

ICD-11

International Classification of Diseases for Mortality and Morbidity Statistics

Eleventh Revision



**World Health
Organization**

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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 toxæmia, vomiting, cramps, and tenesmus. Transmission is by ingestion of contaminated food, or direct contact. Confirmation is by identification of *Shigella* in a faecal sample.

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

1A03

Intestinal infections due to *Escherichia coli*

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

1A03.0

Enteropathogenic *Escherichia coli* infection

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

1A03.1

Enterotoxigenic *Escherichia coli* infection

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

1A03.2	Enteroinvasive Escherichia coli infection	A condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli. This condition is characterised by acute and profuse diarrhoea (that may be haemorrhagic), fever, and abdominal cramps. Transmission is by the faecal-oral route from ingestion of contaminated food or water. Confirmation is by identification of the Escherichia coli in a faecal sample.
1A03.3	Enterohaemorrhagic Escherichia coli infection	
1A03.Y	Intestinal infections due to other specified Escherichia coli	
1A03.Z	Intestinal infections due to Escherichia coli, unspecified	
1A04	Intestinal infections due to Clostridioides difficile	A disease of the colon, caused by an infection with the gram-positive bacteria Clostridioides difficile (formerly known as Clostridium difficile). This disease is characterised by colitis, diarrhoea, abdominal pain, and fever. Transmission is commonly by direct or indirect contact, or from a disturbance of the normal bacterial flora of the colon. Confirmation is by identification of Clostridioides difficile in a faecal sample. Exclusions: Necrotising enterocolitis of newborn (KB88)
1A05	Intestinal infections due to Yersinia enterocolitica	A disease of the intestinal tract, caused by an infection with the gram-negative bacteria Yersinia enterocolitica. This disease commonly presents with a fever, diarrhoea, or abdominal pain. This disease may also lead to a systemic infection. Transmission is by the faecal-oral route from the ingestion of contaminated food or water, or direct contact with infected individuals or animal. Confirmation is by identification of Yersinia enterocolitica in a faecal sample. Exclusions: Extraintestinal yersiniosis (1B9A) Coded Elsewhere: Postinfectious arthropathy in enteritis due to Yersinia enterocolitica (1A05)
1A06	Gastroenteritis due to Campylobacter	
1A07	Typhoid fever	A condition caused by an infection with the gram-negative bacteria Salmonella typhi. This condition is characterised by an acute sustained fever. This condition may present with weakness, stomach pains, headache, loss of appetite, or flat, rose-coloured spots. Transmission is by the faecal-oral route from the ingestion of contaminated food or water. Confirmation is by identification of Salmonella typhi in a faecal or blood sample.
1A07.0	Typhoid peritonitis	
1A07.Y	Other specified typhoid fever	
1A07.Z	Typhoid fever, unspecified	

1A08**Paratyphoid fever**

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

1A09**Infections due to other *Salmonella***

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

1A09.0***Salmonella* enteritis**

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

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

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

1A09.Z***Salmonella* infection, unspecified**

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

1A0Y**Other specified bacterial intestinal infections****1A0Z****Bacterial intestinal infections, unspecified**

Bacterial foodborne intoxications (1A10-1A1Z)

Any condition caused by an 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
	<i>Inclusions:</i> 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 *Isospora belli*
 Infection due to *Isospora 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 <i>Entamoeba histolytica</i> . 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 <i>Entamoeba histolytica</i> 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 <i>Entamoeba</i> , unspecified
1A36.1	Extraintestinal infections due to <i>Entamoeba</i>
1A36.10	Amoebic liver abscess Inclusions: Hepatic amoebiasis
1A36.11	Amoebic lung abscess
1A36.12	Cutaneous amoebiasis
1A36.1Y	Amoebiasis of other specified sites
1A36.Z	Amoebiasis, unspecified
1A3Y	Other specified protozoal intestinal infections
1A3Z	Protozoal intestinal infections, unspecified
1A40	Gastroenteritis or colitis without specification of infectious agent Inclusions: enteritis septic gastroenteritis septic Exclusions: Noninfectious neonatal diarrhoea (KB8C) noninfective diarrhoea (ME05.1)
1A40.0	Gastroenteritis or colitis without specification of origin There is no mention whether the gastroenteritis or colitis is infectious or non-infectious.
1A40.Z	Infectious gastroenteritis or colitis without specification of infectious agent

Predominantly sexually transmitted infections (1A60-1A9Z)

Exclusions: Nonspecific and nongonococcal urethritis (GC02.1)
Arthropathy following genitourinary infection (FA11.2)

Coded Elsewhere: Sexually transmissible viral hepatitis
Herpes simplex labialis (1F00.01)
Herpes simplex gingivostomatitis (1F00.02)
Vulvovaginal candidosis (1F23.10)
Candida balanoposthitis (1F23.11)
Human immunodeficiency virus disease (1C60-1C62.Z)
Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium (JB63.3)
Candidosis of external genitalia (1F23.1Z)
Anogenital molluscum contagiosum (1E76)

Syphilis (1A60-1A6Z)

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

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

1A60	Congenital syphilis A disease caused by an infection with the gram-negative bacteria <i>Treponema pallidum</i> <i>pallidum</i> 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 <i>Treponema pallidum</i> <i>pallidum</i> 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 <i>Treponema pallidum</i> subspecies <i>pallidum</i> . 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 <i>Treponema pallidum pallidum</i> . 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 <i>Treponema pallidum</i> (1D01.0Y)
1A62.0Z	Neurosyphilis, unspecified
1A62.1	Cardiovascular late syphilis This is a late, sexually transmitted infection caused by the spirochete bacterium <i>Treponema pallidum subspecies pallidum</i> . 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 <i>Treponema pallidum subspecies pallidum</i> . 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 <i>Treponema pallidum subspecies pallidum</i> . 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 <i>Treponema pallidum subspecies pallidum</i> . 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 <i>Haemophilus ducreyi</i>. This disease is characterised by painful ulcer(s) on the genitalia. Transmission is by sexual contact. Confirmation is by identification of <i>Haemophilus ducreyi</i> from the ulcer exudate. Inclusions: Ulcus molle
1A91	Granuloma inguinale A disease caused by infection with the gram-negative bacterium <i>Klebsiella granulomatis</i>. 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 <i>Trichomonas</i>. 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 <i>Pthirus pubis</i> (1G03)
1A94	Anogenital herpes simplex infection A condition of the anogenital region, caused by an infection with herpes simplex virus type 1 or 2. This condition is characterised by vesicles, or may be asymptomatic. Transmission is by sexual contact. Confirmation is by identification of herpes simplex virus type 1 or 2.
1A94.0	Herpes simplex infection of genitalia or urogenital tract Herpes simplex infection affecting the vulva and vagina in women and the penis in men. It is more commonly due to infection with Herpes simplex type 2 virus than with type 1 virus.

1A94.1	Herpes simplex infection of perianal skin or rectum Herpes simplex infection of perianal skin and rectum. This is commonly due to Herpes simplex virus type 2 and acquired through anal sexual contact.
1A94.Z	Anogenital herpes simplex infection without further specification
1A95	Anogenital warts Anogenital warts are due to an infection of anogenital skin and mucous membranes by certain human papilloma viruses, most commonly HPV subtypes 6, 11, 16 and 18. Transmission is predominantly by sexual contact. They manifest typically as flat plaques or papillomatous, keratinous growths on and adjacent to the external genitalia and anus. Some HPV subtypes, including types 16 and 18, are oncogenic and predispose to the development of anogenital cancers. Coded Elsewhere: Anogenital verrucous carcinoma of Buschke and Lowenstein (2C31.0)
1A95.0	Anal warts Infection of the anus or perianal skin by human papillomavirus (HPV). Although the majority of such infections are sexually transmitted and caused by HPV subtypes responsible for genital warts, autoinoculation from common warts, especially on the hands in children, may also cause perianal warts. Inclusions: Condylomata acuminata of anus
1A95.1	Genital warts Infection of anogenital mucosa or skin by the human papillomavirus. The infection is commonly asymptomatic but manifests typically as flat, papular or pedunculated growths depending on the site of infection. Transmission is normally by sexual contact.
1A95.2	Extragenital condylomata acuminata Anogenital warts transmitted to extragenital sites (i.e. beyond the anogenital region). This may be through autoinoculation of anogenital wart virus to moist, intertriginous sites on the abdomen or under the breasts, or as a result of sexual activity, particularly to the lips and oral cavity. Inclusions: Anogenital warts affecting sites other than the anogenital area
1A95.Z	Anogenital warts, unspecified
1A9Y	Other specified predominantly sexually transmitted infections
1A9Z	Predominantly sexually transmitted infections, unspecified

Mycobacterial diseases (1B10-1B2Z)

Tuberculosis (1B10-1B1Z)

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

Inclusions: Infections due to *Mycobacterium tuberculosis* and *Mycobacterium bovis*

Exclusions: Pneumoconiosis associated with tuberculosis (CA60.3)

Coded Elsewhere: Congenital tuberculosis (KA61.0)

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

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

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

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

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

Human immunodeficiency virus disease associated with tuberculosis (1C60)

Tuberculosis of orbit (9A22.2)

1B10

Tuberculosis of the respiratory system

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

1B10.0

Respiratory tuberculosis, confirmed

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

1B10.1

Respiratory tuberculosis, not confirmed

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

1B10.Z

Respiratory tuberculosis, without mention of bacteriological or histological confirmation

1B11**Tuberculosis of the nervous system**

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

1B11.0**Tuberculous meningitis**

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

Inclusions: Tuberculous leptomeningitis

1B11.1**Tuberculous meningoencephalitis****1B11.2****Meningeal tuberculoma**

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

Inclusions: Tuberculoma of meninges

1B11.3**Tuberculous granuloma of brain****1B11.Y****Tuberculosis of other specified part of nervous system****1B11.Z****Tuberculosis of the nervous system, unspecified****1B12****Tuberculosis of other systems and organs****1B12.0****Tuberculosis of heart**

Mycobacterium tuberculosis infection involving the heart and pericardium

1B12.1**Tuberculosis of eye**

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

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

1B12.2**Tuberculosis of ear**

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

Exclusions: tuberculosis of skin of external ear (1B12.8)
Tuberculous mastoiditis (1B12.40)

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

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

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

1B12.4	Tuberculosis of the musculoskeletal system <i>Coded Elsewhere:</i> 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 <i>Mycobacterium tuberculosis</i> . 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 <i>Mycobacterium tuberculosis</i> 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 <i>Mycobacterium tuberculosis</i> . 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 <i>Mycobacterium tuberculosis</i> from lymph node biopsies. <i>Inclusions:</i> Tuberculous adenitis <i>Exclusions:</i> 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. <i>Exclusions:</i> Tuberculids (EA40-EA5Z) Skin complications of BCG immunisation (EA51) <i>Coded Elsewhere:</i> 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 <i>Mycobacterium tuberculosis</i> 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 <i>Mycobacterium tuberculosis</i> , depending on the site affected.
1B13.1	Acute miliary tuberculosis of multiple sites A disease caused by an infection with the bacteria <i>Mycobacterium tuberculosis</i> 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 <i>Mycobacterium tuberculosis</i> , 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 <i>Mycobacterium leprae</i> . 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 <i>Mycobacterium leprae</i> with skin biopsy. <i>Inclusions:</i> Infection due to <i>Mycobacterium leprae</i>
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). <i>Exclusions:</i> 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 <i>Exclusions:</i> 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, polyarthritides, 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 <i>Exclusions:</i> Huntington chorea (8A01.10)
1B50	Scarlet fever A disease caused by an infection with the gram-positive bacteria <i>Streptococcus pyogenes</i> . 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. <i>Inclusions:</i> Scarlatina NOS <i>Exclusions:</i> 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 <i>Streptococcus pyogenes</i> . 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 <i>Streptococcus pyogenes</i> from a throat swab. <i>Inclusions:</i> Streptococcal sore throat <i>Exclusions:</i> Scarlet fever (1B50)
1B53	Meningitis due to Streptococcus A disease of the meninges, caused by an infection with the gram-positive bacteria genus <i>Streptococcus</i> . 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 <i>Streptococcus</i> in the cerebrospinal fluid. <i>Inclusions:</i> Streptococcal meningitis
1B54	Meningitis due to Staphylococcus A disease of the meninges, caused by an infection with the gram-positive bacteria genus <i>Staphylococcus</i> . This disease commonly presents with acute inflammation of the meninges causing headache, fever, stiff neck, or neurological deficits. Confirmation is by identification of <i>Staphylococcus</i> in the cerebrospinal fluid. <i>Inclusions:</i> Staphylococcal meningitis
1B5Y	Other specified staphylococcal or streptococcal diseases
1B5Z	Staphylococcal or streptococcal diseases, unspecified

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

Coded Elsewhere: Acute bacterial paronychia (EE12.0)

1B70	Bacterial cellulitis, erysipelas or lymphangitis Diffuse, spreading infections of skin and soft tissues by a range of bacterial organisms, most commonly beta-haemolytic streptococci and <i>Staphylococcus aureus</i> . The clinical presentation is dependent not only on the organism but also on the manner in which it invades the tissues. Exclusions: Eosinophilic cellulitis (EB30)
1B70.0	Erysipelas Exclusions: postpartum or puerperal erysipelas (JB40)
1B70.00	Erysipelas of face
1B70.01	Erysipelas of external ear A rapidly expanding diffuse superficial dermal streptococcal infection involving the external ear. In contrast with infective otitis externa, the skin of the auricle is often initially healthy except at a point of entry for beta-haemolytic streptococci (commonly at a fissure behind the ear or where the ear lobule is attached to the side of the head) and systemic features including fever and malaise are common.
1B70.02	Erysipelas of lower limb
1B70.0Y	Erysipelas of other specified site
1B70.0Z	Erysipelas, unspecified
1B70.1	Streptococcal cellulitis of skin Exclusions: Orbital cellulitis (9A21.0) Cellulitis of external ear (AA01) anal cellulitis (DB70.00) vulvar cellulitis (GA00.0) Cellulitis of penis (GB06) Inflammatory disorders of scrotum (GB07.2) perirectal cellulitis (DB36.10) Superficial incisional site infection (NE81.20)
1B70.2	Staphylococcal cellulitis of skin Exclusions: Orbital cellulitis (9A21.0) Cellulitis of external ear (AA01) anal cellulitis (DB70.00) vulvar cellulitis (GA00.0) Cellulitis of penis (GB06) Inflammatory disorders of scrotum (GB07.2) perirectal cellulitis (DB36.10) Superficial incisional site infection (NE81.20)

1B70.3	Ascending bacterial lymphangitis A complication of a focal acute pyogenic bacterial infection in which the draining lymphatics become red, inflamed and tender as the result of ascending infection. It is most commonly caused by <i>Streptococcus pyogenes</i> .
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 <i>Exclusions:</i> Neonatal necrotising fasciitis (1B71.2) <i>Coded Elsewhere:</i> Neonatal streptococcal necrotising fasciitis (1B71.2)
1B71.1	Polymicrobial necrotising fasciitis <i>Exclusions:</i> 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 <i>Staphylococcus aureus</i> 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 <i>Staphylococcus aureus</i> 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. <i>Exclusions:</i> impetigo herpetiformis (EA90.40) Staphylococcal scalded skin syndrome (EA50.2) <i>Coded Elsewhere:</i> Otitis externa in impetigo (AA3Y)

1B72.0	Bullous impetigo Bullous impetigo is a contagious superficial infection of the skin caused by certain strains of <i>Staphylococcus aureus</i> 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 <i>Streptococcus pyogenes</i> or <i>Staphylococcus aureus</i> 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 <i>Staphylococcus aureus</i> . It is associated with poor hygiene and malnutrition. Ecthyma gangrenosum is an uncommon severe variant caused by <i>Pseudomonas aeruginosa</i> .
1B73.0	Streptococcal ecthyma
1B73.1	Staphylococcal ecthyma Ecthyma due to a monoinfection with <i>Staphylococcus aureus</i> . It is less common than streptococcal ecthyma.
1B73.2	Ecthyma gangrenosum Ecthyma gangrenosum is a potentially life-threatening infection of skin in patients who are immunocompromised through disease or immunosuppressive therapy. It is most commonly caused by <i>Pseudomonas aeruginosa</i> 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. <i>Pseudomonas</i> 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 <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> .
1B75.3	Pyogenic abscess of the skin A pus-producing abscess of the skin most commonly due to bacterial infection by <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> involving the whole depth of the hair follicle. Sycosis occurs mostly in males after puberty, and commonly involves the follicles of the beard. Most cases begin in the third or fourth decade. Unknown host factors appear to be important in the chronicity of the infection. Extensive follicular destruction and scarring may ensue (lupoid sycosis). Coded Elsewhere: Folliculitis cruris pustulosa atrophicans (ED81.0)
1B75.Z	Deep bacterial folliculitis or pyogenic abscess of the skin, unspecified
1B7Y	Other specified pyogenic bacterial infection of skin or subcutaneous tissue
1B7Z	Pyogenic bacterial infection of skin or subcutaneous tissue, unspecified

Certain zoonotic bacterial diseases (1B90-1B9Z)

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

1B90	Rat-bite fevers Any disease caused by an infection with the gram-negative bacteria <i>Streptobacillus moniliformis</i> or gram-negative bacteria <i>Spirillum minus</i> . 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 <i>Spirillum minus</i> . 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 <i>Spirillum</i> in blood or tissue samples. Inclusions: Sodoku
1B90.1	Streptobacillosis A disease caused by an infection with the gram-negative bacteria <i>Streptobacillus moniliformis</i> . 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 <i>Streptobacillus</i> 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 <i>Leptospira</i>. 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 <i>Leptospira</i> in samples from the affected individual.
1B92	Glanders A disease caused by an infection with the gram-negative bacteria <i>Burkholderia mallei</i>. 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 <i>Burkholderia mallei</i> in blood, sputum, urine, or skin samples. Inclusions: Infection due to <i>Pseudomonas mallei</i>
1B93	Plague A disease caused by an infection with the gram-negative bacteria <i>Yersinia pestis</i>. 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 <i>Yersinia pestis</i>. 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 <i>Yersinia pestis</i> (formerly known as <i>Pasteurella pestis</i>) involving the skin around the flea bite which transmitted the pathogen.
1B93.2	Pneumonic plague Pneumonic plague is a zoonotic disease caused by <i>Yersinia pestis</i> (formerly known as <i>Pasteurella pestis</i>) 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 <i>Yersinia pestis</i> (formerly known as <i>Pasteurella pestis</i>) that involves the central nervous system.
1B93.Y	Other specified plague
1B93.Z	Plague, unspecified

1B94**Tularaemia**

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

Inclusions:

- deer-fly fever
- rabbit fever
- infection due to *Francisella tularensis*

1B94.0**Ulceroglandular tularaemia****1B94.Y****Other specified tularaemia****1B94.Z****Tularaemia, unspecified****1B95****Brucellosis**

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

Inclusions:

- Malta fever
- Mediterranean fever
- undulant fever

Coded Elsewhere: Spondylitis in brucellosis (FA13)

1B96**Erysipeloid**

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

1B97**Anthrax**

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

1B98**Cat-scratch disease**

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

Inclusions:

- Cat-scratch fever
- Rochalimaea henselae* infection

1B99**Pasteurellosis**

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

1B9A**Extraintestinal yersiniosis**

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

Exclusions: Enteritis due to *Yersinia enterocolitica* (1A05)
Plague (1B93)

1B9Z**Unspecified zoonotic bacterial disease****Other bacterial diseases (1C10-1C4Z)**

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

Bacterial duodenitis (DA51.6Y)

1C10**Actinomycosis**

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

Exclusions: Actinomycetoma (1C43)

1C10.0**Pulmonary actinomycosis**

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

1C10.1**Abdominal actinomycosis**

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

1C10.2	Cervicofacial actinomycosis
	Cervicofacial actinomycosis is the commonest clinical form of actinomycosis, a sporadically occurring endogenous polymicrobial inflammatory process in which fermentative actinomycetes of the genera <i>Actinomyces</i> (especially <i>A. israelii</i> and <i>A. gerencseriae</i>), <i>Propionibacterium</i> and <i>Bifidobacterium</i> act as the principal pathogens. The typical presentation is a slowly progressive development from painless tissue infiltration and induration of soft tissues of the face and neck to multiple abscesses and draining sinus tracts discharging pus. Actinomycosis is a major factor and indicator of poor prognosis in infected osteoradionecrosis of the jaws following radiation therapy for head and neck cancer.
1C10.3	Primary cutaneous actinomycosis
1C10.Y	Other specified forms of actinomycosis
1C10.Z	Actinomycosis, unspecified
1C11	Bartonellosis
	Any infection caused by the gram-negative bacteria <i>Bartonella</i> .
	Coded Elsewhere: Cat-scratch disease (1B98)
1C11.0	Carrion disease
	Infection by <i>Bartonella bacilliformis</i> 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 <i>Bartonella bacilliformis</i> . 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 <i>Lutzomyia</i> . Confirmation is by identification of <i>Bartonella bacilliformis</i> in a blood sample.
1C11.01	Verruga peruana
	A disease caused by an infection with the gram-negative bacteria <i>Bartonella bacilliformis</i> . 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 <i>Lutzomyia</i> .
1C11.1	Trench fever
	A disease caused by an infection with the gram-negative bacteria <i>Bartonella quintana</i> . 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 <i>Bartonella quintana</i> in a blood sample. <i>Bartonella quintana</i> was formerly known as <i>Rickettsia quintana</i> .
	Inclusions: Quintan fever
1C11.Y	Other forms of bartonellosis
1C11.Z	Bartonellosis, unspecified

1C12**Whooping cough**

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

1C12.0**Whooping cough due to *Bordetella pertussis***

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

1C12.1**Whooping cough due to *Bordetella parapertussis***

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

1C12.Y**Other specified whooping cough****1C12.Z****Whooping cough, unspecified****1C13****Tetanus**

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

Exclusions: Obstetrical tetanus (1C14)
 Tetanus neonatorum (1C15)

1C14**Obstetrical tetanus**

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

1C15**Tetanus neonatorum**

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

1C16**Gas gangrene**

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

1C17**Diphtheria**

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

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

Inclusions: Diphtheritic membranous angina

1C17.00

Postdiphtheritic paralysis of uvula

1C17.0Y

Other specified pharyngeal or tonsillar diphtheria

1C17.0Z

Pharyngeal or tonsillar diphtheria, unspecified

1C17.1**Nasal diphtheria****1C17.2****Laryngeal diphtheria**

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

Inclusions: Diphtheritic laryngotracheitis

1C17.3**Cutaneous diphtheria**

Exclusions: Erythrasma (1C44)

1C17.Y**Other specified diphtheria****1C17.Z****Diphtheria, unspecified****1C18****Brazilian purpuric fever**

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

Inclusions: Systemic *Haemophilus aegyptius* infection

1C19**Legionellosis**

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

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

1C19.0**Nonpneumonic Legionnaires' disease**

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

1C19.1**Legionnaires disease**

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

1C19.Z**Legionellosis, unspecified****1C1A****Listeriosis**

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

Inclusions: listerial foodborne infection

Coded Elsewhere: Neonatal listeriosis (KA61.1)

1C1A.0**Cutaneous listeriosis**

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

1C1A.1**Listerial meningitis or meningoencephalitis**

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

1C1A.Y**Other specified listeriosis****1C1A.Z****Listeriosis, unspecified**

1C1B**Nocardiosis**

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

1C1B.0**Pulmonary nocardiosis**

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

1C1B.1**Cutaneous nocardiosis**

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

Exclusions: Actinomycetoma due to *Nocardia* species (1C43)

1C1B.Y**Other specified forms of nocardiosis****1C1B.Z****Nocardiosis, unspecified****1C1C****Meningococcal disease**

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

1C1C.0**Meningococcal meningitis**

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

Inclusions: Meningitis due to *Neisseria meningitidis*

1C1C.1	Waterhouse-Friderichsen syndrome A syndrome characterised by adrenal insufficiency due to bleeding into the adrenal glands (mostly bilateral but sometimes also unilateral) due to the severe infection, commonly caused by an infection with meningococcus (<i>Neisseria meningitidis</i>). However, it can also be caused by infections with other bacteria such as <i>Streptococcus pneumoniae</i> or <i>Haemophilus influenzae</i> or even due to some severe viral infections. This syndrome may present with fever, chills, vomiting, myalgia, or rash, with progression to disseminated intravascular coagulation. Transmission of the underlying infections is by direct contact or droplet transmission. Inclusions: meningococcal haemorrhagic adrenalitis
1C1C.2	Meningococcaemia A condition caused by an infection with the gram-negative bacteria <i>Neisseria meningitidis</i> 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 <i>Neisseria meningitidis</i> in blood samples.
1C1C.20	Acute meningococcaemia A condition caused by an infection with the gram-negative bacteria <i>Neisseria meningitidis</i> 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 <i>Neisseria meningitidis</i> 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 <i>Treponema pallidum</i> subsp. <i>pertenue</i> 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 <i>Treponema pallidum</i> subsp. <i>pertenue</i> 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 <i>Treponema pallidum</i> subsp. <i>pertenue</i> 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 an interval of 5 years or more. The late stage skin lesions are characterised by gummatous nodules with necrotic tissue destruction, followed by debilitating scarring and contracture. Destructive osteitis can result in ulceration of the palate and nasopharynx ('gangosa'), or bowing of the tibia (sabre shins). Hypertrophic periostitis at periarticular sites can lead to exostosis of the paranasal maxillae ('goundou').
1C1D.3	Latent yaws Latent yaws is defined as yaws with no clinical signs and only serological evidence of infection (reactive treponemal and non-treponemal tests). Infectious relapses may occur in latent cases for up to 5 and, rarely, 10 years. The total duration of infectivity for an untreated yaws patient, including relapses, is thought to be about 12-18 months. Inclusions: Yaws without clinical manifestations, with positive serology
1C1D.Z	Yaws, unspecified
1C1E	Pinta A disease of the skin, caused by an infection with the gram-negative bacteria <i>Treponema pallidum</i> carateum. This disease is characterised by hyperkeratosis and hyperpigmentation. Transmission may be by direct contact.
1C1E.0	Primary lesions of pinta The primary stage of pinta is characterised by a sparse eruption of cutaneous papules and erythematous scaly plaques. This stage may last for months to years. Inclusions: Primary chancre of pinta

1C1E.1 Intermediate lesions of pinta

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

Inclusions: Pintids

1C1E.2 Late lesions of pinta

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

Inclusions: Hypomelanosis due to late pinta

1C1E.3 Mixed lesions of pinta**1C1E.Z Pinta, unspecified****1C1F Endemic non-venereal syphilis**

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

Inclusions: Bejel
Endemic syphilis
Njovera

1C1G Lyme borreliosis

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

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

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

1C1G.0 Early cutaneous Lyme borreliosis

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

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

1C1G.1 Disseminated Lyme borreliosis

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

1C1G.10 Lyme neuroborreliosis

1C1G.11 Lyme carditis

1C1G.12 Ophthalmic Lyme borreliosis

1C1G.13 Lyme arthritis

1C1G.14 Late cutaneous Lyme borreliosis

1C1G.1Y Other specified disseminated Lyme borreliosis

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

1C1G.1Z Disseminated Lyme borreliosis, unspecified

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

1C1G.Y Other specified Lyme borreliosis

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

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

1C1G.Z Lyme borreliosis, unspecified

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

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

1C1H Necrotising ulcerative gingivitis

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

Inclusions: Fusospirochaetal gangrene

1C1H.0 Other Vincent infections

1C1H.Y Other specified necrotising ulcerative gingivitis

1C1H.Z Necrotising ulcerative gingivitis, unspecified

1C1J Relapsing fever

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

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

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

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

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

Inclusions: Relapsing fever due to *Borrelia recurrentis*

1C1J.Z**Relapsing fever, unspecified**

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

1C20**Chlamydial conjunctivitis**

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

Inclusions: Paratrachoma

1C21**Chlamydial peritonitis**

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

1C22**Infections due to *Chlamydia psittaci***

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

Inclusions: Psittacosis
Ornithosis
Parrot fever

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

1C23**Trachoma**

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

1C23.0**Initial stage of trachoma**

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

Inclusions: Trachoma dubium

1C23.1**Active stage of trachoma**

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

1C23.Y**Other specified trachoma****1C23.Z****Trachoma, unspecified****1C2Y****Other specified diseases due to chlamydiae****1C2Z****Diseases due to chlamydiae, unspecified****Rickettsioses (1C30-1C3Z)**

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

Coded Elsewhere: Trench fever (1C11.1)

1C30**Typhus fever**

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

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

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

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

1C30.1	Recrudescent typhus This is a form of typhus so named because the disease often causes epidemics following wars and natural disasters. The causative organism is <i>Rickettsia prowazekii</i> , transmitted by the human body louse (<i>Pediculus humanus corporis</i>). <i>Inclusions:</i> Brill-Zinsser disease
1C30.2	Typhus fever due to <i>Rickettsia typhi</i>
1C30.3	Typhus fever due to <i>Orientia tsutsugamushi</i> <i>Inclusions:</i> 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 <i>Rickettsia</i> . 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 <i>Rickettsia rickettsii</i> <i>Inclusions:</i> Rocky Mountain spotted fever Sao Paulo fever
1C31.1	Spotted fever due to <i>Rickettsia conorii</i> <i>Inclusions:</i> Boutonneuse fever Mediterranean tick fever African tick typhus Kenya tick typhus
1C31.2	Spotted fever due to <i>Rickettsia sibirica</i> <i>Inclusions:</i> North Asian tick fever Siberian tick typhus
1C31.3	Spotted fever due to <i>Rickettsia australis</i> <i>Inclusions:</i> Queensland tick typhus
1C31.Y	Other specified spotted fever
1C31.Z	Spotted fever, unspecified
1C32	Rickettsialpox An acute febrile disease caused by <i>Rickettsia akari</i> , which is transmitted from its rodent host by the house-mouse mite <i>Liponyssoides sanguineus</i> . 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. <i>Inclusions:</i> Kew Gardens spotted fever

1C33**Q fever**

A disease caused by an infection with the gram-negative bacteria *Coxiella burnetii*. 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*, *Actinomyces 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Dementia due to human immunodeficiency virus (6D85.3) HIV retinitis (9B72.01) HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y) Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3Y) Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3Y) Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3Y) Human immunodeficiency virus disease associated with encephalopathy (1C62.3Y) Human immunodeficiency virus disease associated with wasting syndrome (1C62.3Y) Oesophagitis associated with human immunodeficiency virus disease (DA24.Y) HIV or AIDS vacuolar myelopathy (8A45.0Y)
1C60.30	Kaposi sarcoma associated with human immunodeficiency virus disease associated with tuberculosis
1C60.3Y	Other specified HIV disease clinical stage 4 associated with tuberculosis
1C60.3Z	HIV disease clinical stage 4 associated with tuberculosis, unspecified

1C60.Z	Human immunodeficiency virus disease associated with tuberculosis, clinical stage unspecified
1C61	Human immunodeficiency virus disease associated with malaria <i>Coded Elsewhere:</i> Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)
1C61.0	HIV disease clinical stage 1 associated with malaria <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Dementia due to human immunodeficiency virus (6D85.3) HIV retinitis (9B72.01) HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y) Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3Y) Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3Y) Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3Y) Human immunodeficiency virus disease associated with encephalopathy (1C62.3Y) Human immunodeficiency virus disease associated with wasting syndrome (1C62.3Y) Oesophagitis associated with human immunodeficiency virus disease (DA24.Y) HIV or AIDS vacuolar myelopathy (8A45.0Y)
1C61.30	Kaposi sarcoma associated with human immunodeficiency virus disease associated with malaria
1C61.3Y	Other specified HIV disease clinical stage 4 associated with malaria
1C61.3Z	HIV disease clinical stage 4 associated with malaria, unspecified
1C61.Z	Human immunodeficiency virus disease associated with malaria, clinical stage unspecified
1C62	Human immunodeficiency virus disease without mention of tuberculosis or malaria <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Dementia due to human immunodeficiency virus (6D85.3) HIV retinitis (9B72.01) Oesophagitis associated with human immunodeficiency virus disease (DA24.Y) HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C62.30	Kaposi sarcoma associated with human immunodeficiency virus disease without mention of tuberculosis or malaria
1C62.3Y	Other specified HIV disease clinical stage 4 without mention of tuberculosis or malaria
1C62.3Z	HIV disease clinical stage 4 without mention of tuberculosis or malaria, unspecified
1C62.Z	Human immunodeficiency virus disease without mention of associated disease or condition, clinical stage unspecified

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

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

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

Enteroviral exanthematous fever (1F05.2)

Herpes simplex meningitis (1F00.20)

Subacute sclerosing panencephalitis (8A45.01)

West Nile virus infection (1D46)

Colorado tick fever (1D41)

Zoster meningitis (1E91.3)

1C80

Viral encephalitis, not elsewhere classified

Coded Elsewhere: Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Venezuelan equine encephalitis (1C8C)

Argentinian haemorrhagic fever (1D61.0)

Bolivian haemorrhagic fever (1D61.1)

Lassa fever (1D61.2)

La Crosse encephalitis (1C8D)

Oropouche virus disease (1D43)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

Tick-borne encephalitis (1C8G)

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

Encephalitis due to mumps virus (1D80.3)

Varicella encephalitis (1E90.2)

Measles complicated by encephalitis (1F03.1)

Sequelae of viral encephalitis (1G84)

California encephalitis (1C8B)

Encephalitis due to Arenavirus (1D61.Y)

Encephalitis due to Filovirus (1D60.Y)

Encephalitis due to Influenza virus (1E32)

Encephalitis due to Rubella virus (1F02.0)

1C81

Acute poliomyelitis

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

1C82	Rabies A disease caused by infection with the rabies virus. This disease is characterised by fever, and headache, followed by neurological symptoms dominated by a furious or paralytic form.
1C83	Western equine encephalitis
1C84	Eastern equine encephalitis
1C85	Japanese encephalitis A disease of the brain, caused by an infection with flavivirus. This disease is characterised by fever, headache, meningism, hyperexcitability, or decreased consciousness. This disease may also present with neurological signs such as cranial nerve palsies, tremor and ataxia, parkinsonism, or upper limb paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by identification of flavivirus in a serum sample or cerebrospinal fluid.
1C86	St Louis encephalitis
1C87	Rocio viral encephalitis A disease of the brain, caused by an infection with Rocio virus. In the first phase, this disease is characterised by a fever, headache, vomiting, or conjunctivitis; in the second phase, this disease is characterised by neurological symptoms and muscle weakness. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Rocio virus in a serum or cerebrospinal fluid sample.
1C88	Murray Valley encephalitis A disease of the brain, caused by an infection with Murray Valley encephalitis virus. This disease is characterised by fever, headache, nausea, vomiting, tiredness, or may be asymptomatic. Severe cases may present with confusion, fatigue, lack of coordination, or encephalitis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of anti-Murray Valley encephalitis antibodies in a serum sample. <i>Inclusions:</i> Australian encephalitis
1C8B	California encephalitis <i>Inclusions:</i> California meningoencephalitis
1C8C	Venezuelan equine encephalitis
1C8D	La Crosse encephalitis

1C8E**Viral meningitis, not elsewhere classified**

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

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

Measles complicated by meningitis (1F03.2)

Herpes simplex meningitis (1F00.20)

Varicella meningitis (1E90.1)

Neonatal meningitis (KA65.4)

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

Meningitis due to rubella virus (1F02.0)

Meningitis due to Arenavirus (1D61.Y)

Zoster meningitis (1E91.3)

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

Viral meningitis due to Cytomegalovirus (1D82.Y)

1C8E.1**Enteroviral meningitis**

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

1C8E.2**Meningitis due to adenovirus**

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

1C8E.Y**Other specified viral meningitis, not elsewhere classified****1C8E.Z****Viral meningitis, unspecified****1C8F****Lymphocytic choriomeningitis**

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

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

1C8G**Tick-borne encephalitis**

1C8G.0	Far Eastern tick-borne encephalitis
1C8G.1	Central European tick-borne encephalitis
1C8G.2	Siberian tick-borne encephalitis
1C8G.Z	Tick-borne encephalitis, unspecified
1C8Y	Other specified viral infections of the central nervous system
1C8Z	Viral infections of the central nervous system, unspecified

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

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

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

1D00 **Infectious encephalitis, not elsewhere classified**

A disease of the brain, caused by an infection.

Coding Note: Code also the causing condition

1D00.0 **Bacterial encephalitis**

Coded Elsewhere: Tuberculous meningoencephalitis (1B11.1)
Meningococcal encephalitis (1C1C.Y)
Encephalitis due to *Listeria monocytogenes* (1C1A.1)
Encephalitis due to *Leptospira* species (1B91)
Encephalitis due to *Nocardia* species (1C1B.Y)
Encephalitis due to *Borrelia* species (1C1G.10)
Burkholderia encephalomyelitis (1B92)
Tuberculous encephalitis (1B11.Y)

1D00.1 **Fungal encephalitis**

1D00.2 **Parasitic or protozoal encephalitis**

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

Coded Elsewhere: Meningoencephalitis due to *Toxoplasma gondii* (1F57.1)
Encephalitis in African trypanosomiasis (1F51.Z)
Encephalitis due to malaria (1F40.0)
Encephalitis in Gambiense trypanosomiasis (1F51.0Y)
Encephalitis in Rhodesiense trypanosomiasis (1F51.1Y)
Encephalitis in Chagas disease (1F53.Y)
Encephalitis due to *Acanthamoeba* (1F50)
Encephalitis due to *coenurus cerebralis* (1F76.Y)

1D00.Y	Other specified infectious encephalitis, not elsewhere classified
Coding Note:	Code also the causing condition
1D00.Z	Infectious encephalitis, unspecified
Coding Note:	Code also the causing condition
1D01	Infectious meningitis, not elsewhere classified A disease of the meninges, caused by an infection.
Coding Note:	Code also the causing condition
1D01.0	Bacterial meningitis Any disease of the meninges, caused by an infection with a bacterial source.
Coding Note:	Code also the causing condition
	Inclusions: arachnoiditis bacterial leptomeningitis bacterial pachymeningitis bacterial
	Exclusions: bacterial: meningoencephalitis (1D00.0) bacterial meningomyelitis (1D02.0)
	Coded Elsewhere: Pachymeningitis (8E41)
1D01.00	Meningitis due to Haemophilus influenzae
1D01.0Y	Other specified bacterial meningitis
Coding Note:	Code also the causing condition
1D01.0Z	Bacterial meningitis, unspecified
Coding Note:	Code also the causing condition
1D01.1	Fungal meningitis A disease of the meninges, caused by an infection with a fungal agent.
	Coded Elsewhere: Meningitis due to Cryptococcus neoformans (1F27.10) Coccidioides meningitis (1F25.12) Candida meningitis (1F23.30) Meningitis due to Histoplasma capsulatum (1F2A.Y) Meningitis due to Mucormycosis (1F2C) Aspergillus meningitis (1F20.01)
1D01.2	Parasitic or protozoal meningitis
	Coded Elsewhere: Meningitis due to Cysticercosis (1F70.00) Eosinophilic meningitis due to Angiostrongylus cantonensis (1F60.0) Meningitis in Chagas disease (1F53.4) Meningitis in African trypanosomiasis (1F51.Z) Meningitis due to Strongyloides stercoralis (1F6B)

1D01.3	Benign recurrent meningitis
1D01.Y	Other specified infectious meningitis, not elsewhere classified
Coding Note:	Code also the causing condition
1D01.Z	Infectious meningitis, unspecified
Coding Note:	Code also the causing condition
1D02	Infectious myelitis, not elsewhere classified
	A disease of the spinal cord, caused by an infection.
Coding Note:	Code also the causing condition
1D02.0	Bacterial myelitis
	Inflammation of the spinal cord caused by a bacterial organism. Common agents causing bacterial myelitis include <i>Mycoplasma pneumoniae</i> , <i>Mycobacterium tuberculosis</i> , <i>Treponema pallidum</i> , and <i>Brucella</i> .
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 <i>Cryptococcus neoformans</i> , <i>Coccidioides immitis</i> , <i>Blastomyces dermatitidis</i> , <i>Histoplasma capsulatum</i> , <i>Candida</i> , and <i>Aspergillus</i> .
Coding Note:	Code also the causing condition
1D02.3	Parasitic myelitis
Coding Note:	Code also the causing condition
1D02.Y	Other specified infectious myelitis, not elsewhere classified
Coding Note:	Code also the causing condition
1D02.Z	Infectious myelitis, unspecified
Coding Note:	Code also the causing condition

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

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

Coding Note: Code also the causing condition

1D03.0 Intraspinal intramedullary abscess

Coding Note: Code also the causing condition

1D03.1 Intraspinal subdural abscess

Coding Note: Code also the causing condition

1D03.2 Intraspinal extradural abscess

Coding Note: Code also the causing condition

1D03.3 Intracranial abscess

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

Coding Note: Code also the causing condition

1D03.30 Deep cerebral hemispheric abscess

Coding Note: Code also the causing condition

1D03.31 Abscess of the corpus callosum

Coding Note: Code also the causing condition

1D03.32 Pituitary abscess

Coding Note: Code also the causing condition

1D03.33	Multiple or widespread intracranial abscess Multiple focal suppurative infections within the cranial cavity, including the epidural and subdural spaces, or in the brain, brainstem or cerebellum. The abscesses are typically surrounded by a vascularised capsule. Cerebritis describes nonencapsulated brain abscesses. The infective agent may be bacterial, fungal, or parasitic. The signs and symptoms are variable but typically present as an expanding mass lesion, over a variable period of time, with headache, fever, and a focal neurologic deficit. Seizures may occur. Diagnosis is made by neuroimaging and microbiological testings as Gram stain and culture of abscess material.
Coding Note:	Code also the causing condition
1D03.3Y	Other specified intracranial abscess
Coding Note:	Code also the causing condition
1D03.3Z	Intracranial abscess, unspecified
Coding Note:	Code also the causing condition
1D03.4	Intraspinal epidural abscess A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a focal accumulation of purulent material within the epidural space. This condition presents with symptoms depending on the location of the abscess. Transmission is through haematogenous spread of the infectious agent commonly from a cutaneous or mucosal source.
Coding Note:	Code also the causing condition
1D03.5	Spinal cord abscess A condition of the spinal cord, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material within the spinal cord. This condition may present with fever, back pain, and neurological deficits. Transmission is through haematogenous spread of the infectious agent.
Coding Note:	Code also the causing condition
1D03.Y	Other specified site of infectious abscess of the central nervous system
Coding Note:	Code also the causing condition
1D03.Z	Infectious abscess of the central nervous system, site unspecified
Coding Note:	Code also the causing condition
1D04	Infectious granulomas of the central nervous system Coded Elsewhere: Tuberculous granuloma of brain (1B11.3)
1D04.0	Parasitic intracerebral granuloma

1D04.1	Intracranial granuloma
	A condition of the cranial cavity, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the cranial cavity. This condition may present with neurological deficits.
1D04.10	Fungal intracranial granuloma
1D04.1Y	Other specified intracranial granuloma
1D04.1Z	Intracranial granuloma, unspecified
1D04.2	Intraspinal intramedullary granuloma
1D04.3	Intraspinal subdural granuloma
1D04.4	Intraspinal extradural granuloma
1D04.5	Intraspinal epidural granuloma
	A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the epidural space. This condition may present with neurological deficits.
1D04.Y	Other specified site of infectious granulomas of the central nervous system
1D04.Z	Infectious granulomas of the central nervous system, site unspecified
1D05	Infectious cysts of the central nervous system
1D05.0	Epidural infectious cyst
	A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material within the epidural space. This condition may present with neurological deficits.
1D05.1	Subdural infectious cyst
	A condition of the subdural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material between the dura mater and the arachnoid mater. This condition may present with neurological deficits.
1D05.Y	Other specified infectious cysts of the central nervous system
1D05.Z	Infectious cysts of the central nervous system, unspecified
1D0Y	Other specified non-viral and unspecified infections of the central nervous system
1D0Z	Non-viral and unspecified infections of the central nervous system, unspecified

Dengue (1D20-1D2Z)

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

1D20

Dengue without warning signs

Inclusions: Dengue haemorrhagic fever Grade 1
Dengue fever without warning signs
Dengue haemorrhagic fever without warning signs

1D21

Dengue with warning signs

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

1D22

Severe dengue

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

1D2Z

Dengue fever, unspecified

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

Coded Elsewhere: Dengue (1D20-1D2Z)

Far Eastern tick-borne encephalitis (1C8G.0)
Central European tick-borne encephalitis (1C8G.1)
Western equine encephalitis (1C83)
Eastern equine encephalitis (1C84)
Japanese encephalitis (1C85)
St Louis encephalitis (1C86)
Rocio viral encephalitis (1C87)
Murray Valley encephalitis (1C88)
California encephalitis (1C8B)
Venezuelan equine encephalitis (1C8C)
La Crosse encephalitis (1C8D)
Siberian tick-borne encephalitis (1C8G.2)

1D40

Chikungunya virus disease

1D41	Colorado tick fever
1D42	O'nyong-nyong fever
1D43	Oropouche virus disease A disease caused by an infection with Oropouche virus. This disease is characterised by fever, headache, neck and back pain, joint pain, or photophobia. This disease may also present with bronchitis, nausea, diarrhoea, abdominal pain or burning sensations all over the body. Transmission is through the bite of an infected mosquito or midge. Confirmation is by detection of the Oropouche virus specific antibodies in a serum sample. <i>Inclusions:</i> 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 <i>Inclusions:</i> pappataci fever phlebotomus fever
1D46	West Nile virus infection A condition caused by an infection with West Nile virus. This condition is commonly asymptomatic. This condition may present with fever, headache, stiffness of the neck, stupor, disorientation, coma, tremors, convulsions, muscle weakness, or paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgG or IgM anti-West Nile virus antibodies in a serum sample. <i>Inclusions:</i> 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. <i>Coded Elsewhere:</i> Congenital Zika virus infection (KA62.0)

1D49

Crimean-Congo haemorrhagic fever

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

1D4A

Omsk haemorrhagic fever

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

1D4B

Kyasanur Forest disease

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

1D4C

Alkhurma haemorrhagic fever

1D4D

Ross River disease

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

Inclusions: Epidemic polyarthritis and exanthema
Ross River fever

1D4E

Severe fever with thrombocytopenia syndrome

1D4Y

Other specified arthropod-borne viral fevers

1D4Z

Arthropod-borne viral fever, virus unspecified

Certain zoonotic viral diseases (1D60-1D6Z)

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

Encephalitis due to Arenavirus (1D61.Y)

1D60

Filovirus disease

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

1D60.0

Ebola disease

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

1D60.00

Bundibugyo virus disease

Ebola disease caused by Bundibugyo virus.

1D60.01

Ebola virus disease

Ebola disease caused by Ebola virus.

1D60.02	Sudan virus disease Ebola disease caused by Sudan virus.
1D60.03	Atypical Ebola disease
Coding Note:	This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. meningoencephalitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Ebola disease.
1D60.0Y	Other specified Ebola disease
1D60.0Z	Ebola disease, virus unspecified
1D60.1	Marburg disease A severe disease with high case fatality caused by infection with Marburg virus or a closely related virus. Marburg disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).
1D60.10	Marburg virus disease Marburg disease caused by Marburg virus or Ravn virus.
1D60.11	Atypical Marburg disease
Coding Note:	This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. orchitis, uveitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Marburg disease.
1D60.1Y	Other specified Marburg disease
1D60.1Z	Marburg disease, virus unspecified
1D60.Y	Other specified filovirus disease

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

1D61 **Arenavirus disease**

Coded Elsewhere: Lymphocytic choriomeningitis (1C8F)

1D61.0 **Argentinian haemorrhagic fever**

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

1D61.1 **Bolivian haemorrhagic fever**

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

1D61.2 **Lassa fever**

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

1D61.3	Venezuelan haemorrhagic fever
	A disease mainly found in rural areas of central Venezuela that is caused by an infection with Guanarito virus. Symptoms/signs among patients include fever, malaise, headache, arthralgia, sore throat, vomiting, abdominal pain, diarrhoea, convulsions, and a variety of haemorrhagic manifestations. The majority of patients also develop leukopenia and thrombocytopenia. The overall lethality may reach 30% even in hospitalised patients receiving supportive care. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Guanarito virus from blood or mucosal secretions samples.
1D61.Y	Other specified arenavirus disease
1D61.Z	Arenavirus disease, unspecified
1D62	Hantavirus disease
	An acute zoonotic viral disease characterised by abrupt onset of fever, influenza-like clinical signs (e.g., chills, headache, myalgia, dry cough), gastrointestinal signs (e.g., diffuse abdominal pain, vomiting, diarrhoea), transient troubled vision (acute myopia), lumbalgia due to renal swelling, haemorrhagic manifestations to various degrees sometimes followed by rapidly increasing dyspnoea due to not-cardiogenic acute lung oedema, and/or renal involvement. The latter is characterised by initial, often massive proteinuria and microhaematuria sometimes accompanied by transient renal function impediment. All hantavirus infections are heralded by varying degrees of transient thrombocytopenia, which may serve as an indicator of clinical severity.
1D62.0	Haemorrhagic fever with renal syndrome
	Acute zoonotic viral disease with abrupt onset of fever, lower back pain, varying degrees of haemorrhagic manifestations, and renal involvement caused by certain hantaviruses.
	Inclusions: Nephropathia epidemica
1D62.1	Hantavirus pulmonary syndrome
	A disease of the respiratory system, caused by infection with certain hantaviruses. This disease is characterised by fever, fatigue, myalgia, headache, chills, nausea, vomiting, diarrhoea, or abdominal pain. This disease may also present with coughing and dyspnoea. Transmission is by the faecal-oral route or airborne transmission.
1D62.2	Atypical hantavirus disease
1D62.Y	Other specified hantavirus disease
1D62.Z	Hantavirus disease, unspecified
1D63	Henipavirus encephalitis
	Acute bat-borne disease characterised by fever and headaches. The disease may progress to drowsiness, disorientation, mental confusion, and finally encephalitis (brain swelling) in less than a week. This progression may occur with or without an acute respiratory distress component. The incubation period ranges from 4 to 14 days. Lethality is high.

1D64**Middle East respiratory syndrome**

A disease caused by an infection with Middle East Respiratory Syndrome coronavirus (MERS-CoV). 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 to 41 °C, severe testicular pain, scrotal swelling and erythema. Mumps induced orchitis typically presents 1-2 weeks after parotitis. The virus' infiltration into the testicular glands can cause parenchymal inflammation, separation of seminiferous tubules and perivascular interstitial lymphocyte infiltration. Testicular atrophy can result from a rise in intratesticular pressure. Complications include oligospermia, azoospermia, and asthenospermia, which can contribute to subfertility. Infertility is more common in patients with bilateral mumps orchitis and is estimated to occur in approximately 13% of all patients. Sterility is rarely induced by mumps orchitis.

Inclusions: Mumps orchitis

1D80.2	Meningitis due to mumps virus A disease of the meninges, caused by an infection with mumps virus. This disease is characterised by photophobia, vomiting, fever, arthralgia, headache, stiff neck, convulsions, or seizures. This disease may also present with pale, blotchy skin or a distinctive rash. Transmission is by haematogenous spread to the meninges after inhalation of infected respiratory secretions or droplet transmission. Confirmation is by identification of mumps virus in a buccal swab or blood sample. <i>Inclusions:</i> 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. <i>Inclusions:</i> Mumps encephalitis
1D80.4	Pancreatitis due to mumps virus <i>Inclusions:</i> 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. <i>Inclusions:</i> 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

Mpox

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

Inclusions: monkeypox

1E72

Cowpox

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

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

1E73

Vaccinia

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

1E74

Buffalopox

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

1E75

Orf

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

1E76

Molluscum contagiosum

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

Exclusions: Viral warts (1E80)

1E7Y

Other specified infections due to poxvirus

1E7Z

Infections due to poxvirus, unspecified

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

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

Coded Elsewhere: Anogenital warts (1A95)

1E80 **Common warts**
Common warts are due to an infection of the epidermis by certain human papilloma viruses, most commonly HPV subtypes 1, 2, 4, 27 and 57. They manifest typically as papillomatous, keratinous growths on the hands and feet but may affect any part of the skin (and also adjacent mucous epithelia). They are very common during childhood and adolescence.

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

1E80.0 **Digital or periungual warts**
Viral warts affecting the fingers, thumbs or non-plantar (or non-weight-bearing) skin of the toes. They are often difficult to eradicate, particularly if the nail folds are involved, but most will eventually resolve spontaneously.

Exclusions: Plantar warts (1E80.1)

1E80.1 **Plantar warts**
Viral warts affecting the plantar surfaces of the feet including the weight-bearing skin of the toes. They are often painful and are difficult to eradicate. In most cases, however, they do eventually resolve spontaneously.

1E80.Y **Other specified common warts**

1E80.Z **Common warts, unspecified**

1E81 **Plane warts**
Plane warts (flat warts) are clinically distinct from common warts and manifest as multiple small flat-topped, often lightly pigmented papules on the face or extremities. They are caused by human papillomavirus (HPV) subtypes 3 and 10.

1E82 **Warts of lips or oral cavity**
Infection of the lips and/or oral cavity, particularly the keratinized surfaces of the gingiva and palate, with "skin" type human papillomavirus (types 2 and 4). Focal epithelial hyperplasia (Heck disease) is a specific form of oral human papillomavirus infection caused by types 13 or 32 and of high prevalence in certain communities in the Americas.

1E82.0 **Focal epithelial hyperplasia of oral mucous membranes**
Otherwise known as Heck disease, this is due to infection of the oral mucosa by human papillomavirus types 13 or 32. It most commonly presents as multiple smooth mucosal papules, giving rise to a cobblestone appearance. It is particularly common in children from native communities of the Americas with incidence rates of up to 30% reported.

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

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

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

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

1E90**Varicella**

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

Coded Elsewhere: Fetal varicella syndrome (KA62.2)

Congenital varicella (KA62.2)

1E90.0**Varicella without complication**

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

1E90.1**Varicella meningitis**

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

1E90.2**Varicella encephalitis**

Inclusions: Postchickenpox encephalitis

Varicella encephalomyelitis

1E90.Y**Varicella with other specified complication****1E90.Z****Varicella, unspecified****1E91****Zoster**

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

1E91.0**Zoster without complications**

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

1E91.1	Ophthalmic zoster A disease of the eyes, caused by the reactivation of a latent infection with varicella zoster virus in the trigeminal nerve. This disease is characterised by a periorbital rash (typically within one dermatome), and conjunctivitis.
1E91.2	Disseminated zoster Disseminated herpes zoster indicates the presence of widespread cutaneous involvement extending beyond the primarily affected and directly adjacent dermatomes. It may be associated with impaired immunity resulting from disease or from therapy.
1E91.3	Zoster with central nervous system involvement
1E91.4	Acute neuropathy of cranial nerve due to zoster
1E91.40	Acute trigeminal zoster neuropathy
1E91.41	Acute herpetic geniculate ganglionitis
1E91.4Y	Other specified acute neuropathy of cranial nerve due to zoster
1E91.4Z	Acute neuropathy of cranial nerve due to zoster, unspecified
1E91.5	Postherpetic polyneuropathy
1E91.Y	Zoster with other specified complications
1E91.Z	Zoster, unspecified
1F00	Herpes simplex infections Any condition caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). Confirmation is by identification of herpes simplex virus type 1 or 2. Exclusions: Herpangina (1F05.1) Coded Elsewhere: Perinatal Herpes simplex infection (KA62.A) Anogenital herpes simplex infection (1A94) Sexually transmissible infections due to Herpes simplex virus (1A9Z)
1F00.0	Herpes simplex infection of skin or mucous membrane A disease of the skin and mucous membranes, caused by an infection with herpes simplex virus type 1 or 2. This disease is characterised by vesicles, or may be asymptomatic. Transmission is by direct contact. Confirmation is by identification of herpes simplex virus type 1 or 2. Coded Elsewhere: Anogenital herpes simplex infection (1A94)
1F00.00	Herpes simplex infection of skin Herpes simplex infection affecting skin and commonly arising from person-to-person inoculation of virus from contact sports such as Rugby football or wrestling.
1F00.01	Herpes simplex labialis 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 This is a viral disease from the herpesviridae family caused by both Herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2). Infection with the herpes virus is categorized into one of several distinct disorders based on the site of infection. This diagnosis is a condition in which the eye's cornea, the front part of the eye, becomes infected and inflamed. Coded Elsewhere: Herpetic ulcer of cornea (9A76)
1F00.11	Herpes simplex infection of eyelid
1F00.1Y	Other specified herpes simplex infection of the eye
1F00.1Z	Herpes simplex infection of the eye, unspecified
1F00.2	Herpes simplex infection of central nervous system A condition of the central nervous system, caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). This condition is characterised by fever, headache, or other clinical symptoms depending on the site of infection. Confirmation is by identification of herpes simplex virus type 1 or 2.
1F00.20	Herpes simplex meningitis
1F00.21	Encephalitis due to herpes simplex virus Herpetic encephalitis is a cerebral infection caused by herpes simplex virus type 1 (HSV1). It presents as acute necrotising temporal encephalitis. Onset is rapid (less than 48 hours) with a fever of 40 °C, headaches, and behavioural, language and memory problems. These initial manifestations are followed by numbness and coma, which may be accompanied by convulsions and paralysis. This disease, which affects only a small minority of HSV1-infected individuals, results from a primary immune deficiency. Inclusions: Simian B disease
1F00.2Y	Other specified herpes simplex infection of central nervous system
1F00.3	Disseminated herpes simplex infection
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 palmo-plantar skin.
Exclusions: Hand, foot and mouth disease (1F05.0)
- 1F05.Y Other specified picornavirus infections presenting in the skin or mucous membranes**
- 1F0Y Other specified viral infections characterised by skin or mucous membrane lesions**
- 1F0Z Viral infections characterised by skin or mucous membrane lesions, unspecified**

Mycoses (1F20-1F2Z)

- Exclusions:** Mycosis fungoides (2B01)
 Hypersensitivity pneumonitis due to organic dust (CA70)
- Coded Elsewhere:** Intestinal fungal infections
 Fungal infection of fetus or newborn (KA63)

- 1F20 Aspergillosis**
 Aspergillosis is a disease caused by fungi of the genus *Aspergillus*. The organism is ubiquitous, being found in soil and water or in decaying vegetation. While *Aspergillus* is entirely harmless for most individuals, the spores can cause various forms of mycosis in people with lung diseases or weakened immune system.
Inclusions: aspergilloma
Coded Elsewhere: Aspergillus-induced allergic or hypersensitivity conditions (CA82.4)
 Neonatal aspergillosis (KA63.1)
- 1F20.0 Invasive aspergillosis**
 A disease caused by an infection with the fungi *Aspergillus*. This disease is characterised by colonization and invasion of tissue by *Aspergillus* in one part of the body and may spread to other parts of the body. Transmission is commonly by inhalation of *Aspergillus* spores.
- 1F20.00 Invasive aspergillosis of the digestive tract**
- 1F20.01 Invasive cerebral aspergillosis**

1F20.02	Disseminated aspergillosis Invasive aspergillosis affecting three or more organs.
1F20.0Y	Invasive aspergillosis of other specified site
1F20.0Z	Invasive aspergillosis, unspecified
1F20.1	Non-invasive aspergillosis
1F20.10	Aspergillus otomycosis Chronic superficial fungal infection of the external auditory canal and auricle due to saprophytic fungi of the genus <i>Aspergillus</i> .
1F20.11	Chronic aspergillosis of the paranasal sinuses Inclusions: Chronic granulomatous <i>Aspergillus</i> rhinosinusitis
1F20.12	Chronic pulmonary aspergillosis Chronic pulmonary aspergillosis (CPA) presents as nodular or cavitary lesion(s) in the lungs, of at least three months duration. It is caused by <i>Aspergillus</i> species as demonstrated on histological staining, by positive culture of biopsy, or positive <i>Aspergillus</i> IgG antibodies. The most common form of CPA is chronic cavitary pulmonary aspergillosis (CCPA). Untreated it may progress to chronic fibrosing pulmonary aspergillosis (CFPA). Less common manifestations of CPA include <i>Aspergillus</i> nodule and single aspergilloma. All these entities are found in non-immunocompromised patients with prior or current lung disease. Subacute invasive pulmonary aspergillosis (formerly called chronic necrotising pulmonary aspergillosis) is a more rapidly progressive infection (<3 months) usually found in moderately immunocompromised patients.
1F20.13	Tonsillar aspergillosis
1F20.14	<i>Aspergillus</i> bronchitis
1F20.15	Obstructing <i>aspergillus</i> tracheobronchitis
1F20.1Y	Other specified non-invasive aspergillosis
1F20.1Z	Non-invasive aspergillosis, unspecified
1F20.Z	Aspergillosis, unspecified
1F21	Basidiobolomycosis Basidiobolomycosis is characterised by a slowly spreading, painless, non-pitting subcutaneous swelling without other obvious clinical signs. It may be single, or there may be multiple satellite lesions. The disc-shaped masses have a uniform hard consistency. It usually involves the limbs or limb-girdle areas and the infection is most often seen in children. Inclusions: Subcutaneous mucoromycosis due to <i>Basidiobolus ranarum</i>

1F22**Blastomycosis**

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

Exclusions: Brazilian blastomycosis (1F2E)
keloidal blastomycosis (1F2B)

1F23**Candidosis**

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

Inclusions: moniliasis
candidiasis

Coded Elsewhere: Neonatal candidosis (KA63.2)
Invasive neonatal candidosis (KA63.2)

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

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

Exclusions: Neonatal candidosis (KA63.2)

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

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

1F23.10**Vulvovaginal candidosis**

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

1F23.11**Candida balanoposthitis**

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

Inclusions: Candidosis of penis
Penile thrush

1F23.12**Flexural or intertriginous candidosis**

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

1F23.13	Candidosis of nail or paronychium Infection of the nail and/or paronychium (nail fold) with Candida yeasts
1F23.14	Chronic mucocutaneous candidosis Chronic Mucocutaneous Candidiasis is a primary immune deficiency characterised by persistent and/or recurrent infections of skin, nails and mucous membranes, caused by organisms of the genus Candida, mainly C. albicans.
1F23.15	Disseminated cutaneous candidosis
1F23.16	Candida otomycosis Infection of the external auditory canal with Candida yeasts, especially Candida parapsilosis. The infection may present with whitish greasy debris in, or discharge from the external auditory canal, or with erythema, oedema and pain. Candida otomycosis is less common than otomycosis due to Aspergillus. Chronic infection may be associated with perforation of the eardrum.
1F23.1Y	Candidosis of skin or mucous membrane of other specified site
1F23.1Z	Candidosis of skin or mucous membranes, unspecified
1F23.2	Candidosis of gastrointestinal tract
1F23.3	Systemic or invasive candidosis Invasion of internal organs by Candida yeasts. Risk factors include acute leukemia, haematopoietic stem cell or solid organ transplantation, and acute critical illness. Candida species other than Candida albicans are commonly implicated. Coded Elsewhere: Invasive neonatal candidosis (KA63.2) Candidaemia (MA15.1)
1F23.30	Candida meningitis
1F23.31	Pulmonary candidosis A disease of the pulmonary system, caused by an infection with the fungi Candida. This disease is characterised by fever, chills, cough, nausea, vomiting, tachypnoea, tachycardia, or dyspnoea. Transmission is by opportunistic transmission. Confirmation is by identification of Candida from a sputum sample.
1F23.3Y	Other specified systemic or invasive candidosis
1F23.3Z	Systemic or invasive candidosis, unspecified
1F23.Y	Other specified candidosis
1F23.Z	Candidosis, unspecified

1F24**Chromoblastomycosis**

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

1F25**Coccidioidomycosis**

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

1F25.0**Pulmonary coccidioidomycosis**

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

1F25.00**Acute pulmonary coccidioidomycosis**

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

1F25.01**Chronic pulmonary coccidioidomycosis**

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

1F25.1**Extrathoracic coccidioidomycosis**

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

1F25.10	Disseminated coccidioidomycosis Diffuse pulmonary coccidioidomycosis occurs either when there is inhalation of a massive number of arthroconia, such as may occur during archeological excavations, or among individuals with severely depressed cellular immunity (e.g., late HIV-1 infection [AIDS]; cancer chemotherapy; allogeneic transplant recipients, treatment with corticosteroids; and during the second, third trimesters and postpartum pregnancy). The radiographic appearance often is a mixture of small nodules and interstitial findings, sometimes called "reticulonodular" or, because it may resemble overwhelming pulmonary tuberculosis, "miliary."
1F25.11	Primary cutaneous coccidioidomycosis Coccidioidomycosis may rarely result from direct inoculation, usually through a puncture of the skin by a thorn or other vegetative structure. The infection generally remains confined to this area with local lymphangitic spread and is not considered indicative of disseminated disease. Coccidioidal serology tests may be positive.
1F25.12	Coccidioides meningitis An uncommon but often lethal form of coccidioidomycosis due to dissemination of Coccidioides fungi from the primary site of infection, principally the lungs, to the central nervous system. Inclusions: Coccidioidomycosis meningitis
1F25.1Y	Other specified extrathoracic coccidioidomycosis
1F25.1Z	Extrathoracic coccidioidomycosis, unspecified
1F25.Z	Coccidioidomycosis, unspecified
1F26	Conidiobolomycosis Conidiobolomycosis is a subcutaneous infection involving nasal mucosa and paranasal sinuses, leading to formation of firm, subcutaneous nodules or polyps. The infection may be acquired via inhalation of spores or a minor trauma such as an insect bite. The infected host is frequently an otherwise healthy individual working outdoors in tropical areas. Conidiobolomycosis can, however, cause major facial disfigurement. In individuals with impaired immune responses more invasive and potentially fatal infections may occur: such infections are not usually associated with skin lesions. Inclusions: Rhinomentomophthoromycosis
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 <i>C. gattii</i>.
1F27.1	Cerebral cryptococcosis A disease of the central nervous system, caused by an infection with the fungi <i>Cryptococcus neoformans</i> or <i>Cryptococcus gattii</i>. This disease is characterised by fever, headache, lethargy, or neurological deficits. Transmission is by inhalation of fungal spores. Confirmation is by identification of <i>Cryptococcus neoformans</i> or <i>Cryptococcus gattii</i> in a blood, sputum, or cerebrospinal fluid sample.
1F27.10	Meningitis due to <i>Cryptococcus neoformans</i> Inflammation of the pia and arachnoid and spinal fluid associated with the fungus <i>cryptococcus neoformans</i>. The respiratory tract is the usual portal of entry and meningitis may occur after dissemination to the meninges from the lungs. <i>C. neoformans</i> meningitis tends to occur in patients with defective cellular immunity. The meningitis usually evolves subacutely, but may be acute. Clinical features include headache, fever, nausea and vomiting, meningismus, visual disturbances, abnormal mental status, seizures, and raised intracranial pressure. Headache, fever, and stiff neck may be absent. The diagnosis is made by microscopic examination of the spinal fluid, culture of CSF and blood, and the latex agglutination test to detect the capsular polysaccharide antigen in CSF and blood. The organism may be seen on Gram stain or India ink stain of the CSF. The spinal fluid usually shows variable lymphocytic pleocytosis, a low glucose content, and a high protein level.
1F27.2	Disseminated cryptococcosis Disseminated cryptococcosis is most common in immunocompromised hosts, with involvement with any organ and predilection for the central nervous system. It may manifest as systemic illness with fever, night sweats and malaise. Blood cultures may be positive (cryptococcaemia).
1F27.Y	Other specified cryptococcosis
1F27.Z	Cryptococcosis, unspecified

1F28**Dermatophytosis**

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

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

Exclusions: Tinea nigra (1F2D.4)
Tinea versicolor (1F2D.0)

1F28.0**Dermatophytosis of scalp**

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

Inclusions: Tinea capitis
Scalp ringworm

1F28.1**Dermatophytosis of nail**

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

Inclusions: Onychomycosis due to dermatophyte
Tinea unguium
Ringworm of nails

Exclusions: Onychomycosis due to non-dermatophyte mould (1F2D.5)
Candida onychomycosis (1F23.13)

1F28.2**Dermatophytosis of foot**

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

Inclusions: Moccasin foot
Tinea pedis
Athlete's foot
Ringworm of foot

1F28.3	Genitocrural dermatophytosis Dermatophyte infection of the inguinocrural folds and adjacent external genitalia (tinea cruris). It presents as erythema and inflammation of affected skin with an advancing scaly edge. It is typically itchy and affects adult men much more commonly than women or children. Dermatophyte infection of the toe clefts commonly co-exists.
	Inclusions: Tinea cruris Ringworm of groin Dermatophytosis of groin
1F28.4	Kerion Kerion results from a severe host inflammatory response to dermatophyte infection of the hair follicles of the scalp or beard. It typically presents as a single painful, severely inflammatory, suppurating boggy mass and is most commonly a reaction to a zoophilic dermatophyte infection especially <i>Trichophyton verrucosum</i> (cattle ringworm) or <i>Trichophyton mentagrophytes</i> .
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 <i>Madurella mycetomatis</i> , <i>Madurella grisea</i> , <i>Leptosphaeria senegalensis</i> , <i>Curvularia lunata</i> , <i>Scedosporium apiospermum</i> , <i>Neotestudina rosatii</i> , <i>Acremonium</i> spp. and <i>Fusarium</i> spp. Inclusions: Mycetoma due to fungal infection Exclusions: Actinomycetoma (1C43)
1F2A	Histoplasmosis Histoplasmosis is a disease caused by the fungus <i>Histoplasma</i> that exists worldwide with two significant variants: <i>Histoplasma capsulatum</i> and <i>Histoplasma duboisii</i> . Coded Elsewhere: Histoplasmosis-related fibrosing mediastinitis (CB22.0)

1F2A.0	Pulmonary histoplasmosis capsulati A disease of the pulmonary system, caused by an infection with the fungi <i>Histoplasma capsulatum</i>. 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 <i>Histoplasma capsulatum</i> from affected tissue or body fluids, detection of antibodies against <i>Histoplasma capsulatum</i>, or detection of <i>Histoplasma capsulatum</i> antigen.
1F2A.1	Histoplasmosis due to <i>Histoplasma duboisii</i> This form of histoplasmosis is endemic to Sub-Saharan Africa and is generally less virulent than histoplasmosis due to <i>H. capsulatum</i>, 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 <i>Histoplasma duboisii</i> 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 <i>Lacazia loboi</i>. 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 <i>Lacazia loboi</i> 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 <i>Candida</i> and dermatophytes. Exclusions: Candidosis (1F23) Dermatophytosis (1F28)
1F2D.0	Pityriasis versicolor A disease of the skin, caused by an infection with the fungi <i>Malassezia</i>. 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 <i>Malassezia</i> in a skin sample.

