (TM1), unspecified**

SB70 **Headed carbuncle disorder (TM1)**

SB71 **Foot dampness itch disorder (TM1)**

SB72 **Tinea circinate disorder (TM1)**

SB73 **Dry skin disorder (TM1)**

SB74 **Gangrene disorder (TM1)**

SB75 **Wart disorder (TM1)**

SB76 **Hand dampness itch disorder (TM1)**

SB77 **Erysipelas disorder (TM1)**

SB78 **Cellulitis disorder (TM1)**

SB79 **Thrush disorder (TM1)**

SB7A **Herpes zoster disorder (TM1)**

SB7B **Interior haemorroid disorder (TM1)**

SB7C **Fissured anus disorder (TM1)**

SB7Y **Other specified skin and mucosa system disorders (TM1)**

SB7Z **Skin and mucosa system disorders (TM1), unspecified**

Female reproductive system disorders (TM1) (including childbirth) (SB80-SC4Z)

Menstruation associated disorders (TM1) (SB80-SB9Z)

Menstruation cycle disorders (TM1) (SB80-SB8Z)

SB80 **Advanced menstruation disorder (TM1)**

SB81 **Delayed menstruation disorder (TM1)**

SB82 **Irregular menstruation disorders (TM1)**

SB8Y **Other specified menstruation cycle disorders (TM1)**

SB8Z **Menstruation cycle disorders (TM1), unspecified**

SB90 **Menorrhagia disorder (TM1)**

SB91 **Decreased menstruation disorder (TM1)**

SB92 **Prolonged menstruation disorder (TM1)**

SB93 **Metrorrhagia disorder (TM1)**

SB94 **Amenorrhea disorder (TM1)**

SB95 **Menopausal disorder (TM1)**

SB96 **Dysmenorrhea disorder (TM1)**

SB9Y **Other specified menstruation associated disorders (TM1)**

SB9Z **Menstruation associated disorders (TM1), unspecified**

Pregnancy associated disorders (TM1) (SC00-SC0Z)

SC00 **Morning sickness disorder (TM1)**

SC01 **Unstable fetus disorder (TM1)**

SC02 **Bladder pressure disorder (TM1)**

Inclusions: Shifted colic disorder (TM1)
Shifted bladder disorder (TM1)
Bladder colic disorder (TM1)

SC03 **Eclampsia disorder (TM1)**

SC04 **Floating sensation pregnancy disorder (TM1)**

SC0Y **Other specified pregnancy associated disorders (TM1)**

SC0Z **Pregnancy associated disorders (TM1), unspecified**

Puerperium associated disorders (TM1) (SC10-SC1Z)

SC10 **Puerperal abdominal pain disorder (TM1)**

SC11 **Puerperal wind disorder (TM1)**

SC12 **Hypogalactia disorder (TM1)**

SC13 **Postpartum lochiorrhea disorder (TM1)**

SC1Y **Other specified puerperium associated disorders (TM1)**

SC1Z **Puerperium associated disorders (TM1), unspecified**

Other female reproductive system associated disorders (TM1) (SC20-SC2Z)

SC20 **Leukorrhea disorder (TM1)**

SC21 **Vaginal flatus disorder (TM1)**

SC22 **Infertility disorder (TM1)**

Inclusions: Female sterility disorder (TM1)

Exclusions: Male Infertility disorder (TM1)

SC23 **Uterine mass disorder (TM1)**

SC24 **Breast lump disorder (TM1)**

SC2Y **Other specified other female reproductive system associated disorders (TM1)**

SC2Z **Other female reproductive system associated disorders (TM1), unspecified**

SC4Y **Other specified female reproductive system disorders (TM1) (including childbirth)**

SC4Z **Female reproductive system disorders (TM1) (including childbirth), unspecified**

Bone, joint and muscle system disorders (TM1) (SC50-SC6Z)

Joint impediment disorders (TM1) (SC50-SC5Z)

SC50 **Cold impediment disorder (TM1)**

SC51 **Wind impediment disorder (TM1)**

SC52 **Dampness impediment disorder (TM1)**

SC5Y **Other specified joint impediment disorders (TM1)**

SC5Z **Joint impediment disorders (TM1), unspecified**

SC60 **Muscle spasm disorder (TM1)**

SC61 **Lumbago disorder (TM1)**

SC62 **Numbness disorder (TM1)**

SC63 **Wilting disorder (TM1)**

SC6Y **Other specified bone, joint and muscle system disorders (TM1)**

SC6Z **Bone, joint and muscle system disorders (TM1), unspecified**

Eye, ear, nose and throat system disorders (TM1) (SC70-SC9Z)

SC70 **Night blindness disorder (TM1)**

SC71 **Wind glaucoma disorder (TM1)**

SC72 **Inflammatory eyelid disorder (TM1)**

SC73 **Non-inflammatory eyelid disorder (TM1)**

SC74 **Corneal opacity disorder (TM1)**

SC75 **Tinnitus disorder (TM1)**

Exclusions: Cerebral tinnitus disorder (TM1)

Deafness disorders (TM1) (SC80-SC8Z)

SC80 **Sudden deafness disorder (TM1)**

SC81 **Gradual deafness disorder (TM1)**

SC8Y **Other specified deafness disorders (TM1)**

SC8Z **Deafness disorders (TM1), unspecified**

SC90 **Allergic rhinitis disorder (TM1)**

SC91 **Nasal sinusitis disorder (TM1)**

SC92 **Hoarseness disorder (TM1)**

SC93 **Tonsillitis disorder (TM1)**

SC9Y **Other specified eye, ear, nose and throat system disorders (TM1)**

SC9Z **Eye, ear, nose and throat system disorders (TM1), unspecified**

Brain system disorders (TM1) (SD00-SD4Z)

SD00 **Facial paralysis disorder (TM1)**

Headache disorders (TM1) (SD10-SD1Z)

SD10 **Migraine disorder (TM1)**

SD11 **Head wind disorder (TM1)**

SD1Y **Other specified headache disorders (TM1)**

SD1Z **Headache disorders (TM1), unspecified**

SD20 **Convulsion disorder (TM1)**

Inclusions: Postpartum convulsion disorder (TM1)

SD21 **Cerebral tinnitus disorder (TM1)**

Exclusions: Tinnitus disorder (TM1)

SD22 **Vertigo disorder (TM1)**

SD23 **Forgetfulness disorder (TM1)**

SD24 **Frequent protrusion of tongue disorder (TM1)**

Wind stroke disorders (TM1) (SD30-SD3Z)

SD30 **Prodrome of wind stroke disorder (TM1)**

Inclusions: Onset of wind stroke (TM1)

Exclusions: Sequela of wind stroke disorder (TM1)

SD31 **Sequela of wind stroke disorder (TM1)**

Exclusions: Prodrome of wind stroke disorder (TM1)

SD3Y **Other specified wind stroke disorders (TM1)**

SD3Z **Wind stroke disorders (TM1), unspecified**

SD40 **Syncope disorder (TM1)**

Inclusions: Qi syncope disorder (TM1)
Blood syncope disorder (TM1)
Phlegm syncope disorder (TM1)
Hunger syncope disorder (TM1)
Cold syncope disorder (TM1)

Exclusions: wasting thirst related syncope disorder (TM1)

SD4Y **Other specified brain system disorders (TM1)**

SD4Z **Brain system disorders (TM1), unspecified**

SD6Y **Other specified other body system disorders (TM1)**

SD6Z **Other body system disorders (TM1), unspecified**

Qi, blood and fluid disorders (TM1) (SD70-SD7Z)

SD70 **Qi goiter disorder (TM1)**

SD71 **Wasting thirst disorder (TM1)**

SD72 **Consumptive disorder (TM1)**

SD7Y **Other specified qi, blood and fluid disorders (TM1)**

SD7Z **Qi, blood and fluid disorders (TM1), unspecified**

Mental and emotional disorders (TM1) (SD80-SD8Z)

SD80 **Lily disorder (TM1)**

Exclusions: Hysteria disorder (TM1)
Insomnia disorders (TM1)

SD81 **Manic disorder (TM1)**

SD82 **Depression disorder (TM1)**

Inclusions: Postpartum depression disorder (TM1)
Pregnancy depression disorder (TM1)

SD83 **Uneasiness disorder (TM1)**

Exclusions: Depression disorder(TM1)
Lily disorder(TM1)

SD84 **Insomnia disorder (TM1)**

SD85 **Somnolence disorder (TM1)**

SD86 **Dementia disorder (TM1)**

Inclusions: Aged dementia disorders (TM1)

Exclusions: Amnesia disorder (TM1)

SD87 **Repressed fire disorder (TM1)**

SD8Y **Other specified mental and emotional disorders (TM1)**

SD8Z **Mental and emotional disorders (TM1), unspecified**

External contraction disorders (TM1) (SD90-SE2Z)

SD90 **Seasonal cold disorder (TM1)**

Exclusions: Common cold disorder (TM1)

SD91 **Fatigue consumption disorder (TM1)**

Exclusions: Flowing phlegm disorder (TM1)

SD92 **Severe vomiting and diarrhoea disorder (TM1)**

Exclusions: Diarrhea disorder (TM1)

Cholera

SD93 **Alternating fever and chills disorder (TM1)**

Exclusions: Malaria

SD94 **Parasitic disorder (TM1)**

SD95 **Flowing phlegm disorder (TM1)**

Inclusions: Bone and joint tuberculosis disorder (TM1)

Warmth disorders (TM1) (SE00-SE0Z)

SE00 **Summer-heat disorder (TM1)**

SE01 **Spring warmth disorder (TM1)**

SE02 **Dampness and warmth disorder (TM1)**

SE0Y **Other specified warmth disorders (TM1)**

SE0Z **Warmth disorders (TM1), unspecified**

SE2Y **Other specified external contraction disorders (TM1)**

SE2Z **External contraction disorders (TM1), unspecified**

Childhood and adolescence associated disorders (TM1) (SE30-SE3Z)

SE30 **Developmental delay disorder (TM1)**

SE31 **Growth fever disorder (TM1)**

SE32 **Growth pain disorder (TM1)**

SE33 **Acute convulsion disorder (TM1)**

SE34 **Recurrent convulsion disorder (TM1)**

SE35 **Fright seizure disorder (TM1)**

SE36 **Night crying disorder (TM1)**

SE37 **Infantile malnutrition disorder (TM1)**

SE38 **Dribbling disorder (TM1)**

SE39 **Diaper dermatitis disorder (TM1)**

SE3A **Infant stiffness disorder (TM1)**

SE3B **Infant limpness disorder (TM1)**

SE3Y **Other specified childhood and adolescence associated disorders (TM1)**

SE3Z **Childhood and adolescence associated disorders (TM1), unspecified**

SE5Y **Other specified traditional medicine disorders (TM1)**

SE5Z **Traditional medicine disorders (TM1), unspecified**

Traditional medicine patterns (TM1) (SE70-SJ1Z)

Principle-based patterns (TM1) (SE70-SE7Z)

SE70 **Yang pattern (TM1)**

SE71 **Yin pattern (TM1)**

SE72 **Heat pattern (TM1)**

SE73 **Cold pattern (TM1)**

SE74 **Excess pattern (TM1)**

SE75 **Deficiency pattern (TM1)**

SE76 **Exterior pattern (TM1)**

SE77 **Interior pattern (TM1)**

SE78 **Moderate (Heat/Cold) pattern (TM1)**

SE79 **Medium (Excess/Deficiency) pattern (TM1)**

SE7A **Tangled cold and heat pattern (TM1)**

SE7Y **Other specified principle-based patterns (TM1)**

SE7Z **Principle-based patterns (TM1), unspecified**

Environmental factor patterns (TM1) (SE80-SE8Z)

SE80 **Wind factor pattern (TM1)**

SE81 **Cold factor pattern (TM1)**

SE82 **Dampness factor pattern (TM1)**

SE83 **Dryness factor pattern (TM1)**

SE84 **Fire-heat factor pattern (TM1)**

SE85 **Summer-heat factor pattern (TM1)**

SE86 **Pestilent factor pattern (TM1)**

SE8Y **Other specified environmental factor patterns (TM1)**

SE8Z **Environmental factor patterns (TM1), unspecified**

Body constituents patterns (TM1) (SE90-SF4Z)

Qi patterns (TM1) (SE90-SE9Z)

Exclusions: Qi phase patterns (TM1)

SE90 **Qi deficiency pattern (TM1)**

Inclusions: Qi decrease pattern (TM1)

SE91 **Qi stagnation pattern (TM1)**

SE92 **Qi uprising pattern (TM1)**

SE93 **Qi sinking pattern (TM1)**

SE94 **Qi collapse pattern (TM1)**

SE9Y **Other specified qi patterns (TM1)**

SE9Z **Qi patterns (TM1), unspecified**

Blood patterns (TM1) (SF00-SF0Z)

Exclusions: Blood phase patterns (TM1)

SF00 **Blood deficiency pattern (TM1)**

Inclusions: Blood decrease patterns (TM1)

SF01 **Blood stasis pattern (TM1)**

SF02 **Blood heat pattern (TM1)**

Exclusions: Blood cold pattern (TM)

SF03 **Blood cold pattern (TM1)**

Exclusions: Qi patterns (TM1)

Blood heat pattern (TM1)

SF04 **Blood dryness pattern (TM1)**

Exclusions: Qi patterns (TM1)

Blood heat pattern (TM1)

SF0Y **Other specified blood patterns (TM1)**

SF0Z **Blood patterns (TM1), unspecified**

Fluid patterns (TM1) (SF10-SF1Z)

SF10 **Fluid deficiency pattern (TM1)**

Exclusions: Essence deficiency pattern (TM1)

SF11 **Fluid disturbance pattern (TM1)**

Inclusions: Fluid retention pattern (TM1)

SF12 **Dry-phlegm pattern (TM1)**

SF13 **Damp phlegm pattern (TM1)**

SF14 **Phlegm-fire harassing the heart system pattern (TM1)**

SF15 **Wind-phlegm pattern (TM1)**

SF1Y **Other specified fluid patterns (TM1)**

SF1Z **Fluid patterns (TM1), unspecified**

Essence patterns (TM1) (SF20-SF2Z)

SF20 **Essence deficiency pattern (TM1)**

SF2Y **Other specified essence patterns (TM1)**

SF2Z **Essence patterns (TM1), unspecified**

SF4Y **Other specified body constituents patterns (TM1)**

SF4Z **Body constituents patterns (TM1), unspecified**

Organ system patterns (TM1) (SF50-SG1Z)

Liver system patterns (TM1) (SF50-SF5Z)

SF50 **Liver yin deficiency pattern (TM1)**

SF51 **Liver yang deficiency pattern (TM1)**

SF52 **Liver yang ascendant hyperactivity pattern (TM1)**

SF53 **Liver qi deficiency pattern (TM1)**

SF54 **Liver blood deficiency pattern (TM1)**

SF55 **Liver depression and blood stasis pattern (TM1)**

SF56 **Liver wind stirring the interior pattern (TM1)**

SF57 **Liver qi stagnation pattern (TM1)**

SF58 **Liver fire flaming upward pattern (TM1)**

SF59 **Liver heat stirring wind pattern (TM1)**

SF5A **Liver-gallbladder dampness-heat pattern (TM1)**

SF5B **Liver meridian dampness-heat pattern (TM1)**

SF5C **Liver meridian cold stagnation pattern (TM1)**

SF5D **Gallbladder qi deficiency pattern (TM1)**

SF5E **Gallbladder depression with phlegm harassment pattern (TM1)**

SF5F **Gallbladder heat pattern (TM1)**

SF5G **Gallbladder cold pattern (TM1)**

SF5H **Liver and kidney yin deficiency pattern (TM1)**

SF5J **Disharmony of liver and spleen systems pattern (TM1)**

SF5K **Disharmony of liver and stomach systems pattern (TM1)**

SF5L **Liver fire invading the stomach system pattern (TM1)**

SF5M **Liver fire invading the lung system pattern (TM1)**

SF5Y **Other specified liver system patterns (TM1)**

SF5Z **Liver system patterns (TM1), unspecified**

Heart system patterns (TM1) (SF60-SF6Z)

SF60 **Heart qi deficiency pattern (TM1)**

SF61 **Heart blood deficiency pattern (TM1)**

SF62 **Dual deficiency of heart qi and blood pattern (TM1)**

SF63 **Heart meridian obstruction pattern (TM1)**

SF64 **Heart yin deficiency pattern (TM1)**

SF65 **Deficiency of heart qi and yin pattern (TM1)**

SF66 **Heart yang deficiency pattern (TM1)**

SF67 **Heart yang collapse pattern (TM1)**

SF68 **Heart fire flaming upward pattern (TM1)**

SF69 **Fire harassing heart spirit pattern (TM1)**

SF6A **Water qi intimidating the heart system pattern (TM1)**

SF6B **Heart spirit restlessness pattern (TM1)**

SF6C **Anxiety damaging the spirit pattern (TM1)**

SF6D **Small intestine qi stagnation pattern (TM1)**

SF6E **Small intestine excess heat pattern (TM1)**

SF6F **Small intestine deficiency cold pattern (TM1)**

SF6G **Heart and liver blood deficiency pattern (TM1)**

SF6H **Heart and gallbladder qi deficiency pattern (TM1)**

SF6J **Heart and spleen systems deficiency pattern (TM1)**

SF6K **Heart and lung qi deficiency pattern (TM1)**

SF6L **Heart and kidney systems disharmony pattern (TM1)**

SF6M **Heart and kidney yang deficiency pattern (TM1)**

SF6Y **Other specified heart system patterns (TM1)**

SF6Z **Heart system patterns (TM1), unspecified**

Spleen system patterns (TM1) (SF70-SF7Z)

SF70 **Spleen qi deficiency pattern (TM1)**

SF71 **Spleen qi sinking pattern (TM1)**

SF72 **Spleen deficiency with qi stagnation pattern (TM1)**

SF73 **Spleen deficiency with food retention pattern (TM1)**

SF74 **Spleen failing to control the blood pattern (TM1)**

SF75 **Spleen deficiency and blood depletion pattern (TM1)**

SF76 **Spleen yin deficiency pattern (TM1)**

SF77 **Spleen yang deficiency pattern (TM1)**

SF78 **Dampness-heat encumbering the spleen system pattern (TM1)**

SF79 **Spleen deficiency with dampness accumulation pattern (TM1)**

SF7A **Spleen deficiency with water flooding pattern (TM1)**

SF7B **Cold-dampness encumbering the spleen system pattern (TM1)**

SF7C **Stomach qi deficiency pattern (TM1)**

SF7D **Stomach qi uprising pattern (TM1)**

SF7E **Stomach yin deficiency pattern (TM1)**

Inclusions: Stomach deficiency and heat pattern (TM1)

SF7F **Stomach heat pattern (TM1)**

SF7G **Dampness in the intestines pattern (TM1)**

SF7H **Cold invading the stomach system pattern (TM1)**

SF7J **Intestine cold stagnation pattern (TM1)**

SF7K **Anxiety damaging the spleen system pattern (TM1)**

SF7L **Lung and spleen deficiency pattern (TM1)**

SF7M **Spleen and kidney yang deficiency pattern (TM1)**

SF7Y **Other specified spleen system patterns (TM1)**

SF7Z **Spleen system patterns (TM1), unspecified**

Lung system patterns (TM1) (SF80-SF8Z)

SF80 **Lung qi deficiency pattern (TM1)**

SF81 **Lung yin deficiency pattern (TM1)**

SF82 **Lung and kidney yin deficiency pattern (TM1)**

SF83 **Lung qi and yin deficiency pattern (TM1)**

SF84 **Lung yang deficiency pattern (TM1)**

SF85 **Cold phlegm obstructing the lung pattern (TM1)**

SF86 **Turbid phlegm accumulation in the lung pattern (TM1)**

SF87 **Exterior cold with lung heat pattern (TM1)**

SF88 **Intense congestion of lung heat pattern (TM1)**

SF89 **Phlegm heat obstructing the lung pattern (TM1)**

SF8A **Wind-heat invading the lung pattern (TM1)**

SF8B **Lung heat transmitting into the intestine pattern (TM1)**

SF8C **Wind-cold fettering the lung pattern (TM1)**

SF8D **Dryness invading the lung pattern (TM1)**

SF8E **Lung dryness with intestinal obstruction pattern (TM1)**

SF8F **Large intestine excess heat pattern (TM1)**

SF8G **Large intestine dampness heat pattern (TM1)**

SF8H **Large intestine fluid deficiency pattern (TM1)**

SF8J **Large intestine deficiency cold pattern (TM1)**

SF8Y **Other specified lung system patterns (TM1)**

SF8Z **Lung system patterns (TM1), unspecified**

Kidney system patterns (TM1) (SF90-SF9Z)

SF90 **Kidney qi deficiency pattern (TM1)**

Inclusions: Kidney qi depletion pattern (TM1)

SF91 **Kidney failing to receive qi pattern (TM1)**

SF92 **Kidney qi deficiency with water retention pattern (TM1)**

SF93 **Kidney yin deficiency pattern (TM1)**

SF94 **Kidney yin and yang deficiency pattern (TM1)**

SF95 **Kidney deficiency with marrow depletion pattern (TM1)**

SF96 **Kidney essence deficiency pattern (TM1)**

SF97 **Kidney yang deficiency pattern (TM1)**

Inclusions: Life-gate fire depletion pattern (TM1)

Primordial yang deficiency pattern (TM1)

SF98 **Fear damaging the kidney system pattern (TM1)**

SF99 **Blood and heat accumulation in the uterus pattern (TM1)**

SF9A **Phlegm obstructing the uterus pattern (TM1)**

SF9B **Dampness-heat in the uterus pattern (TM1)**

SF9C **Cold stagnation in the uterus pattern (TM1)**

SF9D **Uterine deficiency cold pattern (TM1)**

SF9E **Blood accumulation in the bladder pattern (TM1)**

SF9F **Bladder heat accumulation pattern (TM1)**

SF9G **Bladder dampness-heat pattern (TM1)**

SF9H **Bladder water accumulation pattern (TM1)**

SF9J **Bladder deficiency cold pattern (TM1)**

SF9Y **Other specified kidney system patterns (TM1)**

SF9Z **Kidney system patterns (TM1), unspecified**

SG1Y **Other specified organ system patterns (TM1)**

SG1Z **Organ system patterns (TM1), unspecified**

Meridian and collateral patterns (TM1) (SG20-SG5Z)

Main Meridian Patterns (TM1) (SG20-SG2Z)

SG20 **Lung meridian pattern (TM1)**

SG21 **Large intestine meridian pattern (TM1)**

SG22 **Stomach meridian pattern (TM1)**

SG23 **Spleen meridian pattern (TM1)**

SG24 **Heart meridian pattern (TM1)**

SG25 **Small intestine meridian pattern (TM1)**

SG26 **Bladder meridian pattern (TM1)**

SG27 **Kidney meridian pattern (TM1)**

SG28 **Pericardium meridian pattern (TM1)**

SG29 **Triple energizer meridian pattern (TM1)**

SG2A **Gallbladder meridian pattern (TM1)**

SG2B **Liver meridian pattern (TM1)**

SG2Y **Other specified main Meridian Patterns (TM1)**

SG2Z **Main Meridian Patterns (TM1), unspecified**

Extra Meridian Patterns (TM1) (SG30-SG3Z)

SG30 **Governor vessel pattern (TM1)**

SG31 **Conception vessel pattern (TM1)**

SG32 **Yin heel vessel pattern (TM1)**

SG33 **Yang heel vessel pattern (TM1)**

SG34 **Yin link vessel pattern (TM1)**

SG35 **Yang link vessel pattern (TM1)**

SG36 **Thoroughfare vessel pattern (TM1)**

SG37 **Belt vessel pattern (TM1)**

SG3Y **Other specified extra Meridian Patterns (TM1)**

SG3Z **Extra Meridian Patterns (TM1), unspecified**

SG5Y **Other specified meridian and collateral patterns (TM1)**

SG5Z **Meridian and collateral patterns (TM1), unspecified**

Six stage patterns (TM1) (SG60-SG6Z)

SG60 **Early yang stage pattern (TM1)**

SG61 **Middle yang stage pattern (TM1)**

SG62 **Late yang stage pattern (TM1)**

SG63 **Early yin stage pattern (TM1)**

SG64 **Middle yin stage Pattern (TM), Middle yin stage pattern (TM1)**

SG65 **Late Yin stage Patterns (TM1)**

SG6Y **Other specified six stage patterns (TM1)**

SG6Z **Six stage patterns (TM1), unspecified**

Triple energizer stage patterns (TM1) (SG70-SG7Z)

SG70 **Upper energizer stage patterns (TM1)**

SG71 **Middle energizer stage patterns (TM1)**

SG72 **Lower energizer stage patterns (TM1)**

SG7Y **Other specified triple energizer stage patterns (TM1)**

SG7Z **Triple energizer stage patterns (TM1), unspecified**

Four phase patterns (TM1) (SG80-SH3Z)

Defense phase patterns (TM1) (SG80-SG8Z)

SG80 **Dampness obstructing the defense yang pattern (TM1)**

SG81 **Heat attacking the lung defense pattern (TM1)**

SG8Y **Other specified defense phase patterns (TM1)**

SG8Z **Defense phase patterns (TM1), unspecified**

Qi phase patterns (TM1) (SG90-SG9Z)

SG90 **Heat entering the qi phase pattern (TM1)**

SG91 **Qi phase dampness and heat pattern (TM1)**

SG92 **Dampness obstructing the qi phase pattern (TM1)**

SG9Y **Other specified qi phase patterns (TM1)**

SG9Z **Qi phase patterns (TM1), unspecified**

Nutrient phase patterns (TM1) (SH00-SH0Z)

SH00 **Nutrient qi and defense qi disharmony pattern (TM1)**

SH01 **Heat in the nutrient phase pattern(TM1)**

SH02 **Heat entering the nutrient and blood phase pattern (TM1)**

SH0Y **Other specified nutrient phase patterns (TM1)**

SH0Z **Nutrient phase patterns (TM1), unspecified**

Blood phase patterns (TM1) (SH10-SH1Z)

SH10 **Blood phase pattern (TM1)**

SH11 **Heat entering the blood phase pattern(TM1)**

SH1Y **Other specified blood phase patterns (TM1)**

SH1Z **Blood phase patterns (TM1), unspecified**

SH3Y **Other specified four phase patterns (TM1)**

SH3Z **Four phase patterns (TM1), unspecified**

Four constitution medicine patterns (TM1) (SH40-SH9Z)

Large yang type patterns (TM1) (SH40-SH4Z)

SH40 **Large yang type exterior origin lower back pattern (TM1)**

SH41 **Large yang type interior origin small intestine pattern (TM1)**

SH42 **Large yang type exterior interior combined pattern (TM1)**

SH4Y **Other specified large yang type patterns (TM1)**

SH4Z **Large yang type patterns (TM1), unspecified**

Small yang type patterns (TM1) (SH50-SH5Z)

SH50 **Small yang type lesser yang wind damage pattern (TM1)**

SH51 **Small yang type yin depletion pattern (TM1)**

SH52 **Small yang type chest heat congested pattern (TM1)**

SH53 **Small yang type yin deficit pattern (TM1)**

SH54 **Small yang type exterior interior combined pattern (TM1)**

SH5Y **Other specified small yang type patterns (TM1)**

SH5Z **Small yang type patterns (TM1), unspecified**

Large yin type patterns (TM1) (SH60-SH6Z)

SH60 **Large yin type supraspinal exterior pattern (TM1)**

SH61 **Large yin type esophagus cold pattern (TM1)**

SH62 **Large yin type liver heat pattern (TM1)**

SH63 **Large yin type dryness heat pattern (TM1)**

SH64 **Large yin type exterior Interior combined pattern (TM1)**

SH6Y **Other specified large yin type patterns (TM1)**

SH6Z **Large yin type patterns (TM1), unspecified**

Small yin type patterns(TM1) (SH70-SH7Z)

SH70 **Small yin type congestive hyperpsychotic pattern (TM1)**

SH71 **Small yin type yang depletion pattern (TM1)**

SH72 **Small yin type greater yin pattern (TM1)**

SH73 **Small yin type lesser yin pattern (TM1)**

SH74 **Small yin type exterior interior combined pattern (TM1)**

SH7Y **Other specified small yin type patterns(TM1)**

SH7Z **Small yin type patterns(TM1), unspecified**

SH9Y **Other specified four constitution medicine patterns (TM1)**

SH9Z **Four constitution medicine patterns (TM1), unspecified**

SJ1Y **Other specified traditional medicine patterns (TM1)**

SJ1Z **Traditional medicine patterns (TM1), unspecified**

SJ3Y **Other specified supplementary Chapter Traditional Medicine Conditions - Module I**

SJ3Z **Supplementary Chapter Traditional Medicine Conditions - Module I, unspecified**

CHAPTER V

Supplementary section for functioning assessment

This chapter has 120 four-character categories.

Code range starts with VD00

The section allows for creating functioning profiles and overall functioning scores of individuals, which are suitable to describe and quantify the level of functioning associated with a health conditions.

To guide functioning assessment, the section includes two ICF-based instruments developed by WHO: the WHO Disability Assessment Schedule (WHODAS 2.0 36-item version), and the Model Disability Survey (MDS).

The section is complemented by a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

This chapter contains the following top level blocks:

- WHODAS 2.0 36-item version
- Brief Model Disability Survey
- Generic functioning domains

WHODAS 2.0 36-item version

This subsection includes the domains and questions for use with the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) 36 item version. The WHODAS 2.0 captures an individual's level of functioning in six major life domains of the "activity and participation" dimension: cognition, mobility, self-care, getting along, life activities and participation in society. For all domains, the WHODAS 2.0 36-item version provides domain-specific and overall summary score of functioning. The table below provides the classification of severity of the functioning problem, based on the response received to the question related to the relevant functioning category. For coding, the relevant additional digit is added after the decimal point to the code of the relevant functioning category.

additional digit	Level of functioning problem
.0	None (no problem)
.1	Mild
.2	Moderate
.3	Severe
.4	Extreme or cannot do

Cognition [WHODAS]

VD00 **Attention functions [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?

VD01 **Memory functions [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in remembering to do important things?

VD02 **Solving problems [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in analysing and finding solutions to problems in day to day life?

VD03 **Basic learning [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get a new place?

VD04 **Communicating with - receiving - spoken messages [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in generally understanding what people say?

VD05 **Conversation [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in starting and maintaining a conversation?

Mobility [WHODAS]

VD10 **Maintaining a standing position [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?

VD11 **Changing body position - standing [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in standing up from sitting down?

VD12 **Moving around within the home [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in moving around inside your home?

VD13 **Moving around outside the home and other buildings [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting out of your home?

VD14 **Walking [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre (or equivalent)?

Self-care [WHODAS]

VD20 **Washing oneself [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in washing your whole body?

VD21 **Dressing [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting dressed?

VD22 **Eating [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in eating?

VD23 **Carrying out daily routine [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in staying by yourself for a few days?

Getting along [WHODAS]

VD30 **Relating with strangers [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in dealing with people you do not know?

VD31 **Informal relationship with friends - maintaining [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in maintaining a friendship?

VD32 **Family relationships [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting along with people who are close to you?

VD33 **Informal relationship with friends - making new friends [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in making new friends?

VD34 **Intimate relationships [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in sexual activities?

VD40 **Taking care of household responsibilities [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in taking care of your household responsibilities?

VD41 **Doing most important household tasks [WHODAS]**

Because of your health condition, in the past 30 days, how much difficulty did you have in doing most important household tasks well?

VD42 **Doing housework [WHODAS]**

VD42.0 Getting all needed housework done [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the household work done that you need to do?

VD42.1 Getting household work done quickly [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your household work done as quickly as needed?

VD42.Y Other specified doing housework [WHODAS]

VD42.Z Doing housework [WHODAS], unspecified

VD43 **Remunerative employment [WHODAS]**

VD43.0 Difficulties in daily work or school [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in your day to day work/school?

VD43.1 Doing most important work or school task [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in doing your most important work/school tasks well?

VD43.2 Getting all needed work or school work done [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the work done that you need to do?

VD43.3 Getting remunerative work or school work done quickly [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your work done as quickly as needed?

VD43.Y Other specified remunerative employment [WHODAS]

VD43.Z Remunerative employment [WHODAS], unspecified

Participation and impact of health problems [WHODAS]

VD50 **Recreation and leisure [WHODAS]**

In the past 30 days, how much of a problem did you have in joining in community activities (for example: festivities, religious or other activities) in the same way as anyone else can?

VD51 **Problems by barriers [WHODAS]**

In the past 30 days, how much of a problem did you have because of barriers or hindrances in the world around you?

VD52 **Human rights [WHODAS]**

In the past 30 days, how much of a problem did you have living with dignity because of the attitudes and actions of others?

VD53 **Time spent on health condition [WHODAS]**

In the past 30 days, how much time did you spend on your health condition, or its consequences?

VD54 **Emotional effect of health condition [WHODAS]**

In the past 30 days, how much have you been emotionally affected by your health condition?

VD55 **Health drain on financial resources [WHODAS]**

In the past 30 days, how much has your health been a drain on the financial resources of you or your family?

VD56 **Health problems causing family problems [WHODAS]**

In the past 30 days, how much of a problem did your family have because of your health problems?

VD57 **Problems in relaxation or pleasure [WHODAS]**

In the past 30 days, how much of a problem did you have in doing things by yourself for relaxation or pleasure?

Brief Model Disability Survey

This subsection includes the domains and questions for use with the WHO Model Disability Survey (MDS) brief version. The brief MDS includes body functions as well as activities and participation categories. The brief MDS allows to generate an overall summary score of functioning.

VE00 **Seeing and related functions [BMDS]**

How much difficulty do you have seeing things at a distance [without glasses]?

VE01 **Hearing and vestibular functions [BMDS]**

How much difficulty do you have hearing [without hearing aids]?

Mental functions [BMDS]

VE10 **Energy and drive functions [BMDS]**

VE11 **Sleep functions [BMDS]**

VE12 **Emotional functions [BMDS]**

VE13 **Attention functions [BMDS]**

VE14 **Memory functions [BMDS]**

Sensory functions and pain [BMDS]

VE20 **Sensation of pain [BMDS]**

Generic functioning domains

This subsection contains a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

Mental functions

This chapter is about the functions of the brain: both global mental functions, such as consciousness, energy and drive, and specific mental functions, such as memory, language and calculation mental functions.

VV00 **Energy and drive functions**

General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfy specific needs and general goals in a persistent manner.

Exclusions: Consciousness functions (VV00-VV0Z)

Emotional functions (VV04)

Psychomotor functions (VV00-VV0Z)

Sleep functions (VV01)

Temperament and personality functions (VV00-VV0Z)

VV01 **Sleep functions**

General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.

Exclusions: Attention functions (VV02)

Consciousness functions (VV00-VV0Z)

Energy and drive functions (VV00)

Psychomotor functions (VV00-VV0Z)

VV02 **Attention functions**

Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.

Exclusions: Consciousness functions (VV00-VV0Z)

Energy and drive functions (VV00)

Memory functions (VV03)

Perceptual functions (VV00-VV0Z)

Psychomotor functions (VV00-VV0Z)

Sleep functions (VV01)

VV03 **Memory functions**

Specific mental functions of registering and storing information and retrieving it as needed.

Inclusions: immediate memory

recent memory

remote memory

memory span

remembering

Exclusions: Attention functions (VV02)

Calculation functions (VV00-VV0Z)

Consciousness functions (VV00-VV0Z)

Higher-level cognitive functions (VV00-VV0Z)

intellectual functioning (VV00-VV0Z)

Mental functions of language (VV00-VV0Z)

Orientation functions (VV00-VV0Z)

Perceptual functions (VV00-VV0Z)

Thought functions (VV00-VV0Z)

VV04 **Emotional functions**

Specific mental functions related to the feeling and affective components of the processes of the mind.

Inclusions: affect
sadness
tension
lability of emotion
flattening of affect

Exclusions: Energy and drive functions (VV00)
Temperament and personality functions (VV00-VV0Z)

VV0Y **Other specified mental functions**

VV0Z **Mental functions, unspecified**

Sensory functions and pain

This chapter is about the functions of the senses, seeing, hearing, tasting and so on, as well as the sensation of pain.

VV10 **Seeing and related functions**

VV11 **Hearing and vestibular functions**

VV12 **Sensation of pain**

Sensation of unpleasant feeling indicating potential or actual damage to some body structure.

Inclusions: aching pain
burning pain
dull pain
sensations of generalized or localized pain
stabbing pain

VV1Y **Other specified sensory functions and pain**

VV1Z **Sensory functions and pain, unspecified**

Voice and speech functions

This chapter is about the functions of producing sounds and speech.

VV20 **Voice functions**

Functions of the production of various sounds by the passage of air through the larynx.

Exclusions: Alternative vocalization functions (VV20-VV2Z)

Articulation functions (VV20-VV2Z)

Mental functions of language (VV00-VV0Z)

VV2Y **Other specified voice and speech functions**

VV2Z **Voice and speech functions, unspecified**

Functions of the cardiovascular, haematological, immunological and respiratory systems

This chapter is about the functions involved in the cardiovascular system (functions of the heart and blood vessels), the haematological and immunological systems (functions of blood production and immunity), and the respiratory system (functions of respiration and exercise tolerance).

VV30 **Exercise tolerance functions**

Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.

Exclusions: additional respiratory functions (VV30-VV3Z)

Functions of the cardiovascular system (VV30-VV3Z)

Haematological system functions (VV30-VV3Z)

Respiration functions (VV30-VV3Z)

Respiratory muscle functions (VV30-VV3Z)

VV3Y **Other specified functions of the cardiovascular, haematological, immunological and respiratory systems**

VV3Z **Functions of the cardiovascular, haematological, immunological and respiratory systems, unspecified**

Functions of the digestive, metabolic and endocrine systems

This chapter is about the functions of ingestion, digestion and elimination, as well as functions involved in metabolism and the endocrine glands.

VV40 **Functions related to the digestive system**

VV4Y **Other specified functions of the digestive, metabolic and endocrine systems**

VV4Z **Functions of the digestive, metabolic and endocrine systems, unspecified**

Genitourinary and reproductive functions

This chapter is about the functions of urination and the reproductive functions, including sexual and procreative functions.

VV50 **Urination functions**

Functions of discharge of urine from the urinary bladder.

Exclusions: Sensations associated with urinary functions (VV50-VV5Z)

Urinary excretory functions (VV50-VV5Z)

VV51 **Sexual functions**

Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.

Exclusions: Procreation functions (VV50-VV5Z)

Sensations associated with genital and reproductive functions (VV50-VV5Z)

VV5Y **Other specified genitourinary and reproductive functions**

VV5Z **Genitourinary and reproductive functions, unspecified**

Neuromusculoskeletal and movement-related functions

This chapter is about the functions of movement and mobility, including functions of joints, bones, reflexes and muscles.

VV60 **Mobility of joint functions**

Functions of the range and ease of movement of a joint.

Exclusions: Control of voluntary movement functions (VV60-VV6Z)

Stability of joint functions (VV60-VV6Z)

VV61 **Muscle power functions**

Functions related to the force generated by the contraction of a muscle or muscle groups.

Exclusions: Functions of structures adjoining the eye (VV10)

Muscle endurance functions (VV60-VV6Z)

Muscle tone functions (VV60-VV6Z)

VV6Y **Other specified neuromusculoskeletal and movement-related functions**

VV6Z **Neuromusculoskeletal and movement-related functions, unspecified**

Functions of the skin and related structures

This chapter is about the functions of skin, nails and hair.

VV70 **Functions of the skin**

VV7Y **Other specified functions of the skin and related structures**

VV7Z **Functions of the skin and related structures, unspecified**

Learning and applying knowledge

This chapter is about learning, applying the knowledge that is learned, thinking, solving problems, and making decisions.

VV80 **Basic learning**

VV81 **Solving problems**

Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving a dispute between two people.

Exclusions: Making decisions (VV80-VV8Z)

Thinking (VV80-VV8Z)

VV8Y **Other specified learning and applying knowledge**

VV8Z **Learning and applying knowledge, unspecified**

General tasks and demands

This chapter is about general aspects of carrying out single or multiple tasks, organizing routines and handling stress. These items can be used in conjunction with more specific tasks or actions to identify the underlying features of the execution of tasks under different circumstances.

VV90 **Carrying out daily routine**

Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.

Exclusions: Undertaking multiple tasks (VV90-VV9Z)

VV91 **Handling stress and other psychological demands**

Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as driving a vehicle during heavy traffic or taking care of many children.

VV9Y **Other specified general tasks and demands**

VV9Z **General tasks and demands, unspecified**

Communication

This chapter is about general and specific features of communicating by language, signs and symbols, including receiving and producing messages, carrying on conversations, and using communication devices and techniques.

VW00 **Communicating with - receiving - spoken messages**

Comprehending literal and implied meanings of messages in spoken language, such as understanding that a statement asserts a fact or is an idiomatic expression.

VW01 **Conversation**

Starting, sustaining and ending an interchange of thoughts and ideas, carried out by means of spoken, written, signed or other forms of language, with one or more people one knows or who are strangers, in formal or casual settings.

VW0Y **Other specified communication**

VW0Z **Communication, unspecified**

Mobility

This chapter is about moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation.

VW10 **Maintaining a standing position**

Staying in a standing position for some time such as when standing in a queue.

Inclusions: staying in a standing position or hard surfaces

staying in a standing position on a slope

staying in a standing position on slippery surfaces

VW11 **Transferring oneself**

Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.

Exclusions: Changing basic body position (VW10-VW1Z)

VW12 **Carrying, moving and handling objects**

VW13 **Walking**

Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards, or sideways.

Exclusions: Moving around (VW10-VW1Z)

Transferring oneself (VW11)

VW14 **Moving around within the home**

Walking and moving around in one's home, within a room, between rooms, and around the whole residence or living area.

Inclusions: moving from floor to floor

moving on an attached balcony

moving in a restricted area such as a courtyard, porch or garden

VW15 **Moving around using equipment**

Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a self-propelled wheelchair or a walker.

Exclusions: Driving (VW10-VW1Z)

Moving around (VW10-VW1Z)

Transferring oneself (VW11)

Using transportation (VW16)

Walking (VW13)

VW16 **Using transportation**

Using transportation to move around as a passenger, such as being driven in a car, bus, rickshaw, jitney, pram or stroller, wheelchair, animal-powered vehicle, private or public taxi, train, tram, subway, boat or aircraft and using humans for transportation.

Exclusions: Driving (VW10-VW1Z)

Moving around using equipment (VW15)

VW1Y **Other specified mobility**

VW1Z **Mobility, unspecified**

Self-care

This chapter is about caring for oneself, washing and drying oneself, caring for one's body and body parts, dressing, eating and drinking, and looking after one's health.

VW20 **Washing oneself**

Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel.

Exclusions: Caring for body parts (VW21)

Toileting (VW22)

VW21 **Caring for body parts**

Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying.

Exclusions: Toileting (VW22)

Washing oneself (VW20)

VW22 **Toileting**

Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and clean oneself afterwards.

Exclusions: Caring for body parts (VW21)

Dressing (VW23)

Moving around within the home (VW14)

Walking (VW13)

Washing oneself (VW20)

VW23 **Dressing**

Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.

VW24 **Eating**

Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening containers and packets, using eating implements, having meals, feasting or dining.

Exclusions: Drinking (VW20-VW2Z)

Preparing meals (VW30)

VW25 **Looking after one's health**

Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including such as using condoms, getting immunizations and regular physical examinations.

VW2Y **Other specified self-care**

VW2Z **Self-care, unspecified**

Domestic life

This chapter is about carrying out domestic and everyday actions and tasks. Areas of domestic life include, caring for one's belongings and space, acquiring food, clothing and other necessities, household cleaning and repairing, caring for personal and other household objects, and assisting others.

VW30 **Preparing meals**

Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals,cooking with heat and preparing cold foods and drinks, and serving the food.

Exclusions: Acquisition of goods and services (VW30-VW3Z)

Caring for household objects (VW30-VW3Z)

caring for others (VW32)

Doing housework (VW31)

Drinking (VW20-VW2Z)

Eating (VW24)

VW31 **Doing housework**

Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, dryers and irons.

Exclusions: Acquiring a place to live (VW30-VW3Z)

Acquisition of goods and services (VW30-VW3Z)

Caring for household objects (VW30-VW3Z)

caring for others (VW32)

Preparing meals (VW30)

VW32 **Assisting others**

Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.

Exclusions: Remunerative employment (VW50)

VW3Y **Other specified domestic life**

VW3Z **Domestic life, unspecified**

Interpersonal interactions and relationships

This chapter is about carrying out the actions and tasks required for basic and complex interactions with people (strangers, friends, relatives, family members and lovers) in a contextually and socially appropriate manner.

VW40 **Basic interpersonal interactions**

Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others.

VW41 **Relating with strangers**

Engaging in temporary contacts and links with strangers for specific purposes, such as asking for directions or making a purchase.

Engaging in temporary contacts and links with strangers for specific purposes, such as when asking for information, directions or making a purchase.

VW42 **Intimate relationships**

Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.

VW4Y **Other specified interpersonal interactions and relationships**

VW4Z **Interpersonal interactions and relationships, unspecified**

Major life areas

This chapter is about carrying out the tasks and actions required to engage in education, work and employment and to conduct economic transactions.

VW50 **Remunerative employment**

Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.

VW5Y **Other specified major life areas**

VW5Z **Major life areas, unspecified**

Community, social and civic life

This chapter is about the actions and tasks required to engage in organized social life outside the family, in community, social and civic areas of life.

VW60 **Recreation and leisure**

Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeings, tourism and travelling for pleasure.

Exclusions: Political life and citizenship (VW60-VW6Z)

Religion and spirituality (VW60-VW6Z)

remunerative and non-remunerative work (and) (VW50-VW5Z)

Riding animals for transportation (VW10-VW1Z)

VW61 **Human rights**

Enjoying all nationally and internationally recognized rights that are accorded to people by virtue of their humanity alone, such as human rights as recognized by the United Nations Universal Declaration of Human Rights (1948), the United Nations Convention on the Rights of the Child (1989), the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities (1993), and the United Nations Convention on the Rights of Persons with Disabilities (2006); the right to self-determination or autonomy; and the right to control over one's destiny.

Exclusions: Political life and citizenship (VW60-VW6Z)

VW6Y **Other specified community, social and civic life**

VW6Z **Community, social and civic life, unspecified**

VW8Y **Other specified generic functioning domains**

VW8Z **Generic functioning domains, unspecified**

CHAPTER X

Extension Codes

This chapter has 6951 four-character categories.

Code range starts with XS8H

Extension codes should never be used in primary classification coding or tabulation.

- They are provided for use as supplementary or additional codes when desired to identify more detail in statistical categories classified elsewhere.
- Extension codes may be used alone in other contexts.

Coded Elsewhere: Extension codes of particular relevance to skin diseases

This chapter contains the following top level blocks:

- Severity Scale Value
- Temporality
- Aetiology
- Topology Scale Value
- Anatomy and topography
- Histopathology
- Dimensions of injury
- Dimensions of external causes
- Consciousness
- Substances
- Diagnosis code descriptors
- Capacity or context
- Health Devices, Equipment and Supplies
- Extension codes of particular relevance to skin diseases

Severity Scale Value

Generic Severity Scale Value

Coded Elsewhere: Basic 3-Value Severity Scale Value: Mild-Moderate-Severe
Clinical Severity Scale Value: Stage 1-2-3-4
Clinical Severity Scale Value: Stage 1-2-2a-2b-3-4

Mild Moderate Severe Scale Value

XS8H **None**

XS5W **Mild**

XS0T **Moderate**

XS25 **Severe**

XS2R **Profound**

Inclusions: Complete

Clinical Staging Scale Value

XS7A **Stage 1**

XS5S **Stage 2**

XS4D **Stage 2a**

XS6D **Stage 2b**

XS00 **Stage 3**

XS3T **Stage 3a**

XS90 **Stage 3b**

XS6G **Stage 4**

XS9N **Stage 5**

XS88 **Stage 6**

XS52 **Stage 7**

XS0G **Stage 8**

XS2C **Stage 9**

XS2X **Stage 10**

Grading Scale Value

XS24	**Grade 0**
XS6P	**Grade 1**
XS31	**Grade 2**
XS6F	**Grade 3**
XS0K	**Grade 4**
XS87	**Grade 5**
XS9M	**Grade 6**
XS5M	**Grade 7**
XS7F	**Grade 8**
XS8J	**Grade 9**
XS57	**Grade 10**

Phase Scale Value

XS4A	**Phase 0**
XS3K	**Phase 1**
XS4M	**Phase 2**
XS8V	**Phase 3**
XS21	**Phase 4**
XS8Z	**Phase 5**
XS41	**Phase 6**
XS73	**Phase 7**
XS9Z	**Phase 8**
XS83	**Phase 9**
XS47	**Phase 10**

Problem Scale Value

XS5C	**0 No problem**
XS6Y	**1 Mild problem**
XS8T	**2 Moderate problem**

XS9D **3 Severe problem**

XS91 **4 Complete problem**

XS5P **9 Not applicable**

Disease Specific Severity Scale Value

Tumour spread simplified Scale Value

XS0J **A Remission / Free of disease**

XS05 **B Local Disease**

XS0E **Local limited**

XS67 **Locally advanced**

XS9S **C Regional disease**

XS4Z **D Distant disease**

Tumour spread staging Scale Value

XS76 **Stage 0**

XS1G **Stage I**

XS4P **Stage II**

XS6H **Stage III**

XS9R **Stage IV**

Histological Grading Scale Value

XS56 **Grade I**
Well differentiated

XS58 **Grade II**
Moderately differentiated

XS7Z **Grade III**
Poorly differentiated

XS7M **Grade IV**
Undifferentiated

XS7H **Undetermined grade**

Grade cannot be assessed

NYHA Functional Classification: Class I-IV

XS3A **NYHA Class I - No limitation of physical activity**

No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnoea (shortness of breath).

XS6B **NYHA Class II - Slight limitation of physical activity**

Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnoea (shortness of breath).

XS9T **NYHA Class III - Marked limitation of physical activity**

Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnoea.

XS9F **NYHA Class IV - Unable to carry on any physical activity without discomfort**

Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Chronic Obstructive Lung Disease Criteria: GOLD 1-4

XS80 **GOLD 1 - mild: FEV1≥ 80% predicted**

XS7U **GOLD 2 - moderate: 50% ≤FEV1 <80% predicted**

XS8K **GOLD 3 - severe: 30% ≤FEV1 <50% predicted**

XS50 **GOLD 4 - very severe: FEV1 <30% predicted**

Peripheral arterial disease (PAD) Severity Classification by Fontaine

XS1Y **Stage I: Asymptomatic, incomplete blood vessel obstruction**

XS5L **Stage II: Mild claudication pain in limb**

XS5V **Stage IIA: Claudication at a distance > 200 metres**

XS6C **Stage IIB: Claudication at a distance < 200 metres**

XS9L **Stage III: Rest pain, mostly in the feet**

XS2J **Stage IV: Necrosis and/or gangrene of the limb**

Endometriosis Severity Scale Value

XS3V **No endometriosis**

XS5N **Filmy endometriosis**

XS55 **Dense endometriosis**

Vocal Cord Paralysis Severity Scale Value

XS1H **Incomplete vocal cord paralysis**

XS66 **Partial vocal cord paralysis**

XS7K **Complete vocal cord paralysis**

Sepsis Severity Scale Value

XS5E **Mild sepsis**

XS65 **Severe sepsis**

XS26 **Septic shock**

Peripheral arterial disease (PAD) Severity Classification by Rutherford

XS1T **Grade 0 Category 0: Asymptomatic -no hemodynamically significant occlusive disease**

Objective criteria: Normal treadmill or reactive hyperemia test

XS0Q **Grade 0 Category 1: Mild claudication**

Objective criteria: Completes treadmill exercise; ankle pressure (AP) after exercise > 50 mm Hg but at least 20 mm Hg lower than resting value

XS2W **Grade I Category 2: Moderate claudication**

Objective criteria: Between categories 1 and 3

XS51 **Grade 1 Category 3: Severe claudication**

Objective criteria: Cannot complete standard treadmill exercise, and ankle pressure (AP) after exercise < 50 mm Hg

XS8M **Grade II Category 4: Ischaemic rest pain**

Objective criteria: Resting ankle pressure (AP) < 40 mm Hg, flat or barely pulsatile ankle or metatarsal pulse volume recording (PVR); toe pressure (TP) < 30 mm Hg

XS6U **Grade III Category 5: Minor tissue loss - nonhealing ulcer, focal gangrene with diffuse pedal ischaemia**

Objective criteria: Resting ankle pressure (AP) < 60 mm Hg, ankle or metatarsal pulse volume recording (PVR) flat or barely pulsatile; toe pressure (TP) < 40 mm Hg

XS0U **Grade III Category 6: Major tissue loss - extending above transmetatarsal (TM) level, functional foot no longer salvageable**

Objective criteria: Same as category 5.

Pain Severity Scale Value

The chronic pain severity scale value is a compound measure comprised of pain intensity, pain-related distress, and pain-related interference. Each of this measures is a patient rating.

Pain intensity

Pain intensity is defined as the strength of the subjective pain experience ("how much does the pain hurt?") The patient should be asked to rate the average pain intensity for the last week on an 11-point numerical rating scale (ranging from 0 'no pain' to 10 'worst pain imaginable') or a 100mm visual rating scale.

XS5B **No pain**

Pain intensity rating NRS: 0

XS5D **Mild pain**

Pain intensity rating NRS: 1-3

XS9Q **Moderate pain**

Pain intensity rating NRS: 4-6

XS2E **Severe pain**

Pain intensity rating NRS: 7-10

Pain-related distress

Pain-related distress is defined as the multifactorial unpleasant emotional experience of a cognitive, behavioral, emotional, social, or spiritual nature due to the chronic pain ("how distressed are you by the pain?) The patient should be asked to rate the average pain-related distress they experienced in the last week on an 11-point numerical rating scale (ranging from 0 'no pain-related distress' to 10 'extreme pain-related distress') or a 100mm visual rating scale.

XS1J **No distress**

Pain-related distress rating NRS: 0

XS3R **Mild distress**

Pain-related distress rating NRS: 1-3

XS7C **Moderate distress**

Pain-related distress rating NRS: 4-6

XS7N **Severe distress**

Pain-related distress rating NRS: 7-10

Pain-related interference

Pain-related interference is a measure for how much the pain interferes with daily activities and participation (“how much does the pain interfere with your life?”). The patient should be asked to rate the average pain-related interference they experienced in the last week on an 11-point numerical rating scale (ranging from 0 ‘no interference’ to 10 ‘unable to carry on activities’) or a 100mm visual rating scale.

XS71 **No pain-related interference**
Pain-related interference rating NRS: 0

XS5R **Mild pain-related interference**
Pain-related interference rating NRS: 1-3

XS2L **Moderate pain-related interference**
Pain-related interference rating NRS: 4-6

XS2U **Severe pain-related interference**
Pain-related interference rating NRS: 7-10

Presence of psychosocial factors Scale Value

Use this extension code to code the presence or absence of problematic emotional (e.g., anger, fear), cognitive (e.g., excessive worry, catastrophizing), behavioral (e.g., avoidance) or social factors (eg, work, relationships) that accompany a given health condition (e.g., chronic pain). The code for the presence of psychosocial factors is appropriate when there is positive evidence that psychological or social factors contribute to the cause, the maintenance or the exacerbation of the health condition, or associated disability, or when the health condition results in negative psychobehavioral consequences (eg, demoralisation, hopelessness, avoidance, withdrawal). Assigning this extension code does not require a judgement regarding aetiological contributions or causal priorities.

XS7G **Psychosocial factors present**

XS8B **No psychosocial factors present**

Adult Nutritional Status Scale Value

XS11 **Underweight BMI Below 18.5**

XS43 **Normal weight BMI 18.5–24.9**

XS7R **Pre-obesity BMI 25.0–29.9**

XS3Y **Obesity class I BMI 30.0–34.9**

XS6N **Obesity class II BMI 35.0–39.9**

XS2B **Obesity class III BMI greater than or equal to 40**

Coronary atherosclerosis Severity Scale Value

XS2V **Single vessel disease**

XS8U **Multiple vessel disease**

Anaphylaxis Severity Scale Value

XS09 **Anaphylaxis grade 1**

Anaphylaxis grade 1 is considered when there is a single organ system involved.

XS59 **Anaphylaxis grade 2**

Anaphylaxis grade 2 is considered in cases of more than one organ system involvement; but not life-threatening.

XS2Y **Anaphylaxis grade 3**

Anaphylaxis grade 3 is considered in life-threatening cases with more than one organ system involved.

XS85 **Anaphylaxis grade 4**

Anaphylaxis grade 4 is considered in life-threatening cases with cardiac arrest.

Temporality

Course of the Condition

Pattern, Activity, or Clinical Status

Intermittent-Persistent Scale Value

XT5G **Intermittent**

XT6Z **Persistent**

XT5T **Persistent with overlaid attacks**

XT3B **Asymptomatic**

XT1T **Subclinical**

XT98 **Active**

XT7X **Episodic**

XT4M **Prodromal**

XT44 **Recurrent**

XT4D **Relapse**

XT9C **Cause of late effect**

A condition that results in a late effect.

Course

Coded Elsewhere: Acute-Chronic Scale Value

Acute-Subacute-Chronic Scale Value

XT5R **Acute**

XT1L **Subacute**

XT8W **Chronic**

Onset

XT2Q **Early onset**

XT46 **Immediate onset**

XT3R **Late onset**

XT64 **Delayed onset**

XT3Z **Rapid onset**

Rapid or sudden onset of a condition/illness that requires more immediate and/or aggressive treatment

XT42 **Gradual onset**

Time in Life

XT0S **Pregnancy**

For the mother, the period of time between fertilization and parturition.

XT4Z **Postpartum**

XT1G **Puerperium**

For the mother, the period of time that lasts from birth through the 42nd day of life for the child.

XT77 **Antenatal - WHO Standard**

For the fetus, the period of time between fertilization and parturition.

XT5L **Antenatal - Aus. Standard**

XT5P **Antenatal - Can. Standard**

XT04 **Antenatal - Ger. Standard**

XT9S **Antenatal - US Standard**

XT16 **Neonatal**
The period of time from birth through the 28th day of life.

XT6P **Early Neonatal**
The period of time from birth through the seventh day of life.

XT30 **Late Neonatal**
The period of time from the eighth through the 28th day of life.

XT3N **Perinatal**
The period of time between 22 weeks after fertilization and 7 days after parturition.

XT2C **Infancy**
The period of time between 29 and 365 days of life.

XT4X **Child under 5**
The period of time from the start of the 1st year of life through the end of the 4th.

XT50 **Child over 5**
The period of time from the start of the 5th year of life through the end of the 14th

XT9V **Middle Childhood**
The period of time from the start of the 5th year of life through the end of the 10th.

XT7Q **Early Adolescence**
The period of time from the start of the 11th year of life through the end of the 14th

XT7M **Adolescent**
The period of time from the start of the 15th year of life through the end of the 19th.

XT4T **Middle Adolescence**
The period of time from the start of the 15th year of life through the end of the 17th.

XT9X **Late Adolescence**
The period of time from the start of the 18th year of life through the end of the 19th.

XT15 **Young Adult**
The period of time from the start of the 20th year of life through the end of the 24th.

XT6S **Adult**
The period of time from the start of the 25th year of life through the end of the 64th.

XT19 **Early Geriatric**
The period of time from the start of the 65th year of life through the end of the 84th year

XT13 **Late Geriatric**

The period of time from the start of the 85th year through the end of life.

Duration of pregnancy

Use as additional code, if desired, for cases of Abortive outcome of pregnancy, Threatened abortion, Fetal death in utero, Premature rupture of membranes (before 37 completed weeks of gestation), False labour before 37 completed weeks of gestation (threatened premature labour) and Preterm labour (early onset of labour).

XT3X **Duration of pregnancy less than 5 completed weeks**

XT09 **Duration of pregnancy 5-13 completed weeks**

XT65 **Duration of pregnancy 14-19 completed weeks**

XT5N **Duration of pregnancy 20-21 completed weeks**

XT0T **Duration of pregnancy 20-25 completed weeks**

XT4J **Duration of pregnancy 26-33 completed weeks**

XT84 **Duration of pregnancy 34-36 completed weeks**

XT6G **Duration of pregnancy more than 36 completed weeks**

XT6K **Unspecified duration of pregnancy**

Duration of pregnancy not specified

Aetiology

Coded Elsewhere: Allergens

Causality

XB8M **Congenital**

XB8D **Iatrogenic**

XB5F **Idiopathic**

XB1Y **Familial**

XB25 **Nosocomial**

Inclusions: Hospital-acquired

XB4Q **Environmental**

Occupational relevance

XB17 **Occupation as primary factor**

XB5G **Occupation as cofactor**

XB80 **Not occupation-related**

XB5W **Life-style**

XB22 **Community acquired**

XT9T **Ageing-related**

Ageing-related means "caused by biological processes which persistently lead to the loss of organism's adaptation and progress in older ages"

XB2G **Post traumatic**

XB4S **Genetic**

XB7K **Hereditary**

XB7S **Non-hereditary**

Infectious Agents

Bacteria

XN5PZ **Gram Negative Bacteria**

XN25B **Acinetobacter**

XN8LS Acinetobacter baumannii

XN5YN Acinetobacter junii

XN0DS Acinetobacter nosocomialis

XN2QH Acinetobacter pittii

XN048 **Anaplasma**

XN1MH Anaplasma phagocytophilum

XN3NJ **Bartonella**

XN0W4 Bartonella bacilliformis

XN3F6 Bartonella clarridgeiae

XN5J5 Bartonella elizabethae

XN5SH Bartonella grahamii

XN862 Bartonella henselae

XN302 Bartonella koehlerae

XN14D Bartonella quintana

XN43H	Bartonella rochalimae
XN6KD	Bartonella vinsonii
XN94Y	Bartonella washoensis
XN9W3	**Bordetella**
XN173	Bordetella bronchiseptica
XN23B	Bordetella pertussis
XN7LQ	Bordetella parapertussis
XN22N	**Brucella**
XN7A8	Brucella abortus
XN84J	Brucella canis
XN7ZW	Brucella melitensis
XN3UP	Brucella suis
XN01M	**Burkholderia**
XN6Y3	Burkholderia mallei
XN3LD	Burkholderia pseudomallei
XN7US	**Campylobacter**
XN0BA	Campylobacter coli
XN3EN	Campylobacter fetus
XN4Q5	Campylobacter jejuni
XN27H	**Chlamydia**
XN9EE	Chlamydia pneumoniae
XN4S7	Chlamydia psittaci
XN4Q4	Chlamydia trachomatis
XN0FZ	**Citrobacter**
XN0M3	Citrobacter freundii
XN5H6	**Coxiella**
XN0QS	Coxiella burnetii
XN9M7	**Ehrlichia**
XN293	Ehrlichia canis
XN4GW	Ehrlichia chaffeensis

XN2YH Ehrlichia ewingii

XN1VF **Eikenella**

XN9W5 **Enterobacter**

XN3YM Enterobacter cloacae

XN4WC **Escherichia**

XN6P4 Escherichia coli

XN88S Enteroinvasive Escherichia coli

XN2U0 Enteropathogenic Escherichia coli

XN81Z Enterotoxigenic Escherichia coli

XN108 Shiga toxin-producing Escherichia coli

XN5NF Enterohaemorrhagic Escherichia coli

XN6MP Escherichia hermannii

XN2S7 Escherichia vulneris

XN94G **Francisella**

XN6HJ Francisella philomiragia

XN0BX Francisella tularensis

XN4ZY Francisella novicida

XN4LF **Fusobacterium**

XN7B1 Fusobacterium necrophorum

XN5MA Fusobacterium novum

XN4P8 Fusobacterium nucleatum

XN911 Fusobacterium polymorphum

XN2HK **Haemophilus**

XN6MB Haemophilus ducreyi

XN1P6 Haemophilus influenzae

XN1BX Haemophilus influenzae aegyptius

XN0FG Haemophilus influenzae type B

XN6XR **Helicobacter**

XN0YS Helicobacter bilis

XN0TD Helicobacter bizzozeronii

XN42L	Helicobacter canis
XN354	Helicobacter cinaedi
XN6JN	Helicobacter felis
XN9X3	Helicobacter ganmani
XN8PN	Helicobacter hepaticus
XN3DY	Helicobacter pylori
XN9D7	Helicobacter salomonis
XN079	Helicobacter suis
XN620	**Klebsiella**
XN027	Klebsiella granulomatis
XN7WL	Klebsiella oxytoca
XN741	Klebsiella pneumoniae
XN7EJ	**Kingella kingae**
XN3SZ	**Legionella**
XN14Z	Legionella longbeachae
XN9YS	Legionella pneumophila
XN9RA	**Leptospira**
XN1R8	Leptospira alexanderi
XN7D2	Leptospira borgpetersenii
XN9K9	Leptospira broomii
XN5HC	Leptospira fainei
XN20F	Leptospira inadai
XN78P	Leptospira interrogans
XN110	Leptospira kirschneri
XN481	Leptospira kmetyi
XN6NU	Leptospira licerasiae
XN4KP	Leptospira noguchii
XN01X	Leptospira santarosai
XN4FL	Leptospira species
XN4E7	Leptospira weilii

XN77E Leptospira wolffii

XN5UB Leptospira genomospecies 1 (alstonii)

XN2JD **Leptotrichia**

XN734 Leptotrichia buccalis

XN4GY Leptotrichia goodfellowii

XN0SF Leptotrichia hofstadii

XN4SA Leptotrichia hongkongensis

XN7NF Leptotrichia shahii

XN6QY Leptotrichia trevisanii

XN5SN Leptotrichia wadei

XN90V **Moraxella**

XN8G6 **Morganella**

XN1W2 **Mycoplasma**

XN3NR Mycoplasma fermentans

XN9UG Mycoplasma genitalium

XN674 Mycoplasma hyorhinis

XN3AD Mycoplasma penetrans

XN4NV Mycoplasma pneumoniae

Inclusions: Pleuro-pneumonia-like-organism [PPLO]

XN69X **Neisseria**

XN59Y Neisseria gonorrhoeae

XN1DV Neisseria meningitidis

XN8ST **Neorickettsia**

XN7C8 Neorickettsia sennetsu

XN3U2 **Pasteurella**

XN30D Pasteurella multocida

XN1ZM **Pleisiomonas**

XN3BS **Proteus**

XN9ZF Proteus mirabilis

XN9DS Proteus morganii

XN7PE Proteus penneri

XN118 Proteus vulgaris

XN7R2 **Providencia**

XN022 **Pseudomonas**

XN5L6 Pseudomonas aeruginosa

XN3JP Pseudomonas oryzihabitans

XN52E Pseudomonas mallei

XN8J7 Pseudomonas plecoglossicida

XN8AA Pseudomonas pseudomallei

XN4YH **Rickettsia**

XN9YP Rickettsia africae

XN7WV Rickettsia akari

XN23V Rickettsia australis

XN8U4 Rickettsia conorii

XN6W8 Rickettsia felis

XN9NE Rickettsia helvetica

XN5NY Rickettsia hoogstraalii

XN3XV Rickettsia japonica

XN8SY Rickettsia prowazekii

XN33Q Rickettsia rickettsii

XN1N6 Rickettsia sibirica

XN2AR Rickettsia typhi

XN0QE **Salmonellae**

XN5VC Salmonella enterica spp.

XN0UV Salmonella Paratyphi

XN1K5 Salmonella paratyphi A

XN322 Salmonella paratyphi B

XN5TR Salmonella paratyphi C

XN4AM Salmonella Typhi

XN7U5 Salmonella Panama

XN97K Salmonella Weltevreden

XN13V Salmonella Wandsworth

XN3DF Salmonella Virchow

XN4QY Salmonella Give

XN3AE Salmonella Gaminara

XN0N5 Salmonella Agona

XN5SM Salmonella Kiambu

XN3TU Salmonella Thompson

XN15L Salmonella Typhimurium

XN8SF Salmonella Saintpaul

XN2MU Salmonella Stanley

XN0LX Salmonella Strathcona

XN5WE Salmonella Senftenberg

XN291 Salmonella Tennessee

XN87G Salmonella Newport

XN5TM Salmonella Hartford

XN1QX Salmonella Oranienburg

XN2SZ Salmonella Poona

XN36N Salmonella Kedougou

XN5LV Salmonella Litchfield

XN4LH Salmonella Mbandaka

XN1FK Salmonella Montevideo

XN3UH Salmonella Mikawasima

XN7QM Salmonella Concord

XN8RF Salmonella Cubana

XN39C Salmonella Infantis

XN6JL Salmonella Havana

XN1W7 Salmonella Enteritidis

XN0Q7 Salmonella Bareilly

XN4MS Salmonella Braenderup

XN3KA Salmonella Brandenburg

XN0NU Salmonella Choleraesuis

XN910 Salmonella Bredeney

XN52S Salmonella Nchanga

XN8F6 Salmonella Lille

XN7EC Salmonella Sandiego

XN2DJ Salmonella enterica subspecies enterica serovar 4,5,12:i:-

XN7PN Salmonella enterica subspecies enterica serovar 4,[5],12:i:-

XN2DW Salmonella bongori spp

XN71D **Serratia spp**

XN7HG **Shigella spp**

XN7Y2 Shigella flexneri

XN8RN Shigella boydii

XN285 Shigella dysenteriae

XN9M9 Shigella sonnei

XN23Z **Spirillum**

XN0J7 Spirillum minus

XN78V Spirillum pulli

XN17K Spirillum volutans

XN96A Spirillum winogradskyi

XN708 **Streptobacillus**

XN91U Streptobacillus moniliformis

XN1L0 **Stenotrophomonas**

XN36C **Treponema**

XN76V Treponema carateum

XN711 Treponema pallidum

XN6AL Treponema pallidum carateum

XN35Z Treponema pallidum endemicum

XN030 Treponema pallidum pallidum

XN46P Treponema pallidum pertenue

XN1R2 **Ureaplasma**

XN8RL **Vibrio**

XN7N1 Vibrio cholerae

XN8P1 Vibrio cholerae O1, biovar cholerae

XN62R Vibrio cholerae O1, biovar eltor

XN8KD Vibrio cholerae O139

XN1AA Vibrio parahaemolyticus

XN44G Vibrio vulnificus

XN4QG **Yersinia**

XN91V Yersinia enterocolitica

XN6QS Yersinia pestis

XN65H **Bacteroides**

XN2R7 Bacteroides fragilis

XN9EB **Cronobacter**

XN2YF Cronobacter sakazakii

XN2QM **Gram Positive Bacteria**

XN3G0 **Actinomyces**

XN0GV Actinomyces gerencseriae

XN15T Actinomyces israelii

XN8HN Actinomyces species

XN8EK **Actinomycetales**

XN8P7 Actinomadura

XN9ZE **Bacillus**

XN94F Bacillus anthracis

XN8PY Bacillus cereus

XN33F **Bifidobacterium**

XN0PT Bifidobacterium dentium

XN198 **Clostridium**

XN2JN Clostridium botulinum

XN7J5 Clostridium perfringens

XN4LP	Clostridium sordellii
XN5NQ	Clostridium tetani
XN3NT	**Corynebacterium**
XN9N1	Corynebacterium diphtheriae
XN78S	Corynebacterium minutissimum
XN752	Corynebacterium striatum
XN3MP	Corynebacterium tenuis
XN1F7	**Enterococcus**
XN2H4	Enterococcus faecalis
XN51E	Enterococcus faecium
XN0DT	Enterococcus avium
XN3XY	Enterococcus casseliflavus
XN724	Enterococcus durans
XN8BQ	Enterococcus gallinarum
XN4ZZ	Enterococcus mundtii
XN3QK	Enterococcus raffinosus
XN494	**Erysipelothrix**
XN4FJ	Erysipelothrix rhusiopathiae
XN4D1	**Listeria**
XN39H	Listeria ivanovii
XN602	Listeria monocytogenes
XN20K	**Nocardia**
XN2BK	Nocardia asteroides
XN1LG	Nocardia brasiliensis
XN5M7	**Propionibacterium**
XN27L	Propionibacterium propionicus
XN9ZG	**Staphylococcus**
XN6BM	Staphylococcus aureus
XN4B5	Panton-Valentine Leukocidin–producing Staphylococcus aureus
XN0PR	Staphylococcus auricularis

XN0H1 Staphylococcus capitis

XN99G Staphylococcus caprae

XN95B Staphylococcus cohnii

XN8KJ Staphylococcus epidermidis

XN2GD Staphylococcus haemolyticus

XN09P Staphylococcus leei

XN4N7 Staphylococcus lugdunensis

XN8WC Staphylococcus pasteuri

XN6FH Staphylococcus pettenkoferi

XN9X8 Staphylococcus schleiferi

XN2HN Staphylococcus sciuri

XN7RE Staphylococcus simulans

XN4C9 Staphylococcus warneri

XN7TQ Staphylococcus xylosus

XN3NM **Streptococcus**

XN1V3 Alpha-hemolytic Streptococcus

XN3PW Streptococcus pneumoniae

This is a Gram-positive, alpha-hemolytic, aerotolerant anaerobic member of the genus Streptococcus. This diagnosis is as the cause of diseases classified to other chapters.

XN9LA Streptococcus viridans

XN1AF Beta-haemolytic Streptococcus

XN2NS Gamma-haemolytic Streptococcus

XN6LP Streptococcus, group A

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group. Staphylococcus is a genus of Gram-positive bacteria. Under the microscope, they appear round (cocci), and form in grape-like clusters. This diagnosis is, group A, as the cause of diseases classified to other chapters.

XN7YG Streptococcus pyogenes

XN2M1 Streptococcus, group B

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group. Staphylococcus is a genus of Gram-positive bacteria. Under the microscope, they appear round (cocci), and form in grape-like clusters. This diagnosis is, group B, as the cause of diseases classified to other chapters.

XN0KC Streptococcus agalactiae

XN518 Group C Streptococcus

XN0TY Streptococcus zooepidemicus

XN5KC Streptococcus, group D

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group. Staphylococcus is a genus of Gram-positive bacteria. Under the microscope, they appear round (cocci), and form in grape-like clusters. This diagnosis is, group D, as the cause of diseases classified to other chapters.

XN6KJ Streptococcus bovis

XN625 Streptococcus equinus

XN8BJ Group E Streptococcus

XN6BB Group F Streptococcus

XN84N Group G Streptococcus

XN8UN Streptococcus dysgalactiae

XN40Y Group H Streptococcus

XN39R Streptococcus anginosus

XN3L7 Streptococcus canis

XN0FR Streptococcus constellatus

XN4PA Streptococcus iniae

XN67P Streptococcus intermedius

XN5BP Streptococcus mitis

XN2RH Streptococcus mutans

XN4B2 Streptococcus oralis

XN18T Streptococcus parasanguinis

XN58W Streptococcus peroris

XN6KE Streptococcus pseudopneumoniae

XN5DB Streptococcus ratti

XN3BQ Streptococcus salivarius

XN9FP Streptococcus sanguinis

XN0XM Streptococcus sobrinus

XN5SE Streptococcus suis

XN4LM Streptococcus thermophilus

XN1TV Streptococcus uberis

XN0Z2 Streptococcus vestibularis

XN7PP **Tropheryma**

XN5P4 Tropheryma whipplei

XN0SE **Clostridioides difficile**

XN87X **Bacteria, neither Gram Negative nor Gram Positive**

XN2DX **Borrelia**

XN7GL Borrelia afzelii

XN13C Borrelia Burgdorferi

XN4VZ Borrelia garinii

XN3PD Borrelia hermsii

XN2P3 Borrelia miyamotoi

XN6VH Borrelia parkeri

XN5R4 Borrelia recurrentis

XN140 Borrelia vincentii

XN2NR **Mycobacterium**

XN6YB Mycobacterium africanum

XN5LZ Mycobacterium avium

XN8FF Mycobacterium avium hominissuis

XN5NW Mycobacterium avium paratuberculosis

XN145 Mycobacterium avium silvaticum

XN8AB Mycobacterium bovis

XN8N3 Mycobacterium canettii

XN4MR Mycobacterium caprae

XN9H9 Mycobacterium colombiense

XN8FC Mycobacterium indicus pranii

XN5TS Mycobacterium leprae

XN3T2 Mycobacterium microti

XN7H2 Mycobacterium pinnipedii

XN1N2 Mycobacterium tuberculosis

XN96Q Non-tuberculous mycobacterium

XN3L9 Mycobacterium kansasii

XN5C1 Mycobacterium malmoense

XN53D Mycobacterium xenopi

XN6PL Mycobacterium asiaticum

XN4MW Mycobacterium simiae

XN975 Mycobacterium szulgai

XN74T Mycobacterium scrofulaceum

XN7YR Mycobacterium haemophilum

XN8ZX Mycobacterium fortuitum

XN8RB Mycobacterium marinum

XN9M0 Mycobacterium ulcerans

XN3D3 Mycobacterium chelonei

Virus

XN000 **Adenovirus**

Adenovirus infections most commonly cause illness of the respiratory system; however, depending on the infecting serotype, they may also cause various other illnesses and presentations. This diagnosis the cause of diseases classified to other chapters.

XN0R0 **Atadenovirus**

XN05K **Aviadenovirus**

XN728 **Ichtadenovirus**

XN93P **Mastadenovirus**

XN13L **Siadenovirus**

XN6ME **Alphavirus**

XN0SK **Aura virus**

XN434 **Babanki virus**

XN5KQ **Barmah Forest virus**

XN6XS **Bebaru virus**

XN0UF **Cabassou virus**

XN4ZB **Chikungunya virus**

XN78T **Eastern equine encephalitis virus**

XN26A **Everglades virus**

XN87D **Kyzylagach virus**

XN5ZC **Mayaro virus**

XN1VS **Middelburg virus**

XN34P **Mosso das Pedras virus**

XN7PD **Mucambo virus**

XN0H9 **Ndumu virus**

XN9WS **Ockelbo virus**

XN6AD **o'nyong nyong virus**

XN240 **Paramana virus**

XN3YZ **Pixuna virus**

XN79Q **Río Negro virus**

XN49A **Ross River virus**

XN4D3 **Salmon pancreatic disease virus**

XN3D4 **Semliki Forest virus**

XN0D6 **Sindbis virus**

XN132 **Sleeping Disease virus**

XN5MK **Southern elephant seal virus**

XN4ER **Tonate virus**

XN2B3 **Trocara virus**

XN445 **Venezuelan equine encephalitis virus**

XN8PC **Whataroa virus**

XN1BE **Arbovirus**

XN5VQ **La Crosse virus**

XN8AC **Arenavirus**

XN2WG **Chapare virus**

XN56K **Guanarito virus**

XN2ZL **Junín virus**

XN0CU **Lassa virus**

XN77P **Lujo virus**

XN4ZL **Lymphocytic choriomeningitis virus**

XN45B **Machupo virus**

XN55S **Sabiá virus**

XN5VM **Bornavirus**

XN395 **Borna disease virus 1**

XN125 **variegated squirrel bornavirus 1**

XN7S5 **Bunyavirus**

XN9UC **Amur virus**

XN17V **Crimean-Congo haemorrhagic fever virus**

XN16H **Dobrava virus**

XN2QZ **gōu virus**

XN3GW **Hantaan virus**

XN8UR **Kurkino virus**

XN8AF **Muju virus**

XN4S8 **Orthobunyavirus**

XN28L **Puumala virus**

XN9PD **Saaremaa virus**

XN3PV **Seoul virus**

XN95V **Sochi virus**

XN0E0 **Soochong virus**

XN9G5 **Tula virus**

XN2VY **Anajatuba virus**

XN4AP **Andes virus**

XN2C8 **Araucária virus**

XN2WJ **bayou virus**

XN0A0 **Bermejo virus**

XN66E **Black Creek Canal virus**

XN8LW **Blue River virus**

XN18Y **Castelo dos Sonhos virus**

XN6XF **El Moro Canyon virus**

XN8G9 **Juquitiba virus**

XN6P0 **Laguna Negra virus**

XN2CJ **Lechiguanas virus**

XN2BW **Maciel virus**

XN3WK **Monongahela virus**

XN5SF **Muleshoe virus**

XN9VX **New York virus**

XN9BY **Orán virus**

XN5JV **Paranoá virus**

XN65X **Pergamino virus**

XN2VC **Río Mamoré virus**

XN7R1 **sin nombre virus**

XN057 **Tunari virus**

XN8AQ **Araraquara virus**

XN76Q **Rift Valley fever virus**

XN9RK **Calicivirus**

XN4EB **Lagovirus**

XN8L1 **Nebovirus**

XN3Y2 **Norovirus**

XN9EH **Sapovirus**

XN0R6 **Vesivirus**

XN83D **Coronavirus**

These are species in the genera of virus belonging to the subfamily Coronavirinae in the family Coronaviridae. Coronaviruses are enveloped viruses with a positive-sense RNA genome and with a nucleocapsid of helical symmetry. This diagnosis is as the cause of diseases classified to other chapters.

XN0UA **Human coronavirus 229E**

XN9KN **Human coronavirus HKU1**

XN7CX **Human coronavirus OC43**

XN3BD **Middle East respiratory syndrome coronavirus**

XN5V7 **Pipistrellus bat coronavirus HKU5**

XN1N9 **Rousettus bat coronavirus HKU9**

XN1V8 **Severe Acute Respiratory Syndrome coronavirus**

XN1GJ **Tylonycteris bat coronavirus HKU4**

XN109 **SARS-CoV-2**

XN0HL SARS-CoV-2 Alpha

XN4Q7 SARS-CoV-2 Beta

XN5BQ SARS-CoV-2 Gamma

XN8V6 SARS-CoV-2 Delta

XN1GK SARS-CoV-2 Epsilon

XN3ZE SARS-CoV-2 Zeta

XN2V4 SARS-CoV-2 Eta

XN4Q1 SARS-CoV-2 Theta

XN3UD SARS-CoV-2 Iota

XN9LB SARS-CoV-2 Kappa

XN6AM SARS-CoV-2 Lambda

XN39J SARS-CoV-2 Mu

XN161 SARS-CoV-2 Omicron

XN8Z4 BF.7

XN4UD BQ.1

XN4F9 BA.2.75

XN51Y XBB

XN72A XBB.1.5

XN2P0 **Enterovirus**

These are a genus of positive-sense single-stranded RNA viruses associated with several human and mammalian diseases. This diagnosis is as the cause of diseases classified to other chapters.

XN3MC **Coxsackievirus**

XN2TU **Echovirus**

XN3M0 **Poliovirus**

XN6KZ Wild poliovirus type 1

XN9CF Wild poliovirus type 2

XN97R Wild poliovirus type 3

XN2T1 Circulating vaccine-derived poliovirus type 1

XN1XN Circulating vaccine-derived poliovirus type 2

XN7UU Circulating vaccine-derived poliovirus type 3

XN19Z **Rhinovirus**

XN6R5 **Filovirus**

XN1EN **Ebola virus**

XN3F2 **Marburg virus**

XN5M2 **Ravn virus**

XN8JT **Bundibugyo virus**

XN9QG **Reston virus**

XN13U **Sudan virus**

XN8TT **Taï Forest virus**

XN0AC **Flavivirus**

XN4CA **Dengue virus**

XN22Z Dengue virus 1

XN4RL Dengue virus 2

XN9XQ Dengue virus 3

XN2EQ Dengue virus 4

XN9ZK **Japanese encephalitis virus**

XN5QW **Saint Louis encephalitis virus**

XN0L1 **Tick-borne encephalitis virus**

XN4E1 **West Nile virus**

XN9S3 **Yellow fever virus**

XN1H2 **Zika virus**

Zika virus (ZIKV), is a flavivirus from the Flaviviridae family and Spondweni serocomplex. The virus was first identified in 1947 in the Zika forest in Uganda in the rhesus macaque population.There are two main lineages of ZIKV, the African lineage and the Asian lineage.

XN7C2 **Rocio virus**

XN41M **Hepatitis virus**

XN5XD **GB virus C**

XN40D **Hepatitis A virus**

XN0GA **Hepatitis B virus**

XN1EZ **Hepatitis C virus**

XN99N **Hepatitis D virus**

XN7TG **Hepatitis E virus**

XN6BW **Hepatitis F virus**

XN7V1 **Human herpesvirus**

XN6DH **Ictalurvirus**

XN9QL **Pityriasis Rosea virus**

XN465 **Alphaherpesvirinae**

XN42C Mardivirus

XN41T Herpes simplex virus-1

XN5V1 Herpes simplex virus-2

XN0TA Varicella zoster virus

XN4P4 Iltovirus

XN8TA **Betaherpesvirinae**

XN3SQ Cytomegalovirus

XN5FN Muromegalovirus

XN1GF Roseolavirus

XN9NM Roseolavirus A

XN8AM Roseolavirus B

XN2VN **Gammaherpesvirinae**

XN0R2 Epstein-Barr virus

XN7NE Rhadinovirus

XN487 **Human immunodeficiency virus**

XN8LD **Human immunodeficiency virus type 1**

XN71W **Human immunodeficiency virus type 2**

XN8JY **Human papillomavirus**

This is an ancient taxonomic family of non-enveloped DNA viruses, collectively known as papillomaviruses. This diagnosis is the cause of diseases classified to other chapters.

XN2KP **Human papillomavirus 45**

XN6LA **Human papillomavirus 1**

XN2FC **Human papillomavirus 2**

XN7DE **Human papillomavirus 6**

XN7T9 **Human papillomavirus 11**

XN2NK **Human papillomavirus 16**

XN97Y **Human papillomavirus 18**

XN3HA **Human papillomavirus 31**

XN1WJ **Human T-cell lymphotropic virus**

XN5SG **Influenza virus**

XN8WJ **Influenza A virus**

XN297 Influenza A H1N1 virus

XN4TT Influenza A H5N1 virus

XN7JR Influenza A H5N6 virus

XN35G Influenza A H7N9 virus

XN2J2 Influenza A H1 virus

XN9Z9 Influenza A H1N1v virus

XN3VG Influenza A H1N2v virus

XN9SG Influenza A H1N1 pdm2009 virus

XN3UJ Influenza A H1pdm09N2 2:6 reassortant influenza virus

XN02Z Swine influenza A H1N1 virus

XN16M Influenza A H1N2 variant

XN79W Influenza A H2N2 virus

XN8WA Influenza A H3 virus

XN6WE Influenza A H3N2 virus

XN476 Swine influenza A H3N2 virus

XN3UU Influenza A H3N2 Panama/2007/99 virus

XN9HE Influenza A H3N2 Moscow/10/99 virus

XN9FE Influenza A H3N2v virus

XN81W Equine influenza A H3N8 virus

XN6MR Influenza A H5 virus

XN5DQ Influenza A H5N2 virus

XN6MY Influenza A H5N8 virus

XN0AS Influenza A H6N1 virus

XN9GE Influenza A H7N2 virus

XN2SA Influenza A H7N2 variant

XN8Q3 Influenza A H7N3 virus

XN5WA Influenza A H7N4 virus

XN8YT Influenza A H7N7 virus

XN71C Influenza A H9 virus

XN412 Influenza A H9N2 virus

XN5SY Influenza A H10N3 virus

XN66Y Influenza A H10N7 virus

XN0MW Influenza A H10N8 virus

XN8SG **Influenza B virus**

XN8U3 **Influenza C virus**

XN67Q **Influenza D virus**

XN33B **Lyssavirus**

XN796 **Rabies virus**

XN8R7 **Orthopolyomavirus**

XN7UP **John Cunningham virus**

XN82V **Paramyxovirus**

XN98T **Henipavirus**

XN5PM Cedar Virus

XN53N Hendra virus

XN931 Nipah virus

XN513 **Human metapneumovirus**

XN186 **Measles virus**

XN22H **Mumps virus**

XN6CR **Parainfluenza virus**

XN4QJ **Rubulavirus**

XN7X8 **Parvovirus**

This belongs to the Poxviridae family. Like all members of that family, they are oval, relatively large, double-stranded DNA viruses. Parapoxviruses have a unique spiral coat that distinguishes them from other poxviruses. This diagnosis is as the cause of diseases classified to other chapters.

XN8PS **Erythrovirus**

XN447 **Bocaparvovirus**

XN8W9 **Pneumovirus**

XN275 **Human respiratory syncytial virus**

This is a virus that causes respiratory tract infections. It is a major cause of lower respiratory tract infections and hospital visits during infancy and childhood. This diagnosis is the cause of diseases classified to other chapters.

XN9WH **Polyomavirus**

XN0TQ **Polyoma virus B19**

XN7UC **Poxvirus**

XN32K **Orthopoxvirus**

XN3Y3 Buffalopox virus

XN0AU Cowpox virus

XN2GM Monkeypox virus

XN4Q0 Variola virus

XN06N Vaccinia virus

XN1M0 **Parapox virus**

XN7JF bovine papular stomatitis virus

XN8E5 Orf virus

XN8JR pseudocowpox virus

XN0CV **Yatapox virus**

XN0K5 tanapox virus

XN81C yaba monkey tumour virus

XN5G8 **Molluscipoxvirus**

XN7YE Molluscum contagiosum virus

XN22T **Reovirus**

Reovirus is a nonenveloped double-stranded RNA virus. This virus was initially not known to be related to any specific disease, and so was named Respiratory Enteric Orphan virus. However, some members of the reovirus family have been shown to cause mild illnesses such as diarrhea.

XN6FR **Retrovirus**

This is an RNA virus that replicates in a host cell. First it uses its own reverse transcriptase enzyme to produce DNA from its RNA genome, reverse of the usual pattern, thus retro (backwards).

XN2R0 **Alpharetrovirus**

XN0TH **Betaretrovirus**

XN787 **Deltaretrovirus**

XN6HX **Epsilonretrovirus**

XN4K8 **Gammaretrovirus**

XN5R7 **Lentivirus**

XN6JB **Oncovirus**

XN6N7 **Rotavirus**

XN6TN **Rotavirus A**

XN55H **Rotavirus B**

XN0F5 **Rotavirus C**

XN29P **Rotavirus D**

XN71N **Rotavirus E**

XN2F7 **Rubivirus**

XN2WE **Rubella virus**

Fungi

XN0WC **Aspergillus**

XN6Q9 **Aspergillus clavatus**

XN6B8 **Aspergillus flavus**

XN5Z7	**Aspergillus fumigatus**
XN4XX	**Basidiobolus**
XN4RM	**Basidiobolus ranarum**
XN08A	**Blastomyces**
XN14F	**Blastomyces dermatitidis**
XN3CL	**Candida**
XN31P	**Candida albicans**
XN72N	**Candida auris**
XN066	**Chromomycosis**
XN106	**Chrysosporium**
XN8W1	**Chrysosporium parvum**
XN7Q9	**Coccidioides**
XN53F	**Coccidioides immitis**
XN5TT	**Coccidioides posadasii**
XN62A	**Conidiobolus**
XN3KM	**Conidiobolus coronatus**
XN4AQ	**Conidiobolus incongruus**
XN69C	**Cryptococcus**
XN0LE	**Cryptococcus gattii**
XN3EH	**Cryptococcus neoformans**
XN7WW	**Dermatophyte fungi**
XN655	**Anthropophilic dermatophytes**
XN2T0	Epidermophyton floccosum
XN3YF	Microsporum audouinii
XN2R2	Microsporum ferrugineum
XN8M6	Trichophyton concentricum
XN628	Trichophyton gourvilii
XN8BW	Trichophyton interdigitale
XN96H	Trichophyton megninii
XN2JF	Trichophyton rubrum

XN53A Trichophyton schoenleinii

XN135 Trichophyton soudanense

XN1K6 Trichophyton tonsurans

XN31R Trichophyton violaceum

XN8BF Trichophyton yaoundei

XN2SY **Zoophilic dermatophytes**

XN5ER Microsporum canis

XN6NM Microsporum equinum

XN5GR Microsporum gallinae

XN3WX Microsporum nanum

XN7JK Microsporum persicolor

XN3YG Trichophyton equinum

XN4DQ Trichophyton mentagrophytes

XN4H4 Trichophyton simii

XN69S Trichophyton verrucosum

XN1Z2 **Geophilic dermatophytes**

XN2VZ Microsporum gypseum

XN7TP Microsporum praecox

XN3AG **Geotrichum**

XN0ES **Geotrichum candidum**

XN9LU **Histoplasma**

XN8VH **Histoplasma capsulatum**

XN7YN **Histoplasma duboisii**

XN119 **Hortaea**

XN0EF **Hortaea werneckii**

XN3CM **Lacazia**

XN3NU **Lacazia loboi**

XN9ZX **Loboa**

XN43L **Malassezia**

XN25C **Malassezia furfur**

XN0TE **Malassezia globosa fungus**

XN9ZV **Microsporidia**

XN1NU **Mucor**

XN7RH **Paracoccidioides**

XN5UX **Paracoccidioides brasiliensis**

XN79A **Talaromyces**
A new fungal genus formerly part of Penicillium

XN0LD **Talaromyces marneffei**
The fungus formerly known as Penicillium marneffei

XN4YW **Piedraia**

XN6H7 **Piedraia hortae**

XN5XK **Pneumocystidomycetes**

XN3NS **Pseudallescheria**

XN6BV **Pseudallescheria boydii**

XN720 **Rhinosporidium**

XN18W **Rhinosporidium seeberi**

XN200 **Sporothrix**

XN6GM **Sporothrix schenckii**

XN766 **Trichosporon**

XN0X5 **Fusarium**

XN55Z **Fusarium sporotrichioides**

XN7KH **Fusarium incaratum-equiseti**

XN1FQ **Fusarium chlamydosporum**

XN5KR **Fusarium dimerum**

XN6XG **Fusarium fujikuroi**

XN3HT **Fusarium oxysporum**

XN0E6 **Fusarium solani**

Parasites

Helminths

XN9CG	**Ancylostoma**
XN5V8	**Ancylostoma duodenal**
XN7A5	**Angiostrongylus**
XN2UG	**Angiostrongylus cantonensis**
XN23C	**Angiostrongylus costaricensis**
XN574	**Anisakis**
XN9HA	**Anisakis marina**
XN9PQ	**Ascaris**
XN97M	**Ascaris lumbricoides**
XN0JL	**Brugia**
XN5RM	**Brugia malayi**
XN80F	**Brugia timori**
XN8T0	**Capillaria**
XN9DT	**Capillaria philippinensis**
XN9GC	**Clonorchis**
XN5SV	**Clonorchis sinensis**
XN3QD	**Dicrocoelium**
XN6EF	**Diphyllobothrium**
XN67S	**Diphyllobothrium latum**
XN7UT	**Diphyllobothrium species**
XN570	**Dipylidium**
XN20Y	**Dipylidium caninum**
XN15W	**Dirofilaria**
XN3BX	**Dirofilaria immitis**
XN7JS	**Dirofilaria repens**
XN7A6	**Dracunculus**
XN9Q5	**Dracunculus medinensis**

XN84K **Echinococcus**

XN1H0 **Echinococcus granulosus**

XN0K1 **Echinococcus multilocularis**

XN6TQ **Echinococcus oligarthrus**

XN9LQ **Echinococcus vogeli**

XN801 **Echinostoma**

XN1DG **Enterobius**

XN4AR **Enterobius vermicularis**

XN1H3 **Fasciola**

XN35Y **Fasciolopsis**

XN024 **Fasciolopsis buski**

XN0H2 **Gnathostoma**

XN8DD **Gnathostoma hispidum**

XN8GS **Gnathostoma spinigerum**

XN23M **Heterophyes**

XN69Y **Hookworm**

XN629 **Hymenolepis**

XN9S5 **Hymenolepis nana**

XN8ZQ **Loa**

XN1QQ **Loa Loa**

XN5Z0 **Mansonella**

XN6PZ **Mansonella ozzardi**

XN8AX **Mansonella perstans**

XN0JQ **Mansonella streptocerca**

XN123 **Metagonimus**

XN3E8 **Nanophyetus**

XN9T3 **Necator**

XN8K8 **Necator americanus**

XN7L5 **Oesophagostomum**

XN0NZ **Oesophagostomum bifurcum**

XN9R1	**Onchocerca**
XN8T4	**Onchocerca volvulus**
XN91W	**Opisthorchis**
XN27A	**Paragonimus**
XN0A6	**Paragonimus westermani**
XN9NR	**Phylum Nemata**
XN78L	**Schistosoma**
XN86N	**Schistosoma haematobium**
XN90N	Schistosoma matthei
XN9FK	**Schistosoma intercalatum**
XN1ZJ	**Schistosoma japonicum**
XN8HD	**Schistosoma mansoni**
XN9T7	**Schistosoma mekongi**
XN5B9	**Sparganum**
XN89M	**Spirometra**
XN07X	**Strongyloides**
XN1KQ	**Strongyloides stercoralis**
XN5RB	**Syngamus**
XN04L	**Syngamus trachea**
XN0D8	**Taenia**
XN871	**Taenia saginata**
XN8XE	**Taenia solium**
XN8DL	**Ternidens**
XN2L3	**Toxocara**
XN7MR	**Toxocara canis**
XN54C	**Toxocara cati**
XN597	**Trichinella**
XN34A	**Trichinella spiralis**
XN025	**Trichostrongylus**
XN4K7	**Trichostrongylus colubriformis**

XN4MM **Trichuris**

XN6UA **Trichuris trichiura**

XN0H3 **Wuchereria**

XN3V2 **Wuchereria bancrofti**

Protozoa

XN0HM **Acanthamoeba**

XN7S2 **Amoeba**

XN9YX **Babesia**

XN7ZS **Balantidium**

XN3H4 **Balantidium coli**

XN6UY **Blastocystis**

XN1M7 **Blastocystis hominis**

XN1XA **Coccidia**

subclass of microscopic, spore-forming, single-celled obligate intracellular parasites belonging to the apicomplexan class Conoidasida

XN8LE **Cryptosporidium**

XN0NC **Cryptosporidium canis**

XN5SZ **Cryptosporidium felis**

XN4ZT **Cryptosporidium hominis**

XN4VU **Cryptosporidium meleagridis**

XN4MN **Cryptosporidium muris**

XN9BP **Cryptosporidium parvum**

XN7VL **Cyclospora**

XN4BR **Cyclospora cayetanensis**

XN3S1 **Entamoeba**

XN82F **Entamoeba histolytica**

XN6H5 **Giardia**

XN94Z **Giardia lamblia**

XN4Y2 **Isospora**

XN9ZT **Isospora belli**

XN8JE **Leishmania**

XN87Z **Leishmania aethiopica**

XN6DJ **Leishmania brasiliensis**

XN1M5 **Leishmania donovani infantum**

XN3HN Leishmania chagasii

XN7EU **Leishmania major**

XN1EE **Leishmania mexicana**

XN95N **Leishmania tropica**

XN1M1 **Naegleria**

XN6EV **Naegleria fowleri**

XN5FW **Plasmodium**

XN69B **Plasmodium falciparum**

XN7K1 **Plasmodium malariae**

XN5WD **Plasmodium ovale**

XN217 **Plasmodium vivax**

XN93K **Plasmodium knowlesi**

XN92F **Sarcocystis**

XN7HC **Toxoplasma**

XN896 **Toxoplasma gondii**

XN316 **Trichomonas**

XN7YM **Trichomonas vaginalis**

XN9H4 **Trypanosoma**

XN0C1 **Trypanosoma brucei**

XN7TC Trypanosoma brucei gambiense

XN5C7 Trypanosoma brucei rhodesiense

XN56V **Trypanosoma cruzi**

Lice and Mites

XN4RB **Demodex**

XN9EL **Dermanyssus**

XN59U **Vandellia cirrhosa**

XN857 **Infestation by beetle**

XN00Z **Insect larva**

XN2K0 **Leech**

XN9MA **Linguatula serrata**

XN0ZB **Liponyssoides**

XN0D5 **Pediculus**

XN84U **Phthirus**

XN3E3 **Sarcoptes**

XN7Z8 **Trombicula**

XN6VS **Tunga**

XN2GY **Porocephalidae**

Other Pathogens

XN7AM **Prion**

XN42T **Prototheca**

XN47C **Pythium**

Topology Scale Value

Relational

XK7V **Anterior**

XK8L **Posterior**

XK9H **Medial**

XK09 **Lateral**

XK5N **Superior**

XK4H **Inferior**

XK4M **Ventral**

XK87 **Dorsal**

XK6J **Proximal**

XK6C **Distal**

XK3Z **Ipsilateral**

XK3Y **Contralateral**

XK2H **External**

XK49 **Internal**

XK7F **Superficial**

XK16 **Deep**

Distribution

XK2J **Complete distribution**

XK6P **Consolidated distribution**

XK31 **Diffuse distribution**

XK5A **Disseminated distribution**

XK37 **Focal distribution**

XK63 **Generalised distribution**

XK06 **Incomplete distribution**

XK0V **Intertriginous distribution**

XK5F **Linear distribution**

XK9A **Localised distribution**

XK36 **Segmental distribution**

XK7Z **Systematised distribution**

Laterality

XK9J **Bilateral**

XK8G **Left**

XK9K **Right**

XK70 **Unilateral, unspecified**

Regional

XK62 **Brachial**

XK07 **Caudal**

XK2K **Cranial**

XK0P **Infratentorial**

XK18 **Supratentorial**

Anatomy and topography

Functional anatomy

Haematopoietic system

XA8EC5 **Blood**

XA8UK8 **Blood cells**

XM8QV9 Erythrocytes

XA32R4 Leucocytes

XA2WC0 Granulocytes

XA8C44 Neutrophils

XA5G96 Basophils

XA0V82 Eosinophils

XA46Q2 Monocytes

XA9DP6 Macrophages

XA8YQ2 Lymphocytes

Lymphocytes include natural killer cells (which function in cell-mediated, cytotoxic innate immunity), T cells (for cell-mediated, cytotoxic adaptive immunity), and B cells (for humoral, antibody-driven adaptive immunity).

XA10B5 Platelets

XA7UR0 **Plasma**

XA9XK1 **Bone marrow**

XA5869 **Haematopoietic stem cells**

XA3K78 **Common myeloid progenitor**

XA8LY0 Erythroblast

XA6385 Myeloblast

XA3EA5 Megakaryoblast

XA0TJ1 **Lymphoblast**

Immune system

Lymphoid organs

Organs involved in immune regulation

XA8373 **Thymus**

Inclusions: Thymus gland

XA2PK9 **Connective and other soft tissues of thymus**

XA7FU9 **Spleen**

XA1EM4 **Lingual tonsil**

XA8US7 **Waldeyer ring**

XA3V90 **Palatine tonsil**

XA33X2 **Lymph nodes**

XA9U65 **Lymph nodes of head, face and neck**

XA6H69 Occipital lymph node

XA7YF1 Auricular lymph node

XA91C5 Posterior auricular lymph node

XA56J5 Preauricular lymph node

XA0W17 Parotid lymph node

XA1Q47 Subparotid lymph node

XA85E1 Superficial parotid lymph node

XA07P4 Deep parotid lymph node

Coded Elsewhere: Preauricular lymph node (XA56J5)

XA2U89 Facial lymph node

XA1SG7 Buccinator lymph node

XA8DW7 Mandibular lymph node

XA2S79 Deep facial lymph node

XA1DV2 Lingual lymph node

XA8027 Sublingual lymph node

XA42P9 Submental lymph node

XA9E80 Submandibular lymph node

XA4759 Anterior cervical lymph node

Coded Elsewhere: Anterior jugular node (XA6YX2)

XA9PW0 Deep cervical lymph node

XA2RE9 Prelaryngeal lymph node

XA4LC1 Pretracheal lymph node

XA7W32 Paratracheal lymph node

XA08L8 Retropharyngeal lymph node

XA60D1 Jugular lymph node

XA6YX2 Anterior jugular node

XA6HG6 Jugulodigastric lymph node

XA5A75 Jugulo-omohyoid lymph node

XA5XT7 Cervical lymph node

XA4R20 Inferior cervical lymph node

XA1W79 Lateral cervical lymph node

XA6AC0 Superior deep cervical lymph node

Coded Elsewhere: Jugulodigastric lymph node (XA6HG6)

XA3S48 Inferior deep cervical lymph node

Coded Elsewhere: Jugulo-omohyoid lymph node (XA5A75)

XA7N00 Superficial cervical lymph node

XA00M7 Supraclavicular lymph node

XA9WH0 **Intrathoracic lymph nodes**

XA41B8 Tracheobronchial lymph node

XA96Z0 Bronchopulmonary lymph node

XA5MW1 Hilar lymph node

XA9QW9 Pulmonary lymph node

XA3194 Tracheal lymph node

XA2JX0 Superior tracheobronchial lymph node

XA1PA1 Inferior tracheobronchial lymph node

XA61B8 Mediastinal lymph node

XA5HA3 Anterior mediastinal visceral lymph node

XA7571 Posterior mediastinal visceral lymph node

XA8VY5 Oesophageal lymph node

XA8E34 Intercostal lymph node

XA2CH0 Parasternal lymph node

XA1478 Superior diaphragmatic lymph node

XA4P97 Innominate lymph node

XA05C1 **Intra-abdominal lymph nodes**

XA59Q1 Lumbar lymph node

XA25W0 Aortic lymph node

XA4WV3 Preaortic lymph node

XA38T7 Coeliac lymph node

XA1HL1 Gastric lymph node

XA1FW5 Inferior gastric lymph node

XA1T01 Upper superior gastric lymph node

XA3F65 Superior gastric lymph node

XA3ET7 Lower superior gastric lymph node

XA4WL5 Paracardial superior gastric lymph node

XA2AX1 Pyloric lymph node

XA1RP0 Subpyloric lymph node

XA11U1 Hepatic lymph node

XA35G1 Common duct lymph node

XA71D7 Cystic lymph node

XA7ZP7 Pancreaticosplenic lymph node

XA6W89 Pancreaticoduodenal lymph node

XA9PJ7 Splenic lymph node

XA8X72 Splenic hilar lymph node

XA7T42 Pancreatic lymph node

XA2P83 Peripancreatic lymph node

XA8Y29 Inferior mesenteric lymph node

XA6ZA5 Pararectal inferior mesenteric lymph node

XA37Y9 Superior mesenteric lymph node

XA26J2 Mesenteric lymph node

XA69J6 Ileocolic lymph node

XA66B8 Ileal ileocolic lymph node

XA8W06 Anterior ileocolic lymph node

XA7JE2 Posterior ileocolic lymph node

XA73R0 Right colic ileocolic lymph node

XA09W7 Colic lymph node

XA4F32 Midcolic lymph node

XA8JH9 Epicolic lymph node

XA9JM2 Paracolic lymph node

XA7PM1 Intermediate colic lymph node

XA3TX6 Preterminal colic lymph node

XA6KK3 Lateral aortic lymph node

Coded Elsewhere: Common iliac lymph node (XA1MS6)
External iliac lymph node (XA8M66)
Internal iliac lymph node (XA0TJ6)

XA9T50 Epigastric lymph node

Coded Elsewhere: Inferior epigastric lymph node (XA5VA3)

XA53K4 Iliac circumflex lymph node

XA0TK3 Retroaortic lymph node

XA3TG4 Intestinal lymph node

XA0KH9 Retroperitoneal lymph node

XA7DX9 Suprarenal lymph node

XA2YR9 Porta hepatis lymph node

XA5HU6 **Pelvic lymph nodes**

XA50T5 Iliac lymph node

XA1MS6 Common iliac lymph node

XA0TJ6 Internal iliac lymph node

XA8M66 External iliac lymph node

XA9Z71 Obturator lymph node

XA4J45 Suprainguinal lymph node

XA24Q3 Sacral lymph node

XA1EN9 Lateral sacral lymph node

XA86R4 Median sacral lymph node

XA32C4 Presymphysial lymph node

XA5VA3 Inferior epigastric lymph node

XA9TN5 Female genital lymph node

XA3QA5 Parametrial lymph node

XA5M72 Uterine paracervical lymph node

XA7TQ3 **Lymph nodes of upper extremity**

XA90B2 Axillary lymph node

XA63L4 Pectoral lymph node

XA6NK2 Lateral axillary lymph node

XA9R12 Subscapular lymph node

XA8HY4 Central axillary lymph node

XA1N88 Subclavicular axillary lymph node

XA9CD6 Subclavian lymphatic trunk

XA2UJ4 Intermediate lymph node

XA3H20 Cubital lymph node

XA5183 Epitrochlear lymph node

XA0MR2 Infraclavicular lymph node

XA86X1 **Lymph nodes of lower extremity**

XA7N26 Inguinal lymph node

XA1114 Superficial inguinal lymph node

XA4RT0 Subinguinal lymph node

XA30V5 Superficial subinguinal lymph node

XA6EE2 Deep subinguinal lymph nodes

XA5130 Femoral lymph node

XA4AU1 Lymph node of Cloquet

XA4W98 Popliteal lymph node

XA2PP2 Tibial lymph node

XA3X71 Anterior tibial lymph node

XA4T07 **Lymph nodes of multiple regions**

XA0GJ0 **Mononuclear phagocyte system**

Endocrine system

Coded Elsewhere: Ovary (XA1QK0)
Testis (XA4947)

XA1CN1 **Hypothalamus**

XA1EU3 **Pineal gland**

XA8J35 **Pituitary gland**

Coded Elsewhere: Pituitary fossa (XA9N34)

XA9787 **Rathke pouch**

XA8RK3 **Thyroid gland**

Coded Elsewhere: Thyroglossal duct (XA0SH3)

XA8LV3 **Left lobe of thyroid gland**

XA9L72 **Right lobe of thyroid gland**

XA4NE5 **Isthmus of thyroid gland**

XA5109 **Pyramidal lobe of thyroid gland**

XA1342 **Parathyroid gland**

XA45E6 **Pancreatic islets**

XA0NE9 **Adrenal gland**

Coded Elsewhere: Adrenal vein (XA6TQ3)
Inferior adrenal artery (XA9QC3)

XA8956 **Adrenal cortex**

XA6SS0 **Adrenal medulla**

Nervous system

XA3JU6 **Central nervous system**

XA0AK4 **Meninges**

XA6HA2 Cerebral meninges

XA9M51 Cranial dura mater

XA6WL2 Cranial arachnoid

XA2T81 Cranial pia mater

XA7N98 Tentorium cerebelli

XA09H1 Falx without further specification

XA1FV7 Falx cerebri

XA33G9 Falx cerebelli

XA5AH0 Spinal meninges

XA8R98 Spinal dura mater

XA0382 Spinal arachnoid

XA8SH5 Spinal pia mater

XA04B5 Dura mater

XA3D30 Arachnoid mater

XA6AF5 Pia mater

XA9738 **Brain**
Coded Elsewhere: Cranial fossa (XA0KU6)

XA1M33 Cerebrum
Coded Elsewhere: Hypothalamus (XA1CN1)

XA8GR3 Cerebral hemisphere

XA2NT0 Frontal Lobe

XA3RD9 Frontal pole

XA97T4 Temporal lobe

XA7BD1 Hippocampus

XA7J78 Uncus

XA1XY9 Amygdala

XA92Y6 Parietal Lobe

XA89Y2 Occipital lobe

XA5TY2 Brodmann area

XA0B59 Occipital pole

XA64R0 Cerebral cortex

XA7L93 Thalamus

XA4T82 Basal ganglia

XA64F9 Corpus striatum

XA8W72 Lentiform nucleus

XA80J3 Globus pallidus

XA8KA5 Putamen

XA7TX5 Caudate nucleus

XA00D6 Claustrum

XA5TX3 Optic chiasm

XA63Y1 Optic tract

XA5CF8 Visual cortex

XA1ZN9 Cerebral white matter

XA0XP7 Insula

XA5JN6 Internal capsule

XA84G1 Operculum

XA4F88 Pallium

XA0Z39 Rhinencephalon

XA6AV3 Intracerebrum

XA5N14 Cerebral lobe

Coded Elsewhere: Occipital lobe (XA89Y2)
Parietal Lobe (XA92Y6)
Temporal lobe (XA97T4)
Frontal Lobe (XA2NT0)

XA73A8 Supratentorial region of brain

XA1CW2 Cerebellum

XA4SL2 Cerebellar hemisphere

XA7E38 Cerebellar tonsil

XA8E64 Cerebellar vermis

XA5694 Superior vermis

XA70Y8 Inferior vermis

XA8733 Limbic system

XA26E8 Cerebral ventricle

XA45Y8 Lateral ventricle of the brain

XA1XM1 Choroid plexus of lateral ventricle

XA1H64 Third ventricle of the brain

XA53A3 Choroid plexus of third ventricle

XA83T2 Cerebral aqueduct

XA1804 Fourth ventricle of the brain

XA1B86 Choroid plexus of fourth ventricle

XA9KX2 Choroid plexus

Coded Elsewhere: Choroid plexus of lateral ventricle (XA1XM1)
Choroid plexus of third ventricle (XA53A3)
Choroid plexus of fourth ventricle (XA1B86)

XA6J38 Ependyma

XA8AT9 Brainstem

Coded Elsewhere: Choroid plexus of fourth ventricle (XA1B86)
Fourth ventricle of the brain (XA1804)

XA17J6 Medulla

XA5KS6 Midbrain

XA9CM4 Pons

XA34M4 Reticular formation

XA1AA8 Cerebral peduncle

XA5KN2 Olives

XA5097 Pyramid

XA1GA1 Infratentorial region of brain

XA08F7 Intracranial site, not elsewhere classified

XA0V83 **Spinal cord**

XA1SP1 Cervical spinal cord

Inclusions: Cervical cord

XA2K06 C1 level

XA7852 C2 level

XA3JF5 C3 level

XA2MQ3 C4 level

XA3JA6 C5 level

XA4LT0 C6 level

XA3NV2 C7 level

XA8965 C8 level

XA6Z51 Thoracic spinal cord

Inclusions: Thoracic cord

XA17G6 T1 level

XA6GU9 T2 level

XA7U15 T3 level

XA5UF4 T4 level

XA0D58 T5 level

XA5Q83 T6 level

XA79E1 T7 level

XA0N76 T8 level

XA5T86 T9 level

XA4QU1 T10 level

XA9DV3 T11 level

XA6FB9 T12 level

XA8PP5 Lumbar spinal cord

Inclusions: Lumbar cord

XA6TL5 L1 level

XA8X63 L2 level

XA57M0 L3 level

XA1ZV5 L4 level

XA86M5 L5 level

XA85J0 Sacral spinal cord

Inclusions: Sacral cord

XA3407 S1 level

XA8EL3 S2 level

XA1VA6 S3 level

XA2EF6 S4 level

XA4L09 S5 level

XA5QM0 Medullary cavity

XA2FQ1 Conus medullaris

XA8EK9 **Cranial Nerve**

XA5QD6 Olfactory nerve

XA1E00 Optic nerve

Coded Elsewhere: Optic chiasm (XA5TX3)
Optic tract (XA63Y1)

XA7488 Oculomotor nerve

XA0GK2 Trochlear nerve

XA72G0 Trigeminal nerve

XA95Y8 Trigeminal nerve, ophthalmic branch

XA5BP8 Ethmoidal nerve

XA8482 External nasal nerve

XA7F46 Frontal nerve

XA31J6 Supraorbital nerve

XA95V8 Supratrochlear nerve

XA16M4 Lacrimal nerve

XA5WM9 Nasociliary nerve

XA8KJ5 Trigeminal nerve, maxillary branch

XA4E11 Inferior palpebral nerve

XA3G43 Infraorbital nerve

XA9G70 Middle meningeal nerve

XA0S35 Nasopalatine nerve

XA9LR9 Nerve of pterygoid canal

XA7P00 Palatine nerve

XA5Q86 Pharyngeal nerve

XA3W58 Sphenopalatine nerves

XA6AE9 Superior labial nerve

XA4DJ9 Zygomatic nerve

XA62X3 Zygomaticofacial nerve

XA9MM8 Zygomaticotemporal nerve

XA1F17 Trigeminal nerve, mandibular branch

XA5DA8 Auriculotemporal nerve

XA7UK9 Buccal nerve

XA52H1 Deep temporal nerve

XA3VT0 Inferior alveolar nerve

XA9FV5 Mylohyoid nerve

XA3114 Lateral pterygoid nerve

XA5CT7 Lingual nerve

XA5NQ5 Masseteric nerve

XA1RH8 Medial pterygoid nerve

XA6ZD8 Mental nerve

XA4GX3 Abducens nerve

XA64Y7 Facial nerve

XA7F87 Posterior auricular nerve

XA1VA9 Temporal branch of the facial nerve

XA7JD7 Zygomatic branch of the facial nerve

XA3A57 Buccal branch of the facial nerve

XA1TY5 Marginal mandibular branch of the facial nerve

XA5241 Cervical branch of the facial nerve

XA1ZH3 Digastric branch of the facial nerve

XA36Y9 Stylohyoid branch of the facial nerve

XA2BL2 Chorda tympani

XA69Y7 Nerve to the stapedius

XA6LY7 Vestibulocochlear nerve

XA1QU6 Cochlear nerve

XA1AL7 Vestibular nerve

XA8RW1 Glossopharyngeal nerve

XA5QA5 Pharyngeal branches of glossopharyngeal nerve

XA6VN1 Vagus nerve

Coded Elsewhere: Right recurrent laryngeal nerve (XA1BR5)