1F2D.1	Malassezia folliculitis Malassezia folliculitis is caused by the invasion of the hair follicle by Malassezia yeasts. Although Malassezia yeasts are a part of the normal human microflora, under certain conditions they can cause superficial dermatological conditions. The invasion results in the development of erythematous papules, and sometimes pustules, which may be either asymptomatic or itchy. Usually Malassezia yeasts are present along with staphylococci and propionibacteria in the follicles. Inclusions: Seborrhoeic folliculitis Exclusions: Seborrhoea (ED91.2)
1F2D.2	White piedra A disease of the hair shaft, caused by an infection with the fungi Trichosporon beigelii. This disease is characterised by irregular, soft, white, or light brown nodules which adhere to the hair follicle. Transmission is by direct contact with contaminated soil or water, or by airborne transmission. Confirmation is by identification of Trichosporon beigelii in a hair follicle sample. Inclusions: Trichosporosis nodosa
1F2D.3	Black piedra Inclusions: Trichomycosis nodularis
1F2D.4	Tinea nigra A disease of the skin, caused by an infection with the fungi Tinea nigra. This disease is characterised by brown to black macules; small, flat circumscribed changes in the colour of skin. This disease commonly presents on the palmar surfaces, soles, or other skin surfaces. Transmission is by direct contact with contaminated soil, wood, or vegetation. Confirmation is identification of Tinea nigra in a skin sample. Inclusions: Keratomycosis nigricans palmaris
1F2D.5	Onychomycosis due to non-dermatophyte mould Fungal nail infection due to organisms other than Candida and dermatophytes. These include Scopulariopsis brevicaulis, Neoscytalidium dimidiatum, Fusarium spp., and Aspergillus spp., which may not respond to therapies directed at the more common causes of onychomycosis. Exclusions: Candidosis of nail or paronychium (1F23.13)
1F2D.Y	Other specified non-dermatophyte superficial dermatomycoses
1F2D.Z	Non-dermatophyte superficial dermatomycoses, unspecified
1F2E	Paracoccidioidomycosis A disease caused by an infection with the fungi Paracoccidioides brasiliensis. This disease commonly presents with fever, toxemia, 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 <i>Paracoccidioides brasiliensis</i> . This disease is characterised by fever, cough, dyspnoea, or malaise. Transmission is by inhalation of fungal spores. Confirmation is by identification of <i>Paracoccidioides brasiliensis</i> 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 <i>Coded Elsewhere:</i> HIV disease resulting in <i>Pneumocystis jirovecii</i> pneumonia (1C62.2)
1F2G.0	Pulmonary pneumocystosis An opportunistic pulmonary infection by the fungus <i>Pneumocystis jirovecii</i> . It is strongly associated with HIV and AIDS. <i>Coded Elsewhere:</i> Pneumonia due to pneumocystis (CA40.20)
1F2G.Z	Pneumocystosis, unspecified
1F2H	Scedosporiosis An opportunistic infection caused by fungal species of the genus <i>Scedosporium</i> . 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 <i>Sporothrix schenckii</i> . 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 <i>Sporothrix schenckii</i> from a tissue or skin sample.

1F2J.0	Lymphocutaneous sporotrichosis This is the most common type of sporotrichosis and follows implantation of <i>Sporothrix schenckii</i> 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 <i>Sporothrix schenckii</i> conidia are inhaled. Symptoms of pulmonary sporotrichosis mimic those of tuberculosis including constitutional complaints of fever, night sweats, weight loss, and fatigue as well as respiratory complaints including dyspnoea, cough, purulent sputum, and haemoptysis.
1F2J.3	Disseminated sporotrichosis
1F2J.Y	Other specified sporotrichosis
1F2J.Z	Sporotrichosis, unspecified
1F2K	Talaromycosis Talaromycosis is an infection due to <i>Talaromyces marneffe</i> , an ubiquitous saprophyte of soil and decomposing organic matter. This dimorphic fungus, formerly known as <i>Penicillium marneffe</i> , 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 <i>Emmonsia</i> and <i>Emmonsia</i> -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 <i>Emmonsia</i> and <i>Emmonsia</i> -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 <i>Emmonsia</i> 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 <i>Chrysosporium parvum</i> (formerly <i>Emmonsia parva</i>). 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 <i>Plasmodium falciparum</i>
	A disease caused by an infection with the protozoan parasite <i>Plasmodium falciparum</i> . 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 <i>Plasmodium falciparum</i> in a blood sample.
	Coding Note: Includes mixed infections of <i>Plasmodium falciparum</i> with any other <i>Plasmodium</i> species.
	Coded Elsewhere: Congenital <i>falciparum</i> malaria (KA64.1)

1F40.0	Plasmodium falciparum malaria with cerebral complications A disease of the cerebrum, caused by an infection with the protozoan parasite <i>Plasmodium falciparum</i> . 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 <i>Plasmodium falciparum</i> in a blood sample.
1F40.Y	Other severe and complicated <i>Plasmodium falciparum</i> malaria
Coding Note:	Includes mixed infections of <i>Plasmodium falciparum</i> with any other <i>Plasmodium</i> species.
1F40.Z	Malaria due to <i>Plasmodium falciparum</i>, unspecified
Coding Note:	Includes mixed infections of <i>Plasmodium falciparum</i> with any other <i>Plasmodium</i> species.
1F41	Malaria due to <i>Plasmodium vivax</i> A disease caused by an infection with the protozoan parasite <i>Plasmodium vivax</i> . 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 <i>Plasmodium vivax</i> in a blood sample. Exclusions: when mixed with <i>Plasmodium falciparum</i> (1F40)
1F41.0	<i>Plasmodium vivax</i> malaria with rupture of spleen
1F41.Y	Malaria due to <i>Plasmodium vivax</i> with other complications
1F41.Z	<i>Plasmodium vivax</i> malaria without complication
1F42	Malaria due to <i>Plasmodium malariae</i> A disease caused by an infection with the protozoan parasite <i>Plasmodium malariae</i> . 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 <i>Plasmodium malariae</i> in a blood sample. Exclusions: when mixed with <i>Plasmodium vivax</i> (1F41) when mixed with <i>Plasmodium falciparum</i> (1F40)
1F42.0	<i>Plasmodium malariae</i> malaria with nephropathy Quartan malarial nephropathy is a rare complication of <i>malariae</i> (quartan) malaria, especially occurring in children; it is a glomerulonephritis, usually fatal.
1F42.Y	Malaria due to <i>Plasmodium malariae</i> with other complications
1F42.Z	<i>Plasmodium malariae</i> 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 <i>Trypanosoma brucei rhodesiense</i>. 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 <i>Trypanosoma brucei rhodesiense</i> in a blood sample, lymph node fluid, or biopsy of the chancre. Inclusions: East African sleeping sickness Infection due to <i>Trypanosoma brucei rhodesiense</i>
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 <i>Babesia</i>. 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 (<i>Ixodes</i>), or vertical transmission. Confirmation is by identification of <i>Babesia</i> in a blood smear, or detection of antibodies against <i>Babesia</i>. Inclusions: Piroplasmosis
1F53	Chagas disease A disease caused by an infection with the protozoan parasite <i>Trypanosoma cruzi</i>. 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 <i>Trypanosoma cruzi</i> in a blood sample. Inclusions: American trypanosomiasis infection due to <i>Trypanosoma cruzi</i>

1F53.1	Acute Chagas disease without heart involvement A disease caused by an acute infection with the protozoan parasite <i>Trypanosoma cruzi</i> . 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 <i>Trypanosoma cruzi</i> in a blood sample.
1F53.2	Chronic Chagas disease with heart involvement A disease caused by a chronic infection with the protozoan parasite <i>Trypanosoma cruzi</i> . 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 <i>Trypanosoma cruzi</i> in a blood sample.
1F53.3	Chagas disease with digestive system involvement A disease caused by an infection with the protozoan parasite <i>Trypanosoma cruzi</i> . 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 <i>Trypanosoma cruzi</i> 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 <i>Leishmania</i> . These protozoa exist as obligate intracellular parasites in human and mammalian hosts and are transmitted from host to host by certain species of sandfly. Depending on the <i>Leishmania</i> 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 <i>Leishmania</i> . 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 <i>Leishmania</i> from a tissue or blood sample, or detection of antibodies against <i>Leishmania</i> .
	Inclusions: Kala-azar

1F54.1**Cutaneous leishmaniasis**

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

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

1F54.2**Mucocutaneous leishmaniasis**

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

Inclusions: *Leishmania braziliensis* infection

1F54.Z**Leishmaniasis, unspecified****1F55****Naegleriasis**

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

1F56**Rhinosporidiosis**

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

1F57**Toxoplasmosis**

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

Coded Elsewhere: Congenital toxoplasmosis (KA64.0)

1F57.0**Hepatitis due to *Toxoplasma gondii***

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

1F57.1	Meningoencephalitis due to <i>Toxoplasma gondii</i> A disease of the meninges and brain, caused by an infection with the protozoan parasite <i>Toxoplasma gondii</i>. 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 <i>Toxoplasma gondii</i> in cerebrospinal fluid or identification of <i>Toxoplasma gondii</i> in cerebrospinal fluid, and advanced imaging of the nervous system. Inclusions: <i>Toxoplasma</i> meningoencephalitis
1F57.2	Pulmonary toxoplasmosis due to <i>Toxoplasma gondii</i> In immunodeficient patients, toxoplasmosis most often occurs in persons with defects in T cell-mediated immunity such as those receiving corticosteroids, anti-tumour necrosis factor (TNF) therapies, or cytotoxic drugs and those with hematologic malignancies, organ transplants, or acquired immunodeficiency syndrome (AIDS). Pulmonary toxoplasmosis in the immunodeficient patient may appear in the form of interstitial pneumonitis, necrotizing pneumonitis, consolidation, pleural effusion, or empyema, or all of these. AIDS patients with <i>Toxoplasma</i> pneumonia present with cough, dyspnoea, and fever. As toxoplasmosis is generally seen only in advanced HIV infection with CD4 counts below 100, the majority of AIDS patients who develop toxoplasma pneumonia already have had previous HIV-associated opportunistic infections. In solid organ transplant patients, this is most commonly due to transplantation of a toxoplasma-seropositive lung or heart into a seronegative recipient, resulting in primary pulmonary disease. In bone marrow transplant patients, pulmonary toxoplasmosis occurs in 0.28% to 0.45% of patients. Unlike solid organ transplant patients, most of these patients have reactivation, not primary disease. Inclusions: Pulmonary toxoplasmosis
1F57.3	Eye disease due to <i>Toxoplasma gondii</i> Chorioretinitis or ocular toxoplasmosis is a relatively common manifestation of <i>T. gondii</i> 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: <i>Toxoplasma</i> oculopathy
1F57.Y	Other specified toxoplasmosis
1F57.Z	Toxoplasmosis, unspecified
1F58	Microsporidiosis
1F5Z	Unspecified protozoal disease

Helminthiasis (1F60-1F9Z)

Coded Elsewhere: Parasitic duodenitis (DA51.6Y)

Diseases due to nematodes (1F60-1F6Z)

1F60

Angiostrongyliasis

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

1F60.0

Eosinophilic meningitis due to *Angiostrongylus cantonensis*

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

1F60.1

Intestinal angiostrongyliasis

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

1F60.Y

Other specified angiostrongyliasis

1F60.Z

Angiostrongyliasis, unspecified

1F61

Anisakiasis

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

Inclusions: Infection due to *Anisakis* larvae

1F62

Ascariasis

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

1F63**Capillariasis**

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

1F63.0**Capillariasis of the intestine**

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

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

1F63.Y**Other specified capillariasis****1F63.Z****Capillariasis, unspecified****1F64****Dracunculiasis**

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

Inclusions: Guinea worm infestation

1F65**Enterobiasis**

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

Inclusions: Pinworm infection
Threadworm infection
Oxyuriasis

1F66**Filariasis**

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

Exclusions: Onchocerciasis (1F6A)

1F66.0**Loiasis**

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

Inclusions: Eye worm disease of Africa
Loa loa infestation
Calabar swelling

1F66.1**Mansonelliasis**

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

1F66.2**Filariasis due to *Brugia* species**

Coded Elsewhere: Filariasis due to *Brugia timori* (1F66.32)
Filariasis due to *Brugia malayi* (1F66.31)

1F66.3**Lymphatic filariasis**

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

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

1F66.30**Filariasis due to *Wuchereria bancrofti***

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

Inclusions: Bancroftian filariasis

1F66.31**Filariasis due to *Brugia malayi***

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

1F66.32	Filariasis due to <i>Brugia timori</i> 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 <i>Dirofilaria repens</i> 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 <i>Gnathostoma</i>. 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 <i>Gnathostoma</i>, 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 <i>Ancylostoma</i>. 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 <i>Ancylostoma</i> in a faecal sample. Inclusions: Hook-worm infestation by <i>Ancylostoma</i> Coded Elsewhere: Eosinophilic enteritis due to <i>Ancylostoma</i> (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 <i>Onchocerca volvulus</i>. 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 <i>Simulium</i> fly. Confirmation is by identification of <i>Onchocerca volvulus</i> in a skin sample. Inclusions: Cutaneous onchocerciasis
1F6A.Y	Other specified onchocerciasis
1F6A.Z	Onchocerciasis, unspecified
1F6B	Strongyloidiasis A disease caused by the parasitic worm <i>Strongyloides</i>. 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 <i>Strongyloides</i> 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 <i>Mammomonogamus</i>. 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 <i>Mammomonogamus</i> by direct visualization, or identification of <i>Mammomonogamus</i> eggs in sputum or faecal samples.
1F6D	Toxocariasis A condition caused by an infection with the parasitic worm <i>Toxocara</i>. 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 <i>Toxocara</i> eggs (contaminated by faeces from an infected dog or cat). Confirmation is by detection of antibodies against <i>Toxocara</i> in a blood sample. Inclusions: Toxocara infestation
1F6E	Trichinosis A disease caused by an infection with the parasitic worm <i>Trichinella</i>. 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 <i>Trichinella</i> in a blood sample.

1F6F**Trichostrongyliasis**

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

1F6G**Trichuriasis**

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

Inclusions: Trichocephaliasis

1F6H**Uncinariosis**

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

1F6Y**Other specified diseases due to nematodes****1F6Z****Diseases due to nematodes, unspecified****Diseases due to cestodes (1F70-1F7Z)****1F70****Cysticercosis**

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

Inclusions: cysticerciasis infection due to larval form of *Taenia solium*

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

Cysticercosis of orbit (9A21.Y)

1F70.0	Cysticercosis of central nervous system A disease of the central nervous system, caused by an infection of tissue with larval cysts from the parasitic worm <i>Taenia solium</i> . 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 <i>Taenia solium</i> eggs in contaminated food or water. Confirmation is by detection of antibodies against <i>Taenia solium</i> in a blood sample, or cerebrospinal fluid and advanced imaging of the brain.
1F70.00	Meningitis due to Cysticercosis A disease of the meninges, caused by an infection with larval cysts from the parasitic worm <i>Taenia solium</i> . This disease is characterised by headache, fever, seizures, or neurological deficits. Transmission is through hematogenous spread of larvae to the meninges after ingestion of <i>Taenia solium</i> eggs (or proglottids) in contaminated food or water. Confirmation is by advanced imaging and detection of antibodies against <i>Taenia solium</i> from serum or cerebrospinal fluid.
1F70.0Y	Other specified cysticercosis of central nervous system
1F70.1	Cysticercosis of eye A disease of the eye, caused by an infection of tissue with larval cysts from the parasitic worm <i>Taenia solium</i> . 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 <i>Taenia solium</i> 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 <i>Diphyllobothrium</i> . 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 <i>Diphyllobothriasis</i> eggs in a faecal sample. Exclusions: larval diphyllobothriasis (1F75)
1F72	Dipylidiasis A condition caused by an infection with the parasitic worm <i>Dipylidium caninum</i> . This condition is commonly present with abdominal pain, diarrhoea, anal pruritus, or may be asymptomatic. Transmission is by ingestion of an infected flea. Confirmation is by identification of <i>Dipylidium caninum</i> eggs in a faecal sample.
1F73	Echinococcosis Inclusions: Hydatidosis
1F73.0	Echinococcus infection of liver

- 1F73.1** **Echinococcus infection of lung**
- 1F73.2** **Echinococcus infection of bone**
- 1F73.3** **Echinococcus infection of central nervous system**
- 1F73.Y** **Other specified echinococcosis**
- 1F73.Z** **Echinococcosis, unspecified**

1F74 **Hymenolepiasis**

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

1F75 **Sparganosis**

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

Inclusions: Larval diphyllbothriasis
 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 <i>Taenia saginata</i> A disease of the intestines, caused by an infection with the adult parasitic worm <i>Taenia saginata</i> . 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 <i>Taenia saginata</i> eggs or proglottids in faecal samples (samples from multiple days). Inclusions: Infection due to adult tapeworm <i>Taenia saginata</i> <i>Taenia saginata</i> 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 <i>Clonorchis sinensis</i> . 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 <i>Clonorchis sinensis</i> eggs in a faecal sample. Inclusions: Chinese liver fluke disease Oriental liver fluke disease Infection due to <i>Clonorchis sinensis</i>
1F81	Dicrocoeliasis A disease caused by an infection with the parasitic worm <i>Dicrocoelium dendriticum</i> . 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 <i>Dicrocoelium dendriticum</i> 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 <i>Schistosoma haematobium</i> A disease caused by an infection with the parasitic worm <i>Schistosoma haematobium</i> . 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 <i>Schistosoma haematobium</i> eggs or snails that carry <i>Schistosoma haematobium</i> .
1F86.1	Schistosomiasis due to <i>Schistosoma mansoni</i> A disease caused by an infection with the parasitic worm <i>Schistosoma mansoni</i> . 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 <i>Schistosoma mansoni</i> eggs or snails that carry <i>Schistosoma mansoni</i> . Confirmation is by identification of the <i>Schistosoma mansoni</i> eggs in a faecal sample.
1F86.2	Schistosomiasis due to <i>Schistosoma japonicum</i> A disease caused by an infection with the parasitic worm <i>Schistosoma japonicum</i> . 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 <i>Schistosoma japonicum</i> eggs or snails that carry <i>Schistosoma japonicum</i> . Confirmation is by identification of the <i>Schistosoma japonicum</i> eggs in a faecal sample. <i>Inclusions:</i> Asiatic schistosomiasis
1F86.3	Other schistosomiasis
1F86.4	Cercarial dermatitis A disease caused by an infection with the parasitic worm <i>Schistosoma</i> . 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 <i>Schistosoma</i> eggs in a faecal, urine, or blood sample.
1F86.5	Schistosomal pneumonitis
1F86.Z	Schistosomiasis due to unspecified or unknown <i>Schistosoma</i> 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 helminthiasis
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 **Helminthiasis, 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 <i>Sarcoptes scabiei</i> var. <i>hominis</i>. 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 <i>Tunga penetrans</i>. 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 <i>Tunga penetrans</i> or travel history.
1G06	Cimicosis Infestation by bedbugs, which are blood-sucking temporary ectoparasites. The most common species to attack humans is <i>Cimex lectularius</i>. 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 <i>Demodex</i> mites. <i>Demodex folliculorum</i> is a saprophytic mite of the human pilosebaceous unit with a predilection for facial skin and eyelashes. <i>Demodex brevis</i> is found in the sebaceous glands of the eyelash follicle and in the lobules of eyelid meibomian glands. Although infestation is very common and normally symptomless, the mites have been linked to papulopustular rosacea and chronic blepharitis.
1G07.Y	Infestation of the skin by other specified parasitic mites

1G0Y	Infestation by other specified ectoparasite
1G0Z	Infestation by unknown or unspecified ectoparasite
1G2Y	Other specified parasitic diseases
1G2Z	Unspecified parasitic diseases

Sepsis (1G40-1G41)

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

Exclusions:

- Plague (1B93)
- Acute or fulminant melioidosis (1C42)
- Tularaemia (1B94)
- Other infection during labour (JB0D)
- Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified (NE80)
- Genital tract or pelvic infection following abortion, ectopic or molar pregnancy (JA05.0)
- Disseminated gonococcal infection (1A73)
- Extraintestinal yersiniosis (1B9A)
- Injury or harm arising from a procedure, not elsewhere classified (NE81)
- Meningococcal disease (1C1C)
- Systemic inflammatory response syndrome of noninfectious origin (MG46)

Coded Elsewhere:

- Puerperal sepsis (JB40.0)
- Sepsis of fetus or newborn (KA60)
- Obstetric pyaemic or septic embolism (JB42.3)

1G40 Sepsis without septic shock

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

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

Exclusions:

- Septicaemia (MA15.0)
- Sepsis of fetus or newborn (KA60)

1G41**Sepsis with septic shock**

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

Coding Note:

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

Exclusions:

Sepsis of fetus or newborn (KA60)

Septicaemia (MA15.0)

1G60**Certain other disorders of infectious origin**

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

1G60.0**Mycetoma of unknown or unspecified type**

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

Exclusions:

Actinomycetoma (1C43)

Eumycetoma (1F29)

1G60.1**Pythiosis**

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

1G60.2**Protothecosis**

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

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

Sequelae of infectious diseases (1G80-1G8Y)

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

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

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

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

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

1G80

Sequelae of tuberculosis

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

1G81

Sequelae of trachoma

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

1G82

Sequelae of leprosy

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

1G83

Sequelae of poliomyelitis

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

Exclusions: Post polio progressive muscular atrophy (8B62)

1G84

Sequelae of viral encephalitis

1G85

Sequelae of diphtheria

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

1G8Y

Sequelae of other specified infectious diseases

1H0Z

Infection, unspecified

CHAPTER 02

Neoplasms

This chapter has 325 four-character categories.

Code range starts with 2A00

An abnormal or uncontrolled cellular proliferation which is not coordinated with an organism's requirements for normal tissue growth, replacement or repair.

Coded Elsewhere: Inherited cancer-predisposing syndromes

This chapter contains the following top level blocks:

- Neoplasms of brain or central nervous system
- Neoplasms of haematopoietic or lymphoid tissues
- Malignant neoplasms, except primary neoplasms of lymphoid, haematopoietic, central nervous system or related tissues
- In situ neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
- Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
- Neoplasms of uncertain behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
- Neoplasms of unknown behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
- Inherited cancer-predisposing syndromes

Neoplasms of brain or central nervous system (2A00-2A0Z)

A benign or malignant neoplasm that affects the brain, meninges, or spinal cord. Representative examples of primary neoplasms include astrocytoma, oligodendroglioma, ependymoma, and meningioma.

2A00	Primary neoplasms of brain
2A00.0	Gliomas of brain
2A00.00	Glioblastoma of brain Glioblastomas are malignant astrocytic tumours (grade IV according to the WHO classification). They represent the most frequent brain tumours in adults. They may occur at any age, but 70% of cases are seen in patients between 45 and 70 years of age. The tumours are usually located in the brain hemispheres, but can be found anywhere in the central nervous system. Inclusions: glioblastoma NOS
2A00.0Y	Other specified gliomas of brain

2A00.0Z	Gliomas of brain, unspecified
2A00.1	Embryonal tumours of brain
2A00.10	Medulloblastoma of brain A malignant, invasive embryonal neoplasm arising from the cerebellum. It occurs predominantly in children and has the tendency to metastasize via the cerebrospinal fluid pathways. Signs and symptoms include truncal ataxia, disturbed gait, lethargy, headache, and vomiting. There are four histologic variants: anaplastic medulloblastoma, desmoplastic/nodular medulloblastoma, large cell medulloblastoma, and medulloblastoma with extensive nodularity.
2A00.11	Central primitive neuroectodermal tumour A malignant neoplasm that originates in the neuroectoderm. The neuroectoderm constitutes the portion of the ectoderm of the early embryo that gives rise to the central and peripheral nervous systems and includes some glial cell precursors.
2A00.1Y	Other specified embryonal tumours of brain
2A00.1Z	Embryonal tumours of brain, unspecified
2A00.2	Tumours of neuroepithelial tissue of brain
2A00.20	Tumours of the pineal gland or pineal region
2A00.21	Mixed neuronal-glial tumours
2A00.22	Choroid plexus tumours
2A00.2Y	Other specified tumours of neuroepithelial tissue of brain
2A00.2Z	Tumours of neuroepithelial tissue of brain, unspecified
2A00.3	Central neurocytoma of brain Central neurocytoma is a very rare brain tumour of young adults. It is typically found in the lateral ventricles and occasionally in the third ventricle. Symptoms are those of increased intracranial pressure.
2A00.4	Astroblastoma of the brain A rare glial neoplasm more commonly found in young adults. It is characterised by tumour cells with characteristics suggestive of an astrocytic origin (positive for GFAP), arranged perivascularly. The cells have broad, non-tapering processes radiating towards a central blood vessel. The biologic behaviour of astroblastomas is variable, so no WHO grade has been established, yet.
2A00.5	Primary neoplasm of brain of unknown or unspecified type
2A01	Primary neoplasms of meninges
2A01.0	Meningiomas
2A01.00	Primary malignant meningioma
2A01.0Y	Other specified meningiomas

2A01.0Z	Meningiomas, unspecified
2A01.1	Mesenchymal tumours of meninges
2A01.2	Primary neoplasm of meninges of unknown or unspecified type
2A02	Primary neoplasm of spinal cord, cranial nerves or remaining parts of central nervous system
2A02.0	Gliomas of spinal cord, cranial nerves or other parts of the central nervous system
2A02.00	Glioblastoma of spinal cord, cranial nerves or other parts of central nervous system
2A02.0Y	Other specified gliomas of spinal cord, cranial nerves or other parts of the central nervous system
2A02.0Z	Gliomas of spinal cord, cranial nerves or other parts of the central nervous system, unspecified
2A02.1	Tumours of cranial or paraspinal nerves
2A02.10	Malignant peripheral nerve sheath tumour of cranial or paraspinal nerves Malignant schwannoma is a tumour of the peripheral nervous system that arises in the nerve sheath. Exclusions: Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)
2A02.11	Paraspinal neuroblastoma
2A02.12	Malignant neoplasm of the optic nerve
2A02.1Y	Other specified tumours of cranial or paraspinal nerves
2A02.1Z	Tumours of cranial or paraspinal nerves, unspecified
2A02.2	Primary neoplasm of spinal cord of unknown or unspecified type
2A02.3	Benign neoplasm of cranial nerves This is a tumour of cranial nerves having none of the characteristics of a malignant neoplasm.
2A02.4	Benign neoplasm of spinal cord
2A0Z	Other and unspecified neoplasms of brain or central nervous system

Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

A neoplasm arising from hematopoietic cells found in the bone marrow, peripheral blood, lymph nodes and spleen (organs of the hematopoietic system). Hematopoietic cell neoplasms can also involve other anatomic sites (e.g. central nervous system, gastrointestinal tract), either by haematogenous spread, direct tumour infiltration, or neoplastic transformation of extranodal lymphoid tissues. The commonest forms are the various types of leukaemia, Hodgkin and non-Hodgkin lymphomas, myeloproliferative neoplasms and myelodysplastic syndromes.

Myeloproliferative neoplasms (2A20-2A22)

2A20	Non mast cell myeloproliferative neoplasms <i>Coded Elsewhere:</i> Acquired thrombocytosis (3B63.1)
2A20.0	Chronic myelogenous leukaemia, BCR-ABL1-positive <i>Exclusions:</i> 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 <i>Inclusions:</i> chronic idiopathic myelofibrosis <i>Exclusions:</i> Acute panmyelosis with myelofibrosis (2A60.38)
2A20.3	Chronic eosinophilic leukaemia, not elsewhere classified A chronic myeloproliferative neoplasm characterised by persistent eosinophilia in the blood, bone marrow and peripheral tissues. Organ damage occurs as a result of leukaemic infiltration or the release of cytokines, enzymes or other proteins by the eosinophils. Chronic eosinophilic leukaemia, not otherwise specified excludes patients with a Ph chromosome, BCR-ABL1 fusion gene or rearrangement of PDGFRA, PDGFRB or FGFR1.

2A20.4	Polycythaemia vera
2A20.5	Non mast cell myeloproliferative neoplasm, unclassifiable Cases that have definite features of myeloproliferative neoplasms (MPN), but fail to meet the criteria of a specific MPN subtype.
2A20.Y	Other specified non mast cell myeloproliferative neoplasms
2A20.Z	Non mast cell myeloproliferative neoplasms, unspecified
2A21	Mastocytosis Mastocytosis is due to a clonal, neoplastic proliferation of mast cells that accumulate in one or more organ systems. Activating mutations of KIT are frequently found. It is characterised by the presence of multifocal compact clusters or cohesive aggregates/infiltrates of abnormal mast cells. The disorder is heterogeneous, ranging from skin lesions that may spontaneously regress to highly aggressive neoplasms associated with multiorgan failure and short survival. Subtypes of mastocytosis are recognised mainly by the distribution of the disease and clinical manifestations. In cutaneous mastocytosis (CM), the mast cell infiltration remains confined to the skin, whereas systemic mastocytosis (SM) is characterised by involvement of at least one extracutaneous organ with or without evidence of skin lesions. Mastocytosis should be strictly separated from mast cell hyperplasia or mast cell activation states without morphological and/or molecular abnormalities that characterize the neoplastic proliferation.
2A21.0	Systemic mastocytosis Systemic mastocytosis (SM) comprises a heterogeneous group of rare acquired and chronic haematological malignancies that are related to an abnormal proliferation of mast cells in tissue, including bone marrow, with or without skin involvement. SM can be divided into indolent SM (ISM) and aggressive SM (ASM).
2A21.00	Mast cell leukaemia
2A21.0Y	Other specified systemic mastocytosis
2A21.0Z	Systemic mastocytosis, unspecified
2A21.1	Cutaneous mastocytosis Cutaneous mastocytosis is characterised by abnormal accumulation and proliferation of cutaneous mast cells. Most types are isolated but cutaneous mastocytosis can occur in association with systemic disease. Clinical forms include cutaneous mastocytoma, urticaria pigmentosa (the most frequent form), pseudoxanthomatous nodular cutaneous mastocytosis, telangiectasia macularis eruptiva perstans and diffuse cutaneous mastocytosis.
2A21.10	Urticaria pigmentosa Inclusions: Maculopapular cutaneous mastocytosis
2A21.1Y	Other specified cutaneous mastocytosis
2A21.1Z	Cutaneous mastocytosis, unspecified

2A21.2	Mast cell sarcoma A rare entity characterised by localised but destructive growth of a tumour consisting of highly atypical, immature mast cells.
2A21.3	Extracutaneous mastocytoma A localised tumour consisting of mature mast cells.
2A21.Y	Other specified mastocytosis
2A21.Z	Mastocytosis, unspecified
2A22	Other and unspecified myeloproliferative neoplasms <i>Exclusions:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> - Acute myeloid leukaemia with recurrent genetic abnormalities (2A60.0) - Therapy-related myeloid neoplasms (2A60.2) - Acute myeloid leukaemia with myelodysplasia-related changes (2A60.1)
2A60.30	Acute myeloid leukaemia with minimal differentiation An acute myeloid leukaemia (AML) in which the blasts do not show evidence of myeloid differentiation by morphology and conventional cytochemistry.
2A60.31	Acute myeloid leukaemia without maturation An acute myeloid leukaemia (AML) characterised by blasts without evidence of maturation to more mature neutrophils.
2A60.32	Acute myeloid leukaemia with maturation An acute myeloid leukaemia (AML) characterised by blasts with evidence of maturation to more mature neutrophils.

- 2A60.33** Acute myelomonocytic leukaemia
An acute leukaemia characterised by the proliferation of both neutrophil and monocyte precursors.
- 2A60.34** Acute monoblastic or monocytic leukaemia
Acute monoblastic leukaemia and acute monocytic leukaemia are myeloid leukaemias in which 80% or more of the leukaemic cells are of monocytic lineage including monoblasts, promonocytes and monocytes; a minor neutrophil component, <20%, may be present.
- 2A60.35** Acute erythroid leukaemia
Inclusions: Erythroleukaemia
- 2A60.36** Acute megakaryoblastic leukaemia
An acute myeloid leukaemia in which at least 50% of the blasts are of megakaryocytic lineage.
Inclusions: Acute myeloid leukaemia, M7
Acute megakaryocytic leukaemia
- 2A60.37** Acute basophilic leukaemia
An acute myeloid leukaemia in which the immature cells differentiate towards basophils. This is a rare leukaemia.
- 2A60.38** Acute panmyelosis with myelofibrosis
An acute myeloid leukaemia characterised by bone marrow fibrosis without preexisting primary myelofibrosis.
Inclusions: Acute myelofibrosis
Exclusions: Cases that meet criteria for AML with myelodysplasia related changes (2A60.1)
- 2A60.39** Myeloid sarcoma
Myeloid sarcoma is a rare solid tumour of the myelogenous cells occurring in an extramedullary site.
Inclusions: Chloroma
Granulocytic sarcoma
- 2A60.3Y** Other specified acute myeloid leukaemia, not elsewhere classified by criteria of other types
- 2A60.3Z** Acute myeloid leukaemia, unspecified
- 2A60.4** **Myeloid proliferation associated with Down syndrome**
Myeloid neoplasms occurring in individuals with Down syndrome. There is an increased risk of acute leukaemias in both children and adults with Down syndrome. In particular, the incidence of acute myeloid leukaemia in Down syndrome children of less than five years of age is particularly high, it is usually an acute megakaryoblastic leukaemia, and is associated with GATA1 gene mutation. This group of disorders also includes the entity transient abnormal myelopoiesis which occurs in neonates and is associated with GATA1 gene mutation.

- 2A60.40** Transient abnormal myelopoiesis
A myeloid proliferation occurring in newborns with Down syndrome. It is clinically and morphologically indistinguishable from acute myeloid leukaemia and is associated with GATA1 mutations. The blasts display morphologic and immunophenotypic features of megakaryocytic lineage. In the majority of patients the myeloid proliferation undergoes spontaneous remission.
- 2A60.41** Myeloid leukaemia associated with Down syndrome
Leukaemia of children with Down syndrome. Encompasses both MDS and AML
- 2A60.4Y** Other specified myeloid proliferation associated with Down syndrome
- 2A60.4Z** Myeloid proliferation associated with Down syndrome, unspecified
- 2A60.5** **Blastic plasmacytoid dendritic cell neoplasm**
Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a clinically aggressive tumour derived from the precursors of plasmacytoid dendritic cells (PDCs, also called professional type I interferon-producing cells or plasmacytoid monocytes), with a high frequency of cutaneous and bone marrow involvement and leukaemic dissemination.

There are currently no clues to the etiology of BPDCN, but its association with myelodysplastic syndrome (MDS) in some cases may suggest a related pathogenesis. Gene expression profiling studies have revealed that the neoplastic cells show a gene expression signature similar to that of resting normal PDCs and closer to that of myeloid than of lymphoid precursors.

Inclusions: blastic NK-cell lymphoma
- 2A60.Y** **Other specified acute myeloid leukaemias and related precursor neoplasms**
- 2A60.Z** **Acute myeloid leukaemias and related precursor neoplasms, unspecified**
- 2A61** **Acute leukaemias of ambiguous lineage**
An acute leukaemia in which the blasts lack sufficient evidence to classify as myeloid or lymphoid or they have morphologic and/or immunophenotypic characteristics of both myeloid and lymphoid cells.

Precursor lymphoid neoplasms (2A70-2A7Z)

Neoplasms of immature malignant lymphocytes (lymphoblasts) committed to the B-cell or T-cell lineage. Neoplasms involving the bone marrow and the peripheral blood are called precursor lymphoblastic leukaemias or acute lymphoblastic leukaemias. Neoplasms involving primarily lymph nodes or extranodal sites are called lymphoblastic lymphomas.

- 2A70** **Precursor B-lymphoblastic neoplasms**
Neoplasms of lymphoblasts committed to the B-cell lineage.

- 2A70.0** **B lymphoblastic leukaemia or lymphoma, not elsewhere classified**
Precursor B cell neoplasm without defined recurrent genetic abnormality despite appropriate diagnostics

2A70.1 B lymphoblastic leukaemia or lymphoma with t(9:22) (q34;q11.2); BCR-ABL1
A precursor lymphoid neoplasm which is composed of B-lymphoblasts and carries a translocation between the BCR gene on chromosome 22 and the ABL1 gene on chromosome 9. It results in the production of the p190 kd or p210 kd fusion protein. It has an unfavorable clinical outcome.

2A70.Y Other B-lymphoblastic leukaemia/lymphoma with recurrent genetic abnormalities

2A71 Precursor T-lymphoblastic neoplasms
A neoplasm of lymphoblasts committed to the T-cell lineage, typically composed of small to medium-sized blast cells.

2A7Z Precursor lymphoid neoplasms, unspecified

Mature B-cell neoplasms (2A80-2A8Z)

Non-Hodgkin lymphomas that originate from mature B lymphocytes. May reside in lymph nodes, lymphatic tissue of different organs or bone marrow and blood (then frequently called leukaemia).

2A80 Follicular lymphoma
Follicular lymphoma (FL) is a neoplasm composed of follicle centre (germinal centre) B-cells (typically both centrocytes and centroblasts/large transformed cells), which usually has at least a partially follicular pattern. t(14;18) with BCL2 rearrangement is frequently observed. If diffuse areas of any size comprised predominantly or entirely of blastic cells are present in any case of follicular lymphoma, a diagnosis of diffuse large B-cell lymphoma is also made. Lymphomas composed of centro cytes and centroblasts with an entirely diffuse pattern in the sampled tissue may be included in this category.

Inclusions: follicular lymphoma with or without diffuse areas

Exclusions: Mature T-cell or NK-cell neoplasms (2A90-2B2Z)

2A80.0 Follicular lymphoma grade 1

2A80.1 Follicular lymphoma grade 2

2A80.2 Follicular lymphoma grade 3

2A80.3 Primary cutaneous follicle centre lymphoma
A primary lymphoma of the skin composed of various numbers of small and large irregular neoplastic follicle center cells. Its morphologic pattern can be nodular, diffuse, or nodular and diffuse. It presents with solitary or grouped plaques and tumours, and it usually involves the scalp, forehead, or trunk. It rarely involves the legs. This type of cutaneous lymphoma tends to remain localised to the skin, and it has a favorable prognosis.

2A80.4	Paediatric type follicular lymphoma A variant of follicular lymphoma often involving cervical or other peripheral lymph nodes and the Waldeyer ring. It is frequently localised, and often lacks BCL-2 protein expression and never has a BCL2 translocation. It is usually but not exclusively seen in the pediatric population. The prognosis is usually favorable.
2A80.5	Follicular lymphoma in situ
2A80.6	Follicular lymphoma of small intestine
2A80.Y	Other specified follicular lymphoma
2A80.Z	Follicular lymphoma, unspecified
2A81	Diffuse large B-cell lymphomas Non-Hodgkin lymphomas are characterised by a proliferation of predominantly large neoplastic B lymphocytes. Coded Elsewhere: Diffuse large B-cell lymphoma of small intestine (2B33.5)
2A81.0	Primary mediastinal large B-cell lymphoma A large B-cell non-Hodgkin lymphoma arising in the mediastinum. Morphologically it is characterised by a massive diffuse lymphocytic proliferation associated with compartmentalizing fibrosis.
2A81.1	Intravascular large B-cell lymphoma
2A81.2	Plasmablastic lymphoma An aggressive diffuse large B-cell lymphoma frequently arising in the setting of HIV infection and characterised by the presence of large neoplastic cells resembling B-immunoblasts which have the immunophenotypic profile of plasma cells. Sites of involvement include the oral cavity and other extranodal sites
2A81.3	Lymphomatoid granulomatosis
2A81.4	T-cell/histiocyte rich large B-cell lymphoma A large B-cell lymphoma characterised by the presence of a limited number of scattered neoplastic large B-lymphocytes which are admixed with numerous non-neoplastic T-lymphocytes and frequently histiocytes.
2A81.5	Primary diffuse large B-cell lymphoma of central nervous system
2A81.6	Epstein-Barr Virus-positive diffuse large B-cell lymphoma of the elderly An aggressive diffuse large B-cell lymphoma affecting patients older than 50 years. Epstein-Barr virus is present in all cases. There is no known history of immunodeficiency or prior lymphoma. The majority of patients present with extranodal disease.
2A81.7	Diffuse large B-cell lymphoma associated with chronic inflammation A diffuse large B-cell lymphoma arising in body cavities or narrow spaces of long standing chronic inflammation. The classic example is the pyothorax-associated lymphoma that arises in the pleural cavity of patients with a history of long standing pyothorax.

2A81.8	ALK-positive large B-cell lymphoma A usually aggressive large B-cell lymphoma characterised by the presence of monomorphic immunoblast-like neoplastic B-lymphocytes in a sinusoidal growth pattern. The neoplastic B-lymphocytes express the ALK kinase but they lack the 2;5 translocation.
2A81.9	Primary effusion lymphoma An aggressive non-Hodgkin B-cell lymphoma composed of large cells, presenting as a serous effusion without detectable tumour masses. It is universally associated with human herpes virus 8 (HHV-8)/Kaposi sarcoma herpes virus (KSHV) [HHV-8/KSHV]. It mostly occurs in the setting of immunodeficiency; most cases have been reported in HIV positive patients. The most common sites of involvement are the pleural, pericardial, and peritoneal cavities. The prognosis is extremely unfavorable.
2A81.A	Primary cutaneous diffuse large B-cell lymphoma, leg type An aggressive primary cutaneous B-cell lymphoma, usually involving the lower leg. It is composed of a generally monotonous proliferation of immunoblasts, or less frequently centroblasts, with few admixed reactive cells. This type of lymphoma occurs most often in the elderly who present with rapidly growing tumours, usually on one or both legs. Dissemination to extracutaneous sites is frequent.
2A81.Y	Other specified diffuse large B-cell lymphomas
2A81.Z	Diffuse large B-cell lymphoma, not otherwise specified
2A82	Mature B-cell neoplasm with leukaemic behaviour
2A82.0	Chronic lymphocytic leukaemia or small lymphocytic lymphoma An indolent, mature B-cell neoplasm composed of small, round B-lymphocytes. When the bone marrow and peripheral blood are involved, the term chronic lymphocytic leukaemia is used. The term small lymphocytic lymphoma is restricted to cases which do not show leukemic involvement of the bone marrow and peripheral blood. Inclusions: Small cell B-cell lymphoma

2A82.00	Chronic lymphocytic leukaemia of B-cell type Chronic lymphocytic leukaemia/small lymphocytic lymphoma (CLL/SLL) is a neoplasm composed of monomorphic small, round to slightly irregular B lymphocytes in the peripheral blood (PB), bone marrow (BM), spleen and lymph nodes, admixed with prolymphocytes and paraimmunoblasts forming proliferation centres in tissue infiltrates. The CLL/SLL cells usually coexpress CD5 and CD23. In the absence of extramedullary tissue involvement, there must be $<5 \times 10^9/L$ monoclonal lymphocytes with a CLL phenotype in the PB. The International Workshop on Chronic Lymphocytic Leukemia (IWCLL) report requires that the lymphocytosis be present for at least 3 months and also allows for the diagnosis of CLL to be made with lower lymphocyte counts in patients with cytopenias or disease-related symptoms. Whether patients who would have fulfilled the criteria in the past for CLL but who fulfill the criteria only for monoclonal B lymphocytosis (MBL) are better considered to have low stage CLL or MBL remains to be determined. Some may prefer to still consider many of these cases more like CLL. The term SLL is used for non-leukaemic cases with the tissue morphology and immunophenotype of CLL. The IWCLL definition of SLL requires lymphadenopathy, no cytopenias due to BM infiltration by CLL/SLL and $<5 \times 10^9/L$ PB B-cells. Inclusions: Lymphoplasmacytic leukaemia Exclusions: Lymphoplasmacytic lymphoma (2A85.4) Coded Elsewhere: Richter syndrome (2A81.Y)
2A82.0Y	Other specified chronic lymphocytic leukaemia or small lymphocytic lymphoma
2A82.0Z	Chronic lymphocytic leukaemia or small lymphocytic lymphoma, unspecified
2A82.1	B-cell prolymphocytic leukaemia
2A82.10	B-cell prolymphocytic leukaemia in complete remission
2A82.1Y	Other specified b-cell prolymphocytic leukaemia
2A82.1Z	B-cell prolymphocytic leukaemia, unspecified
2A82.2	Hairy-cell leukaemia A neoplasm of small B-lymphocytes with hairy projections in bone marrow, spleen, and peripheral blood. Most patients present with splenomegaly and pancytopenia. Inclusions: Leukaemic reticuloendotheliosis
2A82.3	Splenic B-cell lymphoma or leukaemia, unclassifiable A small B-cell clonal lymphoproliferative disorder of the spleen that does not fall into any of the other categories of mature B-cell neoplasms.
2A82.Y	Other specified mature B-cell neoplasm with leukaemic behaviour
2A82.Z	Mature B-cell neoplasm with leukaemic behaviour, unspecified
2A83	Plasma cell neoplasms Plasma cells, usually secreting monoclonal immunoglobulin (M-protein) and/or immunoglobulin light chains.
2A83.0	Monoclonal gammopathy of undetermined significance

- 2A83.1 Plasma cell myeloma**
 A bone marrow-based plasma cell neoplasm usually characterised by presence of a serum monoclonal protein and/or urinary light chains. "CRAB" criteria (calcium elevation (hypercalcaemia), renal failure, anaemia and bone lesions) separate symptomatic plasma cell myeloma from asymptomatic (smoldering) myeloma.
- Inclusions:** Kahler disease
 Myelomatosis
 Medullary plasmacytoma
 multiple myeloma
- Exclusions:** Solitary plasmacytoma (2A83.2)
- 2A83.2 Solitary plasmacytoma**
 A single focus of clonal (malignant) plasma cells either in the bone or in another anatomic site without peripheral blood involvement.
- Inclusions:** Solitary myeloma
- 2A83.3 Extraosseous plasmacytoma**
- 2A83.4 Plasma cell leukaemia**
 An aggressive plasma cell neoplasm. It is characterised by the presence of neoplastic plasma cells in the peripheral blood (PB). The neoplastic plasma cells comprise more than 20% of the white cells in the PB or the number of clonal plasma cells in the PB exceeds $2 \times 10^9/L$.
- 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). <i>Inclusions:</i> primary macroglobulinaemia Waldenström macroglobulinaemia Waldenström macroglobulinaemia without mention of remission <i>Exclusions:</i> 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. <i>Inclusions:</i> 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)]. <i>Inclusions:</i> "Burkitt-like" lymphoma <i>Coded Elsewhere:</i> HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y)
2A85.Y	Further specified mature B-cell neoplasms or lymphoma
2A86	B-cell lymphoma, mixed features
2A86.0	Malignant lymphoma of B cell type, not elsewhere classified
Coding Note:	If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.
2A86.1	B-cell lymphoma unclassifiable with features intermediate between Burkitt lymphoma and diffuse large B-cell lymphoma

2A86.2	B-cell lymphoma unclassifiable with features intermediate between classical Hodgkin lymphoma and diffuse large B-cell lymphoma
2A86.Y	Other specified B-cell lymphoma, mixed features
2A86.Z	B-cell lymphoma, mixed features, unspecified
2A8Z	Mature B-cell neoplasms, unspecified

Mature T-cell or NK-cell neoplasms (2A90-2B2Z)

A group of neoplasms composed of T-lymphocytes with a mature (peripheral/post-thymic) immunophenotypic profile and/or NK-cells.

2A90	Mature T-cell lymphoma, specified types, nodal or systemic
2A90.0	T-cell prolymphocytic leukaemia An aggressive T-cell leukaemia, characterised by the proliferation of small to medium sized prolymphocytes with a mature T-cell phenotype, involving the blood, bone marrow, lymph nodes, liver, spleen, and skin.
2A90.1	T-cell large granular lymphocytic leukaemia A T-cell peripheral neoplasm characterised by a persistent (>6 months) increase in the number of peripheral blood large granular lymphocytes, without a clearly identified cause.
2A90.2	Chronic lymphoproliferative disorders of NK-cells Heterogeneous disorders with a chronic clinical course affecting predominantly adults and characterised by the proliferation of large granular lymphocytes with natural killer cell immunophenotype.
2A90.3	Aggressive NK cell leukaemia A rare, highly aggressive, Epstein-Barr virus-associated leukaemia, also known as aggressive NK-cell leukaemia/lymphoma; it may represent the leukemic counterpart of nasal type extranodal NK/T-cell lymphomas. It affects primarily teenagers and young adults. It is characterised by the systemic proliferation of NK cells in the peripheral blood, bone marrow, liver, and spleen.
2A90.4	Systemic Epstein-Barr Virus-positive T-cell lymphoma of childhood This neoplasm of childhood is characterised by a clonal proliferation of EBV-infected T-cells with an activated cytotoxic phenotype. It can occur shortly after primary acute EBV infection or in the setting of chronic active EBV infection (CAEBV).
2A90.5	Adult T-cell lymphoma or leukaemia, human T-cell lymphotropic virus type 1-associated A peripheral (mature) T-cell neoplasm linked to the human T-cell leukaemia virus type 1 (HTLV-1). Adult T-cell leukaemia/lymphoma is endemic in several regions of the world, in particular Japan, the Caribbean, and parts of Central Africa. Coded Elsewhere: Adult T-cell leukaemia or lymphoma, skin (2B0Y)

- 2A90.6 Extranodal NK/T-cell lymphoma, nasal type**
An aggressive, predominantly extranodal, mature T-cell non-Hodgkin lymphoma. It is characterised by an often angiocentric and angiodestructive cellular infiltrate composed of EBV positive NK/T cells. The nasal cavity is the most common site of involvement. Patients often present with midfacial destructive lesions (lethal midline granuloma). The disease may disseminate rapidly to various anatomic sites including the gastrointestinal tract, skin, testis, and cervical lymph nodes. It is also known as angiocentric T-cell lymphoma. The term polymorphic reticulosis has been widely used to describe the morphologic changes seen in this type of lymphoma. However, the latter term may also apply to lymphomatoid granulomatosis, which is an angiocentric and angiodestructive EBV positive B-cell lymphoproliferative disorder.
- 2A90.7 Enteropathy associated T-cell lymphoma**
An uncommon mature T-cell lymphoma of intraepithelial lymphocytes. It usually arises from the small intestine, most commonly the jejunum or ileum. Other less frequent primary anatomic sites include the duodenum, stomach, colon, or outside the gastrointestinal tract. Type II of this lymphoma may occur sporadically outside the context of celiac disease.
- Inclusions:** Enteropathy type intestinal T-cell lymphoma
Intestinal T-cell lymphoma
- 2A90.8 Hepatosplenic T-cell lymphoma**
An extranodal, mature T-cell non-Hodgkin lymphoma that originates from cytotoxic T-cells, usually of gamma/delta T-cell type. It is characterised by the presence of medium-size neoplastic lymphocytes infiltrating the hepatic sinusoids. A similar infiltrating pattern is also present in the spleen and bone marrow that are usually involved at the time of the diagnosis.
- 2A90.9 Angioimmunoblastic T-cell lymphoma**
A mature T-cell non-Hodgkin lymphoma, characterised by systemic disease and a polymorphous infiltrate involving lymph nodes and extranodal sites. The clinical course is typically aggressive.
- Inclusions:** AILD - [angioimmunoblastic lymphadenopathy with dysproteinaemia]
- 2A90.A Anaplastic large cell lymphoma, ALK-positive**
A T-cell peripheral lymphoma composed of usually large, pleomorphic, CD30 positive T-lymphocytes with abundant cytoplasm characterised by the presence of a translocation involving the ALK gene and expression of ALK fusion protein. Most patients present with peripheral and/or abdominal lymphadenopathy, and often have advanced disease and extranodal involvement.
- Inclusions:** Anaplastic large cell lymphoma, CD30-positive

- 2A90.B Anaplastic large cell lymphoma, ALK-negative**
 A T-cell peripheral lymphoma morphologically indistinguishable from anaplastic large cell lymphoma, ALK-positive. It is characterised by the absence of the translocation involving the ALK gene and lacks expression of ALK fusion protein.
Exclusions: Primary cutaneous CD30-positive T-cell lymphoproliferative disorders (2B03)
- 2A90.C Peripheral T-cell lymphoma, not otherwise specified**
 A heterogeneous category of nodal and extranodal mature T-cell lymphomas, which do not correspond to any of the specifically defined entities of mature T-cell lymphoma in the current classification.
Inclusions: T-zone variant Peripheral T-cell lymphoma
 Lymphoepithelioid lymphoma
 Follicular variant Peripheral T-cell lymphoma

Mature T-cell or NK-cell lymphomas and lymphoproliferative disorders, primary cutaneous specified types (2B00-2B0Z)

Primary cutaneous T-cell lymphomas (CTCL) and NK-cell lymphomas are malignant lymphoproliferative diseases of unknown cause that are thought to originate from T-lymphocytes in the lymphoid tissue of the skin and by definition are confined to the skin at initial diagnosis. Included in the class is also a small number of lymphoma-like primary cutaneous lymphoproliferative disorders which are not considered to be truly malignant.

- Inclusions:** Primary cutaneous peripheral T-cell lymphoma
Exclusions: Skin infiltration by nodal or non-cutaneous extranodal lymphoma (2E08)

2B00 Subcutaneous panniculitis-like T-cell lymphoma

Subcutaneous panniculitis-like T-cell lymphoma is a neoplasm of alpha/beta, usually CD8+ T-cells, mainly confined to the subcutis, presenting clinically as subcutaneous nodules which are usually not ulcerated.

2B01 Mycosis fungoides

A peripheral (mature) T-cell lymphoma presenting in the skin with patches/plaques or less commonly with tumours or erythroderma. It is characterised by epidermal and dermal infiltration of small to medium-sized T-cells with cerebriform nuclei.

2B02 Sézary syndrome

A generalised peripheral (mature) T-cell neoplasm characterised by the presence of erythroderma, lymphadenopathy, and neoplastic, cerebriform T-lymphocytes in the blood. Sézary syndrome is an aggressive disease.

2B03 Primary cutaneous CD30-positive T-cell lymphoproliferative disorders

Primary skin disorders characterised immunohistologically by infiltration by neoplastic CD30+ lymphocytes.

2B03.0	Primary cutaneous CD30-positive anaplastic large cell lymphoma An anaplastic large cell lymphoma that is limited to the skin at the time of diagnosis. Most patients present with solitary or localised skin lesions in a form of nodules or papules, which may be tumours. The t(2;5) translocation that is present in many cases of systemic anaplastic large cell lymphoma is not found in this disease.
2B03.1	Lymphomatoid papulosis Lymphomatoid papulosis is a proliferation of T-cells, often clonal, characterised clinically by the appearance of crops of dome-shaped papules and nodules which tend to ulcerate and then heal with scarring.
2B0Y	Other specified primary cutaneous mature T-cell or NK-cell lymphomas and lymphoproliferative disorders
2B0Z	Primary cutaneous T-cell lymphoma of undetermined or unspecified type
2B2Y	Other specified mature T-cell or NK-cell neoplasms
2B2Z	Mature T-cell or NK-cell neoplasms, unspecified
2B30	Hodgkin lymphoma Malignant lymphomas, previously known as Hodgkin's disease, characterised by the presence of large tumour cells in an abundant admixture of nonneoplastic cells. There are two distinct subtypes: nodular lymphocyte predominant Hodgkin lymphoma and classical Hodgkin lymphoma. Hodgkin lymphoma involves primarily lymph nodes.
2B30.0	Nodular lymphocyte predominant Hodgkin lymphoma Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL) is characterised by a nodular, or a nodular and diffuse proliferation of scattered large neoplastic cells known as popcorn or lymphocyte predominant cells (LP cells) —formerly called L&H cells for lymphocytic and/or histiocytic Reed-Sternberg cell variants. At present an overlap between NLPHL and T-cell-rich large B-cell lymphoma cannot be excluded.
2B30.1	Classical Hodgkin lymphoma Classical Hodgkin lymphoma is a B-cell lymphoma characterised histologically by the presence of large mononuclear Hodgkin cells and multinucleated Reed-Sternberg (HRS) cells. A monoclonal B-cell lymphoproliferation in the vast majority of cases. It is characterised by a bimodal age distribution (15-30 years of life and late life) and is often associated with EBV infection. In less than 5% of cases it is a monoclonal proliferation of T-lymphocytes. Morphologically, it is characterised by the presence of Reed-Sternberg cells and mononuclear Hodgkin cells. The Reed-Sternberg and mononuclear Hodgkin cells are CD30 positive in nearly all cases and CD15 positive in the majority of cases. Inclusions: Classical Hodgkin lymphoma, type not specified

2B30.10	Nodular sclerosis classical Hodgkin lymphoma A subtype of classical Hodgkin lymphoma characterised by collagen bands surrounding lymphoid nodules. The lymphoid nodules contain lacunar and Reed-Sternberg cells. Mediastinal involvement occurs in 80% of patients. The prognosis of nodular sclerosis Hodgkin lymphoma is slightly better than that of mixed cellularity or lymphocyte depleted subtype.
2B30.11	Lymphocyte-rich classical Hodgkin lymphoma
2B30.12	Mixed cellularity classical Hodgkin lymphoma A subtype of classical Hodgkin lymphoma with a mixed inflammatory stroma containing Hodgkin and Reed-Sternberg cells.
2B30.13	Lymphocyte depleted classical Hodgkin lymphoma
2B30.1Z	Classical Hodgkin lymphoma, unspecified
2B30.Z	Hodgkin lymphoma, unspecified
2B31	Histiocytic or dendritic cell neoplasms True histiocytic malignancies are vanishing diagnoses due to improved understanding of the provenance of malignant cells.
2B31.0	Juvenile xanthogranuloma It is characterised by the presence of lipid-laden, foamy histiocytes and Touton-type giant cells in the dermis.
2B31.1	Histiocytic sarcoma <i>Inclusions:</i> 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. <i>Inclusions:</i> Histiocytosis X
2B31.20	Langerhans cell histiocytosis involving the skin
2B31.2Y	Other specified Langerhans cell histiocytosis
2B31.2Z	Langerhans cell histiocytosis, unspecified
2B31.3	Langerhans cell sarcoma A neoplastic proliferation of Langerhans cells with overtly malignant cytologic features. It can be considered a higher grade variant of Langerhans cell histiocytosis (LCH) and it can present de novo or progress from antecedent LCH.

2B31.4	Interdigitating dendritic cell sarcoma A neoplastic proliferation of spindle to ovoid cells which show phenotypic features similar to those of interdigitating dendritic cells. The clinical course is generally aggressive.
2B31.5	Follicular dendritic cell sarcoma A neoplasm composed of spindle to ovoid cells which have morphologic and immunophenotypic characteristics of follicular dendritic cells. It affects lymph nodes and other sites including the tonsils, gastrointestinal tract, spleen, liver, soft tissues, skin, and oral cavity. It usually behaves as a low grade sarcoma. Recurrences have been reported in up to half of the cases.
2B31.6	Indeterminate cell histiocytosis A very rare dendritic cell tumour composed of spindle to ovoid cells with a phenotype that is similar to the Langerhans cells. Patients usually present with cutaneous papules, nodules, and plaques. Systemic symptoms are usually absent. The clinical course is variable.
2B31.7	Fibroblastic reticular cell tumour A very rare dendritic cell tumour affecting the lymph nodes, spleen, and soft tissues. Morphologically it is similar to the interdigitating dendritic cell sarcoma or follicular dendritic cell sarcoma. The tumour cells are positive for cytokeratin and CD68. Clinical outcome is variable.
2B31.Y	Other specified histiocytic or dendritic cell neoplasms
2B31.Z	Histiocytic or dendritic cell neoplasms, unspecified
2B32	Immunodeficiency-associated lymphoproliferative disorders Post-transplant lymphoproliferative disorder (PTLD) is a polyclonal (benign) or clonal (malignant) proliferation of lymphoid cells that develops as a consequence of immunosuppression in a recipient of a solid organ or bone marrow allograft. PTLDs comprise a spectrum ranging from early, Epstein-Barr virus (EBV)-driven polyclonal lymphoid proliferations to EBV-positive or EBV-negative lymphomas of predominantly B-cell or less often T-cell type. In other immunodeficiency-associated lymphoproliferative disorders, association with EBV is less pronounced. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> Kupffer cell sarcoma of liver
2B56.Y	Angiosarcoma, other specified primary site
2B56.Z	Angiosarcoma, unspecified primary site
2B57	Kaposi sarcoma, primary site
	A malignant neoplasm characterised by a vascular proliferation which usually contains blunt endothelial cells. Erythrocyte extravasation and hemosiderin deposition are frequently present. The most frequent site of involvement is the skin; however it may also occur internally. It generally develops in people with compromised immune systems including those with acquired immune deficiency syndrome (AIDS).
2B57.0	Kaposi sarcoma of lung
2B57.1	Kaposi sarcoma of skin A Kaposi sarcoma arising from the skin. It presents with patches, plaques, or nodules.
2B57.2	Kaposi sarcoma of gastrointestinal sites
2B57.Y	Kaposi sarcoma of other specified primary sites
2B57.Z	Kaposi sarcoma of unspecified primary site
2B58	Leiomyosarcoma, primary site
2B58.0	Leiomyosarcoma of retroperitoneum or peritoneum

2B58.1	Leiomyosarcoma of uterus
2B58.2	Leiomyosarcoma of stomach This is a malignant nonepithelial tumour that arises from cells lining the stomach that develop into smooth-muscle.
2B58.Y	Leiomyosarcoma, other specified primary site
2B58.Z	Leiomyosarcoma, unspecified primary site
2B59	Liposarcoma, primary site Liposarcoma, a type of soft tissue sarcoma, describes a group of lipomatous tumours of varying severity ranging from slow-growing to aggressive and metastatic. Liposarcomas are most often located in the lower extremities or retroperitoneum, but they can also occur in the upper extremities, neck, peritoneal cavity, spermatic cord, breast, vulva and axilla.
2B59.0	Liposarcoma of soft tissue of limb
2B59.1	Liposarcoma of retroperitoneum or peritoneum
2B59.2	Liposarcoma of male genital organs
2B59.Y	Liposarcoma, other specified primary site
2B59.Z	Liposarcoma, unspecified primary site
2B5A	Synovial sarcoma, primary site A malignant neoplasm characterised by the chromosomal translocation t(X;18)(p11;q11). It can occur at any age, but mainly affects young adults, more commonly males. Although any site can be affected, the vast majority of the cases arise in the deep soft tissues of extremities, especially around the knee. Microscopically, synovial sarcoma is classified as monophasic (with a spindle or epithelial cell component) or biphasic (with both spindle and epithelial cell components). Synovial sarcomas can recur or metastasize to the lungs, bones, and lymph nodes.
2B5A.0	Synovial sarcoma of soft tissues of limb
2B5A.1	Synovial sarcoma of respiratory or intra-thoracic organs
2B5A.Y	Synovial sarcoma, other specified primary site
2B5A.Z	Synovial sarcoma, unspecified primary site
2B5B	Gastrointestinal stromal tumour, primary site This is the most common mesenchymal tumour that arises in the gastrointestinal tract. It is generally immunohistochemically positive for CD117 (KIT), phenotypically paralleling Cajal-cell differentiation, and most examples contain KIT- or PDGFRA-activating mutations. It is most frequent in the stomach and to a lesser degree in the small intestine. The prognosis depends on the tumour size and the mitotic activity.

2B5B.0	Gastrointestinal stromal tumour of stomach A gastrointestinal stromal tumour that arises from the stomach. It covers a spectrum of benign to malignant mesenchymal neoplasms and includes most gastric smooth muscle tumours, leiomyoblastomas, and tumours formerly called gastrointestinal autonomic nerve tumours.
2B5B.1	Gastrointestinal stromal tumour of small intestine A gastrointestinal stromal tumour that arises from the small intestine. It usually affects adults over fifty years of age. The majority of cases have spindle cell morphology. The prognosis depends on the tumour size and the mitotic activity.
2B5B.Y	Gastrointestinal stromal tumour of other gastrointestinal sites
2B5B.Z	Gastrointestinal stromal tumour of unspecified gastrointestinal sites
2B5C	Endometrial stromal sarcoma, primary site A malignant, infiltrating mesenchymal tumour arising from the uterine corpus, cervix, vagina, and the ovary. Based on its morphologic characteristics, it is classified as either a low grade or an undifferentiated (high grade) stromal sarcoma. The low grade endometrioid stromal sarcoma is characterised by the presence of oval to spindle-shape cells that resemble the cells of the endometrial stroma, without evidence of significant atypia and pleomorphism. Numerous small vessels are also present. The undifferentiated stromal sarcoma is characterised by an aggressive clinical course, the presence of significant cellular atypia, pleomorphism, and high mitotic activity.
2B5D	Malignant mixed epithelial mesenchymal tumour, primary site
2B5D.0	Malignant mixed epithelial mesenchymal tumour of ovary Malignant mixed epithelial mesenchymal tumour of the ovary is a rare and very aggressive neoplasm presenting most commonly in postmenopausal women and is composed of adenocarcinomatous and sarcomatous elements and, depending on the types of these elements, can be classified as homologous or heterologous. It often has a poor prognosis.
2B5D.1	Malignant mixed epithelial and mesenchymal tumour of corpus uteri A primary malignant neoplasm of the uterine corpus characterised by the presence of an epithelial and a mesenchymal component. This category includes carcinosarcoma, carcinofibroma, and adenosarcoma.
2B5D.Y	Malignant mixed epithelial mesenchymal tumour, other specified primary site
2B5D.Z	Malignant mixed epithelial mesenchymal tumour, unspecified primary site
2B5E	Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)
2B5K	Unspecified malignant soft tissue tumours or sarcomas of bone or articular cartilage of other or unspecified sites
2B5Y	Other specified malignant mesenchymal neoplasms
2B5Z	Malignant mesenchymal neoplasm of unspecified type

Malignant neoplasms of lip, oral cavity or pharynx (2B60-2B6Y)

Squamous cell carcinomas amount to more than 90% of malignant tumours of the oral cavity and oropharynx. As in other parts of the upper aerodigestive tract, there is a strong and synergistic association with tobacco smoking and alcohol abuse. In some regions, particularly the Indian subcontinent, oral cancer is among the most frequent malignancies, largely due to tobacco chewing.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B60	Malignant neoplasms of lip Malignant neoplasms originating from the transitional epithelium of the lip (excluding oral mucosa and skin of the outer lip) or from the underlying anatomical structures (e.g. orbicularis oris muscle). <i>Exclusions:</i> Malignant neoplasm of skin of lip (2C30-2C3Z) Malignant mesenchymal neoplasms (2B50-2B5Z)

2B60.0	Basal cell carcinoma of lip A basal cell carcinoma arising from the lip.
2B60.1	Squamous cell carcinoma of lip Squamous cell carcinoma located on or originating in the mucosa or vermilion of the lip, including the vermilion border but excluding the skin of the lip. Exclusions: Squamous cell carcinoma of skin of lip (2C31)
2B60.Y	Other specified malignant neoplasms of lip
2B60.Z	Malignant neoplasms of lip, unspecified
2B61	Malignant neoplasms of base of tongue A primary neoplasm involving the base of the tongue, often associated with chronic alcohol and tobacco use, older age, certain geographic locations, a family history of upper aerodigestive tract cancers and/or certain nutritional deficiencies and infectious agents. Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)
2B61.0	Squamous cell carcinoma of the base of the tongue A carcinoma that arises from the base of the tongue. Representative examples include squamous cell carcinoma, adenoid cystic carcinoma, and mucoepidermoid carcinoma.
2B61.Y	Other specified malignant neoplasms of base of tongue
2B61.Z	Malignant neoplasms of base of tongue, unspecified
2B62	Malignant neoplasms of other or unspecified parts of tongue Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)
2B62.0	Squamous cell carcinoma of other or unspecified parts of tongue
2B62.1	Malignant neoplasms of lingual tonsil
2B62.10	Squamous cell carcinoma of lingual tonsil
2B62.1Z	Malignant neoplasms of lingual tonsil, unspecified
2B62.Y	Other specified malignant neoplasms of other 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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.
	<i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z) <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Malignant neoplasms of palate (2B65) Malignant neoplasms of tonsil (2B69) Malignant mesenchymal neoplasms (2B50-2B5Z)

2B6A.0	Squamous cell carcinoma of oropharynx
	A squamous cell carcinoma arising from the oropharynx. It predominantly affects adults in their fifth and sixth decades of life and is associated with alcohol and tobacco use. Human papillomavirus is present in approximately half of the cases. It is characterised by a tendency to metastasize early to the lymph nodes. When the tumour is small, patients are often asymptomatic. Physical examination may reveal erythematous or white lesions or plaques. The majority of patients present with locally advanced disease. Signs and symptoms include mucosal ulceration, pain, bleeding, weight loss, neck swelling, and difficulty speaking, chewing, and swallowing. Patients may also present with swollen neck lymph nodes without any symptoms from the oropharyngeal tumour. The most significant prognostic factors are the size of the tumour and the lymph nodes status.
2B6A.Y	Other specified malignant neoplasms of oropharynx
2B6A.Z	Malignant neoplasms of oropharynx, unspecified
2B6B	Malignant neoplasms of nasopharynx
	A wide variety of tumours can arise in the nasopharynx, but it is nasopharyngeal carcinoma that has fascinated generations of oncologists, pathologists, scientists and epidemiologists. It shows marked geographic differences, with highest incidence rates in Southern China. In some endemic areas, the incidence has declined by about 30% over the past two decades, suggesting that environmental or lifestyle factors may play a major role and that the disease is, to some extent, preventable. Nasopharyngeal carcinoma shows a very strong association with Epstein-Barr virus (EBV) infection, irrespective of the ethnic origin of the patients. This association has pioneered a new paradigm of utilizing viral serological tests for the diagnosis of cancer and for screening in high-risk populations. Nasopharyngeal carcinoma is generally responsive to radiation therapy, and the clinical outcome has greatly improved over the years, due to refinements in staging and to improved therapy protocols. The unusual and often deceptive histological features of nasopharyngeal carcinoma have generated controversies over the nature of the tumour and still pose a challenge to surgical pathologists. There have possibly been more names invented for the various histological subtypes of nasopharyngeal carcinoma than any other tumour type.
	Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)
2B6B.0	Squamous cell carcinoma of nasopharynx
2B6B.1	Malignant epithelial neoplasms of nasopharynx, unspecified type
2B6B.2	Malignant neoplasms of pharyngeal tonsil
2B6B.20	Squamous cell carcinoma of pharyngeal tonsil
2B6B.21	Other or unspecified malignant epithelial neoplasm of pharyngeal tonsil
2B6B.2Y	Other specified malignant neoplasms of pharyngeal tonsil
2B6B.2Z	Malignant neoplasm of pharyngeal tonsil without mention of type
2B6B.Y	Other specified malignant neoplasms of nasopharynx
2B6B.Z	Malignant neoplasms of nasopharynx, unspecified

2B6C	Malignant neoplasms of piriform sinus <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Malignant neoplasm of oral cavity NOS (2B66) Malignant mesenchymal neoplasms (2B50-2B5Z)
2B6E.0	Squamous cell carcinoma of other or ill-defined sites in the lip, oral cavity or pharynx
2B6E.Y	Other specified malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx
2B6E.Z	Malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx, unspecified
2B6Y	Other specified malignant neoplasms of lip, oral cavity or pharynx

Malignant neoplasms of digestive organs (2B70-2C1Z)

A primary malignant neoplasm involving any part of the gastrointestinal system.

Exclusions: Malignant neoplasm metastasis in digestive system (2D80-2D8Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

Malignant neoplasms of lip, oral cavity or pharynx (2B60-2B6Y)

2B70

Malignant neoplasms of oesophagus

A primary malignant neoplasm involving the oesophagus

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B70.0 Adenocarcinoma of oesophagus

A malignant tumour with glandular differentiation arising predominantly from Barrett mucosa in the lower third of the esophagus. Grossly, esophageal adenocarcinomas are similar to esophageal squamous cell carcinomas. Microscopically, adenocarcinomas arising in the setting of Barrett esophagus are typically papillary and/or tubular. The prognosis is poor.

2B70.00 Barrett adenocarcinoma

Barrett adenocarcinoma is defined as adenocarcinoma of lower oesophagus and gastroesophageal junction associated with Barrett's oesophagus.

2B70.0Y Other specified adenocarcinoma of oesophagus

2B70.0Z Adenocarcinoma of oesophagus, unspecified

2B70.1 Squamous cell carcinoma of oesophagus

A squamous cell carcinoma arising from the esophagus. It can be associated with a long history of tobacco and alcohol abuse and is exceedingly rare before the age of 30. The median age is around 65 in both males and females, but the incidence in males is much higher than in females. It is located mostly in the middle and lower third of the esophagus. Grossly, polypoid, ulcerated, plaque-like and occult lesions have been described. The microscopic features are the same as in other squamous cell carcinomas. Any degree of differentiation may occur, and variation within a single tumour is common. The prognosis is poor.

2B70.Y Other specified malignant neoplasms of oesophagus

2B70.Z Malignant neoplasms of oesophagus, unspecified

2B71

Malignant neoplasms of oesophagogastric junction

Malignant neoplasms that arise from the cells of the oesophagogastric junction (OGJ), which is defined as the point at which the oesophagus ends and the stomach begins. This mainly defines adenocarcinomas that straddle the junction of the oesophagus and stomach. This definition includes many tumours formally called cancers of the gastric cardia.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2B71.0	Adenocarcinoma of oesophagogastric junction An adenocarcinoma that arises from and straddles the junction of the stomach and esophagus. The category of adenocarcinomas of the gastroesophageal junction also includes the majority of adenocarcinomas previously called gastric cardia adenocarcinomas. Squamous cell carcinomas that affect or cross the junction of the stomach and esophagus are classified as carcinomas of the distal esophagus. Adenocarcinoma of the gastroesophageal junction occurs more often in Caucasian middle aged and elderly males. Clinical signs and symptoms include dysphagia, abdominal pain, and weight loss. The prognosis depends on the completeness of the surgical resection, the number of lymph nodes involved by cancer, and the presence or absence of postoperative complications.
2B71.Y	Other specified malignant neoplasm of oesophagogastric junction
2B71.Z	Malignant neoplasms of oesophagogastric junction, unspecified
2B72	Malignant neoplasms of stomach A primary or metastatic malignant neoplasm involving the stomach. <i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z) <i>Coded Elsewhere:</i> 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 <i>Helicobacter pylori</i> 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). <i>Inclusions:</i> carcinoid and other malignant neuroendocrine neoplasms <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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) <i>Exclusions:</i> Malignant neoplasms of retroperitoneum (2C50) Malignant neoplasms of peritoneum (2C51) Malignant mesenchymal neoplasms (2B50-2B5Z)
2C11.0	Adenocarcinoma of other or ill-defined digestive organs
2C11.1	Mucinous carcinoma of other or ill-defined digestive organs
2C11.2	Other specified malignant neoplasms of other or ill-defined digestive organs
2C11.Z	Malignant neoplasms of other or ill-defined digestive organs, unspecified

2C12**Malignant neoplasms of liver or intrahepatic bile ducts**

The most frequent and important hepatic neoplasm is the primary hepatocellular carcinoma (HCC). In many parts of the world, in particular Africa and Asia, it poses a significant disease burden. In these high incidence regions, chronic infection with hepatitis B virus (HBV) is the principal underlying cause, with the exception of Japan which has a high prevalence of hepatitis C infection. HBV vaccination has become a powerful tool in reducing cirrhosis and HCC, but implementation is still suboptimal in several high risk regions. In Western countries, chronic alcohol abuse is a major aetiological factor. Hepatic cholangiocarcinoma has a different geographical distribution, with peak incidences in Northern Thailand. Here, it is caused by chronic infection with the liver fluke, *Opisthorchis viverrini*, which is ingested through infected raw fish.

Exclusions: Secondary malignant neoplasm of liver (2D80)
Malignant neoplasm of biliary tract NOS (2C17)

2C12.0 Malignant neoplasm of liver**2C12.00** Combined hepatocellular-cholangiocarcinoma

Combined hepatocellular-cholangiocarcinoma is a tumour containing unequivocal, intimately mixed elements of both hepatocellular carcinoma and cholangiocarcinoma.

Inclusions: Hepatocholangiocarcinoma

2C12.01 Hepatoblastoma

A malignant liver neoplasm that occurs almost exclusively in infants, although isolated cases in older children and adults have been reported. Grossly, hepatoblastoma is solid, well circumscribed, and more often solitary than multiple. Microscopically, most of the tumours are composed exclusively of immature hepatocytic elements. About a fourth of hepatoblastomas contain a stromal component that may be undifferentiated or develop into bone or cartilage.

2C12.02 Hepatocellular carcinoma of liver

A carcinoma that arises from the hepatocytes.

2C12.03 Mesothelial carcinoma of liver**2C12.0Y** Other specified malignant neoplasm of liver**2C12.0Z** Malignant neoplasm of liver, unspecified**2C12.1 Malignant neoplasm of intrahepatic bile ducts****2C12.10** Intrahepatic cholangiocarcinoma

A carcinoma that arises from the intrahepatic bile duct epithelium in any site of the intrahepatic biliary tree. Grossly, the malignant lesions are solid, nodular, and grayish. Morphologically, the vast majority of cases are adenocarcinomas. Early detection is difficult and the prognosis is generally poor.

2C12.1Y Other specified malignant neoplasms of intrahepatic bile ducts**2C12.1Z** Malignant neoplasm of intrahepatic bile ducts, unspecified

2C13	Malignant neoplasms of gallbladder	A malignant tumour arising from the epithelium of the gallbladder. It is usually associated with the presence of gallstones. Clinical symptoms are not specific and usually present late in the course. Morphologically, adenocarcinoma is the most common type, however squamous cell carcinomas, adenosquamous carcinomas, signet ring carcinomas, and undifferentiated carcinomas can also occur.
2C13.0	Adenocarcinoma of the gallbladder	An adenocarcinoma arising from the gallbladder. It is the most common malignant tumour of the gallbladder, typically in the fundus; it is usually well to moderately differentiated. The incidence is higher in patients with gallstones than in patients without gallstones. Signs and symptoms usually present late in the course of the disease and are reminiscent of those of chronic cholecystitis including right upper quadrant pain. Histologic variants include adenocarcinoma of the intestinal type, clear cell adenocarcinoma, mucinous adenocarcinoma, papillary adenocarcinoma, and signet ring adenocarcinoma.
2C13.Y	Other specified malignant neoplasm of gallbladder	
2C13.Z	Malignant neoplasms of gallbladder, unspecified	
2C14	Malignant neoplasms of proximal biliary tract, cystic duct	
2C14.0	Adenocarcinoma of proximal biliary tract, cystic duct	
2C14.1	Mucinous cystic neoplasm with associated invasive carcinoma of cystic duct	
2C14.2	Neuroendocrine neoplasms of cystic duct	
2C14.Y	Other specified malignant neoplasms of biliary tract, cystic duct	
2C14.Z	Malignant neoplasms of proximal biliary tract, cystic duct, unspecified	
2C15	Malignant neoplasms of biliary tract, distal bile duct	
2C15.0	Adenocarcinoma of biliary tract, distal bile duct	An adenocarcinoma that arises from the common bile duct distal to the insertion of the cystic duct.
2C15.1	Mucinous cystic neoplasm with associated invasive carcinoma of distal bile duct	
2C15.2	Neuroendocrine neoplasms of distal bile duct	
2C15.Y	Other specified malignant neoplasms of biliary tract, distal bile duct	
2C15.Z	Malignant neoplasms of biliary tract, distal bile duct, unspecified	
2C16	Malignant neoplasms of ampulla of Vater	
2C16.0	Adenocarcinoma of ampulla of Vater	A malignant glandular epithelial tumour arising in the ampulla of Vater
2C16.1	Neuroendocrine neoplasms of ampulla of Vater	

2C16.Y	Other specified malignant neoplasms of ampulla of Vater
2C16.Z	Malignant neoplasms of ampulla of Vater, unspecified
2C17	Malignant neoplasms of other or unspecified parts of biliary tract <i>Exclusions:</i> Malignant neoplasm of intrahepatic bile duct (2C12) <i>Coded Elsewhere:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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 <i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z) trachea carina cancer (2C25)
2C24.0	Adenocarcinoma of trachea
2C24.1	Squamous cell carcinoma of trachea
2C24.2	Malignant epithelial neoplasms of trachea, unspecified type
2C24.Y	Other specified malignant neoplasms of trachea
2C24.Z	Malignant neoplasms of trachea, unspecified
2C25	Malignant neoplasms of bronchus or lung Primary malignant neoplasm originating from tissues of bronchus or lung. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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.
	<i>Exclusions:</i>
	Melanoma of penis (2C81.1)
	Melanoma of vulva (2C70.1)

- 2C30.0 Superficial spreading melanoma, primary**
The commonest form of melanoma, superficial spreading malignant melanoma accounts for about 70 per cent of all melanomas. It characteristically presents as an asymptomatic pigmented cutaneous macule which is asymmetrical in shape and displays variability in both hue and pigment intensity. It has a relatively long phase of progressive superficial extension (radial growth) before penetrating deeper into the dermis and entering an invasive vertical growth phase.
- 2C30.1 Nodular melanoma, primary**
Variant of melanoma carrying a poor prognosis due to the fact that there is little or no prodromal radial (superficial) growth phase before deep invasion (vertical growth). The lesion presents as an elevated, reddish, bluish or dark brown coloured, dome-shaped tumour. Ulceration or bleeding from the lesion occurs frequently. It occurs most frequently in the fifth or sixth decade.
- 2C30.2 Lentigo maligna melanoma, primary**
Lentigo maligna malignant melanoma is a form of melanoma which occurs within a lentigo maligna when neoplastic cells no longer remain confined to the epidermis (in situ radial growth) but invade the dermis (vertical growth). The lentigo maligna from which it arises may have been present as an irregularly pigmented macule on sun-exposed skin for many years before dermal invasion supervenes. Clinical differentiation from lentigo maligna may not be possible in the early stages of invasion but as the tumour progresses a focal thickening or nodule within the lentigo maligna will become apparent.
Exclusions: Lentigo maligna (2E63.00)
- 2C30.3 Acral lentiginous melanoma, primary**
Acral lentiginous malignant melanoma is a distinct and uncommon form of melanoma affecting either palmar and plantar skin or the nail apparatus. It is usually preceded by a slowly progressive in situ phase which may be overlooked. It typically presents either as an enlarging area of macular pigmentation on the palms and soles or as a longitudinal pigmented band within the nail plate. More aggressive tumours present as ulcerated nodules which, when involving the nail apparatus, can destroy the nail plate. Acral lentiginous malignant melanoma accounts for a high proportion of melanomas seen in dark-skinned people.
- 2C30.Y Other specified melanoma of skin**
- 2C30.Z Melanoma of skin, unspecified**
- 2C31 Squamous cell carcinoma of skin**
A carcinoma arising from the squamous cells of the epidermis. Skin squamous cell carcinoma is most commonly found on sun-exposed areas. The majority of the tumours are well-differentiated.
Coded Elsewhere: Squamous cell carcinoma of penis (2C81.0)

2C31.0	Verrucous squamous cell carcinoma of skin Verrucous squamous cell carcinoma is a rare variant of well-differentiated squamous cell carcinoma with low malignant potential. It occurs principally on the glans and prepuce of the penis and on the sole of the foot. Exclusions: Verrucous squamous cell carcinoma of vulva (2C70.2)
2C31.1	Keratoacanthoma Keratoacanthoma is a relatively common keratinocytic epidermal tumour which shows resemblances to squamous cell carcinoma of the skin, from which it may be difficult to distinguish either clinically or histopathologically. It is characterised by rapid growth over a few weeks to months, followed by spontaneous resolution over 4-6 months. Because it is not possible to predict its benign behaviour with complete certainty during its initial growth phase, the designation "Well-differentiated squamous cell carcinoma (keratoacanthoma type)" is also used.
2C31.Z	Cutaneous squamous cell carcinoma
2C32	Basal cell carcinoma of skin Basal cell carcinoma or BCC is the most common malignancy in humans. It is believed that BCCs arise from pluripotential cells in the basal layer of the epidermis or, less commonly, hair follicle. BCCs typically occur in areas of chronic sun exposure and present as slowly enlarging reddish papules, plaques or nodules on the head and neck, although the superficial variant is often located on the trunk. BCCs frequently ulcerate and become crusted. Although they rarely metastasize, they can cause significant local destruction and disfigurement if neglected or inadequately treated, particularly if of the sclerosing or infiltrative subtype.
2C32.0	Nodular basal cell carcinoma of skin This is the most common form of basal cell carcinoma and is typically located on the head or neck. It starts as a small translucent nodule which will frequently necrose and ulcerate as it enlarges. Telangiectatic blood vessels can often be detected just under the tumour surface. A minority may be pigmented and give rise to difficulty in distinguishing them from melanoma.
2C32.1	Sclerosing basal cell carcinoma of skin This form of basal cell carcinoma is composed of thin strands, cords and columns of malignant cells which infiltrate between collagen bundles of the dermis. It may infiltrate widely and deeply before it becomes clinically obvious. It typically starts as a pale, poorly-defined indurated plaque which may not come to medical attention until it starts to bleed and crust.
2C32.2	Superficial basal cell carcinoma of skin Superficial basal cell carcinomas are often multiple and appear as pink or red barely elevated patches varying in size from a few mm to over 10 cm in diameter. A fine pearly border can usually be seen on careful inspection. They occur most frequently on the trunk.
2C32.Y	Other specified basal cell carcinoma of skin
2C32.Z	Basal cell carcinoma of skin, unspecified

2C33**Adnexal carcinoma of skin**

A carcinoma arising from the sebaceous glands, sweat glands, or the hair follicles. Representative examples include sebaceous carcinoma, apocrine carcinoma, eccrine carcinoma, and pilomatrical carcinoma.

Inclusions:

- Primary cutaneous mucinous carcinoma
- Primary cutaneous adenoid cystic carcinoma
- Appendageal carcinoma of skin

2C34**Cutaneous neuroendocrine carcinoma**

Cutaneous neuroendocrine carcinoma is a primary cutaneous cancer arising from a subset of skin neuroendocrine cells (Merkel cells, giving the name Merkel cell carcinoma (MCC)).

2C35**Cutaneous sarcoma**

A group of generally rare malignant neoplasms arising from mesenchymal elements in the dermis including fibroblasts, pilar smooth muscle and vascular endothelium.

Coded Elsewhere:

- Angiosarcoma of skin (2B56.1)
- Kaposi sarcoma of skin (2B57.1)
- Cutaneous leiomyosarcoma (2B58.Y)
- Dermatofibrosarcoma protuberans (2B53.Y)

2C3Y**Other specified malignant neoplasms of skin****2C3Z****Malignant neoplasm of skin of unknown or unspecified type****Malignant neoplasms of peripheral nerves or autonomic nervous system (2C40-2C4Z)**

Exclusions:

- Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)
- Malignant mesenchymal neoplasms (2B50-2B5Z)

2C40**Malignant neuroepitheliomatous neoplasms of peripheral nerves or autonomic nervous system****2C41****Malignant perineurioma****2C4Y****Other specified malignant neoplasms of peripheral nerves and autonomic nervous system****2C4Z****Malignant neoplasms of peripheral nerves or autonomic nervous system, unspecified**

Malignant neoplasms of retroperitoneum, peritoneum or omentum (2C50-2C5Z)

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C50

Malignant neoplasms of retroperitoneum

A primary or metastatic malignant neoplasm involving the retroperitoneum. The vast majority of cases are carcinomas, lymphomas, or sarcomas.

Exclusions: Malignant neoplasms of omentum (2C52)
Malignant neoplasms of peritoneum (2C51)
Malignant mesenchymal neoplasms (2B50-2B5Z)

2C50.0 Cystic, mucinous or serous carcinoma of retroperitoneum

2C50.Y Other specified malignant neoplasms of retroperitoneum

2C50.Z Malignant neoplasms of retroperitoneum, unspecified

2C51

Malignant neoplasms of peritoneum

Exclusions: Malignant neoplasms of retroperitoneum (2C50)
Malignant neoplasms of omentum (2C52)
Malignant mesenchymal neoplasms (2B50-2B5Z)

2C51.0 Adenocarcinomas of peritoneum

2C51.1 Cystic, mucinous or serous carcinoma of peritoneum

2C51.2 Mesotheliomas of peritoneum

A benign or malignant mesothelial neoplasm that arises from the peritoneum.

2C51.20 Mesothelioma of mesocolon

2C51.21 Mesothelioma of mesentery

2C51.2Y Mesotheliomas of other specified sites of peritoneum

2C51.2Z Mesotheliomas of peritoneum, site unspecified

2C51.Y Other specified malignant neoplasms of peritoneum

2C51.Z Malignant neoplasms of peritoneum, unspecified

2C52

Malignant neoplasms of omentum

Exclusions: Malignant neoplasms of retroperitoneum (2C50)
Malignant neoplasms of peritoneum (2C51)
Malignant mesenchymal neoplasms (2B50-2B5Z)

Coded Elsewhere: Myosarcomas of omentum (2B5F.10)

2C52.0 Cystic, mucinous or serous carcinoma of omentum

2C52.Y Other specified malignant neoplasms of omentum

2C52.Z	Malignant neoplasms of omentum, unspecified
2C53	Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum
	<i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z)
2C53.0	Adenocarcinoma involving overlapping sites of retroperitoneum, peritoneum or omentum
2C53.1	Mesothelioma involving overlapping sites of retroperitoneum, peritoneum or omentum
2C53.Y	Other specified malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum
2C53.Z	Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum, unspecified
2C5Y	Other specified malignant neoplasms of retroperitoneum, peritoneum or omentum
2C5Z	Malignant neoplasms of retroperitoneum, peritoneum or omentum, unspecified

Malignant neoplasms of breast (2C60-2C6Z)

The category refers to primary malignant neoplasms of parenchyma, connective, and soft tissue of the breast, including nipple and areola.

Inclusions: malignant neoplasm of connective tissue of breast

Exclusions: Malignant neoplasm of skin of breast (2C30-2C3Z)

Malignant mesenchymal neoplasms (2B50-2B5Z)

2C60	Carcinoma of breast, specialised type
2C61	Invasive carcinoma of breast
2C61.0	Invasive ductal carcinoma of breast
2C61.1	Invasive lobular carcinoma of breast
	An infiltrating lobular adenocarcinoma. The malignant cells lack cohesion and are arranged individually or in a linear manner (Indian files), or as narrow trabeculae within the stroma. The malignant cells are usually smaller than those of ductal carcinoma, are less pleomorphic, and have fewer mitotic figures.
2C61.2	Invasive pleomorphic lobular carcinoma of breast
	A grade II invasive lobular carcinoma of the breast, characterised by the presence of neoplastic cells with large and atypical nuclei.
2C61.3	Invasive carcinoma of breast with mixed ductal and lobular features
	An invasive ductal breast carcinoma associated with a lobular carcinomatous component. The lobular carcinomatous component may be in situ or invasive.

2C61.4	Invasive carcinoma of breast, unidentifiable type A carcinoma that infiltrates the breast parenchyma and where the histopathological type could not be identified.
2C62	Inflammatory carcinoma of breast An advanced, invasive breast adenocarcinoma characterised by the presence of distinct changes in the overlying skin. These changes include diffuse erythema, edema, peau d'orange (skin of an orange) appearance, tenderness, induration, warmth, enlargement, and in some cases a palpable mass. The skin changes are the consequence of lymphatic obstruction from the underlying invasive breast adenocarcinoma. Microscopically, the dermal lymphatics show prominent infiltration by malignant cells. The invasive breast adenocarcinoma is usually of ductal, NOS type. There is not significant inflammatory cell infiltrate present, despite the name of this carcinoma.
2C63	Malignant phyllodes tumour of breast A phyllodes tumour of the breast characterised by infiltrative margins and a sarcomatous stromal component. The sarcomatous stroma usually displays features of fibrosarcoma. Liposarcomatous, osteosarcomatous, or rhabdomyosarcomatous elements may also be present.
2C64	Solid papillary carcinoma of breast with evidence of invasion
2C65	Hereditary breast and ovarian cancer syndrome
2C6Y	Other specified malignant neoplasms of breast
2C6Z	Malignant neoplasms of breast, unspecified

Malignant neoplasms of female genital organs (2C70-2C7Z)

A primary or metastatic malignant neoplasm involving the female reproductive system. Representative examples include endometrial carcinoma, cervical carcinoma, ovarian carcinoma, uterine corpus leiomyosarcoma, adenosarcoma, malignant mixed mesodermal (mullerian) tumour, and gestational choriocarcinoma.

Coding Note: Includes Malignant neoplasm of skin of female genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C70

Malignant neoplasms of vulva

Squamous cell carcinoma of the vulva occurs predominantly in the older age group. Although the incidence rate of vulvar intraepithelial neoplasia is increasing, that of squamous cell carcinoma of the vulva is declining, reflecting earlier detection and more successful treatment. In addition to human papillomavirus infection, cigarette smoking is a putative risk factor for vulvar squamous cell carcinoma. There are three known precursor lesions: vulvar intraepithelial neoplasia, lichen sclerosus and chronic granulomatous disease. Other important epithelial malignancies of the vulva are Paget disease and Bartholin gland carcinoma. They are much less

common than squamous lesions, and the risk factors are largely unknown. Prominent non-epithelial tumours are malignant melanoma and sarcoma botryoides.

Coding Note: Includes skin of vulva.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C70.0

Basal cell carcinoma of vulva

A slow growing, locally infiltrating carcinoma that arises from the vulva. It is characterised by the presence of malignant cells that resemble the basal cells that are present in the epidermis.

2C70.1

Melanoma of vulva

2C70.2

Squamous cell carcinoma of vulva

An invasive squamous cell carcinoma arising from the vulva. Risk factors include the human papilloma virus and cigarette smoking. Precursor lesions include the vulvar intraepithelial neoplasia, lichen sclerosus with associated squamous cell hyperplasia, and chronic granulomatous vulvar disease such as granuloma inguinale. Symptoms include vulvar pruritus or irritation, discharge, bleeding, and pain. The following morphologic variants have been identified: keratinizing, non-keratinizing, basaloid, warty, verrucous, keratoacanthoma-like, and squamous cell carcinoma with tumour giant cells. Risk factors for recurrence include advanced stage, tumour diameter greater than 2.5 cm, multifocality, capillary-like space involvement, associated vulvar intraepithelial neoplasia grades 2 or 3, and margins of resection involved by tumour.

Coded Elsewhere: Verrucous squamous cell carcinoma of vulva (2C31.0)

2C70.Y

Other specified malignant neoplasms of vulva

Coding Note: Includes skin of vulva.

2C70.Z

Malignant neoplasms of vulva, unspecified

Coding Note: Includes skin of vulva.

2C71**Malignant neoplasms of vagina**

A primary or metastatic malignant tumour involving the vagina. Representative examples include carcinomas and sarcomas.

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C71.0**Adenocarcinoma of vagina**

An adenocarcinoma arising from the vagina. Morphologic variants include the clear cell, endometrioid, mesonephric, and mucinous adenocarcinoma.

2C71.1**Melanoma of vagina**

A primary malignant neoplasm of the vagina composed of malignant melanocytes.

2C71.2**Squamous cell carcinoma of vagina**

A squamous cell carcinoma arising from the vagina. Human papillomavirus infection is associated with the development of vaginal intraepithelial neoplasia and invasive squamous cell carcinoma. Signs and symptoms include painless bleeding, postcoital bleeding, and urinary tract symptoms. Morphologically it resembles squamous cell carcinomas in other anatomic sites.

2C71.Y**Other specified malignant neoplasms of vagina****2C71.Z****Malignant neoplasms of vagina, unspecified****2C72****Malignant neoplasms of uterine ligament, parametrium, or uterine adnexa**

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)

2C72.0**Adenocarcinoma of uterine ligament, parametrium, or uterine adnexa****2C72.1****Mucinous or serous carcinoma of uterine ligament, parametrium, or uterine adnexa****2C72.3****Carcinosarcomas of uterine ligament, parametrium, or uterine adnexa****2C72.Y****Other specified malignant neoplasms of uterine ligament, parametrium, 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> hydatidiform mole, NOS (JA02) Malignant mesenchymal neoplasms (2B50-2B5Z)
2C75.0	Malignant trophoblastic neoplasms of placenta A diverse group of pregnancy-related tumours characterised by excessive proliferation of trophoblasts. Representative examples include hydatidiform mole, gestational choriocarcinoma, and placental site trophoblastic tumour.
2C75.Y	Other specified malignant neoplasms of placenta
2C75.Z	Malignant neoplasms of placenta, unspecified

2C76**Malignant neoplasms of corpus uteri**

A malignant neoplasm that affects the uterine corpus. Representative examples include endometrial carcinoma, carcinosarcoma, leiomyosarcoma, and adenosarcoma.

Exclusions: Endometrial stromal sarcoma, primary site (2B5C)

- 2C76.0** **Endometrial endometrioid adenocarcinoma**
- 2C76.1** **Endometrial mucinous adenocarcinoma**
- 2C76.2** **Endometrial clear cell adenocarcinoma**
- 2C76.3** **Endometrial serous adenocarcinoma**
- 2C76.4** **Endometrial mixed adenocarcinoma**
- 2C76.40** Endometrial squamous cell carcinoma
- 2C76.41** Endometrial small cell carcinoma
- 2C76.42** Endometrial undifferentiated carcinoma
- 2C76.43** Carcinosarcoma of uterus
- 2C76.4Z** Endometrial mixed adenocarcinoma, unspecified
- 2C76.Y** **Other specified malignant neoplasms of corpus uteri**
- 2C76.Z** **Malignant neoplasms of corpus uteri, unspecified**

2C77**Malignant neoplasms of cervix uteri**

Primary or metastatic malignant neoplasm involving the cervix.

- 2C77.0** **Squamous cell carcinoma of cervix uteri**
A squamous cell carcinoma arising from the cervical epithelium. It usually evolves from a precancerous cervical lesion. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors for cervical squamous cell carcinoma. The following histologic patterns have been described: Conventional squamous cell carcinoma, papillary squamous cell carcinoma, transitional cell carcinoma, lymphoepithelioma-like carcinoma, verrucous carcinoma, condylomatous carcinoma and spindle cell carcinoma. Survival is most closely related to the stage of disease at the time of diagnosis.
- 2C77.1** **Adenocarcinoma of cervix uteri**
An adenocarcinoma arising from the cervical epithelium. It accounts for approximately 15% of invasive cervical carcinomas. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors. Grossly, advanced cervical adenocarcinoma may present as an exophytic mass, an ulcerated lesion, or diffuse cervical enlargement. Microscopically, the majority of cervical adenocarcinomas are of the endocervical (mucinous) type.
- 2C77.2** **Adenosquamous carcinoma of cervix uteri**
- 2C77.3** **Neuroendocrine carcinoma of cervix uteri**

2C77.Y	Other specified malignant neoplasms of cervix uteri
2C77.Z	Malignant neoplasms of cervix uteri, unspecified
2C78	Malignant neoplasms of uterus, part not specified
2C79	Malignant neoplasm involving overlapping sites of female genital organs
	<i>Inclusions:</i> 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
<i>Coding Note:</i>	Includes Malignant neoplasm of skin of female genital organs
2C7Z	Malignant neoplasms of female genital organs, unspecified
<i>Coding Note:</i>	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.
	<i>Exclusions:</i> 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.
	<i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z)
	<i>Coded Elsewhere:</i> 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
	<i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z)
2C8Z	Malignant neoplasms of male genital organs, unspecified
<i>Coding Note:</i>	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.
	<i>Exclusions:</i> Malignant neoplasm of renal calyces (2C91)
	Malignant neoplasms of renal pelvis (2C91)
	Malignant mesenchymal neoplasms (2B50-2B5Z)
2C90.0	Renal cell carcinoma of kidney, except renal pelvis
	A carcinoma arising from the renal parenchyma. The incidence of renal cell carcinoma has increased by 35% from 1973 to 1991. There is a strong correlation between cigarette smoking and the development of renal cell carcinoma. The clinical presentation includes: haematuria, flank pain and a palpable lumbar mass. A high percentage of renal cell carcinomas are diagnosed when an ultrasound is performed for other purposes. Diagnostic procedures include: ultrasound, intravenous pyelography and computed tomography (CT).
2C90.Y	Other specified malignant neoplasms of kidney, except renal pelvis
2C90.Z	Malignant neoplasms of kidney, except renal pelvis, unspecified

2C91	Malignant neoplasms of renal pelvis Abnormal malignant growth of the cells within the renal pelvis. <i>Inclusions:</i> malignant neoplasm of pelviureteric junction malignant neoplasm of renal calyces <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Malignant mesenchymal neoplasms (2B50-2B5Z)
2C94.0	Adenocarcinoma of urinary bladder A rare adenocarcinoma arising from metaplastic bladder epithelium. It is frequently associated with long-standing local irritation. The majority of cases originate from the trigone and the posterior wall of the bladder.

2C94.1	Squamous cell carcinoma of urinary bladder A squamous cell carcinoma of the bladder arising from metaplastic epithelium. It represents less than 10% of bladder carcinomas. The exception is the Middle East along the Nile Valley, where it represents the most common form of carcinoma because of the endemic nature of schistosomiasis. Bladder squamous cell carcinoma is often associated with long-standing chronic inflammation of the bladder and usually has a poor prognosis. The diagnosis of squamous cell carcinoma of the bladder should be reserved for those tumours that are predominantly keratin forming.
2C94.2	Urothelial carcinoma of bladder
2C94.Y	Other specified malignant neoplasms of bladder
2C94.Z	Malignant neoplasms of bladder, unspecified
2C95	Malignant neoplasm involving overlapping sites of urinary organs Malignant neoplasm of urinary organs whose point of origin cannot be classified to any other existing category <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Inclusions:</i> 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 pheochromocytomas arise in the adrenal medulla and are derived from chromaffin cells of neural crest origin. Pheochromocytomas 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 pheochromocytoma of adrenal gland	
2D11.2	Neuroblastoma of adrenal gland	Neuroblastomas are malignant tumours that form in certain types of the nerve tissue. It most often begins in the adrenal gland. About 1 out of 3 neuroblastomas start in the adrenal glands and about 1 out of 4 begin in sympathetic nerve ganglia in the abdomen. Most of the rest start in sympathetic ganglia near the spine in the chest or neck, or in the pelvis.
2D11.Y	Other specified malignant neoplasms of adrenal gland	
2D11.Z	Malignant neoplasms of adrenal gland, unspecified	

2D12**Malignant neoplasms of other endocrine glands or related structures**

Exclusions: Malignant neoplasms of adrenal gland (2D11)
 Malignant neoplasms of testis (2C80)
 Malignant neoplasms of ovary (2C73)
 Malignant neoplasm of pancreas (2C10)
 Malignant neoplasms of thyroid gland (2D10)
 Malignant neoplasms of thymus (2C27)
 Malignant mesenchymal neoplasms (2B50-2B5Z)

2D12.0**Malignant epithelial neoplasms of other endocrine glands or related structures, unspecified type****2D12.1****Adenocarcinoma of other endocrine glands or related structures****2D12.Y****Other specified malignant neoplasms of other endocrine glands or related structures****2D12.Z****Malignant neoplasms of other endocrine glands or related structures, unspecified****2D1Z****Malignant neoplasms of endocrine glands, unspecified****2D3Y****Other specified malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues****2D3Z****Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues, unspecified**

Malignant neoplasms of ill-defined or unspecified primary sites (2D40-2D4Z)

Exclusions: Malignant mesenchymal neoplasms (2B50-2B5Z)**2D40****Adenocarcinoma of unspecified site**

A common cancer characterised by the presence of malignant glandular cells. Morphologically, adenocarcinomas are classified according to the growth pattern (e.g., papillary, alveolar) or according to the secreting product (e.g., mucinous, serous). Representative examples of adenocarcinoma are ductal and lobular breast carcinoma, lung adenocarcinoma, renal cell carcinoma, hepatocellular carcinoma (hepatoma), colon adenocarcinoma, and prostate adenocarcinoma.

2D41**Unspecified carcinoma of unspecified site****2D42****Malignant neoplasms of ill-defined sites**

Malignant neoplasms of ill defined sites is used for cases where the documentation refers to a site that includes multiple organ systems and tissue types that should be coded separately.

2D43**Malignant neoplasms of independent, multiple primary sites****Coding Note:**

Use additional codes to identify individual neoplasms.

2D44**Malignant neoplasm, primary site unknown, so stated****2D4Y****Other specified malignant neoplasms of unspecified primary sites****2D4Z****Unspecified malignant neoplasms of unspecified sites**

Malignant neoplasm metastases (2D50-2E2Z)

Spread of a malignant neoplasm into secondary sites.

2D50**Malignant neoplasm metastasis in brain**

A malignant neoplasm that has spread to the brain from another anatomic site or system. The majority are carcinomas (usually lung or breast carcinomas).

2D51**Malignant neoplasm metastasis in meninges****2D52****Malignant neoplasm metastasis in spinal cord, cranial nerves or remaining parts of central nervous system**

Malignant neoplasm metastasis in lymph nodes (2D60-2D6Z)

Exclusions:

Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

2D60**Malignant neoplasm metastasis in lymph node of a single region****2D60.0****Malignant neoplasm metastasis in lymph nodes of head, face or neck****2D60.1****Malignant neoplasm metastasis in intrathoracic lymph nodes****2D60.2****Malignant neoplasm metastasis in intra-abdominal lymph nodes****2D60.3****Malignant neoplasm metastasis in axillary lymph nodes****2D60.4****Malignant neoplasm metastasis in inguinal lymph nodes****2D60.5****Malignant neoplasm metastasis in intrapelvic lymph nodes****2D60.Y****Other specified malignant neoplasm metastasis in lymph node of a single region****2D60.Z****Malignant neoplasm metastasis in lymph node of a single region, unspecified****2D61****Malignant neoplasm metastases in lymph nodes of multiple regions****2D6Z****Metastatic malignant neoplasm to unspecified lymph node**

Malignant neoplasm metastasis in thoracic or respiratory organs (2D70-2D7Z)

2D70	Malignant neoplasm metastasis in lung <i>Exclusions:</i> Malignant neoplasms of bronchus or lung (2C25)
2D71	Malignant neoplasm metastasis in mediastinum The spread of cancer to the mediastinum from an adjacent or distant anatomic site.
2D72	Malignant neoplasm metastasis in pleura The spread of cancer to the pleura from an adjacent or distant anatomic site.
2D73	Malignant neoplasm metastasis in upper respiratory tract organs
2D7Y	Malignant neoplasm metastasis in other specified thoracic organs
2D7Z	Malignant neoplasm metastasis in thoracic or respiratory organs, unspecified

Malignant neoplasm metastasis in digestive system (2D80-2D8Z)

2D80	Malignant neoplasm metastasis in liver or intrahepatic bile duct Malignant neoplasms that have metastasized to the liver from extrahepatic primary tumours.
2D80.0	Malignant neoplasm metastasis in liver
2D80.1	Malignant neoplasm metastasis in intrahepatic bile duct
2D81	Malignant neoplasm metastasis in pancreas A malignant neoplasm that has spread to the pancreas from another anatomic site. Representative examples include metastatic carcinomas from the gastrointestinal tract, metastatic melanomas, and renal cell carcinomas.
2D82	Malignant neoplasm metastasis in extrahepatic bile ducts
2D83	Malignant neoplasm metastasis in ampulla of Vater
2D84	Malignant neoplasm metastasis in the small intestine The spread of cancer to the small intestine. This may be from a primary intestinal cancer, or from a cancer at a distant site.
2D85	Malignant neoplasm metastasis in large intestine The spread of cancer to the large intestine; this may be from a primary colon or rectal cancer to another location in the large intestine, or from a cancer at a distant site or organ.
2D86	Malignant neoplasm metastasis in anus Malignant tumour that metastasized in the anus and anal canal.
2D8Y	Malignant neoplasm metastasis in other specified digestive system organ

2D8Z Malignant neoplasm metastasis in unspecified digestive system organ

Malignant neoplasm metastasis in retroperitoneum or peritoneum (2D90-2D91)

2D90 Malignant neoplasm metastasis in retroperitoneum

2D91 Malignant neoplasm metastasis in peritoneum

Malignant neoplasm metastasis in other sites (2E00-2E0Y)

2E00 Malignant neoplasm metastasis in kidney or renal pelvis

The spread of the cancer to the kidney. This may be from a primary kidney cancer involving the opposite kidney, or from a cancer at a distant site.

2E01 Malignant neoplasm metastasis in bladder

Tumours of the urinary bladder that originate from an extravesical, non-urothelial tract neoplasm

2E02 Malignant neoplasm metastasis in other or unspecified urinary system organs

2E03 Malignant neoplasm metastasis in bone or bone marrow

The spread of a malignant neoplasm from a primary site to the skeletal system. The majority of metastatic neoplasms to the bone are carcinomas.

2E04 Malignant neoplasm metastasis in soft tissue

2E05 Malignant neoplasm metastasis in female reproductive system

2E05.0 Malignant neoplasm metastasis in ovary

The spread of the cancer to the ovary. This may be from a primary ovarian cancer involving the opposite ovary, or from a cancer at a distant site.

2E05.Y Malignant neoplasm metastasis in other female reproductive system organs

2E05.Z Malignant neoplasm metastasis in female reproductive system, unspecified

2E06 Malignant neoplasm metastasis in male genital organs

2E07 Malignant neoplasm metastasis in adrenal gland

A malignant tumour that has spread to the adrenal gland from an adjacent or distant anatomic site. The majority of cases are metastatic carcinomas, and less frequently lymphomas. (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. <i>Exclusions:</i> - 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 <i>Exclusions:</i> Melanoma in situ neoplasms (2E63)
2E62.0	Carcinoma in situ of larynx <i>Exclusions:</i> - 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 radiation 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> Melanoma in situ neoplasms (2E63)
2E67.0	Carcinoma in situ of endometrium
2E67.1	Carcinoma in situ of vulva
	<i>Exclusions:</i> 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 <i>Inclusions:</i> 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. <i>Inclusions:</i> high grade prostatic intraepithelial neoplasia <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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)

Benign neoplasms of muscle, fat, fibrous tissue, bone, cartilage, and blood vessels.

2E80	Benign lipomatous neoplasm A benign tumour composed of adipose (fatty) tissue. The most common representative of this category is the lipoma.

2E80.0	Lipoma
2E80.00	Superficial subcutaneous lipoma A benign well-circumscribed mesenchymal neoplasm composed of mature adipocytes and commonly known as a lipoma.
2E80.01	Deep subfascial lipoma Deep subfascial lipomata are benign neoplasms of adipose tissue which arise deep to the deep fascia and have a tendency to infiltrate between and into muscle. They may occur at any body site and may cause diagnostic difficulty. They are well recognised to occur on the forehead beneath the frontalis muscle (frontalis-associated lipoma). Inclusions: Frontalis-associated lipoma Infiltrating lipoma of soft tissue Intramuscular lipoma of soft tissue
2E80.02	Deep internal or visceral lipoma
2E80.0Y	Lipoma, other specified site
2E80.0Z	Lipoma, unspecified site
2E80.1	Lipoblastoma
2E80.Y	Other specified benign lipomatous neoplasm
2E80.Z	Benign lipomatous neoplasm, unspecified
2E81	Benign vascular neoplasms Exclusions: Blue naevus (2F20) Pigmented naevus (2F20) Coded Elsewhere: Lobular capillary haemangioma (2F26)
2E81.0	Neoplastic haemangioma Exclusions: Benign vascular neoplasms of infancy and childhood (2E81.2) Infantile haemangioma (2E81.2) Coded Elsewhere: Pulmonary sclerosing haemangioma (2F00.Y)
2E81.00	Umbilical cord haemangioma tumour composed of thin walled blood vessels lined by endothelium present within the cord
2E81.01	Conjunctival haemangioma or haemolymphangioma
2E81.0Y	Neoplastic haemangioma of other specified site
2E81.0Z	Neoplastic haemangioma, unspecified site

2E81.1	Benign lymphatic neoplasms Benign circumscribed or diffuse neoplasms of lymphatic vessels. They are much less common than lymphatic malformations and are distinguished from the latter by proliferative growth and the potential to become widely disseminated. Exclusions: Lymphatic malformations (LA90.1)
2E81.10	Disseminated lymphangiomatosis A rare disorder characterised by widespread proliferation of aberrant lymphatic vessels which typically infiltrate vital organs in the thorax and abdomen.
2E81.11	Acquired progressive lymphangioma Acquired progressive lymphangioma is a benign localised but slowly progressive tumour of lymphatic vessels that typically presents as reddish or bruise-like plaques on the abdominal wall, thigh or calf of young adolescents. Exclusions: Lymphatic malformations (LA90.1)
2E81.1Y	Other specified benign lymphatic neoplasms
2E81.1Z	Benign lymphatic neoplasms, unspecified
2E81.2	Benign vascular neoplasms of infancy and childhood The commonest benign vascular neoplasm of infancy is infantile haemangioma. Less common neoplasms are congenital haemangioma, spindle cell haemangioma, tufted angioma and kaposiform haemangioendothelioma.
2E81.20	Focal infantile haemangioma Infantile haemangioma is a common benign vascular neoplasm which develops in about 4% of infants. It appears within weeks of birth as a blanched, blushed, or telangiectatic area that then rapidly proliferates for several months before entering a prolonged process of involution lasting up to 12 years, leaving a residual variably prominent scar. A solitary focal tumour is seen in about 85% of cases. Over half of cases are located on the head and neck. Complications include bleeding, infection, ulceration and, in tumours situated close to the eye, amblyopia. Inclusions: Strawberry naevus
2E81.21	Multifocal infantile haemangioma Infantile haemangioma is multifocal in up to 25% of cases with numbers ranging from a few to many dozens. If more than 5 cutaneous tumours are present there is an increased risk of associated internal haemangiomatosis, especially of the liver.
2E81.2Y	Other specified benign vascular neoplasms of infancy and childhood
2E81.2Z	Benign vascular neoplasms of infancy and childhood, unspecified
2E81.Y	Other specified benign vascular neoplasms
2E81.Z	Benign vascular neoplasms, unspecified
2E82	Benign chondrogenic tumours
2E82.0	Benign chondrogenic tumours of bone or articular cartilage of limbs

2E82.1	Benign chondrogenic tumours of bone or articular cartilage of other specified sites
2E82.Z	Benign chondrogenic tumours, site unspecified
2E83	Benign osteogenic tumours A neoplasm arising from the bone or articular cartilage that does not invade adjacent tissues or metastasize to other anatomic sites. Representative examples include benign fibrous histiocytoma of bone, osteoma, osteoblastoma, chondroblastoma, and enchondroma.
2E83.0	Benign osteogenic tumours of bone or articular cartilage of skull or face
2E83.1	Benign osteogenic tumours of bone or articular cartilage of lower jaw
2E83.2	Benign osteogenic tumours of bone or articular cartilage of vertebral column <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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. <i>Exclusions:</i> Leiomyoma of ovary (2E86.1) Leiomyoma of fallopian tube (2E86.1) Leiomyoma of broad ligament (2E86.1) Leiomyoma of vagina (2E86.1) Leiomyoma of vulva (2E86.1) Benign non-mesenchymal neoplasms of uterus (2F31)
2E86.1	Leiomyoma of other or unspecified sites
2E86.2	Rhabdomyoma
2E86.Y	Other specified benign smooth muscle or skeletal muscle tumour
2E86.Z	Benign smooth muscle or skeletal muscle tumour, unspecified
2E87	Benign gastrointestinal stromal tumour
2E88	Benign endometrial stromal nodule
2E89	Benign mesenchymal tumours of uncertain differentiation
2E89.0	Benign tumours of uncertain differentiation, bone or cartilage
2E89.1	Benign tumours of uncertain differentiation, soft tissue
2E89.Y	Benign mesenchymal tumours of uncertain differentiation of other specified site
2E89.Z	Benign mesenchymal tumours of uncertain differentiation of unspecified site
2E8A	Other mixed or unspecified benign mesenchymal tumours
2E8Y	Other specified benign mesenchymal neoplasm
2E8Z	Benign mesenchymal neoplasms, unspecified

Benign non-mesenchymal neoplasms (2E90-2F3Z)

2E90	Benign neoplasm of lip, oral cavity or pharynx
2E90.0	Benign neoplasm of lip A neoplasm without malignant characteristics arising from the lip. Exclusions: Benign neoplasm of skin of lip (2F20-2F2Z)
2E90.1	Benign neoplasm of tongue Abnormal growth, without malignant characteristics, of the cells that comprise the tongue.
2E90.2	Benign neoplasm of floor of mouth
2E90.3	Benign neoplasm of other or unspecified parts of mouth Exclusions: Benign neoplasm of nasopharyngeal surface of soft palate (2E90.6) benign odontogenic neoplasms (2E83.0) mucosa of lip (2E90.0)
2E90.4	Benign neoplasm of tonsil Exclusions: benign neoplasm of pharyngeal tonsil (2E90.6) benign neoplasm of lingual tonsil (2E90.1) benign neoplasm of tonsillar pillars (2E90.5) benign neoplasm of tonsillar fossa (2E90.5)
2E90.5	Benign neoplasm of oropharynx A neoplasm of the oropharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites. Exclusions: Benign neoplasm of epiglottis, NOS (2F00) Benign neoplasm of epiglottis, suprahyoid portion (2F00)
2E90.6	Benign neoplasm of nasopharynx A neoplasm of the nasopharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.
2E90.7	Benign neoplasm of hypopharynx
2E90.8	Benign neoplasm of pharynx, unspecified
2E91	Benign neoplasm of major salivary glands Exclusions: Benign neoplasms of minor salivary glands NOS (2E90.3)
2E91.0	Benign neoplasm of parotid gland
2E91.1	Benign neoplasm of other specified major salivary glands

2E91.Z	Benign neoplasm of unspecified major salivary glands
2E92	Benign neoplasm of digestive organs A neoplasm of other and/or ill-defined parts of the digestive system which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.
2E92.0	Benign neoplasm of oesophagus A non-metastasizing neoplasm arising from the esophageal wall. Coded Elsewhere: Benign mesenchymal tumour of oesophagus (2E8Z)
2E92.1	Benign neoplasm of stomach A non-metastasizing neoplasm arising from the gastric wall. Coded Elsewhere: Benign mesenchymal tumour of stomach (2E8Y)
2E92.2	Benign neoplasm of duodenum A non-metastasizing neoplasm arising from the wall of the duodenum. Coded Elsewhere: Benign mesenchymal tumour of duodenum (2E8Z)
2E92.3	Benign neoplasm of other or unspecified parts of small intestine Exclusions: Benign neoplasm of duodenum (2E92.2) Coded Elsewhere: Benign mesenchymal tumour of small intestine (2E8Z)
2E92.4	Benign neoplasm of the large intestine A non-metastasizing neoplasm arising from the wall of the colon and rectum. Coded Elsewhere: Benign mesenchymal tumour of large intestine (2E8Z)
2E92.40	Polyposis syndrome Intestinal polyposis syndromes can be divided, based on histology, into the broad categories of familial adenomatous polyposis (FAP), hamartomatous polyposis syndromes, and other rare polyposis syndromes, such as hereditary-mixed polyposis syndrome (HMPS). Coded Elsewhere: Gardner syndrome (LD2D.3) Peutz-Jeghers syndrome (LD2D.0) Cronkhite-Canada syndrome (LD27.01) Familial adenomatous polyposis (2B90.Y) Juvenile gastrointestinal polyposis (2B90.Y)
2E92.4Y	Other specified benign neoplasm of the large intestine
2E92.4Z	Benign neoplasm of the large intestine, unspecified

2E92.5	Benign neoplasm of anus or anal canal Primary benign tumour that forms in tissues lining the anus and anal canal. Exclusions: Benign neoplasm of perianal skin (2F20-2F2Z) Benign neoplasm of anal margin (2F20-2F2Z) Benign neoplasm of anal skin (2F20-2F2Z)
2E92.6	Benign neoplasm of gallbladder, extrahepatic bile ducts or ampulla of Vater Coded Elsewhere: Benign mesenchymal tumour of gallbladder, extrahepatic bile ducts or ampulla of Vater (2E8Z) Adenoma of bile ducts (2E92.6)
2E92.7	Benign neoplasm of liver or intrahepatic bile ducts Coded Elsewhere: Focal nodular hyperplasia of liver (DB99.Y) Angiomyolipoma of liver (2E80.02) Haemangioma of liver (2E81.0Y)
2E92.8	Benign neoplasm of pancreas A non-metastasizing neoplasm arising from the pancreas. Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)
2E92.9	Benign neoplasm of endocrine pancreas Inclusions: Islet cell tumour benign neoplasm of islets of Langerhans
2E92.Y	Benign neoplasm of other specified digestive organs
2E92.Z	Benign neoplasm of unspecified digestive organs

Benign neoplasm of respiratory or intrathoracic organs (2F00-2F0Z)

2F00	Benign neoplasm of middle ear or respiratory system
2F00.0	Middle ear endocrine tumour
2F00.1	Recurrent respiratory papillomatosis Recurrent respiratory papillomatosis is a rare respiratory disease characterised by the development of exophytic papillomas, affecting the mucosa of the upper aerodigestive tract (with a strong predilection for the larynx), caused by an infection with human papilloma virus. Symptoms at presentation may include hoarseness, chronic cough, dyspnoea, recurrent upper respiratory tract infections, pneumonia, dysphagia, stridor, and/or failure to thrive.
2F00.2	Laryngeal endocrine tumour
2F00.Y	Other specified benign neoplasm of middle ear or respiratory system
2F00.Z	Benign neoplasm of middle ear or respiratory system, unspecified

2F01**Benign neoplasm of intrathoracic organs****2F0Y****Benign neoplasms of other specified respiratory and intrathoracic organs****2F0Z****Benign neoplasms of unspecified respiratory and intrathoracic organs****2F10****Benign neoplasm of mesothelial tissue**

A benign neoplasm arising from mesothelial cells. It is characterised by the formation of glandular and tubular patterns. It can occur in several anatomic sites including the pleura, peritoneum, and epididymis.

Benign cutaneous neoplasms (2F20-2F2Z)

Abnormal growth of the cells that comprise the tissues of the skin, without any evidence of malignancy.