XA0P44 Auricular branch of vagus nerve

XA9LV7 Pharyngeal plexus

XA8F53 Pharyngeal branch of vagus nerve

XA2HA5 Superior laryngeal nerve

XA9LP4 External laryngeal nerve

XA6UK8 Internal laryngeal nerve

XA3524 Left recurrent laryngeal nerve

XA2KY5 Pulmonary branches of vagus nerve

XA2M45 Accessory nerve

XA3YX3 Hypoglossal nerve

XA48Z8 Petrous ganglion

XA4Q30 Tympanic nerve

XA9CT5 Deep petrosal nerve

XA4W18 Greater petrosal nerve

XA1SG6 Ciliary ganglion

XA3VY1 Long ciliary nerves

XA2260 Otic ganglion

XA0ER1 Pterygopalatine ganglion

XA74N6 Submandibular ganglion

XA1630 Peripheral nervous system

XA65L3 **Spinal nerve**

XA1YC9 Cervical spinal nerve

XA9DY6 First cervical spinal nerve

XA1LR0 Second cervical spinal nerve

XA7LF0 Third cervical spinal nerve

XA1QX0 Fourth cervical spinal nerve

XA06Q1 Fifth cervical spinal nerve

XA26W5 Sixth cervical spinal nerve

XA4WT3 Seventh cervical spinal nerve

XA3XK7 Eighth cervical spinal nerve

XA6KS1 Thoracic spinal nerve

XA2QF3 First thoracic spinal nerve

XA1K85 Second thoracic spinal nerve

XA0DY5 Third thoracic spinal nerve

XA7BM1 Fourth thoracic spinal nerve

XA48M5 Fifth thoracic spinal nerve

XA4GT3 Sixth thoracic spinal nerve

XA0RA9 Seventh thoracic spinal nerve

XA2VJ9 Eighth thoracic spinal nerve

XA64N5 Ninth thoracic spinal nerve

XA5AZ7 Tenth thoracic spinal nerve

XA6369 Eleventh thoracic spinal nerve

XA7QX3 Twelfth thoracic spinal nerve

XA44R0 Lumbar spinal nerve

XA1471 First lumbar spinal nerve

XA0VF5 Second lumbar spinal nerve

XA9178 Third lumbar spinal nerve

XA6N66 Fourth lumbar spinal nerve

XA7VL6 Fifth lumbar spinal nerve

XA17Y2 Sacral spinal nerve

XA2E82 First sacral spinal nerve

XA9V46 Second sacral spinal nerve

XA74E6 Third sacral spinal nerve

XA25F0 Fourth sacral spinal nerve

XA73B4 Fifth sacral spinal nerve

XA4CU7 Dorsal spinal nerve

XA7TS7 Ventral spinal nerve

XA6EC2 **Spinal nerve root**

XA3UZ3 Cervical nerve root

XA53S6 First cervical nerve root

XA15A2 Second cervical nerve root

XA2MT0 Third cervical nerve root

XA36V3 Fourth cervical nerve root

XA87U1 Fifth cervical nerve root

XA8YT7 Sixth cervical nerve root

XA5BL9 Seventh cervical nerve root

XA0245 Eighth cervical nerve root

XA5SU4 Thoracic nerve root

XA22C5 First thoracic nerve root

XA8933 Second thoracic nerve root

XA2EK5 Third thoracic nerve root

XA6NV1 Fourth thoracic nerve root

XA8DN4 Fifth thoracic nerve root

XA1AB6 Sixth thoracic nerve root

XA1VM6 Seventh thoracic nerve root

XA2UY4 Eighth thoracic nerve root

XA8QS1 Ninth thoracic nerve root

XA2VK2 Tenth thoracic nerve root

XA61G0 Eleventh thoracic nerve root

XA76V2 Twelfth thoracic nerve root

XA4T95 Lumbar nerve root

XA8VX2 First lumbar nerve root

XA9BK9 Second lumbar nerve root

XA4N03 Third lumbar nerve root

XA2ZQ7 Fourth lumbar nerve root

XA5W91 Fifth lumbar nerve root

XA9F62 Sacral nerve root

XA4HY7 First sacral nerve root

XA4PP9 Second sacral nerve root

XA32J7 Third sacral nerve root

XA0WH3 Fourth sacral nerve root

XA7BN5 Fifth sacral nerve root

XA9J98 Dorsal nerve root ganglion

XA1TP8 Dorsal nerve root

XA8G34 Ventral nerve root ganglion

XA1V70 Ventral nerve root

XA64F0 **Spinal nerve plexus**

XA6LU7 Cervical plexus

XA22K9 Brachial plexus

XA1UT5 Posterior cord of brachial plexus

XA9PG2 Lateral cord of brachial plexus

XA7UA9 Medial cord of brachial plexus

XA8YS2 Lumbosacral plexus

XA1E79 Lumbar plexus

XA1JE5 Presacral plexus

XA0929 Sacral plexus

XA5186 Patellar plexus

XA3SK8 Splanchnic plexus

XA2G95 Uterovaginal plexus

XA1KP5 Vesical nervous plexus

XA06U6 **Peripheral nerve**

XA20S2 Inferior cervical ganglion

XA0Z50 Suboccipital nerve

XA4WK4 Greater auricular nerve

XA6BB0 Greater occipital nerve

XA3ND8 Lesser occipital nerve

XA18D0 Third occipital nerve

XA8T30 Iliohypogastric nerve

XA5Q50 Ilioinguinal nerve

XA8CZ0 Inferior anal nerves

XA8U35 Lumbar splanchnic nerve

XA8ML2 Middle cardiac nerve

XA4A74 Perineal branches of posterior femoral cutaneous nerve

XA11K1 Posterior branch of spinal nerve

XA9AN9 Posterior superior alveolar nerve

XA7ZD7 Proper palmar digital nerves of median nerve

XA0SA1 Sacral splanchnic nerves

XA1SM8 Semilunar ganglion

XA07F8 Short ciliary nerves

XA1AC5 Superior cardiac nerve

XA6BG1 Superior cervical ganglion

XA6YL5 Superior ganglion

XA9ZM0 Phrenic nerve

XA25F4 Transverse cervical nerve

XA6W14 Sympathetic trunk

XA7HH4 Common fibular nerve

XA3QB5 Deep fibular nerve

XA11D4 Femoral nerve

XA9JZ4 Genitofemoral nerve

XA60R4 Gluteal nerve

XA1GU3 Inferior gluteal nerve

XA1XQ2 Lateral cutaneous nerve of thigh

XA4834 Lateral femoral cutaneous nerve

XA9958 Lateral plantar nerve

XA5UE9 Lumbar nerve

XA8307 Lumboinguinal nerve

XA76D3 Lumbosacral trunk

XA9AF5 Medial plantar nerve

XA7S27 Nerve to quadratus femoris

XA3906 Plantar nerve

XA83P9 Posterior cutaneous nerve of thigh

XA9EW1 Saphenous nerve

XA9KK8 Sciatic nerve

XA2125 Superficial fibular nerve

XA9AC5 Superior gluteal nerve

XA4HR8 Sural nerve

XA7534 Tibial nerve

XA9JU0 Anococcygeal nerve

XA84W1 Cauda equina

XA5C62 Coccygeal nerve

XA76C3 Dorsal nerve of clitoris

XA8CC3 Dorsal nerve of the penis

XA99Q6 Genital branch of genitofemoral nerve

XA0W10 Perineal nerve

XA7NU3 Posterior scrotal nerve

XA6WU3 Pudendal nerve

XA55J8 Accessory obturator nerve

XA9RP3 Dorsal scapular nerve

XA9TB4 Inferior cardiac nerve

XA5HJ3 Intercostal nerve

XA2F71 Intercostobrachial nerve

XA5A06 Lateral pectoral nerve

XA0A05 Long thoracic nerve

XA9XA5 Lower subscapular nerve

XA49V5 Medial pectoral nerve

XA1BR5 Right recurrent laryngeal nerve

XA3RU6 Subcostal nerve

XA5318 Supraclavicular nerves

XA8QY6 Suprascapular nerve

XA2R06 Thoracic splanchnic nerve

XA0462 Thoraco-abdominal nerve

XA2542 Thoracodorsal nerve

XA5KR0 Upper subscapular nerve

XA1ZC4 Axillary nerve

XA1LW6 Common palmar digital nerves of median nerve

XA5179 Deep branch of the radial nerve

XA37M8 Digital nerve

XA1TY7 Dorsal branch of ulnar nerve

XA6166 Lateral cutaneous nerve of forearm

XA9HJ5 Medial cutaneous nerve

XA7K97 Medial cutaneous nerve of arm

XA26F7 Medial cutaneous nerve of forearm

XA3P46 Muscular branches of the radial nerve

XA89K2 Palmar branch of the median nerve

XA7FU0 Palmar branch of ulnar nerve

XA0KL7 Posterior cutaneous nerve of forearm

XA2XU7 Posterior cutaneous nerve of arm

XA2E94 Superficial branch of the radial nerve

XA6B07 Superior lateral cutaneous nerve of arm

XA2M04 Ansa cervicalis

XA6RQ4 Anterior interosseous nerve

XA6PJ8 Anterior superior alveolar nerve

XA54B9 Bulbar nuclei

XA89R1 Celiac ganglion

XA8QL3 Diagonal band of Broca

XA66H0 Geniculate ganglion

XA6B81 Intermediate cutaneous nerve

XA8AU6 Jugular ganglion

XA1Z01 Long root of the ciliary ganglion

XA9RD0 Middle cervical ganglion

XA5QF4 Musculocutaneous nerve

XA96Q6 Nerve of the cervical region

XA1HC7 Nerve to obturator internus

XA8PE3 Nerve to the piriformis

XA4XD7 Nerve to the subclavius

XA0869 Nervus intermedius

XA2KG8 Nervus spinosus

XA5NY4 Nodose ganglion

XA4548 Obturator nerve

XA9519 Paraganglion

Coded Elsewhere: Carotid body (XA0F61)

XA0VA6 Aortic body

XA6Y08 Coccygeal glomus

XA17K2 Glomus jugulare

XA8S02 Para-aortic body

XA1GM8 Pelvic splanchnic nerve

XA6GZ8 Perforating cutaneous nerve

XA7718 Autonomic nervous system

XA2BH4 **Nerves of the autonomic nervous system**

Coded Elsewhere: Infraorbital nerve (XA3G43)
Splanchnic plexus (XA3SK8)
Uterovaginal plexus (XA2G95)
Vesical nervous plexus (XA1KP5)

XA3XN8 Aortic plexus

XA2G56 Auerbach plexus

XA9QM5 Cardiac plexus

XA3FS7 Cavernous plexus

XA4U92 Coeliac plexus

XA2Y82 Gastric plexus

XA4YZ0 Hepatic plexus

XA05T1 Inferior hypogastric plexus

XA8QG3 Inferior mesenteric plexus

XA5JN1 Internal carotid plexus

XA8Z10 Meissner plexus

XA7K49 Oesophageal plexus

XA9PB2 Ovarian plexus

XA0C44 Pancreatic plexus

XA9ME3 Phrenic plexus

XA16Y3 Prostatic plexus

XA9411 Pudendal plexus

XA82M9 Renal plexus

XA4V38 Splenic plexus

XA33C1 Superior hypogastric plexus

XA3DJ3 Superior mesenteric plexus

XA4G22 Superior rectal plexus

XA6MY2 Suprarenal plexus

XA7EA2 **Parasympathetic nervous system**

XA93B4 **Sympathetic nervous system**

Nerve

Coded Elsewhere: Peripheral nerve (XA06U6)
Accessory obturator nerve (XA55J8)
Auricular branch of vagus nerve (XA0P44)
Anococcygeal nerve (XA9JU0)
Ansa cervicalis (XA2M04)
Anterior interosseous nerve (XA6RQ4)
Anterior superior alveolar nerve (XA6PJ8)
Aortic plexus (XA3XN8)
Auerbach plexus (XA2G56)
Auriculotemporal nerve (XA5DA8)
Axillary nerve (XA1ZC4)
Buccal nerve (XA7UK9)
Bulbar nuclei (XA54B9)
Cardiac plexus (XA9QM5)
Cauda equina (XA84W1)
Cavernous plexus (XA3FS7)
Celiac ganglion (XA89R1)
Chorda tympani (XA2BL2)
Ciliary ganglion (XA1SG6)
Coccygeal nerve (XA5C62)
Cochlear nerve (XA1QU6)
Common palmar digital nerves of median nerve (XA1LW6)
Common fibular nerve (XA7HH4)
Conus medullaris (XA2FQ1)
Cranial Nerve (XA8EK9)
Deep branch of the radial nerve (XA5179)
Deep fibular nerve (XA3QB5)
Deep petrosal nerve (XA9CT5)
Deep temporal nerve (XA52H1)
Diagonal band of Broca (XA8QL3)
Digital nerve (XA37M8)
Dorsal branch of ulnar nerve (XA1TY7)
Dorsal nerve of clitoris (XA76C3)
Dorsal nerve of the penis (XA8CC3)
Dorsal scapular nerve (XA9RP3)
Oesophageal plexus (XA7K49)
Ethmoidal nerve (XA5BP8)
External laryngeal nerve (XA9LP4)
Femoral nerve (XA11D4)

Frontal nerve (XA7F46)
Gastric plexus (XA2Y82)
Geniculate ganglion (XA66H0)
Genital branch of genitofemoral nerve (XA99Q6)
Genitofemoral nerve (XA9JZ4)
Gluteal nerve (XA60R4)
Greater auricular nerve (XA4WK4)
Greater occipital nerve (XA6BB0)
Greater petrosal nerve (XA4W18)
Hepatic plexus (XA4YZ0)
Iliohypogastric nerve (XA8T30)
Ilioinguinal nerve (XA5Q50)
Inferior alveolar nerve (XA3VT0)
Inferior anal nerves (XA8CZ0)
Inferior cardiac nerve (XA9TB4)
Inferior cervical ganglion (XA20S2)
Inferior gluteal nerve (XA1GU3)
Inferior hypogastric plexus (XA05T1)
Inferior mesenteric plexus (XA8QG3)
Inferior palpebral nerve (XA4E11)
Infraorbital nerve (XA3G43)
Intercostal nerve (XA5HJ3)
Intercostobrachial nerve (XA2F71)
Intermediate cutaneous nerve (XA6B81)
Internal carotid plexus (XA5JN1)
Internal laryngeal nerve (XA6UK8)
Jugular ganglion (XA8AU6)
Lacrimal nerve (XA16M4)
Lateral cord of brachial plexus (XA9PG2)
Lateral cutaneous nerve of forearm (XA6166)
Lateral cutaneous nerve of thigh (XA1XQ2)
Lateral femoral cutaneous nerve (XA4834)
Lateral pectoral nerve (XA5A06)
Lateral plantar nerve (XA9958)
Lateral pterygoid nerve (XA3114)
Left recurrent laryngeal nerve (XA3524)
Lesser occipital nerve (XA3ND8)
Lingual nerve (XA5CT7)
Long ciliary nerves (XA3VY1)
Long root of the ciliary ganglion (XA1Z01)

Long thoracic nerve (XA0A05)
Lower subscapular nerve (XA9XA5)
Lumbar nerve (XA5UE9)
Lumbar splanchnic nerve (XA8U35)
Lumboinguinal nerve (XA8307)
Lumbosacral trunk (XA76D3)
Trigeminal nerve, mandibular branch (XA1F17)
Masseteric nerve (XA5NQ5)
Trigeminal nerve, maxillary branch (XA8KJ5)
Medial cord of brachial plexus (XA7UA9)
Medial cutaneous nerve of arm (XA7K97)
Medial cutaneous nerve of forearm (XA26F7)
Medial cutaneous nerve (XA9HJ5)
Medial pectoral nerve (XA49V5)
Medial plantar nerve (XA9AF5)
Medial pterygoid nerve (XA1RH8)
Meissner plexus (XA8Z10)
Mental nerve (XA6ZD8)
Middle cardiac nerve (XA8ML2)
Middle cervical ganglion (XA9RD0)
Middle meningeal nerve (XA9G70)
Muscular branches of the radial nerve (XA3P46)
Musculocutaneous nerve (XA5QF4)
Mylohyoid nerve (XA9FV5)
Nasociliary nerve (XA5WM9)
Nasopalatine nerve (XA0S35)
Nerve of pterygoid canal (XA9LR9)
Nerve of the cervical region (XA96Q6)
Spinal nerve plexus (XA64F0)
Spinal nerve root (XA6EC2)
Nerve to obturator internus (XA1HC7)
Nerve to quadratus femoris (XA7S27)
Nerve to the piriformis (XA8PE3)
Nerve to the stapedius (XA69Y7)
Nerve to the subclavius (XA4XD7)
Nervus intermedius (XA0869)
Nervus spinosus (XA2KG8)
Nodose ganglion (XA5NY4)
Obturator nerve (XA4548)
Trigeminal nerve, ophthalmic branch (XA95Y8)

Otic ganglion (XA2260)

Ovarian plexus (XA9PB2)

Palatine nerve (XA7P00)

Palmar branch of the median nerve (XA89K2)

Palmar branch of ulnar nerve (XA7FU0)

Pancreatic plexus (XA0C44)

Paraganglion (XA9519)

Patellar plexus (XA5186)

Pelvic splanchnic nerve (XA1GM8)

Perforating cutaneous nerve (XA6GZ8)

Perineal branches of posterior femoral cutaneous nerve (XA4A74)

Perineal nerve (XA0W10)

Petrous ganglion (XA48Z8)

Pharyngeal nerve (XA5Q86)

Phrenic nerve (XA9ZM0)

Phrenic plexus (XA9ME3)

Plantar nerve (XA3906)

Posterior auricular nerve (XA7F87)

Posterior branch of spinal nerve (XA11K1)

Posterior cord of brachial plexus (XA1UT5)

Posterior cutaneous nerve of arm (XA2XU7)

Posterior cutaneous nerve of forearm (XA0KL7)

Posterior cutaneous nerve of thigh (XA83P9)

Posterior scrotal nerve (XA7NU3)

Posterior superior alveolar nerve (XA9AN9)

Proper palmar digital nerves of median nerve (XA7ZD7)

Prostatic plexus (XA16Y3)

Pterygopalatine ganglion (XA0ER1)

Pudendal nerve (XA6WU3)

Pudendal plexus (XA9411)

Renal plexus (XA82M9)

Right recurrent laryngeal nerve (XA1BR5)

Sacral splanchnic nerves (XA0SA1)

Saphenous nerve (XA9EW1)

Sciatic nerve (XA9KK8)

Semilunar ganglion (XA1SM8)

Short ciliary nerves (XA07F8)

Sphenopalatine nerves (XA3W58)

Spinal nerve (XA65L3)

Splenic plexus (XA4V38)

Subcostal nerve (XA3RU6)

Submandibular ganglion (XA74N6)

Suboccipital nerve (XA0Z50)

Superficial branch of the radial nerve (XA2E94)

Superficial fibular nerve (XA2125)

Superior cardiac nerve (XA1AC5)

Superior cervical ganglion (XA6BG1)

Superior ganglion (XA6YL5)

Superior gluteal nerve (XA9AC5)

Superior hypogastric plexus (XA33C1)

Superior labial nerve (XA6AE9)

Superior laryngeal nerve (XA2HA5)

Superior lateral cutaneous nerve of arm (XA6B07)

Superior mesenteric plexus (XA3DJ3)

Superior rectal plexus (XA4G22)

Supraclavicular nerves (XA5318)

Suprarenal plexus (XA6MY2)

Suprascapular nerve (XA8QY6)

Supratrochlear nerve (XA95V8)

Sural nerve (XA4HR8)

Sympathetic trunk (XA6W14)

Third occipital nerve (XA18D0)

Thoracic splanchnic nerve (XA2R06)

Thoraco-abdominal nerve (XA0462)

Thoracodorsal nerve (XA2542)

Tibial nerve (XA7534)

Transverse cervical nerve (XA25F4)

Tympanic nerve (XA4Q30)

Upper subscapular nerve (XA5KR0)

Vestibular nerve (XA1AL7)

Zygomatic nerve (XA4DJ9)

Zygomaticofacial nerve (XA62X3)

Zygomaticotemporal nerve (XA9MM8)

XA3PR2 **Nerve ganglia**

XA2B55 **Infraorbital plexus**

XA0GB0 **Median nerve**

XA3M58 **Nerve of the Thorax**

Number of Nerves

XA2330 **Multiple Nerves**

XA7MX8 **Single Nerve**

XA8BJ3 **Radial nerve**

XA2AS2 **Ulnar nerve**

XA4M27 **Ventral ramus**

Visual system

XA7D89 **Eye**

Coded Elsewhere: Lacrimal gland (XA75Y9)

XA17K1 **Eyelid and ocular surface**

Coded Elsewhere: Cornea (XA4C02)

XA3RB1 Eyelids

XA9K79 Upper eyelid

XA53T1 Upper eyelid margin

Coded Elsewhere: Superior lacrimal punctum (XA2VR4)

XA4649 Superior palpebral sulcus

XA0JV9 Lower eyelid

XA4AX5 Lower eyelid margin

Coded Elsewhere: Inferior lacrimal punctum (XA99D0)

XA0403 Lateral canthus

XA2GQ3 Medial canthus

XA8PS3 Conjunctiva

XA3X70 Palpebral conjunctiva

XA6EZ4 Conjunctival fornices

XA4H06 Superior conjunctival fornix

XA3KE6 Inferior conjunctival fornix

XA6V06 Bulbar conjunctiva

XA0M40 **Eyeball**

Coded Elsewhere: Anterior chamber of the eye (XA4MZ4)
Posterior chamber of the eye (XA0N58)

XA2AF4 Sclera

XA4C02 Cornea

XA1DA5 Limbus of cornea

XA4MT3 Uvea

XA03X9 Ciliary body

XA9SH1 Ciliary muscle

XA1S43 Ciliary processes

XA96A7 Choroid

Coded Elsewhere: Crystalline lens (XA13U9)

XA3GW7 Iris

XA0B15 Pupil

XA0571 Pupillary membrane

XA13U9 Crystalline lens

XA6U53 Suspensory ligament of lens

XA8WV8 Retina

XA9V06 Macula lutea

XA2U02 Fovea

XA4A75 Optic disc

XA4YS8 Peripheral retina

XA0BB2 **Chamber of eye**

XA0N58 Posterior chamber of the eye

XA4HU2 Vitreous humor

XA4MZ4 Anterior chamber of the eye

XA3518 Aqueous humour

XA1TF9 **Eye fluid**

Coded Elsewhere: Aqueous humour (XA3518)
Vitreous humor (XA4HU2)

XA0096 Lacrimal apparatus

XA75Y9 **Lacrimal gland**

Coded Elsewhere: Nasolacrimal duct (XA5SW9)

XA2PA4 Lacrimal gland ducts

XA9D80 **Meibomian gland**

XA8EM9 **Lacrimal puncta**

XA2VR4 Superior lacrimal punctum

XA99D0 Inferior lacrimal punctum

XA6C35 **Lacrimal canaliculi**

XA5SW9 **Nasolacrimal duct**

XA2WJ9 **Orbit**

Coded Elsewhere: Orbital bone (XA8E69)

XA9WT4 **Connective and other soft tissue of orbit**

Coded Elsewhere: Lateral palpebral artery (XA00Q9)
Superior rectus muscle (XA51R1)
Superior oblique muscle (XA2X27)
Medial rectus muscle (XA95N1)
Inferior rectus muscle (XA1X67)
Inferior oblique muscle (XA4N79)
Lateral rectus muscle (XA3282)
Levator palpebrae superioris muscle (XA2R46)

XA8GT2 Nasofrontal vein

XA7LQ0 Supraorbital vein

Auditory system

XA01U5 **Ear**

The external portion of the ear comprising the pinna (auricle) and the external auditory canal.

XA57R3 **Inner Ear**

XA3MS6 Semicircular canals

XA0JV0 Cochlea

XA6ZY7 Internal Acoustic Meatus

XA0L54 Labyrinth

XA44P4 Auditory vestibule

XA0G74 **Middle Ear**

Coded Elsewhere: Bones of middle ear (XA6EQ1)

XA7XY6 Eustachian tube

XA16S6 Oval window

XA9RH9 Mastoid antrum

XA3KB2 Tympanic cavity

XA3UT7 Connective and other soft tissues of middle ear

XA08X4 Tympanic membrane

XA6ZY6 **External Ear**

XA4E71 Pinna

XA6B58 Helix of pinna

XA9A86 Crus of helix

XA9M10 Apex of helix

XA7AB8 Spine of helix

XA1BZ8 Tail of helix

XA7V14 Antihelix

XA96Q7 Crura of antihelix

XA5LW2 Scaphoid fossa of pinna

XA8W55 Concha of pinna

XA5KM5 Cymba conchae

XA8D58 Conchal bowl of pinna

XA3RC6 Triangular fossa of pinna
The concavity bounded by the superior and inferior crura of the antihelix and the ascending portion of the helix of the external ear

XA2N71 Tragus of pinna

XA5VK5 Intertragic notch of pinna

XA0TW7 Earlobe

XA7RR9 Antitragus of pinna

XA3S47 Posterior surface of pinna

XA6NU1 Antihelical fossa

XA6KW8 Eminence of concha

XA0H47 Eminence of scapha

XA8VK6 Eminence of triangular fossa

XA4DV9 Retroauricular sulcus

XA3UC1 External auditory canal

The tubular skin-lined canal which focuses sound from the external environment onto the ear-drum

Coded Elsewhere: Tympanic membrane (XA08X4)

XA5GS5 External auditory meatus

The entrance to the external auditory canal

XA5K66 Ceruminal gland

XA9E26 Skin of auricle

Circulatory system

XA4PM9 **Cardiovascular system**

XA5999 **Arteries**

XA4TS7 Artery of head, face, and neck

XA2B10 Anterior communicating artery

XA2QF4 Anterior ethmoidal artery

XA53D3 Nasal branches of the anterior ethmoidal artery

XA00K1 Anterior meningeal artery

XA1GU9 Anterior superior alveolar artery

XA2505 Artery of pterygoid canal

XA9AD7 Carotid artery

XA0F61 Carotid body

XA1V84 Common carotid artery

XA78C0 Internal carotid artery

XA1CW5 Ophthalmic artery

XA9EK2 External carotid artery

XA5SN3 Cerebellar artery

XA13S2 Cerebral artery

XA1VB0 Anterior cerebral artery

XA2K99 Basilar artery

XA3185 Pontine branches of the basilar artery

XA2JH8 Middle cerebral artery

XA4WT4 Anterolateral central artery

XA7C50 Posterior cerebral artery

XA2UK9 Costocervical trunk

XA7SK1 Deep auricular artery

XA1NY7 Deep cervical artery

XA18D8 Dorsal nasal artery

XA56R8 Dorsal nasal artery to the root of nose

XA0PF0 Dorsal nasal artery to the dorsum of the nose

XA4QF0 External striate of the anterolateral central artery

XA3FL3 Facial artery

XA7YP8 Ascending palatine artery

XA4UT8 Superior labial artery

XA2ZM0 Inferior labial artery

XA36S6 Angular artery

XA9QG7 Cervical artery

XA85T4 Deep branch of the submental artery

XA83M8 Glandular branches of the cervical artery

XA2626 Greater palatine artery

XA4H29 Hyoid artery

XA4VH9 Inferior palpebral arch artery

XA5VX8 Internal striate of the anterolateral central artery

XA85W7 Intracranial artery

XA16L7 Lateral branch of the posterior inferior cerebellar artery

XA3N26 Lateral nasal branch of the facial artery

XA5Z38 Lesser palatine artery

XA5TR9 Lingual branch of the inferior alveolar artery

XA18M5 Maxillary artery

XA49F5 First portion of the maxillary artery

XA0BD0 Deep temporal artery (anterior and posterior)

XA7SV5 Inferior alveolar artery

XA3W87 Incisor branch of the Inferior alveolar artery

XA7AG7 Mental branch of the Inferior alveolar artery

XA49F4 Masseteric artery

XA55G2 Descending palatine artery

XA9XM3 Pharyngeal artery

XA3WA5 Posterior superior alveolar artery

XA0LK0 Buccal artery

XA9MM1 Anterior tympanic artery

XA8YX3 Accessory meningeal artery

XA5RM1 Middle meningeal artery

XA2WS5 Lingual artery

XA9EU7 Occipital artery

XA13U3 Posterior auricular artery

XA0SB1 Superficial temporal artery

XA7WG0 Frontal branch of the superficial temporal artery

XA7K29 Superior thyroid artery

XA0FT7 Cricothyroid artery

XA2V10 Inferior thyroid artery

XA77C5 Sternocleidomastoid artery

XA00E5 Ascending pharyngeal artery

XA53A8 Right common carotid artery

XA6X36 Middle temporal artery

XA3TE9 Mylohyoid branch of the inferior alveolar artery

XA6XV2 Parietal branch of the superficial temporal artery

XA7U73 Posterior communicating artery

XA5881 Posterior ethmoidal artery

XA7561 Nasal branches of the posterior ethmoidal artery

XA7945 Meningeal branch of the posterior ethmoidal artery

XA8RM9 Posterior inferior cerebellar artery

XA9VV0 Posterior lateral nasal branches of the sphenopalatine artery

XA8FA1 Posterior meningeal artery

XA4Q78 Posterior septal branches of the sphenopalatine artery

XA1K74 Pterygoid branches

XA1BZ0 Sphenopalatine artery, terminal branch

XA90T0 Submental artery of the cervical artery

XA6FR0 Superficial branch of the submental artery

XA0898 Superficial branch of the transverse cervical artery

XA82P9 Superficial petrosal branch of the anterior and posterior meningeal artery

XA7423 Superior cerebellar artery

XA9GU1 Superior laryngeal artery

XA50Q9 Superior tympanic artery

XA6W31 Supratrochlear artery

XA65G3 Temporal branches of the anterior and posterior meningeal artery

XA9XH0 Thyrocervical trunk

XA2E78 Tonsillar branch of the cervical artery

XA6142 Transverse cervical artery

XA9M59 Transverse facial artery

XA5D86 Twig to the upper part of lacrimal sac of the dorsal nasal artery

XA1XP6 Vertebral artery

XA3NW4 Meningeal branches of vertebral artery

XA6TE8 Ascending branch of the vertebral artery

XA3R20 Descending branch of the vertebral artery

XA1C15 Supraorbital artery

XA6503 Superficial branch of the supraorbital artery

XA8BL5 Deep branch of the supraorbital artery

XA34H5 Orbital branches of the anterior and posterior meningeal artery

XA5C33 Infraorbital artery

XA05E9 Orbital branches of the infraorbital artery

XA9RA2 Long posterior ciliary artery

XA04E2 Short posterior ciliary artery

XA94Y6 Anterior ciliary artery

XA5RB0 Central retinal artery

XA22D8 Circulus arteriosus major artery

XA8T70 Circulus arteriosus minor artery

XA5P69 Lacrimal artery

XA00Q9 Lateral palpebral artery

XA8VA1 Medial palpebral artery

XA35L5 Superior palpebral arch artery

XA1Q49 Zygomatic branches of the lacrimal artery

XA4KE1 Branches to gingiva

XA9UT1 Artery of thorax

Coded Elsewhere: Arteries of heart (XA42G7)

XA4TH8 Branches to diaphragm of the musculophrenic artery

XA1PX4 Branches to lower part of the pericardium of the musculophrenic artery

XA2KA0 Brachiocephalic trunk

XA3M86 Deep branch of dorsal scapular artery

XA7KK5 Intercostal artery

XA0T62 Intercostal branches of the musculophrenic artery

XA9S49 Internal thoracic artery

XA3DE1 Lateral thoracic artery

XA09J9 Pulmonary artery

XA1EE3 Lower (3rd to 11th) posterior intercostal artery

XA0QG6 Lower branches of the space anastomoses of the six anterior intercostal branches of the internal thoracic artery

XA7EC2 Musculophrenic artery

XA1190 Perforating branches of the internal thoracic artery

XA0WT1 Posterior intercostal artery

XA14K0 Six anterior intercostal branches of the internal thoracic artery

XA6UQ6 Sternal branches of the internal thoracic artery

XA3311 Subcostal artery

XA9J15 Superior phrenic artery

XA8M67 Superior thoracic artery

XA7TT5 Supreme intercostal artery

XA79X5 Thoracoacromial artery

XA99C2 Upper branches of the six anterior intercostal branches of the internal thoracic artery

XA8ES3 Oesophageal artery

XA8K52 Aorta of thorax

XA75Z8 Arch of the aorta

Coded Elsewhere: Aortic body (XA0VA6)

XA01A6 Ascending aorta

XA5H34 Descending aorta

XA6E07 Bronchial artery

XA5D68 Subclavian artery

XA9JK8 Artery of abdomen

Coded Elsewhere: Abdominal aorta (XA5Z66)

XA7TZ1 Anterior suprarenal artery

XA82R7 Ascending branch of the left colic artery

XA8BY2 Branches to abdominal muscles of the musculophrenic artery

XA8577 Coeliac artery

XA26R6 Common hepatic artery

XA0JE4 Cystic artery

XA6NY6 Descending branch of the left colic artery

XA1VJ7 Descending vasa recta

XA1QB0 Dorsal pancreatic artery

XA0NN4 Gastroduodenal artery

XA5AP2 Hepatic artery

XA2LQ8 Hepatic branch of the left gastric artery

XA2Z43 Ileocolic artery

XA3F13 Inferior epigastric artery

XA2N15 Inferior mesenteric artery

XA6358 Inferior pancreaticoduodenal artery

XA2LL9 Inferior phrenic

XA68L7 Intestinal artery

XA6WR7 Left colic artery

XA0LL0 Left gastric artery

XA9AQ6 Left gastro-omental artery

XA4UK9 Lumbar artery

XA6CA5 Mesenteric artery

XA1Z62 Middle colic artery

XA1GQ7 Middle suprarenal artery

XA00T1 Posterior suprarenal artery

XA8C72 Proper hepatic artery

XA69V9 Renal artery

XA6GC2 Right colic artery

XA9HE0 Right gastric artery

XA8V02 Right gastro-omental artery

XA02A2 Sigmoid artery

XA0R02 Splenic artery

XA2870 Superior pancreaticoduodenal artery

XA51U4 Terminal branches of the proper hepatic artery

XA0VZ0 Umbilical artery

XA3VR0 Superior mesenteric

XA4GP1 Artery of pelvis

XA5PV1 Artery of bulb of penis

XA30X9 Artery of bulb of vestibule

XA4XP0 Deep artery of clitoris

XA7AM0 Deep artery of penis

XA14N2 Deep branch of the superior gluteal artery

XA4AP3 Deep external pudendal artery

XA27B8 Deferential artery

XA4FK8 Dorsal artery of clitoris

XA4X54 Dorsal artery of penis

XA5GV0 Iliac branch of the iliolumbar artery

XA7D46 Iliolumbar artery

XA3XS2 Inferior branch of the lateral sacral artery

XA0G82 Inferior gluteal artery

XA2QX3 Inferior vesical artery

XA7FK7 Internal pudendal artery

XA5Y50 Lateral sacral artery

XA82V4 Median sacral artery

XA8X93 Middle rectal artery

XA69V8 Obturator artery

XA1MF5 Ovarian artery in females

XA5MN1 Perineal artery

XA34Z7 Posterior labial branches of the internal pudendal artery

XA2025 Posterior scrotal branches of the internal pudendal artery

XA2TT0 Superficial branch of the superior gluteal artery

XA0AZ8 Superior branch of the lateral sacral artery

XA26E6 Superior gluteal artery

XA1426 Superior vesical artery

XA0UK9 Testicular artery in males

XA85K8 Urethral artery

XA0610 Uterine artery

XA47A2 Vaginal artery

XA83D6 Iliac artery

XA6PZ8 Common iliac artery

XA9MJ1 Deep circumflex iliac artery

XA4HL2 Internal iliac artery

XA53T4 External iliac artery

XA9QC3 Inferior adrenal artery

XA81N7 Artery of upper extremity

XA0H14 Anterior humeral circumflex artery

XA7U09 Anterior ulnar recurrent artery

XA2PP8 Anterior interosseous artery

XA8ZA6 Ascending branches of the Inferior ulnar collateral artery

XA38W3 Axillary artery

XA1138 Brachial artery

XA5RC6 Branch to volar carpal network of the anterior interosseous artery

XA91T8 Branches to the deltoid muscle of the Profunda brachii artery

XA4RU3 Common interosseous artery

XA3M37 Deep palmar arch of the radial artery

XA1ES5 Descending branches of the Inferior ulnar collateral artery

XA2UT9 First dorsal metacarpal artery

XA9F90 Inferior ulnar collateral artery

XA9179 Interosseous recurrent artery

XA2722 Medial collateral artery

XA8LL2 Muscular branches of the anterior interosseous artery

XA0GZ0 Palmar carpal arch

XA2F13 Palmar carpal branch of radial artery

XA51P8 Posterior interosseous artery

XA8JY7 Posterior ulnar recurrent artery

XA05L5 Princeps pollicis artery

XA2PP0 Profunda brachii artery

XA8RG5 Radial artery

XA9W25 Radial branches at the wrist of the radial artery

XA91J7 Radial branches in the hand of the radial artery

XA3SL1 Radial branches in the forearm of the radial artery

XA3PZ4 Radial collateral artery

XA3H61 Radial recurrent artery

XA62C1 Radialis indicis of the radial artery

XA5AG1 Superficial palmar arch of the radial artery

XA5BG5 Superficial palmar branch of the radial artery

XA0JA6 Superior ulnar collateral artery

XA23B7 Ulnar artery

XA90B4 Volar carpal network

XA1VB5 Deep volar branch of ulnar artery

XA9ZJ6 Dorsal carpal arch

XA44C1 Dorsal carpal branch of radial artery

XA7M90 Dorsal carpal network

XA2YJ5 Subscapular artery

XA26M6 Right subclavian artery

XA8DW5 Artery of lower extremity

XA61E8 Acetabular branch

XA91J1 Anterior lateral malleolar artery

XA4K68 Anterior medial malleolar artery

XA6CN3 Anterior tibial artery

XA7BL5 Anterior tibial recurrent artery

XA5BU3 Ascending branch of the lateral femoral circumflex artery

XA0DB6 Ascending branch of the medial femoral circumflex artery

XA42R8 Branch of the medial inferior genicular artery to popliteus

XA7WF1 Branch of the medial superior genicular artery to vastus medialis

XA2DD1 Branch of the medial superior genicular artery to surface of the femur and the knee-joint

XA4VS8 Communicating branch of the fibular artery to the anterior tibial artery

XA7DF6 Deep branch of the descending branch of the Medial femoral circumflex artery

XA19F5 Deep branch of the lateral superior genicular artery

XA3KL5 Deep femoral artery

XA3SV6 Descending branch of the lateral femoral circumflex artery

XA15J8 Descending branch of the Medial femoral circumflex artery

XA3CV5 Descending genicular artery

XA41L4 Dorsalis pedis artery

XA2JF3 Femoral artery

XA9GM6 Fibular artery

XA2GU0 First perforating artery

XA9EP9 Lateral femoral circumflex artery

XA4B67 Lateral inferior genicular artery

XA6920 Medial femoral circumflex artery

XA1QB3 Medial inferior genicular artery

XA7PN1 Medial plantar artery

XA5LB1 Middle genicular artery

XA0PT7 Muscular branches of the anterior tibial artery

XA9TP5 Musculo-articular branch of the Descending genicular artery

XA0GA4 Perforating artery

XA1YF2 Perforating branch of the fibular artery to the posterior tibial artery

XA44K1 Popliteal artery

XA0882 Posterior humeral circumflex artery

XA6LK2 Posterior tibial artery

XA33D9 Posterior tibial recurrent artery

XA09P5 Saphenous branch of the Descending genicular artery

XA2Z59 Second perforating artery

XA7W56 Superficial branch of the descending branch of the Medial femoral circumflex artery

XA5687 Superficial branch of the lateral superior genicular artery

XA08Q7 Sural artery

XA8J55 Third or fourth perforating artery

XA4XR2 Transverse branch of the lateral femoral circumflex artery

XA6QR6 Lateral plantar artery

XA8YC8 Common femoral artery

XA9PU5 Afferent arteriole of the interlobular artery

XA6Y34 Aorta

Coded Elsewhere: Ascending aorta (XA01A6)
Arch of the aorta (XA75Z8)
Descending aorta (XA5H34)

XA9NQ2 Thoracoabdominal aorta

Coded Elsewhere: Aorta of thorax (XA8K52)

XA5Z66 Abdominal aorta

XA5EX6 Suprarenal abdominal aorta

XA2LN9 Infrarenal abdominal aorta

XA5J49 **Veins**

XA59M2 Vein of head, face, and neck

XA9TJ8 Cortical vein

XA8ZU5 Basal vein

XA37J7 Alveolar vein

XA8ZS9 Angular vein

XA6HG4 Temporal vein

XA1GE4 Deep anterior temporal vein

XA8SD6 Middle temporal vein

XA30B2 Deep posterior temporal vein

XA2NX9 Superficial temporal vein

XA6SL1 Basilar plexus

XA5SG1 Buccinator vein

XA91N0 Cerebellar vein

XA93W0 Inferior cerebellar vein

XA2Z35 Superior cerebellar vein

XA2LX2 Cerebral vein

XA6DC3 Internal cerebral vein

XA1MX7 Deep middle cerebral vein

Inclusions: deep sylvian vein

XA0U80 Inferior cerebral Vein

XA43H1 Middle cerebral vein

XA4WV6 Superficial middle cerebral vein

XA0E47 Superior cerebral vein

XA7VW1 Small anterior cerebral vein

XA18W3 Great cerebral vein

XA49Y4 Choroid vein

XA7C08 Cricothyroid vein

XA9U81 Deep cervical vein

XA2QB0 Diploic vein

XA6VQ5 Frontal diploic vein

XA6694 Anterior temporal diploic vein

XA5AY0 Posterior temporal diploic vein

XA2HM1 Occipital diploic vein

XA12G2 Emissary vein of the foramen of Vesalius

XA14M4 Emissary Vein

XA6BA1 Condyloid emissary vein

XA4K04 Occipital emissary vein

XA8C81 Mastoid emissary vein

XA0T02 Parietal emissary vein

XA74U9 Frontal vein

XA0CA3 Frontal venous lacunae

XA3DS7 Great anastomotic vein of Trolard

XA9GT2 Inferior striate vein

XA4ZZ3 Maxillary vein

XA23C4 Laryngeal vein

XA2JH6 Inferior laryngeal vein

XA3XZ1 Superior laryngeal vein

XA8Z61 Masseteric vein

XA8NY9 Lingual vein

XA4105 Meningeal vein

XA8D07 Anterior meningeal vein

XA5600 Middle meningeal vein

XA73V2 Posterior meningeal vein

XA01E7 Occipital vein

XA7AS3 Occipital venous lacunae

XA0X91 Ophthalmic vein

XA6C95 Superior ophthalmic vein

XA8M04 Inferior ophthalmic vein

XA1SM5 Palatine vein

XA4HX4 Parietal venous lacunae

XA91G2 Parotid vein

XA98C1 Pharyngeal vein

XA2NF3 Posterior anastomotic vein of Labbé

XA0QP2 Pterygoid venous plexus

XA0M51 Sphenopalatine vein

XA4XY4 Stylomastoid vein

XA7K99 Sublingual vein

XA7ZY4 Submaxillary vein

XA1LD6 Submental vein

XA8680 Terminal vein

Inclusions: superior thalamostriate vein

XA7F45 Tracheal vein

XA6945 Transverse cervical vein

XA22T9 Vein from the tympanic cavity

XA21F0 Vein of the ala nasi

XA9914 Vein of the pterygoid canal

XA1RH4 Vena comitans of the hypoglossal nerve

XA1K34 Venous jugular arch

XA1VJ8 Venous Sinuses

XA5WN3 Cavernous sinus

XA4NJ4 Confluence of the sinuses

XA6ZV2 Inferior petrosal Sinus

XA9ED6 Inferior sagittal sinus

XA2SC7 Occipital sinus

XA4041 Sigmoid sinus

XA03D2 Straight sinus

XA81R3 Superior sagittal sinus

XA1YP1 Superior petrosal sinus

XA4289 Transverse sinus

XA5255 Sphenoparietal sinus

XA3U52 Intercavernous sinus

XA8P44 Anterior intercavernous sinus

XA7QE4 Posterior intercavernous sinus

XA9JS4 Circular sinus

XA6UW5 Petrosquamous sinus

XA6HK7 Sinus of the dura mater

XA5UX2 Cranial venous sinus

Inclusions: cerebral venous sinus

XA9VA8 Thyroid vein

XA2KJ8 Inferior thyroid vein

XA2DN0 Middle thyroid vein

XA9BZ3 Superior thyroid vein

XA9SD5 Palpebral vein

XA9K84 Inferior palpebral vein

XA9T11 Superior palpebral vein

XA0Z20 Lateral palpebral vein

XA52V8 Labial vein

XA5DP6 Inferior labial vein

XA4AG1 Superior labial vein

XA97T8 Auricular vein

XA46F3 Anterior auricular vein

XA67N9 Posterior auricular vein

XA0BP3 Facial vein

XA7WC0 Anterior facial vein

XA2681 Deep facial vein

XA3LQ0 Common facial vein

XA4NP1 Posterior facial vein

XA5GY9 Transverse facial vein

XA4582 Jugular vein

XA9U48 Anterior jugular vein

XA46B9 Internal jugular vein

XA99S7 External jugular vein

XA31W7 Posterior external jugular vein

XA9XW7 Orbital vein

XA73J2 Vein of the pericranium

XA0ET2 Anterior vertebral vein

XA1LU7 Deep temporal vein

XA2L55 Extraspinal vein

XA5YM5 Internal auditory vein

XA5TG4 Pterygoid plexus

XA1VP6 Pterygoid vein

XA1RV1 Superior sagittal vein

XA7QR6 Vertebral vein

XA0BP6 Anterior vertebral venous plexus

XA8CT1 Vein of thorax

Coded Elsewhere: Pulmonary vein (XA8FY4)

XA6DM9 Accessory hemiazygos vein

XA7AN5 Azygos vein

XA57F8 Brachiocephalic vein

XA1GY9 Bronchial vein

XA9NE2 Diaphragmatic vein

XA3VU3 Oesophageal vein

XA4GF1 Hemiazygos vein

XA27D1 Innominate vein

XA9HG3 Intercostal vein

XA6JE5 Mediastinal vein

XA6YT2 Subclavian vein

XA3568 Subcostal vein

XA4VD1 Superior epigastric vein

XA5WA4 Superior vena cava

XA4DR2 Superior intercostal vein

Inclusions: highest intercostal vein

XA3V69 Internal mammary vein

Inclusions: internal thoracic vein

XA2DL5 Transverse scapular vein

XA8WJ4 Subscapular vein

XA2YF2 Thymic vein

XA0RA8 Vein of abdomen

XA4DQ4 Ascending lumbar vein

XA9PF5 Caput medusae vein

XA1MQ4 Cystic Vein

XA95M2 Ileocolic vein

XA7UV5 Inferior vena cava

XA2UD7 Hepatic Vein

XA52L9 Lumbar vein

XA3X37 Pancreatic vein

XA4XM0 Pancreaticoduodenal vein

XA0N54 Parumbilical Vein

XA1E17 Portal Vein

XA5JV6 Rectal venous plexus

XA0J33 Splenic vein

XA46Q0 Thoracoepigastric vein

XA2DK6 Colic vein

XA2UN4 Right colic vein

XA49E0 Middle colic vein

XA2WF1 Left colic vein

XA5T10 Rectal vein

Inclusions: hemorrhoidal vein

XA6NJ4 Middle rectal vein

Inclusions: middle hemorrhoidal vein

XA80L8 Inferior rectal vein

Inclusions: inferior hemorrhoidal vein

XA30C9 Superior hemorrhoidal vein

XA34F0 Perineal hemorrhoidal vein

XA1EK8 Phrenic vein

XA27Y3 Superior phrenic vein

XA0EZ6 Inferior phrenic vein

XA5KA1 Mesenteric vein

XA4DA7 Superior mesenteric vein

XA4EK2 Inferior mesenteric vein

XA04Q7 Epigastric vein

XA8WC0 Superficial epigastric vein

XA30F2 Inferior epigastric vein

XA1C53 Veins of stomach

XA7CB3 Gastric vein

XA73S8 Left gastric vein

Inclusions: coronary vein

XA23Q4 Right gastric vein

Inclusions: pyloric vein

XA5QC9 Short gastric vein

XA2R35 Gastroepiploic vein

XA55H2 Intestinal vein

XA26H2 Vein of pelvis

XA3200 Renal vein

XA6YL8 Corpus cavernosum penis

XA03F7 Deep dorsal vein of the penis

XA9X28 Iliolumbar vein

XA7U63 Deep vein of the penis

XA5AH6 Obturator vein

XA4PC3 Ovarian Vein

XA05M3 Pampiniform plexus

XA1W18 Perineal vein

XA8WY0 Prostatic vein

XA0GG0 Pubic vein

XA8HY5 Sigmoid vein

XA4TQ4 Superficial dorsal vein of the penis

XA2WW4 Suprarenal vein

XA7AB3 Uterine plexus

XA8M77 Uterine vein

XA1MK5 Vaginal vein

XA0DB7 Vesical plexus

XA7GN4 Vesical vein

XA9GG9 Vulval vein

XA8GA3 Gluteal vein

XA3HW8 Inferior gluteal vein

XA47S7 Superior gluteal Vein

XA03Q4 Iliac vein

XA3EG0 Internal iliac vein

Inclusions: hypogastric vein

XA49T5 External iliac vein

XA7W40 Common iliac vein

XA3H93 Deep iliac circumflex vein

XA71Q4 Sacral vein

XA4PJ8 Lateral sacral vein

XA9Z04 Middle sacral vein

XA5KK7 Spermatic Vein

XA3F81 Pudendal vein

XA7XD2 Internal pudendal vein

XA6NF9 Superficial external pudendal vein

XA1ET7 Deep external pudendal vein

XA6TQ3 Adrenal vein

XA9WN7 Vein of upper extremity

XA0QT1 Accessory cephalic vein

XA3EY8 Axillary vein

XA6JD7 Basilic vein

XA43Q5 Brachial vein

XA4YQ8 Cephalic vein

XA7FD2 Common volar digital vein

XA7902 Deep volar venous arch

XA6NS3 Dorsal interosseous vein

XA9886 Dorsal metacarpal vein

XA4A41 Lateral thoracic vein

XA3TW9 Median antebrachial vein

XA1YZ7 Median basilic vein

Inclusions: median cubital vein

XA3GZ6 Proper volar digital vein

XA32L8 Radial vein

XA7HM9 Superficial volar venous arch

XA8CK3 Ulnar vein

XA2Y72 Volar digital vein

Inclusions: palmar digital vein

XA2C08 Volar interosseous vein

XA13N1 Volar metacarpal vein

XA76A3 Vein of lower extremity

XA8WJ3 Accessory saphenous vein

XA4CQ8 Anterior tibial vein

XA23R2 Common digital vein

XA3E41 Deep Femoral Vein

XA8RN9 Deep plantar venous arch

XA3QX9 Femoral vein

XA59H1 Great saphenous vein

XA74K2 Lateral femoral circumflex vein

XA4L08 Lateral marginal vein

XA0L88 Lateral plantar vein

XA8PZ9 Medial femoral circumflex vein

XA1XM3 Medial marginal vein

XA85B7 Medial plantar vein

XA7ND7 Metatarsal vein

XA4EV7 Plantar cutaneous venous arch

XA8657 Plantar digital vein

XA08Q1 Popliteal vein

XA5D60 Posterior tibial vein

XA2073 Small saphenous vein

XA8HR9 Superficial iliac circumflex vein

XA4930 Peroneal vein

XA60H0 Vena cava

Coded Elsewhere: Inferior vena cava (XA7UV5)
Superior vena cava (XA5WA4)

XA21T7 **Blood Vessels**

XA6943 Blood vessel of the finger

XA7SM4 Blood vessel of the thumb

XA6Y60 Blood vessels at wrist or hand level

XA08R7 Blood vessel of the kidney

XA5K61 Blood vessel of the lung

XA9AN5 Blood vessel of the neck

XA8N71 Blood vessel of the thorax

XA7P54 Blood vessel of hip

XA9M17 Blood vessels at lower leg level

XA2769 Capillary, not elsewhere classified

XA5TF7 Cerebral vasculature

XA4H19 Intracranial blood vessels, not elsewhere classified

XA1SX5 Extracranial blood vessels, not elsewhere classified

XA6H07 **Heart**

Coded Elsewhere: Chordae tendineae (XA01T0)

XA6548 Left atrium

XA7V72 Mitral valve

XA3GE9 Cusps of mitral valve

XA69W6 Chordae tendineae of mitral valve

XA78X5 Interatrial septum

XA6T92 Right atrium

XA6FF2 Tricuspid valve

XA19H9 Cusps of tricuspid valve

XA4LY3 Chordae tendineae of tricuspid valve

XA8FJ7 Left ventricle

XA19J4 Aortic valve

XA2QK7 Cusps of aortic valve

XA7S34 Left ventricular papillary muscles

XA5651 Interventricular septum

XA9HH8 Right ventricle

XA5Y16 Right ventricular papillary muscles

XA6WC4 Pulmonary valve

XA1403 Cusps of pulmonary valve

XA3B03 Coronary arteries

XA0F62 Left main coronary artery

XA9FX9 Left circumflex artery

XA7NQ7 Left anterior descending coronary artery

XA2N78 Diagonal branches of left anterior descending coronary artery

Diagonal branches of the left anterior descending coronary artery supply blood flow to the anterior and anterolateral walls of the left ventricle. There are usually denoted as D1, D2, D3, etc.

There are termed "diagonal" due to them branching from their parent vessel at acute angles. They extend over the left ventricle in a diagonal fashion toward the acute margin and the cardiac apex. They often run parallel to one another and are variable in number (often 2 to 9).

XA20E5 D1 - first diagonal branch

XA86J1 D2 - second diagonal branch

XA5SR3 D3 - third diagonal branch

XA1SH6 Left obtuse marginal artery

XA3QP2 Ramus intermedius artery

XA5LW8 Septal artery

XA2QX7 Right coronary artery

XA1LL7 Right acute marginal artery

XA81T7 Posterior interventricular artery

XA8PS0 Posterolateral artery

XA7TB5 Sinoatrial nodal artery

XA9FK9 Cardiac veins

XA6YW4 Oblique vein of the left atrium

XA0HP7 Left marginal vein of heart

XA38Z5 Great cardiac vein

XA8HT6 Posterior vein of the left ventricle

XA3UN3 Middle cardiac vein

XA6QD7 Small cardiac vein

XA16E4 Coronary sinus

XA4TZ2 Anterior cardiac veins

XA9498 Smallest cardiac vein

XA2KE8 Right marginal vein of heart

XA4366 Pericardial vein

XA10E0 Chamber of the heart

XA91S4 Cardiac atrium

Coded Elsewhere: Left atrium (XA6548)
Right atrium (XA6T92)

XA7XU8 Cardiac ventricle

Coded Elsewhere: Left ventricle (XA8FJ7)
Right ventricle (XA9HH8)

XA3113 Connective and other soft tissue of heart

Coded Elsewhere: Myocardium (XA8SK6)
Heart valve (XA0QB6)
Cardiac veins (XA9FK9)

XA42G7 Arteries of heart

Coded Elsewhere: Coronary arteries (XA3B03)

XA9X98 Pericardiophrenic artery

XA2XU0 Pericardium

XA8RK9 Parietal pericardium

XA48H9 Pericardial cavity

XA37Q8 Epicardium

XA3227 Endocardium

XA81Z5 Cardiac septum

Coded Elsewhere: Interatrial septum (XA78X5)
Interventricular septum (XA5651)

XA2DC8 Papillary muscle

XA6CK2 Heart wall

XA7RE3 Anterior wall of heart

XA5W05 Anterolateral wall of heart

XA2RT9 Anteroseptal wall of heart

XA4U99 Anteroapical wall of heart

XA3RM8 Inferior wall of heart

XA61Y9 Inferolateral wall of heart

XA2H88 Inferoposterior wall of heart

XA8ZQ8 Apical-lateral wall of heart

XA6GR4 Basal-lateral wall of heart

XA1HH6 High lateral wall of heart

XA3XS7 Lateral wall of heart

XA01U7 True posterior wall of heart

XA7D76 Posterobasal wall of heart

XA4RC1 Posterolateral wall of heart

XA60V2 Posteroseptal wall of heart

XA83Q5 Septal wall of heart

XA79Z5 Cardiac electrical conducting system

XA1UE3 Sinoatrial node

XA4359 Atrioventricular node

XA7J11 Bundle of His

XA0QB6 Heart valve

Coded Elsewhere: Mitral valve (XA7V72)
Tricuspid valve (XA6FF2)
Aortic valve (XA19J4)
Pulmonary valve (XA6WC4)

XA8SK6 Myocardium

Lymphatic system

Coded Elsewhere: Lymph nodes (XA33X2)

XA10P2 **Lymphatic system of the head and neck**

Coded Elsewhere: Lymph nodes of head, face and neck (XA9U65)

XA0LH6 **Jugular lymphatic trunk**

XA6TY4 **Lymphatic vessel of the pinna**

XA02Y8 **Lymphatic vessel of the external acoustic meatus**

XA1EC8 **Lymphatic vessel of the face**

XA0167 **Lymphatic vessel of the palatine tonsil**

XA4QZ6 **Lymphatic vessel of the scalp**

XA9FT5 **Lymphatic vessel of the tongue**

XA1G40 **Lymphatic vessels of the skin and muscles of the neck**

XA23Z9 **Lymphatic system of the upper extremity**

Coded Elsewhere: Lymph nodes of upper extremity (XA7TQ3)

XA05S0 **Deep lymphatic vessel**

XA6D43 **Dorsal interosseous lymphatic vessel**

XA7FS7 **Median lymphatic vessel**

XA3HQ3 **Radial lymphatic vessel**

XA12G8 **Superficial lymphatic vessel**

XA4UB1 **Ulnar lymphatic vessel**

XA5SZ5 **Volar lymphatic vessel**

XA52C3 **Lymphatic system of the thorax**

Coded Elsewhere: Subclavian lymphatic trunk (XA9CD6)
Intrathoracic lymph nodes (XA9WH0)

XA94Z9 **Bronchomediastinal trunk**

XA7474 **Cisterna chyli lymph sac**

XA1VK9 **Deep lymphatic vessel of the thoracic wall**

XA9D98 **Intestinal lymphatic trunk**

XA8JF4 **Jugular lymph sac**

XA1SQ2 **Lymph Sac**

XA8YM1 **Lymphatic vessel of the diaphragm**

XA4RC7 **Lymphatic vessel of the breast**

XA3SY2 **Lymphatic vessel of the thoracic viscera**

XA55B8 Lymphatic vessel of the heart

XA3EB8 Lymphatic vessel of the lungs

XA8QZ0 Lymphatic vessel of the oesophagus

XA6J62 Lymphatic vessel of the pericardium

XA4QL2 Lymphatic vessel of the pleura

XA3JF4 Lymphatic vessel of the thymus

XA4J10 **Posterior lymph sac**

XA8MX8 **Retroperitoneal lymph sac**

XA3ER1 **Right lymphatic duct**

XA3TX9 **Superficial lymphatic vessel of the thoracic wall**

XA8A74 **Thoracic duct**

XA81G2 **Lymphatic system of the abdomen**

Coded Elsewhere: Intra-abdominal lymph nodes (XA05C1)

XA07V7 **Intestinal lumbar trunk**

XA6R71 **Lumbar lymphatic trunk**

XA9XL5 **Lymphatic vessel of the caecum**

XA1BU5 **Lymphatic vessel of the colon**

XA92E5 **Lymphatic vessel of the duodenum**

XA6VD0 **Lymphatic vessel of the gallbladder**

XA55Y5 **Lymphatic vessel of the ileum**

XA4CQ1 **Lymphatic vessel of the jejunum**

XA3610 **Lymphatic vessel of the kidney**

XA0WY9 **Lymphatic vessel of the liver**

XA9YZ4 **Lymphatic vessel of the pancreas**

XA5LE6 **Lymphatic vessel of the spleen**

XA1599 **Lymphatic vessel of the stomach**

XA3RD0 **Lymphatic vessel of the subdiaphragmatic portion of the digestive tube**

XA21T8 **Lymphatic vessel of the suprarenal lymph node**

XA29U5 **Lymphatic vessel of the vermiform process**

XA6709 **Lymphatic system of the pelvis and perineum**

XA9H16 **Anterior vesical lymphatic vessel of the bladder**

XA28F6 **Lateral vesical lymphatic vessel of the bladder**

XA4LM3 **Lymphatic vessel of the anal canal**

XA5C29 **Lymphatic vessel of the anus**

XA1UK6 **Lymphatic vessel of the bladder**

XA16J8 **Lymphatic vessel of the ductus deferens**

XA4229 **Lymphatic vessel of the ovary**

XA1SS8 **Lymphatic vessel of the prostate**

XA6DH7 **Lymphatic vessel of the rectum**

XA2XZ6 **Lymphatic vessel of the reproductive organs**

XA1UA0 **Lymphatic vessel of the testes**

XA6324 **Lymphatic vessel of the ureter**

XA6HM6 **Lymphatic vessel of the urethra**

XA7JY4 **Lymphatic vessel of the urinary organ**

XA5755 **Lymphatic vessel of the uterine tube**

XA9PA3 **Lymphatic vessel of the uterus**

XA1ZK1 **Lymphatic vessel of the vagina**

XA0GB7 **Lymphatic vessel of the seminal vesicles**

XA0Z86 **Lymphatic system of the lower extremity**

Coded Elsewhere: Lymph nodes of lower extremity (XA86X1)

XA6UC7 **Anterior tibial lymphatic trunk**

Respiratory system

XA8Z63 **Upper respiratory tract**

Coded Elsewhere: Nostril (XA1B05)
Middle Ear (XA0G74)
Hypopharynx (XA2J67)

XA43C9 **Nasal cavity**

Coded Elsewhere: Nostril (XA1B05)

XA53X2 Nasal vestibule

XA8D47 Nasal septum

XA8817 Nasal turbinate

XA7WQ4 Nasal cartilage

XA4CN5 Nasal mucosa

XA6YH7 Connective, subcutaneous and other soft tissues of nasal cavity

XA3HQ4 nasal arch vein

XA3523 **Accessory sinuses**

XA1R64 Maxillary sinus

XA58F6 Ethmoid sinus

XA91G8 Frontal sinus

XA4U67 Sphenoid sinus

XA9AZ1 **Nasopharynx**

XA0659 Superior wall of nasopharynx

XA21P9 Anterior wall of nasopharynx

XA4BR4 Posterior wall of nasopharynx

XA5AS8 Adenoid

XA7PX5 Lateral wall of nasopharynx

XA7W35 Pharyngeal recess

XA9P89 Retropharyngeal recess

XA6QY3 Parapharyngeal recess

XA2RH5 **Larynx**

XA1PB3 Supraglottic larynx

XA9ZY9 Epiglottis

XA4DV7 Anterior surface of epiglottis

XA8U54 Posterior surface of epiglottis

XA9907 Aryepiglottic fold

XA8N50 Laryngeal aspect of aryepiglottic fold

XA7AE7 Glottis

XA3299 Vocal cord

XA25B1 Subglottic larynx

XA0NK8 Laryngeal cartilage

XA07R2 **Lower respiratory tract**

XA26H1 **Trachea**

XA7SG3 Cervical trachea

XA4RN3 Thoracic trachea

XA57M6 **Lung**

XA9TC5 Main bronchus

Coded Elsewhere: Carina (XA4JA0)
Hilum of left lung (XA6VA2)
Hilum of right lung (XA29Y4)

XA3L52 Right main bronchus

XA5FV2 Left main bronchus

XA4JA0 Carina

XA7EZ3 Right lung

XA29Y4 Hilum of right lung

XA8Z30 Right upper lobe bronchus

XA41Z3 Right lower lobe bronchus

XA1QM3 Right middle lobe bronchus

XA2UD3 Left lung

XA6VA2 Hilum of left lung

XA86L0 Right pulmonary vein

XA1WN5 Left pulmonary vein

XA2ZV2 Inferior pulmonary vein

XA9K75 Superior pulmonary vein

XA4U64 Artery of lung

Coded Elsewhere: Afferent arteriole of the interlobular artery (XA9PU5)

XA2AT1 Efferent arteriole of the interlobular artery

XA6WT9 Interlobar artery

XA2S57 Interlobular artery

XA3713 Pulmonary trunk

XA90M2 Lobe of lung

XA9HN5 Upper lobe of lung

XA1N36 Middle lobe of lung

XA7L34 Lower lobe of lung

XA37W0 Upper lobe, bronchus

XA1K94 Middle lobe, bronchus

XA8JM5 Lower lobe, bronchus

XA2PV7 Connective and other soft tissues of lung

Coded Elsewhere: Lobe of lung (XA90M2)

XA61M6 Bronchus

Coded Elsewhere: Upper lobe, bronchus (XA37W0)
Middle lobe, bronchus (XA1K94)
Lower lobe, bronchus (XA8JM5)
Main bronchus (XA9TC5)

XA8Z62 Lung parenchyma

XA5437 Bronchioles

XA5772 Alveoli

XA4646 Pulmonary vasculature

Coded Elsewhere: Pulmonary artery (XA09J9)

XA8FY4 Pulmonary vein

Coded Elsewhere: Inferior pulmonary vein (XA2ZV2)

Left pulmonary vein (XA1WN5)

Superior pulmonary vein (XA9K75)

XA0F36 Pulmonary capillaries

XA5TT2 Pleura

XA1B59 Visceral pleura

XA7RC6 Parietal pleura

Digestive system

XA8182 **Mouth**

Coded Elsewhere: Palatine tonsil (XA3V90)

XA5TW5 **Vestibule of mouth**

XA9072 Labial mucosa of upper lip

Inclusions: Mucosa of upper lip

XA72W2 Labial mucosa of lower lip

Inclusions: Mucosa of lower lip

XA8WB3 Buccal mucosa

XA0S17 Retromolar region

XA44M8 Labial sulcus

XA2151 Superior labial sulcus

XA52Q7 Inferior labial sulcus

XA6A73 Buccal sulcus

XA6WJ3 Superolateral buccal sulcus

XA5MG3 Inferolateral buccal sulcus

XA54T3 **Gingivae**

XA6743 Upper gingiva

XA2C94 Upper alveolar mucosa

XA7DA0 Upper alveolar ridge mucosa

XA9303 Lower gingiva

XA96F2 Lower alveolar mucosa

XA8C21 Lower alveolar ridge mucosa

XA3SP9 Alveolar mucosa

Coded Elsewhere: Lower alveolar mucosa (XA96F2)
Upper alveolar mucosa (XA2C94)

XA6CZ2 **Teeth**

XA4GG3 Permanent dentition

XA5306 Upper right 3rd molar

XA0BR9 Upper right 2nd molar

XA0TL3 Upper right 1st molar

XA45K9 Upper right 2nd bicuspid

XA64J5 Upper right 1st bicuspid

XA0LE1 Upper right canine

XA3QH3 Upper right lateral incisor

XA43X2 Upper right central incisor

XA8328 Upper left 3rd molar

XA1YK1 Upper left 2nd molar

XA2GW7 Upper left 1st molar

XA5Z15 Upper left 2nd bicuspid

XA3EF6 Upper left 1st bicuspid

XA2LF2 Upper left canine

XA0MG2 Upper left lateral incisor

XA9P69 Upper left central incisor

XA8YF6 Lower right 3rd molar

XA5CA4 Lower right 2nd molar

XA5M57 Lower right 1st molar

XA26X2 Lower right 2nd bicuspid

XA47C4 Lower right 1st bicuspid

XA95A1 Lower right canine

XA8660 Lower right lateral incisor

XA5NT8 Lower right central incisor

XA0XB1 Lower left 3rd molar

XA8YV5 Lower left 2nd molar

XA6R23 Lower left 1st molar

XA80S2 Lower left 2nd bicuspid

XA1SQ7 Lower left 1st bicuspid

XA8P88 Lower left canine

XA4B13 Lower left lateral incisor

XA7B54 Lower left central incisor

XA7675 Deciduous dentition

XA2GE5 Upper right 2nd molar, deciduous

XA7ZT9 Upper right 1st molar, deciduous

XA06P0 Upper right canine, deciduous

XA2XZ5 Upper right lateral incisor, deciduous

XA3BG3 Upper right central incisor, deciduous

XA2BD4 Upper left 2nd molar, deciduous

XA85K7 Upper left 1st molar, deciduous

XA98V8 Upper left canine, deciduous

XA9QP7 Upper left lateral incisor, deciduous

XA4ZQ5 Upper left central incisor, deciduous

XA6F50 Lower right 2nd molar, deciduous

XA36B2 Lower right 1st molar, deciduous

XA8KQ7 Lower right canine, deciduous

XA1W31 Lower right lateral incisor, deciduous

XA6TB6 Lower right central incisor, deciduous

XA8NE2 Lower left 2nd molar, deciduous

XA55D8 Lower left 1st molar, deciduous

XA8QV7 Lower left canine, deciduous

XA8MH6 Lower left lateral incisor, deciduous

XA2RW5 Lower left central incisor, deciduous

XA1PT3 Parts of tooth

XA5B71 Pulp

XA6FX3 Dentin

XA5R09 Enamel

XA4KC7 Cementum

XA2CA1 Periapical tissue

XA2US1 Surfaces of the teeth

XA5ML5 Distal surface of tooth

XA4UP2 Labial surface of tooth

XA6DE2 Buccal surface of tooth

XA3W20 Incisal surface of tooth

XA8M68 Lingual surface of tooth

XA5Z48 Mesial surface of tooth

XA5DM8 Occlusal surface of tooth

XA3HD5 Proximal surface of tooth

XA1WN1 **Oral cavity**

XA7ZA6 Palate

XA4527 Hard palate

XA8HL5 Soft palate

XA2993 Uvula

XA00H5 Palatal mucosa

XA1T19 Tongue

XA8Q87 Body of tongue

Inclusions: Anterior tongue

Coded Elsewhere: Dorsal surface of body of tongue (XA8YB9)

XA65E9 Midline of tongue

XA8SX3 Junctional zone of tongue

XA25G3 Base of tongue

Coded Elsewhere: Dorsal surface of base of tongue (XA0HQ3)

XA2B11 Posterior of tongue

XA1V27 Dorsal surface of tongue

XA8YB9 Dorsal surface of body of tongue

XA0HQ3 Dorsal surface of base of tongue

XA9RP1 Other and unspecified parts of tongue

XA8FK4 Ventral surface of tongue

Coded Elsewhere: Lingual tonsil (XA1EM4)

XA9YA2 Lingual frenulum

XA4DB6 Border of tongue

XA49C6 Lateral margin of tongue

XA1WZ8 Tip of tongue

XA8EY7 Floor of mouth

XA69M6 Alveololingual sulcus

XA8CF9 Mucosa of floor of mouth

XA29D3 Tonsillar region

XA9A13 Glossopalatine arch

XA2JB0 Anterior tonsillar pillar

XA46Z4 Tonsillar fossa

Coded Elsewhere: Palatine tonsil (XA3V90)

XA3021 Pharyngopalatine arch

XA0X58 Posterior tonsillar pillar

XA15G1 Palatine arch

XA6NQ7 **Oral mucosa**

Coded Elsewhere: Labial mucosa of upper lip (XA9072)
Labial mucosa of lower lip (XA72W2)
Buccal mucosa (XA8WB3)
Alveolar mucosa (XA3SP9)
Lower alveolar ridge mucosa (XA8C21)
Upper alveolar ridge mucosa (XA7DA0)
Palatal mucosa (XA00H5)
Mucosa of floor of mouth (XA8CF9)

XA2KN0 **Other and unspecified parts of mouth**

XA5T23 **Salivary gland apparatus**

XA07S5 **Parotid gland**

Coded Elsewhere: Parotid gland duct (XA44X8)

XA9Q61 **Submandibular gland**

Inclusions: Submandibular salivary gland

XA0CS1 Left submandibular gland

Inclusions: Left submaxillary salivary gland

XA8GQ5 Right submandibular gland

Inclusions: Right submaxillary salivary gland

XA7GY0 Submandibular gland duct

XA51Q9 **Sublingual gland**

Inclusions: Sublingual salivary gland

Coded Elsewhere: Sublingual gland duct (XA1J93)

XA30Q1 **Minor salivary gland**

XA5CM1 **Salivary duct**

Coded Elsewhere: Submandibular gland duct (XA7GY0)

XA44X8 Parotid gland duct

XA1J93 Sublingual gland duct

XA93V5 **Pharynx**

Coded Elsewhere: Nasopharynx (XA9AZ1)

XA4J67 **Oropharynx**

Coded Elsewhere: Anterior surface of epiglottis (XA4DV7)

XA8RX5 Lateral wall of oropharynx

XA8659 Posterior wall of oropharynx

XA88V4 Vallecula

XA60Q5 Branchial cleft

XA2J67 **Hypopharynx**

Coded Elsewhere: Aryepiglottic fold (XA9907)

XA3MZ0 Piriform recess

XA4NZ9 Postcricoid region

XA0XK1 Hypopharyngeal wall

XA0828 **Oesophagus**

XA1180 **Upper third of oesophagus**

XA2BY3 **Middle third of oesophagus**

XA9CB6 **Lower third of oesophagus**

XA0N03 **Cervical oesophagus**

XA8JT3 **Thoracic oesophagus**

XA0TN5 **Abdominal oesophagus**

XA4YW8 **Overlapping sites of oesophagus**

XA9607 **Gastrointestinal tract**

XA7SR6 **Cardioesophageal junction**

XA7MC7 **Stomach**

Coded Elsewhere: Veins of stomach (XA1C53)

XA2828 Gastric cardia

XA7UE1 Gastric corpus

XA56K7 Gastric fundus

XA6P89 Gastric pylorus

XA4EC5 Pyloric antrum

XA7WQ5 Greater curvature of stomach

XA4ML9 Lesser curvature of stomach

XA6452 **Small intestine**

XA9780 Duodenum

XA8UM1 Jejunum

XA0QT6 Ileum

XA1B13 **Large intestine**

XA6J68 Caecum

XA03U9 Colon

XA3AL5 Ascending colon

XA95L3 Hepatic flexure of colon

XA49U1 Transverse colon

XA1PY9 Splenic flexure of colon

XA2G13 Descending colon

XA8YJ9 Sigmoid colon

XA33J5 Rectosigmoid junction

XA7177 Descending colon and splenic flexure of colon

XA25P9 Ascending colon and right flexure of colon

XA4KU2 Rectum

XA0D34 Anus

XA39S6 Anal Canal

Coded Elsewhere: Sphincter ani muscle (XA3ML6)

XA8QB7 Cloacogenic zone

XA28R6 **Upper gastrointestinal tract, not elsewhere classified**

XA8PW4 **Appendix**

XA0W19 **Hepatobiliary system**

XA5DY0 **Liver**

XA5766 Left lobe of liver

XA2KG6 Right lobe of liver

XA3278 Caudate lobe of liver

XA13D3 Quadrate lobe of liver

XA0KT3 **Biliary tract**

XA4415 Hepatic bile ducts

XA89K4 Left hepatic duct

XA6M95 Right hepatic duct

XA96K1 Common hepatic duct

XA0077 Cystic duct

XA8KL9 Gallbladder

XA6R80 Common bile duct

XA6WA8 Sphincter of Oddi

XA7QA8 Ampulla of Vater

XA9HM5 Extrahepatic bile duct

Coded Elsewhere: Common bile duct (XA6R80)
Cystic duct (XA0077)
Sphincter of Oddi (XA6WA8)

XA3QC5 **Pancreas**

Coded Elsewhere: Pancreatic islets (XA45E6)

XA1412 **Head of pancreas**

XA8LA4 **Neck of pancreas**

XA6ZE4 **Body of pancreas**

XA0CX6 **Tail of pancreas**

XA1XL7 **Pancreatic duct**

XA8WC8 Duct of Santorini

XA3789 Duct of Wirsung

XA0KZ0 **Peritoneum**

XA6S21 **Retroperitoneum**

XA43V8 **Mesentery**

XA6DF7 **Omentum**

XA46W1 **Mesoappendix**

XA4QM7 **Mesocolon**

XA5PF4 **Pelvic peritoneum**

Integumentary system

XA0364 **Skin**

XA3JN1 **Epidermis**

XA5P21 Stratum corneum

XA3G02 Stratum lucidum

XA4W90 Stratum granulosum

XA8AM6 Stratum spinosum

XA9QS1 Stratum basale

XA8JE9 Epidermal basement membrane

XA8113 **Epidermal appendages**

XA0XC8 Hair follicle

XA2MW3 Hair bulb

XA6666 Sebaceous gland

XA7487 Apocrine sweat gland

XA6DT2 Hair shaft

XA8T72 Hair

Coded Elsewhere: Hair follicle (XA0XC8)

XA5Y68 Scalp hair

XA78D2 Eyebrow hairs

XA1RK2 Eyelashes

XA9N28 Beard hair

XA1WH2 Body hair

XA12U4 Pubic hair

XA4S72 Nail apparatus

XA4KT3 Nail matrix

XA5LM0 Germinal matrix

XA0060 Sterile matrix

XA6Q52 Nail

Coded Elsewhere: Toenail (XA9E36)
Fingernails (XA0EH9)
Nail matrix (XA4KT3)

XA5US0 Perionychium

XA1ES4 Eponychium

XA0NS1 Hyponychium

XA63U7 Eccrine gland

XA6PJ1 Acrosyringium

XA7P52 Eccrine sweat duct

XA5VA9 Eccrine sweat coil

XA1QT7 **Dermis**

XA4LG9 Papillary dermis

XA2Q30 Reticular dermis

XA2013 **Hypodermis**

XA5CS6 Subcutaneous fat

Bones

XA4S38	**Axial skeleton**
XA4RY5	**Bones of the head**
XA1RZ4	Cranial Bones
XA0E94	Base of the skull
XA2BH0	Calvarium
XA0KU6	Cranial fossa
XA7B66	Anterior fossa
XA8Y22	Middle fossa
XA5U78	Posterior fossa
XA2SR4	Ethmoid bone
XA6ZM9	Frontal bone
XA5JA2	Occipital bone
XA4RS9	Occipital condyle
XA33W1	Occiput
XA2J87	Parietal bone
XA63R0	Sphenoid bone
XA9N34	Pituitary fossa
XA2P19	Temporal bone
XA1E15	Petrous bone
XA68N3	Mastoid
XA8E69	Orbital bone
XA9XW3	Orbital roof
XA7MW9	Orbital floor
XA3Y16	Facial bones
XA5CQ0	Hyoid bone
XA6UV6	Inferior nasal conchae
XA9GZ6	Lacrimal bone
XA4319	Palatine bone

XA14T2 Vomer bone

XA8N32 Zygomatic bone

XA51B7 Mandible

Coded Elsewhere: Temporomandibular joint (XA2SM2)

XA3B77 Alveolar border of body of mandible

XA0M61 Angle of mandible

XA98M7 Condylar process of the mandible

XA7919 Subcondylar process of mandible

XA24B3 Coronoid process of the mandible

XA5969 Ramus of mandible

XA8JR9 Symphysis of mandible

XA0NC8 Inferior maxilla

XA7VK5 Maxilla

XA8E16 Nasal bone

XA88P5 Jaw, unspecified

XA6EQ1 Bones of middle ear

XA4D04 Incus

XA5DS8 Malleus

XA3WA4 Stapes

XA5J55 **Vertebral column**

XA7MS2 Vertebra

XA9ZW8 Cervical vertebra

XA2XE8 Atlas

XA0KQ4 Posterior arch of first cervical vertebra

XA1304 Lateral mass of first cervical vertebra

XA17N0 Axis

XA5W02 Odontoid process

XA2W05 Third cervical vertebra

XA51V4 Arch of third cervical vertebra

XA4UV1 Body of third cervical vertebra

XA8CG0 Processes of third cervical vertebra

XA3RE9 Fourth cervical vertebra

XA24X7 Arch of fourth cervical vertebra

XA3GT0 Body of fourth cervical vertebra

XA75V3 Processes of fourth cervical vertebra

XA9C12 Fifth cervical vertebra

XA1PJ5 Arch of fifth cervical vertebra

XA1BS2 Body of fifth cervical vertebra

XA2FY7 Processes of fifth cervical vertebra

XA5S79 Sixth cervical vertebra

XA8W16 Arch of sixth cervical vertebra

XA9Q12 Body of sixth cervical vertebra

XA60Z0 Processes of sixth cervical vertebra

XA34U8 Seventh cervical vertebra

XA05M5 Arch of seventh cervical vertebra

XA1JS3 Body of seventh cervical vertebra

XA91D7 Processes of seventh cervical vertebra

XA6E88 Thoracic vertebra

XA3F93 First thoracic vertebra

XA7UP5 Arch of first thoracic vertebra

XA8PH0 Body of first thoracic vertebra

XA1AX4 Processes of first thoracic vertebra

XA8QS0 Second thoracic vertebra

XA2VV9 Arch of second thoracic vertebra

XA3Z42 Body of second thoracic vertebra

XA6T61 Processes of second thoracic vertebra

XA1Z15 Third thoracic vertebra

XA2SM3 Arch of third thoracic vertebra

XA35A0 Body of third thoracic vertebra

XA41U9 Processes of third thoracic vertebra

XA0C31 Fourth thoracic vertebra

XA22W3 Arch of fourth thoracic vertebra

XA3J42 Body of fourth thoracic vertebra

XA1WL4 Processes of fourth thoracic vertebra

XA3PH5 Fifth thoracic vertebra

XA28A7 Arch of fifth thoracic vertebra

XA8W59 Body of fifth thoracic vertebra

XA0449 Processes of fifth thoracic vertebra

XA45S2 Sixth thoracic vertebra

XA29X2 Arch of sixth thoracic vertebra

XA0YY2 Body of sixth thoracic vertebra

XA1R53 Processes of sixth thoracic vertebra

XA59Y3 Seventh thoracic vertebra

XA54G1 Arch of seventh thoracic vertebra

XA62Y3 Body of seventh thoracic vertebra

XA1CQ7 Processes of seventh thoracic vertebra

XA8NQ5 Eighth thoracic vertebra

XA3PL7 Arch of eighth thoracic vertebra

XA5JX9 Body of eighth thoracic vertebra

XA1SD8 Processes of eighth thoracic vertebra

XA3E70 Ninth thoracic vertebra

XA9N69 Arch of ninth thoracic vertebra

XA2X21 Body of ninth thoracic vertebra

XA5SW1 Processes of ninth thoracic vertebra

XA0AV7 Tenth thoracic vertebra

XA7LF7 Arch of tenth thoracic vertebra

XA6VP6 Body of tenth thoracic vertebra

XA7122 Processes of tenth thoracic vertebra

XA7T69 Eleventh thoracic vertebra

XA98R9 Arch of eleventh thoracic vertebra

XA91J0 Body of eleventh thoracic vertebra

XA92Q6 Processes of eleventh thoracic vertebra

XA69W5 Twelfth thoracic vertebra

XA15N3 Arch of twelfth thoracic vertebra

XA1401 Body of twelfth thoracic vertebra

XA2D62 Processes of twelfth thoracic vertebra

XA0D60 Lumbar vertebra

XA3291 First lumbar vertebra

XA8AX7 Arch of first lumbar vertebra

XA9E61 Body of first lumbar vertebra

XA4U01 Processes of first lumbar vertebra

XA2GH9 Second lumbar vertebra

XA24M1 Arch of second lumbar vertebra

XA5079 Body of second lumbar vertebra

XA52T1 Processes of second lumbar vertebra

XA3N97 Third lumbar vertebra

XA3G24 Arch of third lumbar vertebra

XA0TL0 Body of third lumbar vertebra

XA80X7 Processes of third lumbar vertebra

XA9A53 Fourth lumbar vertebra

XA7CH7 Arch of fourth lumbar vertebra

XA4145 Body of fourth lumbar vertebra

XA38A4 Processes of fourth lumbar vertebra

XA9641 Fifth lumbar vertebra

XA2JV2 Arch of fifth lumbar vertebra

XA5886 Body of fifth lumbar vertebra

XA4PS3 Processes of fifth lumbar vertebra

XA14W3 Sacrum

XA4V28 Coccyx

XA02R1 Intervertebral disc or space

XA8D30 Cervical discs or space

XA9Z06 Cervical intervertebral disc or space C1-C2

XA18M2 Cervical intervertebral disc or space C2-C3

XA94K2 Cervical intervertebral disc or space C3-C4

XA3623 Cervical intervertebral disc or space C4-C5

XA1X49 Cervical intervertebral disc or space C5-C6

XA16L1 Cervical intervertebral disc or space C6-C7

XA2SG0 Cervicothoracic disc or space C7-T1

XA1N54 Thoracic discs or space

XA4722 Thoracic intervertebral disc or space T1-T2

XA6KQ8 Thoracic intervertebral disc or space T2-T3

XA6CX2 Thoracic intervertebral disc or space T3-T4

XA0NE8 Thoracic intervertebral disc or space T4-T5

XA7PD1 Thoracic intervertebral disc or space T5-T6

XA4TP2 Thoracic intervertebral disc or space T6-T7

XA7117 Thoracic intervertebral disc or space T7-T8

XA9PW9 Thoracic intervertebral disc or space T8-T9

XA8E13 Thoracic intervertebral disc or space T9-T10

XA6HY9 Thoracic intervertebral disc or space T10-T11

XA5LG2 Thoracic intervertebral disc or space T11-T12

XA97A4 Thoracolumbar intervertebral disc or space T12-L1

XA54S5 Lumbar discs or space

XA7RD5 Lumbar intervertebral disc or space L1-L2

XA8DG2 Lumbar intervertebral disc or space L2-L3

XA1F44 Lumbar intervertebral disc or space L3-L4

XA2N96 Lumbar intervertebral disc or space L4-L5

XA54R2 Lumbosacral intervertebral disc or space L5-S1

XA2Y58 Intervertebral disc

XA8WM9 Nucleus pulposus

XA10M1 Annulus fibrosus

XA5VB6 **Bones of the thorax**

XA5TK7 Rib

XA98Q1 First rib

XA7XY2 Second rib

XA2U21 Third rib

XA4SQ6 Fourth rib

XA31L8 Fifth rib

XA63Z2 Sixth rib

XA2WC3 Seventh rib

XA9WQ3 Eighth rib

XA31V8 Ninth rib

XA54R4 Tenth rib

XA3VH4 Eleventh rib

XA6W52 Twelfth rib

XA6NB3 Sternum

XA3M45 Body of sternum

XA0K13 Manubrium

XA2RB7 Xiphoid

XA4N47 **Bones of the pelvis**

Coded Elsewhere: Sacrum (XA14W3)
Coccyx (XA4V28)

XA8Y23 Pelvis

XA5FT5 Ilium

XA4743 Iliac crest

XA5L47 Ischium

XA82W3 Pubis

XA1XZ3 Superior pubic ramus

XA4VB9 Inferior pubic ramus

XA6Z32 Acetabulum

XA4TM1 **Peripheral skeleton**

XA7R53 **Bones of the upper extremity**

XA2AL0 Bones of the shoulder girdle

XA6384 Clavicle

XA76N8 Sternal end of clavicle

XA4PT6 Shaft of the clavicle

XA09P2 Acromial end of clavicle

XA53X6 Scapula

XA2HS8 Neck of the scapula

XA1216 Glenoid cavity of the scapula

XA2Y48 Coracoid process of the scapula

XA3664 Acromion

XA2XL4 Humerus

XA4VY5 Head of the humerus

XA0XN0 Anatomical neck of the humerus

XA6FR2 Surgical neck of the humerus

XA7144 Greater tuberosity of the humerus

XA72X2 Lesser tuberosity of the humerus

XA4RN8 Shaft of the humerus

XA3RE0 Condyle of the humerus

XA11M8 Capitulum of humerus

XA9LK4 Trochlea of humerus

XA6EF8 Lateral epicondyle of the humerus

XA4097 Medial epicondyle of the humerus

XA3WG1 Radius

XA2N25 Radial head

XA0ZF7 Radial neck

XA35U4 Shaft of radius

XA6YE5 Radial groove

XA3MH2 Styloid process of radius

XA4X32 Lower end of radius not otherwise specified

XA76U7 Upper end of radius not otherwise specified

XA5007	Ulna
XA0NS5	Coronoid process of the ulna
XA0725	Lower end of ulna not otherwise specified
XA5VA1	Olecranon process of the ulna
XA8U33	Shaft of the ulna
XA05C5	Styloid process of the ulna
XA6SV9	Upper end of ulna not otherwise specified
XA09H2	Carpal bones
XA7480	Scaphoid bone
XA8E71	Distal pole of scaphoid
XA1GV4	Distal third of the scaphoid bone
XA3ZG5	Middle third of the scaphoid bone
XA5ZE5	Proximal third of the scaphoid bone
XA30C8	Lunate bone
XA4A64	Triquetrum bone
XA8SZ6	Pisiform bone
XA7XM2	Trapezium bone
XA9DH2	Trapezoid bone
XA06T2	Capitate bone
XA8488	Hamate bone
XA97A0	Hook of hamate
XA0GJ4	Carpal tunnel
XA22M5	Base of other carpal bone
XA9640	Neck of other carpal bone
XA5TX9	Shaft of other carpal bone
XA3YX4	Metacarpal bone
XA58X4	First metacarpal
XA12D2	Head of the first metacarpal bone
XA8J87	Neck of the first metacarpal bone
XA5N95	Shaft of the first metacarpal bone

XA2P67 Base of the first metacarpal bone

XA5HE0 Second metacarpal

XA93C5 Head of the second metacarpal bone

XA8KU0 Neck of the second metacarpal bone

XA4RC8 Shaft of the second metacarpal bone

XA37V2 Base of the second metacarpal bone

XA7J93 Third metacarpal

XA6442 Head of the third metacarpal bone

XA50H4 Neck of the third metacarpal bone

XA8BP2 Shaft of the third metacarpal bone

XA8NK6 Base of the third metacarpal bone

XA9KB7 Fourth metacarpal

XA8X42 Head of the fourth metacarpal bone

XA9NT7 Neck of the fourth metacarpal bone

XA4CP7 Shaft of the fourth metacarpal bone

XA3ZF8 Base of the fourth metacarpal bone

XA88S1 Fifth metacarpal

XA3Z46 Head of the fifth metacarpal bone

XA16Y6 Neck of the fifth metacarpal bone

XA92G8 Shaft of the fifth metacarpal bone

XA65Y7 Base of the fifth metacarpal bone

XA3PA7 Phalanx of the hand

XA0HH1 Proximal phalanx of the hand

XA25U2 Proximal phalanx of index finger

XA6ET0 Proximal phalanx of middle finger

XA9MR0 Proximal phalanx of ring finger

XA73Q6 Proximal phalanx of little finger

XA0903 Proximal phalanx of thumb

XA89G7 Middle phalanx of hand

XA3JL6 Middle phalanx of index finger

XA5910 Middle phalanx of middle finger

XA8N14 Middle phalanx of ring finger

XA6HX0 Middle phalanx of little finger

XA7LS3 Distal phalanx of the hand

XA54X0 Distal phalanx of index finger

XA8NR0 Distal phalanx of middle finger

XA51S6 Distal phalanx of ring finger

XA32G6 Distal phalanx of little finger

XA70H5 Distal phalanx of thumb

XA5D87 Bone of finger, not elsewhere classified

XA95Q5 Bone of thumb, not elsewhere classified

XA2T04 **Bones of the lower extremity**

XA6BA0 Femur

XA96S5 Femoral head

XA1673 Femoral neck

XA32G0 Trochanter

XA1VJ3 Greater trochanter of femur

XA9TD9 Lesser trochanter of femur

XA9JB2 Intertrochanteric crest of femur

XA4AF2 Femoral shaft

XA6UG0 Femoral condyle

XA2BJ0 Femoral epiphysis

XA00N4 Pertrochanter

XA5EL8 Subtrochanteric line of femur

XA4T36 Patella

XA44U1 Tibia

XA5RE8 Tibial condyle

XA87A0 Lateral condyle of tibia

XA7Y69 Medial condyle of tibia

XA3DL5 Tibial tuberosity

XA66B3 Tibial shaft

XA2EN5 Tibial spine

XA1HS9 Medial malleolus

XA3450 Posterior malleolus

XA3KT5 Fibula

XA0K77 Fibular head

XA5G97 Fibular shaft

XA4UL1 Lateral malleolus

XA7NN4 Tarsal bone

XA5LU2 Calcaneus

XA57V1 Anterior process of calcaneus

XA62P4 Tuberosity of calcaneus

XA1LF4 Talus

XA1N98 Dome of the talus

XA6L02 Neck of the talus

XA3MT9 Posterior process of the talus

XA84E6 Navicular bone

XA4J74 Medial cuneiform bone

XA4046 Intermediate cuneiform bone

XA8462 Lateral cuneiform bone

XA0LW4 Cuboid bone

XA43L9 Bone of ankle

XA6UL8 Tarsal canal

XA6VH2 Metatarsal bone

XA39M2 Phalanx of the foot

XA6U96 Proximal phalanx of the toe

XA8KC3 Proximal phalanx of great toe

XA0AQ0 Proximal phalanx of second toe

XA11P1 Proximal phalanx of third toe

XA8CX6 Proximal phalanx of fourth toe

XA8PK1 Proximal phalanx of fifth toe

XA8539 Middle phalanx of toe

XA1UN2 Middle phalanx of second toe

XA9YP5 Middle phalanx of third toe

XA2SX4 Middle phalanx of fourth toe

XA90F0 Middle phalanx of fifth toe

XA4352 Distal phalanx of the toe

XA2AC2 Distal phalanx of great toe

XA3QM7 Distal phalanx of second toe

XA38Q1 Distal phalanx of third toe

XA8XV0 Distal phalanx of fourth toe

XA6ED4 Distal phalanx of fifth toe

Joints and ligaments

XA7948 **Joints and ligaments of the head and neck**

XA6UT2 **Joints of the head**

XA65F2 Atlantooccipital joint

XA7EM1 Atlantoaxial joint

XA2SM2 Temporomandibular joint

XA1LE7 **Ligaments of the head and neck**

XA68Z9 Anterior atlantoaxial ligament

XA4XK9 Anterior atlantooccipital ligament

XA9F16 Anterior longitudinal ligament

XA3K95 Apical odontoid ligament

XA3XV5 Articular capsules

XA3ZW3 Interarticular ligament

XA9M15 Interspinal ligament

XA9NZ1 Intertransverse ligament

XA5180 Intervertebral fibrocartilage ligament

XA97L7 Lateral atlantooccipital ligament

XA72L3 Ligamenta flava

XA6RG7 Ligamentum nuchae

XA3J99 Occipitoaxial ligament

XA1CC5 Posterior atlantoaxial ligament

XA80K5 Posterior atlantooccipital ligament

XA8E20 Posterior longitudinal ligament

XA4FR7 Sphenomandibular ligament

XA4WM3 Stylomandibular ligament

XA7WU3 Supraspinal ligament

XA4WJ7 Temporomandibular ligament

XA8389 Transverse ligament of the atlas

XA33F9 Thyrohyoid ligament

XA2EL4 **Joints and ligaments of the thorax**

XA2NG8 **Joints of the thorax**

XA83N6 Sternocostal joint

XA30Q4 Costochondral joint

XA0892 Costovertebral joint

XA7AR2 Costotransverse joint

XA0ZE4 Facet joint

XA2UN9 **Ligaments of the thorax**

XA70E9 Anterior costotransverse ligament

XA0QM2 Anterior intersternal ligament

XA8V32 Anterior ligament of the spine

XA5G44 Costotransverse ligament

XA2S05 Costoxiphoid ligament

XA4356 Iliolumbar ligament

XA70A1 Interarticular sternocostal ligament

XA8D15 Interchondral ligament

XA6ZD7 Ligament of the neck of the rib

XA81P3 Ligament of the tubercle of the rib

XA4A37 Posterior costotransverse ligament

XA8B33 Lumbocostal ligament

XA26A7 Posterior intersternal ligament

XA8RC0 Radiate ligament

XA43Z7 Radiate sternocostal ligament

XA6KC7 **Joints and ligaments of the pelvis and perineum**

XA1TL5 **Joints of the pelvis**

XA5A04 Lumbosacral joint

XA70B6 Sacrococcygeal joint

XA3T32 Sacroiliac joint

XA9TF3 **Ligaments of the pelvis and perineum**

XA5S21 Anterior pubic ligament

XA10C4 Anterior sacroiliac ligament

XA9621 Arcuate pubic ligament

XA0EJ9 Broad ligament of the uterus

XA6VF6 Mesovarium

XA9TX2 Parovarian region

XA6CV1 Mesosalpinx

XA3AN2 Mesometrium

XA46Z2 Interarticular ligament of the pelvis

XA02T6 Interosseous sacroiliac ligament

XA1NT7 Ligamentum teres of the Liver

XA92G5 Posterior pubic ligament

XA6RS4 Posterior sacroiliac ligament

XA69U0 Long posterior sacroiliac ligament

XA9HV6 Short posterior sacroiliac ligament

XA1UP6 Pubic symphysis

XA23X3 Round ligament of uterus

XA8GZ2 Sacrococcygeal ligament

XA2MA4 Anterior sacrococcygeal ligament

XA4B16 Lateral sacrococcygeal ligament

XA2U92 Posterior sacrococcygeal ligament

XA8J68 Sacrospinous ligament

XA6396 Sacrotuberous ligament

XA68K7 Superior pubic ligament

XA4T57 Uterine ligament

XA2NB2 Uterosacral ligament

XA4XC0 **Joints and ligaments of the upper extremity**

XA4U90 **Joints of the upper extremity**

XA05J7 Shoulder joint

XA49P8 Glenohumeral joint

XA69U6 Acromioclavicular joint

XA0CH1 Sternoclavicular joint

XA69H4 Elbow joint

XA3G42 Proximal radioulnar joint

XA46J3 Humeroulnar joint

XA53P1 Humeroradial joint

XA64C3 Wrist joint

XA78S6 Distal radioulnar joint

XA0P38 Radiocarpal joint

XA62V5 Joints of the hand

XA3MB4 Carpal joint

XA0E90 Intercarpal joint

XA4AS7 Midcarpal joint

XA0JX0 Carpometacarpal joint

XA9DN6 Intermetacarpal joint

XA86T5 Metacarpophalangeal joint

XA3M83 First metacarpophalangeal joint

XA9YH1 Second metacarpophalangeal joint

XA6HB0 Third metacarpophalangeal joint

XA7XA8 Fourth metacarpophalangeal joint

XA7KA0 Fifth metacarpophalangeal joint

XA9291 Interphalangeal joint of the hand

XA6L43 Interphalangeal joint of the thumb

XA1307 Proximal interphalangeal joint of finger

XA1DN6 Proximal interphalangeal joint of index finger

XA3NW6 Proximal interphalangeal joint of middle finger

XA0BF5 Proximal interphalangeal joint of ring finger

XA4175 Proximal interphalangeal joint of little finger

XA4U75 Distal interphalangeal joint of finger

XA6KB0 Distal interphalangeal joint of index finger

XA15C8 Distal interphalangeal joint of middle finger

XA0LT5 Distal interphalangeal joint of ring finger

XA1928 Distal interphalangeal joint of little finger

XA4BC2 **Ligaments of the upper extremity**

XA93X9 Ligament of the shoulder

XA2H23 Acromioclavicular ligament

XA49Z7 Inferior acromioclavicular ligament

XA8RC9 Superior acromioclavicular ligament

XA01C8 Anterior ligament of the shoulder

XA2JQ3 Anterior sternoclavicular ligament

XA8MA3 Coracoacromial ligament

XA9WP5 Coracoclavicular ligament

XA4PU7 Conoid ligament

XA5SJ7 Trapezoid ligament

XA5EW9 Coracohumeral ligament

XA1PK9 Costoclavicular ligament

XA8H81 Glenohumeral ligament

XA5Z24 Glenoidal labrum ligament

XA84L3 Interclavicular ligament

XA3PT9 Posterior sternoclavicular ligament

XA6EG3 Rotator cuff capsule

XA6EE7 Spinoglenoid ligament

XA5MU7 Suprascapular ligament

XA9C92 Transverse humeral ligament

XA5Y12 Ligament of the elbow

XA0JJ8 Annular ligament

XA4S76 Ligament of Struthers

XA16Y4 Posterior ligament of elbow

XA8B40 Quadrate ligament

XA9WJ8 Radial collateral ligament

XA9220 Ulnar collateral ligament

XA6SA0 Interosseous membrane of forearm

XA9Y28 Ligament of the wrist and hand

Coded Elsewhere: Radial collateral ligament (XA9WJ8)

XA9MY7 Collateral carpal ligament

XA0K88 Collateral metacarpophalangeal ligament

XA20K5 Dorsal carpometacarpal ligament

XA0PE4 Dorsal intercarpal ligament

XA0WZ1 Dorsal intermetacarpal ligament

XA2PN5 Dorsal metacarpophalangeal ligament

XA7Q52 Dorsal radiocarpal ligament

XA52E8 Interosseous ligament

XA10U4 Palmar aponeurosis

XA1Z72 Pisohamate ligament

XA3VJ3 Pisometacarpal ligament

XA0PY0 Radioulnar ligament

XA4396 Dorsal radioulnar ligament

XA2940 Volar radioulnar ligament

XA3SZ9 Transverse metacarpal ligament

XA3K32 Ulnocarpal ligament

XA1PU7 Volar carpometacarpal ligament

XA47N4 Volar intercarpal ligaments

XA1LF5 Volar intermetacarpal ligament

XA3VN5 Volar metacarpophalangeal ligament

XA0492 Volar radiocarpal ligament

XA5ST4 Joints and ligaments of the lower extremity

XA7L41 **Joints of lower extremity**

XA4XS4 Hip joint

XA8RL1 Knee joint

XA0LC4 Tibiofemoral joint

XA0VJ4 Patellofemoral joint

XA0LG3 Proximal tibiofibular joint

XA8VV2 Semilunar cartilage

Coded Elsewhere: Lateral meniscus of knee joint (XA6HQ4)
Medial meniscus of knee joint (XA7LB6)

XA27P3 Ankle joint

XA8MM7 Talocrural joint

XA2K81 Distal tibiofibular joint

XA7SZ8 Subtalar joint

XA22T0 Joint of the foot

XA2YS1 Intertarsal joint

Coded Elsewhere: Subtalar joint (XA7SZ8)

XA4JJ1 Calcaneocuboid joint

XA0WY5 Talocalcaneonavicular joint

XA6NT7 Cuneonavicular joint

XA1N77 Cuboideonavicular joint

XA9SD1 Intercuneiform joint

XA2FA3 Cuneocuboid joint

XA2MY1 Tarsometatarsal joint

XA6FF3 Intermetatarsal joint

XA8XU1 Metatarsophalangeal joint

XA7NJ7 First metatarsophalangeal joint

XA58K5 Second metatarsophalangeal joint

XA2792 Third metatarsophalangeal joint

XA7QC6 Fourth metatarsophalangeal joint

XA5A23 Fifth metatarsophalangeal joint

XA04T7 Interphalangeal joint of the foot

XA87P9 Interphalangeal joint of great toe

XA5573 Proximal interphalangeal joint of the foot

XA56K9 Proximal interphalangeal joint of second toe

XA2QY2 Proximal interphalangeal joint of third toe

XA2R87 Proximal interphalangeal joint of fourth toe

XA1LM0 Proximal interphalangeal joint of fifth toe

XA0RK3 Distal interphalangeal joint of the foot

XA8UM5 Distal interphalangeal joint of second toe

XA43F0 Distal interphalangeal joint of third toe

XA8NU9 Distal interphalangeal joint of fourth toe

XA39U1 Distal interphalangeal joint of fifth toe

XA7U26 **Ligaments of the lower extremity**

XA1A66 Ligament of the hip

XA1F23 Iliofemoral ligament

XA6KC6 Iliotibial ligament

XA6TZ6 Iliotrochanteric ligament

XA5HX9 Ischiocapsular ligament

XA13S4 Ligamentum teres femoris

XA3GE8 Pubofemoral ligament

XA9J44 Transverse acetabular ligament

XA8P38 Ligament of the knee

XA0ZC8 Anterior cruciate ligament

XA04S7 Coronary ligament

XA4YJ0 Fibular collateral ligament

XA6HQ4 Lateral meniscus of knee joint

XA87R6 Oblique popliteal ligament

XA3772 Patellar ligament

XA4635 Posterior cruciate ligament

XA7LD2 Tibial collateral ligament

XA71L7 Transverse ligament of the knee

XA7LB6 Medial meniscus of knee joint

XA2F70 Ligament of the ankle or foot

XA93X1 Anterior inferior ligament

XA84J2 Anterior talofibular ligament

XA1259 Anterior tibiofibular ligament

XA5EY2 Bifurcated ligament

XA3154 Calcaneofibular ligament

XA59Z4 Collateral ligament of the foot

XA2314 Cuneometatarsal ligament

XA9YS6 Deltoid ligament

XA42X4 Dorsal calcaneocuboid ligament

XA6Q67 Dorsal cuboideonavicular ligament

XA3TS2 Dorsal intermetatarsal ligament

XA8NU3 Dorsal naviculocuneiform ligament

XA86X4 Dorsal talonavicular ligament

XA9E13 Dorsal tarsometatarsal ligament

XA2FV7 Inferior transverse ligament of ankle

XA16V1 Intercuneiform ligament

XA7075 Dorsal intercuneiform ligament

XA5HQ7 Plantar intercuneiform ligament

XA4XJ2 Interosseous talocalcaneal ligament

XA6NS2 Long plantar ligament

XA59U6 Plantar accessory ligament

XA87B0 Plantar aponeurosis

XA4N86 Plantar calcaneocuboid ligament

XA5KN3 Plantar calcaneonavicular ligament

XA2NX5 Plantar cuboideonavicular ligament

XA18T4 Plantar intermetatarsal ligament

XA1747 Plantar naviculocuneiform ligament

XA71L9 Plantar tarsometatarsal ligament

XA2D55 Posterior inferior ligament

XA93E6 Posterior talofibular ligament

XA6RA3 Posterior tibiofibular ligament

XA6546 Talocalcaneal ligament

XA93N5 Anterior talocalcaneal ligament

XA4VX8 Lateral talocalcaneal ligament

XA09E2 Medial talocalcaneal ligament

XA60T4 Posterior talocalcaneal ligament

XA5BX0 Transverse metatarsal ligament

XA2P74 **Ligaments and joints of multiple sites**

Number of joints

XA4EJ6 **Multiple Joints**

XA1CK9 **Oligoarticular**

XA3FU7 **Polyarticular**

XA02P3 Multiple large joints only
Large joints include ankle joint, knee joint, hip joint, elbow joint and shoulder joint.

XA2SK7 Multiple small joints only
Small joints include toe joints, finger joints and wrist joint.

XA3BZ3 Both large and small joints

XA5X22 Large joints only with cervical spine or temporomandibular involvement

XA4BF0 **Monoarticular**

Number of Ligaments

XA5XD5 **Multiple ligaments**

XA5NN2 **Single ligament**

Cartilage

XA8YS7 **Elastic cartilage**

XA8VH7 **Fibrous cartilage**

XA2686 **Hyaline cartilage**

XA3NV3 **Articular cartilage**

XA6958 **Costal cartilage**

Muscles

XA2JQ8 **Muscles of the head and neck**

XA2SJ6 **Alaeque nasi muscle**

XA2QF2 **Anterior auricularis muscle**

XA3SS4 **Aryepiglotticus muscle**

XA8GG0 **Buccinator muscle**

XA0UH6 **Constrictor of pharynx - inferior muscle**

XA3S80 **Constrictor of pharynx - middle muscle**

XA9568 **Constrictor of pharynx - superior muscle**

XA01U4 **Corrugator supercilii muscle**

XA7W64 **Cricothyroid muscle**

XA04G0 **Depressor anguli oris muscle**

XA60C8 **Depressor labii inferioris muscle**

XA2967 **Digastric muscle**

XA09D1 **Frontalis muscle**

XA50R5 **Genioglossus muscle**

XA5YU7 **Geniohyoid muscle**

XA5DX5 **Hyoglossus muscle**

XA3PY5 **Hyoid muscle**

XA4N79 **Inferior oblique muscle**

XA1X67 **Inferior rectus muscle**

XA31C3 **Intrinsic muscles of tongue**

XA5WQ9	**Lateral cricoarytenoid muscle**
XA8ZB7	**Lateral pterygoid muscle**
XA3282	**Lateral rectus muscle**
XA75X0	**Levator anguli oris muscle**
XA1490	**Levator labii superioris muscle**
XA2R46	**Levator palpebrae superioris muscle**
XA5LP4	**Levator veli palatini muscle**
XA6YE6	**Longus capitis muscle**
XA8EM8	**Longus colli muscle**
XA2VD8	**Masseter muscle**
XA2DX4	**Medial pterygoid muscle**
XA95N1	**Medial rectus muscle**
XA0U25	**Mentalis muscle**
XA8AR7	**Musculus uvulae muscle**
XA83A9	**Mylohyoid muscle**
XA0Y41	**Nasalis muscle**
XA59J0	**Oblique arytenoid muscle**
XA8L72	**Oblique auricularis muscle**
XA6LS5	**Obliquus capitis inferior muscle**
XA0X13	**Obliquus capitis superior muscle**
XA4RN7	**Omohyoid muscle**
XA0ZM1	**Orbicularis oculi muscle**
XA55R2	**Orbicularis oris muscle**
XA2U72	**Palatoglossus muscle**
XA1PG4	**Palatopharyngeus muscle**
XA17T6	**Platysma muscle**
XA8C48	**Posterior auricularis muscle**
XA9RS8	**Posterior cricoarytenoid muscle**
XA6648	**Procerus muscle**
XA16A4	**Rectus capitis anterior muscle**

XA0JK2	**Rectus capitis lateralis muscle**
XA20Q8	**Rectus capitis posterior major muscle**
XA80F2	**Rectus capitis posterior minor muscle**
XA49A7	**Risorius muscle**
XA81P5	**Salpingopharyngeus muscle**
XA0JF1	**Scalenus anterior muscle**
XA6S71	**Scalenus medius muscle**
XA3TF5	**Scalenus minimus muscle**
XA35K5	**Scalenus posterior muscle**
XA58T9	**Splenius capitis muscle**
XA6095	**Splenius cervicis muscle**
XA8D61	**Stapedius muscle**
XA2H61	**Sternocleidomastoid muscle**
XA5QR5	**Sternohyoid muscle**
XA9H91	**Sternothyroid muscle**
XA5L15	**Styloglossus muscle**
XA1TY3	**Stylohyoid muscle**
XA9AM5	**Stylopharyngeus muscle**
XA8SW4	**Superior auricularis muscle**
XA2X27	**Superior oblique muscle**
XA51R1	**Superior rectus muscle**
XA01H9	**Temporalis muscle**
XA1CQ1	**Temporoparietalis muscle**
XA42R7	**Tensor tympani muscle**
XA7LF2	**Tensor veli palatini muscle**
XA8352	**Thyroarytenoid muscle**
XA2ZL4	**Thyroepiglotticus muscle**
XA87S0	**Thyrohyoid muscle**
XA3856	**Transverse arytenoid muscle**
XA9AU8	**Transverse auricularis muscle**

XA0M12 **Vocalis muscle**

XA37U4 **Zygomaticus major muscle**

XA2AP2 **Zygomaticus minor muscle**

XA19W0 **Muscle of the thorax**

XA6RW0 **External intercostal muscle**

XA3P12 **Innermost intercostal muscle**

XA1256 **Internal intercostal muscle**

XA7NL0 **Levator costarum muscle**

XA1QH6 **Pectoralis major muscle**

XA0SB2 **Pectoralis minor muscle**

XA7QL8 **Serratus anterior muscle**

XA44Y8 **Subcostalis muscle**

XA3G64 **Transversus thoracis muscle**

XA2JL0 **Diaphragm**

XA8PG5 **Muscle of the abdomen**

XA3TW8 **External oblique abdominis muscle**

XA9B36 **Internal oblique abdominis muscle**

XA43E9 **Psoas major muscle**

XA7DA1 **Psoas minor muscle**

XA6AY9 **Pyramidalis muscle**

XA1GP3 **Quadratus lumborum muscle**

XA1N65 **Rectus abdominis muscle**

XA9FR3 **Transversus abdominis muscle**

XA8Z76 **Muscle of the back**

XA19S9 **Iliocostalis muscle**

XA8YU1 **Interspinales muscle**

XA02Z7 **Intertransversarii muscle**

XA9AG9 **Latissimus dorsi muscle**

XA00C1 **Levator scapulae muscle**

XA6MB7 **Longissimus muscle**

XA8512 **Multifidus muscle**

XA25S1 **Rhomboid major muscle**

XA5GH5 **Rhomboid minor muscle**

XA76Q0 **Rotatores muscle**

XA60Q0 **Semispinalis muscle**

XA4A47 **Serratus posterior inferior muscle**

XA15B6 **Serratus posterior superior muscle**

XA0U57 **Spinalis muscle**

XA7RM2 **Teres major muscle**

XA86Q8 **Trapezius muscle**

XA2J71 **Muscles of the pelvis and perineum**

XA2E07 **Bulbospongiosus muscle**

XA5FZ1 **Cremaster muscle**

XA8HG2 **Dartos muscle**

XA2LG6 **Deep transverse perinei muscle**

XA3YC6 **Iliococcygeus muscle**

XA73H8 **Ischiocavernosus muscle**

XA9T66 **Levator ani-coccygeus muscle**

XA3HP4 **Pubococcygeus muscle**

XA7MM8 **Puborectalis muscle**

XA4RK4 **Pubovaginalis muscle**

XA3ML6 **Sphincter ani muscle**

XA8FT0 **Sphincter urethrae muscle**

XA56U7 **Superficial transverse perinei muscle**

XA4Z20 **Muscles of the upper extremity**

XA90T3 **Abductor digiti minimi muscle (hand)**

XA0Z05 **Abductor pollicis brevis muscle**

XA7PS1 **Abductor pollicis longus muscle**

XA54Z7 **Adductor pollicis muscle**

XA2583 **Anconeus muscle**

XA0GV5	**Articularis cubiti muscle**
XA1KL5	**Biceps brachii muscle**
XA0481	Long head of the biceps brachii muscle
XA3J17	Short head of the biceps brachii muscle
XA6CR7	**Brachialis muscle**
XA2ZN1	**Brachioradialis muscle**
XA0TQ5	**Coracobrachialis muscle**
XA3VN0	**Deltoid muscle**
XA4U40	**Extensor carpi radialis brevis**
XA8824	**Extensor carpi radialis longus muscle**
XA9304	**Extensor carpi ulnaris muscle**
XA0T60	**Extensor digiti minimi muscle (hand)**
XA7QU8	**Extensor digitorum muscle (hand)**
XA1AV6	**Extensor indicis muscle**
XA4V20	**Extensor pollicis brevis muscle**
XA0CS4	**Extensor pollicis longus muscle**
XA0S07	**Flexor carpi radialis muscle**
XA4HV9	**Flexor carpi ulnaris muscle**
XA3UK3	**Flexor digiti minimi brevis muscle (hand)**
XA4Z43	**Flexor digitorum profundus muscle**
XA1NW3	**Flexor digitorum superficialis muscle**
XA5QD0	**Flexor pollicis brevis muscle**
XA3GQ7	**Flexor pollicis longus muscle**
XA6463	**Interossei of the hand muscle**
XA2QW3	Dorsal interossei of the hand muscle
XA5055	Palmar interossei of the hand muscle
XA9B77	**Lumbricals of hand muscle**
XA4RW9	**Opponens digiti minimi muscle (hand)**
XA0Q73	**Opponens pollicis muscle**
XA9KL5	**Palmaris brevis muscle**

XA6P76 **Palmaris longus muscle**

XA91W0 **Pronator quadratus muscle**

XA58Z6 **Pronator teres muscle**

XA3DL4 **Rotator cuff muscle**

XA7E49 Infraspinatus muscle

XA1QF1 Subscapularis muscle

XA74P3 Supraspinatus muscle

XA3CP1 Teres minor muscle

XA90Z6 **Supinator muscle**

XA2EB2 **Triceps brachii muscle**

XA47J0 **Muscles of the lower extremity**

XA0W07 **Abductor digiti minimi muscle (foot)**

XA7119 **Abductor hallucis muscle**

XA8GU7 **Adductor brevis muscle**

XA0FW7 **Adductor hallucis muscle**

XA01U3 **Adductor longus muscle**

XA8HR3 **Adductor magnus muscle**

XA0DE1 **Articularis genu muscle**

XA3CB9 **Biceps femoris muscle**

XA7FZ1 **Extensor digitorum brevis muscle (foot)**

XA24U7 **Extensor digitorum longus muscle (foot)**

XA3T27 **Extensor hallucis brevis muscle**

XA7R67 **Extensor hallucis longus muscle**

XA20W3 **Flexor digiti minimi brevis muscle (foot)**

XA97C3 **Flexor digitorum brevis muscle**

XA23Q3 **Flexor digitorum longus muscle (foot)**

XA3MB7 **Flexor hallucis brevis muscle**

XA7E33 **Flexor hallucis longus muscle**

XA1PK6 **Gastrocnemius muscle**

XA7PN8 **Gemellus inferior muscle**

XA0472	**Gemellus superior muscle**
XA48F2	**Gluteus maximus muscle**
XA5VJ8	**Gluteus medius muscle**
XA7BY4	**Gluteus minimus muscle**
XA1HH2	**Gracilis muscle**
XA0200	**Iliacus muscle**
XA15P6	**Interossei - dorsal of foot muscle**
XA8TS8	**Interossei - plantar of foot muscle**
XA7PN0	**Lumbricals of foot muscle**
XA7Y24	**Obturator externus muscle**
XA11E8	**Obturator internus muscle**
XA9E00	**Pectineus muscle**
XA26M7	**Peroneus brevis muscle**
XA3P60	**Peroneus longus muscle**
XA9D52	**Peroneus tertius muscle**
XA7XS8	**Piriformis muscle**
XA7W96	**Plantaris muscle**
XA8CL8	**Popliteus muscle**
XA41G3	**Quadratus plantae muscle**
XA1BT5	**Quadriceps femoris muscle**
XA5447	**Rectus femoris muscle**
XA5CE3	**Sartorius muscle**
XA5AM5	**Semimembranosus muscle**
XA2EK1	**Semitendinosus muscle**
XA5B83	**Soleus muscle**
XA11U3	**Tensor fasciae lata muscle**
XA02U9	**Tibialis anterior muscle**
XA3VR3	**Tibialis posterior muscle**
XA33F6	**Vastus intermedius muscle**
XA00Z6	**Vastus lateralis muscle**

XA9RD2 **Vastus medialis muscle**

Tendons

XA3PP9 **Tendons of the head and neck**

XA46A9 **Alaeque nasi tendon**

XA6J99 **Aryepiglotticus tendon**

XA8XC7 **Auricularis tendon**

XA3163 **Buccinator tendon**

XA6L11 **Corrugator supercilii tendon**

XA01X1 **Cricothyroid tendon**

XA28X5 **Depressor anguli oris tendon**

XA6WZ3 **Depressor labii inferioris tendon**

XA5S69 **Digastric tendon**

XA5CP4 **Frontalis tendon**

XA6BT8 **Genioglossus tendon**

XA9L90 **Geniohyoid tendon**

XA8N10 **Hyoglossus tendon**

XA7EE6 **Hyoid tendon**

XA3ZA2 **Inferior oblique tendon**

XA7HT8 **Inferior rectus tendon**

XA1394 **Lateral cricoarytenoid tendon**

XA6PK4 **Lateral pterygoid tendon**

XA3LT8 **Lateral rectus tendon**

XA7653 **Levator anguli oris tendon**

XA0YK7 **Levator labii superioris tendon**

XA61C9 **Levator palpebrae superioris tendon**

XA7VD7 **Levator veli palatini tendon**

XA1FR7 **Longus capitis tendon**

XA0UD3 **Longus colli tendon**

XA1FB3 **Masseter tendon**

XA8F95 **Medial pterygoid tendon**

XA6SG3	**Medial rectus tendon**
XA7JW2	**Mentalis tendon**
XA7ZZ8	**Mylohyoid tendon**
XA7NU6	**Nasalis tendon**
XA5Q22	**Oblique arytenoid tendon**
XA8AT8	**Obliquus capitis inferior tendon**
XA39M0	**Obliquus capitis superior tendon**
XA2JY6	**Omohyoid tendon**
XA65X4	**Orbicularis oculi tendon**
XA0W74	**Orbicularis oris tendon**
XA6SX4	**Palatoglossus tendon**
XA6LA2	**Palatopharyngeus tendon**
XA4758	**Platysma tendon**
XA0AE2	**Posterior cricoarytenoid ligament**
XA5HD8	**Procerus tendon**
XA8CQ6	**Rectus capitis anterior tendon**
XA4RG2	**Rectus capitis lateralis tendon**
XA6WL6	**Rectus capitis posterior major tendon**
XA1XH8	**Rectus capitis posterior minor tendon**
XA9450	**Risorius tendon**
XA0SH8	**Salpingopharyngeus tendon**
XA3XC1	**Scalene tendon**
XA45L1	scalenus anterior tendon
XA7XV7	scalenus medius tendon
XA7NL5	scalenus minimus tendon
XA9HH7	scalenus posterior tendon
XA39C9	**Splenius capitis tendon**
XA2HL1	**Splenius cervicis tendon**
XA8W69	**Stapedius tendon**
XA70V9	**Sternocleidomastoid tendon**

XA6S11 **Sternohyoid tendon**

XA4VX2 **Sternothyroid tendon**

XA90J0 **Styloglossus tendon**

XA20E0 **Stylohyoid tendon**

XA7GV2 **Stylopharyngeus tendon**

XA5ES8 **Superior oblique tendon**

XA3ZN4 **Superior rectus tendon**

XA7D16 **Temporalis tendon**

XA8BT2 **Temporoparietalis tendon**

XA5956 **Tensor tympani tendon**

XA2W44 **Tensor veli palatini tendon**

XA4ME3 **Thyroarytenoid tendon**

XA0CT5 **Thyroepiglotticus tendon**

XA9YC3 **Transverse arytenoid tendon**

XA4CN7 **Vocalis tendon**

XA0XQ7 **Zygomaticus major tendon**

XA0SZ1 **Zygomaticus minor tendon**

XA3SA1 **Tendons of the thorax**

XA01T0 **Chordae tendineae**

XA9N29 **Diaphragm tendon**

XA5WL5 **Intercostals external tendon**

XA8FV0 **Intercostals innermost tendon**

XA92E2 **Intercostals internal tendon**

XA5R18 **Levatores costarum tendon**

XA3C70 **Pectoralis major tendon**

XA40K0 **Pectoralis minor tendon**

XA91D0 **Serratus anterior tendon**

XA7J14 **Serratus posterior inferior tendon**

XA0MH0 **Serratus posterior superior tendon**

XA8WS6 **Subcostalis tendon**

XA3XC9 **Tendon of Todaro**

XA1HX3 **Transversus thoracis tendon**

XA4797 **Tendons of the abdomen**

XA0101 **External oblique abdominis tendon**

XA45G1 **Internal oblique abdominis tendon**

XA3045 **Psoas major tendon**

XA7V41 **Psoas minor tendon**

XA49W5 **Pyramidalis tendon**

XA34K5 **Quadratus lumborum tendon**

XA1HT1 **Rectus abdominis tendon**

XA0V25 **Transversus abdominis tendon**

XA9Z26 **Tendons of the back**

XA48X7 **Iliocostalis tendon**

XA2MX3 **Infraspinatus tendon**

XA2E69 **Interspinales tendon**

XA8UU5 **Intertransversarii tendon**

XA8467 **Latissimus dorsi tendon**

XA3TD7 **Longissimus tendon**

XA33T4 **Multifidus tendon**

XA3P63 **Rhomboid major tendon**

XA8918 **Rhomboid minor tendon**

XA16J2 **Rotatores tendon**

XA3D42 **Semispinalis tendon**

XA28J9 **Spinalis tendon**

XA09K4 **Teres major tendon**

XA42P8 **Teres minor tendon**

XA9PV0 **Trapezius tendon**

XA1SN1 **Tendons of the pelvis and perineum**

XA15H4 **Bulbospongiosus tendon**

XA45X9 **Coccygeus tendon**

XA4755 **Cremaster tendon**

XA2BV5 **Dartos tendon**

XA2TD5 **Deep transverse perinei tendon**

XA6QW7 **Iliococcygeus tendon**

XA7YP5 **Ischiocavernosus tendon**

XA5JV1 **Pubococcygeus tendon**

XA66F5 **Puborectalis tendon**

XA32R3 **Pubovaginalis tendon**

XA0WU6 **Tendons of the upper extremity**

XA5AY5 **Abductor digiti minimi tendon**

XA7YE1 **Abductor pollicis brevis tendon**

XA0UY5 **Abductor pollicis longus tendon**

XA9749 **Adductor pollicis tendon**

XA4HK3 **Anconeus tendon**

XA8AM4 **Biceps brachii tendon**

XA2UD9 Long head of biceps brachii tendon

XA0FB1 Short head of biceps brachii tendon

XA9G06 **Brachialis tendon**

XA3YY6 **Brachioradialis tendon**

XA83R8 **Coracobrachialis tendon**

XA0942 **Deltoid tendon**

XA24P4 **Dorsal Interosseous tendon**

XA18F0 **Extensor carpi radialis brevis tendon**

XA1T90 **Extensor carpi radialis longus tendon**

XA4PY2 **Extensor carpi ulnaris tendon**

XA4WU2 **Extensor digiti minimi tendon**

XA5H06 **Extensor digitorum tendon**

XA4EE2 **Extensor indicis tendon**

XA5KN6 **Extensor pollicis brevis tendon**

XA4CG6 **Extensor pollicis longus tendon**

XA8U10 **Extensor tendon**

XA8H50 **Flexor carpi radialis tendon**

XA5CE2 **Flexor carpi ulnaris tendon**

XA23D8 **Flexor digiti minimi tendon**

XA0GQ6 **Flexor digitorum profundus tendon**

XA9526 **Flexor digitorum superficialis tendon**

XA9Q34 **Flexor digitorum tendon**

XA1Q82 **Flexor pollicis brevis tendon**

XA92F7 **Flexor pollicis longus tendon**

XA5YQ2 **Flexor tendon**

XA4M25 **Interossei tendon**

XA1X89 **Levator scapulae tendon**

XA8TQ1 **Lumbrical tendon**

XA9KM7 **Opponens digiti minimi tendon**

XA3W45 **Opponens pollicis tendon**

XA82E6 **Palmar interosseous tendon**

XA7B73 **Palmaris brevis tendon**

XA41L1 **Palmaris longus tendon**

XA41Z5 **Pronator quadratus tendon**

XA7EK5 **Pronator teres tendon**

XA7V30 **Subclavius tendon**

XA54N6 **Subscapularis tendon**

XA5EJ6 **Supinator tendon**

XA5VZ4 **Supraspinatus tendon**

XA5RS6 **Triceps brachii tendon**

XA5L93 **Tendons of the lower extremity**

XA5ZK0 **Abductor digiti minimi (foot) tendon**

XA14Z8 **Abductor hallucis tendon**

XA8BK1 **Achilles tendon**

XA4HF0 **Adductor brevis tendon**

XA8B14	**Adductor hallucis tendon**
XA1TK8	**Adductor longus tendon**
XA8746	**Adductor magnus tendon**
XA9381	**Anterior ligament of the lower extremity**
XA7MT0	**Articularis genu tendon**
XA1MF8	**Biceps femoris tendon**
XA86H9	**Dorsal interossei of foot tendon**
XA6230	**Extensor digitorum brevis (foot) tendon**
XA1ZF4	**Extensor digitorum longus (foot) tendon**
XA4NZ0	**Extensor hallucis brevis tendon**
XA5L26	**Extensor hallucis longus tendon**
XA8X38	**Flexor digiti minimi brevis (foot) tendon**
XA8GD0	**Flexor digitorum brevis tendon**
XA3MK8	**Flexor digitorum longus (foot) tendon**
XA00Z8	**Flexor hallucis brevis tendon**
XA1MF0	**Flexor hallucis longus tendon**
XA5LZ0	**Gastrocnemius tendon**
XA2HX4	**Gemellus inferior tendon**
XA5M18	**Gemellus superior tendon**
XA1JL3	**Gluteus maximus tendon**
XA1387	**Gluteus medius tendon**
XA4HK9	**Gluteus minimus tendon**
XA12U3	**Gracilis tendon**
XA8FT1	**Iliacus tendon**
XA5DE3	**Lumbrical of foot tendon**
XA3EE9	**Obturator externus tendon**
XA2469	**Obturator internus tendon**
XA07E4	**Pectineus tendon**
XA3AN0	**Peroneus brevis tendon**
XA7VY0	**Peroneus longus tendon**

XA3D16 **Peroneus tertius tendon**

XA3EU4 **Piriformis tendon**

XA7L19 **Plantar interossei of foot tendon**

XA6BZ6 **Plantaris tendon**

XA4V24 **Popliteus tendon**

XA1L44 **Quadratus plantae tendon**

XA9420 **Quadriceps femoris tendon**

XA4ZG0 **Rectus femoris tendon**

XA0981 **Sartorius tendon**

XA4AL5 **Semimembranosus tendon**

XA7DY9 **Semitendinosus tendon**

XA7E05 **Soleus tendon**

XA33Q1 **Tensor fasciae lata tendon**

XA8SN1 **Tibialis anterior tendon**

XA7FR7 **Tibialis posterior tendon**

XA8ST5 **Vastus intermedius tendon**

XA8CQ5 **Vastus lateralis tendon**

XA6RK3 **Vastus medialis tendon**

XA2C51 **Enthesis**

XA16K5 **Bursa**

XA12U7 **Bursa olecrani**

XA7P88 **Bursa praepatellaris**

Genitourinary system

Urinary system

XA6KU8 **Kidney**

XA5EP6 **Renal capsule**

XA35W4 **Renal cortex**

XA91E4 **Renal medulla**

XA9Q52 Renal pyramid

XA21J4 **Renal pelvis**

XA4UD2 **Renal hilum**

XA40R2 **Glomerulus**

XA8AN8 Nephron

XA2364 Renal tubule

XA7156 **Ureter**

XA77K2 **Urinary bladder**

Coded Elsewhere: Urachus (XA1NC2)

XA2PT2 **Dome of bladder**

XA0R03 **Bladder wall**

Coded Elsewhere: Trigone of bladder (XA6KF2)

XA3JA5 Lateral wall of bladder

XA4UM5 Anterior wall of bladder

XA2562 Posterior wall of bladder

XA6SR9 Superior wall of bladder

XA2UZ6 Trigone of urinary bladder - duplication

XA6KF2 **Trigone of bladder**

XA4P63 Ureteric orifice

XA8KN5 Internal urethral orifice

XA0VZ5 **Bladder neck**

XA5TA5 **Urethra**

XA33M0 **Internal urethral sphincter**

XA75T3 **Membranous urethra**

XA7869 **Prostatic urethra**

XA4DF2 **External urethral sphincter**

XA8EW9 **Penile urethra**

XA4NU9 **External urethral meatus**

XA4V93 **Urinary tract, not elsewhere classified**

XA34X0 **Lower urinary tract**

XA6RS6 **Upper urinary tract**

XA75A2 **Male genital organs**

Coded Elsewhere: Urethra (XA5TA5)

XA7QV2 **Penis**

XA0970 Root of penis

XA9A26 Body of penis

XA03Y8 Dorsal surface of penis

XA3D56 Ventral surface of penis

XA0MH6 Glans penis

XA3Q76 Penile urethral meatus

XA3KB3 Paraurethral gland

XA71S4 Prepuce

XA2BL8 Outer surface of prepuce

XA1CP6 Mucosal surface of prepuce

XA54U4 Coronal sulcus of penis

XA7V24 Frenulum of penis

XA4947 **Testis**

XA1FS5 Tunica vaginalis

XA07W9 Tunica albuginea

XA9636 Seminiferous tubules

XA13Z7 Descended testis

XA14M8 Testicular appendage

XA4D25 **Epididymis**

XA9235 **Spermatic cord**

Coded Elsewhere: Pampiniform plexus (XA05M3)

XA8PQ1 Vas deferens

XA0MJ1 **Seminal vesicle**

XA63E5 **Prostate gland**

XA2GU7 **Female genital organs**

Coded Elsewhere: Placenta (XA90F8)

XA78U5 **Vulva**

Coded Elsewhere: Mons pubis (XA10Z0)

XA11L9 Labia of vulva

XA59G9 Labium majus

XA0MU9 Labium minus

Coded Elsewhere: Posterior fourchette of vulva (XA0565)

XA4851 Clitoris

XA3C45 Clitoral hood

XA1A52 Vulval vestibule

Coded Elsewhere: External urethral meatus (XA4NU9)

XA27K9 Bartholin gland

XA0565 Posterior fourchette of vulva

XA1LK7 **Vagina**

XA4AH3 Vaginal introitus

XA3A69 Hymen

XA9BM1 Gartner duct

XA46V2 Vaginal vault

XA99N3 **Uterus**

XA3V49 Fundus of uterus

XA5229 Corpus uteri

Coded Elsewhere: Amnion (XA8XR0)
Isthmus uteri (XA7F09)
Fundus of uterus (XA3V49)

XA8QA8 Endometrium

XA9DM0 Endometrial gland

XA3FR4 Endometrial stroma

XA2LU5 Myometrium

XA9HG1 Parametrium

Coded Elsewhere: Uterine ligament (XA4T57)
Uterosacral ligament (XA2NB2)

XA3QZ2 Uterine cavity

XA7F09 Isthmus uteri

XA5WW1 Cervix uteri

XA3Z33 Internal os

XA7Z73 Cervical canal

XA0KR7 Connective and other soft tissues of uterus

XA1QK0 **Ovary**

XA6FA5 Cortex of ovary

XA44X6 Medulla of ovary

XA7E69 **Uterine adnexa**

Coded Elsewhere: Broad ligament of the uterus (XA0EJ9)
Round ligament of uterus (XA23X3)
Parametrium (XA9HG1)
Ovary (XA1QK0)

XA3EF0 Fallopian tube

XA1MQ5 **Embryological structures**

XA7A99 **Developmental tissue**

XA7TJ5 Ectoderm

XA3HM5 Endoderm

XA3D33 Mesoderm

XA3NA0 **Embryo**

XA23B0 **Fetus**

XA85H6 **Fetal membranes**

XA7MU1 Amniotic sac

XA8XR0 Amnion

XA66R5 Chorion

XA33K4 Amniotic fluid

XA9YJ5 Allantois

XA0SH3 **Thyroglossal duct**

XA1NC2 **Urachus**

XA3L42 **Umbilical cord**

XA90F8 **Placenta**

Coded Elsewhere: Fetal membranes (XA85H6)

XA1RS6 **Head and neck**

XA20Q1 **Head**

Coded Elsewhere: External Ear (XA6ZY6)
Mouth (XA8182)

XA6CW5 Scalp

XA0WK0 Frontal scalp

XA0WG9 Frontal scalp margin

XA9DZ0 Temporal scalp

XA26C1 Temporal scalp margin

XA4W34 Parietal scalp

XA7JE5 Occipital scalp

XA3EK3 Occipital scalp margin

XA5BY6 Vertex of scalp

XA6AL1 Scalp margin

Coded Elsewhere: Frontal scalp margin (XA0WG9)
Occipital scalp margin (XA3EK3)
Temporal scalp margin (XA26C1)

XA93S9 Parietal scalp margin

XA86S4 Face

XA6TR8 Forehead

XA9SG2 Central forehead

XA1UW4 Paramedian forehead

That part of the forehead between the central and lateral forehead extending up from the superior border of the eyebrow to the frontal scalp margin.

XA1Z38 Lateral forehead

XA90D8 Glabella

XA9T94 Temple

XA29E7 Orbital region

Coded Elsewhere: Eyelid and ocular surface (XA17K1)
Orbit (XA2WJ9)

XA0SB3 Periorbital region

XA5WP1 Supraorbital region

XA1LZ5 Eyebrow

XA6TV2 Infraorbital region

XA7MK8 Cheek

XA5KE9 Upper cheek

XA0M67 Malar region

XA57N0 Malar eminence

XA6C41 Central cheek

XA3ZL3 Paranasal region

XA7207 Lower cheek

XA0SU2 Preauricular region

XA8KA2 Mandibular region

XA3H13 Nose

Coded Elsewhere: Skin of nose (XA04T9)

XA0LR7 Root of nose

XA5YP3 Dorsum of nose

XA3057 Supratip of nose

XA9JN5 Lateral side wall of nose

XA56T3 Tip of nose

XA3ZG3 Infratip lobule of nose

XA32Q9 Ala nasi

XA5ED7 Alar groove

XA7LG9 Alar rim

XA2TK5 Side wall of ala nasi

XA1B05 Nostril

XA4S17 Columella

XA9YZ7 Sill of nostril

XA5A87 Oral region

XA1A48 Perioral region

XA8JD4 Lip

XA7VQ4 Upper lip

Coded Elsewhere: Labial mucosa of upper lip (XA9072)

XA0K68 External upper lip

XA5LY8 Philtrum

XA5163 Nasolabial fold

XA8RK1 Vermilion border of upper lip

XA75S0 Vermilion of upper lip

XA1EF8 Labial commissure

XA15W6 Lower lip

Coded Elsewhere: Labial mucosa of lower lip (XA72W2)

XA5VD0 External lower lip

XA9TK2 Vermilion border of lower lip

XA7H02 Vermilion of lower lip

XA1BP2 Inner aspect of lip

XA3141 Frenulum of lip

XA3K27 External lip

XA2C62 Chin

XA04T9 Skin of nose

XA7AA6 **Neck**

XA4QS6 Front of neck

XA1NS6 Anterior triangle of neck

XA5TZ1 Submental region

XA0MP5 Submandibular region

XA8RA2 Suprasternal notch

XA9DQ5 Supraclavicular region

XA2ZF0 Side of neck

XA45K8 Posterior triangle of neck

XA1M78 Nape of neck

XA3FR3 **Trunk**

XA4QH7 **Upper trunk**

Coded Elsewhere: Axilla (XA17J1)

XA5D93 Thorax

XA55T2 Chest wall

XA00R3 Anterior thoracic region

XA8ML7 Upper anterior thoracic region

XA4MN6 Clavicular region

XA6M63 Infraclavicular region

XA5MS8 Presternal region

XA7GU3 Lower anterior thoracic region

XA7884 Lateral thoracic region

XA9RL9 Upper lateral thoracic region

XA0XL3 Anterolateral upper thoracic region

XA5C28 Posterolateral upper thoracic region

XA9MN4 Lower lateral thoracic region

XA3266 Anterolateral lower thoracic region

XA7MS4 Posterolateral lower thoracic region

XA10L7 Upper back

XA3PG8 Suprascapular region

XA3WD7 Scapular region

XA9LN5 Interscapular region

XA8NK1 Infrascapular region

XA6RF2 Lower thoracic paraspinal region

XA8EK1 Skin of thorax

XA12C1 Breast

XA1NS5 Upper half of breast

XA3LS6 Upper inner quadrant of breast

XA2Q54 Upper outer quadrant of breast

XA3PG5 Axillary tail of breast

XA0US1 Central portion of breast

XA2JK3 Areola

XA85A1 Lactiferous ducts

XA5MC5 Nipple

XA3UY3 Lower half of breast

XA0VX8 Lower inner quadrant of breast

XA94U2 Lower outer quadrant of breast

XA9CM2 Lateral half of breast

Coded Elsewhere: Upper outer quadrant of breast (XA2Q54)
Lower outer quadrant of breast (XA94U2)

XA3JH6 Medial half of breast

Coded Elsewhere: Upper inner quadrant of breast (XA3LS6)
Lower inner quadrant of breast (XA0VX8)

XA0T50 Inframammary flexure

XA6CY1 **Lower trunk**

XA6GV0 Abdomen

Coded Elsewhere: Umbilical cord (XA3L42)

XA0U66 Upper abdomen

XA8ZL8 Epigastrium

XA3TD4 Hypochondrium

XA1LM1 Periumbilical region

XA3MT8 Umbilicus

XA1DN2 Lateral lumbar region

XA4TC0 Lower abdomen

XA6N20 Hypogastrium

XA0NH8 Iliac region

XA3KX0 Abdominal wall

Coded Elsewhere: Iliac region (XA0NH8)
Lateral lumbar region (XA1DN2)
Periumbilical region (XA1LM1)
Suprapubic area (XA0LF4)
Epigastrium (XA8ZL8)
Hypochondrium (XA3TD4)

XA4SN6 Anterior abdominal wall

XA25R8 Lumbosacral region

XA6ZR2 Mid back

XA7ZW8 Lumbar paraspinal region

XA8FK6 Posterior lumbar region

XA9ET2 Lower back

XA6DS1 Coccygeal area

XA2UC8 Sacral region

XA4L23 Sacrococcygeal region

XA2P90 **Back**

Coded Elsewhere: Upper back (XA10L7)
Mid back (XA6ZR2)
Lower back (XA9ET2)

XA8HA7 **Anogenital region**

XA5FG3 Genital region

XA9PG6 Female external genitalia

Coded Elsewhere: Vulva (XA78U5)

XA1AK8 Male external genitalia

Coded Elsewhere: Penis (XA7QV2)

XA8MT4 Scrotum

XA9PX3 Perigenital region

XA0LF4 Suprapubic area

XA10Z0 Mons pubis

XA2XG2 Inguinocrural fold

XA00B4 Inguinal canal

XA4B34 Perianal region

Coded Elsewhere: Anus (XA0D34)

XA53N9 Perineum

XA2F27 Intergluteal cleft

XA6AS2 **Extremities**

XA4BA8 **Upper extremity**

XA2ND5 Shoulder

XA3PZ3 Anterior surface of shoulder

XA5BU5 Apex of shoulder

XA34G7 Posterior surface of shoulder

XA17J1 Axilla

XA41A1 Anterior axillary fold

XA86E8 Apex of axilla

XA2RY5 Posterior axillary fold

XA6809 Upper arm

XA22Q1 Anterior surface of upper arm

XA2W33 Lateral surface of upper arm

XA5TK8 Posterior surface of upper arm

XA3J41 Medial surface of upper arm

XA9FF8 Elbow

XA9NE6 Antecubital fossa

XA6599 Lateral condylar surface of elbow

XA3RT8 Elbow tip

XA4983 Medial condylar surface of elbow

XA7WB0 Forearm

XA8ZL6 Volar surface of forearm

XA1VA2 Lateral surface of forearm

XA8WH0 Dorsal surface of forearm

XA2Q46 Medial surface of forearm

XA2J63 Wrist

XA6AR5 Volar surface of wrist

XA3LK1 Radial border of wrist

XA0SH5 Dorsal surface of wrist

XA0J47 Ulnar border of wrist

XA5R12 Hand

XA30Z6 Dorsum of hand

XA3T43 Knuckles

Coded Elsewhere: First metacarpophalangeal joint (XA3M83)
Second metacarpophalangeal joint (XA9YH1)
Third metacarpophalangeal joint (XA6HB0)
Fourth metacarpophalangeal joint (XA7XA8)
Fifth metacarpophalangeal joint (XA7KA0)

XA65Z3 Interdigital web space of hand

XA1BR6 First interdigital web space of hand

XA5PY9 Second interdigital web space of hand

XA4012 Third interdigital web space of hand

XA3WG2 Fourth interdigital web space of hand

XA3NY8 Palm of hand

XA3FJ0 Proximal palm

XA2JN4 Thenar eminence

XA5TQ4 Hypothenar eminence

XA50E4 Central palm

XA00D7 Distal palm

XA2593 Fingers and thumb

Coded Elsewhere: Knuckles (XA3T43)

XA8DJ6 Thumb

Coded Elsewhere: Proximal phalanx of thumb (XA0903)
Interphalangeal joint of the thumb (XA6L43)
Distal phalanx of thumb (XA70H5)

XA0RL8 Perionychium of thumb

XA13E9 Proximal nailfold of thumb

XA20L7 Eponychium of thumb

XA4GD7 Lateral nailfold of thumb

XA63L0 Hyponychium of thumb

XA5PD5 Thumbnail

XA6DM1 Lunula of thumb

XA9N39 Nail bed of thumb

XA5V24 Nail plate of thumb

XA5ZV0 Pad of thumb

XA76N2 Dorsum of thumb

XA6NZ0 Index finger

Coded Elsewhere: Proximal phalanx of index finger (XA25U2)
Proximal interphalangeal joint of index finger (XA1DN6)
Middle phalanx of index finger (XA3JL6)
Distal interphalangeal joint of index finger (XA6KB0)
Distal phalanx of index finger (XA54X0)

XA6YH1 Perionychium of index finger

XA90K8 Eponychium of index finger

XA2UG0 Hyponychium of index finger

XA40D9 Index fingernail

XA1GS3 Lunula of index finger

XA1SB3 Nail bed of index finger

XA2XE0 Nail plate of index finger

XA6TA9 Pad of index finger

XA0Y38 Middle finger

Coded Elsewhere: Proximal phalanx of middle finger (XA6ET0)
Proximal interphalangeal joint of middle finger (XA3NW6)
Middle phalanx of middle finger (XA5910)
Distal interphalangeal joint of middle finger (XA15C8)
Distal phalanx of middle finger (XA8NR0)

XA1FY2 Perionychium of middle finger

XA8YE5 Proximal nail fold of middle finger

XA13L6 Eponychium of middle finger

XA2N38 Lateral nail fold of middle finger

XA8KX8 Hyponychium of middle finger

XA9YZ9 Middle fingernail

XA8VS0 Lunula of middle finger

XA2A53 Nail bed of middle finger

XA10T8 Nail plate of middle finger

XA79X0 Pad of middle finger

XA06X8 Ring finger

Coded Elsewhere: Proximal phalanx of ring finger (XA9MR0)
Proximal interphalangeal joint of ring finger (XA0BF5)
Middle phalanx of ring finger (XA8N14)
Distal interphalangeal joint of ring finger (XA0LT5)
Distal phalanx of ring finger (XA51S6)

XA7K11 Perionychium of ring finger

XA1F61 Proximal nail fold of ring finger

XA8L06 Eponychium of ring finger

XA3HG9 Lateral nail fold of ring finger

XA1W89 Hyponychium of ring finger

XA6Y59 Ring fingernail

XA4P58 Lunula of ring finger

XA3MW5 Nail bed of ring finger

XA3PS0 Nail plate of ring finger

XA6C72 Pad of ring finger

XA5EN3 Little finger

Coded Elsewhere: Proximal phalanx of little finger (XA73Q6)
Proximal interphalangeal joint of little finger (XA4175)
Middle phalanx of little finger (XA6HX0)
Distal interphalangeal joint of little finger (XA1928)
Distal phalanx of little finger (XA32G6)

XA89P0 Perionychium of little finger

XA4KU5 Proximal nail fold of little finger

XA2AV8 Eponychium of little finger

XA3LC5 Lateral nail fold of little finger

XA1C10 Hyponychium of little finger

XA4WN3 Pad of little finger

XA29K9 Little fingernail

XA3R66 Lunula of little finger

XA6HB9 Nail bed of little finger

XA4A79 Nail plate of little finger

XA4HZ3 Side of finger

XA7GT9 Tips of fingers

XA41X5 Tip of index finger

XA9Y99 Tip of middle finger

XA91S7 Tip of ring finger

XA8QW7 Tip of little finger

XA0EH9 Fingernails

Coded Elsewhere: Index fingernail (XA40D9)
Middle fingernail (XA9YZ9)
Ring fingernail (XA6Y59)
Little fingernail (XA29K9)
Thumbnail (XA5PD5)

XA66R9 Skin of elbow

XA45A6 **Lower extremity**

XA3VA7 Buttock

Coded Elsewhere: Intergluteal cleft (XA2F27)

XA5UE3 Gluteal fold

XA5S78 Thigh

XA98B3 Anterior surface of thigh

XA8RH9 Lateral surface of thigh

XA4TQ2 Trochanteric region

XA0183 Posterior surface of thigh

XA1YQ6 Medial surface of thigh

XA9ZB4 Upper medial surface of thigh

XA8KL5 Knee

XA9L17 Patellar region

XA77E9 Lateral surface of knee

XA9S09 Medial surface of knee

XA4DM3 Popliteal fossa

XA3YG1 Lower leg

XA33X4 Anterior surface of lower leg

XA4K86 Calf

XA4RR4 Lateral surface of lower leg

XA0LQ2 Posterior surface of lower leg

XA15P0 Medial surface of lower leg

XA5U49 Distal lower leg

XA90X0 Proximal lower leg

XA67V4 Ankle

XA2V14 Anterior surface of ankle

XA7AM4 Lateral surface of ankle

Coded Elsewhere: Lateral malleolus (XA4UL1)

XA1D83 Lateral supramalleolar region

XA41K4 Lateral retromalleolar region

XA7P78 Medial surface of ankle

Coded Elsewhere: Medial malleolus (XA1HS9)

XA87M9 Medial supramalleolar region

XA1SM7 Medial retromalleolar region

XA6AP4 Posterior surface of ankle

XA47V8 Foot

XA99M7 Hindfoot

XA5HK0 Heel

XA5ZE2 Posterior surface of heel

XA1QH8 Medial surface of heel

XA3R99 Lateral surface of heel

XA2N02 Plantar surface of heel

XA5151 Midfoot

XA02P2 Dorsal surface of midfoot

XA5YL1 Forefoot

Coded Elsewhere: Metatarsophalangeal joint (XA8XU1)

XA81Z3 Dorsal surface of forefoot

XA1FL5 Interdigital web space of foot

XA81N1 First interdigital web space of foot

XA8HC5 Second interdigital web space of foot

XA9LB9 Third interdigital web space of foot

XA2A07 Fourth interdigital web space of foot

XA6KE9 Plantar surface of forefoot

XA6V29 First metatarsal head region

XA2P22 Second metatarsal head region

XA0HX4 Third metatarsal head region

XA86J0 Fourth metatarsal head region

XA05N7 Fifth metatarsal head region

XA8BE2 Dorsum of foot

Coded Elsewhere: Dorsal surface of forefoot (XA81Z3)
Dorsal surface of midfoot (XA02P2)

XA1XM4 Sole of foot

Coded Elsewhere: Plantar surface of heel (XA2N02)

XA9Y82 Lateral border of foot

XA3WM8 Medial border of foot

XA3T29 Arch of foot

XA4LC9 Toes

XA2RP7 Great toe

Coded Elsewhere: Proximal phalanx of great toe (XA8KC3)
Interphalangeal joint of great toe (XA87P9)
Distal phalanx of great toe (XA2AC2)

XA4774 Perionychium of great toe

XA8L19 Proximal nail fold of great toe

XA7WP9 Eponychium of great toe

XA7GD8 Lateral nail fold of great toe

XA2F64 Hyponychium of great toe

XA1RE3 Great toenail

XA64R9 Lunula of great toe

XA0HX8 Nail bed of great toe

XA47T1 Nail plate of great toe

XA6VJ2 Pad of great toe

XA8ZZ3 Second toe

Coded Elsewhere: Proximal phalanx of second toe (XA0AQ0)
Proximal interphalangeal joint of second toe (XA56K9)
Middle phalanx of second toe (XA1UN2)
Distal interphalangeal joint of second toe (XA8UM5)
Distal phalanx of second toe (XA3QM7)

XA5446 Perionychium of second toe

XA1ED1 Proximal nail fold of second toe

XA0SL7 Eponychium of second toe

XA7003 Lateral nail fold of second toe

XA2ZJ7 Hyponychium of second toe

XA7GG3 Second toenail

XA9439 Lunula of second toe

XA7B22 Nail bed of second toe

XA1WQ6 Nail plate of second toe

XA3626 Pad of second toe

XA0SP3 Third toe

Coded Elsewhere: Proximal phalanx of third toe (XA11P1)
Proximal interphalangeal joint of third toe (XA2QY2)
Middle phalanx of third toe (XA9YP5)
Distal interphalangeal joint of third toe (XA43F0)
Distal phalanx of third toe (XA38Q1)

XA3UC8 Perionychium of third toe

XA2484 Proximal nail fold of third toe

XA8DQ2 Eponychium of third toe

XA1MM3 Lateral nail fold of third toe

XA2H72 Hyponychium of third toe

XA5JP9 Pad of third toe

XA3D73 Third toenail

XA9UL1 Lunula of third toe

XA6189 Nail bed of third toe

XA3LW9 Nail plate of third toe

XA4KK7 Fourth toe

Coded Elsewhere: Proximal phalanx of fourth toe (XA8CX6)
Proximal interphalangeal joint of fourth toe (XA2R87)
Middle phalanx of fourth toe (XA2SX4)
Distal interphalangeal joint of fourth toe (XA8NU9)
Distal phalanx of fourth toe (XA8XV0)

XA40R3 Perionychium of fourth toe

XA2Y79 Proximal nail fold of fourth toe

XA0XZ8 Eponychium of fourth toe

XA0PV4 Lateral nail fold of fourth toe

XA4ZB3 Hyponychium of fourth toe

XA9316 Pad of fourth toe

XA6TS5 Fourth toenail

XA2PD3 Lunula of fourth toe

XA65U3 Nail bed of fourth toe

XA8F87 Nail plate of fourth toe

XA42W4 Fifth toe

Coded Elsewhere: Proximal phalanx of fifth toe (XA8PK1)
Proximal interphalangeal joint of fifth toe (XA1LM0)
Middle phalanx of fifth toe (XA90F0)
Distal interphalangeal joint of fifth toe (XA39U1)
Distal phalanx of fifth toe (XA6ED4)

XA1AV3 Perionychium of fifth toe

XA43K6 Proximal nail fold of fifth toe

XA2W24 Eponychium of fifth toe

XA38J0 Lateral nail fold of fifth toe

XA0DD8 Hyponychium of fifth toe

XA3C43 Pad of fifth toe

XA3VM6 Fifth toenail

XA1PK7 Lunula of fifth toe

XA9L52 Nail bed of fifth toe

XA4U10 Nail plate of fifth toe

XA9LJ5 Plantar surface of toe

XA7J49 Dorsal surface of toe

XA14Y9 Side of toe

XA9E36 Toenail

Coded Elsewhere: Great toenail (XA1RE3)
Second toenail (XA7GG3)
Third toenail (XA3D73)
Fourth toenail (XA6TS5)
Fifth toenail (XA3VM6)

Partonomic view

Coded Elsewhere: Body Organ
Surface topography (XA1RS6-XA9E36)

Walls in the Body

Coded Elsewhere: Abdominal wall (XA3KX0)
Bladder wall (XA0R03)
Cardiac septum (XA81Z5)
Chest wall (XA55T2)
Nasal septum (XA8D47)
Orbital roof (XA9XW3)
Orbital floor (XA7MW9)

XA4UM2 **Alveolar wall**

XA5UL3 **Cell wall**

XA3JR1 **Intestinal Wall**

XA37C7 **Oral floor**

XA9KX3 **Parietal wall**

XA5CW9 **Pelvic floor**

XA29C1 **Pelvic wall**

XA60B5 **Rectovaginal septum**

XA37K5 **Rectovesical septum**

XA1DP8 **Uterine wall**

XA57Q2 **Vaginal wall**

Body Tissues

Coded Elsewhere: Bone marrow (XA9XK1)
Cartilage (XA8YS7-XA6958)
Developmental tissue (XA7A99)

XA06R8 **Body fluid**
Coded Elsewhere: Amniotic fluid (XA33K4)

XA1N55 Cerebrospinal fluid

XA08M4 Interstitial fluid

XA2L90 Serous fluid

XA0518 Synovial fluid

XA0UK0 **Bone tissue**

XA7YJ2 **Collagen fibres**

XA5A05 **Connective tissue**
Coded Elsewhere: Blood (XA8EC5)

XA6R65 Adipose tissue

XA0FR0 Fascia

XA51U1 Loose connective tissue

XA53R0 Perichondrium

XA7YP0 Periodontium

XA6FQ2 Periosteum

XA3G85 Synovium

XA8SZ4 Lymphatic tissue

XA97C4 Soft tissue, not elsewhere classified

XA5P05 Soft tissue of limb, not elsewhere classified

XA56S9 **Epithelium**
Coded Elsewhere: Epidermis (XA3JN1)

XA0PT3 Mucosa

XA0182 Mesothelium

XA1922 **Gamete**

XA95A3 Female gamete

XA2470 Male gamete

XA39T1 **Muscle tissue**

XA6283 **Cardiac muscle**

XA0DD5 **Skeletal muscle**

XA0JY3 **Smooth muscle**

XA5B23 **Nervous Tissue**

XA1J91 **Neuroglia**

XA1413 **Neuron**

XA5BW5 Interneuron

XA5DJ5 Motor Neuron

XA2LT7 Sensory Neuron

Body Cavities

Coded Elsewhere: Chamber of the heart (XA10E0)
Medullary cavity (XA5QM0)
Nasal cavity (XA43C9)
Oral cavity (XA1WN1)
Accessory sinuses (XA3523)
Parapharyngeal recess (XA6QY3)
Pharyngeal recess (XA7W35)
Retropharyngeal recess (XA9P89)
Tympanic cavity (XA3KB2)
Uterine cavity (XA3QZ2)

XA1ZV6 **Cranial cavity**

Coded Elsewhere: Cerebral ventricle (XA26E8)

XA1XM6 **Subarachnoid space**

XA1FQ8 **Subdural space**

XA9QA7 **Dorsal body cavity**

XA1GB6 **Perineural space**

XA2N82 **Ventral body cavity**

XA34B0 **Abdominopelvic cavity**

Coded Elsewhere: Peritoneum (XA0KZ0)

XA9M74 Abdominal cavity

XA25Q2 Pelvic cavity

Coded Elsewhere: Pelvic wall (XA29C1)
Rectovaginal septum (XA60B5)

XA9CK0 Ischiorectal fossa

XA53A7 Presacral region

XA2EG4 Perirectal region

XA0GN7 Inguinal region

XA7WA2 **Mediastinum**

XA5UF8 Anterior mediastinum

XA99Z0 Middle mediastinum

XA1FD0 Posterior mediastinum

XA8607 Connective and other soft tissues of mediastinum

Coded Elsewhere: Mediastinal vein (XA6JE5)

XA8YW7 **Vertebral cavity**

XA8SS8 **Epidural space**

XA4LQ4 **Intramedullary space**

XA1XJ5 **Thoracic cavity**

Coded Elsewhere: Pericardial cavity (XA48H9)

XA3LX5 **Pleural cavity**

XA2RT1 **Precordium**

Histopathology

Coded Elsewhere: Neoplasms, NOS
Histopathology by behaviour

Acinar cell neoplasms

Acinar cell neoplasms, benign

XH96Q1 **Acinar cell adenoma**

Inclusions: Acinar adenoma
Acinic cell adenoma

Acinar cell neoplasms, malignant

XH3PG9 **Acinar cell carcinoma**

XH99S4 **Acinar cell cystadenocarcinoma**

XH9B93 **Mixed acinar-ductal carcinoma**

XH0F68 **Acinar adenocarcinoma of the lung**

Acinar cell neoplasms, uncertain whether benign or malignant

XH2SK9 **Acinar cell tumour**

Adenomas and adenocarcinomas

Adenomas, benign

XH9574 **Acidophil adenoma**

XH3DV3 **Adenoma, NOS**

XH1CV4 **Adenomatous polyposis coli**

Inclusions: Familial polyposis coli
Adenomatosis, NOS

XH1YP0 **Adrenal cortical adenoma, clear cell**

XH2CT2 **Adrenal cortical adenoma, compact cell**

XH60N5 **Adrenal cortical adenoma, glomerulosa cell**

XH2VZ8 **Adrenal cortical adenoma, mixed cell**

XH2FJ6 **Adrenal cortical adenoma, pigmented**

Inclusions: Black adenoma
Pigmented adenoma

XH9356 **Alveolar adenoma**

XH60D1 **Basal cell adenoma**

XH3AH8 **Basophil adenoma**

Inclusions: Mucoid cell adenoma

XH6KR6 **Bile duct adenoma**

Inclusions: Cholangioma

XH0778 **Bile duct cystadenoma**

XH7BS0 **Biliary intraepithelial neoplasia, low grade**

XH5YG5 **Biliary papillomatosis**

XH1TD7 **Canalicular adenoma**

XH6WK1 **Chief cell adenoma**

XH7475 **Chromophobe adenoma**

XH9JJ4 **Clear cell adenofibroma**

Inclusions: Clear cell cystadenofibroma

XH8R87 **Clear cell adenoma**

XH6J91 **Cylindroma of skin**

XH5GN1 **Eccrine dermal cylindroma**

XH6685 **Embryonal adenoma**

XH3K13 **Oesophageal glandular dysplasia (intraepithelial neoplasia), low grade**

XH83X4 **Flat adenoma**

XH0LM0 **Follicular adenoma**

Inclusions: Follicular adenoma, NOS

XH5SM2 **Follicular adenoma, oxyphilic cell**

XH6AF9 **Glandular intraepithelial neoplasia, low grade**

Inclusions: Glandular intraepithelial neoplasia, grade I

Glandular intraepithelial neoplasia, grade II

XH3BK2 **Glandular papilloma**

XH6PG8 **Hurthle cell adenoma**

XH5X53 **Hurthle cell tumour**

XH6M13 **Juxtaglomerular tumour**

Inclusions: Reninoma

XH0W31 **Lactating adenoma**

XH8P28 **Lipoadenoma**

Inclusions: Adenolipoma

XH68V1 **Liver cell adenoma**

Inclusions: Hepatoma, benign

Hepatocellular adenoma

XH19E3 **Macrofollicular adenoma**

Inclusions: Colloid adenoma

XH0JC7 **Metanephric adenoma**

XH3DH3 **Microcystic adenoma**

XH5LD9 **Mixed acidophil-basophil adenoma**

XH0WV8 **Mixed adenomatous and hyperplastic polyp**

XH1XU4 **Mixed cell adenoma**

XH2CQ8 **Monomorphic adenoma**

XH6CZ4 **Multiple adenomatous polyps**

XH9Z86 **Oxyphilic adenoma**

Inclusions: Oncocytic adenoma

Oncocytoma

XH0BF2 **Pancreatobiliary neoplasm, non-invasive**

Inclusions: Noninvasive pancreatobiliary papillary neoplasm with low grade dysplasia

Noninvasive pancreatobiliary papillary neoplasm with low grade intraepithelial neoplasia

XH6GG6 **Pancreatic microadenoma**

XH1BH4 **Papillomatosis, glandular**

XH6EJ4 **Papillotubular adenoma**

Inclusions: Tubulo-papillary adenoma

XH1QS0 **Lactotroph adenoma**

XH5903 **Serrated adenoma**

Inclusions: Traditional serrated adenoma

Serrated adenoma, NOS

XH9G87 **Trabecular adenoma**

XH8T50 **Turban tumour**

XH0731 **Villous papilloma**

XH8UC1 **Water-clear cell adenoma**

XH28X1 **Cylindroma of breast**

XH8MU5 **Adenomatous polyp, NOS**

Inclusions: Polypoid adenoma

XH7SY6 **Tubular adenoma, NOS**

XH2F06 **Sessile serrated adenoma**

XH63V9 **Sessile serrated polyp**

XH9PD9 **Traditional sessile serrated adenoma**

XH5QL3 **Atypical adenomatous hyperplasia**

XH09B0 **Papillary adenoma, NOS**

XH90D6 **Villous adenoma, NOS**

XH10B0 **Tubulovillous adenoma, NOS**

Inclusions: Villoglandular adenoma

XH94U0 **Pituitary adenoma, NOS**

XH26P7 **Spindle cell oncocytoma**

XH52F6 **Adrenal cortical adenoma, NOS**

XH6ZD0 **Endometrioid adenoma, NOS**

Inclusions: Endometrioid cystadenoma, NOS

XH1CX5 **Endometrioid adenofibroma, NOS**

Inclusions: Endometrioid cystadenofibroma, NOS

XH2H83 **Microfollicular adenoma, NOS**

Inclusions: Fetal adenoma

XH7DU3 **Adenoma, intestinal type**

XH1Q16 **Pancreatic neuroendocrine microadenoma**

XH8NK5 **Oncocytic papillary cystadenoma**

XH8Y40 **Null cell adenoma**

XH1JL3 **Plurihormonal adenoma**

XH50K4 **Gonadotroph adenoma**

XH4HE3 **Somatotroph adenoma**

XH0MY4 **Thyrotroph adenoma**

XH5RH2 **Pituitary adenoma, ectopic**

XH1C58 **Corticotroph adenoma**

XH7743 **Bronchiolar adenoma / Ciliated muconodular papillary tumour**

Adenocarcinomas in situ

XH2L30 **Adenocarcinoma in situ, NOS**

XH4J07 **Adenocarcinoma in situ in adenomatous polyp**

XH3770 **Adenocarcinoma in situ in tubulovillous adenoma**

XH8TV2 **Adenocarcinoma in situ in villous adenoma**

XH5U91 **Biliary intraepithelial neoplasia, high grade**

Inclusions: Biliary intraepithelial neoplasia, grade 3 (BilIN-3)

XH7Y32 **Cribriform carcinoma in situ**

Inclusions: Ductal carcinoma in situ, cribriform type

XH0557 **Ductal carcinoma in situ, solid type**

Inclusions: Intraductal carcinoma, solid type

XH36M5 **Oesophageal glandular dysplasia (intraepithelial neoplasia), high grade**

Inclusions: Oesophageal intraepithelial neoplasia, high grade

XH5161 **Flat intraepithelial glandular neoplasia, high grade**

Inclusions: Flat intraepithelial neoplasia (dysplasia), high grade

XH28N7 **Glandular intraepithelial neoplasia, high grade**

Inclusions: Flat intraepithelial neoplasia, high grade

Glandular intraepithelial neoplasia, grade III

XH26M2 **Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia**

Inclusions: Noninvasive pancreatobiliary papillary neoplasm with high grade dysplasia

Noninvasive pancreatobiliary papillary neoplasm with high grade intraepithelial neoplasia

XH5C49 **Prostatic intraepithelial neoplasia, grade III**

Inclusions: PIN III

Prostatic intraepithelial neoplasia, high grade

XH1FR9 **Adenocarcinoma in situ of lung, non-mucinous**

XH6BU6 **Adenocarcinoma in situ of lung, mucinous**

XH4Z68 **Endometrioid intraepithelial neoplasia**

Inclusions: Atypical hyperplasia of the endometrium

Adenocarcinomas, malignant

XH2QZ6 **Acidophil carcinoma**

Inclusions: Eosinophil adenocarcinoma
Acidophil adenocarcinoma
Eosinophil carcinoma

XH5LA4 **Adenocarcinoid tumour**

XH74S1 **Adenocarcinoma, NOS**

XH7QZ0 **Adenocarcinoma in adenomatous polyp**

Inclusions: Adenocarcinoma in tubular adenoma
Adenocarcinoma in polypoid adenoma
Carcinoma in adenomatous polyp
Adenocarcinoma in a polyp, NOS
Carcinoma in a polyp, NOS

XH2ZH8 **Adenocarcinoma in adenomatous polyposis coli**

XH9YR3 **Adenocarcinoma in multiple adenomatous polyps**

XH7QB1 **Adenocarcinoma in tubulovillous adenoma**

XH6DA5 **Adenocarcinoma in villous adenoma**

XH5RE1 **Adenocarcinoma of anal glands**

Inclusions: Adenocarcinoma of anal ducts

XH2ZQ0 **Adenocarcinoma with mixed subtypes**

Inclusions: Adenocarcinoma combined with other types of carcinoma

XH0349 **Adenocarcinoma, intestinal type**

XH8B45 **Solid carcinoma, NOS**

XH8DS0 **Neuroendocrine tumour, NOS**

XH8LX8 **Neuroendocrine carcinoma, low grade**

XH55D7 **Neuroendocrine carcinoma, well-differentiated**

XH9LV8 **Neuroendocrine tumor, grade 1**

XH7NM1 **Enterochromaffin cell carcinoid**

XH0U20 **Neuroendocrine carcinoma, NOS**

XH7F73 **Neuroendocrine carcinoma, moderately differentiated**

XH24W2 **Lepidic adenocarcinoma**

Inclusions: Bronchiolar carcinoma
Bronchiolar adenocarcinoma
Alveolar cell carcinoma
Bronchiolo-alveolar carcinoma, NOS
Bronchiolo-alveolar adenocarcinoma, NOS

XH3QM0 **Minimally invasive adenocarcinoma, Non-mucinous**

XH4302 **Adenoid cystic carcinoma**

Inclusions: Adenocarcinoma, cylindroid
Adenocystic carcinoma
Cylindroma, NOS

XH2098 **Minimally invasive adenocarcinoma, Mucinous**

XH6LV9 **Papillary adenocarcinoma, NOS**

XH95U1 **Villoglandular carcinoma**

XH6QG3 **Micropapillary carcinoma, NOS**

XH4MW7 **Micropapillary adenocarcinoma**

XH7KL6 **Pituitary carcinoma, NOS**

XH6L02 **Clear cell adenocarcinoma, NOS**

XH5085 **Hereditary leiomyomatosis and renal cell carcinoma (HLRCC) syndrome-associated renal cell carcinoma**

XH1442 **MiT Family translocation carcinomas**

XH8EN1 **Succinate dehydrogenase deficient renal cell carcinoma**

XH07X3 **Alveolar adenocarcinoma**

Inclusions: Alveolar carcinoma

XH05V6 **Renal cell carcinoma, NOS**

Inclusions: Renal cell adenocarcinoma

XH3Z08 **Renal cell carcinoma, unclassified**

Inclusions: Hypernephroma

XH0RU3 **Acquired cystic disease associated renal cell carcinoma**

XH7K79 **Tubulocystic renal cell carcinoma**

XH1VB1 **Hybrid oncocytic chromophobe tumour**

XH3Z50 **Follicular carcinoma, NOS**

XH9508 **Endometrioid adenocarcinoma, ciliated cell variant**

XH0718 **Endometrioid adenocarcinoma, secretory variant**

XH4KH2 **Adrenal cortical carcinoma**

Inclusions: Adrenal cortical adenocarcinoma

XH0SD2 **Endometrioid adenocarcinoma, NOS**

Inclusions: Endometrioid carcinoma, NOS

XH51K1 **Neuroendocrine tumour, grade 2**

XH09B7 **Endometrioid cystadenocarcinoma**

XH6KR7 **Endometrioid adenofibroma, malignant**

Inclusions: Endometrioid cystadenofibroma, malignant

XH0GS9 **Adenocarcinoma, endocervical type**

Inclusions: Adenocarcinoma, endocervical type, NOS

XH8SF8 **Islet cell adenomatosis**

XH43E4 **Perihilar cholangiocarcinoma**

XH4BY1 **Islet cell adenoma**

XH3CU4 **Villoglandular variant of endometrioid adenocarcinoma**

XH5QV8 **Pituitary blastoma**

XH0Y80 **Follicular carcinoma, encapsulated, angioinvasive**

XH46F1 **Clear cell renal cell carcinoma, NOS**

XH9SA7 **Basal cell adenocarcinoma**

XH85C2 **Endolymphatic sac tumor**

XH4PB1 **Acinar adenocarcinoma of prostate**

XH8E54 **Mixed neuroendocrine non-neuroendocrine neoplasm (MiNEN)**

XH5QW8 **Neuroendocrine tumour, grade 3**

XH1NL5 **Nesidioblastoma**

XH5XB7 **Islet cell carcinoma**

XH2ST7 **Islet cell tumor, NOS**

XH4SH8 **Insulinoma, NOS**

XH93H8 **Gastrinoma**

XH7JQ0 **Parathyroid carcinoma**

XH9LV7 **Basophil carcinoma**

Inclusions: Mucoid cell adenocarcinoma

Basophil adenocarcinoma

XH7152 **Glucagon-like peptide-producing tumour**

XH7LW9 **L-cell tumour**

XH9ZS8 **Pancreatic peptide and pancreatic peptide-like peptide within terminal tyrosine amide producing tumour**

XH4NQ8 **Glucagonoma**

XH2PF0 **Enteroglucagonoma**

XH72E5 **Vipoma**

XH5VH0 **Somatostatinoma**

XH41P2 **Endocrine tumour, functioning, NOS**

XH7AG8 **ACTH-producing tumour**

XH60V1 **Medullary thyroid carcinoma**

XH3BU6 **Bile duct cystadenocarcinoma**

XH2MW1 **Medullary carcinoma with amyloid stroma**

Inclusions: C cell carcinoma

Parafollicular cell carcinoma

XH8VU6 **Poorly differentiated thyroid carcinoma**

XH4NH4 **Pituitary neuroendocrine tumour**

XH2ZA2 **Bronchial adenoma, carcinoid**

XH5TR7 **Adenocarcinoma of lung, mixed mucinous and non-mucinous**

XH7GY6 **Adenocarcinoma of lung, mucinous**

XH2035 **Bronchiolo-alveolar carcinoma, non- mucinous**

Inclusions: Bronchiolo-alveolar carcinoma, Clara cell

Bronchiolo-alveolar carcinoma, type II pneumocyte

XH6LF9 **Carcinoma simplex**

XH0XL5 **Carcinoma, diffuse type**

Inclusions: Adenocarcinoma, diffuse type

XH7M15 **Cholangiocarcinoma**

Inclusions: Bile duct adenocarcinoma
Bile duct carcinoma

XH7SS7 **Chromophobe carcinoma**

Inclusions: Chromophobe adenocarcinoma

XH2Q13 **Clear cell adenocarcinofibroma**

Inclusions: Clear cell cystadenocarcinofibroma

XH6YS0 **Clear cell adenocarcinoma, mesonephroid**

XH4SQ4 **Collecting duct carcinoma**

Inclusions: Bellini duct carcinoma
Renal carcinoma, collecting duct type

XH7QJ6 **Combined hepatocellular carcinoma and cholangiocarcinoma**

Inclusions: Hepatocholangiocarcinoma
Mixed hepatocellular and bile duct carcinoma

XH4KK0 **Cyst-associated renal cell carcinoma**

XH0LH8 **Enterochromaffin-like cell tumour**

XH5P16 **Fetal adenocarcinoma**

XH7TE3 **Follicular adenocarcinoma, moderately differentiated**

Inclusions: Follicular carcinoma, moderately differentiated

XH0VD1 **Follicular adenocarcinoma, trabecular**

Inclusions: Follicular carcinoma, trabecular

XH8FK7 **Follicular adenocarcinoma, well differentiated**

Inclusions: Follicular carcinoma, well differentiated

XH3DN7 **Follicular carcinoma, minimally invasive**

XH90N9 **Follicular carcinoma, oxyphilic cell**

XH3XT5 **Glycogen-rich carcinoma**

Inclusions: Glycogen-rich clear cell carcinoma

XH4262 **Goblet cell carcinoid**

Inclusions: Mucinous carcinoid

XH2EH4 **Granular cell carcinoma**

Inclusions: Granular cell adenocarcinoma

XH4T58 **Hepatocellular carcinoma, clear cell type**

XH9Q35 **Hepatocellular carcinoma, fibrolamellar**

XH0G90 **Hepatocellular carcinoma, pleomorphic type**

XH5761 **Hepatocellular carcinoma, scirrhous**

Inclusions: Sclerosing hepatic carcinoma

XH3T17 **Hepatocellular carcinoma, spindle cell variant**

Inclusions: Hepatocellular carcinoma, sarcomatoid

XH6YH5 **Hurthle cell adenocarcinoma**

XH8MQ3 **Hurthle cell carcinoma**

XH8WM4 **Linitis plastica**

XH6TK0 **Lipid-rich carcinoma**

XH81N8 **Merkel cell carcinoma**

Inclusions: Primary cutaneous neuroendocrine carcinoma

XH7019 **Mixed acidophil-basophil carcinoma**

XH8EZ3 **Mixed acinar-endocrine carcinoma**

XH74Y9 **Mixed acinar-endocrine-ductal carcinoma**

XH6H10 **Mixed adenoneuroendocrine carcinoma**

Inclusions: Combined carcinoid and adenocarcinoma
Composite carcinoid
Combined/mixed carcinoid and adenocarcinoma
MANEC
Mixed carcinoid-adenocarcinoma

XH2AM6 **Mixed cell adenocarcinoma**

XH7CY5 **Mixed ductal-endocrine carcinoma**

XH6UP4 **Mixed endocrine and exocrine adenocarcinoma**

XH7DG7 **Mixed medullary-follicular carcinoma**

XH3340 **Mixed medullary-papillary carcinoma**

XH9LZ7 **Mixed pancreatic endocrine and exocrine tumour, malignant**

XH1108 **Nonencapsulated sclerosing carcinoma**

Inclusions: Nonencapsulated sclerosing adenocarcinoma

XH09D6 **Oxyphilic adenocarcinoma**

Inclusions: Oncocytic adenocarcinoma
Oncocytic carcinoma

XH3614 **Islet cell adenocarcinoma**

XH3709 **Pancreatic neuroendocrine tumor, nonfunctioning**

XH6XY9 **Pancreatobiliary-type carcinoma**

Inclusions: Adenocarcinoma, pancreatobiliary type

XH1ND9 **Papillary carcinoma of thyroid**

XH85E5 **Papillary carcinoma, columnar cell**

Inclusions: Papillary carcinoma, tall cell

XH0426 **Papillary carcinoma, diffuse sclerosing**

XH0Q59 **Papillary carcinoma, encapsulated, of thyroid**

XH29M4 **Papillary carcinoma, follicular variant**

Inclusions: Papillary adenocarcinoma, follicular variant
Papillary and follicular adenocarcinoma
Papillary and follicular carcinoma

XH5YT2 **Papillary carcinoma, oncocytic variant**

XH2AW7 **Papillary microcarcinoma**

XH1D07 **Papillary renal cell carcinoma**

XH4Q20 **Papillotubular adenocarcinoma**

Inclusions: Tubulopapillary adenocarcinoma

XH1JZ0 **Parietal cell carcinoma**

Inclusions: Parietal cell adenocarcinoma

XH6153 **Renal cell carcinoma, chromophobe type**

Inclusions: Chromophobe cell renal carcinoma

XH9DH7 **Renal cell carcinoma, sarcomatoid**

Inclusions: Renal cell carcinoma, spindle cell

XH4FS4 **Scirrhous adenocarcinoma**

Inclusions: Carcinoma with productive fibrosis
Scirrhous carcinoma

XH34G3 **Solid carcinoma with mucin formation**

XH0JE3 **Superficial spreading adenocarcinoma**

XH7EX3 **Trabecular adenocarcinoma**

Inclusions: Trabecular carcinoma

XH4TA4 **Tubular adenocarcinoma**

Inclusions: Tubular carcinoma

XH1Z69 **Typical carcinoid**

XH22Z8 **Carcinoma of Skene, Cowper and Littre Glands**

XH0X20 **Villous adenocarcinoma**

XH0A57 **Water-clear cell adenocarcinoma**

Inclusions: Water-clear cell carcinoma

XH8UE4 **Adenocarcinoma, metastatic, NOS**

XH4ZC3 **Basal cell carcinoma of the prostate**

XH4W48 **Hepatocellular carcinoma, NOS**

Inclusions: Liver cell carcinoma
Hepatoma, malignant
Hepatocarcinoma
Hepatoma, NOS

XH81Q9 **Bronchial adenoma, cylindroid**

XH92Y9 **Thymic carcinoma with adenoid cystic carcinoma-like features**

XH1YZ3 **Cribriform carcinoma, NOS**

Inclusions: Ductal carcinoma, cribriform type

XH4YG1 **Cribriform comedo-type carcinoma**

Inclusions: Adenocarcinoma, cribriform comedo-type

XH74B2 **Serrated adenocarcinoma**

Adenomas and adenocarcinomas, uncertain whether benign or malignant

Coded Elsewhere: ACTH-producing tumour (XH7AG8)

Enteroglucagonoma (XH2PF0)

L-cell tumour (XH7LW9)

Pancreatic peptide and pancreatic peptide-like peptide within terminal tyrosine amide producing tumour (XH9ZS8)

Glucagonoma (XH4NQ8)

Gastrinoma (XH93H8)

Vipoma (XH72E5)

Somatostatinoma (XH5VH0)

Endocrine tumour, functioning, NOS (XH41P2)

Glucagon-like peptide-producing tumour (XH7152)

XH6770 **Apudoma**

XH6VL9 **Atypical adenoma**

Inclusions: Bronchial adenoma, NOS

XH3T38 **Atypical follicular adenoma**

XH0S86 **Clear cell adenofibroma of borderline malignancy**

Inclusions: Clear cell cystadenofibroma of borderline malignancy

XH5DQ2 **Endometrioid adenoma, borderline malignancy**

Inclusions: Endometrioid cystadenoma, borderline malignancy

Endometrioid tumour, borderline

XH76W6 **Multiple endocrine adenomas**

Inclusions: Endocrine adenomatosis

XH8468 **Pulmonary adenomatosis**

XH54H3 **Hypernephroid tumour**

XH7PR9 **Multilocular cystic renal neoplasm of low malignant potential**

XH9DS4 **Endometrioid adenofibroma, borderline malignancy**

Inclusions: Endometrioid cystadenofibroma, borderline malignancy

XH4JG0 **Tubular carcinoid**

XH4XL2 **Aggressive papillary tumour**

XH9PN4 **Well differentiated tumor of uncertain malignant potential**

XH6SY0 **Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)**

XH1Y66 **Hyalinizing trabecular tumour**

XH27W5 **Follicular tumor of uncertain malignant potential**

XH9T60 **Clear cell papillary renal cell carcinoma**

XH6CZ3 **Clear cell borderline tumour**

Adnexal and skin appendage neoplasms

Adnexal and skin appendage neoplasms, benign

XH6YZ9 **Apocrine adenoma**

XH0AQ8 **Clear cell hidradenoma**

XH46Z2 **Eccrine acrospiroma**

XH42Z3 **Eccrine papillary adenoma**

XH25Z9 **Eccrine poroma**

XH3AM1 **Spiradenoma, NOS**

Inclusions: Eccrine spiradenoma

XH4YU8 **Follicular fibroma**

Inclusions: Fibrofolliculoma
Perifollicular fibroma
Trichodiscoma

XH7NR3 **Hidrocystoma**

XH4MV7 **Hidradenoma, NOS**

XH4DX4 **Papillary hidradenoma**

Inclusions: Hidradenoma papilliferum

XH1PY0 **Syringocystadenoma papilliferum**

XH96Q5 **Skin appendage adenoma**

XH3U61 **Sweat gland adenoma**

Inclusions: Syringadenoma, NOS

XH06Y5 **Syringofibroadenoma**

XH6325 **Syringoma, NOS**

XH9GB7 **Syringomatous tumour of nipple**

Inclusions: Infiltrating syringomatous adenoma of nipple
Syringomatous adenoma of nipple

XH1NC5 **Sebaceous adenoma**

XH0SH5 **Sebaceous epithelioma**

XH7AL8 **Ceruminous adenoma**

XH8R55 **Spindle cell predominant trichodiscoma**

XH1A80 **Apocrine poroma**

XH8N28 **Poroma, NOS**

XH0QL4 **Sebaceoma**

Adnexal and skin appendage neoplasms, in situ

XH7WE6 **Porocarcinoma in situ**

Adnexal and skin appendage neoplasms, malignant

XH9L77 **Apocrine adenocarcinoma**

Inclusions: Apocrine carcinoma

XH6FB5 **Digital papillary adenocarcinoma**

XH7VK4 **Porocarcinoma, NOS**

XH58E1 **Malignant eccrine spiradenoma**

XH7NK9 **Hidradenocarcinoma**

XH17P2 **Microcystic adnexal carcinoma**

XH89V4 **Adnexal adenocarcinoma, NOS**

XH5LY3 **Sweat gland adenocarcinoma**

Inclusions: Sweat gland carcinoma

XH4VR2 **Sebaceous carcinoma**

XH8NE4 **Eccrine adenocarcinoma**

XH6Z69 **Ceruminous adenocarcinoma**

Inclusions: Ceruminous carcinoma

XH9C82 **Malignant neoplasm arising from pre-existing spiradenoma**

XH2ZK9 **Malignant neoplasm arising from pre-existing cylindroma**

XH9NW9 **Malignant neoplasm arising from pre-existing spiradenocylindroma**

XH65F9 **Sialadenoma papilliferum**

XH0BE5 **Syringocystadenocarcinoma papilliferum**

Adnexal and skin appendage neoplasms, uncertain whether benign or malignant

XH8BW1 **Sweat gland tumour, NOS**

Basal cell neoplasms

Basal cell neoplasms, benign

XH1PG0 **Intraepidermal epithelioma of Jadassohn**

XH5AU2 **Trichilemmoma**

XH6QT9 **Trichoepithelioma**

Inclusions: Epithelioma adenoides cysticum

XH0U05 **Trichofolliculoma**

XH5L76 **Pilar tumour**

XH9E37 **Pilomatricoma, NOS**

Inclusions: Calcifying epithelioma of Malherbe
Pilomatrixoma, NOS

XH05Z3 **Trichogerminoma**

XH7CM2 **Melanocytic matricoma**

XH3EY8 **Pilar sheath acanthoma**

XH0489 **Tumor of follicular infundibulum**

XH2K97 **Trichoblastoma**

Basal cell neoplasms, malignant

XH70J2 **Adenoid basal carcinoma**

XH45F3 **Basal cell carcinoma, fibroepithelial**

Inclusions: Fibroepithelioma, NOS
Fibroepithelial basal cell carcinoma, Pinkus type
Fibroepithelioma of Pinkus type

XH4GJ2 **Basal cell carcinoma, micronodular**

XH2CR0 **Basal cell carcinoma, nodular**

XH2615 **Basal cell carcinoma, NOS**

Inclusions: Rodent ulcer
Basal cell epithelioma

XH4C18 **Basosquamous carcinoma**

Inclusions: Mixed basal-squamous cell carcinoma

XH5VK4 **Infiltrating basal cell carcinoma, NOS**

XH0T12 **Infiltrating basal cell carcinoma, non-sclerosing**

XH67Y4 **Infiltrating basal cell carcinoma, sclerosing**

Inclusions: Basal cell carcinoma, desmoplastic type
Basal cell carcinoma, morpheic

XH9E93 **Metatypical carcinoma**

XH5NL6 **Superficial basal cell carcinoma**

Inclusions: Multicentric basal cell carcinoma

XH2HE7 **Pigmented basal cell carcinoma**

XH9K96 **Trichilemmocarcinoma**

Inclusions: Trichilemmal carcinoma

XH9G49 **Pilomatrical carcinoma**

Inclusions: Matrical carcinoma
Pilomatricoma, malignant
Pilomatrixoma, malignant
Pilomatrix carcinoma

XH6S67 **Basal cell carcinoma with adnexal differentiation**

XH3DL9 **Trichoblastic carcinoma**

XH8324 **Trichoblastic carcinosarcoma**

XH1JH6 **Basal cell carcinoma, sarcomatoid**

Basal cell neoplasms, uncertain whether benign or malignant

XH8189 **Basal cell tumour**

XH7WJ7 **Proliferating trichilemmal cyst**

Coded Elsewhere: Haemangiopericytic meningioma (XH7050)

Blood vessel tumours, benign

XH3U29 **Capillary haemangioma**

XH1GU2 **Cavernous haemangioma**

XH10T4 **Epithelioid haemangioma**

A benign neoplasm most commonly affecting the skin and characterised by local proliferation of vascular channels. Affected individuals typically present with a cluster of small, translucent nodules on the head and neck, particularly around the ear or the hairline. The neoplasm may rarely arise in oral mucosa or in internal organs.

XH0LN3 **Haemangioendothelioma, benign**

XH0553 **Intramuscular haemangioma**

Inclusions: Intramuscular angioma

XH2HR3 **Racemose haemangioma**

XH4NS3 **Venous haemangioma**

XH5AW4 **Haemangioma, NOS**

Inclusions: Chorioangioma

Angioma, NOS

XH37N4 **Myointimoma**

XH1JJ2 **Angiofibroma, NOS**

XH23S6 **Verrucous keratotic haemangioma**

XH4E06 **Cellular angiofibroma**

XH73S9 **Giant cell angiofibroma**

XH2EX4 **Acquired tufted haemangioma**

XH4KP7 **Angiokeratoma**

XH8SM9 **Cutaneous epithelioid angiomatoid nodule**

XH8KN7 **Atypical vascular lesion**

XH9Q71 **Cherry hemangioma**

XH88L5 **Sinusoidal hemangioma**

XH9UU3 **Microvenular hemangioma**

XH9NB0 **Glomeruloid hemangioma**

XH6RP8 **Spindle cell hemangioma**

XH27G6 **Congenital hemangioma, NOS**

XH6RC4 **Congenital hemangioma, rapidly involuting**

XH5427 **Congenital hemangioma, non-involuting**

XH8PD3 **Hobnail hemangioma**

XH4LY5 **Lobular capillary hemangioma**

Blood vessel tumours, malignant

XH4E71 **Haemangioendothelioma, malignant**

XH6264 **Hemangiosarcoma**

XH36A5 **Kaposi sarcoma**

XH6FJ5 **Kupffer cell sarcoma**

XH3C78 **Intravascular bronchial alveolar tumour**

XH36H7 **Intimal sarcoma**

XH9GF8 **Epithelioid haemangioendothelioma, NOS**

Blood vessel tumours, uncertain whether benign or malignant

Coded Elsewhere: Haemangiopericytic meningioma (XH7050)

XH4SY7 **Papillary intralymphatic angioendothelioma**

XH6PA4 **Kaposiform haemangioendothelioma**

XH2PS0 **Spindle cell haemangioendothelioma**

Inclusions: Spindle cell angioendothelioma

XH26F6 **Pseudomyogenic (epithelioid sarcoma-like) haemangioendothelioma**

XH64U8 **Retiform haemangioendothelioma**

XH8D24 **Composite haemangioendothelioma**

XH2L98 **Haemangioendothelioma, NOS**

Inclusions: Angioendothelioma

XH6810 **Haemangioblastoma**

Inclusions: Angioblastoma

Complex epithelial neoplasms, benign

XH9ZB2 **Adenolymphoma**

Inclusions: Papillary cystadenoma lymphomatosum

XH1TX5 **Mixed squamous cell and glandular papilloma**

XH7J33 **Lymphadenoma**

Complex epithelial neoplasms, malignant

XH2PY4 **Adenocarcinoma with squamous metaplasia**

Inclusions: Adenoacanthoma

XH7873 **Adenosquamous carcinoma**

Inclusions: Mixed adenocarcinoma and epidermoid carcinoma

Mixed adenocarcinoma and squamous cell carcinoma

XH9JP2 **Epithelial-myoepithelial carcinoma**

XH7247 **Adenocarcinoma with cartilaginous and osseous metaplasia**

XH2QL8 **Adenocarcinoma with spindle cell metaplasia**

XH6G98 **Fibromatosis-like metaplastic carcinoma**

XH4GA3 **Adenocarcinoma with apocrine metaplasia**

Inclusions: Carcinoma with apocrine metaplasia

XH4T39 **Adenocarcinoma with neuroendocrine differentiation**

XH0RD4 **Metaplastic carcinoma, NOS**

XH7MV6 **Hepatoid adenocarcinoma**

Inclusions: Hepatoid carcinoma

XH95Y6 **Squamoid eccrine ductal carcinoma**

XH8XD1 **Endometrioid carcinoma with squamous differentiation**

Complex mixed and stromal neoplasms, benign

XH4ZH4 **Adenomyoma**

XH7ZB1 **Atypical polypoid adenomyoma**

XH6YS4 **Benign cystic nephroma**

XH70N8 **Chondroid syringoma**

XH8C13 **Endometrial stromal nodule**

XH3SR2 **Ossifying renal tumour**

XH2KC1 **Pleomorphic adenoma**

Inclusions: Mixed tumour, NOS
Mixed tumour, salivary gland type, NOS

XH3470 **Renomedullary interstitial cell tumour**

XH2E97 **Stromal tumour, benign**

XH0533 **Mixed epithelial and stromal tumour**

XH7TJ0 **Paediatric cystic nephroma**

XH5QU1 **Adenomyoepithelioma, NOS**

XH2V57 **Adenomyoepithelioma, benign**

XH9T96 **Phosphaturic mesenchymal tumour, benign**

Inclusions: Phosphaturic mesenchymal tumour, NOS

XH3UD9 **Pulmonary hamartoma**

XH3CQ8 **Myoepithelioma**

XH7AA3 **Mesenchymoma, benign**

XH1SP3 **Adult cystic nephroma**

XH2P15 **Mesenchymal hamartoma**

XH1WZ6 **Ectomesenchymal chondromyxoid tumour**

Complex mixed and stromal neoplasms, malignant

XH5544 **Adenosarcoma**

XH1YV7 **Carcinofibroma**

XH42V2 **Carcinoma ex pleomorphic adenoma**

XH2RK1 **Carcinosarcoma, embryonal**

XH2CV3 **Endometrial stromal sarcoma, high grade**

Inclusions: Endometrioid stromal sarcoma, high grade

XH1S94 **Endometrial stromal sarcoma, low grade**

Inclusions: Stromal endometriosis
Endometrial stromatosis
Endolymphatic stromal myosis
Endometrioid stromal sarcoma, low grade
Stromal myosis, NOS

XH9HQ1 **Gastrointestinal stromal tumour**

XH2WE3 **Hepatoblastoma**

A disease caused by abnormal proliferation of liver precursor cells. This disease is characterised by a solid, well circumscribed mass, which may contain a stromal component that may be undifferentiated or develop into bone or cartilage.

Inclusions: Embryonal hepatoma
Hepatoblastoma, NOS

XH0765 **Clear cell sarcoma of kidney**

XH64D5 **Malignant chondroid syringoma**

XH9M31 **Malignant cystic nephroma**

Inclusions: Malignant multilocular cystic nephroma

XH3RF3 **Rhabdoid tumor, NOS**

XH0Y65 **Mesodermal mixed tumour**

XH7ZJ9 **Mullerian mixed tumour**

XH27L5 **Pancreatoblastoma**

XH2FY9 **Pleuropulmonary blastoma**

XH5VH1 **Pulmonary blastoma**

Inclusions: Pneumoblastoma

XH1TK5 **Endometrial stromal sarcoma, NOS**

Inclusions: Endometrial sarcoma, NOS

XH49Y5 **Stromal sarcoma, NOS**

XH0V86 **Mixed tumour, malignant, NOS**

XH5QN3 **Nephroblastoma, NOS**

Inclusions: Nephroma, NOS

XH0H07 **Hepatoblastoma, epithelioid**

XH33R5 **Hepatoblastoma, mixed epithelial-mesenchymal**

XH2W45 **Carcinosarcoma, NOS**

XH7TL5 **Adenomyoepithelioma with carcinoma**

Inclusions: Malignant adenomyoepithelioma

XH3B27 **Phosphaturic mesenchymal tumour, malignant**

XH43E6 **Myoepithelial carcinoma**

XH9N95 **Mesenchymoma, malignant**

Inclusions: Mixed mesenchymal sarcoma

XH42Q2 **Embryonal sarcoma**

XH4VQ1 **Gastroblastoma**

XH5CT2 **Gastrointestinal autonomic nerve tumour**

XH0712 **Gastrointestinal pacemaker cell tumour**

Complex mixed and stromal neoplasms, uncertain whether benign or malignant

Coded Elsewhere: Gastrointestinal autonomic nerve tumour (XH5CT2)
Gastrointestinal pacemaker cell tumour (XH0712)

XH1JB4 **Cystic partially differentiated nephroblastoma**

XH10F1 **Mesoblastic nephroma**

XH0G00 **Sialoblastoma**

XH6R49 **Stromal tumour, NOS**

XH4N88 **Metanephric stromal tumour**

XH8747 **Stromal tumour of uncertain malignant potential**

XH8X78 **Calcifying nested stromal-epithelial tumor**

XH2AD1 **Mesenchymoma, NOS**

XH5LL8 **Primitive non-neural granular cell tumor**

Cystic, mucinous and serous neoplasms

Cystic, mucinous and serous neoplasms, benign

XH6ZU1 **Clear cell cystadenoma**

XH55F1 **Cystic tumour of atrio-ventricular node**

XH5232 **Intraductal papillary-mucinous adenoma**

XH4070 **Intraductal papillary-mucinous tumour with intermediate dysplasia**

XH8MD2 **Intraductal papillary-mucinous tumour with low grade dysplasia**

Inclusions: Intraductal papillary-mucinous neoplasm with low grade dysplasia

XH8ML6 **Intraductal papillary-mucinous tumour with moderate dysplasia**

Inclusions: Intraductal papillary-mucinous neoplasm with moderate dysplasia

XH0556 **Serous microcystic adenoma**

XH38C4 **Serous surface papilloma**

XH5RJ2 **Cystadenoma, NOS**

Inclusions: Cystoma, NOS

XH8TJ0 **Serous cystadenoma, NOS**

XH0FM6 **Papillary cystadenoma, NOS**

XH6H73 **Mucinous cystadenoma, NOS**

XH8XL1 **Mucinous cystic neoplasm with intermediate-grade dysplasia**

XH6NK7 **Mucinous cystic neoplasm with low-grade intraepithelial neoplasia**

XH7K36 **Mucinous cystic tumour with intermediate dysplasia**

XH7834 **Mucinous cystic tumour with moderate dysplasia**

XH0EK3 **Mucinous cystic neoplasm with low-grade dysplasia**

XH8EW6 **Mucinous cystic neoplasm with intermediate-grade intraepithelial neoplasia**

XH9BE7 **Seromucinous cystadenoma**

XH2M29 **Mucinous adenoma**

XH5RX2 **Mucous gland adenoma**

XH9MS1 **Papillary cystadenofibroma**

Cystic, mucinous and serous neoplasms, in situ

XH5E08 **Intraductal papillary-mucinous carcinoma, non-invasive**

XH3MB3 **Intraductal papillary mucinous neoplasm with high grade dysplasia**

XH06M2 **Mucinous cystadenocarcinoma, non-invasive**

XH81P3 **Mucinous cystic neoplasm with high-grade dysplasia**

XH8PZ6 **Serous intraepithelial carcinoma**

XH9DM1 **Serous borderline tumour, micropapillary variant**

XH8NV8 **Serous tubal intraepithelial carcinoma (STIC)**

XH1YW4 **Serous endometrial intraepithelial carcinoma**

Cystic, mucinous and serous neoplasms, malignant

XH5WU3 **Intraductal papillary-mucinous carcinoma, invasive**

XH2SE1 **Intraductal papillary mucinous neoplasm with an associated invasive carcinoma**

XH0572 **Micropapillary serous carcinoma**

XH5P21 **Solid pseudopapillary carcinoma**

XH0219 **Cystadenocarcinoma, NOS**

XH7A08 **Serous carcinoma, NOS**

XH6JU6 **Papillary cystadenocarcinoma, NOS**

Inclusions: Papillocystic adenocarcinoma

XH12V5 **Low grade serous carcinoma**

XH24N6 **High grade serous carcinoma**

XH1390 **Mucinous cystadenocarcinoma, NOS**

XH1K19 **Mucinous cystic tumour with an associated invasive carcinoma**

XH4186 **Seromucinous carcinoma**

XH1S75 **Mucinous adenocarcinoma**

XH4U83 **Pseudomyxoma peritonei with unknown primary site**

XH5EQ2 **Mucinous tubular and spindle cell carcinoma**

XH83J5 **Pseudomyxoma peritonei**

XH4KC5 **Mucinous carcinoma, gastric type**

XH56K0 **Metastatic signet ring cell carcinoma**

XH5AF5 **Mucin-producing adenocarcinoma**

Inclusions: Mucin-secreting carcinoma
Mucin-secreting adenocarcinoma
Mucin-producing carcinoma

XH4546 **Signet ring cell carcinoma**

XH2KK0 **Poorly cohesive carcinoma**

XH3RD4 **Krukenberg tumour**

XH0XE5 **Signet ring cell/histiocytoid carcinoma**

XH3AE9 **Solid pseudopapillary neoplasm of pancreas**

Cystic, mucinous and serous neoplasms, uncertain whether benign or malignant

XH2FF0 **Mucinous cystic tumour of borderline malignancy**

XH1P30 **Papillary cystadenoma, borderline malignancy**

XH0RB9 **Seromucinous borderline tumour**

Inclusions: Seromucinous tumour, atypical proliferative

XH3ZK9 **Serous borderline tumour, NOS**

XH3FD4 **Solid pseudopapillary tumor of ovary**

Inclusions: Solid and papillary epithelial neoplasm

XH7BB4 **Low grade appendiceal mucinous neoplasm**

Ductal and lobular neoplasms

Ductal and lobular neoplasms, benign

XH6RX1 **Intracystic papillary neoplasm with low grade intraepithelial neoplasia**

Inclusions: Intraductal papillary neoplasm with intermediate grade neoplasia

Intracystic papillary neoplasm with intermediate grade intraepithelial neoplasia

Intraglandular papillary neoplasm with low grade intraepithelial neoplasia

XH5ZH7 **Intraductal papillary neoplasm with low grade intraepithelial neoplasia**

XH4LZ4 **Intraductal papilloma**

Inclusions: Duct adenoma, NOS

Ductal papilloma

XH7QS7 **Intraductal tubular-papillary neoplasm, low grade**

XH6HK2 **Intraductal papillary neoplasm, NOS**

XH60S7 **Intraductal papilloma with atypical ductal hyperplasia**

XH7GN3 **Adenoma of nipple**

Inclusions: Subareolar duct papillomatosis

XH9F80 **Intracystic papillary adenoma**

Inclusions: Intracystic papilloma

XH4JD3 **Intraductal papillomatosis, NOS**

Inclusions: Diffuse intraductal papillomatosis

Ductal and lobular neoplasms, in situ

XH8P86 **Comedocarcinoma, noninfiltrating**

Inclusions: DCIS, comedo type

Ductal carcinoma in situ, comedo type

XH6AH7 **Intraductal papillary neoplasm with high grade intraepithelial neoplasia**

Inclusions: Intraductal papillary neoplasm with high grade dysplasia

Intracystic papillary neoplasm with high grade intraepithelial neoplasia

XH9VG0 **Noninfiltrating intraductal papillary adenocarcinoma**

Inclusions: DCIS, papillary

Ductal carcinoma in situ, papillary

Noninfiltrating intraductal papillary carcinoma

Intraductal papillary carcinoma, NOS

Intraductal papillary adenocarcinoma, NOS

XH1H31 **Intraductal carcinoma, noninfiltrating, NOS**

XH4V32 **Ductal carcinoma in situ, NOS**

XH11S9 **Intraductal papilloma with DCIS**

XH64S7 **Intraductal tubular-papillary neoplasm, high grade**

XH9XV2 **Noninfiltrating intracystic carcinoma**

Inclusions: Encysted papillary carcinoma

Intracystic papillary carcinoma

Intracystic carcinoma, NOS

Intracystic papillary adenocarcinoma

XH0134 **Solid papillary carcinoma in situ**

XH39X8 **Intraductal carcinoma, clinging, high grade**

XH9SL6 **Cystic hypersecretory carcinoma, intraductal**

XH0GQ3 **Intraductal micropapillary carcinoma**

Inclusions: Ductal carcinoma in situ, micropapillary

XH2HB2 **Lobular carcinoma in situ, pleomorphic**

Inclusions: LCIS, pleomorphic

XH6EH0 **Lobular carcinoma in situ, NOS**

XH7XE0 **Intraductal carcinoma and lobular carcinoma in situ**

XH3PE9 **Intraductal tubulopapillary neoplasm**

XH8010 **Endocrine mucin-producing sweat gland carcinoma in situ**

XH4US4 **Intraductal papilloma with lobular carcinoma in situ**

Ductal and lobular neoplasms, malignant

XH44J4 **Secretory carcinoma**

XH7KH3 **Infiltrating duct carcinoma, NOS**

Inclusions: Invasive breast carcinoma of no special type
Duct adenocarcinoma, NOS
Duct carcinoma, NOS
Ductal carcinoma, NOS
Duct cell carcinoma
Infiltrating duct adenocarcinoma

XH9FX2 **Adenocarcinoma of mammary gland type**

XH1N58 **Comedocarcinoma, NOS**

XH8MA7 **Intraductal papillary adenocarcinoma with invasion**

Inclusions: Infiltrating papillary adenocarcinoma
Infiltrating and papillary adenocarcinoma

XH8KR8 **Papillary carcinoma of the breast**

XH90W1 **Intraductal papillary neoplasm with associated invasive carcinoma**

Inclusions: Intracystic papillary neoplasm with associated invasive carcinoma

XH0GT6 **Encapsulated papillary carcinoma with invasion**

Inclusions: Encysted papillary carcinoma with invasion
Intracystic papillary carcinoma with invasion

XH9C56 **Invasive micropapillary carcinoma of breast**

Inclusions: Micropapillary carcinoma of breast

XH1XB5 **Solid papillary carcinoma with invasion**

XH2YP5 **Medullary carcinoma, NOS**

XH9B99 **Medullary-like carcinoma**

XH2XR3 **Lobular carcinoma, NOS**

Inclusions: Infiltrating lobular carcinoma, NOS
Lobular adenocarcinoma

XH9620 **Medullary adenocarcinoma**

XH6KZ1 **Atypical medullary carcinoma**

XH6PY4 **Duct carcinoma, desmoplastic type**

XH55H7 **Medullary carcinoma with lymphoid stroma**

XH3RK9 **Tubulolobular carcinoma**

XH0408 **Infiltrating ductular carcinoma**

XH8RN5 **Infiltrating duct and lobular carcinoma**

Inclusions: Lobular and ductal carcinoma

XH9Z29 **Intraductal and lobular carcinoma**

XH6MH3 **Infiltrating duct and lobular carcinoma in situ**

XH9551 **Infiltrating lobular carcinoma and ductal carcinoma in situ**

XH8CS0 **Infiltrating duct mixed with other types of carcinoma**

XH9GX4 **Infiltrating duct and colloid carcinoma**

XH2ST9 **Infiltrating duct and cribriform carcinoma**

XH3969 **Infiltrating duct and mucinous carcinoma**

XH1ND7 **Infiltrating duct and tubular carcinoma**

XH3CB4 **Infiltrating lobular mixed with other types of carcinoma**

XH5SD5 **Polymorphous adenocarcinoma**

XH9G73 **Inflammatory carcinoma**

Inclusions: Inflammatory adenocarcinoma

XH3E21 **Paget disease, mammary**

Inclusions: Paget disease of breast

XH47A6 **Paget disease and infiltrating duct carcinoma of breast**

XH70F8 **Paget disease, extramammary**

XH0C76 **Paget disease and intraductal carcinoma of breast**

XH32K6 **Basal-like carcinoma of breast**

XH4ZU9 **Adenocarcinoma of anogenital mammary-like glands**

XH5KW8 **Carcinoma of male breast**

XH4EK4 **Endocrine mucin-producing sweat gland carcinoma**

XH9HB7 **Lobular carcinoma, pleomorphic**

XH1146 **Juvenile carcinoma of breast**

XH8TH6 **Cystic hypersecretory carcinoma**
Code change from 8508/3 to 8500/2 in ICD-O3 2016

Epithelial neoplasms, NOS

Epithelial neoplasms, benign

XH9HV0 **Epithelial tumour, benign**

XH1TD2 **Tumourlet, benign**

XH65S3 **Epithelioma, benign**

XH0M86 **Focal nodular hyperplasia**

Epithelial neoplasms, in situ

XH5NV6 **Carcinoma in situ, NOS**
Inclusions: Intraepithelial carcinoma, NOS

Epithelial neoplasms, malignant

XH56X7 **Carcinoma with osteoclast-like giant cells**

XH63D2 **Carcinoma, NOS**
Inclusions: Epithelial tumour, malignant

XH3XZ6 **Giant cell and spindle cell carcinoma**

XH1JZ2 **Giant cell carcinoma**

XH00N7 **Glassy cell carcinoma**

XH4QU2 **Large cell carcinoma with rhabdoid phenotype**

XH0NL5 **Large cell neuroendocrine carcinoma**

XH35G0 **Pleomorphic carcinoma**

XH92T7 **Polygonal cell carcinoma**

XH35M3 **Pseudosarcomatous carcinoma**

Inclusions: Sarcomatoid carcinoma

XH1YN3 **Carcinoma, metastatic, NOS**

Inclusions: Secondary carcinoma

XH8D74 **Carcinomatosis**

XH4P61 **Epithelioma, malignant**

Inclusions: Epithelioma, NOS

XH45J4 **Large cell carcinoma, NOS**

XH1YY4 **Carcinoma, undifferentiated, NOS**

XH57U9 **Carcinoma, anaplastic, NOS**

XH2855 **Nuclear protein in testis (NUT) associated carcinoma**

Inclusions: NUT midline carcinoma

NUT carcinoma

XH3RZ4 **Spindle cell carcinoma, NOS**

XH0YB0 **Small cell carcinoma, NOS**

Inclusions: Round cell carcinoma

Reserve cell carcinoma

XH9SY0 **Small cell neuroendocrine carcinoma**

Inclusions: Small cell carcinoma, pulmonary type

XH28J9 **Oat cell carcinoma**

XH3T00 **Small cell carcinoma, fusiform cell**

XH6GK0 **Small cell carcinoma, intermediate cell**

XH8ZR8 **Small cell carcinoma, hypercalcaemic type**

XH7YE3 **Combined small cell carcinoma**

Inclusions: Mixed small cell carcinoma

XH0793 **Combined small cell-adenocarcinoma**

XH6FK9 **Combined small cell-large cell carcinoma**

XH9ZD2 **Combined small cell-squamous cell carcinoma**

XH1DU4 **Non-small cell carcinoma**

XH26N1 **Heterotopia-associated carcinoma**

XH90B3 **Combined large cell neuroendocrine carcinoma**

XH98Z7 **Anaplastic undifferentiated carcinoma**

XH5R16 **Dedifferentiated carcinoma**

XH2BS4 **Squamous carcinoma with osteoclast-like giant cells**

XH2224 **Undifferentiated carcinoma with osteoclast-like giant cells**

Epithelial neoplasms, uncertain whether benign or malignant

XH1N44 **Tumourlet, NOS**

Fibroepithelial neoplasms

Fibroepithelial neoplasms, benign

XH5DX3 **Brenner tumour, NOS**

XH4MA6 **Intracanalicular fibroadenoma**

XH7JU0 **Papillary adenofibroma**

XH0N11 **Pericanalicular fibroadenoma**

XH9HE2 **Fibroadenoma, NOS**

XH91Y8 **Adenofibroma, NOS**

XH5S99 **Cystadenofibroma, NOS**

XH5ZB5 **Serous adenofibroma, NOS**

XH6RL8 **Serous cystadenofibroma, NOS**

XH1VJ0 **Seromucinous adenofibroma**

XH59X8 **Mucinous adenofibroma, NOS**

XH9SM7 **Mucinous cystadenofibroma, NOS**

XH50P7 **Phyllodes tumour, benign**

Inclusions: Cystosarcoma phyllodes, benign

XH4RU1 **Giant fibroadenoma**

XH70H4 **Juvenile fibroadenoma**

XH5853 **Lipofibroadenoma**

XH7ZU2 **Metanephric adenofibroma**

Fibroepithelial neoplasms, malignant

XH6NJ7 **Brenner tumour, malignant**

XH7284 **Mucinous adenocarcinofibroma**

Inclusions: Malignant mucinous adenofibroma

XH75P5 **Periductal stromal tumour, low grade**

XH9JC2 **Serous adenocarcinofibroma**

Inclusions: Malignant serous adenofibroma

XH6PQ0 **Serous cystadenocarcinofibroma**

Inclusions: Malignant serous cystadenofibroma

XH0WW5 **Mucinous cystadenocarcinofibroma**

Inclusions: Malignant mucinous cystadenofibroma

XH8HJ7 **Phyllodes tumour, malignant**

Inclusions: Cystosarcoma phyllodes, malignant

Fibroepithelial neoplasms, uncertain whether benign or malignant

XH2CH8 **Brenner tumour, borderline malignancy**

Inclusions: Borderline Brenner tumour

Brenner tumour, atypical proliferative

XH7AR7 **Mucinous adenofibroma of borderline malignancy**

XH2YZ1 **Mucinous cystadenofibroma of borderline malignancy**

XH5NK4 **Phyllodes tumour, borderline**

Inclusions: Cystosarcoma phyllodes, NOS

XH07C7 **Serous adenofibroma of borderline malignancy**

XH2M30 **Serous cystadenofibroma of borderline malignancy**

Fibromatous neoplasms

Fibromatous neoplasms, benign

XH8A47 **Angiomyofibroblastoma**

XH06N0 **Benign fibrous histiocytoma**

Inclusions: Fibroxanthoma, NOS
Xanthofibroma
Fibrous histiocytoma, NOS
Benign fibrous histiocytoma, NOS

XH3BQ8 **Elastofibroma**

XH2MW3 **Fascial fibroma**

XH5XQ3 **Fibromyxoma**

Inclusions: Myxoid fibroma
Myxofibroma, NOS
Fibromyxoma, NOS

XH3NQ0 **Myofibroblastoma**

XH0953 **Myofibroma**

XH7FV0 **Periosteal fibroma**

XH8E66 **Fibroma, NOS**

XH2ZF3 **Desmoplastic fibroblastoma**

XH7GT0 **Gardner fibroma**

XH0XH6 **Nuchal fibroma**

XH2WT6 **Plexiform fibromyxoma**

XH0WB3 **Fibroma of tendon sheath**

XH8Q71 **Solitary fibrous tumour/Haemangiopericytoma, grade 1**

XH7TH6 **Calcifying fibrous tumour**

XH5LM1 **Nodular fasciitis**

XH1UJ5 **Histiocytoma, NOS**

XH8B90 **Dermatofibroma, NOS**

Inclusions: Subepidermal nodular fibrosis
Dermatofibroma lenticulare
Cutaneous histiocytoma, NOS

XH7436 **Sclerosing pneumocytoma**

XH5DP4 **Deep histiocytoma**

XH9VG1 **Juvenile histiocytoma**

XH33Q1 **Reticulohistiocytoma**

XH8ZE3 **Calcifying aponeurotic fibroma**

XH2874 **Collagenous fibroma**

XH3665 **Plaque-like CD34 positive dermal fibroma**

XH8173 **Acral fibromyxoma**

XH5JG7 **Sclerotic fibroma**

XH6JX7 **Proliferative fasciitis**

XH87F9 **Proliferative myositis**

XH15M9 **Epithelioid fibrous histiocytoma**

XH1BV2 **Pleomorphic fibroma**

XH18K3 **Dermatomyofibroma**

XH2HE9 **Myopericytoma**

XH5FY2 **Fibrous dysplasia**

Fibromatous neoplasms, malignant

XH8EV4 **Fascial fibrosarcoma**

XH6LT0 **Fibromyxosarcoma**

XH7BC6 **Infantile fibrosarcoma**

Inclusions: Congenital fibrosarcoma

XH3406 **Periosteal fibrosarcoma**

XH56W2 **Periosteal sarcoma, NOS**

XH1HP3 **Solitary fibrous tumour, malignant**

XH4EP1 **Fibrosarcoma, NOS**

XH1DA3 **Solitary fibrous tumour/Haemangiopericytoma, grade 3**

XH2668 **Myofibroblastic sarcoma**

XH0947 **Malignant fibrous histiocytoma**

XH8WH0 **Myxofibrosarcoma**

XH9V92 **Dermatofibrosarcoma protuberans, fibrosarcomatous**

Fibromatous neoplasms, uncertain whether benign or malignant

XH6116 **Abdominal fibromatosis**

Inclusions: Abdominal desmoid
Mesenteric fibromatosis
Retroperitoneal fibromatosis

XH13Z3 **Aggressive fibromatosis**

Inclusions: Invasive fibroma
Extra-abdominal desmoid
Desmoid tumour, NOS
Desmoid, NOS

XH1RM7 **Atypical fibrous histiocytoma**

Inclusions: Atypical fibroxanthoma

XH9HH5 **Cellular fibroma**

XH5MH2 **Congenital generalised fibromatosis**

Inclusions: Infantile myofibromatosis

XH85R1 **Myofibroblastic tumour, peribronchial**

XH1N00 **Myofibromatosis**

XH2D15 **Myxoinflammatory fibroblastic sarcoma**

XH0TA8 **Atypical myxoinflammatory fibroblastic tumour**

XH9526 **Haemosiderotic fibrolipomatous tumour**

XH75J5 **Palmar/plantar type fibromatosis**

XH7E62 **Solitary fibrous tumour, NOS**

XH1EH1 **Solitary fibrous tumour/Haemangiopericytoma, grade 2**

XH66Z0 **Myofibroblastic tumour, NOS**

XH6YK5 **Desmoplastic fibroma**

XH4QZ8 **Dermatofibrosarcoma protuberans, NOS**

XH5CT4 **Pigmented dermatofibrosarcoma protuberans**

XH9AV8 **Giant cell fibroblastoma**

XH4GL1 **Plexiform fibrohistiocytic tumour**

XH9362 **Angiomatoid fibrous histiocytoma**

XH7050 **Haemangiopericytic meningioma**

Germ cell neoplasms, benign

XH3GV5 **Teratoma, benign**

XH9F67 **Dermoid cyst, NOS**

Inclusions: Dermoid, NOS

XH52Q4 **Teratoma, prepubertal type**

Inclusions: Teratoma, mature, prepubertal type

XH22M4 **Struma ovarii, NOS**

Germ cell neoplasms, in situ

XH8AD3 **Intratubular malignant germ cells**

Inclusions: Germ cell neoplasia in situ

Intratubular germ cell neoplasia

Germ cell neoplasms, malignant

XH24E0 **Dysgerminoma**

XH0A34 **Germ cell tumour, nonseminomatous**

XH1E13 **Germinoma**

XH7SG5 **Hepatoid yolk sac tumour**

XH0N49 **Immature teratoma, malignant**

XH2PP9 **Malignant teratoma, undifferentiated**

Inclusions: Malignant teratoma, anaplastic

XH9Z28 **Polyembryoma**

Inclusions: Embryonal carcinoma, polyembryonal type

XH6YQ4 **Seminoma, anaplastic**

Inclusions: Seminoma with high mitotic index

XH80D1 **Spermatocytic seminoma**

Inclusions: Spermatocytic tumour

Spermatocytoma

XH56W1 **Teratocarcinoma**

Inclusions: Mixed embryonal carcinoma and teratoma

XH09W7 **Yolk sac tumour**

Inclusions: Orchioblastoma
Embryonal carcinoma, infantile
Yolk sac tumor, NOS

XH9FM4 **Seminoma, NOS**

XH8MB9 **Embryonal carcinoma, NOS**

Inclusions: Embryonal adenocarcinoma

XH15X1 **Yolk sac tumour, post pubertal type**

XH7YZ9 **Teratoma, malignant, NOS**

Inclusions: Embryonal teratoma
Teratoblastoma, malignant

XH43T4 **Malignant teratoma, intermediate**

XH33E8 **Teratoma with malignant transformation**

Inclusions: Dermoid cyst with malignant transformation
Teratoma with somatic-type malignancies

XH2PS1 **Mixed germ cell tumour**

XH9QP9 **Germ cell tumour with associated haematological malignancy**

XH5U02 **Mixed teratoma and seminoma**

XH5PU7 **Struma ovarii, malignant**

XH1P78 **Teratocarcinosarcoma**

Germ cell neoplasms, uncertain whether benign or malignant

XH0K61 **Gonadoblastoma**

Inclusions: Gonocytoma

XH83G5 **Teratoma, NOS**

Inclusions: Solid teratoma

XH4NU1 **Germ cell tumour, regressed**

XH5MG2 **Immature teratoma of the lung**

XH2KP9 **Immature teratoma of the thymus**

XH2XW3 **Strumal carcinoid**

Inclusions: Struma ovarii and carcinoid

XH5PC3 **Immature teratoma of thyroid**

Giant cell tumours, benign

XH6911 **Tenosynovial giant cell tumour, localised**

Inclusions: Fibrous histiocytoma of tendon sheath

XH0HZ1 **Tenosynovial giant cell tumour, NOS**

Giant cell tumours, malignant

XH0492 **Giant cell tumour of bone, malignant**

Inclusions: Giant cell sarcoma of bone

Osteoclastoma, malignant

XH84X1 **Malignant giant cell tumour of soft parts**

Giant cell tumours, uncertain whether benign or malignant

XH4TC2 **Giant cell tumour of bone, NOS**

Inclusions: Osteoclastoma, NOS

XH81M1 **Giant cell tumour of soft parts, NOS**

XH52J9 **Tenosynovial giant cell tumour, diffuse**

Inclusions: Pigmented villonodular synovitis

XH5AQ9 **Malignant tenosynovial giant cell tumour**

Gliomas

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

Gliomas, benign

XH0RF9 **Choroid plexus papilloma, NOS**

XH0H76 **Dysembryoplastic neuroepithelial tumour**

XH1Q28 **Sellar ependymoma**

Gliomas, malignant

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

XH1DC5 **Astroblastoma**

XH96C7 **Astrocytoma, anaplastic**

Inclusions: Astrocytoma, anaplastic, NOS

XH1S63 **Astrocytoma, low grade**

XH54D9 **Cellular ependymoma**

XH3M77 **Choroid plexus carcinoma**

Inclusions: Choroid plexus papilloma, malignant

Choroid plexus papilloma, anaplastic

XH6E51 **Clear cell ependymoma**

XH8W32 **Diffuse astrocytoma**

Inclusions: Diffuse astrocytoma, NOS

XH6UY7 **Diffuse astrocytoma, low grade**

XH6922 **Ependymoma, anaplastic**

Inclusions: Ependymoblastoma

XH6C35 **Fibrillary astrocytoma**

Inclusions: Fibrous astrocytoma

XH5Y81 **Gemistocytic astrocytoma**

Inclusions: Gemistocytoma

Gemistocytic astrocytoma, NOS

XH4RQ3 **Glioma, malignant**

Inclusions: Glioma, NOS

XH6ZH4 **Gliomatosis cerebri**

XH9RC8 **Gliosarcoma**

Inclusions: Glioblastoma with sarcomatous component

XH6F49 **Oligoastrocytoma, NOS**

XH9J28 **Papillary ependymoma**

XH99U2 **Pleomorphic xanthoastrocytoma**

Inclusions: Pleomorphic xanthoastrocytoma, NOS

XH6UV4 **Protoplasmic astrocytoma**

XH4BJ4 **Tanycytic ependymoma**

XH7692 **Diffuse midline glioma, H3 K27M-mutant**

XH9YU2 **Diffuse intrinsic pontine glioma, H3 K27M-mutant**

XH1511 **Ependymoma, NOS**

Inclusions: Epithelial ependymoma

XH2AY7 **Ependymoma, RELA fusion-positive**

XH6PH6 **Astrocytoma, NOS**

Inclusions: Astroglioma

Astrocytic glioma

XH36Y8 **Cystic astrocytoma**

XH2HK4 **Diffuse astrocytoma, IDH-mutant**

XH7HQ6 **Astrocytoma, anaplastic, IDH-mutant**

XH83Y5 **Polar spongioblastoma**

Inclusions: Spongioblastoma polare

Primitive polar spongioblastoma

XH8BK8 **Anaplastic pleomorphic xanthoastrocytoma**

XH7F82 **Glioblastoma, NOS**

XH5571 **Glioblastoma, IDH-wild type**

XH0MB1 **Glioblastoma, primary, NOS**

Inclusions: Spongioblastoma multiforme

Glioblastoma multiforme

XH3N49 **Diffuse midline glioma, NOS**

XH61Y5 **Diffuse intrinsic pontine glioma**

XH4FN3 **Glioblastoma, IDH mutant**

Inclusions: Glioblastoma, secondary, IDH-mutant

XH17J4 **Glioblastoma, secondary, NOS**

XH7W59 **Oligodendroglioma, NOS**

XH7K31 **Oligodendroglioma, IDH-mutant and 1p/19q co deleted**

XH9QF3 **Oligodendroglioma, anaplastic, IDH mutant and 1p/19q co deleted**

XH7CX7 **Oligodendroblastoma**

XH8P29 **Medulloblastoma, NOS**

XH9M38 **Medulloblastoma, SHH-activated and TP53-wild type**

XH8844 **Oligodendroglioma, anaplastic**

Inclusions: Oligodendroglioma, anaplastic, NOS

XH4B47 **Melanotic medulloblastoma**

XH6JN6 **Medulloblastoma with extensive nodularity**

XH85M7 **Medulloblastoma, SHH activated, NOS**

XH8SH6 **CNS embryonal tumour, NOS**

XH89C3 **Central primitive neuroectodermal tumour**

Inclusions: CPNET

Central primitive neuroectodermal tumor,NOS

XH3EX1 **Medulloblastoma, WNT-activated, classic**

XH5163 **Medulloblastoma, WNT-activated, Large cell type**

XH2FW8 **Medulloblastoma, WNT-activated, Anaplastic type**

XH1SH4 **Medulloblastoma, SHH-activated and TP53-mutant**

XH87Q5 **Medulloblastoma, non-WNT/non-SHH**

XH51C5 **Embryonal tumours with multilayered rosettes with C19MC alteration**

XH0KZ2 **Embryonal tumour with multilayered rosettes, NOS**

XH5538 **Cerebellar sarcoma, NOS**

XH8R14 **Medullomyoblastoma**

XH7Y86 **Supratentorial PNET**

XH5PR7 **Large cell medulloblastoma**

XH0H95 **Anaplastic medulloblastoma**

XH8UC5 **Giant cell glioblastoma**

Inclusions: Monstrocellular sarcoma

XH0RY1 **Classic medulloblastoma**

XH7PN5 **Desmoplastic nodular medulloblastoma**

XH3904 **Papillary tumour of the pineal region**

XH2C49 **Diffuse astrocytoma, IDH-wildtype**

XH2BA5 **Epithelioid glioblastoma**

XH0ZP6 **Medulloblastoma, WNT-activated, NOS**

XH5XD3 **Medulloblastoma, group 3**

XH25R4 **Medulloblastoma, group 4**

XH39Z7 **Astrocytoma, anaplastic, IDH-wildtype**

XH17F8 **Diffuse low-grade glioma, MAPK pathway-altered**

XH2SS9 **Diffuse hemispheric glioma, H3 G34-mutant**

XH4Q01 **Diffuse paediatric-type high-grade glioma, H3-wildtype and IDH-wildtype**

XH4ZM8 **Infant-type hemispheric glioma**

XH12D2 **Pilocytic astrocytoma**

XH29Q5 **Pilomyxoid astrocytoma**

Gliomas, uncertain whether benign or malignant

XH41C5 **Angiocentric glioma**

XH3Y57 **Atypical choroid plexus papilloma**

XH7M44 **Desmoplastic infantile astrocytoma**

XH6TQ7 **Desmoplastic infantile ganglioglioma**

XH0B58 **Gliofibroma**

XH6738 **Mixed subependymoma-ependymoma**

XH15U1 **Myxopapillary ependymoma**

XH1L48 **Subependymal giant cell astrocytoma**

XH8FZ9 **Subependymoma**

Inclusions: Subependymal glioma

Subependymal astrocytoma, NOS

XH59V4 **Pituicytoma**

XH9HV1 **Chordoid glioma**

XH4101 **Chordoid glioma of third ventricle**

Granular cell tumours and alveolar soft part sarcomas

Granular cell tumours and alveolar soft part sarcomas, benign

XH09A9 **Granular cell tumour, NOS**

Inclusions: Granular cell myoblastoma, NOS

XH2XW8 **Granular cell tumour of the sellar region**

Granular cell tumours and alveolar soft part sarcomas, malignant

XH8V95 **Alveolar soft part sarcoma**

XH90D3 **Granular cell tumour, malignant**

Inclusions: Granular cell myoblastoma, malignant

Lipomatous neoplasms

Lipomatous neoplasms, benign

XH2SJ1 **Fibrolipoma**

XH0PH8 **Fibromyxolipoma**

Inclusions: Myxolipoma

XH7TB0 **Infiltrating angiolipoma**

XH5GN5 **Infiltrating lipoma**

XH3TE0 **Intramuscular lipoma**

XH30M7 **Pleomorphic lipoma**

XH4E98 **Spindle cell lipoma**

XH1PL8 **Lipoma, NOS**

XH4G31 **Thymolipoma**

XH3C77 **Angiolipoma, NOS**

XH4VB4 **Angiomyolipoma**

XH7WX8 **Chondroid lipoma**

XH17C5 **Myelolipoma**

XH1054 **Hibernoma**

Inclusions: Fetal fat cell lipoma

XH8L55 **Lipoblastomatosis**

Inclusions: Fetal lipoma, NOS
Fetal lipomatosis
Lipoblastoma

Lipomatous neoplasms, malignant

XH1C03 **Dedifferentiated liposarcoma**

XH6R46 **Fibroblastic liposarcoma**

XH7PE7 **Inflammatory liposarcoma**

XH7Y61 **Liposarcoma, well differentiated**

Inclusions: Lipoma-like liposarcoma
Liposarcoma, differentiated
Liposarcoma, well differentiated, NOS

XH8VG3 **Mixed liposarcoma**

XH3EL0 **Myxoid liposarcoma**

Inclusions: Myxoliposarcoma
Round cell liposarcoma

XH25R1 **Pleomorphic liposarcoma**

XH8D43 **Sclerosing liposarcoma**

XH2J05 **Liposarcoma, NOS**

Inclusions: Fibroliposarcoma

Lipomatous neoplasms, uncertain whether benign or malignant

XH0RW4 **Atypical lipomatous tumour**

XH4QB6 **Lipofibromatosis**

XH0QR3 **Angiomyolipoma, Epithelioid**

Lymphatic vessel tumours

Lymphatic vessel tumours, benign

XH9MR8 **Lymphangioma, NOS**

Inclusions: Lymphangioendothelioma, NOS

XH6LF7 **Capillary lymphangioma**

XH2EU7 **Cavernous lymphangioma**

XH8G00 **Cystic lymphangioma**

Inclusions: Cystic hygroma
Hygroma, NOS

XH2DS9 **Lymphangiomyoma**

XH62A3 **Haemolymphangioma**

Lymphatic vessel tumours, malignant

XH10U6 **Lymphangiosarcoma**

Inclusions: Lymphangioendothelioma, malignant
Lymphangioendothelial sarcoma

Lymphatic vessel tumours, uncertain whether benign or malignant

XH10K6 **Lymphangiomyomatosis**

Inclusions: Lymphangioleiomyomatosis

Meningiomas

Meningiomas, benign

XH5ZC7 **Fibrous meningioma**

Inclusions: Fibroblastic meningioma

XH0R11 **Lymphoplasmacyte-rich meningioma**

XH11P5 **Meningioma, NOS**

XH40T5 **Meningothelial meningioma**

Inclusions: Syncytial meningioma
Endotheliomatous meningioma

XH7N06 **Metaplastic meningioma**

XH1F70 **Microcystic meningioma**

XH6Z51 **Secretory meningioma**

XH3L73 **Haemangioblastic meningioma**

Inclusions: Angioblastic meningioma

XH4ZM7 **Psammomatous meningioma**

XH6L68 **Angiomatous meningioma**

XH4EX5 **Transitional meningioma**

Inclusions: Mixed meningioma

Meningiomas, malignant

XH0324 **Meningioma, malignant**

Inclusions: Meningothelial sarcoma
Meningioma, anaplastic
Meningeal sarcoma
Leptomeningeal sarcoma

XH2NY9 **Papillary meningioma**

XH6QS9 **Rhabdoid meningioma**

XH5976 **Meningeal sarcomatosis**

Meningiomas, uncertain whether benign or malignant

XH71V9 **Clear cell meningioma**

XH2LS4 **Chordoid meningioma**

XH1PF6 **Atypical meningioma**

Mesonephromas

Mesonephromas, benign

XH3SX7 **Adenoma of rete ovarii**

XH5AH3 **Mesonephroma, benign**

Inclusions: Mesonephric adenoma
Wolffian duct adenoma

Mesonephromas, malignant

XH71B5 **Adenocarcinoma of rete ovarii**

XH5WG5 **Mesonephroma, malignant**

Mesonephromas, uncertain whether benign or malignant

XH2WJ5 **Wolffian tumour**

Mesothelial neoplasms, benign

XH2VV6 **Fibrous mesothelioma, benign**

XH1SS1 **Mesothelioma, benign**

XH0KC4 **Epithelioid mesothelioma, benign**

XH67N8 **Well differentiated papillary mesothelioma**

Inclusions: Mesothelial papilloma

XH8U12 **Peritoneal inclusion cysts**

XH6BY3 **Adenomatoid tumour, NOS**

Mesothelial neoplasms, malignant

XH54S8 **Fibrous mesothelioma, malignant**

Inclusions: Fibrous mesothelioma, NOS
Desmoplastic mesothelioma
Sarcomatoid mesothelioma
Spindled mesothelioma

XH0XV0 **Mesothelioma, malignant**

Inclusions: Mesothelioma, NOS

XH1DX8 **Mesothelioma, biphasic, malignant**

Inclusions: Mesothelioma, biphasic, NOS

XH0VP5 **Epithelioid mesothelioma, malignant**

Inclusions: Epithelioid mesothelioma, NOS

Mesothelial neoplasms, uncertain whether benign or malignant

XH85T6 **Well differentiated papillary mesothelioma of the pleura**

Miscellaneous bone tumours, benign

XH6M86 **Ossifying fibroma**

Inclusions: Fibro-osteoma
Osteofibroma

XH23E0 **Aneurysmal bone cyst**

Miscellaneous bone tumours, malignant

XH8F52 **Adamantinoma of long bones**

Inclusions: Tibial adamantinoma

Miscellaneous tumours

Miscellaneous tumours, benign

XH6C72 **Melanotic neuroectodermal tumour**

Inclusions: Melanotic progonoma

Melanoameloblastoma

XH7MT7 **Benign notochordal cell tumour**

XH0S20 **Parachordoma**

Miscellaneous tumours, malignant

XH2S71 **Mixed pineal tumour**

Inclusions: Mixed pineocytoma-pineoblastoma

XH1S48 **Pineal parenchymal tumour of intermediate differentiation**

XH1ZH1 **Pineoblastoma**

Pineoblastomas are a rare, malignant type of supratentorial primitive neuroectodermal tumour, found mainly in children (less than 10% of cases are reported in adults), located in the pineal region of the brain but that can metastasize along the neuroaxis. As they are the most aggressive of the pineal parenchymal tumours, they are usually associated with a poor prognosis.