Coded Elsewhere: Benign vascular neoplasms of infancy and childhood (2E81.2)

2F20**Benign cutaneous melanocytic neoplasms****Inclusions:**

Mole

Pigmented naevus

Benign melanocytic naevus

2F20.0**Common acquired melanocytic naevus****2F20.00**

Multiple benign melanocytic naevi

The presence of multiple benign melanocytic naevi (often taken as more than 20 naevi >2mm in diameter), an independent risk factor for the development of melanoma with highest risk associated with highest numbers of naevi (>100).

2F20.0Y

Other specified common acquired melanocytic naevus

2F20.0Z

Common acquired melanocytic naevus, unspecified

2F20.1**Atypical melanocytic naevus**

Solitary or multiple, slightly raised, pigmented lesions with irregular borders, usually measuring more than 0.6cm in greatest dimension. Morphologically, there is melanocytic atypia and the differential diagnosis from melanoma may be difficult. Patients are at an increased risk for the development of melanoma.

Inclusions:

Dysplastic naevus, unspecified

2F20.2**Congenital melanocytic naevus**

Congenital melanocytic naevi are circumscribed areas of skin pigmentation present at birth as a result of abnormal intrauterine proliferation of melanocytes within the dermis, the epidermis or both. They may range in size from a few millimetres to many centimetres in diameter. If their projected or final adult maximal diameter is greater than 20 cm they are termed giant congenital melanocytic naevi.

2F20.20	Giant congenital melanocytic naevus A congenital melanocytic naevus (CMN) with a predicted or final adult maximal diameter of 400 mm or more. Giant CMNs are commonly centred on the dorsal surface of the body between the vertex and the buttocks but may occur elsewhere; they may be associated with multiple smaller satellite naevi (congenital or tardive), hypertrichosis, lipomas or benign proliferative nodules. There is a risk of pre-pubertal melanoma within giant CMN or the central nervous system (CNS). Leptomeningeal melanocytosis or focal neuromelanosis, found in 10-15% of cases, is often associated with other CNS tumours, hydrocephalus, epilepsy, arachnoid cysts, or Dandy-Walker malformation.
2F20.2Y	Other specified congenital melanocytic naevus
2F20.2Z	Congenital melanocytic naevus, unspecified
2F20.3	Generalised eruptive melanocytic naevi This phenomenon describes the rapid simultaneous appearance of multiple melanocytic naevi, often hundreds in number, on previously uninvolved sun-exposed skin. The phenomenon has been linked to immunosuppression, particularly in renal transplant recipients and in individuals receiving cancer chemotherapy, and may be considered a more advanced counterpart of generalised eruptive lentiginosis. Exclusions: Multiple benign melanocytic naevi (2F20.00) Generalized eruptive lentiginosis (ED61)
2F20.Y	Other specific types of melanocytic naevus
2F20.Z	Melanocytic naevus, unspecified
2F21	Benign keratinocytic acanthomas A group of benign discrete epidermal proliferative disorders including seborrhoeic keratosis and clear cell acanthoma.
2F21.0	Seborrhoeic keratosis Seborrhoeic keratoses are very common benign neoplasms of epidermal keratinocytes which increase in prevalence and number with age. They are commonly multiple and are very variable in shape and colour. Because of the sometimes intense pigmentation they are frequently mistaken for melanocytic tumours. Inclusions: Basal cell papilloma Seborrheic wart
2F21.Y	Other specified benign keratinocytic acanthomas
2F22	Benign neoplasms of epidermal appendages A range of benign neoplasms arising from the hair follicle, its associated glands or from sweat glands.

2F23	Benign dermal fibrous or fibrohistiocytic neoplasms Benign dermal neoplasms due to abnormal proliferation of fibroblasts, myofibroblasts or primitive mesenchymal cells.
2F23.0	Dermatofibroma A common benign skin tumour which presents as a firm dermal papule or nodule, most commonly on the lower limbs. Histologically it is characterised by coarse, haphazardly arranged collagen bundles and a variable cellular infiltrate including fibrocytes.
2F23.Y	Other specified benign dermal fibrous or fibrohistiocytic neoplasms
2F24	Benign cutaneous neoplasms of neural or nerve sheath origin
2F25	Cherry angioma <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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 erythematous. Differential diagnosis are Paget, psoriasis, etc.
2F30.Y	Other specified benign neoplasm of breast
2F30.Z	Benign neoplasm of breast, unspecified
2F31	Benign non-mesenchymal neoplasms of uterus Other non-malignant tumours of the uterus not detailed elsewhere. <i>Exclusions:</i> Leiomyoma of uterus (2E86.0)
2F31.0	Benign non-mesenchymal neoplasm of uterus, cervix uteri <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Struma ovarii (5A02.Y)

2F32.0	Cystic teratoma A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of germ cells. This condition is characterised by a benign ovarian neoplasm, and abdominal pain, mass or swelling, or abnormal uterine bleeding, and may lead to ovarian torsion or cystic rupture. Confirmation is by imaging.
2F32.1	Ovarian fibroma A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of cells. This condition is characterised by a benign sex chord ovarian tumour. Confirmation is by imaging.
2F32.2	Meigs' syndrome Meigs' syndrome is classically defined as the triad of ascites, pleural effusion, and benign ovarian fibroma. A key feature found in patients with Meigs' syndrome is the resolution of symptoms after tumor resection. Meigs' syndrome is a rare condition that can only be diagnosed after ovarian carcinoma is ruled out.
2F32.3	Serous ovarian cystadenoma
2F32.Y	Other specified benign neoplasm of ovary
2F32.Z	Benign neoplasm of ovary, unspecified
2F33	Benign neoplasm of other or unspecified female genital organs A non-metastasizing neoplasm that arises from the female reproductive system. Representative examples include uterine corpus leiomyoma, endocervical polyp, and benign ovarian germ cell tumour.
2F34	Benign neoplasm of male genital organs A non-metastasizing neoplasm that arises from the male reproductive system. Representative examples include benign prostate phyllodes tumour, benign Sertoli cell tumour, seminal vesicle cystadenoma, and epididymal adenomatoid tumour.
2F35	Benign neoplasm of urinary organs A non-metastasizing neoplasm that arises from the organs that comprise the urinary system. Representative examples include renal oncocytoma, bladder inverted papilloma, and urothelial papilloma.
2F36	Benign neoplasm of eye or ocular adnexa Exclusions: Benign neoplasm of optic nerve (2A02.3) Benign neoplasm of skin of eyelid (2F20-2F2Z) Coded Elsewhere: Epibulbar choristoma (LA14.06) Seborrheic 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> - 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
	<i>Coded Elsewhere:</i> 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 respiratory organ, intrathoracic organ or middle ear
2F91.Z	Neoplasms of unknown behaviour of unspecified respiratory organ or intrathoracic organ
2F92	Neoplasms of unknown behaviour of skin
2F93	Neoplasms of unknown behaviour of retroperitoneum
2F94	Neoplasms of unknown behaviour of peritoneum
2F95	Neoplasms of unknown behaviour of breast
2F96	Neoplasms of unknown behaviour of female genital organs
2F97	Neoplasms of unknown behaviour of male genital organs
2F98	Neoplasms of unknown behaviour of urinary organs
2F99	Neoplasms of unknown behaviour of eye or ocular adnexa
2F9A	Neoplasms of unknown behaviour of endocrine glands
2F9B	Neoplasms of unknown behaviour of bone or articular cartilage
2F9C	Neoplasms of unknown behaviour of connective or other soft tissue
2F9Y	Neoplasms of unknown behaviour of other specified site
2F9Z	Neoplasms of unknown behaviour of unspecified site

CHAPTER 03

Diseases of the blood or blood-forming organs

This chapter has 56 four-character categories.

Code range starts with 3A00

This chapter includes diseases of the blood as well as diseases of blood forming organs.

- Exclusions:**
- Complications of pregnancy, childbirth or the puerperium (Chapter 18)
 - Diseases of the immune system (Chapter 04)
 - Certain conditions originating in the perinatal period (Chapter 19)
 - Injury, poisoning or certain other consequences of external causes (Chapter 22)
 - Human immunodeficiency virus disease (1C60-1C62.Z)
 - Endocrine, nutritional or metabolic diseases (Chapter 05)
 - Congenital malformations, deformations or chromosomal abnormalities (Chapter 20)
 - Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium (JB64.1)
- Coded Elsewhere:**
- Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)
 - Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10-MA3Y)

This chapter contains the following top level blocks:

- Anaemias or other erythrocyte disorders
- Coagulation defects, purpura or other haemorrhagic or related conditions
- Diseases of spleen

Anaemias or other erythrocyte disorders (3A00-3A9Z)

Inclusions: Anaemia, unspecified

Coded Elsewhere: Anaemia complicating pregnancy, childbirth or the puerperium (JB64.0)
Anaemia of prematurity (KA8B)

Nutritional or metabolic anaemias (3A00-3A03.Y)

3A00

Iron deficiency anaemia

A disease caused by chronic or acute bleeding, excessive menstrual bleeding, inadequate intake, substances (in diet or drugs) interfering with iron absorption, malabsorption syndromes, inflammation, infection or blood donation. This disease is characterised by decreased levels of iron present in the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of decreased levels of iron in a blood sample.

3A00.0

Acquired iron deficiency anaemia due to blood loss

Chronic blood loss is a possible cause in every case of iron-deficiency anaemia. Iron deficiency anaemia may be caused by acute bleeding in gastrointestinal tract, uterus or genitourinary system, copious menstrual blood losses (menorrhagia) and multiple blood donations. In many tropical countries, infestations with hookworms lead to intestinal blood losses that in some individuals can be considerable. Iron deficiency may also be caused by several circumstances related to "chronic posthaemorrhagic anaemia". A diagnosis of iron deficiency should always lead to a search for pathologic causes of blood loss (e.g. tumours in the gastrointestinal tract or uterus, especially if uterine bleedings have increased or changed in regularity).

Exclusions: congenital anaemia from fetal blood loss (KA8C)

3A00.01

Chronic posthaemorrhagic anaemia

Chronic iron-deficiency anaemia from bleeding may be caused by colon cancer, gastric cancer, peptic ulcer, Meckel diverticulum, hiatal hernia with linear erosions, colonic vascular ectasia, colonic polyps, haemangioma, inflammatory bowel disease, tumours in the gastrointestinal tract or uterus, and chronic menorrhagia. Some infants with severe iron deficiency have chronic intestinal blood loss induced by exposure to cow's milk protein. Repeated phlebotomy for blood tests is a cause of anaemia of prematurity.

3A00.0Z

Acquired iron deficiency anaemia due to blood loss, unspecified

3A00.1

Acquired iron deficiency anaemia due to low intake

Iron deficiency is probably the most common nutritional deficiency disorder in the world. Iron deficiency anaemia during pregnancy increases perinatal risks for mothers and neonates; and increases overall infant mortality. Severe anaemia is a major risk factor associated with greatly increased morbidity and mortality for young children and pregnant women. Prompt recognition of the condition, treatment and clinical follow-up of individuals are crucial in avoiding complications such as high-output heart failure. Maternal iron deficiency during pregnancy increases the risk of iron deficiency in the infant. In less developed countries, the prevalence of iron deficiency during pregnancy is higher than in developed countries, and iron supplementation during pregnancy is beneficial.

- 3A00.2** **Acquired iron deficiency anaemia due to decreased absorption**
- 3A00.3** **Acquired iron deficiency anaemia due to increased requirement**
- 3A00.Y** **Other specified iron deficiency anaemia**
- 3A00.Z** **Iron deficiency anaemia, unspecified**

3A01

Megaloblastic anaemia due to vitamin B12 deficiency

A disease caused by inadequate dietary intake of vitamin B12, impaired absorption of vitamin B12, surgical removal of the small bowel, coeliac disease or inherited mutations affecting absorption of vitamin B12. This disease is characterised by decreased levels of vitamin B12 in the body presenting with or without anaemia. This disease may present with fatigue, pallor, dizziness, seizures, or symptoms of dementia. Confirmation is by identification of decreased levels of vitamin B12 in a blood sample.

3A01.0 **Hereditary vitamin B12 deficiency anaemia**

This is a hereditary low blood level of vitamin B12. It can cause permanent damage to nervous tissue if left untreated long enough. Vitamin B12 itself was discovered through investigation of pernicious anaemia, which is an autoimmune disease that destroys parietal cells in the stomach that secrete intrinsic factor.

3A01.1 **Neonatal vitamin B12 deficiency anaemia**

A disease caused by a lack of vitamin B12 in the mother, which is passed onto the fetus in the antenatal period or to the neonate during breast feeding. This disease is characterised by decreased levels of vitamin B12. This disease may present with increased risk of birth defects or preterm delivery, anaemia, irritability, failure to thrive or apathy. Confirmation is by identification of low levels of vitamin B12 in a blood sample.

Exclusions: Hereditary vitamin B12 deficiency anaemia (3A01.0)

3A01.2 **Vitamin B12 deficiency anaemia due to low intake**

A disease caused by insufficient intake of vitamin B12 into the body. This disease is characterised by low levels of vitamin B12 leading to low levels of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of vitamin B12 and red blood cell count in a blood sample.

3A01.3 **Vitamin B12 deficiency anaemia due to intrinsic factor deficiency**

Exclusions: Vitamin B12 deficiency anaemia due to congenital intrinsic factor deficiency (3A01)

3A01.30 **Pernicious anaemia**

Acquired pernicious anaemia, also called Biermer's disease, is a disorder in vitamin B12 (cobalamin) absorption characterised by megaloblastic anaemia and gastrointestinal symptoms, and that can lead to neurological abnormalities.

3A01.3Y **Other specified vitamin B12 deficiency anaemia due to intrinsic factor deficiency**

3A01.4 Vitamin B12 deficiency anaemia due to intestinal disease

A number of intestinal disorders can also cause vitamin B12 (cobalamin) deficiency. These include severe pancreatic diseases and small bowel diseases such as malabsorption, ileal disease (including tuberculous ileitis, lymphoma, amyloid, long-term survivors of pelvic irradiation), extensive small bowel resection or bypass, gastric surgery/reconstruction for obesity (bariatric surgery) and Crohn's disease. When jejunal blind loops are present, bacterial overgrowth within the loops competes for cobalamin, leading to cobalamin deficiency. Although not as common currently, infestation with the fish tapeworm, *Diphyllobothrium latum*, was once a classic cause of cobalamin deficiency.

Coding Note: Code also the causing condition

3A01.5 Drug-induced vitamin B12 deficiency anaemia

3A01.Y Other specified megaloblastic anaemia due to vitamin B12 deficiency

3A01.Z Megaloblastic anaemia due to vitamin B12 deficiency, unspecified

3A02 Folate deficiency anaemia

3A02.0 Hereditary folate deficiency anaemia

3A02.1 Folate deficiency anaemia due to low intake

3A02.2 Folate deficiency anaemia due to increased requirements

3A02.3 Folate deficiency anaemia due to decreased intestinal absorption

A disease caused by determinants affecting intestinal absorption of folate arising after birth. This disease is characterised by low levels of folate in the body leading to incomplete formation of red blood cells resulting in large numbers of immature and incompletely developed red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, tachycardia or extremity paraesthesia. Confirmation is by identification of low folate levels in a blood sample.

Coding Note: Code also the causing condition

3A02.4 Drug-induced folate deficiency anaemia

3A02.Y Other specified folate deficiency anaemia

3A02.Z Folate deficiency anaemia, unspecified

3A03 Other nutritional or metabolic anaemias

A disease caused by nutritional and metabolic determinants leading to anaemia. This disease is characterised by decreased levels of red blood cells within the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of a decreased red blood cell count in a blood sample.

Coded Elsewhere: Disorders of pyrimidine metabolism (5C55.1)
Lesch-Nyhan syndrome (5C55.01)

- 3A03.0 Hereditary orotic aciduria**
Hereditary orotic aciduria is an extremely rare (less than 20 cases identified worldwide) autosomal recessive disorder characterised by retarded growth, anaemia and excessive urinary excretion of orotic acid. It is due to a severe deficiency in the activity of the pyrimidine pathway enzyme uridine 5'-monophosphate (UMP) synthase (bifunctional enzyme containing two activities: orotate phosphoribosyltransferase and orotidine 5'-monophosphate decarboxylase), coded by a single gene (UMPS) localised to chromosome 3q13.
- 3A03.1 Protein deficiency anaemia**
A disease caused by low levels of protein within the body. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.
Exclusions: Lesch-Nyhan syndrome (5C55.01)
- 3A03.2 Scorbutic anaemia**
Scorbutic anaemia is a common finding in infants and young children with scurvy and is related to impaired iron absorption and coexistent haematopoietic nutrient deficiencies including iron, vitamin B12 and folate.
- 3A03.3 Copper deficiency anaemia**
Anaemia due to copper deficiency arises from impaired utilization of iron and is therefore a conditioned form of iron deficiency anaemia.
- 3A03.4 Acquired other vitamin B deficiency anaemia**
A disease caused by a lack of B vitamins in the body arising after birth. This disease is characterised by low levels of B vitamins leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count and low B vitamin counts in a blood sample.
- 3A03.40 Acquired pyridoxine deficiency anaemia**
A disease caused by determinants arising after birth. This disease is characterised by low levels of pyridoxine (vitamin B6) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of pyridoxine and low red blood cell count in a blood sample.
- 3A03.41 Acquired riboflavin deficiency anaemia**
A disease caused by determinants arising after birth. This disease is characterised low levels of riboflavin (vitamin B2) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of riboflavin and low red blood cell count in a blood sample.

- 3A03.42** **Acquired thiamine deficiency anaemia**
 A disease caused by a lack of thiamine arising after birth. This disease is characterised low levels of thiamine in the body leading to low levels of red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of thiamine and low red blood cell count in a blood sample.
- 3A03.4Y** **Other specified acquired other vitamin B deficiency anaemia**
- 3A03.5** **Acquired vitamin A deficiency anaemia**
- 3A03.6** **Acquired vitamin E deficiency anaemia**
Inclusions: Haemolytic anaemia due to vitamin E deficiency
- 3A03.Y** **Other and unspecified nutritional or metabolic anaemia**

Haemolytic anaemias (3A10-3A4Z)

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors leading to premature haemolysis of red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal breakdown of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Congenital haemolytic anaemia (3A10-3A1Y)

A disease caused by determinants arising in the antenatal period. This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coded Elsewhere: Haemolytic disease of fetus or newborn (KA84)

- 3A10** **Hereditary haemolytic anaemia**
- 3A10.0** **Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies**
 This is a form of anaemia due to haemolysis, the abnormal breakdown of red blood cells (RBCs), either in the blood vessels (intravascular haemolysis) or elsewhere in the human body (extravascular). This diagnosis is due to a process that generates NADPH and pentoses (5-carbon sugars) and glutathione metabolism anomalies.
- 3A10.00** **Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency**
 Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common hereditary erythrocyte enzyme deficiency that can manifest with severe neonatal jaundice which can lead to serious neurological consequences, or, most often, with acute haemolytic anaemia following ingestion of certain foods (fava beans), common drugs (some antimalaria drugs, sulphamides, analgesics), or in the course of an infection, in otherwise asymptomatic individuals.

3A10.0Y	Other specified haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies
3A10.0Z	Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies, unspecified
3A10.1	Haemolytic anaemia due to adenosine deaminase excess
3A10.2	Hereditary elliptocytosis Hereditary elliptocytosis is a group of rare conditions caused by abnormalities in the red cell cytoskeleton and marked by the presence on blood smears of numerous elliptical red blood cells, called elliptocytes. Clinical presentations are highly heterogeneous ranging from asymptomatic forms to more severe forms associated with variable anaemia, from moderate to severe and with pyropoikilocytosis including fragmented red cells, microelliptocytes and microspherocytes.
3A10.3	Familial pseudohyperkalaemia A disease caused by a genetically inherited mutation. This disease is characterised by a temperature-dependent defect in red cell membrane permeability to potassium that leads to high in vitro potassium levels in samples stored below 37°C leading to elevated potassium levels in the blood that does not reflect the true potassium level. Confirmation is by identification of genetic mutation through genetic testing.
3A10.Y	Other specified hereditary haemolytic anaemia
3A10.Z	Hereditary haemolytic anaemia, unspecified
3A1Y	Other specified congenital haemolytic anaemia

Acquired haemolytic anaemia (3A20-3A2Z)

A disease characterised by premature destruction of red blood cells arising after birth. This disease is further characterised by low levels of red blood cells in the body due to abnormal destruction of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

3A20	Acquired haemolytic anaemia, immune A condition characterised by antibodies that are directed against red blood cells in an autoimmune reaction leading to low levels of red blood cells. This condition may present with pallor, fatigue, shortness of breath. Confirmation is by identification of antibodies in a blood sample and positive Coombs test result.

- 3A20.0 Autoimmune haemolytic anaemia, warm type**
- Autoimmune haemolytic anaemia (AIHA) is an autoimmune disorder in which various types of auto-antibodies are directed against red blood cells causing their survival to be shortened and resulting in haemolytic anaemia. AIHA can be primary (idiopathic), secondary to infection or associated with diseases such as B-cell lymphomas, other systemic or organ-specific autoimmune diseases, Hodgkin's disease, hepatitis or primary immunodeficiencies, or, in the case of drug-induced AIHA, caused by a reaction to drugs.
- Exclusions:** Evans syndrome (3A20.5)
Haemolytic disease of fetus or newborn (KA84)
Paroxysmal cold haemoglobinuria (3A20.3)
- 3A20.1 Autoimmune haemolytic anaemia, cold type**
- Cold autoimmune haemolytic anaemia comprises two types of autoimmune haemolytic anaemia (AIHA) defined by the presence of cold autoantibodies (autoantibodies which are active at temperatures below 30°C): cold agglutinin disease (CAD), which is the more common, and paroxysmal cold haemoglobinuria (PCH). CAD is more common in people over the age of 55 years, while PCH typically presents in young children. CAD is caused by IgM autoantibodies while PCH is caused by an IgG immunoglobulin.
- Exclusions:** Immune thrombocytopenic purpura (3B64.10)
Haemolytic disease of fetus or newborn (KA84)
- 3A20.2 Autoimmune haemolytic anaemia, mixed type, cold and warm**
- Mixed autoimmune haemolytic anaemia is a type of autoimmune haemolytic anaemia (AIHA) defined by the presence of both warm and cold autoantibodies, which have a deleterious effect on red blood cells at either body temperature or at lower temperatures.
- 3A20.3 Paroxysmal cold haemoglobinuria**
- Paroxysmal cold hemoglobinuria is a very rare subtype of autoimmune haemolytic anaemia (AIHA), caused by the presence of cold-reacting autoantibodies in the blood and characterised by the sudden presence of hemoglobinuria, typically after exposure to cold temperatures. PCH is thought to account for at most 2-10% of cases of AIHA.
- 3A20.4 Alloimmune haemolytic anaemia**
- A disease caused by determinants such as a blood transfusion that lead to an immune response directed against the person's own red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.
- Exclusions:** Haemolytic disease of fetus or newborn (KA84)

3A20.5	Evans syndrome Evans syndrome is characterised by the association of autoimmune haemolytic anaemia with another haematological anomaly. The thrombocytopaenia may precede, occur concurrently with, or secondary to the autoimmune haemolytic anaemia.
3A20.Y	Other specified acquired haemolytic anaemia, immune
3A21	Acquired haemolytic anaemia, non-immune A disease caused by determinants such as infection, toxic chemicals, drugs and trauma arising after birth. This disease is characterised by haemolysis of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of decreased red blood cell count in a blood sample and negative Coombs test result.
3A21.0	Paroxysmal nocturnal haemoglobinuria Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired clonal hematopoietic stem cell disorder characterised by corpuscular haemolytic anaemia, bone marrow failure and frequent thrombotic events. <i>Exclusions:</i> haemoglobinuria NOS (MF94) Aplastic anaemia with paroxysmal nocturnal haemoglobinuria (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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Hydrops fetalis due to haemolytic disease (KA85)

3A50.00	Mild alpha thalassaemia diseases A disease caused by genetically inherited factors affecting the alpha chain of the haemoglobin molecule. This disease is characterised by structural abnormalities of the haemoglobin molecule. This disease may present with mild anaemia: pallor, fatigue, shortness of breath. Confirmation is by identification of changes to the alpha chain by genetic testing.
3A50.01	Thalassaemic alpha-chain variants
3A50.02	Haemoglobin H disease (– α/– – included) Haemoglobin H (HbH) disease is a moderate to severe form of alpha-thalassemia characterised by pronounced microcytic hypochromic haemolytic anaemia.
3A50.03	Homozygous or compound heterozygous alpha0 thalassaemia Hb Bart's hydrops fetalis is the most severe form of alpha-thalassemia and is almost always lethal. It is characterised by fetal onset of generalised oedema, pleural and pericardial effusions, and severe hypochromic anaemia.
3A50.0Y	Other specified alpha thalassaemia
3A50.0Z	Alpha thalassaemia, unspecified
3A50.1	Alpha thalassaemia related syndromes Alpha-thalassemia-related diseases refers to a group of diseases characterised by alpha-thalassemia and an associated disorder. Three conditions are included in this group: alpha-thalassemia-intellectual deficit syndrome, X-linked (or ATR-X syndrome), alpha-thalassemia-intellectual deficit syndrome and alpha-thalassemia-myelodysplastic disease or ATMDs.
3A50.2	Beta thalassaemia Beta-thalassemia (BT) is a haemoglobinopathy characterised by deficiency (Beta+) or absence (Beta0) of synthesis of the beta globin chains of haemoglobin (Hb). Three main types of BT have been described: minor, intermedia and major with clinical presentation ranging from asymptomatic forms to microcytic anaemia and splenomegaly due to defective erythropoiesis and haemolysis.
3A50.3	Delta, delta-beta or gamma-delta-beta thalassaemia Delta-beta-thalassemia is a form of beta-thalassemia characterised by decreased or absent synthesis of the delta- and beta-globin chains with a compensatory increase in expression of fetal gamma-chain synthesis.
3A50.4	Hereditary persistence of fetal haemoglobin Hereditary persistence of fetal haemoglobin (HPFH) associated with beta-thalassaemia is a haemoglobinopathy characterised by high haemoglobin (Hb)F levels and an increased number of fetal-Hb-containing cells. The association of HPFH with beta-thalassaemia mitigates the clinical manifestations which vary from a normal state to beta-thalassaemia intermedia.
3A50.Y	Other specified thalassaemias
3A50.Z	Thalassaemias, unspecified

3A51**Sickle cell disorders or other haemoglobinopathies**

Any disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

Coded Elsewhere: Osteonecrosis due to haemoglobinopathy (FB81.4)

Other sickle-cell disorders with retinopathy (9B71.Y)

3A51.0**Sickle cell trait**

A disease caused by genetic inheritance of one abnormal allele of the haemoglobin gene. This disease does not display the severe symptoms of sickle cell disease that occurs in homozygous individuals. Confirmation is by identification of mutation through genetic testing.

3A51.1**Sickle cell disease without crisis**

A disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

3A51.2**Sickle cell disease with crisis**

Sickle cell crisis occurs when the sickle cells block blood flow, thus decreasing oxygen delivery to the tissues. This results in intense to severe pain in the extremities, lower back, abdomen, and chest. A crisis can be brought on by illness, stress, dehydration, exposure to temperature changes or high altitudes.

Inclusions: Hb-SS disease with crisis

3A51.3**Compound heterozygous sickling disorders without crisis**

A disease caused by genetic inheritance of two heterozygous recessive alleles of the haemoglobin gene leading to abnormal formation of haemoglobin molecule. This disease is characterised by rigid, sickle shaped red blood cells. Confirmation is by identification of mutations through genetic testing.

3A51.4**Compound heterozygous sickling disorders with crisis**

Compound heterozygous sickling disorders with crisis may present with acute chest syndrome, splenic sequestration, haemolytic crisis, and pain.

3A51.5**Haemoglobin C disease**

A disease caused by the bi-parental gene that encodes for haemoglobin C. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin C gene by genetic testing.

Exclusions: Hereditary persistence of fetal haemoglobin (3A50.4)

3A51.6	Haemoglobin D disease Haemoglobin D (Hb D) disease is characterised by mild haemolytic anaemia and mild to moderate splenomegaly. Prevalence is unknown. Heterozygous forms of Hb D are clinically silent. Molecular testing can be useful to distinguish Hb D homozygosity from cases of heterozygous Hb D in association with beta-(0) thalassaemia.
3A51.7	High affinity haemoglobin A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to high oxygen affinity haemoglobin. This disease is characterised by abnormalities in the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues.
3A51.8	Low affinity haemoglobin A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to low oxygen affinity haemoglobin. This disease is characterised by abnormalities in the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities.
3A51.9	Haemoglobin O disease A disease caused by the bi-parental inheritance of the gene that encodes for haemoglobin O. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin O gene by genetic testing.
3A51.A	Haemoglobin E disease Haemoglobin E disease is characterised by the synthesis of an abnormal haemoglobin called haemoglobin E (HbE), instead of the normal haemoglobin A (HbA). Subjects heterozygous for HbE (AE) have an asymptomatic condition with no clinical relevance, except for the risk of transmitting E/beta thalassemia if the other parent carries beta thalassemia. The severity of these E/beta thalassemia forms is very variable, the clinical picture ranging from that of beta thalassemia minor through to thalassemia intermedia to thalassemia major. Subjects homozygous for HbE (EE) are asymptomatic.
3A51.B	Haemoglobin C/beta thalassaemia compound heterozygosity Haemoglobin C/beta thalassaemia is a condition resulting from coinheritance of haemoglobin C and beta thalassaemia, both beta globin genes being mutated.
3A51.Y	Other specified sickle cell disorders or other haemoglobinopathies
3A51.Z	Sickle cell disorders or other haemoglobinopathies, unspecified

Pure red cell aplasia (3A60-3A6Z)

A condition caused by determinates arising during the antenatal period, after birth or genetically inherited factors, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of abnormally formed erythrocytes in a blood sample.

3A60	Congenital pure red cell aplasia A condition caused by determinants arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.
3A60.0	Congenital non-inherited pure red cell aplasia A condition caused by determinates arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurring 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 occurring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.
3A60.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 haemoglobinuria (3A70.1)
3A61.0	Acute acquired pure red cell aplasia This refers to transient (acute) and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.
3A61.1	Chronic acquired pure red cell aplasia This refers to a chronic and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.
3A61.Y	Other specified acquired pure red cell aplasia
3A61.Z	Acquired pure red cell aplasia, unspecified
3A6Z	Pure red cell aplasia, unspecified

3A70**Aplastic anaemia**

A disease caused by determinants arising after birth, in the antenatal period or genetically inherited factors leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, and platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: Medullary hypoplasia
Panmyelophthisis

3A70.0**Congenital aplastic anaemia**

A disease caused by determinants in the antenatal period leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: familial hypoplastic anaemia
Constitutional medullar aplasia

Exclusions: Congenital amegakaryocytic thrombocytopenia (3B64.01)

Coded Elsewhere: Congenital hypoplastic anaemia (KA8C)
Noonan syndrome (LD2F.15)

3A70.1**Acquired aplastic anaemias**

A condition occurring secondary to other disorders or via an auto-immune response directed to the bone marrow arising after birth. This disease is characterised by an almost complete absence of hematopoietic stem cells resulting in low levels of red and white blood cells and platelets. This condition may present with fatigue, chronic infections, dizziness, weakness, headaches, and episodes of bleeding, usually in the skin and mucous membranes.

Inclusions: Acquired medullar aplasia

Coded Elsewhere: Paroxysmal nocturnal haemoglobinuria (3A21.0)
Myelofibrosis with myeloid metaplasia (2A20.2)

3A70.10**Drug-induced aplastic anaemia**

A disease caused by drug intake. This disease is characterised by inability of stem cells to generate new mature cells leading to low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising/bleeding.

3A70.11**Aplastic anaemia due to other external agents****3A70.12****Idiopathic aplastic anaemia****3A70.1Y****Other specified acquired aplastic anaemias****3A70.1Z****Acquired aplastic anaemias, unspecified****3A70.Z****Aplastic anaemia, unspecified**

3A71**Anaemia due to chronic disease**

A disease caused by chronic diseases such as chronic infection. This disease is characterised by inflammatory responses targeted at red blood cells leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Coding Note: Code also the causing condition

3A71.0**Anaemia in neoplastic disease**

A disease caused by chronic neoplastic diseases. This disease is characterised by inflammatory responses targeted at red blood cell leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample

Coding Note: Code also the causing condition

3A71.1**Anaemia in chronic infectious diseases**

A disease caused by chronic infectious diseases leading to decreased levels of red blood cells in the blood. This disease is characterised by a low red blood cell count in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.2**Anaemia in chronic kidney disease**

A disease caused by chronic kidney disease. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.Y**Anaemia due to other specified chronic disease**

Coding Note: Code also the causing condition

3A71.Z**Anaemia due to chronic disease, unspecified****3A72****Sideroblastic anaemia**

Sideroblastic anaemias are a group of disorders in which haemoglobin is insufficiently synthesized, because of defective use of iron (although plasmatic iron levels may be normal or elevated). They are said to be sideroblastic because of the presence of ringed sideroblasts in the blood due to accumulated ferritin in mitochondria. Anaemias may be microcytic hypochrome (in thalassemia and hereditary sideroblastic anaemias), or macrocytic (in idiopathic acquired sideroblastic anaemias).

3A72.0	Congenital sideroblastic anaemias A disease caused by determinants arising in the antenatal period leading to the production of ringed sideroblasts; abnormal nucleated erythroblasts. This disease is characterised by the inability to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure.
3A72.00	Hereditary sideroblastic anaemias Inclusions: Sex-linked hypochromic sideroblastic anaemia
3A72.01	Hereditary syndromic sideroblastic anaemia Coded Elsewhere: Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)
3A72.0Y	Other specified congenital sideroblastic anaemias
3A72.0Z	Congenital sideroblastic anaemias, unspecified
3A72.1	Acquired sideroblastic anaemias A disease caused by determinants arising after birth such as myelodysplastic syndromes, antimicrobials, pyridoxine deficiency, lead poisoning, or copper deficiency. Zinc can indirectly cause sideroblastic anaemia by decreasing absorption and increasing excretion of copper. This disease is characterised by the inability to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure. Coded Elsewhere: Refractory anaemia with ring sideroblasts (2A33)
3A72.Z	Sideroblastic anaemia, unspecified
3A73	Congenital dyserythropoietic anaemia Congenital dyserythropoietic anaemias (CDA) result from diverse erythropoietic disorders; they lead to the defective production of red blood cells (RBC) and often mild haemolysis that attests to a qualitative defect of these RBC released into the circulation. Three forms of CDA have been characterised: types I, II and III. The shared symptoms include anaemia of variable severity, intermittent jaundice, splenomegaly and hepatomegaly. Exclusions: Blackfan-Diamond syndrome (3A60.1) Di Guglielmo disease (2A60.35)

Polycythaemia (3A80-3A8Z)

Coded Elsewhere: Polycythaemia vera (2A20.4)

Polycythaemia neonatorum (KA8A)

3A80

Congenital polycythaemia

A disease caused by determinants occurring in the antenatal period leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. This disease may present with headaches, blurred vision, red skin, tiredness, high blood pressure, dizziness, periods of confusion, bleeding problems, gout or itchy skin. Confirmation is by identification of increased levels of red blood cells in a blood sample.

Coded Elsewhere: Polycythaemia neonatorum (KA8A)

3A80.0

Primary inherited erythrocytosis

A disease caused by genetically inherited factors leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. Confirmation is by identification of mutations by genetic testing.

3A80.Y

Other specified congenital polycythaemia

3A80.Z

Congenital polycythaemia, unspecified

3A81

Acquired polycythaemia

Secondary polycythaemia is acquired and caused by either natural or artificial increases in the production of erythropoietin, hence an increased production of erythrocytes.

3A81.0

Polycythaemia due to hypoxia, including high altitude

3A81.1

Polycythaemia due to over-transfusion or blood doping

3A81.2

Relative polycythaemia

A disease caused by loss of body fluids leading to apparent increased levels of red blood cells in the blood. This disease may present with headache, vertigo, abnormally enlarged spleen or liver, high blood pressure, or formation of blood clots. Confirmation is by identification of relative blood cell counts in a blood sample.

3A81.Y

Other specified acquired polycythaemia

3A81.Z

Acquired polycythaemia, unspecified

3A8Z

Polycythaemia, unspecified

3A90

Anaemia due to acute disease

Exclusions: Acute posthaemorrhagic anaemia (3A94)

3A91**Congenital methaemoglobinaemia**

A disease caused by determinants in the antenatal period leading to lack of the enzyme cytochrome b5 reductase. This disease is characterised by elevated levels of methemoglobin within the blood leading to haemoglobin ineffectively releasing oxygen to body tissues. This disease may present with shortness of breath, cyanosis, headache, fatigue, exercise intolerance, dizziness and loss of consciousness. Confirmation is by identification of mutation by genetic testing.

3A92**Hereditary methaemoglobinaemia**

Hereditary methemoglobinemia (HM) is a rare red cell disorder classified principally into two clinical phenotypes: autosomal recessive congenital (or hereditary) methemoglobinemia types I and II (RCM/RHM type 1; RCM/RHM type 2). In RCM type 1, well-tolerated cyanosis from birth is the only symptom. RCM type 2, with global loss of Cb5R function, is much more severe; the cyanosis is accompanied by neurological dysfunction (with intellectual deficit, microcephaly, growth retardation, opisthotonus, strabismus and hypertonia), which usually becomes evident during the first four months of life.

3A93**Acquired methaemoglobinaemia****3A94****Acute posthaemorrhagic anaemia**

A disease caused by blood loss such as subsequent to trauma. This disease is characterised by loss of blood from the body leading to low levels of red blood cells/blood in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Exclusions: congenital anaemia from fetal blood loss (KA8C)
Anaemia due to acute disease (3A90)

3A9Y**Other specified anaemias or erythrocyte disorders****3A9Z****Anaemias or other erythrocyte disorders, unspecified**

Coagulation defects, purpura or other haemorrhagic or related conditions (3B10-3B6Z)

A condition caused by determinants arising during the antenatal period, after birth or by genetically inherited factors, leading to coagulation defects. This condition is characterised by increased bruising and bleeding.

Exclusions: Postpartum coagulation defects (JA43.3)

Coagulation defects (3B10-3B4Z)

Congenital or constitutional haemorrhagic condition (3B10-3B1Z)

A condition caused by determinants arising during the antenatal period or genetically inherited factors, leading to defects in clotting mechanisms or abnormalities causing structural flaws in the blood vessels. This disease is characterised by spontaneous bleeding or bruising.

Coded Elsewhere: Congenital non-inherited haemorrhagic condition

3B10

Hereditary factor VIII deficiency

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.0

Haemophilia A

Haemophilia A is the most common form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor VIII deficiency. Depending on the extent of the factor VIII deficiency, it can be severe (biological activity of factor VIII below 1%), moderately severe (activity of factor VIII between 1% and 5%), or mild (activity of factor VIII between 5 and 40%).

Exclusions: factor VIII deficiency with vascular defect (3B12)

3B10.1

Hereditary factor VIII deficiency with anti-factor VIII inhibitor

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease also causes anti-factor VIII inhibitor antibodies to be produced when receiving transfusions. Anti-factor VIII inhibitor antibodies develop as the body recognises the factor VIII as foreign, therefore deeming factor VIII infusions ineffective. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.Y

Other specified hereditary factor VIII deficiency

3B10.Z

Hereditary factor VIII deficiency, unspecified

3B11

Hereditary factor IX deficiency

A disease caused by a genetically inherited X-linked recessive trait leading to a defective gene located on the X chromosome. This disease is characterised by low levels of the protein factor IX in the body leading to increased haemorrhaging and bruising due to clotting abnormalities. Confirmation is by identification of recessive trait by genetic testing.

3B11.0	Haemophilia B Haemophilia B is a form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor IX deficiency. Depending on the extent of the factor IX deficiency, it can be severe (biological activity of factor IX below 1%), moderately severe (activity of factor IX between 1% and 5%), or mild (activity of factor IX between 5 and 40%). <i>Inclusions:</i> 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. <i>Inclusions:</i> Factor VIII deficiency with vascular defect Vascular haemophilia Angiohaemophilia <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Hypoplasminogenaemia (DA0D.3)

3B50.0	Congenital alpha-2 antiplasmin deficiency
3B50.1	Congenital plasminogen activator inhibitor type 1 deficiency Congenital plasminogen activator inhibitor type 1 (PAI-1) deficiency is a disorder that causes premature lysis of haemostatic clots and a moderate bleeding syndrome. Spontaneous bleeding is rarely observed, whereas moderate haemorrhages of the knees, elbows, nose and gingiva are usually triggered by mild trauma. However, menstrual bleeding may be severe and a prolonged bleeding after surgery is common. The PAI-1 deficiency may be qualitative or quantitative, total or partial.

3B50.Y **Other specified inherited fibrinolytic defects**

3B50.Z **Inherited fibrinolytic defects, unspecified**

3B51 **Acquired fibrinolytic defects**

A disease caused by determinants arising after birth, affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

3B60 **Non-thrombocytopenic purpura**

A descriptive term for purpura caused by determinants other than low platelet count. This should be used for coding only when a more precise diagnosis is not available.

Exclusions: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)
 Antiphospholipid syndrome (4A45)
 Drug-associated immune complex vasculitis (4A85.03)
 Immune complex small vessel vasculitis (4A44.9)
 Leukocytoclastic vasculitis (4A44.B)
 Purpura or bruising due to vascular fragility (EE40.32)
 Thrombotic thrombocytopenic purpura (3B64.14)
 Traumatic purpura (EF31)

3B60.0 **Hereditary vascular purpura**

3B60.1 **Acquired vascular purpura**

Purpura resulting from vascular factors rather than from abnormalities in the blood such as dysproteinaemias and disorders of platelets and coagulation.

Exclusions: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)
 Antiphospholipid syndrome (4A45)
 Capillaritis (EF40.0)
 Drug-associated immune complex vasculitis (4A85.03)
 IgA vasculitis (4A44.92)
 Leukocytoclastic vasculitis (4A44.B)
 Purpura or bruising due to vascular fragility (EE40.32)
 Thrombotic thrombocytopenic purpura (3B64.14)
 Traumatic purpura (EF31)

3B61 **Thrombophilia**

A disease caused by determinants arising after birth or genetically inherited factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

3B61.0	Hereditary thrombophilia A disease caused by hereditary factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.
3B61.00	Hyperhomocysteinaemia A disease caused by deficiencies of vitamin B6, folic acid, or vitamin B12. Genetic defects in 5-MTHF reductase can consequently lead to hyperhomocysteinaemia. This disease is characterised by abnormally high level of homocysteine in the blood. This disease may present with cardiovascular disease, thrombosis, schizophrenia and osteoporosis. Confirmation is by identification of deficiency in a blood sample.
3B61.0Y	Other specified hereditary thrombophilia
3B61.0Z	Hereditary thrombophilia, unspecified
3B61.1	Acquired thrombophilia A disease caused by determinants arising after birth. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> Thrombocytopathy <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Dense granule disease (3B62.3) Alpha-delta dense granule deficiency (3B62.4)

3B62.00	Alpha-granule diseases A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample.
3B62.01	Inherited giant platelet disorder A disease caused by genetically inherited mutations. This disease is characterised by abnormally large platelets, low platelet count and a bleeding tendency. Confirmation is by identification of mutations through genetic testing. Coded Elsewhere: MYH9 macrothrombocytopenia syndromes (3B64.01)
3B62.0Y	Other specified inherited qualitative platelet defects
3B62.0Z	Inherited qualitative platelet defects, unspecified
3B62.1	Bleeding diathesis due to thromboxane synthesis deficiency A disease caused by thromboxane synthesis deficiency. This disease is characterised by low levels of eicosanoids (lipids), abnormalities in coagulation leading to haemorrhaging. Confirmation is by identification of low levels of eicosanoids in a blood sample.
3B62.2	Isolated thrombocytopenia
3B62.3	Dense granule disease A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the dense granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample. Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20) Chédiak-Higashi syndrome (EC23.20)
3B62.4	Alpha-delta dense granule deficiency A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha delta dense granules in platelets, leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of low levels of alpha delta dense granules in a blood sample.
3B62.5	Haemophagocytic syndrome associated with infection This is an uncommon hematologic disorder that, typically, clinically manifests as fever, hepatosplenomegaly, lymphadenopathy, jaundice and rash, with laboratory findings of histiocytosis, and the pathologic finding of haemophagocytosis, infection-associated.
3B62.Y	Other specified qualitative platelet defects

3B62.Z Qualitative platelet defects, unspecified

3B63 Thrombocytosis

A disease caused by essential thrombocytosis or other myelo-proliferative disorders such as chronic myelogenous leukaemia, polycythaemia, myelofibrosis. This disease can also have secondary causes such as inflammation, surgery, hyposplenism, splenectomy, asplenia, iron deficiency anaemia or haemorrhage. This disease is characterised by elevated platelet count in the blood. Confirmation is by identification of increased platelet count in a blood sample.

3B63.0 Congenital thrombocytosis

Familial thrombocytosis is a type of thrombocytosis, a sustained elevation of platelet numbers, which affects the platelet/megakaryocyte lineage and may create a tendency for thrombosis and haemorrhage but does not cause myeloproliferation.

Inclusions: Hereditary thrombocytosis

Exclusions: Essential thrombocythemia (3B63.1)

3B63.1 Acquired thrombocytosis

A chronic myeloproliferative neoplasm that involves primarily the megakaryocytic lineage. It is characterised by sustained thrombocytosis in the blood, increased numbers of large, mature megakaryocytes in the bone marrow, and episodes of thrombosis and/or haemorrhage. Progression to a post essential thrombocythaemia myelofibrosis stage or transformation to acute myeloid leukaemia is rarely observed.

Inclusions: Idiopathic haemorrhagic thrombocythaemia

3B63.10 Secondary thrombocytosis

Coding Note: Code also the causing condition

3B63.1Y Other specified acquired thrombocytosis

3B63.1Z Acquired thrombocytosis, unspecified

3B63.Y Other specified thrombocytosis

3B63.Z Thrombocytosis, unspecified

3B64 Thrombocytopenia

This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

Coded Elsewhere: Isolated thrombocytopenia (3B62.2)

3B64.0 Congenital thrombocytopenia

A disease caused by determinants arising during the antenatal period leading to low platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of a decreased platelet count in a blood sample.

3B64.00	Congenital non-inherited thrombocytopenia Coded Elsewhere: Transient neonatal thrombocytopaenia (KA89)
3B64.01	Hereditary thrombocytopenia A disease caused by a genetically inherited mutation leading to decreased platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample. Coded Elsewhere: Thrombocytopaenia - absent radius (LD2F.1Y) Familial platelet syndrome with predisposition to acute myelogenous leukaemia (3B62.3) Congenital thrombotic thrombocytopenic purpura due to ADAMTS-13 deficiency (3B64.14) Macrothrombocytopenia with mitral valve insufficiency (3B62.01)
3B64.0Z	Congenital thrombocytopenia, unspecified
3B64.1	Acquired thrombocytopenia A disease caused by determinants arising after birth, leading to low platelet count. This disease is characterised by low levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.
3B64.10	Immune thrombocytopenic purpura Immune thrombocytopenic purpura (or immune thrombocytopenia; ITP) is an autoimmune coagulation disorder characterised by isolated thrombocytopenia (a platelet count <100,000/microL), in the absence of any underlying disorder that may be associated with thrombocytopenia. Coded Elsewhere: Evans syndrome (3A20.5)
3B64.11	Secondary thrombocytopenic purpura This disease is characterised by a relative decrease in levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelets in a blood sample.
Coding Note:	Code also the causing condition
3B64.12	Drug-induced thrombocytopenic purpura Thrombocytopenic purpura attributable to drug toxicity (e.g. cytotoxic chemotherapeutic or immunosuppressive agents) or to an idiosyncratic drug-associated allergic thrombocytopenia (e.g. quinine, thiazides).
3B64.13	Alloimmune thrombocytopenia A disease caused by determinants such as a blood transfusion that lead to an immune response to the foreign antigens. This disease is characterised by low levels of platelets in the body due to an immune reactive response to the foreign platelet antigens. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count and presence of autoantibodies in a blood sample.

3B64.14 Thrombotic thrombocytopenic purpura
This condition is idiopathic. This condition is characterised by abnormality of blood coagulation causing extensive microscopic clots to form in the small blood vessels throughout the body resulting in low platelet count. This condition may present with seizures, hemiplegia, paresthesias, visual disturbance, and aphasia or anaemia. Confirmation is by identification of thromboses.

3B64.1Y Other specified acquired thrombocytopenia

3B64.Z **Thrombocytopenia, unspecified**

3B65 **Thrombotic microangiopathy, not elsewhere classified**
Thrombotic microangiopathies are microvascular occlusive disorders characterised by systemic or intrarenal aggregation of platelets, thrombocytopenia, and mechanical injury to erythrocytes. Thrombotic thrombocytopenic purpura (TTP) and haemolytic–uremic syndrome (HUS) represent a spectrum of thrombotic microangiopathies. In TTP, systemic microvascular aggregation of platelets causes ischemia in the brain and other organs. In HUS, platelet–fibrin thrombi predominantly occlude the renal circulation.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Haemolytic uraemic syndrome (3A21.2)

Methylcobalamin deficiency type cbl G (5C50.B)

Hereditary haemolytic uraemic syndrome (3A10.Y)

3B6Y **Other specified coagulation defects, purpura or other haemorrhagic or related conditions**

3B6Z **Coagulation defects, purpura or other haemorrhagic or related conditions, unspecified**

Diseases of spleen (3B80-3B8Z)

3B80 **Congenital disorders of spleen**

Any condition caused by a failure of the spleen to correctly develop in the antenatal period.

Coded Elsewhere: Structural developmental anomalies of spleen (LB22)

3B80.0 **Splenomegaly in storage diseases**

A disease caused by storage diseases; genetically inherited metabolic disorders that result from defects in lysosomal, lipid or glycogen function, of the spleen. This disease is characterised by enlargement of the spleen. This disease may present with abdominal pain, chest pain, pallor, shortness of breath fatigue. Confirmation is through medical imaging.

3B81**Acquired disorders of spleen**

Any condition caused by determinants acquired after birth, leading to dysfunction of the spleen.

Coded Elsewhere: Injury of spleen (NB91.0)

Malignant neoplasms of the spleen (2C11.Z)

3B81.0**Tumour-like conditions of spleen**

Any condition caused by determinants acquired after birth, in the antenatal period or genetically inherited factors, leading to tumour-like conditions of the spleen. Confirmation is through medical imaging.

3B81.1**Postsurgical asplenia**

A disease caused by underlying diseases, splenectomy or splenic rupture from trauma. This disease is characterised by absence of normal spleen function. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.2**Atrophy of spleen**

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.3**Nontraumatic laceration or rupture of spleen**

A disease caused by non-traumatic determinants such as infectious diseases, medical procedures such as colonoscopy, haematological diseases, medications, or pregnancy. This disease is characterised by laceration or rupturing of the spleen leading to lack of function. This disease may present with bleeding and increased susceptibility of infection. Confirmation is through medical imaging.

3B81.4**Splenosis**

A disease caused by determinants arising after birth such as physical trauma or splenectomy. This disease is characterised by autoimplantation of one or more focal deposits of splenic tissue in various compartments of the body. Confirmation is through medical imaging.

3B81.5**Splenic cyst or pseudocyst****3B81.50****Pseudocyst of spleen**

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by a noncancerous fluid-filled sac, pseudocysts are like cysts, but lack epithelial or endothelial cells. This disease is often asymptomatic but may present with abdominal pain, nausea and vomiting. Confirmation is through medical imaging.

3B81.51**Epithelial cyst of spleen****3B81.5Y****Other specified splenic cyst****3B81.5Z****Splenic cyst, unspecified**

3B81.6	Infarction of spleen A disease caused by determinants such as trauma, infection, or inherited factors leading to a shortage of oxygen in the spleen. This disease is characterised by death of spleen tissue and loss of function. Confirmation is by medical imaging. <i>Exclusions:</i> traumatic rupture of spleen (NB91.0) <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> septic spleen
3B81.71	Abscess of spleen This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials (e.g., splinters, bullet wounds, or injecting needles), in the spleen.
3B81.7Y	Other specified infection of spleen
3B81.7Z	Infection of spleen, unspecified
3B81.8	Torsion of spleen A disease caused by abnormal development of splenic suspensory ligaments. This disease is characterised by twisting of the spleen leading to splenic infarction. This disease may present with abdominal pain. Confirmation is through medical imaging.
3B81.9	Fibrosis of spleen A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by formation of excess fibrous connective tissue leading to partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.
Coding Note:	Code also the causing condition
3B81.A	Perisplenitis A disease caused by bacterial or viral infection, parasite infestation, or cysts. This disease is characterised by inflammation of the peritoneal surface of the spleen. This disease may present with abdominal pain, susceptibility to infection and enlargement of the spleen. Confirmation is by identification of infection in a blood sample.

3B81.B	Hypersplenism A disease caused by determinants such as cirrhosis, malaria, tuberculosis or inflammatory disorders leading overactive spleen function. This disease is characterised by the presence of an enlarged spleen. Confirmation is by identification through medical imaging. Exclusions: Splenomegaly, not elsewhere classified (ME10.01) congenital splenomegaly (LB22)
3B81.C	Chronic congestive splenomegaly A form of exaggerated spleen function characterised by splenic enlargement secondary to splenic vein thrombosis and/or portal hypertension
3B81.Y	Other specified acquired disorders of spleen
3B81.Z	Acquired disorders of spleen, unspecified
3B8Z	Diseases of spleen, unspecified
3C0Y	Other specified diseases of the blood or blood-forming organs
3C0Z	Diseases of the blood or blood-forming organs, unspecified

CHAPTER 04

Diseases of the immune system

This chapter has 45 four-character categories.

Code range starts with 4A00

Exclusions: Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Neoplasms (Chapter 02)

Developmental anomalies (Chapter 20)

Coded Elsewhere: Organ specific autoimmune disorders

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10-MA3Y)

This chapter contains the following top level blocks:

- Primary immunodeficiencies
- Nonorgan specific systemic autoimmune disorders
- Autoinflammatory disorders
- Allergic or hypersensitivity conditions
- Immune system disorders involving white cell lineages
- Certain disorders involving the immune system
- Organ specific autoimmune disorders

Primary immunodeficiencies (4A00-4A0Z)

4A00

Primary immunodeficiencies due to disorders of innate immunity

Coded Elsewhere: Constitutional neutropaenia (4B00.00)

4A00.0

Functional neutrophil defects

Inclusions: Congenital dysphagocytosis

Coded Elsewhere: Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency (3A10.00)

Papillon-Lefèvre syndrome (EC20.30)

4A00.00

Neutrophil immunodeficiency syndrome

Neutrophil immunodeficiency syndrome is a primary immunodeficiency characterised by neutrophilia with severe neutrophil dysfunction, leukocytosis, a predisposition to bacterial infections and poor wound healing, including an absence of pus in infected areas.

4A00.0Y

Other specified functional neutrophil defects

4A00.0Z	Functional neutrophil defects, unspecified
4A00.1	Defects in the complement system
	Exclusions: Atypical haemolytic uraemic syndrome (3A10) Paroxysmal nocturnal haemoglobinuria (3A21.0)
4A00.10	Immunodeficiency with an early component of complement deficiency
4A00.11	Immunodeficiency with a late component of complement deficiency
4A00.12	Immunodeficiency with factor B deficiency
4A00.13	Immunodeficiency with factor D anomaly Factor D deficiency is an autosomal recessive immunologic disorder characterised by increased susceptibility to bacterial infections, particularly <i>Neisseria</i> 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Subacute cutaneous lupus erythematosus (EB50) Chronic cutaneous lupus erythematosus (EB51) Neonatal lupus erythematosus (KA07.0)

4A40.0	Systemic lupus erythematosus Systemic lupus erythematosus (SLE) is a clinically multisystem disease, which is autoimmune in origin and is characterised by the presence of autoantibodies directed against nuclear antigens. Manifestations include rash, arthritis and fatigue, nephritis, neurological problems, anaemia and thrombocytopenia at the more severe end of the spectrum.
4A40.00	Systemic lupus erythematosus with skin involvement Systemic lupus erythematosus (SLE) involving the skin. This may present with a malar "butterfly" erythema or with extensive necrolysis of sun-exposed skin, particularly on the head, neck and upper torso. Coded Elsewhere: Immunobullous systemic lupus erythematosus (EB4Y)
4A40.0Y	Other specified systemic lupus erythematosus
4A40.0Z	Systemic lupus erythematosus, unspecified
4A40.1	Drug-induced lupus erythematosus Drug-induced lupus erythematosus is a syndrome in which positive antinuclear antibodies are associated with symptoms, such as fever, malaise, arthritis, intense arthralgia/myalgia, serositis, and/or rash. The syndrome appears during therapy with certain medications (e.g., procainamide, hydralazine, phenytoin) and tumour necrosis factor inhibitors. It occurs predominantly in Caucasians, has less female predilection than SLE, rarely involves kidneys or brain, is rarely associated with anti-dsDNA, is commonly associated with antibodies to histones, and usually resolves over several weeks after discontinuation of the offending medication.
4A40.Y	Other specified lupus erythematosus
4A40.Z	Lupus erythematosus, unspecified
4A41	Idiopathic inflammatory myopathy These comprise a diverse group of syndromes that have in common persistent muscle inflammation of unknown pathophysiology, resulting in damage that affects muscle function. The inflammatory muscle disease can either be acute or chronic in nature. Coded Elsewhere: Extraocular myositis (9C82.3)
4A41.0	Dermatomyositis Dermatomyositis is an inflammatory myopathy, showing progressive, symmetrical muscle weakness, low muscle endurance, and cutaneous manifestations such as Gottron's papules, heliotrope rash, shawl sign, V-sign and mechanic's hand. Internal organ manifestations such as interstitial pneumonia (pneumonitis) and myocarditis sometimes develop. The skin rash may precede the muscle symptoms and may be the only clinical sign of dermatomyositis in some patients (clinically, amyopathic dermatomyositis).

4A41.00	Adult dermatomyositis Adult dermatomyositis is a systemic inflammatory disorder affecting the skeletal muscles, the skin, and other organs. It is characterised by symmetric proximal muscle weakness, increased serum muscle enzymes, myopathic changes upon electromyography, typical histological findings on muscle biopsy, and typical dermatologic manifestations such as heliotrope rash or Gottron's papules. Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)
4A41.01	Juvenile dermatomyositis Juvenile dermatomyositis is the early-onset form of dermatomyositis, a systemic autoimmune inflammatory muscle disorder, characterised by proximal muscle weakness, evocative skin lesion, and systemic manifestations.
4A41.0Z	Dermatomyositis, unspecified
4A41.1	Polymyositis Polymyositis is an inflammatory muscle disease of unknown aetiology occurring predominantly in adults and characterised clinically by proximal muscle weakness (shoulders, arms, thighs), often with associated myalgia. Involvement of pharyngeal and oesophageal muscles may result in dysphagia and a risk of aspiration pneumonia. Myocarditis with rhythm disturbances or cardiomyopathy is a rare but serious complication. Polymyositis may be associated with other autoimmune diseases, malignancy or viral infection. Although serum muscle enzyme concentrations and electromyography are usually abnormal, definitive diagnosis requires demonstration of characteristic histological changes, including muscle necrosis, muscle fibre regeneration and diffuse infiltration by CD8+ T lymphocytes, on muscle biopsy.
4A41.10	Juvenile polymyositis Juvenile polymyositis is a rare childhood idiopathic inflammatory myopathy. It is frequently misdiagnosed, as it lacks a unique clinical phenotype. Traditionally, it presents with weakness of the proximal muscles that evolves over weeks to months. The primary histologic features are fibre size variability, scattered necrotic and regenerating fibres, and perivascular and endomysial cellular infiltrates. Exclusions: Systemic sclerosis (4A42) Overlap or undifferentiated nonorgan specific systemic autoimmune disease (4A43) Antiphospholipid syndrome (4A45) Vasculitis (4A44) Lupus erythematosus (4A40)

4A41.11	Paraneoplastic polymyositis Paraneoplastic is a rare cancer associated entity. It presents sub-, or acutely with proximal weakness, often including the neck flexors, dysphagia, rarely the respiratory muscles and the heart are involved. Sometimes muscle pain or myalgia occur. Myopathology shows a targeted, cell-mediated lymphocyte toxicity against muscle fibres in focal areas of inflammation within perimysial connective tissue and surrounding blood vessels. Muscle fibres may be destroyed by cytotoxic T cells. Non-Hodgkin's lymphoma, lung, and bladder carcinoma are the most frequently observed associated cancer types.
Coding Note:	Code also the causing condition
4A41.1Y	Other specified polymyositis
4A41.1Z	Polymyositis, unspecified
4A41.2	Inclusion body myopathy Inclusion body myopathy (IBM) is distinguished from polymyositis (PM) and dermatomyositis (DM) on the basis of clinical and histopathological features. A characteristic clinical phenotype is characterised by insidious onset of muscle weakness over months to years, muscle weakness localised predominantly in the thigh muscles and finger flexors, and resistance to glucocorticoid treatment. Typical histopathologic features include sarcoplasmic and nuclear inclusions and rimmed vacuoles.
4A41.20	Inflammatory inclusion body myositis Inclusion body myositis (IBM) is the most common idiopathic inflammatory myopathy after age 50. It typically presents with chronic insidious proximal leg and/or distal arm asymmetric muscle weakness leading to recurrent falls and loss of dexterity. Creatine kinase is up to 15 times elevated in IBM and needle electromyography mostly shows a chronic irritative myopathy. Muscle histopathology demonstrates endomysial inflammatory exudates surrounding and invading non-necrotic muscle fibres often times accompanied by rimmed vacuoles and protein deposits. Despite inflammatory muscle pathology, it is likely that IBM has a prominent degenerative component as supported by refractoriness to immunosuppressive therapy. Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)
4A41.21	Noninflammatory inclusion body myopathy Noninflammatory inclusion body myopathy (IBM) is an idiopathic muscle disorder without inflammatory exudates and expression of class I major histocompatibility complex. Rimmed vacuoles and "IBM-like" filaments without inflammatory cells are described in muscle biopsy. Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)
4A41.2Z	Inclusion body myopathy, unspecified
4A41.Y	Other specified idiopathic inflammatory myopathy

4A41.Z **Idiopathic inflammatory myopathy, unspecified**

4A42 **Systemic sclerosis**

Systemic sclerosis is a systemic disorder of the connective tissue; manifested by hardening and thickening of the skin, by abnormalities involving the microvasculature and larger vessels, and by fibrotic degenerative changes in various body organs including the heart, lungs, kidneys, and gastrointestinal tract. (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, oesophageal dysfunction, sclerodactyly and telangiectasia.

4A42.Z **Systemic sclerosis, unspecified**

4A43 **Overlap or undifferentiated nonorgan specific systemic autoimmune disease**

Nonorgan specific systemic autoimmune diseases which do not fulfil the diagnostic criteria for any single recognised disease entity.

4A43.0 **IgG4 related disease**

IgG4 related syndrome (IgG4-related disease: IgG4-RD) is a clinical disease characterised by elevated serum IgG4 concentration and tumefaction or tissue infiltration by IgG4-positive plasma cells. The diagnostic criteria for IgG4 related syndrome have been proposed, and it may be present in a certain population of patients with a wide variety of diseases, including Mikulicz disease, autoimmune pancreatitis, hypophysitis, Riedel thyroiditis, interstitial pneumonitis, interstitial nephritis, prostatitis, lymphadenopathy, retroperitoneal fibrosis, inflammatory aortic aneurysm, and inflammatory pseudo tumour.