XH3D20 **Transitional pineal tumour**

XH7K24 **Neuroectodermal tumour, NOS**

XH6P76 **Peripheral primitive neuroectodermal tumour**

XH9GH0 **Chordoma, NOS**

XH8KJ8 **Ewing sarcoma**

XH0FH0 **Askin tumour**

XH17D8 **Chondroid chordoma**

XH7303 **Dedifferentiated chordoma**

Miscellaneous tumours, uncertain whether benign or malignant

XH1AZ2 **Craniopharyngioma**

XH15X9 **Craniopharyngioma, adamantinomatous**

XH2BF0 **Craniopharyngioma, papillary**

XH8QA9 **Pinealoma**

XH1K94 **Pineocytoma**

Mucoepidermoid neoplasms

Mucoepidermoid neoplasms, malignant

XH1J36 **Mucoepidermoid carcinoma**

Mucoepidermoid neoplasms, uncertain whether benign or malignant

XH80V3 **Mucoepidermoid tumour**

Myomatous neoplasms

Myomatous neoplasms, benign

XH7CL0 **Angiomyoma**

Inclusions: Vascular leiomyoma
Angioleiomyoma

XH9824 **Bizarre leiomyoma**

Inclusions: Atypical leiomyoma
Pleomorphic leiomyoma
Symplastic leiomyoma

XH9662 **Cellular leiomyoma**

XH8S79 **Epithelioid leiomyoma**

Inclusions: Leiomyoblastoma

XH4729 **Fetal rhabdomyoma**

XH4FS5 **Lipoleiomyoma**

XH1CZ1 **Myoma**

XH4EP9 **Plexiform leiomyoma**

XH4CY6 **Leiomyoma, NOS**

XH9CC7 **Myxoid leiomyoma**

XH8WG9 **Rhabdomyoma, NOS**

XH4BG5 **Adult cellular rhabdomyoma**

XH2736 **Glycogenic rhabdomyoma**

XH5AF2 **Genital rhabdomyoma**

XH8B88 **Leiomyoma, apoplectic**

XH5Z76 **Leiomyoma, hydropic**

XH5G84 **Cotyledonoid leiomyoma**

XH6GV7 **Myolipoma**

Myomatous neoplasms, malignant

XH27W3 **Angiomyosarcoma**

XH13Z5 **Epithelioid leiomyosarcoma**

XH7ED4 **Leiomyosarcoma, NOS**

XH08B3 **Mixed embryonal rhabdomyosarcoma and alveolar rhabdomyosarcoma**

XH6YL0 **Mixed type rhabdomyosarcoma**

XH8H07 **Myosarcoma**

XH3122 **Myxoid leiomyosarcoma**

XH5SX9 **Pleomorphic rhabdomyosarcoma, NOS**

Inclusions: Rhabdomyosarcoma, pleomorphic type

XH4VB5 **Pleomorphic rhabdomyosarcoma, adult type**

XH0GA1 **Rhabdomyosarcoma, NOS**

Inclusions: Rhabdosarcoma

XH83G1 **Embryonal rhabdomyosarcoma, NOS**

Inclusions: Rhabdomyosarcoma, embryonal type

XH4749 **Embryonal rhabdomyosarcoma, pleomorphic**

XH7V57 **Sarcoma botryoides**

Inclusions: Botryoid sarcoma

XH7NM2 **Spindle cell rhabdomyosarcoma**

Inclusions: Rhabdomyosarcoma, spindle cell/sclerosing type
Sclerosing rhabdomyosarcoma

XH7099 **Alveolar rhabdomyosarcoma**

XH0S12 **Ectomesenchymoma**

Myomatous neoplasms, uncertain whether benign or malignant

XH60C2 **Intravascular leiomyomatosis**

Inclusions: Intravenous leiomyomatosis

XH2L80 **Leiomyomatosis, NOS**

XH1EX8 **Metastasizing leiomyoma**

XH1EN1 **Smooth muscle tumour of uncertain malignant potential**

XH00B4 **Smooth muscle tumour, NOS**

XH8MR2 **Leiomyomatosis, peritonealis disseminata**

XH22N2 **Leiomyosarcoma, cutaneous**

Myxomatous neoplasms

Myxomatous neoplasms, benign

XH6Q84 **Myxoma, NOS**

XH9HK9 **Angiomyxoma**

XH1DA7 **Ossifying fibromyxoid tumour**

Inclusions: Ossifying fibromyxoid tumour, NOS

XH4V74 **Deep angiomyxoma**

XH58A9 **Superficial angiomyxoma**

Myxomatous neoplasms, malignant

XH4V76 **Low grade fibromyxoid sarcoma**

XH4BT2 **Sclerosing epithelioid fibrosarcoma**

XH3TB0 **Ossifying fibromyxoid tumour, malignant**

XH51Y9 **Pulmonary myxoid sarcoma with EWSR1-CREB1 translocation**

XH5WF6 **Myxosarcoma**

Nerve sheath tumours

Nerve sheath tumours, benign

XH5T39 **Acoustic neuroma**

XH0U07 **Ancient schwannoma**

XH8WW8 **Cellular schwannoma**

XH75P8 **Degenerated schwannoma**

XH2GD5 **Melanotic neurofibroma**

XH87J5 **Neurofibroma, NOS**

XH2MJ4 **Plexiform neurofibroma**

Inclusions: Plexiform neuroma

XH9XT2 **Plexiform schwannoma**

XH9MN2 **Psammomatous schwannoma**

XH98Z3 **Schwannoma, NOS**

Inclusions: Neurinoma

Neurilemoma, NOS

XH27Y1 **Nerve sheath tumour, NOS**

XH01G0 **Hybrid nerve sheath tumour**

XH4UE6 **Neuroma, NOS**

XH90Y8 **Solitary circumscribed neuroma**

XH0XF7 **Perineurioma, NOS**

XH3L35 **Nerve sheath myxoma**

XH9QH2 **Soft tissue perineurioma**

XH4BQ8 **Intraneural perineurioma**

XH1UZ6 **Cellular neurothekeoma**

XH9J01 **Benign Triton tumour**

Nerve sheath tumours, malignant

XH2XP8 **Malignant peripheral nerve sheath tumour**

Inclusions: Neurosarcoma
Neurogenic sarcoma
Neurofibrosarcoma
MPNST, NOS
Malignant peripheral nerve sheath tumor, NOS

XH5C30 **Melanotic MPNST**

XH3NT0 **Melanotic psammomatous MPNST**

XH8HF5 **MPNST with glandular differentiation**

XH7HR8 **MPNST with mesenchymal differentiation**

XH3W53 **MPNST with perineurial differentiation**

XH4V81 **Malignant peripheral nerve sheath tumour, epithelioid**

Inclusions: Epithelioid MPNST

XH88C2 **Neurilemoma, malignant**

Inclusions: Malignant schwannoma, NOS

XH2VV8 **Malignant peripheral nerve sheath tumour with rhabdomyoblastic differentiation**

Inclusions: MPNST with rhabdomyoblastic differentiation
Malignant schwannoma with rhabdomyoblastic differentiation

XH31C8 **Perineurioma, malignant**

Inclusions: Perineural MPNST

Nerve sheath tumours, uncertain whether benign or malignant

XH2637 **Melanotic schwannoma**

Neuroepitheliomatous neoplasms

Neuroepitheliomatous neoplasms, benign

XH6K00 **Dysplastic gangliocytoma of cerebellum (Lhermitte-Duclos)**

XH6KA6 **Gangliocytoma**

Inclusions: Gangliocytoma, NOS

XH03L9 **Ganglioneuroma**

XH6LR5 **Ganglioneuromatosis**

XH28W9 **Medulloepithelioma, benign**

Inclusions: Diktyoma, benign

XH8NQ6 **Pacinian tumour**

XH5AV1 **Retinocytoma**

XH5NR7 **Teratoid medulloepithelioma, benign**

Neuroepitheliomatous neoplasms, malignant

XH7ZQ4 **Atypical teratoid/rhabdoid tumour**

XH2GG3 **Ganglioglioma, anaplastic**

XH77W7 **Ganglioneuroblastoma**

XH0RB7 **Ganglioneuroblastoma, intermixed**

XH6JM6 **Retinoblastoma, differentiated**

XH49K9 **Spongioneuroblastoma**

XH0AM8 **Teratoid medulloepithelioma**

Inclusions: Teratoid medulloepithelioma, NOS

XH70S0 **CNS ganglioneuroblastoma**

XH85Z0 **Neuroblastoma, NOS**

Inclusions: Sympathicoblastoma
CNS neuroblastoma
Central neuroblastoma

XH2WK5 **Medulloepithelioma, NOS**

Inclusions: Diktyoma, malignant

XH9FP2 **Neuroepithelioma, NOS**

XH8WC7 **Retinoblastoma, NOS**

XH7KP6 **Retinoblastoma, undifferentiated**

XH1YZ7 **Retinoblastoma, diffuse**

XH09A4 **Olfactory neurogenic tumour**

XH7QE0 **Olfactory neurocytoma**

Inclusions: Esthesioneurocytoma

XH2Y49 **Olfactory neuroepithelioma**

Inclusions: Esthesioneuroepithelioma

XH50L1 **Olfactory neuroblastoma**

Inclusions: Esthesioneuroblastoma

XH3AV2 **CNS embryonal tumor with rhabdoid features**

Neuroepitheliomatous neoplasms, uncertain whether benign or malignant

XH0C11 **Central neurocytoma**

Inclusions: Neurocytoma, NOS

XH2GB0 **Cerebellar liponeurocytoma**

Inclusions: Neurolipocytoma
Medullocytoma
Lipomatous medulloblastoma

XH5FJ3 **Ganglioglioma, NOS**

Inclusions: Neuroastrocytoma
Glioneuroma

XH2HS1 **Extraventricular neurocytoma**

XH3XU4 **Papillary glioneuronal tumour**

XH2JU8 **Rosette-forming glioneuronal tumour**

XH2F27 **Retinoblastoma, spontaneously regressed**

Nevi and melanomas

Nevi and melanomas, benign

XH8RN4 **Balloon cell naevus**

XH27A6 **Compound naevus**

Inclusions: Dermal and epidermal naevus

XH8WP0 **Inflamed juvenile conjunctival naevus**

XH6DN3 **Diffuse melanocytosis**

XH9035 **Dysplastic naevus**

XH2HG8 **Epithelioid and spindle cell naevus**

XH8ZB4 **Hairy naevus**

XH5971 **Halo naevus**

Inclusions: Regressing naevus

XH2MQ5 **Dermal naevus**

XH1BE4 **Magnocellular naevus**

XH8CU4 **Neuronevus**

XH0XH2 **Nonpigmented naevus**

Inclusions: Achromic naevus

XH4L78 **Pigmented naevus, NOS**

XH02Z5 **Melanocytoma, NOS**

XH8974 **Meningeal melanocytosis**

XH1M79 **Junctional naevus, NOS**

Inclusions: Intraepidermal naevus

Junction naevus

XH9QV1 **Spindle cell naevus, NOS**

XH7QJ7 **Blue nevus, NOS**

Inclusions: Jadassohn blue nevus

XH2P88 **Pigmented spindle cell naevus of Reed**

XH79G6 **Epithelioid cell naevus**

XH3X84 **Cellular blue naevus**

XH40S8 **Naevus spilus**

XH81Y1 **Deep penetrating naevus**

XH0DU8 **Combined naevus**

XH5EL4 **Genital naevus**

XH8FS8 **Conjunctival naevus**

XH9QC8 **Lentiginous melanocytic naevus**

XH88L0 **Simple lentigo**

XH9DB2 **Acral naevus**

XH8NP4 **Meyerson naevus**

XH5YN0 **Congenital melanocytic naevus, NOS**

XH9WF4 **Spitz naevus, atypical**

Nevi and melanomas, in situ

XH9KY6 **Lentigo maligna**

Inclusions: Hutchinson melanotic freckle, NOS

XH3XX3 **Melanoma in situ**

XH41F9 **Precancerous melanosis, NOS**

Nevi and melanomas, malignant

XH9L11 **Acral melanoma**

XH3TK1 **Amelanotic melanoma**

XH8TE3 **Balloon cell melanoma**

XH1P36 **Desmoplastic melanoma, amelanotic**

XH1Z15 **Desmoplastic melanoma, NOS**

Inclusions: Desmoplastic melanoma, malignant

XH9NL4 **Lentigo maligna melanoma**

Inclusions: Malignant melanoma in Hutchinson melanotic freckle

XH5L25 **Malignant melanoma arising in giant congenital naevus**

XH23B1 **Malignant melanoma in junctional naevus**

XH7L76 **Malignant melanoma in precancerous melanosis**

XH6XP3 **Malignant melanoma, regressing**

XH1BP7 **Meningeal melanomatosis**

XH5QP3 **Mucosal lentiginous melanoma**

XH5F94 **Neurotropic melanoma, malignant**

XH4QG5 **Nodular melanoma**

XH08X7 **Superficial spreading melanoma**

XH4846 **Malignant melanoma, NOS**

Inclusions: Melanoma, NOS

XH25M1 **Spindle cell melanoma, NOS**

XH8HA2 **Mixed epithelioid and spindle cell melanoma**

XH0QL5 **Epithelioid cell melanoma**

XH5KW3 **Spindle cell melanoma, type A**

XH5YE7 **Spindle cell melanoma, type B**

XH1G74 **Blue naevus, malignant**

XH7JW1 **Low cumulative sun damage melanoma**

XH8DS3 **Malignant Spitz tumour**

XH3DN1 **Melanoma, meningeal**

XH8681 **Nevoid melanoma**

Nevi and melanomas, uncertain whether benign or malignant

XH2C28 **Giant pigmented naevus, NOS**

XH1XJ3 **Intermediate and giant congenital naevus**

XH2RY7 **Meningeal melanocytoma**

XH6AH3 **Proliferative dermal lesion in congenital naevus**

XH4VD0 **Pigmented epithelioid melanocytoma**

Odontogenic tumours

Odontogenic tumours, benign

XH2SD0 **Adenomatoid odontogenic tumour**

Inclusions: Adenoameloblastoma

XH44W7 **Ameloblastic fibro-odontoma**

Inclusions: Fibroameloblastic odontoma

XH0964 **Ameloblastic fibrodentinoma**

Inclusions: Dentinoma

XH3R33 **Calcifying odontogenic cyst**

XH5Y46 **Cementifying fibroma**

XH52T0 **Cemento-ossifying fibroma**

XH4VL1 **Cementoblastoma, benign**

XH1MT3 **Odontogenic fibroma, NOS**

Inclusions: Central odontogenic fibroma

XH7H47 **Complex odontoma**

XH57B1 **Compound odontoma**

XH6W94 **Gigantiform cementoma**

Inclusions: Florid osseous dysplasia

XH06N8 **Odontoameloblastoma**

XH12N4 **Dentinogenic ghost cell tumour**

XH48L4 **Odontogenic myxoma**

Inclusions: Odontogenic myxofibroma

XH43L1 **Odontogenic tumour, benign**

XH4PV9 **Squamous odontogenic tumour**

XH8FX0 **Cementoma, NOS**

Inclusions: Periapical cemental dysplasia

Periapical cemento-osseous dysplasia

XH4QJ8 **Odontoma, NOS**

XH1SV4 **Ameloblastoma, NOS**

Inclusions: Adamantinoma, NOS

XH2M31 **Peripheral odontogenic fibroma**

XH06Y3 **Ameloblastic fibroma**

XH4PT4 **Calcifying epithelial odontogenic tumour**

XH39C5 **Sinonasal ameloblastoma**

XH5ZZ6 **Ameloblastoma, unicystic type**

XH4KQ4 **Ameloblastoma, extraosseous/peripheral type**

Odontogenic tumours, malignant

XH1MW0 **Ameloblastic odontosarcoma**

Inclusions: Ameloblastic fibrodentinosarcoma

Ameloblastic fibro-odontosarcoma

XH96J9 **Ameloblastoma, metastasizing**

XH4M89 **Odontogenic tumour, malignant**

Inclusions: Primary intraosseous carcinoma

Odontogenic sarcoma

Odontogenic carcinoma

Ameloblastic carcinoma

XH0XD5 **Ameloblastic fibrosarcoma**

Inclusions: Ameloblastic sarcoma
Odontogenic fibrosarcoma

XH4LP1 **Odontogenic carcinosarcoma**

XH2BX2 **Ghost cell odontogenic carcinoma**

XH5DZ4 **Clear cell odontogenic carcinoma**

Odontogenic tumours, uncertain whether benign or malignant

XH1P03 **Odontogenic tumour, NOS**

Osseous and chondromatous neoplasms

Osseous and chondromatous neoplasms, benign

XH9SY5 **Enchondroma**

XH5Y87 **Osteochondroma**

Inclusions: Osteocartilaginous exostosis
Ecchondroma
Cartilaginous exostosis

XH4818 **Osteoma, NOS**

XH61J9 **Osteoid osteoma, NOS**

XH4316 **Osteoblastoma, NOS**

Inclusions: Giant osteoid osteoma

XH6KR3 **Osteochondromyxoma**

XH23J5 **Bizarre parosteal osteochondromatous proliferation**

XH0NS4 **Chondroma, NOS**

XH49G1 **Juxtacortical chondroma**

XH3BC3 **Periosteal chondroma**

XH89S0 **Chondromyxoid fibroma**

XH1XL9 **Subungual exostosis**

Osseous and chondromatous neoplasms, malignant

XH1Y90 **Central osteosarcoma**

Inclusions: Medullary osteosarcoma
Conventional central osteosarcoma
Central osteosarcoma, NOS

XH3T03 **Chondroblastic osteosarcoma**

XH23T4 **Fibroblastic osteosarcoma**

Inclusions: Osteofibrosarcoma

XH29N8 **Fibrochondrosarcoma**

XH6TL0 **High grade surface osteosarcoma**

XH9LS2 **Intracortical osteosarcoma**

XH9119 **Intraosseous well differentiated osteosarcoma**

Inclusions: Intraosseous low grade osteosarcoma

XH06W9 **Osteosarcoma in Paget disease of bone**

Inclusions: Secondary osteosarcoma

XH8HG5 **Parosteal osteosarcoma**

Inclusions: Juxtacortical osteosarcoma

XH48A9 **Periosteal osteosarcoma**

XH4EZ4 **Small cell osteosarcoma**

Inclusions: Round cell osteosarcoma

XH5CL5 **Telangiectatic osteosarcoma**

XH1XF3 **Osteosarcoma, NOS**

Inclusions: Osteochondrosarcoma
Osteoblastic sarcoma
Osteogenic sarcoma, NOS

XH2CD6 **Osteosarcoma, extraskeletal**

XH7N84 **Low grade central osteosarcoma**

XH8J23 **Chondrosarcoma, NOS**

XH6LT5 **Chondrosarcoma, grade 2**

XH0Y34 **Chondrosarcoma, grade 3**

XH5FH4 **Juxtacortical chondrosarcoma**

XH1S32 **Periosteal chondrosarcoma**

XH6W00 **Chondroblastoma, malignant**

XH9344 **Myxoid chondrosarcoma**

XH8X47 **Mesenchymal chondrosarcoma**

XH7XB9 **Clear cell chondrosarcoma**

XH6E77 **Dedifferentiated chondrosarcoma**

Osseous and chondromatous neoplasms, uncertain whether benign or malignant

XH2RD1 **Aggressive osteoblastoma**

XH70W8 **Osteochondromatosis, NOS**

Inclusions: Ecchondrosis

XH5BT0 **Chondromatosis, NOS**

XH0FY0 **Atypical cartilaginous tumour**

Inclusions: Chondrosarcoma, grade 1

XH4NK2 **Chondroblastoma, NOS**

Paragangliomas and glomus tumours

Paragangliomas and glomus tumours, benign

Coded Elsewhere: Pheochromocytoma, NOS (XH3854)

XH2012 **Gangliocytic paraganglioma**

XH47J2 **Glomus tumour, NOS**

XH4CC6 **Perivascular epithelioid tumour, benign**

XH3RX1 **Glomangioma**

XH2702 **Glomangiomyoma**

Paragangliomas and glomus tumours, malignant

XH9WD1 **Perivascular epithelioid tumour, malignant**

XH1UN6 **Extra-adrenal paraganglioma**

XH8GG7 **Nonchromaffin paraganglioma**

XH05Y1 **Glomangiosarcoma**

Inclusions: Glomoid sarcoma

XH21E6 **Glomus tumour, malignant**

XH9YX6 **Middle ear paraganglioma**

XH5521 **Laryngeal paraganglioma**

XH1493 **Vagal paraganglioma**

XH3JF3 **Composite paraganglioma**

XH9K97 **Composite pheochromocytoma**

XH0EW6 **Paraganglioma, NOS**

XH4G21 **Sympathetic paraganglioma**

XH5LK3 **Parasympathetic paraganglioma**

XH7YU4 **Aortic body tumour**

XH3FS7 **Carotid body paraganglioma**

XH20B4 **Chemodectoma**

XH3854 **Pheochromocytoma, NOS**

Paragangliomas and glomus tumours, uncertain whether benign or malignant

Coded Elsewhere: Aortic body tumour (XH7YU4)
Carotid body paraganglioma (XH3FS7)
Chemodectoma (XH20B4)
Paraganglioma, NOS (XH0EW6)
Parasympathetic paraganglioma (XH5LK3)
Sympathetic paraganglioma (XH4G21)

XH7CP7 **Glomangiomatosis**

XH5D10 **Glomus tumor of uncertain malignant potential**

Soft tissue tumours and sarcomas, NOS

Soft tissue tumours and sarcomas, NOS, benign

XH67T7 **Soft tissue tumour, benign**

Soft tissue tumours and sarcomas, NOS, malignant

XH4UM7 **Sarcoma, NOS**

Inclusions: Soft tissue sarcoma

XH7Y17 **Sarcomatosis, NOS**

XH7AN8 **Spindle cell sarcoma**

XH73J4 **Giant cell sarcoma**

XH85G7 **Small cell sarcoma**

XH4F96 **Epithelioid sarcoma**

XH6HY6 **Undifferentiated sarcoma**

XH5SN6 **Desmoplastic small round cell tumour**

XH7XH3 **Pleomorphic dermal sarcoma**

XH92Y0 **Epithelioid sarcoma, undifferentiated**

Soft tissue tumours and sarcomas, NOS, uncertain whether benign or malignant

XH2193 **Pleomorphic hyalinizing angiectatic tumour**

XH52J1 **GLI1-altered epithelioid soft tissue tumor**

Specialized gonadal neoplasms

Specialized gonadal neoplasms, benign

XH7H87 **Androblastoma, benign**

Inclusions: Arrhenoblastoma, benign

XH6NZ8 **Sclerosing stromal tumour**

XH0BG7 **Sertoli cell tumour with lipid storage**

Inclusions: Folliculome lipidique

Tubular androblastoma with lipid storage

XH7E53 **Sertoli-Leydig cell tumour, well differentiated**

XH0Z30 **Thecoma, luteinized**

XH3C14 **Sex cord-stromal tumour, benign**

XH69N5 **Signet-ring stromal tumour**

XH35B3 **Microcystic stromal tumour**

XH34A0 **Thecoma, NOS**

XH40J2 **Luteoma, NOS**

Inclusions: Luteinoma

XH2U25 **Granulosa cell tumour of the testis, juvenile**

XH5XQ2 **Leydig cell tumour of the ovary, NOS**

Change of term was Leydig cell, benign. Leydig cell NOS was 8650/1

XH9LH4 **Hilus cell tumour**

XH9XY1 **Lipid cell tumour of ovary**

XH1PE9 **Masculinovoblastoma**

XH9RV1 **Adrenal rest tumour**

Specialized gonadal neoplasms, malignant

XH44E8 **Androblastoma, malignant**

Inclusions: Arrhenoblastoma, malignant

XH1QG7 **Granulosa cell carcinoma**

XH97Z8 **Granulosa cell tumour, sarcomatoid**

XH29E0 **Sertoli-Leydig cell tumour, poorly differentiated**

XH3BT2 **Sertoli-Leydig cell tumour, poorly differentiated, with heterologous elements**

XH4KB9 **Sertoli-Leydig cell tumour, sarcomatoid**

XH1JS6 **Thecoma, malignant**

XH0GA5 **Adult granulosa cell tumor of ovary**

XH7DV5 **Granulosa cell tumour, adult type**

XH9G68 **Leydig cell tumour, malignant**

XH4L39 **Steroid cell tumour, malignant**

XH7051 **Sertoli cell carcinoma**

Specialized gonadal neoplasms, uncertain whether benign or malignant

XH2KH2 **Granulosa cell tumour, juvenile**

XH37K7 **Granulosa cell-theca cell tumour**

Inclusions: Theca cell-granulosa cell tumour

XH0Q64 **Gynandroblastoma**

XH9E02 **Large cell calcifying Sertoli cell tumour**

XH0UP7 **Sertoli-Leydig cell tumour of intermediate differentiation**

Inclusions: Sertoli-Leydig cell tumour, moderately differentiated

Sertoli-Leydig cell tumor of intermediate differentiation, NOS

XH6FQ9 **Sertoli-Leydig cell tumour, NOS**

XH8U56 **Sertoli-Leydig cell tumour, intermediate differentiation, with heterologous elements**

XH6XB6 **Sertoli-Leydig cell tumour, retiform**

XH3PN1 **Sertoli-Leydig cell tumour, retiform, with heterologous elements**

XH5BV8 **Sex cord tumour with annular tubules**

XH5PC7 **Sex cord-gonadal stromal tumour, incompletely differentiated**

XH19F9 **Sex cord-gonadal stromal tumour, mixed forms**

Inclusions: Sex cord-gonadal stromal tumour, mixed

XH9G57 **Sex cord-gonadal stromal tumour, NOS**

Inclusions: Sex cord-stromal tumour, NOS

XH8033 **Stromal tumour with minor sex cord elements**

XH8CW8 **Uterine tumour resembling ovarian sex cord tumour**

XH0667 **Sex cord-stromal tumour, unclassified**

XH0U48 **Mixed germ cell-sex cord-stromal tumour, NOS**

XH27A8 **Mixed germ cell-sex cord-stromal tumour, unclassified**

XH5BN5 **Adult granulosa cell tumour of testis**

XH0GT2 **Androblastoma, NOS**

Inclusions: Arrhenoblastoma, NOS

XH4H24 **Sertoli cell tumour, NOS**

Inclusions: Testicular adenoma

Pick tubular adenoma

Tubular androblastoma, NOS

Sertoli cell adenoma

XH7RD2 **Intratubular large cell hyalinizing Sertoli cell neoplasia**

XH51L7 **Leydig cell tumour of the testis, NOS**

Change of behaviour, See 8650/0

Squamous cell neoplasms, benign

XH17Q9 **Papilloma, NOS**

XH7YQ5 **Squamous cell papilloma, inverted**

XH50T2 **Squamous cell papilloma, NOS**

Inclusions: Squamous papilloma
Keratotic papilloma

XH4611 **Squamous intraepithelial neoplasia, low grade**

XH50N3 **Squamous papillomatosis**

Inclusions: Papillomatosis, NOS

XH2Y10 **Verrucous papilloma**

XH9S34 **Anal intraepithelial neoplasia, low grade**

XH1W63 **Cervical intraepithelial neoplasia, low grade**

XH3Y37 **Oesophageal squamous intraepithelial neoplasia (dysplasia), low grade**

XH0S03 **Benign keratosis, NOS**

XH63L8 **Lichen planus-like keratosis**

XH7AQ2 **Large cell acanthoma**

XH36H6 **Actinic keratosis**

XH8MN8 **PUVA keratosis**

XH5NG4 **Arsenical keratosis**

XH13L5 **Clear cell acanthoma**

XH65S7 **Warty dyskeratoma**

XH0949 **Seborrhoeic keratosis**

XH7B58 **Solar lentigo**

Squamous cell neoplasms, in situ

XH2NM8 **Bowen disease**

Inclusions: Intraepidermal squamous cell carcinoma, Bowen type

XH9CL8 **Differentiated VIN**

XH6824 **Differentiated PeIN**

XH4JA4 **Papillary carcinoma in situ**

XH8YK9 **Papillary squamous cell carcinoma, non-invasive**

Inclusions: Papillary squamous cell carcinoma in situ

XH1U36 **Squamous cell carcinoma in situ with questionable stromal invasion**

Inclusions: Epidermoid carcinoma in situ with questionable stromal invasion

XH7WM7 **Squamous cell carcinoma in situ, NOS**

Inclusions: Intraepithelial squamous cell carcinoma

Intraepidermal carcinoma, NOS

Epidermoid carcinoma in situ, NOS

XH3EA2 **Squamous intraepithelial neoplasia, high grade**

XH7SX5 **Anal intraepithelial neoplasia, grade III**

Inclusions: AIN III

XH62N8 **Cervical intraepithelial neoplasia, grade III**

XH9ND8 **Oesophageal squamous intraepithelial neoplasia (dysplasia), high grade**

XH6F63 **Vaginal intraepithelial neoplasia, grade III**

Inclusions: VAIN III

XH5FT2 **Vulvar intraepithelial neoplasia, grade III**

Inclusions: VIN III

XH2H04 **Queyrat erythroplasia**

XH6RW7 **Differentiated intraepithelial neoplasia**

Squamous cell neoplasms, malignant

XH3GS1 **Basaloid squamous cell carcinoma**

XH0UU4 **Papillary carcinoma, NOS**

XH6S97 **Papillary squamous cell carcinoma**

Inclusions: Papillary epidermoid carcinoma

XH7LH0 **Squamous cell carcinoma, adenoid**

Inclusions: Squamous cell carcinoma, acantholytic

Squamous cell carcinoma, pseudoglandular

XH9DC1 **Squamous cell carcinoma, clear cell type**

XH4CR9 **Squamous cell carcinoma, keratinizing, NOS**

Inclusions: Squamous cell carcinoma, large cell, keratinizing
Epidermoid carcinoma, keratinizing

XH84Q4 **Squamous cell carcinoma, metastatic, NOS**

XH90Y3 **Squamous cell carcinoma, microinvasive**

XH0945 **Squamous cell carcinoma, NOS**

XH2435 **Squamous cell carcinoma, small cell, nonkeratinizing**

Inclusions: Epidermoid carcinoma, small cell, nonkeratinizing

XH6D80 **Squamous cell carcinoma, spindle cell**

Inclusions: Epidermoid carcinoma, spindle cell
Squamous cell carcinoma, sarcomatoid

XH5PM0 **Verrucous carcinoma, NOS**

Inclusions: Verrucous squamous cell carcinoma
Verrucous epidermoid carcinoma

XH7UR7 **Warty carcinoma**

Inclusions: Condylomatous carcinoma

XH6705 **Squamous cell carcinoma, large cell, nonkeratinizing, NOS**

Inclusions: Squamous cell carcinoma, nonkeratinizing, NOS
Epidermoid carcinoma, large cell, nonkeratinizing

XH2JN3 **Squamous cell carcinoma with horn formation**

XH1E40 **Lymphoepithelial carcinoma**

Inclusions: Lymphoepithelioma-like carcinoma
Lymphoepithelioma

XH4GV2 **Schmincke tumour**

XH0Z16 **Pseudovascular squamous cell carcinoma**

XH24M0 **Papillary-basaloid carcinoma**

XH0EJ7 **Squamous cell carcinoma, HPV positive**

XH2137 **Squamous cell carcinoma, HPV negative**

XH6FU0 **Warty-basaloid carcinoma**

XH9XR8 **Keratoacanthoma**

Synovial-like neoplasms, benign

XH2AW8 **Synovioma, benign**

Synovial-like neoplasms, malignant

XH9B22 **Synovial sarcoma, NOS**

Inclusions: Synovioma, NOS
Synovioma, malignant

XH77N6 **Clear cell sarcoma, NOS**

XH9346 **Synovial sarcoma, spindle cell**

Inclusions: Synovial sarcoma, monophasic fibrous

XH06L8 **Synovial sarcoma, epithelioid cell**

XH1J28 **Synovial sarcoma, biphasic**

XH3797 **Biphenotypic sinonasal sarcoma**

XH5854 **Malignant melanoma of soft parts**

A soft tissue sarcoma of young adults with melanocytic differentiation, typically involving tendons and aponeuroses. This tumour is unrelated to paediatric lesions currently known as clear cell sarcoma of the kidney.

Thymic epithelial neoplasms, benign

XH9QW0 **Microscopic thymoma**

XH4341 **Thymoma, benign**

XH0707 **Ectopic hamartomatous thymoma**

Thymic epithelial neoplasms, malignant

XH6WN9 **Thymoma, type A**

Inclusions: Thymoma, medullary
Thymoma, spindle cell

XH0JH0 **Thymoma, type AB**

Inclusions: Thymoma, mixed type

XH66U8 **Thymoma, type B1**

Inclusions: Thymoma, predominantly cortical
Thymoma, organoid
Thymoma, lymphocyte-rich
Thymoma, lymphocytic

XH2G89 **Thymoma, type B2**

Inclusions: Thymoma, cortical

XH4EW9 **Thymoma, type B3**

Inclusions: Thymoma, atypical
Thymoma, epithelial
Well differentiated thymic carcinoma

XH3734 **Thymoma, NOS**

XH1GA4 **Intrapulmonary thymoma**

XH6QN6 **Sclerosing thymoma**

XH3DX0 **Metaplastic thymoma**

XH6AK2 **Thymic carcinoma, NOS**

Inclusions: Thymoma, type C

XH6ZG8 **Spindle epithelial tumour with thymus-like element**

Inclusions: SETTLE

XH33N4 **Intrathyroid thymic carcinoma**

Inclusions: Carcinoma showing thymus-like differentiation
CASTLE
Carcinoma showing thymus-like element

Thymic epithelial neoplasms, uncertain whether benign or malignant

XH56K5 **Micronodular thymoma with lymphoid stroma**

Transitional cell papillomas and carcinomas

Transitional cell papillomas and carcinomas, benign

XH0TP8 **Sinonasal papilloma, exophytic**

XH3HQ8 **Transitional papilloma, inverted, NOS**

Change from 8121/1 to 8121/0 in ICD-O3 2016

XH5A08 **Urothelial papilloma, inverted**

XH5M82 **Urothelial papilloma, NOS**

Transitional cell papillomas and carcinomas, in situ

XH12F0 **Papillary urothelial carcinoma, non-invasive**

XH5GH8 **Urothelial carcinoma in situ**

Transitional cell papillomas and carcinomas, malignant

XH4UA2 **Cylindrical cell carcinoma**

XH35M0 **Schneiderian carcinoma**

XH8EH1 **Transitional cell carcinoma, NOS**

Inclusions: Urothelial carcinoma, NOS

XH7TL4 **Transitional carcinoma**

XH5P27 **Urothelial carcinoma, sarcomatoid**

Inclusions: Transitional cell carcinoma, sarcomatoid
Urothelial carcinoma, spindle cell
Transitional cell carcinoma, spindle cell

XH0NZ4 **Papillary urothelial carcinoma**

XH08S6 **Transitional cell carcinoma, micropapillary**

XH3UJ1 **Cloacogenic carcinoma**

XH2V80 **Basaloid carcinoma**

XH4W76 **Urothelial carcinoma, micropapillary**

Transitional cell papillomas and carcinomas, uncertain whether benign or malignant

Coded Elsewhere: Urothelial papilloma, NOS (XH5M82)

XH7R01 **Cylindrical cell papilloma**

XH4PB5 **Schneiderian papilloma, inverted**

XH5UU5 **Papillary urothelial neoplasm of low malignant potential**

XH8FH7 **Sinonasal papilloma, inverted**

XH8CD4 **Sinonasal papilloma, oncocytic**

Trophoblastic neoplasms, benign

XH8CX2 **Hydatidiform mole, NOS**

Inclusions: Complete hydatidiform mole
Hydatid mole

XH5325 **Partial hydatidiform mole**

Trophoblastic neoplasms, malignant

XH3WM1 **Choriocarcinoma combined with other germ cell elements**

Inclusions: Choriocarcinoma combined with embryonal carcinoma
Choriocarcinoma combined with teratoma

XH0774 **Malignant teratoma, trophoblastic**

XH8PK7 **Choriocarcinoma, NOS**

Inclusions: Chorioepithelioma
Chorionepithelioma

XH8FW3 **Trophoblastic tumour, epithelioid**

Trophoblastic neoplasms, uncertain whether benign or malignant

XH46G2 **Invasive hydatidiform mole**

XH1RM5 **Placental site trophoblastic tumour**

Myelodysplastic syndromes, malignant

XH2N45 **Myelodysplastic syndrome with single lineage dysplasia**

XH5B21 **Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia**

XH79X8 **Myelodysplastic syndrome with excess blasts**

XH1D20 **Refractory anaemia with excess blasts in transformation**

Inclusions: RAEB-T

XH5DA2 **Myelodysplastic syndrome with multilineage dysplasia**

XH3T02 **Myelodysplastic syndrome with isolated del (5q)**

XH0L58 **Therapy-related myelodysplastic syndrome, NOS**

Inclusions: Therapy-related myelodysplastic syndrome, epipodophyllotoxin-related

Therapy-related myelodysplastic syndrome, alkylating agent related

XH7PK9 **Myelodysplastic syndrome, NOS**

Inclusions: Preleukemic syndrome

Myelodysplastic syndrome, unclassifiable

XH8BA8 **Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia**

Other haematologic disorders

Other haematologic disorders, malignant

Coded Elsewhere: Polymorphic post transplant lymphoproliferative disorder (XH74K1)

XH3EJ1 **Myeloproliferative neoplasm, unclassifiable**

XH28M3 **Myelodysplastic/myeloproliferative neoplasm, unclassifiable**

Other haematologic disorders, uncertain whether benign or malignant

XH2LK2 **Lymphoproliferative disorder, NOS**

Inclusions: Lymphoproliferative disease, NOS

XH2R75 **Post transplant lymphoproliferative disorder, NOS**

Inclusions: PTLD, NOS

XH74K1 **Polymorphic post transplant lymphoproliferative disorder**

Chronic myeloproliferative disorders

Chronic myeloproliferative disorders, malignant

XH0453 **Polycythaemia vera**

Inclusions: Chronic erythremia

XH5HH7 **Myeloproliferative neoplasm, NOS**

Inclusions: Myeloproliferative disease, NOS

Chronic myeloproliferative disorder

Chronic myeloproliferative disease, NOS

XH7GG7 **Primary myelofibrosis**

Inclusions: Myelosclerosis with myeloid metaplasia
Myelofibrosis with myeloid metaplasia
Myelofibrosis as a result of myeloproliferative disease
Megakaryocytic myelosclerosis
Chronic idiopathic myelofibrosis
Agnogenic myeloid metaplasia

XH4ZM5 **Essential thrombocythemia**

Inclusions: Idiopathic thrombocythemia

XH5NQ7 **Chronic neutrophilic leukaemia**

XH51D2 **Chronic eosinophilic leukaemia**

XH07H5 **Myeloid and lymphoid neoplasms with PDGFRA rearrangement**

XH6QD4 **Myeloid neoplasms with PDGFRB rearrangement**

XH1WR8 **Myeloid and lymphoid neoplasms with FGFR1 abnormalities**

XH2WB4 **Myeloid or lymphoid neoplasm with PCM1-JAK2**

Leukaemias

leukaemias, NOS, malignant

XH4S92 **Leukaemia, NOS**

XH29P0 **Aleukemic leukaemia, NOS**

XH80C3 **Chronic leukaemia, NOS**

XH6QV5 **Subacute leukaemia, NOS**

XH1B20 **Acute leukaemia, NOS**

XH37U0 **Acute biphenotypic leukaemia**

XH2H98 **Acute bilineal leukaemia**

XH3VV7 **Acute mixed lineage leukaemia**

XH97B7 **Mixed phenotype acute leukaemia with t(9;22)(q34;q11.2); BCR-ABL1**

XH2S51 **Mixed phenotype acute leukaemia with t(v;11q23); MLL rearranged**

XH1928 **Mixed phenotype acute leukaemia, B/myeloid, NOS**

XH4YB5 **Mixed phenotype acute leukaemia, T/myeloid, NOS**

Lymphoid leukaemias, malignant

XH81V3 **B lymphoblastic leukaemia/lymphoma, NOS**

XH73L9 **B lymphoblastic leukaemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1**

XH8GG0 **B lymphoblastic leukaemia/lymphoma with t(v;11q23); MLL rearranged**

XH4KA2 **B lymphoblastic leukaemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)**

XH24C7 **B lymphoblastic leukaemia/lymphoma with hyperdiploidy**

XH2MD9 **B lymphoblastic leukaemia/lymphoma with hypodiploidy (Hypodiploid ALL)**

XH4ZL2 **B lymphoblastic leukaemia/lymphoma with t(5;14)(q31;q32); IL3-IGH**

XH3GU8 **B lymphoblastic leukaemia/lymphoma with t(1;19)(q23;p13.3); E2A-PBX1 (TCF3-PBX1)**

XH7Q12 **Lymphoid leukaemia, NOS**

XH1GQ1 **Lymphatic leukaemia, NOS**

XH7PW5 **Lymphocytic leukaemia, NOS**

XH4KS4 **Aleukemic lymphoid leukaemia**

XH5BA6 **Lymphosarcoma cell leukaemia**

XH8GQ0 **Subacute lymphoid leukaemia**

Inclusions: Subacute lymphocytic Leukaemia
Subacute lymphatic Leukaemia

XH15T2 **B-cell chronic lymphocytic leukaemia/small lymphocytic lymphoma**

XH6TE2 **Adult T-cell leukaemia/lymphoma (HTLV-1 positive)**

Inclusions: Adult T-cell lymphoma

XH6687 **T-cell large granular lymphocytic leukaemia**

Inclusions: T-cell large granular lymphocytosis
Large granular lymphocytosis, NOS

XH5EN4 **Chronic lymphoproliferative disorder of NK cells**

XH8TD6 **Prolymphocytic leukaemia, NOS**

XH95H2 **Prolymphocytic leukaemia, B-cell type**

XH0DU4 **Prolymphocytic leukaemia, T-cell type**

XH5J37 **Precursor cell lymphoblastic leukaemia, NOS**

Inclusions: FAB L2

FAB L1

XH7T28 **Precursor T-cell lymphoblastic leukaemia**

XH50W7 **T lymphoblastic leukaemia/lymphoma**

XH1D04 **B lymphoblastic leukemia/lymphoma, BCR-ABL1-like**

XH0KD4 **B lymphoblastic leukemia/lymphoma with iAMP21**

XH8F29 **Early T-cell precursor acute lymphoblastic leukemia**

Myeloid leukaemias, malignant

XH43N4 **Acute erythroid leukemia**

XH7S21 **Myeloid leukaemia, NOS**

XH7LG8 **Aleukemic myeloid leukaemia**

XH5DV4 **Aleukemic monocytic leukaemia**

XH0E35 **Chronic monocytic leukaemia**

XH6JX2 **Eosinophilic leukaemia**

XH5JT8 **Monocytic leukaemia, NOS**

XH1S60 **Subacute monocytic leukaemia**

XH7DF6 **Subacute myeloid leukaemia**

XH8AA5 **Acute myeloid leukaemia, NOS**

XH4M02 **Acute myeloid leukemia with biallelic mutation of CEBPA**

XH74W8 **Acute myeloid leukaemia with mutated NPM1**

XH4XG8 **Chronic myeloid leukaemia, NOS**

XH9Y46 **Acute myeloid leukaemia with t(6;9)(p23;q34); DEK-NUP214**

XH1A50 **Acute promyelocytic leukaemia, t(15;17)(q22;q11-12)**

Inclusions: FAB M3

XH78Y4 **Acute myelomonocytic leukaemia**

XH2KE3 **Acute myeloid leukaemia with inv(3)(q21;q26.2) or t(3.3)(q21;q26.2); RPN1-EVI1**

XH7MR1 **Acute basophilic leukaemia**

XH3PA4 **Acute myeloid leukaemia with abnormal marrow eosinophils**

Inclusions: FAB M4Eo

XH90G0 **Acute myeloid leukaemia, minimal differentiation**

Inclusions: FAB M0

XH5AH8 **Acute myeloid leukaemia without maturation**

Inclusions: FAB M1

XH1XJ9 **Acute myeloid leukaemia with maturation**

Inclusions: FAB M2, NOS

XH2AB7 **Chronic myelogenous leukaemia, BCR/ABL positive**

XH21X5 **Atypical chronic myeloid leukaemia, BCR/ABL negative**

XH26U9 **Atypical chronic myeloid leukaemia, Philadelphia chromosome (Ph1) negative**

XH9NE2 **Acute monocytic leukaemia**

Inclusions: FAB M5

XH1K97 **Acute monoblastic and monocytic leukaemia**

XH64R4 **Acute myeloid leukaemia with myelodysplasia-related changes**

XH3CX5 **Acute myeloid leukaemia, t(8;21)(q22;q22)**

Inclusions: FAB M2, AML1(CBF-alpha)/ETO

FAB M2, t(8;21)(q22;q22)

XH1E41 **Acute myeloid leukaemia, 11q23 abnormalities**

XH6AQ7 **Myeloid leukaemia associated with Down Syndrome**

XH4750 **Acute megakaryoblastic leukaemia**

Inclusions: FAB M7

XH16K4 **Acute myeloid leukaemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1**

XH7045 **Therapy related myeloid neoplasm**

XH6Z50 **Therapy-related acute myeloid leukaemia, alkylating agent related**

XH4EJ0 **Therapy-related acute myeloid leukaemia, epipodophyllotoxin-related**

XH3L40 **Myeloid sarcoma**

Inclusions: Granulocytic sarcoma

Chloroma

XH1075 **Acute panmyelosis with myelofibrosis**

Inclusions: Acute myelosclerosis, NOS
Acute panmyelosis, NOS
Acute myelofibrosis
Malignant myelosclerosis

XH6FZ7 **Acute myeloid leukemia with BCR-ABL1**

XH1EK4 **Acute myeloid leukemia with mutated RUNX1**

Myeloid leukaemias, uncertain whether benign or malignant

XH67W4 **Transient abnormal myelopoiesis**

Other leukaemias, malignant

XH86N4 **Chronic myelomonocytic leukaemia, NOS**

XH0FC4 **Chronic myelomonocytic leukaemia, Type I**

XH7HJ7 **Chronic myelomonocytic leukaemia, Type II**

XH4QZ1 **Juvenile myelomonocytic leukaemia**

XH9MA0 **Aggressive NK-cell leukaemia**

XH5J10 **Hairy cell leukaemia**

Inclusions: Leukemic reticuloendotheliosis
Hairy cell leukemia, NOS

Hodgkin and non-Hodgkin lymphomas

Malignant lymphomas, NOS or diffuse

XH5FJ5 **Malignant lymphoma, NOS**

Inclusions: Lymphoma, NOS
Microglioma

XH50P3 **Malignant lymphoma, non-Hodgkin, NOS**

Inclusions: Non-Hodgkin lymphoma, NOS

XH5RG7 **B cell lymphoma, NOS**

XH9MU1 **Lymphosarcoma, NOS**

Inclusions: Lymphosarcoma, diffuse

XH8226 **Malignant lymphoma, diffuse, NOS**

XH5WX8 **Malignant lymphoma, non-cleaved cell, NOS**

XH51A9 **Reticulum cell sarcoma, NOS**

Inclusions: Reticulosarcoma, NOS
Reticulum cell sarcoma, diffuse
Reticulosarcoma, diffuse

XH9E18 **Hairy cell leukaemia variant**

XH1SK1 **Malignant lymphoma, lymphocytic, intermediate differentiation, nodular**

XH06Q4 **Malignant lymphoma, lymphocytic, poorly differentiated, diffuse**

Inclusions: Malignant lymphoma, cleaved cell, NOS
Malignant lymphoma, small cleaved cell, NOS

XH9PT6 **Malignant lymphoma, small cell, noncleaved, diffuse**

Inclusions: Malignant lymphoma, undifferentiated cell type, NOS
Malignant lymphoma, undifferentiated cell, non-Burkitt

XH2TN1 **Malignant lymphoma, small cleaved cell, diffuse**

XH75T5 **Splenic B-cell lymphoma/leukaemia, unclassifiable**

XH99V9 **Splenic diffuse red pulp small B-cell lymphoma**

XH3BP6 **Composite Hodgkin and non-Hodgkin lymphoma**

XH04Y1 **B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma**

XH1FZ7 **Primary cutaneous follicle centre lymphoma**

XH73D5 **Monoclonal B-cell lymphocytosis, NOS**

XH5M35 **Monoclonal B-cell lymphocytosis, non-CLL type**

Hodgkin lymphoma

XH94F7 **Hodgkin lymphoma, NOS**

Inclusions: Hodgkin disease, NOS
Malignant lymphoma, Hodgkin

XH22K3 **Classical Hodgkin lymphoma post-transplant lymphoproliferative disease**

XH8CB2 **Hodgkin lymphoma, lymphocyte-rich**

Inclusions: Classical Hodgkin lymphoma, lymphocyte- rich

XH7KX4 **Hodgkin disease, lymphocyte predominance, NOS**

Inclusions: Hodgkin disease, lymphocyte predominance, diffuse

Hodgkin disease, lymphocytic-histiocytic predominance

XH9NJ5 **Hodgkin lymphoma, mixed cellularity, NOS**

Inclusions: Classical Hodgkin lymphoma, mixed cellularity, NOS

XH7RN9 **Hodgkin lymphoma, lymphocyte depletion, NOS**

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, NOS

XH7299 **Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis**

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis

XH4E19 **Hodgkin lymphoma, lymphocyte depletion, reticular**

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, reticular

XH2FG7 **Hodgkin lymphoma, nodular lymphocyte predominant**

Inclusions: Hodgkin paragranuloma, nodular

Hodgkin paragranuloma, NOS

Hodgkin lymphoma, lymphocyte predominance, nodular

XH13B0 **Hodgkin granuloma**

XH11Y2 **Hodgkin sarcoma**

XH6SC5 **Hodgkin lymphoma, nodular sclerosis, NOS**

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, NOS

Hodgkin disease, nodular sclerosis, NOS

XH51K7 **Hodgkin lymphoma, nodular sclerosis, cellular phase**

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, cellular phase

XH62T3 **Hodgkin lymphoma, nodular sclerosis, grade 1**

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, grade 1

Hodgkin disease, nodular sclerosis, lymphocyte predominance

Hodgkin disease, nodular sclerosis, mixed cellularity

XH8K28 **Hodgkin lymphoma, nodular sclerosis, grade 2**

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, grade 2

Hodgkin disease, nodular sclerosis, lymphocyte depletion

Hodgkin disease, nodular sclerosis, syncytial variant

Non-Hodgkin lymphomas

XH3FE9 **Mature B-cell lymphomas**

Coded Elsewhere: Intravascular large B-cell lymphoma (XH50S7)

XH0QZ9 **Lymphoplasmacytic lymphoma**

XH43K4 **Immunocytoma**

XH9TT4 **Malignant lymphoma, plasmacytoid**

XH3KQ3 **Plasmacytic lymphoma**

XH1VV1 **Mantle cell lymphoma**

XH1J80 **Malignant lymphoma, mixed small and large cell, diffuse**

Inclusions: Malignant lymphoma, centroblastic-centrocytic, NOS
Malignant lymphoma, centroblastic-centrocytic, diffuse
Malignant lymphoma, mixed cell type, diffuse
Malignant lymphoma, mixed lymphocytic-histiocytic, diffuse

XH2LN1 **Primary effusion lymphoma**

XH8U09 **Mediastinal large B-cell lymphoma**

Inclusions: Thymic large B-cell lymphoma

XH9B17 **Diffuse large B-cell lymphoma, NOS**

XH0RM6 Fibrin-associated EBV+ diffuse large B-cell lymphoma

XH1VQ1 **Malignant lymphoma, centroblastic, NOS**

XH9JY8 **Malignant lymphoma, centroblastic, diffuse**

XH78W3 **Anaplastic large B-cell lymphoma**

XH9L43 **B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma**

XH3N15 **Diffuse large B-cell lymphoma associated with chronic inflammation**

XH1QK0 **EBV positive diffuse large B-cell lymphoma**

XH8657 **Primary cutaneous DLBCL, leg type**

XH2MP0 **Primary diffuse large B-cell lymphoma of CNS**

XH2WM7 **High grade B-cell lymphoma, NOS**

XH23Z3 **High grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements**

XH86B5 **Vitreoretinal lymphoma**

XH7Z25 **Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS**

Inclusions: Malignant lymphoma, immunoblastic, NOS

Immunoblastic sarcoma

Malignant lymphoma, large cell, immunoblastic

XH4KA9 **Burkitt lymphoma, NOS**

XH0H23 **Burkitt-like lymphoma**

XH8NN2 **Burkitt-like lymphoma with 11q aberration**

XH6B12 Burkitt cell leukaemia

XH0WP6 **T-cell/histiocyte rich large B-cell lymphoma**

XH0MV1 **Splenic marginal zone B-cell lymphoma**

Inclusions: Splenic marginal zone lymphoma, NOS

Splenic lymphoma with villous lymphocytes

XH0LK1 **Follicular lymphoma, NOS**

Inclusions: Malignant lymphoma, centroblastic- centrocytic, follicular

Malignant lymphoma, nodular, NOS

Malignant lymphoma, lymphocytic, nodular, NOS

Malignant lymphoma, follicular, NOS

XH9RH9 **Follicular lymphoma, pediatric type**

XH79L3 **Follicular lymphoma, grade 2**

Inclusions: Malignant lymphoma, mixed cell type, follicular

Malignant lymphoma, mixed cell type, nodular

Malignant lymphoma, mixed lymphocytic-histiocytic, nodular

Malignant lymphoma, mixed small cleaved and large cell, follicular

XH6Y69 **Follicular lymphoma, grade 1**

Inclusions: Follicular lymphoma, small cleaved cell

Malignant lymphoma, lymphocytic, poorly differentiated, nodular

Malignant lymphoma, small cleaved cell, follicular

XH9L76 **Follicular lymphoma, duodenal type**

XH6RN1 **Follicular lymphoma, grade 3**

Inclusions: Malignant lymphoma, large cell, follicular, NOS
Malignant lymphoma, noncleaved cell, follicular, NOS
Follicular lymphoma, grade 3A
Follicular lymphoma, grade 3B
Malignant lymphoma, centroblastic, follicular
Malignant lymphoma, histiocytic, nodular
Malignant lymphoma, large cell, noncleaved, follicular
Malignant lymphoma, large cleaved cell, follicular
Malignant lymphoma, lymphocytic, well differentiated, nodular

XH6SU8 **Large B-cell lymphoma with IRF4 rearrangement**

XH1X21 **Marginal zone B-cell lymphoma, NOS**

XH1V99 **Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue**

XH6JB5 **Primary choroidal lymphoma**

XH8EM2 **In situ mantle cell neoplasia**

XH3SG2 **EBV positive mucocutaneous ulcer**

XH4L38 **In situ follicular neoplasia**

XH3400 Mature T- and NK-cell lymphomas

XH8R56 **Mycosis fungoides**

Inclusions: Pagetoid reticulosis

XH0EH1 **Granulomatous slack skin**

XH8HN3 **Sezary syndrome**

Inclusions: Sezary disease

XH3HJ2 **Mature T-cell lymphoma, NOS**

Inclusions: T-zone lymphoma
Peripheral T-cell lymphoma, pleomorphic small cell
Peripheral T-cell lymphoma, pleomorphic medium and large cell
Peripheral T-cell lymphoma, large cell
T-cell lymphoma, NOS
Peripheral T-cell lymphoma, NOS

XH92G2 **Lymphoepithelioid lymphoma**

Inclusions: Lennert lymphoma

XH14S3 **Follicular T-cell lymphoma**

XH6SR1 **Nodal peripheral T-cell lymphoma with T follicular helper phenotype**

XH1J86 **Angioimmunoblastic T-cell lymphoma**

Inclusions: Angioimmunoblastic lymphoma

XH3NV1 **Subcutaneous panniculitis-like T-cell lymphoma**

XH1951 **Cutaneous T-cell lymphoma, NOS**

Inclusions: Cutaneous lymphoma, NOS

XH2513 **Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma**

XH7S84 **Primary cutaneous acral CD8 positive T-cell lymphoma**

XH7EZ9 **Anaplastic large cell lymphoma, T cell and Null cell type**

XH1LC0 **Anaplastic large cell lymphoma, NOS**

XH9484 **Anaplastic large cell lymphoma, ALK positive**

XH8D49 **Hepatosplenic T-cell lymphoma**

Inclusions: Hepatosplenic gamma-delta cell lymphoma

XH9FT0 **Intestinal T-cell lymphoma**

Inclusions: Enteropathy associated T-cell lymphoma

Enteropathy type intestinal T-cell lymphoma

XH1AG7 **Monomorphic epitheliotropic intestinal T-cell lymphoma**

XH0353 **Primary mucosal CD30+ T-cell lymphoproliferative disorder**

XH5LU6 **NK/T-cell lymphoma, nasal and nasal-type**

Inclusions: T/NK-cell lymphoma

Malignant midline reticulosis

Polymorphic reticulosis

Extranodal NK/T-cell lymphoma, nasal type

Angiocentric T-cell lymphoma

Malignant reticulosis, NOS

XH0B02 **Indolent T-cell lymphoproliferative disorder of gastrointestinal tract**

XH3QE7 **Primary cutaneous CD4 positive small/medium T-cell lymphoproliferative disorder**

XH7EL2 **Primary cutaneous CD4-positive small/medium T-cell lymphoma**

XH50S7 **Intravascular large B-cell lymphoma**

XH9T74 **Anaplastic large cell lymphoma, ALK negative**

XH05D8 **Breast implant-associated anaplastic large cell lymphoma**

XH40C0 **Primary cutaneous CD30+ T-cell lymphoproliferative disorder**

XH2216 **Precursor cell lymphoblastic lymphoma**

XH6TZ4 **Systemic EBV positive T-cell lymphoproliferative disease of childhood**

XH84A5 **Primary cutaneous gamma-delta T-cell lymphoma**

XH14N1 **Precursor cell lymphoblastic lymphoma, NOS**

Inclusions: Malignant lymphoma, lymphoblastic, NOS
Lymphoblastoma
Malignant lymphoma, convoluted cell

XH42X4 **Blastic NK cell lymphoma**

XH1DB1 **Blastic plasmacytoid dendritic cell neoplasm**

XH0AK5 **Hydroa vacciniforme-like lymphoproliferative disorder**

Immunoproliferative diseases

Immunoproliferative diseases, malignant

XH4KF3 **Immunoproliferative disease, NOS**

XH8GW4 **Waldenstrom macroglobulinemia**

XH7RJ1 **Heavy chain disease, NOS**

XH1Y65 **Alpha heavy chain disease**

XH1EA7 **Gamma heavy chain disease**

Inclusions: Franklin disease

XH2JK2 **Mu heavy chain disease**

XH3SS7 **Immunoproliferative small intestinal disease**

Inclusions: Mediterranean lymphoma

XH71D5 **Lymphomatoid granulomatosis, grade 3**

Immunoproliferative diseases, uncertain whether benign or malignant

XH1NV1 **Monoclonal gammopathy of undetermined significance**

XH3U73 **Angiocentric immunoproliferative lesion**

XH4P09 **Lymphomatoid granulomatosis**

Inclusions: Lymphomatoid granulomatosis, NOS

XH2A53 **Angioimmunoblastic lymphadenopathy (AIL)**

Inclusions: Immunoblastic lymphadenopathy (IBL)

XH0HS7 **T-gamma lymphoproliferative disease**

XH2WA6 **Immunoglobulin deposition disease**

XH4F97 **Lymphomatoid granulomatosis, grade 1**

XH7BG6 **Lymphomatoid granulomatosis, grade 2**

XH16T1 **IgM monoclonal gammopathy of undetermined significance**

Plasma cell tumours

XH4BL1 **Plasmacytoma, NOS**

Inclusions: Plasmacytoma of bone
Solitary myeloma
Solitary plasmacytoma

XH4XA9 **Plasma cell myeloma**

XH7GC9 **Plasma cell leukaemia**

XH0N40 **Plasmacytoma, extramedullary**

Inclusions: Extraosseous plasmacytoma

XH6YR5 **Plasmablastic lymphoma**

XH1EB9 **ALK positive large B-cell lymphoma**

XH5HJ5 **Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease**

Mast cell tumours

Mast cell tumours, malignant

XH6A72 **Mast cell sarcoma**

Inclusions: Malignant mastocytoma

XH2992 **Malignant mastocytosis**

Inclusions: Systemic tissue mast cell disease

XH10N1 **Aggressive systemic mastocytosis**

XH1H01 **Systemic mastocytosis with AHNMD**

XH5191 **Systemic mastocytosis with associated haematological clonal non-mast cell disorder**

XH5ER6 **Mast cell leukaemia**

XH1VJ3 **Erdheim-Chester disease**

Mast cell tumours, uncertain whether benign or malignant

XH1J17 **Mastocytoma, NOS**

XH74F2 **Cutaneous mastocytosis**

Inclusions: Cutaneous mastocytosis, NOS

XH2RG8 **Diffuse cutaneous mastocytosis**

XH8VS0 **Urticaria pigmentosa**

XH2Y59 **Indolent systemic mastocytosis**

XH2RL8 **Solitary mastocytoma of skin**

Neoplasms of histiocytes and accessory lymphoid cells

Coded Elsewhere: Erdheim-Chester disease (XH1VJ3)

Neoplasms of histiocytes and accessory lymphoid cells, malignant

Coded Elsewhere: Langerhans cell histiocytosis (XH1J18)

XH2WJ3 **Malignant histiocytosis**

XH7PV7 **Histiocytic medullary reticulosis**

XH4XT4 **Acute progressive histiocytosis X**

XH8VV4 **Histiocytosis X, NOS**

XH86U0 **Hand-Schuller-Christian disease**

XH60Q1 **Letterer-Siwe disease**

XH0YE1 **Nonlipid reticuloendotheliosis**

XH40U7 **Langerhans cell histiocytosis, disseminated**

Inclusions: Langerhans cell granulomatosis

XH4JD4 **Histiocytic sarcoma**

XH46Q0 **True histiocytic lymphoma**

XH8J76 **Langerhans cell sarcoma**

XH7UM7 **Interdigitating dendritic cell sarcoma**

Inclusions: Interdigitating cell sarcoma

XH8Q19 **Dendritic cell sarcoma, NOS**

XH3ZM0 **Indeterminate dendritic cell tumour**

XH1JT6 **Follicular dendritic cell sarcoma**

XH6ZR5 **Follicular dendritic cell tumour**

XH0124 **Fibroblastic reticular cell tumour**

XH75E6 **Eosinophilic granuloma**

Neoplasms of histiocytes and accessory lymphoid cells, uncertain whether benign or malignant

Coded Elsewhere: Erdheim-Chester disease (XH1VJ3)

XH0RF4 **Langerhans cell histiocytosis, monostotic**

XH2PY9 **Langerhans cell histiocytosis, polyostotic**

XH1J18 **Langerhans cell histiocytosis**

Dimensions of injury

A grouping for dimensions of injury that are supplementary to the fully specified injury chapter codes, i.e. concepts that can not, or are likely to not be able to be used as a standalone code in mortality or morbidity-coded data.

Dimensions of Burns

Burns classified according to extent of body surface involved

XJ4PF **Burns involving less than 10% of body surface**

XJ4NH **Burns involving less than 5% of body surface**

XJ7TR **Burns involving 5-9% of body surface**

XJ257 **Burns involving 10-19% of body surface**

XJ5GA **Burns involving 20-29% of body surface**

XJ7ZW **Burns involving 30-39% of body surface**

XJ3R2 **Burns involving 40-49% of body surface**

XJ19C **Burns involving 50-59% of body surface**

XJ4B7 **Burns involving 60-69% of body surface**

XJ7F7 **Burns involving 70-79% of body surface**

XJ1HD **Burns involving 80-89% of body surface**

XJ9JX **Burns involving 90% or more of body surface**

Extent of body surface with full thickness or deep full thickness burn

XJ31W **Full thickness or deep full thickness burn involving less than 10% of body surface**

XJ243 **Full thickness or deep full thickness burn involving less than 5% of body surface**

XJ4FJ **Full thickness or deep full thickness burn involving 5-9% of body surface**

XJ82Z **Full thickness or deep full thickness burn involving 10-19% of body surface**

XJ3XZ **Full thickness or deep full thickness burn involving 20-29% of body surface**

XJ1NG **Full thickness or deep full thickness burn involving 30-39% of body surface**

XJ4CR **Full thickness or deep full thickness burn involving 40-49% of body surface**

XJ9MY **Full thickness or deep full thickness burn involving 50-59% of body surface**

XJ8E0 **Full thickness or deep full thickness burn involving 60-69% of body surface**

XJ68M **Full thickness or deep full thickness burn involving 70-79% of body surface**

XJ9UE **Full thickness or deep full thickness burn involving 80-89% of body surface**

XJ3MB **Full thickness or deep full thickness burn involving 90% or more of body surface**

Outcome of deep full thickness or complex burn

Whether a deep full thickness or complex burn, has resulted in the loss of a limb.

XJ71T **Deep full thickness or complex burn with no loss of limb**

XJ6NX **Deep full thickness or complex burn with loss of digit**

Loss of digit or digits (toes or fingers including thumbs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

XJ36Y **Deep full thickness or complex burn with loss of limb**

Loss of limb or limbs (arms or legs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

Joint involvement in fracture

XJ5GS **Fracture extends into joint**

Fracture involves articular surface or surfaces.

XJ5L7 **Fracture extends into joint and a portion of the articular part remains attached to the main part of the bone**

Inclusions: partial articular fractures

XJ92H **Fracture extends into joint and the entire articular part is detached from the main part of the bone**

XJ5VJ **Fracture does not extend into joint**

Fractures that do not involve an articular surface.

Open fracture or closed fracture

XJ44E **Closed fracture**

XJ7YM **Open fracture**

Fracture types

XJ36W **Avulsion fracture**

XJ2EL **Bucket handle or corner fracture**

XJ76E **Buckle fracture**

XJ7ZH **Burst fracture**

XJ1Z6 **Comminuted fracture**

XJ1PP **Compound fracture**

XJ778 **Compression fracture**

XJ9UB **Depressed fracture**

XJ69V **Dislocated fracture**

XJ8PQ **Displaced fracture**

XJ0QE **Elevated fracture**

XJ5N9 **Fissured fracture**

XJ45W **Greenstick fracture**

XJ7AT **Impacted fracture**

XJ4PE **Infected fracture**

XJ392 **Linear fracture**

XJ6RL **Longitudinal fracture**

XJ4CX **Missile fracture**

XJ4FU **Osteochondral fracture**

XJ3HH **Physeal fracture**

XJ64N **Puncture fracture**

XJ909 **Simple fracture**

XJ9XQ **Slipped epiphysis fracture**

XJ967 **Spiral fracture**

XJ5V7 **Transverse fracture**

XJ6NA **Wedge fracture**

XJ8QL **Fracture with foreign body**

Types of superficial injuries

XJ652 **Abrasion**

XJ8JK **Blister, nonthermal**

XJ9NV **Contusion**

XJ4D1 **External constriction**

XJ69A **Insect bite, nonvenomous**

XJ06K **Superficial foreign body**

XJ3U1 **Superficial splinter**

Dimensions of external causes

Additional aspects of mechanism

XE72E **Exposure to injurious transport event**

XE9S7 **Exposure to land transport injury event**

XE9EE Exposure to land transport on-road injury event

XE8TM Exposure to land transport off-road injury event

XE3S3 **Exposure to railway transport injury event**

XE85L **Exposure to water transport injury event**

XE5XH **Exposure to air or space transport injury event**

XE3Y8 **Exposure to fall**

XE8J4 **Exposure to fall on the same level or from less than 1 metre**

XE3QG **Exposure to fall from a height of 1 metre or more**

XE4U1 **Exposure to person, animal or plant**

XE1TU **Exposure to being struck, kicked, or bumped**

XE0VW **Exposure to being stepped on or crushed**

XE359 **Exposure to being bitten**

XE9PG **Exposure to being scratched or clawed**

XE972 **Exposure to being stung or envenomated**

XE214 **Exposure to object, not elsewhere classified**

XE2YW **Exposure to being struck by projectile from firearm**

XE4UV **Exposure to being struck by moving object**

XE6LQ **Exposure to being struck against stationary object**

XE20S **Exposure to being cut or pierced by sharp object**

XE59C **Exposure to being struck by blunt object**

XE4FE **Exposure to being caught, crushed, jammed or pinched between objects**

XE64Q **Exposure to immersion, submersion or falling into water**

XE72F **Exposure to drowning or submersion, while in body of water**

XE1AF **Exposure to drowning or submersion, following fall into body of water**

XE8NX **Exposure to threat to breathing**

XE9N2 **Exposure to threat to breathing by suffocation from object covering mouth or nose**

XE9LA **Exposure to threat to breathing by hanging**

XE17S **Exposure to threat to breathing by strangulation**

XE2NR **Exposure to threat to breathing by external compression of airways or chest**

XE33X **Exposure to threat to breathing by inhalation or ingestion of gastric contents**

XE2PV **Exposure to threat to breathing by inhalation or ingestion of liquids**

XE5QH **Exposure to threat to breathing by inhalation or ingestion of food**

XE9RJ **Exposure to threat to breathing by inhalation or ingestion of other objects or materials**

XE2DJ **Exposure to threat to breathing from low oxygen environment**

XE6JM **Exposure to thermal mechanism**

XE0S0 **Exposure to uncontrolled fire**

XE5WP **Exposure to controlled fire**

XE9T8 **Exposure to ignition, or melting of material**

XE494 **Exposure to hot object or liquid**

XE515 **Exposure to steam, hot vapour, air or gases**

XE00Z **Exposure to excessive heat**

XE4AY **Exposure to excessive cold**

XE3SH **Exposure to or harmful effects of substances**

XE13E **Poisoning or toxic effect of exposure to substance**

XE1SS **Corrosion due to exposure to substance**

Exposure to other mechanism

XE202 **Foreign body in orifice**

XE8A0 **Exposure to electric current**

XE8DS **Exposure to sunlight**

XE60C **Exposure to radiation**

XE82Y **Exposure to welding light**

XE436 **Exposure to other visible and ultraviolet light of man-made sources**

XE500 Exposure to ultraviolet radiation

XE6JQ **Exposure to other non-ionizing radiation**

XE6VK Exposure to microwave radiation

XE9G0 Exposure to infrared radiation

XE5PJ **Exposure to ionizing radiation**

XE5DF **Exposure to high or low air pressure or changes in air pressure**

XE4ZB **Exposure to changes in air pressure**

XE07M **Exposure to high air pressure**

XE67J **Exposure to low air pressure**

XE9Y8 **Exposure to explosion**

XE22U **Exposure to chemical explosion**

XE27P **Exposure to explosion or rupture of pressurised materials or object**

XE7Y1 **Exposure to noise**

XE3RX **Exposure to vibration**

XE7BT **Exposure to suction**

XE7SS **Lack of food**

XE3WS **Lack of water**

XE4TW **Exposure to physical overexertion**

XE67Q **Exposure to other specified privation**

XE42R **Abandonment**

XE00G **Neglect**

Activity when injured

XE545 **Paid work**

XE7NW **Travelling to or from paid work**

XE9Q2 **Travelling in the course of paid work**

XE2QJ **Repetitive forceful work**

XE88E **Extended periods of work in a kneeling position**

XE714 **Extended periods of work in a squatting position**

XE8VF **Unpaid work**

XE1C6 **Travelling to or from unpaid work**

XE3RL **Travelling in the course of unpaid work**

XE9ME **Unpaid cleaning, cooking or maintenance at own place of residence**

XE729 **Educational activity**

XE3HD **Physical education class, school sports**

Exclusions: Sports, recreation or leisure activity (XE5UF-XE5C9)

XE4SM **Travelling to or from educational activity**

Sports, recreation or leisure activity

XE5UF **Organised sports and exercise during leisure time**

Exclusions: Physical education class, school sports (XE3HD)
Travelling to or from paid work (XE7NW)
Leisure or play (XE617)

XE617 **Leisure or play**

Exclusions: Unpaid work (XE8VF)

XE5C9 **Other specified sports and exercise during leisure time**

Exclusions: Organised sports and exercise during leisure time (XE5UF)
Leisure or play (XE617)
Travelling to or from paid work (XE7NW)
Physical education class, school sports (XE3HD)

Being taken care of

XE245 **Being taken care of by health care professional**

XE2EZ **Being taken care of by non health care person**

Exclusions: Leisure or play (XE617)

XE643 **Being taken care of by a person, not specified as a health care professional or non health care person**

Exclusions: Leisure or play (XE617)

Aspects of place of injury occurrence

Type of place

XE266 **Home**

Exclusions: Residential institution (XE9DC)
Prison (XE30E)
Sidewalk (XE53A)
Building under construction (XE11T)
Demolition site (XE0Z7)
Nursing home (XE498)

XE9XY **Detached house**

XE9P0 **Terrace house or row house**

XE7DU **Apartment or flat**

XE7F8 **Farmhouse**

XE1LE **Residential caravan, mobile home, houseboat or motor home**

XE3ZC **Hut**

XE6X4 **Boarding house or hotel**

XE9DC **Residential institution**

XE8PL **Home for the elderly**

Exclusions: Nursing home (XE498)

XE498 **Nursing home**

Exclusions: Home for the elderly (XE8PL)

XE30E **Prison**

XE8BC **Shelter for battered women and their children**

XE138 **Military institution**

Exclusions: Hospital (XE28K)

Prison (XE30E)

XE9VC **Medical service area**

Exclusions: Residential institution (XE9DC)

Building under construction (XE11T)

XE28K **Hospital**

Exclusions: Nursing home (XE498)

XE8DZ **Outpatient clinic or health centre**

XE86F **Health professionals' office**

XE9ZD **Hospice**

XE6TU **School or educational area**

Exclusions: Building under construction (XE11T)

XE3JM **Child centre or day care centre**

XE9LH **Preschool or kindergarten**

XE1ZF **Primary school**

XE3CZ **Secondary school**

XE9BK **College or university**

XE1JM **Adult education institution**

XE7K0 **Sports and athletics area**

Exclusions: Home (XE266)

XE9WC **Outdoor sporting grounds**

XE1CY **Indoor sporting hall**

Exclusions: Outdoor sporting grounds (XE9WC)

XE3YG **Public swimming centre**

XE8BN **Racetrack or racecourse**

XE2LU **Equestrian facility**

XE7QG **Skating rink or ice palace**

Exclusions: Roadway (XE6NQ)

Area of still water (XE0ZP)

Sidewalk (XE53A)

XE7WU **Skiing or snowboarding area**

XE5NE **Public highway, street or road**

XE6NQ **Roadway**

XE53A **Sidewalk**

Exclusions: Home (XE266)

XE4U4 **Cycleway**

XE5KY **Transport area other than highway, street or road**

XE3NV **Parking area**

XE4N9 **Public transport area or facility**

XE7T4 **Industrial or construction area**

XE11T **Building under construction**

XE0Z7 **Demolition site**

XE3U5 **Factory or plant**

Exclusions: Home (XE266)

XE0Y1 **Mine or quarry**

XE7GD **Oil or gas extraction facility**

XE7MT **Shipyard**

XE8Q1 **Power station**

XE9CS **Farm or other place of primary production**

Exclusions: Home (XE266)

XE1ES **Area for growing crops, market gardening, horticulture**

Exclusions: Area for growing crops combined with raising and care of animals (XE9C6)

XE54N **Area for raising or care of animals**

XE9WB Animal stables

XE9C6 **Area for growing crops combined with raising and care of animals**

XE1WL **Place for socialising and consumption of alcoholic drinks**

XE03P **Bar, pub, saloon or other commercial place primarily for provision of alcoholic drinks**

XE7Y2 **Nightclub, restaurant or other commercial place for socialising and recreation**

XE7GY **Recreational area, cultural area, or public building**

XE0AJ **Public playground**

Exclusions: Home (XE266)

XE35Q **Amusement park or theme park**

XE5C2 **Public park**

Exclusions: Countryside (XE5JL)

XE774 **Non-cultural public building**

Exclusions: Prison (XE30E)

XE4TG **Holiday park or campground**

XE0ES **Public religious place**

XE48U **Commercial area (non-recreational)**

XE319 **Shop or store**

XE058 **Café or fast food outlet**

XE543 **Commercial garage**

Exclusions: Home (XE266)

Parking area (XE3NV)

XE58T **Office building**

Exclusions: Health professionals' office (XE86F)

XE5JL **Countryside**

XE0ZP **Area of still water**

Exclusions: Beach, shore or bank of a body of water (XE010)

Large area of water (XE93X)

XE17F **Stream of water**

Exclusions: Beach, shore or bank of a body of water (XE010)

XE93X **Large area of water**

Exclusions: Area of still water (XE0ZP)

Beach, shore or bank of a body of water (XE010)

XE5TX **Marsh or swamp**

Exclusions: Beach, shore or bank of a body of water (XE010)

XE010 **Beach, shore or bank of a body of water**

XE6AV **Forest**

XE601 **Desert**

XE2BE **Out-of-hospital**

XE36S **In-hospital**

Part of place

XE2XM **Part of building or grounds, bathroom, toilet**

XE4XM **Part of building or grounds, kitchen**

XE1M5 **Part of building or grounds, living room**

XE8RZ **Part of building or grounds, bedroom**

XE45Z **Part of building or grounds, playroom or family room**

XE051 **Part of building or grounds, office or home office**

XE115 **Part of building or grounds, classroom**

XE70Z **Part of building or grounds, canteen or cafeteria**

XE4U5 **Part of building or grounds, balcony**

XE2NQ **Part of building or grounds, stairs**

XE9L8 **Part of building or grounds, elevator**

XE6ZJ **Part of building or grounds, corridor**

XE3R6 **Part of building or grounds, lobby**

XE3DE **Part of building or grounds, garden or yard**

Exclusions: Part of building or grounds, tennis court (XE7DE)

Part of building or grounds, swimming pool (XE4PW)

XE2Q4 **Part of building or grounds, garage**

XE65J **Part of building or grounds, driveway**

XE4PW **Part of building or grounds, swimming pool**

XE7DE **Part of building or grounds, tennis court**

XE9DN **Part of building or grounds, other specified sporting facility**

XE8SG **Part of building or grounds, playground**

XE5RE **Part of building or grounds, private road**

XE5MW **Part of building or grounds, private parking area**

XE6ZY **Part of building or grounds, other specified indoor part of building or grounds**

XE06N **Part of building or grounds, other specified outdoor part of building or grounds**

Objects, living things or substances involved in causing injury

Coded Elsewhere: Health Devices, Equipment and Supplies (XD7FF9-XD6UU3)
Substances (XM1349-XM60L2)

Land vehicle or means of land transport

XE81T **Person-powered means of transport**

XE38Y **Transport vehicle drawn or pushed by person**

XE94Q **Pedal cycle**

XE1MP **Animal-powered means of transport**

XE0ZZ **Animal being ridden**

XE1CF **Animal-drawn vehicle**

XE3ZP **Motorised two- or three-wheeled vehicle**

XE0TY **Motorcycle**

XE9N6 **Moped, scooter**

XE9AX **Three-wheeled motor vehicle or scooter**

XE3GH **Light transport vehicle with four or more wheels**

XE50Z **Passenger car**

XE4BF **Light truck, Sports Utility Vehicle (SUV), utility van, 4x4 vehicle, jeep, pick-up truck**

XE6DC **Minibus**

XE4NR **Heavy transport vehicle with four or more wheels**

XE60G **Bus, coach**

XE8XB **Tractor-trailer, articulated lorry, 18-wheeler, rig**

XE5A8 **Heavy truck, not elsewhere classified**

XE5KW **Trailer or horse-float**

XE0ZK **Rail vehicle**

XE40X **Streetcar, tram, electric car, car trolley**

XE9Q3 **Train**

XE3P6 **Funicular, monorail, or other similar rail vehicle**

XE0YD **Parts or components of land vehicle or means of land transport**

XE954 **Vehicle doors, not elsewhere classified**

XE226 **Vehicle seat belts, deploying air bags**

XE8UK **Tyre (tire) or battery (attached or unattached)**

XE8CT **Vehicle window or windshield**

XE1LF **Interior of vehicle**

XE5D5 **Engine of vehicle**

XE3C0 **Certain specified land vehicle or means of land transport**

XE8KJ **Cable car, ski chair lift, ski lift with gondola**

XE8C8 **Motorized wheelchair**

XE4D7 **Small-sized motorized vehicles for children**

XE3FP **Motor home**

Mobile machinery or special purpose vehicle

XE7X0 **Mobile machinery or special purpose vehicle mainly used in agriculture**

XE9HQ **Ride-on lawn mower**

XE0S2 **Tractor**

XE0YP **Harvesting machine**

XE7SF **Auger, post hole digger**

XE0LF **Equipment towed or powered by tractors, not elsewhere classified**

XE0M8 **Mobile machinery or special purpose vehicle mainly used in industry**

XE21P **Forklift or lift truck**

XE8TB **Mobile crane**

XE6VY **Battery-powered airport passenger vehicle**

XE13Q **Logging car**

XE6B4 **Coal-car in mine**

XE1BG **Tram, truck, or tub in mine or quarry**

XE1GE **Mobile machinery or special purpose vehicle mainly used in construction**

XE4MS **Grader**

XE69J **Front-end loader, bulldozer**

XE6XP **Excavator, digger, mechanical shovel**

XE3GR **Road roller**

XE381 **Certain specified mobile machinery or special purpose vehicle**

XE80A **Ambulance**

XE5BQ **Fire truck, fire engine**

XE387 **Race car**

XE2LT **Snowmobile, ski-scooter**

XE6R9 **Special all-terrain vehicle or off-road vehicle**

Watercraft or means of water transport

XE70T **Powered watercraft or means of water transport**

XE7NQ **Merchant ship, cargo ship, oil tanker**

XE3HS **Passenger ship, passenger liner, ocean liner**

XE801 **Fishing boat, trawler**

XE69F **Ferry used for short trips across closed waters**

XE3WZ **Motorised yacht, motorboat, powered boat, personal powered watercraft**

XE304 **Houseboat**

XE5ZR **Hovercraft**

XE3PW **Airboat**

XE4UQ **Submarine or related craft**

XE29V **Unpowered watercraft or means of water transport**

XE9SF **Sailboat, unpowered yacht**

XE8BZ **Canoe, kayak, row boat, pirogue, piragua**

XE3CC **Wave board, surfboard, paddle ski**

XE3LU **Windsurfer**

XE5G3 **Part or component of powered or unpowered watercraft**

Aircraft or means of air transport

XE9LQ **Powered aircraft or means of air transport**

XE4LN **Helicopter**

XE8RL **Airship, blimp**

XE0WR **Ultralight powered aircraft**

XE7MP **Private fixed-wing powered aircraft**

XE7FK **Commercial fixed-wing powered aircraft**

XE6FD **Military fixed-wing powered aircraft**

XE346 **Spacecraft**

XE4QU **Unpowered aircraft or means of air transport**

XE96T **Passenger balloon, unpowered**

XE627 **Parachute**

XE3VU **Hang-glider**

XE2KU **Glider**

XE79E **Part or component of powered or unpowered aircraft**

XE5HA **Furniture or furnishing**

XE8PK **Bed, bedding or bedding accessories**

XE86G Bunk bed

XE7QQ Special bed, orthopaedic bed, or stretcher

XE27V Hammock

XE0TM Mattress, sleeping mat

XE2DR Other specified bed

XE6R1 Pillow, cushion

XE38G Bed rails

XE769 **Chair or sofa**

XE33K Upholstered chair or sofa

XE853 Hard chair or bench

XE5NL Rocking or gliding chair

XE1NC Folding chair

XE7FS Revolving chair

XE484 Stool

XE61B Commode chair

XE2F3 **Table, stand, cupboard, shelf or partition**

XE002 Rack, bookshelf

XE3BY Cabinet, cupboard, side board, chest of drawers, tall boy, dresser

XE1DK Dining room or kitchen table

XE6E5 Coffee table

XE2C9 Night table, end table

XE2AM Desk, workbench

XE3TY Television table, stand, cupboard

XE6EN Folding table

XE4B1 Room divider or partition

XE7MK **Decoration, decorating item**

XE3WK Rug, mat, loose carpet

XE003 Draperies, curtains

XE92A Roller or venetian blind or indoor shutter

XE3EA Window covering hardware

XE962 Mirror or mirror glass

XE05Q Portrait, picture, picture frame, or other wall hanging or similar decoration

XE1FR Christmas tree

XE4CE Holiday decorations

XE8RW **Infant or child product**

XE1AW **Baby or child article**

XE0CS Baby pram, buggy, pusher, stroller, carriage

XE4JE Baby walker

XE8U9 Baby exerciser, jumper, or portable swing for home use

XE39K	High chair, booster seat
XE52H	Baby or child car seat
XE9MB	Potty chair, training seat
XE8RG	Cot, crib, baby bed
XE5QK	Playpen, travel yard
XE12N	Baby gate or barrier
XE34A	Baby carrier, back pack type
XE8HU	Pedal cycle baby carrier
XE8VC	Baby baths or bathinettes
XE49V	Baby or child changing table
XE9R1	Baby or child pacifier, dummy
XE1JQ	Baby bottle or nipple
XE7HA	Diaper, nappy
XE5E9	Diaper fastener
XE3Y2	**Toy**
XE0GX	Child's tricycle or other ride-on toy
XE959	Toy vehicle
XE93L	Toy gun or related accessory
XE8ZY	Other toy weapon or projectile toy
XE1DG	Toy - art, craft, or kit
XE9DY	Board game or accessory or piece
XE887	Toy sports equipment
XE1HM	Ball, general, other than sport specific
XE5FF	Infant or child product, flying toy
XE30M	Infant or child product, doll, doll accessory or part, stuffed toy
XE5E1	Infant or child product, toy balloon
XE4HX	Infant or child product, inflatable toy
XE2KV	Infant or child product, marble, bead
XE1X0	Infant or child product, play tent, tunnel, or other enclosure
XE7UT	Infant or child product, toy box or chest

XE6JS	**Playground equipment**
XE7YQ	Tree house, play house
XE8H2	Playground equipment, flying fox
XE27W	Playground equipment, monkey bar
XE8K7	Other playground climbing apparatus
XE0R1	Playground equipment, slide, sliding board
XE5W3	Playground equipment, swing, swing set
XE9AU	Playground equipment, seesaw, teeter totter
XE59P	Powered amusement rides
XE14C	**Appliance mainly used in household**
XE68B	**Cooking or kitchen appliance**
XE3WY	Electric kettle
XE3FW	Electric frying pan, deep fryer
XE03R	Electric bread making machine
XE6DV	Food processor, blender, juicer
XE02T	Powered knife
XE5LB	Electric toaster, toaster oven
XE7D9	Microwave oven
XE6PT	Stove, oven, cooktop
XE464	Pressurised kerosene or paraffin cooking stove
XE0U0	Coal pot
XE5YC	Chulo stove
XE6A4	Barbeque, outdoor cookers or griller, outdoor clay oven
XE0U1	Dishwasher
XE3JZ	Refrigerator, freezer appliance
XE87D	**Cleaning or laundering appliance or tool**
XE4FB	Washing machine
XE0Y0	Clothes dryer
XE2VW	Clothes iron, press
XE06L	Clothesline, clothes drying rack, clotheshorse

XE9H2 Unpowered cleaning tool

XE5PE Vacuum cleaner

XE7Z3 Powered cleaning tool, not elsewhere classified

XE4KD **Lighting appliance**

XE3QJ Free-standing gas, oil, or kerosene lamp

XE926 Electric lamp

XE5GA Other specified lamp or lamp component

XE1D7 Battery-operated torch

XE01B Candle, candlestick

XE84K **Heating or cooling appliance**

XE5VR Fan

XE1ZZ Electric or gas radiator, heater

XE0KQ Kerosene heater

XE9WK **Sewing appliance or equipment**

XE0PW Sewing machine

XE204 Scissors

XE8D1 Pin, needle

XE80T **Entertainment appliance**

XE6SR Television

XE1PK Video recorder, decoder player

XE5Y8 Video camera, camera, digital camera or accessory

XE59W Sound equipment

XE2MS **Cord of household appliance, extension cord**

Utensil or container

XE4G0 **Cooking or food processing utensil**

XE7VX **Non-electric kettle**

XE8WH **Knife, not elsewhere classified**

XE9LY **Cooking pot, pan**

XE50Y **Pressure cooker**

XE5CG **Cutlery, food preparation utensil**

XE9W8 **Crockery, kitchen container**

XE532 **Drinking glass, cup made from glass or china**

XE9Q8 **Plate, bowl, dish made from glass or china**

XE6LK **Glass bottle or jar**

XE5G7 **Container made from plastic, wood, or clay**

XE8EL **Cleaning utensil or container**

XE383 **Bucket, pail**

XE4WL **Food storage or related utensil or container**

XE1GJ **Tinned container, tin can**

XE5N6 **Box or carton containing food or drink**

XE8JZ **Grocery or shopping trolley or cart**

XE31H **Certain specified utensil or container**

XE3SR **Rubbish bin, trash can, dumpster**

XE0GP **Heavy container, box, package, not elsewhere classified**

XE80G **Bag, sack, not elsewhere classified**

Item mainly for personal use

XE12D **Clothes, foot wear, or related products**

XE42F **Belt, braces, suspenders, sash**

XE06P **Button**

XE8H8 **Other specified clothes fastener**

XE1KG **Shoe, sandal, slipper, boot**

XE0MQ **Shoelace, shoe buckle**

XE6A6 **Shirt, blouse, t-shirt, trousers, slacks, jacket, coat, outerwear**

XE4AP **Nightclothes, pyjamas, nightwear, underwear, undergarment, lingerie**

XE91F **Clothing accessory or personal decoration item**

XE79Y **Wristwatch, jewellery**

XE9WV **Personal grooming utensil**

XE7FF **Hair dryer, curling iron, curler**

XE2CA **Comb, hairbrush**

XE22C **Razor, razor blade**

XE39S **Electric shaver**

XE1RS **Electric toothbrush**

XE88G **Other toothbrush**

XE45T **Toiletries, cosmetics, or related product**

Coded Elsewhere: Nail polish remover (XM0ES5)

XE5U0 **Cleaning agent for contact lenses**

XE5CY **Dental care products**

XE94F **Cotton swab, cotton bud, Q-Tip?**

XE1H5 **Soap**

XE1B1 **Deodorants**

XE5DV **Perfume, cologne**

XE8PE **Hair colouring preparation**

XE1T3 **Hair removal preparation, depilatory**

XE8EH **Other hair care product**

XE3EV **Nail polish**

XE7DF **Body or facial cream or lotion**

XE8W8 **Body powder, talc**

XE79N **Cosmetics, not elsewhere classified**

XE8NY **Suntan or sunscreen products, self-tan products**

XE4KX **Essential oils, oils used in aromatherapy**

XE3AM **Communication or related utensil or accessory**

XE2A3 **Telephone, mobile phone, cellular phone**

XE9K5 **Personal computer or related accessory**

XE38S **Fax machine and other related equipment**

XE5V8 **Typewriter correction fluid**

XE38A **Pen, pencil**

XE1RG **Other stationery item**

XE58R **Arts and crafts supplies**

XE0NW **Artist paint**

XE2EN **Chalk, crayon**

XE6E6 **Glazes**

XE8ZP **Canvas**

XE0X7 **Personal aid**

XE5EM **Eyewear**

XE293 **Wheelchair**

XE90Y **Cane, walker, walking stick, walking frame**

XE5W4 **Prosthesis**

XE6ZS **Rubber bathtub mat**

XE7P9 **Tobacco or related product**

XE01N **Cigarette, cigar, pipe**

XE4U8 **Lighter, match**

XE0Q7 **Aids to quit smoking**

XE2H2 **Certain specified personal use item**

XE1NP **Vaporizer, humidifier**

XE1PV **Oil burner**

XE7S6 **Condom, or other contraceptive device**

XE9GS **Sex aids**

XE030 **Alarm clock, clock**

XE9R0 **Umbrella**

XE3T5 **Coins**

XE6N6 **Hand-held fan**

Equipment mainly used in sports or recreational activity

XE5BJ **Ball used in sport**

XE9X9 **Soft ball**

XE7M5 **Puck, hard ball**

XE68L **Hand-held sports equipment**

XE3H8 **Spear, javelin, not elsewhere classified**

XE9CT **Bow, arrow, crossbow bolt, crossbow, not elsewhere classified**

XE557 **Other specified sports projectile**

XE23P **Bat, hockey stick**

XE9MP **Racquet**

XE1HX **Ice pick**

XE0AQ **Equipment or structure for playing sports or exercise**

XE2EM **Net for sports or exercise**

XE9R3 **Rugby pole, net pole, goal post**

XE6HE **Trampoline for playing sports or exercise**

XE8C0 **Gymnastic equipment**

XE76Q **Sports mat for playing sports or exercise**

XE9TW **Diving board, platform**

XE1EH **Exercise, fitness equipment - movable**

XE6G9 **Exercise, fitness equipment - fixed**

XE70Q **Equipment with wheels or designed for movement, mainly for use in sports or recreational activity**

XE38Q **Roller skates, rollerski, in-line skates, roller blades**

XE7TJ **Skateboard**

XE06X **Folding scooter**

XE9XZ **Waterski**

XE5W5 **Snow ski**

XE6DZ **Snow board**

XE2AY **Ice skate**

XE0AR **Sled, toboggan, sleigh, snow disk, snow tube**

Exclusions: Snowmobile, ski-scooter (XE2LT)

XE9TA **Underwater diving equipment**

XE1WX **Aqualung**

XE85D **Diving belt, weight**

XE8X8 **Wetsuit**

XE3NW **Goggle or mask, flipper or fin, snorkel**

XE8FX **Certain specified equipment for sports or recreational activity**

XE92X **Personal protective equipment (PPE) designed for use in sports**

XE0P3 **Tool, machine, apparatus mainly used for work-related activity**

XE6TZ **Machinery or fixed plant**

XE43P Cutting or slicing machinery or fixed plant

XE0VT Crushing or pressing machinery or fixed plant

XE1WC Heating or cooking machinery or fixed plant

XE76C Refrigeration machinery or fixed plant

Exclusions: Ducted air-conditioning unit or related fitting (XE9HH)

XE14G Lifting machinery

XE77A Hoist machinery

XE3BT Crane machinery or fixed plant

XE9U1 Elevated work platform

XE6T6 Conveyors

XE99N Mains - gas, water, sewerage, steam, hot water, electricity

Exclusions: Fittings or pipes for gas, steam or hot water (XE7UU)

XE8FD Shearing plant

XE6VH Dairy or milking plant

XE6AF Press

XE0JX Garbage compactor

XE02Q Threshing machine

XE8KN Chaff-cutter, fodder-cutter

XE5WX **Powered hand tool or equipment**

XE88U Drill

XE8MJ Chainsaw

XE66P Other power saw

XE0TD Welder, welding equipment

XE3E3 Nail gun, stud driver

XE3UP Grinder, buffer, polisher, sander

XE8T6 Powered garden tool

XE89A Powered push lawn mower

XE0N1 Industrial vacuum cleaner

XE16F **Unpowered hand tool or equipment**

XE8P1 Unpowered push lawnmower

XE0VV Hammer, mallet

XE56E Chopping tool

XE9CU Cutting tool

XE9GT Digging or tilling tool

XE3KL Lifting tool

XE7VR Nail, screw, tack

XE3W7 Fishhook used for work-related activity

XE8KL Rat or mouse trap used for work-related activity

XE9N7 **Pressure-based equipment**

XE5VQ Gas cylinder

XE974 Pressurised hose, pipe

XE3RZ **Certain unpowered equipment**

XE9P7 Ladder, movable step

XE7RK Scaffolding

XE5F6 Helmet

XE67K Earplugs

XE2PS Welding mask

XE7RJ Personal protective equipment, not elsewhere classified

XE7HB Fire extinguisher

XE505 **Mechanical power transmission device**

Weapon

XE4BU **Sharp object**

XE3KV **Spear, javelin designed as weapon**

XE9PM **Arrow or bolt designed as weapon**

XE174 **Knife designed as weapon**

XE598 **Sword, dagger, bayonet, machete, panga, cutlass**

XE04A **Firearm or related item**

XE4KC **Bullet, pellet**

XE72J **Hand gun**

XE0Q9 **Rifle**

XE32H **Shotgun**

XE6YZ **Air gun**

XE1XM **Certain specified weapon**

XE61H **Club, cudgel, rod, knobkierie**

XE9F9 **Electrical prod, stun gun**

XE203 **Capsicum spray, mace, pepper spray**

Person, animal or plant

XE3C1 **Plant**

XE9CV **Tree, plant**

XE2ZX **Leaves, flowers**

XE4DN **Mushroom, toadstool, fungus**

XE8XA **Plant seed**

XE4KB **Fruit from plant**

XE8SV **Plant thorn**

XE50M **Branch or stick, separate from branch or tree**

XE2PR **Venomous or toxic plant, not elsewhere classified**

XE6L5 **Bird**

XE99A **Ostrich, emu**

XE69N **Parrot, parakeet, cockatoo**

XE1Q3 **Raven, crow, magpie**

XE6UV **Insect, invertebrate**

XE4D9 **Bee**

XE6LT **Wasp**

XE322 **Hornet**

XE4YS **Ant**

XE75L **Spider**

XE2EP **Scorpion**

XE779	**Tick**
XE11M	**Centipede, millipede**
XE813	**Land mammal**
XE33Q	**Dog**
XE4V0	**Cat**
XE8X3	**Rat, guinea pig, mouse**
XE3UD	**Pig, wild boar**
XE25P	**Sheep, goat**
XE257	**Cow, bull, bovine animals**
XE5VC	**Horse, pony, donkey, mule, ass**
XE7NS	**Baboon, monkey, chimpanzee, gorilla**
XE4TZ	**Marsupials**
XE1MH	**Deer, moose, antelope, zebra, wildebeest**
XE37L	**Hippopotamus**
XE82S	**Lion, puma, panther, cougar, mountain lion, tiger**
XE7UA	**Bear, grizzly bear, polar bear**
XE2Q6	**Elephant**
XE96F	**Buffalo, bison, African buffalo**
XE2AH	**Marine animal**
XE765	**Shark**
XE71F	**Other fishes**
XE48L	**Sea snake**
XE3UQ	**Marine mammal**
XE8BW	**Jellyfish**
XE40R	Nematocysts
XE75E	**Coral**
XE6ZA	**Sea urchin**
XE45C	**Sea anemone**
XE43L	**Sea cucumber**
XE1PT	**Reptile or amphibian**

XE44L **Non-venomous snake**

XE9H6 **Venomous snake**

XE9X2 Cobra

XE5N3 Fer de lance

XE2RM Rattlesnake

XE8LD Viper

XE2UZ Krait

XE11V **Snake, unspecified whether venomous or not**

XE6A7 **Lizard, gecko, goanna**

XE65X Gila monster

XE4YK **Frog, toad**

XE4FD **Crocodile, alligator**

XE653 **Person**

XE70B **Person, self**

XE0TZ **Crowd of people**

Building, building component, or related fitting

XE1P6 **Building fitting**

XE766 **Flush toilet**

XE429 **Pit latrine**

XE2C6 **Bathtub, spabath, shower cubicle**

XE78X Bathtub

XE5T1 spabath

XE5RW shower cubicle

XE31Q Shower

XE8P0 **Fitted counter, counter-top, kitchen top**

XE2AC **Door, window, or related fitting or feature**

XE68A **Door, door sill**

XE4YT **Glass door**

XE4NX **Security door or gate, fly gate**

XE6FE **Bars on windows**

XE4BD **Window**

XE5B1 **Exterior window shutters**

XE7SG **Floor or related fitting or feature**

XE0SK **Floor - carpeted**

XE19Z **Floor - tile, brick, concrete**

XE6M6 **Floor - wood**

XE6ZE **Floor - mud, clay, animal dung**

XE4ZE **Wall or related fitting or feature**

XE19W **Fireplace**

XE1B2 **Built-in barbecue**

XE0WS **Wall - brick, concrete, tile**

XE7CH **Wall - wood**

XE3GJ **Wall - mud, clay, animal dung**

XE3PF **Certain specified building, building component, or fitting**

XE39L **In-ground swimming pool**

XE4PB **Above-ground swimming pool, external spa, or hot tub**

XE5PL Above-ground swimming pool

XE3PX external spa

XE8AX external hot tub

XE7FP **Fence, gate**

XE3BP Fence

XE3GT Gate

XE9QW **Moving ramp, escalator**

XE0KF Moving ramp

XE73T Escalator

XE8PC **Lift, elevator**

XE3HC **Stairs, steps**

XE2VG **Handrail, railing, banister**

XE6T1 **Electrical transmission line in or around building**

XE7UU **Fittings or pipes for gas, steam or hot water**

XE171 Fittings or pipes for gas

XE2BH Fittings or pipes for steam

XE48P Fittings or pipes for hot water

XE871 **Electrical fixture**

XE9HH **Ducted air-conditioning unit or related fitting**

Ground surface or surface conformation

XE58F **Ground surface**

XE1AK **Cliff**

XE94G **Slope, ramp**

XE3EC **Trench, ditch, pit**

XE5Y0 **Sewer grate**

XE2G4 **Open drain, channel**

XE7K9 **Body of water**

XE9TJ **Body of water, man-made well, dug well for underground water**

XE40U **Body of water, water reservoir**

XE64D **Body of water, puddle**

XE285 **Body of water, dam, lake**

XE1CZ **Body of water, river, stream**

XE57J **Body of water, swamp, marsh, estuary**

XE636 **Body of water, beach, seashore**

XE5N4 **Body of water, open sea**

XE0CX **Body of water, flood water**

XE2QX **Body of water, canal or irrigation channel**

XE7CY **Certain specified surface conformation**

XE45P **Sloping surface, not elsewhere classified**

XE9CC **Even surface, not elsewhere classified**

XE1DA **Uneven surface, not elsewhere classified**

Material, not elsewhere classified

XE4BY **Natural material**

XE3LV **Snow, ice**

XE233 **Natural grass**

XE83R **Rock, stone, not elsewhere classified**

XE2JN **Wood - timber, board, splinter, not elsewhere classified**

XE9D4 **Gravel, soil, sand, not elsewhere classified**

XE36E **Hay, straw**

XE410 **Grain in bulk**

XE4Y6 **Manufactured or industrial material**

XE59G **Artificial grass**

XE6MG **Brick, concrete, concrete block**

XE983 **Molten metal**

XE1FP **Metal - sheet, part, piece etc.**

XE1LM **China, ceramics - sheet, part, piece**

XE57U **Molten glass**

XE4KU **Glass - sheet, piece, shard**

XE7K4 **Plastic**

XE63Q **Paper, cardboard**

XE7CA **Bitumen**

XE16B **Material not mentioned elsewhere**

XE5XN **Textiles**

XE3NR **Fire, flame or smoke causing injury**

XE9DT **Fire, flame causing injury**

XE7PM Burning oil

XE73M Other burning liquid

XE3K6 Burning gas, not elsewhere classified

XE27S Controlled fire, flame in building or structure

XE7W8 Controlled fire, flame, not in building or structure

XE87S Uncontrolled fire, flame in building or structure

XE7V9 Uncontrolled fire, flame not in building or structure

XE4F3 **Smoke causing injury**

XE63H **Hot object or substance, not elsewhere classified**

Exclusions: Food, drink (XE3FD-XE6SF)

Fire, flame or smoke causing injury (XE3NR)

XE4VA **Hot liquid**

XE396 Hot tap water

XE4WG Boiling water other than tap water

XE3BS **Hot air or gas**

XE77R Steam, hot vapour

Food, drink

XE3FD **Food, drink, or related product**

Coded Elsewhere: Alcohol beverage (XM1A61)

XE5VU **Hot cooking oil or fat**

XE3KH **Hot solid food**

XE36T **Hot drink**

XE3VM **Cold solid food**

XE6SF **Cold drink - non-alcoholic**

XE4QT **Law enforcement equipment**

Exclusions: Weapon (XE4BU-XE203)

XE8YS **Handcuffs**

XE5TH **Public use item**

XE6KX **Fire hydrant**

XE0MT **Telephone pole, Stobie pole**

XE35R **High-tension overhead power line**

XE63M **Camping equipment**

XE14D **Tent**

XE11D **Fastening, binding, or securing item, not elsewhere classified**

XE4H9 **Rope, string, or twine**

XE3U7 **Barbed wire**

XE1PL **Other wire**

XE18Y **Chain**

XE3WL **Explosive material or flammable object, not elsewhere classified**

XE6KQ **Fireworks**

XE59Q **Explosive**

XE908 **Certain other specified object or living thing involved in causing injury**

XE2JA **High-pressure jet**

XE5DQ **Laser light and equipment**

XE9AP **Laser pointer**

XE6UH **Sharp object, not elsewhere classified**

XE9GE **Blunt object, not elsewhere classified**

XE98K **Motor, engine, not elsewhere classified**

XE8AE **Dry cell battery**

XE8H0 **Disc battery**

XE72W **Battery, not elsewhere classified**

XE146 **Animal cage**

XE12Z **Gastric content**

XE8FT **Excrement, human or animal**

XE08P **Blood, carcass, body, bone, not elsewhere classified, human or animal**

XE2DW **Plastic bag**

XE2AU **Garbage, litter, trash**

XE2VX **Environmental pollution, not elsewhere classified**

XE6QS **Medical or surgical device not in therapeutic use**

Alcohol use in injury event

XE47R **Alcohol use, no information available**

XE08X **Alcohol use, no suspicion or evidence of alcohol use by any person involved in the injury event**

XE1G3 **Alcohol use, suspicion or evidence of alcohol use by the injured person**

XE15H **Alcohol use, suspicion or evidence of alcohol use by other persons involved in the injury event**

XE3JF **Alcohol use, suspicion or evidence of alcohol use by both the injured person and other persons involved in the injury event**

Psychoactive drug use in injury event

XE43G **Psychoactive drug use, no information available**

XE5TU **Psychoactive drug use, no suspicion or evidence of psychoactive drug use by any person involved in the injury event**

XE5VY **Psychoactive drug use, suspicion or evidence of psychoactive drug use by the injured person**

XE8GW **Psychoactive drug use, suspicion or evidence of psychoactive drug use by other persons involved in the injury event**

XE28E **Psychoactive drug use, suspicion or evidence of psychoactive drug use by both the injured person and other persons involved in the injury event**

Aspects of transport injury events

Mode of transport of person injured in transport event

Collective term for forms of transportation. Includes types of vehicle; walking and other aspects of being a pedestrian (e.g. lying on a road); and using a pedestrian conveyance.

XE88K **Pedestrian as mode of transport of person injured in transport event**

A pedestrian is any person involved in a transport crash who was not in or on a vehicle or pedestrian conveyance at the time.

XE645 **Person on foot injured in transport related event**

XE0HE **Person on foot standing, walking or running at the time of the crash**

XE7ZY **Pedestrian conveyance as mode of transport of person injured in transport event**

A device which is designed primarily for, or being used at the time primarily for, conveying the person and is not a transport vehicle.

XE0TE **Mobility scooter as mode of transport of person injured in transport related event**

A mobility scooter is a pedestrian conveyance which is a motorised mobility aid, designed for outdoor or indoor/outdoor use to convey one person in a seated position.

XE80N **Motorised wheelchair as mode of transport of person injured in transport related event**

XE08H **Ice skates as mode of transport of person injured in transport related event**

XE0FX **Skis as mode of transport of person injured in transport related event**

XE3JS **Snowboard as mode of transport of person injured in transport related event**

XE036 **Sled as mode of transport of person injured in transport related event**

XE96G **Skateboard as mode of transport of person injured in transport related event**

XE2PW **Roller skates as mode of transport of person injured in transport related event**

XE4HS **Scooter as mode of transport of person injured in transport related event**

XE7RL **Baby carriage as mode of transport of person injured in transport related event**

XE1BH **Perambulator as mode of transport of person injured in transport related event**

XE9SV **Push chair as mode of transport of person injured in transport related event**

XE7KT **Stroller as mode of transport of person injured in transport related event**

XE71D **Pedal cycle as mode of transport of person injured in transport related event**

A pedal-cycle is any land transport vehicle propelled by the muscular energy of the person(s) on that vehicle usually by means of a pedal system but sometimes by lever(s) or handle(s). Includes vehicles with two wheels (the usual number) or more.

XE2BW **Trailer or sidecar attached to a pedal cycle as mode of transport of person injured in transport related event**

XE6R4 **Cycle rickshaw or tri-shaw as mode of transport of person injured in transport related event**

XE7NK **Motorcycle as mode of transport of person injured in transport related event**

A motorcycle is a land transport motor vehicle with one or two riding saddles, usually with two-wheels in-line. A sidecar or trailer is considered part of the motorcycle.

Inclusions: Includes vehicles with one wheel at the rear and two closely-spaced steerable wheels at the front and motorised tricycles (one wheel at the front) if registered as motor-cycles

XE2J1 **Moped as mode of transport of person injured in transport related event**

XE39A **Underbone motorcycle as mode of transport of person injured in transport related event**

XE9BU **Motor scooter as mode of transport of person injured in transport related event**

XE9RC **Motorised bicycle as mode of transport of injured person in transport related event**

Exclusions: Low-powered passenger vehicle as mode of transport of person injured in transport event (XE5WB)

XE1ZG **Ag bike as mode of transport of person injured in transport related event**

XE2W4 **Car as mode of transport of person injured in transport related event**

A land transport motor vehicle designed primarily to seat no more than 9 persons, including the driver designed primarily for on-road use or so as to be registrable for on-road use. A trailer or caravan being towed by a car is considered a part of the car. Usually has four wheels.

XE0V3 **4x4 vehicle as mode of transport of person injured in transport related event**

Exclusions: Minibus or passenger van as mode of transport of person injured in transport related event (XE6PF)

Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event (XE2TP)

XE2TP **Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event**

XE9K7 **Microcar as mode of transport of person injured in transport related event**

XE62M **Motor car as mode of transport of person injured in transport related event**

XE85J **Station wagon as mode of transport of person injured in transport related event**

XE7LL **Minivan as mode of transport of person injured in transport related event**

XE1CK **Jeep as mode of transport of person injured in transport related event**

XE5X0 **Sport utility vehicle as mode of transport of person injured in transport related event**

XE2RA **Bus or coach as mode of transport of person injured in transport related event**

A passenger motor vehicle designed to carry 10 or more persons (including the driver). Buses may be designed to accommodate standing passengers and/or seated passengers.

XE9JB **Light goods vehicle as mode of transport of person injured in transport related event**

A light goods vehicle is a four- or six-wheeled motor vehicle designed primarily for carrying property on roads, weighing less than the local limit for classification as a heavy goods vehicle (usually less than 3500 kg), and not requiring a special driver's licence.

XE6PF **Minibus or passenger van as mode of transport of person injured in transport related event**

Exclusions: Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event (XE2TP)

4x4 vehicle as mode of transport of person injured in transport related event (XE0V3)

XE165 **Pick-up truck, goods or work van, ambulance, motor home as mode of transport of person injured in transport related event**

Exclusions: 4x4 vehicle as mode of transport of person injured in transport related event (XE0V3)

Minibus or passenger van as mode of transport of person injured in transport related event (XE6PF)

XE1PH **Heavy goods vehicle as mode of transport of person injured in transport related event**

A heavy goods vehicle is a motor vehicle designed primarily for carrying property on roads, meeting local criteria for classification as a heavy goods vehicle in terms of curbside weight (usually above 3500 kg), and usually requiring a special driver's licence.

XE10A **Trucks, lorries, and other heavy goods vehicle as mode of transport of person injured in transport related event**

Exclusions: Pick-up truck, goods or work van, ambulance, motor home as mode of transport of person injured in transport related event (XE165)

XE1VN **Fire brigade pump vehicle as mode of transport of person injured in transport related event**

XE7XM **Road tractor with or without semi-trailer as mode of transport of person injured in transport related event**

XE5ET **Truck with trailer as mode of transport of person injured in transport related event**

XE41E **Streetcar or tram as mode of transport of person injured in transport related event**

A streetcar or tram is a device running on rails and operated entirely or partly on roads. Streetcars and trams are used primarily for transporting persons, usually in urban and suburban places. A trailer being towed by a streetcar or tram is considered a part of the streetcar.

XE5WB **Low-powered passenger vehicle as mode of transport of person injured in transport event**

(1) A land transport motor vehicle with three wheels (usually one in front and two behind), designed primarily for on-road use. Globally, most commonly used as taxis. Design, construction, type of motor and registration/licensing requirements vary widely. (2) A low-powered quadricycle or other low-powered four-wheeled passenger vehicle that is not a car.

XE8DK **Tuk-tuk as mode of transport of person injured in transport related event**

XE1DF **Mototaxi as mode of transport of person injured in transport related event**

XE4SA **Auto rickshaw three-wheeler as mode of transport of person injured in transport related event**

XE35C **Special vehicle mainly used in agriculture as mode of transport of person injured in transport related event**

A motor vehicle designed specifically for use in farming and agriculture (horticulture), for example to work the land, tend and harvest crops and transport materials on the farm.

XE3WV **Self-propelled agricultural machine as mode of transport of person injured in transport related event**

XE3QK **Harvester as mode of transport of person injured in transport related event**

XE872 **Agricultural tractor as mode of transport of person injured in transport related event**

A motor vehicle designed primarily to provide mechanical power for use in farming and agriculture (horticulture).

XE885 **Special vehicle mainly used on industrial premises as mode of transport of person injured in transport related event**

A motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments.

XE31K **Fork lift truck as mode of transport of person injured in transport related event**

XE312 **Special construction vehicle as mode of transport of person injured in transport related event**

A motor vehicle designed specifically for use in the construction (or demolition) of roads, buildings and other structures or associated earth-moving.

XE5RK **Special all-terrain vehicle as mode of transport of person injured in transport related event**

A vehicle designed primarily for off-road use with capability to traverse a wide range of types of terrain by means of wheels, tracks, support on a cushion of air or other form of support/traction.

XE63N **Snowmobile as mode of transport of person injured in transport related event**

XE5U7 **Hovercraft operating on land or swamp as mode of transport of person injured in transport related event**

XE4MT **Amphibious vehicle on land as mode of transport of person injured in transport related event**

XE3SA **Quad bike as mode of transport of person injured in transport related event**

XE940 **Animal being ridden as mode of transport of person injured in transport related event**

A person riding on an animal of any type. Includes person directing or attempting to direct the animal and any other person riding on it.

XE1ZJ **Horse as mode of transport of person injured in transport related event**

A person riding on a horse of any type.

XE4ZZ **Animal drawn vehicle as mode of transport of person injured in transport related event**

A vehicle on wheels (cart, dray, carriage) or runners (sled) the motive power for which is provided by one or more animals.

XE8YD **Railway vehicle as mode of transport of person injured in transport related event**

A vehicle, or a coupled set of vehicles (a train), designed for traffic on a railway.

XE1KN **Railway train as mode of transport of person injured in transport related event**

XE3NY **Funicular or monorail as mode of transport of person injured in transport related event**

XE27K **Watercraft as mode of transport of person injured in transport related event**

A watercraft is any device for transporting passengers or goods on or in water.

XE4FF **Submarine as mode of transport of person injured in transport related event**

XE3QY **Merchant ship as mode of transport of person injured in transport related event**

XE9YQ **Passenger ship as mode of transport of person injured in transport related event**

XE9PA **Fishing boat or trawler as mode of transport of person injured in transport related event**

XE0L4 **Sailboat or unpowered yacht as mode of transport of person injured in transport related event**

Exclusions: Other specified unpowered watercraft as mode of transport of person injured in transport related event (XE36L)

XE4AK **Hovercraft and amphibious vehicles when in or above a body of water as mode of transport of person injured in transport related event**

XE5WL **Other specified powered or motorised watercraft as mode of transport of person injured in transport related event**

XE36L **Other specified unpowered watercraft as mode of transport of person injured in transport related event**

XE1JR **Aircraft as mode of transport of person injured in transport related event**

Device for transporting passengers or goods in the air by means of buoyancy in air or aerodynamic lift

XE3J3 **Balloons and other lighter than air devices as mode of transport of person injured in transport related event**

XE2UU **Powered aircraft as mode of transport of person injured in transport related event**

XE6SQ **Unpowered aircraft as mode of transport of person injured in transport related event**

XE4VS **Parachute used in descent from damaged aircraft as mode of transport of person injured in transport related event**

XE08L **Parachute used in descent from undamaged aircraft as mode of transport of person injured in transport related event**

XE33H **Glider as mode of transport of person injured in transport related event**

XE48X **Helicopter as mode of transport of person injured in transport related event**

XE0VS **Spacecraft as mode of transport of person injured in transport related event**

Device designed for transporting passengers or goods to, from and in places with very low atmospheric pressure.

XE82G **Devices or parts of devices designed for ascent from and landing on earth or the surface of other bodies as mode of transport of person injured in transport related event**

Vehicle user role of person injured in transport event

XE42A **Vehicle driver injured in transport related event**

A driver is an occupant of a transport vehicle who is operating or intending to operate it. Includes rider operating a motorcycle or bicycle, and a rider directing or attempting to direct a ridden animal. An autonomous or remotely-controlled vehicle has no driver.

Exclusions: Person boarding or alighting a vehicle injured in transport related event (XE9Y1)

XE8ZW **Person driving a motor vehicle injured in transport related event**

XE65U **Person riding, operating or controlling a motorcycle or pedal cycle injured in transport related event**

XE3WH **Person responsible to resume manual control of a vehicle under autonomous or partly autonomous control injured in transport related event**

XE8SZ **Person with control of steering and braking in the case of a tandem bicycle or similar vehicle injured in transport related event**

XE302 **Person directing or attempting to direct an animal injured in transport related event**

XE1LZ **Vehicle passenger injured in transport related event**

A passenger is any occupant of a transport vehicle, other than the driver, in a position designed for the carriage of people.

Exclusions: Person boarding or alighting a vehicle injured in transport related event (XE9Y1)

Person on outside of vehicle or in load space injured in transport related event (XE166)

XE5X3 **Vehicle occupant not otherwise specified**

XE3FA **Occupant of position provided for patient in an ambulance**

XE9FE **Occupants of wheelchair or mobility scooter located in a position in a motor vehicle provided for carrying such devices**

XE9CP **Occupants of area in a bus provided for standing**

XE9Y1 **Person boarding or alighting a vehicle injured in transport related event**

A person boarding [attempting to board] a transport vehicle, or alighting [attempting to alight] from a transport vehicle.

XE76V **Person getting into or out of a vehicle injured in transport related event**

XE6LC **Person boarding or alighting from a bus, tram, streetcar or railway vehicle injured in transport related event**

XE166 **Person on outside of vehicle or in load space injured in transport related event**

Any person being transported by a vehicle but not occupying the space normally reserved for the driver or passengers.

XE7FA **Person being transported by a vehicle and occupying space intended for the transport of goods or cargo injured in transport related event**

XE4CZ **Person being transported by a vehicle and occupying space on the roof injured in transport related event**

XE9X1 **Person being transported by a vehicle and occupying space on a running board injured in transport related event**

XE7PL **Person being transported by a vehicle and occupying space outside the cabin holding onto the vehicle injured in transport related event**

XE6R5 **Rider of an animal injured in transport event**

A person being transported by and upon an animal, whether controlling the animal or being transported as a passenger.

Counterpart in land transport crash

The vehicle[s] or other object[s], if any, with which the vehicle conveying the injured person collided in the event that resulted in the injury.

XE6K0 **Pedestrian as counterpart in land transport crash**

A pedestrian is any person involved in a transport crash who was not in or on a vehicle or pedestrian conveyance at the time.

XE57K **Person on foot as counterpart in land transport crash**

XE2ZK **Person using a pedestrian conveyance as counterpart in land transport crash**

XE3NU **Pedestrian conveyance as counterpart in land transport crash**

A device which is designed primarily for, or being used at the time primarily for, conveying the person and is not a transport vehicle.

XE93R **Mobility scooter as counterpart in land transport crash**

A pedestrian conveyance which is a motorised mobility aid, designed for outdoor or indoor/outdoor use to convey one person in a seated position.

XE3XF **Wheelchair as counterpart in land transport crash**

XE1TJ **Ice skates as counterpart in land transport crash**

XE5XW **Skis as counterpart in land transport crash**

XE4NZ **Snowboard as counterpart in land transport crash**

XE5D9 **Sled as counterpart in land transport crash**

XE5H4 **Skateboard as counterpart in land transport crash**

XE9J0 **Roller skates as counterpart in land transport crash**

XE28X **Scooter as counterpart in land transport crash**

XE5SX **Baby carriage as counterpart in land transport crash**

XE1ZX Perambulator as counterpart in land transport crash

XE168 **Push chair as counterpart in land transport crash**

XE2JL **Stroller as counterpart in land transport crash**

XE7ZZ **Pedal cycle as counterpart in land transport crash**

A pedal-cycle is any land transport vehicle propelled by the muscular energy of the person(s) on that vehicle usually by means of a pedal system but sometimes by lever(s) or handle(s). Includes vehicles with two wheels (the usual number) or more.

XE5GG **Trailer or sidecar attached to a pedal cycle as counterpart in land transport crash**

XE2PY **Cycle rickshaw or tri-shaw as counterpart in land transport crash**

XE8XQ **Motorcycle as counterpart in land transport crash**

A motorcycle is a land transport motor vehicle with one or two riding saddles, usually with two-wheels in-line. A sidecar or trailer is considered part of the motorcycle.

XE1SA **Motorised bicycle as counterpart in land transport crash**

Exclusions: Low powered passenger vehicle as counterpart in land transport crash (XE90S)

XE0V4 **Moped as counterpart in land transport crash**

XE4C1 **Underbone motorcycle as counterpart in land transport crash**

XE9FR **Motor scooter as counterpart in land transport crash**

XE59J **Ag-bike as counterpart in land transport crash**

XE0JH **Car as counterpart in land transport crash**

A land transport motor vehicle designed primarily to seat no more than 9 persons, including the driver designed primarily for on-road use or so as to be registrable for on-road use. A trailer or caravan being towed by a car is considered a part of the car. Usually four wheels.

XE0LP **Motorcar as counterpart in land transport crash**

XE0HH **Station wagon as counterpart in land transport crash**

XE0ZR Microcar as counterpart in land transport crash

XE0T7 **Minivan as counterpart in land transport crash**

Exclusions: Minibus or passenger van as counterpart in land transport crash (XE0ZL)

Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash (XE0MB)

XE38X **4x4 as counterpart in land transport crash**

XE6G7 **Sport utility vehicle as counterpart in land transport crash**

XE3BW **Jeep as counterpart in land transport crash**

XE5LJ **Bus or coach as counterpart in land transport crash**

A passenger motor vehicle designed to carry 10 or more persons (including the driver). Buses may be designed to accommodate standing passengers and/or seated passengers.

Exclusions: Minibus or passenger van as counterpart in land transport crash (XE0ZL)

XE6UN **Light goods vehicle as counterpart in land transport crash**

A light goods vehicle is a four- or six-wheeled motor vehicle designed primarily for carrying property on roads, weighing less than the local limit for classification as a heavy goods vehicle (usually less 3500 kg), and not requiring a special driver's licence.

XE0ZL **Minibus or passenger van as counterpart in land transport crash**

Exclusions: Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash (XE0MB)

Minivan as counterpart in land transport crash (XE0T7)

Bus or coach as counterpart in land transport crash (XE5LJ)

XE4DB **Pick-up truck, goods or work van, ambulance or motor home as counterpart in land transport crash**

Exclusions: Minivan as counterpart in land transport crash (XE0T7)

Minibus or passenger van as counterpart in land transport crash (XE0ZL)

XE0MB **Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash**

XE854 **Heavy goods vehicle as counterpart in land transport crash**

A heavy goods vehicle is a motor vehicle designed primarily for carrying property on roads, meeting local criteria for classification as a heavy goods vehicle in terms of curbside weight (usually above 3500 kg), and usually requiring a special driver's licence.

XE590 **Trucks, lorries, and other heavy goods vehicles as counterpart in land transport crash**

Exclusions: Pick-up truck, goods or work van, ambulance or motor home as counterpart in land transport crash (XE4DB)

XE4Q6 **Truck with trailer as counterpart in land transport crash**

XE45E **Road tractor with or without semi-trailer as counterpart in land transport crash**

XE3M3 **Fire brigade pump vehicle as counterpart in land transport crash**

XE8UX **Streetcar or tram as counterpart in land transport crash**

A streetcar or tram is a device running on rails and operated entirely or partly on roads. Streetcars and trams are used primarily for transporting persons, usually in urban and suburban places. A trailer being towed by a streetcar or tram is considered a part of the streetcar.

XE90S **Low powered passenger vehicle as counterpart in land transport crash**

(1) A land transport motor vehicle with three wheels (usually one in front and two behind), designed primarily for on-road use. Globally, most commonly used as taxis. Design, construction, type of motor and registration/licensing requirements vary widely. (2) A low-powered quadricycle or other low-powered four-wheeled passenger vehicle that is not a car.

XE9VV **Tuk-tuk as counterpart in land transport crash**

XE9ML **Mototaxi as counterpart in land transport crash**

XE73V **Auto rickshaw three-wheeler as counterpart in land transport crash**

XE9HB **Special vehicle mainly used in agriculture as counterpart in land transport crash**

A motor vehicle designed specifically for use in farming and agriculture (horticulture), for example to work the land, tend and harvest crops and transport materials on the farm.

XE9HZ **Self-propelled agricultural machine as counterpart in land transport crash**

XE6W7 **Harvester as counterpart in land transport crash**

XE9GD **Agricultural tractor as counterpart in land transport crash**

XE9DQ **Special vehicle mainly used on industrial premises as counterpart in land transport crash**

A motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments.

XE1U3 Fork lift truck as counterpart in land transport crash

XE1YW **Special construction vehicle as counterpart in land transport crash**

A motor vehicle designed specifically for use in the construction (or demolition) of roads, buildings and other structures or associated earth-moving.

XE23Q **Special all-terrain vehicle as counterpart in land transport crash**

A vehicle designed primarily for off-road use with capability to traverse a wide range of types of terrain by means of wheels, tracks, support on a cushion of air or other form of support/traction.

XE60L Snowmobile as counterpart in land transport crash

XE28S Hovercraft operating on land or swamp as counterpart in land transport crash

XE8AH Amphibious vehicle on land as counterpart in land transport crash

XE9KN Quad bike as counterpart in land transport crash

XE6QK **Animal as counterpart in land transport crash**

Any animal struck in a transport crash.

XE7A0 Unattended animal as counterpart in land transport crash

XE22V Animal being herded as counterpart in land transport crash

XE756 Animal being ridden as counterpart in land transport crash

XE6X8 **Animal drawn vehicle as counterpart in land transport crash**

A vehicle on wheels (cart, dray, carriage) or runners (sled) the motive power for which is provided by one or more animals.

XE6DQ **Railway vehicle as counterpart in land transport crash**

A vehicle, or a coupled set of vehicles (a train), designed for traffic on a railway.

XE320 Railway train as counterpart in land transport crash

XE1W8 Funicular or monorail as counterpart in land transport crash

Exclusions: Other specified mechanism with no counterpart (XE5XB)

XE98X **Fixed or stationary object as counterpart in land transport crash**

Any object, structure or land conformation struck by a vehicle involved in a transport crash other than a transport vehicle in use, or a pedestrian, or a pedestrian conveyance in use.

XE3KY Vehicle parked at the side of a road or in a parking lot as counterpart in land transport crash

XE1RC **Small loose object as counterpart in land transport crash**

XE9KG **Small or light fixed object as counterpart in land transport crash**

XE43C **Large or heavy fixed object as counterpart in land transport crash**

Other mechanisms of transport injury without counterpart

XE0JJ **Fall in mode of transport without counterpart**

XE3M5 **Fall from mode of transport without counterpart**

Transport-related injurious event in which injury was sustained when the person fell from his/her mode of transport and did not involve a crash with a counterpart.

XE64P **Fall from horse without counterpart**

XE20L **Fall from motor vehicle without counterpart**

XE7JA **Fall from motorcycle without counterpart**

XE2K7 **Fall from pedal cycle without counterpart**

XE929 **Fall from pedestrian conveyance without counterpart**

XE5XB **Other specified mechanism with no counterpart**

Transport-related injurious event in which a injury was sustained in an event that did not involve a crash with a counterpart or fall from the mode of transport.

XE5FP **Sudden movement of vehicle, without collision, resulting in injury**

XE9K8 **Vehicle overturned without counterpart**

XE5YL **Vehicle out of control without mention of collision with another vehicle or fixed object**

Aspects of sports injury events

Type of sport or exercise activity

XE3GK **Team ball sports**

XE9UG **Type of sport or exercise activity, basketball**

XE3T2 **Type of sport or exercise activity, football - American tackle**

XE31W **Type of sport or exercise activity, football - American touch or flag**

XE72L **Type of sport or exercise activity, football - Australian rules**

XE3BA **Type of sport or exercise activity, football not otherwise specified**

XE7D6 **Type of sport or exercise activity, handball - team**

XE510 **Type of sport or exercise activity, netball**

XE9RW **Type of sport or exercise activity, rugby union**

XE5XZ **Type of sport or exercise activity, rugby league**

XE1XR **Type of sport or exercise activity, rugby not otherwise specified**

XE5EU **Type of sport or exercise activity, soccer - outdoor**

XE0TN **Type of sport or exercise activity, soccer - indoor**

XE8WP **Type of sport or exercise activity, soccer not otherwise specified**

XE79M **Type of sport or exercise activity, volleyball**

XE0JP **Type of sport or exercise activity, wallyball**

XE2BF **Team bat or stick sports**

XE84M **Type of sport or exercise activity, baseball**

XE5M7 **Type of sport or exercise activity, cricket**

XE2UD **Type of sport or exercise activity, ice hockey**

XE6B7 **Type of sport or exercise activity, hockey - street or ball**

XE8HB **Type of sport or exercise activity, field hockey**

XE9N5 **Type of sport or exercise activity, floor hockey**

XE02P **Type of sport or exercise activity, hockey not otherwise specified**

XE8M1 **Type of sport or exercise activity, ringette**

XE63E **Type of sport or exercise activity, softball**

XE5WM **Type of sport or exercise activity, t-ball**

XE2BG **Team water sports**

XE8KM **Type of sport or exercise activity, rescue and resuscitation**

XE6Y2 **Type of sport or exercise activity, synchronized swimming**

Exclusions: Individual water sports (XE6W9)

XE323 **Type of sport or exercise activity, underwater hockey**

XE2YS **Type of sport or exercise activity, water polo**

XE85T **Boating sports**

XE1LG **Type of sport or exercise activity, canoeing**

XE7BZ **Type of sport or exercise activity, jet skiing**

XE99V **Type of sport or exercise activity, kayaking or white-water rafting**

XE4LT **Type of sport or exercise activity, power boat racing**

XE4XV **Type of sport or exercise activity, rowing or sculling**

XE0XD **Type of sport or exercise activity, surf boating**

XE0G3 **Type of sport or exercise activity, yachting or sailing**

XE6W9 **Individual water sports**

XE3R2 **Type of sport or exercise activity, platform diving**

Exclusions: Type of sport or exercise activity, cliff diving (XE5RZ)

XE7S0 **Type of sport or exercise activity, springboard diving**

XE5UC **type of sport/exercise activity, diving - unspecified**

XE5FN **Type of sport or exercise activity, fishing**

XE1TE **Type of sport or exercise activity, scuba diving**

XE1ZK **Type of sport or exercise activity, snorkelling**

XE48G **Type of sport or exercise activity, surfing or boogie boarding**

Exclusions: Type of sport or exercise activity, wind surfing (XE7PV)

XE84Q **Type of sport or exercise activity, surf life saving**

XE1FN **Type of sport or exercise activity, competitive swimming**

Exclusions: Type of sport or exercise activity, recreational swimming (XE6P1)

XE167 **Type of sport or exercise activity, water skiing**

XE92F **Type of sport or exercise activity, water tubing**

XE7PV **Type of sport or exercise activity, wind surfing**

XE5RZ **Type of sport or exercise activity, cliff diving**

XE6P1 **Type of sport or exercise activity, recreational swimming**

XE9DF **Ice or snow sports**

XE225 **Type of sport or exercise activity, bobsledding**

XE7J1 **Type of sport or exercise activity, curling**

XE1SZ **Type of sport or exercise activity, ice skating or ice dancing**

Exclusions: Type of sport or exercise activity, speed skating (XE6RE)

XE9KF **Type of sport or exercise activity, luge**

XE7E1 **Type of sport or exercise activity, ski patrolling**

XE9X7 **Type of sport or exercise activity, skiing - alpine or downhill**

XE8CR **Type of sport or exercise activity, skiing - Nordic cross country**

XE8UF **Type of sport or exercise activity, freestyle skiing**

XE471 **Type of sport or exercise activity, snow ski jumping**

XE240 **Type of sport or exercise activity, snowmobiling**

XE7J0 **Type of sport or exercise activity, snow boarding**

XE6RE **Type of sport or exercise activity, speed skating**

XE8G0 **Type of sport or exercise activity, tobogganing**

XE3L1 **Individual athletic activities**

XE286 **Type of sport or exercise activity, aerobic or callisthenics**

XE5KC **Type of sport or exercise activity, jogging or running**

Exclusions: Type of sport or exercise activity, walking (XE2TV)

XE05C **Type of sport or exercise activity, tai chi**

XE1SW **Type of sport or exercise activity, track and field - racing over obstacles or hurdles**

XE02A **Type of sport or exercise activity, track and field - sprinting (1-400 metres)**

XE2RC **Type of sport or exercise activity, track and field - running middle distances (401-1,500 metres)**

XE4Y7 **Type of sport or exercise activity, track and field - running long distances (greater than 1,500 metres)**

XE1X1 **Type of sport or exercise activity, track and field - high jump**

XE10W **Type of sport or exercise activity, track and field - long jump**

XE8YM **Type of sport or exercise activity, track and field - pole vault**

XE5X4 **Type of sport or exercise activity, track and field - triple jump**

XE4C5 **Type of sport or exercise activity, track and field - discus**

XE037 **Type of sport or exercise activity, track and field - javelin**

XE1FT **Type of sport or exercise activity, track and field - hammer throw**

XE3M7 **Type of sport or exercise activity, track and field - shot putt**

XE2TV **Type of sport or exercise activity, walking**

XE7F9 **Type of sport or exercise activity, yoga or Pilates**

XE9V7 **Type of sport or exercise activity, stationary aerobic exercise with equipment**

XE4HZ **Acrobatic sports**

XE2T9 **Type of sport or exercise activity, cheerleading**

XE65D **Type of sport or exercise activity, gymnastics - balance beam**

XE5WY **Type of sport or exercise activity, gymnastics - floor exercise or tumbling**

XE69D **Type of sport or exercise activity, gymnastics - high bar**

XE6R6 **Type of sport or exercise activity, gymnastics - parallel bars**

XE4YF **Type of sport or exercise activity, gymnastics - rhythmic with or without props**

XE8WK **Type of sport or exercise activity, gymnastics - rings**

XE802 **Type of sport or exercise activity, gymnastics - side horse or pommel horse**

XE8V7 **Type of sport or exercise activity, gymnastics - trampoline or mini-trampoline**

XE5KU **Type of sport or exercise activity, gymnastics - uneven parallel bars**

XE7PU **Type of sport or exercise activity, gymnastics - vault**

XE9SK **Aesthetic activities**

XE6H2 **Type of sport or exercise activity, dancing**

XE0R2 **Type of sport or exercise activity, marching**

XE0KE **Racquet sports**

XE3SV **Type of sport or exercise activity, badminton**

XE5Z7 **Type of sport or exercise activity, racquetball**

XE629 **Type of sport or exercise activity, squash**

XE5JM **Type of sport or exercise activity, table tennis or ping-pong**

XE97B **Type of sport or exercise activity, tennis**

XE2NY **Target or precision sports**

XE0KA **Type of sport or exercise activity, archery**

XE760 **Type of sport or exercise activity, bocce, boules or petanque**

XE5XX **Type of sport or exercise activity, billiards, pool or snooker**

XE5VJ **Type of sport or exercise activity, lawn bowling**

XE8AU **Type of sport or exercise activity, croquet**

XE7NG **Type of sport or exercise activity, darts**

XE416 **Type of sport or exercise activity, golf**

XE6YY **Type of sport or exercise activity, ten-pin bowling**

XE08Q **Type of sport or exercise activity, firearm shooting**

Exclusions: Type of sport or exercise activity, paintball gun shooting (XE1N9)

XE0HX **Type of sport or exercise activity, bb or pellet gun shooting**

XE1N9 **Type of sport or exercise activity, paintball gun shooting**

XE3E4 **Combative sports**

XE7K5 **Type of sport or exercise activity, aikido**

XE8AB **Type of sport or exercise activity, boxing**

XE4E3 **Type of sport or exercise activity, fencing**

XE6B1 **Type of sport or exercise activity, judo**

XE0U2 **Type of sport or exercise activity, jujitsu**

XE567 **Type of sport or exercise activity, karate**

XE8WT **Type of sport or exercise activity, kendo**

XE0Y9 **Type of sport or exercise activity, kick-boxing**

XE5QV **Type of sport or exercise activity, kung fu**

XE7RA **Type of sport or exercise activity, tae kwon do**

XE0CG **Type of sport or exercise activity, freestyle wrestling**

XE8M6 **Type of sport or exercise activity, Greco-Roman wrestling**

XE4QQ **Type of sport or exercise activity, professional wrestling - entertainment style**

XE75J **Type of sport or exercise activity, self defence training**

XE1EU **Power sports**

XE7QE **Type of sport or exercise activity, power lifting**

XE6RQ **Type of sport or exercise activity, Olympic weightlifting**

XE0N6 **Type of sport or exercise activity, strength training or body building**

XE3PG **Type of sport or exercise activity, timber-related sports**

XE42Q **Equestrian activities**

XE6DF **Type of sport or exercise activity, equestrian dressage**

XE75K **Type of sport or exercise activity, endurance riding**

XE8JM **Type of sport or exercise activity, equestrian eventing**

XE0BK **Type of sport or exercise activity, mustering or stock work**

XE6PK **Type of sport or exercise activity, equestrian polo or polocrosse**

XE4GZ **Type of sport or exercise activity, pony club**

XE0P4 **Type of sport or exercise activity, horse racing**

XE56X **Type of sport or exercise activity, rodeo**

XE7X5 **Type of sport or exercise activity, show jumping**

XE7MC **Type of sport or exercise activity, equestrian steeplechase**

XE1LH **Type of sport or exercise activity, trail or general horseback riding**

XE2LJ **Type of sport or exercise activity, equestrian trotting or harness**

XE3T3 **Adventure sports**

XE08U **Type of sport or exercise activity, abseiling or rappelling**

XE5BS **Type of sport or exercise activity, hiking**

XE79W **Type of sport or exercise activity, mountaineering**

XE8WG **Type of sport or exercise activity, orienteering or rogaining**

XE2J8 **Type of sport or exercise activity, river rafting**

XE6Z2 **Type of sport or exercise activity, rock climbing**

XE74G **Type of sport or exercise activity, bungee jumping**

XE85A **Wheeled motor sports**

XE7HV **Type of sport or exercise activity, riding an all-terrain vehicle (ATV)**

XE1R5 **Type of sport or exercise activity, motorcycling**

XE26F **Type of sport or exercise activity, motor car racing**

XE46F **Type of sport or exercise activity, go-carting or carting**

XE1MM **Type of sport or exercise activity, motorised scootering**

XE4DA **Wheeled non-motored sports**

XE5UJ **Type of sport or exercise activity, BMX cycling**

XE4SS **Type of sport or exercise activity, mountain cycling**

XE87G **Type of sport or exercise activity, road cycling**

XE8U6 **Type of sport or exercise activity, track or velodrome cycling**

XE7MG **Type of sport or exercise activity, cycling not otherwise specified**

XE5V9 **type of sport/exercise activity, in-line skating/rollerblading**

XE2DY **Type of sport or exercise activity, roller skating**

XE1AS **Type of sport or exercise activity, skate boarding**

XE6X9 **Type of sport or exercise activity, scootering**

XE72X **Type of sport or exercise activity, spinning or stationary bike riding**

XE78K **Type of sport or exercise activity, street luge**

XE7BS **Multidiscipline sports**

XE3BK **Type of sport or exercise activity, biathlon - cross-country skiing event**

XE05T **Type of sport or exercise activity, biathlon - shooting event**

XE7ZX **Type of sport or exercise activity, biathlon - unspecified event**

XE5PT **Type of sport or exercise activity, decathlon - 100 metre event**

XE7ND **Type of sport or exercise activity, decathlon - 400 metre event**

XE9AM **Type of sport or exercise activity, decathlon - 1,500 metre event**

XE5C1 **Type of sport or exercise activity, decathlon - 110 metre hurdles event**

XE6CK **Type of sport or exercise activity, decathlon - long jump event**

XE331 **Type of sport or exercise activity, decathlon - high jump event**

XE6GN **Type of sport or exercise activity, decathlon - shot put event**

XE11Q **Type of sport or exercise activity, decathlon - discus event**

XE37C **Type of sport or exercise activity, decathlon - javelin event**

XE7LJ **Type of sport or exercise activity, decathlon - pole vault event**

XE48E **Type of sport or exercise activity, decathlon - unspecified event**

XE4LW **Type of sport or exercise activity, heptathlon - 200 metre event**

XE9EF **Type of sport or exercise activity, heptathlon - 100 metre hurdles event**

XE90J **Type of sport or exercise activity, heptathlon - high jump event**

XE8WE **Type of sport or exercise activity, heptathlon - long jump event**

XE7TG **Type of sport or exercise activity, heptathlon - javelin event**

XE294 **Type of sport or exercise activity, heptathlon - shot putt event**

XE4CW **Type of sport or exercise activity, heptathlon - 800 metre event**

XE1JE **Type of sport or exercise activity, heptathlon - unspecified event**

XE3GA **Type of sport or exercise activity, modern pentathlon - shooting event**

XE758 **Type of sport or exercise activity, modern pentathlon - fencing event**

XE7GA **Type of sport or exercise activity, modern pentathlon - swimming event**

XE8KQ **Type of sport or exercise activity, modern pentathlon - equestrian event**

XE84E **Type of sport or exercise activity, modern pentathlon - running event**

XE2B4 **Type of sport or exercise activity, modern pentathlon - unspecified event**

XE2XU **Type of sport or exercise activity, triathlon - cycling event**

XE0J9 **Type of sport or exercise activity, triathlon - running event**

XE8ZK **Type of sport or exercise activity, triathlon - swimming event**

XE01T **Type of sport or exercise activity, triathlon - unspecified event**

XE03W **Aero (non-motored) sports**

XE34L **Type of sport or exercise activity, aerobatics**

XE88Y **Type of sport or exercise activity, gliding**

XE3VS **Type of sport or exercise activity, hang gliding**

XE0JU **type of sport/exercise activity, parachuting/sky diving**

XE06C **Type of sport or exercise activity, paragliding or parasailing**

XE99S **Type of sport or exercise activity, hot air ballooning**

XE68C **Other school-related recreational activities**

XE49T **Type of sport or exercise activity, school physical education class**

XE67P **Type of sport or exercise activity, school free play**

Phase of sport or exercise activity

XE9ET **Phase of sport or exercise activity - Training or practice**

XE1U5 **Phase of activity, sport-specific or skill-specific practice**

Exclusions: Phase of activity, scrimmaging (XE07B)

XE07B **Phase of activity, scrimmaging**

XE0BT **Phase of activity, strength and conditioning or weight training**

Exclusions: Phase of activity, cardiovascular training (XE945)

XE945 **Phase of activity, cardiovascular training**

Exclusions: Phase of activity, strength and conditioning or weight training (XE0BT)

XE583 **Phase of activity, not otherwise specified training or practice**

XE8MZ **Phase of activity, pre-event**

XE2D1 **Phase of activity, warm-up**

XE5TJ **Phase of sport or exercise activity - Competition or participation**

XE66C **Phase of activity, competition or participation, first 25% of expected event duration**

XE0QY **Phase of activity, competition or participation, middle 50% of expected event duration**

XE2CG **Phase of activity, competition or participation, last 25% of expected event duration**

XE20Y **Phase of activity, competition or participation, events whose time course can not be anticipated**

XE4ZN **Phase of activity, competition or participation, unspecified stage of the event**

XE1P9 **Phase of activity, cool down**

XE2BD **Phase of activity, post-event**

XE49R **Phase of activity, recreational participation**

XE0QV **Phase of activity, other specified phase of activity**

XE8ZT **Unspecified phase of activity**

Personal countermeasures in sport or exercise

XE4K4 **Personal countermeasures, no protective devices used**

XE8Z8 **Personal countermeasures, braces, guards or orthoses**

XE75U **Personal countermeasures, rigid taping of joint**

XE9TY **Personal countermeasures, padding of joint, bony prominence, or muscle**

XE10N **Personal countermeasures, thermal devices**

XE0LS **Personal countermeasures, splints**

XE16J **Personal countermeasures, jock strap or protective cup**

XE4RU **Personal countermeasures, gloves**

XE49L **Personal countermeasures, mouth guard**

XE338 **Personal countermeasures, eye goggles or protective glasses**

XE2ZG **Personal countermeasures, helmet**

XE3RM **Personal countermeasures, face mask or shield**

XE7K8 **Personal countermeasures, foot wear**

XE26E **Personal countermeasures, personal flotation device**

Environmental countermeasures in sport or exercise

XE3U8 **Environmental countermeasures, no protective devices used**

XE0DA **Environmental countermeasures, protective padding on competition surface**

XE0W0 **Environmental countermeasures, padded goal posts, or corner markers**

XE8UC **Environmental countermeasures, barrier between area of activity and spectators or surrounds**

XE0LL **Environmental countermeasures, safety restraints or vehicle restraints**

Aspects of occupational injury events

Economic activity

XE7J2 **Economic activity, agriculture, hunting, or forestry**

Exclusions: Economic activity, health or social work (XE0G4)

XE227 **Economic activity, fishing**

XE45Q **Economic activity, mining, quarrying, or extraction**

XE13G **Economic activity, manufacturing**

XE6WE **Economic activity, electricity, gas, or water supply**

XE0SE **Economic activity, construction**

XE139 **Economic activity, wholesale or retail trade**

XE6J4 **Economic activity, repair of motor vehicles, motorcycles, or personal and household goods**

XE4JS **Economic activity, hotels or restaurants**

XE5JN **Economic activity, transport, storage, or communications**

XE8A7 **Economic activity, financial intermediation**

XE3YF **Economic activity, real estate, renting, or business activities**

XE3K1 **Economic activity, public administration, defence, or compulsory social security**

XE54F **Economic activity, providing education**

XE0G4 **Economic activity, health or social work**

XE7X1 **Economic activity, other community, social, or personal service activities**

XE2PM **Economic activity, private households with employed persons**

XE6N7 **Economic activity, extra-territorial organisations or bodies**

Occupation

XE3TU **Occupation - legislators, senior officials, managers**

XE59Y **Occupation - professionals**

XE558 **Occupation - technicians or associate professionals**

XE17U **Occupation - clerks, secretaries**

XE1CA **Occupation - service workers, shop and market sales workers**

XE6TG **Occupation - skilled agriculture or fishery workers**

XE0VC **Occupation - craft or related trades workers**

XE37Y **Occupation - plant/machine operators or assemblers**

XE4EE **Occupation - elementary occupations**

XE5G8 **Occupation - armed forces**

Aspects of assault and maltreatment

Perpetrator -victim relationship

XE454 **Spouse or partner**

XE041 **Perpetrator-victim relationship, legal spouse**

Exclusions: Perpetrator-victim relationship, Ex-spouse (XE6Q9)

XE8JN **Perpetrator-victim relationship, cohabiting partner**

XE8GZ **Perpetrator-victim relationship, noncohabiting partner**

Exclusions: Perpetrator-victim relationship, date (XE7GT)

XE6Q9 **Perpetrator-victim relationship, Ex-spouse**

XE8TC **Perpetrator-victim relationship, Ex-partner**

XE8AA **Parent**

Exclusions: Perpetrator-victim relationship, foster parent (XE4BZ)

XE8QX **Perpetrator-victim relationship, father or mother**

Exclusions: Perpetrator-victim relationship, step-parent (XE9FD)

XE9FD **Perpetrator-victim relationship, step-parent**

XE5WN **Other relative**

XE9JY **Perpetrator-victim relationship, full sibling**

XE9RK **perpetrator-victim relationship, partial or half sibling**

XE4KJ **Perpetrator-victim relationship, step-sibling**

XE9S0 **Perpetrator-victim relationship, grandparent**

XE10C **Perpetrator-victim relationship, offspring**

XE8EU **Perpetrator-victim relationship, other blood relative**

XE8FS **Perpetrator-victim relationship, in-laws**

XE4BG **Unrelated care giver**

XE4BZ **Perpetrator-victim relationship, foster parent**

XE670 **Perpetrator-victim relationship, care giver in institution**

XE02B **Perpetrator-victim relationship, health care provider**

XE270 **Acquaintance or friend**

XE1X5 **Perpetrator-victim relationship, parent's partner**

Exclusions: Perpetrator-victim relationship, step-parent (XE9FD)

XE7GT **Perpetrator-victim relationship, date**

XE6WK **Perpetrator-victim relationship, roommate**

Exclusions: Stranger (XE4WS)

XE6P9 **Perpetrator-victim relationship, business relation**

XE32X **Perpetrator-victim relationship, neighbour**

XE80F **Perpetrator-victim relationship, institutional co-member**

XE5MH **Perpetrator-victim relationship, friend not otherwise specified**

XE39B **Perpetrator-victim relationship, acquaintance not otherwise specified**

XE2HC **Official or legal authority**

XE6AM **Perpetrator-victim relationship, official or legal authority, military**

Exclusions: Perpetrator-victim relationship, official or legal authority, police (XE2Z7)

Perpetrator-victim relationship, national or official authority not otherwise specified (XE5ZT)

XE2Z7 **Perpetrator-victim relationship, official or legal authority, police**

Exclusions: Perpetrator-victim relationship, official or legal authority, military (XE6AM)

Perpetrator-victim relationship, security group not otherwise specified (XE8PB)

Perpetrator-victim relationship, national or official authority not otherwise specified (XE5ZT)

XE5ZT **Perpetrator-victim relationship, national or official authority not otherwise specified**

XE8PB **Perpetrator-victim relationship, security group not otherwise specified**

XE59K **Perpetrator-victim relationship, official or legal authority, civilian authority**

Exclusions: Perpetrator-victim relationship, security group not otherwise specified (XE8PB)

XE4WS **Stranger**

XE0CA **Perpetrator-victim relationship, stranger in vigilante group**

XE7XG **Perpetrator-victim relationship, stranger in mob**

XE2XY **Perpetrator-victim relationship, stranger not otherwise specified**

XE0H2 **Perpetrator-victim relationship, prisoner or detainee**

XE3FJ **Perpetrator-victim relationship, person executing a felony or crime**

XE388 **Perpetrator-victim relationship, person interceding in a crime**

Gender of perpetrator

XE5YG **Gender of perpetrator, male**

XE56C **Gender of perpetrator, female**

XE9SL **Gender of perpetrator, unknown**

XE6W8 **Gender of perpetrator, other**

Context of assault and maltreatment

XE0UM **Altercation**

Exclusions: Drug-related incident (XE933)

XE591 **About family issues**

XE2RR Context of assault, altercation about family issues, children

XE37R Context of assault, altercation about family issues, in-laws

XE1B3 Context of assault, altercation about family issues, dowry issues

XE1F9 Context of assault, altercation about family issues, family honour

XE9SP **About personal issues**

XE1XB Context of assault, altercation about current love relationship

XE3YH Context of assault, altercation about terminating a love relationship

XE6DB Context of assault, altercation about sex

Exclusions: Context of assault, sexual assault (XE213)

XE4H5 **About personally-held views**

XE03X Context of assault, altercation about personally-held views regarding politics

XE860 Context of assault, altercation about personally-held views regarding religious or spiritual matters

XE1RW Context of assault, altercation about personally-held views regarding cultural issues

XE6YL Context of assault, altercation about personally-held views regarding racial or ethnic issues

XE1Q8 Context of assault, altercation about personally-held views regarding issues of gender or sexual orientation

XE0Z5 **About business or financial issues**

XE4ML Context of assault, altercation about loss of employment

XE00W Context of assault, altercation about other financial losses related to employment or business

Exclusions: Drug-related incident (XE933)

XE05L Context of assault, other employment disputes

XE62S Context of assault, altercation about money or property

XE6VD **About sports and other leisure**

XE81U Context of assault, altercation about gambling

XE47F Context of assault, altercation about sports

Exclusions: Context of assault, altercation about gambling (XE81U)

XE8NL **Context of assault, altercation about traffic**

XE4XA **Context of assault, malicious misconduct**

XE4P2 **Context of assault, bullying, intimidation**

XE3KE **Context of assault, altercation about past altercation**

XE91G **Illegal acquisition or attempted illegal acquisition of money or property**

Exclusions: Drug-related incident (XE933)

Context of assault, kidnapping (XE1N7)

XE0LR **Context of assault, burglary**

XE6PL **Robbery**

XE6YM Context of assault, unarmed robbery

XE989 Context of assault, armed robbery

XE933 **Drug-related incident**

XE5AY **Context of assault, selling drugs or drug business**

XE0Z6 **Context of assault, argument over possession, use, or cost of drugs**

XE1GC **Context of assault, failure to pay a drug debt**

XE1LL **Context of assault, probable drug involvement, but no positive evidence**

XE213 **Context of assault, sexual assault**

XE6U2 **Context of assault, rape or attempted rape**

XE85Q **Context of assault, sodomy or attempted sodomy**

XE29Q **Context of assault, touching or fondling of genitals**

XE18N **Context of assault, oral sex**

XE8DB **Gang-related incident**

XE3QM **Context of assault, gang initiation**

XE2A5 **Context of assault, gang rivalry**

XE3V7 **Other criminal activity**

XE2QF **Context of assault, blackmail**

XE1N7 **Context of assault, kidnapping**

XE0NB **Context of assault, contract injuring or killing**

XE5A7 **Context of assault, drive-by shooting**

XE5QX **Other specified context of assault**

XE6FN **Context of assault, retaliation or revenge**

XE3G0 **Context of assault, mercy killing or euthanasia**

XE90G **Context of assault, neglect**

XE580 **Context of assault, torture**

XE92U **Context of assault, additional context, mistaken identity**

Aspects of intentional self-harm events

Proximal risk-factors for intentional self-harm

XE17Z **Conflict in relationship with family member, partner, or friend**

XE9SZ **Proximal risk factors for intentional self-harm, Conflict in relationship with spouse, partner, boy/girlfriend**

XE6QA **Proximal risk factors for intentional self-harm, Conflict in relationship with parent**

XE1A1 **Proximal risk factors for intentional self-harm, Conflict in relationship with offspring**

XE3GP **Death of a relative, partner, or friend**

XE19R **Proximal risk factors for intentional self-harm, Suicide of a relative, partner or friend**

XE8T3 **Proximal risk factors for intentional self-harm, Other manner of death of a relative, partner or friend**

XE2FT **Proximal risk factors for intentional self-harm, Unspecified manner of death of a relative, partner or friend**

XE97R **Physical problem**

XE5CU **Proximal risk factors for intentional self-harm, HIV or AIDS**

XE3AG **Proximal risk factors for intentional self-harm, Unwanted pregnancy**

XE6XD **Psychological or psychiatric condition**

XE2Q7 **Proximal risk factors for intentional self-harm, Substance abuse**

XE79G **Proximal risk factors for intentional self-harm, Postpartum depression**

XE3U9 **Income-related or financial problem**

XE70C **Proximal risk factors for intentional self-harm, Work-related**

XE4UX **Proximal risk factors for intentional self-harm, Dowry**

XE5J3 **Abuse**

XE8HX **Proximal risk factors for intentional self-harm, Sexual abuse**

XE8ND **Proximal risk factors for intentional self-harm, Physical abuse**

XE2RX **Proximal risk factors for intentional self-harm, Neglect**

XE31V **Proximal risk factors for intentional self-harm, Legal system encounters**

XE8MK **Proximal risk factors for intentional self-harm, School-related problem**

XE98Q **Proximal risk factors for intentional self-harm, Religious belief or affiliation**

XE6TW **Proximal risk factors for intentional self-harm, Cultural issue**

Previous non-fatal intentional self harm

XE76W **Previous suicide attempt, No**

XE3YR **Previous suicide attempt, Yes**

Intention to die aspect of self-harm

Inclusions: parasuicide (incomplete suicide attempt)
self-mutilation
suicide

XE97V **Intentional self-harm, person intended to die**
Intentional self-harm with intent to cause the death of the person.

XE5D6 **Intentional self-harm, person did not intend to die**
Self-injury, self-harm, cutting or self-mutilation undertaken intentionally for reasons other than to bring about the death of the person.

XE2SF **Intentional self-harm, not known or not determined if person intended to die**
Information that a competent person (e.g. psychiatrist, coroner) had concluded that it could not be determined whether the intentional self-harm was done with intent to die. No information or insufficient information was available.

Aspects of armed conflict

Type of armed conflict

XE2RB **Type of conflict, civil war or guerrilla operation**

XE324 **Type of conflict, war**

XE4RJ **Type of conflict, declared terrorism**

XE0EG **Type of conflict, civil insurrection**

XE7HW **Type of conflict, postconflict incident**

Role of injured person in armed conflict

XE42H **Military personnel**

XE2WZ **Civilian**

XE3P0 **Role of injured person in armed conflict unknown**

Type of legal intervention

XE52B **Potential arrest situation**

XE9JF **Type of legal intervention, potential arrest related traffic pursuit**

XE25D **Type of legal intervention, potential arrest related investigation of a suspicious person or incident**

XE3XD **Type of legal intervention, potential arrest related execution of an arrest**

XE8Z9 **Response to a disturbance call**

XE84H **Type of legal intervention, response to a disturbance call because of a family dispute**

XE8WD **Type of legal intervention, response to a disturbance call because of a person behaving aberrantly**

XE3FV **Type of legal intervention, response to other specified disturbance call**

XE439 **Type of legal intervention, response to unspecified disturbance call**

XE8M2 **Type of legal intervention, ambush situation**

XE1DD **Type of legal intervention, civil disorder**

XE0RZ **Type of legal intervention, handling, transporting, or custody of prisoner**

XE7AT **Type of legal intervention, execution of a legal sentence**

Aspects of incidents related to devices

Problem related to the interaction between the patient and the device.

XE4HK **Patient device interaction problem**

XE6GS **Patient-device incompatibility**

XE7ZE Biocompatibility

Problem associated with undesirable local or systemic effects due to exposure to medical device materials or leachates from those materials by a patient who has an implant or is receiving treatment with a device made from them.

XE2CL Device appears to trigger rejection

The device appears to elicit undesired response in the patient to the presence of an implanted or invasive device, without inherent device failure, e.g. fibrous encapsulation, or inflammation of the tissue around the device, or extrusion of the device

XE584 Inadequacy of device shape or size

The physical size or shape of the device was inadequate with regard to the patient's anatomy.

XE7JV **Osseointegration problem**

Problem associated with interconnection between the bone tissue and the implanted device.

XE94Z Failure to osseointegrate

Problem associated with the failure to see direct anchorage of an implant by the formation of bony tissue around the implant without the growth of fibrous tissue at the bone-implant interface.

XE0Z9 Loss of osseointegration

Problem associated with weakened integration of the device at the bone-implant interface due to loss of fibrous and/or bony tissue and leading to compromised anchorage of the device

XE2K9 **Loosening of implant not related to bone-ingrowth**

Problem associated with the loss of direct anchorage of an implanted device over time or due to an injury.

XE0VD **Migration or expulsion of device**

Problem with an implanted or invasive device moving within the body, or being completely expelled from the body.

XE763 Migration of device

Problem with all or part of an implanted or invasive device moving from its intended location within the body.

XE1FH Expulsion of device

Problem with all or part of an implanted or invasive device being completely expelled from its intended location within the body.

XE7Q8 **Manufacturing, packaging or shipping problem**

Problem associated with any deviations from the documented specifications of the device that relate to nonconformity during manufacture to the design of an item or to specified manufacturing, packaging or shipping processes (out of box problem).

XE5Y1 **Product quality problem**

XE4UR Dull or blunt

Problem associated with a device not being as sharp as intended or expected.

XE46G Nonstandard device

Problem associated with the device that does not meet the specifications or requirements for which it was manufactured (e.g. materials, parts, manufacturing process).

XE1K1 **Defective component**

XE9CD **Defective device**

XE12L **Device damaged prior to use**

XE8RY **Packaging problem**

Problem associated with the materials used to construct the cover or outer wrapping of the device.

XE01Z Difficult to open or remove packaging material

Problem associated with difficulty for users to operate the device, specifically as it relates to the opening or removal of the outer wrapping.

XE5YH Incomplete or missing packaging

Problem associated with the nonconformance to the device specifications due to incomplete or missing packaging that may compromise the device operation as intended.

XE4VM Unsealed device packaging

Problem associated with the loss of packaging seal.

XE2AN Tear, rip or hole in device packaging

Problem associated with packaging damage (tear, rip or hole) prior to the use of the device.

XE151 **Device misassembled during manufacturng or shipping**

XE9R8 Component misassembled

A device found to have one or more components incorrectly assembled when delivered to the user facility.

XE89V Component missing

A device component(s) found to be missing when delivered to the user facility.

XE8ZA **Shipping damage or problem**

Problem associated with shipping damage or problem prior to the use of the device.

XE78P Delivered as unsterile product

Problem associated with a device being received in such a manner to indicate that its sterility has been compromised (e.g. sterile packaging breached, visible contaminate present)

XE52X **Chemical problem**

Problem associated with any from the documented specifications of the device that relate to any chemical characterization, i.e., element, compound, or mixture.

XE9AC **Device emits odour**

Problem associated with an unexpected or inappropriate smell released by the device.

XE3E0 **Device ingredient or reagent problem**

Problem associated with any deviations from the documented specifications of the device that relate to any ingredient or reagent characterization.

XE4BC Clumping in device or device ingredient

Problem associated with the aggregation of particles into irregular masses.

XE49W Coagulation in device or device ingredient

Problem associated with the undesired characterization of congealing, solidifying, thickening, curdling.

XE4VP Precipitate in device or device ingredient

Problem associated with the separation of solid particles from a liquid as the result of a chemical or physical change.

XE8Z6 Cross reactivity

Problem associated with the degree to which an antibody or antigen participates in cross reactions.

XE0VB Particulates

Substances that consist of separate particles that are introduced by the device during use.

XE0K7 High pH

pH higher than expected and / or anticipated.

XE657 Low pH

pH lower than expected and / or anticipated.

XE6E7 Improper chemical reaction

XE4LP **Material integrity problem**

Problem associated with any deviations from the documented specifications of the device that relate to the limited durability of all material used to construct device.

XE8D2 Break

Problem associated with undesired damage or breakage of those materials used in the device construction.

XE1M6 Fracture of device

Problem associated with a partial or full-thickness crack in the device materials.

XE9DU Loss of or failure to bond

Problem associated with lack or loss of adherence between materials intended to be joined together by an adhesive.

XE2ET Material fragmentation

Problem associated with small pieces of the device breaking off unexpectedly.

XE82N Solder joint fracture

Problem associated with undesired damage or breakage in a solder joint of materials used in the device construction.

XE638 Burst container or vessel

Problem associated with the pressure inside a vessel or container rising to such a degree that the container ruptures.

XE5EZ **Explosion**

Problem associated with the violent bursting due to the sudden expansion of air, gas or fluid.

XE38M **Crack**

Problem associated with an undesired partial separation and/or a visible opening along the length or width in the materials that are used in the device construction.

XE0HB **Degraded**

Problem associated with a undesired change in the chemical structure, physical properties, or appearance in the materials that are used in the device construction.

XE8J3 Calcified

Problem associated with buildup of calcium salts on the device.

XE228 Corroded

Problem associated with the chemical or electrochemical reaction between materials, usually a metal and its environment that produces a deterioration of the metal and its properties.

XE1WE Material erosion

Problem associated with a progressive loss of a material from a solid surface.

XE9F6 Pitted

Problem associated with the corrosion of a material's surface, confined to a point or small area that takes the form of cavities.

XE0YK Flaked

Problem associated with the detachment of small pieces of the coating film of a material.

XE3VG Peeled or delaminated

Peeling or delamination of composite materials, including coatings, that occurs when layers are separated as a result of stress or impact and resulting in loss of mechanical toughness.

XE975 Naturally worn

Problem associated with material damage to a surface, usually involving progressive loss or displacement of material, due to relative motion between that surface and a contacting substance or substances.

XE9JW Unraveled material

Problem due to the undesired unravelling of material (e.g. disentangled, unwound etc.).

XE1LJ **Material deformation**

Problem associated with an undesired material change in shape or property caused by external forces.

XE0JB Deformation due to compressive stress

Problem associated with an undesired bulge, bend, bow, kink, or wavy condition observed in the device material resulting from compressive stresses.

XE5NT Dent in material

Problem associated with a undesired change in shape, characterised by the presence of a slight hollow (dent) in the device surface.

XE0ZV Failure to fold

Problem associated with an undesired material change in physical property, characterised by failure to fold.

XE06Q Failure to unfold or unwrap

Problem associated with the comprising materials' deformation in that device fails to open its wrapping or open/extend in a certain manner i.e. balloon or lens.

XE37M Material frayed

Problem associated with the comprising materials having damaged edges.

XE8PS Material invagination

Problem associated with an undesired material change in shape, characterised by the infolding of one part within another part of a structure.

XE4Z7 Material too rigid or stiff

Problem associated with an undesired material change in physical property, characterised by rigidity (it resists deformation in response to an applied force).

XE9WH Material too soft or flexible

Problem associated with any device material that results in the material's inability to maintain the desired shape or support function.

XE47S Material twisted or bent

Problem associated with deformations that lead to twisting or bending of the device.

XE8ZQ Melted

Problem associated with a solid device being transformed into a molten or liquid state.

XE5D0 Stretched

Problem associated with an increase or elongation in a materials' dimension.

XE2G9 **Material discoloured**

Problem associated with an undesired streak, pattern and/or a noticeable change in color from the rest of the materials used in the device construction.

XE0RF **Material disintegration**

Problem associated with material breaking into small particles.

XE585 **Material opacification**

Problem associated with an undesirable opaqueness or cloudiness.

XE9AR **Material perforation**

Material constituting device is perforated possibly compromising the device's intended purpose.

XE0X4 Material puncture or hole

Device material(s) punctured leading to undesired holes/openings.

XE72S **Material protrusion or extrusion**

Problem associated with undesired physical appearance of device material, specifically when material extends beyond or above device surface.

XE6G0 **Material rupture**

Problem associated with perforations that lead to bursting of the device.

XE6K7 **Material separation**

Problem associated with an undesired disassociation or breaking apart of the device.

XE4FP **Material split, cut or torn**

Problem associated with materials consisting the device are split, cut or torn due to external forces (e.g. wrenching or laceration) or internal forces (e.g. exceeding the tensile stress limits belonging to the materials used in the device construction).

XE609 **Scratched material**

Problem associated with an undesirable shallow cut or narrow groove in the surface of the device materials.

XE2GF **Mechanical problem**

Problems associated with mechanical actions or defects, including moving parts or subassemblies, etc.

XE2CM **Detachment of device or device component**

Problem associated with the separation of the device from its physical construct, integrity, or chassis.

XE634 **Device damaged by another device**

Problem associated with one device causing harm to another device.

XE7NX **Ejection problem**

XE0VZ Failure to eject

Problem associated with the inability to remove or discharge the device from the location of use.

XE1PM Unintended ejection

Problem associated with unexpected discharge of the device from expected location includes but not limited to the device such as clip appliers, film cartridge, staples.

XE944 **Leak or splash**

XE2ZY Fluid leak

Escape (Release, Discharge) of fluid through an unintended location - often accompanied by a loss of pressure and/or output.

XE0RV Gas leak

Problem associated with the unintended escape of a gas from the container in which it is housed.

XE53W Gel leak

Escape (Release, Discharge) of gel through an unintended location - as in leakage of ultrasound gel. Escape or release of gel from containment structures - as in gel filled implant leak.

XE0B1 Radiation leak

Escape of radiation (energy in the form of waves or subatomic particles, especially those that cause ionization) through containment structures, leading to unintended exposure.

XE2JE Perivalvular leak

Problem associated with the escape of blood around a heart valve, particularly around its leaflets.

XE1RJ **Firing problem**

XE666 Failure to fire

Problem associated with failure of the device to discharge its load (e.g. surgical stapler failed to partially or completely deploy its staples).

XE5P4 Misfire

Problem associated with a therapy or algorithm not being delivered or executed at the expected time.

XE88N **Mechanical jam**

The motion of the device is prevented or restricted.

XE279 **Mechanics altered**

Problem associated with a device mechanical functioning of machinery, moving parts or tools of device being changed or modified.

XE7KY Failure to align

Problem associated with a circuit, equipment, or system whereby its functions fail to be properly synchronized or its relative positions properly oriented.

XE0XR Failure to cut

Inability of the device to make an incision, pierce or open as intended.

XE23L Failure to cycle

Problem associated with the device failing to complete a series of processes or events.

XE289 Failure to form staple

Problem associated with the device failing to connect tissue with a stapling device due to the staples not forming correctly.

XE4F9 **Noise, audible**

Problem associated with any unintended sound which emanates from the device (for example, squeaking from two parts rubbing together or buzzing sounds from electrical components).

XE635 **Physical resistance or sticking**

Problem associated with the lack of movement in the device due parts sticking or seizing.

XE306 **Retraction problem**

Problem associated with drawing back the device to an intended location.

XE79Q **Structural problem**

Problem associated with the basic physical construction or physical make up of the device.

XE8H1 Structural collapse

Problem associated with the buckling or crushing of material from external forces.

XE3VF Sharp edges

The device has undesirable sharp edges which can cause harm or damage.

XE8ZX Difficult to fold or unfold

Problem associated with the use of the device in terms of user experiencing difficulty to close or to spread out/extend length of the device, even if the operation is being performed according to labeled instructions for use.

XE2EV Difficult to open or close

Problem associated with the use of the device in terms of user experiencing difficulty opening and closing the device, even if the operation is being performed according to labeled instructions for use.

XE3UJ Incomplete coaptation

Problem associated with the heart valve leaflet not closing properly.

XE8ZZ **Unintended movement**

Problem associated with an undesired movement of the device, which may be related to the device- malfunction, misdiagnosis, or mistreatment.

XE6KT Device dislodged or dislocated

Problems associated with the device not remaining in an expected location.

XE78C Device tipped over

Problem associated with the inability of the device to stay in an upright position.

XE5JJ Device fell

Problem associated with the device or a component unexpectedly being dropped or moving down from an intended place.

XE1Q1 Device slipped

Problem associated with the device moving or sliding from the intended position.

XE0QZ Unintended collision of device

Problem associated with the device impacting with another object.

XE1Y1 Unintended system motion

Problem associated with any motion of the system or components that was not initiated by the user.

XE5CH Unstable device

Problem associated with the mechanical stability of the device.

XE76A Vibration of device

Problem associated with the undesirable mechanical oscillation.

XE941 **Optical problem**

Problem associated with transmission of visible light affecting the quality of the image transmitted or otherwise affecting the intended application of the visible light path.

XE5CX **Misfocusing**

The problem relates to the poor focusing of the object or the focus is on the wrong object or in the wrong area.

XE4W1 **Optical decentration**

Problem associated with being off-center of optical lenses.

XE1VT **Optical discolouration**

Problem associated with an undesired change of color.

XE4BE **Optical distortion**

Problem associated with an optical defect in an image-forming system whereby the image is not the shape of an ideal image of the object.

XE93N **Optical obstruction**

Problem associated with the blocking of optical devices, e.g. visual pathways.

XE28Y **Output problem**

Problem associated with any deviation from the documented specifications of the device that relate to the end result, data, or test results provided by the device.

XE8NW **Audible prompt or feedback**

Problem with any deviation from the documented specifications of the device that relate to audible feedback. e.g. voice prompts or beeps, but not safety related alarms which are covered under "Protective Measures Problem".

XE0WU Inappropriate audible prompt or feedback

Problem with audible messages which do not guide a device user to the correct action.

XE487 Inaudible or unclear audible prompt or feedback

Problem associated with audible prompts which cannot be heard clearly.

XE8MP No audible prompt or feedback

Problem associated with the device ceasing to provide audible prompts.

XE2S2 **Display or visual feedback problem**

Problem with any deviation from the documented specifications of the device that relate to visual feedback. e.g. the display of information, images on a screen, or output from the device.

XE4TX Device displays incorrect message

Problem associated with providing incorrect display information.

XE2NW Display difficult to read

Problem associated with legibility of the display, compromising for instance the reading/interpretation of patient parameters or test results. Legibility problems can be due to color, size of font, display screen contrast or other factors.

XE2ES Erratic or intermittent display

A device does not consistently display the same message, result, reading, or image. e.g. the display might flicker, switch between readings or messages, or go completely blank for brief periods of time.

XE7T8 Image display error or artifact

Problem with image display leading to corrupted images or readouts/measurement indications.

XE2V3 Image orientation incorrect

Problem associated with an incorrect image orientation on the device display.

XE5Q5 No display or image

Problem associated with the absence of display or image.

XE4FQ No visual prompts or feedback

Problem associated with the device ceasing to provide visual feedback.

XE5XP Poor quality image

Inadequate quality of an image or any visual representation displayed by the device, or output from the device.

XE1C5 Visual prompts will not clear

Problem with visual messages which continue to be displayed on / by the device after the appropriate action has been taken.

XE7Z4 **Tactile prompts or feedback**

Problem with any deviation from the documented specifications of the device that relate to tactile feedback. e.g device vibrational prompt.

XE6CE Inappropriate tactile prompt or feedback

Problem with tactile feedback which does not guide a device user to the correct action.

XE963 No tactile prompts or feedback

Problem associated with the device ceasing to provide tactile feedback.

XE0KH **Energy output problem**

Problem with the device's intended output of energy.

XE7ST Energy spectrum incorrect

Problem associated with the energy output from the device not being in the expected part of the spectrum.

XE5PU Failure to deliver energy

Problem associated with the failure of the device to deliver any energy.

XE538 Intermittent energy output

Problem associated with the energy output from the device being inconsistent over time.

XE81P Output above specifications

Device output is exceeding the documented specifications of the device.

XE8XC Output below specifications

Device output is below the documented specifications of the device.

XE2MC Therapeutic or diagnostic output failure

Problem associated with the failure of the device to deliver the output required for treatment or identification of a disease.

XE1US Therapy delivered to incorrect body area

Problem associated with the device causing unintended therapeutic action to an area of the body other than the intended area.

XE1ED **Radiation output problem**

Problem with the device's intended output of radiation.

XE5F0 Radiation output failure

Problem associated with the absence of radiation output from radiological or diagnostic devices.

XE0JA Radiation overexposure

Problem associated with excessive radiation emitted from radiological or diagnostic devices.

XE74E Radiation underexposure

Problem associated with too little radiation emitted from radiological or diagnostic devices.

XE6UD Unexpected or unintended radiation output

Device-emitted radiation when it was not supposed to. This applies to devices which are intended to emit radiation, and the radiation being emitted from the correct part of the device, but at an incorrect time.

Use "radiation leak" if the device emits radiation which should never have been emitted, or from a location from which it should never be emitted.

Exclusions: Radiation leak (XE0B1)

XE68Z **Gas output problem**

Problem associated with gas output.

XE7E5 **No device output**

Problem associated with no measurement outcome, value or data obtained from the device.

XE4BB **Incorrect, inadequate or imprecise result or readings**

Problem associated with a nonconforming end result, data, or test results provided by the device to its performance specifications.

XE7TS Signal artifact

Problem associated with impurities or interference in a signal (e.g. ECG artifact).

XE3MS Failure to obtain sample

The device does not collect or transfer the sample.

XE2E8 False negative result

Problem associated with the device incorrectly reporting that something has not been detected and may mislead the operator into not taking certain actions when action should be taken.

XE9K2 False positive result

Problem associated with the device incorrectly reporting that something has been detected and may mislead the operator to take certain actions.

XE3XG Incorrect measurement

Measurement obtained from or provided by the device is obviously incorrect.

XE5E8 Nonreproducible results

Device results cannot be reliably reproduced.

XE9D6 High readings

Reading provided by the device is too high or higher than expected.

XE5KE Low readings

Reading provided by the device is too low or lower than expected.

XE485 High test results

Test results provided by the device are too high or higher than expected.

XE8EM Low test results

Test results provided by the device are too low or lower than expected.

XE8YH Unable to obtain readings

The device does not provide or display a valid reading.

XE56S Missing test results

Problem associated with the results of a test or measurement not appearing.

XE3YZ **Unexpected therapeutic results**

Problem associated with the use of the device for therapeutic purposes.

XE16C **Electrical or electronic property problem**

Problem associated with a failure of the electrical circuitry of the device.

XE57L **Capturing problem**

Problem associated with the inability of the device to achieve successful depolarization and contraction of a cardiac chamber caused by a pacemaker output pulse.

XE0UH Failure to capture

Problem associated with the failure to achieve effective and consistent depolarization of the heart resulting from the electrical stimulus of the pacemaker.

XE18Z High capture threshold

Problem with the amount of output energy needed to cause cardiac depolarization being higher than expected/desired.

XE1T0 Intermittent capture

Problem associated with the ineffective and inconsistent depolarization of the heart.

XE350 Unstable capture threshold

Problem with the amount of output energy needed to cause cardiac depolarization being unstable.

XE4QC **Continuous firing**

Problem associated with the excessive production of electrical impulses over a period.

XE4HP **Arcing**

Problem associated with electrical current flowing through a gap between two conductive surfaces, typically resulting in a visible flash of light.

XE4X8 Arcing at paddles

Problem associated with electrical current flowing through a gap between paddles (conductive surfaces), typically resulting in a visible flash of light.

XE7KZ Arcing of electrodes

Problem associated with electrical current flowing through a gap between electrodes (conductive surfaces), typically resulting in a visible flash of light.

XE2SR **Sparking**

Problem associated with a flash of light related to an electrical discharge into a normally non conductive medium, such as air. Not associated with a discharge between two conductive surfaces.

XE16Z **Battery problem**

Problem associated with the internal power of the device (e.g. battery, transformer, fuel cell or other power sources).

XE2MD Battery problem with high impedance

Problem related to increased battery internal impedance.

XE41Q Battery problem with low impedance

Problem related to decreased battery internal impedance.

XE548 Failure to run on battery

Problem associated with the device failing to operate when not connected to a fixed power source.

XE5U8 Premature discharge of battery

Battery discharging earlier than expected.

XE5ER **Charging problem**

Problem associated with the inability of the device to successfully charge an electrical source.

XE6QY Aborted charge

Problem associated with the premature ending of the charging process (e.g. of a battery or other charge storage device).

XE67U Delayed charge time

Problem associated with an unexpected amount of time required to charge the device (e.g. a delay in starting charging or a longer than expected charge time).

XE5PM Failure to charge

Problem associated with inability to initiate the appropriate charging process (e.g. of a battery or other charge storage device)

XE8DT **Failure to discharge**

Problem associated with the failure of a battery or other charge storage device to appropriately discharge as intended. Does not apply to defibrillation.

XE2B3 **Power problem**

Problem associated with the energy to operate the device.

XE1DB Complete loss of power

Problem associated with the lack of power to run the device.

XE2A6 Intermittent loss of power

Problem associated with an intermittent disruption to the power to run the device.

XE38R Failure to power up

Problem associated with the inability of the device to turn on related to energy delivered to the device.

XE7Z7 Unintended power up

Problem associated with the device turning on when not intended.

XE0Q2 **Device sensing problem**

Problem associated with the device features that are designed to respond to a physical stimulus (temperature, illumination, motion, cardiac rhythms) and that do not transmit a resulting signal for interpretation or measurement.

XE6SM Decreased sensitivity

Problem with the device being less sensitive to an input than intended or expected.

XE7QR Increased sensitivity

Problem with the device being more sensitive to an input than intended or expected.

XE8H3 Failure to analyze signal

Problem with the device not analyzing a signal.

XE0K3 Failure to select signal

Problem associated with the failure of the device to select the appropriate input signal.

XE6H7 High sensing threshold

Problem associated with the amount of input required by the device to detect a signal being higher than expected/desired.

XE2P7 Low sensing threshold

Problem associated with the amount of an input required by the device to detect a signal being lower than expected/desired.

XE9TK Loss of threshold

Problem associated with the loss of the minimum amount of energy, voltage, or current needed to consistently stimulate the heart muscle.

XE210 Failure to sense

Problem associated with the failure of the device designed to respond to a physical stimulus (as temperature, illumination, motion) to transmit a resulting signal for interpretation or measurement.

XE02C Over-sensing

Problem related to failure of the device to properly filter cardiac signals resulting in inappropriate device response.

XE73Q Under-sensing

Problem related to failure of the device to properly detect intrinsic cardiac activity and respond appropriately.

XE69X Sensing intermittently

Problem with the device receiving an incoming signal on an intermittent basis when expected to be continuous.

XE28F Incorrect interpretation of signal

Problem with the device inappropriately analyzing a signal.

XE22D **Failure to conduct**

Problem associated with the inability of the device to allow a current of electricity to pass or to conduct electricity continuously along an electrical path.

XE8S0 **Interrogation problem**

Problems associated with the device's ability to respond to signals from a system designed to interrogate its status.

XE9HR Difficult to interrogate

Problem associated with difficulty of a transponder system to trigger a response.

XE3PE Failure to interrogate

Problem associated with the device failure to appropriately respond to signals from a system designed to interrogate its status.

XE8HJ **Pacing problem**

Problem associated with the inability of the device to generate a therapeutic simulated heart beat via electrical impulses.

XE19S Failure to convert rhythm

Failure of the device therapy or set of therapies to terminate the harmful cardiac rhythm that the therapy is meant to terminate.

XE47M Inaccurate synchronization

Problem associated with an error due to imperfect timing of two operations, e.g. signal transmission time.

XE2LL Inappropriate waveform

Failure of the device to generate a correctly-shaped pacing output, e.g., a waveform that is too wide.

XE9A9 No pacing

Problem associated with the device ceasing to deliver paces.

XE281 Pacemaker found in back-up mode

A device with a pacing function found in back-up Mode. This may be an appropriate fail-safe action (e.g. end of battery life), or be caused by device-malfunction or due to operator error.

XE13R Pacing asynchronously

Problem associated with a pacing transmission process such that between any two significant instants in the same group, there is always an integral number of unit intervals. Between two significant instants located in different groups, there are not always an integral number of unit intervals.

XE10M Pacing inadequately

Pacing voltage or pulse width is less than desired.

XE1SU Pacing intermittently

Problem associated with the failure of pacing device for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such as failure is often recurrent.

XE99K Pocket stimulation

Problem associated with a pocket of skin in which the pulse generator is housed.

XE440 **Defibrillation problem**

Problem associated with the inability of the device to provide an appropriate or successful electrical shock.

XE12S Failure to deliver shock

Problem associated with the failure of the device to deliver electrical energy intended to change an electrical rhythm.

XE6T0 Inappropriate shock

Problem associated with the inappropriate delivery of an electrical energy.

XE8BU Intermittent shock

Problem associated with the failure to deliver shock for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such as failure is often recurrent

XE739 **Unintended electrical shock**

The device delivers unintended electrical shock.

XE9QT **Grounding malfunction**

Problem associated with the inability to connect conductors of an electronic system for the purpose of controlling or impeding ground currents and voltages.

XE3S7 **Electrical overstress**

Problem associated with an electrical activity that exceeded the specified threshold limit of the internal integrated circuitry.

XE268 **Electro-static discharge**

Problem associated with the discharge of electricity between two bodies previously electrically charged.

XE20P **Failure to shut off**

Problem associated with the device not powering off when a shut down was requested.

XE7JN **Unexpected shutdown**

Problem associated with the device unexpectedly powering down.

XE4PR **Electromagnetic compatibility problem**

Problem associated with the ability of a system to function in its electromagnetic environment without introducing intolerable disturbances to anything in its environment.

XE5FA **Circuit failure**

Problem associated with a failure of the internal network paths or electrical circuitry (i.e. electrical components, circuit boards, wiring)

XE6ZB **Impedance problem**

Problem associated with electrical impedance levels between device and patient connections.

XE55U **Calibration problem**

Problem associated with the operation of the device, related to its accuracy, and associated with the calibration of the device.

XE6GR **Failure to calibrate**

Problem associated with the failure of the device to perform a self-calibration procedure or process designed to assure the accuracy and proper performance of the device.

XE8MT **Failure to recalibrate**

Problem associated with the failure of the device which is unable to regain a standard level of accuracy when performing a calibration procedure or process designed to assure the accuracy and proper performance of the device.

XE7H5 **Imprecision**

Problem associated with the device providing imprecise measurements when compared to a reference standard.

XE1WU **Overcorrection**

Problem associated with an adjustment that surpasses a set of criteria.

XE586 **Temperature problem**

Problem associated with the device producing unintended temperatures

XE9C7 **Excessive cooling**

Problem associated with the device producing temperatures that are lower than specified.

XE77H **Excessive heating**

Problem associated with the device which have a warming or heating function, producing excessive heat.

XE200 **Insufficient cooling**

Problem associated with the device insufficiently cooled in device active (working) or/and non-active (nonworking) state.

XE2A4 **Insufficient heating**

Problem associated with the device or its components producing temperatures that are not as high as what is specified.

XE14Q **Overheating of device**

Problem associated with the device producing high temperatures, such that its operation is compromised or harm is caused (e.g. overheating that produces melting of components or automatic shutdown).

XE6DP **Thermal decomposition of device**

Problems associated with a discoloration or destruction as a result of thermal decomposition of the device.

XE5T3 **Fire**

Problem associated with the combustion of the device with a steady flame.

XE03F **Flare or flash**

Problem associated with device-related burn with an unsteady flame.

XE5H5 **Smoke**

Problem associated with a cloud of vapor or gas generated from the device, generally associated after a fire or a burn.

XE85E **Computer software problem**

Problem associated with written programs, codes, and/or software system that affects device performance or communication with another device.

XE6PS **Application network problem**

Problem associated with the deviations from documented system specifications that affects overall system performance and/or the performance of an individual device connected to that system.

XE8HP **Application program problem**

Problem associated with the requirement for software to fulfill its function within an intended use or application.

XE5YA Application program freezes, or becomes nonfunctional

Problem associated with freezing and becoming nonfunctional of an application program.

XE46R Applicaiton program problem, dose calculation error

Problem associated with the written program code or application software used by the device to calculate specific measurements or quantities managed by the device.

XE09U Application program problem, medication error

Event in which the device software results in errors of medication preparation or administration.

XE2BJ Application program problem, parameter calculation error

Problem associated with the written program code or application software used by the device to calculate parameters other than those related to dose or power.

XE6SW Application program problem, power calculation error

Problem associated with the written program code or application software used by the device for calculations related to device power.

XE2CW Application program version or upgrade problem

Problem associated with installing updates to a software system that affects the device performance or communication with another device.

XE5CT Problem with software installation

Problem associated with installing the device software in a manner that allows full functioning of the device. Source of installation could be manufacturer or user.

XE842 Unintended application program shut down

Problem associated with an unintended shut down by malfunction of the application program.

XE1HG **Program or algorithm execution problem**

Problem associated with execution problems relating to program or algorithm.

XE87N Delayed program or algorithm execution

Problem associated with delayed execution relating to program or algorithm.

XE1WW Intermittent program or algorithm execution

Problem associated with intermittent execution relating to program or algorithm.

XE0UN Program or algorithm execution failure

Problem associated with the failure of a program or algorithm to execute. Sudden/unexpected interruption to a program's execution.

XE4Z0 **Computer operating system problem**

Problem associated with software, firmware, and/or hardware elements that control the execution of computer programs and provides such services as computer resource allocation, job control, input/output control, and file management in a computer system.

XE5F1 Operating system becomes nonfunctional

Problem associated with malfunction of the computer operating system as opposed to an application software problem.

XE6VL Operating system version or upgrade problem

Problem associated with replacing an older operating system to an up-to-date operating system.

XE5EP **Computer system security problem**

Problem associated with unauthorized access to or modification of a software system resulting in a loss of confidentiality, integrity, or availability of written program code, application software, or data or entire device.

XE9XK Application security problem

Problem associated with the acquisition of computer programming codes that can replicate and spread from one computer system to another thereby leading to damaged software, hardware and data.

XE15X Unauthorized access to computer system

Problem associated with an access that was not permitted to the computer system that may lead to modification of program, corruption of data, or and break in network security. This concept is closely associated with computer integrity which is the degree to which a system or component prevents unauthorized access to, or modification of, computer programs or data.

XE2ZM **Data back-up problem**

Problems relating to a system, component, file, procedure, or person available to replace or help restore a primary item in the event of a failure or externally caused disaster.

XE72G Failure to back-up

Problem associated with the inability to backup or to retrieve a backed up version (corrupted file) of device data or system files.

XE8PZ Failure to convert to back-up

Problem associated with a failure to transition from a primary system, component, file, procedure to a backup in response to a failure in the primary item.

XE99Y **Data problem**

Event in which data (charting, orders, results) is not correctly stored, transferred, updated, or displayed.

XE992 Loss of data

Event in which data is unintentionally permanently or temporarily lost, deleted, corrupted, or overwritten.

XE7BE Patient data problem

Event in which data is accessed by the healthcare provider and either the wrong patient or the wrong data is retrieved despite correct inquiry procedures.

XE048 **Date or time related software problem**

Problem associated with programming of calendar dates and/or time as a factor in the operation of the device.

XE3UR **Connection problem**

Problem associated with linking of the device and/or the functional units set up to provide means for a transfer of liquid, gas, electricity or data.

XE9D0 **Blocked connection**

Problem associated with linking of the device whereby their functional units set up to provide means for a transfer of fluid, gas, or data is prevented or impeded.

XE74X **Decoupling**

Problem associated with the device being unassociated in such a way that fluid, gas, power or signal information may not be transferred from one to another.

XE5WZ **Disconnection**

Problem associated with the linking of the device having a sufficient open space to prevent gas, liquid or electrical current flow between connectors.

XE9HJ **Failure to disconnect**

Problem associated with the linking of the device whereby termination of the transfer of liquid, gas, electricity, or information cannot be accomplished, or linking components do not come apart, or disconnect, when expected.

XE3G6 **Loose or intermittent connection**

Problem associated with the connection of the device being loose or intermittent.

XE0WB **Misconnection**

Problem associated with the connection of the device being improper or not in accordance with device specification, requirements or intended uses.

XE4C0 **Incomplete or inadequate connecction**

Problem associated with a partial linking of the device whereby device may appear to be connected however only a partial, intermittent or no transfer of liquid, gas, electricity, or information can be accomplished.

XE0P9 **Fitting problem**

Problem associated with the connection of the device whereby channels, switching systems, and other functional units set up to provide means for a transfer of liquid, gas, electricity, or information do not match or fit.

XE0JD **Communication or transmission problem**

Problem associated with the device sending or receiving signals or data. This includes transmission among internal components of the device to which the device is intended to communicate.

XE3EG **Failure to read input signal**

Problem associated with a failure of the device to read a signal for interpretation or measurement.

XE0V5 **Failure to transmit record**

Problem associated with a failure of the device to transmit a record for interpretation or measurement.

XE4JX **Intermittent communication failure**

Inconsistent or lack of intended communication of data among internal components or with other external devices.

XE5H8 **Telemetry discrepancy**

Problem associated with variability of the transmission of telemetry signals.

XE4YY **Wireless communication problem**

Problems with the RF wireless technology characteristics and performance (e.g., frequency, output power, range, reception), wireless quality of service, wireless coexistence, security of wireless signals and data, and electromagnetic compatibility.

XE7NV **Infusion or flow problem**

Problem associated with the device failing to deliver liquids or gases as intended (e.g. delivering drugs at incorrect rate, problems with drawing fluid from a system.)

XE4VT **Deflation problem**

Problem associated with the inability of the device to release its contents.

XE6YH **Excess flow or over-infusion**

Problem associated with a delivery overdose of therapeutic agents, such as drugs or fluids being delivered into a device or a patient.

XE49K **Filling problem**

Problem associated with the method or amount of time associated with the delivery of a fluid. Time to delivery or amount of delivered entity may be affected.

XE3T4 Inability to auto-fill

Complete failure to fill as part of an automated process. For insufficient filling use "Short Fill". For excessive filling use "Overfill". For inconsistent filling use "Volume Accuracy Problem".

XE97E Overfill

Excessive filling of a device

Exclusions: Insufficient filling (XE8RE)

Inconsistent filling (XE1QQ)

XE8RE Short fill

Insufficient filling of a device.

Exclusions: Complete failure to fill (XE3T4)

Inconsistent filling (XE1QQ)

XE1QQ Volume accuracy problem

Inconsistent filling of a device. This describes a problem which is observed to vary between overfilling and under filling, and may be intermittent.

Exclusions: Consistent overfilling (XE97E)

Consistent short filling (XE8RE)

XE2YK **Filtration problem**

Problem associated with the process of passing a substance through a porous medium, e.g., a blood clot filter for the removal of suspended matter.

XE3VH Inadequate filtration process

Problem associated with the filter failing to remove items or substances which should have been removed.

XE4UN Inadequate ultra filtration

Problem associated with the transfer of fluid between the blood and dialysate through the dialysis membrane due to a pressure gradient (trans-membrane pressure) existing between the blood and dialysate compartments.

XE1H4 **Improper flow or infusion**

Problem associated with the regulation and delivery of therapeutic agents (e.g. air, gas, drugs or fluids into a device or a patient under positive pressure).

XE9RA Backflow

Continuous flow of fluid (e.g. liquid, gas) against the intended flow direction.

XE447 Free or unrestricted flow

Problem associated with uncontrolled flow of infusion of air, gas or fluids.

XE628 Gradient increase

Problem associated with the increased rate of change in temperature, pressure, or other variables as a function of distance, time, etc.

XE667 Inaccurate delivery

Delivery at endpoint not as intended; either too low or too high.

XE44F Inaccurate flow rate

Problem associated with fluctuations in the flow volume delivered per time, even if end volume is correct, and delivered in the correct total time.

XE2DM Intermittent infusion

Problem associated with the infusion not being stead- characterised by intermittent stoppages to the flow.

XE09Q Reflux with device

Problem associated with partial backflow, compromising the device's flow output.

XE8AY Restricted flow rate

Problem associated with flow rate. Flow volume delivered over time is not reaching intended flow rate.

XE1V7 Tidal volume fluctuations

Problem associated with the amount of gas that is inspired and expired during one respiratory cycle.

XE5GY **Inflation problem**

Problem associated with the inability of the device to expand or enlarge with the intended inflation agent (e.g. saline or air).

XE1S7 **Insufficient flow or under infusion**

Problem associated with an insufficient dose of therapeutic agents, e.g., drugs or fluids being delivered into a patient under positive pressure.

XE1Y3 **No flow**

Problem arising from the device failing to deliver the specified liquid or gas.

XE94H Failure to deliver flow

Failure (=complete nonperformance) with regard to the intended function of delivery.

XE1JK Failure to infuse

Failure (=complete nonperformance) with regard to the intended function of infusion.

XE8L2 Inability to irrigate

Failure (=complete nonperformance) with regard to the intended function of irrigation.

XE3GX **Obstruction of flow**

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in restriction of flow.

XE3QL Complete blockage

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in no flow.

XE2JF Partial blockage

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in a reduction of the flow rate.

XE6BM **Difficult to flush**

The device is difficult to flush, possibly indicating an obstruction within device.

XE8Z5 **Pressure problem**

Problem associated with the application of a force either internal or external to device that compromises the flow of fluid or gas.

XE3XR Decrease in pressure

Unintended decrease in pressure, compromising the device's intended function.

XE6S6 Increase in pressure of device

Unintended increase in pressure, compromising the device's intended function.

XE94J No pressure

Unintended complete loss of pressure, compromising the device's intended function.

XE6Z5 **Pumping problem**

Problem associated with pump performance deviating from specifications in a way to compromise flow or infusion.

XE64X Decreased pump speed

Unintended decrease in pump speed and hence, probably, flow rate, compromising the intended function of the device.

XE7BN Increased pump speed

Unintended increase in pump speed and hence, probably, flow rate, compromising the intended function of the device.

XE5R0 Failure to pump

Problem associated with the device which fails to start pumping.

XE0TF Pumping stopped

Unexpected or unintended cessation of pump.

XE69E **Suction problem**

Problem associated with suction equipment, which may be a manual, electrical, vacuum or pressure source operated to evacuate and remove undesired substances (air, gas, fluid, or particulates) via tubing and collection bag.

XE3Y3 Decrease in suction

Problem associated with the removal of fluid or gas from a body cavity due to decreased suction.

XE35T Increase in suction

Problem associated with the removal of excess fluid or gas from a body cavity due to increased suction.

XE5FE Suction failure

Problem associated with the complete inability to provide suction.

XE0B4 **Priming problem**

Problem associated with the preparation of the device to begin pumping.

XE3KR Failure to prime

Problem associated with the device failing to begin the priming process (i.e. the process of preparation of device for the delivery of fluids).

XE63F Incomplete or inadequate priming

Problem associated with not adequately preparing the device.

XE4GH **Activation, positioning or separation problem**

Problem associated with any deviations from the documented specifications of the device that relate to the sequence of events for activation, positioning or separation of device. NOTE 1 “Deployment” is synonymous with “activation”.

XE76U **Activation problem**

Problem associated with the activation of the device.

XE48N Activation failure or expansion failures

Problem associated with the device failing to be activated including expansion.

XE9Y0 Difficult or delayed activation

Problem associated with delayed or difficult activation of the device.

XE6E9 Premature activation

Problem associated with early and unexpected activation of the device.

XE5VT Self-activation or keying

Problem associated with the unintended activation of the device, or the device having been unexpectedly turned on during use.

XE2J9 **Positioning problem**

Problem associated with the movement of the device to an intended location.

XE41N Positioning failure

Problem associated with the inability of the device to be positioned in a specified location.

XE8P2 Malposition of device

Problem associated with the device being positioned in a location other than intended or specified.

XE74U Difficult or delayed positioning

Problem associated with users experiencing difficulty or delay to position the device to a specified location.

XE4CG Failure to advance

Problem associated with failure to move the device to an intended location.

XE9NU Difficult to advance

Problem associated with difficulty moving the device to an intended location (e.g. difficulty in advancing guide wire).

XE2JZ Difficult to insert

Problem associated with problems introducing or inserting the device, even if the user is operating the device in accordance with the instructions for use or labeling.

XE0HC Difficult to remove

Problem associated with the use of the device in terms of user experiencing difficulty to take out or get rid of the device, even if the user is operating device in accordance with the instructions for use or labeling.

XE9MQ Entrapment of device

Problem associated with the device caught within patient vasculature, tissue, or other device.

XE1KB **Separation problem**

Problem associated with the detachment or separation of the device.

XE9BM Separation failure

Problem associated with the device or one of its components failing to detach or separate as intended.

XE6U9 Difficult or delayed separation

Problem associated with users experiencing difficulty or delay with detachment or separation of the device.

XE1TT Premature separation of device

Problem associated with an early and unexpected detachment or separation of the device from the system.

XE1XC **Protective measures problem**

Problem associated with any deviations from the documented specifications of the device that relate to the implemented and inherited design features specific to devices used for reducing risks to patient or caregiver or maintaining risks within specified levels.

XE98H **Device alarm system**

Problem associated with the alarm system of the device.

XE5JP Alarm not visible

The device does not display an alarm message when required.

XE6DH No audible alarm

The device fails to emit an audible alarm.

XE2RK Low audible alarm

The audible device alarm cannot be heard clearly.

XE3QU Delayed alarm

The device alarm system operates with delay.

XE2K0 False alarm

Problem associated with the device providing incorrect alarm warning or alert to user.

XE3UE Defective alarm

The device alarm does not operate as expected and/or in agreement with device's specifications.

XE78D **Fail-safe problem**

Problem associated with the feature that prevents the unsafe use of the device.

XE659 Fail-safe did not activate

Problem associated with the device fail-safe mechanism, which did not function or function in a non effective way, compromising safe use of the device.

XE6VE No fail-safe mechanism

The device does not have a fail-safe mechanism, although such mechanism would be required for its appropriate and/or safe functioning.

XE3V3 **Failure of device to self-test**

Problem associated with the device failing to perform an internal self-diagnostic process to ensure normal operation during or prior to use.

XE16Y **Failure to auto stop**

Problem associated with the inability of device to turn itself off when the device is not in an operable condition.

XE4KE **Reset problem**

Problem associated with setting a variable, register, or other storage location back to a prescribed state.

XE59S Failure to reset

Problem associated with the device failing to set a variable, register, or other storage location back to a prescribed state.

XE0HZ Failure to zero

Problem associated with the device failing to set a variable, register, or other storage location back to zero.

XE2T4 Inappropriate or unexpected reset

Problem associated with the device setting a variable, register, or other storage location to an inappropriate or unexpected state.

XE1H0 **Premature indicator activation**

Problems with the activation of a protective measure indicator earlier than expected.

XE6KH Premature elective replacement indicator

Problems with the early or unexpected activation of the elective replacement indicator.

XE6ND Premature end-of-life indicator

Problem with the early or unexpected activation of the end-of-life indicator.

XE4PS **Shielding failure**

Problem associated with the device inability to act as a barrier for absorption of radiation energy in X-rays, gamma rays, etc.

XE452 **Compatibility problem**

Problem associated with compatibility between device, patients or substances (medication, body fluid, etc.)

XE02E **Component or accessory incompatibility**

Problem associated with the incompatibility of any device while being operated in the same use environment thereby leading to a dysfunction between the devices.

XE7N5 Accessory incompatibile

An accessory required for the intended purpose of the device appears incompatible with device, thus compromising the intended function of the device.

XE1UE Component incompatible

A component required for the proper functioning of the device is not compatible with other components or subassemblies of the device, thus compromising the intended function of the device.

XE8KS **Device-device incompatibility**

Problem associated with the incompatibility of two or more devices while being operated in the same use environment thereby leading to a dysfunction of more than one device.

XE0HJ **Measurement system incompatibility**

Problem associated with the incompatibility of the measurement systems between and/or within device systems that are inherent to the individual device thereby leading to miscalculated or mismatched measurements from those devices, e.g., international metric system versus U.S. measurement system.

XE4UP **Unintended compatibility**

Problem associated with the ability of two or more devices which are intended to be incompatible but are able to work or fit together.

XE4XW **Contamination or decontamination problem**

Problem associated with the presence of any unexpected foreign substance found in the device, on its surface or in the package materials, which may affect performance or intended use of the device, or problem that compromise effective decontamination of the device.

XE9L2 **Contamination during use**

XE9H4 Biofilm coating in device

Problem associated with the undesired introduction of a biofilm coating into or onto the device.

XE2AR Contamination of device ingredient or reagent

Problem associated with the undesired introduction of impurities either chemical or microbiological in nature, or of foreign matter into or onto the device ingredient or reagent.

XE4VF Device contamination with body fluid

Problem associated with the undesired presence of body fluid in/on the device, which are not part of the documented device specifications and requirements.

XE9AH Device contamination with chemical or other material

Problem associated with contamination of the device with chemical substance or other non biologic material.

XE97G Microbial contamination of device

Problem associated with undesired microbial contamination of the device.

XE450 **Device contaminated during manufacture or shipping**

XE5LK **Device reprocessing problem**

XE3MN Failure to clean adequately

Problem associated with the failure of the device or operator to remove any visible soil, foreign material or organism deposits on the external surfaces, crevices, and joints of the device.

XE4A4 Failure to disinfect

Failure to properly disinfect the device when reprocessing it.

XE0VE Flushing problem

Failure to properly disinfect the device when reprocessing it.

XE2LR Problem with sterilisation

Device was not sterilized properly during reprocessing.

XE0HG Residue after decontamination

Problem associated with the decontamination process not adequately removing unwanted visible soil, foreign material, or organism deposits.

XE6K5 **Environmental compatibility problem**

Problem associated with the surrounding conditions in which the device is being used such as temperature, noise, lighting, ventilation, or other external factors such as power supply.

XE027 **Ambient noise problem**

Problem associated with any undesired acoustic energy or vibration that tends to interfere with the operation of the device.

XE5R1 **Ambient temperature problem**

Problem associated with compromised device performance at the ambient temperature or the storage at an inappropriate ambient temperature.

XE50X **Fumes or vapours as environmental compatibility problem**

Problem associated with the visibility, odor, or toxicity of an ambient vapor or gas.

XE011 **Fungus in device environment**

Problem associated with the visibility of molds, mildews, yeasts, and/or mushrooms in the immediate environment in which the device is being used.

XE8HD **Moisture or humidity problem**

Problem associated with an unsatisfactory humidity level in the storage or use environment which affects the device performance.

XE7KA **Ventilation problem in device environment**

Problem associated with the circulation of fresh air in the immediate atmosphere in which the device is being used.

XE5NF **Device unsafe to use in environment**

Problem associated with environmental condition that results in the unsafe use of the device. (e.g. electromagnetic fields, noise, vibration, microbiological contamination etc.)

XE55E **Environmental particulates**

Problem associated with fine solids or liquid particles such as dust, smoke, fume, and/or mist suspended in the immediate atmosphere in which the device is being used.

XE6V9 **Medical gas supply problem**

Problem associated with the facility-supplied medical gases such as medical air, oxygen, nitrous oxide, and nitrogen.

XE5ZE **Electrical power problem**

Problem associated with the quality of the facility-supplied power.

XE2H3 **Installation related problem**

Problem associated with unsatisfactory installation, configuration, and/or setup of a specific device.

XE36N **Missassembled during installation**

Problem associated with the use of the device characterised by incorrect assembly of device components, parts or constituents.

XE3J4 **Labelling, instructions for use or training problem**

Problem associated with device markings / labelling, instructions for use, training and maintenance documentation or guidelines.

XE23E **Device markings or labelling problem**

Problem associated with the written, printed or graphic material accompanying or affixed to the device or any of its packaging. This includes verbal instructions relating to identification, technical description, and usage provided by the device manufacturers. Problems can include but are not limited to this material being unclear, missing, worn out, incorrect or inaccurate.

XE25T **Lack of maintenance documentation or guidelines**

Problem associated with user facility not receiving adequate service documentation, guidelines, or recommendations to perform preventative and corrective maintenance and performance assurance checks.

XE13S **Inadequate instructions for healthcare professional**

Problem associated with inaccuracies in any written, printed, or graphic matter that is affixed to the device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of device provided by the device manufacturers that is intended for healthcare professionals.

XE17P **Inadequate instructions for non-healthcare professional**

Problem associated with users being unclear and not able to follow any written, printed, or graphic matter that is affixed to device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of the device provided by the device manufactures that vary from the standard of medical care in a given environment.

XE22G **Inadequate or insufficient training**

Problem associated with facility not providing satisfactory initial and/or periodic user training covering operation of the device.

XE5DG **Human-device interface problem**

Problem associated with an act or omission of an act that has a different result than that intended by the manufacturer or expected by the operator.

XE1C2 **Device difficult to setup or prepare**

Problem associated with the use of the device in terms of user experiencing difficulty in preparing device for use, even if the operation is being performed according to labeled instructions for use.

XE3B8 **Device difficult to program or calibrate**

The device is difficult to program, calibrate or set to desired state, even by appropriately trained user/operator.

XE2N3 **Device difficult to maintain**

Problem associated with the user's ability to service the device according to the manufacturer specifications relating to the device routine maintenance, i.e., periodic inspection, failure detection, repair, and care of the device to sustain or restore acceptable operating conditions.

XE35S **Indadequate user interface**

Problem associated with the means by which the operator and the equipment communicate or interact.

XE0AG **Use of device problem**

Problem associated with failure to process, service, or operate the device according to the manufacturer's recommendations or recognised best practices.

XE6PE **Device handling problem**

Handling of the device not in accordance with specification, prior to use on the patient.

XE7S3 **Use of incorrect control settings**

Problem associated with the use of the device in terms of inappropriate and false control setting for the device's specified operation and/or intended use.

XE2XZ **Improper or incorrect procedure or method**

Problem associated with the use of the device in terms of nonconforming to that device's intended use, specifications, procedure and process or service instructions and information provided by the device manufacturers.

XE7VD **Off-label use**

Problem associated with the device which has been used for an unapproved indication or for an unapproved intended use.

XE61V **Misassembled**

Problem associated with incorrect assembly of the device or constituents after being put into use.

XE3GL **Adverse event without identified device or use problem**

An adverse event (e.g. patient harm) appears to have occurred, but there does not appear to have been a problem with the device or the way it was used.

XE3DN **No apparent adverse event**

A report has been received but the description provided does not appear to relate to an adverse event.

This code allows a report to be recorded for administration purposes, even if it doesn't meet the requirements for adverse event reporting.

XE1W0 **Appropriate term or code not available for aspects of incidents related to devices**

The device problem is not adequately described by any other term.

Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Investigation conclusion of events related to devices

XE1UR **Cause traced to device design**

XE7NC **Cause traced to component failure**

XE2TX **Cause traced to manufacturing**

XE18E **Cause traced to transport or storage**

XE7NN **Cause traced to infrastructure**

XE1WV **Cause traced to environment**

XE5AS **Cause traced to maintenance**

XE5UX **Cause traced to training**

XE674 **Cause traced to labeling**

XE5BM **Cause cannot be traced to device**

XE6LX **Cause traced to user**

XE0QB **Known inherent risk of device**

XE8UG **Falsified device**

XE51D **No problem with device detected**

XE2SY **Cause of problem with device not established**

XE0T3 **Conclusion not yet available regarding problem with device**

Findings of investigations related to devices

XE0WX **Biological problem with device identified**

Problems relating to, caused by or affecting biological processes or living organisms.

XE5T0 **Biocompatibility problem with device identified**

The device causes cellular or tissue responses that elicit an undesirable local or systemic effect in the recipient or beneficiary of that therapy. (See ISO 10993)

XE4YZ **Biological contamination of device**

The undesirable presence of living organisms such as bacteria, fungi, or viruses or their products (enzymes or toxins).

XE7B7 **Material or material leachate pyrogenic problem with device identified**

The undesirable presence of pyrogens or fever-producing organisms caused by materials that permeate through the device.

XE2RY **Cytotoxicity problem with device identified**

The device was found to have an undesirable level of toxicity to living cells.

XE2PA **Genotoxicity problem with device identified**

The device's ability to cause damage to genetic material (e.g. leading to malignant tumors). (See ISO 10993)

XE7AM **Hematological problem with device identified**

The device affects or impacts the blood or its components. (See ISO 10993 all parts)

XE1Y9 **Unintended presence of allergens in device identified**

Unintended or unexpected presence of allergens in the device.

Exclusions: Presence of allergen expected but not adequately labelled. (XE1YT)

XE2XW **Reproductive toxicity problem with device identified**

The device affects reproductive function, embryo development (teratogenicity), and prenatal and early postnatal development. (ISO 10993 part 3)

XE4CB **Electrical problem with device identified**

Events associated with an electrically powered device where an electrical malfunction results in a device problem (e.g. electrical circuitry, contact or component failed) even if the problem is intermittent.

XE1YA **Electrical or electronic component problem with device identified**

The performance of an electrical or electronic component was found to be inadequate.

XE53K **Hardware timing problem with device identified**

Problems that results from improper sequential activation of components.

XE546 **Impedance problem with device identified**

Problems due to insufficient or excessive resistance to current flow either by the device or circuit.

XE1TX **Insulation problem with device identified**

Problems due to inadequate or incorrect electrical insulation material.

XE4PP **Open circuit in device**

Problem due to an electrical circuit that does not conduct current because a switch is open, a wire is broken, etc.

XE2V6 **Current leakage problem of device identified**

Problems related to leakage currents which may cause electric shock. These currents usually flow through the protective ground conductor. In its absence, these currents could flow from the device to the ground via the human body.

XE0KB **Power source problem identified in device**

Problems related to the source that provides electrical power to the device.

XE4ZM Energy storage system problem in device

Problems related to the energy storage system (e.g. the rechargeable battery, charging system, or capacitor) and includes problems such as premature power source depletion and battery explosions.

XE2WJ Loss of power to device

A device that experienced problems due to a loss in the power supply.

XE7RB Power fluctuation in device

The device failed due to fluctuations within the power supply (e.g. transient power, power spike, power dip, or power sequencing).

XE7AB **Short circuit of device**

Problems due to an unintentionally low-resistance connection between two points in an electric circuit, resulting in either excessive current flow that often causes damage or in a new shorter circuit that draws current away from the original pathways and components.

XE8KR **Signal loss of device**

Problems due to the loss or weakening of an electrical signal or signals.

XE6AQ **Electromagnetic compatibility problem with device identified**

Device-to-device or device-environment problem resulting from electromagnetic disturbances.

XE6BD **Conducted interference with device**

Problems related to electromagnetic interference (EMI) by physical contact with conductors (e.g. wires, resistors, terminals) as opposed to radiated EMI which is caused by induction (without physical contact of the conductors).

XE8P9 **Electrostatic discharge of device**

Problems due to sudden and momentary bursts of electrical current flowing between two objects at different electrical potentials.

XE2ME **Inadequate immunity of device**

Problems related to immunity or capabilities to resist electromagnetic interference (EMI).

XE8TZ **Unintended emission of device**

Problems due to unintended emission of electromagnetic energy by the device.

XE1LT **Radiofrequency interference with device identified**

Problems due to radiofrequency interference. RFI is a disturbance that affects an electrical circuit due to either electromagnetic conduction or electromagnetic radiation emitted from an external source.

XE02N **Interoperability problem with device identified**

Problems with the mechanical, electrical, or communication interface between two or more separate devices.

XE6C8 **Communications problem with device identified**

Devices that do not send or receive adequate signals (this speaks to the interoperability between devices).

XE22K Wired communication problem with device identified

Communications problems between devices within a wired system.

XE1PD Wireless communication problem with device identified

Communications problems between devices within a wireless system.

XE5NA Network communication problem with device identified

Communications problems between devices within a network system.

XE1SP **Incompatible component or accessory of device identified**

A device that malfunctions due to a component(s)/accessory that does not operate correctly and according to the device's specifications.

XE1YT **Labeling and instructions for use or maintenance of device problem identified**

Insufficient, inadequate, or incorrect information provided on a device's label or documentation regarding e.g. its intended use, directions for use, and characteristics of the device, including its maintenance.

XE3PV **Inadequate labelling or instructions for use of device identified**

Inadequate information on the labels or in the instructions for use e.g. steps that are difficult to follow or that are missing.

XE4MR **Incorrect labelling or instructions for use of device identified**

Missing, incorrect, or inappropriate information on the labels e.g. mislabeled contents or device labeling characteristics or package contents.

XE7Y7 **Inadequate or incorrect instructions for maintenance of device identified**

Inadequate or incorrect information in the instructions for maintenance.

XE3RW **Material or chemical problem with device identified**

Problems with the device materials or how its materials react to other elements either within the device or within the environment.

XE2H0 **Degradation problem identified with device**

Problems that occur when the device becomes worn, weakened, corroded, or broken down due to processes such as aging, permeation, and corrosion.

XE2WT **Inappropriate material identified in device**

Problems that occur due to the presence of a material that should not be present or part of the device.

XE60T **Inadequate physicochemical properties identified in device**

Problems that occur due to the physicochemical properties.

XE4EB **Incompatible material identified in device**

Problems that occur due to the incompatibility of materials that co-exist simultaneously as part of the device.

XE25Z **Reactivity problem identified with device**

Problems that occur due to the reactivity of materials (e.g. over-react or under-react).

XE6U0 **Tolerance stack-up identified in device**

Problems that result from a combination of specification variances of the components.

XE640 **Mechanical problem with device identified**

Problems that result from internal or external forces including fluids, other objects, or environmental or physiologic influences.

XE8RU **Device migration identified**

A device that has moved from its original location due to external forces (e.g. stent or lead movement).

XE3HZ **Friction problem identified with device**

Problems caused by its surface coming in contact with another surface or fluid.

XE1P8 **Leakage or seal problem identified with device**

Problems caused by inadequate/broken seal within the device.

XE6UT **Lubrication problem identified with device**

Problems that occurred because of the presence of either too much or too little lubricant where required (e.g. connectors, leading to failure mechanisms such as corrosion).

XE69Q **Stiffness problem identified with device**

Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.

XE8V5 **Stress problem with device identified**

Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.

XE0WG Deformation problem with device identified

Problems caused by changes in the shape or size of the device due to an applied force. This can be a result of tensile forces, compressive forces, shear, bending, tensile (pulling), or torsion.

XE3Y4 Fatigue problem with device identified

Problems due to the weakening or breakdown of its material when subjected to stress or a series of repeated stresses.

XE1ZP Fracture problem with device identified

Problems caused by the separation of a component, object, or material into two or more pieces including shear.

XE1UJ Mechanical shock problem with device identified

Problems caused by the sudden violent blow or collision to the whole device (e.g. by dropping).

XE1H3 Vibration problem with device identified

Problems caused by the constant rhythmic motion of the device, or something in the environment to which the device is exposed.

XE1ZQ Wear problem with device identified

Problems due to the premature or expected erosion of its material by use, deterioration, or change.

XE1EJ **Incorrect dimension of device identified**

Problems caused by incorrect physical dimensions of the device or one of its parts

XE4KN **Optical problem with device identified**

Problems related to the optical properties of a device.

XE42B **Optical transmission problem identified with device**

Problems with the device's ability to pass light energy.

XE8XT **Light source problem identified with device**

Problems with the optical properties of a device such as diopter, glare, and irradiance or glistening.

XE05W **Clinical imaging problem with device identified**

Problems that occur with devices used for radiographic or imaging procedures e.g. CT scanners, magnetic resonance imaging.

XE15N **Gradient induced field problem with device identified**

Problems that result from the gradient-induced fields generated during radiologic procedures e.g. magnetic resonance imaging.

XE1HK **Image artifact identified in device**

The unacceptable distortion of an image due to signal loss that may occur during a radiologic procedure such as magnetic resonance imaging.

XE6YW **Magnetically-induced movement of device identified**

Problems due to unintended or excessive movement created by the application of magnetic fields.

XE9Y9 **Radiofrequency induced overheating of device identified**

Problems due to unintended radiofrequency-induced temperature increase that can occur in the vicinity of the device.

XE6TE **Software problem with device identified**

Problems related to the device software.

XE77W **Configuration issue of device identified**

Problems due to change control or incorrect version, including regional requirements.

XE6DT **Design error of device identified**

The device had faulty (incomplete or incorrect) software design.

XE006 Data compression error in device identified

Data was lost or corrupted during the operation of reducing storage space or communication bandwidth.

XE62E Incorrect algorithm in device identified

The device software was found to implement an incorrect sequence of steps for a specific computation.

XE1X4 Incorrect data definition in device identified

The device software was found to contain errors in specifying or manipulating data items.

XE2FL Interface design error of device identified

The device software was found to contain errors in the user interface (including usability problems) or the interfaces with other systems.

XE85U Non-functional defect in device identified

The device software contained software errors that did not impact its operation.

XE3RD Software timing problem in device identified

Problems that results from the incorrect sequencing or activation of software modules.

XE9JR **Software maintenance problem identified with device**

The device software was not maintained/updated properly.

XE688 **Software installation problem identified with device**

The device software was not installed as per the specifications or failed to properly install.

XE4SV **Software requirement error with device identified**

The software requirements for the device are either incomplete, inadequate, or in conflict.

XE51Q **Software runtime error in device identified**

The device software failed during operation as a result of a coding error.

XE9W2 **Software security vulnerability of device identified**

The device software failed to provide adequate authorization, access control, protection and accountability features.

XE1KR **Erroneous data transfer in device identified**

The device software fails to transfer the expected data within a system or to another device.

XE2A7 **Data storage or loss of data problem in device identfied**

Storage of data was unsuccessful in total or in part.

XE8XM **Thermal problem with device identified**

Problems related to the temperature of the device.

Exclusions: Problems related to environmental temperature identified (XE3AL)

XE62G **Overheating of device problem identified**

The device was found to become hotter than expected during operation. This applies to devices which are not intended to deliver heat.

Use "Excessive heating identified" for devices which are intended to deliver heat during operation.

Exclusions: Overheating of devices intended to deliver heat during operation (XE9HT)

XE9HT **Excessive heating of device problem identified**

The device delivered more heat than intended or expected during operation.

This applies to devices which are intended to deliver heat.

Use "Overheating problem identified" for devices which are not intended to deliver heat during operation.

Exclusions: Overheating of device not intended to deliver heat during operation (XE62G)

XE7A1 **Inadequate cooling of device problem identified**

The device did not sufficiently cool the patient or another device during operation.

XE5HU **Protective system problem with device identified**

Problems related to the system(s) designed to prevent or warn about unsafe operation of the device.

XE0WJ **Fail-safe problem with device identified**

A system intended to prevent unsafe operation of the device did not operate correctly.

XE4JQ **Alarm system problem with device identified**

A system intended to warn of a potentially unsafe condition did not operate correctly.

XE7ZT **Problem of device to self-test identified**

Malfunction of the device's self-test system.

XE1JG **Problem of device to auto stop identified**

An auto stop function of a device did not operate correctly.

XE9AV **Reset problem with device identified**

The device does not reset properly.

XE2FY **Premature indicator activation problem identified**

A system intended to indicate the device status was triggered prematurely.

XE3BG **Shielding problem with device identified**

Inadequate shielding of/by the device.

XE0M6 **Missing or inadequate safety measures of device identified**

Safety measures are inadequately applied or missing.

XE82X **Operational problem with device identified**

Problems that occur during the performance, use, or functioning of the device.

XE5RS **Device incorrectly reprocessed**

Problems associated with the failure to properly and adequately reprocess the device.

XE2RQ Device incorrectly cleaned during reprocessing identified

The cleaning procedure is not followed correctly or used inappropriate cleaning materials.

XE63T Device incorrectly disinfected or sterilised during reprocessing identified

The disinfection or sterilization process was incorrect or the wrong products for disinfection or sterilization were used.

XE0TU Device incorrectly assembled during reprocessing identified

Incorrect assembly of the device following reprocessing.

XE15Q **Failure to calibrate problem identified**

A device that cannot calibrate (establish the relationship between a measuring device and the units of measure) to ensure accurate readings.

XE3W1 **Device difficult to operate problem identified**

Problems including set-up, operation, and disassembly of equipment. Not including reprocessing.

XE2QD **Incorrect interpretation of results or data problem identified**

Problems resulting from the incorrect interpretation by the user of the results or data provided by the device.

XE2YD **Patient sample problem with device identified**

Problems that occurred due to endogenous or exogenous interferent in the sample, or unexpected variation in the target analyte/marker.

XE8DL **New or unknown interferent problem with device identified**

New or unknown endogenous or exogenous interferent (sample) identified.

XE9C0 **Known interferent problem with device identified**

Known interferent in the sample identified.

XE83B **Pre-analytical handling problem with device identified**

Incorrect pre-analytical handling of patient's sample by the user.

XE3AL **Environment problem with device identified**

Problems that occurred due to factors within the environment e.g. dust, dirt, humidity, temperature.

XE5K2 **Environmental temperature problem with device identified**

Device performance was affected by the temperature, or changes in temperature, of the environment in which it was used.

XE9HK **Dust or dirt problem with device identified**

A device that experienced problems due to ingress, or coating, of dust or dirt.

XE2VF **Contamination of environment by device identified**

Operation of the device results in contamination of the nearby environment e.g. dust, dirt, smoke, heat or biological material.

XE6QW **Environmental pressure problem with device identified**

Device performance was affected by the pressure, or changes in pressure, of the environment in which it was used.

XE5SF **Ambient light problem with device identified**

Device performance was affected by ambient light.

This term applies to the direct effects of ambient light on the device, and to the user's ability to operate the device (e.g. to read device output).

XE4V1 **Environmental humidity problem with device identified**

Device performance was affected by the humidity, or changes in humidity, of the environment in which it was used.

XE205 **Manufacturing process problem with device identified**

Problems with a device that can be traced to a problem in the manufacturing and/or production process.

XE3NF **Assembly problem with device identified**

Problems that occurred because the device was assembled incorrectly.

XE00F **Sterilization problem with device identified**

Problems that occurred during terminal sterilization by the manufacturer.

XE1PG **Installation problem with device identified**

A device that malfunctions because it was incorrectly installed, set-up, or configured (e.g. misconfiguration of an "automatic" defibrillator to "semi-automatic", thereby leading to failure).

XE843 **Maintenance of manufacturing machinery problem with device identified**

Problems caused by failure to maintain manufacturing equipment used to produce the device.

XE278 **Packaging problem with device identified**

Problems that occurred because of the device packaging.

XE9F7 Packaging of device compromised problem identified

Problems that occurred because of a compromised packaging of the device (e.g. broken or incomplete seal).

XE0KG Packaging materials of device problem identified

Problems that occurred because of the composition or type of packaging materials was inappropriate for the device.

XE8S1 Packaging of device contains unintended material problem identified

Problems that occurred because unintended material was packaged with the device.

XE8TA Packaging contains incorrect device problem identified

Problems that occurred because the packaging contained an incorrect device.

XE6LZ **Maintenance problem with device identified**

A device malfunction or problem that occurs after production because the device was not properly maintained according to the instructions (e.g. maintenance may be performed by user facility, distributor, or service provider).

XE9VK **Transport or storage problem with device identified**

Problems was caused by transport or storage conditions.

XE32G **Storage of device problem identified**

Problems that result from storing the device in an uncontrolled or improper environment (e.g. moisture sensitive devices stored in a humid environment).

XE41R **No device problem found**

The device either functioned as intended or a problem was not found.

XE587 **No findings available**

Use when no investigation can be performed and therefore no results will be obtained.

XE3PA **Results pending completion of investigation**

Investigation is ongoing and results are not yet available. Do not use this code if the investigation is complete.

XE3WR **Appropriate term or code for investigation of device not available**

Problems is not adequately described by any other term.

Note: This code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Cause investigation and type of investigation

For describing what was investigated and what kind of investigation was conducted to specify the root cause of the adverse event.

XE9HD **Testing of actual or suspected device**

The investigation employed relevant empirical testing of the actual device suspected in the reported adverse event in order to establish their functional and other properties and to identify possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE7XH **Testing of device from same lot or batch retained by manufacturer**

The investigation employed relevant empirical testing of the device of the same lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE4S0 **Testing of device from same lot batch returned from user**

The investigation employed relevant empirical testing of the device of the same lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE2ZR **Testing of device from other lot batch retained by manufacturer**

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE4X1 **Testing of device from other lot or batch returned from user**

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the technical file. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE1XT **Testing of model variant**

The investigation employed relevant empirical testing of a model variant of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event through plausibility reasoning. A model variant is not identical to the actual device, but shares relevant characteristics with the device involved. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8XV **Testing of raw or starting materials**

The investigation employed relevant empirical testing of the materials used in construction of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE6FS **Testing of patient sample or reference material using manufacturer's device**

The investigation employed relevant empirical testing of a patient sample or reference material using the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE9MY **Testing of patient sample or reference material using reference method**

The investigation employed relevant empirical testing of a patient sample or reference material using an appropriate reference method to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE89L **Testing of patient sample or reference material using competitor's device**

The investigation employed relevant empirical testing of a patient sample or reference material using a competitor's device that is comparable to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8UH **Historical data analysis**

The investigation involved the analysis of historical adverse events data of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots.

XE8BM **Trend analysis**

The investigation involved trend analysis of adverse event of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots. It should be noted that trend analysis typically is not considered sufficient as a stand-alone method, but should be used in conjunction with other investigation methods for providing for instance complementary information.

XE7GK **Communication or interviews**

The investigation involved communication/interviews (either interpersonal or through technical means, e.g. phone, e-mail) with persons close to the adverse event, e.g. healthcare professionals (doctors, nurses etc.), the affected patient(s) or other users including, where appropriate, relatives or others engaged in caring for the affected patient.

XE4KV **Analysis of production records**

The investigation involved the analysis of relevant production records in view of supporting the identification of possible causes for the adverse event.

XE59M **Analysis of data provided by user or third party**

The investigation involved the analysis of relevant data provided by the user (e.g. healthcare professional, patient, clinical engineer) or a third party (e.g. testing facility) in view of supporting the identification of possible causes for the adverse event.

XE8FB **Device not manufactured by reporting manufacturer**

Further information was obtained which established that the manufacturer of the device involved was not the one to which it was initially attributed.

XE970 **Device not returned**

The actual device involved in the adverse event was not returned for testing despite requests by manufacturer.

XE18W **Device discarded**

The actual device involved in the adverse event had been already discarded and thus irretrievably lost for testing.

XE5AN **Incomplete device returned**

The device was returned incompletely, lacking parts, components or accessories that would be required for appropriate testing and analysis of root causes.

XE53L **Device not accessible for testing**

The actual device involved in the adverse event is not readily accessible for testing (e.g. remains implanted in patient).

XE6Q2 **Type of investigation not yet determined**

Details to determine the type of investigation are not yet available, but are being sought. Do not use this code if the investigation is complete.

XE3TW **Insufficient information available**

The information available relating to the reported event is not sufficient to identify either the manufacturer, the device, or other essential information. This term indicates that no further investigation is possible. Do not use this code if further information is being sought, instead use "Type of investigation not yet determined".

Medical device component

Terms/codes for describing the parts and components which were involved in, or affected by, the medical device adverse event/incident.

Biological and chemical medical device component

Component whose mode of action involves a biological process (e.g. test strip which acts on antibodies) and chemical reaction or transformation (e.g. activated charcoal absorber).

XE8XD **Absorber component of medical device**

A component or material designed to take in or attenuate a substance.

XE6Z7 **Cautery tip component of medical device**

A component designed to coagulate and seal blood vessels or to destroy tissue with heat or electric current.

XE7JR **Device ingredient or reagent component of medical device**

A consumable material that is added to a device and is used to make a finished product or becomes part of a finished product.

XE8HT **Gas scavenging component of medical device**

A component designed to remove certain gases from a gas stream or environment.

XE4VK **Monomer liquid component of medical device**

The liquid that reacts with the polymer powder to form adhesive, resin, or cement.

XE68H **Test strip component of medical device**

A piece of chemically treated medium designed to react in the presence of specific amounts of a trigger substance.

XE7WP **Polymer powder component of medical device**

The powder that reacts with the monomer liquid to form adhesive, resin, or cement.

Electrical and magnetic medical device component

Components which relates to the force of magnetism or such as microchips and transistors which control and direct electric currents. Also includes components involved in the representation, storage, or transmission of information by electronic systems.

XE321 **Antenna component of medical device**

A component designed to transmit or receive electromagnetic signals.

XE3WM **Battery component of medical device**

A component designed to produce an electric current through chemical reaction.

XE80Z **Battery charger component of medical device**

A device designed to restore the capacity of a battery.

XE7JQ **Cable, electrical component of medical device**

A long, thin, multistranded electrical wire designed to carry signals or power over a distance.

XE77B **Cable grip component of medical device**

Component used for tensioning, pulling or stringing of wires and cables.

XE2BS **Cable sleeve component of medical device**

Component used to protect cables and wires from abrasion, moisture and the elements.

XE2WY **Circuit board component of medical device**

A non-conducting board with conductive tracks and electronic components forming a circuit.

XE5BT **Circuit breaker component of medical device**

A component designed to open an electrical circuit when it becomes overloaded.

XE2ZE **Computer hardware component of medical device**

The physical components from which a computer is constructed (electronic circuits and input/output devices).

XE3Q8 **Computer processor component of medical device**

Component that carries out the instructions of a computer program by performing the basic arithmetic, logic, controlling, and input/output operations specified by the instructions.

XE1JS **Memory or storage component of medical device**

Any component that can hold data in machine-readable format.

XE2YC **Network interface component of medical device**

Point of interconnection between a computer and other computer that are linked each other.

XE8UU **Computer software component of medical device**

A collection of data or computer instructions that tell the computer how to work.

XE59Z **Computer software driver component of medical device**

A computer interface designed to control the interaction between a CPU and a peripheral device.

XE2JQ **Software interface component of medical device**

Languages, codes and messages that programs use to communicate with each other and to the hardware.

XE8V6 **User interface component of medical device**

A computer program that controls the interaction between a user and a system.

XE7P0 **Cooling module component of medical device**

A component designed to lower the temperature of a device or system.

XE8UV **Device programmer component of medical device**

A piece of hardware for transferring data onto programmable integrated circuits.

XE033 **Device reader component of medical device**

A piece of hardware used to read the memory and the properties of a device.

XE6UE **Discrete electrical component of medical device**

An electrical component which is just one circuit, either passive or active, that is not an integrated circuit.

XE845 **Electrical capacitor component of medical device**

An electrical component designed to store an electric charge.

XE38E **Electrical fuse component of medical device**

An electrical component designed to stop the flow of current when an overload condition exists.

XE1UQ **Electrical inductor component of medical device**

A component designed to introduce electromotive force to a circuit, usually a coil surrounding a wire.

XE2AJ **Electrical resistor component of medical device**

An electronic component that opposes the flow of current.

XE4VJ **Electrical solenoid component of medical device**

An electronic component consisting of a coil surrounding a movable iron core that is designed to act as a switch or relay.

XE018 **Electrical transducer component of medical device**

An electrical component that converts one form of energy into another.

XE27R **Electrical semiconductor component of medical device**

A type of electronic component, including transistors and diodes, that make use of the variable conductivity of certain materials.

XE9ZW **Integrated circuit chip component of medical device**

A microelectronic circuit that incorporates many interconnected transistors and other components.

XE8GY **Display component of medical device**

A component designed to present information visually.

Exclusions: Touchscreen component of medical device (XE9ZJ)

XE4YD **Display indicator component of medical device**

A component designed to show an operating condition of a system or to attract attention.

XE2JV **Diplay screen component of medical device**

A panel or area on an electronic device where images and data are displayed.

XE59E **Electrical lead or wire component of medical device**

A coated or uncoated wire used to connect two locations electronically. Not to be used for patient connection.

XE5U9 **Electrode component of medical device**

A small piece of metal or other conductive substance this is used to take an electric current to or from a source of power, a piece of equipment. Not to be used for patient connection.

XE561 **Ground strap or wire component of medical device**

A wire cable or strap designed to carry current safely away from an electronic device under fault condition

XE753 **Wiring harness component of medical device**

A collection of grouped wires or cables designed to connect to a specific device.

XE6S4 **Electrical mixer component of medical device**

An electronic component designed to blend signals.

XE0Y5 **Electrical port component of medical device**

An electronic circuit that acts as a connection to another device or component.

XE2PX **Emitter component of medical device**

The electron source electrode in a transistor or any source in a system.

XE5GC **Headphone or headset component of medical device**

A component that covers the ear through which you can listen to without other people hearing. Some headphones come with a microphone which is used to communicate with other people or the device.

XE9TB **Heater component of medical device**

A piece of equipment used to raise the temperature of air, gas or water or an object.

XE713 **Hub component of medical device**

An electronic component designed as a central connection for other devices or components.

XE8JV **Inverter component of medical device**

An electrical component that converts direct current to alternating current.

XE4BN **Magnet component of medical device**

A component that attracts iron and produces a magnetic field.

XE7YS **Oscillator component of medical device**

An electronic component designed to produce a wave signal.

XE525 **Patient lead component of medical device**

An insulated electrical cable designed to connect to an electrical device to a patient.

XE7F1 **Lead conductor component of medical device**

A cable designed to conduct electricity from the device to the lead.

XE25C **Patient electrode component of medical device**

An electrical conductor that is designed to make contact with a patient including defibrillator paddles.

XE4XJ **Power cord component of medical device**

A flexible cable designed to connect an electrical device to a power outlet.

XE4Q4 **Power supply component of medical device**

Component designed to supply electrical power to devices.

XE7EJ **Pressure transducer probe component of medical device**

A probe component designed to convert a change in pressure into a varying electrical signal.

XE062 **Printer component of medical device**

An electronic component that is designed to transfer text or images to paper or other substrate.

XE2KA **Receiver component of medical device**

An electronic component designed to capture an incoming electromagnetic signal and convert it to an audible or visual signal.

XE6SG **Receiver stimulator unit component of medical device**

As part of a cochlear implant, an implanted component designed to receive signal from the external component and then decode the signal and transmit it to the brain.

XE4TH **Scanner component of medical device**

An electronic component that generates a digital representation of an image for data input to a computer; or a receiver designed to search for a signal within a specified frequency range.

XE0ST **Speaker or sounder component of medical device**

A component designed to convert electrical signals to sounds that can be heard.

XE5R5 **Switch or relay component of medical device**

A mechanical or electronic component designed to break or change the connections in a circuit (e.g. button).

XE1EF **Power switch component of medical device**

A switch designed to regulate the power to a device.

XE4QR **Relay component of medical device**

A electronic component designed to break or change the connections in a circuit.

XE884 **Telemetry component of medical device**

Component designed to transmit and receive data from a remote source using telecommunications methods.

XE30P **Temperature compensator component of medical device**

A component designed to compensate the temperature of one system in response to temperature changes in another system or the environment.

XE56F **Thermostat component of medical device**

A component designed to regulate temperature by controlling the starting and stopping of a heating/cooling system.

XE256 **Transformer component of medical device**

A component that either steps up or steps down an alternating electrical current to an output that is suitable for another electrical device or component.

XE579 **Transmitter component of medical device**

A component to propagate electromagnetic waves.

XE5A0 **User input device component of medical device**

A component that uses a movable handle to create two-axis input to a computer.

XE9TZ **Joystick component of medical device**

A control component that uses a movable handle to create two-axis input to a computer.

XE6CN **Keyboard or keypad component of medical device**

A component consisting of mechanical keys that are pressed to create input to a computer.

XE9FY **Microphone component of medical device**

A component designed to convert sound to an electrical signal.

XE9ZJ **Touchscreen component of medical device**

A control component that operates the device following pressing the display on the screen.

Measurement medical device component

Component capable of measuring something in order to obtain a result.

XE37A **Analyzer component of medical device**

Any component designed to perform an analysis.

XE0A7 **Oxygen analyzer component of medical device**

A component designed to measure the concentration of oxygen in a gas mixture.

XE6E8 **Aperture component of medical device**

An instrument designed to measure the size of an opening or one used to increase the diameter of an opening.

XE34X **Calibrator component of medical device**

A standard or reference material used to set the operating parameters of an instrument.

XE06B **Clock component of medical device**

A component designed to indicate the time of day.

XE9NB **Counter component of medical device**

A component designed to keep track of the number of times something happens.

XE20X **Curvette component of medical device**

A clear container designed to interface with an optical sensor in order to obtain an optical measurement of a contained substance.

XE00B **Gauges or meters component of medical device**

A component designed to give a visual indication of the condition of a system.

XE1WJ **Flowmeter component of medical device**

A component designed to measure the flow rate of a fluid.

XE6V2 **Manometer component of medical device**

A component designed to measure pressure.

XE019 **Thermometer component of medical device**

A component designed to measure temperature.

XE8RD **Marker component of medical device**

A visual indicator of position, place or route, including radiopaque markers.

XE7MS **Pipette component of medical device**

A measuring component, traditionally including a graduated tube, designed for the accurate transfer of liquid volumes.

XE5UB **Pointer component of medical device**

An indicator component designed to show a position on a scale.

XE2MH **Scale component of medical device**

A component designed for weighing or an indicator component with a graduated sequence of divisions.

XE8GP **Sensor component of medical device**

A component designed to respond to a stimulus by generating a signal that can be measured or interpreted.

XE5Q2 **Bubble sensor component of medical device**

A component designed to signal the presence of bubbles in a system.

XE5ZD **Oxygen sensor component of medical device**

A sensor designed to respond to the presence or level of oxygen in a space or environment.

XE9G5 **Photodetector component of medical device**

A component designed to detect light.

XE5WR **Pressure sensor component of medical device**

A sensor designed to respond to the level of pressure in a space or pressing on a surface.

XE7Q4 **Sensor probe component of medical device**

A component designed to reach into a location for sensing. Should be used when the problem involves the probe, not the sensor.

XE3W9 **Temperature sensor component of medical device**

A sensor designed to respond to the temperature of a space, surface, or environment.

XE3R3 **Timer component of medical device**

A component designed to measure a time interval.

Mechanical medical device component

Component of a device when it is working, often using power from an engine or from electricity.

XE3UX **Access port component of medical device**

A component designed for the introduction or removal of medical equipment or any substance.

XE0WZ **Actuator component of medical device**

A component which moves or controls a mechanism or system.

XE0SV **Adaptor component of medical device**

A component designed to make different pieces of apparatus compatible.

XE6D6 **Air eliminator component of medical device**

A component designed to remove air from a space or fluid.

XE4F2 **Anchor component of medical device**

A component designed to fix the device or a portion of the device in place.

XE94Y **Applicator component of medical device**

A component designed to transfer a substance to a surface.

XE968 **Automatic injection system component of medical device**

A system designed to pump a gas or liquid into a space or environment without outside intervention.

XE7E4 **Bag component of medical device**

A flexible container, often with a single opening.

XE0HN **Ball component of medical device**

Any component that is spherical in shape.

XE5AV **Balloon component of medical device**

A sac designed to be inflated and deflated.

XE1G8 **Bearings component of medical device**

A point of contact between moving parts designed for support or to reduce friction.

XE0Y2 **Potting component of medical device**

The resin, glue or other substance used to seal other components together.

XE46S **Probe component of medical device**

A component designed to reach into a location for manipulating or for measuring.

XE23M **Processor component of medical device**

A component designed for preparing or treating a material. Should not be used for computer processors.

Exclusions: Computer processor component of medical device (XE3Q8)

XE9DJ **Pulley component of medical device**

A component which changes the direction of a force (e.g. belt or chain).

XE0K1 **Pump component of medical device**

A component designed to facilitate the movement of a fluid.

XE8RF **Pusher component of medical device**

A component designed to advance something by pushing it.

XE76K **Rachet component of medical device**

A part that allows or forces another part's movement in a single direction.

XE4JZ **Rail component of medical device**

A bar designed for support, attachment, guidance, or protection from falling.

XE0KN **Side rail component of medical device**

A supportive or protective rail attached to the side of something.

XE6YN **Regulator component of medical device**

A component designed to control a process or condition.

XE65T **Reservoir component of medical device**

A vessel designed to store a fluid.

XE1XK **Bellows component of medical device**

A component that expands and contracts to draw in air through a valve or orifice and expels it through a tube.

XE7DG **Ring component of medical device**

A circular band-shaped component.

XE017 **Rod or shaft component of medical device**

A long cylindrical bar used to transmit motion or connect other components.

XE4BJ **Seal component of medical device**

A component designed to prevent passage of material through a joint or opening.

XE7N2 **Shock absorber component of medical device**

A mechanical component designed to dampen or attenuate a force.

XE7ZG **Sleeve component of medical device**

A cylindrical fitting that slides over another part of a device or other object.

XE6VJ **Slide component of medical device**

A flat rectangular piece of glass on which specimens can be mounted for microscopic study.

XE740 **Socket component of medical device**

A component designed as an opening into which something else fits.

XE4DU **Spacer component of medical device**

A component designed to position objects further apart.

XE7QZ **Spring component of medical device**

An elastic component designed to bend under a load and then return to its shape when unloaded.

XE4K0 **Stand component of medical device**

A support component designed to hold an object.

XE9CF **Belt component of medical device**

A component consisting of a narrow band of material moving over shafts or pulleys.

XE82E **Steering wire component of medical device**

A wire designed to enable a device to be maneuvered.

XE7UE **Stent component of medical device**

Tubular support placed inside a blood vessel, canal, or duct to aid healing or relieve an obstruction.

XE8M4 **Stopcock component of medical device**

A rotating component designed to act like a tap for regulating the flow of a fluid, and to completely stop the flow when closed fully.

XE00C **Stopper component of medical device**

Component designed to close an opening.

XE4E4 **Strain relief component of medical device**

A structure designed to function with a connector to prevent damage to a hose or cable from excess flexing.

XE3GN **Stylet component of medical device**

A thin metal wire designed to be passed through a needle, catheter, or cannula to stiffen it or clear it of debris.

XE05P **Syringe component of medical device**

A component designed as a rigid cylinder with a plunger at one end and a delivery opening at the other.

XE3ED **Table component of medical device**

A component having a smooth flat surface that is usually supported by one or more vertical legs.

XE06W **Tip component of medical device**

Pointed or rounded end of an object.

XE6GE **Tool component of medical device**

A component that is delivered with a device to support its assembly or operation, and is not part of the device. Use only in the case there are no other terms to describe the component.

XE7G4 **Bottle component of medical device**

A rigid or semi-rigid container used to store liquid.

XE0UG **Translational motion component of medical device**

A rotating part which is intended to transfer rotational movement or motion to another type of movement (e.g. excenters).

XE2FM **Trap component of medical device**

A component designed to capture or remove bubbles or fluid.

XE4M3 **Trocar component of medical device**

A sharp, pointed rod designed to pierce the wall of a body cavity to withdraw fluid or allow placement of a catheter or other device.

XE8TY **Tube component of medical device**

A long hollow cylinder, either rigid or flexible, for holding or transporting liquids or gasses.

XE2PZ **Capillary tube component of medical device**

A narrow tube in which a liquid flows up against gravity.

XE01P **Valve component of medical device**

A mechanical component designed to control the flow of a fluid or gas.

XE3YJ **Control valve component of medical device**

A valve designed to regulate the flow of a fluid or gas.

XE229 **Luer valve component of medical device**

A valve that incorporates a Luer fitting.

XE2LS **One-way valve component of medical device**

A valve designed to allow flow in only one direction.

XE6MT **Vaporiser component of medical device**

A component for gasifying liquids such as drugs.

XE0FP **Vibrator component of medical device**

A mechanical component designed to create a vibratory motion.

XE83A **Washer component of medical device**

A flattened disk used as a mechanical seal between objects.

XE1PW **Weld component of medical device**

Any joining connection that is the result of welding 2 or more parts.

XE6HA **Wheel component of medical device**

A mechanical component consisting of a spoked, circular rim or solid disk designed to rotate on an axle or shaft.

XE0C3 **Breathing circuit component of medical device**

In an anesthesia machine, the pathway by which a gaseous anesthetic agent and oxygen are delivered to the patient and carbon dioxide is removed. The circuit can be open or closed.

XE99Z **Window component of medical device**

A transparent panel in a device designed for visual inspection or to let light pass.

XE2Q3 **Shutter component of medical device**

Aperture that controls or blocks light or radiation passing through.

XE5YT **Brush component of medical device**

A component consisting of hairs or bristles set into a handle or holder.

XE0AX **Brushing component of medical device**

A cylindrical metal sleeve designed to reduce the friction of a rotating shaft.

XE4NU **Cable, mechanical structural component of medical device**

A long, thin, multistranded rope or metallic wire to hold the subject.

XE2UB **Cannula component of medical device**

A rigid or semi-rigid tube inserted into the body.

XE9FK **Cannula hub component of medical device**

A metal or plastic component that connects to the cannula.

XE44H **Cap component of medical device**

A component designed to close an opening of a container or device.

XE00E **Carrier component of medical device**

A component designed to facilitate the support, movement, or transport of another device or object.

XE3K0 **Caster component of medical device**

A pivoting roller or wheel designed to attach to an object to make it movable.

XE088 **Catheter component of medical device**

A flexible tube inserted into the body designed to permit injection or withdrawal of fluids or to keep passage open.

XE8NS **Catheter hub component of medical device**

A small metal or plastic component that connects to the catheter.

XE1TF **Cell component of medical device**

A component that is designed as a container to collect and/or transfer materials, reagents or specimens.

XE65A **Chain component of medical device**

Assembly of interconnected links, typically made of metal used for connecting other components.

XE6N0 **Chamber component of medical device**

A component designed as a reservoir/storage.

XE4BK **Chassis or frame component of medical device**

A supporting frame designed to hold other components or devices such as the internal frame of an electronic device.

XE5CL **Clutch component of medical device**

A component that engages and disengages power transmission.

XE3C8 **Coating material component of medical device**

A layer of material covering the surface of a device.

XE1S0 **Coil component of medical device**

A structure consisting of something wrapped in a continuous series of loops.

XE8AQ **Helifix coil component of medical device**

A coil designed to allow a Helifix pacing electrode to be placed in the endocardium.

XE0YX **Collimator component of medical device**

A diaphragm or system of diaphragms made of an absorbing material, designed to define and restrict the dimensions and direction of a beam of radiation.

XE7YF **Concentrator component of medical device**

A component designed to increase the weight per unit volume of a substance.

XE5TK **Cone component of medical device**

A three-dimensional part that tapers smoothly from a flat circular shape at one end to a point at the other end.

XE7EE **Connector or coupler component of medical device**

A component designed to serve as a link between parts allowing easy disconnection and reconnection when necessary.

XE4T6 **Connector pin component of medical device**
A projecting part of a device that allows it to be secured through an opening.

XE83L **Controller component of medical device**
A component designed to control or regulate the operation of another device.

XE46J **Compressor component of medical device**
A component that increases the pressure of air or gas.

XE1S2 **Cover component of medical device**
An object designed to conceal, enclose, or protect something.

XE8LZ **Cuff component of medical device**
A bandlike structure that encircles a body part or another component or device.

XE8YR **Cup component of medical device**
Part or design of a device with a concave hemispherical shape.

XE8T8 **Cusp and leaflet component of medical device**
A thin blade-like component, typically used as part of a one-way valve.

XE3LB **Cutter or blade component of medical device**
A component designed for slicing or cutting.

XE9WL **Cylinder component of medical device**
A three-dimensional part with flat circular ends and long straight sides.

XE3CX **Device collapser component of medical device**
A component designed to fold or collapse something.

XE8J5 **Device deployer component of medical device**
A component designed to install something or distribute something in a systematic way.

XE1KD **Diaphragm component of medical device**
A component consisting of a flexible sheet or partition.

XE85G **Dome component of medical device**
Part or design of a device with a convex hemispherical shape.

XE5K4 **Ejector component of medical device**
A mechanism that pushes a device or component out.

XE1VC **Equipment pole component of medical device**
A structural component designed to hang medical equipment.

XE8ZU **Extender component of medical device**
A component designed to lengthen a structure.

XE026 **Fabric component of medical device**

Cloth produced from textile fibers.

XE8VD **Fan or blower component of medical device**

A component designed to create an air current through the rotation of a planar surface.

XE5DL **Fastner component of medical device**

A component designed to hold items in place.

XE1A5 **Adhesive fastner component of medical device**

Any substance that affixes 2 or more surfaces together. This may be supplied separately, or attached to another item such as tape.

XE4V8 **Bolt fastner component of medical device**

A cylindrical connector element which may have a thread/nut connection to form a fastener.

XE4PG **Clamp fastner component of medical device**

A component designed to mechanically hold items firmly together.

XE3VN **Clip fastner component of medical device**

A small component designed to hold and attach items together.

XE9KR **Fixation wire fastner component of medical device**

A metal strand designed for structural or other purpose.

XE6R2 **Latch fastner component of medical device**

A fastening component for a mobile part usually consisting of a bar that is retained in a slot.

XE7GP **Nail fastner component of medical device**

A pin-shaped fastener with a sharp point at one end and usually flat on the other end.

XE0F0 **Nut fastner component of medical device**

A threaded fastener designed to engage a bolt.

XE6A2 **Pin fastner component of medical device**

A small, slender separate component which is designed to secure another object.

XE059 **Prong fastner component of medical device**

A projecting pointed part of a device, usually one designed to attach a device to something else.

XE33C **Retainer fastner component of medical device**

A physical component designed to hold items in place.

XE9MM **Rivet fastner component of medical device**

A fastening component resembling a heavy pin, having a head on one end and designed to have the other end flattened after passing through the parts to be connected.

XE3NX **Screw fastner component of medical device**

A fastening component with a tapered threaded shaft and a head designed to engage with a driving tool.

XE2HY **Staple fastner component of medical device**

A fastening component consisting of a bent wire designed to pierce and hold two or more surfaces together.

XE0NL **Suture thread fastner component of medical device**

A monofilament or multifilament material used surgically to close a wound, join tissues, or fasten components of a device (e.g. fabric to wire stent frame).

XE8MX **Tape for fixation component of medical device**

A long, thin, flat, flexible material often used for binding or fastening.

XE15J **Fiber component of medical device**

Any component made from a long, slender material.

XE65M **Filter component of medical device**

A component designed to remove something from whatever passes through it.

XE10F **Flange component of medical device**

A protruding edge designed to strengthen or stabilize a device or facilitate its attachment to a surface.

XE4PC **Foil component of medical device**

A thin, flexible sheet of metal.

XE3HQ **Gas exchanger component of medical device**

Component that is used to transfer gasses between two or more locations.

XE3QZ **Gasket component of medical device**

A preformed material designed to form a seal between connecting surfaces.

XE5M6 **Gears component of medical device**

A toothed wheel designed to mesh with another toothed object and transmit motion.

XE0RK **Generator component of medical device**

A component designed to produce electricity, vapor or gas.

XE1ND **Guide component of medical device**

A component designed to help direct the passage of another object.

XE64H **Guidewire component of medical device**

A flexible wire designed to help position medical devices within the body.

XE11W **Handpiece component of medical device**

A part of a device designed to be used while held in the hand.

XE37B **Header component of medical device**

The connection point between the leads and the generator.

XE2AL **Sewing ring component of medical device**

A ring of supportive material designed to provide a stable surface for attachment to surrounding tissues.

XE12Q **Heat exchanger component of medical device**

A component designed to transfer heat between fluids and/or gases across a barrier or to the environment.

XE5ZS **Hinge component of medical device**

A component designed to join two objects and allow them to swing relative to one another.

XE4FZ **Holder component of medical device**

A component designed to hold another object.

XE3A4 **Hose component of medical device**

A flexible tube designed to carry a fluid or gas.

XE5S9 **Housing component of medical device**

A rigid casing that encloses and protects a piece of equipment.

XE0YE **Humidifier component of medical device**

A component used to increase moisture in a gas.

XE1TK **Hydraulic system component of medical device**

A system designed to use fluid pressure to bring about movement.

XE4NN **Impeller component of medical device**

The rotating component of a centrifugal pump, compressor, or other machine designed to move a fluid by rotation.

XE3WA **Inserter component of medical device**

A component whose function is to facilitate the insertion of a particular device.

XE1Y2 **Insulation component of medical device**

A material designed to reduce the transmission of heat, sound, or electricity.

XE7JF **Isolator component of medical device**

Any material or structure designed to limit the interaction between two components.

XE7N3 **Jaw component of medical device**

A component designed to use opposing parts to close on and hold an object.

XE7GQ **Joint component of medical device**

A component designed as the junction between objects; it may be flexible or rigid.

XE3AW **Knob component of medical device**

A rounded lump or ball used for adjusting or controlling.

XE6R7 **Label component of medical device**

Any written, printed, or graphic matter upon a device to identify its nature, ownership, or other characteristics of the device.

XE1VQ **Leaflet component of medical device**

A device consisting of two thin blades hinged in the center; typically designed to control flow of fluids.

XE5XR **Lever component of medical device**

A rigid bar that rotates around a fixed point.

XE08E **Foot pedal component of medical device**

A lever designed to be operated with the foot.

XE80W **Liner component of medical device**

A component placed the inside of the walls of a cavity or container for protection or insulation.

XE17E **Magazine or cassette component of medical device**

A compartment in a device designed to house a consumable material for feeding into a mechanism.

XE87E **Manifold component of medical device**

A compartment in a device designed to house a consumable material for feeding into a mechanism.

XE26U **Mask component of medical device**

A flexible, form-shaped component designed to be placed over the nose and/or mouth.

XE74K **Mechanical mixer component of medical device**

A mechanical component designed to blend materials.

XE9VQ **Membrane component of medical device**

A component that is made from or resembles a thin flexible sheet of material acting as a boundary or separating two chambers.

XE8R6 **Mesh component of medical device**

Component made of overlapping strands forming a fine net-like structure.

XE0R5 **Motor component of medical device**

A machine that converts any form of energy to produce or impart motion (kinetic energy).

XE8X1 **Mount component of medical device**

A structural component designed to facilitate the attachment of one object to another.