Coded Elsewhere: Primary cutaneous plasmacytosis (EK91.2)

Benign dermal lymphocytic or lymphoplasmacytic infiltrations
or proliferations (EE90-EE91)

Type 1 IgG4 related autoimmune pancreatitis (DC33)

4A43.1	Mikulicz disease Mikulicz disease is a disorder first reported by Johann von Mikulicz in 1892 and characterised by symmetrical swelling of the lachrymal, submandibular, and parotid glands, with massive infiltration of these glands by mononuclear cells. Serum autoantibodies, such as anti-Ro/SS-A, are usually negative and serum IgG4 concentration may be increased. Unlike Sjögren disease, IgG4-Mikulicz disease is characterised by the formation of lymphoid follicles, but shows lower levels of lymphocytic infiltration into salivary ducts, such that their structure remains intact.
4A43.2	Sjögren syndrome Sjögren syndrome is a slowly progressive, systemic inflammatory autoimmune disease affecting primarily the exocrine glands. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness. Characteristic autoantibodies (e.g., anti-Ro/SS-A and/or anti-La/SS-B) are produced. The disorder can occur alone (it is then known as “primary SS”) or in association with another autoimmune disease (it is then known as “secondary SS”). Coded Elsewhere: Keratoconjunctivitis sicca (9A79)
4A43.20	Primary Sjögren syndrome
4A43.21	Secondary Sjögren syndrome Secondary Sjögren syndrome is a progressive inflammatory autoimmune disease affecting the exocrine glands in the presence of other systemic autoimmune diseases, such as rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness.
Coding Note:	Code also the causing condition
4A43.22	Paediatric onset Sjögren syndrome
4A43.2Y	Other specified sjögren syndrome
4A43.2Z	Sjögren syndrome, unspecified
4A43.3	Mixed connective tissue disease Mixed connective tissue disease is an overlapping syndrome combining features of systemic lupus erythematosus, systemic sclerosis, and polymyositis with the presence of autoantibodies to U1-ribonucleoprotein. Raynaud’s phenomenon is seen in nearly all patients and pulmonary arterial hypertension is the most common cause of death in MCTD patients.
4A43.4	Diffuse eosinophilic fasciitis Also called Shulman disease/diffuse fasciitis, diffuse eosinophilic fasciitis is a rare idiopathic disorder associated with induration of the skin (orange-peel sign) that generally develops rapidly. It is a dermal and hypodermal sclerosis associated with fibrotic thickening of the subcutaneous adipose lobular septa, superficial fascia, and perimysium. Full thickness excisional biopsy of skin lesions revealing fibrosis of the subcutaneous fascia is generally required for diagnosis. Onset follows unusual physical exertion and trauma, especially in males.
4A43.Y	Other specified overlap non-organ specific systemic autoimmune disease

4A43.Z**Undifferentiated non-organ specific systemic autoimmune disease****4A44****Vasculitis**

Vasculitides represent a heterogeneous 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 vasculitides 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. <i>Inclusions:</i> 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	Autoinflammatory 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. <i>Inclusions:</i> Adamantiades-Behçet disease <i>Coded Elsewhere:</i> Transient neonatal Behçet disease (KA07.Y)
4A6Y	Other specified autoinflammatory disorders
4A6Z	Autoinflammatory disorders, unspecified

Allergic or hypersensitivity conditions (4A80-4A8Z)

Allergy is a hypersensitivity reaction initiated by proven immunologic mechanisms.

Hypersensitivity is defined as conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to a defined stimulus at a dose tolerated by normal subjects.

Coded Elsewhere: Eosinophilia (4B03)

Hypersensitivity reactions of unspecified nature (4B07)

4A80

Allergic or hypersensitivity disorders involving the respiratory tract

Allergic or hypersensitivity disorders involving the respiratory tract includes several clinically different conditions that can be considered as hypersensitivity disorders of the upper and lower respiratory tract. The classification of these conditions is complex.

Coded Elsewhere: Vasomotor or allergic rhinitis (CA08)

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

Chronic rhinosinusitis (CA0A)

Asthma (CA23)

Nasal polyp (CA0J)

Hypersensitivity pneumonitis due to organic dust (CA70)

4A80.0

Drug-induced bronchospasm

Drug-induced bronchospasm is a common clinical manifestation triggered by various drugs. It ranges in severity from mild to severe, and even fatal from post-anoxic brain damage. It can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.1

Bronchospasm provoked by allergy to food substance

Bronchospasm provoked by allergy to food allergens is clinical manifestation triggered by various foods as a phenotype of food hypersensitivity. It is more frequent in the youngest atopic patients and the most common foods responsible for these reactions are cow milk, peanut, egg and tree nuts. This clinical presentation can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.Y

Other specified allergic or hypersensitivity disorders involving the respiratory tract

4A80.Z

Allergic or hypersensitivity disorders involving the respiratory tract, unspecified

4A81**Allergic or hypersensitivity disorders involving the eye**

Allergic or hypersensitivity disorders involving the eye includes several clinically different conditions that can be considered as hypersensitivity disorders of the ocular surface. The classification of these conditions is complex.

Coded Elsewhere: Allergic conjunctivitis (9A60.02)

Vernal keratoconjunctivitis (9A60.5)

Giant papillary conjunctivitis (9A60.00)

Irritant contact blepharoconjunctivitis (EK02.11)

Acute atopic conjunctivitis (9A60.01)

Allergic contact blepharoconjunctivitis (9A06.72)

Atopic keratoconjunctivitis (9A60.0Y)

Vernal conjunctivitis (9A60.0Y)

4A82**Allergic or hypersensitivity disorders involving skin or mucous membranes**

Allergic or hypersensitivity disorders involving the skin and mucous includes a heterogeneous group of disorders involving skin and mucous membranes in which either allergy or hypersensitivity play a part.

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Allergic contact urticaria (EK10)

Protein contact dermatitis (EK11)

Allergic contact sensitisation (EK12)

Urticaria, angioedema and other urticarial disorders (EB00-EB0Y)

Atopic eczema (EA80)

Allergy to substances in contact with the skin (EK5Y)

4A83**Allergic or hypersensitivity disorders involving the gastrointestinal tract**

Coded Elsewhere: Allergic gastritis (DA42.4)

Allergic duodenitis (DA51.3)

Allergic or dietetic colitis (DB33.2)

Allergic or dietetic enteritis of small intestine (DA94.2)

4A83.0**Food-induced eosinophilic gastroenteritis**

A disease characterised by eosinophilic infiltration of various layers of stomach and intestine induced by specific food intake in the absence of any known cause of eosinophilia. It can occur in any age and the symptoms vary depending on the site of the intestinal tract involved and degree of eosinophilic inflammation, might include ascites, weight loss, oedema, obstruction.

- 4A83.1 Food-induced eosinophilic oesophagitis**
A chronic, immune or antigen-mediated oesophageal disease characterised by eosinophilic infiltration of oesophageal wall induced by specific food intake in the absence of any known cause of eosinophilia. The symptoms are related to oesophageal dysfunction, including feeding disorders, reflux symptoms, vomiting, dysphagia, and food impaction.
- 4A83.Y Other specified allergic or hypersensitivity disorders involving the gastrointestinal tract**
- 4A83.Z Allergic or hypersensitivity disorders involving the gastrointestinal tract, unspecified**
- 4A84 Anaphylaxis**
Anaphylaxis is a severe, life-threatening systemic hypersensitivity reaction characterised by being rapid in onset with potentially life-threatening airway, breathing, or circulatory problems and is usually, although not always, associated with skin and mucosal changes.
- 4A84.0 Anaphylaxis due to allergic reaction to food**
Rapidly progressive, multi-system and potentially life-threatening reaction to exposure to a food allergen to which the affected individual has previously been sensitized.
Exclusions: obstruction from food aspiration (ND72)
food intolerance (DA96.02)
- 4A84.1 Drug-induced anaphylaxis**
Anaphylaxis attributable to a drug. When severe it may be fatal. This systemic reaction usually develops within minutes to hours of administration of the drug, is often severe and may be fatal. The most frequent drugs causing anaphylaxis are antibiotics, particularly penicillins. Clinically there may be premonitory dizziness or faintness, skin tingling and erythema, followed by urticaria, angio-oedema, bronchospasm, abdominal pain and vasomotor collapse.
Coded Elsewhere: Anaphylaxis due to radiocontrast media (EL80)
- 4A84.2 Anaphylaxis due to insect venom**
Anaphylaxis due to insect venom is a severe systemic hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient.
Exclusions: Harmful effects of or exposure to noxious substances,
Substances chiefly nonmedicinal as to source, Venoms
or toxins (NE61)
- 4A84.3 Anaphylaxis provoked by physical factors**
Anaphylaxis provoked by physical factors covers a group of anaphylaxis phenotypes in which physical factors are the main triggers. The most relevant are: exercise-induced anaphylaxis, exercise-induced anaphylaxis dependent on food, cold-induced anaphylaxis.

4A84.30	Exercise-induced anaphylaxis Exercise-induced anaphylaxis is disorder in which anaphylaxis occurs after physical activity. The clinical features may include pruritus, urticarial weals, flushing, wheezing, and gastrointestinal disturbance including nausea, abdominal cramping, and diarrhoea. If physical activity continues, angioedema, laryngeal oedema, hypotension, and, ultimately, cardiovascular collapse may occur. Exercise-induced anaphylaxis is most commonly associated with IgE-mediated allergy to food whereby anaphylaxis occurs only if ingestion is followed temporally by exercise. Cessation of physical activity usually results in immediate improvement of symptoms.
4A84.31	Cold-induced anaphylaxis Cold-induced anaphylaxis is triggered by skin cooling. The deaths are directly caused by the anaphylactic reaction due to drowning when swimming in cold water.
4A84.3Y	Anaphylaxis provoked by other specified physical factors
4A84.3Z	Anaphylaxis provoked by unspecified physical factors
4A84.4	Anaphylaxis due to inhaled allergens Rapid progressive, multisystem life-threatening reaction due to the exposure to a sensitized inhaled allergen, such as particles from rubber gloves or latex products, animal dander and dust mite. Use additional external cause code, if desired, to identify agent. Exclusions: Allergic asthma with exacerbation (CA23.00)
4A84.5	Anaphylaxis due to contact with allergens Anaphylaxis resulting from skin or mucosal contact with a substance or substances capable of inducing IgE-mediated response in patients previously sensitized. Use additional external cause code, if desired, to identify agent.
4A84.6	Anaphylaxis secondary to mast cell disorder Symptoms of anaphylaxis secondary to mast cell disorders result from excessive mast cell mediator release, especially histamine, and may include pruritus and flushing, abdominal pain, diarrhea, dyspnoea, tachycardia, or profound hypotension. It happens in both children and adults, but in adults it can occur even without urticaria pigmentosa lesions. Levels of basal tryptase are constantly high. Fatal anaphylaxis has been described following hymenoptera stings and in the preoperative period.
4A84.Y	Other specified anaphylaxis
4A84.Z	Anaphylaxis, unspecified
4A85	Complex allergic or hypersensitivity conditions

4A85.0**Drug or pharmacological agents hypersensitivity**

Drug hypersensitivity reactions are the adverse effects of pharmaceutical formulations (including active drugs and excipients) that clinically resemble allergy. It belongs to type B adverse drug reactions, which are defined by the World Health Organization as the dose-independent, unpredictable, noxious, and unintended response to a drug taken at a dose normally used in humans. It covers many different clinical phenotypes with variable onset and severity.

Coded Elsewhere: Drug eruptions (EH60-EH6Z)

Drug-induced bronchospasm (4A80.0)

Drug-induced aplastic anaemia (3A70.10)

Aspirin-induced asthma (CA23.20)

Samter syndrome (CA0A.0)

Photoallergic drug reaction (EH75)

Pseudolymphomatous drug hypersensitivity syndrome (EH6Y)

Anaphylaxis due to radiocontrast media (EL80)

4A85.00**Drug-induced liver hypersensitivity disease**

Drug-induced liver hypersensitivity disease is a relatively rare condition, but can have serious consequences for the individual patient, public health, regulatory agencies and the pharmaceutical industry. It is characterised by elevation in serum alanine-aminotransferase (ALT), conjugated bilirubin, or combined bilirubin, ALT and alkaline phosphatase (AP) levels > 2 times the upper limit of normal (ULN) and the most frequent related drugs are halothane, tienilic acid, dihydralazine, diclofenac, and carbamazepine.

4A85.01**Drug-induced kidney hypersensitivity**

Drug-induced kidney hypersensitivity constitutes an important cause of acute renal failure and chronic kidney disease in present day clinical practice. Different classes of drugs, by virtue of immunological mechanisms, initiate specific inflammatory renal responses, which are manifested by different clinical patterns, such as drug-induced interstitial nephritis. The drug-induced kidney hypersensitivity can manifest alone or in combination with other drug-induced organ or system hypersensitivity disorders.

Coded Elsewhere: Acute renal papillary necrosis due to drugs, biological agents or environmental toxins (GB53)

4A85.02**Drug-induced cytopenia**

Drug-induced cytopenia is a relatively common immune-mediated cytopenia and the target cells include erythrocytes, leukocytes, platelets and hematopoietic precursor cells in the marrow. The most frequent condition is the drug-induced immune thrombocytopenia and the most frequent implicated drugs are penicillin and structurally related drugs, quinine, quinidine, sulfonamide antibiotics, non-steroidal anti-inflammatory drugs and anticonvulsants.

Coded Elsewhere: Drug-induced immune thrombocytopenia (3B64.12)

Drug-induced secondary agranulocytosis (4B00.01)

- 4A85.03** Drug-induced vasculitis
- Drug-induced vasculitis is an inflammatory vasculopathy associated with drugs of almost every class and accounting for approximately 3% of the vasculitides. Although small vessel disease limited to the skin is the most common form, involvement of blood vessels in virtually every organ system may occur. It can present multiorgan involvement and the mortality is described in up to 10% of cases.
- 4A85.04** Multiple drug hypersensitivity syndrome
- Multiple drug hypersensitivity syndrome is defined as drug allergies to two or more chemically different drugs. It differs from cross-reactivity (due to structural similarities, common metabolic pathways, or pharmacological mechanisms), flare-up reactions (exacerbation of an existing drug allergy by the early switch of therapy to a novel drug), and multiple drug intolerance syndrome.
- 4A85.0Y** Drug hypersensitivity of other specified type
- 4A85.0Z** Drug hypersensitivity of unspecified type
- 4A85.1** **Hypersensitivity to herbal and alternative medical therapies**
- Hypersensitivity to herbal and alternative medical therapies refers to unpredictable conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to herbal and other alternative medical therapies, such as homeopathy, cupping or acupuncture. Herbal and alternative medical therapies are not customarily regarded as drugs, but can trigger immune and non-immune mediated reactions, which occur in susceptible individuals. These reactions are triggered by doses and procedures usually tolerated by normal subjects.
- Exclusions:** Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies (EH78)
- 4A85.2** **Food hypersensitivity**
- Food hypersensitivity reactions are adverse effects of food or food additives that clinically resemble allergy. Food allergy is an adverse reaction to food mediated by an immunologic mechanism, involving specific IgE (IgE-mediated), cell-mediated mechanisms (non-IgE-mediated) or both IgE- and cell-mediated mechanisms (mixed IgE- and non-IgE-mediated).
- Exclusions:** food intolerance (DA96.02)
- Coded Elsewhere:** Oral allergy syndrome (EK10.0)
- Contact urticaria due to food allergen (EK10.1)
- Anaphylaxis due to allergic reaction to food (4A84.0)
- Bronchospasm provoked by allergy to food substance (4A80.1)

4A85.20	Food-induced gastrointestinal hypersensitivity Food-induced gastrointestinal hypersensitivity covers a group of gastrointestinal hypersensitivity disorders due to food allergens with variable onset, severity, clinical presentation and mechanisms. Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0) Allergic or dietetic colitis (DB33.2) Food-induced eosinophilic oesophagitis (4A83.1) Allergic or dietetic enteritis of small intestine (DA94.2) Food-induced non-IgE-mediated gastrointestinal hypersensitivity (DA42.41)
4A85.21	Food-induced urticaria or angioedema Urticaria and/or angioedema triggered by ingestion or direct contact of food allergen in sensitized patient.
4A85.22	Allergic contact dermatitis due to food allergen Allergic contact dermatitis, of which most common causal foods are spices, fruits, vegetables. Often occupational because of contact with chemical moieties, oleoresins. Systemic contact dermatitis is a rare variant because of ingestion. Use additional external cause code, if desired, to identify agent. Coded Elsewhere: Allergic contact dermatitis due to food flavours or additives (EK00.3)
4A85.2Y	Other specified food hypersensitivity
4A85.2Z	Food hypersensitivity, unspecified
4A85.3	Allergic or hypersensitivity reactions to arthropods This includes both local cutaneous and systemic allergic and hypersensitivity reactions to contact with insects (e.g. bees, wasps and fire ants) and other arthropods (e.g. scorpions and spiders). Reactions are usually mediated via the immune system (IgE-mediated or non-IgE-mediated allergy).
4A85.30	Systemic allergic reaction due to Hymenoptera venom Systemic Allergic Reaction due to Hymenoptera venom due to insect venom is a severe hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient. Coded Elsewhere: Anaphylaxis due to insect venom (4A84.2)
4A85.31	Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom Cutaneous reactions to Hymenoptera venom are hypersensitivity reactions classified into normal local reactions and large local reactions. Large local reaction is defined as a swelling exceeding a diameter of 10 cm which lasts longer than 24 h; blisters may rarely be present.
4A85.32	Cutaneous allergic or hypersensitivity reactions to arthropods
4A85.Y	Other specified complex allergic or hypersensitivity conditions

4A85.Z	Complex allergic or hypersensitivity conditions, unspecified
4A8Y	Allergic or hypersensitivity conditions of other specified type
4A8Z	Allergic or hypersensitivity conditions of unspecified type

Immune system disorders involving white cell lineages (4B00-4B0Z)

Coded Elsewhere: Immunodeficiencies with predominantly antibody defects (4A01.0)

Combined immunodeficiencies (4A01.1)

Defects in the complement system (4A00.1)

Diseases of immune dysregulation (4A01.2)

Other well-defined immunodeficiency syndromes due to defects in adaptive immunity (4A01.3)

4B00 Disorders of neutrophil number

Exclusions: Decreased white blood cell count (MA16.10)

4B00.0 Neutropaenia

Coded Elsewhere: Transient neonatal neutropaenia (KA8D)

Alloimmune neonatal neutropaenia (KA8E)

4B00.00 Constitutional neutropaenia

This is a granulocyte disorder characterised by an abnormally low number of neutrophils. Neutrophils usually make up 50-70% of circulating white blood cells and serve as the primary defence against infections by destroying bacteria in the blood.

Exclusions: Cartilage-hair hypoplasia (LD27.0)

4B00.01 Acquired neutropaenia

4B00.0Z Neutropaenia, unspecified

4B00.1 Neutrophilia

4B00.10 Constitutional neutrophilia

4B00.11 Acquired neutrophilia

Coding Note: Code also the causing condition

Exclusions: Non mast cell myeloproliferative neoplasms (2A20)

4B00.1Z Neutrophilia, unspecified

4B00.Y Other specified disorders of neutrophil number

4B01 Disorders of neutrophil function

Coded Elsewhere: Functional neutrophil defects (4A00.0)

4B01.0 Constitutional disorders of neutrophil function

4B01.00 Disorders of neutrophil adhesion

4B01.01	Disorders of neutrophil chemotaxis
4B01.02	Disorders of neutrophil granule formation or release
4B01.03	Disorders of neutrophil oxidative metabolism
4B01.0Y	Other specified constitutional disorders of neutrophil function
4B01.0Z	Constitutional disorders of neutrophil function, unspecified
4B01.1	Acquired disorders of neutrophil function
4B01.Z	Disorders of neutrophil function, unspecified
4B02	Eosinopenia
4B02.0	Constitutional decrease in eosinophil number
4B02.1	Acquired decrease in eosinophil number
4B02.Z	Eosinopenia, unspecified
4B03	Eosinophilia
4B03.0	Constitutional eosinophilia
4B03.1	Acquired eosinophilia
4B03.Z	Eosinophilia, unspecified
4B04	Disorders with decreased monocyte counts
4B05	Disorders with increased monocyte counts
4B06	Acquired lymphopenia
4B07	Acquired lymphocytosis
	<i>Exclusions:</i> Chronic lymphocytic leukaemia or small lymphocytic lymphoma (2A82.0)
	<i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> thymic aplasia or hypoplasia with immunodeficiency (LD44.N0) Myasthenia gravis (8C60) <i>Coded Elsewhere:</i> Thymic tumours
4B40.0	Persistent hyperplasia of thymus This refers to a persistent enlargement ("hyperplasia") of the thymus.
4B40.1	Abscess of thymus
4B40.2	Good syndrome This is a condition that occurs in adults in whom hypogammaglobulinemia, deficient cell-mediated immunity, and benign thymoma may develop almost simultaneously.
4B40.Y	Other specified diseases of thymus
4B40.Z	Diseases of thymus, unspecified
4B4Y	Other specified diseases of the immune system
4B4Z	Diseases of the immune system, unspecified

CHAPTER 05

Endocrine, nutritional or metabolic diseases

This chapter has 148 four-character categories.

Code range starts with 5A00

This chapter includes endocrine diseases, nutritional diseases as well as metabolic diseases.

Exclusions: Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60-KB6Z)

Pregnancy, childbirth or the puerperium (Chapter 18)

Coded Elsewhere: Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (MA50-MA6Y)

Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium (JB64.2)

This chapter contains the following top level blocks:

- Endocrine diseases
- Nutritional disorders
- Metabolic disorders
- Postprocedural endocrine or metabolic disorders

Endocrine diseases (5A00-5B3Z)

Coded Elsewhere: Neoplasms of the endocrine system
Endocrine tumours

Disorders of the thyroid gland or thyroid hormones system (5A00-5A0Z)

Disorders due to dysfunction of thyroid gland and regulation systems of thyroid hormone actions including dysfunction of the pituitary, hypothalamus, or thyroid hormone receptors.

5A00

Hypothyroidism

5A00.0

Congenital hypothyroidism

Hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises at birth. Common clinical features include decreased activity and increased sleep, feeding difficulty and constipation, prolonged jaundice, myxedematous facies, large fontanels (especially posterior), macroglossia, a distended abdomen with umbilical hernia, and hypotonia.

Coded Elsewhere: Congenital central hypothyroidism (5A61.41)

5A00.00	Permanent congenital hypothyroidism with diffuse goitre A condition caused by a partial or complete loss of thyroid function due to failure of the thyroid to correctly develop during the antenatal period. This condition is characterised by a swollen, smooth thyroid gland, and in infants by a dull look, puffy face, and thick tongue that sticks out. This condition may also present with choking episodes, constipation, dry brittle hair, jaundice, lack of muscle tone, low hairline, poor feeding, short height, sleepiness, or sluggishness. Exclusions: transitory congenital goitre with normal function (KB62)
5A00.01	Permanent congenital hypothyroidism without goitre This is a permanent congenital state in which the thyroid gland does not make enough thyroid hormone. This diagnosis is without swelling of the thyroid gland.
5A00.02	Pendred syndrome Pendred syndrome is characterised by the association of congenital bilateral neurosensory deafness, thyroid goitre, cochleovestibular malformation and potential vestibular dysfunction.
5A00.03	Transient congenital hypothyroidism Transient congenital hypothyroidism is defined as transient thyroid dysfunction with mildly elevated thyroid-stimulating hormone (TSH) and low thyroxine (FT4) levels which return to normal either very promptly and spontaneously, or after several months of thyroxine therapy. The disorder is due to a variety of causes including iodine deficiency or exposure to iodine-containing compounds, transplacental passage of blocking maternal antibodies, and dyshormonogenesis. Exclusions: Transitory congenital goitre with normal function (KB62)
5A00.04	Congenital hypothyroidism due to iodine deficiency Hypothyroidism is a condition which arises at birth where the thyroid gland produces too little or no thyroid hormone and it can be induced by iodine-deficiency. Exclusions: Subclinical iodine-deficiency hypothyroidism (5A00.22)
5A00.0Y	Other specified congenital hypothyroidism
5A00.0Z	Congenital hypothyroidism, unspecified
5A00.1	Iodine-deficiency-related thyroid disorders or allied conditions Any condition caused by aberrant thyroid function due to a deficiency of iodine. Confirmation is by blood test. Exclusions: congenital iodine-deficiency syndrome (5A00.04) Subclinical iodine-deficiency hypothyroidism (5A00.22)
5A00.10	Iodine-deficiency-related diffuse goitre Diffuse enlargement of the thyroid gland due to iodine deficiency.
5A00.11	Iodine-deficiency-related multinodular goitre Multinodular enlargement of the thyroid gland due to iodine deficiency. Inclusions: Iodine-deficiency-related nodular goitre

5A00.1Z	Iodine-deficiency-related thyroid disorders or allied conditions, unspecified
5A00.2	Acquired hypothyroidism Acquired hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises only after birth. Exclusions: Postprocedural hypothyroidism (5D40) iodine-deficiency-related hypothyroidism (5A00.1) Coded Elsewhere: Acquired central hypothyroidism (5A61.40) Dementia due to acquired hypothyroidism (6D85.Y)
5A00.20	Hypothyroidism due to medicaments or other exogenous substances A condition caused by an underactive thyroid due to a medicaments or other exogenous substances. This condition may present with fatigue, increased sensitivity to cold, constipation, dry skin, weight gain, muscle weakness, elevated blood cholesterol, muscle aches, joint pain or swelling, heavier or irregular menstrual periods, thinning hair, depression, or impaired memory.
5A00.21	Myxoedema coma A life-threatening hypothyroid condition with long-standing severe untreated hypothyroidism in whom adaptive mechanisms fail to maintain homeostasis.
5A00.22	Subclinical iodine-deficiency hypothyroidism A condition with elevated serum TSH level, but with normal thyroid hormone levels, which is induced by iodine-deficiency
5A00.2Y	Other specified acquired hypothyroidism
5A00.2Z	Acquired hypothyroidism, unspecified
5A00.Z	Hypothyroidism, unspecified
5A01	Nontoxic goitre Enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis Exclusions: congenital goitre NOS (5A00.00) congenital parenchymatous goitre (5A00.00) iodine-deficiency-related goitre (5A00.1) congenital diffuse goitre (5A00.00)
5A01.0	Nontoxic diffuse goitre Diffuse enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis
5A01.1	Nontoxic single thyroid nodule Single tumour of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.2	Nontoxic multinodular goitre Multiple nodules of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis
5A01.Z	Nontoxic goitre, unspecified
5A02	Thyrotoxicosis A hypermetabolic condition associated with elevated levels of free thyroxine and/or free triiodothyronine resulting in excess synthesis and secretion of thyroid hormone Exclusions: Transitory neonatal hyperthyroidism (KB62.0) Coded Elsewhere: Dysthyroid exophthalmos (9A20.00)
5A02.0	Thyrotoxicosis with diffuse goitre Thyrotoxicosis occurs by the ingestion of excessive amounts of exogenous thyroid hormone in the form of thyroid hormone supplements such as the most widely used supplement levothyroxine. Inclusions: Toxic diffuse goitre Graves disease
5A02.1	Thyrotoxicosis with toxic single thyroid nodule Inclusions: Thyrotoxicosis with toxic uninodular goitre
5A02.2	Thyrotoxicosis with toxic multinodular goitre Thyrotoxicosis caused by functioning thyroid multinodules
5A02.3	Thyrotoxicosis from ectopic thyroid tissue
5A02.4	Thyrotoxicosis factitia A condition of thyrotoxicosis caused by the ingestion of exogenous thyroid hormone
5A02.5	Thyroid crisis Thyrotoxic crisis (or thyroid storm) is a rare but severe complication of hyperthyroidism, which may occur when a thyrotoxic patient becomes very sick or physically stressed. Inclusions: Thyroid storm
5A02.6	Secondary hyperthyroidism Overproduction of thyroid hormone in the thyroid gland induced by dysfunction of the pituitary gland or hypothalamus.
Coding Note:	Code also the causing condition Exclusions: Generalised resistance to thyroid hormone (5A05) Selective pituitary resistance to thyroid hormone (5A02)
5A02.Y	Other specified thyrotoxicosis
5A02.Z	Thyrotoxicosis, unspecified

5A03**Thyroiditis**

Thyroiditis is the inflammation of the thyroid gland. It includes acute and chronic forms of thyroiditis. Thyroiditis is usually caused by autoimmune reaction to the thyroid, resulting in inflammation and damage to the thyroid cells. The symptoms include fatigue, weight gain, depression, dry skin, and constipation.

Exclusions: Acquired hypothyroidism (5A00.2)
Thyrotoxicosis (5A02)

Coded Elsewhere: Postpartum thyroiditis (JB44.5)

5A03.0**Acute thyroiditis**

Acute thyroiditis is a rare form of thyroiditis directly caused by an infection, frequently bacterial.

5A03.1**Subacute thyroiditis**

A self-limited thyroiditis associated with a triphasic clinical course of hyperthyroidism, hypothyroidism, and return to normal thyroid function. It is thought to be caused by a viral infection.

Inclusions: de Quervain thyroiditis
giant-cell thyroiditis
granulomatous thyroiditis

Exclusions: Autoimmune thyroiditis (5A03.2)

5A03.2**Autoimmune thyroiditis**

A chronic inflammatory disorder of the thyroid gland associated with abnormal circulatory antibodies.

5A03.20

Hashimoto thyroiditis

5A03.21

Painless thyroiditis

A destructive thyroiditis which has an autoimmune basis in the non-postpartum period. An inflammation of the thyroid gland characterised by transient hyperthyroidism, followed by hypothyroidism and then recovery.

5A03.2Y

Other specified autoimmune thyroiditis

5A03.2Z

Autoimmune thyroiditis, unspecified

5A03.Y

Other specified thyroiditis

5A03.Z

Thyroiditis, unspecified

5A04**Hypersecretion of calcitonin**

This is the process of elaborating, releasing, and oozing a 32-amino acid linear polypeptide hormone that is produced in humans primarily by the parafollicular cells (also known as C-cells) of the thyroid, and in many other animals in the ultimobranchial body.

Inclusions: Hypersecretion of thyrocalcitonin
C-cell hyperplasia of thyroid

5A05

Generalised resistance to thyroid hormone

Decreased thyroid hormone action, generally induced by mutation of thyroid hormone receptors.

5A06

Sick-euthyroid syndrome

5A0Y

Other specified disorders of the thyroid gland or thyroid hormones system

5A0Z

Disorders of the thyroid gland or thyroid hormones system, unspecified

Diabetes mellitus (5A10-5A2Y)

A metabolic disorder with heterogeneous aetiologies which is characterised by chronic hyperglycaemia and disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both.

Coded Elsewhere: Diabetes mellitus in pregnancy (JA63)

Neonatal diabetes mellitus (KB60.2)

5A10

Type 1 diabetes mellitus

Diabetes mellitus type 1 (type 1 diabetes, T1DM, formerly insulin dependent or juvenile diabetes) is a form of diabetes mellitus that results from destruction of insulin-producing beta cells, mostly by autoimmune mechanisms. The subsequent lack of insulin leads to increased blood and urine glucose.

Exclusions: Type 2 diabetes mellitus (5A11)
Diabetes mellitus, other specified type (5A13)
Diabetes mellitus in pregnancy (JA63)

Coded Elsewhere: Pre-existing type 1 diabetes mellitus in pregnancy (JA63.0)

5A11

Type 2 diabetes mellitus

Diabetes mellitus type 2 (formerly noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes) is a metabolic disorder that is characterised by high blood glucose in the context of insulin resistance and relative insulin deficiency.

Inclusions: non-insulin-dependent diabetes of the young
Exclusions: Diabetes mellitus in pregnancy (JA63)
Diabetes mellitus, other specified type (5A13)
Idiopathic Type 1 diabetes mellitus (5A10)

Coded Elsewhere: Pre-existing type 2 diabetes mellitus in pregnancy (JA63.1)

5A12

Malnutrition-related diabetes mellitus

5A13**Diabetes mellitus, other specified type**

Diabetes mellitus which cannot be classified as either Type 1 or Type 2 diabetes mellitus.

Exclusions: Diabetes mellitus in pregnancy (JA63)
Type 2 diabetes mellitus (5A11)
Idiopathic Type 1 diabetes mellitus (5A10)

5A13.0 Diabetes mellitus due to genetic defects of beta cell function

Other specified diabetes mellitus due to genetic defects of beta cell function is a form of diabetes, which is associated with monogenetic defects in beta-cell function.

5A13.1 Diabetes mellitus due to genetic defects in insulin action

Other specified diabetes mellitus due to genetic defects in insulin action is a form of diabetes, which results from genetically determined abnormalities of insulin action. The metabolic abnormalities associated with mutations of the insulin receptor may range from hyperinsulinemia and modest hyperglycaemia to severe diabetes.

5A13.2 Diabetes mellitus due to diseases of the exocrine pancreas

Other specified diabetes mellitus due to diseases of the exocrine pancreas is a form of diabetes which is caused by any process that diffusely injures the pancreas. Acquired processes include pancreatitis, trauma, infection, pancreatectomy, and pancreatic carcinoma. With the exception of that caused by cancer, damage to the pancreas must be extensive for diabetes to occur.

5A13.3 Diabetes mellitus due to endocrinopathies

Other specified diabetes mellitus due to endocrinopathies is a form of diabetes caused by several hormones (e.g., growth hormone, cortisol, glucagon, epinephrine), which antagonize insulin action. Excess amounts of these hormones (e.g., acromegaly, Cushing's syndrome, glucagonoma, pheochromocytoma, respectively) can cause diabetes. This generally occurs in individuals with preexisting defects in insulin secretion, and hyperglycaemia typically resolves when the hormone excess is resolved.

5A13.4 Diabetes mellitus due to drug or chemical

Other specified diabetes mellitus due to drug or chemical is a form of diabetes, which is caused by drug or chemical substance that impairs insulin secretion and insulin action.

5A13.5 Diabetes mellitus due to uncommon forms of immune-mediated diabetes

Other specified diabetes mellitus due to uncommon forms of immune-mediated diabetes is a form of diabetes, which is caused by two known conditions. The stiff-man syndrome is an autoimmune disorder of the central nervous system characterised by stiffness of the axial muscles with painful spasms. Patients usually have high titres of the GAD autoantibodies, and approximately one-third will develop diabetes.

5A13.6 Diabetes mellitus due to other genetic syndromes
Other specified diabetes mellitus due to other genetic syndromes is a form of diabetes, which is associated with genetic syndromes.

Coding Note: Use additional code, if desired, to identify any associated genetic syndrome

Coded Elsewhere: Wolfram syndrome (5A61.5)
Maternally inherited diabetes and deafness (LD2H.Y)
Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)
Woodhouse-Sakati syndrome (5A61.0)
Mitochondrial myopathy with diabetes mellitus (8C73.Y)

5A13.7 Diabetes mellitus due to clinically defined subtypes or syndromes
Diabetes mellitus that has clinically defined subtypes or associated syndromes

5A13.Y Diabetes mellitus due to other specified cause

5A14 Diabetes mellitus, type unspecified

Exclusions: Idiopathic Type 1 diabetes mellitus (5A10)
Type 2 diabetes mellitus (5A11)
Diabetes mellitus, other specified type (5A13)
Diabetes mellitus in pregnancy (JA63)

Acute complications of diabetes mellitus (5A20-5A2Y)

5A20 Diabetic hyperosmolar hyperglycaemic state

Coding Note: Code also the causing condition

5A20.0 Hyperosmolar hyperglycaemic state without coma

Coding Note: Code also the causing condition

5A20.1 Hyperosmolar hyperglycaemic state with coma

Coding Note: Code also the causing condition

5A20.Z Diabetic hyperosmolar hyperglycaemic state, unspecified

Coding Note: Code also the causing condition

5A21 Hypoglycaemia in the context of diabetes mellitus

Coding Note: Code also the causing condition

5A21.0 Hypoglycaemia in the context of diabetes mellitus without coma

Coding Note: Code also the causing condition

5A21.1 Hypoglycaemia in the context of diabetes mellitus with coma

Coding Note: Code also the causing condition

5A21.Z Hypoglycaemia in the context of diabetes, unspecified

Coding Note: Code also the causing condition

5A22 Diabetic acidosis

Coding Note: Code also the causing condition

5A22.0 Diabetic ketoacidosis without coma

Coding Note: Code also the causing condition

5A22.1 Diabetic lactic acidosis

Coding Note: Code also the causing condition

5A22.2 Diabetic metabolic acidosis

Coding Note: Always assign an additional code for diabetes mellitus

5A22.3 Diabetic ketoacidosis with coma

Coding Note: Code also the causing condition

5A22.Y Other specified diabetic acidosis

Coding Note: Code also the causing condition

5A22.Z Diabetic acidosis, unspecified

Coding Note: Code also the causing condition

5A23 Diabetic coma

Coding Note: Code also the causing condition

5A24 Uncontrolled or unstable diabetes mellitus

Brittle diabetes mellitus is a term used to describe particularly hard-to-control Type 1 or Type 2 diabetes mellitus. It results in frequent, extreme swings in blood glucose levels, causing hyperglycaemia that could lead to ketoacidosis or hypoglycaemia.

Coding Note: Code also the causing condition

5A2Y Other specified acute complications of diabetes mellitus

Coding Note: Code also the causing condition

Other disorders of glucose regulation or pancreatic internal secretion (5A40-5A4Z)

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)
Multiple endocrine neoplasia type 1 (2F7A.0)
Malignant neoplasm of pancreas (2C10)

Coded Elsewhere: Somatostatinoma (2C10.1)
VIPoma (2C10.1)
PPoma (2C10.1)
GRFoma (2C10.1)

5A40

Intermediate hyperglycaemia

A metabolic disorder characterised by glucose levels too high to be considered normal, though not high enough to meet the criteria for diabetes.

Inclusions: prediabetes
Impaired glucose regulation

Exclusions: Diabetes mellitus, other specified type (5A13)
Idiopathic Type 1 diabetes mellitus (5A10)
Type 2 diabetes mellitus (5A11)
Diabetes mellitus, type unspecified (5A14)
Elevated blood glucose level (MA18.0)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

5A40.0

Impaired fasting glucose

Impaired glucose tolerance is a metabolic disorder with FPG 110–125 mg/dl (6.1–6.9 mmol/l).

5A40.1

Impaired glucose tolerance

Impaired glucose tolerance (IGT) is a metabolic disorder, which is characterised by 2-h postload glucose 140–199 mg/dl (7.8–11.1 mmol/l).

5A40.Y

Other specified intermediate hyperglycaemia

5A40.Z

Intermediate hyperglycaemia, unspecified

5A41

Hypoglycaemia without associated diabetes

Exclusions: Hypoglycaemia in the context of diabetes mellitus (5A21)

Coded Elsewhere: Neonatal hypoglycaemia (KB60.4)

5A42

Increased secretion of glucagon

Exclusions: Multiple endocrine neoplasia type 1 (2F7A.0)

Coded Elsewhere: Glucagonoma (2C10.1)

5A43

Abnormal secretion of gastrin

Coded Elsewhere: Gastrinoma (2C10.1)

5A43.0

Drug-induced hypergastrinaemia

A form of hypergastrinaemia that can be induced by drugs.

5A43.1 Zollinger-Ellison syndrome

A syndrome characterised by the presence of a gastrin-secreting tumour, usually in the pancreas or duodenum, resulting in increased gastric acidity and formation of gastric ulcers. Signs and symptoms include abdominal pain and diarrhea. It may be sporadic or a manifestation of multiple endocrine neoplasia type 1.

Coded Elsewhere: Anastomotic ulcer due to Zollinger-Ellison syndrome (DA62.Y)

Gastric ulcer due to Zollinger-Ellison syndrome (DA60.Y)

Duodenal ulcer due to Zollinger-Ellison syndrome (DA63.Y)

5A43.Y Other specified abnormal secretion of gastrin

5A43.Z Abnormal secretion of gastrin, unspecified

5A44 Insulin-resistance syndromes

Coding Note: Code also the causing condition

5A45 Persistent hyperinsulinaemic hypoglycaemia of infancy

Congenital isolated hyperinsulinism, or Persistent hyperinsulinaemic hypoglycaemia of infancy (PHHI) is defined by an inappropriate oversecretion of insulin by the endocrine pancreas that is responsible for profound hypoglycaemia, which requires aggressive medical and/or surgical treatment to prevent severe and irreversible brain damage. PHHI is a genetically heterogeneous disorder with two types of histological lesions: diffuse (DiPHHI) and focal (FoPHHI) which are clinically indistinguishable.

5A4Y Other specified disorders of glucose regulation or pancreatic internal secretion

5A4Z Disorders of glucose regulation or pancreatic internal secretion, unspecified

Disorders of the parathyroids or parathyroid hormone system (5A50-5A5Z)

Disorders of the parathyroids and parathyroid hormone system generally refer to conditions with inappropriate secretion and/or actions of parathyroid hormone that cause dysregulation of calcium metabolism.

Exclusions: Hypocalcaemic vitamin D dependent rickets (5C63.20)
Hypovitaminosis D (5B57)
Hyperphosphataemic familial tumoural calcinosis (5C54.1)
Hypocalcaemic vitamin D resistant rickets (5C63.21)

5A50 Hypoparathyroidism

Hypoparathyroidism is a condition with insufficient biological actions of parathyroid hormone due to impaired secretion of parathyroid hormone or refractoriness of target tissues to parathyroid hormone.

Exclusions: Postprocedural hypoparathyroidism (5D42)
tetany NOS (MB47.D)

Coded Elsewhere: Transitory neonatal hypoparathyroidism (KB64)

5A50.0	Hypoparathyroidism due to impaired parathyroid hormone secretion Hypoparathyroidism due to impaired PTH secretion is a condition with low circulating PTH level and hypocalcaemia caused by being unable to secrete PTH from parathyroids in response to hypocalcaemia with pathological or functional defects in parathyroids. Coded Elsewhere: CATCH 22 phenotype (LD44.N0)
5A50.00	Idiopathic hypoparathyroidism Exclusions: Autoimmune polyendocrinopathy type 1 (5B00)
5A50.01	Secondary hypoparathyroidism Coding Note: Code also the causing condition
5A50.02	Hypoparathyroidism due to destruction of the parathyroid glands Dysfunction of parathyroid glands can be caused by several etiologies such as radiation, destruction of parathyroid glands by granulomatous disease or cancer infiltration, and deposition of iron or copper.
5A50.03	Autoimmune hypoparathyroidism
5A50.0Y	Other specified hypoparathyroidism due to impaired parathyroid hormone secretion
5A50.0Z	Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified
5A50.1	Pseudohypoparathyroidism Pseudohypoparathyroidism is a condition with refractoriness to parathyroid hormone of its target tissues especially kidney that causes hypocalcaemia and hyperphosphataemia even in the presence of high circulating levels of biologically active parathyroid hormone.
5A50.Y	Other specified hypoparathyroidism
5A50.Z	Hypoparathyroidism, unspecified
5A51	Hyperparathyroidism Hyperparathyroidism refers to overproduction of parathormone and is most frequently due to a tumour in one of the parathyroid glands. It may also occur in response to low calcium levels, as encountered in various situations such as vitamin D deficiency or chronic kidney disease. Hyperparathyroidism results in weakening of the bones through loss of calcium. Exclusions: Adult osteomalacia (FB83.2) infantile and juvenile osteomalacia (5B57.0)
5A51.0	Primary hyperparathyroidism Primary hyperparathyroidism is a condition with enhanced PTH secretion and high circulatory PTH level caused by abnormal parathyroid pathology such as adenoma, hyperplasia and cancer. Primary hyperparathyroidism usually causes hypercalcaemia by enhanced PTH actions.

- 5A51.1 Secondary hyperparathyroidism**
 Secondary hyperparathyroidism is a condition with enhanced parathyroid hormone (PTH) secretion and high circulatory PTH level caused by metabolic changes such as hypocalcaemia, hyperphosphataemia and low 1,25-dihydroxyvitamin D.
- Coding Note:** Code also the causing condition
- Exclusions:** secondary hyperparathyroidism of renal origin (GB90.4)
- 5A51.2 Familial hypocalciuric hypercalcaemia**
 Familial Hypocalciuric Hypercalcaemia (FHH) or benign familial hypercalcaemia is an autosomal dominant disorder of calcium metabolism that is often asymptomatic and that is biologically characterised by a significant but moderate hypercalcaemia. Serum levels of parathyroid hormone are normal or slightly increased, and urinary calcium excretion is relatively low for hypercalcaemia. CASR, GNA11 and AP2S1 have been identified as causative genes.
- 5A51.Y Other specified hyperparathyroidism**
- 5A51.Z Hyperparathyroidism, unspecified**
- 5A5Y Other specified disorders of the parathyroids or parathyroid hormone system**
- 5A5Z Disorders of the parathyroids or parathyroid hormone system, unspecified**

Disorders of the pituitary hormone system (5A60-5A6Z)

Clinical status with increased, decreased, or dysregulated secretion of pituitary hormones, which is caused by a variety of tumourous, non-tumourous, and genetic disorders.

- 5A60 Hyperfunction of pituitary gland**
 A disease characterised by hypersecretion of adenohypophyseal hormones such as growth hormone, prolactin, thyrotropin, luteinising hormone, follicle stimulating hormone or adrenocorticotrophic 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 <i>Exclusions:</i> Postprocedural hypopituitarism (5D43) Craniopharyngioma (2A00) <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> pituitary cachexia pituitary short stature <i>Coded Elsewhere:</i> Prader-Willi syndrome (LD90.3) Argonz-del Castillo Syndrome (5A60.1)
5A61.1	Adrenocorticotrophic hormone deficiency Deficiency of adrenocorticotrophic 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). <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 tumour 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: Adrenocorticotrophic hormone deficiency (5A61.1) Tuberculous Addison disease (1B12.3)
5A74.1	Adrenal crisis Adrenal crisis is a life-threatening condition that indicates severe adrenal insufficiency caused by insufficient levels of cortisol. Coded Elsewhere: Waterhouse-Friderichsen syndrome (1C1C.1)
5A74.Y	Other specified adrenocortical insufficiency
5A74.Z	Adrenocortical insufficiency, unspecified

5A75**Adrenomedullary hyperfunction**

Idiopathic overstimulation of the adrenal medulla resulting in pathologic epinephrine/norepinephrine-mediated sympathetic output

5A76**Certain specified disorders of adrenal gland****5A76.0****Premature adrenarche**

Premature development of pubic and/or axillary hair without central or peripheral precocious puberty. Children show premature clinical and/or laboratory signs of androgen action without estrogen action.

Exclusions: Central precocious puberty (5A60.3)
 Congenital adrenal hyperplasia (5A71.01)
 Peripheral precocious puberty (5A92)

5A76.Y**Other specified disorders of adrenal gland****5A7Z****Disorders of the adrenal glands or adrenal hormone system, unspecified**

Disorders of the gonadal hormone system (5A80-5A8Z)

Gonad has a capability to produce androgen and estrogen under the control by hypothalamic–pituitary–gonadal axis. Gonadal dysfunction is caused by either insufficient actions of gonadotropin or resistance to gonadotropin.

5A80**Ovarian dysfunction**

Pathological processes of the ovary.

Exclusions: isolated gonadotropin deficiency (5A61.0)
 Postprocedural ovarian failure (5D44)

Coded Elsewhere: Premature ovarian failure (GA30.6)
 Hirsutism associated with hyperandrogenaemia (ED72.1)
 Ovarian hyperstimulation syndrome (GA32.0)
 HAIR-AN syndrome (5A44)

5A80.0**Clinical hyperandrogenism**

Presence of hirsutism, acne or androgenic alopecia (scalp hair loss in women)

5A80.1**Polycystic ovary syndrome**

Condition defined by the presence of at least 2 of the following 3 criteria: oligo/anovulation; clinical or biochemical signs of hyperandrogenism; presence of polycystic ovaries as identified by ultrasound.

Inclusions: Sclerocystic ovary syndrome

Exclusions: Polycystic ovary NOS (5A80.2)

5A80.2	Polycystic ovary Ovary with increased size (> 7 mL) and stromal volume, and with increased number of follicles (12 or more measuring 2-9 mm in diameter), that may be present in women with PCOS, but also in women with normal ovulatory function and normal fertility (unilaterally or bilaterally). <i>Exclusions:</i> 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 <i>Exclusions:</i> isolated gonadotropin deficiency (5A61.0) Klinefelter syndrome (LD50.3) Postprocedural testicular hypofunction (5D45) Azoospermia (GB04.0) Oligospermia (GB04) <i>Coded Elsewhere:</i> 46,XY gonadal dysgenesis (LD2A.1) Testicular agenesis (LD2A.2) 46,XY disorder of sex development due to a defect in testosterone metabolism (LD2A.3) 46,XY disorder of sex development due to androgen resistance (LD2A.4) 46, XY disorders of sex development (LD2A.Z)
5A81.0	Testicular hyperfunction A hypersecretion of testicular hormones. <i>Exclusions:</i> McCune-Albright syndrome (FB80.0)

5A81.1	Testicular hypofunction In pre-puberty, a disorder characterised by atrophied testes and sterility, abnormal height and absence of secondary sex characteristics. In post-puberty, a disorder characterised by depressed sexual function, loss of sex drive and sterility, muscle weakness and osteoporosis (due to loss of the androgen anabolic effect).
5A81.Y	Other specified testicular dysfunction or testosterone-related disorders
5A81.Z	Testicular dysfunction or testosterone-related disorders, unspecified
5A8Z	Disorders of the gonadal hormone system, unspecified

Certain disorders of puberty (5A90-5A9Z)

Exclusions: Central precocious puberty (5A60.3)

5A90 **Disorder of puberty due to oestrogen resistance**

5A91 **Delayed puberty**

This is when an organism has passed the usual age of onset of puberty with no physical or hormonal signs that it is beginning. Puberty may be delayed for several years and still occur normally, in which case it is considered constitutional delay, a variation of healthy physical development. Delay of puberty may also occur due to malnutrition, many forms of systemic disease, or to defects of the reproductive system (hypogonadism) or the body's responsiveness to sex hormones.

Inclusions: Delayed sexual development
Constitutional delay of puberty

5A92 **Peripheral precocious puberty**

Precocious puberty without activation of the GnRH-/gonadotropin axis. It includes gonadal tumours with sex hormone production and it may be part of McCune-Albright's syndrome.

Inclusions: Precocious menstruation

Exclusions: female heterosexual precocious pseudopuberty (5A71)

male isosexual precocious pseudopuberty (5A71)

Central precocious puberty (5A60.3)

Congenital adrenal hyperplasia (5A71.01)

Coded Elsewhere: Testotoxicosis (5A81.0)

McCune-Albright syndrome (FB80.0)

5A9Y **Other disorders of puberty**

5A9Z **Disorders of puberty, unspecified**

Polyglandular dysfunction (5B00-5B0Z)

Exclusions: Ataxia-telangiectasia (4A01.31)
Pseudohypoparathyroidism (5A50.1)
dystrophia myotonica [Steinert] (8C71.0)

Coded Elsewhere: Multiple polyglandular tumours (2F7A.0)

5B00 Autoimmune polyendocrinopathy

This is a subtype of autoimmune polyendocrine syndrome, in which multiple endocrine glands dysfunction as a result of autoimmunity. It is a genetic disorder attributed to a defect in the AIRE gene that normally confers immune tolerance. It is inherited in a recessive fashion.

Coded Elsewhere: X-linked immune dysregulation – polyendocrinopathy – enteropathy (4A01.21)

5B01 Polyglandular hyperfunction

5B0Y Other specified polyglandular dysfunction

5B0Z Polyglandular dysfunction, unspecified

Endocrine disorders, not elsewhere classified (5B10-5B1Y)

Exclusions: Pseudohypoparathyroidism (5A50.1)

5B10 Carcinoid syndrome

5B11 Short stature, not elsewhere classified

Exclusions: Progeria (LD2B)
Silver-Russell syndrome (LD2F.1)
short-limbed stature with immunodeficiency (4A01.10)
short stature hypochondroplastic (LD24.01)
short stature achondroplastic (LD24.00)
renal short stature (GB61)
pituitary related short stature (5A61.0)

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

5B12 Constitutional tall stature

Constitutional (familial) tall stature, a variant of the normal pattern of childhood growth and development, is defined as a condition in which the height of an individual is more than 2 SD above the corresponding mean height for a normal subject of the same age and gender. Distinguishing features are a family history of tall stature and lack of dimorphism or other clinical features suggesting pathologic causes of abnormally rapid growth.

Inclusions: Constitutional gigantism

5B1Y Other specified endocrine disorders, not elsewhere classified

5B3Y **Other specified endocrine diseases**

5B3Z **Endocrine diseases, unspecified**

Nutritional disorders (5B50-5C3Z)

Nutritional disorders in all their forms result from imbalances (excess or deficiency) in energy and/or specific macro and micronutrients. They occur when the intake of essential macronutrients and micronutrients does not meet or exceeds the metabolic demands for those nutrients. Metabolic demands vary with age and other physiological conditions, they are also affected by environmental circumstances, including poor hygiene and sanitation, which lead to diarrhea and other infections.

Coded Elsewhere: Nutritional or toxic disorders of the nervous system (8D40-8D4Z)

Undernutrition (5B50-5B7Z)

Undernutrition is a condition in which the body's requirements are unmet due to underconsumption or to impaired absorption and use of nutrients. It can be produced by lack of access to food, or as a consequence of illness. Undernutrition commonly refers to a deficit in energy intake, but can also refer to deficiencies of specific nutrients, and can be either acute or chronic.

Inclusions: Malnutrition NOS

Exclusions: slim disease (1C62.3)
 starvation (NF07.0)
 Intestinal malabsorption (DA96.0)
 Anorexia Nervosa (6B80)

Coded Elsewhere: Malnutrition in pregnancy (JA64)
 Fetal intrauterine malnutrition without mention of small for gestational age (KA20.2)
 Undernutrition-dehydration cataract (9B10.2Y)

5B50 **Underweight in infants, children or adolescents**

5B51 **Wasting in infants, children or adolescents**

5B52 **Acute malnutrition in infants, children or adolescents**

5B53 **Stunting in infants, children or adolescents**

5B54 **Underweight in adults**

Body mass index (BMI) <18.5 kg/m²

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 descemetocoele. 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 descemetocoele) and, where loss of intraocular contents has occurred, phthisis bulbi, a scarred shrunken globe. Such end-stage lesions are not specific for xerophthalmia and may arise from numerous other conditions, notably trauma and infection.

5B55.Y**Vitamin A deficiency with other specified manifestations****5B55.Z****Vitamin A deficiency, unspecified****5B56****Vitamin C deficiency**

This condition groups several clinical consequences secondary to vitamin C deficiency with scurvy being the most severe presentation. The populations at risk of vitamin C deficiency are those for whom the fruit and vegetable supply is minimal. Epidemics of scurvy are associated with famine and war, when food supply is small and irregular. Children fed predominantly heat-treated (ultra-high-temperature or pasteurized) milk or unfortified formulas and not receiving fruits and fruit juices are at significant risk for symptomatic disease.

5B56.0	Scurvy
	Scurvy is a disease caused by a lack of vitamin C (ascorbic acid) in the diet. Vitamin C plays a central role in collagen and ground-substance formation, metabolism of aromatic amino acids (phenylalanine, tyrosine), reduction of folic acid to folinic acid and a broad range of biochemical redox reactions. Clinical features include perifollicular haemorrhages, ecchymoses, swollen bleeding gums, stomatitis and epistaxis.
	Coded Elsewhere: Scorbutic anaemia (3A03.2)
5B56.Y	Other specified vitamin C deficiency
5B56.Z	Vitamin C deficiency, unspecified
5B57	Vitamin D deficiency
	Vitamin D is a fat-soluble vitamin contained naturally in very few foods, added to milk, available as a supplement, and produced endogenously with exposure to sunlight. Vitamin D deficiency can be caused by inadequate intake due to dietary factors (e.g., special diets (veganism), lactose intolerance or allergies) and/or limited exposure to sunlight due to geographic location, sun avoidance, or shiftwork. Severe deficiency results in disordered bone modelling called rickets in childhood (open growth plates), and osteomalacia in adults (fused growth plates).
5B57.0	Vitamin D deficiency rickets
	Rickets is a disease of growing bone that is due to unmineralized matrix at the growth plates and occurs in children only before fusion of the epiphyses. There are many causes of rickets, including vitamin D disorders, calcium deficiency, phosphorous deficiency, and distal renal tubular acidosis. With the increased survival rate of very low birthweight infants, rickets in this age group has become a significant problem.
5B57.1	Vitamin D deficiency osteomalacia
	Osteomalacia is a disorder of defective mineralization of newly formed osteoid at sites of bone turnover. Several different disorders cause osteomalacia via mechanisms that result in hypocalcaemia, hypophosphatemia, or direct inhibition of the mineralization process. Severe vitamin D deficiency, secondary to inadequate dietary intake, lack of sun exposure, gastric bypass or malabsorption (celiac disease), is the most common cause of osteomalacia in adults.
5B57.Y	Other specified vitamin D deficiency
5B57.Z	Vitamin D deficiency, unspecified

5B58**Vitamin E deficiency**

Vitamin E deficiency is a condition that causes haemolysis and/or neurologic manifestations. Red blood cell fragility occurs and can produce a haemolytic anaemia. Neuronal degeneration produces peripheral neuropathies, ophthalmoplegia, and destruction of posterior columns of spinal cord. Neurologic disease is frequently irreversible if deficiency is not corrected early enough. Vitamin E deficiency may also contribute to the haemolytic anaemia and retrolental fibroplasia seen in premature infants.

Coded Elsewhere: Acquired vitamin E deficiency anaemia (3A03.6)

Dementia due to vitamin E deficiency (6D85.Y)

5B59**Vitamin K deficiency**

Vitamin K is necessary for the synthesis of clotting factors II, VII, IX, and X, and deficiency of vitamin K can result in clinically significant bleeding. Vitamin K deficiency typically affects infants, who experience a transient deficiency related to inadequate intake, or patients of any age who have decreased vitamin K absorption. Mild vitamin K deficiency can affect long-term bone and vascular health.

Coded Elsewhere: Neonatal vitamin K deficiency (KA8F)

5B5A**Vitamin B1 deficiency**

Vitamin B1 deficiency manifests itself principally with changes involving the nervous system (polyneuritis and paralysis of the peripheral nerves), the cardiovascular system (cardiac insufficiency and generalised oedema), and also the gastrointestinal tract (constipation, vomiting, and abdominal pain).

5B5A.0**Beriberi**

The clinical picture of Beriberi is usually divided into a dry (neuritic) type and a wet (cardiac) type. The disease is wet or dry depending on the amount of fluid which accumulates in the body due to factors like cardiac function, kidney lesions and others; even though the exact cause for this oedema has never been successfully explained. Many cases of thiamine deficiency show a mixture of the two main features and are more properly termed thiamine deficiency with cardiopathy and peripheral neuropathy. The infant shows signs of cyanosis and an acute cardiac attack can follow with the infant usually dying within 2 to 4 hours. The common age for this form of the deficiency disease is one month up through the third month. This type of deficiency responds very dramatically to thiamine.

5B5A.00

Dry beriberi

Neuritic form of Beri Beri

5B5A.01

Wet beriberi

Cardiac form of Beri Beri.

5B5A.0Z

Beriberi, unspecified

5B5A.1	Wernicke-Korsakoff Syndrome A thiamine-deficiency syndrome characterised by symmetric hyperaemic lesions of the brainstem, hypothalamus, thalamus, and mammillary bodies with glial proliferation, capillary dilatation, and perivascular haemorrhage. The syndrome is manifested by a confusional state, disorientation, ophthalmoplegia, nystagmus, diplopia, and ataxia (Wernicke encephalopathy), with severe loss of memory for recent events and confabulation (the invention of accounts of events to cover the loss of memory) (Korsakov psychosis) occurring following recovery. Defective binding of thiamine diphosphate by transketolase has been found. It appears that the disorder is of autosomal recessive inheritance but is expressed as clinical disease only in the event of thiamine deficiency. Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency. Exclusions: Amnestic disorder due to use of alcohol (6D72.10)
5B5A.10	Wernicke encephalopathy Wernicke's encephalopathy is an acute neuropsychiatric syndrome characterised by nystagmus, ophthalmoplegia, changes in the mental status, an uncoordinated gait and truncal ataxia. Wernicke's encephalopathy is usually accompanied or followed by Korsakoff's syndrome/Korsakoff's dementia (a continuum of Wernicke's encephalopathy characterised by severe memory defects, ataxia, apathy, disorientation, confabulations, hallucinations, paralysis of muscles controlling the eye and coma). The disorder results from a deficiency in vitamin B1, and mostly occurs in adults with a history of alcohol abuse or in patients with AIDS.
5B5A.11	Korsakoff syndrome A disease of the nervous system, caused by deficiency of vitamin B1 in the brain. This disease commonly follows Wernicke encephalopathy, and may present with inability to form new memories, amnesia, confabulation, or hallucinations. Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency. Exclusions: Amnestic disorder due to use of alcohol (6D72.10)
5B5A.1Y	Other specified Wernicke-Korsakoff Syndrome Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.
5B5A.1Z	Wernicke-Korsakoff Syndrome, unspecified Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.
5B5A.Y	Other specified vitamin B1 deficiency
5B5A.Z	Vitamin B1 deficiency, unspecified

5B5B**Vitamin B2 deficiency**

The signs of riboflavin deficiency are sore throat, hyperaemia, oedema of the pharyngeal and oral mucous membranes, cheilosis, angular stomatitis, glossitis, seborrheic dermatitis, and normochromic normocytic anaemia associated with pure red cell cytoplasia of the bone marrow. The major cause of hyporiboflavinosis is inadequate dietary intake as a result of limited food supply, which is sometimes exacerbated by poor food storage or processing. Children in developing countries will commonly demonstrate clinical signs of riboflavin deficiency during periods of the year when gastrointestinal infections are prevalent. Decreased assimilation of riboflavin also results from abnormal digestion, such as that which occurs with lactose intolerance.

Inclusions: Riboflavin deficiency

Coded Elsewhere: Acquired riboflavin deficiency anaemia (3A03.41)

5B5C**Vitamin B3 deficiency**

Niacin deficiency classically results in pellagra, which is a chronic wasting disease associated with a characteristic erythematous dermatitis that is bilateral and symmetrical, a dementia after mental changes including insomnia and apathy preceding an overt encephalopathy, and diarrhoea resulting from inflammation of the intestinal mucous surfaces. Pellagra occurs endemically in poorer areas of Africa, China and India.

Inclusions: niacin deficiency NOS

5B5C.0**Pellagra**

Pellagra is a potentially life-threatening disorder due to niacin deficiency and is observed in malnourished individuals, especially alcoholics, and as a complication of isoniazid therapy. The diagnosis is often overlooked or delayed. Pellagra manifests as diarrhoea, dermatitis, dementia, which usually appear in this order. Gastrointestinal tract symptoms always precede skin involvement, which presents initially with a sunburn-like blistering erythema, typically affecting the dorsal surfaces of the hands, face, neck, arms, and feet. With time the skin becomes thickened, scaly and pigmented.

5B5C.Y**Other specified vitamin B3 deficiency****5B5C.Z****Vitamin B3 deficiency, unspecified**

5B5D**Vitamin B6 deficiency**

A deficiency of vitamin B6 alone is uncommon because it usually occurs in association with a deficit in other B-complex vitamins. Hypovitaminosis B6 may often occur with riboflavin (vitamin B2) deficiency. The classical clinical symptoms of vitamin B6 deficiency are a seborrheic dermatitis, microcytic anaemia, epileptiform convulsions, and depression and confusion. Infants are especially susceptible to insufficient intakes, which can lead to epileptiform convulsions. Moreover, there is usually a decrease in circulating lymphocytes and sometimes a normocytic, microcytic, or sideroblastic anaemia as well. As is the case with other micronutrient deficiencies, vitamin B6 deficiency results in an impairment of the immune system. Several medical conditions can also affect vitamin B6 metabolism and thus lead to deficiency symptoms.

Exclusions: Pyridoxine-responsive sideroblastic anaemia, not elsewhere classified (3A72.1)

Coded Elsewhere: Acquired pyridoxine deficiency anaemia (3A03.40)
Pyridoxine dependent epilepsy with antiquitin mutations (8A61.0Y)

5B5E**Folate deficiency**

Nutritional deficiency of folate is common in people consuming a limited diet. This can be exacerbated by malabsorption conditions, including coeliac disease and tropical sprue. Pregnant women are at risk for folate deficiency because pregnancy significantly increases the folate requirement, especially during periods of rapid fetal growth (i.e. in the second and third trimester). During lactation, losses of folate in milk also increase the folate requirement. During pregnancy, there is an increased risk of fetal neural tube defects (NTDs), with risk increasing 10-fold as folate status goes from adequate to poor. Between days 21 and 27 post-conception, the neural plate closes to form what will eventually be the spinal cord and cranium. Spina bifida, anencephaly, and other similar conditions are collectively called NTDs. They result from improper closure of the spinal cord and cranium, respectively, and are the most common congenital abnormalities associated with folate deficiency.

5B5F**Vitamin B12 deficiency**

Vegetarianism and poverty-imposed near-vegetarianism are the most common causes of nutritional cobalamin insufficiency worldwide in all age groups. In such populations, low maternal cobalamin status is associated with adverse pregnancy outcomes (preterm birth, intrauterine growth retardation, early recurrent miscarriage), neural tube defects, reduced neurocognitive performance in children, accelerated bone turnover, and low bone mineral density with fractures. Insufficient cobalamin intake is also seen in breast-fed infants of mothers with pernicious anaemia.

Inclusions: cobalamin deficiency
cyanocobalamin deficiency

Coded Elsewhere: Vitamin B12 deficiency anaemia due to low intake (3A01.2)
Vitamin B12 deficiency anaemia due to intrinsic factor deficiency (3A01.3)
Vitamin B12 deficiency anaemia due to intestinal disease (3A01.4)
Drug-induced vitamin B12 deficiency anaemia (3A01.5)
Acquired vitamin B12 deficiency anaemia (3A01.Z)
Dementia due to vitamin B12 deficiency (6D85.Y)

5B5G**Biotin deficiency**

Isolated biotin deficiency is rare. Signs of biotin deficiency in humans have been demonstrated in individuals who consume raw egg white over long periods and in total parenteral nutrition (TPN) before biotin supplementation in patients with malabsorption. The clinical findings of biotin deficiency include dermatitis, conjunctivitis, alopecia, and central nervous system abnormalities. In adults fed raw egg white (which contains avidin, a protein that binds biotin with such high affinity that it renders it biounavailable) or receiving biotin-free TPN for months to years, thinning of hair, frequently with loss of hair colour, has been reported. Most adults with the deficiency demonstrate a red, scaly, skin rash, frequently around the eyes, nose, and mouth. Most of the adults have neurological symptoms, including depression, lethargy, hallucinations, and paraesthesia of the extremities.

5B5H**Pantothenic acid deficiency**

Pantothenic deficiency is rare: only reported as a result of feeding semisynthetic diets or an antagonist to the vitamin. Experimental, isolated deficiency in humans produces fatigue, abdominal pain, vomiting, insomnia, and paraesthesias of the extremities.

5B5J**Choline deficiency**

Choline deficiency is rare. Individuals fed with total parenteral nutrition (TPN) solutions lacking choline develop fatty liver and liver damage.

5B5K**Mineral deficiencies**

Exclusions: Disorders of mineral absorption or transport (5C64)
Coded Elsewhere: Hypokalaemia (5C77)
Hypomagnesaemia (5C64.41)

5B5K.0**Iron deficiency**

Iron deficiency is a state in which there is insufficient iron to maintain the normal physiological function of blood, brain and muscles. It can exist in the absence of anaemia if it has not lasted long enough or if it has not been severe enough to cause the haemoglobin concentration to fall below the threshold for the specific sex and age group. Iron deficiency is the most common nutritional deficiency.

Exclusions: Iron deficiency anaemia (3A00)

Coded Elsewhere: Acquired iron deficiency anaemia due to blood loss (3A00.0)
 Acquired iron deficiency anaemia due to low intake (3A00.1)
 Acquired iron deficiency anaemia due to decreased absorption (3A00.2)
 Acquired iron deficiency anaemia due to increased requirement (3A00.3)
 Acquired iron deficiency anaemia (3A00.Z)
 Dementia due to iron deficiency (6D85.Y)

5B5K.1**Calcium deficiency**

Hypocalcaemia is defined as a total serum calcium concentration of less than 8.4 mg/dl (2.1 mmol/litre) or an ionized calcium concentration of less than 4.48 mg/dl (1.12 mmol/litre). There are numerous causes of hypocalcaemia, chronic kidney disease being the most common cause. Other causes are: vitamin D deficiency, disorders associated with acquired or genetic hypoparathyroidism, including intravenous bisphosphonate therapy, post-thyroidectomy and post-parathyroidectomy, and acute pancreatitis. Hypocalcaemia may be associated with a spectrum of clinical manifestations, ranging from few symptoms if the hypocalcaemia is mild, to life-threatening seizures, refractory heart failure, or laryngospasm if it is severe. In addition to severity, the rate of development of hypocalcaemia and chronicity determine the clinical manifestations.

Exclusions: Disorders of calcium metabolism (5C64.5)

Coded Elsewhere: Neonatal hypocalcaemia (KB61.2)
 Neonatal osteopenia (KB61.3)
 Myopathy due to calcium deficiency (8D40.2)

5B5K.10**Tetany due to acute calcium deficiency**

The hallmark of acute hypocalcaemia is tetany, which is characterised by neuromuscular irritability. The symptoms of tetany may be mild (peri-oral numbness, paresthesias of the hands and feet, muscle cramps) or severe (carpopedal spasm, laryngospasm, and focal or generalised seizures, which must be distinguished from the generalised tonic muscle contractions that occur in severe tetany). Other patients have less specific symptoms such as fatigue, hyperirritability, anxiety, and depression, and some patients, even with severe hypocalcaemia, have no neuromuscular symptoms. Factors that determine the variation in frequency and severity of symptoms include acid-base status (hypocalcaemia and alkalosis act synergistically to cause tetany), hypomagnesaemia, and potassium balance.

5B5K.1Y

Other specified calcium deficiency

5B5K.1Z

Calcium deficiency, unspecified

5B5K.2**Zinc deficiency**

The clinical features of severe zinc deficiency in humans are growth retardation, delayed sexual and bone maturation, skin lesions, diarrhoea, alopecia, impaired appetite, increased susceptibility to infections mediated via defects in the immune system, and the appearance of behavioural changes. The effects of marginal or mild zinc deficiency are less clear. A reduced growth rate and impairments of immune defence are so far the only clearly demonstrated signs of mild zinc deficiency in humans. Other effects, such as impaired taste and wound healing, which have been claimed to result from a low zinc intake, are less consistently observed.

Coded Elsewhere: Neonatal nutritional zinc deficiency (5C64.21)

5B5K.3**Iodine deficiency**

Iodine deficiency disorders (IDD), caused mainly by a low dietary supply of iodine, refer to all of the consequences of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine. Iodine deficiency is the most frequent cause of preventable brain damage in childhood.

Coded Elsewhere: Iodine-deficiency-related thyroid disorders or allied conditions (5A00.1)

Acquired hypothyroidism (5A00.2)

Congenital hypothyroidism due to iodine deficiency (5A00.04)

5B5K.4**Fluorine deficiency**

A condition caused by a deficiency of fluoride. Low fluorine concentrations in an individual's dental plaque and enamel may result in an increased risk for dental caries at any age. Fluorine deficiencies might also show negative effects on human's bone health.

5B5K.5**Sodium chloride deficiency**

Sodium and chloride are usually found together in most foods as sodium chloride, also termed salt. For that reason, the effects of sodium and chloride deficiency are considered together. Deficiency can be caused by poor intake or increased losses (e.g., diuretics increase the urinary excretion of water, sodium, and chloride; in cystic fibrosis the sodium and chloride content of sweat is very high; gastrointestinal losses are associated with diarrhoeal diseases, emesis, ostomy output and other causes).

5B5K.6**Copper deficiency**

Dietary deficiency is rare; it has been observed in premature and low birthweight infants fed exclusively a cow's milk diet and in individuals on long-term total parenteral nutrition without copper. Clinical manifestations include depigmentation of skin and hair, neurologic disturbances, leukopenia, hypochromic microcytic anaemia, and skeletal abnormalities.

Coded Elsewhere: Copper deficiency anaemia (3A03.3)

5B5K.7	Selenium deficiency Selenium deficiency is rare but has been observed in individuals on long-term total parenteral nutrition lacking selenium. Clinical manifestations of deficiency arising from such situations are uncommon and poorly defined. They include muscular weakness and myalgia with, in several instances, the development of congestive heart failure. The importance of selenium for thyroid hormone metabolism is evident from changes in the T3–T4 ratio which develop after relatively mild selenium depletion in infants and elderly subjects.
5B5K.8	Chromium deficiency Deficiency in humans is only described in long-term total parenteral nutrition patients receiving insufficient chromium. Hyperglycaemia or impaired glucose tolerance occurs. Elevated plasma free fatty acid concentrations, neuropathy, encephalopathy, and abnormalities in nitrogen metabolism are also reported.
5B5K.9	Manganese deficiency
5B5K.A	Molybdenum deficiency Molybdenum functions as a cofactor for a limited number of enzymes in humans: sulphite oxidase, xanthine oxidase and aldehyde oxidase. A rare severe metabolic defect causing molybdenum cofactor deficiency and preventing these enzymes from being synthesized has been described. Few infants with such defects survive the first days of life, and those who survive have severe neurological abnormalities. Although molybdenum deficiency related to a dietary deficiency is extremely rare in humans, it has been described in long-term total parenteral nutrition as being secondary to the administration of sulphite. Symptoms include: tachycardia, headache, night blindness, irritability and coma. Biochemical changes can consist of elevated plasma and methionine concentration, low serum uric acid concentration, high urinary thiosulfate and low urinary uric acid and sulphate levels.
5B5K.B	Vanadium deficiency A biological role of vanadium in humans has not yet been identified.
5B5K.Y	Other specified mineral deficiency
5B5K.Z	Mineral deficiency, unspecified

Sequelae of malnutrition or certain specified nutritional deficiencies (5B60-5B6Z)

This refers to sequelae of malnutrition or certain specified nutritional deficiencies.

5B60	Sequelae of protein-energy malnutrition This refers to a pathological condition resulting from protein-energy malnutrition.
5B61	Sequelae of vitamin A deficiency This refers to a pathological condition resulting from vitamin A deficiency.
5B62	Sequelae of vitamin C deficiency This refers to a pathological condition resulting from vitamin C deficiency.

5B63**Sequelae of rickets**

Bowed legs and/or arms, knock-knees, deformities of the thoracic cage and/or spine and/or skeletal dysplasia secondary to chronic or advanced rickets

5B6Y**Other specified sequelae of malnutrition or certain specified nutritional deficiencies****5B6Z****Sequelae of malnutrition or certain specified nutritional deficiencies, unspecified****5B70****Essential fatty acid deficiency**

Deficiency of EFA (linoleic acid, linolenic acid, arachidonic acid, docosapentaenoic acid, docosahexaenoic acid and eicosapentaenoic acid) can be caused by deficient intake, particularly, in rapidly growing infants (as preterm infants), in patients receiving parenteral nutrition without an adequate source of EFA, and in diseases with fat malabsorption. Clinical findings are: dermatitis, alopecia, and thrombocytopenia. The role of EFA during pregnancy and lactation has been highlighted, and the role of long-chain n-3 fatty acids as structural components for the development of the retinal function and central nervous system is now accepted. The prenatal period is a time of increased risk for omega-3 deficiency, as maternal tissue stores tend to decline as they are used for the developing fetus. Deficiency of n-3 EFA can affect growth, and cognitive and visual function in infants. The characteristic signs of deficiency attributed to the n-6 fatty acids are scaly skin rash, increased transepidermal water loss, reduced growth, and elevation of the plasma ratio of eicosatrienoic acid: arachidonic acid. EFA deficiency in special populations has been linked to hematologic disturbances and diminished immune response. Long-chain n-3 and n-6 fatty acids are essential nutrients and also, as part of the overall fat supply may affect the prevalence and severity of cardiovascular disease, diabetes, cancer and age-related functional decline.

5B71**Protein deficiency****5B7Y****Other specified undernutrition****5B7Z****Unspecified undernutrition**

Overweight, obesity or specific nutrient excesses (5B80-5C1Z)

Overweight or obesity (5B80-5B81.Z)**5B80****Overweight or localised adiposity**

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m². Localized adiposity is a condition characterized by accumulation of adipose tissue in specific regions of the body independently of BMI.

5B80.0	Overweight Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m².
5B80.00	Overweight in infants, children or adolescents Overweight is a condition characterised by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). In infants, children and adolescents, BMI categories for defining overweight vary by age and gender based on WHO growth charts. Children 0 to 5 years are overweight if weight-for-length/height or BMI-for-age is above 2 and less than or equal to 3 standard deviations of the median of the WHO Child Growth Standards. Children 5 to 19 years are overweight if BMI-for-age is above 1 and less than or equal to 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.
5B80.01	Overweight in adults
5B80.0Z	Overweight, unspecified
5B80.1	Localised adiposity A condition characterised by accumulation of adipose tissue in specific regions of the body. Coded Elsewhere: Benign symmetrical lipomatosis (EF02.1)
5B81	Obesity Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome). Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30.00 kg/m² and there are three levels of severity in recognition of different management options. Coded Elsewhere: Obesity hypoventilation syndrome (7A42.0) Syndromes with obesity as a major feature (LD29)
5B81.0	Obesity due to energy imbalance Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

- 5B81.00** Obesity in children or adolescents
- In infants, children and adolescents, BMI categories for defining obesity vary by age and gender based on WHO growth charts. Children 0 to 5 years have obesity if weight-for-length/height or BMI-for-age is above 3 standard deviations of the median of the WHO Child Growth Standards.
- Children aged 5 to 19 years have obesity if BMI-for-age is above 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.
- 5B81.01** Obesity in adults
- Obesity is defined as a body mass index (BMI) greater than or equal to 30.00 kg/m². There are three levels of severity in recognition of different management options.
- 5B81.1** **Drug-induced obesity**
- 5B81.Y** **Other specified obesity**
- 5B81.Z** **Obesity, unspecified**

Certain specified nutrient excesses (5B90-5B9Z)

Any disease caused by an excess of specific nutrients. Confirmation is by blood test.

5B90 **Vitamin excesses**

5B90.0 **Hypervitaminosis A**

Because vitamin A is fat soluble and can be stored, primarily in the liver, routine consumption of large amounts of vitamin A over a period of time can result in toxic symptoms, including liver damage, bone abnormalities and joint pain, alopecia, headaches, vomiting, and skin desquamation. Hypervitaminosis A appears to be due to abnormal transport and distribution of vitamin A and retinoids caused by overloading of the plasma transport mechanisms. Very high single doses can cause transient acute toxic symptoms that may include bulging fontanelles in infants; headaches in older children and adults; and vomiting, diarrhoea, loss of appetite, and irritability in all age groups. Rarely does toxicity occur from ingestion of food sources of preformed vitamin A. When this occurs, it usually results from very frequent consumption of liver products.

Coded Elsewhere: Pseudotumour Cerebri related to Hypervitaminosis A (8D41.2)

5B90.1 **Hypercarotenaemia**

Excessive intake of carotenoids is not associated with toxicity but can cause yellow coloration of the skin that disappears when intake is reduced. This disorder is especially likely to occur in children with liver disease, diabetes mellitus or hypothyroidism, and in those who do not have enzymes that metabolize carotenoids.

5B90.2**Hypervitaminosis D**

Hypervitaminosis D is secondary to excessive intake of vitamin D. It can occur with long-term high intake or with a substantial, acute ingestion. Excess amounts result in abnormally high concentrations of calcium and phosphate in the serum. The signs and symptoms of vitamin D intoxication are secondary to hypercalcaemia. Gastrointestinal manifestations include nausea, vomiting, constipation, abdominal pain and pancreatitis. Possible cardiac findings are hypertension, decreased Q-T interval and arrhythmias. The central nervous system effects of hypercalcaemia include lethargy, hypotonia, confusion, disorientation, depression, psychosis, hallucinations and coma. Hypercalcaemia impairs renal concentrating mechanisms, which can lead to polyuria, dehydration and hypernatremia. Hypercalcaemia can also lead to acute renal failure, nephrolithiasis and nephrocalcinosis, which can result in chronic renal insufficiency. Deaths are usually associated with arrhythmias or dehydration.

5B90.3**Megavitamin-B6 syndrome**

A disease caused by an excess of vitamin B6. This disease is characterised by progressive sensory ataxia, diminished or absent tendon reflexes, and impaired sense of touch, temperature and pain. Confirmation is by blood test.

Coded Elsewhere: Peripheral neuropathy due to vitamin B6 hyperalimentation (8D41.0)

5B90.Y**Other specified vitamin excess****5B90.Z****Unspecified vitamin excesses****5B91****Mineral excesses**

Coded Elsewhere: Hyperkalaemia (5C76)
Iron overload diseases (5C64.10)

5B91.0**Hypercalcaemia**

Hypercalcaemia is a condition caused by increased calcium levels. The higher the calcium levels and the faster its level rises, the more severe will be the symptoms. When present, symptoms are caused by dehydration secondary to urinary losses of calcium, water and other electrolytes, and to an increase in membrane potential caused by the elevation in extracellular fluid ionized calcium concentration. Patients with moderate to severe hypercalcaemia often complain of nausea and vomiting, symptoms likely related to dehydration as well as to the effects of the hypercalcaemia on central nervous system function. Because hypercalcaemia tends to hyperpolarize membranes, a range of neurologic and neuromuscular signs and symptoms can occur. Patients with mild hypercalcaemia often complain of fatigue, depressed mood and asthenia. Gastrointestinal motility is impaired; this commonly results in constipation.

Coded Elsewhere: Myopathy due to hypercalcaemia (8D41.1)

5B91.1	Zinc excess Adverse effects associated with chronic intake of supplemental zinc include suppression of immune response, decrease in high-density lipoprotein (HDL) cholesterol and reduced copper status. Acute adverse effects of excess zinc include epigastric pain, nausea, vomiting, loss of appetite, abdominal cramps, diarrhoea, headaches and gastrointestinal distress. Coded Elsewhere: Myelopathy due to excess of zinc (8D41.Y)
5B91.2	Sodium chloride excess The main adverse effect of increased sodium chloride in the diet is increased blood pressure, which is a major risk factor for cardiovascular-renal diseases. However, evidence from a variety of studies, including observational studies and clinical trials, has demonstrated heterogeneity in the blood pressure responses to sodium intake. Those individuals with the greatest reductions in blood pressure in response to decreased sodium intake are termed "salt sensitive".
5B91.3	Fluorine excess The primary adverse effects associated with chronic, excess fluoride intake are enamel and skeletal fluorosis. Enamel fluorosis is a dose-response effect caused by fluoride intake during the pre-eruptive development of teeth. The development of skeletal fluorosis and its severity is directly related to the level and duration of exposure. The clinical signs in advanced stages may include dose-related calcification of ligaments, osteosclerosis, exostoses, possibly osteoporosis of long bones, muscle wasting and neurological defects due to hypercalcification of vertebrae. Coded Elsewhere: Dental enamel fluorosis (DA07.0)
5B91.4	Aluminium excess Patients receiving long-term parenteral nutrition are at increased risk of aluminium toxicity because of bypass of the gastrointestinal tract during parenteral nutrition infusion. Complications of aluminium toxicity include metabolic bone disease, aluminium-associated encephalopathy in adults and impaired neurological development in preterm infants.
5B91.5	Manganese excess Manganese toxicity in humans is a well-recognised occupational hazard for people who inhale manganese dust. High concentrations of circulating manganese as a result of total parenteral nutrition have also been associated with manganese toxicity. People with chronic liver disease have neurological pathology and behavioural signs of manganese neurotoxicity, probably because elimination of manganese in bile is impaired. The most prominent effect is central nervous system pathology, especially in the extra-pyramidal motor system. The lesions and symptoms are similar to those of Parkinson's disease. Coded Elsewhere: Dementia or parkinsonism due to manganese toxicity (6D84.Y)
5B91.Y	Other specified mineral excess
5B91.Z	Unspecified mineral excess
5B9Y	Other specified nutrient excesses

5B9Z	Certain specified nutrient excesses, unspecified
5C1Y	Other specified overweight, obesity or specific nutrient excesses
5C1Z	Overweight, obesity or specific nutrient excesses, unspecified
5C3Y	Other specified nutritional disorders
5C3Z	Nutritional disorders, unspecified

Metabolic disorders (5C50-5D2Z)

- Exclusions:**
- androgen resistance syndrome (LD2A.4)
 - Congenital adrenal hyperplasia (5A71.01)
 - Ehlers-Danlos syndrome (LD28.1)
 - Hereditary haemolytic anaemia due to enzyme deficiency (3A10)
 - Marfan syndrome (LD28.01)
 - 5-alpha-reductase deficiency (5A81.1)
- Coded Elsewhere:**
- Cystic fibrosis (CA25)
 - Metabolic disorders following abortion, ectopic or molar pregnancy (JA05.5)

Inborn errors of metabolism (5C50-5C5Z)

Inborn errors of metabolism comprise a large class of genetic diseases involving disorders of metabolism. The majority are due to defects of single genes that code for enzymes that facilitate conversion of various substances (substrates) into others (products).

- Exclusions:**
- Disorders of lipoprotein metabolism or certain specified lipidaemias (5C80-5C8Z)

5C50 Inborn errors of amino acid or other organic acid metabolism

5C50.0 Phenylketonuria

Phenylketonuria is a hereditary metabolic disease, characterised by deficiency of phenylalanine hydroxylase, an enzyme necessary for the transformation of phenylalanine into tyrosine. Untreated, phenylketonuria leads to mental retardation, sometimes profound, as well as hypopigmentation. Dietary phenylalanine restriction allows patients to lead almost normal lives.

5C50.00 Classical phenylketonuria

Classical phenylketonuria is a severe form of phenylketonuria (PKU) an inborn error of amino acid metabolism characterised in untreated patients by severe intellectual deficit and neuropsychiatric complications.

5C50.01	Nonclassical phenylketonuria Mild phenylketonuria is a rare form of phenylketonuria (PKU), an inborn error of amino acid metabolism, characterised by symptoms of PKU of mild to moderate severity.
5C50.02	Embryofetopathy due to maternal phenylketonuria Maternal phenylalaninaemia refers to developmental anomalies that may occur in offspring of women affected by phenylketonuria (PKU), and include fetal development disorders, including microcephaly, intrauterine growth retardation, and subsequent intellectual deficit, and embryo development disorders such as heart defects (usually conotruncal), corpus callosum 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Hartnup disease (5C60)
5C50.4	Disorders of lysine or hydroxylysine metabolism <i>Exclusions:</i> Refsum disease (5C57.1) Zellweger syndrome (5C57.0) Glutaryl-CoA dehydrogenase deficiency (5C50.E1)
5C50.5	Disorders of the gamma-glutamyl cycle <i>Coded Elsewhere:</i> Haemolytic anaemia due to glutathione synthetase deficiency (3A10.0Y) Haemolytic anaemia due to gamma-glutamylcysteine synthetase deficiency (3A10.0Y)
5C50.6	Disorders of serine metabolism
5C50.7	Disorders of glycine metabolism
5C50.70	Glycine encephalopathy Isolated nonketotic hyperglycinemia is an inborn disorder of glycine metabolism whose onset is generally neonatal with coma, severe hypotonia, myoclonic seizures, and microcephaly, usually progressing to severe intellectual deficit and tetrapyramidal syndrome.
5C50.71	Sarcosinaemia Sarcosinaemia is a metabolic disorder characterised by an increased concentration of sarcosine in plasma and urine due to sarcosine dehydrogenase deficiency. Prevalence has been estimated at 1:28,000 to 1:350,000 in newborn screening programs. Sarcosinaemia is most probably a benign condition without significant clinical problems. It is transmitted in an autosomal recessive manner. Mutations in the gene for sarcosine dehydrogenase, located on chromosome 9q34, have been associated with this deficiency.
5C50.7Y	Other specified disorders of glycine metabolism
5C50.7Z	Disorders of glycine metabolism, unspecified

5C50.8	Disorders of proline or hydroxyproline metabolism
5C50.9	Disorders of ornithine metabolism <i>Coded Elsewhere:</i> Hyperornithinaemia-hyperammonaemia-homocitrullinuria (5C50.AY) Ornithine carbamoyltransferase deficiency (5C50.AY)
5C50.A	Disorders of urea cycle metabolism <i>Exclusions:</i> Disorders of ornithine metabolism (5C50.9) Lysinuric protein intolerance (5C60)
5C50.A0	Argininosuccinic aciduria Argininosuccinic aciduria is an autosomal recessive inherited deficiency of argininosuccinate lyase, an enzyme involved in the urea cycle that leads to severe hyperammonemic coma in neonates or, in childhood, to hypotonia, growth failure, anorexia and chronic vomiting or behavioural disorders. Onset can also occur later with hyperammonemic coma or behavioural disorders that simulate psychiatric disorders.
5C50.A1	Carbamoylphosphate synthetase deficiency Carbamyl phosphate synthetase deficiency is an urea cycle disorder strictly limited to the liver and intestine that results in congenital hyperammonemia and defective citrulline synthesis.
5C50.A2	Argininaemia Arginase deficiency is a rare autosomal recessive amino acid metabolism disorder characterised clinically by variable degrees of hyperammonemia, developing from about 3 years of age, and leading to progressive loss of developmental milestones and spasticity in the absence of treatment.
5C50.A3	Citrullinaemia
5C50.AY	Other specified disorders of urea cycle metabolism
5C50.AZ	Disorders of urea cycle metabolism, unspecified
5C50.B	Disorders of methionine cycle or sulphur amino acid metabolism <i>Coded Elsewhere:</i> Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0)
5C50.C	Disorders of beta or omega amino acid metabolism <i>Exclusions:</i> 4-hydroxybutyric aciduria (5C50.E1) <i>Coded Elsewhere:</i> Gamma aminobutyric acid transaminase deficiency (5C59.1)

5C50.D	Disorders of branched-chain amino acid metabolism <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 uridylyltransferase deficiency Classic galactosemia is a life-threatening metabolic disease with onset in the neonatal period. Infants usually develop feeding difficulties, lethargy, and severe liver disease.
5C51.41	Galactokinase deficiency Galactokinase deficiency is a rare mild form of galactosemia characterised by early onset of cataract and an absence of the usual signs of classic galactosemia, i.e. feeding difficulties, poor weight gain and growth, lethargy, and jaundice.
5C51.42	Glucose or galactose intolerance of newborn
5C51.4Y	Other specified disorders of galactose metabolism
5C51.4Z	Disorders of galactose metabolism, unspecified
5C51.5	Disorders of fructose metabolism This refers to disorders of the metabolism of fructose in the phosphorylation of fructose to fructose 1-phosphate by fructokinase, thus trapping fructose for metabolism in the liver. Coded Elsewhere: Fructose malabsorption (5C61.40)

5C51.50	Hereditary fructose intolerance Hereditary fructose intolerance is an autosomal recessive disorder due to a deficiency of fructose-1-phosphate aldolase activity, which results in an accumulation of fructose-1-phosphate in the liver, kidney, and small intestine, and is characterised by severe abdominal pain, vomiting, and hypoglycaemia following ingestion of fructose or other sugars metabolised through fructose-1-phosphate. Exclusions: Fructose malabsorption (5C61.40)
5C51.5Y	Other specified disorders of fructose metabolism
5C51.5Z	Disorders of fructose metabolism, unspecified
5C51.Y	Other specified inborn errors of carbohydrate metabolism
5C51.Z	Inborn errors of carbohydrate metabolism, unspecified
5C52	Inborn errors of lipid metabolism Coded Elsewhere: Retinal dystrophy in lipid storage disorders (9B71.Y)
5C52.0	Inborn errors of fatty acid oxidation or ketone body metabolism Coded Elsewhere: Adrenoleukodystrophy (8A44.1)
5C52.00	Disorders of carnitine transport or the carnitine cycle
5C52.01	Disorders of mitochondrial fatty acid oxidation
5C52.02	Disorders of ketone body metabolism Coded Elsewhere: Cytosolic acetoacetyl-CoA thiolase deficiency (5C50.DY)
5C52.03	Sjögren-Larsson syndrome Sjögren-Larsson syndrome is a neurocutaneous disorder caused by an inborn error of lipid metabolism and characterised by congenital ichthyosis, intellectual deficit, and spasticity.
5C52.0Y	Other specified inborn errors of fatty acid oxidation or ketone body metabolism
5C52.0Z	Inborn errors of fatty acid oxidation or ketone body metabolism, unspecified
5C52.1	Inborn errors of sterol metabolism Coded Elsewhere: X-linked ichthyosis (EC20.01)
5C52.10	Disorders of cholesterol synthesis Coded Elsewhere: Chondrodysplasia punctata, X-linked dominant (LD24.04) Greenberg dysplasia (LD24.04) Congenital hemidysplasia with ichthyosiform erythroderma and limbs defects (LD24.04) Hyperalphalipoproteinaemia due to cholesteryl ester transfer protein deficiency (5C80.3)

5C52.11	Bile acid synthesis defect with cholestasis Anomalies of bile acid synthesis are a group of sterol metabolism disorders due to enzyme deficiencies of bile acid synthesis in infants, children and adults, with variable manifestations that include cholestasis, neurological disease, and fat malabsorption. Eight inborn errors have been clearly identified, 7 of which lead to liver cholestasis and include: 3β-hydroxy-C27-steroid oxidoreductase deficiency (type 1), Δ4-3-oxosteroid 5β-reductase deficiency (type 2), oxysterol 7α-hydroxylase deficiency (type 3), 2-methylacyl-CoA racemase deficiency (type 4), bile acid CoA ligase deficiency, and cerebrotendinous xanthomatosis. Cholesterol 7α-hydroxylase deficiency leads to hypercholesterolaemia without liver cholestasis.
5C52.1Y	Other specified inborn errors of sterol metabolism
5C52.1Z	Inborn errors of sterol metabolism, unspecified
5C52.2	Neutral lipid storage disease Neutral lipid storage disease (NLSD) refers to a group of diseases characterised by a deficit in the degradation of cytoplasmic triglycerides and their accumulation in cytoplasmic lipid vacuoles in most tissues of the body. The group is heterogeneous: NLSD with ichthyosis (NLSDI/Dorfman-Chanarin disease) and NLSD with myopathy (NLSDM/neutral lipid storage myopathy) can be distinguished.
5C52.Y	Other specified inborn errors of lipid metabolism
5C52.Z	Inborn errors of lipid metabolism, unspecified
5C53	Inborn errors of energy metabolism
5C53.0	Disorders of pyruvate metabolism
5C53.00	Pyruvate kinase deficiency This refers to an enzyme involved in glycolysis. It catalyzes the transfer of a phosphate group from phosphoenolpyruvate (PEP) to ADP, yielding one molecule of pyruvate and one molecule of ATP. Coded Elsewhere: Glycogen storage disease due to muscle pyruvate kinase deficiency (5C51.3) Haemolytic anaemia due to red cell pyruvate kinase deficiency (3A10.Y)
5C53.01	Lactate dehydrogenase deficiency This refers to a deficiency in the enzyme present in a wide variety of organisms, including plants and animals. This exists in four distinct enzyme classes. Two of them are cytochrome c-dependent enzymes, each acting on either D-lactate (EC 1.1.2.4) or L-lactate (EC 1.1.2.3). The other two are NAD(P)-dependent enzymes, each acting on either D-lactate (EC 1.1.1.28) or L-lactate (EC 1.1.1.27). This article is about the NAD(P)-dependent L-lactate dehydrogenase.
5C53.02	Pyruvate dehydrogenase complex deficiency Pyruvate dehydrogenase deficiency (PDHD) is a rare neurometabolic disorder characterised by a wide range of clinical signs with metabolic and neurological components of varying severity. Manifestations range from often fatal, severe, neonatal to later-onset neurological disorders.

5C53.03	Pyruvate carboxylase deficiency This is a deficiency in the enzyme of the ligase class that catalyzes the (depending on the species) irreversible carboxylation of pyruvate to form oxaloacetate (OAA).
5C53.0Y	Other specified disorders of pyruvate metabolism
5C53.0Z	Disorders of pyruvate metabolism, unspecified
5C53.1	Disorders of the citric acid cycle
5C53.2	Disorders of mitochondrial oxidative phosphorylation An inborn error of metabolism in cellular respiration (oxidative phosphorylation) in the mitochondria, where a series of enzymes catalyze the transfer of electrons to molecular oxygen and the generation of energy-storing ATP Coded Elsewhere: Neuropathy, ataxia, and retinitis pigmentosa (8C73.1)
5C53.20	Mitochondrial DNA depletion syndromes The mitochondrial DNA (mtDNA) depletion syndrome (MDS) is a clinically heterogeneous group of mitochondrial disorders characterised by a reduction of the mtDNA copy number in affected tissues without mutations or rearrangements in the mtDNA. MDS is phenotypically heterogeneous, manifesting either as a hepatocerebral form, a myopathic form, a benign 'later-onset' myopathic form or a cardiomyopathic form. Coded Elsewhere: Childhood-onset autosomal dominant optic atrophy (9C40.8)
5C53.21	Multiple mitochondrial DNA deletion syndromes This is the multiple DNA located in organelles called mitochondria, structures within eukaryotic cells that convert the chemical energy from food into a form that cells can use, adenosine triphosphate (ATP). Coded Elsewhere: Progressive external ophthalmoplegia, autosomal dominant (9C82.0) Progressive external ophthalmoplegia, autosomal recessive (9C82.0) Autosomal dominant optic atrophy plus syndrome (9C40.8) Deafness - optic atrophy syndrome (LD2H.Y) Autosomal dominant optic atrophy and cataract (9C40.8)
5C53.22	Coenzyme Q10 deficiency This is a deficiency in a 1,4-benzoquinone, where Q refers to the quinone chemical group, and 10 refers to the number of isoprenyl chemical subunits in its tail. This oil-soluble, vitamin-like substance is present in most eukaryotic cells, primarily in the mitochondria. It is a component of the electron transport chain and participates in aerobic cellular respiration, generating energy in the form of ATP. Coded Elsewhere: Cerebellar atrophy - ataxia - seizures (LD90.Y)

5C53.23	Mitochondrial protein translation defects This refers to defects in the enzyme that belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances. Coded Elsewhere: Pontocerebellar hypoplasia type 6 (LD20.01) Mitochondrial myopathy with sideroblastic anaemia (3A72.0Y)
5C53.24	Leigh syndrome Leigh syndrome or subacute necrotizing encephalomyelopathy is a progressive neurological disease defined by specific neuropathological features associating brainstem and basal ganglia lesions. Loss of motor milestones, hypotonia with poor head control, recurrent vomiting, and a movement disorder are common initial symptoms. Pyramidal and extrapyramidal signs, nystagmus, breathing disorders, ophthalmoplegia and peripheral neuropathy are often noted later. Epilepsy is relatively uncommon. Leigh syndrome has multiple causes, all of which imply a defect in aerobic energy production, ranging from the pyruvate dehydrogenase complex to the oxidative phosphorylation pathway. Coded Elsewhere: Maternally inherited Leigh syndrome (8C73.Y)
5C53.25	Isolated ATP synthase deficiency
5C53.2Y	Other specified disorders of mitochondrial oxidative phosphorylation
5C53.2Z	Disorders of mitochondrial oxidative phosphorylation, unspecified
5C53.3	Disorders of mitochondrial membrane transport An inborn error of metabolism in proteins in the membranes of mitochondria, which serve to transport molecules and other factors such as ions into or out of the organelles
5C53.30	Mitochondrial substrate carrier disorders Coded Elsewhere: Autosomal recessive sideroblastic anaemia, pyridoxine-refractory (3A72.00)
5C53.31	Mitochondrial protein import disorders This refers to disorders in the enzyme that belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances. Coded Elsewhere: Deafness-dystonia optic atrophy syndrome (8A02.12)
5C53.3Y	Other specified disorders of mitochondrial membrane transport
5C53.3Z	Disorders of mitochondrial membrane transport, unspecified
5C53.4	Disorders of creatine metabolism An inborn error of metabolism in creatine which serves as an energy shuttle between the mitochondrial sites of ATP production and the cytosol where ATP is utilized
5C53.Y	Other specified inborn errors of energy metabolism

5C53.Z	Inborn errors of energy metabolism, unspecified
5C54	Inborn errors of glycosylation or other specified protein modification Congenital Disorders of Glycosylation (CDG) syndromes are a group of glycoprotein synthesis disorders characterised by neurological manifestations that can be associated with multivisceral involvement. The CDG syndromes are associated with different enzymatic deficits.
5C54.0	Disorders of protein N-glycosylation Congenital disorders involving defective N-glycosylation of proteins (the addition of glycans linked to the polypeptide chain by a beta-linkage between the anomeric carbon of N-acetylglucosamine and the amido group of L-asparagine).
5C54.1	Disorders of protein O-glycosylation Congenital disorders involving defective O-linked glycosylation, which typically occurs via an alpha linkage of the glycan to the hydroxyl group of a serine or threonine residue on a protein <i>Coded Elsewhere:</i> Multiple osteochondromas (LD24.20)
5C54.2	Disorders of multiple glycosylation or other pathways <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Xeroderma pigmentosum (LD27.1) Calculus of kidney (GB70.0)
5C55.0	Disorders of purine metabolism <i>Coded Elsewhere:</i> 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	Mucopolipidosis Exclusions: Sialidosis (mucopolipidosis type 1) (5C56.21) Coded Elsewhere: Mucopolipidosis 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-epiphyseo-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 <i>Coded Elsewhere:</i> 4-hydroxybutyric aciduria (5C50.E1)
5C59.2	Disorders of pyridoxine metabolism <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Disorders of tryptophan metabolism (5C50.3) <i>Coded Elsewhere:</i> 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, SGLT1. 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 <i>Coded Elsewhere:</i> 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.
<i>Coding Note:</i>	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 <i>Coded Elsewhere:</i> Hereditary factor X deficiency (3B14.1) Combined deficiency of vitamin K-dependent clotting factors (3B14.2)
5C63.0	Disorders of cobalamin metabolism or transport <i>Coded Elsewhere:</i> Hereditary vitamin B12 deficiency anaemia (3A01.0) Neonatal vitamin B12 deficiency anaemia (3A01.1) Methylmalonic aciduria, vitamin B12 responsive (5C50.E0) Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Z)
5C63.1	Disorders of folate metabolism or transport <i>Coded Elsewhere:</i> Formiminoglutamic aciduria (3A02.Y)
5C63.2	Disorders of vitamin D metabolism or transport

5C63.20	Hypocalcaemic vitamin D dependent rickets Hypocalcaemic vitamin D-dependent rickets (VDDR-I) is an early-onset hereditary vitamin D metabolism disorder characterised by severe hypocalcaemia leading to osteomalacia and rachitic bone deformations, and moderate hypophosphatemia.
5C63.21	Hypocalcaemic vitamin D resistant rickets Hypocalcaemic vitamin D-resistant rickets is a hereditary disorder of vitamin D action characterised by hypocalcaemia, severe rickets and in many cases alopecia.
5C63.22	Hypophosphataemic rickets Hypophosphatemic rickets is a group of genetic diseases characterised by hypophosphatemia, rickets, and normal serum levels of calcium.
5C63.2Y	Other specified disorders of vitamin D metabolism or transport
5C63.2Z	Disorders of vitamin D metabolism or transport, unspecified
5C63.Y	Other specified disorders of vitamin or non-protein cofactor absorption or transport
5C63.Z	Disorders of vitamin or non-protein cofactor absorption or transport, unspecified
5C64	Disorders of mineral absorption or transport A condition in which there is a deviation or interruption in the processing of a specific mineral in the body: its absorption, transport, storage, and utilization Exclusions: Disorders of the parathyroids or parathyroid hormone system (5A50-5A5Z) Vitamin D deficiency (5B57) dietary mineral deficiency (5B5K)
5C64.0	Disorders of copper metabolism Any condition caused by failure to correctly metabolize copper. Coded Elsewhere: X-linked cutis laxa (LD28.2)
5C64.00	Wilson disease Wilson disease is an autosomal recessive disorder of copper metabolism characterised by the toxic accumulation of copper, mainly in the liver and central nervous system that may present as hepatic, neurologic or psychiatric forms.
5C64.0Y	Other specified disorders of copper metabolism
5C64.0Z	Disorders of copper metabolism, unspecified
5C64.1	Disorders of iron metabolism This refers to any disorders of the set of chemical reactions maintaining human homeostasis of iron. The control of this necessary but potentially toxic substance is an important part of many aspects of human health and disease. Exclusions: Sideroblastic anaemia (3A72) Iron deficiency anaemia (3A00)

5C64.10	Iron overload diseases Iron overload is the accumulation of excess iron in body tissues. Iron overload usually occurs as a result of a genetic predisposition to absorb and store iron in excess amounts, the most common form of which is hereditary hemochromatosis. Iron overload can also occur as a complication of other hematologic disorders that require chronic transfusion therapy, repeated injections of parenteral iron, or excessive iron ingestion. Excessive iron stores usually accumulate in the reticuloendothelial tissues and cause little damage ("hemosiderosis"). If overload continues, iron eventually begins to accumulate in tissues such as hepatic parenchyma, pancreas, heart and synovium, causing hemochromatosis. Coded Elsewhere: Friedreich ataxia (8A03.10) Atransferrinaemia (3A00.Y) Microcytic anaemia with liver iron overload (3A00.Y)
5C64.1Y	Other specified disorders of iron metabolism
5C64.1Z	Disorders of iron metabolism, unspecified
5C64.2	Disorders of zinc metabolism Any condition caused by failure to correctly metabolize zinc. These conditions may present with dermatitis, diarrhoea, alopecia, loss of appetite, growth impairment, neuropsychological changes, or immune deficiency syndromes.
5C64.20	Acrodermatitis enteropathica Acrodermatitis enteropathica is an uncommon autosomal recessive disorder of intestinal zinc absorption. Signs usually appear within the first months of life with an exudative and crusted erythema located predominantly around body orifices (mouth, anogenital) and on the scalp and distal extremities. The signs are often misdiagnosed as being due to infection. The condition responds rapidly to zinc supplementation which must be continued throughout life.
5C64.21	Zinc deficiency syndromes Coded Elsewhere: Acrodermatitis enteropathica (5C64.20)
5C64.2Y	Other specified disorders of zinc metabolism
5C64.2Z	Disorders of zinc metabolism, unspecified
5C64.3	Disorders of phosphorus metabolism or phosphatases Any condition caused by errors in phosphorus metabolism, or in phosphatase activity. Exclusions: Adult osteomalacia (FB83.2) Osteoporosis (FB83.1) Coded Elsewhere: Hypophosphataemic rickets (5C63.22) Phosphate losing hypophosphataemia (GB90.48)

5C64.4	Disorders of magnesium metabolism Any condition caused by failure to correctly metabolize magnesium. Coded Elsewhere: Transitory neonatal disorders of calcium or magnesium metabolism (KB61)
5C64.40	Hypermagnesaemia This is an electrolyte disturbance in which there is an abnormally elevated level of magnesium in the blood. Usually this results in excess of magnesium in the body.
5C64.41	Hypomagnesaemia This is an electrolyte disturbance in which there is an abnormally low level of magnesium in the blood. Normal magnesium levels in humans fall between 1.5 - 2.5 mg/dL. Usually a serum level less than 0.7 mmol/L is used as reference for hypomagnesemia (not hypomagnesia which refers to low magnesium content in food/supplement sources). Coded Elsewhere: Neonatal hypomagnesaemia (KB61.0)
5C64.4Z	Disorders of magnesium metabolism, unspecified
5C64.5	Disorders of calcium metabolism This refers to disorders in the mechanism by which the body maintains adequate calcium levels. Derangements of this mechanism lead to hypercalcaemia or hypocalcaemia, both of which can have important consequences for health. Exclusions: Hyperparathyroidism (5A51) Chondrocalcinosis (FA26.2) Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2) Hypercalciuria (MF98.0) Nephrocalcinosis (GB57) Hypercalcaemia (5B91.0) Transitory neonatal disorders of calcium or magnesium metabolism (KB61)
5C64.6	Disorders of sodium metabolism Coded Elsewhere: Tubular disorders of sodium or potassium transport (GB90.46) Congenital sodium diarrhoea (DA90.1)
5C64.7	Disorders of chloride metabolism Coded Elsewhere: Congenital chloride diarrhoea (DA90.1)
5C64.Y	Disorders of other specified mineral absorption 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

Disorders of fluid, electrolyte or acid-base balance (5C70-5C7Z)

5C70	Volume depletion <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> sodium [na] deficiency <i>Exclusions:</i> Syndrome of inappropriate secretion of antidiuretic hormone (5A60.2) <i>Coded Elsewhere:</i> Hyponatremia of newborn (KB63.20)
5C73	Acidosis Acidosis is an abnormally acidic state of the blood and tissues. <i>Exclusions:</i> diabetic acidosis (5A10-5A2Y) <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> Potassium [K] excess Potassium [K] overload <i>Coded Elsewhere:</i> Hyperkalaemia of newborn (KB63.31)
5C77	Hypokalaemia <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> Hyperbetalipoproteinaemia with prebetalipoproteinaemia Hypercholesterolaemia with endogenous hyperglyceridaemia Hyperlipidaemia, group C <i>Exclusions:</i> 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 <i>Inclusions:</i> High-density lipoprotein deficiency
5C81.0	Hypoalphalipoproteinaemia A disorder characterised by low levels of high-density lipoprotein in the blood.
5C81.1	Hypobetalipoproteinaemia Hypobetalipoproteinemia (HBL) constitutes a group of lipoprotein metabolism disorders that are characterised by permanently low levels (below the 5th percentile) of apolipoprotein B and LDL cholesterol. There are two types of HBL: familial hypobetalipoproteinemia and chylomicron retention disease (CMRD; see these terms). The familial form can be severe with early onset (abetalipoproteinemia/homozygous familial hypobetalipoproteinemia; see this term) or benign (benign familial hypobetalipoproteinemia; see this term). (Please add the sentence). Severe familial HBL and CMRD appear in infancy or childhood. As a result they are often associated with growth delay, diarrhoea with steatorrhoea, and fat malabsorption. Benign familial hypobetalipoproteinemia is generally asymptomatic, but in adults is occasionally associated with dietary intolerance to fat. HBL disorders are caused by mutations in proteins involved in the synthesis, secretion and catabolism of lipoproteins containing apolipoprotein B (LDL, VLDL and chylomicrons).
5C81.Y	Other specified hypolipoproteinaemia
5C81.Z	Hypolipoproteinaemia, unspecified
5C8Y	Other specified disorders of lipoprotein metabolism or lipidaemias
5C8Z	Unspecified disorders of lipoprotein metabolism or lipidaemias

5C90**Metabolic or transporter liver disease****Exclusions:**

Alcoholic liver disease (DB94)
Non-alcoholic fatty liver disease (DB92)
Drug-induced or toxic liver disease (DB95)
Acute fatty liver of pregnancy (JA65.0)

Coded Elsewhere:

Bile acid synthesis defect with cholestasis (5C52.11)
Progressive familial intrahepatic cholestasis (5C58.03)
Benign recurrent intrahepatic cholestasis (5C58.04)
Glycogen storage disease (5C51.3)
Disorders of galactose metabolism (5C51.4)
Disorders of fructose metabolism (5C51.5)
Alpha-1-antitrypsin deficiency (5C5A)
Reye syndrome (8E46)

5C90.0**Liver diseases due to urea cycle defects**

This is a group of liver diseases due to defects in the urea cycle, which is a metabolic cycle of nitrogen-containing compounds that produces the waste product urea.

Coded Elsewhere:

Argininosuccinic aciduria (5C50.A0)
Carbamoylphosphate synthetase deficiency (5C50.A1)
Argininaemia (5C50.A2)
Ornithine carbamoyltransferase deficiency (5C50.AY)

5C90.1**Liver diseases due to disorders of porphyrin or bilirubin metabolism or transport**

These are liver diseases due to disorders of porphyrin and bilirubin metabolism and transport

Exclusions:

Defects of catalase and peroxidase (5C58)

Coded Elsewhere:

Porphyria cutanea tarda (5C58.10)
Variegate porphyria (5C58.13)
Crigler-Najjar syndrome (5C58.00)
Gilbert syndrome (5C58.01)
Dubin-Johnson syndrome (5C58.02)
Rotor syndrome (5C58.0Y)

5C90.2**Liver diseases due to disorders of amino acid metabolism**

This is liver disease due to the disorder of the various biochemical processes responsible for the synthesis of proteins and amino acids, and the breakdown of proteins (and other large molecules, too) by catabolism.

Coded Elsewhere:

Disorders of tyrosine metabolism (5C50.1)
Citrullinaemia (5C50.A3)

- 5C90.3 Liver disease due to disorders of lysosomal storage**
 This is liver disease due to a group of approximately 50 rare inherited metabolic disorders that result from defects in lysosomal function.
Coded Elsewhere: Gaucher disease (5C56.0Y)
 Niemann-Pick disease (5C56.0Y)
 Wolman disease (5C56.0Y)
 Cholesteryl ester storage disease (5C56.0Y)
- 5C90.4 Liver diseases due to mitochondrial disorders**
 This is liver disease due to a group of disorders caused by dysfunctional mitochondria, the organelles that generate energy for the cell.
- 5C90.5 Liver diseases due to disorders of mineral metabolism**
 This is a liver disease due to a disorder of the organic compound required by an organism as a vital nutrient in limited amounts.
- Coding Note:** Code also the causing condition
- 5C90.Y Other specified metabolic or transporter liver disease**
- 5C90.Z Metabolic or transporter liver disease, unspecified**

Other metabolic disorders (5D00-5D0Y)

Exclusions: histiocytosis X (chronic) (2B31.2)

Coded Elsewhere: Tophaceous gout (FA25.20)

5D00

Amyloidosis

Amyloidosis is a vast group of diseases defined by the presence of insoluble protein deposits in tissues. Its diagnosis is based on histological findings. Amyloidoses are classified according to clinical signs and biochemical type of amyloid protein involved. Most amyloidoses are multisystemic, 'generalised' or 'diffuse'. There are a few forms of localised amylosis. The most frequent forms are AL amyloidosis (immunoglobulins), AA (inflammatory), and ATTR (transthyretin accumulation).

Exclusions: Dementia due to Alzheimer disease (6D80)

5D00.0

AL amyloidosis

AL amyloid is due to the deposition of immunoglobulin light chains in glomeruli where they are seen as Congo red binding fibrils and immuno-stain specifically for kappa or lambda light chains. By light microscopy there is amorphous hyaline material in the mesangium and capillary walls. A light chain producing plasma cell or B-cell dysplasia is responsible. Other organs are also involved in this systemic disease.

Coded Elsewhere: Isolated cerebral amyloid angiopathy (8B22.3)

5D00.1	AA amyloidosis AA amyloid is due to the deposition of the acute phase reactant serum amyloid A protein (SAA) in glomeruli where they are seen as Congo red binding fibrils which immunostain specifically for SAA. Chronic inflammation is responsible. Other organs are also involved in this systemic disease.
5D00.2	Hereditary amyloidosis Hereditary amyloidosis (familial amyloidosis) is an inherited disorder that often affects the liver, nerves, heart and kidneys. Many different types of gene abnormalities present at birth are associated with an increased risk of amyloid disease. The type and location of an amyloid gene abnormality can affect the risk of certain complications, the age at which symptoms first appear, and the way the disease progresses over time.
5D00.20	Hereditary ATTR amyloidosis
5D00.21	Non-neuropathic heredofamilial amyloidosis This is an amyloidosis (the formation of insoluble proteins, or amyloids) of inherited origin that does not affect the peripheral nerves. The most common sites of deposits are associated with the kidney and heart. <i>Coded Elsewhere:</i> 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.
<i>Coding Note:</i>	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 **Postirradiation hypothyroidism**

5D40.00 Hypothyroidism postradioactive iodine ablation

5D40.0Y Other specified postirradiation hypothyroidism

5D40.0Z Postirradiation hypothyroidism, unspecified

5D40.Y **Other specified postprocedural hypothyroidism**

5D40.Z **Postprocedural hypothyroidism, unspecified**

5D41 **Postprocedural hypoinsulinaemia**

This is a low level of insulin that can result after medical procedures, including radiation, and it carries a risk of developing diabetes mellitus.

Inclusions: Postpancreatectomy hyperglycaemia
 Postsurgical hypoinsulinaemia

5D42 **Postprocedural hypoparathyroidism**

This refers to a postprocedural decreased function of the parathyroid glands with underproduction of parathyroid hormone. This can lead to low levels of calcium in the blood, often causing cramping and twitching of muscles or tetany (involuntary muscle contraction), and several other symptoms.

Inclusions: Parathyroprival tetany

5D43 **Postprocedural hypopituitarism**

This is the postprocedural decreased (hypo) secretion of one or more of the eight hormones normally produced by the pituitary gland at the base of the brain. If there is decreased secretion of most pituitary hormones, the term panhypopituitarism (pan meaning "all") is used.

5D44 **Postprocedural ovarian failure**

A condition in women characterised by amenorrhea, caused by or subsequent to any intervention. This condition may also present with hot flashes, night sweats, irritability, poor concentration, decreased sex drive, pain during sex, vaginal dryness.

5D45 **Postprocedural testicular hypofunction**

A condition in men characterised by testosterone deficiency, caused by or subsequent to any intervention. This condition may present with fatigue, decreased libido, erectile dysfunction, negative mood states, decreased lean body mass, increased fat mass, or decreased bone mineral density.

5D46

Postprocedural adrenocortical hypofunction

A condition caused by or subsequent to any medical procedure. This condition is characterised by adrenocortical hormone deficiency. This condition may present with chronic fatigue, muscle weakness, loss of appetite, weight loss or abdominal pain.

CHAPTER 06

Mental, behavioural or neurodevelopmental disorders

This chapter has 162 four-character categories.

Code range starts with 6A00

Mental, behavioural and neurodevelopmental disorders are syndromes characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: Acute stress reaction (QE84)
Uncomplicated bereavement (QE62)

Coded Elsewhere: Sleep-wake disorders (7A00-7B2Z)
Sexual dysfunctions (HA00-HA0Z)
Gender incongruence (HA60-HA6Z)

This chapter contains the following top level blocks:

- Neurodevelopmental disorders
- Schizophrenia or other primary psychotic disorders
- Catatonia
- Mood disorders
- Anxiety or fear-related disorders
- Obsessive-compulsive or related disorders
- Disorders specifically associated with stress
- Dissociative disorders
- Feeding or eating disorders
- Elimination disorders
- Disorders of bodily distress or bodily experience
- Disorders due to substance use or addictive behaviours
- Impulse control disorders
- Disruptive behaviour or dissocial disorders
- Personality disorders and related traits
- Paraphilic disorders
- Factitious disorders
- Neurocognitive disorders

- Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium
- Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere

Neurodevelopmental disorders (6A00-6A0Z)

Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

Coded Elsewhere: Primary tics or tic disorders (8A05.0)

Secondary neurodevelopmental syndrome (6E60)

6A00

Disorders of intellectual development

Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators.

Coding Note: Use additional code, if desired, to identify any known aetiology.

Exclusions: Dementia (6D80-6D8Z)

6A00.0

Disorder of intellectual development, mild

A mild disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 – 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.

6A00.1**Disorder of intellectual development, moderate**

A moderate disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003 – 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults.

6A00.2**Disorder of intellectual development, severe**

A severe disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.3**Disorder of intellectual development, profound**

A profound disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.4 Disorder of intellectual development, provisional

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), motor or communication impairments, severe problem behaviours or co-occurring mental and behavioural disorders.

6A00.Z Disorders of intellectual development, unspecified

Coding Note: Use additional code, if desired, to identify any known aetiology.

6A01

Developmental speech or language disorders

Developmental speech or language disorders arise during the developmental period and are characterised by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to regional, social, or cultural/ethnic language variations and are not fully explained by anatomical or neurological abnormalities. The presumptive aetiology for Developmental speech or language disorders is complex, and in many individual cases, is unknown.

6A01.0 Developmental speech sound disorder

Developmental speech sound disorder is characterised by difficulties in the acquisition, production and perception of speech that result in errors of pronunciation, either in number or types of speech errors made or the overall quality of speech production, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality.

Inclusions: Functional speech articulation disorder

Exclusions: Deafness not otherwise specified (AB52)

 Diseases of the nervous system (Chapter 08)

 Dysarthria (MA80.2)

 Verbal apraxia (MB4A)

6A01.1 Developmental speech fluency disorder

Developmental speech fluency disorder is characterised by frequent or pervasive disruption of the normal rhythmic flow and rate of speech characterised by repetitions and prolongations in sounds, syllables, words, and phrases, as well as blocking and word avoidance or substitutions. The speech dysfluency is persistent over time. The onset of speech dysfluency occurs during the developmental period and speech fluency is markedly below what would be expected for age. Speech dysfluency results in significant impairment in social communication, personal, family, social, educational, occupational or other important areas of functioning. The speech dysfluency is not better accounted for by a Disorder of Intellectual Development, a Disease of the Nervous System, a sensory impairment, or a structural abnormality, or other speech or voice disorder.

Exclusions: Tic disorders (8A05)

6A01.2 Developmental language disorder

Developmental language disorder is characterised by persistent deficits in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The individual's ability to understand, produce or use language is markedly below what would be expected given the individual's age. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

Exclusions: Autism spectrum disorder (6A02)
 Diseases of the nervous system (Chapter 08)
 Deafness not otherwise specified (AB52)
 Selective mutism (6B06)

6A01.20 Developmental language disorder with impairment of receptive and expressive language

Developmental language disorder with impairment of receptive and expressive language is characterised by persistent difficulties in the acquisition, understanding, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to understand spoken or signed language (i.e., receptive language) is markedly below the expected level given the individual's age and level of intellectual functioning, and is accompanied by persistent impairment in the ability to produce and use spoken or signed language (i.e., expressive language).

Inclusions: developmental dysphasia or aphasia, receptive type
Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)
 Autism spectrum disorder (6A02)
 Selective mutism (6B06)
 dysphasia NOS (MA80.1)
 Diseases of the nervous system (Chapter 08)
 Deafness not otherwise specified (AB52)

6A01.21**Developmental language disorder with impairment of mainly expressive language**

Developmental language disorder with impairment of mainly expressive language is characterised by persistent difficulties in the acquisition, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to produce and use spoken or signed language (i.e., expressive language) is markedly below the expected level given the individual's age and level of intellectual functioning, but the ability to understand spoken or signed language (i.e., receptive language) is relatively intact.

Inclusions: Developmental dysphasia or aphasia, expressive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Selective mutism (6B06)

dysphasia and aphasia: developmental, receptive type (6A01.20)

dysphasia NOS (MA80.1)

aphasia NOS (MA80.0)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

6A01.22**Developmental language disorder with impairment of mainly pragmatic language**

Developmental language disorder with impairment of mainly pragmatic language is characterised by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual's age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language.

Exclusions: Diseases of the nervous system (Chapter 08)

Selective mutism (6B06)

6A01.23**Developmental language disorder, with other specified language impairment**

Developmental language disorder with other specified language impairment is characterised by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period and cause significant limitations in the individual's ability to communicate. The pattern of specific deficits in language abilities is not adequately captured by any of the other developmental language disorder categories.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (Chapter 08)

Disorders of intellectual development (6A00)

Selective mutism (6B06)

6A01.Y **Other specified developmental speech or language disorders**

6A01.Z **Developmental speech or language disorders, unspecified**

6A02 **Autism spectrum disorder**

Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Inclusions: Autistic disorder

Exclusions: Rett syndrome (LD90.4)

6A02.0 **Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.1 **Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.2 **Autism spectrum disorder without disorder of intellectual development and with impaired functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.3 **Autism spectrum disorder with disorder of intellectual development and with impaired functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

- 6A02.5 Autism spectrum disorder with disorder of intellectual development and with absence of functional language**
 All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires
- 6A02.Y Other specified autism spectrum disorder**
- 6A02.Z Autism spectrum disorder, unspecified**
- 6A03 Developmental learning disorder**
 Developmental learning disorder is characterised by significant and persistent difficulties in learning academic skills, which may include reading, writing, or arithmetic. The individual's performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.
- Exclusions:** Symbolic dysfunctions (MB4B)
- 6A03.0 Developmental learning disorder with impairment in reading**
 Developmental learning disorder with impairment in reading is characterised by significant and persistent difficulties in learning academic skills related to reading, such as word reading accuracy, reading fluency, and reading comprehension. The individual's performance in reading is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in reading is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.
- Exclusions:** Disorders of intellectual development (6A00)

- 6A03.1 Developmental learning disorder with impairment in written expression**
- Developmental learning disorder with impairment in written expression is characterised by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing. The individual's performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in written expression is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.
- Exclusions:** Disorders of intellectual development (6A00)
- 6A03.2 Developmental learning disorder with impairment in mathematics**
- Developmental learning disorder with impairment in mathematics is characterised by significant and persistent difficulties in learning academic skills related to mathematics or arithmetic, such as number sense, memorization of number facts, accurate calculation, fluent calculation, and accurate mathematic reasoning. The individual's performance in mathematics or arithmetic is markedly below what would be expected for chronological or developmental age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in mathematics is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.
- Exclusions:** Disorders of intellectual development (6A00)
- 6A03.3 Developmental learning disorder with other specified impairment of learning**
- Developmental learning disorder with other specified impairment of learning is characterised by significant and persistent difficulties in learning academic skills other than reading, mathematics, and written expression. The individual's performance in the relevant academic skill is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with other specified impairment of learning is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.
- Exclusions:** Disorders of intellectual development (6A00)
- 6A03.Z Developmental learning disorder, unspecified**

6A04**Developmental motor coordination disorder**

Developmental motor coordination disorder is characterised by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance. Coordinated motor skills are markedly below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g. in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

Exclusions:

Abnormalities of gait and mobility (MB44)

Diseases of the musculoskeletal system or connective tissue
(Chapter 15)

Diseases of the nervous system (Chapter 08)

6A05**Attention deficit hyperactivity disorder**

Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. There is evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, typically by early to mid-childhood, though some individuals may first come to clinical attention later. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis to be made, manifestations of inattention and/or hyperactivity-impulsivity must be evident across multiple situations or settings (e.g., home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the setting. Symptoms are not better accounted for by another mental, behavioural, or neurodevelopmental disorder and are not due to the effect of a substance or medication.

Inclusions:

attention deficit disorder with hyperactivity

attention deficit syndrome with hyperactivity

6A05.0	Attention deficit hyperactivity disorder, predominantly inattentive presentation All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms.
6A05.1	Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. Some inattentive symptoms may also be present, but these are not clinically significant in relation to the hyperactive-impulsive symptoms.
6A05.2	Attention deficit hyperactivity disorder, combined presentation All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.
6A05.Y	Attention deficit hyperactivity disorder, other specified presentation
6A05.Z	Attention deficit hyperactivity disorder, presentation unspecified
6A06	Stereotyped movement disorder Stereotyped movement disorder is characterised by the persistent (e.g., lasting several months) presence of voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts. Exclusions: - Tic disorders (8A05) - Trichotillomania (6B25.0) - Abnormal involuntary movements (MB46)

6A06.0	Stereotyped movement disorder without self-injury
	This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours markedly interfere with normal activities, but do not result in self-inflicted bodily injury. Stereotyped movement disorder without self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping.
6A06.1	Stereotyped movement disorder with self-injury
	This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours result in self-inflicted bodily injury that is significant enough to require medical treatment, or would result in such injury if protective measures (e.g., helmet to prevent head injury) were not employed. Stereotyped movement disorder with self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal). Stereotyped movements that are self-injurious can include head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.
6A06.Z	Stereotyped movement disorder, unspecified
6A0Y	Other specified neurodevelopmental disorders
6A0Z	Neurodevelopmental disorders, unspecified

Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Schizophrenia and other primary psychotic disorders are characterised by significant impairments in reality testing and alterations in behaviour manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganised thinking (typically manifest as disorganised speech), grossly disorganised behaviour, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

Coded Elsewhere: Substance-induced psychotic disorders

Secondary psychotic syndrome (6E61)

6A20

Schizophrenia

Schizophrenia is characterised by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganisation in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g., behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Exclusions: Schizotypal disorder (6A22)
schizophrenic reaction (6A22)
Acute and transient psychotic disorder (6A23)

6A20.0

Schizophrenia, first episode

Schizophrenia, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizophrenia were met.