XE4BH **Needle component of medical device**

A component with a long, slender, pointed shape.

XE78G **Nozzle component of medical device**

A component designed to regulate and direct the flow of a fluid or gas.

XE7C4 **Packaging component of medical device**

The outer wrapping around a device which serves to contain, identify, and protect it prior to use.

XE5AR **Pad component of medical device**

Typically a soft, cushion-like material used to prevent injury or damage to a person or device. Can also be made of an absorbent material to absorb liquid.

XE080 **Panel component of medical device**

A rigid sheet that forms a surface of a device or component.

XE965 **Plate component of medical device**

A thin, flat sheet or strip used to join, strengthen or to form parts of another structure.

XE09R **Plug component of medical device**

A component designed to seat into an opening in a device or other object.

XE9R2 **Plunger component of medical device**

A component of a machine, tool or device that pushes or thrusts another object, liquid or gas.

XE25A **Post component of medical device**

An upright piece that is fixed firmly that supports, place or aligns other parts.

Optical medical device component

Component which involves or relates to vision, light, or images.

XE120 **Camera component of medical device**

An apparatus for taking photographs, generally consisting of a lightproof enclosure having an aperture with a shuttered lens thro

XE5CR **Film component of medical device**

A photographic material designed to capture an image upon exposure to electromagnetic radiation.

XE7NH **Imager component of medical device**

A component designed to create or record a visual representation.

XE6GJ **Laser component of medical device**

A component designed to emit a monochromatic beam of coherent light.

XE6QH **Light emitting diode component of medical device**

A type of diode designed to emit light when a current passes through it.

XE616 **Lenses component of medical device**

An electric or optical component designed to focus (concentrate) or disperse electromagnetic radiation.

XE5LN **Light source component of medical device**

A component that produces visible light.

XE5G9 **Bulb component of medical device**

A component designed to produce light or heat.

XE9EM **Mirror component of medical device**

A component consisting of a polished surface designed to reflect light.

XE7A6 **Optical fiber component of medical device**

A component made with thin glass fibers as a conduit for transmission of light.

Safety medical device component

Safety related component

XE28G **Alarm component of medical device**

A component designed to signal the occurrence of a particular event.

XE5DW **Alarm component of medical device, audible**

A component designed to signal the occurrence of a particular event by making a sound.

XE3WT **Alarm component of medical device, visual**

A component designed to signal the occurrence of a particular event in a way that can be seen.

XE2N6 **Emergency button or switch component of medical device**

A button and circuits designed to force the shutdown of a machine or device.

XE37H **Fail-safe system component of medical device**

A component designed to prevent malfunction, unsafe, or unauthorized operation of a device or system.

XE51V **Locking mechanism component of medical device**

A fastening component designed to hold, close, or secure.

XE8RN **Protector or shield component of medical device**

A component designed to prevent harm or protect against damage to other components.

XE0ZU **Safety interlock component of medical device**

A mechanical or electronic component designed to prevent undesired actions due to the changing state of a device, typically to prevent harm to an operator or damage to the device itself.

XE4HV **Needle stick prevention mechanism**

A mechanism integrated into a device to prevent needle stick injuries.

XE58K **Safety valve component of medical device**

A valve designed to automatically open in order to maintain the pressure in a system below a specified pressure.

Other component of medical device

Terms not yet classified. If these terms get moved to other categories, this category can be deleted. (Previously the device category.)

XE27U **Part, component or sub-assembly term not applicable**

The device does not have distinct parts, components, or sub-assemblies, or it would not be appropriate to link the reported incident to a single part, component, or sub-assembly. Use this term if the problem involves or affects the overall device rather than a specific component.

XE8NG **Appropriate term or code not available for medical device component**

The parts, components, or sub-assemblies are not adequately described by any other term. Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Consciousness

Glasgow Coma Scale Eye opening score

XC3W **One or both eyes are open spontaneously**

XC5L **One or both eyes open to verbal stimulation**

XC3H **One or both eyes open to painful or noxious stimulation**

XC87 **No eye opening even with painful or noxious stimulation**

Glasgow Coma Scale Motor score

XC4L **Obeys commands**

XC6J **Localizes response to painful or noxious stimulation**

XC8Q **Withdrawal response to painful or noxious stimulation**

XC8W **Abnormal flexion response to painful or noxious stimulation**

XC8H **Extension response to painful or noxious stimulation**

XC34 **No motion even with painful or noxious stimulation**

Glasgow Coma Scale Verbal score

XC2X **Oriented, normal speech**

XC4Y **Confused, disoriented speech**

XC4A **Language utterances**

XC7U **Non-language utterances (incomprehensible sounds) to painful or noxious stimulation**

XC8U **No verbal output even with painful or noxious stimulation**

Pupil reaction score

XC5Y **Neither pupil reacts**

XC16 **One pupil reacts**

XC5K **Both pupils react**

XC85 **Data not available**

Substances

Coded Elsewhere: Allergens

Medicaments

Agents primarily affecting the gastrointestinal system

XM1349 **Antacids**

Coded Elsewhere: Magnesium oxide (XM7G33)

XM7GM7 **Magnesium compounds**

Coded Elsewhere: Magnesium peroxide (XM3CD3)

XM39M3 Magnesium hydroxide

XM35X7 Aluminium, aluminium magnesium silicate

XM3JP8 **Aluminium compounds**

XM9N47 Algeldrate

XM2VU8 Aluminium, aluminium phosphate

XM4NY5 Aloglutamol

XM7DC3 Aluminium, aluminium glycinate

XM9PG0 Dihydroxyaluminum sodium carbonate

XM38T8 Aluminum hydroxide (gel)

XM0SA0 **Calcium compounds**

XM9003 Calcium carbonate

XM8EF6 Calcium silicate

XM0D52 **Combinations and complexes of aluminium, calcium and magnesium compounds**

XM5R16 Magaldrate

XM8J56 Almagate

XM3EB6 Hydrotalcite

XM9Y49 Almasilate

Gastric acid secretion suppressants

Histamine H2-receptor antagonists

XM9YL4 **Cimetidine**

XM6441 **Famotidine**

XM9ZP3 **Nizatidine**

XM6WY8 **Ranitidine**

XM0SH0 **Roxatidine**

XM08A8 **Niperotidine**

XM1ZT1 **Ranitidine bismuth citrate**

XM0Q37 **Lafutidine**

XM2WX5 **Proton pump inhibitors**

XM8X45 **Omeprazole**

XM86M3 **Pantoprazole**

XM39X4 **Lansoprazole**

XM3M01 **Rabeprazole**

XM8YE1 **Esomeprazole**

XM5RA0 **Dexlansoprazole**

XM1J18 **Dexrabeprazole**

XM3MK2 **Tegoprazan**

XM4ML1 **Prostaglandins**

XM28N9 **Misoprostol**

XM4GD1 **Enprostil**

XM1CF2 **Alprostadil**

XM3Q43 **Dinoprost**

XM5VF9 **Dinoprostone**

XM2L11 **Gemeprost**

XM8XM0 **Carboprost**

XM9BJ7 **Sulprostone**

Other drugs for peptic ulcer and gastro-oesophageal reflux disease

XM2H82 **Carbenoxolone**

XM0044 **Sucralfate**

XM6690 **Pirenzepine**

XM6WX3 **Proglumide**

XM0HB8 **Gefarnate**

XM2689 **Sulglicotide**

XM4H50 **Alginic acid**

XM2891 **Rebamipide**

XM1F15 **Methiosulfonium chloride**

XM1BG6 **Bismuth subcitrate**

XM1LT9 **Acetoxolone**

XM9SW3 **Zolimidine**

XM1Y11 **Troxipide**

XM84X1 **Bismuthyl subnitrate**

XM1364 **Fixed Combinations for Helicobacter pylori eradication**

Drugs for functional gastrointestinal disorders

XM4S40 **Serotonin receptor antagonists**

Coded Elsewhere: Dronabinol (XM1W83)
Nabilone (XM3UF9)

XM7423 **Ondansetron**

XM8123 **Granisetron**

XM3X37 **Cilansetron**

XM2493 **Diisopromine**

XM30Q8 **Chlorbenzoxamine**

XM2GC8 **Pinaverium**

XM3CZ9 **Fenoverine**

XM5RS2 **Alverine**

XM27M9 **Isometheptene**

XM6UH6 **Migalstat**

XM49K4 **Fenpiprane**

XM7F16 **Idanpramine**

XM8N97 **Proxazole**

XM2SK3 **Trepibutone**

XM3R36 **Caroverine**

XM66E5 **Phloroglucinol**

XM7ZC5 **Trimethyldiphenylpropylamine**

XM9K48 **Valethamate bromide**

Antidiarrhoeal drugs

XM6Q06 **Aluminium, aluminium tannate**

XM62S7 **Amylopectin**

XM8A95 **Antidiarrhoeal drug absorbent**

XM6V74 **Attapulgite**

XM4SG9 **Bacillus subtilis**

XM98L3 **Bismuth salts subcarbonate**

XM5U61 **Bismuth salts**

XM3962 **Carbo medicinalis**

XM0S42 **Charcoal**

XM46T5 **Charcoal activated**

XM2269 **Charcoal medicinal (activated)**

XM8D61 **Charcoal medicinal antidiarrhoeal**

XM8ET0 **Difenoxin**

XM15K3 **Fetoxilate**

XM3ZU0 **Intestinal motility control drug**

XM7CN8 **Kaolin**

XM2GB1 **Kaolin light**

XM1N12 **Lactobacillus acidophilus compound**

XM0EB5 **Lactobacillus acidophilus**

XM0QG1 **Lactobacillus bifidus, lyophilized**

XM1TF2 **Lactobacillus bulgaricus**

XM4KH7 **Lactobacillus sporogenes**

XM48X2 **Lignin hemicellulose**

XM8683 **Lomotil**

XM2UP7 **Miyari bacteria**

XM2HR7 **Pectin**

XM4X08 **Saccharomyces boulardii**

Digestants

XM2663 **Anise oil**

XM8A26 **Antiflatulent**

XM0090 **Betaine**

XM0TD5 **Bile salts**

XM5TC9 **Carminative**

XM5QD3 **Cholagogues**

XM6RN6 **Choleretic**

XM5CH0 **Cytochrome C**

XM00U8 **Dehydrocholic acid**

XM0365 **Dill**

XM4RK4 **Elastase**

XM5H83 **Enzyme intestinal**

XM2Q01 **Florantyrone**

XM5BH7 **Gastric enzymes**

XM63F8 **Gentian**

XM1TN8 **Ginger**

XM0994 **Glutamic acid**

XM15D5 **Hydrochloric acid medicinal (digestant)**

XM2702 **Ox bile extract**

XM6HM1 **Pancreatin**

XM9Z07 **Pancrelipase**

XM6DW4 **Papain**

XM72V4 **Papain digestant**

XM1XP0 **Peppermint (oil)**

XM17U7 **Pepsin digestant**

XM7L34 **Phenylpropanol**

XM4U70 **Tilactase**

Antinauseants, antiemetics and emetics

Coded Elsewhere: Serotonin receptor antagonists (XM4S40)

XM4H25 **Cerium oxalate**

XM3ME7 **Copper emetic**

XM9FG8 **Copper sulfate medicinal emetic**

XM2WE8 **Mustard black**

XM5SW7 **Chlorobutanol**

XM8SN3 **Trimethobenzamide**

XM46N1 **Metopimazine**

XM1DC1 **Aprepitant**

XM2633 **Casopitant**

XM41Y6 **Rolapitant**

XM2170 **Pipamazine**

XM9FU8 **Pyrathiazine**

Other agents primarily affecting gastrointestinal system

XM3KJ5 **Ammonium sulfonate resin**

XM4KK2 **Bacillus lactobacillus**

XM4663 **Carrageenan**

XM8NM7 **Charcoal medicinal poison control**

XM4GA5 **Charcoal medicinal specified use other than for diarrhoea**

XM7ER1 **Dimethyl polysiloxane**

XM30A7 **Gastrointestinal drug biological**

XM0KJ8 **Gastrointestinal drug specified**

XM7L13 **Glucurolactone**

XM9Q94 **Hepatic secretion stimulant**

XM7EV4 **Intestinal motility control drug biological**

XM9S11 **Ion exchange resin anion**

XM1AX0 **Ion exchange resin intestinal**

XM0UP4 **Liquorice extract**

XM8UW6 **Mesalazine**

XM0TN5 **Olsalazine**

XM73P5 **Pancreatic digestive secretion stimulant**

XM0EK0 **Polysilane**

XM2K96 **Sodium alginate**

XM7M46 **Sodium amylosulfate**

XM7AL9 **Sulfated amylopectin**

Other antacids and anti-gastric-secretion drugs

Coded Elsewhere: Sodium bicarbonate (XM4XZ4)

XM6347 **Alexitol sodium**

XM8YP0 **Aluminium, aluminium carbonate (gel, basic)**

XM3Q55 **Aluminium, aluminium chlorhydroxide-complex**

XM9DS4 **Aluminium, aluminium hydroxide-magnesium carb. gel**

XM8FL6 **Aluminium, aluminium silicate**

XM0BM4 **Aluminium, aluminium sodium silicate**

XM37S3 **Antacid**

XM5XT4 **Anti-gastric-secretion drug**

XM9KD3 **Benexate**

XM1F19 **Bismuth salts aluminate**

XM5R07 **Burimamide**

XM7Y04 **Cetraxate**

XM1WQ5 **Chalk, precipitated**

XM1622 **Dihydroxyaluminum aminoacetate**

XM9BS9 **Dimethicone**

XM6YR9 **Magnesia magma**

XM7V20 **Magnesium carbonate**

XM8L43 **Magnesium trisilicate**

XM1EN3 **Methylpolysiloxane**

XM9414 **Metiamide**

XM7SH2 **Milk of magnesia**

XM01K0 **Ornoprostil**

XM7K87 **Pepstatin**

XM7W08 **Potassium glucaldrate**

XM7Z18 **Rolaids**

XM87Z0 **Rosaprostol**

XM64X9 **Simaldrate**

XM38C5 **Simethicone**

XM0QL9 **Soda bicarb**

XM43U8 **Sodium glucaldrate**

XM7M59 **Sodium polyhydroxyaluminium monocarbonate**

XM38H3 **Triple carbonate**

XM5QM5 **Vitamin ulceroprotectant**

Other laxatives

XM8K92 **Agar**

XM5FL6 **Arachis oil cathartic**

XM5993 **Atonia drug, intestinal**

XM9281 **Bran (wheat)**

XM21B3 **Bulk filler cathartic**

XM0ML8 **Calcium dioctyl sulfosuccinate**

XM0HS3 **Carboxymethyl-cellulose**

XM3EV1 **Carmellose**

XM99E9 **Cathartic bulk**

XM4DA2 **Cathartic emollient**

XM2Y48 **Cathartic mucilage**

XM3000 **Cellulose cathartic**

XM22V5 **Cellulose hydroxyethyl**

XM6ZN5 **Dioctyl sulfosuccinate (calcium) (sodium)**

XM2UB3 **Ethylhydroxycellulose**

XM6CL0 **Fecal softener**

XM1RJ7 **Fiber, dietary**

XM4A22 **Ispagula husk**

XM1J98 **Karaya (gum)**

XM5CR2 **Konsyl**

XM2J55 **Metamucil**

XM0X73 **Methylcellulose laxative**

XM5VW0 **Mucilage, plant**

XM1VV2 **Olive oil (medicinal)**

XM3CM0 **Peach kernel oil (emulsion)**

XM85Z3 **Peanut oil (emulsion)**

XM4PD5 **Phosphate laxative**

XM95P7 **Poloxamer**

XM9PF1 **Polycarbophil**

XM4YU2 **Psyllium hydrophilic mucilloid**

XM0ZU4 **Soap enema**

XM6J59 **Sodium dioctyl sulfosuccinate**

XM3DH4 **Tartrate, laxative**

Saline and osmotic laxatives

XM69K0 **Cathartic saline**

XM40M7 **Epsom salt**

XM4WX6 **Laxative osmotic**

XM5NK8 **Laxative saline**

XM06D3 **Potassium bisulfate**

Drugs for constipation

Laxatives

XM9P20 **Aloes**

XM6UQ2 **Aloin**

XM9N98 **Bryonia**

XM9YN3 **Carter's Little Pills**

XM2632 **Cathartic anthacene derivative**

XM3W96 **Cathartic contact**

XM53Q7 **Cathartic irritant**

XM6LH5 **Cathartic vegetable**

XM0JN3 **Colocynth**

XM4217 **Croton (oil)**

XM4C29 **Dianthone**

XM8PF5 **Dihydroxyanthraquinone**

XM77A6 **Dulcolax**

XM9KZ8 **Elaterium**

XM6CR4 **Ex-Lax (phenolphthalein)**

XM7XD6 **Frangula**

XM6L10 **Frangula extract**

XM1L58 **Gamboge**

XM1RP5 **Hinkle's pills**

XM6XG3 **Jalap**

XM9DZ3 **Mineral oil emulsion**

XM4CS7 **Phenisatin**

XM5042 **Potassium sulfate**

XM14Q1 **Rhubarb dry extract**

XM40D1 **Rhubarb tincture, compound**

XM38T6 **Scammony**

XM91P4 **Sennoside A+B**

XM9ML9 **Sodium phosphate dibasic**

XM38A9 **Sodium phosphate monobasic**

XM7XV5 **Squirting cucumber (cathartic)**

XM8WQ0 **Sulisatin**

XM69R3 **Yellow phenolphthalein**

XM1NY1 **Softeners or emollients**

XM8UE2 **Liquid paraffin**

XM59Z2 **Docusate sodium**

XM5CM0 **Contact laxatives**

XM5E72 **Oxyphenisatine**

XM14G1 **Bisacodyl**

XM86Q2 **Dantron**

XM30Q0 **Phenolphthalein**

XM7G77 **Castor oil**

XM9LC4 **Senna glycosides**

XM8YN7 **Sodium picosulfate**

XM00W5 **Bisoxatin**

XM8N88 **Cascara**

XM42M0 **Bulk-forming laxatives**

XM9JR8 **Sterculia**

XM3VP9 **Linseed**

XM5DN2 **Methylcellulose**

XM3JB5 **Ispaghula**

XM0LV6 **Ethulose**

XM4SJ2 **Triticum (wheat fibre)**

XM5BR4 **Polycarbophil calcium**

XM2806 **Osmotically acting laxatives**

Coded Elsewhere: Mannitol (XM5BJ8)

XM7G33 **Magnesium oxide**

XM6EC7 **Magnesium sulfate**

XM3CD3 **Magnesium peroxide**

XM7W31 **Lactulose**

XM6AX9 **Sodium sulfate**

XM6FQ8 **Macrogol**

XM9YJ1 **Sorbitol**

XM4RE1 **Lactitol**

XM7RN6 **Pentaerithrityl**

XM5348 **Glycerol**

XM7DT2 **Carbon dioxide producing drugs**

XM4U05 **Lubiprostone**

XM3086 **Linaclotide**

XM2396 **Prucalopride**

XM2SC1 **Tegaserod**

XM78V7 **Plecanatide**

XM6DL1 **Oil**

Propulsives

XM3XX3 **Metoclopramide**

XM3346 **Cisapride**

XM3GF5 **Domperidone**

XM2Q19 **Bromopride**

XM6AH6 **Alizapride**

XM4GL7 **Clebopride**

XM2KJ6 **Itopride**

XM1W04 **Cinitapride**

XM6ZM7 **Mosapride**

Antipropulsives

XM8136 **Eluxadoline**

Agents primarily affecting blood constituents and immune system

Coded Elsewhere: Estrogens and progestogens (XM9N33-XM0SU9)

Gonadotropin releasing hormones and analogues (XM32E8-XM3S25)

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified (XM6W81-XM5XB7)

Antineoplastic agents

XM09D9 **Alkylating agents**

XM06G0 **Nitrogen mustard analogues**

XM7SY9 Cyclophosphamide

XM5TX7 Chlorambucil

XM2VC7 Melphalan

XM9W18 Chlormethine

XM7FY4 Ifosfamide

XM4EP0 Trofosfamide

XM4NR8 Prednimustine

XM45K9 Bendamustine

XM0DA1 Melphalan flufenamide

XM3WS2 **Alkyl sulfonates**

XM7WX6 Busulfan

XM9CR4 Treosulfan

XM4TU0 Mannosulfan

XM66A3 **Ethylene imines**

XM8QS9 Thiotepa

XM2RU1 Triaziquone

XM8A50 Carboquone

XM9708 **Nitrosoureas**

XM82H4 Carmustine

XM2G49 Lomustine

XM0VS7 Semustine

XM5GB0 Streptozocin

XM1KF0 Nimustine

XM9KU3 Uramustine

XM5RH5 Fotemustine

XM64P5 Ranimustine

XM4KL3 **Etoglucid**

XM31W0 **Mitobronitol**

XM0MB5 **Pipobroman**

XM3VF4 **Temozolomide**

XM32Y8 **Dacarbazine**

XM7Y28 **Bis(chloromethyl) ether**

Antineoplastic antimetabolites

XM4DQ8 **Folic acid analogues**

XM7KT0 **Methotrexate**

XM1SK9 **Mercaptopurine**

XM3FP5 **Tioguanine**

XM5NF9 **Raltitrexed**

XM16W8 **Pemetrexed**

XM06R0 **Pralatrexate**

XM71S1 **Purine analogues**

XM3ZN1 **Cytarabine**

XM55V5 **Fluorouracil**

XM10L4 **Tegafur**

XM6CQ5 **Carmofur**

XM92X1 **Azacitidine**

XM1055 **Cladribine**

XM9RH9 **Fludarabine**

XM2YA3 **Clofarabine**

XM6079 **Nelarabine**

XM9584 **Pyrimidine analogues**

Coded Elsewhere: Floxuridine (XM8NR1)

XM0YN9 **Trifluridine, combinations**

XM8GX9 **Gemcitabine**

XM40Y4 **Capecitabine**

XM1458 **Decitabine**

XM7GE5 **Aminopterin sodium**

XM3264 **Antibiotic anticancer**

XM8T13 **Antimetabolite**

XM9D05 **Antineoplastic antibiotics**

XM4TR6 **Azaribine**

XM3HR8 **Broxuridine**

XM3A97 **Chloropurine**

XM1BL2 **Doxifluridine**

XM5ZK1 **Enocitabine**

XM2SL0 **Folic acid antagonist**

XM0KZ3 **Mopidamol**

XM2FK2 **Pyrimidine antagonist**

Antineoplastic natural products and derivatives

XM6137 **Vinca alkaloids and analogues**

XM0BG8 **Vinblastine**

XM82R6 **Vincristine**

XM59U2 **Vindesine**

XM1Y07 **Vinorelbine**

XM9QY3 **Vinflunine**

XM9DS3 **Vintafolide**

XM3SH7 **Podophyllotoxin derivatives**

XM9VL7 **Etoposide**

XM4565 **Teniposide**

XM05L1 **Taxanes**

XM5TC8 **Paclitaxel**

XM5U86 **Docetaxel**

XM9NR6 **Paclitaxel poliglumex**

XM50E3 **Cabazitaxel**

XM6F82 **Actinomycin C**

XM7K70 **Demecolcine**

XM3F90 **Trabectedin**

XM4DQ7 **Cytotoxic antibiotics and related substances**

XM5GC9 **Anthracyclines and related substances**

XM7JU8 Doxorubicin

XM0031 Daunorubicin

XM6LT8 Epirubicin

XM1VB7 Aclarubicin

XM9R95 Zorubicin

XM3PF9 Idarubicin

XM26H0 Mitoxantrone

XM4AY9 Pirarubicin

XM9CA4 Valrubicin

XM3J03 Amrubicin

XM8ZP9 Pixantrone

XM0VU1 **Bleomycin**

XM3JL4 **Plicamycin**

XM21Z8 **Mitomycin**

XM65P2 **Ixabepilone**

XM4RQ4 **Fibroblast growth factor receptor tyrosine kinase inhibitors**

Monoclonal antibodies

XM52L2 **Edrecolomab**

XM3AY3 **Rituximab**

XM2FU8 **Trastuzumab**

XM1WL2 **Gemtuzumab ozogamicin**

XM3VL3 **Cetuximab**

XM5ST9 **Bevacizumab**

XM1GA2 **Panitumumab**

XM9P40 **Catumaxomab**

XM2KB4 **Ofatumumab**

XM5JH7 **Ipilimumab**

XM5VT7 **Brentuximab vedotin**

XM6618 **Pertuzumab**

XM6H29 **Trastuzumab emtansine**

XM6ES5 **Obinutuzumab**

XM74W8 **Dinutuximab**

XM6M26 **Nivolumab**

XM8UG5 **Pembrolizumab**

XM9BU9 **Blinatumomab**

XM6Y05 **Ramucirumab**

XM5WX4 **Necitumumab**

XM10Z6 **Elotuzumab**

XM4ES5 **Daratumumab**

XM3JP4 **Mogamulizumab**

XM8648 **Inotuzumab ozogamicin**

XM3DU2 **Olaratumab**

XM7NY5 **Durvalumab**

XM6PT2 **Ermekumab**

XM2065 **Avelumab**

XM8SU2 **Atezolizumab**

XM9Z80 **Cemiplimab**

XM5WX2 **Alemtuzumab**

XM8LF5 **Erenumab**

XM4XM4 **Galcanezumab**

XM47L7 **Fremanezumab**

XM46X2 **Ubrogepant**

XM1D23 **Eptinezumab**

XM8C95 **Rimegepant**

XM4W34 **Atogepant**

XM3T47 **Sensitizers used in photodynamic or radiation therapy**

XM8EW4 **Porfimer sodium**

XM5GF8 **Methyl aminolevulinate**

XM40J3 **Aminolevulinic acid**

XM04X3 **Temoporfin**

XM2BE2 **Efaproxiral**

XM1ER6 **Padeliporfin**

Other antineoplastic drugs

Coded Elsewhere: Celecoxib (XM63D2)

XM40B7 **Platinum compounds**

XM05M0 **Cisplatin**

XM6Z30 **Carboplatin**

XM2LX1 **Oxaliplatin**

XM86Z5 **Satraplatin**

XM0FB2 **Polyplatillen**

XM1MP7 **Procarbazine**

XM8307 **Amsacrine**

XM4LJ7 **Asparaginase**

XM9YD3 **Altretamine**

XM7SD2 **Hydroxycarbamide**

XM3R45 **Lonidamine**

XM9JX7 **Estramustine**

XM9DB5 **Tretinoin**

XM9T72 **Pentostatin**

XM2Q11 **Mitoguazone**

XM7PT2 **Venetoclax**

XM1NF7 **Vosaroxin**

XM1DL2 **Niraparib**

XM2G84 **Rucaparib**

XM0569 **Etirinotecan pegol**

XM8UF4 **Plitidepsin**

XM8QL8 **Epacadostat**

XM8NP2 **Enasidenib**

XM5QR0 **Talazoparib**

XM44N1 **Copanlisib**

XM10P3 **Mitotane**

XM56L5 **Ivosidenib**

XM6038 **Glasdegib**

XM7FX3 **Entinostat**

XM3BC1 **Alpelisib**

XM1840 **Selinexor**

XM4MB0 **Tagraxofusp**

XM7RN1 **Belotecan**

XM2HS5 **Arsenic trioxide**

XM3ST0 **Alkylating drug antimyeloproliferative**

XM9DP5 **Alkylating drug lymphatic**

XM6AB6 **Alkylating drug**

XM0JA8 **Hexalen**

XM07W3 **Antramycin**

XM9F82 **Anticancer agents**

XM3MH4 **Antimitotic agent**

XM6Q44 **Antineoplastic without further specification**

XM0V25 **Antineoplastic alkaloidal**

XM4DV2 **Antineoplastic combination**

XM1Q78 **Azaserine**

XM0TE5 **Azatepa**

XM7WD3 **Benzcarbimine**

XM3WB5 **Cactinomycin**

XM7RS5 **Cancer chemotherapy drug regimen**

XM6Z55 **Chlorhexamide**

XM3ZJ5 **Chromic phosphate 32P**

XM5VY1 **Chromomycin A3**

XM6ZM0 **Corynebacterium parvum**

XM8C02 **Cycloleucin**

XM7L47 **Dactinomycin**

XM0HK3 **Elliptinium acetate**

XM32L4 **FAC (fluorouracil + doxorubicin + cyclophosphamide)**

XM8NR1 **Floxuridine**

XM9FT7 **Hormone cancer therapy**

XM5UH8 **Imidazole-4-carboxamide**

XM2D46 **Inproquone**

XM5DL7 **Iproplatin**

XM8C52 **M-vac**

XM8XQ7 **Mannomustine**

XM33V8 **Matulane**

XM1NW0 **Metoprine**

XM6VK8 **Mitolactol**

XM3A89 **Mitopodozide**

XM3L39 **MOPP (mechloreth-amine + vincristine + prednisone + procarbazine)**

XM4582 **Mustard (emetic)**

XM6MP1 **Myelobromal**

XM5C25 **Myleran**

XM5MX5 **Olivomycin**

XM9TL3 **Oncovin**

XM7TK6 **Paroxypropione**

XM7040 **Peplomycin**

XM7NL0 **Phenyl hydrazine antineoplastic**

XM03S1 **Phenylalanine mustard**

XM7S82 **Porfiromycin**

XM6QJ7 **Pteroyltriglutamate**

XM2CG3 **Razoxane**

XM9TR7 **Rufocromomycin**

XM4ZA6 **Sarcolysin**

XM1TG4 **Sarkomycin**

XM5FB8 **Tauromustine**

XM0L32 **TEPA**

XM3SV7 **Trichlormethine**

XM5FH3 **Trichlorotriethylamine**

XM7TR9 **Triethanomelamine**

XM9T22 **Triethylenemelamine**

XM6NM1 **Triethylenephosphoramide**

XM5GV6 **Triethylenethiophosphoramide**

XM4J62 **Trimustine**

XM6A19 **Uracil mustard**

XM9AV3 **Urethane**

XM1DU5 **Zinostatin**

XM4KU8 **Masoprocol**

XM7ST9 **Topotecan**

XM3ZR1 **Tiazofurine**

XM0992 **Irinotecan**

XM8200 **Alitretinoin**

XM6AL6 **Pegaspargase**

XM3NJ7 **Bexarotene**

XM6027 **Denileukin diftitox**

XM5Z86 **Bortezomib**

XM2PZ5 **Anagrelide**

XM1NQ8 **Oblimersen**

XM3VC2 **Sitimagene ceradenovec**

XM7R04 **Vorinostat**

XM91S2 **Romidepsin**

XM3RX2 **Omacetaxine mepesuccinate**

XM3BC3 **Eribulin**

XM96L9 **Panobinostat**

XM0N96 **Vismodegib**

XM4XD1 **Aflibercept**

XM0A07 **Carfilzomib**

XM7202 **Olaparib**

XM8F40 **Idelalisib**

XM9E27 **Sonidegib**

XM0Y26 **Belinostat**

XM3753 **Ixazomib**

XM1BM0 **Talimogene laherparepvec**

XM1CT6 **Protein kinase inhibitors**

XM5W30 **Imatinib**

XM3A37 **Gefitinib**

XM3420 **Erlotinib**

XM1982 **Sunitinib**

XM4A57	**Sorafenib**
XM50U1	**Dasatinib**
XM1FM4	**Lapatinib**
XM6BP0	**Nilotinib**
XM93U4	**Temsirolimus**
XM69S5	**Everolimus**
XM4FT3	**Pazopanib**
XM3W52	**Vandetanib**
XM7917	**Afatinib**
XM60L5	**Bosutinib**
XM55B8	**Vemurafenib**
XM2U80	**Crizotinib**
XM6JL9	**Axitinib**
XM0853	**Ruxolitinib**
XM0SL6	**Ridaforolimus**
XM0601	**Regorafenib**
XM0JZ7	**Masitinib**
XM1HB8	**Dabrafenib**
XM70G2	**Ponatinib**
XM7VJ9	**Trametinib**
XM4TL0	**Cabozantinib**
XM0C70	**Ibrutinib**
XM14D3	**Ceritinib**
XM7ZH9	**Lenvatinib**
XM4EA3	**Nintedanib**
XM2QS0	**Cediranib**
XM4K70	**Palbociclib**
XM8B31	**Tivozanib**
XM8YD2	**Osimertinib**
XM4JL2	**Alectinib**

XM21J7 **Rociletinib**

XM6K99 **Cobimetinib**

XM5Y46 **Midostaurin**

XM0J75 **Olmutinib**

XM3YP5 **Binimetinib**

XM2RL4 **Ribociclib**

XM2DD8 **Brigatinib**

XM59V9 **Lorlatinib**

XM5MT6 **Neratinib**

XM5RQ2 **Encorafenib**

XM15D6 **Dacomitinib**

XM9L11 **Icotinib**

XM8E34 **Abemaciclib**

XM09W7 **Acalabrutinib**

XM1L31 **Quizartinib**

XM2LF4 **Larotrectinib**

XM4BT2 **Gilteritinib**

XM16Z9 **Entrectinib**

XM28Z0 **Fedratinib**

XM7168 **Asciminib**

XM7380 **Pacritinib**

XM9U75 **Infigratinib**

XM9XE8 **Futibatinib**

XM74A3 **Selpercatinib**

XM1UG8 **Pralsetinib**

XM1JG6 **Monoclonal antibodies and antibody drug conjugates**

XM6TQ6 **Clusters of differentiation 20 inhibitors**

XM0NB9 **Clusters of differentiation 22 inhibitors**

XM4F67 **Clusters of differentiation 38 inhibitors**

XM6DT1 **Human epidermal growth factor receptor 2 inhibitors**

XM3ZP2 **Epidermal growth factor receptor inhibitors**

XM9KZ5 Trastuzumab duocarmazine

XM9ND9 **Programmed cell death protein 1/death ligand 1 inhibitors**

XM3Q80 Tislelizumab

XM2KA7 Retifanlimab

XM0AN7 Oportuzumab monatox

XM5Q93 Sacituzumab govitecan

XM0550 Amivantamab

XM1GS6 **Vascular endothelial growth factor inhibitors**

XM4ZA4 **Other monoclonal antibodies and antibody drug conjugates**

XM0PX7 Pamiparib

XM4WB3 Tazemetostat

XM78S9 Sotorasib

XM7SW9 Belzutifan

Immunostimulants

XM9VN3 **Colony stimulating factors**

XM93Q2 **Filgrastim**

XM2M96 **Molgramostim**

XM38N5 **Sargramostim**

XM7UB4 **Lenograstim**

XM17W1 **Ancestim**

XM4TX7 **Pegfilgrastim**

XM1G49 **Lipegfilgrastim**

XM7670 **Balugrastim**

XM9RV6 **Empegfilgrastim**

XM8VY9 **Pegteograstim**

XM1KX1 **Interferon alfa-2a**

XM58E0 **Interferons**

XM1GZ3 **Interferon alfa**

XM3CU5 **Interferon beta**

XM3KQ4 **Interferon gamma**

XM6QT3 **Interferon alfa-2b**

XM6D22 **Interferon beta-1a**

XM0CS1 **Interferon beta-1b**

XM0C05 **Interferon alfacon-1**

XM5L32 **Peginterferon alfacon-2**

XM70P0 **Peginterferon alfa-2b**

XM1RW9 **Peginterferon alfa-2a**

XM1HG5 **Albinterferon alfa-2b**

XM3XV8 **Peginterferon beta-1a**

XM41L0 **Cepeginterferon alfa-2b**

XM24N9 **Ropeginterferon alfa-2b**

XM2Q27 **Interleukins**

XM4MJ0 **Interferon alfa-n1**

XM0RF4 **Aldesleukin**

XM4PY0 **Oprelvekin**

XM3SM5 **Netakimab**

XM8615 **Bimekizumab**

XM4YW3 **Spesolimab**

XM7N26 **Thymopentin**

XM6GW5 **Lentinan**

XM48E5 **Roquinimex**

XM9D28 **Pegademase**

XM30D0 **Pidotimod**

XM1R32 **Poly I:C**

XM4J95 **Poly ICLC**

XM9D43 **Immunocyanin**

XM94J4 **Tasonermin**

XM99P5 **Melanoma vaccine**

XM4PM9 **Glatiramer acetate**

XM5KS2 **Histamine dihydrochloride**

XM97M6 **Mifamurtide**

XM19S3 **Plerixafor**

XM2ZJ6 **Sipuleucel-T**

XM4ZS8 **Cridanimod**

XM9BT1 **Dasiprotimut-T**

XM3R87 **Elapegademase**

Immunosuppressive agents

Coded Elsewhere: Methotrexate (XM7KT0)

XM5140 **Selective immunosuppressants**

XM9RY3 **Muromonab-CD3**

XM3TG8 **Antilymphocyte immunoglobulin (horse)**

XM2Q51 **Antithymocyte immunoglobulin (rabbit)**

XM57B1 **Mycophenolic acid**

XM76R4 **Sirolimus**

XM5M04 **Leflunomide**

XM1PY3 **Alefacept**

XM75G0 **Gusperimus**

XM8CX4 **Efalizumab**

XM4RN7 **Abetimus**

XM9YN4 **Natalizumab**

XM45M8 **Abatacept**

XM3KK5 **Eculizumab**

XM9M75 **Belimumab**

XM9K56 **Fingolimod**

XM4FP8 **Belatacept**

XM7U27 **Tofacitinib**

XM1835 **Teriflunomide**

XM9UD1 **Apremilast**

XM5MC2 **Vedolizumab**

XM7BS8 **Begelomab**

XM2B74 **Ocrelizumab**

XM1SM6 **Baricitinib**

XM0700 **Ozanimod**

XM3F23 **Emapalumab**

XM09N4 **Imlifidase**

XM6N55 **Siponimod**

XM31G3 **Ravulizumab**

XM0V48 **Upadacitinib**

XM6QJ6 **Belumosudil**

XM3RJ6 **Peficitinib**

XM69Y4 **Ponesimod**

XM1PC0 **Anifrolumab**

XM8AR9 **Teprotumumab**

XM8913 **Pegcetacoplan**

XM6PD2 **Sutimlimab**

XM93Q8 **Deucravacitinib**

XM9PG4 **Tumour necrosis factor alpha inhibitors**

XM0FU1 **Etanercept**

XM3MX3 **Infliximab**

XM31F7 **Afelimomab**

XM9DS9 **Adalimumab**

XM9QW1 **Certolizumab pegol**

XM97H7 **Golimumab**

XM0PE5 **Opinercept**

XM5ZL1 **Interleukin inhibitors**

XM3CD8 **Daclizumab**

XM6FT1 **Basiliximab**

XM3CP6 **Anakinra**

XM4YD0 **Rilonacept**

XM1BA7 **Ustekinumab**

XM2FV1 **Tocilizumab**

XM67R0 **Canakinumab**

XM5JM2 **Briakinumab**

XM0NF8 **Secukinumab**

XM9D29 **Siltuximab**

XM6601 **Brodalumab**

XM7AB4 **Ixekizumab**

XM45G5 **Sarilumab**

XM7N41 **Sirukumab**

XM2L20 **Guselkumab**

XM9VJ6 **Tildrakizumab**

XM70N9 **Risankizumab**

XM3CM4 **Calcineurin inhibitors**

XM28J8 **Ciclosporin**

XM1661 **Tacrolimus**

XM0Z09 **Voclosporin**

XM1079 **Immunosuppressive drug**

XM99R8 **Azathioprine**

XM6B78 **Thalidomide**

XM5Q10 **Lenalidomide**

XM7952 **Pirfenidone**

XM6S50 **Pomalidomide**

XM2EM8 **Dimethyl fumarate**

XM0LG0 **Darvadstrocel**

XM8X05 **Mepolizumab**

XM9UK4 **Diroximel fumarate**

Anticoagulants and antithrombotics

XM7S34 **Vitamin K antagonists**

XM8RN0 **Dicoumarol**

XM79U8 **Phenindione**

XM86W0 **Warfarin**

XM4E47 **Phenprocoumon**

XM6QR1 **Acenocoumarol**

XM5XY7 **Ethyl biscoumacetate**

XM2567 **Diphenadione**

XM6550 **Tioclomarol**

XM4GN9 **Fluindione**

XM3508 **Clorindione**

XM2YP8 **Heparin and heparin derivatives**

XM1MN3 **Heparin**

XM12N6 **Antithrombin III**

XM3DU0 **Dalteparin**

XM8ZP5 **Enoxaparin**

XM5727 **Nadroparin**

XM9V60 **Parnaparin**

XM9JC4 **Reviparin**

XM2YJ7 **Danaparoid**

XM3SS4 **Tinzaparin**

XM3E38 **Sulodexide**

XM7QG7 **Bemiparin**

Platelet aggregation inhibitors

Exclusions: Heparin and heparin derivatives (XM2YP8)

XM9J84 **Dipyridamole**

XM51R2 **Epoprostenol**

XM5G01 **Indobufen**

XM5A15 **Ticlopidine**

XM00R9 **Iloprost**

XM5PR9 **Triflusal**

XM5K56 **Ditazole**

XM8NM5 **Cloricromen**

XM09W2 **Picotamide**

XM7CM7 **Clopidogrel**

XM39C9 **Abciximab**

XM2924 **Eptifibatide**

XM0DS1 **Tirofiban**

XM8Y64 **Beraprost**

XM5057 **Treprostinil**

XM8LN2 **Prasugrel**

XM92L1 **Cilostazol**

XM1HH4 **Ticagrelor**

XM3126 **Cangrelor**

XM3835 **Vorapaxar**

XM5MZ5 **Selexipag**

XM17B1 **Anticoagulant and antithrombotic enzymes**

XM1AV3 **Streptokinase**

XM9A41 **Alteplase**

XM1P81 **Anistreplase**

XM1QH1 **Urokinase**

XM77L2 **Brinase**

XM3YU3 **Ancrod**

XM5PV9 **Direct thrombin inhibitors**

XM84G2 **Desirudin**

XM2HU1 **Lepirudin**

XM7Y21 **Argatroban**

XM1D58 **Melagatran**

XM2QF7 **Ximelagatran**

XM1WF7 **Bivalirudin**

XM16E4 **Dabigatran etexilate**

XM4SD9 **Direct factor Xa inhibitors**

XM48G2 **Rivaroxaban**

XM3Y33 **Apixaban**

XM2SN5 **Edoxaban**

XM1AM0 **Other antithrombotic agents**

XM2JQ1 **Defibrotide**

XM2XP4 **Dermatan sulfate**

XM31P2 **Fondaparinux**

Anticoagulants

XM02P8 **Anisindione**

XM54A7 **Bromindione**

XM9E78 **Coumarin**

XM0SY0 **Coumetarol**

XM0PM7 **Drotrecogin alfa**

XM9313 **Enoxaparin sodium**

XM7AL6 **Ethylidene dicoumarol**

XM4S57 **Heparin sodium**

XM5YT5 **Heparin-fraction**

XM5LC3 **Heparinoid (systemic)**

XM38V8 **Indandione (derivatives)**

XM4Z97 **Indendione (derivatives)**

XM5796 **Panwarfin**

XM04M3 **Prothrombin synthesis inhibitor**

XM8J87 **Xigris**

XM7EQ6 **Zovant**

Other fibrinolysis-affecting drugs

XM4Z15 **Amino acids**

Coded Elsewhere: Ornithine (XM1GT0)

XM0ES3 **Arginine hydrochloride**

XM2NR2 **Alanyl glutamine**

XM44Y2 **Lysine**

XM8KJ7 **Tyrosine**

XM4PP7 **Phenylalanine**

XM4H38 **Leucine**

XM2K61 **Cysteine**

XM6VX4 **Alanine**

XM4BG8 **Aminocaproic acid**

XM8GE2 **Tranexamic acid**

XM41G3 **Aminomethylbenzoic acid**

XM3QV9 **Fibrinolysis inhibitor**

XM6Y53 **Aprotinin**

XM0UH4 **Antifibrinolytic drug**

XM7XD3 **Epsilon amino-caproic acid**

XM8X82 **Hemostatic drug, systemic**

XM9PF3 **Alfa1 antitrypsin**

XM9QH4 **Camostat**

Anticoagulant antagonists, vitamin K and other coagulants

XM6DJ4 **Vitamin K**

XM1KN2 **Menadione**

XM1VC9 **Etamsylate**

XM0M37 **Acetomenaphthone**

XM5LG4 **Anticoagulant Antagonist**

XM0D26 **Antihemophilic globulin concentrate**

XM2KH0 **Antihemophilic plasma, dried**

XM0RA5 **Antiheparin drug**

XM4Z99 **Coagulant**

XM3RB9 **Cotarnine**

XM8MM4 **Cytozyme**

XM5WF6 **Gelfoam**

XM35E4 **Heparin action reverser**

XM9CA7 **Hexadimethrine (bromide)**

XM3AJ3 **Menadiol**

XM2JG9 **Menadiol sodium sulfate**

XM7MA9 **Menadione sodium bisulfite**

XM8912 **Menaquinone**

XM55W0 **Menatetrenone**

XM4U16 **Protamine sulfate**

XM0SY7 **Prothrombin activator**

XM8RT8 **Russel's viper venin**

XM6QQ2 **Snake venom or bite hemocoagulase**

XM0HF1 **Thromboplastin**

XM3W89 **Vitamin K1**

XM1YD0 **Vitamin K2**

XM5UU0 **Carbazochrome**

XM6RT1 **Carbazochrome sodium sulfonate**

XM7KW2 **Batroxobin**

XM96S9 **Romiplostim**

XM95R8 **Eltrombopag**

Natural blood and blood products

XM9766 **Coagulation factor VIII**

XM3GR1 **Thrombin**

XM04N3 **Blood plasma**

XM5WD4 **Albumin bovine**

XM1YW8 **Albumin human serum salt-poor**

XM7150 **Albumin human serum**

XM2NV9 **Blood (derivatives) (natural) (plasma) (whole)**

XM1GJ9 **Blood dried**

XM5GG5 **Blood fraction**

XM9TT2 **EPO**

XM6BM2 **Epoetin alpha**

XM79U3 **Erythropoietin human**

XM3TM8 **Factor I (fibrinogen)**

XM3ZZ2 **Factor III (thromboplastin)**

XM44Z6 **Coagulation factor IX**

XM9JK6 **Fibrin**

XM6HF0 **Human albumin**

XM0XT3 **Natural blood (product)**

XM3YQ9 **Normal serum albumin, salt-poor (human)**

XM8TU6 **Whole blood (human)**

XM1596 **Blood substitutes and plasma protein fractions**

XM84Y1 **Other plasma protein fractions**

XM0CQ3 **Gelatin agents**

XM4NU0 Gelatin (intravenous)

XM99H6 Polygeline

XM8BW6 **Hemoglobin crosfumaril**

XM4MK5 **Hemoglobin raffimer**

XM6W72 **Hemoglobin glutamer**

XM3CZ0 **Dextran**

XM1H99 **Plasma protein fraction, human**

XM6KC5 **Albumin**

XM8H48 **Hydroxyethylstarch**

XM6YJ2 **Oxypolygelatin**

XM8UH8 **Polyvinylpyrrolidone**

XM8K98 **Hematin**

XM3P96 **Factor VIII inhibitor bypassing activity**

XM58W5 **Coagulation factor VII**

XM1UV6 **Coagulation factor XIII**

XM0A85 **Coagulation factor VIIa**

XM25U1 **Von Willebrand factor**

XM4S88 **Catridecacog**

XM2RZ4 **Coagulation factor X**

XM6B13 **Susoctocog alfa**

XM7KC2 **Thrombocytes**

XM6GB5 **Stem cells from umbilical cord blood**

XM7JU3 **Serum complement (inhibitor)**

XM08V1 **Serum hemolytic complement**

XM8VX7 **Epoetin beta**

XM26D5 **Red blood cells, packed**

Iron and its compounds

Coded Elsewhere: Ferric citrate (XM8NS1)

XM8ZX9 **Calcium ferrous citrate**

XM6S51 **Dextriferron**

XM5DJ4 **Ferric chloride**

XM60G9 **Ferric hydroxide colloidal**

XM9W49 **Ferric hydroxide polymaltose**

XM2C90 **Ferric pyrophosphate**

XM55G4 **Ferritin**

XM8GJ1 **Ferrocholinate**

XM3SU9 **Ferrodextrane**

XM1018 **Ferropolimaler**

XM7EW8 **Ferrous fumerate, gluconate, lactate, salt, sulfate (medicinal)**

XM2LA7 **Ferrous phosphate**

XM8L47 **Ferrous salt**

XM8Z42 **Iron (compounds) (medicinal)**

XM6FS8 **Iron ammonium**

XM7PP8 **Iron dextran injection**

XM54R9 **Iron salts**

XM3EH2 **Iron sorbitol citric acid complex**

XM8KK0 **Isomaltose, ferric complex**

XM77C5 **Jectofer**

XM1Y67 **Polyferose**

XM5SE8 **Sodium iron edetate**

XM85E8 **Saccharated iron oxide**

XM5HE0 **Sodium feredetate**

XM7E86 **Ferrous glycine sulfate**

XM04C6 **Ferrous fumarate**

XM3N76 **Ferrous gluconate**

XM2865 **Ferrous carbonate**

XM6UB4 **Ferrous chloride**

XM8SK2 **Ferrous succinate**

XM3SQ1 **Ferrous sulfate**

XM0FD3 **Ferrous tartrate**

XM8638 **Ferrous aspartate**

XM0S20 **Ferrous ascorbate**

XM1BG1 **Ferrous iodine**

XM7FV2 **Ferric sodium citrate**

XM4HF0 **Ferric hydroxide**

XM5AW9 **Ferric oxide polymaltose complexes**

XM6CK7 **Chondroitin sulfate-iron complex**

XM5L86 **Ferric acetyl transferrin**

XM8NX7 **Ferric proteinsuccinylate**

XM4J31 **Ferric maltol**

XM0216 **Ferrous amino acid complex**

XM6435 **Sodium dipantoyl ferrate**

Vitamin B12, folic acid and other anti-megaloblastic-anaemia preparations

XM7CP9 **Hydroxocobalamin**

XM7R82 **Folic acid**

XM2AT9 **Mecobalamin**

XM2RU3 **Cobalamine**

XM9KD4 **Cyanocobalamin**

XM20E6 **Hematinic preparation**

XM16W1 **Leucovorin (factor)**

XM9130 **Erythropoietin**

XM09N3 **Cyanocobalamin tannin complex**

XM2NR4 **Cobamamide**

XM7M42 **Darbepoetin alfa**

XM66M0 **Methoxy polyethylene glycol-epoetin beta**

XM9D96 **Peginesatide**

XM27M4 **Daprodustat**

XM59J5 **Vadadustat**

Enzymes

XM6Y81 **Alidase**

XM0KX8 **Alpha amylase**

XM7NZ6 **Chymotrypsin**

XM8P48 **Cocarboxylase**

XM1819 **Deoxyribonuclease**

XM3HF5 **Diffusin**

XM3TF2 **Enzyme fibrolytic**

XM5GS9 **Enzyme thrombolytic**

XM0543 **Hyaluronidase**

XM2P48 **Pancreatic dornase**

XM9J86 **Penicillinase**

XM52N4 **Pronase**

XM94J1 **Serrapeptase**

XM93U7 **Streptodornase**

XM8183 **Sutilains**

XM40V6 **Trypsin**

XM6RN7 **Reteplase**

XM04S7 **Saruplase**

XM8K47 **Drotrecogin alfa (activated)**

XM5ZA2 **Tenecteplase**

XM35D2 **Protein C**

XM32Y3 **Fibrinolysin and desoxyribonuclease**

XM4XM2 **Fibrinolysin**

XM9PZ9 **Tissue plasminogen activator**

Drugs used in hereditary angioedema

XM9AX4 **C1-inhibitor, plasma derived**

XM7TQ2 **Icatibant**

XM9192 **Ecallantide**

XM7M63 **Conestat alfa**

XM2UN9 **Berotralstat**

Local hemostatics

XM3RF2 **Absorbable gelatin sponge**

XM6EK6 **Oxidized cellulose**

XM1MS7 **Tetragalacturonic acid hydroxymethylester**

XM6BS8 **Adrenalone**

XM1JS6 **Calcium alginate**

Other haematological agents

XM8F45 **Voxelotor**

Agents affecting genitourinary system, sex and anabolic hormones

Coded Elsewhere: Labour repressants

Drugs used in erectile dysfunction

Acidifiers

Oxytocic drugs (XM0Q45-XM6MR2)

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified (XM6W81-XM5XB7)

Other gynaecologicals

XM8R05 **Atosiban**

XM5EY9 **Flibanserin**

XM19G4 **Agni casti fructus**

XM6DH4 **Cimicifugae rhizoma**

Intrauterine and intravaginal contraceptives

XM92Y5 **Plastic intrauterine contraceptive device**

XM0B44 **Plastic intrauterine contraceptive device with copper**

XM7P32 **Plastic intrauterine contraceptive device with progestogen**

XM2AH3 **Vaginal ring with progestogen and estrogen**

Estrogens and progestogens

XM9N33 **Progestogens and estrogens, fixed combinations**

XM65V3 **Levonorgestrel with ethinylestradiol**

XM4BC7 **Gestodene and ethinylestradiol**

XM5PH2 **Norgestimate and ethinylestradiol**

XM01B4 **Norelgestromin and ethinylestradiol**

XM0QV1 **Nomegestrol and estradiol**

XM3727 **Chlormadinone and ethinylestradiol**

XM4AD5 **Quingestanol and ethinylestradiol**

XM9ZQ5 **Lynestrenol and ethinylestradiol**

XM3344 **Megestrol and ethinylestradiol**

XM7D82 **Norethisterone with ethinylestradiol**

XM6EU8 **Medroxyprogesterone and ethinyloestradiol**

XM6Y16 **Desogestrel and ethinylestradiol**

XM3L86 **Drospirenone and ethinylestradiol**

XM5KE9 **Dienogest and ethinylestradiol**

XM3WW4 **Ethinylestradiol, ethinyloestradiol with levonorgestrel**

XM7M76 **Ethinylestradiol, ethinyloestradiol with norethisterone**

XM8HJ8 **Ethynodiol with mestranol diacetate**

XM0ZZ0 **Progestogens and estrogens, sequential preparations**

XM70N0 **Estrogens**

XM51S9 **Diethylstilbestrol**

XM7YR1 **Epimestrol**

XM4EH0 **Estriol**

XM1058 **Chlorotrianisene**

XM8YK8 **Estrone**

XM56M0 **Estrogen conjugated**

XM6UC0 **Dienoestrol**

XM4T41 **Methallenestril**

XM3YX8 **Polyestradiol phosphate**

XM03K8 **Fosfestrol**

XM7FC3 **Promestriene**

XM7ST1 **Moxestrol**

XM70N6 **Tibolone**

XM1SV5 **Ethinyloestradiol**

XM7CP4 **Estrogen**

XM9HA7 **Progestogens**

XM2HB5	**Medroxyprogesterone acetate (depot)**
XM1KX5	**Gestonorone caproate**
XM6U53	**Levonorgestrel**
XM1DX1	**Quingestanol**
XM8Y77	**Lynestrenol**
XM7KS3	**Megestrol**
XM7LY6	**Norethisterone**
XM7ZG5	**Desogestrel**
XM7XY6	**Drospirenone**
XM0R79	**Hydroxyprogesterone**
XM3799	**Progesterone**
XM71X5	**Dydrogesterone**
XM4HQ9	**Medrogestone**
XM2LR3	**Nomegestrol**
XM6SD5	**Demegestone**
XM5FK8	**Chlormadinone**
XM71B5	**Promegestone**
XM0U58	**Dienogest**
XM77R9	**Allylestrenol**
XM0TH1	**Ethisterone**
XM6TX3	**Ethynodiol**
XM37T7	**Methylestrenolone**
XM94C4	**Etonogestrel**
XM31C0	**Norgestrienone**
XM6CL2	**Anhydrohydroxy-progesterone**
XM0W29	**Antineoplastic combination estrogen**
XM76F9	**Conjugated estrogenic substances**
XM4DR7	**Delalutin**
XM49U4	**Dimestrol**
XM5RK3	**Dimethisterone**

XM1P34 **Epiestriol**

XM39W0 **Estradiol benzoate**

XM2GR3 **Estrogen with progesterone**

XM6133 **Estropipate**

XM7JV9 **Gonadal tissue extract female**

XM8WE5 **Hexestrol**

XM4NZ9 **Hydroxyestrone**

XM5A00 **Hydroxyprogesterone caproate**

XM3AK8 **Mestranol**

XM1SH1 **Noretynodrel**

XM1B43 **Normethandrone**

XM3MJ7 **Ovarian hormone**

XM26R0 **Ovarian stimulant**

XM8AV0 **Oxendolone**

XM1K26 **Pregnandiol**

XM8FT3 **Progestogen**

XM9HS1 **Quinestradol**

XM3HH8 **Quinestrol**

XM0SU9 **Steroid antineoplastic, hormone estrogen**

Estrogen receptor modulators

XM74M2 **Clomiphene**

XM1ZT8 **Ormeloxifene**

XM7P20 **Cyclofenil**

XM2CF9 **Raloxifene**

XM8818 **Bazedoxifene**

XM4JW0 **Lasofoxifene**

XM8HF1 **Ospemifene**

Progesterone receptor modulators

XM4RW1 **Mifepristone**

XM04R5 **Ulipristal**

Androgens and anabolic congeners

XM8VE0 **Stanozolol**

XM24D1 **Methandrostenolone**

XM0E55 **Mestanolone**

XM1E21 **Oxymesterone**

XM7WQ1 **Oxymetholone**

XM8788 **Quinbolone**

XM5Q72 **Prasterone**

XM6327 **Oxandrolone**

XM5115 **Norethandrolone**

XM29P0 **Fluoxymesterone**

XM4TC8 **Methyltestosterone**

XM3HM6 **Testosterone**

XM3QK3 **Mesterolone**

XM3478 **Androstalone**

XM3BT9 **Anabolic steroid**

XM65R6 **Androgen**

XM5CT6 **Androgen-estrogen mixture**

XM89R1 **Androsterone**

XM7LM1 **Antineoplastic steroid**

XM0T50 **Calusterone**

XM1SV6 **Congener, anabolic**

XM1RM3 **Dromostanolone**

XM81H5 **Durabolin**

XM76Q0 **Epitiostanol**

XM3UJ6 **Estradiol with testosterone**

XM7X01 **Gonadal tissue extract male**

XM6R95 **Macrolide anabolic drug**

XM21D8 **Mepitiostane**

XM2GQ1 **Metenolone**

XM6966 **Methandriol**

XM8HC6 **Methyl androstanolone**

XM8NZ0 **Nandrolone**

XM3KV3 **Steroid androgenic**

XM1KA5 **Steroid antineoplastic, hormone**

XM5T49 **Testolactone**

XM50S2 **Zeranol**

XM54A1 **Ethylestrenol**

XM6RN8 **Oxabolone cipionate**

XM11B1 **Drugs for urinary frequency and incontinence**

Other urologicals

Coded Elsewhere: Magnesium hydroxide (XM39M3)

XM1TG5 **Phenyl salicylate**

XM5549 **Acetohydroxamic acid**

XM2VJ5 **Phenazopyridine**

XM1JS5 **Dimethyl sulfoxide**

XM8GM2 **Pentosan polysulfate sodium**

XM2D76 **Tiopronin**

XM6VX1 **Succinimide**

XM8BX6 **Dapoxetine**

Drugs used in benign prostatic hypertrophy

Coded Elsewhere: Alfuzosin (XM1C94)
Tamsulosin (XM3F82)
Terazosin (XM9LH2)
Mepartricin (XM40Q3)
Finasteride (XM8P68)
Dutasteride (XM01Y3)
Silodosin (XM1FQ5)

XM3WK8 **Prunus africanae cortex**

XM5B91 **Sabalis serrulatae fructus**

XM2Y08 **Fexapotide**

Hormones and their synthetic substitutes and antagonists, not elsewhere classified

Coded Elsewhere: Mineralocorticoids (XM44R0-XM9X54)

Anterior pituitary [adenohypophyseal] hormones and analogues

XM5Y80 **Adrenocorticotrophic hormone**

XM7XJ1 **Corticotropin**

XM4B77 **Tetracosactide**

XM7309 **Anterior pituitary hormone**

XM1EM4 **Cosyntropin**

XM4MB2 **Follicle-stimulating hormone, human**

XM1027 **FSH**

XM1NX7 **Human growth hormone (HGH)**

XM86N5 **Luteinizing hormone**

XM92R5 **Menotropins**

XM4QA7 **Pergonal**

XM0Y82 **Pituitary extracts anterior**

XM77Q1 **Prolactin**

XM9NW5 **Seractide**

XM3LZ6 **Somatotropin**

XM52T6 **Tetracosactrin**

XM4WS0 **Thyrotrophin**

XM7J71 **Thyrotropic hormone**

XM8HC4 **Urofollitropin**

XM03E8 **Somatropin and somatropin agonists**

XM96L8 **Somatrem**

XM30J6 **Sermorelin**

XM3038 **Mecasermin**

XM5CS4 Pegvisomant

XM9BW0 **Mecasermin rinfabate**

XM9109 **Tesamorelin**

XM9WW0 **Somatrogon**

XM49L1 **Chorionic gonadotrophin**

XM2J59 **Human menopausal gonadotrophin**

XM5ZL8 **Serum gonadotrophin**

XM4K30 **Follitropin alfa**

XM6EZ5 **Follitropin beta**

XM8TP5 **Lutropin alfa**

XM6HX4 **Choriogonadotropin alfa**

XM5M71 **Corifollitropin alfa**

XM0RZ5 **Follitropin delta**

XM26R5 **Thyrotropin alfa**

Posterior pituitary hormones and analogues

XM9EQ9 **Enterogastrone**

XM3MT8 **Felypressin**

XM6X07 **Gonadal tissue extract**

XM10K7 **Gonadotropin**

XM3GP5 **Leuprolide**

XM7399 **Melanocyte-stimulating hormone**

XM00P3 **Pituitary extracts (posterior)**

XM0J12 **Placental hormone**

XM5714 **Posterior pituitary hormone**

XM7LM2 **Thymus extract**

XM1Y33 **Vasopressor drugs**

XM25M7 **Vasopressin and analogues**

XM6A76 **Vasopressin**

XM77T2 **Desmopressin**

XM3GU1 **Lypressin**

XM4E12 **Terlipressin**

XM3LP5 **Ornipressin**

XM1DB3 **Oxytocin and analogues**

XM9SN0 **Oxytocin**

XM41G8 **Demoxytocin**

XM4ZX0 **Carbetocin**

Hypothalamic hormones and analogues

Gonadotropin releasing hormones and analogues

XM32E8 **Buserelin**

XM8CG4 **Goserelin**

XM2TU9 **Gonadorelin**

XM4VT6 **Nafarelin**

XM78X7 **Histrelin**

XM3S25 **Leuprorelin**

XM9XC3 **Somatostatin and analogues**

XM5L29 **Somatostatin**

XM01Z4 **Octreotide**

XM7GZ3 **Lanreotide**

XM28Z2 **Vapreotide**

XM3AN9 **Pasireotide**

Prolactin inhibitors

Coded Elsewhere: Bromocriptine (XM5QR9)

XM4S44 **Cabergoline**

XM7828 **Metergoline**

XM96P1 **Quinagolide**

XM3MG0 **Terguride**

Glucocorticoids and synthetic analogues

XM51K6 **Adrenal (extract, cortex or medulla)(glucocorticoids)(hormones)(mineralocorticoids)**

XM6SU0 **Betamethasone**

XM0XB5 **Clocortolone**

XM4AF4 **Cloprednol**

XM3R56 **Compound E (cortisone)**

XM4HH6 **Compound F (hydrocortisone)**

XM6FJ6 **Cortate**

XM6TY3 **Corticosteroid**

XM5AE3 **Cortisone**

XM17S1 **Cortivazol**

XM25L1 **Cortone**

XM5CF7 **Deflazacort**

XM72R5 **Dexamethasone**

XM48E4 **Fluorinated corticosteroids**

XM2GK4 **Fluprednisolone**

XM4Z52 **Glucocorticoids**

XM0XY8 **Hormone adrenal cortical steroids**

XM2UL5 **Kenacort**

XM5V41 **Meprednisone**

XM4RH1 **Paramethasone**

XM5AM2 **Percorten**

XM6JJ4 **Prednisolone**

XM39W4 **Prednisone**

XM3YJ1 **Prednylidene**

XM8JY6 **Steroid**

XM5FR6 **Fluocortolone**

XM4J30 **Triamcinolone**

XM21H0 **Hydrocortisone**

XM3UP9 **Budesonide**

XM9VX0 **Flunisolide**

XM8PN0 **Mometasone**

XM5PW9 **Fluticasone**

XM3FX7 **Methylprednisolone**

XM3SM4 **Rimexolone**

XM3293 **Beclometasone**

XM4TY1 **Ciclesonide**

XM1XF3 **Fluticasone furoate**

Anticorticosteroids

XM7DQ5 **Trilostane**

XM8676 **Osilodrostat**

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified

XM6W81 **Gonadotrophin-releasing hormone antagonists**

XM5JS1 **Ganirelix**

XM8Z22 **Cetrorelix**

XM5064 **Elagolix**

XM5ZS9 **Abarelix**

XM8292 **Degarelix**

XM3NR0 **Linzagolix**

XM10A6 **Antiestrogen**

XM2UX2 **Tamoxifen**

XM1312 **Toremifene**

XM2ZV3 **Fulvestrant**

XM7JF4 **Antiandrogen**

XM3G31 **Flutamide**

XM9AL0 **Nilutamide**

XM5FE9 **Bicalutamide**

XM7BF6 **Enzalutamide**

XM6Q81 **Apalutamide**

XM3FZ0 **Darolutamide**

XM9X91 **Aromatase inhibitors**

XM7D25 **Aminoglutethimide**

XM14P8 **Formestane**

XM4Z64 **Anastrozole**

XM2J37 **Letrozole**

XM6976 **Vorozole**

XM2VT0 **Exemestane**

XM8MB2 **Antigonadotrophin**

XM3C58 **Cyproterone**

XM0FW7 **Danazol**

XM9QT3 **Nafoxidine**

XM0P47 **Taleranol**

XM40Q3 **Mepartricin**

XM3028 **Testosterone-5-alpha reductase inhibitors**

XM8P68 **Finasteride**

XM01Y3 **Dutasteride**

XM7E94 **Gestrinone**

XM1517 **Abiraterone**

XM5XB7 **Relugolix**

Thyroid hormones and substitutes

XM68B8 **Detrothyronine**

XM2YU4 **Dextrothyroxin**

XM27J7 **Dextrothyroxine sodium**

XM5M40 **Euthroid**

XM93X7 **Hormone thyroid**

XM10Z7 **Levoid**

XM5G81 **Levothyroxine**

XM2WC1 **Levothyroxine sodium**

XM2XB6 **Liothyronine**

XM0P56 **Liotrix**

XM9RU3 **Proloid**

XM65J7 **Sodium L-triiodothyronine**

XM66B8 **Thyroglobulin**

XM5685 **Thyroxine**

XM4H64 **Tiratricol**

XM5590 **Titroid**

XM47Z3 **Liothyronine sodium**

XM8CX3 **Thyroid gland preparations**

Antithyroid drugs

XM1H03 **Benzylthiouracil**

XM35K1 **Carbimazole**

XM6Y24 **Diiodotyrosine**

XM8492 **Iodine 131 therapeutic**

XM6VL9 **Iodine for thyroid conditions (antithyroid)**

XM7TM9 **Iothiouracil**

XM38T7 **Methimazole**

XM54P6 **Methylthiouracil**

XM6V39 **Potassium perchlorate antithyroid**

XM9LL4 **Potassium perchlorate medicinal**

XM5DE7 **Propylthiouracil**

XM8X98 **Thiouracil (benzyl) (methyl) (propyl)**

XM3G29 **Thiourea**

XM2MJ8 **Dibromotyrosine**

Iodine therapy

XM8AS5 **Sodium iodide**

XM9N95 **Glucagon**

Parathyroid hormones and analogues

XM7GD6 **Parathyroid gland extract**

XM59Z3 **Teriparatide**

XM4RN4 **Parathyroid hormone**

Antiparathyroid agents

XM0S16 **Calcitonin preparations**

XM74V3 **Calcitonin, salmon synthetic**

XM28Z6 **Calcitonin, pork natural**

XM32U7 **Calcitonin, human synthetic**

XM6US3 **Elcatonin**

XM40P9 **Cinacalcet**

XM9LS5 **Paricalcitol**

XM48A9 **Doxercalciferol**

XM0NY4 **Etelcalcetide**

Insulin and antidiabetic drugs

XM21C9 **Insulin human**

XM8S35 **Antidiabetic**

XM9AX5 **Antidiabetic biguanide and sulfonyl combined**

XM5DC4 **Biguanides**

XM4K79	**Phenformin**
XM0JN5	**Metformin**
XM6EJ2	**Buformin**
XM0S91	**Proguanil**
XM0EG5	**Cycloguanil embonate**
XM5SK7	**Antidiabetic combined**
XM11C9	**Sulfonylureas**
XM8S18	**Chlorpropamide**
XM1RV6	**Tolbutamide**
XM8E97	**Glibornuride**
XM8YD0	**Tolazamide**
XM8ZU0	**Carbutamide**
XM3TQ4	**Glipizide**
XM8597	**Gliquidone**
XM2G21	**Gliclazide**
XM65J8	**Glisoxepide**
XM60R0	**Acetohexamide**
XM5N48	**Metahexamide**
XM5N74	**Glimepiride**
XM6932	**Biguanide derivatives, oral**
XM06A4	**Glimidine**
XM2584	**Glisolamide**
XM4SE3	**Globin zinc insulin**
XM6JN8	**Glyburide**
XM0K09	**Glyclopyramide**
XM6861	**Glycyclamide**
XM88E8	**Glymidine sodium**
XM4M26	**Hormone antidiabetic agents**
XM5MV9	**Iletin**
XM4C63	**Insular tissue extract**

XM2JC7 **Insulin (amorphous) (globin) (isophane) (Lente) (NPH) (Semilente) (Ultralente)**

XM3RW5 **Insulin defalan**

XM16M5 **Biphasic insulin injection**

XM1DZ9 **Insulin injection, soluble**

XM9728 **Insulin intermediate acting**

XM54Q2 **Insulin protamine zinc**

XM0KT2 **Insulin slow acting**

XM7VD3 **Protamine zinc insulin injection**

XM0US2 **Insulin zinc suspension (amorphous) (crystalline)**

XM73L8 **Isophane insulin**

XM9AZ3 **Lente iletin (insulin)**

XM8502 **Neutral insulin injection**

XM8VX4 **NPH iletin (insulin)**

XM3J06 **Protamine sulfate zinc insulin**

XM8QQ1 **PZI**

XM73P6 **Sulfonylurea derivatives, oral**

XM99F8 **Insulins and analogues**

XM2WY1 **Alpha glucosidase inhibitors**

XM9JV9 **Acarbose**

XM9EX0 **Miglitol**

XM4QD6 **Voglibose**

Sulfonamides (heterocyclic)

XM19U1 **Acedapsone**

XM91Z9 **Acesulfamethoxypyridazine**

XM1RU4 **Acetylsulfamethoxypyridazine**

XM7WC8 **Diaphenylsulfone**

XM96M6 **Disulfanilamide**

XM3GA0 **Neoprontosil**

XM1RY1 **Phthalylsulfathiazole**

XM55D8 **Prontosil**

XM85A7 **Succinylsulfathiazole**

XM69G3 **Sulfachlorpyridazine**

XM5C46 **Sulfacitine**

XM57L7 **Sulfadoxine**

XM03X3 **Sulfaethidole**

XM0F36 **Sulfaguanidine**

XM6N26 **Sulfaloxate**

XM57M8 **Sulfaloxic acid**

XM8UP5 **Sulfameter**

XM5X85 **Sulfamethylthiazole**

XM6D90 **Sulfamonomethoxine**

XM2187 **Sulfaphenylthiazole**

XM8QW8 **Sulfaproxyline**

XM2XQ2 **Sulfasalazine**

XM9MJ3 **Sulfasuxidine**

XM2Y59 **Sulfasymazine**

XM6BM7 **Sulfisomidine**

XM7Z85 **Trisulfapyrimidines**

XM5EH1 **Glymidine**

XM4UA3 **Thiazolidinediones**

XM0NQ7 **Troglitazone**

XM27D8 **Rosiglitazone**

XM0TX6 **Pioglitazone**

XM9SM6 **Dipeptidyl peptidase 4 inhibitors**

XM4M71 **Sitagliptin**

XM9867 **Vildagliptin**

XM5QH2 **Saxagliptin**

XM1044 **Alogliptin**

XM9X94 **Linagliptin**

XM5T11 **Gemigliptin**

XM5SF9 **Evogliptin**

XM4MK4 **Glucagon-like peptide-1 analogues**

XM06C6 **Exenatide**

XM0EQ7 **Liraglutide**

XM3U71 **Lixisenatide**

XM2516 **Albiglutide**

XM1FT0 **Dulaglutide**

XM9KJ3 **Semaglutide**

XM0FD1 **Meglitinide**

XM9V31 **Repaglinide**

XM5Z74 **Nateglinide**

XM7967 **Mitiglinide**

XM9EK1 **Other blood glucose lowering drugs**

Coded Elsewhere: Benfluorex (XM9UB7)

XM62R6 **Pramlintide**

XM7VJ0 **Teduglutide**

XM0615 **Sodium-glucose co-transporter 2 inhibitors**

XM97T4 **Dapagliflozin**

XM1NP2 **Canagliflozin**

XM9RW3 **Empagliflozin**

XM66V1 **Ertugliflozin**

XM8Y84 **Ipragliflozin**

XM7947 **Sotagliflozin**

XM29C4 **Insulin (beef)**

XM8YE2 **Insulin (pork)**

XM6NY5 **Insulin lispro**

XM0HQ0 **Insulin aspart**

XM7WH3 **Insulin glulisine**

XM96W1 **Insulin detemir**

XM6R62 **Insulin degludec**

XM65E7 **Tolrestat**

XM93G5 **Imeglimin**

XM5374 **Cholecystokinin**

Agents affecting bones, joints and other connective tissue, not elsewhere classified

Bisphosphonates

XM7171 **Clodronic acid**

XM6UW3 **Etidronic acid**

XM55G3 **Pamidronic acid**

XM94M8 **Alendronic acid**

XM2M01 **Tiludronic acid**

XM93D5 **Ibandronic acid**

XM5CM8 **Risedronic acid**

XM5908 **Zoledronic acid**

Bone morphogenetic proteins

XM5GF1 **Dibotermin alfa**

XM8NB9 **Eptotermin alfa**

XM94X8 **Collagen**

Enzymes affecting bones, joints and other connective tissue, not elsewhere classified

XM2UE2 **Chymopapain**

XM6F64 **Bromelains**

XM0NQ8 **Collagenase clostridium histolyticum**

XM4GT8 **Ipriflavone**

XM5AP2 **Aluminium chlorohydrate**

XM6U91 **Strontium ranelate**

XM2P79 **Denosumab**

XM4MQ4 **Burosumab**

XM7AJ2 **Romosozumab**

XM6EQ0 **Hyaluronic acid**

XM2SL6 **Chondrocytes, autologous**

XM99J5 **Vosoritide**

Agents primarily affecting water and nutrition-balance and metabolism

Drugs affecting uric acid metabolism and other antigout preparations

Coded Elsewhere: Colchicine (XM3Q99)

XM2ZB4 **Preparations inhibiting uric acid production**

XM9589 **Allopurinol**

XM47Z2 **Tisopurine**

XM0K04 **Febuxostat**

XM7F05 **Preparations increasing uric acid excretion**

XM0WT0 **Probenecid**

XM7K05 **Sulfinpyrazone**

XM9DK8 **Benzbromarone**

XM3WF1 **Isobromindione**

XM95H8 **Lesinurad**

XM2D08 **Atophan**

XM3WA0 **Cinchophen**

XM0M93 **Ethebenecid**

XM5VG7 **Neocinchophen**

XM6FA5 **Oxipurinol**

XM3JP7 **Phenoquin**

XM9DH5 **Spindle inactivator**

XM56G7 **Urate oxidase**

XM95S3 **Uric acid metabolism drug**

XM6953 **Uricosuric agent**

XM9TL4 **Pegloticase**

Mineral salts and supplements, not elsewhere classified

Coded Elsewhere: Iron and its compounds (XM8ZX9-XM6435)

XM8KC2 **Calcium**

Coded Elsewhere: Calcium compounds (XM0SA0)
Calcium carbonate (XM9003)
Calcium chloride (XM9VN8)

XM1AY1 **Calcium phosphate**

XM7ND2 **Calcium glubionate**

XM3EU2 **Calcium gluconate**

XM46G3 **Calcium lactate**

XM0VY0 **Calcium acetate**

XM4N33 **Calcium lactate gluconate**

XM9WA2 **Calcium glycerylphosphate**

XM4X88 **Calcium citrate lysine complex**

XM08S9 **Calcium glucoheptonate**

XM7G46 **Calcium pangamate**

XM5TW4 **Calcium acetate anhydrous**

XM4S97 **Calcium citrate**

XM6AK3 **Calcium laevulate**

XM8AM9 **Calcium bromolactobionate**

XM9566 **Calcium salts**

XM8278 **Potassium**

Coded Elsewhere: Potassium chloride (XM0U09)

XM7D96 **Potassium citrate**

XM46S4 **Potassium bitartrate**

XM56J9 **Potassium bicarbonate**

XM2P49 **Potassium gluconate**

XM0H50 **Potassium salts**

XM1ZS4 **Sodium**

Coded Elsewhere: Sodium chloride (XM0X22)

XM0VG1 **Sodium acid phosphate**

XM6R29 **Sodium biphosphate**

XM8ZD6 **Sodium cyclamate**

XM9KZ3 **Sodium hydrogen carbonate**

XM7L15 **Sodium magnesium citrate**

XM3H90 **Sodium salt**

XM1U95 **Zinc**

XM3E63 **Zinc chloride nonmedicinal**

XM52P2 **Zinc chromate**

XM93K2 **Zinc oxide nonmedicinal**

XM6D77 **Zinc phosphide**

XM82L3 **Zinc sulfate nonmedicinal**

XM27E8 **Zinc pesticide, not elsewhere classified**

XM68Z2 **Zinc sulfate**

XM5WL8 **Zinc gluconate**

XM0418 **Zinc protein complex**

XM3R55 **Zinc acetate**

XM5TD2 **Magnesium**

Coded Elsewhere: Magnesium oxide (XM7G33)
Magnesium sulfate (XM6EC7)

XM7KF0 **Magnesium citrate**

XM1AU1 **Magnesium gluconate**

XM2U66 **Magnesium aspartate**

XM3U21 **Magnesium lactate**

XM8W21 **Magnesium levulinate**

XM9GU6 **Magnesium pidolate**

XM8P82 **Magnesium orotate**

XM5VT1 **Magnesium silicofluoride**

XM1VS5 **Fluoride**

XM1F39	**Sodium fluoride**
XM82S0	**Sodium monofluorophosphate**
XM47M7	**Selenium**
XM4HH9	**Selenium fumes**
XM5RR4	**Sodium selenate**
XM7809	**Sodium selenite**
XM6777	**Acetic acid irrigating solution**
XM7KG7	**Aminoacetic acid (derivatives)**
XM6DF0	**Carbacrylamine (resin)**
XM1619	**Dialysis solution (intraperitoneal)**
XM6YF0	**Electrolytic agent**
XM6598	**Glucose with sodium chloride**
XM02Y3	**Glycerol intravenous**
XM7NQ3	**Glycine**
XM8UU5	**Lactated potassic saline**
XM5FN3	**Mineral salt**
XM6P40	**Polyaminostyrene resins**
XM3UT8	**Potassic saline injection (lactated)**
XM11X8	**Ringer solution (lactate)**
XM6XG7	**Sodium free salt**
XM7JQ2	**Travert**
XM1DP8	**Water balance drug**
XM5N49	**Water distilled**
XM9V59	**Water purified**
XM8323	**Cobalt medicinal (trace) (chloride)**
XM5DN1	**Copper medicinal (trace)**
XM3046	**Dietary supplements rich in vitamins and antioxidants**
XM7113	**Liver extract**
XM9GC7	**Liver fraction 1**

XM25P4 **Liver hydrolysate**

XM09R3 **Cod-liver oil**

XM9FC4 **Yeast**

XM2W18 **Yeast dried**

Electrolytic, caloric and water-balance agents

Coded Elsewhere: Amino acids (XM4Z15)

XM0N15 **Solutions producing osmotic diuresis**

XM5BJ8 **Mannitol**

XM4HL5 **Carbamide**

XM62S0 **Antikaluretic**

XM51Y8 **Caloric agent**

XM7BR0 **Dextrose**

XM7UQ5 **Electrolyte balance drug**

XM9SL7 **Electrolyte solutions**

Coded Elsewhere: Magnesium sulfate (XM6EC7)
Hydrochloric acid (XM6F61)

XM0U09 **Potassium chloride**

XM4XZ4 **Sodium bicarbonate**

XM0X22 **Sodium chloride**

XM9VN8 **Calcium chloride**

XM1W37 **Ammonium chloride**

XM76C9 **Sodium phosphate**

XM7F36 **Sodium acetate**

XM6NV5 **Magnesium phosphate**

XM03Q8 **Magnesium chloride**

XM40H8 **Zinc chloride**

XM83Z9 **Sodium glycerophosphate**

XM3T43 **Potassium lactate**

XM99L3 **Cardioplegia solutions**

XM45S7 **Potassium acetate**

XM3US9 **Compound solution of sodium lactate**

XM7E16 **Gluconic acid**

XM2S34 **Glycerophosphate**

XM61E9 **Sodium citrate**

XM5Y58 **Hartmann's solution**

XM0KH7 **Invert sugar**

XM9XU2 **Levulose**

XM39B5 **Oral rehydration salts**

XM39C1 **Peritoneal dialysis solution**

XM03B7 **Potassium-removing resin**

XM5KE7 **Potassium-retaining drug**

XM3UA2 **Replacement solution**

XM4EK0 **Sodium removing resins**

XM9Y86 **Sucrose**

XM6JX1 **Carnitine**

XM5S14 **Electrolytes**

XM9QW3 **Trometamol**

XM7345 **Ademethionine**

XM1P36 **Glutamine**

XM85F8 **Mercaptamine**

XM0977 **Carglumic acid**

XM9GM1 **Fat emulsions**

XM4YU3 **Carbohydrates**

XM55C2 **Protein hydrolysates**

Diuretics

Coded Elsewhere: Carbonic-anhydrase inhibitors
Equisetum diuretic (XM0EC2)

XM5W29 **Aminometradine**

XM2E81 **Amisometradine**

XM8U06 **Anhydron**

XM8TM1 **Benzothiadiazides**

XM0JW3 **Benzylhydrochlorothiazide**

XM3ER5 **Carbonic acid gas anhydrase inhibitor**

XM80T6 **Chlorazanil**

XM6946 **Chlormerodrin**

XM4JM8 **Diupres**

XM4D06 **Diuretic**

XM68T7 **Diuretic benzothiadiazine**

XM8B36 **Diuretic carbonic acid anhydrase inhibitors**

XM1N83 **Diuretic furfuryl**

XM6VW0 **Diuretic mercurial**

XM43Q2 **Diuretic saluretic**

XM3558 **Diuretic sulfonamide**

XM58W3 **Diuretic thiazide**

XM04R3 **Diurgin**

XM5L31 **Flumethiazide**

XM8T28 **Hydromox**

XM8HM6 **Meralluride**

XM5R34 **Merbaphen**

XM1SB8 **Mercaptomerin**

XM3PF7 **Mercumatilin**

XM3L13 **Mercurophylline**

XM4B84 **Osmotic diuretics**

XM6BR0 **Purine diuretics**

XM7660 **Regroton**

XM01E9 **Salicylate theobromine calcium**

XM9409 **Saluretic**

XM7J43 **Sodium mersalate**

XM9VJ2 **Thiomercaptomerin**

XM1177 **Thiomerin**

XM0YS2 **Tiamizide**

XM3YV1 **Tripamide**

XM93H5 **Xanthine diuretics**

XM3K70 **Low-ceiling diuretics**

Coded Elsewhere: Theobromine (XM4L37)

Benzothiadiazine derivatives

XM5FV5 **Altizide**

XM64R7 **Bendroflumethiazide**

XM7Q17 **Benzthiazide**

XM83Q3 **Butizide**

XM3PJ4 **Chlorothiazide**

XM4SP9 **Cyclopenthiazide**

XM1PM4 **Cyclothiazide**

XM71N6 **Disulfamide**

XM8532 **Epitizide**

XM6910 **Hydrochlorothiazide**

XM2671 **Hydroflumethiazide**

XM3EW9 **Mebutizide**

XM9T97 **Methyclothiazide**

XM1DC4 **Penflutizide**

XM7NZ7 **Polythiazide**

XM26G2 **Teclothiazide**

XM1L59 **Trichlormethiazide**

XM4AF6 **Mersalyl**

XM0G11 **Cicletanine**

XM6U69 **Low-ceiling diuretic sulfonamides**

XM3WN8 Quinethazone

XM7A66 Clopamide

XM51L8 Chlortalidone

XM1DG9 Mefruside

XM0EZ6 Clofenamide

XM7G39 Metolazone

XM3GK5 Meticrane

XM4U11 Xipamide

XM49L3 Indapamide

XM8GT1 Clorexolone

XM6CD1 Fenquizone

XM3L93 **Aldosterone antagonists and other potassium-sparing agents**

Mineralocorticoids antagonists

XM94A6 **Aldosterone**

XM6QK1 **Canrenoic acid**

XM1ML2 **Canrenone**

XM0TH6 **Eplerenone**

XM0ET8 **Potassium canrenoate**

XM1JS8 **Spironolactone**

XM8ZW7 **Finerenone**

XM1SM2 **Amiloride**

XM5SJ5 **Triamterene**

Loop [high-ceiling] diuretics

XM8CG7 **Diuretic loop (high-ceiling)**

XM79L6 **Ethacrynate sodium**

XM2LW1 **Etacrynic acid**

XM1H00 **Etozolin**

XM06E2 **Lasix**

XM2C78 **Lyovac Sodium Edecrin**

XM9KF7 **Tienilic acid**

XM6M47 **Muzolimine**

XM2W24 **Loop [high-ceiling] diuretic sulfonamides**

XM8UE3 **Furosemide**

XM6MV2 **Bumetanide**

XM9ML2 **Piretanide**

XM4DR4 **Torasemide**

XM7VU2 **Vasopressin antagonists**

XM9LF5 **Tolvaptan**

XM25L2 **Conivaptan**

Mineralocorticoids

XM44R0 **Antagonist Aldosterone**

XM8CC8 **Corticosteroid mineral**

XM4HZ4 **Salt-retaining mineralocorticoid**

XM9SX2 **Deoxycortone**

XM6PJ9 **Desoxycorticosteroid**

XM9HZ6 **Desoxycortone**

XM6JQ6 **Fludrocortisone**

XM9X54 **Mineralocorticosteroid**

Vitamins and antioxidants

Coded Elsewhere: Menadione (XM1KN2)

XM5G71 **Vitamin D**

XM75Z5 **Ergocalciferol**

XM37C2 **Dihydrotachysterol**

XM3NT7 **Alfacalcidol**

XM85V3 **Calcitriol**

XM11C6 **Cholecalciferol**

XM8SM6 **Calcifediol**

XM4H09 **B complex vitamins and derivates**

Coded Elsewhere: Cyanocobalamin (XM9KD4)
Cyanocobalamin tannin complex (XM09N3)
Cobamamide (XM2NR4)
Mecobalamin (XM2AT9)
Folic acid (XM7R82)

XM5HF5 **Benfotiamine**

XM4PS9 **Nicotinamide**

XM8V93 **Riboflavin**

XM9RX3 **Biotin**

XM4GD2 **Pyridoxal phosphate**

XM41P5 **Dexpanthenol**

XM7398 **Calcium pantothenate**

XM50T4 **Thiamine**

XM42G9 **sulbutiamine**

XM2SV4 **Vitamin B-complex, plain**

XM0Y25 **Potassium aminobenzoate**

XM3UQ2 **Acetiamine**

XM3HE8 **Bisbentiamine**

XM5LG0 **Bisbutiamine**

XM8SY7 **Cetotiamine**

XM20C9 **Fursultiamine**

XM9609 **Octotiamine**

XM72U8 **Panthenol**

XM7D01 **Prosultiamine**

XM5MM0 **Pyridoxine**

XM7XY8 **Ascorbic acid**

XM1PU6 **Tocopherol**

XM5TU4 **Vitamin E**

XM9CG5 **Thioctic acid**

XM1SD9 **Octyl gallate**

XM88X6 **Sodium metabisulfite**

XM4BD4 **Chlorophyll**

XM31S0 **Thioctamide**

XM2EM5 **Pangamic acid**

XM7E89 **Betacarotene**

XM4BT6 **Retinol**

Enzymes and digestants

Coded Elsewhere: Tilactase (XM4U70)

XM7KX6 **Chenodeoxycholic acid**

XM8MG9 **Ursodeoxycholic acid**

XM37T5 **Cholic acid**

XM1F53 **Diastase**

XM5888 **Multienzymes**

XM2VN0 **Protease**

XM3UE5 **Pepsin**

XM6F61 **Hydrochloric acid**

XM6QZ3 **Hydrochloric acid vapor**

XM3RH9 **Citric acid**

XM96V4 **Alglucerase**

XM51F9 **Obeticholic acid**

XM3UT3 **Glutamic acid hydrochloride**

XM7Y97 **Betaine hydrochloride**

XM7EN2 **Imiglucerase**

XM3EW0 **Agalsidase alfa**

XM1CJ9 **Agalsidase beta**

XM4PC4 **Laronidase**

XM69V4 **Sacrosidase**

XM3EE9 **Alglucosidase alfa**

XM11U1 **Galsulfase**

XM3Z98 **Idursulfase**

XM8J61 **Velaglucerase alfa**

XM8HN5 **Taliglucerase alfa**

XM7QH6 **Elosulfase alfa**

XM5U98 **Asfotase alfa**

XM6UN5 **Sebelipase alfa**

XM5U91 **Velmanase alfa**

XM98F5 **Idursulfase beta**

XM9L40 **Cerliponase alfa**

XM3FP4 **Vestronidase alfa**

XM8F43 **Pegvaliase**

XM30U5 **Pegunigalsidase alfa**

XM56M4 **Atidarsagene autotemcel**

XM9F01 **Avalglucosidase alfa**

Agents in bile and liver therapy

XM4HD8 **Arginine glutamate**

XM5RS5 **Silymarin**

XM6T01 **Epomediol**

XM1GT0 **Ornithine**

XM1R31 **Nicotinyl methylamide**

XM03F0 **Piprozolin**

XM0HT0 **Hymecromone**

XM2EM9 **Cyclobutyrol**

XM0413 **Citiolone**

XM0F81 **Tidiacic arginine**

XM7600 **Anethole trithione**

XM8B34 **Sodium dehydrocholate**

XM56J1 **Monooctanoin**

XM44G8 **Orazamide**

XM3E24 **Tidiacic**

XM3VV1 **Maralixibat chloride**

XM30B2 **Odevixibat**

Antiobesity preparations

XM9UB7 **Benfluorex**

XM2AF4 **Centrally acting antiobesity products**

XM5VK3 **Phentermine**

XM5TZ8 **Fenfluramine**

XM84W9 **Amfepramone**

XM5WS4 **Dexfenfluramine**

XM25W6 **Mazindol**

XM8K95 **Cathine**

XM2NX7 **Clobenzorex**

XM3DL8 **Mefenorex**

XM7830 **Etilamfetamine**

XM13P5 **Sibutramine**

XM4NN9 **Lorcaserin**

XM54E8 **Aminorex**

XM4DD3 **Benzphetamine**

XM16Q1 **Chlorphentermine**

XM3AJ4 **Cloforex**

XM8H60 **Clortermine**

XM5FP0 **Diethylpropion**

XM1145 **Fenproporex**

XM4PR1 **Phenbutrazate**

XM6AJ3 **Phendimetrazine**

XM73T8 **Phenmetrazine**

XM5DN4 **Setmelanotide**

XM0NL0 **Orlistat**

XM7GX4 **Rimonabant**

XM2520 **Amfetamine and amfetamine derivatives**

XM48Z9 **Amfetamine**

XM2154 **Fencamfamin**

XM8N26 **Fenetylline**

XM4SD7 **Lisdexamfetamine**

XM0462 **Solriamfetol**

Drugs used to treat enzyme deficiencies and disorders of aminoacid, glycolipid and glycoprotein metabolism

XM5SC6 **Sodium phenylbutyrate**

XM1843 **Nitisinone**

XM19C6 **Miglustat**

XM6ZV0 **Sapropterin**

XM4F44 **Glycerol phenylbutyrate**

XM0K95 **Eliglustat**

XM2QP5 **Sodium benzoate**

XM6QN8 **Migalastat**

XM53N4 **Choline chloride**

XM3KK0 **Choline dihydrogen citrate**

XM7291 **Inositol**

XM9J35 **Adenine**

XM3CJ7 **Flavine adenine dinucleotide**

XM7ZH6 **Fosdenopterin**

XM4L78 **Lonafarnib**

Agents primarily affecting the cardiovascular system

Coded Elsewhere: Beta blocking agents

Agents acting on the renin-angiotensin system

XM4MG6 **Imidapril**

XM72L5 **Angiotensin-converting-enzyme inhibitors**

XM3FH7 **Renin-inhibitors**

XM9N15 **Zofenopril**

XM8091 **Spirapril**

XM2A48 **Ramipril**

XM3DU1 **Quinapril**

XM58G7 **Perindopril**

XM7TF8 **Lisinopril**

XM4Z53 **Fosinopril**

XM5609 **Enalaprilat**

XM6X56 **Enalapril**

XM1AZ4 **Cilazapril**

XM6P97 **Captopril**

XM0HG1 **Benazepril**

XM7169 **Angiotensin II antagonists**

XM7DY0 Losartan

XM2F90 Eprosartan

XM29M2 Valsartan

XM1935 Irbesartan

XM0T42 Tasosartan

XM4168 Candesartan

XM2P63 Telmisartan

XM1B39 Olmesartan medoxomil

XM5GC5 Azilsartan

XM2T51 Fimasartan

XM3YY8 **Alacepril**

XM3F15 **Trandolapril**

XM3DT0 **Delapril**

XM6DX1 **Moexipril**

XM25N5 **Temocapril**

Antihyperlipidemic and antiarteriosclerotic drugs

XM5SK2 **HMG CoA reductase inhibitors**

XM7AU9 **Simvastatin**

XM7SM7 **Pravastatin**

XM72M6 **Lovastatin**

XM5UF1 **Fluvastatin**

XM2WF6 **Atorvastatin**

XM0M94 **Cerivastatin**

XM6NK5 **Rosuvastatin**

XM8420 **Pitavastatin**

XM1KP1 **Fibrates**

XM19J9 **Clofibrate**

XM3F75 **Bezafibrate**

XM7929 **Aluminium clofibrate**

XM01S9 **Gemfibrozil**

XM73E0 **Fenofibrate**

XM6MW5 **Simfibrate**

XM39Z8 **Ronifibrate**

XM9HU7 **Ciprofibrate**

XM4390 **Etofibrate**

XM93U8 **Clofibride**

XM9554 **Choline fenofibrate**

XM1W44 **Bile acid sequestrants**

XM0HQ4 **Colestyramine**

XM0KK8 **Colestipol**

XM5RQ3 **Colextran**

XM6MC3 **Colesevelam**

XM0563 **Nicotinic acid and derivatives**

Coded Elsewhere: Nicotinyl alcohol (XM0274)
Nicofuranose (XM5TA2)
Niacin (XM3PK2)

XM5QD1 **Inositol nicotinate**

XM48Y3 **Ciclonicate**

XM6QT0 **Acipimox**

XM2KX4 **Oxiniacic acid**

XM3N68 **Antiarteriosclerotic drug**

XM2EA3 **Anticholesterolemic drug**

XM3108 **Antihyperlipidemic drug**

XM4FN5 **Antilipemic drug**

XM2GM2 **b-benzalbutyramide**

XM4KW6 **b-sitosterol (s)**

XM6BA8 **Benzalbutyramide**

XM4WS4 **Benzyl nicotinate**

XM43X4 **Binifibrate**

XM35X4 **Cholesterol-lowering agents**

XM8FB5 **Cholestyramine (resin)**

XM2LR7 **Clinofibrate**

XM6DX0 **Clofibric acid**

XM2R17 **Cyamopsis tetragono-loba**

XM8K49 **Detaxtran**

XM8FC2 **Ethylparachlorophen-oxyisobutyrate**

XM0TN1 **Etiroxate**

XM6B07 **Etofylline clofibrate**

XM6DW9 **Guar gum (medicinal)**

XM4E46 **Halofenate**

XM2WA3 **Ion exchange resin cholestyramine**

XM0H99 **Linoleic acid**

XM5VN6 **Linolenic acid**

XM0KD7 **Mesoglycan**

XM45F6 **Oleic acid**

XM68L2 **Pirozadil**

XM1Q10 **Polidexide sulfate**

XM4UK3 **Probucol**

XM2YX6 **Safflower oil**

XM5F26 **Sitosterols**

XM2LX5 **Soysterol**

XM3C43 **Sunflower seed oil**

XM95B1 **Triparanol**

XM3PL9 **Unsaturated fatty acid**

XM2KC4 **Omega-3-triglycerides**

XM2AL6 **Tiadenol**

XM44B6 **Meglutol**

XM10P8 **Magnesium pyridoxal 5-phosphate glutamate**

XM9HP8 **Policosanol**

XM5BK7 **Ezetimibe**

XM52K4 **Alipogene tiparvovec**

XM7049 **Mipomersen**

XM3RL5 **Lomitapide**

XM9F64 **Evolocumab**

XM1LB0 **Alirocumab**

XM2KT4 **Evinacumab**

XM4RG7 **Volanesorsen**

Calcium-channel blockers

XM8BT9 **Selective calcium-channel blockers**

XM3D74 **Dihydropyridine derivatives**

XM1BZ0 Felodipine

XM1SC0 Isradipine

XM3L32 Nicardipine

XM3N90 Nifedipine

XM5TX8 Nimodipine

XM5W45 Nisoldipine

XM17Z8 Nitrendipine

XM2QH8 Lacidipine

XM68M5 Amlodipine

XM6PC3 Nilvadipine

XM3GA2 Manidipine

XM84M5 Barnidipine

XM3MV9 Lercanidipine

XM3TF3 Cilnidipine

XM8EW6 Benidipine

XM5GS7 Clevidipine

XM91L4 Levamlodipine

XM2XU6 **Phenylalkylamine derivatives - selective**

XM5GX3 Verapamil

XM2WH6 Gallopamil

XM6GX5 **Mibefradil**

XM5K59 **Diltiazem**

XM1EL1 **Tiapamil**

XM3BC0 **Oxodipine**

XM2JS2 **Non-selective calcium-channel blockers**

XM6T88 **Phenylalkylamine derivatives - non-selective**

XM1LR8 Bepridil

XM5BR3 Fendiline

XM3NU8 **Lidoflazine**

XM0T83 **Moxonidine hydrochloride**

Cardiac stimulants

Coded Elsewhere: Alpha- and beta-adrenoreceptor agonists (XM36U7)
Strophanthin-k (XM9QZ9)
Strophanthus gratus plant (XM9834)

XM5JS3 **Cardiac glycosides**

XM2EL5 **Digitalis glycosides**

XM0QK0 Acetyldigitoxin

XM1640 Acetyldigoxin

XM2GT4 Digitalis leaves

XM8VJ6 Digoxin

XM13W9 Digitoxin

XM8036 Lanatoside C

XM8XH2 Deslanoside

XM37V6 Metildigoxin

XM2505 Gitoformate

XM71V6 **Scilla glycosides**

XM1EG1 Proscillaridin

XM6GX1 **Strophanthus glycosides**

XM30Z9 Cymarin

XM9YU9 G-Strophantin

XM3WU3 **Peruvoside**

XM2PQ4 **Phosphodiesterase inhibitors**

XM0QD0 **Amrinone**

XM6JT4 **Milrinone**

XM2H68 **Enoximone**

XM4BC1 **Bucladesine**

XM1K71 **Predominantly alpha-adrenoreceptor and dopamine receptor agonists**

Coded Elsewhere: Dopamine agonists (XM5QR9-XM50V4)

XM9NM4 **Dopamine**

XM2A75 **Norfenefrine**

XM5HS9 **Oxedrine**

XM6L38 **Metaraminol**

XM2CG2 **Methoxamine**

XM4B54 **Gepefrine**

XM1641 **Ibopamine**

XM6LP2 **Dimetofrine**

XM4ZY2 **Dopexamine**

XM79K5 **Midodrine**

XM91X4 **Fenoldopam**

XM2BX9 **Cafedrine**

XM1CS6 **Theodrenaline**

XM9QY5 **Dexmedetomidine**

XM38P3 **Amidefrine mesilate**

XM7AV8 **Fenoxazoline**

XM0H59 **Indanazoline**

XM5J98 **Metizoline**

XM3Q12 **Naphazoline**

XM4KH5 **Oxymetazoline**

XM4435 **Propylhexedrine**

XM1RJ9 **Tramazoline**

XM8706 **Tuaminoheptane**

XM0240 **Tymazoline**

XM8US0 **Xylometazoline**

Predominantly beta-adrenoreceptor agonists

XM96M5 **Agonist predominantly beta-adrenoreceptor**

XM10L5 **Angiotensin**

XM3D85 **Beclomethasone**

XM4E14 **Dobutamine**

XM18Q9 **Prenalterol**

XM5HL3 **Racepinephrine**

XM1CS3 **Ritodrine**

XM1X48 **Selective beta-2-adrenoceptor agonists**

XM8MA0 **Salbutamol**

XM6NE3 **Terbutaline**

XM2HS2 **Fenoterol**

XM3NS3 **Clenbuterol**

XM7MM4 **Reproterol**

XM2YD0 **Procaterol**

XM15R7 **Bitolterol**

XM2U16 **Bambuterol**

XM51C1 **Indacaterol**

XM1QR3 **Olodaterol**

XM05Y4 **Broxaterol**

XM4ZB3 **Carbuterol**

XM22C3 **Rimiterol**

XM1GA5 **Hexoprenaline**

XM8ZC3 **Isoetarine**

XM1QR7 **Pirbuterol**

XM3GQ2 **Tretoquinol**

XM2YE0 **Tulobuterol**

XM6B34 **Salmeterol**

XM27W7 **Clorprenaline**

XM4YX5 **Etafedrine**

XM55D7 **Ibuterol**

XM6EU7 **Levalbuterol**

XM0QJ7 **Formoterol**

XM6KG3 **Isoprenaline**

XM6AG0 **Orciprenaline**

XM78W6 **Methoxyphenamine**

XM9TS0 **Octopamine**

XM17S3 **Arbutamine**

XM0FE9 **Protokylol**

XM7YK1 **Alpha acetyldigoxin**

XM0SY1 **b-acetyldigoxin**

XM91S1 **Cardiotonic (glycoside)**

XM1W74 **Cerberin**

XM5NG4 **Ch'an su**

XM11U7 **Convallaria glycosides**

XM4Q19 **Crataegus extract**

XM7RY5 **Digitalin (e)**

XM2SP4 **Digitalis lanata**

XM3Y64 **Digitalis purpurea**

XM0V98 **Digitoxose**

XM0DG3 **Gitalin**

XM8K74 **Gitaloxin**

XM7KP5 **Lanatosides**

XM2X57 **Meproscillarin**

XM6AA6 **Oleandrin**

XM0N63 **Ouabain (e)**

XM02F5 **Pengitoxin**

XM77L9 **Squill**

XM5W67 **Strofantina**

XM2AW9 **Strophantin**

XM0EP6 **Angiotensinamide**

XM45U9 **Xamoterol**

XM88B5 **Levosimendan**

XM11H1 **Angiotensin II**

XM2FU1	**Antiarrhythmics, class Ia**
XM8AL5	**Quinidine**
XM4MK3	**Procainamide**
XM8B35	**Disopyramide**
XM9ZC0	**Sparteine**
XM5CS7	**Ajmaline**
XM18V8	**Lorajmine**
XM0D87	**Hydroquinidine**
XM6FW1	**Prajmaline**
XM7844	**Antiarrhythmics, class Ib**
XM2BR1	**Lidocaine**
XM93V0	Lidocaine regional
XM4RU4	Lidocaine spinal
XM3XK1	**Mexiletine**
XM1V81	**Tocainide**
XM37J0	**Aprindine**
XM0NC9	**Antiarrhythmics, class Ic**
XM9R82	**Propafenone**
XM1E38	**Flecainide**
XM04P2	**Lorcainide**
XM6TZ8	**Encainide**
XM23Q8	**Ethacizine**
XM1AP6	**Antiarrhythmics, class III**
XM3ZJ7	**Amiodarone**
XM3ZG2	**Bretylium tosilate**
XM56N7	**Bunaftine**
XM1143	**Dofetilide**
XM8AA1	**Ibutilide**
XM8QN8	**Tedisamil**

XM8K75 **Dronedarone**

XM5JW0 **Other antiarrhythmics, class I and III**

XM1SV2 **Cibenzoline**

XM6KX7 **Moracizine**

XM6602 **Vernakalant**

XM0KK7 **Antidysrhythmic**

XM9ZL3 **Cardiac depressants**

XM2W76 **Cardiac rhythm regulator specified**

XM88L7 **Cardiac rhythm regulator**

XM0Y13 **Pilsicainide**

XM64X0 **Prajmalium bitartrate**

XM1NG6 **Quinaglute**

XM7MH8 **Tiracizine**

Other antihypertensive drugs

XM4X84 **Centrally acting antiadrenergic agents**

XM67X4 **Rauwolfia alkaloids**

XM9SB3 Rescinnamine

XM7424 Deserpidine

XM0ND0 Methoserpidine

XM2764 Reserpine

XM39Z4 Rauwolfia alkaloids, whole root

XM64M5 Bietaserpine

XM9G49 **Methyldopa**

XM54Y3 Methyldopa, levorotatory

XM9ZV9 Methyldopa, racemic

XM2298 **Imidazoline receptor agonists**

XM6GV8 Clonidine

XM5KP4 Guanfacine

XM9SU8 Tolonidine

XM4NH5 Moxonidine

XM6AB8 Rilmenidine

XM7NT3 **Ganglion-blocking antiadrenergic agents**

Coded Elsewhere: Trimethaphan (XM4BZ9)
Mecamylamine (XM13Z0)

XM8SX7 **Peripherally acting antiadrenergic agents**

Coded Elsewhere: Alpha-adrenoreceptor antagonists (XM45W7-XM1FQ5)

XM3EN5 **Guanidine derivatives**

XM8LD0 Betanidine

XM3QD6 Guanethidine

XM3952 Guanoxan

XM4L51 Debrisoquine

XM4189 Guanoclor

XM4L63 Guanoxabenz

XM6N54 Guanazodine

XM9M92 Ripasudil

XM1AF9 **Agents affecting arteriolar smooth muscle**

Coded Elsewhere: Minoxidil (XM46T4)
Pinacidil (XM9PA9)

XM7XR3 **Thiazide derivatives**

XM8YG1 Diazoxide

XM9021 **Hydrazinophthalazine derivatives**

XM2FP9 Dihydralazine

XM8D89 Hydralazine

XM1KN9 Endralazine

XM33U1 Cadralazine

XM8V56 **Antihypertensives for pulmonary arterial hypertension**

XM4KA3 Bosentan

XM8HR5 Ambrisentan

XM7WR2 Sitaxentan

XM21T1 Macitentan

XM8BU0 Riociguat

XM4NN7 **Alkavervir**

XM28Y3 **Alseroxylon**

XM6T97 **Amiquinsin**

XM3WP0 **Antagonist serotonin**

XM2PT6 **Antihypertensive drug**

XM0CY8 **Apresoline**

XM4FW8 **Benazepril hydrochloride**

XM5E71 **Budralazine**

XM9W04 **Cryptenamine (tannates)**

XM1TT7 **DHE 45**

XM24X9 **Dihydrazine**

XM7NV2 **Guanabenz**

XM5ET8 **Guanacline**

XM5JL6 **Guanadrel**

XM7TE8 **Guanoctine**

XM1LN2 **Harmonyl**

XM4EP4 **Hypotensive drug**

XM7W35 **Methyldopate**

XM1F18 **Metirosine**

XM7HA8 **Moderil**

XM1U35 **Pargyline**

XM1GS9 **Protoveratrine (s) (A) (B)**

XM01D4 **Raudixin**

XM74W2 **Rautina**

XM5FH0 **Rautotal**

XM5PW7 **Rauwoldin**

XM00F2 **Saralasin**

XM6E07 **Serpasil**

XM2W66 **Sodium nitroprusside**

XM8AK5 **Syrosingopine**

XM3HS0 **Teprotide**

XM5T36 **Todralazine**

XM48R9 **Veratrine**

XM8BQ9 **Veratrum**

XM0YY0 **Ketanserin**

Vasodilators used in cardiac diseases

XM2856 **Organic nitrates**

XM8LK8 **Glyceryl trinitrate**

XM7KD0 **Pentaerythrityl tetranitrate**

XM0DY4 **Propatylnitrate**

XM3077 **Isosorbide dinitrate**

XM55H8 **Trolnitrate**

XM8SP5 **Eritrityl tetranitrate**

XM5KH9 **Tenitramine**

XM9UE1 **Methylpropylpropanediol dinitrate**

XM01Q8 **Isosorbide**

XM6801 **Amikhelline**

XM5QW3 **Bendazol**

XM3K91 **Benziodarone**

XM38C7 **Carbocromen**

XM38U6 **Coronary vasodilator**

XM0SG8 **Cromonar**

XM0MW9 **Diisopropylamine**

XM1E15 **Dilazep**

XM8Q26 **Dimoxyline**

XM5M47 **Efloxate**

XM3ZB0 **Etafenone**

XM3E93 **Fenalcomine**

XM6QE9 **Fluorosol**

XM8Y13 **Heptaminol**

XM4A49 **Hexadiline**

XM5MP5 **Hexobendine**

XM5B68 **Isoamyl nitrite**

XM5BS6 **Itramin tosilate**

XM9PV4 **Khellin**

XM39T6 **Khelloside**

XM30P9 **Mannitol hexanitrate**

XM5720 **Molsidomine**

XM7HW6 **Nicorandil**

XM5YX5 **Nitrite, amyl (medicinal) (vapor)**

XM4J35 **Nitrous ether spirit**

XM1VC4 **Octyl nitrite**

XM0A82 **Organonitrate**

XM5YA6 **Oxyfedrine**

XM2N57 **Pentaerythritol**

XM3VX9 **Pentrinat**

XM7F31 **Perhexiline**

XM7FE6 **Piridoxilate**

XM4K89 **Prenylamine**

XM2BJ0 **Sweet niter spirit**

XM24R2 **Trapidil**

XM5770 **Triethanolamine trinitrate (biphosphate)**

XM8YZ8 **Trinitrine**

XM23M8 **Flosequinan**

XM6V17 **Imolamine**

XM0UA6 **Cinepazet**

XM30L8 **Cloridarol**

XM5AY1 **Linsidomine**

XM2460 **Nesiritide**

XM1M18 **Serelaxin**

XM2VG8 **Regadenoson**

XM1HP8 **Meldonium**

Peripheral vasodilators

Coded Elsewhere: Nicotinic acid and derivatives (XM0563)

XM6G82 **Tadalafil**

XM9AZ1 **Vardenafil**

XM65A3 **Sildenafil**

XM7DC4 **Aluminium nicotinate**

XM1269 **Azapetine**

XM3GB4 **Bencyclane**

XM3FH5 **Brovincamine**

XM3B71 **Buflomedil**

XM6XW8 **Butalamine**

XM1UQ0 **Cetiedil**

XM7LH3 **Cinepazide**

XM16K3 **Cyclandelate**

XM9Q04 **Dihydroergocornine**

XM7K86 **Dihydroergokryptine**

XM3WW1 **Dihydroergotoxine**

XM9CH9 **Etofylline**

XM8317 **Hepronicate**

XM2LT4 **Hydromethylpyridine**

XM86J1 **Ifenprodil**

XM8MZ0 **Kallidinogenase**

XM5TC7 **Kallikrein**

XM6F75 **Lipo-alprostadil**

XM46T4 **Minoxidil**

XM8YE5 **Moxisylyte**

XM3J93 **Naftidrofuryl**

XM3PK2 **Niacin**

XM2GA2 **Nicametate**

XM5TA2 **Nicofuranose**

XM0274 **Nicotinyl alcohol**

XM6B85 **Nylidrin**

XM12T2 **Phenoxybenzamine**

XM67M9 **Prostaglandin E1**

XM1B47 **Raubasine**

XM9761 **Suloctidil**

XM07V4 **Tetranicotinoyl fructose**

XM4074 **Thurfyl nicotinate**

XM79S2 **Thymoxamine**

XM1UM9 **Vasodilan**

XM3LG1 **Vinburnine**

XM51E4 **Viquidil**

XM0122 **Xanthinol nicotinate**

XM0BT5 **2-amino-1-phenylethanol derivatives**

XM5RH0 **Isoxsuprine**

XM0HU4 **Bamethan**

XM0B82 **Imidazoline derivatives**

XM5NP2 **Phentolamine**

XM3BY1 **Tolazoline**

XM5NF4 **Purine derivatives**

XM5RL7 **Pentifylline**

XM91G7 **Xantinol nicotinate**

XM8BD1 **Pentoxifylline**

XM0JV4 **Etofylline nicotinate**

XM9PA9 **Pinacidil**

XM3VH9 **Vincamine**

XM68C7 **Visnadine**

XM0XY6 **Ergot alkaloids**

XM0U65 **Ergoloid mesylates**

XM5TD8 **Nicergoline**

XM0TP6 **Dihydroergocristine (mesilate)**

XM93Q7 **Methylergometrine**

XM3LX6 **Ergometrine**

XM5P25 **Ergotamine**

XM4G36 **Methysergide**

XM4E49 **Lisuride**

XM4CT2 **fasudil**

XM5021 **Yohimbine**

XM1WB2 **Avanafil**

XM4914 **Udenafil**

Other agents primarily affecting the cardiovascular system

Coded Elsewhere: Aconitine (XM2WR7)
Aconitum ferox plant (XM3VB6)
Aconitum plant (XM99Y1)
Prostaglandins (XM4ML1)

XM20Z9 **Adrenochrome semicarbazone (mono)**

XM7NH6 **Adrenochrome derivative**

XM8ZY5 **Aurantiin**

XM6YS0 **Benzopyrone**

XM3LU4 **Calcium dobesilate**

XM53V8 **Chlorisondamine chloride**

XM1H36 **Escin**

XM8AB2 **Ethoxazorutoside**

XM6BM1 **Flavodic acid**

XM0WZ5 **Hesperidin**

XM63M1 **Leucocianidol**

XM4U20 **Metescufylline**

XM6102 **Phenopyrazone**

XM6EY7 **Pholedrine**

XM62Q1 **Adenosine**

XM3PB7 **Trimetazidine**

XM5FW1 **Camphora**

XM7F77 **Crataegus glycosides**

XM6619 **Creatinolfosfate**

XM8R77 **Fosfocreatine**

XM2PV3 **Fructose 1,6-diphosphate**

XM4MP2 **Ubidecarenone**

XM2UJ1 **Acadesine**

XM09Q3 **Ivabradine**

XM9DF5 **Ranolazine**

XM2DH5 **Tiazotic acid**

Vasoprotectives

XM50P4 **Capillary stabilising agents**

XM41G5 **Bioflavonoids**

XM5734 Rutoside

XM6UE1 Diosmin

XM71U2 Troxerutin

XM7EF1 monoxerutin

XM2SA0 hidrosmin

XM6N03 **Tribenoside**

XM1PT0 **Naftazone**

XM0MJ2 **Hippocastani semen**

XM93T6 **Esculin**

Agents used in antivaricose therapy

XM0NL5 **Antivaricose drug**

XM57B0 **Dextrose concentrated solution, intravenous**

XM1ME2 **Ethanolamine oleate**

XM6C05 **Phenol in oil injection**

XM9854 **Sclerosing agent**

XM3846 **Sodium morrhuate**

XM52L8 **Sodium psylliate**

XM2N32 **Sodium tetradecyl sulfate**

XM1LV9 **Varicose reduction drug**

XM3FL1 **Venous sclerosing drug**

XM4J29 **Zinc antivaricose**

XM3WS8 **Monoethanolamine**

XM4DD8 **Polidocanol**

XM81W1 **Sotradecol**

Drugs primarily affecting the autonomic nervous system

Adrenergic agonists

Coded Elsewhere: Predominantly alpha-adrenoreceptor and dopamine receptor agonists (XM1K71)
Predominantly beta-adrenoreceptor agonists (XM96M5-XM0FE9)

XM36U7 **Alpha- and beta-adrenoreceptor agonists**

XM9187 **Etilefrine**

XM6RQ3 **Mephentermine**

XM3273 **Epinephrine**

XM10F0 **Amezinium metilsulfate**

XM5H72 **Ephedrine**

XM7B75 **Droxidopa**

XM9K94 **Ethylnorepinephrine**

XM1H52 **Cinnamedrine**

XM3LR7 **Predominantly alpha-adrenoreceptor agonists**

XM39Y4 **Thenyldiamine**

XM2V55 **Phenyltoloxamine**

XM7D21 **Paredrine**

XM81D8 **Norepinephrine**

XM7RF2 **Moxastine**

XM8TK4 **Methaphenilene**

XM4TB9 **Levocabastine (hydrochloride)**

XM2305 **Homochlorcyclizine**

XM59T1 **Embramine**

XM8ZH9 **Dimenhydrinate**

XM29D4 **Difenidol**

XM62B0 **Dibenzheptropine**

XM8Y26 **Cyclopentamine**

XM0Y33 **Clemizole**

XM4PH8 **Chlorothen**

XM66X7 **Chlor-Trimeton**

XM0AN5 **Cetoxime**

XM88Z7 **Bisulepin (hydrochloride)**

XM35M7 **Benzquinamide**

XM25T0 **Apraclonidine (hydrochloride)**

XM0W81 **Antistine**

XM6XN3 **Phenylpropanolamine**

XM6ZQ3 **Phenylephrine**

XM0CL2 **Pseudoephedrine**

Alpha-adrenoreceptor antagonists

XM45W7 **Prazosin**

XM3L37 **Indoramin**

XM58X5 **Doxazosin**

XM30L7 **Urapidil**

XM2L44 **Alpha adrenergic blocking drug**

XM6MJ9 **Bunazosin**

XM4UW6 **Dibenamine**

XM70W7 **Dibenzyline**

XM3Y81 **Hydergine**

XM81R1 **Priscol, Priscoline**

XM3F82 **Tamsulosin**

XM9LH2 **Terazosin**

XM1C94 **Alfuzosin**

XM7D19 **Trimazosin**

XM1FQ5 **Silodosin**

Beta-adrenoreceptor antagonists

XM7R98 **Beta-adrenoreceptor antagonists, non selective**

XM2YK6 **Alprenolol**

XM0M15 **Oxprenolol**

XM2SH3 **Pindolol**

XM3HA9 **Propranolol**

XM1KQ9 **Timolol**

XM5BT4 **Sotalol**

XM69F3 **Nadolol**

XM89L8 **Mepindolol**

XM1AJ9 **Carteolol**

XM6489 **Tertatolol**

XM79L8 **Bopindolol**

XM9RX1 **Bupranolol**

XM17Y6 **Penbutolol**

XM2M62 **Cloranolol**

XM9MF0 **Beta-adrenoreceptor antagonists, selective**

XM9VG1 **Practolol**

XM8L21 **Metoprolol**

XM0M62 **Atenolol**

XM0V36 **Acebutolol**

XM7U87 **Betaxolol**

XM0HY3 **Bevantolol**

XM8QC9 **Bisoprolol**

XM54E1 **Celiprolol**

XM4AB1 **Esmolol**

XM1T80 **Epanolol**

XM7115 **S-atenolol**

XM0995 **Nebivolol**

XM3156 **Talinolol**

XM44F9 **Landiolol**

XM5S93 **Beta adrenergic blocking agent, heart**

XM8026 **Bunitrolol**

XM3N87 **Carazolol**

XM7V19 **Indenolol**

XM91L7 **Pronetalol**

XM77W2 **Tolamolol**

XM77E7 **Alpha and beta blocking agents, antagonists**

XM8ER3 **Labetalol**

XM80G6 **Carvedilol**

XM0TY3 **Medroxalol**

XM9FY5 **Agents predominantly used for gastrointestinal disorders**

XM8921 **Synthetic anticholinergics, esters with tertiary amino group**

XM5D56 Oxyphencyclimine

XM5RM7 Camylofin

XM90R8 Mebeverine

XM0EL4 Trimebutine

XM7GS6 Rociverine

XM0CE0 Dicycloverine

XM24K8 Piperidolate

XM1LM4 Oxyphenonium

XM05C6 Propantheline

XM8YF7 Otilonium bromide

XM5WL4 Methantheline

XM6XN4 Isopropamide

XM1WN2 Hexocyclium

XM7EV5 Poldine

XM7W33 Mepenzolate

XM6FV2 Pipenzolate

XM63B0 Bevonium

XM4SN3 Dihexyverine

XM2043 Difemerine

XM26J4 **Synthetic anticholinergics, quaternary ammonium compounds**

XM2WF7 (2-benzhydryloxyethyl)diethyl-methylammonium iodide

XM2LU4 Tiemonium iodide

XM6X69 Prifinium bromide

XM51J2 Timepidium bromide

XM7XV6 Benzilone

XM4LY7 Tridihexethyl

XM0D83 Fenpiverinium

XM7W64 **Synthetic antispasmodics, amides with tertiary amines**

XM4VE1 Dimethylaminopropionylphenothiazine

XM5LN3 Nicofetamide

XM36J3 Tiropramide

XM7FH3 **Papaverine and derivatives**

XM8X70 Papaverine

XM13K8 Drotaverine

XM1V30 Moxaverine

XM6089 **Belladonna alkaloids and derivatives**

XM7Y01 Atropine

XM11J9 Hyoscyamine

XM4P67 Methylatropine

XM0PN2 Cimetropium bromide

XM1642 Homatropine methylbromide

XM1MW1 Scopolamine

XM0QS6 Butylscopolamine

XM3068 Methylscopolamine

XM08K5 Fentonium

XM1JA8 **Agents predominantly used for urinary frequency and incontinence**

Coded Elsewhere: Flavoxate (XM0CH2)
Emepronium (XM6190)
Meladrazine (XM0M49)
Oxybutynin (XM0LB8)
Terodiline (XM4DW3)
Propiverine (XM9FU4)
Tolterodine (XM82U8)
Solifenacin (XM2Z66)
Trospium (XM7V08)
Darifenacin (XM1N89)
Fesoterodine (XM4265)
Mirabegron (XM5L72)
Desfesoterodine (XM5QR7)