6A20.00

Schizophrenia, first episode, currently symptomatic

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

- 6A20.01** Schizophrenia, first episode, in partial remission
All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
- 6A20.02** Schizophrenia, first episode, in full remission
All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
- 6A20.0Z** Schizophrenia, first episode, unspecified
- 6A20.1** **Schizophrenia, multiple episodes**
Schizophrenia, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia and who have also previously experienced episodes during which diagnostic requirements were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during periods of remission, and remissions may have occurred in response to medication or other treatment.
- 6A20.10** Schizophrenia, multiple episodes, currently symptomatic
All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.
- 6A20.11** Schizophrenia, multiple episodes, in partial remission
All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
- 6A20.12** Schizophrenia, multiple episodes, in full remission
All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
- 6A20.1Z** Schizophrenia, multiple episodes, unspecified
- 6A20.2** **Schizophrenia, continuous**
Symptoms fulfilling all definitional requirements of Schizophrenia have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A20.20	Schizophrenia, continuous, currently symptomatic All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.
6A20.21	Schizophrenia, continuous, in partial remission All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
6A20.22	Schizophrenia, continuous, in full remission All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
6A20.2Z	Schizophrenia, continuous, unspecified
6A20.Y	Other specified episode of schizophrenia
6A20.Z	Schizophrenia, episode unspecified
6A21	Schizoaffective disorder Schizoaffective disorder is an episodic disorder in which the diagnostic requirements of schizophrenia and a manic, mixed, or moderate or severe depressive episode are met within the same episode of illness, either simultaneously or within a few days of each other. Prominent symptoms of schizophrenia (e.g. delusions, hallucinations, disorganisation in the form of thought, experiences of influence, passivity and control) are accompanied by typical symptoms of a moderate or severe depressive episode (e.g. depressed mood, loss of interest, reduced energy), a manic episode (e.g. an extreme mood state characterised by euphoria, irritability, or expansiveness; increased activity or a subjective experience of increased energy) or a mixed episode. Psychomotor disturbances, including catatonia, may be present. Symptoms must have persisted for at least one month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).
6A21.0	Schizoaffective disorder, first episode Schizoaffective disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met.

- 6A21.00** Schizoaffective disorder, first episode, currently symptomatic
All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.
- 6A21.01** Schizoaffective disorder, first episode, in partial remission
All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
- 6A21.02** Schizoaffective disorder, first episode, in full remission
All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
- 6A21.0Z** Schizoaffective disorder, first episode, unspecified
- 6A21.1** **Schizoaffective disorder, multiple episodes**
Schizoaffective disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder and who have also previously experienced episodes during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during period of remission, and remissions may have occurred in response to medication or other treatment.
- 6A21.10** Schizoaffective disorder, multiple episodes, currently symptomatic
All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.
- 6A21.11** Schizoaffective disorder, multiple episodes, in partial remission
All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
- 6A21.12** Schizoaffective disorder, multiple episodes, in full remission
All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
- 6A21.1Z** Schizoaffective disorder, multiple episodes, unspecified

6A21.2	Schizoaffective disorder, continuous Symptoms fulfilling all definitional requirements of Schizoaffective disorder have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.
6A21.20	Schizoaffective disorder, continuous, currently symptomatic All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.
6A21.21	Schizoaffective disorder, continuous, in partial remission All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
6A21.22	Schizoaffective disorder, continuous, in full remission All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
6A21.2Z	Schizoaffective disorder, continuous, unspecified
6A21.Y	Other specified schizoaffective disorder
6A21.Z	Schizoaffective disorder, unspecified
6A22	Schizotypal disorder Schizotypal disorder is characterised by an enduring pattern (i.e. characteristic of the person's functioning over a period of at least several years) of eccentricities in behaviour, appearance and speech, accompanied by cognitive and perceptual distortions, unusual beliefs, and discomfort with— and often reduced capacity for— interpersonal relationships. Symptoms may include constricted or inappropriate affect and anhedonia. Paranoid ideas, ideas of reference, or other psychotic symptoms, including hallucinations in any modality, may occur, but are not of sufficient intensity or duration to meet the diagnostic requirements of schizophrenia, schizoaffective disorder, or delusional disorder. The symptoms cause distress or impairment in personal, family, social, educational, occupational or other important areas of functioning. Inclusions: Schizotypal personality disorder Exclusions: Autism spectrum disorder (6A02) Personality disorder (6D10)

6A23**Acute and transient psychotic disorder**

Acute and transient psychotic disorder is characterised by acute onset of psychotic symptoms that emerge without a prodrome and reach their maximal severity within two weeks. Symptoms may include delusions, hallucinations, disorganisation of thought processes, perplexity or confusion, and disturbances of affect and mood. Catatonia-like psychomotor disturbances may be present. Symptoms typically change rapidly, both in nature and intensity, from day to day, or even within a single day. The duration of the episode does not exceed 3 months, and most commonly lasts from a few days to 1 month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).

6A23.0**Acute and transient psychotic disorder, first episode**

Acute and transient psychotic disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder but who have never before experienced a similar episode.

6A23.00

Acute and transient psychotic disorder, first episode, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.01

Acute and transient psychotic disorder, first episode, in partial remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.02

Acute and transient psychotic disorder, first episode, in full remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.0Z

Acute and transient psychotic disorder, first episode, unspecified

6A23.1**Acute and transient psychotic disorder, multiple episodes**

Acute and transient psychotic disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder and who have experienced similar episodes in the past.

6A23.10

Acute and transient psychotic disorder, multiple episodes, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

- 6A23.11** Acute and transient psychotic disorder, multiple episodes, in partial remission
All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.
- 6A23.12** Acute and transient psychotic disorder, multiple episodes, in full remission
All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.
- 6A23.1Z** Acute and transient psychotic disorder, multiple episodes, unspecified
- 6A23.Y** **Other specified acute and transient psychotic disorder**
- 6A23.Z** **Acute and transient psychotic disorder, unspecified**
- 6A24** **Delusional disorder**
Delusional disorder is characterised by the development of a delusion or set of related delusions, typically persisting for at least 3 months and often much longer, in the absence of a Depressive, Manic, or Mixed mood episode. The delusions are variable in content across individuals, but typically stable within individuals, although they may evolve over time. Other characteristic symptoms of Schizophrenia (i.e. clear and persistent hallucinations, negative symptoms, disorganised thinking, or experiences of influence, passivity, or control) are not present, although various forms of perceptual disturbances (e.g. hallucinations, illusions, misidentifications of persons) thematically related to the delusion are still consistent with the diagnosis. Apart from actions and attitudes directly related to the delusion or delusional system, affect, speech, and behavior are typically unaffected. The symptoms are not a manifestation of another medical condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal effects (e.g. alcohol withdrawal).
- 6A24.0** **Delusional disorder, currently symptomatic**
All definitional requirements for Delusional disorder in terms of symptoms and duration are currently met, or have been met within the past one month.
- 6A24.1** **Delusional disorder, in partial remission**
All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A24.2 Delusional disorder, in full remission

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A24.Z Delusional disorder, unspecified

6A25 Symptomatic manifestations of primary psychotic disorders

These categories may be used to characterize the current clinical presentation in individuals diagnosed with Schizophrenia or another primary psychotic disorder, and should not be used in individuals without such a diagnosis. Multiple categories may be applied. Symptoms attributable to the direct pathophysiological consequences of a health condition or injury not classified under Mental, behavioural or neurodevelopmental disorders (e.g., a brain tumour or traumatic brain injury), or to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, should not be considered as examples of the respective types of symptoms.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.0 Positive symptoms in primary psychotic disorders

Positive symptoms in primary psychotic disorders include persistent delusions, persistent hallucinations (most commonly verbal auditory hallucinations), disorganised thinking (formal thought disorder such as loose associations, thought derailment, or incoherence), grossly disorganised behaviour (behaviour that appears bizarre, purposeless and not goal-directed) and experiences of passivity and control (the experience that one's feelings, impulses, or thoughts are under the control of an external force). The rating should be made based on the severity of positive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.1 Negative symptoms in primary psychotic disorders

Negative symptoms in primary psychotic disorders include constricted, blunted, or flat affect, alogia or paucity of speech, avolition (general lack of drive, or lack of motivation to pursue meaningful goals), asociality (reduced or absent engagement with others and interest in social interaction) and anhedonia (inability to experience pleasure from normally pleasurable activities). To be considered negative psychotic symptoms, relevant symptoms should not be entirely attributable to antipsychotic drug treatment, a depressive disorder, or an under-stimulating environment, and should not be a direct consequence of a positive symptom (e.g., persecutory delusions causing a person to become socially isolated due to fear of harm). The rating should be made based on the severity of negative symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.2 Depressive mood symptoms in primary psychotic disorders

Depressive mood symptoms in primary psychotic disorders refer to depressed mood as reported by the individual (feeling down, sad) or manifested as a sign (e.g. tearful, defeated appearance). If only non-mood symptoms of a depressive episode are present (e.g., anhedonia, psychomotor slowing), this descriptor should not be used. This descriptor may be used whether or not depressive symptoms meet the diagnostic requirements of a separately diagnosed Depressive disorder. The rating should be made based on the severity of depressive mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.3 Manic mood symptoms in primary psychotic disorders

Manic mood symptoms in primary psychotic disorders refer to elevated, euphoric, irritable, or expansive mood states, including rapid changes among different mood states (i.e., mood lability). It also includes increased subjective experience of energy, which may be accompanied by increased goal-directed activity. The severity of associated non-mood symptoms of a Manic or Hypomanic Episode (e.g., decreased need for sleep, distractibility) should not be considered in making a rating. Increased non-goal-directed psychomotor activity should be considered as part of the rating of the 'psychomotor symptoms in primary psychotic disorders' rather than here. This descriptor may be used whether or not the manic symptoms meet the diagnostic requirements of a separately diagnosed bipolar disorder. The rating should be made based on the severity of manic mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.4 Psychomotor symptoms in primary psychotic disorders

Psychomotor symptoms in primary psychotic disorders include psychomotor agitation or excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, psychomotor retardation, or a visible generalised slowing of movements and speech, and catatonic symptoms such as excitement, posturing, waxy flexibility, negativism, mutism, or stupor. The rating should be made based on the severity of psychomotor symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.5 Cognitive symptoms in primary psychotic disorders

Cognitive symptoms in primary psychotic disorders refer to cognitive impairment in any of the following domains: speed of processing, attention/concentration, orientation, judgment, abstraction, verbal or visual learning, and working memory. The cognitive impairment is not attributable to a neurodevelopmental disorder, a delirium or other neurocognitive disorder, or the direct effects of a substance or medication on the central nervous system, including withdrawal effects. Ideally, use of this category should be based on the results of locally validated, standardized neuropsychological assessments, although such measures may not be available in all settings. The rating should be made based on the severity of cognitive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

Exclusions: Neurocognitive disorders (6D70-6E0Z)

Neurodevelopmental disorders (6A00-6A0Z)

6A2Y Other specified primary psychotic disorder**6A2Z Schizophrenia or other primary psychotic disorders, unspecified****Catatonia (6A40-6A4Z)**

Catatonia is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity. The assessment of catatonia is complex and requires observation, interview and physical exam. Catatonia can occur in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder. Catatonia can also develop during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin). Finally, Catatonia can occur as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Coded Elsewhere: Secondary catatonia syndrome (6E69)

6A40 Catatonia associated with another mental disorder

Catatonia associated with another mental disorder is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which occurs in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder.

6A41**Catatonia induced by substances or medications**

Catatonia induced by substances or medications is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which develops during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin).

Exclusions: Neuroleptic malignant syndrome (8A00-8A0Z)

Serotonin syndrome (8D85)

6A4Z**Catatonia, unspecified**

Coding Note: Code also the causing condition

Mood disorders (6A60-6A8Z)

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Coded Elsewhere: Substance-induced mood disorders
Secondary mood syndrome (6E62)

Bipolar or related disorders (6A60-6A6Z)

Bipolar and related disorders are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic episodes or symptoms. These episodes typically alternate over the course of these disorders with Depressive episodes or periods of depressive symptoms.

6A60

Bipolar type I disorder

Bipolar type I disorder is an episodic mood disorder defined by the occurrence of one or more manic or mixed episodes. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. Although the diagnosis can be made based on evidence of a single manic or mixed episode, typically manic or mixed episodes alternate with depressive episodes over the course of the disorder.

Exclusions: Cyclothymia (6A62)
Bipolar type II disorder (6A61)

6A60.0**Bipolar type I disorder, current episode manic, without psychotic symptoms**

Bipolar type I disorder, current episode manic, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met, the current episode is manic, and there are no delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.1**Bipolar type I disorder, current episode manic, with psychotic symptoms**

Bipolar type I disorder, current episode manic with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I Disorder have been met, the current episode is Manic and there are delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.2**Bipolar type I disorder, current episode hypomanic**

Bipolar type I disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A60.3**Bipolar type I disorder, current episode depressive, mild**

Bipolar type I disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A60.4**Bipolar type I disorder, current episode depressive, moderate without psychotic symptoms**

Bipolar type I disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A60.5**Bipolar type I disorder, current episode depressive, moderate with psychotic symptoms**

Bipolar type I disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

- 6A60.6 Bipolar type I disorder, current episode depressive, severe without psychotic symptoms**
- Bipolar type I disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).
- 6A60.7 Bipolar type I disorder, current episode depressive, severe with psychotic symptoms**
- Bipolar type I disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).
- 6A60.8 Bipolar type I disorder, current episode depressive, unspecified severity**
- Bipolar type I disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

- 6A60.9 Bipolar type I disorder, current episode mixed, without psychotic symptoms**
 Bipolar type I disorder, current episode mixed, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are no delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.
- 6A60.A Bipolar type I disorder, current episode mixed, with psychotic symptoms**
 Bipolar type I disorder, current episode mixed, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.
- 6A60.B Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic**
 Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a manic or hypomanic episode. The full definitional requirements for a manic or hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than manic or hypomanic, but do not satisfy the definitional requirements for a depressive episode.
- 6A60.C Bipolar type I disorder, currently in partial remission, most recent episode depressive**
 Bipolar type I disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A60.D	Bipolar type I disorder, currently in partial remission, most recent episode mixed Bipolar type I disorder, currently in partial remission, most recent episode mixed is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a mixed episode. The full definitional requirements for the episode are no longer met but some significant mood symptoms remain.
6A60.E	Bipolar type I disorder, currently in partial remission, most recent episode unspecified Bipolar type I disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type I disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.
6A60.F	Bipolar type I disorder, currently in full remission Bipolar type I disorder, currently in full remission is diagnosed when the full definitional requirements for Bipolar I disorder have been met in the past but there are no longer any significant mood symptoms.
6A60.Y	Other specified bipolar type I disorder
6A60.Z	Bipolar type I disorder, unspecified
6A61	Bipolar type II disorder Bipolar type II disorder is an episodic mood disorder defined by the occurrence of one or more hypomanic episodes and at least one depressive episode. A hypomanic episode is a persistent mood state lasting for at least several days characterised by persistent elevation of mood or increased irritability as well as increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as increased talkativeness, rapid or racing thoughts, increased self-esteem, decreased need for sleep, distractability, and impulsive or reckless behavior. The symptoms represent a change from the individual's typical mood, energy level, and behavior but are not severe enough to cause marked impairment in functioning. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as changes in appetite or sleep, psychomotor agitation or retardation, fatigue, feelings of worthless or excessive or inappropriate guilt, feelings or hopelessness, difficulty concentrating, and suicidality. There is no history of manic or mixed episodes.

6A61.0**Bipolar type II disorder, current episode hypomanic**

Bipolar type II disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A61.1**Bipolar type II disorder, current episode depressive, mild**

Bipolar type II disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A61.2**Bipolar type II disorder, current episode depressive, moderate without psychotic symptoms**

Bipolar type II disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

- 6A61.3 Bipolar type II disorder, current episode depressive, moderate with psychotic symptoms**
- Bipolar type II disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).
- 6A61.4 Bipolar type II disorder, current episode depressive, severe without psychotic symptoms**
- Bipolar type II disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).
- 6A61.5 Bipolar type II disorder, current episode depressive, severe with psychotic symptoms**
- Bipolar type II disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A61.6	Bipolar type II disorder, current episode depressive, unspecified severity Bipolar type II disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.
6A61.7	Bipolar type II disorder, currently in partial remission, most recent episode hypomanic Bipolar type II disorder, currently in partial remission, most recent episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a hypomanic episode. The full definitional requirements for a hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than hypomanic, but do not satisfy the definitional requirements for a depressive episode.
6A61.8	Bipolar type II disorder, currently in partial remission, most recent episode depressive Bipolar type II disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.
6A61.9	Bipolar type II disorder, currently in partial remission, most recent episode unspecified Bipolar type II disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.
6A61.A	Bipolar type II disorder, currently in full remission Bipolar type II disorder, currently in full remission, is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there are no longer any significant mood symptoms.
6A61.Y	Other specified bipolar type II disorder
6A61.Z	Bipolar type II disorder, unspecified

6A62**Cyclothymic disorder**

Cyclothymic disorder is characterised by a persistent instability of mood over a period of at least 2 years, involving numerous periods of hypomanic (e.g., euphoria, irritability, or expansiveness, psychomotor activation) and depressive (e.g., feeling down, diminished interest in activities, fatigue) symptoms that are present during more of the time than not. The hypomanic symptomatology may or may not be sufficiently severe or prolonged to meet the full definitional requirements of a hypomanic episode (see Bipolar type II disorder), but there is no history of manic or mixed episodes (see Bipolar type I disorder). The depressive symptomatology has never been sufficiently severe or prolonged to meet the diagnostic requirements for a depressive episode (see Bipolar type II disorder). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Cycloid personality
Cyclothymic personality

6A6Y**Other specified bipolar or related disorders****6A6Z****Bipolar or related disorders, unspecified**

Depressive disorders (6A70-6A7Z)

Depressive disorders are characterised by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

Coded Elsewhere: Premenstrual dysphoric disorder (GA34.41)

6A70**Single episode depressive disorder**

Single episode depressive disorder is characterised by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

Exclusions: recurrent depressive disorder (6A71)
Adjustment disorder (6B43)
Bipolar or related disorders (6A60-6A6Z)

6A70.0**Single episode depressive disorder, mild**

Single episode depressive disorder, mild, is diagnosed when the definitional requirements of a Depressive episode are met and the episode is of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A70.1**Single episode depressive disorder, moderate, without psychotic symptoms**

Single episode depressive disorder, moderate, without psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.2**Single episode depressive disorder, moderate, with psychotic symptoms**

Single episode depressive disorder, moderate, with psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.3**Single episode depressive disorder, severe, without psychotic symptoms**

Single episode depressive disorder, severe, without psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions:

Major depression single episode without psychotic symptoms

Vital depression single episode without psychotic symptoms

6A70.4**Single episode depressive disorder, severe, with psychotic symptoms**

Single episode depressive disorder, severe, with psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A70.5**Single episode depressive disorder, unspecified severity**

Single episode depressive disorder, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, and there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A70.6 Single episode depressive disorder, currently in partial remission

Single episode depressive disorder, currently in partial remission, is diagnosed when the full definitional requirements for a depressive episode have been met and there is no history of prior depressive episodes. The full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A70.7 Single episode depressive disorder, currently in full remission

Single episode depressive disorder, currently in full remission is diagnosed when the full definitional requirements for one depressive episode have been met in the past and there are no longer any significant mood symptoms. There is no history of depressive episodes preceding the episode under consideration.

6A70.Y Other specified single episode depressive disorder

6A70.Z Single episode depressive disorder, unspecified

6A71 Recurrent depressive disorder

Recurrent depressive disorder is characterised by a history of at least two depressive episodes separated by at least several months without significant mood disturbance. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a Bipolar disorder.

Inclusions: seasonal depressive disorder

Exclusions: Adjustment disorder (6B43)

 Bipolar or related disorders (6A60-6A6Z)

 Single episode depressive disorder (6A70)

6A71.0 Recurrent depressive disorder, current episode mild

Recurrent depressive disorder, current episode mild is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A71.1**Recurrent depressive disorder, current episode moderate, without psychotic symptoms**

Recurrent depressive disorder, current episode moderate, without psychotic symptoms is diagnosed when the definitional requirements for recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.2**Recurrent depressive disorder, current episode moderate, with psychotic symptoms**

Recurrent depressive disorder, current episode moderate, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.3**Recurrent depressive disorder, current episode severe, without psychotic symptoms**

Recurrent depressive disorder, current episode severe, without psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions:

- Endogenous depression without psychotic symptoms
- Major depression, recurrent without psychotic symptoms
- Manic-depressive psychosis, depressed type without psychotic symptoms
- Vital depression, recurrent without psychotic symptoms

6A71.4**Recurrent depressive disorder, current episode severe, with psychotic symptoms**

Recurrent depressive disorder, current episode severe, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions:

- Endogenous depression with psychotic symptoms
- Manic-depressive psychosis, depressed type with psychotic symptoms

6A71.5	Recurrent depressive disorder, current episode, unspecified severity Recurrent depressive disorder current episode, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met and there is a history of prior depressive episodes, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.
6A71.6	Recurrent depressive disorder, currently in partial remission Recurrent depressive disorder, currently in partial remission, is diagnosed when the definitional requirements for Recurrent depressive disorder have been met; the full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.
6A71.7	Recurrent depressive disorder, currently in full remission Recurrent depressive disorder, currently in full remission is diagnosed when the definitional requirements for recurrent depressive disorder have been met but currently there are no significant mood symptoms.
6A71.Y	Other specified recurrent depressive disorder
6A71.Z	Recurrent depressive disorder, unspecified
6A72	Dysthymic disorder Dysthymic disorder is characterised by a persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not. In children and adolescents depressed mood can manifest as pervasive irritability. The depressed mood is accompanied by additional symptoms such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue. During the first 2 years of the disorder, there has never been a 2-week period during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode. There is no history of Manic, Mixed, or Hypomanic Episodes. Inclusions: Dysthymia Exclusions: anxiety depression (mild or not persistent) (6A73)

6A73**Mixed depressive and anxiety disorder**

Mixed depressive and anxiety disorder is characterised by symptoms of both anxiety and depression more days than not for a period of two weeks or more. Depressive symptoms include depressed mood or markedly diminished interest or pleasure in activities. There are multiple anxiety symptoms, which may include feeling nervous, anxious, or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, muscle tension, or sympathetic autonomic symptoms. Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of another depressive disorder or an anxiety or fear-related disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There is no history of manic or mixed episodes, which would indicate the presence of a bipolar disorder.

6A7Y**Other specified depressive disorders****6A7Z****Depressive disorders, unspecified****6A80****Symptomatic and course presentations for mood episodes in mood disorders**

These categories may be applied to describe the presentation and characteristics of mood episodes in the context of single episode depressive disorder, recurrent depressive disorder, bipolar type I disorder, or bipolar type II disorder. These categories indicate the presence of specific, important features of the clinical presentation or of the course, onset, and pattern of mood episodes. These categories are not mutually exclusive, and as many may be added as apply.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms (6E20)

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms (6E21)

6A80.0**Prominent anxiety symptoms in mood episodes**

In the context of a current depressive, manic, mixed, or hypomanic episode, prominent and clinically significant anxiety symptoms (e.g., feeling nervous, anxious or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, motor tension, autonomic symptoms) have been present for most of the time during the episode. If there have been panic attacks during a current depressive or mixed episode, these should be recorded separately.

When the diagnostic requirements for both a mood disorder and an anxiety or fear-related disorder are met, the anxiety or fear-related disorder should also be diagnosed.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

- 6A80.1 Panic attacks in mood episodes**
- In the context of a current mood episode (manic, depressive, mixed, or hypomanic), there have been recurrent panic attacks (i.e., at least two) during the past month that occur specifically in response to anxiety-provoking cognitions that are features of the mood episode. If panic attacks occur exclusively in response to such thoughts, panic attacks should be recorded using this qualifier rather than assigning an additional co-occurring diagnosis of panic disorder.
- If some panic attacks over the course of the depressive or mixed episode have been unexpected and not exclusively in response to depressive or anxiety-provoking thoughts, a separate diagnosis of panic disorder should be assigned.
- Coding Note:** These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.
- Exclusions:** Panic disorder (6B01)
- 6A80.2 Current depressive episode persistent**
- The diagnostic requirements for a depressive episode are currently met and have been met continuously for at least the past 2 years.
- Coding Note:** These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.
- 6A80.3 Current depressive episode with melancholia**
- In the context of a current Depressive Episode, several of the following symptoms have been present during the worst period of the current episode: loss of interest or pleasure in most activities that are normally enjoyable to the individual (i.e., pervasive anhedonia); lack of emotional reactivity to normally pleasurable stimuli or circumstances (i.e., mood does not lift even transiently with exposure); terminal insomnia (i.e., waking in the morning two hours or more before the usual time); depressive symptoms are worse in the morning; marked psychomotor retardation or agitation; marked loss of appetite or loss of weight.
- Coding Note:** These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.
- 6A80.4 Seasonal pattern of mood episode onset**
- In the context of recurrent depressive disorder, bipolar type I or bipolar type II disorder, there has been a regular seasonal pattern of onset and remission of at least one type of episode (i.e., depressive, manic, mixed, or hypomanic episodes), with a substantial majority of the relevant mood episodes corresponding to the seasonal pattern. (In bipolar type I and bipolar type II disorder, all types of mood episodes may not follow this pattern.) A seasonal pattern should be differentiated from an episode that is coincidental with a particular season but predominantly related to a psychological stressor that regularly occurs at that time of the year (e.g., seasonal unemployment).
- Coding Note:** These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.5**Rapid cycling**

In the context of bipolar type I or bipolar type II disorder, there has been a high frequency of mood episodes (at least four) over the past 12 months. There may be a switch from one polarity of mood to the other, or the mood episodes may be demarcated by a period of remission. In individuals with a high frequency of mood episodes, some may have a shorter duration than those usually observed in bipolar type I or bipolar type II disorder. In particular, depressive periods may only last several days. If depressive and manic symptoms alternate very rapidly (i.e., from day to day or within the same day), a mixed episode should be diagnosed rather than rapid cycling.

Coding Note:

These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A8Y**Other specified mood disorders****6A8Z****Mood disorders, unspecified****Anxiety or fear-related disorders (6B00-6B0Z)**

Anxiety and fear-related disorders are characterised by excessive fear and anxiety and related behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Fear and anxiety are closely related phenomena; fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat. A key differentiating feature among the Anxiety and fear-related disorders are disorder-specific foci of apprehension, that is, the stimulus or situation that triggers the fear or anxiety. The clinical presentation of Anxiety and fear-related disorders typically includes specific associated cognitions that can assist in differentiating among the disorders by clarifying the focus of apprehension.

Coded Elsewhere: Substance-induced anxiety disorders

Hypochondriasis (6B23)

Secondary anxiety syndrome (6E63)

6B00**Generalised anxiety disorder**

Generalised anxiety disorder is characterised by marked symptoms of anxiety that persist for at least several months, for more days than not, manifested by either general apprehension (i.e. 'free-floating anxiety') or excessive worry focused on multiple everyday events, most often concerning family, health, finances, and school or work, together with additional symptoms such as muscular tension or motor restlessness, sympathetic autonomic over-activity, subjective experience of nervousness, difficulty maintaining concentration, irritability, or sleep disturbance. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another health condition and are not due to the effects of a substance or medication on the central nervous system.

6B01**Panic disorder**

Panic disorder is characterised by recurrent unexpected panic attacks that are not restricted to particular stimuli or situations. Panic attacks are discrete episodes of intense fear or apprehension accompanied by the rapid and concurrent onset of several characteristic symptoms (e.g. palpitations or increased heart rate, sweating, trembling, shortness of breath, chest pain, dizziness or lightheadedness, chills, hot flushes, fear of imminent death). In addition, panic disorder is characterised by persistent concern about the recurrence or significance of panic attacks, or behaviours intended to avoid their recurrence, that results in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another medical condition and are not due to the effects of a substance or medication on the central nervous system.

Exclusions: Panic attack (MB23.H)

6B02**Agoraphobia**

Agoraphobia is characterised by marked and excessive fear or anxiety that occurs in response to multiple situations where escape might be difficult or help might not be available, such as using public transportation, being in crowds, being outside the home alone (e.g., in shops, theatres, standing in line). The individual is consistently anxious about these situations due to a fear of specific negative outcomes (e.g., panic attacks, other incapacitating or embarrassing physical symptoms). The situations are actively avoided, entered only under specific circumstances such as in the presence of a trusted companion, or endured with intense fear or anxiety. The symptoms persist for at least several months, and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B03**Specific phobia**

Specific phobia is characterised by a marked and excessive fear or anxiety that consistently occurs upon exposure or anticipation of exposure to one or more specific objects or situations (e.g., proximity to certain animals, flying, heights, closed spaces, sight of blood or injury) that is out of proportion to actual danger. The phobic objects or situations are avoided or else endured with intense fear or anxiety. Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions: Simple phobia

Exclusions: Body dysmorphic disorder (6B21)
Hypochondriasis (6B23)

6B04**Social anxiety disorder**

Social anxiety disorder is characterised by marked and excessive fear or anxiety that consistently occurs in one or more social situations such as social interactions (e.g. having a conversation), doing something while feeling observed (e.g. eating or drinking in the presence of others), or performing in front of others (e.g. giving a speech). The individual is concerned that he or she will act in a way, or show anxiety symptoms, that will be negatively evaluated by others. Relevant social situations are consistently avoided or else endured with intense fear or anxiety. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B05**Separation anxiety disorder**

Separation anxiety disorder is characterised by marked and excessive fear or anxiety about separation from specific attachment figures. In children and adolescents, separation anxiety typically focuses on caregivers, parents or other family members and the fear or anxiety is beyond what would be considered developmentally normative. In adults, the focus is typically a romantic partner or children. Manifestations of separation anxiety may include thoughts of harm or untoward events befalling the attachment figure, reluctance to go to school or work, recurrent excessive distress upon separation, reluctance or refusal to sleep away from the attachment figure, and recurrent nightmares about separation. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: mood [affective] disorders (6A60-6A8Z)
 Selective mutism (6B06)
 Social anxiety disorder (6B04)

6B06**Selective mutism**

Selective mutism is characterised by consistent selectivity in speaking, such that a child demonstrates adequate language competence in specific social situations, typically at home, but consistently fails to speak in others, typically at school. The disturbance lasts for at least one month, is not limited to the first month of school, and is of sufficient severity to interfere with educational achievement or with social communication. Failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation (e.g. a different language spoken at school than at home).

Exclusions: Schizophrenia (6A20)
 transient mutism as part of separation anxiety in young children (6B05)
 Autism spectrum disorder (6A02)

6B0Y**Other specified anxiety or fear-related disorders****6B0Z****Anxiety or fear-related disorders, unspecified**

Obsessive-compulsive or related disorders (6B20-6B2Z)

Obsessive-compulsive and related disorders is a group of disorders characterised by repetitive thoughts and behaviours that are believed to share similarities in aetiology and key diagnostic validators. Cognitive phenomena such as obsessions, intrusive thoughts and preoccupations are central to a subset of these conditions (i.e., obsessive-compulsive disorder, body dysmorphic disorder, hypochondriasis, and olfactory reference disorder) and are accompanied by related repetitive behaviours. Hoarding Disorder is not associated with intrusive unwanted thoughts but rather is characterised by a compulsive need to accumulate possessions and distress related to discarding them. Also included in the grouping are body-focused repetitive behaviour disorders, which are primarily characterised by recurrent and habitual actions directed at the integument (e.g., hair-pulling, skin-picking) and lack a prominent cognitive aspect. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Coded Elsewhere: Substance-induced obsessive-compulsive or related disorders

Secondary obsessive-compulsive or related syndrome (6E64)

Tourette syndrome (8A05.00)

6B20

Obsessive-compulsive disorder

Obsessive-Compulsive Disorder is characterised by the presence of persistent obsessions or compulsions, or most commonly both. Obsessions are repetitive and persistent thoughts, images, or impulses/urges that are intrusive, unwanted, and are commonly associated with anxiety. The individual attempts to ignore or suppress obsessions or to neutralize them by performing compulsions. Compulsions are repetitive behaviours including repetitive mental acts that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'. In order for obsessive-compulsive disorder to be diagnosed, obsessions and compulsions must be time consuming (e.g. taking more than an hour per day) or result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: anankastic neurosis
obsessive-compulsive neurosis

Exclusions: obsessive compulsive behaviour (MB23.4)

6B20.0

Obsessive-compulsive disorder with fair to good insight

All definitional requirements of obsessive-compulsive disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B20.1

Obsessive-compulsive disorder with poor to absent insight

All definitional requirements of obsessive-compulsive disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B20.Z

Obsessive-compulsive disorder, unspecified

6B21**Body dysmorphic disorder**

Body Dysmorphic Disorder is characterised by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw). In response to their preoccupation, individuals engage in repetitive and excessive behaviours that include repeated examination of the appearance or severity of the perceived defect or flaw, excessive attempts to camouflage or alter the perceived defect, or marked avoidance of social situations or triggers that increase distress about the perceived defect or flaw. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions:

Anorexia Nervosa (6B80)

Bodily distress disorder (6C20)

Concern about body appearance (QD30-QD3Z)

6B21.0**Body dysmorphic disorder with fair to good insight**

All definitional requirements of body dysmorphic disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B21.1**Body dysmorphic disorder with poor to absent insight**

All definitional requirements of body dysmorphic disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B21.Z**Body dysmorphic disorder, unspecified****6B22****Olfactory reference disorder**

Olfactory Reference Disorder is characterised by persistent preoccupation with the belief that one is emitting a perceived foul or offensive body odour or breath that is either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness about the perceived odour, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the odour). In response to their preoccupation, individuals engage in repetitive and excessive behaviours such as repeatedly checking for body odour or checking the perceived source of the smell, or repeatedly seeking reassurance, excessive attempts to camouflage, alter, or prevent the perceived odour, or marked avoidance of social situations or triggers that increase distress about the perceived foul or offensive odour. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B22.0	Olfactory reference disorder with fair to good insight All definitional requirements of olfactory reference disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.
6B22.1	Olfactory reference disorder with poor to absent insight All definitional requirements of olfactory reference disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.
6B22.Z	Olfactory reference disorder, unspecified
6B23	Hypochondriasis Hypochondriasis is characterised by persistent preoccupation or fear about the possibility of having one or more serious, progressive or life-threatening illnesses. The preoccupation is accompanied by either: 1) repetitive and excessive health-related behaviours, such as repeatedly checking the body for evidence of illness, spending inordinate amounts of time searching for information about the feared illness, repeatedly seeking reassurance (e.g. arranging multiple medical consultations); or 2) maladaptive avoidance behaviour related to health (e.g. avoids medical appointments). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. <i>Inclusions:</i> Hypochondriacal neurosis Illness anxiety disorder <i>Exclusions:</i> Body dysmorphic disorder (6B21) Bodily distress disorder (6C20) Fear of cancer (MG24.0)
6B23.0	Hypochondriasis with fair to good insight All definitional requirements of hypochondriasis are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.
6B23.1	Hypochondriasis with poor to absent insight All definitional requirements of hypochondriasis are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.
6B23.Z	Hypochondriasis, unspecified

6B24**Hoarding disorder**

Hoarding disorder is characterised by accumulation of possessions that results in living spaces becoming cluttered to the point that their use or safety is compromised. Accumulation occurs due to both repetitive urges or behaviours related to amassing items and difficulty discarding possessions due to a perceived need to save items and distress associated with discarding them. If living areas are uncluttered this is only due to the intervention of third parties (e.g., family members, cleaners, authorities). Amassment may be passive (e.g. accumulation of incoming flyers or mail) or active (e.g. excessive acquisition of free, purchased, or stolen items). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B24.0**Hoarding disorder with fair to good insight**

All definitional requirements of hoarding disorder are met. The individual recognizes that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are problematic. This qualifier level may still be applied if, at circumscribed times (e.g., when being forced to discard items), the individual demonstrates no insight.

6B24.1**Hoarding disorder with poor to absent insight**

All definitional requirements of hoarding disorder are met. Most or all of the time, the individual is convinced that that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are not problematic, despite evidence to the contrary. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B24.Z**Hoarding disorder, unspecified****6B25****Body-focused repetitive behaviour disorders**

Body focused repetitive behaviour disorders are characterised by recurrent and habitual actions directed at the integument (e.g. hair-pulling, skin-picking, lip-biting), typically accompanied by unsuccessful attempts to decrease or stop the behaviour involved, and which lead to dermatological sequelae (e.g., hair loss, skin lesions, lip abrasions). The behaviour may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B25.0**Trichotillomania**

Trichotillomania is characterised by recurrent pulling of one's own hair leading to significant hair loss, accompanied by unsuccessful attempts to decrease or stop the behaviour. Hair pulling may occur from any region of the body in which hair grows but the most common sites are the scalp, eyebrows, and eyelids. Hair pulling may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Compulsive hair plucking

Exclusions: stereotyped movement disorder with hair-plucking (6A06)

6B25.1**Excoriation disorder**

Excoriation disorder is characterised by recurrent picking of one's own skin leading to skin lesions, accompanied by unsuccessful attempts to decrease or stop the behaviour. The most commonly picked sites are the face, arms and hands, but many individuals pick from multiple body sites. Skin picking may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: skin picking disorder

Exclusions: Stereotyped movement disorder (6A06)

Acute excoriation of skin (ME62.9)

Chronic excoriation of skin (ME63.7)

6B25.Y**Other specified body-focused repetitive behaviour disorders****6B25.Z****Body-focused repetitive behaviour disorders, unspecified****6B2Y****Other specified obsessive-compulsive or related disorders****6B2Z****Obsessive-compulsive or related disorders, unspecified**

Disorders specifically associated with stress (6B40-6B4Z)

Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Although not all individuals exposed to an identified stressor will develop a disorder, the disorders in this grouping would not have occurred without experiencing the stressor. Stressful events for some disorders in this grouping are within the normal range of life experiences (e.g., divorce, socio-economic problems, bereavement). Other disorders require the experience of a stressor of an extremely threatening or horrific nature (i.e., potentially traumatic events). With all disorders in this grouping, it is the nature, pattern, and duration of the symptoms that arise in response to the stressful events—together with associated functional impairment—that distinguishes the disorders.

Exclusions: Burnout (QD85)
Acute stress reaction (QE84)

6B40

Post traumatic stress disorder

Post traumatic stress disorder (PTSD) may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Traumatic neurosis

Exclusions: Acute stress reaction (QE84)
Complex post traumatic stress disorder (6B41)

6B41

Complex post traumatic stress disorder

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Post traumatic stress disorder (6B40)
Personality disorder (6D10)

6B42

Prolonged grief disorder

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterised by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B43

Adjustment disorder

Adjustment disorder is a maladaptive reaction to an identifiable psychosocial stressor or multiple stressors (e.g. divorce, illness or disability, socio-economic problems, conflicts at home or work) that usually emerges within a month of the stressor. The disorder is characterised by preoccupation with the stressor or its consequences, including excessive worry, recurrent and distressing thoughts about the stressor, or constant rumination about its implications, as well as by failure to adapt to the stressor that causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The symptoms are not better explained by another mental disorder (e.g., Mood Disorder, another Disorder Specifically Associated with Stress) and typically resolve within 6 months, unless the stressor persists for a longer duration.

Exclusions:

- separation anxiety disorder of childhood (6B05)
- Recurrent depressive disorder (6A71)
- Single episode depressive disorder (6A70)
- Prolonged grief disorder (6B42)
- Uncomplicated bereavement (QE62)
- Burnout (QD85)
- Acute stress reaction (QE84)

6B44

Reactive attachment disorder

Reactive attachment disorder is characterised by grossly abnormal attachment behaviours in early childhood, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, maltreatment, institutional deprivation). Even when an adequate primary caregiver is newly available, the child does not turn to the primary caregiver for comfort, support and nurture, rarely displays security-seeking behaviours towards any adult, and does not respond when comfort is offered. Reactive attachment disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions:

Asperger syndrome (6A02)

disinhibited attachment disorder of childhood (6B45)

6B45

Disinhibited social engagement disorder

Disinhibited social engagement disorder is characterised by grossly abnormal social behaviour, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, institutional deprivation). The child approaches adults indiscriminately, lacks reticence to approach, will go away with unfamiliar adults, and exhibits overly familiar behaviour towards strangers. Disinhibited social engagement disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions:

Asperger syndrome (6A02)

Adjustment disorder (6B43)

Attention deficit hyperactivity disorder (6A05)

reactive attachment disorder of childhood (6B44)

6B4Y

Other specified disorders specifically associated with stress

6B4Z

Disorders specifically associated with stress, unspecified

Dissociative disorders (6B60-6B6Z)

Dissociative disorders are characterised by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behaviour. Disruption or discontinuity may be complete, but is more commonly partial, and can vary from day to day or even from hour to hour. The symptoms of dissociative disorders are not due to the direct effects of a medication or substance, including withdrawal effects, are not better explained by another Mental, behavioural, or neurodevelopmental disorder, a Sleep-wake disorder, a Disease of the nervous system or other health condition, and are not part of an accepted cultural, religious, or spiritual practice. Dissociative symptoms in dissociative disorders are sufficiently severe to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Coded Elsewhere: Secondary dissociative syndrome (6E65)

6B60

Dissociative neurological symptom disorder

Dissociative neurological symptom disorder is characterised by the presentation of motor, sensory, or cognitive symptoms that imply an involuntary discontinuity in the normal integration of motor, sensory, or cognitive functions and are not consistent with a recognised disease of the nervous system, other mental or behavioural disorder, or other medical condition. The symptoms do not occur exclusively during another dissociative disorder and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects, or a Sleep-Wake disorder.

Exclusions: Factitious disorders (6D50-6D5Z)

6B60.0

Dissociative neurological symptom disorder, with visual disturbance

Dissociative neurological symptom disorder, with visual disturbance is characterised by visual symptoms such as blindness, tunnel vision, diplopia, visual distortions or hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.1

Dissociative neurological symptom disorder, with auditory disturbance

Dissociative neurological symptom disorder, with auditory disturbance is characterised by auditory symptoms such as loss of hearing or auditory hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.2

Dissociative neurological symptom disorder, with vertigo or dizziness

Dissociative neurological symptom disorder, with vertigo or dizziness is characterised by a sensation of spinning while stationary (vertigo) or dizziness that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

- 6B60.3 Dissociative neurological symptom disorder, with other sensory disturbance**
Dissociative neurological symptom disorder, with other sensory disturbance is characterised by sensory symptoms not identified in other specific categories in this grouping such as numbness, tightness, tingling, burning, pain, or other symptoms related to touch, smell, taste, balance, proprioception, kinesthesia, or thermoception. The symptoms are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
- 6B60.4 Dissociative neurological symptom disorder, with non-epileptic seizures**
Dissociative neurological symptom disorder, with non-epileptic seizures is characterised by a symptomatic presentation of seizures or convulsions that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
- 6B60.5 Dissociative neurological symptom disorder, with speech disturbance**
Dissociative neurological symptom disorder, with speech disturbance is characterised by symptoms such as difficulty with speaking (dysphonia), loss of the ability to speak (aphonia) or difficult or unclear articulation of speech (dysarthria) that are not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
- 6B60.6 Dissociative neurological symptom disorder, with paresis or weakness**
Dissociative neurological symptom disorder, with paresis or weakness is characterised by a difficulty or inability to intentionally move parts of the body or to coordinate movements that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.
- 6B60.7 Dissociative neurological symptom disorder, with gait disturbance**
Dissociative neurological symptom disorder, with gait disturbance is characterised by symptoms involving the individual's ability or manner of walking, including ataxia and the inability to stand unaided, that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
- 6B60.8 Dissociative neurological symptom disorder, with movement disturbance**
Dissociative neurological symptom disorder, with movement disturbance is characterised by symptoms such as chorea, myoclonus, tremor, dystonia, facial spasm, parkinsonism, or dyskinesia that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.80	Dissociative neurological symptom disorder, with chorea Dissociative neurological symptom disorder, with chorea is characterised by irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
6B60.81	Dissociative neurological symptom disorder, with myoclonus Dissociative neurological symptom disorder, with myoclonus is characterised by sudden rapid jerks that may be focal, multifocal or generalised that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
6B60.82	Dissociative neurological symptom disorder, with tremor Dissociative neurological symptom disorder, with tremor is characterised by involuntary oscillation of a body part that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.
6B60.83	Dissociative neurological symptom disorder, with dystonia Dissociative neurological symptom disorder, with dystonia is characterised by sustained muscle contractions that frequently cause twisting and repetitive movements or abnormal postures that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.
6B60.84	Dissociative neurological symptom disorder, with facial spasm Dissociative neurological symptom disorder, with facial spasm is characterised by involuntary muscle contractions or twitching of the face that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.
6B60.85	Dissociative neurological symptom disorder, with Parkinsonism Dissociative neurological symptom disorder, with Parkinsonism is characterised by a symptomatic presentation of a Parkinson-like syndrome in the absence of confirmed Parkinson disease that does not occur exclusively during another mental, behavioural or neurodevelopmental disorder, other medical condition, or another dissociative disorder. Dissociative neurological symptom disorder, with Parkinsonism can be distinguished from Parkinson disease by features such as abrupt onset, early disability, bilateral shaking and slowness, nondecremental slowness when performing repetitive movements, voluntary resistance against passive movement without cogwheel rigidity, distractibility, 'give-way' weakness, stuttering speech, bizarre gait, and a variety of behavioural symptoms.
6B60.8Y	Dissociative neurological symptom disorder, with other specified movement disturbance

6B60.8Z	Dissociative neurological symptom disorder, with unspecified movement disturbance
6B60.9	Dissociative neurological symptom disorder, with cognitive symptoms Dissociative neurological symptom disorder, with cognitive symptoms is characterised by impaired cognitive performance in memory, language or other cognitive domains that is internally inconsistent and not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or another medical condition and does not occur exclusively during another dissociative disorder. Exclusions: Dissociative amnesia (6B61)
6B60.Y	Dissociative neurological symptom disorder, with other specified symptoms
6B60.Z	Dissociative neurological symptom disorder, with unspecified symptoms
6B61	Dissociative amnesia Dissociative amnesia is characterised by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that is inconsistent with ordinary forgetting. The amnesia does not occur exclusively during another dissociative disorder and is not better explained by another mental, behavioural or neurodevelopmental disorder. The amnesia is not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and is not due to a disease of the nervous system or to head trauma. The amnesia results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. Exclusions: - amnesia NOS (MB21.1) - Amnestic disorder due to use of alcohol (6D72.10) - Anterograde amnesia (MB21.10) - Retrograde amnesia (MB21.11) - nonalcoholic organic amnesic syndrome (6D72.0) - postictal amnesia in epilepsy (8A60-8A6Z)
6B61.0	Dissociative amnesia with dissociative fugue Dissociative amnesia with dissociative fugue is characterised by all of the features of Dissociative Amnesia, accompanied by dissociative fugue, i.e., a loss of a sense of personal identity and sudden travel away from home, work, or significant others for an extended period of time (days or weeks). A new identity may be assumed. Exclusions: postictal fugue in epilepsy (8A60-8A6Z)
6B61.1	Dissociative amnesia without dissociative fugue Dissociative amnesia without dissociative fugue is characterised by all of the features of dissociative amnesia occurring in the absence of symptoms of dissociative fugue.
6B61.Z	Dissociative amnesia, unspecified

6B62**Trance disorder**

Trance disorder is characterised by trance states in which there is a marked alteration in the individual's state of consciousness or a loss of the individual's customary sense of personal identity in which the individual experiences a narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli and restriction of movements, postures, and speech to repetition of a small repertoire that is experienced as being outside of one's control. The trance state is not characterised by the experience of being replaced by an alternate identity. Trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system, head trauma, or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B63**Possession trance disorder**

Possession trance disorder is characterised by trance states in which there is a marked alteration in the individual's state of consciousness and the individual's customary sense of personal identity is replaced by an external 'possessing' identity and in which the individual's behaviours or movements are experienced as being controlled by the possessing agent. Possession trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions:

Schizophrenia (6A20)

Disorders due to use of other specified psychoactive substances, including medications (6C4E)

Acute and transient psychotic disorder (6A23)

Secondary personality change (6E68)

6B64

Dissociative identity disorder

Dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. At least two distinct personality states recurrently take executive control of the individual's consciousness and functioning in interacting with others or with the environment, such as in the performance of specific aspects of daily life such as parenting, or work, or in response to specific situations (e.g., those that are perceived as threatening). Changes in personality state are accompanied by related alterations in sensation, perception, affect, cognition, memory, motor control, and behaviour. There are typically episodes of amnesia, which may be severe. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B65

Partial dissociative identity disorder

Partial dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. One personality state is dominant and normally functions in daily life, but is intruded upon by one or more non-dominant personality states (dissociative intrusions). These intrusions may be cognitive, affective, perceptual, motor, or behavioural. They are experienced as interfering with the functioning of the dominant personality state and are typically aversive. The non-dominant personality states do not recurrently take executive control of the individual's consciousness and functioning, but there may be occasional, limited and transient episodes in which a distinct personality state assumes executive control to engage in circumscribed behaviours, such as in response to extreme emotional states or during episodes of self-harm or the reenactment of traumatic memories. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B66**Depersonalization-derealization disorder**

Depersonalization-derealization disorder is characterised by persistent or recurrent experiences of depersonalization, derealization, or both. Depersonalization is characterised by experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one's thoughts, feelings, sensations, body, or actions. Derealization is characterised by experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one's surroundings. During experiences of depersonalization or derealization, reality testing remains intact. The experiences of depersonalization or derealization do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The experiences of depersonalization or derealization are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or to head trauma. The symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B6Y**Other specified dissociative disorders****6B6Z****Dissociative disorders, unspecified****Feeding or eating disorders (6B80-6B8Z)**

Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned. Feeding disorders involve behavioural disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods. Eating disorders involve abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

6B80**Anorexia Nervosa**

Anorexia Nervosa is characterised by significantly low body weight for the individual's height, age and developmental stage that is not due to another health condition or to the unavailability of food. A commonly used threshold is body mass index (BMI) less than 18.5 kg/m² in adults and BMI-for-age under 5th percentile in children and adolescents. Rapid weight loss (e.g. more than 20% of total body weight within 6 months) may replace the low body weight guideline as long as other diagnostic requirements are met. Children and adolescents may exhibit failure to gain weight as expected based on the individual developmental trajectory rather than weight loss. Low body weight is accompanied by a persistent pattern of behaviours to prevent restoration of normal weight, which may include behaviours aimed at reducing energy intake (restricted eating), purging behaviours (e.g. self-induced vomiting, misuse of laxatives), and behaviours aimed at increasing energy expenditure (e.g. excessive exercise), typically associated with a fear of weight gain. Low body weight or shape is central to the person's self-evaluation or is inaccurately perceived to be normal or even excessive.

6B80.0	Anorexia Nervosa with significantly low body weight Anorexia Nervosa with significantly low body weight meets all definitional requirements for Anorexia Nervosa, with BMI between 18.5 kg/m² and 14.0 kg/m² for adults or between the fifth percentile and the 0.3 percentile for BMI-for-age in children and adolescents.
6B80.00	Anorexia Nervosa with significantly low body weight, restricting pattern Anorexia Nervosa with significantly low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.
6B80.01	Anorexia Nervosa with significantly low body weight, binge-purge pattern Anorexia Nervosa with significantly low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.
6B80.0Z	Anorexia Nervosa with significantly low body weight, unspecified
6B80.1	Anorexia Nervosa with dangerously low body weight Anorexia Nervosa with dangerously low body weight meets all definitional requirements for Anorexia Nervosa, with BMI under 14.0 kg/m² in adults or under the 0.3rd percentile for BMI-for-age in children and adolescents. In the context of Anorexia Nervosa, severe underweight status is an important prognostic factor that is associated with high risk of physical complications and substantially increased mortality.
6B80.10	Anorexia Nervosa with dangerously low body weight, restricting pattern Anorexia Nervosa with dangerously low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.
6B80.11	Anorexia Nervosa with dangerously low body weight, binge-purge pattern Anorexia Nervosa with dangerously low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.1Z Anorexia Nervosa with dangerously low body weight, unspecified

6B80.2 Anorexia Nervosa in recovery with normal body weight

Among individuals who are recovering from Anorexia Nervosa and whose body weight is more than 18.5 kg/m² for adults or over the fifth percentile for BMI-for-age for children and adolescents, the diagnosis should be retained until a full and lasting recovery is achieved, as indicated by the maintenance of a healthy weight and the cessation of behaviours aimed at reducing body weight independent of the provision of treatment (e.g., for at least 1 year after intensive treatment is withdrawn).

6B80.Y Other specified anorexia Nervosa

6B80.Z Anorexia Nervosa, unspecified

6B81 Bulimia Nervosa

Bulimia Nervosa is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of at least one month). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is accompanied by repeated inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). The individual is preoccupied with body shape or weight, which strongly influences self-evaluation. There is marked distress about the pattern of binge eating and inappropriate compensatory behaviour or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The individual does not meet the diagnostic requirements of Anorexia Nervosa.

Exclusions: Binge eating disorder (6B82)

6B82 Binge eating disorder

Binge eating disorder is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of several months). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is experienced as very distressing, and is often accompanied by negative emotions such as guilt or disgust. However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). There is marked distress about the pattern of binge eating or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Bulimia Nervosa (6B81)

6B83**Avoidant-restrictive food intake disorder**

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that results in: 1) the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual; or 2) significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to avoidance or distress related to participating in social experiences involving eating). The pattern of eating behaviour is not motivated by preoccupation with body weight or shape. Restricted food intake and its effects on weight, other aspects of health, or functioning are not due to unavailability of food, not a manifestation of another medical condition (e.g. food allergies, hyperthyroidism) or mental disorder, and are not due to the effect of a substance or medication on the central nervous system including withdrawal effects.

Exclusions:

Anorexia Nervosa (6B80)

Feeding problem of infant (MG43.30)

Feeding problems of newborn (KD32)

6B84**Pica**

Pica is characterised by the regular consumption of non-nutritive substances, such as non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour) that is persistent or severe enough to require clinical attention in an individual who has reached a developmental age at which they would be expected to distinguish between edible and non-edible substances (approximately 2 years). That is, the behaviour causes damage to health, impairment in functioning, or significant risk due to the frequency, amount or nature of the substances or objects ingested.

6B85**Rumination-regurgitation disorder**

Rumination-regurgitation disorder is characterised by the intentional and repeated bringing up of previously swallowed food back to the mouth (i.e., regurgitation), which may be re-chewed and re-swallowed (i.e. rumination), or may be deliberately spat out (but not as in vomiting). The regurgitation behaviour is frequent (at least several times per week) and sustained over a period of at least several weeks. The regurgitation behaviour is not fully accounted for by another medical condition that directly causes regurgitation (e.g., oesophageal strictures or neuromuscular disorders affecting oesophageal functioning) or causes nausea or vomiting (e.g. pyloric stenosis). Rumination-regurgitation disorder should only be diagnosed in individuals who have reached a developmental age of at least 2 years.

Exclusions:

Adult rumination syndrome (DD90.6)

Nausea or vomiting (MD90)

6B8Y**Other specified feeding or eating disorders****6B8Z****Feeding or eating disorders, unspecified**

Elimination disorders (6C00-6C0Z)

Elimination disorders include the repeated voiding of urine into clothes or bed (enuresis) and the repeated passage of faeces in inappropriate places (encopresis). Elimination disorders should only be diagnosed after the individual has reached a developmental age when continence is ordinarily expected (5 years for enuresis and 4 years for encopresis). The urinary or faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder or bowel control. An Elimination disorder should not be diagnosed if the behaviour is fully attributable to another health condition that causes incontinence, congenital or acquired abnormalities of the urinary tract or bowel, or excessive use of laxatives or diuretics.

6C00

Enuresis

Enuresis is the repeated voiding of urine into clothes or bed, which may occur during the day or at night, in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional. Enuresis should not be diagnosed if unintentional voiding of urine is due to a health condition that interferes with continence (e.g., diseases of the nervous system or musculoskeletal disorders) or by congenital or acquired abnormalities of the urinary tract.

Inclusions:

Functional enuresis
Psychogenic enuresis
Urinary incontinence of nonorganic origin

Exclusions:

Stress incontinence (MF50.20)
Urge Incontinence (MF50.21)
Functional urinary incontinence (MF50.23)
Overflow Incontinence (MF50.2)
Reflex incontinence (MF50.24)
Extraurethral urinary incontinence (MF50.2)

6C00.0

Nocturnal enuresis

Nocturnal enuresis refers to repeated voiding of urine into clothes or bed that occurs only during sleep (i.e., during the night) in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.1

Diurnal enuresis

Diurnal enuresis refers to repeated voiding of urine into clothes that occurs only during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.2	Nocturnal and diurnal enuresis
	Nocturnal and diurnal enuresis refers to repeated voiding of urine into clothes or bed that occurs both during sleep (i.e., during the night) and during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.
6C00.Z	Enuresis, unspecified
6C01	Encopresis
	Encopresis is the repeated passage of faeces in inappropriate places. Encopresis should be diagnosed if inappropriate passage of faeces occurs repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis should not be diagnosed if faecal soiling is fully attributable to another health condition (e.g., aganglionic megacolon, spina bifida, dementia), congenital or acquired abnormalities of the bowel, gastrointestinal infection, or excessive use of laxatives.
6C01.0	Encopresis with constipation or overflow incontinence
	Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis with constipation and overflow incontinence is the most common form of faecal soiling, and involves retention and impaction of faeces. Stools are typically — but not always — poorly formed (loose or liquid) and leakage may range from occasional to continuous. There is often a history of toilet avoidance leading to constipation.
6C01.1	Encopresis without constipation or overflow incontinence
	Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis without constipation and overflow is not associated with retention and impaction of faeces, but rather reflects reluctance, resistance or failure to conform to social norms in defecating in acceptable places in the context of normal physiological control over defecation. Stools are typically of normal consistency and inappropriate defecation is likely to be intermittent.
6C01.Z	Encopresis, unspecified
6C0Z	Elimination disorders, unspecified

Disorders of bodily distress or bodily experience (6C20-6C2Z)

Disorders of bodily distress and bodily experience are characterised by disturbances in the person's experience of his or her body. Bodily distress disorder involves bodily symptoms that the individual finds distressing and to which excessive attention is directed. Body integrity dysphoria involves a disturbance in the person's experience of the body manifested by the persistent desire to have a specific physical disability accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration.

Exclusions: Dissociative neurological symptom disorder (6B60)
Concern about body appearance (QD30-QD3Z)

6C20

Bodily distress disorder

Bodily distress disorder is characterised by the presence of bodily symptoms that are distressing to the individual and excessive attention directed toward the symptoms, which may be manifest by repeated contact with health care providers. If another health condition is causing or contributing to the symptoms, the degree of attention is clearly excessive in relation to its nature and progression. Excessive attention is not alleviated by appropriate clinical examination and investigations and appropriate reassurance. Bodily symptoms are persistent, being present on most days for at least several months. Typically, bodily distress disorder involves multiple bodily symptoms that may vary over time. Occasionally there is a single symptom—usually pain or fatigue—that is associated with the other features of the disorder. The symptoms and associated distress and preoccupation have at least some impact on the individual's functioning (e.g. strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities).

Exclusions: Tourette syndrome (8A05.00)
Hair pulling disorder (6B25.0)
Dissociative disorders (6B60-6B6Z)
hair-plucking (6B25.0)
Hypochondriasis (6B23)
Body dysmorphic disorder (6B21)
Excoriation disorder (6B25.1)
Gender incongruence (HA60-HA6Z)
Sexual dysfunctions (HA00-HA0Z)
Tic disorders (8A05)
Sexual pain-penetration disorder (HA20)
Postviral fatigue syndrome (8E49)
Chronic fatigue syndrome (8E49)
Myalgic encephalomyelitis (8E49)

6C20.0**Mild bodily distress disorder**

All definitional requirements of bodily distress disorder are present. There is excessive attention to distressing symptoms and their consequences, which may result in frequent medical visits, but the person is not preoccupied with the symptoms (e.g., the individual spends less than an hour per day focusing on them). Although the individual expresses distress about the symptoms and they may have some impact on his or her life (e.g., strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities), there is no substantial impairment in the person's personal, family, social, educational, occupational, or other important areas of functioning.

6C20.1**Moderate bodily distress disorder**

All definitional requirements of bodily distress disorder are present. There is persistent preoccupation with the distressing symptoms and their consequences (e.g., the individual spends more than an hour a day thinking about them), typically associated with frequent medical visits. The person devotes much of his or her energy to focusing on the symptoms and their consequences. The symptoms and associated distress and preoccupation cause moderate impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., relationship conflict, performance problems at work, abandonment of a range of social and leisure activities).

6C20.2**Severe bodily distress disorder**

All definitional requirements of Bodily distress disorder are present. There is pervasive and persistent preoccupation with the symptoms and their consequences to the extent that these may become the focal point of the person's life, typically resulting in extensive interactions with the health care system. The symptoms and associated distress and preoccupation cause serious impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., unable to work, alienation of friends and family, abandonment of nearly all social and leisure activities). The person's interests may become so narrow as to focus almost exclusively on his or her bodily symptoms and their negative consequences.

6C20.Z**Bodily distress disorder, unspecified****6C21****Body integrity dysphoria**

Body integrity dysphoria is characterised by an intense and persistent desire to become physically disabled in a significant way (e.g. major limb amputee, paraplegic, blind), with onset by early adolescence accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration. The desire to become physically disabled results in harmful consequences, as manifested by either the preoccupation with the desire (including time spent pretending to be disabled) significantly interfering with productivity, with leisure activities, or with social functioning (e.g. person is unwilling to have a close relationship because it would make it difficult to pretend) or by attempts to actually become disabled having resulted in the person putting his or her health or life in significant jeopardy. The disturbance is not better accounted for by another mental, behavioural or neurodevelopmental disorder, by a Disease of the Nervous System or by another medical condition, or by Malingering.

Exclusions:

Gender incongruence of adolescence or adulthood (HA60)

6C2Y**Other specified disorders of bodily distress or bodily experience****6C2Z****Disorders of bodily distress or bodily experience, unspecified****Disorders due to substance use or addictive behaviours (6C40-6C5Z)**

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

Disorders due to substance use (6C40-6C4Z)

Disorders due to substance use include disorders that result from a single occasion or repeated use of substances that have psychoactive properties, including certain medications. Disorders related to fourteen classes or groups of psychoactive substances are included. Typically, initial use of these substances produces pleasant or appealing psychoactive effects that are rewarding and reinforcing with repeated use. With continued use, many of the included substances have the capacity to produce dependence. They also have the potential to cause numerous forms of harm, both to mental and physical health. Disorders due to harmful non-medical use of non-psychoactive substances are also included in this grouping.

Coded Elsewhere: Catatonia induced by substances or medications (6A41)

6C40**Disorders due to use of alcohol**

Disorders due to use of alcohol are characterised by the pattern and consequences of alcohol use. Alcohol—more specifically termed ethyl alcohol or ethanol—is an intoxicating compound produced by fermentation of sugars usually in agricultural products such as fruits, cereals, and vegetables with or without subsequent distillation. There are a wide variety of alcoholic drinks, with alcohol concentrations typically ranging from 1.5% to 60%. Alcohol is predominantly a central nervous system depressant. In addition to ability to produce Alcohol Intoxication, alcohol has dependence-producing properties, resulting in Alcohol Dependence in some people and Alcohol Withdrawal when alcohol use is reduced or discontinued. Unlike most other substances, elimination of alcohol from the body occurs at a constant rate, such that its clearance follows a linear rather than a logarithmic course. Alcohol is implicated in a wide range of harms affecting most organs and systems of the body (e.g., cirrhosis of the liver, gastrointestinal cancers, pancreatitis). Harm to others resulting from behaviour during Alcohol Intoxication is well recognized and is included in the definitions of harmful use of alcohol (i.e., Episode of Harmful Use of Alcohol and Harmful Pattern of Use of Alcohol). Several alcohol-induced mental disorders (e.g., Alcohol-Induced Psychotic Disorder) and alcohol-related forms of neurocognitive impairment (e.g., Dementia Due to Use of Alcohol) are recognized.

Exclusions: Hazardous alcohol use (QE10)

6C40.0 Episode of harmful use of alcohol

An episode of use of alcohol that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to alcohol intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of alcohol use.