XM6WD2 **Anticholinergics predominantly used for Parkinson disease**

XM8U00 **Tertiary amines**

XM4RV4 Metixene

XM9W98 Trihexyphenidyl

XM65C9 Biperiden

XM9AG2 Procyclidine

XM8VR6 Profenamine

XM1H88 Dexetimide

XM64K1 Phenglutarimide

XM8T72 Bornaprine

XM4YL9 Tropatepine

XM3FW6 Mazaticol

XM0HT8 Diethazine

XM3B14 **Ethers chemically close to antihistamines**

XM7U62 Orphenadrine

XM8UB6 Etanautine

XM72C6 **Ethers of tropine or tropine derivatives**

XM8ZR2 Benzatropine

XM2789 Etybenzatropine

XM0CR7 **Emepronium bromide**

XM1Q67 **Adiphenine**

XM0DF0 **Ambutonium bromide**

XM0TL7 **Aminopentamide**

XM1Q22 **Amprotropine**

XM3HR2 **Aniscoropine**

XM0B31 **Anticholinergic**

XM5BE4 **Antimuscarinic**

XM66R0 **Artane**

XM7LZ6 **Atropine derivative**

XM5098 **Belladonna alkaloids**

XM6RQ9 **Belladonna extract**

XM2YW9 **Belladonna herb**

XM29D7 **Benactyzine**

XM3NJ0 **Benaprizine**

XM54W7 **Benzilonium bromide**

XM8NZ1 **Benztropine anticholinergic**

XM5ML2 **Butropium bromide**

XM1T59 **Butyl scopolamine bromide**

XM9633 **Caramiphen**

XM8JS6 **Carpronium chloride**

XM2619 **Clidinium bromide**

XM8KY2 **Clorotepine**

XM2HD0 **Cogentin**

XM0VC2 **Cyclodrine**

XM7VB2 **Cyclopentolate**

XM93T2 **Cycrimine**

XM4CZ8 **Dibutoline sulfate**

XM89R5 **Diphemanil**

XM1M52 **Duboisine**

XM3A08 **Dyphylline**

XM17M9 **Ethaverine**

XM62B7 **Etomidoline**

XM1VS4 **Euphthalmine**

XM6L51 **Extrapyramidal antagonist**

XM3L41 **Flopropione**

XM8WX2 **Hexasonium iodide**

XM7832 **Homatropine**

XM1EF8 **Hyoscyamus**

XM4FB2 **Hyoscyamus dry extract**

XM4QH8 **Isopropamide iodide**

XM5ED5 **Levsin**

XM0WK8 **Mepenzolate bromide**

XM1FH6 **Mepiperphenidol**

XM39X0 **Methanthelinium bromide**

XM0E13 **Methscopolamine bromide**

XM3KR9 **Methylatropine nitrate**

XM14X3 **Methylbenactyzium bromide**

XM5F96 **Milverine**

XM3YV6 **Muscle affecting agents relaxants smooth**

XM4U03 **Octatropine methyl-bromide**

XM5YT3 **Oxapium iodide**

XM3A77 **Parasympatholytic**

XM8U27 **Penthienate**

XM6MG0 **Pipethanate**

XM7711 **Pramiverine**

XM3CK8 **Profenil**

XM7VK4 **Propantheline bromide**

XM1JN1 **Quarternary ammonium parasympatholytic**

XM3UE6 **Scopolia extract**

XM31L2 **Smooth muscle relaxant**

XM7PY1 **Spacoline**

XM14Z1 **Spasmolytic anticholinergics**

XM6RA6 **Spasmolytic autonomic**

XM9NH9 **Spasmolytic quaternary ammonium**

XM0GS2 **Thiphenamil**

XM9WW9 **Tiemonium**

XM8346 **Tigloidine**

XM2595 **Tiquizium bromide**

XM8YD7 **Toquizine**

XM64P0 **Triampyzine**

XM2TJ3 **Tricyclamol chloride**

XM17K9 **Tridihexethyl iodide**

XM5S52 **Trimeprazine (tartrate)**

XM2M46 **Triperiden**

XM4YB7 **Tritiozine**

XM2973 **Tropacine**

XM4466 **Tropicamide**

XM8F25 **Trospium chloride**

XM1CE8 **Anticholinergics predominantly used for obstructive airway diseases**

XM54K2 **Ipratropium bromide**

XM55K5 **Oxitropium bromide**

XM42V2 **Glycopyrronium bromide**

XM6LS6 **Stramonium**

XM9HA8 **Tiotropium bromide**

XM2PE9 **Aclidinium bromide**

XM3MF8 **Umeclidinium bromide**

XM8BL4 **Revefenacin**

XM4DL3 **Flutropium bromide**

XM9FU4 **Propiverine**

XM82U8 **Tolterodine**

XM2Z66 **Solifenacin**

XM7V08 **Trospium**

XM1N89 **Darifenacin**

XM4265 **Fesoterodine**

XM5L72 **Mirabegron**

XM5QR7 **Desfesoterodine**

XM6190 **Emepronium**

XM0CH2 **Flavoxate**

XM0M49 **Meladrazine**

XM0LB8 **Oxybutynin**

XM4DW3 **Terodiline**

Parasympathomimetics [cholinergics]

XM4AJ3 **Aceclidine**

XM1EC3 **Acetylcholine chloride**

XM3GM3 **Acetylcholine derivative**

Anticholinesterase agents

XM4PZ3 **Ambenonium**

XM8KF3 **Anticholinesterase**

XM87V2 **Anticholinesterase organophosphorus**

XM9D92 **Anticholinesterase reversible**

XM4VC4 **Cholinergic organophosphorus**

XM1L81 **DFP**

XM1389 **Diflos**

XM86K6 **Difluorophate**

XM0UQ3 **Diisopropylfluorophos-phonate**

XM5YK5 **Distigmine bromide**

XM6565 **Edrophonium chloride**

XM99M6 **Galantamine**

XM1NE7 **Isoflurophate**

XM40R6 **Neomycin with neostigmine**

XM3671 **Neostigmine bromide**

XM3YR0 **Prostigmin**

XM41N9 **Pyridostigmine bromide**

XM4LN1 **Tacrine**

XM62U1 **Donepezil**

XM0NP3 **Rivastigmine**

XM3B88 **Ipidacrine**

XM8C30 **Neostigmine**

XM4NE1 **Pyridostigmine**

XM7494 **Arecoline**

XM0000 **Benzpyrinium bromide**

XM0MZ4 **Bethanechol chloride**

XM4LE7 **Cholinergic (drug)**

XM4ZZ7 **Cholinergic muscle tone enhancer**

XM6VJ2 **Cholinergic trimethyl ammonium propanediol**

XM8JX6 **Parasympathomimetic drug**

XM0RX5 **Pilocarpine**

XM5EY0 **Pilocarpus extract (jaborandi)**

XM9223 **Choline esters**

XM4AT9 **Carbachol**

XM9XA2 **Bethanechol**

XM63Q0 **Choline alfoscerate**

XM31K4 **Cevimeline**

XM6PN9 **Varenicline**

XM7HS1 **Cytisinicline**

XM4C58 **Amifampridine**

Ganglionic blocking drugs

XM90S5 **Hexamethonium bromide**

XM13Z0 **Mecamylamine**

XM8JB8 **Pempidine**

XM68K9 **Pentamethonium bromide**

XM6H15 **Pentapyrrolinium (bitartrate)**

XM2A33 **Pentolonium tartrate**

XM3YS6 **Quarternary ammonium ganglion blocking**

XM6JW6 **Tetraethylammonium chloride**

XM9MS2 **Tetrylammonium chloride**

XM3YZ9 **Trimetaphan camsilate**

XM4BZ9 **Trimethaphan**

XM9BT3 **Trimethidinium**

Drugs used in addictive disorders

Coded Elsewhere: Naltrexone (XM2M16)
Methadone (XM7XP1)
Buprenorphine (XM9Z94)
Diamorphine (XM05B3)
Nalmefene (XM4PD9)
Varenicline (XM6PN9)
Cytisinicline (XM7HS1)

XM51D2 **Disulfiram**

XM2FC3 **Calcium carbimide**

XM6BN2 **Nicotine**

XM9T01 **Acamprosate**

Antivertigo and motion sickness preparations

Coded Elsewhere: Antinauseants, antiemetics and emetics (XM4H25-XM9FU8)
Antihistamines (XM4J58)

XM14C0 **Betahistine**

XM7CE7 **Cinnarizine**

XM52G4 **Flunarizine**

XM2U21 **Acetylleucine**

Agents primarily acting on smooth and skeletal muscles and the respiratory system

Coded Elsewhere: Labour repressants

Oxytocic drugs

Coded Elsewhere: Prostaglandins (XM4ML1)
Ergot alkaloids (XM0XY6)

XM0Q45 **Ergot derivative**

XM77J5 **Ergot prepared**

XM5NB5 **Ergotocine**

XM4534 **Hormone oxytocic**

XM8BU6 **Muscle affecting agents oxytocic**

XM5606 **Prostaglandin F2 alpha**

XM7F20 **Tocosamine**

XM6MR2 **Vetrabutine**

Muscle relaxants

XM8SY4 **Muscle relaxants, peripherally acting**

XM23H5 **Alcuronium**

XM7139 **Tubocurarine**

XM2RT6 **Dimethyltubocurarine**

XM0L61 **Hexafluronium**

XM87E3 **Fazadinium bromide**

XM2SB5 **Mivacurium chloride**

XM0FZ0 **Atracurium**

XM0Q59 **Pipecuronium bromide**

XM2811 **Doxacurium chloride**

XM4R62 **Rocuronium bromide**

XM0SQ7 **Cisatracurium**

XM9M51 **Botulinum toxin**

XM9YY8 **Muscle relaxants, centrally acting**

XM5AB5 **Carbamic acid esters**

XM8DV7 Phenprobamate

XM2DC7 Carisoprodol

XM7AC3 Methocarbamol

XM3KM3 Styramate

XM2339 Febarbamate

XM09D8 **Oxazol, thiazine, and triazine derivatives**

XM8MD5 Chlormezanone

XM7Q44 Chlorzoxazone

XM7ZQ9 Zoxazolamine

XM5PZ1 Metaxalone

XM09Y8 **Suxamethonium**

XM5CB4 **Pancuronium**

XM9416 **Gallamine**

XM7S28 **Vecuronium**

XM6X03 **Orphenadrine citrate**

XM5US2 **Baclofen**

XM1BK1 **Tizanidine**

XM26R3 **Pridinol**

XM4MA5 **Tolperisone**

XM1HD7 **Mephenesin**

XM2RH8 **Tetrazepam**

XM7LP5 **Cyclobenzaprine**

XM52Y2 **Thiocolchicoside**

XM9UU4 **Eperisone**

XM7995 **Fenyramidol**

XM0W80 **Afloqualone**

XM3V06 **Aclatonium napadisilate**

XM9RW1 **Anesthesia muscle relaxation**

XM5GC4 **Atracurium besilate**

XM8PU1 **Carbolonium (bromide)**

XM7DG2 **Decamethonium bromide**

XM6XS1 **Dimethyltubocurarinium chloride**

XM8A87 **Flaxedil**

XM9QC2 **Hexafluorenium bromide**

XM9WH2 **Hexanuorenium**

XM82Z5 **Hexcarbacholine bromide**

XM3676 **Laudexium**

XM3RJ7 **Methocarbamol skeletal muscle relaxant**

XM4W78 **Muscle affecting agents relaxants skeletal**

XM3SC6 **Myoneural blocking agents**

XM2UG5 **Neuromuscular blocking drug**

XM8QC2 **Skeletal muscle relaxants**

XM91M0 **Spasmolytic skeletal muscle**

XM7142 **Suxethonium chloride**

XM9502 **Woorali**

XM5ZN8 **Dantrolene**

Other drugs acting on muscles

XM82K6 **Botox**

XM0WW2 **Bruceine**

XM7E87 **Hydrastine**

XM7C89 **Lututrin**

XM20G5 **Strychnine medicinal**

XM8NV1 **Duchenne muscular dystrophy therapy**

XM1CL7 **Ataluren**

XM7H79 **Drisapersen**

XM0BM1 **Eteplirsen**

XM6TG6 **Hydroquinine**

XM0TQ8 **Aceneuramic acid**

XM90G7 **Nusinersen**

XM0U21 **Viltolarsen**

XM4VE2 **Casimersen**

XM9P78 **Drugs for obstructive airway diseases**

Coded Elsewhere: Glucocorticoids and synthetic analogues (XM51K6-XM1XF3)

Budesonide (XM3UP9)

Flunisolide (XM9VX0)

Betamethasone (XM6SU0)

Fluticasone (XM5PW9)

Triamcinolone (XM4J30)

Mometasone (XM8PN0)

Predominantly beta-adrenoreceptor agonists (XM96M5-XM0FE9)

Selective beta-2-adrenoceptor agonists (XM1X48)

Anticholinergics predominantly used for obstructive airway diseases (XM1CE8)

XM3R34 **Cromoglicic acid**

XM4TP3 **Nedocromil**

XM0B09 **Antileukotrienes**

XM9BZ0 Zafirlukast

XM1C43 Pranlukast

XM10P5 Montelukast

XM12R0 Ibudilast

XM4U85 **Monoclonal antibodies used in airway diseases**

Coded Elsewhere: Mepolizumab (XM8X05)

XM4LH9 Omalizumab

XM6VB5 Reslizumab

XM0KT0 Benralizumab

XM82N7 **Amlexanox**

Aminophylline, theophylline and other xanthines

XM5SD1 **Acefylline piperazine**

XM1719 **Acepifylline**

XM6493 **Ambuphylline**

XM5XJ1 **Aminophylline**

XM5Y44 **Bamifylline**

XM1QL3 **Bufylline**

XM31P6 **Enprofylline**

XM1W21 **Etamiphylline**

XM3ZP6 **Levoproxyphylline**

XM81W0 **Oxtriphylline**

XM5YJ3 **Proxyphylline**

XM4L37 **Theobromine**

XM1FP4 **Theophylline**

XM07L0 **Theophylline aminobenzoic acid**

XM07F4 **Theophylline piperazine p-amino-benzoate**

XM9608 **Doxofylline**

XM7X44 **Mepyramine theophyllinacetate**

XM42T9 **Fenspiride**

XM40T5 **Eprozinol**

XM8DS8 **Seratrodast**

XM53U2 **Roflumilast**

XM5Y33 **Tranilast**

XM2351 **Bufrolin**

XM9Y50 **Tezepelumab**

Expectorants and mucolytics

Coded Elsewhere: Acetylcysteine (XM7372)
Mesna (XM1JB5)
Mannitol (XM5BJ8)
Potassium iodide (XM1260)

XM6JV7 **Ambroxol**

XM4A47 **Ammonium chloride expectorant**

XM8CT0 **Bromhexine**

XM9FP2 **Calcium iodide**

XM3XU8 **Carbocisteine**

XM2NU9 **Cough mixture (syrup)**

XM1MJ1 **Cough mixture expectorants**

XM81Q9 **Creosote**

XM4C87 **Creosote syrup**

XM68U4 **Deglycyrrhizinized extract of liquorice**

XM1KM0 **Domiodol**

XM28N4 **Dornase**

XM71N5 **Eprazinone**

XM7QX2 **Glyceryl guaiacolate**

XM86G0 **Glycyrrhiza extract**

XM3CL2 **Glycyrrhizic acid**

XM8EW0 **Glycyrrhizinate potassium**

XM0G60 **Guaiacol derivatives**

XM48K1 **Guaimesal**

XM8GY5 **Guaiphenesin**

XM31Y1 **Hydriodic acid**

XM3E62 **Iodide potassium (expectorant)**

XM60L0 **Iodinated glycerol**

XM8BL3 **Ipecacuanha**

XM2K57 **Letosteine**

XM9Q09 **Liquorice**

XM6MB5 **Mecysteine**

XM4DQ1 **Mucolytic drug**

XM4KG8 **Organidin**

XM8A78 **Quillaja extract**

XM44A1 **Respiratory drug expectorant**

XM4Y94 **S-Carboxymethyl-cysteine**

XM1Y62 **Senega**

XM92P8 **Sobrerol**

XM06E7 **Sodium dibunate**

XM2BM5 **Sputum viscosity-lowering drug**

XM7BF1 **Stepronin**

XM1PU5 **Sulfogaiacol**

XM6JE5 **Superinone**

XM1CP3 **Tenoglicin**

XM0ES0 **Terpin hydrate (cis)**

XM1F74 **Tyloxapol**

XM1KG9 **Antimony pentasulfide**

XM61F4 **Dornase alfa**

XM48C4 **Altheae radix**

XM8983 **Guaiacolsulfonate**

XM5QU8 **Levoverbenone**

XM48W4 **Hederae helicis folium**

XM7Q79 **Cineole**

XM66E3 **Neltenexine**

XM7Y66 **Erdosteine**

Antitussives

Coded Elsewhere: Codeine, codeine derivatives and other opioids used in cough suppression (XM4587)

XM6NJ7 **Benproperine**

XM8G23 **Benzonatate**

XM1U36 **Bibenzonium bromide**

XM8WM3 **Butamirate**

XM4D27 **Clobutinol**

XM9DL9 **Chlophedianol**

XM80M9 **Cloperastine**

XM9KL2 **Dimethoxanate**

XM6995 **Dropropizine**

XM61F3 **Ethyl dibunate**

XM0SA9 **Fedrilate**

XM5BB1 **Fominoben**

XM8300 **Isoaminile**

XM97D0 **Levodropropizine**

XM3WX2 **Methorate**

XM2ET3 **Oxeladin**

XM9FU3 **Oxolamine**

XM4331 **Pentoxyverine**

XM7G25 **Picoperine**

XM84C4 **Pipazetate**

XM0HR9 **Piperidione**

XM8JR1 **Prenoxdiazine**

XM9KN8 **Zipeprol**

XM6SJ0 **Dibunate**

XM1G75 **Meprotixol**

XM2W89 **Morclofone**

XM7UA5 **Nepinalone**

XM06F9 **Butetamate**

XM4SL3 **Gefapixant**

XM4J58 **Antihistamines**

XM2JE5 **First-generation antihistamine**

XM8MV2 Aminoalkyl ethers

XM1TL5 Bromazine

XM6KY0 Diphenhydramine

XM3DL4 Clemastine

XM4QD7 Chlorphenoxamine

XM7GV4 Diphenylpyraline

XM9KZ9 Carbinoxamine

XM77K6 Doxylamine

XM7180 Piprinhydrinate

XM3FN3 Rotoxamine

XM5YE8 Substituted alkylamines

XM5PK9 Brompheniramine

XM6CF9 Dexchlorpheniramine

XM74S1 Dimetindene

XM9VG3 Chlorpheniramine

XM4UU4 Pheniramine

XM1107 Dexbrompheniramine

XM4AA0 Talastine

XM9MB0 Substituted ethylene diamines

XM54R1 Pyrilamine

XM9CM1 Chloropyramine

XM0N55 Tripelennamine

XM7TD1 Methapyrilene

XM6NM2 Thonzylamine

XM4NS9 Histapyrrodine

XM52P9 Phenothiazine derivatives

XM1N75 Alimemazine

XM0605 Promethazine

XM9QY1 Thiethylperazine

XM5E89 Methdilazine

XM5EB9 Mequitazine

XM5DB5 Oxomemazine

XM4Z91 Isothipendyl

XM5QG6 Hydroxyethylpromethazine

XM29Q8 Thiazinam

XM9NA0 Piperazine derivatives of first-generation antihistaminic agents

XM8GH2 Buclizine

XM0S26 Cyclizine

XM9SK3 Chlorcyclizine

XM1A78	Meclozine
XM6AV1	Oxatomide
XM0QD9	Cetirizine
XM07V7	Piperazine
XM1VF1	Diethylcarbamazine
XM5AC9	Levocetirizine
XM4GX4	Bamipine
XM11C5	Cyproheptadine
XM9BD4	Phenindamine
XM5Q41	Antazolin
XM8RT2	Triprolidine
XM6Z93	Azatadine
XM4280	Mebhydrolin
XM7ZS2	Thenalidine
XM0404	Pipoxizine
XM5463	Setastine
XM3B95	**Second-generation antihistamine**
XM6G21	Piperazine derivatives of second-generation antihistaminic agents
XM7S59	Astemizole
XM2S36	Terfenadine
XM4PE5	Loratadine
XM4F63	Ketotifen
XM4GA2	Acrivastine
XM9VB8	Azelastine
XM9EU0	Ebastine
XM7J45	Mizolastine
XM1586	Fexofenadine
XM2656	Desloratadine
XM3E25	Rupatadine
XM1WZ8	Bilastine

XM3YG8 Quifenadine

XM57C9 **Pyrrobutamine**

XM8ZS4 **Deptropine**

XM0J21 **Tritoqualine**

XM70F3 **Pimethixene**

XM5BJ5 **Epinastine**

XM40P7 **Sequifenadine**

XM9L77 **Doxantrazole**

Respiratory stimulants

Coded Elsewhere: Picrotoxin (XM6KR6)

XM0AP5 **Almitrine**

XM9QA2 **Amiphenazole**

XM0WB3 **Bemegride**

XM5T65 **Bicucculine**

XM7BN2 **Central nervous system stimulants analeptics**

XM6938 **Central nervous system stimulants opiate antagonists**

XM3465 **Crotethamide with cropropamide**

XM0A24 **Dimefline**

XM2ZT4 **Dimorpholamine**

XM3FP9 **Doxapram**

XM6D72 **Etamivan**

XM6YR1 **Leptazol**

XM4CU0 **Lobeline**

XM0001 **Nikethamide**

XM0Q86 **Pentetrazol**

XM5VY2 **Pimeclone**

XM4901 **Prethcamide**

XM1D17 **Mepixanox**

XM04S2 **Other respiratory system products**

XM4HQ2 **Nitric oxide**

XM3CW0 **Ivacaftor**

XM15G5 **Ivacaftor and lumacaftor**

XM2QZ5 **Ivacaftor and tezacaftor**

Systemic antibiotics, anti-infectives and antiparasitics

Systemic antibiotics and antibacterials

Coded Elsewhere: Antifungal antibiotics (XM7S10)

XM0MG9 **Amphenicols**

XM2TE7 **Chloramphenicol**

XM40F4 **Thiamphenicol**

Penicillins

XM1JY8 **Adicillin**

XM1LV7 **Ancillin**

XM0JT4 **Apalcillin**

XM46K9 **Bacampicillin**

XM94E1 **Benethamine penicillin**

XM2SP1 **Carfecillin**

XM9MK4 **Cephalosporins N (adicillin)**

XM4YY1 **Clemizole penicillin**

XM2361 **Ciclacillin**

XM9VG2 **Hydrabamine penicillin**

XM7LA4 **Imipenem**

XM0V84 **Isoxazolyl penicillin**

XM00H2 **Methoxybenzyl penicillin**

XM9XB6 **Penethamate**

XM7Q57 **Penicillin (any)**

XM71L1 **Phenbenicillin**

XM3UP8 **Xantocillin**

XM3173	**Penicillins with extended spectrum**
XM5MY7	**Ampicillin**
XM7CR7	**Pivampicillin**
XM3D58	**Carbenicillin**
XM7CM1	**Amoxicillin**
XM7J83	**Carindacillin**
XM31J4	**Epicillin**
XM9LR3	**Pivmecillinam**
XM8820	**Azlocillin**
XM1Z93	**Mezlocillin**
XM5562	**Mecillinam**
XM3MP9	**Piperacillin**
XM4D90	**Ticarcillin**
XM1HX8	**Metampicillin**
XM3Z13	**Talampicillin**
XM3S35	**Sulbenicillin**
XM1QC3	**Temocillin**
XM9HP3	**Hetacillin**
XM70P4	**Aspoxicillin**
XM9FQ5	**Beta-lactamase sensitive penicillins**
XM83S8	**Benzylpenicillin**
XM9B11	**Phenoxymethylpenicillin**
XM5MN2	**Propicillin**
XM4EZ4	**Azidocillin**
XM9NF6	**Pheneticillin**
XM16L6	**Penamecillin**
XM5N44	**Clometocillin**
XM4E82	**Benzathine benzylpenicillin**
XM4HD6	**Procaine benzylpenicillin**
XM6MK0	**Benzathine phenoxymethylpenicillin**

XM9QY0 **Beta-lactamase resistant penicillins**

XM5SF7 **Dicloxacillin**

XM6L30 **Cloxacillin**

XM0PP7 **Methicillin**

XM2UY3 **Oxacillin**

XM6AV2 **Flucloxacillin**

XM8HL9 **Nafcillin**

XM6QQ6 **Combinations of penicillins**

XM0RU1 **Sultamicillin**

XM3DN8 **Ampicillin and beta-lactamase inhibitor**

XM7UP4 **Amoxicillin and beta-lactamase inhibitor**

XM1FZ0 **Ticarcillin and beta-lactamase inhibitor**

XM0LH3 **Piperacillin and beta-lactamase inhibitor**

XM9XT2 **Beta-lactamase inhibitors**

XM3Y87 **Sulbactam**

XM2D37 **Tazobactam**

Cephalosporins and other beta-lactam antibiotics

XM3WK4 **Antibiotic b-lactam**

XM7TD6 **Antibiotic cephalosporin (group)**

XM5J74 **Cefaloglycin**

XM8J52 **Cefamycin antibiotic**

XM01V2 **Cefpimizole**

XM45T3 **Cefteram**

XM0C25 **Cefuzonam**

XM4HC8 **Cephalosporins**

XM67G9 **Cephalothin**

XM2K88 **Clavulanic acid**

XM9BE0 **First-generation cephalosporins**

XM9Z22 **Cefalexin**

XM7GR3 **Cefaloridine**

XM0BY6 **Cefazolin**

XM11S1 **Cefadroxil**

XM1EQ8 **Cefazedone**

XM8UF3 **Cefatrizine**

XM6DE1 **Cefapirin**

XM8X72 **Cefradine**

XM7DR9 **Cefacetrile**

XM75P2 **Cefroxadine**

XM2L78 **Ceftezole**

XM4DG8 **Second-generation cephalosporins**

XM26N9 **Cefoxitin**

XM7VY3 **Cefuroxime**

XM8839 **Cefamandole**

XM1ZJ9 **Cefaclor**

XM5QJ0 **Cefotetan**

XM3M14 **Cefonicid**

XM3V37 **Cefotiam**

XM8S59 **Cefmetazole**

XM3QK7 **Ceforanide**

XM27Z3 **Cefminox**

XM14Q0 **Cefbuperazone**

XM83K2 **Flomoxef**

XM6KH0 **Loracarbef**

XM4CP3 **Cefprozil**

XM3FN8 **Third-generation cephalosporins**

XM7CZ4 **Cefotaxime**

XM94G4 **Ceftazidime**

XM9732 **Cefsulodin**

XM3P83 **Ceftriaxone**

XM6FL0 **Cefmenoxime**

XM0B94 **Latamoxef**

XM1064 **Ceftizoxime**

XM4Q77 **Cefixime**

XM8YC6 **Cefetamet**

XM9YD6 **Cefpiramide**

XM5425 **Cefoperazone**

XM12J5 **Cefodizime**

XM85Q0 **Cefpodoxime**

XM2D98 **Ceftibuten**

XM2141 **Cefdinir**

XM2SP6 **Cefditoren**

XM0H82 **Cefcapene**

XM9RH3 **Cefotaxime and beta-lactamase inhibitor**

XM8EN5 **Ceftazidime and beta-lactamase inhibitor**

XM4UZ8 **Cefoperazone and beta-lactamase inhibitor**

XM19K3 **Ceftriaxone and beta-lactamase inhibitor**

XM60V7 **Fourth-generation cephalosporins**

XM1HW5 **Cefepime**

XM0MR4 **Cefpirome**

XM1BL5 **Cefozopran**

XM3XC6 **Monobactams**

XM3DB8 **Aztreonam**

XM9FE9 **Carumonam**

XM1JU9 **Carbapenems**

XM82S6 **Meropenem**

XM50J4 **Ertapenem**

XM27D0 **Doripenem**

XM1Q21 **Biapenem**

XM12K6 **Imipenem and cilastatin**

XM02N8	**Panipenem**
XM1N97	**Faropenem**
XM5261	**Betamipron**
XM3QS2	**Ceftobiprole medocaril**
XM2LW5	**Ceftaroline fosamil**
XM7RT0	**Ceftolozane and beta-lactamase inhibitor**
XM8SY8	**Sulfonamides and trimethoprim derivatives**
XM3MG7	**Trimethoprim derivatives**
XM7NY9	Trimethoprim
XM8162	**Short-acting sulfonamides**
XM0XY9	Sulfamethizole
XM72R1	Sulfapyridine
XM3G53	Sulfathiazole
XM72K1	Sulfanilamide
XM9TQ5	Sulfisoxazole
XM06K1	**Intermediate-acting sulfonamides**
XM1AM5	Sulphamethoxazole
XM12D1	Sulfadiazine
XM43U3	Sulfamoxole
XM4J39	**Long-acting sulfonamides**
XM3ER6	Sulfadimethoxine
XM8LL9	Sulfalene
XM7XJ2	Sulfamethoxypyridazine
XM92E0	Sulfaperin
XM7R74	Sulfamerazine
XM1G41	Sulfaphenazole
XM0ZN8	Sulfamazone
XM95D0	Sulfametomidine
XM3EU7	**Sulfonamides and trimethoprim derivatives, fixed combinations**
XM22Y8	Trimethoprim with sulfamethoxazole

XM18A9 Sulfadiazine and trimethoprim

XM87N2 Sulfametrole and trimethoprim

XM4008 Sulfamoxole and trimethoprim

XM4WW1 Sulfadimidine and trimethoprim

XM1UR3 Sulfadiazine and tetroxoprim

XM3Y04 Sulfamerazine and trimethoprim

XM4YB5 **Brodimoprim**

XM98X3 **Iclaprim**

XM4L44 **Sulfathiourea**

Macrolides

XM1329 **Azithromycin**

XM36F7 **Erythromycin**

XM2YT6 **Josamycin**

XM06K0 **Kitasamycin**

XM80A1 **Midecamycin**

XM3CC3 **Miocamycin**

XM8HR9 **Oleandomycin**

XM8UC1 **Rokitamycin**

XM98M0 **Roxithromycin**

XM1K16 **Spiramycin**

XM2WF8 **Troleandomycin**

XM1VG4 **Clarithromycin**

XM0EH3 **Dirithromycin**

XM2J45 **Flurithromycin**

XM5TV4 **Telithromycin**

XM2LU0 **Solithromycin**

XM4094 **Ansamycin**

XM7E36 **Lincosamides**

XM8158 **Clindamycin**

XM53Q9 **Lincomycin**

XM69N7 **Streptogramins**

XM48W5 **Pristinamycin**

XM4NJ6 **Quinupristin**

XM2YS9 **Dalfopristin**

Aminoglycosides

XM3X89 **Amikacin**

XM4LV0 **Antibiotic aminoglycoside**

XM7WC2 **Antituberculars antibiotics**

XM4BG6 **Astromicin**

XM4PT0 **Bekanamycin**

XM45U4 **Dibekacin**

XM8KT1 **Dihydrostreptomycin**

XM0PH0 **Framycetin**

XM3YS5 **Gentamicin**

XM6YS3 **Isepamicin**

XM0C03 **Kanamycin**

XM9VS3 **Micronomicin**

XM2YC8 **Neomycin (derivatives)**

XM1W69 **Netilmicin**

XM1QQ2 **Novobiocin**

XM1696 **Paromomycin**

XM58T2 **Ribostamycin**

XM4GS3 **Sisomicin**

XM6T34 **Streptomycin**

XM32G0 **Streptomycin derivative**

XM7N64 **Streptoduocin**

XM4YK6 **Streptonivicin**

XM40X6 **Streptovarycin**

XM6G20 **Tobramycin**

XM79T7 **Arbekacin**

XM1KN3 **Plazomicin**

XM7YK9 **Quinolones and derivatives**

XM3HL2 **Fluoroquinolones**

XM8072 Ofloxacin

XM77G2 Ciprofloxacin

XM1Z91 Pefloxacin

XM7SH9 Enoxacin

XM85E7 Norfloxacin

XM2GR2 Fleroxacin

XM98Z1 Temafloxacin

XM3JX8 Lomefloxacin

XM6MR3 Sparfloxacin

XM7BN7 Rufloxacin

XM6RS6 Grepafloxacin

XM7KX7 Levofloxacin

XM6YH9 Trovafloxacin

XM8147 Moxifloxacin

XM5HN4 Gemifloxacin

XM17A4 Gatifloxacin

XM3NU2 Prulifloxacin

XM3Z59 Pazufloxacin

XM1QZ5 Garenoxacin

XM5MK4 Sitafloxacin

XM3S71 Tosufloxacin

XM9CC7 Delafloxacin

XM8SV4 **Rosoxacin**

XM82P4 **Nalidixic acid**

XM1298 **Piromidic acid**

XM61M8 **Pipemidic acid**

XM3GX9 **Combinations of antibacterials**

XM5CX9 **Sulfonamides, combinations with other antibacterials**

Exclusions: Trimethoprim (XM7NY9)

XM39C8 **Penicillins, combinations with other antibacterials**

XM9162 **Cefuroxime and metronidazole**

XM3E19 **Spiramycin and metronidazole**

XM8TH8 **Levofloxacin and ornidazole**

XM3DB6 **Cefepime and amikacin**

XM5QC3 **Azithromycin, fluconazole and secnidazole**

XM1CM9 **Tetracycline and oleandomycin**

XM2CJ8 **Ofloxacin and ornidazole**

XM9T47 **Ciprofloxacin and metronidazole**

XM36B5 **Ciprofloxacin and tinidazole**

XM51W6 **Ciprofloxacin and ornidazole**

XM31E8 **Norfloxacin and tinidazole**

XM8S33 **Glycopeptides**

XM9YD1 **Vancomycin**

XM2004 **Teicoplanin**

XM8WT1 **Telavancin**

XM4F99 **Dalbavancin**

XM9LJ3 **Oritavancin**

XM2CE2 **Nitrofuran derivatives**

XM09K7 **Nitrofurantoin**

XM1QV5 **Nifurtoinol**

XM9F49 **Nifurtimox**

XM8FX2 **Furazidin**

XM08Z2 **Furazolidone**

XM3DZ3 **Polymyxins**

XM6510 **Colistin**

XM0NQ2 **Polymyxin B**

XM8MH4 **Polymyxin**

Other antibacterials

XM5183 **Aerosporin**

XM5PV6 **Albamycin**

XM4E54 **Amphomycin**

XM2H40 **Anti-infective antibiotics specified**

XM41T2 **Antibiotic intestinal**

XM0MJ1 **Antibiotic polypeptide**

XM7SQ4 **Antibiotic specified**

XM2EH2 **Betamicin**

XM0D75 **Carbomycin**

XM74K5 **Enviomycin**

XM0HU8 **Fosfomycin**

XM5UL0 **Fusafungine**

XM6AH3 **Fusidic acid**

XM14K4 **Neosporin**

XM19A7 **Ristocetin**

XM0BX1 **Sodium fusidate**

XM4F54 **Sulfomyxin**

XM6HE3 **Viomycin**

XM2A60 **Virginiamycin**

XM71G5 **Xibornol**

XM2TG1 **Spectinomycin**

XM02L5 **Methenamine (mandelate)**

XM3HJ6 **Mandelic acid**

XM33S9 **Nitroxoline**

XM11V4 **Clofoctol**

XM9WV9 **Linezolid**

XM2NL4 **Daptomycin**

XM20R8 **Bacitracin**

XM9GT9 **Tedizolid**

XM9QK9 **Lefamulin**

Tetracyclines

XM8124 **Antibiotic tetracycline (group)**

XM7FD5 **Chlormethylenecycline**

XM1JT2 **Chlortetracycline**

XM0WY0 **Clomocycline**

XM9219 **Demeclocycline**

XM17F8 **Demethylchlortetracycline**

XM7KG3 **Demethyltetracycline**

XM7J58 **Doxycycline**

XM4492 **Guamecycline**

XM47D7 **Lymecycline**

XM9KD5 **Meclocycline**

XM4CA1 **Metacycline**

XM5TY0 **Minocycline**

XM8DQ8 **Oxytetracycline**

XM3D34 **Penimepicycline**

XM45X2 **Rolitetracycline**

XM0BP1 **Tetracycline**

XM74B7 **Tigecycline**

Antimycobacterials

XM8781 **Aminosalicylic acid and derivatives**

XM1X82 **Aminosalicylic acid**

XM6TY4 **Sodium aminosalicylate**

XM7FE7 **Calcium aminosalicylate**

XM3BE3 **Thiocarbamide derivatives**

XM1GT1 **Protionamide**

XM86N7 **Ethionamide**

XM8Q31 **Drugs for treatment of lepra**

XM3122 **Clofazimine**

XM73W4 **Dapsone**

XM34C6 **Clascoterone**

XM6QT5 **Aminosalylum**

XM4TV0 **Anti-infective antimycobacterial**

XM5K63 **Antimycobacterial drug combination**

XM6DX3 **Antituberculars**

XM18Y4 **Benzoylpas calcium**

XM3307 **Bromosalicylhydroxamic acid**

XM2754 **Calcium benzamidosalicylate**

XM7TM4 **Chaulmosulfone**

XM95S8 **Cyanacetyl hydrazide**

XM4N96 **Ethambutol**

XM64N2 **Ethyl chaulmoograte**

XM23G7 **Fenamisal**

XM4RF4 **Glucosulfone sodium**

XM7945 **Glyconiazide**

XM5FH2 **Isoniazid**

XM2ZK2 **Isonicotinic acid hydrazide**

XM3XE5 **Methaniazide**

XM8UX1 **Morinamide**

XM6LM1 **Morphazinamide**

XM2QH1 **Pasiniazid**

XM4Q32 **Pentylsalicylamide**

XM3UQ6 **Potassium aminosalicylate**

XM8DJ8 **Promacetin**

XM8CP2 **Promin**

XM4611 **Pyrazinamide**

XM4GU0 **Rimifon**

XM7SC9 **Salinazid**

XM3070 **Acetosulfone sodium**

XM06Z9 **Solasulfone**

XM3SD9 **Sulfonazide**

XM3SN8 **Sulfones**

XM72Q4 **Aldesulfone sodium**

XM9TD0 **Terizidone**

XM99P0 **Thiambutosine**

XM0AR8 **Thioacetazone**

XM5MQ5 **Thioacetazone with isoniazid**

XM62H2 **Tiocarlide**

XM60U0 **Bedaquiline**

XM1FD5 **Delamanid**

XM7AQ6 **Antimycobacterial antibiotic**

XM63V4 **Cycloserine**

XM0R30 **Rifampicin**

XM7HL1 **Rifamycin**

XM5QH8 **Rifabutin**

XM8MQ4 **Rifapentine**

XM0892 **Capreomycin**

XM2LE1 **Rifaximin**

XM38J6 **Rifamide**

Antifungal agents

XM2SD6	**Imidazole derivatives**
XM9UH0	**Miconazole**
XM9795	**Ketoconazole**
XM4GT1	**Triazole and tetrazole derivatives**
XM97S6	**Fluconazole**
XM5XD2	**Itraconazole**
XM70R4	**Voriconazole**
XM1VE3	**Posaconazole**
XM69J7	**Oteseconazole**
XM8YE6	**Griseofulvin**
XM32L5	**Nystatin**
XM2H01	**Pimaricin**
XM3BU7	**Flucytosine**
XM7HQ1	**Terbinafine**
XM0K47	**Caspofungin**
XM1F82	**Micafungin**
XM0HG4	**Anidulafungin**
XM7S10	**Antifungal antibiotics**
XM5TR4	**Amphotericin B**
XM9CM4	**Hachimycin**

Antiviral drugs

XM56B8	**Nucleosides and nucleotides**
XM3MC4	**Aciclovir**
XM30N1	**Vidarabine**
XM1M61	**Ganciclovir**
XM2GP5	**Idoxuridine**
XM3RL1	**Famciclovir**
XM4GK4	**Valaciclovir**

XM6HE0 **Cidofovir**

XM3AF7 **Penciclovir**

XM2RU2 **Valganciclovir**

XM5L76 **Brivudine**

XM1ES0 **Remdesivir**

XM4CD1 **Brincidofovir**

XM7QR0 **Cyclic amines**

XM2TS5 **Rimantadine**

XM7GR8 **Tromantadine**

XM90G3 **Phosphonic acid derivatives**

XM5XQ9 **Foscarnet**

XM8Z26 **Fosfonet**

XM8GK2 **Protease inhibitors**

XM7YP4 **Saquinavir**

XM1VT6 **Indinavir**

XM56L1 **Ritonavir**

XM6175 **Nelfinavir**

XM6WJ3 **Amprenavir**

XM2AR2 **Fosamprenavir**

XM2U50 **Atazanavir**

XM8QH1 **Tipranavir**

XM63Q8 **Darunavir**

XM3EZ0 **Nucleoside and nucleotide reverse transcriptase inhibitors**

XM9C07 **Zidovudine**

XM7XQ2 **Zalcitabine**

XM8Z78 **Didanosine**

XM7RM1 **Stavudine**

XM5471 **Lamivudine**

XM35P4 **Abacavir**

XM67N3 **Tenofovir disoproxil**

XM96H1 **Adefovir**

XM2L06 **Emtricitabine**

XM0Z52 **Entecavir**

XM2P85 **Telbivudine**

XM9K66 **Clevudine**

XM06Z6 **Tenofovir alafenamide**

XM5PT4 **Non-nucleoside reverse transcriptase inhibitors**

XM10T5 **Nevirapine**

XM0LC3 **Delavirdine**

XM1DX2 **Efavirenz**

XM7N44 **Etravirine**

XM1KD4 **Rilpivirine**

XM6DT0 **Neuraminidase inhibitors**

XM0JN4 **Zanamivir**

XM6823 **Oseltamivir**

XM0AQ6 **Peramivir**

XM6M67 **Laninamivir**

XM9DH8 **Antivirals for treatment of hepatitis C infections**

XM8YT1 **Ribavirin**

XM2WF9 **Telaprevir**

XM07W4 **Boceprevir**

XM1QK4 **Faldaprevir**

XM9FF9 **Simeprevir**

XM6LF8 **Asunaprevir**

XM41F6 **Daclatasvir**

XM0ZZ5 **Sofosbuvir**

XM34X5 **Dasabuvir**

XM5HK2 **Elbasvir**

XM9WK5 **Grazoprevir**

XM6ZX2 **Coblopasvir**

XM3SJ3 **Antivirals for treatment of hepatitis C infections, combinations**

XM5CA7 **Sofosbuvir and Ledipasvir**

XM4R75 **Dasabuvir, Ombitasvir, Paritaprevir and Ritonavir**

XM70P2 **Ombitasvir, Paritaprevir and Ritonavir**

XM7VS7 **Elbasvir and Grazoprevir**

XM3K33 **Sofosbuvir and Velpatasvir**

XM14S9 **Sofosbuvir, Velpatasvir and Voxilaprevir**

XM1NF4 **Glecaprevir and Pibrentasvir**

XM10G0 **Daclatasvir, Asunaprevir and Beclabuvir**

XM3U67 **Antivirals for treatment of human immunodeficiency virus infections, combinations**

XM5UM7 **Zidovudine and Lamivudine**

XM41D4 **Lamivudine and Abacavir**

XM75H2 **Tenofovir disoproxil and Emtricitabine**

XM2F89 **Zidovudine, Lamivudine and Abacavir**

XM0SL5 **Zidovudine, Lamivudine and Nevirapine**

XM7RZ6 **Emtricitabine, Tenofovir disoproxil and Efavirenz**

XM99U8 **Stavudine, Lamivudine and Nevirapine**

XM1KH0 **Emtricitabine, Tenofovir disoproxil and Rilpivirine**

XM99Q5 **Emtricitabine, Tenofovir disoproxil, Elvitegravir and Cobicistat**

XM3EH7 **Lopinavir**

XM9NL2 **Lamivudine, Tenofovir disoproxil and Efavirenz**

XM50Z0 **Lamivudine and Tenofovir disoproxil**

XM2UU9 **Lamivudine, Abacavir and Dolutegravir**

XM1FA4 **Darunavir and Cobicistat**

XM4KM0 **Atazanavir and Cobicistat**

XM0229 **Lamivudine and Raltegravir**

XM8RF0 **Emtricitabine and Tenofovir alafenamide**

XM4JT2 **Emtricitabine, Tenofovir alafenamide, Elvitegravir and Cobicistat**

XM08B7 **Emtricitabine, Tenofovir alafenamide and Rilpivirine**

XM0UN9 **Emtricitabine, Tenofovir alafenamide and Bictegravir**

XM4C60 **Dolutegravir and Rilpivirine**

XM7T33 **Emtricitabine, Tenofovir alafenamide, Darunavir and Cobicistat**

XM4TF3 **Atazanavir and Ritonavir**

XM5FB9 **Lamivudine, Tenofovir disoproxil and Doravirine**

XM9CE4 **Lamivudine and Dolutegravir**

XM8ZN1 **Darunavir and Ritonavir**

XM8QY9 **Lamivudine, Tenofovir disoproxil and Dolutegravir**

XM63K0 **Anti-infective antiviral**

XM7SG2 **Dideoxyinosine**

XM9VL0 **Foscarnet sodium**

XM6CJ2 **Fosfonet sodium**

XM1R42 **Ibacitabine**

XM6SP8 **Metisazone**

XM5GV1 **Moroxydine**

XM6WB2 **Trifluridine**

XM60K5 **Lysozyme**

XM8AQ1 **Inosine pranobex**

XM23V6 **Pleconaril**

XM1EQ6 **Enfuvirtide**

XM82D3 **Raltegravir**

XM3FG0 **Maraviroc**

XM7HJ6 **Maribavir**

XM7WY9 **Elvitegravir**

XM6K45 **Dolutegravir**

XM3S98 **Umifenovir**

XM8CN1 **Enisamium iodide**

XM01X3 **Letermovir**

XM1UC2 **Tilorone**

XM90X2 **Pentanedioic acid imidazolyl ethanamide**

XM2KW1 **Ibalizumab**

XM7FP8 **Tecovirimat**

XM9A16 **Baloxavir marboxil**

XM1QY5 **Amenamevir**

XM2L29 **Favipiravir**

XM1KL9 **Cobicistat**

XM85A9 **Lenacapavir**

Antivenin, antivenom (sera), Immunoglobulin

XM6MB2 **AHLG**

XM9CH0 **Anti-human lymphocytic globulin**

XM9L34 **Antidiphtheria serum**

XM9D37 **Antiscorpion sera**

XM5CP2 **Antitoxin**

XM81Z0 **Antitoxin gas gangrene**

XM5TW5 **Antivenin, antivenom (sera)**

XM2T48 **Antivenin, antivenom crotaline**

XM6D91 **Antivenin, antivenom spider bite**

XM4XP6 **Black widow spider antivenin**

XM7VG2 **Gamimune**

XM6Z81 **Gamma globulin**

XM7MC6 **Gamulin**

XM1AG2 **Glandular extract (medicinal)**

XM8MQ7 **Globulin antilymphocytic**

XM6UW5 **Globulin antirhesus**

XM3LT2 **Globulin antivenin**

XM9XP6 **Globulin antiviral**

XM5443 **Homo-tet**

XM3KZ0 **Horse anti-human lymphocytic serum**

XM7BR5 **Human immune serum**

XM42S1 **Hypertussis**

XM5DZ4 **Pegademase, bovine**

XM67L1 **RhoGAM**

XM77D4 **Serum anti-Rh**

XM3HE6 **Serum antibotulinus**

XM9V23 **Serum anticytotoxic**

XM7HP0 **Serum antimeningococcus**

XM5F14 **Serum antitetanic**

XM8MX1 **Serum antitoxic**

XM9QJ7 **Serum convalescent**

XM0SJ2 **Serum protective**

XM5CC6 **Spider antivenin**

XM2042 **Tetanus toxoid or vaccine antitoxin**

XM2GK5 **Tetanus toxoid or vaccine immune globulin (human)**

XM8Y67 **Vaccine antineoplastic**

XM6VF9 **Immune sera**

XM2MN8 **Diphtheria antitoxin**

XM18X1 **Tetanus antitoxin**

XM5083 **Antirabies hyperimmune serum**

XM18Y9 **Snake venom antiserum**

XM0AD6 **Botulinum antitoxin**

XM1FR6 **Gas-gangrene sera**

XM1RS8 **Immunoglobulins**

XM0AQ7 **Immunoglobulins, normal human**

XM26U5 Immunoglobulins, normal human, intravenous

XM3H32 Immunoglobulins, normal human, extravascular

XM5YM7 **Specific immunoglobulins**

XM4361 Anti-D (rh) immunoglobulin

XM8824 Tetanus immunoglobulin

XM6JK2 Hepatitis B immunoglobulin

XM5R25 Rabies immunoglobulin

XM8Q08 Vaccinia immunoglobulin

XM3FU2 Pertussis immunoglobulin

XM8Z30 Mumps immunoglobulin

XM7X82 Varicella zoster immunoglobulin

XM3ZS8 Rubella immunoglobulin

XM1V63 Staphylococcus immunoglobulin

XM7NM9 Cytomegalovirus immunoglobulin

XM4YT6 Diphtheria immunoglobulin

XM7LD1 Hepatitis A immunoglobulin

XM5NX5 Encephalitis, tick borne immunoglobulin

XM1GU6 Measles immunoglobulin

XM45N8 Palivizumab

XM0QB1 Motavizumab

XM0U74 Raxibacumab

XM8Y60 Anthrax immunoglobulin

XM6GD5 Bezlotoxumab

XM54X9 Obiltoxaximab

XM1BS2 **Immunoglobulin not elsewhere classified**

XM3NK9 **Antiviral monoclonal antibodies**

XM78P5 Tixagevimab

XM1CT9 Cilgavimab

Vaccines

XM3KV2 **Bacterial vaccines**

XM29K4 **Cholera vaccines**

XM3Z26 Cholera, inactivated, whole cell vaccines

XM72A0 Cholera, live attenuated vaccines

XM1FT6 Cholera, combinations with typhoid vaccine, inactivated, whole cell vaccines

XM11V3 **Haemophilus influenzae B vaccines**

Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Hemophilus influenzae B and poliomyelitis vaccines (XM01H1)

Hemophilus influenzae B and hepatitis B vaccines (XM32L7)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

XM6RG9 Hib, purified antigen conjugated vaccines

XM7F70 Hib, combinations with toxoids vaccines

XM81F7 Hib, combinations with pertussis and toxoids vaccines

XM0X86 Hib, combinations with meningococcus C, conjugated vaccines

XM2WV4 **Meningococcal vaccines**

XM92B2 Meningococcal monovalent purified polysaccharides antigen vaccines

XM5LC2 Meningococcal polyvalent purified polysaccharides antigen vaccines

XM3T39 Meningococcus A, C, bivalent purified polysaccharides antigen vaccines

Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

XM2AR0 Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen vaccines

XM2EH7 Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen conjugated vaccines

XM18Y8 Meningococcus C, purified polysaccharides antigen conjugated vaccines

XM2280 Meningococcus A, purified polysaccharides antigen conjugated vaccines

XM9GJ1 Meningococcus B, outer membrane vesicle vaccines

XM1X81 Meningococcus B, multicomponent vaccines

XM37L5 Meningococcus A, purified polysaccharides antigen vaccines

XM43M9 **Pertussis vaccines**

Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8)

Diphtheria vaccines combination including pertussis (XM46V1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM45L8 Pertussis, inactivated, whole cell vaccines

XM62J1 Pertussis, purified antigen vaccines

XM2TK2 Pertussis, inactivated, whole cell, combinations with toxoids vaccines

XM4082 Pertussis, purified antigen, combinations with toxoids vaccines

XM2CV8 Vaccines pertussis with diphtheria

XM9EM7 **Pneumococcal vaccines**

XM9G97 Pneumococcal conjugate (13-valent) vaccines

XM2249 Pneumococcal polysaccharide 23-valent vaccines

XM91D7 Pneumococcus, purified polysaccharides antigen vaccines

XM96S7 Pneumococcus, purified polysaccharides antigen conjugated vaccines

XM4R39 Pneumococcus purified polysaccharides antigen and Haemophilus influenzae, conjugated vaccines

XM5L44 **Tetanus vaccines**

Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, rubella, tetanus vaccines (XM9744)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM29H5 Tetanus toxoid vaccines

XM1G86 Tetanus toxoid, combinations with diphtheria toxoid vaccines

XM9AK2 Tetanus toxoid, combinations with tetanus immunoglobulin vaccines

XM31Q8 Tetanus, diphtheria, acellular pertussis vaccines

XM1PB8 Triple vaccines DPT

XM9ZL9 Pertussis vaccines (with diphtheria toxoid) (with tetanus toxoid)

XM9YH9 Diphtheria toxoid with tetanus toxoid with pertussis component vaccines

XM32Q5 Tetanus and diphtheria vaccines

XM4039 Vaccines diphtheria with tetanus

XM8XH5 Tetanus toxoid or vaccines toxoid with diphtheria toxoid

XM8BU8 **Typhoid vaccines**

Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)

XM33K4 Typhoid, oral, live attenuated vaccines

XM89G3 Typhoid, inactivated, whole cell vaccines

XM3SF6 Typhoid, purified polysaccharide antigen vaccines

XM9UB1 Typhoid-paratyphoid vaccines

XM3VD2 Vaccines TAB

XM95H3 Paratyphoid vaccines

XM8ZX8 **Plague vaccines**

XM3796 Plague, inactivated, whole cell vaccines

XM9SW5 **Vaccines bacterial with other bacterial component**

XM91J8 **Vaccines rickettsial**

XM3JJ2 Typhus (exanthematicus) vaccines

XM2NU8 Typhus exanthematicus, inactivated, whole cell vaccines

XM4F19 Vaccines rickettsial with bacterial component

XM0E84 Rocky Mountain spotted fever vaccines

XM5926 **Vaccines bacterial mixed, not elsewhere classified**

XM8NU9 **Anthrax vaccines**

XM2C05 Anthrax antigen vaccines

XM7PB3 **Brucellosis vaccines**

XM7RX8 Brucella antigen vaccines

XM8AW3 **Diphtheria vaccines**

Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8)

Tetanus and diphtheria vaccines (XM32Q5)

Vaccines pertussis with diphtheria (XM2CV8)

Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, rubella, tetanus vaccines (XM9744)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM86V7 Diphtheria toxoid vaccines

XM46V1 Diphtheria vaccines combination including pertussis

XM39K8 Diphtheria vaccines combination without pertussis

XM8YP9 Diphtheria vaccines combination

XM4639 **Tuberculosis vaccines**

XM8142 Tuberculosis, live attenuated vaccines

XM61M7 **Viral vaccines**

XM68M6 **COVID-19 vaccines**

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XM1NL1 COVID-19 vaccines, inactivated virus

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XM7HT3 CoronaVac®

Inactivated COVID-19 (VERO CELL) vaccine

XM8866 BBIBP-CorV

Exclusions: WIBP-CorV (XM1AU2)

XM9TQ1 KCONVAC

Exclusions: Sinopharm WIBP-CorV (XM1AU2)

XM1G90 Covaxin

XM85P5 Covi-Vac

XM9FQ7 Hayat-Vax

XM97N6 QazVac

XM2YG8 COVIran Barakat

XM0K39 Covidful

XM1AU2 Sinopharm WIBP-CorV

Exclusions: BBIBP-CorV (XM8866)

XM5DF6 COVID-19 vaccines, live attenuated virus

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XM9QW8 COVID-19 vaccines, non-replicating viral vector

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XM4YL8 COVID-19 Vaccine AstraZeneca

Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.

XM97T2 Covishield®

Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.

XM6QV1 COVID-19 Vaccine Janssen

Viral vector vaccine based on a modified human adenovirus 26.

XM1AG7 Convidecia

XM5ZJ4 Gam-Covid-Vac

XM5QM6 Sputnik-Light

XM0CX4 COVID-19 vaccines, replicating viral vector

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XM5JC5 COVID-19 vaccines, virus protein subunit

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XM3CT4 Recombinant SARS-CoV-2 vaccines

XM3PG0 Soberana-02

XM4EC8 MVC-COV1901

XM6SZ8 EpiVacCorona

XM0RV9 Soberana Plus

XM3SK8 EpiVacCorona-N

XM9P21 SpikoGen

XM9T65 Novavax COVID-19 vaccines

XM9N08 Razi COV PARS

XM1J92 COVID-19 vaccines, virus like particle

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XM6AT1 COVID-19 vaccines, DNA based

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XM52P3 ZyCov-D

XM0GQ8 COVID-19 vaccines, RNA based

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XM8NQ0 Comirnaty®

A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).

XM3DT5 COVID-19 Vaccine Moderna

A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).

XM38G7 **Dengue vaccines**

XM7P50 **Ebola vaccines**

XM0RC1 **Encephalitis vaccines**

XM8MP6 Encephalitis, tick borne, inactivated, whole virus

XM0LB5 Encephalitis, Japanese, inactivated, whole virus

XM47S0 Encephalitis, Japanese, live attenuated

XM1LR5 **Influenza vaccines**

XM8857 Influenza vaccines, inactivated, whole virus

XM5V64 Influenza vaccines, live attenuated

XM8MP2 Influenza vaccines, inactivated, split virus or surface antigen

XM9E16 Influenza vaccines, virus like particle

XM33X8 Influenza, purified antigen

XM6LL6 **Hepatitis vaccines**

Coded Elsewhere: Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

XM9V38 Hepatitis B, purified antigen

Coded Elsewhere: Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Hemophilus influenzae B and hepatitis B vaccines (XM32L7)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

XM2A12 Hepatitis A, inactivated, whole virus

Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)

XM03Y7 Combinations hepatitis vaccines

XM28X5 **Measles vaccines**

XM8L15 Measles, live attenuated

XM9439 Measles, combinations with mumps, live attenuated

XM8TF3 Measles, combinations with mumps and rubella, live attenuated

XM21H2 Measles, combinations with rubella, live attenuated

XM4AJ8 Measles, combinations with mumps, rubella and varicella, live attenuated

XM1131 **Mumps vaccines**

XM2340 Mumps, live attenuated

XM0N50 **Poliomyelitis vaccines**

Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Hemophilus influenzae B and poliomyelitis vaccines (XM01H1)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM4KG4 Orimune

XM1Y59 Vaccine sabin oral

XM2KH7 Diplovax

XM0VX8 Poliomyelitis oral, monovalent live attenuated

XM0KZ1 Poliomyelitis oral, trivalent, live attenuated

XM79H3 Poliomyelitis oral, bivalent, live attenuated

XM5V19 Poliomyelitis, trivalent, inactivated, whole virus

XM1CE0 **Rotavirus diarrhoea vaccines**

XM4GV0 Rota virus, live attenuated

XM4VG1 Rota virus, pentavalent, live, reassorted

XM7PP1 **Rubella vaccines**

Coded Elsewhere: Diphtheria, rubella, tetanus vaccines (XM9744)

XM9PS9 Rubella, live attenuated

XM3B09 Rubella, combinations with mumps, live attenuated

XM8DG3 **Varicella zoster vaccines**

XM0NS8 Varicella, live attenuated

XM1SS1 Zoster, live attenuated

XM9QP0 **Papillomavirus vaccines**

XM1821 Papillomavirus (human types 6,11,16,18)

XM9BT4 Papillomavirus (human types 16,18)

XM5CE9 Papillomavirus (human types 6,11,16,18,31,33,45,52,58)

XM95R0 **Smallpox vaccine**

XM6T09 **Rabies vaccines**

XM7BE8 Rabies, inactivated, whole virus

XM02Y0 **Respiratory syncytial virus vaccines**

XM69P6 Synagis

XM0N24 **Yellow fever vaccines**

XM3418 Yellow fever, live attenuated

XM7C66 **Bacterial and viral vaccines, combined**

XM8AW1 **Diphtheria, poliomyelitis, tetanus vaccines**

XM09Q7 **Diphtheria, pertussis, poliomyelitis, tetanus vaccines**

XM9744 **Diphtheria, rubella, tetanus vaccines**

XM41N3 **Diphtheria, hepatitis B, pertussis, tetanus vaccines**

XM1LX9 **Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines**

XM3G68 **Diphtheria, hepatitis B, tetanus vaccines**

XM32L7 **Hemophilus influenzae B and hepatitis B vaccines**

XM3JA6 **Typhoid, hepatitis A vaccines**

XM7JP3 **Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines**

XM0LT9 **Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines**

XM5XP9 **Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines**

XM21E6 **Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines**

XM84S1 **Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines**

XM9JP8 **Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines**

XM01H1 **Hemophilus influenzae B and poliomyelitis vaccines**

Other specified systemic anti-infectives and antiparasitics

Coded Elsewhere: Quinolones and derivatives (XM7YK9)

XM5YM6 **Metronidazole**

XM7Z72 **Tinidazole**

XM6BF7 **Trimetrexate**

XM3Y85 **Acetarsol**

XM0067 **Pentamidine**

XM11F5 **Suramin sodium**

XM9CB1 **Atovaquone**

XM71Y7 **Miltefosine**

Antiprotozoal drugs

Coded Elsewhere: Nitrofuran derivatives (XM2CE2)

XM21E9 **Hydroxyquinoline derivatives**

XM5MW6 **Broxyquinoline**

XM1V59 **Clioquinol**

XM56H5 **Chlorquinaldol**

XM1KS8 **Tilbroquinol**

XM0V89 **Tiliquinol**

Antimalarials and drugs acting on other blood protozoa

Coded Elsewhere: Biguanides (XM5DC4)

XM6M61 **8-Aminoquinoline drugs**

XM0NC8 **Amopyroquin**

XM37R2 **Anti-infective antimalarial**

XM0VE8 **Anti-infective antiprotozoal blood**

XM1914 **Antimalarial**

XM5WN6 **Antimalarial prophylactic**

XM5Q32 **Antimalarial pyrimidine derivative**

XM7LP3 **Antiprotozoal drug blood**

XM0KE4 **Chlorproguanil**

XM38E0 **Cinchona**

XM9V39 **Cinchonine alkaloids**

XM9511 **Daraprim**

XM23A5 **Guanatol**

XM3T26 **Halofantrine**

XM17W0 **Isopentaquine**

XM50J2 **Mefloquine**

XM08Q1 **Pamaquine (naphthoate)**

XM0346 **Pentaquine**

XM0XQ2 **Pyrimethamine**

XM90Z4 **Pyrimethamine with sulfadoxine**

XM10R3 **Quinacrine**

XM8RC3 **Quinine**

XM0RU7 **Quinocide**

XM9Z81 **Schizontozide (blood) (tissue)**

XM50C8 **Aminoquinolines**

XM6ZE6 **Chloroquine**

XM9YB2 **Hydroxychloroquine**

XM9F55 **Primaquine**

XM3GB3 **Amodiaquine**

XM5EL4 **Tafenoquine**

XM5SP0 **Artemisinin and derivatives, plain**

XM1ED1 **Artemisinin**

XM7D52 **Artemether**

XM7Q22 **Artesunate**

XM37K1 **Artemotil**

XM9ND1 **Artenimol**

XM3B54 **Arterolane and Piperaquine**

XM8H63 **Naphthoquine**

XM8MB3 **Acterol**

XM0FS7 **Aminitrozole**

XM4GE4 **Anti-infective antiprotozoal**

XM4W96 **Antimony dimercaptosuccinate**

XM9GG8 **Antimony sodium dimercaptosuccinate**

XM4393 **Antiprotozoal drug**

XM2HL1 **Antitrichomonal drug**

XM83L5 **Bialamicol**

XM8E05 **Carbarsone**

XM8DJ7 **DHE**

XM1RE2 **Glaucarubin**

XM1LB9 **Hydroxystilbamidine**

XM5NQ7 **Melarsonyl potassium**

XM4UC9 **Melarsoprol**

XM1HA1 **Misonidazole**

XM3WL0 **Ornidazole**

XM3E43 **Oxophenarsine**

XM45H6 **Stibogluconate**

XM0CL7 **Stilbamidine isetionate**

XM05U5 **Teclozan**

XM6XS3 **Trichomonacides**

XM5R30 **Tryparsamide**

XM7BM9 **Nitroimidazole derivatives**

XM4HZ1 **Azanidazole**

XM5LH9 **Nimorazole**

XM98K0 **Secnidazole**

XM0JG6 **Benznidazole**

XM61Z9 **Propenidazole**

XM5VX1 **Fexinidazole**

XM4RW6 **Dichloroacetamide derivatives**

XM7AM3 **Diloxanide**

XM9H76 **Clefamide**

XM3PL8 **Etofamide**

XM4787 **Arsenic compounds**

XM09B5 **Arsthinol**

XM0A09 **Difetarsone**

XM6V40 **Glycobiarsol**

XM64G7 **Antimony compounds**

XM2TP0 **Meglumine antimonate**

XM2284 **Sodium stibogluconate**

Other agents against amoebiasis and other protozoal diseases

XM3E78 **Akritoin**

XM8LB8 **Anti-infective arsenical**

XM44A9 **Anti-infective heavy metals**

XM8CX5 **Antimony anti-infectives**

XM69W3 **Antimony potassium tartrate (sodium)**

XM2AH2 **Antimony tartrated**

XM1Z32 **Antiparasitic drug specified**

XM0L93 **Arsphenamine (silver)**

XM12U8 **Bismuth salts anti-infectives**

XM7A39 **Bismuth salts subsalicylate**

XM8SJ3 **Bithionol**

XM7PV2 **Chiniofon**

XM6DH1 **Cinoxacin**

XM0402 **Croconazole**

XM1YN6 **Dichlorhydroxyquinoline**

XM59A1 **Disinfectant intestinal**

XM4923 **Flumequine**

XM7BY8 **Flunidazole**

XM4XE9 **Fluorocytosine**

XM6UT2 **Hexetidine**

XM74Y8 **Iodobismitol**

XM80M5 **Iodoquinol**

XM7T64 **Lead anti-infectives**

XM0FS9 **Mapharsen**

XM0RW4 **Mercury, mercurial, mercuric, mercurous anti-infective systemic**

XM08P3 **Neoarsphenamine**

XM0M05 **Neosilversalvarsan**

XM39N3 **Nifuratel**

XM70Q8 **Oxolinic acid**

XM10R8 **Potassium antimony ' tartrate'**

XM8WV6 **Quiniobine**

XM8U22 **Quinoline (derivatives)**

XM3VB9 **Salvarsan 606 (neosilver) (silver)**

XM6260 **Silver salvarsan**

XM3DB2 **Sodium cacodylate anti-infective**

XM9L57 **Stovarsal**

XM80F6 **Sulfarsphenamine**

XM96Q1 **Tartar emetic**

XM6A32 **Tartrated antimony (anti-infective)**

XM9KU4 **Thiobismol**

XM9UP9 **Thiocarbarsone**

XM5VM3 **Tin anti-infectives**

XM2SB0 **Urinary anti-infective**

XM2HD6 **Emetine**

XM5GF4 **Phanquinone**

XM9VB9 **Mepacrine**

XM5RX3 **Tenonitrozole**

XM28N6 **Dehydroemetine**

XM5WJ8 **Fumagillin**

XM84S6 **Nitazoxanide**

XM9JL2 **Eflornithine**

Anthelminthics

XM2NT3 **Alantolactone**

XM1PP4 **Amphotalide**

XM8LU8 **Anthiolimine**

XM95R7 **Anti-infective anthelmintic**

XM43K9 **Antifilarial drug**

XM4EC0 **Antihelmintics**

XM9637 **Antihookworm drug**

XM16G5 **Antinematode drug**

XM2078 **Antiplatyhelmintic drug**

XM60W7 **Antischistosomal drug**

XM6500 **Antitapeworm drug**

XM5273 **Antiwhipworm drug**

XM7QL4 **Ascaridole**

XM9GK4 **Aspidium (oleoresin)**

XM3JR4 **Benzimidazole derivatives**

XM3GX0 **Mebendazole**

XM0CU8 **Tiabendazole**

XM79J1 **Albendazole**

XM8RG6 **Flubendazole**

XM5XC2 **Fenbendazole**

XM7982 **Ciclobendazole**

XM3667 **Bephenium**

XM6FY4 **Bithionol anthelminthic**

XM5L27 **Bitoscanate**

XM4WY5 **Chenopodium**

XM0ZD3 **Dichlorophen**

XM8C12 **Dithiazanine iodide**

XM2RX7 **Filix mas**

XM05F2 **Ivermectin**

XM5W42 **Levamisole**

XM9Z70 **Lucanthone**

XM4SZ4 **Male fern extract**

XM2034 **Niclosamide**

XM2WY0 **Niridazole**

XM7NR1 **Nitrothiazol**

XM5JZ6 **Oxamniquine**

XM9FH0 **Pelletierine tannate**

XM5ZH0 **Perchloroethylene medicinal**

XM3T27 **Pinkroot**

XM8205 **Praziquantel**

XM7SZ5 **Pumpkin seed extract**

XM5PX0 **Pyrvinium**

XM9KL1 **Santonin**

XM3FE9 **Spigelia (root)**

XM5VV1 **Stibophen**

XM4GA8 **Teroxalene**

XM7PN4 **Tetrachloroethylene medicinal**

XM93X2 **Tetramisole**

XM2621 **Urea stibamine**

XM5C18 **Veroxil**

XM3AT4 **Viprynium**

XM4555 **Wormseed, American**

XM6U56 **Tetrahydropyrimidine derivatives**

XM90N4 **Pyrantel**

XM05V2 **Oxantel**

XM9H59 **Metrifonate**

XM7VW8 **Triclabendazole**

XM7F99 **Moxidectin**

XM0399 **Desaspidin**

Neuroprotective agents, not elsewhere classified

XM9DZ4 **Tetrabenazine**

XM3BR4 **Memantine**

XM1CG4 **Ginkgo folium**

XM9VG8 **Tirilazad**

XM9Z74 **Riluzole**

XM4ER7 **Xaliproden**

XM5PS1 **Fampridine**

XM2AL2 **Tafamidis**

XM1LU9 **Laquinimod**

XM3QR7 **Pitolisant**

XM3FT2 **Patisiran**

XM1KZ8 **Edaravone**

XM7DT3 **Inotersen**

XM8MX8 **Valbenazine**

XM87M0 **Aducanumab**

XM5UK9 **Deutetrabenazine**

XM4F26 **Arimoclomol**

Analgesics, antipyretics and anti-inflammatory drugs

XM4KS4 **Nonsteroidal anti-inflammatory and antirheumatic agents**

XM7W23 **Butylpyrazolidines**

XM8HN0 Phenylbutazone

XM8P27 Mofebutazone

XM12M5 Oxyphenbutazone

XM8X86 Clofezone

XM4H41 Kebuzone

XM74U4 **Acetic acid derivatives and related substances**

XM7497 Indometacin

XM24W2 Sulindac

XM97N5 Tolmetin

XM92G8 Zomepirac

XM2AU1 Diclofenac

XM2186 Etodolac

XM8M52 Ketorolac

XM6KJ8 Bumadizone

XM12Q6 Lonazolac

XM2AX1 Fentiazac

XM3458 Acemetacin

XM7K80 Difenpiramide

XM7CA3 Oxametacin

XM2P51 Proglumetacin

XM5W40 Aceclofenac

XM7AB1 Bufexamac

XM9S89 Alclofenac

XM8G95 Ibufenac

XM0UL8 **Oxicams**

XM9MD6 Piroxicam

XM7WP9 Droxicam

XM3X14 Lornoxicam

XM1XY0 Meloxicam

XM83U4 Isoxicam

XM1867 Tenoxicam

XM2S54 **Propionic acid derivatives**

XM2RR6 Ibuprofen

XM1KL8 Naproxen

XM63J5 Ketoprofen

XM7BS7 Fenoprofen

XM2N63 Suprofen

XM8VP8 Flurbiprofen

XM0WQ1 Tiaprofenic acid

XM9694 Oxaprozin

XM1918 Ibuproxam

XM4W51 Fenbufen

XM7F06 Benoxaprofen

XM4KX7 Pirprofen

XM3G14 Indoprofen

XM32V2 Dexibuprofen

XM4FK3 Flunoxaprofen

XM1W06 Alminoprofen

XM1ZF2 Dexketoprofen

XM9ES5 Naproxcinod

XM8GM3 Carprofen

XM9DC7 **Fenamates**

XM6Q83 Mefenamic acid

XM31G8 Flufenamic acid

XM3W40 Meclofenamic acid

XM9WQ9 Tolfenamic acid

XM16D6 **Coxibs**

XM63D2 Celecoxib

XM70K9 Rofecoxib

XM4SK9 Valdecoxib

XM96Q4 Parecoxib

XM2W58 Etoricoxib

XM0BC7 Lumiracoxib

XM1N20 Polmacoxib

XM7AM9 **Glafenine**

XM3WB0 **Floctafenine**

XM8WS4 **Nabumetone**

XM6SW5 **Azapropazone**

XM6SR1 **Glucosamine**

XM73Q0 **Benzydamine**

XM8GX7 **Proquazone**

XM5C49 **Nimesulide**

XM37T1 **Feprazone**

XM4KV5 **Niflumic acid**

XM5Z51 **Glucosaminoglycan polysulfate**

XM9Z19 **Orgotein**

XM51H0 **Diacerein**

XM1019 **Morniflumate**

XM7Z95 **Tenidap**

XM4L54 **Oxaceprol**

XM9352 **Chondroitin sulfate**

XM0H27 **Avocado and soyabean oil, unsaponifiables**

XM9C36 **Ethoxazene**

XM85Z4 **Fenflumizol**

Specific antirheumatic agents

XM46B3 **Analgesic antirheumatic**

XM8DE1 **Antiphlogistic**

XM95N2 **Antirheumatic**

XM8526 **Aurothioglycanide**

XM4XH9 **Farnesil**

XM4DJ6 **Sodium aurothiosulfate**

XM3LE3 **Gold preparations**

XM9ZC2 **Sodium aurothiomalate**

XM5HT1 **Auranofin**

XM1MX1 **Aurothioglucose**

XM28Y9 **Aurotioprol**

XM8CF5 **Sodium aurotiosulfate**

XM0VQ7 **Bucillamine**

XM5L52 **Oxycinchophen**

XM1QA0 **Penicillamine**

Acetylsalicylic acid and other salicylates

XM4G06 **Acetylicsalicylic acid**

XM0XT0 **Carbaspirin**

XM0GX7 **Choline salicylate**

XM72N6 **Fiorinal**

XM6PW4 **Sodium salicylate**

XM4WV7 **Salicylamide**

XM68K3 **Salsalate**

XM5UX6 **Diflunisal**

XM2JA1 **Aloxiprin**

XM3ZP5 **Ethenzamide**

XM49Y6 **Morpholine salicylate**

XM9TC0 **Dipyrocetyl**

XM1UA7 **Benorilate**

XM2CV1 **Potassium salicylate**

XM1DD2 **Guacetisal**

XM4TV1 **Carbasalate calcium**

XM5UF9 **Imidazole salicylate**

XM8F16 **Calcium salicylate**

XM5X48 **Carbethyl salicylate**

XM6M40 **Magnesium salicylate**

XM8FA6 **Sodium thiosalicylate**

Pyrazolone derivatives

XM7045 **Aminophenazone**

XM7840 **Analgesic pyrazole**

XM22E9 **Antipyrine**

XM60M2 **Coal tar medicinal analgesics**

XM4T98 **Dipyrone**

XM2FJ5 **Isopropylaminophenazone**

XM8762 **Myochrysin (e)**

XM4YB4 **Nifenazone**

XM53Q3 **Noramidopyrine**

XM6GV7 **Propyphenazone**

XM5H28 **Pyrazole (derivatives)**

XM5L33 **Pyrazolone analgesic**

XM0K68 **Ramifenazone**

XM1SG0 **Sulfamidopyrine**

XM9CV5 **Suxibuzone**

Paracetamol (acetaminophen) and 4-aminophenol derivatives

XM5DJ7 **Acetaminophen**

XM75Y5 **Para-aminophenol derivatives**

XM43A6 **Phenacetin**

XM7HP8 **Bucetin**

XM8QF6 **Propacetamol**

XM24R8 **Acetaminosalol**

XM45S5 **Acetanilide**

XM4T97 **Bromo-seltzer**

Other nonopioid analgesics and antipyretics, not elsewhere classified

XM2XD8 **Acetylphenylhydrazine**

XM3J63 **Clonixin**

XM1LX8 **Cropropamide**

XM0LT4 **Crotethamide**

XM0M53 **Cyclopyrabital**

XM3YJ4 **Darvon**

XM7K04 **Diclonixin**

XM2PY3 **Doloxene**

XM7SA1 **Emorfazone**

XM9455 **Etomide**

XM5YR6 **Fluradoline**

XM7983 **Jamaica dogwood (bark)**

XM6233 **Lefetamine**

XM03M0 **Methopholine**

XM4WT5 **Nefopam**

XM8QV3 **Perisoxal**

XM0D38 **Phenicarbazide**

XM2DH4 **Phenyramidol, phenyramidon**

XM0X95 **Piroxicam beta-cyclodextrin complex**

XM63V3 **Piscidia (bark) (erythrina)**

XM49C9 **Pyrabital**

XM3WM4 **Pyridium**

XM4PW4 **Rimazolium metilsulfate**

XM3375 **Tiaramide**

XM9YA8 **Tinoridine**

XM0794 **Zactane**

XM3P63 **Methoxyflurane**

XM6Z00 **Rimazolium**

XM5WQ7 **Flupirtine**

XM5XN0 **Ziconotide**

XM70Q6 **Tanezumab**

XM6HK1 **Antimigraine drugs**

Coded Elsewhere: Ergot alkaloids (XM0XY6)
Monoclonal antibodies (XM52L2-XM4W34)
Clonidine (XM6GV8)

XM6FB9 **Triptans**

XM9AV2 Sumatriptan

XM8BC6 Naratriptan

XM06P8 Zolmitriptan

XM6W13 Rizatriptan

XM92S7 Almotriptan

XM7YU2 Eletriptan

XM4WN0 Frovatriptan

XM7P17 Lasmiditan

XM81Q8 **Dimetotiazine**

XM7N03 **Oxetorone**

XM4WH4 **Pizotifen**

XM2G27 **Iprazochrome**

Antiepileptics and antiparkinsonism drugs

XM63D6 **Antiepileptics**

Coded Elsewhere: Barbiturates and derivatives (XM4YG0)

Hydantoin derivatives

XM52B4 **Albutoin**

XM9QF8 **Amino(diphenylhydantoin) valeric acid**

XM55H4 **Anticonvulsant hydantoin**

XM08H9 **Dilantin**

XM45R0 **Epanutin**

XM8MV0 **Ethotoin**

XM4A36 **Mephenytoin**

XM02E9 **Metetoin**

XM0RY4 **Phenytoin**

XM4DR6 **Oxazolidine derivatives**

XM7N89 Paramethadione

XM31H5 Trimethadione

XM9993 Ethadione

XM1535 Aloxidone

XM4521 **Fatty acid derivatives**

XM29Q3 Valproic acid

XM71X1 Valpromide

XM5G31 Vigabatrin

XM2HC7 Progabide

XM5ZT1 Aminobutyric acid

XM8HQ0 Tiagabine

XM3C23 **Succinimide derivatives**

XM1K85 Ethosuximide

XM9E68 Phensuximide

XM2KZ3 Mesuximide

XM6421 Morsuximide

XM9GA9 **Other antiepileptics**

XM1RS9 Sultiame

XM7BQ9 Phenacemide

XM4RJ7 Pheneturide

XM6KR2 Beclamide

XM6FN4 Lamotrigine

XM15W2 Felbamate

XM2103 Topiramate

XM0J96 Gabapentin

XM9326 Levetiracetam

XM0SP9 Zonisamide

XM0AK1 Pregabalin

XM34S0 Stiripentol

XM30R8 Lacosamide

XM7PP9 Carisbamate

XM1P90 Retigabine

XM46J5 Perampanel

XM78C3 Brivaracetam

XM7QW2 Ganaxolone

XM70W8 **Carboxamide derivatives**

XM3D95 Carbamazepine

XM69D6 Oxcarbazepine

XM6BU4 Rufinamide

XM5HL7 Eslicarbazepine

XM2909 **Clonazepam**

XM9G63 **Antiparkinson drugs**

Coded Elsewhere: Anticholinergics predominantly used for Parkinson disease (XM6WD2)

Muscle relaxants, centrally acting (XM9YY8)

Lisuride (XM4E49)

XM5Y20 **Dopaminergic agents**

XM1Z60 Carbidopa

XM7SN1 Dopa and dopa derivatives

XM2WU7 Levodopa

XM7RF5 Difluoromethyldopa

XM3MW1 Levodopa with carbidopa

XM7ZB9 Levodopa and decarboxylase inhibitor

XM3PK3 Levodopa, Decarboxylase inhibitor and COMT inhibitor

XM1JZ7 Melevodopa

XM0D22 Melevodopa and Decarboxylase inhibitor

XM6R13 Etilevodopa and Decarboxylase inhibitor

Dopamine agonists

Coded Elsewhere: Cabergoline (XM4S44)

XM5QR9 **Bromocriptine**

XM1GL7 **Pergolide**

XM5PE4 **Apomorphine**

XM2QX7 **Piribedil**

XM5DT8 **Dihydroergocryptine mesylate**

XM9D35 **Ropinirole**

XM5YJ4 **Pramipexole**

XM7B98 **Rotigotine**

XM50V4 **Mesulergine**

XM9GG4 Monoamine oxidase B inhibitors

XM8FH5 Selegiline

XM6XW7 Rasagiline

XM8H59 Safinamide

XM2H09 Amantadine

XM0BA4 Tolcapone

XM07G6 Entacapone

XM0K96 Budipine

XM6TZ5 Opicapone

Antipsychotics [neuroleptics]

Phenothiazine antipsychotics and neuroleptics

antipsychotics and neuroleptics

XM7KE0 **Carphenazine**

XM83L8 **Compazine**

XM7WF8 **Dioxopromethazine**

XM5EP8 **Ethyl aminophenothiazine**

XM9C32 **Isopromethazine**

XM2WD3 **Mellaril**

XM2VU6 **Mepazine**

XM8ZW1 **Methoxypromazine**

XM4TX5 **Metofenazate**

XM52V9 **Phenothiazine (psychotropic)**

XM0F82 **Piperacetazine**

XM6GY2 **Propylaminopheno-thiazine**

XM2XX6 **Sparine**

XM5JH1 **Stelazine**

XM9Q32 **Stemetil**

XM5Z28 **Sulforidazine**

XM6YW4 **Thiazinamium metilsulfate**

XM87F3 **Tindal**

XM0EE9 **Tranquilizer dimethylamine**

XM9B27 **Tranquilizer ethylamine**

XM1QV8 **Tranquilizer phenothiazine**

XM7057 **Tranquilizer piperazine**

XM5KD3 **Tranquilizer piperidine**

XM3Z20 **Tranquilizer propylamine**

XM4SG0 **Phenothiazines with aliphatic side-chain**

XM4U75 **Chlorpromazine**

XM61Z1 **Levomepromazine**

XM3CL7 **Promazine**

XM8LW2 **Acepromazine**

XM1TZ3 **Triflupromazine**

XM3AU5 **Cyamemazine**

XM6WY7 **Chlorproethazine**

XM1YC7 **Phenothiazines with piperazine structure**

XM75P4 **Dixyrazine**

XM6Z10 **Fluphenazine**

XM5Z27 **Perphenazine**

XM84U4 **Prochlorperazine**

XM0PU2 **Thiopropazate**

XM18F5 **Trifluoperazine**

XM3EY1 **Acetophenazine**

XM1V98 **Thioproperazine**

XM5JD6 **Butaperazine**

XM0TU3 **Perazine**

XM9HH5 **Phenothiazines with piperidine structure**

XM5664 **Periciazine**

XM4DG6 **Thioridazine**

XM6447 **Mesoridazine**

XM0168 **Pipotiazine**

Butyrophenone derivatives

XM12B1 **Benperidol**

XM4QG3 **Bromperidol**

XM2HT3 **Butyrophenone (-based tranquilizers)**

XM6FV0 **Droperidol**

XM0FM0 **Fluanisone**

XM9580 **Haloperidol**

XM6E81 **Lenperone**

XM26W9 **Melperone**

XM7DW6 **Moperone**

XM5AB4 **Pipamperone**

XM1UG0 **Spiperone**

XM7RP6 **Timiperone**

XM5NL7 **Tranquilizer butyrophenone**

XM4U52 **Trifluperidol**

XM9NX2 **Lumateperone**

XM1QY7 **Indole derivatives**

XM84W2 **Oxypertine**

XM61G1 **Molindone**

XM69Z2 **Sertindole**

XM8YM0 **Ziprasidone**

XM9EW5 **Lurasidone**

XM8X87 **Thioxanthene derivatives**

XM4EY8 **Flupentixol**

XM87S1 **Clopenthixol**

XM2H35 **Chlorprothixene**

XM6B79 **Tiotixene**

XM3MW6 **Zuclopenthixol**

XM2NF9 **Diphenylbutylpiperidine derivatives**

XM0Q81 **Fluspirilene**

XM1FB1 **Pimozide**

XM5SZ6 **Penfluridol**

XM12F2 **Diazepines, oxazepines, thiazepines and oxepines**

XM8FG8 **Loxapine**

XM8UG6 **Clozapine**

XM6GK7 **Olanzapine**

XM4G70 **Quetiapine**

XM90C7 **Asenapine**

XM9DC4 **Clotiapine**

XM9Q20 **Veralipride**

XM0624 **Levosulpiride**

XM1W79 **Benzamides**

XM7Z05 **Sulpiride**

XM9G21 **Sultopride**

XM8KD4 **Tiapride**

XM3WA3 **Remoxipride**

XM1DG3 **Amisulpride**

Lithium

XM0W09 **Lithium gluconate**

XM5C35 **Lithium salts (carbonate)**

Other antipsychotics and neuroleptics

XM4GQ2 **Amperozide**

XM3JM5 **Amphenidone**

XM7AA5 **Antipsychotic drug specified**

XM23M7 **Azacyclonol**

XM56Y5 **Benzperidin**

XM9VY2 **Benzperidol**

XM3KB9 **Enpiprazole**

XM9097 **Hydroxyphenamate**

XM7EB1 **Mebutamate**

XM88L2 **Mosapramine**

XM7B44 **Nemonapride**

XM5F36 **Oxanamide**

XM9799 **Phenaglycodol**

XM3BH3 **Prothipendyl**

XM7L04 **Raclopride**

XM7KX5 **Setoperone**

XM6YS4 **Spirilene**

XM0ES8 **Tranquilizer carbamate**

XM7Z64 **Tranquilizer hydroxyzine**

XM3ES1 **Tranquilizer specified**

XM0GN3 **Tranquilizer thioxanthene**

XM06W2 **Tybamate**

XM4EU4 **Zotepine**

XM1Z15 **Risperidone**

XM67P4 **Aripiprazole**

XM7H28 **Paliperidone**

XM0FR9 **Iloperidone**

XM1SS2 **Cariprazine**

XM8504 **Brexpiprazole**

XM0715 **Pimavanserin**

Antidepressants

Monoamine oxidase-inhibitor, non-selective

XM3533 **Amiflamine**

XM8CW9 **Antidepressant monoamine oxidase inhibitor**

XM9VZ7 **Clorgiline**

XM2WY9 **Iproclozide**

XM6DW5 **Iproniazid**

XM4T23 **Isocarboxazid**

XM2K50 **Mebanazine**

XM2GX9 **Monoamine oxidase inhibitor hydrazine**

XM6944 **Monoamine oxidase inhibitor**

XM0158 **Nialamide**

XM3KZ3 **Parnate**

XM4S21 **Phenelzine**

XM4A50 **Pheniprazine**

XM96M0 **Safrazine**

XM1023 **Tranylcypromine**

Selective serotonin reuptake inhibitors

XM2NP3 **Antidepressant selective serotonin reuptake inhibitor**

XM6WT9 **Citalopram**

XM24M0 **Femoxetine**

XM7LE6 **Fluoxetine**

XM64L1 **Fluvoxamine**

XM5R26 **Indalpine**

XM3PJ6 **Paroxetine**

XM6WB9 **Zimeldine**

XM5TZ9 **Sertraline**

XM7ZN2 **Alaproclate**

XM4MF4 **Etoperidone**

XM7PX8 **Escitalopram**

XM0HR7 **Cianopramine**

Serotonin-norepinephrine reuptake inhibitors

XM0PE4 **Antidepressant selective serotonin norepinephrine reuptake inhibitor**

XM8D31 **Antidepressant triazolopyridine**

XM10Q5 **Duloxetine**

XM3KS5 **Desvenlafaxine**

XM6J21 **Milnacipran**

XM17Z4 **Levomilnacipran**

XM36V6 **Venlafaxine**

Other antidepressants

XM03J9 **Bifemelane**

XM03E6 **Bupropion**

XM7U12 **Diclofensine**

XM78C1 **Other specified antidepressant**

XM0T46 **Mianserin**

XM5QV7 **Minaprine**

XM6X89 **Nomifensine**

XM6AP8 **Oxitriptan**

XM4WM9 **Prazitone**

XM0ST5 **Thiazesim**

XM5DV5 **Tianeptine**

XM5L45 **Viloxazine**

XM62E7 **Trazodone**

XM0B23 **Mirtazapine**

XM54Q7 **Tryptophan**

XM85H1 **Nefazodone**

XM4ML8 **Oxaflozane**

XM80H8 **Medifoxamine**

XM4ZF1 **Pivagabine**

XM70H2 **Reboxetine**

XM5KP8 **Gepirone**

XM5F11 **Agomelatine**

XM7T91 **Vilazodone**

XM4230 **Hyperici herba**

XM0EP0 **Vortioxetine**

XM8FB6 **Serotonin**

XM0227 **Metapramine**

XM9KG1 **Non-selective monoamine reuptake inhibitors**

XM6FC9 **Desipramine**

XM6PZ9 **Imipramine**

XM76Z6 **Clomipramine**

XM37K4 **Opipramol**

XM9WZ5 **Trimipramine**

XM7T42 **Lofepramine**

XM6H22 **Dibenzepin**

XM7BL0 **Amitriptyline**

XM79G5 **Nortriptyline**

XM2WA4 **Protriptyline**

XM1LC7 **Doxepin**

XM24M7 **Iprindole**

XM1575 **Melitracen**

XM8QA6 **Butriptyline**

XM2T20 **Dosulepin**

XM8TQ9 **Amoxapine**

XM1190 **Amineptine**

XM41L8 **Maprotiline**

XM34S5 **Quinupramine**

XM4SZ9 **Imipramine oxide**

XM3MV6 **Dimetacrine**

XM5RG3 **Oxaprotiline**

XM7GY1 **Noxiptiline**

XM1UL5 **Monoamine oxidase A inhibitors**

XM14X9 **Moclobemide**

XM1TG1 **Toloxatone**

Cannabinoids & hallucinogens

XM2PL7 **Cannabinoids**

XM3UF9 **Nabilone**

XM4HM2 **Tetrahydrocannabinol**

XM5B55 **Cannabidiol**

XM1W83 **Dronabinol**

XM4SV9 **Hallucinogens**

XM5JH5 **Psilocin**
active constituent of the psilocybe genus of mushrooms

XM7642 **Psilocybin**
active constituent of the psilocybe genus of mushrooms

XM0T53 **Mescaline**
active constituent of peyote cactus (Lophophora williamsii)

XM78V1 **Aeruginascin**
an active constituent of the mushroom Inocybe aeruginascens.

XM9WX3 **Bufotenine**

XM9T61 **N,N-Dimethyltryptamine**
active constituent of the Amerindian brew Ayahuasca

XM9CL3 **Lysergic acid amide**
active constituent of morning glory and Hawaiian baby woodrose seeds

XM5M84 **Phencyclidine**

XM50E4 **Muscimol**
active constituent of Amanita muscaria

XM1PJ8 **Ibotenic acid**
active constituent of Amanita muscaria

XM5SB5 **Salvinorin A**
active constituent of Salvia divinorum, the sage of the diviners

Methylenedioxymethamphetamine

XM3C53 **Amfetaminil**

XM3E65 **Benzedrine (amphetamine)**

XM1NA8 **Central nervous system stimulants amphetamines**

XM1WW4 **Dexedrine**

XM6LD5 **Dextroamphetamine**

XM07Y4 **Ecstasy**

XM5B49 **Methamphetamine**

XM3WD9 **Methedrine**

XM3Q37 **Methylamphetamine**

XM9932 **Psychostimulant caffeine**

XM6RB6 **Psychostimulant amphetamine**

XM6V10 **Tenamfetamine**

XM12M9 **Psychostimulants, ADHD and nootropic agents**

XM7LR7 **Centrally acting sympathomimetics**

XM1NX2 Methylphenidate

XM52S5 Pemoline

XM75Z6 Modafinil

XM5921 Fenozolone

XM9DQ5 Atomoxetine

XM5288 Dexmethylphenidate

XM3ZW9 Armodafinil

XM9FY1 Etryptamine

XM3K58 Levopropylhexedrine

XM2XU4 **Xanthine derivatives**

XM0NG8 Caffeine

XM3Y68 Propentofylline

XM1SE2 **Meclofenoxate**

XM8QG2 **Nizofenone**

XM84X9 **Prolintane**

XM8EX0 **Pipradrol**

XM8029 **Vinpocetine**

XM37E2 **Tipepidine**

XM1LB1 **Pyritinol**

XM5207 **Piracetam**

XM3HZ4 **Deanol**

XM2AB6 **Fipexide**

XM5TT1 **Citicoline**

XM5N75 **Oxiracetam**

XM6EM2 **Pirisudanol**

XM1MZ1 **Linopirdine**

XM0Z60 **Aniracetam**

XM77H2 **Acetylcarnitine**

XM5CY6 **Idebenone**

XM59Z4 **Pramiracetam**

XM3WZ9 **Adrafinil**

XM94C0 **Mebicar**

XM3J14 **Phenibut**

XM45U3 **Deanol aceglumate**

Other psychodysleptics [hallucinogens]

XM9DQ3 **Diethyltryptamine (DET)**

XM6LV4 **Dimethyl tryptamine**

XM9438 **Hawaiian Woodrose seeds**

XM52J2 **Heavenly Blue (morning glory)**

XM79N5 **Magic mushroom**

XM0169 **Mescal buttons**

XM32H5 **Morning glory seeds**

XM4B51 **Pearly Gates (morning glory seeds)**

XM0QA2 **Peyote**

XM0075 **Yohimbic acid**

Synthetic cannabinoids

XM8E16 **Cannabinol**

Unspecified psychodysleptics [hallucinogens]

XM0XQ5 **Central nervous system depressants hallucinogenics**

XM31A7 **Psychodysleptic drug**

XM3Z58 **Psychotomimetic agents**

XM8X97 **Hallucinogen**

XM7DW4 **Megahallucinogen**

Opioids

Opioids or related analgesics and agents affecting opioid receptors

XM05B3 **Diamorphine**

XM69R4 **Morphine, morphine derivatives and metabolites**

XM39E2 **14-hydroxydihydro-morphinone**

XM5CY8 **Acemorphan**

XM0E25 **Benzomorphan**

XM8YM7 **Benzyl morphine**

XM0BB1 **Blue velvet**

XM45R8 **Desomorphine**

XM4T95 **Dihydromorphine**

XM3473 **Hydromorphinol**

XM8SD7 **Hydromorphone**

XM78E0 **Metopon**

XM7VL7 **Morpholinylethylmorphine**

XM7W06 **Nicomorphine**

XM9BE3 **Normorphine**

XM64M0 **Oxymorphone**

XM1KZ5 **Morphine**

XM0P98 **Benzylmorphine**

XM7ZJ1 **Myrophine**

XM4ES0 **Opium**

XM2T93 **Opium alkaloids (total)**

XM69X3 **Opium alkaloids standardized powdered**

XM91H1 **Opium alkaloids tincture (camphorated)**

XM1EE2 **Laudanum**

XM1YK2 **Papaveretum**

XM1LB8 **Paregoric**

XM4SL9 **Oxycodone**

XM79K2 **Acetyldihydrocodeinone**

XM7HX3 **Eucodal**

XM9UH3 **Nalfurafine**

XM4587 **Codeine, codeine derivatives and other opioids used in cough suppression**

XM3DS6 **Acetyldihydrocodeine**

XM05R0 **Antitussive codeine mixture**

XM3YP8 **Cliradon**

XM4046 **Desocodeine**

XM06K5 **Dihydrocodeine**

XM77C9 **Dihydroisocodeine**

XM9UN6 **Hycodan**

XM0YG5 **Hydroxydihydrocodeinone**

XM07U7 **Percodan**

XM5NP7 **Piminodine**

XM3WN9 **Ethylmorphine**

XM8E09 **Hydrocodone**

XM6RX7 **Noscapine**

XM4QV7 **Pholcodine**

XM9UV0 **Dextromethorphan**

XM2358 **Thebacon**

XM7V96 **Dimemorfan**

XM5PZ4 **Normethadone**

XM1ZY9 **Methadone, methadone derivatives and other drugs used to treat opioid addictive disorders**

XM7XP1 **Methadone**

XM9RG7 Levo-iso-methadone

XM4MV8 **Opioid anaesthetics**

Coded Elsewhere: Phenoperidine (XM0K66)

XM4G88 **Alfentanil**

XM1EF3 **Sufentanil**

XM7YQ6 **Anileridine**

XM0YQ0 **Remifentanil**

Opioid receptor antagonists

XM7TT0 **Antagonist narcotic analgesic**

XM0850 **Cyclazocine**

XM65J2 **Levallorphan**

XM4HP3 **Morphine antagonist**

XM14T9 **Naloxone**

XM2M16 **Naltrexone**

XM9BM4 **Narcotic antagonist**

XM5DJ2 **Opiate antagonists**

XM3TK0 **Methylnaltrexone bromide**

XM4GP3 **Alvimopan**

XM93Z3 **Naloxegol**

XM6KY8 **Opioid antagonist**

XM4S22 **Other opioid analgesics, natural, synthetic and semi-synthetic**

Coded Elsewhere: Dihydrocodeine (XM06K5)
Piminodine (XM5NP7)
Hydrocodone (XM8E09)

XM30T6 **Prodine**

XM9907 **Antitussive opiate**

XM6C31 **Cough mixture containing opiates**

XM8ZF5 **Dextrorphan**

XM1K75 **Difencloxazine**

XM1HE9 **Dilaudid**

XM9SW6 **Dipipanone**

XM81P5 **Dromoran**

XM4EW3 **Eptazocine**

XM6CK0 **Ethoheptazine**

XM35C1 **Heptalgin**

XM5F21 **Levo-dromoran**

XM4P40 **Levopropoxyphene**

XM1R71 **Levorphanol**

XM0GS3 **Meperidine**

XM8PP7 **Narcotic synthetic**

XM8MP5 **Nisentil**

XM7S23 **Opioid**

XM04Z5 **Phenadoxone**

XM2542 **Phenazocine**

XM9B34 **Phenomorphan**

XM72D5 **Pipadone**

XM39L3 **Profadol**

XM9AZ5 **Promedol**

XM3E08 **Propoxyphene**

XM6625 **Racemoramide**

XM8804 **Thebaine**

XM09H6 **Tilidine**

XM7KC0 **Tramadol**

XM5UK3 **Viminol**

XM9Y28 **Diphenoxylate**

XM86N4 **Loperamide**

XM9NL3 **Phenylpiperidine derivatives**

XM9HP7 Ketobemidone

XM76M8 Fentanyl

XM8286 **Diphenylpropylamine derivatives**

XM3246 Dextromoramide

XM55Z5 Piritramide

XM8GB8 Dextropropoxyphene

XM5GN5 Bezitramide

XM1QE0 **Benzomorphan derivatives**

XM9K14 Pentazocine

XM09R6 **Morphinan derivatives**

XM1682 Butorphanol

XM4P05 Nalbuphine

XM9Z94 **Buprenorphine**

XM02X7 **Etorphine**

XM3PK7 **Acetorphine**

XM0K66 **Phenoperidine**

XM40T9 **Meptazinol**

XM0GU8 **Drotebanol**

XM7VK6 **Loperamide oxide**

XM13Q9 **Dezocine**

XM25Z3 **Tapentadol**

XM1G85 **Oliceridine**

XM4PD9 **Nalmefene**

XM4M74 **Difelikefalin**

Psychostimulants

Coded Elsewhere: Cocaine (XM7UN8)
Opioid receptor antagonists (XM7TT0-XM6KY8)

Cathinone

Main active agent in Khat

XM0VG7 **Catha (edulis) (tea)**

XM0238 **Khat**

Other specified amphetamines

Unspecified psychostimulant drug

XM3GQ0 **Central nervous system stimulants, not elsewhere classified**

XM0854 **Cerebral stimulants psychotherapeutic**

XM93X4 **Cerebral stimulants**

XM7125 **Stimulant central nervous system psychotherapeutic**

Sedative hypnotic drugs and other central nervous system depressants

Anaesthetics and therapeutic gases

General anaesthetics

Coded Elsewhere: Phencyclidine (XM5M84)

XM8T75 **Inhaled anaesthetics**

XM4VX3 **Ethers**

XM3J00 Diethyl ether

XM7UB3 Vinyl ether

XM0TE1 **Halogenated hydrocarbons**

XM2FH0 Halothane

XM7MX5 Chloroform

XM1GP5 Chloroform vapor

XM35M6 Enflurane

XM1E91 Trichloroethylene anaesthetic gas

XM9HY9 Isoflurane

XM0ZA2 **Anaesthesia endotracheal**

XM05Z8 **Anaesthetic gaseous**

XM8V73 **Anaesthetic halogenated hydrocarbon derivatives**

XM5UK1 **Central nervous system depressants anaesthetic gases**

XM42D4 **Chloroform anaesthetic**

XM2DK4 **Chloroform water, concentrated**

XM9TE3 **Divinyl ether**

XM3EA4 **Ethyl bromide anaesthetic**

XM2D90 **Ethyl chloride anaesthetic**

XM6WF0 **Ethylene anaesthetic**

XM9K99 **Fluroxene**

XM73B5 **Nitrous oxide**

XM9NP2 **Trifluoroethyl vinyl ether**

XM7Q24 **Vinesthene**

XM1C44 **Desflurane**

XM07G7 **Sevoflurane**

XM8X62 **Xenon**

XM7D47 **Intravenous anaesthetics**

Coded Elsewhere: Barbiturates and derivatives (XM4YG0)
Opioid anaesthetics (XM4MV8)

XM14F2 **Alphadolone**

XM4PF7 **Alfaxalone**

XM59B1 **Barbiturate anaesthetic, intravenous**

XM9CB4 **Brevital sodium**

XM6LE6 **Buthalitone sodium**

XM5K69 **Butyl thiobarbital sodium**

XM9SR9 **Central nervous system depressants anaesthetic, intravenous**

XM5MB2 **Etomidate**

XM93E9 **Evipal sodium**

XM5ZF4 **Sernyl**

XM4XN0 **Thialbarbital**

XM66H8 **Thiamylal**

XM8UK0 **Thiamylal sodium**

XM4NL3 **Thiobarbital sodium**

XM1QW9 **Thiobarbiturate anaesthetic**

XM72F2 **Thiobutabarbital sodium**

XM7JR4 **Methohexital**

XM08U4 **Hexobarbital**

XM0EL8 **Thiopental sodium**

XM7C11 **Ketamine**

XM4BS0 **Propanidid**

XM1903 **Propofol**

XM2W08 **Esketamine**

XM7T11 **Cyclopropane**

XM9MS5 **Gammahydroxybutyrate**

XM5C03 **Hexobarbital rectal**

XM20X3 **Minaxolone**

XM2MR8 **Tiletamine**

XM8DR0 **Tribromoethanol, rectal**

XM7Y85 **Local anaesthetics**

Coded Elsewhere: Cocaine topical anesthetic (XM0BC6)

XM1FJ6 **Amylocaine, regional**

XM1H49 Amylocaine, regional infiltration

XM7CH6 Amylocaine, regional nerve block

XM37J6 Amylocaine, regional spinal

XM5JY6 Amylocaine, regional topical

XM5R82 **Anaesthesia, caudal**

XM8MY3 **Anaesthesia, epidural**

XM25C7	**Anaesthesia, mucosal**
XM0D14	**Anesthesia rectal local**
XM0FJ3	**Anesthesia regional**
XM0LM0	**Anaesthetic infiltration**
XM7EC3	**Anaesthetic spinal**
XM8E23	**Anesthetic topical**
XM3S41	**Anaesthetic with local muscle relaxant**
XM5ZK7	**Aptocaine**
XM52S4	**Articaine**
XM4YN0	**Benzamine**
XM8KD9	**Benzocaine**
XM1604	**Betoxycaine**
XM5YL1	**Bupivacaine**
XM7WQ7	Bupivacaine infiltration
XM4216	Bupivacaine nerve block
XM46M2	Bupivacaine spinal
XM3781	**Butacaine**
XM7MD5	**Butamben**
XM9VA7	**Butanilicaine**
XM0HA0	**Butyl aminobenzoate**
XM5NW5	**Butyn**
XM2YU2	**Carbocaine infiltration**
XM8C65	**Carbocaine nerve block**
XM2DT1	**Carbocaine topical**
XM6HZ0	**Chloroprocaine**
XM8XD3	Chloroprocaine infiltration
XM0GC2	Chloroprocaine nerve block
XM94U2	Chloroprocaine spinal
XM0L28	**Cinchocaine**
XM5Y10	Cinchocaine topical

XM7FD6	**Cyclaine**
XM41W7	**Cyclomethycaine**
XM3BB4	**Dimethocaine**
XM8UZ3	**Diperodon**
XM23R3	**Dorsacaine**
XM5601	**Dyclone**
XM3QB4	**Dyclonine**
XM20M0	**Endocaine**
XM0P92	**EPAB**
XM2H77	**Ethocaine infiltration**
XM6585	**Ethocaine nerve block**
XM7217	**Ethocaine spinal**
XM1WJ3	**Ethyl aminobenzoate**
XM87H9	**Ethyl chloride local anaesthetic**
XM8X57	**Etidocaine**
XM8013	Etidocaine infiltration
XM8RU6	Etidocaine nerve block
XM2F20	**Eucaine**
XM76M6	**Hexylcaine**
XM5863	**Leucinocaine**
XM1MK4	**Mepivacaine**
XM0EH7	Mepivacaine epidural
XM9DE9	**Meprylcaine**
XM7CG8	**Metabutethamine**
XM68T6	**Nesacaine**
XM6AA0	Nesacaine infiltration
XM4148	Nesacaine nerve block
XM38C9	**Novocain infiltration**
XM6R58	**Novocain topical**
XM6NN7	**Nupercaine, spinal**

XM8739	**Nupercaine topical**
XM0QU2	**Orthocaine**
XM5HP0	**Oxetacaine**
XM6V01	**Oxethazine**
XM6RN9	**Oxybuprocaine**
XM7H65	**Percaine, spinal**
XM7EK6	**Percaine topical**
XM6Z26	**Phenacaine**
XM2ZH3	**Piperocaine**
XM7UW6	Piperocaine infiltration
XM8J09	Piperocaine nerve block
XM40M8	Piperocaine topical
XM8AE6	**Pitkin's solution**
XM2X66	**Prilocaine**
XM9NH0	Prilocaine infiltration
XM85Q7	Prilocaine nerve block
XM4EE1	**Prilocaine regional**
XM5L66	**Procaine**
XM05Z5	Procaine nerve block
XM1CG3	Procaine regional
XM8KS3	Procaine spinal
XM97J9	**Proparacaine**
XM72A2	**Propoxycaine**
XM9BY7	Propoxycaine infiltration
XM2DT4	Propoxycaine nerve block
XM0BG4	Propoxycaine topical
XM87E0	**Quotane**
XM2MX6	**Stovaine**
XM79W4	Stovaine infiltration
XM08B5	Stovaine nerve block

XM9657 Stovaine spinal

XM3MW8 Stovaine topical

XM6392 **Surfacaine**

XM1HW1 **Tetracaine**

XM32E4 Tetracaine nerve block

XM9H96 Tetracaine regional

XM9CQ9 Tetracaine spinal

XM3QD1 **Trimecaine**

XM2FR2 **Tronothane**

XM7771 **Xylocaine infiltration**

XM18M2 **Xylocaine nerve block**

XM5K48 **Xylocaine spinal**

XM5G11 **Xylocaine topical**

Sedative-hypnotic and anxiolytic drugs

Benzodiazepines

XM1030 **Alprazolam**

XM4R58 **Bentazepam**

XM2GL0 **Benzodiapin**

XM9JC7 **Bromazepam**

XM2S43 **Brotizolam**

XM5133 **Camazepam**

XM9S41 **Carpipramine**

XM1J81 **Central nervous system depressants benzodiazepines**

XM5JC4 **Chlordiazepoxide**

XM43U0 **Clobazam**

XM3C29 **Dipotassium clorazepate**

XM0A75 **Clotiazepam**

XM5M11 **Cloxazolam**

XM0GD3 **Delorazepam**

XM8P99 **Diazepam**

XM9YX9 **Estazolam**

XM54N1 **Ethyl loflazepate**

XM9DN9 **Etizolam**

XM8NC2 **Fludiazepam**

XM9W71 **Flunitrazepam**

XM73H1 **Flurazepam**

XM68Z6 **Flutazolam**

XM81V7 **Flutoprazepam**

XM3FR2 **Halazepam**

XM86G3 **Haloxazolam**

XM5WE7 **Ketazolam**

XM6KW2 **Loprazolam**

XM85H7 **Lorazepam**

XM1EE3 **Lormetazepam**

XM9KN4 **Medazepam**

XM7QC1 **Mexazolam**

XM9PG6 **Midazolam**

XM8TH1 **Nimetazepam**

XM4TR7 **Nitrazepam**

XM4FQ9 **Nordazepam**

XM1A29 **Oxazepam**

XM62U2 **Oxazolam**

XM3LR9 **Perlapine**

XM0GW7 **Pinazepam**

XM4M86 **Prazepam**

XM42F4 **Quazepam**

XM3215 **Temazepam**

XM79N8 **Tofisopam**

XM9X46 **Tranquilizer benzodiazepine**

XM0G58 **Tranxene**

XM1VC3 **Triazolam**

XM1YU1 **Valium**

XM36R8 **Potassium clorazepate**

XM94Z2 **Adinazolam**

XM66N4 **Doxefazepam**

XM4BU2 **Cinolazepam**

XM8CM3 **Diphenylmethane derivatives**

XM8CV8 **Hydroxyzine**

XM70L1 **Captodiame**

XM96H3 **Carbamates**

XM3MX1 **Meprobamate**

XM8G67 **Emylcamate**

XM3XU7 **Aldehydes and derivatives**

XM8AH5 **Chloral hydrate**

XM8D85 **Chloralodol**

Paraldehyde

XM0ZC2 **Paracetaldehyde**

XM46J8 **Acetylglycinamide chloral hydrate**

XM9V32 **Dichloralphenazone**

XM0V58 **Cinnamaldehyde**

XM37U9 **Hexyl cinnamal**

XM5TZ2 **Amyl cinnamal**

XM9J50 **Butylchloral hydrate**

XM6R00 **Piperidinedione derivatives**

XM5S80 **Glutethimide**

XM2MN1 **Methyprylon**

XM2MC9 **Pyrithyldione**

XM4YG0 **Barbiturates and derivatives**

Coded Elsewhere: Methohexital (XM7JR4)
Hexobarbital (XM08U4)
Thiopental sodium (XM0EL8)

XM3Z73 **Narcobarbital**

XM01Z3 **Pentobarbital**

XM01F5 **Amobarbital**

XM8TB8 **Butobarbital**

XM2B90 **Barbital**

XM6QG0 **Secobarbital**

XM28V1 **Talbutal**

XM6NX3 **Vinylbital**

XM9VX7 **Vinbarbital**

XM89L9 **Cyclobarbital**

XM7ZK9 **Heptabarbital**

XM8FN0 **Allobarbital**

XM8C15 **Proxibarbal**

XM60H4 **Methylphenobarbital**

XM2605 **Phenobarbital**

XM5J41 **Primidone**

XM45T7 **Barbexaclone**

XM64T5 **Metharbital**

XM1ZM1 **Reposal**

XM1WN6 **Etallobarbital**

XM8YV1 **Aprobarbital**

XM50Q3 **Brallobarbital**

XM3UQ5 **Butalbital**

XM6XH1 **Butallylonal**

XM4C65 **Difebarbamate**

XM8DQ9 **Methobarbital, methobarbitone**

XM3YG4 **Nealbarbital**

XM6F85 **Probarbital**

XM37N4 **Propallylonal**

XM81J9 **Secbutabarbital**

XM4843 **Z-drugs**

XM8LM1 **Zopiclone**

XM8188 **Zolpidem**

XM0UU3 **zaleplon**

XM4DP1 **Eszopiclone**

XM0GA0 **Melatonin receptor agonists**

XM7R38 **Melatonin**

XM4Y11 **Ramelteon**

XM0DX1 **Tasimelteon**

Bromine compounds

XM93J2 **Bromide salts**

XM5V35 **Acecarbromal**

XM3260 **Bromisoval**

XM7XH5 **Bromoform**

XM68H5 **Carbromal**

Other sedatives, hypnotics and antianxiety drugs

Coded Elsewhere: Scopolamine (XM1MW1)

XM4JD8 **Acetylpheneturide**

XM0Y74 **Allylisopropylacetylurea**

XM2MT0 **Allyltribromide**

XM0FX2 **Ammonium bromide**

XM2P06 **Anticonvulsant hypnotic**

XM4LR0 **Anticonvulsant pyrimidinedione**

XM80V1 **Anticonvulsant specified**

XM2851 **Apronal**

XM8WF0 **Avomine**

XM34M8 **Beta-Chlor**

XM2S35 **Bromal (hydrate)**

XM16D8 **Bromine compounds (medicinal)**

XM0JD2 **Bromine sedative**

XM14P7 **Bromisovalum**

XM0L99 **Bromural**

XM7Q19 **Calcium bromide**

XM44G1 **Bromides**

XM6Z70 **Central nervous system depressants chloral hydrate**

XM4A26 **Central nervous system depressants hypnotics specified**

XM0MP0 **Central nervous system depressants paraldehyde**

XM2PX1 **Chloral derivative**

XM5HQ1 **Chloralamide**

XM4MR7 **Chlorethiazol**

XM1XU2 **Chloretone**

XM7N56 **Chlorhexadol**

XM7GE6 **Clomethiazole**

XM58S5 **Croton chloral**

XM1L51 **Diethylsulfone-diethylmethane**

XM5P16 **Divalproex**

XM2ML0 **Doriden**

XM0YS0 **Dormison**

XM76A5 **Ectylurea**

XM4SW2 **Ethchlorvynol**

XM8HM5 **Ethinamate**

XM0959 **Etifoxine**

XM5084 **Hexapropymate**

XM3GR8 **Hypnotic drug specified**

XM1H40 **Lactuca (virosa) (extract)**

XM7EA2 **Lactucarium**

XM2447 **Lettuce opium**

XM1SJ9 **Levanil**

XM9S20 **Levoprome**

XM3C52 **Methaqualone**

XM8UW8 **Methyl sulfonal**

XM79Y3 **Methylpentynol**

XM9L86 **Niaprazine**

XM67F2 **Noludar**

XM41Z4 **Periclor**

XM7865 **Petrichloral**

XM8U36 **Phenergan**

XM3YQ0 **Potassium bromide**

XM23J2 **Propionaidehyde (medicinal)**

XM5KU5 **Quaalude**

XM5YQ4 **Sedative mixed**

XM53R6 **Sedormid**

XM5BF2 **Serenesil**

XM8SU3 **Sodium bromide**

XM9F88 **Sodium valproate**

XM4ZG6 **Somnos**

XM1BT3 **Sopor**

XM2N03 **Soporific drug specified type**

XM81Z5 **Sulfonal**

XM9QV2 **Sulfonethylmethane**

XM4YF8 **Sulfonmethane**

XM8296 **Tetronal**

XM6WP4 **Tranquilizer with hypnotic or sedative**

XM9XF5 **Tribromacetaldehyde**

XM1DU6 **Trichloroethanol**

XM4236 **Trichloroethyl phosphate**

XM68E8 **Triclofos**

XM2334 **Trional**

XM16S3 **Triple bromides**

XM3PP3 **Valerian root**

XM0MV0 **Valerian tincture**

XM1WZ4 **Valmid**

XM2TP4 **Valnoctamide**

XM2AQ9 **Welldorm**

XM1ZF1 **Buspirone**

XM01J5 **Mephenoxalone**

XM9TL2 **Propiomazine**

XM15N4 **Sodium oxybate**

XM3EH5 **Benzoctamine**

XM9727 **Gedocarnil**

XM5928 **Fabomotizole**

XM4DF5 **Lavandulae aetheroleum**

XM8488 **Valerianae radix**

XM2HN6 **Suvorexant**

XM2AY7 **Dipiperonylaminoethanol**

XM9235 **Lemborexant**

XM1VL2 **Hexethal (sodium)**

XM7MG1 **Mephebarbital**

XM0217 **Methitural**

XM2XY6 **4-Aminobutyric acid**

Other and unspecified drugs, medicaments and biological substances

Antidotes

Coded Elsewhere: Ipecacuanha (XM8BL3)
Penicillamine (XM1QA0)
Naloxone (XM14T9)
Ethanol (XM8ZW3)
Potassium Permanganate medicinal (XM0XP0)
Physostigmine (XM4605)
Hydroxocobalamin (XM7CP9)
Phentolamine (XM5NP2)

XM3XY4 **Alcohol deterrent**

XM2XV6 **Antabuse**

XM1S43 **Antidote**

XM65Y8 **Chelating agent**

XM68U2 **Cholinesterase reactivator**

XM81B1 **Cysteamine**

XM9M46 **Detoxifying agent**

XM0ZM0 **Disodium edetate**

XM1V56 **EDTA**

XM0FL5 **Phytic acid, nonasodium**

XM7SW5 **Glutathione**

XM1YY3 **Methylthioninium chloride**

XM7Z31 **Nitrefazole**

XM7HV6 **Obidoxime chloride**

XM2ZD4 **Pralidoxime**

XM6TE9 **Potassium ferric hexacyanoferrate (medicinal)**

XM7K47 **Pralidoxime iodide**

XM6BZ5 **Pralidoxime chloride**

XM8P25 **Prussian blue therapeutic**

XM6DU2 **Pyridine aldoxime methiodide**

XM6043 **Pyridine aldoxime methyl chloride**

XM3810 **Sodium nitrite**

XM7LV6 **Sodium phytate**

XM6NW5 **Thiosulfate**

XM2KC9 **Sodium versenate**

XM99S5 **Tetraethylthiuram disulfide**

XM6GP9 **Trientine**

XM2U68 **Trisodium hydrogen edetate**

XM7KV3 **Versenate**

XM4UW9 **Nalorphine**

XM89R9 **Dimercaprol**

XM1260 **Potassium iodide**

XM7372 **Acetylcysteine**

XM5MC0 **Methionine**

XM28B1 **Uridine triacetate**

XM0588 **Edetates**

XM5VJ5 **Prednisolone and Promethazine**

XM8ET8 **Obidoxime**

XM2GR4 **Protamine**

XM4JM7 **Copper sulfate**

XM9AD6 **Digitalis antitoxin**

XM2UQ5 **Flumazenil**

XM2H17 **4-dimethylaminophenol**

XM8ZA0 **Cholinesterase**

XM62Q3 **Prussian blue**

XM7LQ9 **Fomepizole**

XM9NQ8 **Sugammadex**

XM0666 **Idarucizumab**

XM01C9 **Andexanet alfa**

Iron chelating agents

XM5A41 **Deferoxamine**

XM03A5 **Deferiprone**

XM12X8 **Deferasirox**

Drugs for treatment of hyperkalaemia, hypercalcaemia and hyperphosphataemia

Coded Elsewhere: Calcium acetate (XM0VY0)

XM3B07 **Polystyrene sulfonate**

XM8NS1 **Ferric citrate**

XM1AY3 **Sodium phosphate cellulose**

XM6Q80 **Sevelamer**

XM22K8 **Lanthanum carbonate**

XM4MP9 **Calcium acetate and Magnesium carbonate**

XM9188 **Sucroferric oxyhydroxide**

XM4C26 **Colestilan**

Detoxifying agents for antineoplastic treatment

XM1JB5 **Mesna**

XM7BJ9 **Calcium folinate**

XM45R5 **Dexrazoxane**

XM2852 **Calcium levofolinate**

XM5GF2 **Amifostine**

XM61A6 **Sodium folinate**

XM4NB1 **Rasburicase**

XM8J47 **Palifermin**

XM8L87 **Glucarpidase**

XM1EU2 **Sodium levofolinate**

XM0MC0 **Arginine and Lysine**

XM7PK0 **Trilaciclib**

Protectives against UV-radiation for systemic use

Coded Elsewhere: Betacarotene (XM7E89)

XM0LA6 **Afamelanotide**

XM8337 **Canthaxanthin**

Antipsoriatics for systemic use

XM3GF4 **Retinoids**

XM0Z07 **Etretinate**

XM2M63 **Acitretin**

XM4RP3 **Trioxysalen**

XM47G3 **Methoxsalen**

XM1G69 **Bergapten**

XM7WA3 **Fumaric acid**

Vitamin A derivative and other anti-acne preparations for systemic use

XM98J9 **Isotretinoin**

XM9FP6 **Ichtasol**

Agents used in diagnostic tests, not elsewhere classified

Coded Elsewhere: Gonadorelin (XM2TU9)
Carbon monoxide (XM1X11)

XM4CF3 **Coccidioidin**

XM1V31 **Congo red**

XM34X2 **Evans blue**

XM5618 **Fluorescein**

XM3Y60 **Histoplasmin**

XM2818 **Indocyanine green**

XM3WZ1 **Lymphogranuloma venereum antigen**

XM1VN8 **Mumps skin test antigen**

XM3Q40 **Penicilloyl polylysine**

XM36R6 **Sodium metrizoate**

XM1QL6 **Sulfonphthalein, sulfonphthol**

XM8478 **Sulkowitch's reagent**

XM4DA3 **Toxin, diphtheria (Schick Test)**

XM0EK6 **Tuberculin, purified protein derivative (PPD)**

XM6XX8 **Glucose**

Tests for bile duct patency

XM53M3 **Sincalide**

XM0D92 **Ceruletide**

Tests for pituitary function

XM5GR6 **Metyrapone**

XM7E13 **Somatorelin**

XM1UJ0 **Corticorelin**

XM5AM6 **Macimorelin**

XM60V4 **Tests for liver functional capacity**

XM9ZW8 **Galactose**

XM1XE0 **Sulfobromophthalein**

XM0N95 **Methacetin (13C)**

XM90L9 **Iprofenin**

XM3114 **Lidofenin**

XM2PX0 **Rose bengal sodium (131i)**

XM9H30 **Tests for gastric secretion**

Coded Elsewhere: Methylthioninium chloride (XM1YY3)

XM44K8 **Cation exchange resin**

XM1MP2 **Betazole**

XM1286 **Histamine phosphate**

XM9AU1 **Pentagastrin**

XM1Q27 **Caffeine and Sodium benzoate**

XM1F97 **Azuresin**

XM4E68 **Tests for renal function and ureteral injuries**

XM9RK1 **Indigo carmine**

XM3G67 **Alsactide**

XM27H8 **Aminohippuric acid**

XM87Y9 Sodium para-aminohippurate

XM2JZ2 **Inulin and other polyfructosans**

XM7M20 **Phenolsulfonphthalein**

XM0N07 **Tests for thyroid function**

XM7R30 **Protirelin**

XM76Z9 **Tests for pancreatic function**

XM3L99 **Secretin**

XM7A79 **Bentiromide**

XM6014 **Pancreozymin-cholecystokinin**

XM24K5 **Selenomethionine (75Se)**

XM8B05 **Edrophonium**

XM3YJ9 **Methacholine**

XM5K20 **Fructose**

XM9258 **Vitamin A concentrates**

XM7PF6 **Tuberculin**

XM9QZ5 **13C-urea**

XM0UW4 **Hexaminolevulinate**

XM02S2 **Patent blue**

XM9Y95 **Bromophenol blue reagent**

XM5PT0 **Diacetyl monoxime**

XM8M78 **Guaiac reagent**

XM3385 **Oxalic acid ammonium salt**

XM74W0 **Phenaphthazine reagent**

Medical gases

Coded Elsewhere: Helium (XM0JJ6)

XM4SZ3 **Oxygen**

XM6NZ1 **Carbon dioxide medicinal**

XM3K31 **Nitrogen**

XM7EZ9 **Medical air**

Contrast media

XM2S71 **X-ray contrast media, iodinated**

XM7YS2 **Watersoluble, nephrotropic, high osmolar X-ray contrast media**

XM7PH4 Metrizoic acid

XM6583 Iodamide

XM8XV8 Iotalamic acid

XM34M9 Ioxitalamic acid

XM50Y6 Acetrizoic acid

XM7ZV2 Iocarmic acid

XM2DC4 Diodone

XM8KK9 Diatrizoic acid

XM50U3 Ioglicic acid

XM9C52 Methiodal

XM4AG5 **Watersoluble, nephrotropic, low osmolar X-ray contrast media**

XM3WB6 Metrizamide

XM3R65 Iohexol

XM5EP5 Ioxaglic acid

XM8C50 Iopamidol

XM4UK7 Iopromide

XM8VT7 Iotrolan

XM5LW4 Iotroxic acid

XM6227 Iopentol

XM8NA7 Iodixanol

XM75B4 Iomeprol

XM79B6 Iobitridol

XM6VV1 Ioxilan

XM0KA6 **Watersoluble, hepatotropic X-ray contrast media**

XM2VE6 Iodoxamic acid

XM8411 Ioglycamic acid

XM7QU5 Adipiodone

XM1QH8 Iobenzamic acid

XM2NU7 Iopanoic acid

XM8PW2 Iocetamic acid

XM4ZU7 Sodium iopodate

XM8WD0 Tyropanoic acid

XM6TF5 Calcium iopodate

XM0LK3 **Non-watersoluble X-ray contrast media**

XM1AX3 Iopydol

XM1YV8 Propyliodone

XM1R87 Iofendylate

XM6SE3 Ethyl esters of iodised fatty acids

XM6XU2 **Diatrizoate**

XM8QZ2 **Iodophthalein sodium**

X-ray contrast media, non-iodinated

XM0L44 **Amidotrizoate**

XM80W7 **Bunamiodyl**

XM5NA9 **Iodipamide**

XM4E01 **Iodohippuric acid**

XM9402 **Iophenoic acid**

XM7S30 **Iopodic acid**

XM4R74 **Iotroxate**

XM44B9 **Ioxaglate**

XM5N73 **Methiodal sodium**

XM96Q8 **Phenobutiodil**

XM3E15 **Thorium dioxide suspension**

XM90A9 **Tyropanoate**

XM2MR0 **Barium sulfate with suspending agents**

XM1FW7 **Barium sulfate without suspending agents**

XM05Z9 **Magnetic resonance imaging contrast media**

XM2LS2 **Paramagnetic contrast media**

XM7CY5 Gadopentetic acid

XM4UX1 Gadoteric acid

XM1564 Gadodiamide

XM0FN2 Gadoteridol

XM73Z5 Mangafodipir

XM3BF7 Gadoversetamide

XM29E1 Ferric ammonium citrate

XM0XE4 Gadobenic acid

XM3VG2 Gadobutrol

XM7W85 Gadoxetic acid

XM6GF6 Gadofosveset

XM8966 **Superparamagnetic contrast media**

XM33C2 ferumoxsil

XM84N5 ferristene

XM2945 iron oxide, nanoparticles

XM2666 **Perflubron**

XM5TN4 **Ultrasound contrast media**

XM40N1 **Microspheres of human albumin**

XM3PF3 **Microparticles of galactose**

XM7S16 **Perflenapent**

XM4VR4 **Microspheres of phospholipids**

XM8169 **Sulfur hexafluoride**

XM8G80 **Perflubutane polymer microspheres**

XM9320 **Diagnostic radiopharmaceuticals**

Coded Elsewhere: Sodium fluoride (XM1F39)
Thallium (XM63C5)
Chromium (XM9YJ8)
Selenium (XM47M7)

XM8ZM1 **Technetium (99mTc) compounds**

XM5VK7 Sodium pertechnetate Tc99m

XM9YB1 **Iodine (123I) compounds**

XM2R88 **sodium iodide (131i)**

XM6941 **Rubidium chloride Rb82**

XM3GL6 **Gallium citrate**

XM8SB4 Gallium (67Ga) citrate

XM3WK3 **Fludeoxyglucose (18F)**

XM4ML0 **Iodocholesterol (131I)**

XM83X7 **Gas**

XM6Z69 **Xenon (127Xe) gas**

XM6EQ3 **Xenon (133xe)**

XM39A6 **Sodium iodide (124I)**

XM9F18 **Maternal antibodies**

XM3HU5 **ferric (59Fe) citrate**

XM1899 **Sodium iodide (123I)**

XM9063 **Sodium iodohippurate (123I)**

XM60X3 **Iobenguane (131I)**

XM1QL4 **Iobenguane (123I)**

XM6UT0 **Fluoroethyl-L-tyrosine (18F)**

XM80F7 **Fluoroestradiol (18F)**

XM5G08 **Fluciclovine (18F)**

XM3LK2 **Fluorodopa (18F)**

XM1N90 **Fluoromethylcholine (18F)**

XM5XR7 **Fluoroethylcholine (18F)**

XM5EC5 **Gallium (68Ga) edotreotide**

XM7VT3 **Cobalt (57Co) cyanocobalamine**

XM8YZ3 **Cobalt (58Co) cyanocobalamine**

XM5FA9 **Tauroselcholic acid**

XM42A5 **Selenium (75Se) norcholesterol**

XM2MJ2 **Iodinated (131i) human serum albumin**

XM2YP2 **Iodine 125**

XM8YZ7 **Iodine 131**

XM0RB0 **Sodium iodohippurate (131I)**

XM15W7 **Sodium iothalamate (125I)**

XM5674 **Ammonia (13N)**

XM05N6 **Gallium (68Ga) gozetotide**

XM45C8 **Therapeutic radiopharmaceuticals**

Coded Elsewhere: Iobenguane (131I) (XM60X3)
Phosphoric acid (XM0270)
Cyanogen chloride (XM1293)
Chromic phosphate 32P (XM3ZJ5)
Gold preparations (XM3LE3)

XM6RC9 **Sodium iodide I-131 therapeutic**

XM01S1 **Isoaminile (citrate)**

XM9XW5 **Antimonic sulfide**

XM8Z31 **Yttrium (90Y) ferrihydroxide colloid**

XM0JJ4 **Samarium (153Sm) hydroxyapatite colloid**

XM56F9 **Dysprosium (165Dy) colloid**

XM10B1 **Yttrium (90Y) citrate colloid**

XM3MD6 **Erbium (169Er) citrate colloid**

XM5ZE8 **Amylene dichloride**

XM1WG6 **Ethiodized oil (131 i)**

XM7MV3 **Iodine (131I) omburtamab**

Topical agents primarily affecting skin and mucous membrane and ophthalmological, otorhinolaryngological and dental drugs

Antipruritics

XM32B6 **b-eucaine**

XM79Q0 **Benzamine lactate**

XM8MM9 **Coal tar**

XM96H7 **Ether-soluble tar distillate**

XM6PP6 **Juniper tar**

XM8YS8 **Phenol medicinal**

XM96T6 **Phenolic preparation**

XM8485 **Pramoxine**

XM6A20 **Quinisocaine**

XM8W74 **Tar distillate**

XM8WM2 **Tar ointment**

XM4543 **Tolpropamine**

XM2833 **Mepyramine topical**

XM29P8 **Diphenhydramine methylbromide**

XM9UN5 **Thonzylamine topical**

XM7JY5 **Thenalidine topical**

XM6WM2 **Promethazine topical**

Camphor

Emollients, demulcents and protectants

Coded Elsewhere: Nutmeg oil (XM6FE5)

XM4B01 **Acetic acid with sodium acetate (ointment)**

XM7MV6 **Acrylic resin**

XM8U60 **Allylthiourea**

XM06X6 **Aluminium, aluminum ointment (surgical) (topical)**

XM1S82 **Aminobenzoic acid (-p)**

XM3VB3 **Arachis oil**

XM8SU9 **Barrier cream**

XM5L08 **Bentonite**

XM7D95 **Benzophenones**

XM6F99 **Benzophenone-3**

XM4DT5 **Benzophenone-4**

XM08U7 **Betula oil**

XM7K00 **Calamine (lotion)**

XM2EP3 **Cellulose nitrates (topical)**

XM9ZA9 **Chlordiethyl benzamide**

XM88R8 **Cold cream**

XM7033 **Corn starch**

XM38M3 **Cornhusker's lotion**

XM8P34 **Cottonseed oil**

XM5PK1 **Demulcent (external)**

XM0XB3 **Diethyl toluamide medicinal**

XM9U76 **Dimethyl phthalate**

XM8KY4 **Flaxseed (medicinal)**

XM6694 **Homosalate**

XM8M74 **Hydrophilic lotion**

XM8WH4 **Lanolin**

XM4HE0 **Lanolin alcohol**

XM7TK2 **Mecrilate**

XM7VP7 **Melanizing agents**

XM8EY7 **Mexenone**

XM9TZ7 **Mineral oil topical**

XM3214 **Octafonium chloride**

XM66S8 **Oil wintergreen (bitter)**

XM9CQ4 **Methoxsalen topical**

XM0VT0 **Padimate**

XM9AG3 **Para-aminobenzoic acid**

XM1U48 **Peanut oil topical**

XM8PB6 **Petrolatum**

XM8J96 **Plaster dressing**

XM9V04 **Plastic dressing**

XM2BL7 **Polyethylene adhesive**

XM6J14 **Protectant, skin**

XM9VE3 **Pyroxylin**

XM8293 **Rose water ointment**

XM06Y2 **Silicone medicinal**

XM9410 **Topical sunscreen**

Preparations, usually in the form of lotions, creams or gels, applied to the skin to protect it from ultraviolet radiation.

XM4YA6 **Sulisobenzone**

XM7YQ8 **Sweet oil (birch)**

XM3599 **Talcum**

XM3MF9 **Thiosinamine**

XM7Q94 **Titanium dioxide**

XM6WX7 **Titanium oxide**

XM5E39 **Ultraviolet light protectants**

XM4D35 **2-(4-Diethylamino-2-hydroxybenzoyl)-benzoic acid hexylester**

XM8A13 **Methylene-bis-benzotriazolyltetramethylbutylphenol**

XM6UT3 **Phenylbenzimidazol-5-sulfonic acid**

XM65Q8 **2,4,6-Trianilino-p-(carbo-2-ethylhexyl-1-oxi)-1,3,5-triazine**

XM5PP3 **Unna's boot**

XM8H46 **Zinc gelatin**

XM7RG9 **Zinc oxide**

XM4NT3 **Zinc stearate**

XM8YJ6 **Colophonium**

XM1LY7 **Sorbitan sesquioleate**

XM2M34 **Octinoxate**

XM2F87 **Hyaluronic acid topical**

XM90Q0 **Cetomacrogol**

XM8N69 **Etofenamate**

Fluoride preparations

XM85Z1 **Fluoride medicinal dental use**

XM9RB7 **Stannous fluoride**

Iodine (antiseptic)

XM60N7 **Bismuth salts formic iodide**

XM0DJ3 **Cadexomer**

XM12P7 **Diiodohydroxypropane**

XM8UZ7 **Diiodohydroxyquin topical**

XM0809 **Iodide**

XM8C24 **Iodide mercury (ointment)**

XM3Q63 **Iodide methylate**

XM6TG8 **Iodochlorhydroxyquin topical**

XM3X72 **Iodoform**

XM58X1 **Potassium iodate**

XM24J7 **Povidone iodine**

Keratolytics, keratoplastics, and other hair treatment drugs and preparations

Coded Elsewhere: p-Phenylenediamine (XM0AK0)

XM9ZS1 **Allantoin**

XM7H25 **Alum (medicinal)**

XM2GV6 **Ammonium ichthyosulronate**

XM8RR9 **Ammonium persulfate**

XM8HL4 **Anthralin**

XM8SX1 **Antiseborrheics**

XM8GU1 **Butantrone**

XM4FV2 **Cade oil**

XM2ST0 **Cadmium sulfide (medicinal)**

XM9TT3 **Capsicum**

XM4AW0 **Carbon dioxide snow**

XM01Q7 **Chlorothymol**

XM92H5 **Chloroxine**

XM7HY4 **Chrysarobin**

XM3P37 **Coal tar medicinal (ointment)**

XM3LD7 **Collagenase topical**

XM7PM1 **Corn cures**

XM5W78 **Depilatory**

XM95C8 **Diachylon plaster**

XM64V2 **Dimethyl sulfoxide medicinal**

XM26P0 **Dimethylamine sulfate**

XM8RS8 **Dithranol**

XM17Y7 **Enzyme proteolytic**

XM3JC8 **Ethyl chloride local**

XM4P92 **Ethyl fumarate**

XM7WC9 **Euresol**

XM7VL9 **Hair dye**

XM8GV4 **Hemostyptic**

XM7KM8 **Isopropyl alcohol medicinal**

XM6ES1 **Keratolytic drug anthracene**

XM23V5 **Keratolytic drug**

XM4KL1 **Keratoplastic**

XM76E0 **Lassar's paste**

XM1VX5 **Methyl nicotinate**

XM8N27 **Monobenzone**

XM6YQ8 **Pyrithione zinc**

XM4549 **Resorcin, resorcinol medicinal**

XM5DQ2 **Rubefacient**

XM68B5 **Salicylic acid**

XM02N6 **Savin (oil)**

XM4CB3 **Selenium disulfide**

XM43T8 **Selenium sulfide**

XM1UK4 **Selsun**

XM3E07 **Silver nitrate toughened (keratolytic)**

XM1FW6 **Sulfur compounds not elsewhere classified (medicinal)**

XM6ZA6 **Sulfur keratolytic ointment**

XM1W96 **Thioglycolate**

XM7GY2 **Tioxolone**

XM4ZP4 **Triacetoxyanthracene**

XM6U21 **Trichloroacetic acid medicinal**

XM2V83 **Vleminckx's solution**

XM6T99 **White lotion (keratolytic)**

XM25J6 **Xenysalate**

XM7AM5 **Glyceryl monothioglycolate**

XM5L79 **p-Toluenediamine**

Ophthalmological drugs and preparations

Coded Elsewhere: Bendazac (XM0P54)
Neomycin topical (XM7D13)
Inosine (XM8BH0)
Nitrofurazone (XM71W2)
Povidone iodine (XM24J7)
Resorcin, resorcinol medicinal (XM4549)
Neomycin ophthalmic preparation (XM7D13)

XM75W8 **Adrenal ophthalmic preparation**

XM6H73 **Ammonium acid tartrate**

XM6G79 **Anti-infective ophthalmic preparation**

XM5568 **Anticholinesterase reversible ophthalmological**

XM5T83 **Befunolol**

XM6NB7 **Bibrocathol**

XM32H1 **Chymotrypsin ophthalmic preparation**

XM6E41 **Colistin sulfate (eye preparation)**

XM1WZ1 **Contact lens solution**

XM3X79 **Copper sulfate cupric medicinal eye**

XM3918 **Cycloplegic drug**

XM8S71 **Demecarium bromide**

XM1X30 **Dendrid**

XM0L12 **Dipivefrine**

XM17P1 **Echothiophate**

XM7K14 **Ecothiopate iodide**

XM09W6 **Edoxudine**

XM8PJ6 **Eucatropine**

XM45L3 **Fluorphenylalanine**

XM1783 **Herplex**

XM9EN3 **Hydroxyamphetamine**

XM9E72 **Hypromellose**

XM0PE3 **Lachesine**

XM8098 **Levobunolol**

XM4QZ9 **Methylparaben (ophthalmic)**

XM0YH4 **Metipranolol**

XM2JE0 **Miotic drug**

XM4DY8 **Mycitracin ophthalmic preparation**

XM5PU9 **Mydriatic drug**

XM28C3 **Neosporin opthalmic preparation**

XM4PY4 **Phospholine**

XM4605 **Physostigmine**

XM9N59 **Polymyxin E sulfate (eye preparation)**

XM2WK3 **Propylparaben (ophthalmic)**

XM56H1 **Silver protein**

XM7AV0 **Sodium borate cleanser eye**

XM6Q18 **Stoxil**

XM8A14 **Sulfisoxazole ophthalmic preparation**

XM9PG5 **Sulfonamide eye**

XM61C9 **Tear solution**

XM5RC2 **Tetrahydrozoline**

XM31C8 **Visine**

XM9X81 **Acetazolamide**

XM4LU1 **Dichlorphenamide**

XM4DH5 **Ethoxzolamide**

XM8P33 **Methazolamide**

XM3ZJ4 **Pemirolast**

XM2JR8 **Picloxydine**

XM6JB1 **Fluostigmine**

XM3BT0 **Dorzolamide**

XM9GB8 **Brinzolamide**

XM5130 **Latanoprost**

XM5ZG4 **Unoprostone**

XM6E95 **Bimatoprost**

XM9BS0 **Travoprost**

XM3UC8 **Tafluprost**

XM6PD6 **Dapiprazole**

XM8469 **Netarsudil**

XM0GK6 **Pegaptanib**

XM95Y7 **Ranibizumab**

XM42E0 **Iodoheparinate**

XM67C4 **Lifitegrast**

XM57P1 **Cenegermin**

XM2RM5 **Ocriplasmin**

XM0YQ8 **Autologous limbal stem cells**

XM2GK8 **Artificial tears and other indifferent preparations**

XM3PF8 **Anecortave**

XM7CE4 **Guaiazulen**

XM0ST2 **Olopatadine**

XM49V8 **Azidamfenicol**

XM3G39 **Sulfadicramide**

XM13T1 **Sulfafenazol**

XM4F24 **Interferon ophthalmic preparation**

XM0C71 **Fomivirsen**

XM1A96 **Besifloxacin**

XM7415 **Mercury compounds**

XM9KL6 **Loteprednol**

XM6GF5 **Formocortal**

XM9166 **Pranoprofen**

XM4GZ0 **Nepafenac**

XM0QS2 **Bromfenac**

XM14H0 **Brimonidine ophthalmic preparation**

XM9KS5 **Acetylcholine ophthalmic preparation**

XM32J7 **Levocabastine**

XM9L65 **Lodoxamide**

XM1CM1 **Emedastine**

XM4JE3 **Alcaftadine**

XM7SY2 **Sodium chloride, hypertonic (ophthalmic)**

XM2LQ4 **Sodium edetate ophthalmic preparation**

XM3ZG3 **Ciclosporin opthalmic preparation**

XM7UH0 **Nandrolone ophthalmic praparation**

XM3XE4 **Apraclonidine**

XM2Y24 **Verteporfin**

XM63C9 **Spaglumic acid**

Other dental drugs, topically applied

XM3YZ7 **Dentifrice**

XM1JW3 **Dressing, live pulp**

XM0PR1 **Eucalyptus oil**

XM3XP7 **Oil cloves**

XM8PE1 **Pulp devitalizing paste**

XM9023 **Acetylsalicylic acid topical**

XM7K59 **Olaflur**

XM5GY2 **Sodium monofluorophosphate topical**

Other local antifungal, anti-infective and anti-inflammatory drugs

Coded Elsewhere: Flurandrenolide (XM5086)

XM53X2 **Tetracycline topical**

XM2FL0 **Acriflavinium chloride**

XM8K50 **Acrinol**

XM5PD0 **Acrisorcin**

XM7696 **Adrenal topical**

XM9B70 **Aerosporin topical**

XM2ET5 **Alclometasone**

XM3NX2 **Alkonium (bromide)**

XM7TF6 **Allethrin**

XM0CC9 **Aluminium acetate solution**

XM6JG7 **Aluminium sulfate**

XM18N0 **Glutaraldehyde medicinal**

XM7XA4 **Glyceryl triacetate topical**

XM7Y78 **Gramicidin**

XM5UQ0 **Halcinolone**

XM9Q64 **Halethazole**

XM0C80 **Haloprogin**

XM3KW0 **Halquinols**

XM6XH7 **HCH medicinal**

XM8UW4 **Hedaquinium**

XM95K6 **Hexachlorophene**

XM6RK6 **Aminoacridine**

XM7RK5 **Hexamidine**

XM19W1 **Hydrargaphen**

XM0JC1 **Hydrargyri amino-chloridum**

XM4AG2 **Hydrogen peroxide**

XM6E35 **Hydroxytoluene medicinal**

XM02H1 **Hypochlorite**

XM3PT9 **Ichthammol**

XM6BF8 **Isoconazole**

XM07S0 **Kwell anti-infective (topical)**

XM3U48 **Laurolinium**

XM7CU1 **Amphotericin B topical**

XM8C45 **Lidex**

XM8E58 **Lindane medicinal**

XM7CM3 **Locorten**

XM5MZ8 **Mafenide**

XM6QD7 **Malathion (medicinal)**

XM6L15 **Medrysone**

XM53R5 **Melaleuca alternifolia oil**

XM35K3 **Merbromin**

XM7FY5 **Mercaptobenzothiazole salts**

XM1B13 **Mercurochrome**

XM8GN4 **Anti-infective bismuth, local**

XM2J64 **Mercury ammoniated**

XM9Z76 **Mercury anti-infective topical**

XM10V3 **Mercury chloride (ammoniated)**

XM6Q50 **Mercury oxide, yellow**

XM9613 **Merthiolate**

XM2JH4 **Mesulfen**

XM2M00 **Metactesylacetate**

XM0XV0 **Methyl paraben**

XM1910 **Methyl prednisolone topical**

XM5HR1 **Methylbenzethonium chloride**

XM1JC6 **Antifungal disinfectant, local**

XM7C91 **Methylrosaniline**

XM2793 **Methylrosanilinium chloride**

XM0ZY9 **Micatin**

XM9A06 **Monistat**

XM23B6 **Mupirocin**

XM43U9 **Mycifradin topical**

XM14D6 **Myralact**

XM1HX1 **Naftifine**

XM2BK7 **Natamycin**

XM7D13 **Neomycin topical**

XM44R8 **Argyrol**

XM51P6 **Neomycin with bacitracin**

XM6YS1 **Neosporin topical**

XM5BH2 **Nilstat topical**

XM71W2 **Nitrofurazone**

XM4T72 **Nitromersol**

XM2HP9 **Nitrozone**

XM1102 **Noxytiolin**

XM70Z6 **Orthoboric acid**

XM63S9 **Oxiconazole**

XM8610 **Oxychlorosene**

XM7VP9 **Asiaticoside**

XM7N08 **Oxylone**

XM9LG4 **Parachlorophenol (camphorated)**

XM12F4 **Paramethasone acetate**

XM0MS1 **Peruvian balsam**

XM70C4 **Phenoctide**

XM6L76 **Phenol**

XM4H85 **Phenothrin**

XM9D74 **Phenoxyethanol**

XM3R68 **Phenylmercuric acetate**

XM89P9 **Phenylmercuric borate**

XM0295 **Chlortetracycline topical**

XM0K18 **Phenylmercuric nitrate**

XM3DV8 **Piketoprofen**

XM7B69 **Polymyxin B topical**

XM0J95 **Polynoxylin**

XM2G74 **Polyoxymethyleneurea**

XM0XP0 **Potassium Permanganate medicinal**

XM6YA5 **Proflavine**

XM35Q1 **Propamidine**

XM4TA7 **Propiolactone**

XM3DH9 **Propion gel**

XM6SG3 **Azelaic acid**

XM77H8 **Propionate (calcium) (sodium)**

XM03K3 **Pyrethrum extract**

XM2A13 **Pyrogallic acid**

XM8BE0 **Pyrogallol**

XM97F8 **Quarternary ammonium anti-infective**

XM2SR9 **Retinoic acid**

XM9773 **Salicylhydroxamic acid**

XM5GX7 **Sodium hypochlorite medicinal (anti-infective) (external)**

XM5372 **Sodium hyposulfite**

XM7Z80 **Sodium perborate medicinal**

XM4PL5 **Bacimycin**

XM7EV2 **Sodium propionate**

XM1VV3 **Sporostacin**

XM38S1 **Staphisagria or stavesacre (pediculicide)**

XM8HC5 **Steroid topical**

XM2237 **Sulbentine**

XM2CH0 **Sulfacetamide**

XM06Y3 **Sulfiram**

XM4XY4 **Sulfur ointment**

XM9ST9 **Synalar**

XM33Y9 **Terconazole**

XM00V5 **Bacitracin zinc**

XM2GG6 **Tetramethylthiuram medicinal**

XM9ZY9 **Thimerosal**

XM7W47 **Thymol**

XM3C36 **Ticlatone**

XM9HG1 **Tioconazole**

XM9SF6 **Tolciclate**

XM23C3 **Tolnaftate**

XM6848 **Triacetin**

XM4873 **Triamcinolone hexacetonide**

XM5KU0 **Triclobisonium chloride**

XM6Y48 **Bacitracin zinc with neomycin**

XM74T6 **Triclocarban**

XM5WW5 **Triclosan**

XM93J3 **Tridesilon**

XM84C7 **Undecenoic acid**

XM5GQ1 **Undecoylium**

XM1TP6 **Undecylenic acid (derivatives)**

XM81Z1 **Urea peroxide**

XM2VU7 **Valisone**

XM0GR5 **Vioform topical**

XM2B18 **Zinc anti-infectives**

XM7E88 **Basic fuchsin**

XM6KL1 **Zinc peroxide**

XM8SM1 **Zinc sulfate topical**

XM5L28 **Zinc undecylenate**

XM71H0 **Cloponone**

XM0BF3 **Acriflavine**

XM1KZ4 **Nifuraldezone**

XM4DT4 **Tibezonium iodide**

XM5U34 **Eosin**

XM24W5 **Propanol**

XM5DR7 **Isopropanol**

XM2ZR2 **Benisone**

XM2Q40 **Pecilocin**

XM6UW2 **Pyrrolnitrin**

XM8S89 **Polihexanide**

XM0SV3 **Policresulen**

XM80T0 **Biphenylol**

XM68P2 **Didecyldimethylammonium chloride**

XM5LX3 **Mercury, metallic**

XM53J8 **Decamethoxine**

XM2UH3 **Euflavine**

XM7KH0 **Sodium chlorite**

XM2VS1 **Benzalkonium chloride**

XM7022 **Nadifloxacin**

XM8BY6 **Clindamycin topical**

XM6AC5 **Chlormidazole**

XM2NB3 **Sulconazole**

XM8B91 **Bifonazole**

XM4J78 **Fenticonazole**

XM0072 **Omoconazole**

XM9U15 **Sertaconazole**

XM49Z6 **Flutrimazole**

XM5XM5 **Eberconazole**

XM1QH3 **Benzethonium chloride**

XM6H72 **Luliconazole**

XM7CT0 **Bromochlorosalicylanilide**

XM89W5 **Tribromometacresol**

XM8JJ2 **2-(4-chlorphenoxy)-ethanol**

XM67B0 **Ethyl hydroxybenzoate**

XM6474 **Amorolfine**

XM2L70 **Butenafine**

XM3PR6 **Tavaborole**

XM20T9 **Efinaconazole**

XM0CH6 **Imiquimod**

XM7SQ2 **Benzoic acid with salicylic acid**

XM8BH0 **Inosine**

XM4BA3 **Docosanol**

XM2CA6 **Sinecatechins**

XM0N01 **Mercuric iodide**

XM4796 **Benzododecinium**

XM2PS8 **Aluminium acetotartrate**

XM0P54 **Bendazac**

XM3J77 **Bioallethrin**

XM7MQ0 **Copper oleinate**

XM73B3 **Decamethrin**

XM9JZ6 **Benzoic acid**

XM4KG9 **Dibutylsuccinate**

XM84S5 **Dibutylphthalate**

XM1BB3 **Dimethylcarbate**

XM74X3 **Dimethylphthalate**

XM4UE1 **Ethacridine lactate**

XM2Y03 **Etohexadiol**

XM8XZ0 **Felbinac**

XM6XJ9 **Oxyquinoline**

XM4PX0 **Potassium polysulfide**

XM9R96 **Quassia**

XM63Y9 **Benzoxonium chloride**

XM0GR6 **Tyrothricin**

XM0FD5 **Fidaxomicin**

XM1071 **Nifuroxazide**

XM5BH0 **Nifurzide**

XM7MF9 **Balsalazide**

XM0JJ7 **Dimeticone topical**

XM6XD8 **Streptomycin topical**

XM4KV4 **Acetic acid medicinal**

XM7014 **Terbinafine topical**

XM0K16 **Idoxuridine topical**

XM43M3 **Benzoyl peroxide**

XM9X60 **Penciclovir topical**

XM3SK7 **Famciclovir topical**

XM7A63 **Ganciclovir topical**

XM1P27 **Lomefloxacin topical**

XM3CL3 **Levofloxacin topical**

XM92Q3 **Gatifloxacin topical**

XM6VX8 **Moxifloxacin topical**

XM1HU5 **Loxoprofen**

XM8TB9 **Abametapir**

XM7QG0 **Benzyl benzoate**

XM0GX2 **Benzyl Benzoic acid**

XM9208 **BHC (medicinal)**

XM7S48 **Bismuth salts glycolylarsenate**

XM5RT8 **Boric acid**

XM84D8 **Bromosalicylchloranitide**

XM0YT9 **Buclosamide**

XM6862 **Butoconazole (nitrate)**

XM7VA5 **Calomel**

XM2AV1 **Candicidin**

XM2V43 **Carbamide peroxide**

XM2ZX1 **Carbol fuchsin**

XM6C04 **Carfusin**

XM9H69 **Castellani's paint**

XM5ZY9 **Ceepryn**

XM9432 **Cetalkonium chloride**

XM1BP8 **Cethexonium chloride**

XM62D0 **Cetrimide**

XM6ZW9 **Cetrimonium bromide**

XM94W4 **Cetylpyridinium chloride**

XM7CX5 **Chamomile**

XM8HU1 **Chloramine T**

XM72P5 **Chloramphenicol topical**

XM7DZ3 **Chlorhexidine**

XM2ZT2 **Chlorhydroxyquinolin**

XM5D99 **Chlorinated lime and boric acid solution**

XM0HL8 **Chlorinated soda solution**

XM8FE7 **Chlorocresol**

XM3XC5 **Chloroxylenol**

XM93C6 **Chlorphenesin topical (antifungal)**

XM2CN0 **Chlorquinol**

XM0852 **Ciclopirox (olamine)**

XM6MJ1 **Clobetasone**

XM2WP5 **Clodantoin**

XM8TG2 **Clofenotane**

XM8W85 **Clotrimazole**

XM6BT6 **Cloxiquine**

XM4M83 **Copper gluconate**

XM42L5 **Creosol (compound)**

XM35M5 **Creosote (coal tar) (beechwood)**

XM7ZK1 **Cresol (s)**

XM0WM0 **Cresol and soap solution**

XM4YB3 **Cresyl acetate**

XM0348 **Cresylic acid**

XM3726 **Crotamiton**

XM7YY8 **Dakin's solution**

XM8CF0 **Dequalinium chloride**

XM6LZ1 **Desonide**

XM0PQ7 **Dettol**

XM1RR7 **Dibromopropamidine isethionate**

XM0UE0 **Dibrompropamidine**

XM06U7 **Dicophane**

XM2355 **Diethyltoluamide**

XM4A13 **Dimazole**

XM42D3 **Dixanthogen**

XM3JL3 **Dodicin**

XM7YF5 **Dofamium chloride**

XM3TY6 **Domiphen bromide**

XM5XH3 **Econazole**

XM8E88 **Erythromycin topical**

XM5QE6 **Ethacridine**

XM09B1 **Ethylene oxide medicinal**

XM91H3 **Eurax**

XM2258 **Exalamide**

XM9K22 **Fenticlor**

XM2E99 **Fluocinonide**

XM67C1 **Flurobate**

XM6AZ9 **Furazolium chloride**

XM5JA4 **Gamma-benzene hexachloride (medicinal)**

XM0XR4 **Gentamicin topical**

Other local astringents and local detergents

Coded Elsewhere: Acetic acid medicinal (XM4KV4)

XM3P38 **Aluminium acetate**

XM7FE1 **Aluminium chloride**

XM2D21 **Aluminium diacetate**

XM2399 **Aluminium subacetate**

XM38V9 **Antihemorrhoidal preparation**

XM1KT1 **Detergent external medication**

XM16X4 **Dial (soap)**

XM2KD7 **Duponol (C) (EP)**

XM3Y82 **Green soap**

XM2273 **Lauryl sulfoacetate**

XM8P35 **Lead acetate**

XM3E94 **Polyethanolamine alkyl sulfate**

XM2P20 **Soap medicinal, soft**

XM6EW6 **Soap superfatted**

XM1X23 **Sodium lauryl (sulfate)**

XM1484 **Tannic acid medicinal (astringent)**

XM7KD1 **Thiram medicinal**

XM19Y0 **Vegetable extract, astringent**

XM4S15 **Witch hazel**

XM4KJ0 **Antiperspirant**

XM20Y8 **Hamamelis**

XM1DT0 **Iproheptine**

XM9RY1 **Lowila**

XM1AY0 **Septisol**

XM3DK8 **Sulfatostearate**

Other topical agents

XM9R98 **Benoquin**

XM4597 **Cantharides**

XM8JB2 **Cell stimulants and proliferants**

XM4JD6 **Charcoal medicinal topical**

XM6GG8 **Chloresium**

XM9YX8 **Dextromoramide topical**

XM1KB4 **Elase**

XM0M69 **Enzyme depolymerizing**

XM5VL6 **Gelfilm**

XM1FF8 **Heet**

XM6P44 **Lactic acid**

XM2D09 **Lytta (vitatta)**

XM54L7 **Nonoxinol**

XM4M68 **Nonylphenoxy (polyethoxy-ethanol)**

XM2TV0 **Octoxinol -9**

XM7DL5 **Panthenol topical**

XM8865 **Podophyllotoxin**

XM3403 **Preparation H**

XM0VK2 **Santyl**

XM4AZ3 **Scarlet red**

XM6Z04 **Sodium borate therapeutic**

XM8EC8 **Spermicide**

XM0M54 **Tosylchloramide sodium**

XM8WU4 **Urea topical**

XM0M02 **Becaplermin**

XM4QZ6 **Gamolenic acid**

XM14C4 **Capsaicin**

XM5DL8 **Zucapsaicin**

XM7ZQ6 **Organo-heparinoid**

XM1485 **Sodium apolate**

XM3711 **Tacalcitol**

XM6BQ3 **Tazarotene**

XM3GL1 **Dextranomer**

XM7618 **Crilanomer**

XM1JG0 **Enoxolone**

XM0W31 **Trolamine**

XM1W34 **Betulae cortex**

XM1NP5 **Ingenol mebutate**

XM60N1 **Selenium compounds**

XM4HG0 **Metandienone topical**

XM5DF2 **Pimecrolimus**

XM1015 **Dupilumab**

XM1A95 **Brimonidine**

XM8HP9 **Deoxycholic acid**

XM2TT0 **Calcipotriol**

XM41S0 **Aluminium oxide**

XM8ZR0 **Cadmium compounds (medicinal)**

XM9MC0 **Lithium succinate**

XM0RJ6 **Mequinol**

XM7XL9 **Albumin tannate**

XM87L7 **Diosmectite**

XM0XA0 **Ceratonia**

XM3AJ8 **Crospovidone**

XM86M9 **Racecadotril**

XM33M4 **Trafermin**

XM0A16 **Abrocitinib**

Otorhinolaryngological drugs and preparations

Coded Elsewhere: Spaglumic acid (XM63C9)
Neomycin topical (XM7D13)
Nitrofurazone (XM71W2)
Benzethonium chloride (XM1QH3)
Levocabastine (XM32J7)
Oxyquinoline (XM6XJ9)
Olopatadine (XM0ST2)
Neomycin ENT agent (XM7D13)

XM7BG3 **Alkaline antiseptic solution (aromatic)**

XM7CJ4 **Ambazone**

XM9SX0 **Amylmetacresol**

XM59F4 **Biclotymol**

XM51P8 **Bisdequalinium (salts) (diacetate)**

XM0LW6 **Chloromycetin otic solution**

XM2954 **Copper sulfate cupric medicinal ear**

XM6270 **Corbadrine**

XM96Z5 **Dichlorobenzyl alcohol**

XM37H6 **Glycerol borax**

XM4UQ0 **Levonordefrin**

XM9EQ5 **Neosporin ENT agent**

XM4RA5 **Nose preparations**

XM8YH0 **Thenoic acid**

XM9VY0 **Zinc chloride (mouthwash)**

XM83Z7 **Acetic acid ENT agent**

XM0G17 **Ritiometan**

XM3RP3 **Myristyl-benzalkonium**

XM8XE9 **Antazoline topical**

XM9FX7 **Calcium hexamine thiocyanate**

XM3NR8 **Octenidine**

XM0M82 **Phenazone topical**

XM5HX7 **Podophyllin**

XM4L14 **Podophyllum (resin)**

Topical corticosteroid preparations

XM35S7 **Amcinonide**

XM8WS1 **Triamcinolone topical**

XM46G7 **Betamethasone topical**

XM4FN3 **Clobetasol**

XM57Z7 **Corticosteroid topical**

XM5PM3 **Desoximetasone**

XM6TE1 **Dexamethasone topical**

XM8V58 **Diflorasone**

XM4XD6 **Diflucortolone**

XM4TV8 **Fluclorolone acetonide**

XM0WP2 **Fludrocortisone topical**

XM84F4 **Fludroxycortide**

XM6LQ2 **Flumethasone**

XM3EM1 **Fluocortin (butyl)**

XM7MM0 **Fluorometholone**

XM52K8 **Fluprednidene**

XM5086 **Flurandrenolide**

XM0ZX1 **Halcinonide**

XM8TL4 **Halometasone**

XM8KB5 **Hydrocortisone aceponate**

XM6JE7 **Hydrocortisone topical**

XM0ME0 **Prednicarbate**

XM1B59 **Prednisolone steaglate**

XM09Z4 **Prednisolone topical**

XM4Y24 **Hydrocortisone butyrate**

XM55S3 **Flumetasone**

XM41T8 **Fluperolone**

XM5ZS6 **Buteprate**

XM64R0 **Ulobetasol**

XM6DT9 **Difluprednate**

XM5EY3 **Methylprednisolone aceponate**

XM4HA4 **Fluocinolone acetonide**

XM1068 **Fluclorolone**

XM9DE4 **Ciclesonide topical**

XM8963 **Tixocortol pivalate**

XM5PA8 **Ufenamate**

XM3VA9 **Chlorphenesin**

XM2NU3 **Idrocilamide**

XM6H69 **Methyl salicylate**

Retinoids topical

XM10R5 **Adapalene**

XM6KD7 **Motretinide**

XM7C94 **Tretinoin topical**

XM6PV8 **Retinol topical**

XM2PQ2 **Isotretinoin topical**

XM01G3 **Silver**

XM0CN1 **Silver anti-infectives**

XM3QX7 **Silver colloidal**

Coded Elsewhere: Silver nitrate ophthalmic preparation (XM2U36)

XM2U36 **Silver nitrate ophthalmic preparation**

XM9R64 **Silver sulfadiazine**

XM6RF0 **Silver nitrate**

Substances, chiefly nonmedicinal

Exclusions: Allergens ()

Medicaments (XM1349-XM6RF0)

XM5LS4 **Acrylamide**

XM1SE1 **Agrochemical**

XM10X3 **Fertilizer**

Coded Elsewhere: Sodium nitrate (XM7FZ2)

XM4NU1 Ammonium nitrate

XM0AR7 Guano

XM7046 Magnesium thiosulfate

XM7D46 **Pesticide**

Coded Elsewhere: Aluminium phosphide (XM3TB8)
Azobenzene (XM1UP9)
Calcium cyanide (XM42L1)
Chloropicrin (XM3U53)
Dinitrocyclohexylphenol (XM95M5)
Dinitrophenol (XM73Y7)
Fluoride nonmedicinal (XM10Z2)
Hydrogen cyanide (XM8WA4)
Mercuric oxide nonmedicinal (XM5X38)
Phosphine (XM3G46)
Sodium arsenite (XM7Y18)
Antimony pesticide, not elsewhere classified (XM81B2)
Arsenic pesticide, not elsewhere classified (XM4GU5)
Cadmium pesticide, not elsewhere classified (XM1TW0)
Copper pesticide, not elsewhere classified (XM3757)
Cyanide pesticide, not elsewhere classified (XM77X3)
Mercury pesticide, not elsewhere classified (XM7UW8)
Petroleum pesticide, not elsewhere classified (XM8AA6)
Phenol pesticide, not elsewhere classified (XM5YF7)
Plant derived pesticide, not elsewhere classified (XM8PU3)
Zinc pesticide, not elsewhere classified (XM27E8)

XM6PM8 Dibromochloropropane

XM61U9 Dichloropropene

XM4G15 Ethylene oxide

XM83G4 Fungicide

Coded Elsewhere: Borate nonmedicinal (XM8X28)
Copper acetate (XM5U84)
Copper hydroxide (XM0EX6)
Copper oxide (XM0Y98)
Copper oxychloride (XM48K0)
Copper sulfate nonmedicinal (XM6859)
Diphenylamine (XM2732)
Ethyl mercuric chloride (XM8JX9)
Formaldehyde (XM0TV9)
Mercuric chloride nonmedicinal (XM9524)
Methyl isothiocyanate (XM4QN2)
Oxine-copper (XM98Z3)
Phenylmercury acetate (XM2Z22)
Verdigris (XM30V1)

XM0MT5 Auramine

XM44B4 Benzimidazole

XM9F10 Carbendazim

XM2WG5 Benomyl

XM0ZM1 Fuberidazole

XM7ZN0 Thiabendazole nonmedicinal

XM7E92 Thiophanate-methyl

XM9051 Blasticidin-S

XM6TA8 Bordeaux mixture

XM3F05 Captafol

XM9BL0 Captan

XM75T2 Chlorothalonil

XM21E5 Cycloheximide

XM8E94 Dichlone

XM3365 Difenoconazole

XM5KQ8 Dithiocarbamate

XM3TR4 Edifenphos

XM04K8 Folpet

XM40T8 Glutaral nonmedicinal

XM4AW6 Hexachlorobenzene

XM0HQ1 Tetramethylthiuram disulfide

XM3JA8 Zineb

XM0P16 Octylisothiazolinone

XM6J29 Herbicide

Coded Elsewhere: Acrolein (XM4HP5)
Allyl Alcohol (XM51N7)
Sodium chlorate (XM0345)

XM3FE7 Ammonium sulfamate

XM2RT5 Bromoxynil

XM62D4 Chloroacetic acid

XM3KU8 Dalapon

XM3MM5 Dicamba

XM5DH1 Dichlobenil

XM9CD8 2,4-Dichlorophenoxyacetic acid

XM23C2 Dinoseb

XM60K0 Dinoseb acetate

XM62Q7 Dinoterb

XM1M07 Diquat

XM5TV1 Diuron

XM6KX6 Endothall

XM50V7 Glyphosate

XM88B4 MCPA

XM6T93 MCPA-thioethyl

XM0CJ6 Mecoprop

XM0QY2 Mecoprop-P

XM0TQ1 Monuron

XM4SL8 Paraquat

XM8J05 Propachlor

XM66Q3 Propanil

XM48M2 Simazine

XM7KH8 Sodium cacodylate herbicide

XM0MH9 Triazine derivative herbicide, not elsewhere classified

XM7ML8 Triazole

XM9MT5 2,4,5-Trichlorophenoxyacetic acid

XM4PA4 Carbamate herbicide, not elsewhere classified

XM3K66 Insecticide

Coded Elsewhere: Azadirachta plant (XM17F2)
Cinnamomum camphora plant (XM6YA3)
Copper arsenic complex (XM8SC0)
Derris elliptica plant (XM3KT4)
Dimethyl phthalate nonmedicinal (XM34N7)
Kerosene (XM2Q78)
Lead arsenate (XM8LC6)
Pyrethrin nonmedicinal (XM5HR7)
Sabadilla insecticide (XM4BY7)
Sodium selenate (XM5RR4)

XM0231 Carbamate insecticide

XM0HS9 Aldicarb

XM0ZT6 Butocarboxim

XM4DS5 Butoxycarboxim

XM9G20 Carbaryl

XM1KX0 Naphthol

XM7A68 Carbofuran

XM8FU1 Ethiofencarb

XM9HR4 Furathiocarb

XM9Y05 Methiocarb

XM2CU6 Methomyl

XM0DL6 Oxamyl

XM79F9 Propoxur

XM3358 Thiofanox

XM7LT1 Cryolite

XM12C2 DEET

XM4NG6 Diflubenzuron

XM5S01 Naphthalene

Coded Elsewhere: Naphthol (XM1KX0)

XM3AD4 Nicotine insecticide

XM41B3 Organochlorine insecticide

Coded Elsewhere: Carbon tetrachloride (XM3CP7)
Chlorex (XM77V1)
Chlorinated naphthalene (XM1YR6)
Hexachlorocyclohexane (XM8PE4)
Methoxychlor (XM0MD1)

XM5Y08 Aldrin

XM12L2 Chlordane

XM7JD5 Chlorobenzilate

XM9EL1 DDT

XM1UT2 DDE - [dichlorodiphenyldichloroethylene]

XM3XK2 Paradichlorobenzene

XM2CK5 Dicofol

XM5U23 Dieldrin

XM5C19 Endosulfan

XM6ZU9 Endrin

XM2JS5 Heptachlor

XM5642 Isobenzan

XM4H89 Kelevan

XM16G7 Lindane

XM07J5 Lindane vapor

XM5NU4 Mirex

XM32P2 Pentachlorophenol

XM4FV5 Strobane

XM91D0 Toxaphene

XM7154 Organophosphate insecticide

XM7RX0 Azinphos-ethyl

XM7H46 Azinphos-methyl

XM2JZ1 Cadusafos

XM8AZ4 Carbophenothion

XM3DK0 Chlorethoxyfos

XM20D7 Chlorfenvinphos

XM4RG9 Chlormephos

XM3QX6 Chlorpyrifos

XM5566 Chlorthion

XM2MP2 Chlorthiophos

XM8WL8 Coumaphos

XM6L87 Demephion

XM4WK8 Demephion-O

XM8KA9 Demephion-S

XM5F29 Demeton

XM4724 Demeton-O

XM8LS8 Demeton-O-methyl

XM6UD3 Demeton-S

XM8ZM3 Demeton-S-methyl

XM6AY4 Diazinon

XM26D3 Dicapthon

XM03V8 Dichlorvos

XM5UL4 Dicrotophos

XM5Q52 Dimefox

XM58G9 Dimethoate

XM56E1 Dimetilan

XM3494 Dioxathion

XM9SP5 Disulfoton

XM5BC5 EPN

XM7X81 Ethion

XM9F71 Ethoprophos

XM7818 Famphur

XM7SU5 Fenthion

XM5KA2	Fluorophosphate insecticide
XM7TZ6	Heptenophos
XM5G36	Hexaethyl tetraphosphate
XM5JS5	Isoxathion
XM6A89	Leptophos
XM0G23	Malathion insecticide
XM5406	Mecarbam
XM9R34	Mephosfolan
XM56W1	Methamidophos
XM83J2	Methidathion
XM8ZT2	Mevinphos
XM4197	Mipafox
XM27J3	Monocrotophos
XM0US9	Naled
XM2D86	Omethoate
XM48D2	Oxydemeton-methyl
XM7LW0	Paraoxon
XM14N6	Parathion
XM1YY0	Parathion-methyl
XM20V2	Phorate
XM2324	Phosfolan
XM3QY4	Phosphamidon
XM6YG2	Propetamphos
XM7GK7	Prothoate
XM7UW2	Quinalphos
XM0TB4	Schradan
XM1E56	Sulfotep
XM7LH6	Tebupirimfos
XM6P90	TEPP
XM2QB5	Terbufos

XM72Q5 Thiometon

XM4T49 Thionazin

XM2AH6 Triazophos

XM13H5 Trichloronate

XM9FN4 Vamidothion

XM5EB8 Phenothiazine insecticide

XM4AP8 Pyrethroid insecticide

XM27C9 Allethrin insecticide

XM79U4 Bifenthrin

XM7YT2 Cyfluthrin

XM8HR7 Cyhalothrin

XM1MQ5 Cypermethrin

XM3Y88 Cyphenothrin

XM3BQ7 Deltamethrin

XM76R8 Esfenvalerate

XM1Z58 Fenpropathrin

XM9JZ0 Fenvalerate

XM6H26 Flucythrinate

XM7461 Permethrin

XM4AC0 Prallethrin

XM5QE0 Tefluthrin

XM1MW0 Tetramethrin

XM2H33 Tralomethrin

XM1S21 Rotenone

XM95F1 Metaldehyde

XM0NK1 Methyl bromide

XM6FE7 Piperonyl butoxide

XM2KK3 Rodenticide

Coded Elsewhere: Barium carbonate (XM3709)
Scilliroside (XM0SG7)
Sodium cyanide (XM1AZ9)
Strychnine rodenticide (XM9JS2)
Thallium sulfate (XM9YD2)
Zinc phosphide (XM6D77)

XM8UV3 Alpha chlorhydrin

XM4X40 Alpha naphthylthiourea

XM7138 Brodifacoum

XM7RU0 Bromadiolone

XM3QV7 Bromethalin

XM1GN8 Chloralose

XM1FD8 Chlorophacinone

XM0DK0 Coumatetralyl

XM3KE1 Crimidine

XM9VL9 Difenacoum

XM6DL4 Difethialone

XM4J38 Diphacinone

XM7HA0 Flocoumafen

XM7P90 Fluoroacetamide

XM2WD6 Norbormide

XM4116 Pindone

XM8QH8 Pyriminil

XM9LE1 Sodium fluoroacetate

XM8LJ0 Warfarin rodenticide

XM6BS1 Tetradifon

XM6372 Acaricide, not elsewhere classified

XM8V89 Fumigant, not elsewhere classified

XM0ZQ8 Molluscicide, not elsewhere classified

XM5E09 Organochlorine pesticide, not elsewhere classified

XM8HA3 Seed disinfectant, not elsewhere classified

XM86Y5 Sulfur pesticide, not elsewhere classified

XM0J68 Thiocarbamate pesticides, not elsewhere classified

XM86L9 Wood preservative, not elsewhere classified

XM55D5 Copper oleate

XM6U34 **Alcohol**

Coded Elsewhere: Diacetone alcohol (XM9F73)

XM9BA5 **Alcohol vapor**

XM51N7 **Allyl Alcohol**

XM6K71 **Bay rum**

XM0AD5 **Benzyl alcohol nonmedicinal**

XM7VB3 **Cinnamyl alcohol**

XM3XS0 **Cyclohexanol**

XM8ZW3 **Ethanol**

XM1A61 Alcohol beverage

XM8HG4 Absolute alcohol

XM3094 Denatured alcohol

XM6DN6 Ethanol disinfectant

XM8RP6 Ethanol motor fuel

Coded Elsewhere: Gasohol (XM52C5)

XM2VC0 **Ethyl methylcarbinol**

XM48D0 **Fusel alcohol**

XM88C8 Amyl alcohol

XM5JW4 Amylene hydrate

XM49S0 Butyl alcohol

XM6HQ5 Diethyl carbinol

XM5SH0 Isoamyl alcohol

XM5RS7 Propyl alcohol

XM5M32 Trimethylcarbinol

XM6C11 **Hexahydrocresol**

XM4BN8 **Hydroabietyl alcohol**

XM5531 **Isopropyl alcohol**

XM8YA1 Isopropyl rubbing alcohol

XM80Q0 **Jamaica ginger**

XM7KD9 **Methanol**

Coded Elsewhere: Denatured alcohol (XM3094)

XM0ZA4 Methanol motor fuel

XM6VD7 **Antifreeze, not elsewhere classified**

XM7XX5 **Canned heat, not elsewhere classified**

XM4S45 **Geraniol**

XM7UN9 **Hydroxycitronellal**

XM9TZ4 **Algal toxin**

XM6F50 **Cyanotoxin**

XM38M2 Microcystin

XM9RM0 **Amyl propionate**

Animal toxin, venom, or poison

XM26J2 **Amphibian toxin**

XM0KH6 **Frog toxin**

XM0CW7 Bruno’s casque headed frog venom

XM8QW3 Greening's frog venom

XM7JP5 Poison dart frog poison

XM4BD8 Golden poison frog poison

XM6K27 Anthony's poison arrow frog poison

XM7JV0 Strawberry poison dart frog poison

XM9TX1 Kokoe poison frog poison

XM2698 Black legged poison frog poison

XM7P83 **Salamander toxin**

XM93N2 Newt toxin

XM7YQ1 **Toad toxin**

XM8YT6 Colorado River toad toxin

XM54D9 Marine toad toxin

XM7930 **Arthropod venom**

XM12G1	**Arachnid venom**
XM9DM8	Scorpion venom
XM0HC0	Asian black scorpion venom
XM8F59	Black emperor scorpion venom
XM52D7	Giant forest scorpion venom
XM72V7	Australian forest scorpion venom
XM10T2	Australian urodacus scorpion venom
XM48S4	Australian black rock scorpion venom
XM10R0	Australian desert scorpion venom
XM0YV3	Australian marbled scorpion venom
XM3HL0	Bark scorpion venom
XM2HW7	Brazilian yellow scorpion venom
XM12P5	Chinese scorpion venom
XM5QE7	Common yellow scorpion venom
XM0E23	Death stalker scorpion venom
XM95A6	Fattail scorpion venom
XM91Z5	Flat rock scorpion venom
XM67X5	Indian red scorpion venom
XM11L8	Lesser Asian scorpion venom
XM1WF9	Transvaal thick tailed scorpion venom
XM8XC7	Yellow creeping leg scorpion venom
XM6NN5	Spider venom
XM2RM6	Brown recluse spider venom
XM6SD4	False widow spider venom
XM3KD6	Funnel web spider venom
XM57S7	Hobo spider venom
XM0C68	Jumping spider venom
XM1LF5	Mouse spider venom
XM6QH2	Six eyed sand spider venom
XM8095	Tarantula spider venom

XM8FT7	Wandering spider venom
XM7JS2	Widow spider venom
XM7M21	Black widow spider venom
XM9Z42	Brown widow spider venom
XM1TF6	Redback spider venom
XM2JA0	Red widow spider venom
XM2WM2	Wolf spider venom
XM3UW9	Yellow sac spider venom
XM94S4	Tick venom
XM7WR0	American dog tick venom
XM51Y1	Australian paralysis tick venom
XM3J29	Brown dog tick venom
XM77E1	Deer tick venom
XM5RS1	Lone star tick venom
XM8YN1	Spinose ear tick venom
XM6TD6	**Centipede venom**
XM5LB1	Amazonian giant centipede venom
XM52L4	Australian giant centipede venom
XM9FP1	Texas redheaded centipede venom
XM2WU4	Vietnamese centipede venom
XM50Y9	**Insect venom**
XM3Y95	Ant venom
XM4CP1	Bull ant venom
XM02L8	Bullet ant venom
XM3UK8	Fire ant venom
XM1547	Harvester ant venom
XM5ZS2	Jack jumper ant venom
XM13H7	Bee venom
XM1GA3	Africanized honey bee venom
XM0NK4	Bumblebee venom

XM42T0 Honey bee venom

XM1142 Caterpillar venom

XM2T44 Cup moth caterpillar venom

XM57P9 Puss caterpillar venom

XM7D92 Horsefly venom

XM2YA4 Wasp venom

XM6D92 Yellow jacket venom

XM1PF5 Paper wasp venom

XM31U2 Hornet venom

XM7CC3 Asian giant hornet venom

XM4C00 **Millipede toxin**

XM0HS8 **Bird toxin**

XM5V29 **Ifrita bird toxin**

XM5Y38 **Pitohui bird toxin**

XM35H6 **Mammal toxin**

XM27R8 **Platypus venom**

XM8EC2 **Shrew venom**

XM9R52 **Slow loris venom**

XM67Y0 **Solenodon venom**

XM6NB8 **Vampire bat venom**

XM2P96 **Marine and freshwater animal toxins**

XM99J1 **Marine and freshwater animal venom**

XM2GR5 Blue ringed octopus venom

XM56D3 Brittle star venom

XM0CW4 Coral venom

XM65N5 Fire coral venom

XM0R26 Soft coral venom

XM05Z4 Fish venom

XM0UJ4 Cobbler fish venom

XM6643 Dogfish shark venom

XM3DB5 Ghost shark venom

XM5FP5 Goblinfish venom

XM4CL4 Lionfish venom

XM17D1 Rabbitfish venom

XM5V26 Scorpionfish venom

XM73V9 Stargazer fish venom

XM7P10 Stingray venom

XM8P00 Stonefish venom

XM83T2 Striped blenny fish venom

XM0784 Striped eel catfish venom

XM33N5 Toadfish venom

XM0U57 Waspfish venom

XM1VW1 Weeverfish venom

XM9YA3 Jellyfish venom

XM4057 Box jellyfish venom

XM0ZB2 Irukandji jellyfish venom

XM87R6 Sea wasp venom

XM6PY9 Lion's mane jellyfish venom

XM8EA9 Sea nettle venom

XM6S92 Portuguese man o war venom

XM41L4 Sea anemone venom

XM2HU5 Sea cucumber venom

XM2M75 Sea urchin venom

XM48L3 Snail venom

XM7A02 Starfish venom

XM3X53 Crown of thorns starfish venom

XM3BZ7 **Seafood poison**

XM1KF5 Crab seafood poison

XM7V29 Fish seafood poison
Poisoning with fish toxin (nonbacterial) eaten as seafood.

XM1DD9 Ciguatera fish seafood poison

XM7N43 Greenland shark seafood poison

XM33K2 Puffer fish seafood poison

XM74Y6 Scombroid fish seafood poison

XM40D3 Toadfish seafood poison

XM5QW5 Sea cucumber seafood poison

XM51R6 Sea snail seafood poison

XM7VB5 Shellfish seafood poison

XM3XQ0 Oyster seafood poison

XM3S96 Clam seafood poison

XM3KC2 Scallop seafood poison

XM41B9 Mussel seafood poison

XM7DB8 Turtle seafood poison

XM2YA1 Box turtle seafood poison

XM1C12 Green sea turtle seafood poison

XM0RH0 Hawksbill sea turtle seafood poison

XM2X61 **Reptile venom**

XM4RP9 **Lizard venom**

XM5HY6 Beaded lizard venom

XM7HD4 Gila monster lizard venom

XM4KN1 **Snake venom**

XM6UB3 Sea snake venom

XM8DS9 Terrestrial snake venom

XM9034 Adder snake venom

Coded Elsewhere: Asp viper snake venom (XM5UK6)

XM4R63 Puff adder snake venom

XM8DE0 Death adder snake venom

XM2J41 European adder snake venom

XM6CL7 American copperhead snake venom

XM5UK6 Asp viper snake venom

XM3DZ2 Australasian black snake venom

XM9E44 Mulga snake venom

XM5MD7 Australian brown snake venom

XM2UN5 Common brown snake venom

XM1FY9 Australian copperhead snake venom

XM0RN4 Boomslang snake venom

XM26Z0 Bush viper snake venom

XM2650 Bushmaster snake venom

XM6HP1 Carpet viper snake venom

XM1R49 Cobra snake venom

XM45D4 Chinese cobra snake venom

XM4760 Egyptian cobra snake venom

XM6052 Indian cobra snake venom

XM0W24 King cobra snake venom

XM1UH2 Northern Philippine cobra snake venom

XM5F28 Spitting cobra snake venom

Coded Elsewhere: Northern Philippine cobra snake venom (XM1UH2)

XM7LZ0 Black necked spitting cobra snake venom

XM69M0 Javan spitting cobra snake venom

XM6U92 Mozambique spitting cobra venom

XM2B16 Red spitting cobra snake venom

XM7BF9 West African brown spitting cobra venom

XM7P11 Tree cobra snake venom

XM4WV8 Coral snake venom

XM2PM7 Harlequin coralsnake venom

XM0EN5 Texas coralsnake venom

XM5A72 Desert viper snake venom

XM2RJ2 Gaboon viper snake venom

XM6LU5 Horned viper snake venom

XM7WL0 Hump nosed pit viper snake venom

XM7TD0 Krait snake venom

XM2RD0 Banded krait snake venom

XM5J22 Indian krait snake venom

XM78S0 Malayan krait snake venom

XM7JF1 Lancehead snake venom

XM2267 Common lancehead snake venom

XM9Y58 Fer de lance snake venom

XM40A2 Levant viper snake venom

XM9JL4 Mamba snake venom

XM2SH0 Black mamba snake venom

XM1RM0 Eastern green mamba snake venom

XM8E53 Jameson's mamba snake venom

XM1GY6 Western green mamba snake venom

XM81Z8 Mole viper snake venom

XM3G20 Moorish viper snake venom

XM2A66 Ottoman viper snake venom

XM88F6 Palestine viper snake venom

XM1504 Rattlesnake venom

XM3RE1 Eastern diamondback rattlesnake venom

XM1RY2 Mojave rattlesnake venom

XM8MU5 Prairie rattlesnake venom

XM2P01 Timber rattlesnake venom

XM5JD1 Western diamondback rattlesnake venom

XM8JD0 Russell viper snake venom

XM4SM0 Taipan snake venom

XM5T51 Coastal taipan snake venom

XM7NG4 Inland taipan snake venom

XM7XU4 Western ranges taipan snake venom

XM23U8 Tiger snake venom

XM59V3 Water mocassin snake venom

XM7FH1 **Tetrodotoxin**

XM7S46 **Carbon disulfide**

Corrosive substance

XM34D2 **Acetic anhydride**

XM4HP5 **Acrolein**

XM2MJ1 **Acrolein gas**

XM3GN3 **Aziridine**

XM9WX0 **Benzidine**

XM6PB5 **Corrosive acid**

Coded Elsewhere: Hydrochloric acid (XM6F61)

XM6HP3 **Formic acid**

XM6SY2 Formic acid vapor

XM3C02 **Hydrazoic acid**

XM0VA0 **Hydrogen fluoride**

XM34T7 Hydrogen fluoride vapor

XM5NZ1 **Nitric acid**

XM5CC8 Nitric acid vapor

XM5WU5 **Nitrohydrochloric acid**

XM2WH3 **Nitrous acid**

XM6QY4 Nitrous acid fumes

XM5JW8 **Orthotolidine**

XM22A0 **Osmic acid**

XM07R4 Osmic acid fumes

XM4AK6 **Oxalic acid**

XM03N8 Potassium oxalate

XM6CB1 Sodium oxalate

XM0270 **Phosphoric acid**

XM0KV1 **Picric acid**

XM8724 **Sulfuric acid**

XM9SC9 **Trichloroacetic acid**

XM2R89 **Corrosive alkali**

XM4TP4 **Ammonia**

XM2KS4 Ammonia liquid

XM51W3 **Ammonium carbonate**

XM8X28 **Borate nonmedicinal**

XM4Q76 Sodium borate cleanser

XM25T4 Sodium perborate nonmedicinal

XM4AF1 **Calcium hydroxide**

XM50U9 **Calcium hypochlorite**

XM87X9 **Calcium oxide**

XM8586 **Caustic hydroxide**

XM5N47 Potassium hydroxide

XM4SW1 Sodium hydroxide

XM8WC7 **Potassium carbonate**

XM9370 **Sodium carbonate**

XM0KW1 **Sodium hypochlorite**

XM6KZ0 Sodium hypochlorite vapor

XM8F93 **Triethanolamine**

XM9JC6 **Alkaline disinfectant, not elsewhere classified**

XM71L2 **Dimethyl sulfate**

XM8TX4 **Dimethyl sulfate fumes**

XM10Z2 **Fluoride nonmedicinal**

XM48A5 **Sulfuryl fluoride**

XM8LE5 **Hydrazine**

XM0WH6 **Methyl hydrazine**

XM7BT1 **Methyl iodide**

XM92T1 **Phenol, nonmedicinal**

XM3FK8 **Aminophenol**

XM9JR4 Methyl aminophenol

XM2PP7 **Butylated hydroxytoluene**

XM7645 **Nitrophenol**

XM0HB7 **Phenol disinfectant, not elsewhere classified**

XM5YF7 **Phenol pesticide, not elsewhere classified**

XM9814 **Liquor cresolis compositus**

XM5380 **Phthalic anhydride**

XM49E4 **Silver nitrate nonmedicinal**

XM9GW2 **Sodium bisulfate**

XM0345 **Sodium chlorate**

XM5M78 **Sodium oxide**

XM4XF6 **Sodium peroxide**

XM8FM5 **Sodium silicate**

XM6826 **Thioglycolic acid**

XM85F7 **Corrosive aromatics, not elsewhere classified**

XM1ZR1 **Corrosive cleaning product, not elsewhere classified**

XM2A78 **Bleach, not elsewhere classified**

XM6AU8 **Drain cleaner, not elsewhere classified**

XM57L3 **Corrosive cleaning product fumes, not elsewhere classified**

XM05Q8 **Oxidizing agent, not elsewhere classified**

XM3HX8 **Cyanide**

Coded Elsewhere: Bromobenzylcyanide (XM9FN5)
Mercuric cyanide nonmedicinal (XM39J4)

XM23N0 **Acrylonitrile**

XM9R22 **Aliphatic thiocyanates**

XM42L1 **Calcium cyanide**

XM1ZE4 **Cyanogen**

XM1293 Cyanogen chloride

XM8WA4 **Hydrogen cyanide**

XM0YF6 **Isocyanate**

XM4QN2 **Methyl isothiocyanate**

XM1VD7 **Potassium cyanide**

XM2Q39 **Potassium ferric hexacyanoferrate nonmedicinal**

XM1AZ9 **Sodium cyanide**

XM36N4 **Toluene diisocyanate**

XM77X3 **Cyanide pesticide, not elsewhere classified**

XM4VA2 **Dichloroformoxine**

XM14Q4 **Ethylidene diacetate**

Explosive chemical

Coded Elsewhere: Ammonium nitrate (XM4NU1)
Picric acid (XM0KV1)
Tetryl (XM9ZV3)
TNT (XM1X35)
Trinitrobenzol (XM4B36)

XM5NJ3 **Cordite**

XM1926 **Cordite vapor**

XM4PQ8 **Nitrocellulose**

Coded Elsewhere: Nitrocellulose lacquer (XM8B47)

XM8T02 **Nitroglycerin nonmedicinal**

XM5VU2 **Nitroglycerin nonmedicinal fumes**

XM9YX2 **Dynamite**

XM7Q61 Dynamite fumes

XM7GP0 **Nitronaphthalene**

XM7EN6 **Potassium chlorate**

XM8SN2 **Fiberglass**

Gas, fumes or vapour

Coded Elsewhere: Acetaldehyde vapor (XM5Q94)

Acetylene tetrachloride vapor (XM4YD3)

Acridine vapor (XM2QW2)

Acrolein gas (XM2MJ1)

Alcohol vapor (XM9BA5)

Ammonia (XM4TP4)

Amyl acetate vapor (XM1JM2)

Aniline vapor (XM0061)

Brake fluid vapor (XM8TE5)

Boron trifluoride (XM5AP1)

Carbon tetrachloride vapor (XM0386)

Chlorinated naphthalene vapor (XM9P39)

Chlorodinitrobenzene vapor (XM5VH9)

Chloroethylene (XM6YR0)

Chloroform vapor (XM1GP5)

Chloronitrobenzene vapor (XM5S30)

Chloropicrin (XM3U53)

Cordite vapor (XM1926)

Cyanogen (XM1ZE4)

Decaborane fumes (XM74T0)

Dichloromethane vapor (XM7EF6)

Dimethyl sulfate fumes (XM8TX4)

Dinitrobenzene vapor (XM54Q3)

Dynamite fumes (XM7Q61)

Ethyl ether nonmedicinal (XM0N40)

Ethylene chlorohydrin vapor (XM5HK4)

Ethylene dichloride vapor (XM8QX0)

Ethylene oxide (XM4G15)

Formic acid vapor (XM6SY2)

Freon (XM9813)

Hydrochloric acid vapor (XM6QZ3)

Hydrogen cyanide (XM8WA4)

Hydrogen fluoride vapor (XM34T7)

Hydroquinone vapor (XM1N69)

Lindane vapor (XM07J5)

Methyl bromide (XM0NK1)

Methyl sulfate fumes (XM5Y11)

Mineral spirits fumes (XM2E62)

Nitric acid vapor (XM5CC8)

Nitroaniline vapor (XM8M07)

Nitrobenzene vapor (XM2VA4)

Nitrotoluene vapor (XM5F24)

Nitrous acid fumes (XM6QY4)

Osmic acid fumes (XM07R4)

Pyridine vapor (XM7TE7)

Selenium fumes (XM4HH9)

Sodium hypochlorite vapor (XM6KZ0)

Tar fumes (XM5LE8)

Tetrachloroethane vapor (XM4N54)

Tetrachloroethylene vapor (XM86D7)

Trichloroethylene vapor (XM7YS9)

Toluidine vapor (XM7S87)

Corrosive cleaning product fumes, not elsewhere classified (XM57L3)

Paint fumes, not elsewhere classified (XM1XL9)

XM3GS6 **Bromine vapor**

XM8XZ6 **Carbon dioxide**

XM1X11 **Carbon monoxide**

XM8MR4 **Blast furnace gas**

XM7SP6 **Carbon monoxide from engine exhaust gas**

XM7R97 Carbon monoxide from engine driven electrical generator

XM2LM9 Carbon monoxide from motor vehicle exhaust

XM4QD5 **Carbon monoxide from incomplete combustion of charcoal**

XM2EK4 **Carbon monoxide from incomplete combustion of coal**

XM7NG7 **Carbon monoxide from incomplete combustion of coke**

XM9675 **Carbon monoxide from incomplete combustion of fuel gas**

XM1MB6 Carbon monoxide from incomplete combustion of acetylene

XM5TT8 Carbon monoxide from incomplete combustion of coal gas

XM1JF3 Carbon monoxide from incomplete combustion of producer gas

XM3ES0 Carbon monoxide from incomplete combustion of utility gas

XM5XY1 Carbon monoxide from incomplete combustion of liquefied petroleum gas

XM45F2 Carbon monoxide from incomplete combustion of butane

XM3UB7 Carbon monoxide from incomplete combustion of propane

XM6708 Carbon monoxide from incomplete combustion of utility natural gas

XM9ZV7 Carbon monoxide from incomplete combustion of water gas

XM8WR8 **Carbon monoxide from incomplete combustion of wood**

XM0GT6 **Chlorine**

XM3KE4 **Cyanic acid**

XM8Z33 **Diazomethane**

XM70H1 **Diborane**

XM6UG7 **Dichloroethyl sulfide**

XM0YQ4 **Ethidium chloride**

XM1947 **Ethylene**

XM5EU1 **Ferrovanadium**

XM9SB2 **Fluorine**

XM0TV9 **Formaldehyde**

XM0JJ6 **Helium**

XM5LN6 **Hydrocarbon gas**

XM3FZ1 **Acetylene**

XM8GS7 **Coal gas**

XM53K7 **Liquefied petroleum gas**

XM76Q9 Propane

XM4653 Butane

XM6BD0 **Natural gas**

XM56Q2 Methane

XM6993 **Producer gas**

XM4X82 **Water gas**

XM8ZY7 **Hydrogen**

XM7FL0 **Hydrogen sulfide**

XM74J0 **Iodine vapor**

XM2JX3 **Lacrimogenic gas**

XM9FN5 **Bromobenzylcyanide**

XM2N89 **Chloroacetone**

XM7J14 **Chloroacetophenone**

XM41V6 **Ethyl iodoacetate**

XM3RL0 **Mace lacrimogenic gas**

XM6RK9 **Methyl chloroformate**

XM29D2 **Methyl chloride**

XM4FU5 **Methyl mercaptan**

XM16X6 **Mustard gas**

XM69M3 **Nitrogen oxide**

Coded Elsewhere: Nitrogen (XM3K31)

XM05F4 **Nitrogen dioxide**

XM1418 **Nonchlorofluorocarbon refrigerant gas**

XM54H2 **Ozone**

XM91W5 **Phosgene**

XM3D40 **Polyester fumes**

XM1663 **Polytetrafluoroethylene**

XM8242 **Propylene**

XM2598 **Sulfur oxides**

XM0Z74 **Sulfur dioxide**

XM3NH9 **Aerosol spray, not elsewhere classified**

XM1D37 **Firedamp, not elsewhere classified**

XM61G0 **Nerve gas, not elsewhere classified**

XM60X6 **Oil fumes, not elsewhere classified**

XM1EM9 **Sewer gas, not elsewhere classified**

XM6QK6 **Smog, not elsewhere classified**

XM9N00 **Smoke, not elsewhere classified**

XM0G86 **Sternutator gas, not elsewhere classified**

Halogen derivative of aliphatic and aromatic hydrocarbons

Coded Elsewhere: Chloroform (XM7MX5)

XM2X70 **Acetyl bromide**

XM7594 **Acetyl chloride**

XM2W36 **Acetylene tetrachloride**

XM4YD3 **Acetylene tetrachloride vapor**

XM45Q9 **Amyl chloride**

XM3CP7 **Carbon tetrachloride**

XM0386 **Carbon tetrachloride vapor**

XM77V1 **Chlorex**

XM1363 **Chlorinated camphene**

XM4XU4 **Chlorinated hydrocarbons, not elsewhere classified**

XM1YR6 **Chlorinated naphthalene**

XM9P39 **Chlorinated naphthalene vapor**

XM0WL1 **Chloroaniline**

XM6LC4 **Chlorobenzene**

XM0KE3 **Chlorobromomethane**

XM6QB9 **Chlorodinitrobenzene**

XM5VH9 **Chlorodinitrobenzene vapor**

XM8D04 **Chlorodiphenyl**

XM6YR0 **Chloroethylene**

XM2HX1 **Chlorofluorocarbons**

XM9813 **Freon**

XM3QE2 Dichlorodifluoromethane

XM7FF5 Trichlorofluoromethane

XM8G05 **Chloronitrobenzene**

XM5S30 **Chloronitrobenzene vapor**

XM84K8 **Chlorophenol**

XM3U53 **Chloropicrin**

XM9GK3 **Dibromoethane**

XM55X0 **Dichlorobenzene**

Coded Elsewhere: Paradichlorobenzene (XM3XK2)

XM1AF0 **Dichloroethane**

XM8G49 **Dichloroethylene**

XM7JZ1 **Acetylene dichloride**

XM3DX7 **Vinylidene chloride**

XM73T7 **Dichloromethane**

XM7EF6 **Dichloromethane vapor**

XM9Y80 **Dioxin**

XM45K4 **Ethyl chloride**

XM9B31 **Ethylene chlorohydrin**

XM5HK4 **Ethylene chlorohydrin vapor**

XM4Z80 **Ethylene dichloride**

XM8QX0 **Ethylene dichloride vapor**

XM8PE4 **Hexachlorocyclohexane**

XM0MD1 **Methoxychlor**

XM42E8 **Orthodichlorobenzene**

XM5JU8 **Pentachloroethane**

XM59S9 **Polybrominated biphenyl**

XM77J7 **Polychlorinated biphenyl**

XM4D89 **Tetrachloroethane**

XM4N54 **Tetrachloroethane vapor**

XM3DA8 **Tetrachloroethylene**

XM86D7 **Tetrachloroethylene vapor**

XM9R55 **Trichloroethane**

XM1992 **1,1,2 trichloroethane**

XM3NB3 **Trichloroethylene**

XM7YS9 **Trichloroethylene vapor**

XM58Q9 **Trichloropropane**

Inorganic substance

Coded Elsewhere: Sodium peroxide (XM4XF6)
Sodium silicate (XM8FM5)

XM2KQ2 **Arsenic**

Coded Elsewhere: Arsenic trioxide (XM2HS5)

XM00Z1 **Arsine**

XM0DR1 **Cacodyl**

XM6C50 **Cacodylic acid**

XM1BL4 **Chlorovinyldichloroarsine**

XM8SC0 **Copper arsenic complex**

XM9YA9 **Diphenylchlorarsine**

XM1AE2 **Ethyl dichloroarsine**

XM8LC6 **Lead arsenate**

XM3M96 **Lead arsenite**

XM4TW8 **Potassium arsenite**

XM32L9 **Realgar**

XM7H00 **Sodium arsenate**

XM7Y18 **Sodium arsenite**

XM4GU5 **Arsenic pesticide, not elsewhere classified**

XM53B3 **Asbestos**

XM8SU1 **Barium nonmedicinal**

XM3709 **Barium carbonate**

XM5DL6 **Barium chloride**

XM38G1 **Barium sulfite**

XM8QL6 **Borane complex**

XM2BF4 **Boron**

XM3FZ9 **Boron hydride**

XM5AP1 **Boron trifluoride**

XM0XT5 **Calcium dichromate**

XM4QG2 **Chloramine**

XM5JW5 **Decaborane**

XM74T0 **Decaborane fumes**

XM97M0 **Hydrogen chloride**

XM3FY4 **Manganese**

XM9ZR0 **Manganese dioxide**

XM1FQ3 **Permanganate**

XM3VC7 **Potassium permanganate nonmedicinal**

XM2AZ6 **Phosphorus**

XM3G46 **Phosphine**

XM0LP4 **Yellow phosphorus**

XM95X4 **Potassium perchlorate nonmedicinal**

XM2SG3 **Potassium Fluoride**

XM2G85 **Potassium nitrate**

XM5XL5 **Sodium bichromate**

XM9EQ8 **Sodium chromate**

XM7FZ2 **Sodium nitrate**

XM3M65 **Erionite**

Metal

Coded Elsewhere: Selenium (XM47M7)
Magnesium (XM5TD2)
Zinc (XM1U95)

XM68C9 **Alum nonmedicinal**

XM9CV4 **Alum ammonium**

XM5GN1 **Alum potassium**

XM7JJ2 **Aluminium nonmedicinal**

XM3TB8 **Aluminium phosphide**

XM5HW4 **Antimony**

Coded Elsewhere: Antimony pentasulfide (XM1KG9)

XM2AE9 **Antimony hydride**

XM81B2 **Antimony pesticide, not elsewhere classified**

XM4QG7 **Beryllium**

XM0TX8 **Bismuth nonmedicinal**

XM4DZ8 **Brass**

XM0V73 **Cadmium**

XM3S39 **Cadmium carbonate**

XM3YF2 **Cadmium chloride**

XM4YU7 **Cadmium selenide**

XM9217 **Cadmium succinate**

XM0TH7 **Cadmium sulfate**

XM5YV2 **Cadmium sulfide nonmedicinal**

XM1TW0 **Cadmium pesticide, not elsewhere classified**

XM9YJ8 **Chromium**

Coded Elsewhere: Lead chromate (XM91V9)

XM95L9 **Chromic acid**

XM79V9 **Chromyl chloride**

XM0QY9 **Potassium dichromate**

XM34P0 **Chromium VI compounds**

XM1NV2 **Cobalt**

XM5KH2 **Copper**

Coded Elsewhere: Copper arsenic complex (XM8SC0)

XM5U84 **Copper acetate**

XM0EX6 **Copper hydroxide**

XM0Y98 **Copper oxide**

XM48K0 **Copper oxychloride**

XM6859 **Copper sulfate nonmedicinal**

XM98Z3 **Oxine-copper**

XM30V1 **Verdigris**

XM3757 **Copper pesticide, not elsewhere classified**

XM8U54 **Iron nonmedicinal**

XM0ZH6 **Lead**

Coded Elsewhere: Lead arsenate (XM8LC6)
Lead arsenite (XM3M96)

XM5071 **Lead acetate nonmedicinal**

XM17Q5 **Lead alkyl**

XM2PV9 **Lead antimonate**

XM9WK6 **Lead azide**

XM3Y96 **Lead carbonate**

XM91V9 **Lead chromate**

XM59W8 **Lead dioxide**

XM4EW1 **Lead iodide**

XM7LD9 **Lead monoxide**

XM2R16 **Lead oxide**

XM3ZU1 **Lead sulfide**

XM0891 **Lead paint, not elsewhere classified**

XM4AM4 **Lithium**

XM1FG4 **Mercury**

XM8JX9 **Ethyl mercuric chloride**

XM90P2 Methoxyethyl mercuric chloride

XM9524 **Mercuric chloride nonmedicinal**

XM39J4 **Mercuric cyanide nonmedicinal**

XM5X38 **Mercuric oxide nonmedicinal**

XM8HV3 **Mercuric sulfate nonmedicinal**

XM4WJ1 **Mercury fulminate**

XM3W50 **Mercury thiocyanate**

XM5DJ5 **Methyl mercury**

XM2Z22 **Phenylmercury acetate**

XM7UW8 **Mercury pesticide, not elsewhere classified**

XM4E11 **Nickel**

XM9P91 **Nickel carbonyl**

XM7K88 **Nickel sulphate**

XM5F09 **Nickelocene**

XM9359 **Silver nonmedicinal**

XM0XQ4 **Tellurium**

XM63C5 **Thallium**

XM9YD2 **Thallium sulfate**

XM1NS5 **Tin**

XM9KC4 **Tin chloride**

XM0K92 **Tin oxide**

XM7B62 **Titanium**

XM4WJ2 **Titanium tetrachloride**

XM89Q2 **Titanocene**

XM0907 **Vanadium**

XM7UJ7 **Amalgam**

XM0FY1 **Palladium chloride**

XM6NP0 **Metal, not elsewhere classified**

XM3AW0 **Hard metal dust**

XM1UC6 **Osmium**

XM5H13 **Methyl acrylate**

XM34R5 **Monosodium glutamate**

XM5490 **Mycotoxin**

XM7U84 **Aflatoxin**

XM0232 **Citreoviridin**

XM4UE5 **Citrinin**

XM3NK1 **Cyclopiazonic acid**

XM3G74 **Fusarium toxin**

XM2BE5 Ergot alkaloid mycotoxin

XM9C09 Fumonisin

XM9GV7 Moniliformin

XM6X33 Trichothecenes

XM4E53 Zearalenone

XM9F85 **3-Nitropropionic acid**

XM5WG7 **Ochratoxin**

XM9C47 **Patulin**

XM28H1 **Penitrem**

XM77Q2 **Satratoxin**

XM6VH6 **Sterigmatocystin**

XM1PM8 **Tenuazonic acid**

XM6PE4 **Naphthylamine**

Organic solvent

XM50A4 **Acetal**

XM4LM8 **Acetaldehyde**

XM5Q94 **Acetaldehyde vapor**

XM6QH4 **Acetic acid ester**

XM2KF5 **Amyl acetate**

XM1JM2 Amyl acetate vapor

XM5AK0 **Benzyl acetate**

XM3RG6 **Butyl acetate**

XM3AP0 **Cyclohexyl acetate**

XM00H9 **Ethyl acetate**

XM3MD8 **Isobutyl acetate**

XM1EQ5 **Isopropyl acetate**

XM27U4 **Methyl cyclohexyl acetate**

XM6XW9 **Acetonitrile**

XM5HX1 **Amyl formate**

XM0QY7 **Benzene**

XM2738 **Benzene homologue**

Coded Elsewhere: Acetophenone (XM0AM0)

XM4214 Butyltoluene

XM01R0 Hexylresorcinol

XM50B6 Hydroquinone

XM1N69 Hydroquinone vapor

XM00E9 Toluene

XM0D44 Xylene

XM3TU9 **Benzene vapor**

XM9UH2 **Diphenylmethane**

XM83H3 **Nitroderivative or aminoderivative of benzene or benzene homologue**
Coded Elsewhere: Picric acid (XM0KV1)

XM76E2 Aniline

XM0061 Aniline vapor

XM3R71 Anisidine

XM1UP9 Azobenzene

XM1ZR2 Dinitro-ortho-cresol

XM76A0 Dichlorobenzidine

XM11G0 Dinitrobenzene

XM54Q3 Dinitrobenzene vapor

XM95M5 Dinitrocyclohexylphenol

XM73Y7 Dinitrophenol

XM2732 Diphenylamine

XM0179 Nitroaniline

XM8M07 Nitroaniline vapor

XM2W93 Nitrobenzene

XM2VA4 Nitrobenzene vapor

XM6GM2 Nitrobiphenyl

XM1MY0 Nitrosodimethylamine

XM6EB1 Nitrotoluene

XM5F24 Nitrotoluene vapor

XM1E24 Phenylenediamine

XM54V0 N-isopropyl-N'-phenyl-p-paraphenylenediamine

XM0AK0 p-Phenylenediamine

XM9BN0 Phenylhydrazine

XM9ZV3 Tetryl

XM1X35 TNT

XM67F1 Toluylenediamine

XM4B36 Trinitrobenzol

XM6ZJ9 **Resorcin nonmedicinal**

XM5V50 **Styrene**

XM0M80 **Butyl butyrate**

XM3XT7 **Butyl formate**

XM59Y7 **Butyl lactate**

XM3NC8 **Butyl propionate**

XM4DT3 **Decahydronaphthalene**

XM8R64 **Dialkyl carbonate**

XM77E6 **Ethyl carbonate**

XM7CR8 **Methyl carbonate**

XM38Z7 **Dichlorhydrin**

XM7MB5 **Dimethylformamide**

XM2XU7 **Dioxane**

XM1LN6 **Dipentene**

XM5L21 **Epichlorhydrin**

XM29X5 **Ethyl benzoate**

XM0N40 **Ethyl ether nonmedicinal**

XM5YV7 **Phenylglycidylether**

XM6FX9 **Ethyl formate**

XM7TN8 **Ethyl hydroxyisobutyrate**

XM3NZ9 **Ethyl lactate**

XM6FQ2 **Ethyl oxybutyrate**

XM7QX9 **Furfural**

XM4QR6 **Hexahydrobenzene**

XM2D79 **Isophorone**

XM4XC6 **Isophoronediisocyanate**

XM58V1 **Isophoronediamine**

XM38W0 **Isopropyl ether**

XM9UX0 **Ketones**

Coded Elsewhere: Chloroacetone (XM2N89)

XM7U59 **Acetone**

XM0ES5 Nail polish remover

XM0AM0 **Acetophenone**

XM1L02 **Cyclohexanone**

XM9F73 **Diacetone alcohol**

XM7KB7 **Hexanone**

XM5E65 **Hydroxymethylpentanone**

XM12H2 **Methyl acetate**

XM9LD3 **Methyl acetone**

XM5H65 **Methyl isobutyl ketone**

XM5LH2 **N-Hexane and Methyl n-butyl ketone solvent**

XM4GN3 **Benzoquinone**

XM6UK4 **Methyl benzoate**

XM4513 **Methyl cyclohexane**

XM91A0 **Methyl cyclohexanone**

XM5BM9 **Methyl sulfate**

XM5Y11 **Methyl sulfate fumes**

XM5CA9 **Nitropropane**

XM0TB3 **Petroleum**

XM7MJ9 **Petroleum product**

XM27Z5 Automobile fuel

XM7CM2 Automobile fuel vapor

XM4RN1 Gas oil

XM9A95 Diesel fuel

XM8WE9 Gasoline

XM52C5 Gasohol

XM0FK9 Gasoline vapor

XM81T5 Coal tar fumes

XM6U93 Coal tar naphtha

XM2CE3 Coal tar nonmedicinal

XM16M2 Pitch

XM7WM1 Anthracene

XM2Q78 Kerosene

XM3QU8 Kerosine vapor

XM3SU8 Mineral oil nonmedicinal

XM4NT9 Lubricating oil

XM7CX7 Mineral spirits

XM2E62 Mineral spirits fumes

XM8PX9 Paraffin wax

XM3ZG5 Petrolatum nonmedicinal

XM9WJ0 Solid petroleum

Coded Elsewhere: Bitumen (XE7CA)

XM4C94 Tar

XM5LE8 Tar fumes

XM8AA6 Petroleum pesticide, not elsewhere classified

XM0B41 **Petroleum vapor**

XM02T2 **Phosphate solvent**

XM5FS3 **Tricresyl phosphate**

XM2NF0 **Pyridine**

XM7TE7 **Pyridine vapor**

XM5XP8 **Tetrahydrofuran**

XM2GY2 **Tetralin**

XM0W28 **Organic solvents, not elsewhere classified**

XM3U55 **Glue**

XM0R56 **Lighter fluid**

XM9B14 **Paint stripper**

XM0KG9 **Polishing compound**

XM39J1 Car polish

XM1545 Floor polish

XM2BC0 Furniture polish

XM1J33 Metal polish

XM5J78 Silver polish

XM1P52 Porcelain polish

XM3JF2 **Polyester resin hardener**

XM3EF0 Polyester resin hardener fumes

XM1762 **Ethylene glycol**

XM0WA9 **Ethylene glycol dinitrate**

XM8BF5 **Ethylene glycol monobutyl ether**

XM4E62 **Ethylene glycol monoethyl ether**

XM0C04 **Ethylene glycol monomethyl ether**

XM55M8 **Diethylene glycol**

XM3834 **Diethylene glycol monoacetate**

XM1A56 **Diethylene glycol monobutyl ether**

XM8XU3 **Diethylene glycol monoethyl ether**

XM99B7 **Brake fluid, not elsewhere classified**

XM8TE5 **Brake fluid vapor**

Paint or dye

Coded Elsewhere: Aniline (XM76E2)
Auramine (XM0MT5)
Cadmium selenide (XM4YU7)
Cadmium sulfide nonmedicinal (XM5YV2)
Copper arsenic complex (XM8SC0)
Dinitrophenol (XM73Y7)
Lead antimonate (XM2PV9)
Lead carbonate (XM3Y96)
Lead chromate (XM91V9)
Lead iodide (XM4EW1)
Lead monoxide (XM7LD9)
Lead oxide (XM2R16)
Tellurium (XM0XQ4)
Lead paint, not elsewhere classified (XM0891)

XM9UE9 **Acridine**

XM2QW2 **Acridine vapor**

XM6QA5 **Cochineal**

XM4UG8 **Disperse dye**

XM5C83 **Lacquer**

XM8B47 **Nitrocellulose lacquer**

XM2FV2 **Prussian blue nonmedicinal**

XM9WW6 **Whitewash**

XM6HZ8 **Ink, not elsewhere classified**

XM1XL9 **Paint fumes, not elsewhere classified**

XM8H37 **Dye, not elsewhere classified**

XM7U05 **Paratertiary butylphenol formaldehyde resin**

XM5B21 **Phthalate**

XM75C9 **Diethylhexyl phthalate**

XM34N7 **Dimethyl phthalate nonmedicinal**

XM9HC2 **Di-n-butyl phthalate**

XM74S8 **Poisonous mushroom**

XM0366 **Agaricus xanthodermus mushroom**

XM7P94	**Amanita mushroom**
XM82H0	Amanita bisporigera mushroom
XM5911	Amanita hygroscopica mushroom
XM91N3	Amanita muscaria mushroom
XM8MF4	Amanita ocreata mushroom
XM6HP7	Amanita phalloides mushroom
XM4NS6	Amanita pantherina mushroom
XM23X2	Amanita pseudoporphyria hongo mushroom
XM2HH5	Amanita suballiacea mushroom
XM3VN8	Amanita smithiana mushroom
XM5039	Amanita tenuifolia mushroom
XM0G40	Amanita verna mushroom
XM1DV5	Amanita virosa mushroom
XM2FU2	**Clitocybe mushroom**
XM2BD5	Clitocybe rivulosa mushroom
XM9BX0	**Conocybe filaris mushroom**
XM4CB0	**Cortinarius mushroom**
XM85A8	Cortinarius rubellus mushroom
XM9TZ1	Cortinarius orellanus mushroom
XM2BB9	Cortinarius speciosissimus mushroom
XM1LD8	**Galerina mushroom**
XM6W91	Galerina fasciculata mushroom
XM7NR0	Galerina marginata mushroom
XM24L3	Galerina sulcipes mushroom
XM78T5	Galerina venenata mushroom
XM0M17	**Gyromitra mushroom**
XM0BM0	Gyromita ambigua mushroom
XM76X5	Gyromita esculenta mushroom
XM3LC5	Gyromita infula mushroom
XM1PK2	**Hapalopilus rutilans mushroom**

XM87D0 **Hebeloma crustuliniforme mushroom**

XM9B73 **Inocybe mushroom**

XM2BC2 **Lepiota mushroom**

XM7K06 Lepiota brunneoincarnata mushroom

XM4L76 Lepiota brunneolilacea mushroom

XM0FJ0 Lepiota chlorophyllum mushroom

XM6882 Lepiota fulvella mushroom

XM1UJ5 Lepiota helveola mushroom

XM8R10 Lepiota josserandii mushroom

XM95E9 **Omphalotus mushroom**

XM8VV0 Omphalotus nidiformis mushroom

XM7RG5 Omphalotus illudens mushroom

XM1M89 **Panaeolus mushroom**

XM3NJ2 Panaeolus papilionaceus mushroom

XM0B62 Panaeolus sphinctrinus mushroom

XM27Y3 Panaeolus subbalteatus mushroom

XM44P3 **Pleurocybella porrigens mushroom**

XM3CK7 **Podostroma cornu-damae mushroom**

XM4321 **Psilocybe semilanceata mushroom**

XM36C7 **Russula subnigricans mushroom**

XM0QR2 **Tricholoma equestre mushroom**

XM9KE6 **Silicone**

XM3DP9 **Silicon dioxide**

Substance of plant origin

Coded Elsewhere: Rotenone (XM1S21)

XM98Y1 **Abrus precatorius plant**

XM99Y1 **Aconitum plant**

XM2WR7 **Aconitine**

XM3VB6 **Aconitum ferox plant**

XM7BA0 **Actaea plant**

XM3QE1	Actaea spicata
XM55K4	Aethusa cynapium plant
XM3AF3	Anamirta cocculus plant
XM6KR6	Picrotoxin
XM8SE2	Antiaris toxicaria plant
XM2X16	Arum maculatum plant
XM1EY0	Atropa belladonna plant
XM17F2	Azadirachta plant
XM5W16	Bergamot oil
XM1GJ1	Bitter almond
XM4XS8	Diallyl disulfide
XM6A31	Sesquiterpene lactones
XM4W45	Citronellol
XM9CQ1	Citral
XM6CP3	Eugenol
XM9CZ8	Evernia prunastri extract
XM5AM5	Isoeugenol
XM88U7	Abietic acid
XM9L39	Turpentine oil
XM3B42	Atranorin
XM4BW2	Blighia sapida plant
XM6635	Evernic acid
XM26G6	Usnic acid
XM3XH8	Grains and flours
XM21W4	Plant or herbal extracted compounds
XM7CA8	Folium stramoniae
XM1D48	Ephedra
XM82G2	Benzoin (tincture)
XM9GX9	Menthol

XM8UA9 **Cianidanol**

XM4Y73 **Gelsemine**

XM2YX0 **Palm kernel oil**

XM1PQ5 **Tragacanth**

XM8VJ2 **Datura stramonium plant**

XM8MB5 **Rubber**

XM0XN7 **Cotton plant**

XM1KF1 **Sisal**

XM2BX6 **Brucea javanica plant**

XM9B82 **Caladium plant**

XM1021 **Caladium bicolor**

XM0BS2 **Caladium seguinum**

XM9S25 **Cannabis (natural; phytocannabinoids)**

XM08L6 **Afghanistan black**

XM5WR8 **Indian hemp**

XM3R78 **Lebanese red**

XM8PV1 **Marijuana**

XM0WA6 **Celastrus scandens plant**

XM5L03 **Cerbera plant**

Coded Elsewhere: Cerberin (XM1W74)

XM2KR7 **Cerbera odollam plant**

XM1FN8 **Cerbera manghas plant**

XM8AZ9 **Cerbera venenifera plant**

XM9DJ3 **Chelidonium majus plant**

XM49V0 **Chrysanthemum cinerariifolium plant**

XM5HR7 **Pyrethrin nonmedicinal**

XM6709 **Cicuta maculata plant**

XM1S86 **Cicutoxin**

XM6YA3 **Cinnamomum camphora plant**

XM5804 **Clematis plant**

XM5D25	**Clematis vitalba plant**
XM9KW2	**Coffee**
XM7TP8	**Colchicum plant**
XM3Q99	**Colchicine**
XM9Z51	**Conium maculatum plant**
XM3FY5	**Coniine**
XM9T69	**Convallaria majalis plant**
XM72P9	**Cyclamen plant**
XM56R9	**Cyclamen europaeum plant**
XM5174	**Cyclamen persicum plant**
XM5ZF9	**Cytisus laburnum plant**
XM2YN7	**Cytisus scoparius plant**
XM4TF9	**Daphne plant**
XM8YH8	**Delphinium plant**
XM3KT4	**Derris elliptica plant**
XM46Y1	**Digitalis purpurea plant**
XM1LE7	**Erythroxylum coca lam plant**
XM7UN8	**Cocaine**
XM0BC6	Cocaine topical anesthetic
XM0XS0	**Equisetum plant**
XM0EC2	**Equisetum diuretic**
XM4TJ7	**Euphorbia plant**
XM91T0	**Gaultheria procumbens plant**
XM5P41	**Gaultheria procumbens plant oil**
XM1VX3	**Gelsemium sempervirens plant**
XM66Z7	**Gloriosa superba plant**
XM5EL7	**Gratiola officinalis plant**
XM3QP5	**Helleborus niger plant**
XM0SF4	**Helleborus viridis plant**

XM4UC8 **Hyoscyamus niger plant**

XM3EA9 **Ilex plant**

XM7ED8 **Jatropha plant**

XM8QC3 **Jatropha curcas plant**

XM7CZ8 **Jatropha gossypiifolia plant**

XM2C70 **Jatropha hastata plant**

XM4R06 **Jatropha macrorhiza plant**

XM84E3 **Jatropha multifida plant**

XM04B0 **Jatropha podagrica plant**

XM7762 **Latex**

XM5EH9 **Lathyrus sativus plant**

XM5F38 **Ligustrum plant**

XM1WT1 **Ligustrum lucidum plant**

XM4CK0 **Ligustrum sinense plant**

XM23X8 **Ligustrum vulgare plant**

XM2BQ5 **Lobelia plant**

XM76G6 **Lolium temulentum plant**

XM6LL4 **Manihot esculenta plant**

XM1TB2 **Melia azedarach plant**

XM3M91 **Myristica fragrans plant**

XM6FE5 **Nutmeg oil**

XM31J1 Myristicin

XM14Y1 **Myrsine africana plant**

XM3XT1 **Nerium oleander plant**

XM2VY1 **Nicotiana plant**

XM88J8 **Tobacco**

Coded Elsewhere: Nicotine (XM6BN2)

XM33X3 **Nux vomica plant**

XM7134 **Brucine**

XM5421 **Strychnine**

XM9JS2 Strychnine rodenticide

XM7JG0 **Physostigma venenosum plant**

XM61M4 **Phytolacca decandra plant**

XM19G9 **Pine oil**

XM1XZ4 **Piper cubeba plant**

XM21J6 **Poison oak plant**

XM4882 **Poison sumak plant**

XM95D5 **Primula plant**

XM9HN7 **Primula obconica plant**

XM07P7 Primin

XM4TX6 **Primula officinalis plant**

XM19S7 **Primula veris plant**

XM3QL7 **Prunus plant**

XM01R5 **Amygdalin**

XM0PX4 **Apricot kernel**

XM5MK6 **Cherry kernel**

XM7B39 **Peach kernel**

XM52C3 **Plum kernel**

XM6Z57 **Psoralea corylifolia plant**

XM1MV4 **Psoralen nonmedicinal**

XM03C0 **Pulsatilla plant**

XM3PV6 **Pyrrolizidine alkaloids**

XM0NB5 **Ranunculus plant**

XM0PR3 **Ricinus communis plant**

XM2VG9 **Ricin**

XM4AC2 **Ruta graveolens plant**

XM7BE0 **Sambucus plant**

XM9W70 **Sanguinaria canadensis plant**

XM0EH6 **Schoenocaulon officinale plant**

XM4BY7 **Sabadilla insecticide**

XM8YX9 **Senecio vulgaris plant**

XM4TE3 **Solanum plant**

XM56G1 **Solanum dulcamara plant**

XM1AE1 **Solanum nigrum plant**

XM0QV6 **Solanum pseudocapsicum plant**

XM9588 **Solanine**

XM4UE4 **Spartium junceum plant**

XM9834 **Strophanthus gratus plant**

XM9QZ9 **Strophanthin-k**

XM58G8 **Tanacetum plant**

XM7EL5 **Tartaric acid**

XM5YT6 **Taxus plant**

XM6WF4 **Thevetia peruviana plant**

XM40N4 **Toxicodendron radicans plant**

XM46N0 **Urginea maritima plant**

XM0SG7 **Scilliroside**

XM84R4 **Urtica plant**

XM5KR7 **Veratrum plant**

XM86L8 **Veratrum album plant**

XM9Z08 **Veratrum viride plant**

XM43H5 **Wisteria plant**

XM29R2 **Wisteria floribunda plant**

XM8ZH3 **Wisteria sinensis plant**

XM6076 **Zygadenus plant**

XM8PU3 **Plant derived pesticide, not elsewhere classified**

XM98M9 **Poisonous plant berries, not elsewhere classified**

XM7MT6 **Poisonous plant flowers, not elsewhere classified**

XM6LL5 **Poisonous plant fruits, not elsewhere classified**

XM2BH3 **Poisonous plant leaves, not elsewhere classified**

XM0GB3 **Poisonous plant roots, not elsewhere classified**

XM2CE0 **Poisonous plant sap, not elsewhere classified**

XM7JK8 **Poisonous plant seeds, not elsewhere classified**

XM7KY1 **Poisonous plant stem, not elsewhere classified**

XM56V2 **Poisonous plant thorns, not elsewhere classified**

XM5NH2 **Substance of marine plant origin, not elsewhere classified**

XM8A62 **Plant protein**

Substance of human origin

Coded Elsewhere: Blood plasma (XM04N3)

XM0RZ0 **Human seminal plasma**

XM7FG4 **Toluidine**

XM7S87 **Toluidine vapor**

XM5NA2 **Triorthocresyl phosphate**

XM90U0 **Triphenyl phosphate**

XM3FJ3 **Vinyl acetate**

XM6A87 **Vinyl bromide**

Adhesive, not elsewhere classified

XM23X0 **Epoxy resin, not elsewhere classified**

XM9MV5 **Butylglycidylether**

Chemical compounds not elsewhere classified

XM87D3 **Chromium sesquioxide**

XM83G3 **Borate buffer**

XM1FY5 **Cyclamate**

XM7CN5 **Saccharin**

XM5567 **Sodium propyl hydroxybenzoate**

XM16M4 **Sodium barbiturate**

XM6DJ2 **Iminostilbene**

Chemicals used as process regulators

Includes: Accelerators, activators, oxidation agents, reducing agent

XM45E1 **N-Cyclohexylbenzothiazyl sulphenamide**

XM90X8 **Dibenzothiazyl disulphide**

XM2RH1 **Dipentamethylenethiuram disulphide**

XM3BY9 **Tetramethylthiuram monosulphide**

XM1A88 **Morpholinylmercaptobenzothiazole**

Cleaning agent, not elsewhere classified

XM0XA8 **Detergent nonmedicinal, not elsewhere classified**

XM7DD6 **Disinfectant, not elsewhere classified**

XM5151 **Scouring powder, not elsewhere classified**

XM8VR0 **Shampoo, not elsewhere classified**

XM8B44 **Soap, not elsewhere classified**

XM5FV8 **Window cleaning fluid, not elsewhere classified**

Food additives not elsewhere classified

XM6PY1 **Paratertiary butylphenol**

XM6000 **6-Methylcoumarin**

Organic compounds not elsewhere classified

XM2EK8 **4,4’-Diaminodiphenyl methane**

XM7N15 **Hydroxyisohexyl 3-cyclohexene carboxaldehyde**

XM2TV3 **Farnesol**

XM3MM6 **Bisphenol A-glycidyl methacrylate**

XM0BY4 **2-Hydroxyethylmethacrylate**

XM90H5 **Diurethane dimethacrylate**

XM49C3 **Methyl methacrylate**

XM58E5 **Diethanolamine**

XM0L39 **Diethylenetriamine**

XM2TA7 **Hexamethylenetetramine**

XM7QN7 **Triethylenetetramine**

XM1GH9 **Bisphenol A**

XM7AX9 **Cresylglycidylether**

XM1AH4 **2-Bromo-2-nitropropane-1,3-diol**

XM3TN8 **Mercaptobenzothiazole**

Coded Elsewhere: Mercaptobenzothiazole salts (XM7FY5)

XM2ZT3 **Ethylhexyl methoxycinnamate**

XM63U8 **Octocrylene**

XM3YZ8 **Octyltriazone**

XM8VV3 **Aminoethylisothiourium**

XM7W63 **Sodium cacodylate (nonmedicinal)**

XM6GU7 **Butylated hydroxyanisole**

XM2YA2 **Coenzyme A**

XM4S70 **Cogalactoisomerase**

XM1X04 **Lactose (as excipient)**

XM82Y6 **Methylethyl cellulose**

XM39E8 **Pentane**

Preservative nonmedicinal, not elsewhere classified

XM2RB2 **Benzisothiazolinone**

XM6XV7 **Methylene-bis(methyloxazolidine)**

XM88M1 **DMDM hydantoin**

XM8DV5 **Methylchloroisothiazolinone and methylisothiazolinone (3:1)**

XM87J0 **Methylisothiazolinone**

XM9NB7 **Methyldibromo glutaronitrile and phenoxyethanol**

XM04A1 **Methyl parahydroxybenzoate**

XM1CG8 **Ethyl parahydroxybenzoate**

XM0XV1 **Propyl parahydroxybenzoate**

XM38K5 **Butyl parahydroxybenzoate**

XM51H6 **Diazolidinyl urea**

XM5TQ9 **Imidazolidinyl urea**

XM0562 **Fentichlor**

XM6F66 **Soldering fluid, not elsewhere classified**

Substance eaten as food, nonbacterial, not elsewhere classified

XM44A4 **Bone meal**

XM77G6 **Fungus eaten in food, not elsewhere classified**

XM00E5 **Claviceps purpurea**

XM4L77 **Noxious meat, non bacterial, not elsewhere classified**

XM3825 **Animal protein**

Synthetic fragrances not elsewhere classified

XM5T39 **Ethylenediamine dihydrochloride**

XM15W5 **Varnish, not elsewhere classified**

XM6MC4 **Soot, not elsewhere classified**

XM4VX8 **Aromatic amine**

XM6ZV1 **Antiseptic, not elsewhere classified**

XM60L2 **Beta-naphthylamine**

Diagnosis code descriptors

Discharge diagnosis types

XY0Y **Main condition**
Reason for encounter or admission after study at the end of the episode.

XY7B **Main resource condition**

XY6E **Initial reason for encounter or admission**

Diagnosis timing

XY6M **Present on admission**

XY69 **Developed after admission**

XY85 **Uncertain timing of onset relative to admission**

Diagnosis timing in relation to surgical procedure

XY9U **Preoperative**

XY9N **Intraoperative**

XY7V **Postoperative**

Diagnosis method of confirmation

XY3B **Diagnosis confirmed by laboratory examination**

XY0E **Diagnosis confirmed by serology**

XY9Q **Diagnosis confirmed by histology**

XY8K **Diagnosis confirmed by genetics**

XY9R **Diagnosis confirmed by imaging**

XY19 **Diagnosis confirmed by microscopy**

XY0K **Diagnosis confirmed by culture**

Diagnosis certainty

XY7Z **Provisional diagnosis**

XY75 **Differential diagnosis**

Obstetrical diagnosis timing

XY3K **Delivered with or without mention of antepartum condition**

XY8Q **Delivered, with mention of postpartum condition**

XY8U **Antepartum condition or complication**

XY9P **Postpartum condition or complication**

XY9S **Unspecified as to episode of care, or not applicable**

Encounter descriptors

XY18 **Initial encounter**

XY8S **Subsequent encounter**

Capacity or context

XX2QG9 **Condition of the fetus and newborn reported in the context of the mother**

This code is intended to flag that an additional code from the perinatal section is used to identify the outcome of delivery on the mother's record.

Biological sex

XX2V25 **Female**

XX2UQ8 **Male**

XX45B7 **Intersex**

XX2PX3 **Biological sex not specified**

Health Devices, Equipment and Supplies

Devices for administration, collecting and picking

Hematology and hemotransfusion devices

Cardiocirculatory devices

XD7FF9 **Central venous catheters**

XD4ZY0 **Stethoscopes**

XD8DB0 **Stethoscopes, Binaural**

XD04L8 **Stethoscopes, MRI**

Disinfectants, antiseptics and proteolytics for medical devices (D. Lgs. 46/97)

Dialysis devices

XD8V84 **Dialysis filters**

XD8DD4 **Haemodialysis, hemofiltration, haemodiafiltration filters**

XD2KJ5 Dialyzers - UHF < 18 ml/h/mmHg

XD2N29 Dialyzers - UHF < 18 ml/h/mmHg, cellulose membranes

XD6QR4 Dialyzers - UHF < 18 ml/h/mmHg, substituted cellulose membranes

XD5S48 Dialyzers - UHF < 18 ml/h/mmHg, synthetic membranes

XD2DL2 Dialyzers - UHF < 18 ml/h/mmHg - others

XD4WX5 Dialyzers - UHF = 18 - 35 ml/h/mmHg

XD9RP1 Dialyzers - UHF = 18 - 35 ml/h/mmHg, cellulose membranes

XD0XB0 Dialyzers - UHF = 18 - 35 ml/h/mmHg, substituted cellulose membranes

XD2KD5 Dialyzers - UHF = 18 - 35 ml/h/mmHg, synthetic membranes

XD7ZP1 Dialyzers - UHF = 18 - 35 ml/h/mmHg - others

XD1904 Dialyzers - UHF > 35 ml/h/mmHg

XD2T66 Dialyzers - UHF > 35 ml/h/mmHg, cellulose membranes

XD4S95 Dialyzers - UHF > 35 ml/h/mmHg, substituted cellulose membranes

XD4379 Dialyzers - UHF > 35 ml/h/mmHg, synthetic membranes

XD8UZ1 Dialyzers - UHF > 35 ml/h/mmHg - others

XD8VS0 Dialyzers for special hemodiafiltration and other therapies

XD1V74 **Hemoperfusion filters**

XD27T5 Hemoperfusion carbon filters

XD2RV2 Hemoperfusion resin filters

XD9GN2 Hemoperfusion filters - others

XD5TA3 **Absorption filters and columns**

XD8NE7 Immunoabsorption filters and columns

XD0TG6 Immunoabsorption filters

XD6RX5 Immunoabsorption columns

XD3RD1 Endotoxin removal filters and columns

XD5SV0 Endotoxin removal filters

XD6KC0 Endotoxin removal columns

XD5DX9 **Haemodialysis filters - others**

XD6F86 **Dialysis lines**

XD12J0 **Dialysis lines - haemodialysis-haemofiltration-haemodiafiltration**

XD5BR1 Artero-venous dialysis lines, one needle

XD0B51 Artero-venous dialysis lines, two needles

XD5ED6 Reinfusion dialysis lines

XD8QE4 Artero-venous dialysis lines - accessories

XD0270 Artero-venous dialysis lines - others

XD65W3 **Peritoneal dialysis lines**

XD51F1 Permanent peritoneal dialysis lines

XD65K8 Permanent peritoneal dialysis lines, one bag (CAPD)

XD6QD1 Permanent peritoneal dialysis lines, two bags (CAPD)

XD0DE3 Permanent peritoneal dialysis lines - others

XD8H28 Temporary peritoneal dialysis lines

XD6606 Temporary peritoneal dialysis lines, gravimetric (APD)

XD89M1 Temporary peritoneal dialysis lines, with pump (APD)

XD2M70 Temporary peritoneal dialysis lines - others

XD4SJ0 Peritoneal dialysis lines - accessories

XD2WX9 Peritoneal dialysis lines - others

XD0ZQ3 **Dialysis lines - others**

XD83M2 **Dialysis sets**

XD0KV9 **Haemofiltration-haemodiafiltration sets**

XD0R67 **Biofiltration sets**

XD6TC6 **Haemodialysis sets**

XD80S8 **Dialysis, washing/filling sets**

XD2QE7 **Hemoperfusion sets**

XD7QD7 **Continuous dialysis sets**

XD5KR3 **Ultrafiltration sets**

XD9Z50 **Dialysis sets - others**

XD5C20 **Dialysates**

XD62N1 **Dialysates, acid solutions**

XD3V66 Dialysates, acid solutions, non-sterile

XD1KF2 Dialysates, acid solutions, sterile

XD0UL9 **Dialysates, basic solutions**

XD2JY9 Dialysates, basic solutions, powder

XD5240 Dialysates, basic solutions, liquid

XD6LX2 **Dialysates, without acetate buffer**

XD9594 Dialysates, without acetate buffer - AFB

XD6W13 Dialysates, without acetate buffer - other treatments

XD7157 **Dialysis procedures, salts**

XD67E6 **Dialysates - others**

XD8VC9 **Dialysis devices - various**

XD18U5 **Peritoneal dialysis devices (not in other groups)**

XD7RE0 Peritoneal dialysis, catheters

XD47T0 Peritoneal dialysis - others

XD8689 **Vascular access devices (only for haemodialysis)**

XD9YY6 Temporary haemodialysis, catheters

XD3AU4 Permanent haemodialysis, catheters

XD3297 Vascular access devices (only for haemodialysis) - others

XD2EM7 **Dialysis, adaptors**

XD8Q72 Haemodialysis, adaptors

XD39M3 Peritoneal dialysis, adaptors

XD25C5 **Dialysate tanks, collection and reinfusion**

XD6LH4 Dialysate tanks, collection

XD6MC0 Haemodialysate tanks, collection

XD22A9 Peritoneal dialysate tanks, collection

XD1ZR7 Dialysate tanks, reinfusion

XD8A37 **Extracorporeal dialysis devices**

XD9KW0 **Dialysis devices - other accessories**

XD46Z0 **Dialysis devices - others**

Gastrointestinal devices

XD53A5 **Naso-gastric tube**

Suture devices

Active-implantable devices

Endotherapy and electrosurgical devices

Reusable surgical instruments

Devices for generic and specialistic medication

Devices for nervous and medullary systems

Implantable prosthetic devices and osteosynthesis devices

Dental, ophthalmologic and ear, nose and throat devices

Respiratory and anaesthesia devices

XD9246 **Nasopharyngeal tubes**

XD2M69 **Airway guedel tubes**

XD78N3 **Laryngeal masks**

XD0T92 **Endotracheal tubes, without cuff**

XD37X2 **Endotracheal tubes, with cuff**

XD3UM6 **Endotracheal tubes - accessories**

XD2MG6 **Tracheolaringostomy cannulas and kits, with cuff**

XD7EB1 **Bipap/CPAP circuits**

XD5GF6 **Respiratory masks and balloons, single-use and reusable**

XD3W67 **Air/oxygen masks and nasal cannulas**

XD0VQ3 Air/oxygen masks

XD5RM4 Venturi masks

XD61Z5 Air/oxygen nasal cannulas

XD5AL4 Oxygen administration tubings

XD51T0 **Hand-operated ventilation balloons**

XD9AF0 **Ventilation filters, antibacterial and antiviral, moisturizer**

XD35D5 **Respiratory suction, probes and systems**

XD76M0 **Humidifying systems, oxygen administration**

Sterilization devices

Protection devices and incontinence aids (D. Lgs. 46/97)

XD3ZH8 **Examination / treatment gloves, nitrile**

XD3LV8 **Surgical drapes**

XD4E80 **Surgical gowns, standard**

XD9LJ2 **Standard surgical face masks**

Medical devices, urogenital apparatus

XD1ZP3 **Urological catheters, self-retained**

Medical devices - various

XD2AJ4 **Electronic thermometers and end caps**

XD97L1 **Clinical trays and bowles**

In vitro diagnostic devices (D. Lgs. 332/2000)

XD5GV0 **C-REACTIVE PROTEIN**

XD9YL7 **Transport media**

XD9S44 **Coronavirus-NA Reagents**

XD9N16 **Coronavirus (diagnostic)**

XD7M68 **Other Virology - RT & POC**

XD1C76 **Reagents for DNA and/or RNA extraction and preparation : bacteria and/or virus**

XD6EG0 **Blood gas portable analysers**

XD80L4 **Samples transport containers- others**

Supports or technical aids for disabled persons

Medical equipment and related accessories and materials

XD6EX8 **Ultrasound Scanners**

XD89G9 Ultrasound Scanners, Mobile

XD7FU9 Ultrasound Scanners, Portable

XD4T57 Ultrasound Scanners, Hand-held

XD8DR8 **Bulk steam sterilizing units**

XD0U91 **Laryngoscopes**

XD3JX1 **Videolaryngoscopes**

XD7EC8 **Continuous positive airway pressure units (CPAP)**

XD60Z6 **Transportable ventilators**

XD3SM4 **Intensive care ventilators**

XD4KU3 **Portable multi-parameter patient monitors**

XD66D8 **Pulse Oximeters**

XD8QN4 Pulse Oximeters, Tabletop

XD4U89 Pulse Oximeters, Hand-held

XD5QV8 Pulse Oximeters, Spot-check

XD8QY1 **Infusion Pumps**

XD4CT3 Infusion Pumps, Volumetric

XD52M6 Infusion Pumps, Volumetric, Nuclear Magnetic Resonance

XD8DH3 Infusion Pumps, Enteral nutrition

XD36Q1 Infusion Pumps, Syringe

XD1N14 Infusion Pumps, Syringe, Nuclear Magnetic Resonance

XD80Z7 **Medical/medicinal gas systems and relative accessories**

XD4U38 **General purpose electrocardiographs**

XD6UU3 **Oxygen Concentrators**