Exclusions: Harmful pattern of use of alcohol (6C40.1)
Alcohol dependence (6C40.2)

6C40.1 Harmful pattern of use of alcohol

A pattern of alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of alcohol use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Alcohol dependence (6C40.2)
Episode of harmful use of alcohol (6C40.0)

6C40.10 Harmful pattern of use of alcohol, episodic

A pattern of episodic or intermittent alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic alcohol use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Episode of harmful use of alcohol (6C40.0)
Alcohol dependence (6C40.2)

6C40.11	Harmful pattern of use of alcohol, continuous
	A pattern of continuous (daily or almost daily) alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous alcohol use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.
	Exclusions: Episode of harmful use of alcohol (6C40.0) Alcohol dependence (6C40.2)
6C40.12	Harmful pattern of use of alcohol, unspecified
6C40.2	Alcohol dependence
	Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 3 months.
	Inclusions: Chronic alcoholism Dipsomania
	Exclusions: Episode of harmful use of alcohol (6C40.0) Harmful pattern of use of alcohol (6C40.1)
6C40.20	Alcohol dependence, current use, continuous
	Alcohol dependence with continuous consumption of alcohol (daily or almost daily) over a period of at least 1 month.
	Exclusions: Episode of harmful use of alcohol (6C40.0) Harmful pattern of use of alcohol (6C40.1)
6C40.21	Alcohol dependence, current use, episodic
	During the past 12 months, there has been alcohol dependence with intermittent heavy drinking, with periods of abstinence from alcohol. If current use is continuous (daily or almost daily over at least the past 1 month), the diagnosis of Alcohol dependence, current use, continuous should be made instead.
	Exclusions: Episode of harmful use of alcohol (6C40.0) Harmful pattern of use of alcohol (6C40.1)

- 6C40.22** Alcohol dependence, early full remission
 After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from alcohol during a period lasting between 1 and 12 months.
Exclusions: Episode of harmful use of alcohol (6C40.0)
 Harmful pattern of use of alcohol (6C40.1)
- 6C40.23** Alcohol dependence, sustained partial remission
 After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in alcohol consumption for more than 12 months, such that even though intermittent or continuing drinking has occurred during this period, the definitional requirements for dependence have not been met.
Exclusions: Episode of harmful use of alcohol (6C40.0)
 Harmful pattern of use of alcohol (6C40.1)
- 6C40.24** Alcohol dependence, sustained full remission
 After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from alcohol for 12 months or longer.
Exclusions: Episode of harmful use of alcohol (6C40.0)
 Harmful pattern of use of alcohol (6C40.1)
- 6C40.2Z** Alcohol dependence, unspecified
- 6C40.3 Alcohol intoxication**
 Alcohol intoxication is a clinically significant transient condition that develops during or shortly after the consumption of alcohol that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of alcohol and their intensity is closely related to the amount of alcohol consumed. They are time-limited and abate as alcohol is cleared from the body. Presenting features may include impaired attention, inappropriate or aggressive behaviour, lability of mood and emotions, impaired judgment, poor coordination, unsteady gait, fine nystagmus and slurred speech. At more severe levels of intoxication, stupor or coma may occur. Alcohol intoxication may facilitate suicidal ideation or behaviour.
- Coding Note:** Code also the causing condition
Exclusions: alcohol poisoning (NE61)
 Possession trance disorder (6B63)

6C40.4 Alcohol withdrawal

Alcohol withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed Alcohol dependence or have used alcohol for a prolonged period or in large amounts. Presenting features of Alcohol withdrawal may include autonomic hyperactivity (e.g. tachycardia, hypertension, perspiration), increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, depressed or dysphoric mood, transient visual, tactile or auditory illusions or hallucinations, and distractability. Less commonly, the withdrawal state is complicated by generalised tonic-clonic seizures. The withdrawal state may progress to a very severe form of delirium characterised by confusion and disorientation, delusions, and prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Alcohol-induced delirium should also be assigned.

Coding Note: Code also the causing condition

6C40.40 Alcohol withdrawal, uncomplicated

All diagnostic requirements for Alcohol Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C40.41 Alcohol withdrawal with perceptual disturbances

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C40.42 Alcohol withdrawal with seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C40.43 Alcohol withdrawal with perceptual disturbances and seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Coding Note: Code also the causing condition

6C40.4Z Alcohol withdrawal, unspecified

Coding Note: Code also the causing condition

6C40.5 Alcohol-induced delirium

Alcohol-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of alcohol. The amount and duration of alcohol use must be capable of producing delirium. Specific features of alcohol-induced delirium may include impaired consciousness with disorientation, vivid hallucinations and illusions, insomnia, delusions, agitation, disturbances of attention, and accompanying tremor and physiological symptoms of alcohol withdrawal. In some cases of alcohol withdrawal, the withdrawal state may progress to a very severe form of Alcohol-induced delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium tremens (alcohol-induced)
Delirium induced by alcohol withdrawal

6C40.6 Alcohol-induced psychotic disorder

Alcohol-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.60 Alcohol-induced psychotic disorder with hallucinations

Alcohol-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of alcohol use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnagogic 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 hypnagogic 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 hypnagogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).
- Coding Note:** Code also the causing condition
- 6C40.6Z** Alcohol-induced psychotic disorder, unspecified
Coding Note: Code also the causing condition
- 6C40.7** **Certain specified alcohol-induced mental or behavioural disorders**
Coding Note: Code also the causing condition
Coded Elsewhere: Amnestic disorder due to use of alcohol (6D72.10)
Dementia due to use of alcohol (6D84.0)
- 6C40.70** Alcohol-induced mood disorder
Alcohol-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with alcohol use).
- Coding Note:** Code also the causing condition

6C40.71**Alcohol-induced anxiety disorder**

Alcohol-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.Y**Other specified disorders due to use of alcohol****6C40.Z****Disorders due to use of alcohol, unspecified****6C41****Disorders due to use of cannabis**

Disorders due to use of cannabis are characterised by the pattern and consequences of cannabis use. Cannabis is the collective term for a range of psychoactive preparations of the cannabis plant, *Cannabis sativa*, and related species and hybrids. Cannabis contains cannabinoids, a class of diverse chemical compounds that act on endogenous cannabinoid receptors that modulate neurotransmitter release in the brain. The principal psychoactive cannabinoid is δ -9-tetrahydrocannabinol (THC). Cannabis is typically smoked in the form of the flowering heads or leaves of the marijuana plant; tobacco is often mixed with cannabis when smoked. There are also cannabis oils that are prepared from these same sources. These preparations vary considerably in their THC potency. Cannabis has predominantly central nervous system depressant effects and produces a characteristic euphoria that may be part of the presenting features of Cannabis Intoxication, which may also include impairment in cognitive and psychomotor functioning. Cannabis has dependence-producing properties resulting in Cannabis Dependence in some people and Cannabis Withdrawal when use is reduced or discontinued. Cannabis is associated with a range of Cannabis-Induced Mental Disorders.

Exclusions: Disorders due to use of synthetic cannabinoids (6C42)
Hazardous use of cannabis (QE11.1)

6C41.0 Episode of harmful use of cannabis

An episode of use of cannabis that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cannabis intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cannabis use.

Exclusions: Cannabis dependence (6C41.2)
Harmful pattern of use of cannabis (6C41.1)

6C41.1 Harmful pattern of use of cannabis

A pattern of cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cannabis use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Cannabis dependence (6C41.2)
Episode of harmful use of cannabis (6C41.0)

6C41.10 Harmful pattern of use of cannabis, episodic

A pattern of episodic or intermittent cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cannabis use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Episode of harmful use of cannabis (6C41.0)
Cannabis dependence (6C41.2)

- 6C41.11** Harmful pattern of use of cannabis, continuous
- A pattern of continuous (daily or almost daily) cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cannabis use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.
- Exclusions:** Episode of harmful use of cannabis (6C41.0)
Cannabis dependence (6C41.2)
- 6C41.1Z** Harmful pattern of use of cannabis, unspecified
- 6C41.2** **Cannabis dependence**
- Cannabis dependence is a disorder of regulation of cannabis use arising from repeated or continuous use of cannabis. The characteristic feature is a strong internal drive to use cannabis, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cannabis. Physiological features of dependence may also be present, including tolerance to the effects of cannabis, withdrawal symptoms following cessation or reduction in use of cannabis, or repeated use of cannabis or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cannabis use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of cannabis (6C41.0)
Harmful pattern of use of cannabis (6C41.1)
- 6C41.20** Cannabis dependence, current use
- Current cannabis dependence with use of cannabis within the past month.
- Exclusions:** Episode of harmful use of cannabis (6C41.0)
Harmful pattern of use of cannabis (6C41.1)
- 6C41.21** Cannabis dependence, early full remission
- After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cannabis during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of cannabis (6C41.0)
Harmful pattern of use of cannabis (6C41.1)

6C41.22	Cannabis dependence, sustained partial remission
	After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cannabis consumption for more than 12 months, such that even though cannabis use has occurred during this period, the definitional requirements for dependence have not been met.
	Exclusions: Episode of harmful use of cannabis (6C41.0) Harmful pattern of use of cannabis (6C41.1)
6C41.23	Cannabis dependence, sustained full remission
	After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cannabis for 12 months or longer.
	Exclusions: Episode of harmful use of cannabis (6C41.0) Harmful pattern of use of cannabis (6C41.1)
6C41.2Z	Cannabis dependence, unspecified
6C41.3	Cannabis intoxication
	Cannabis intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cannabis that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cannabis and their intensity is closely related to the amount of cannabis consumed. They are time-limited and abate as cannabis is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia.
Coding Note:	Code also the causing condition
	Inclusions: "Bad trips" due to cannabinoids
	Exclusions: cannabinoid poisoning (NE60) Possession trance disorder (6B63)
6C41.4	Cannabis withdrawal
	Cannabis withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cannabis in individuals who have developed Cannabis dependence or have used cannabis for a prolonged period or in large amounts. Presenting features of Cannabis withdrawal may include irritability, anger or aggressive behaviour, shakiness, insomnia, restlessness, anxiety, depressed or dysphoric mood, decreased appetite and weight loss, headache, sweating or chills, abdominal cramps and muscle aches.
Coding Note:	Code also the causing condition

6C41.5 Cannabis-induced delirium

Cannabis-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cannabis. The amount and duration of cannabis use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C41.6 Cannabis-induced psychotic disorder

Cannabis-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.7 Certain specified cannabis-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C41.70 Cannabis-induced mood disorder

Cannabis-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.71 Cannabis-induced anxiety disorder

Cannabis-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.Y Other specified disorders due to use of cannabis

6C41.Z Disorders due to use of cannabis, unspecified

6C42 Disorders due to use of synthetic cannabinoids

Disorders due to use of synthetic cannabinoids are characterised by the pattern and consequences of synthetic cannabinoid use. Synthetic cannabinoids are synthesized diverse chemical compounds that are potent agonists for endogenous cannabinoid receptors. There are several hundred such compounds. The synthetic compound is typically sprayed onto a vehicle such as cannabis or tea leaves and then smoked. The effect of these compounds is distinctly different from smoking naturally cultivated cannabis in that the euphoric effects are typically accompanied or dominated by psychotic-like symptoms (e.g., paranoia, hallucinations, and disorganized behavior). Synthetic Cannabinoid Intoxication may therefore present more frequently with psychotic symptoms in addition to the more typical effects of cannabis. Synthetic cannabinoids are also dependence-producing and Synthetic Cannabinoid Dependence and Synthetic Cannabinoid Withdrawal are recognized. Synthetic Cannabinoid-Induced Mental Disorders also occur; in particular Synthetic Cannabinoid-Induced Psychotic Disorder is recognized.

Exclusions: Disorders due to use of cannabis (6C41)

6C42.0 Episode of harmful use of synthetic cannabinoids

An episode of use of a synthetic cannabinoid that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cannabinoid use.

Exclusions: Harmful pattern of use of synthetic cannabinoids (6C42.1)
Synthetic cannabinoid dependence (6C42.2)

6C42.1**Harmful pattern of use of synthetic cannabinoids**

A pattern of use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cannabinoid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Synthetic cannabinoid dependence (6C42.2)

6C42.10**Harmful pattern of use of synthetic cannabinoids, episodic**

A pattern of episodic or intermittent use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cannabinoid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Synthetic cannabinoid dependence (6C42.2)

6C42.11**Harmful pattern of use of synthetic cannabinoids, continuous**

A pattern of continuous (daily or almost daily) use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cannabinoid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Synthetic cannabinoid dependence (6C42.2)

6C42.1Y**Other specified harmful pattern of use of synthetic cannabinoids****6C42.1Z****Harmful pattern of use of synthetic cannabinoids, unspecified**

6C42.2 Synthetic cannabinoid dependence

Synthetic cannabinoid dependence is a disorder of regulation of synthetic cannabinoid use arising from repeated or continuous use of synthetic cannabinoids. The characteristic feature is a strong internal drive to use synthetic cannabinoids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cannabinoids. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cannabinoids, withdrawal symptoms following cessation or reduction in use of synthetic cannabinoids, or repeated use of synthetic cannabinoids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cannabinoid use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.20 Synthetic cannabinoid dependence, current use

Current synthetic cannabinoid dependence with use of synthetic cannabinoids within the past month.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.21 Synthetic cannabinoid dependence, early full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cannabinoid use during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.22 Synthetic cannabinoid dependence, sustained partial remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cannabinoid consumption for more than 12 months, such that even though synthetic cannabinoid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.23 Synthetic cannabinoid dependence, sustained full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cannabinoid use for 12 months or longer.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)
Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.2Y Other specified synthetic cannabinoid dependence

6C42.2Z Synthetic cannabinoid dependence, unspecified

6C42.3 Synthetic cannabinoid intoxication

Synthetic cannabinoid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cannabinoids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cannabinoids and their intensity is closely related to the amount of synthetic cannabinoid consumed. They are time-limited and abate as synthetic cannabinoid is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia. Intoxication with synthetic cannabinoids may also cause delirium or acute psychosis.

Coding Note: Code also the causing condition

6C42.4 Synthetic cannabinoid withdrawal

Synthetic cannabinoid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cannabinoids in individuals who have developed Synthetic cannabinoid dependence or have used synthetic cannabinoids for a prolonged period or in large amounts. Presenting features of Synthetic cannabinoid withdrawal may include irritability, anger, aggression, shakiness, insomnia and disturbing dreams, restlessness, anxiety, depressed mood and appetite disturbance. In the early phase, Synthetic cannabinoid withdrawal may be accompanied by residual features of intoxication from the drug, such as paranoid ideation and auditory and visual hallucinations.

Coding Note: Code also the causing condition

6C42.5 Synthetic cannabinoid-induced delirium

Synthetic cannabinoid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cannabinoids. The amount and duration of synthetic cannabinoid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C42.6 Synthetic cannabinoid-induced psychotic disorder

Synthetic cannabinoid-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.7 Certain specified synthetic cannabinoids-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C42.70 Synthetic cannabinoid-induced mood disorder

Synthetic cannabinoid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.71**Synthetic cannabinoid-induced anxiety disorder**

Synthetic cannabinoid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.Y**Other specified disorders due to use of synthetic cannabinoids****6C42.Z****Disorders due to use of synthetic cannabinoids, unspecified****6C43****Disorders due to use of opioids**

Disorders due to use of opioids are characterised by the pattern and consequences of opioid use. Opioids is a generic term that encompasses the constituents or derivatives of the opium poppy *Papaver somniferum* as well as a range of synthetic and semisynthetic compounds, some related to morphine and others chemically distinct but all having their primary actions on the μ opioid receptor. Examples of opioids include morphine, diacetylmorphine (heroin), fentanyl, pethidine, oxycodone, hydromorphone, methadone, buprenorphine, codeine and d-propoxyphene. The opioids all have analgesic properties of different potencies and are primarily central nervous system depressants. They suppress respiration as well as other vital functions and are a common cause of overdose and related deaths. Certain opioids are used or administered parenterally, including heroin, a common and potent opioid that is primarily used non-medically. Therapeutic opioids are prescribed for a range of indications worldwide, and are essential for pain management in cancer pain and palliative care, although they are also used for non-therapeutic reasons. In some countries morbidity and mortality related to therapeutic opioids is greater than that related to heroin. All opioids may result in Opioid Intoxication, Opioid Dependence and Opioid Withdrawal. A range of Opioid-Induced Disorders occur, some of which occur following Opioid Withdrawal.

Exclusions: Hazardous use of opioids (QE11.0)

6C43.0**Episode of harmful use of opioids**

An episode of opioid use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to opioid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of opioid use.

Exclusions: Harmful pattern of use of opioids (6C43.1)
Opioid dependence (6C43.2)

6C43.1**Harmful pattern of use of opioids**

A pattern of use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of opioid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)
Opioid dependence (6C43.2)

6C43.10**Harmful pattern of use of opioids, episodic**

A pattern of episodic or intermittent use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic opioid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)
Opioid dependence (6C43.2)

6C43.11	Harmful pattern of use of opioids, continuous A pattern of continuous (daily or almost daily) use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous opioid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies. Exclusions: Episode of harmful use of opioids (6C43.0) Opioid dependence (6C43.2)
6C43.1Z	Harmful pattern of use of opioids, unspecified
6C43.2	Opioid dependence Opioid dependence is a disorder of regulation of opioid use arising from repeated or continuous use of opioids. The characteristic feature is a strong internal drive to use opioids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use opioids. Physiological features of dependence may also be present, including tolerance to the effects of opioids, withdrawal symptoms following cessation or reduction in use of opioids, or repeated use of opioids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if opioid use is continuous (daily or almost daily) for at least 3 months. Exclusions: Episode of harmful use of opioids (6C43.0) Harmful pattern of use of opioids (6C43.1)
6C43.20	Opioid dependence, current use Opioid dependence, with use of an opioid within the past month. Exclusions: Episode of harmful use of opioids (6C43.0) Harmful pattern of use of opioids (6C43.1)
6C43.21	Opioid dependence, early full remission After a diagnosis of opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from opioid use during a period lasting between 1 and 12 months. Exclusions: Episode of harmful use of opioids (6C43.0) Harmful pattern of use of opioids (6C43.1)

- 6C43.22** Opioid dependence, sustained partial remission
 After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in opioid consumption for more than 12 months, such that even though opioid use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of opioids (6C43.0)
 Harmful pattern of use of opioids (6C43.1)
- 6C43.23** Opioid dependence, sustained full remission
 After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from opioids for 12 months or longer.
- Exclusions:** Episode of harmful use of opioids (6C43.0)
 Harmful pattern of use of opioids (6C43.1)
- 6C43.2Z** Opioid dependence, unspecified
- 6C43.3 Opioid intoxication**
 Opioid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of opioids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of opioids and their intensity is closely related to the amount of opioids consumed. They are time-limited and abate as opioids are cleared from the body. Presenting features may include somnolence, stupor, mood changes (e.g. euphoria followed by apathy and dysphoria), psychomotor retardation, impaired judgment, respiratory depression, slurred speech, and impairment of memory and attention. In severe intoxication coma may ensue. A characteristic physical sign is pupillary constriction but this sign may be absent when intoxication is due to synthetic opioids. Severe opioid intoxication can lead to death due to respiratory depression.
- Coding Note:** Code also the causing condition
- Exclusions:** opioid poisoning (NE60)
 Possession trance disorder (6B63)
 fentanyl poisoning (NE60)
 oxycodone poisoning (NE60)

6C43.4 Opioid withdrawal

Opioid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of opioids in individuals who have developed Opioid dependence or have used opioids for a prolonged period or in large amounts. Opioid withdrawal can also occur when prescribed opioids have been used in standard therapeutic doses. Presenting features of Opioid withdrawal may include dysphoric mood, craving for an opioid, anxiety, nausea or vomiting, abdominal cramps, muscle aches, yawning, perspiration, hot and cold flushes, lacrimation, rhinorrhea, hypersomnia (typically in the initial phase) or insomnia, diarrhea, piloerection, and pupillary dilatation.

Coding Note: Code also the causing condition

6C43.5 Opioid-induced delirium

Opioid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of opioids. The amount and duration of opioid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, Behavioural, and Neurodevelopmental Disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium induced by opioid withdrawal

6C43.6 Opioid-induced psychotic disorder

Opioid-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.7 Certain specified opioid-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C43.70**Opioid-induced mood disorder**

Opioid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.71**Opioid-induced anxiety disorder**

Opioid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.Y**Other specified disorders due to use of opioids****6C43.Z****Disorders due to use of opioids, unspecified****6C44****Disorders due to use of sedatives, hypnotics or anxiolytics**

Disorders due to use of sedatives, hypnotics or anxiolytics are characterised by the pattern and consequences of use of these substances. Sedatives, hypnotics, and anxiolytics are typically prescribed for the short-term treatment of anxiety or insomnia and are also employed to provide sedation for medical procedures. They include the benzodiazepines and the non-benzodiazepine positive allosteric modulators of GABA receptors (i.e., 'Z-drugs') as well as many other compounds. Sedatives, hypnotics, and anxiolytics include barbiturates, which are available much less commonly now than in previous decades. Sedatives, hypnotics, and anxiolytics have dependence-inducing properties that are related to the dose and duration of their use. They may cause intoxication, dependence and withdrawal. Several other mental disorders induced by sedatives, hypnotics, or anxiolytics are recognized.

Exclusions: Hazardous use of sedatives, hypnotics or anxiolytics (QE11.2)

6C44.0**Episode of harmful use of sedatives, hypnotics or anxiolytics**

An episode of use of a sedative, hypnotic or anxiolytic that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to sedative, hypnotic or anxiolytic intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of sedative, hypnotic or anxiolytic use.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)
Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.1**Harmful pattern of use of sedatives, hypnotics or anxiolytics**

A pattern of sedative, hypnotic, or anxiolytic use that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of sedative, hypnotic, or anxiolytic use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)
Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

6C44.10**Harmful pattern of use of sedatives, hypnotics or anxiolytics, episodic**

A pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics is evident over a period of at least 12 months. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
Sedative, hypnotic or anxiolytic dependence (6C44.2)

- 6C44.11** Harmful pattern of use of sedatives, hypnotics or anxiolytics, continuous
 A pattern of continuous use of sedatives, hypnotics or anxiolytics (daily or almost daily) that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of continuous use of sedatives, hypnotics or anxiolytics is evident over a period of at least one month. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Sedative, hypnotic or anxiolytic dependence (6C44.2)
- 6C44.1Z** Harmful pattern of use of sedatives, hypnotics or anxiolytics, unspecified
- 6C44.2** **Sedative, hypnotic or anxiolytic dependence**
 Sedative, hypnotic or anxiolytic dependence is a disorder of regulation of sedative use arising from repeated or continuous use of these substances. The characteristic feature is a strong internal drive to use sedatives, hypnotics, or anxiolytics, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use these substances. Physiological features of dependence may also be present, including tolerance to the effects of sedatives, hypnotics or anxiolytics, withdrawal symptoms following cessation or reduction in use, or repeated use of sedatives or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if sedative use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)
- 6C44.20** Sedative, hypnotic or anxiolytic dependence, current use
 Current Sedative, hypnotic or anxiolytic dependence with use of a sedative, hypnotic or anxiolytic drug within the past month.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

- 6C44.21** Sedative, hypnotic or anxiolytic dependence, early full remission
 After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from sedatives, hypnotics or anxiolytics during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)
- 6C44.22** Sedative, hypnotic or anxiolytic dependence, sustained partial remission
 After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in sedative, hypnotic or anxiolytic consumption for more than 12 months, such that even though sedative, hypnotic or anxiolytic use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)
- 6C44.23** Sedative, hypnotic or anxiolytic dependence, sustained full remission
 After a diagnosis of sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from sedative, hypnotic or anxiolytic for 12 months or longer.
- Exclusions:** Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)
 Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)
- 6C44.2Z** Sedative, hypnotic or anxiolytic dependence, unspecified

6C44.3 Sedative, hypnotic or anxiolytic intoxication

Sedative, hypnotic or anxiolytic intoxication is a clinically significant transient condition that develops during or shortly after the consumption of sedatives, hypnotics or anxiolytics that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of sedatives, hypnotics or anxiolytics and their intensity is closely related to the amount of sedatives, hypnotics or anxiolytics consumed. They are time-limited and abate as sedatives, hypnotics or anxiolytics are cleared from the body. Presenting features may include somnolence, impaired judgment, inappropriate behavior (including sexual behavior or aggression), slurred speech, impaired motor coordination, unsteady gait, mood changes, as well as impaired memory, attention and concentration. Nystagmus (repetitive, uncontrolled eye movements) is a common physical sign. In severe cases stupor or coma may occur.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to sedatives, hypnotics or anxiolytics

Exclusions: sedative, hypnotic drugs and other CNS depressants poisoning (NE60)

Possession trance disorder (6B63)

6C44.4 Sedative, hypnotic or anxiolytic withdrawal

Sedative, hypnotic or anxiolytic withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of sedatives, hypnotics or anxiolytics in individuals who have developed dependence or have used sedatives, hypnotics or anxiolytics for a prolonged period or in large amounts. Sedative, hypnotic or anxiolytic withdrawal can also occur when prescribed sedatives, hypnotics or anxiolytics have been used in standard therapeutic doses. Presenting features of Sedative, hypnotic or anxiolytic withdrawal may include anxiety, psychomotor agitation, insomnia, increased hand tremor, nausea or vomiting, and transient visual, tactile or auditory illusions or hallucinations. There may be signs of autonomic hyperactivity (e.g., tachycardia, hypertension, sweating), or postural hypotension. The withdrawal state may be complicated by seizures. Less commonly, there may be progression to a more severe withdrawal state characterised by confusion and disorientation, delusions, and more prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Sedative, hypnotic, or anxiolytic-induced delirium should be assigned.

Coding Note: Code also the causing condition

6C44.40 Sedative, hypnotic or anxiolytic withdrawal, uncomplicated

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

- 6C44.41** Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances
All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.
- Coding Note:** Code also the causing condition
- 6C44.42** Sedative, hypnotic or anxiolytic withdrawal, with seizures
All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.
- Coding Note:** Code also the causing condition
- 6C44.43** Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances and seizures
All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.
- Coding Note:** Code also the causing condition
- 6C44.4Z** Sedative, hypnotic or anxiolytic withdrawal, unspecified
- Coding Note:** Code also the causing condition
- 6C44.5** **Sedative, hypnotic or anxiolytic-induced delirium**
Sedative, hypnotic or anxiolytic-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of sedatives, hypnotics, or anxiolytics. Specific features of Sedative, hypnotic or anxiolytic-induced delirium may include confusion and disorientation, paranoid delusions, and recurrent visual, tactile or auditory hallucinations. The amount and duration of sedative, hypnotic, or anxiolytic use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.
- Coding Note:** Code also the causing condition
- Inclusions:** Delirium induced by sedative, hypnotic or anxiolytic withdrawal

6C44.6 Sedative, hypnotic or anxiolytic-induced psychotic disorder

Sedative, hypnotic or anxiolytic-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.7 Certain specified sedatives, hypnotics or anxiolytic-induced mental or behavioural disorders

Coding Note: Code also the causing condition

Coded Elsewhere: Amnestic disorder due to use of sedatives, hypnotics or anxiolytics (6D72.11)

Dementia due to use of sedatives, hypnotics or anxiolytics (6D84.1)

6C44.70 Sedative, hypnotic or anxiolytic-induced mood disorder

Sedative, hypnotic or anxiolytic-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.71 Sedative, hypnotic or anxiolytic-induced anxiety disorder

Sedative, hypnotic or anxiolytic-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.Y Other specified disorders due to use of sedatives, hypnotics or anxiolytics

6C44.Z Disorders due to use of sedatives, hypnotics or anxiolytics, unspecified

6C45 Disorders due to use of cocaine

Disorders due to use of cocaine are characterised by the pattern and consequences of cocaine use. Cocaine is a compound found in the leaves of the coca plant, *Erythroxylum coca*, which is indigenous to countries in northern regions of South America. Cocaine has a limited place in medical treatment as an anaesthetic and vasoconstrictive agent. It is commonly used illicitly and widely available across the world, where it is found in two main forms: cocaine hydrochloride and cocaine freebase (also known as 'crack'). Cocaine is a central nervous system stimulant, and Cocaine Intoxication typically includes a state of euphoria and hyperactivity. Cocaine has potent dependence-producing properties and Cocaine Dependence is a common cause of morbidity and of clinical presentations. Cocaine Withdrawal has a characteristic course that includes lethargy and depressed mood. A range of Cocaine-Induced Mental Disorders is described.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)
Hazardous use of cocaine (QE11.3)

6C45.0**Episode of harmful use of cocaine**

An episode of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cocaine intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cocaine use.

Exclusions:

Cocaine dependence (6C45.2)

Harmful pattern of use of cocaine (6C45.1)

6C45.1**Harmful pattern of use of cocaine**

A pattern of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cocaine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions:

Cocaine dependence (6C45.2)

Episode of harmful use of cocaine (6C45.0)

6C45.10**Harmful pattern of use of cocaine, episodic**

A pattern of episodic or intermittent cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cocaine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions:

Episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

- 6C45.11** Harmful pattern of use of cocaine, continuous
- A pattern of continuous (daily or almost daily) cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cocaine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Cocaine dependence (6C45.2)
- 6C45.1Z** Harmful pattern of use of cocaine, unspecified
- 6C45.2 Cocaine dependence**
- Cocaine dependence is a disorder of regulation of cocaine use arising from repeated or continuous use of cocaine. The characteristic feature is a strong internal drive to use cocaine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cocaine. Physiological features of dependence may also be present, including tolerance to the effects of cocaine, withdrawal symptoms following cessation or reduction in use of cocaine, or repeated use of cocaine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cocaine use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Harmful pattern of use of cocaine (6C45.1)
- 6C45.20** Cocaine dependence, current use
- Current cocaine dependence with cocaine use within the past month.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Harmful pattern of use of cocaine (6C45.1)
- 6C45.21** Cocaine dependence, early full remission
- After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cocaine during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Harmful pattern of use of cocaine (6C45.1)

- 6C45.22** Cocaine dependence, sustained partial remission
After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cocaine consumption for more than 12 months, such that even though cocaine use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Harmful pattern of use of cocaine (6C45.1)
- 6C45.23** Cocaine dependence, sustained full remission
After a diagnosis of cocaine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cocaine for 12 months or longer.
- Exclusions:** Episode of harmful use of cocaine (6C45.0)
Harmful pattern of use of cocaine (6C45.1)
- 6C45.2Z** Cocaine dependence, unspecified
- 6C45.3 Cocaine intoxication**
Cocaine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cocaine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cocaine and their intensity is closely related to the amount of cocaine consumed. They are time-limited and abate as cocaine is cleared from the body. Presenting features may include inappropriate euphoria, anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (sometimes of delusional intensity), auditory hallucinations, confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations and chest pain may be experienced. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, usually in severe intoxication, cocaine use can result in seizures, muscle weakness, dyskinesia, or dystonia.
- Coding Note:** Code also the causing condition
- Exclusions:** cocaine poisoning (NE60)
Possession trance disorder (6B63)
- 6C45.4 Cocaine withdrawal**
Cocaine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cocaine in individuals who have developed Cocaine dependence or have used cocaine for a prolonged period or in large amounts. Presenting features of Cocaine withdrawal may include dysphoric mood, irritability, fatigue, psychomotor retardation, vivid unpleasant dreams, insomnia or hypersomnia, increased appetite, anxiety, psychomotor agitation or retardation, and craving for cocaine.
- Coding Note:** Code also the causing condition

6C45.5 Cocaine-induced delirium

Cocaine-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cocaine. The amount and duration of cocaine use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural, and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C45.6 Cocaine-induced psychotic disorder

Cocaine-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.60 Cocaine-induced psychotic disorder with hallucinations

Cocaine-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of cocaine use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnagogic 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 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 hypnagogic 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 hypnagogic 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

Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone

Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone are characterised by the pattern and consequences of use of these substances. There is a wide array of naturally occurring and synthetically produced psychostimulants other than cocaine. The most numerous of this group are the amphetamine-type substances, including methamphetamine. Prescribed stimulants including dexamphetamine are indicated for a limited number of conditions such as for Attention Deficit Hyperactivity Disorder. Methcathinone, known in many countries as ephedrone, is a synthetic potent stimulant that is a structural analogue of methamphetamine and is related to cathinone. All these drugs have primarily psychostimulant properties and are also vasoconstrictors to a varying degree. They induce euphoria and hyperactivity as may be seen in Stimulant Intoxication. They have potent dependence-producing properties, which may lead to the diagnosis of Stimulant Dependence and Stimulant Withdrawal following the cessation of use. Several Stimulant-Induced Mental Disorders are described.

Exclusions:

- Disorders due to use of synthetic cathinones (6C47)
- Disorders due to use of caffeine (6C48)
- Disorders due to use of cocaine (6C45)
- Hazardous use of stimulants including amphetamines or methamphetamine (QE11.4)

6C46.0

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone

An episode of use of a stimulant including amphetamines, methamphetamine and methcathinone that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to stimulant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of stimulant including amphetamines, methamphetamine and methcathinone use.

Exclusions:

- Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)
- Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1**Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone**

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions:

Harmful pattern of use of caffeine (6C48.1)

Harmful pattern of use of cocaine (6C45.1)

Harmful pattern of use of synthetic cathinones (6C47.1)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.10**Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, episodic**

A pattern of episodic or intermittent use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic stimulant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions:

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

- 6C46.11** Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, continuous
- A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.
- Exclusions:** Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)
- 6C46.1Z** Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone, unspecified
- 6C46.2** **Stimulant dependence including amphetamines, methamphetamine or methcathinone**
- Stimulant dependence including amphetamines, methamphetamine or methcathinone is a disorder of regulation of stimulant use arising from repeated or continuous use of stimulants. The characteristic feature is a strong internal drive to use stimulants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use stimulants. Physiological features of dependence may also be present, including tolerance to the effects of stimulants, withdrawal symptoms following cessation or reduction in use of stimulants, or repeated use of stimulants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if stimulant use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Cocaine dependence (6C45.2)
- Synthetic cathinone dependence (6C47.2)
- Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

- 6C46.20** Stimulant dependence including amphetamines, methamphetamine or methcathinone, current use
- Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones refers to amphetamine or other stimulant use within the past month.
- Exclusions:** Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)
- Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- 6C46.21** Stimulant dependence including amphetamines, methamphetamine or methcathinone, early full remission
- After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from stimulants during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)
- 6C46.22** Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained partial remission
- After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in amphetamine or other stimulant consumption for more than 12 months, such that even though amphetamine or other stimulant use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)
- 6C46.23** Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained full remission
- After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from amphetamine or other stimulants for 12 months or longer.
- Exclusions:** Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)
- Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)
- 6C46.2Z** Stimulant dependence including amphetamines, methamphetamine or methcathinone, unspecified

6C46.3 Stimulant intoxication including amphetamines, methamphetamine or methcathinone

Stimulant intoxication including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones is a clinically significant transient condition that develops during or shortly after the consumption of amphetamine or other stimulants that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of amphetamine or other stimulants and their intensity is closely related to the amount of amphetamine or other stimulant consumed. They are time-limited and abate as amphetamine or another stimulant is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of stimulants including amphetamines, methamphetamine and methcathinone can result in seizures.

Coding Note: Code also the causing condition

Exclusions: amphetamine poisoning (NE60)
 Caffeine intoxication (6C48.2)
 Cocaine intoxication (6C45.3)
 Synthetic cathinone intoxication (6C47.3)
 Possession trance disorder (6B63)

6C46.4 Stimulant withdrawal including amphetamines, methamphetamine or methcathinone

Stimulant withdrawal including amphetamines, methamphetamine and methcathinone is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of stimulants in individuals who have developed Stimulant dependence or have used stimulants for a prolonged period or in large amounts. Stimulant withdrawal can also occur when prescribed stimulants have been used in standard therapeutic doses. Presenting features of stimulant withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for amphetamine or related stimulants.

Coding Note: Code also the causing condition

Exclusions: Cocaine withdrawal (6C45.4)
 Caffeine withdrawal (6C48.3)
 Synthetic cathinone withdrawal (6C47.4)

6C46.5 Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone

Stimulant-induced delirium including amphetamines, methamphetamine and methcathinone is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of stimulants. The amount and duration of stimulant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced delirium (6C45.5)
 Synthetic cathinone-induced delirium (6C47.5)
 Disorders due to use of caffeine (6C48)

6C46.6 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced psychotic disorder (6C45.6)
 Synthetic cathinone-induced psychotic disorder (6C47.6)
 Disorders due to use of caffeine (6C48)

6C46.60 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with hallucinations

Stimulant-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of stimulant use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnagogic 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 hypnagogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).
- Coding Note:** Code also the causing condition
- Exclusions:**
- Disorders due to use of caffeine (6C48)
 - Cocaine-induced psychotic disorder with mixed psychotic symptoms (6C45.62)
 - Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms (6C47.62)
- 6C46.6Z** Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone, unspecified
- Coding Note:** Code also the causing condition
- 6C46.7** **Certain specified stimulant-induced mental or behavioural disorders including amphetamines, methamphetamine or methcathinone**
- Coding Note:** Code also the causing condition
- 6C46.70** Stimulant-induced mood disorder including amphetamines, methamphetamine or methcathinone
- Stimulant-induced mood disorder including amphetamines, methamphetamine and methcathinone is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with use of stimulants).
- Coding Note:** Code also the causing condition
- Exclusions:**
- Synthetic cathinone-induced mood disorder (6C47.70)
 - Cocaine-induced mood disorder (6C45.70)
 - Disorders due to use of caffeine (6C48)

6C46.71 Stimulant-induced anxiety disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced anxiety disorder including amphetamines, methamphetamine and methcathinone is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced anxiety disorder (6C45.71)
Caffeine-induced anxiety disorder (6C48.40)
Synthetic cathinone-induced anxiety disorder (6C47.71)

6C46.72 Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine and methcathinone is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced obsessive-compulsive or related disorder (6C45.72)
Synthetic cathinone-induced obsessive-compulsive or related syndrome (6C47.72)
Disorders due to use of caffeine (6C48)

6C46.73 Stimulant-induced impulse control disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced impulse control disorder including amphetamines, methamphetamine and methcathinone is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

6C46.Y **Other specified disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone**

6C46.Z **Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone, unspecified**

6C47 Disorders due to use of synthetic cathinones

Disorders due to use of synthetic cathinones are characterised by the pattern and consequences of synthetic cathinone use. Synthetic cathinones (also known as 'bath salts') are synthetic compounds with stimulant properties related to cathinone found in the khat plant, *Catha edulis*. The use of synthetic cathinones is common in young populations in many countries. They may produce a range of disorders including Synthetic Cathinone Intoxication, Synthetic Cathinone Dependence and Synthetic Cathinone Withdrawal. Several synthetic cathinone-induced mental disorders are recognised.

6C47.0 Episode of harmful use of synthetic cathinones

An episode of synthetic cathinone use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cathinone intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cathinone use.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)
Synthetic cathinone dependence (6C47.2)

6C47.1	Harmful pattern of use of synthetic cathinones A pattern of use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cathinone use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Synthetic cathinone dependence (6C47.2)
6C47.10	Harmful pattern of use of synthetic cathinones, episodic A pattern of episodic or intermittent use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cathinone use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Synthetic cathinone dependence (6C47.2)
6C47.11	Harmful use of synthetic cathinones, continuous A pattern of continuous (daily or almost daily) use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cathinone use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful use of synthetic cathinones applies. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Synthetic cathinone dependence (6C47.2)
6C47.1Y	Other specified harmful pattern of use of synthetic cathinones
6C47.1Z	Harmful pattern of use of synthetic cathinones, unspecified

6C47.2	Synthetic cathinone dependence Synthetic cathinone dependence is a disorder of regulation of synthetic cathinone use arising from repeated or continuous use of synthetic cathinones. The characteristic feature is a strong internal drive to use synthetic cathinones, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cathinones. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cathinones, withdrawal symptoms following cessation or reduction in use of synthetic cathinones, or repeated use of synthetic cathinones or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cathinone use is continuous (daily or almost daily) for at least 3 months. Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1) Episode of harmful use of synthetic cathinones (6C47.0)
6C47.20	Synthetic cathinone dependence, current use Current synthetic cathinone dependence with use of synthetic cathinones within the past month. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Harmful pattern of use of synthetic cathinones (6C47.1)
6C47.21	Synthetic cathinone dependence, early full remission After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cathinone use during a period lasting between 1 and 12 months. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Harmful pattern of use of synthetic cathinones (6C47.1)
6C47.22	Synthetic cathinone dependence, sustained partial remission After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cathinone consumption for more than 12 months, such that even though synthetic cathinone use has occurred during this period, the definitional requirements for dependence have not been met. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Harmful pattern of use of synthetic cathinones (6C47.1)
6C47.23	Synthetic cathinone dependence, sustained full remission After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cathinone use for 12 months or longer. Exclusions: Episode of harmful use of synthetic cathinones (6C47.0) Harmful pattern of use of synthetic cathinones (6C47.1)
6C47.2Y	Other specified synthetic cathinone dependence

6C47.2Z Synthetic cathinone dependence, unspecified

6C47.3 Synthetic cathinone intoxication

Synthetic cathinone intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cathinones that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cathinones and their intensity is closely related to the amount of synthetic cathinones consumed. They are time-limited and abate as the synthetic cathinone is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of synthetic cathinones can result in seizures.

Coding Note: Code also the causing condition

6C47.4 Synthetic cathinone withdrawal

Synthetic cathinone withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cathinones in individuals who have developed Synthetic cathinone dependence or have used synthetic cathinones for a prolonged period or in large amounts. Presenting features of Synthetic cathinone withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for stimulants, including synthetic cathinones.

Coding Note: Code also the causing condition

6C47.5 Synthetic cathinone-induced delirium

Synthetic cathinone-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cathinones. The amount and duration of synthetic cathinone use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C47.6 Synthetic cathinone-induced psychotic disorder

Synthetic cathinone-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.60 Synthetic cathinone-induced psychotic disorder with hallucinations

Synthetic cathinone-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of synthetic cathinone use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.61 Synthetic cathinone-induced psychotic disorder with delusions

Synthetic cathinone psychotic disorder with delusions is characterised by the presence of delusions that are judged to be the direct consequence of synthetic cathinone use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.62 Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of synthetic cathinone use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.6Z Synthetic cathinone-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C47.7 Certain specified synthetic cathinone-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C47.70 Synthetic cathinone-induced mood disorder

Synthetic cathinone-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.71 Synthetic cathinone-induced anxiety disorder

Synthetic cathinone-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.72 Synthetic cathinone-induced obsessive-compulsive or related syndrome

Synthetic cathinone-induced obsessive-compulsive or related disorder is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.73 Synthetic cathinone-induced impulse control disorder

Synthetic cathinone-induced impulse control disorder is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.Y Other specified disorders due to use of synthetic cathinones

6C47.Z Disorders due to use of synthetic cathinones, unspecified

6C48**Disorders due to use of caffeine**

Disorders due to use of caffeine are characterised by the pattern and consequences of caffeine use. Caffeine is a mild psychostimulant and diuretic that is found in the beans of the coffee plant (*Coffea* species) and is a constituent of coffee, cola drinks, chocolate, a range of proprietary 'energy drinks' and weight-loss aids. It is the most commonly used psychoactive substance worldwide and several clinical conditions related to its use are described, although severe disorders are comparatively rare considering its ubiquity. Caffeine Intoxication related to consumption of relatively higher doses (i.e., > 1 g per day) is described. Caffeine Withdrawal is common upon cessation of use among individuals who have used caffeine for a prolonged period or in large amounts. Caffeine-Induced Anxiety Disorder has been described, often following intoxication or heavy use.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)
Hazardous use of caffeine (QE11.5)

6C48.0**Episode of harmful use of caffeine**

An episode of caffeine use that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of caffeine use.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

6C48.1**Harmful pattern of use of caffeine**

A pattern of caffeine use that has caused clinically significant harm to a person's physical or mental health or in which caffeine-induced behaviour has caused clinically significant harm to the health of other people. The pattern of caffeine use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of caffeine, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.10**Harmful pattern of use of caffeine, episodic**

A pattern of episodic or intermittent caffeine use that has caused damage to a person's physical or mental health. The pattern of episodic caffeine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.11**Harmful pattern of use of caffeine, continuous**

A pattern of continuous (daily or almost daily) caffeine use that has caused damage to a person's physical or mental health. The pattern of continuous caffeine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.1Z Harmful pattern of use of caffeine, unspecified

6C48.2 Caffeine intoxication

Caffeine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of caffeine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of caffeine and their intensity is closely related to the amount of caffeine consumed. They are time-limited and abate as caffeine is cleared from the body. Presenting features may include restlessness, anxiety, excitement, insomnia, flushed face, tachycardia, diuresis, gastrointestinal disturbances, muscle twitching, psychomotor agitation, perspiration or chills, and nausea or vomiting. Cardiac arrhythmias may occur. Disturbances typical of intoxication tend to occur at relatively higher doses (e.g., > 1 g per day). Very high doses of caffeine (e.g., > 5 g) can result in respiratory distress or seizures and can be fatal.

Coding Note: Code also the causing condition

6C48.3 Caffeine withdrawal

Caffeine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of caffeine (typically in the form of coffee, caffeinated drinks, or as an ingredient in certain over-the-counter medications) in individuals who have used caffeine for a prolonged period or in large amounts. Presenting features of Caffeine withdrawal may include headache, marked fatigue or drowsiness, irritability, depressed or dysphoric mood, nausea or vomiting, and difficulty concentrating.

Coding Note: Code also the causing condition

6C48.4 Certain specified caffeine-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C48.40 Caffeine-induced anxiety disorder

Caffeine-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from caffeine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Caffeine intoxication or Caffeine withdrawal. The amount and duration of caffeine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the caffeine use, if the symptoms persist for a substantial period of time after cessation of the caffeine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with caffeine use).

Coding Note: Code also the causing condition

6C48.Y Other specified disorders due to use of caffeine

6C48.Z Disorders due to use of caffeine, unspecified

6C49**Disorders due to use of hallucinogens**

Disorders due to use of hallucinogens are characterised by the pattern and consequences of hallucinogen use. Several thousand compounds have hallucinogenic properties, many of which are found in plants (e.g., mescaline) and fungi (e.g., psilocybin) or are chemically synthesized (e.g., lysergic acid diethylamide [LSD]). These compounds have primarily hallucinogenic properties, but some may also be stimulants. Much of the morbidity associated with these compounds arises from the acute effects related to Hallucinogen Intoxication. Hallucinogen Dependence is rare and Hallucinogen Withdrawal is not described. Among the mental disorders related to hallucinogen use, Hallucinogen-Induced Psychotic Disorder is the most frequently seen, although worldwide it is still fairly uncommon.

6C49.0**Episode of harmful use of hallucinogens**

An episode of hallucinogen use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to hallucinogen intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of hallucinogen use.

Exclusions: Hallucinogen dependence (6C49.2)
Harmful pattern of use of hallucinogens (6C49.1)

6C49.1**Harmful pattern of use of hallucinogens**

A pattern of use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of hallucinogen use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Hallucinogen dependence (6C49.2)
Episode of harmful use of hallucinogens (6C49.0)

- 6C49.10** Harmful pattern of use of hallucinogens, episodic
- A pattern of episodic or intermittent use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic hallucinogen use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
Hallucinogen dependence (6C49.2)
- 6C49.11** Harmful pattern of use of hallucinogens, continuous
- A pattern of continuous (daily or almost daily) use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous hallucinogen use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful use of hallucinogens applies.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
Hallucinogen dependence (6C49.2)
- 6C49.1Z** Harmful pattern of use of hallucinogens, unspecified
- 6C49.2** **Hallucinogen dependence**
- Hallucinogen dependence is a disorder of regulation of hallucinogen use arising from repeated or continuous use of hallucinogens. The characteristic feature is a strong internal drive to use hallucinogens, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use hallucinogens. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if hallucinogens use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
Harmful pattern of use of hallucinogens (6C49.1)
- 6C49.20** Hallucinogen dependence, current use
- Current hallucinogen dependence with hallucinogen use within the past month.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
Harmful pattern of use of hallucinogens (6C49.1)

- 6C49.21** Hallucinogen dependence, early full remission
 After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from hallucinogens during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
 Harmful pattern of use of hallucinogens (6C49.1)
- 6C49.22** Hallucinogen dependence, sustained partial remission
 After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in hallucinogen consumption for more than 12 months, such that even though intermittent or continuing hallucinogen use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
 Harmful pattern of use of hallucinogens (6C49.1)
- 6C49.23** Hallucinogen dependence, sustained full remission
 After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from hallucinogens for 12 months or longer.
- Exclusions:** Episode of harmful use of hallucinogens (6C49.0)
 Harmful pattern of use of hallucinogens (6C49.1)
- 6C49.2Z** Hallucinogen dependence, unspecified
- 6C49.3** **Hallucinogen intoxication**
 Hallucinogen intoxication is a clinically significant transient condition that develops during or shortly after the consumption of hallucinogens that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of hallucinogens and their intensity is closely related to the amount of hallucinogen consumed. They are time-limited and abate as the hallucinogen is cleared from the body. Presenting features may include hallucinations, illusions, perceptual changes such as depersonalisation, derealization, or synesthesias (blending of senses, such as a visual stimulus evoking a smell), anxiety, depressed or dysphoric mood, ideas of reference, paranoid ideation, impaired judgment, palpitations, sweating, blurred vision, tremors and incoordination. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, hallucinogen intoxication may facilitate suicidal ideation and behaviour.
- Coding Note:** Code also the causing condition
- Exclusions:** hallucinogens poisoning (NE60)
 Possession trance disorder (6B63)

6C49.4 Hallucinogen-induced delirium

Hallucinogen-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of hallucinogens. The amount and duration of hallucinogen use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C49.5 Hallucinogen-induced psychotic disorder

Hallucinogen-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

Exclusions: Psychotic disorder induced by other specified psychoactive substance (6C4E.6)
 Alcohol-induced psychotic disorder (6C40.6)

6C49.6 Certain specified hallucinogen-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C49.60 Hallucinogen-induced mood disorder

Hallucinogen-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.61 **Hallucinogen-induced anxiety disorder**

Hallucinogen-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.Y **Other specified disorders due to use of hallucinogens**

6C49.Z **Disorders due to use of hallucinogens, unspecified**

6C4A **Disorders due to use of nicotine**

Disorders due to use of nicotine are characterised by the pattern and consequences of nicotine use. Nicotine is the active dependence-producing constituent of the tobacco plant, *Nicotiana tabacum*. Nicotine is used overwhelmingly through smoking cigarettes. Increasingly, it is also used in electronic cigarettes that vaporize nicotine dissolved in a carrier solvent for inhalation (i.e., “vaping”). Pipe smoking, chewing tobacco and inhaling snuff are minor forms of use. Nicotine is a highly potent addictive compound and is the third most common psychoactive substance used worldwide after caffeine and alcohol. Nicotine Dependence and Nicotine Withdrawal are well described and Nicotine-Induced Mental Disorders are recognized.

6C4A.0 **Episode of harmful use of nicotine**

An episode of nicotine use that has caused damage to a person’s physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of nicotine use.

Exclusions: Nicotine dependence (6C4A.2)
 Harmful pattern of use of nicotine (6C4A.1)
 Harmful effects of or exposure to noxious substances, chiefly
 nonmedicinal as to source, not elsewhere classified
 (NE61)

- 6C4A.1 Harmful pattern of use of nicotine**
 A pattern of nicotine use that has caused damage to a person's physical or mental health. The pattern of nicotine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.
- Exclusions:** Nicotine dependence (6C4A.2)
 Episode of harmful use of nicotine (6C4A.0)
- 6C4A.10 Harmful pattern of use of nicotine, episodic**
 A pattern of episodic or intermittent nicotine use that has caused damage to a person's physical or mental health. The pattern of episodic nicotine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.
- Exclusions:** Episode of harmful use of nicotine (6C4A.0)
 Nicotine dependence (6C4A.2)
- 6C4A.11 Harmful pattern of use of nicotine, continuous**
 A pattern of continuous (daily or almost daily) nicotine use that has caused damage to a person's physical or mental health. The pattern of continuous nicotine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.
- Exclusions:** Episode of harmful use of nicotine (6C4A.0)
 Nicotine dependence (6C4A.2)
- 6C4A.1Z Harmful pattern of use of nicotine, unspecified**
- 6C4A.2 Nicotine dependence**
 Nicotine dependence is a disorder of regulation of nicotine use arising from repeated or continuous use of nicotine. The characteristic feature is a strong internal drive to use nicotine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use nicotine. Physiological features of dependence may also be present, including tolerance to the effects of nicotine, withdrawal symptoms following cessation or reduction in use of nicotine, or repeated use of nicotine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if nicotine use is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of nicotine (6C4A.0)
 Harmful pattern of use of nicotine (6C4A.1)

6C4A.20	Nicotine dependence, current use Current nicotine dependence with nicotine use within the past month. Exclusions: Episode of harmful use of nicotine (6C4A.0) Harmful pattern of use of nicotine (6C4A.1)
6C4A.21	Nicotine dependence, early full remission After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from nicotine during a period lasting between 1 and 12 months. Exclusions: Episode of harmful use of nicotine (6C4A.0) Harmful pattern of use of nicotine (6C4A.1)
6C4A.22	Nicotine dependence, sustained partial remission After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in nicotine consumption for more than 12 months, such that even though intermittent or continuing nicotine use has occurred during this period, the definitional requirements for dependence have not been met. Exclusions: Episode of harmful use of nicotine (6C4A.0) Harmful pattern of use of nicotine (6C4A.1)
6C4A.23	Nicotine dependence, sustained full remission After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from nicotine for 12 months or longer. Exclusions: Episode of harmful use of nicotine (6C4A.0) Harmful pattern of use of nicotine (6C4A.1)
6C4A.2Z	Nicotine dependence, unspecified
6C4A.3	Nicotine intoxication Nicotine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of nicotine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of nicotine and their intensity is closely related to the amount of nicotine consumed. They are time-limited and abate as nicotine is cleared from the body. Presenting features may include restlessness, psychomotor agitation, anxiety, cold sweats, headache, insomnia, palpitations, paresthesias, nausea or vomiting, abdominal cramps, confusion, bizarre dreams, burning sensations in the mouth, and salivation. In rare instances, paranoid ideation, perceptual disturbances, convulsions or coma may occur. Nicotine intoxication occurs more commonly in naïve (non-tolerant) users or among those taking higher than accustomed doses. Coding Note: Code also the causing condition Inclusions: "Bad trips" due to nicotine Exclusions: intoxication meaning poisoning (NE61) Possession trance disorder (6B63)

6C4A.4 Nicotine withdrawal

Nicotine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of nicotine (typically used as a constituent of tobacco) in individuals who have developed Nicotine dependence or have used nicotine for a prolonged period or in large amounts. Presenting features of Nicotine withdrawal may include dysphoric or depressed mood, insomnia, irritability, anger, anxiety, difficulty concentrating, restlessness, bradycardia, increased appetite, and craving for tobacco (or other nicotine-containing products). Other physical symptoms may include increased cough and mouth ulceration.

Coding Note: Code also the causing condition

6C4A.Y Other specified disorders due to use of nicotine**6C4A.Z Disorders due to use of nicotine, unspecified****6C4B Disorders due to use of volatile inhalants**

Disorders due to use of volatile inhalants are characterised by the pattern and consequences of volatile inhalant use. Volatile inhalants include a range of compounds that are in the gaseous or vapour phase at ambient temperatures and include various organic solvents, glues, gasoline (petrol), nitrites and gases such as nitrous oxide, trichloroethane, butane, toluene, fluorocarbons, ether and halothane. They have a range of pharmacological properties but are predominantly central nervous system depressants, with many also having vasoactive effects. They tend to be used by younger persons and may be used when access to alternative psychoactive substances is difficult or impossible. Volatile Inhalant Intoxication is well recognized. Volatile inhalants have dependence-producing properties and Volatile Inhalant Dependence and Volatile Inhalant Withdrawal is recognized although comparatively uncommon worldwide. Volatile Inhalant-Induced Mental Disorders are described. They may also cause neurocognitive impairment, including Dementia.

6C4B.0 Episode of harmful use of volatile inhalants

An episode of volatile inhalant use or unintentional exposure (e.g., occupational exposure) that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to volatile inhalant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of volatile inhalant use.

Exclusions: Harmful pattern of use of volatile inhalants (6C4B.1)
Volatile inhalant dependence (6C4B.2)

6C4B.1**Harmful pattern of use of volatile inhalants**

A pattern of volatile inhalant use that has caused damage to a person's physical or mental health. The pattern of volatile inhalant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions:

Volatile inhalant dependence (6C4B.2)

Episode of harmful use of volatile inhalants (6C4B.0)

6C4B.10**Harmful pattern of use of volatile inhalants, episodic**

A pattern of episodic or intermittent volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic volatile inhalant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions:

Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.11**Harmful pattern of use of volatile inhalants, continuous**

A pattern of continuous (daily or almost daily) volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous volatile inhalant use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions:

Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.12**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 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.12**Harmful pattern of use of MDMA or related drugs, including MDA, unspecified**

6C4C.2**MDMA or related drug dependence, including MDA**

MDMA or related drug dependence, including MDA is a disorder of regulation of MDMA or related drug use arising from repeated or continuous use of MDMA or related drugs. The characteristic feature is a strong internal drive to use MDMA or related drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use MDMA or related drugs. Physiological features of dependence may also be present, including tolerance to the effects of MDMA or related drugs, withdrawal symptoms following cessation or reduction in use of MDMA or related drugs, or repeated use of MDMA or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if MDMA or related drug use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.20

MDMA or related drug dependence, including MDA, current use

Current MDMA or related drug dependence, including MDA, with MDMA or related drug use within the past month.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.21

MDMA or related drug dependence, including MDA, early full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from MDMA or related drug dependence, including MDA, during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.22

MDMA or related drug dependence, including MDA, sustained partial remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of MDMA or related drugs, including MDA, for more than 12 months, such that even though intermittent or continuing use of MDMA or related drugs, including MDA, has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

- 6C4C.23** MDMA or related drug dependence, including MDA, sustained full remission
After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from MDMA or related drugs, including MDA, for 12 months or longer.
- Exclusions:** Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)
Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)
- 6C4C.2Z** MDMA or related drug dependence, including MDA, unspecified
- 6C4C.3** **MDMA or related drug intoxication, including MDA**
MDMA or related drug intoxication, including MDA is a clinically significant transient condition that develops during or shortly after the consumption of MDMA or related drugs that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of MDMA or related drugs and their intensity is closely related to the amount of MDMA or a related drug consumed. They are time-limited and abate as MDMA or a related drug is cleared from the body. Presenting features may include increased or inappropriate sexual interest and activity, anxiety, restlessness, agitation, and sweating. In rare instances, usually in severe intoxication, use of MDMA or related drugs, including MDA can result in dystonia and seizures. Sudden death is a rare but recognised complication.
- Coding Note:** Code also the causing condition
- 6C4C.4** **MDMA or related drug withdrawal, including MDA**
MDMA or related drug withdrawal, including MDA is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of MDMA or related drugs in individuals who have developed MDMA or related drug dependence or have used MDMA or related drugs for a prolonged period or in large amounts. Presenting features of MDMA or related drug withdrawal may include fatigue, lethargy, hypersomnia or insomnia, depressed mood, anxiety, irritability, craving, difficulty in concentrating, and appetite disturbance.
- Coding Note:** Code also the causing condition
- 6C4C.5** **MDMA or related drug-induced delirium, including MDA**
MDMA or related drug-induced delirium, including MDA is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of MDMA or related drugs. The amount and duration of MDMA or related drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.
- Coding Note:** Code also the causing condition

6C4C.6 MDMA or related drug-induced psychotic disorder, including MDA

MDMA or related drug-induced psychotic disorder, including MDA is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of MDMA or related drug intoxication. The amount and duration of MDMA or related drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use, including MDA).

Coding Note: Code also the causing condition

6C4C.7 Certain specified MDMA or related drug-induced mental or behavioural disorders, including MDA

Coding Note: Code also the causing condition

6C4C.70 MDMA or related drug-induced mood disorder, including MDA

MDMA or related drug-induced mood disorder, including MDA is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Coding Note: Code also the causing condition

6C4C.71	MDMA or related drug-induced anxiety disorder MDMA or related drug-induced anxiety disorder, including MDA is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).
Coding Note:	Code also the causing condition
6C4C.Y	Other specified disorders due to use of MDMA or related drugs, including MDA
6C4C.Z	Disorders due to use of MDMA or related drugs, including MDA, unspecified
6C4D	Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] are characterised by the pattern and consequences of dissociative drug use. Dissociative drugs include ketamine and phencyclidine (PCP) and their (comparatively rare) chemical analogues. Ketamine is an intravenous anaesthetic widely used in low- and middle-income countries, particularly in Africa, and in emergency situations. Ketamine is also undergoing evaluation for treatment of some mental disorders (e.g., treatment resistant Depressive Disorders). It is also a widespread drug of nonmedical use in many countries and may be taken by the oral or nasal routes or injected. It produces a sense of euphoria but depending on the dose, emergent hallucinations and dissociation are recognised as unpleasant side effects. Phencyclidine has a more restricted worldwide distribution and also has euphoric and dissociative effects. Its use may result in bizarre behaviour uncharacteristic for the individual, including self-harm. Dissociative Drug Dependence is described but a withdrawal syndrome is not recognized by most authorities. Several Dissociative Drug-Induced Mental Disorders are recognised. Exclusions: Hazardous use of dissociative drugs including ketamine or PCP (QE11.7)

6C4D.0**Episode of harmful use of dissociative drugs including ketamine or PCP**

An episode of use of a dissociative drug, including Ketamine and PCP, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to intoxication with a dissociative drug, including Ketamine and PCP, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of dissociative drugs, including Ketamine and PCP.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)
Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.1**Harmful pattern of use of dissociative drugs, including ketamine or PCP**

A pattern of use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of dissociative drug use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)
Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

- 6C4D.10** Harmful pattern of use of dissociative drugs including ketamine or PCP, episodic
 A pattern of episodic or intermittent use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of dissociative drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.
- Exclusions:** Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Dissociative drug dependence including ketamine or PCP (6C4D.2)
- 6C4D.11** Harmful pattern of use of dissociative drugs including ketamine or PCP, continuous
 A pattern of continuous (daily or almost daily) use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of dissociative drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.
- Exclusions:** Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Dissociative drug dependence including ketamine or PCP (6C4D.2)
- 6C4D.1Z** Harmful pattern of use of dissociative drugs, including ketamine or PCP, unspecified

6C4D.2 Dissociative drug dependence including ketamine or PCP

Dissociative drug dependence including ketamine or PCP is a disorder of regulation of dissociative drug use arising from repeated or continuous use of dissociative drugs. The characteristic feature is a strong internal drive to use dissociative drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use dissociative drugs. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if dissociative drugs use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.20 Dissociative drug dependence including Ketamine or PCP, current use
Dissociative drug dependence including Ketamine and PCP, current use refers to use of dissociative drugs within the past month.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.21 Dissociative drug dependence including ketamine or PCP, early full remission
After a diagnosis of Dissociative drug dependence including ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from dissociative drugs during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.22 Dissociative drug dependence including Ketamine or PCP, sustained partial remission
After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in dissociative drug consumption for more than 12 months, such that even though intermittent or continuing dissociative drug use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
 Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.23 Dissociative drug dependence including Ketamine or PCP, sustained full remission
After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from dissociative drugs for 12 months or longer.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)
Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.2Z Dissociative drug dependence including ketamine or PCP, unspecified

6C4D.3 Dissociative drug intoxication including Ketamine or PCP

Dissociative drug intoxication including Ketamine and PCP is a clinically significant transient condition that develops during or shortly after the consumption of a dissociative drug that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of a dissociative drug and their intensity is closely related to the amount of the dissociative drug consumed. They are time-limited and abate as the dissociative drug is cleared from the body. Presenting features may include aggression, impulsiveness, unpredictability, anxiety, psychomotor agitation, impaired judgment, numbness or diminished responsiveness to pain, slurred speech, and dystonia. Physical signs include nystagmus (repetitive, uncontrolled eye movements), tachycardia, elevated blood pressure, numbness, ataxia, dysarthria, and muscle rigidity. In rare instances, use of dissociative drugs including Ketamine and PCP can result in seizures.

Coding Note: Code also the causing condition

6C4D.4 Dissociative drug-induced delirium including ketamine or PCP

Dissociative drug-induced delirium including Ketamine or PCP is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of dissociative drugs. The amount and duration of dissociative drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

- 6C4D.5 Dissociative drug-induced psychotic disorder including Ketamine or PCP**
- Dissociative drug-induced psychotic disorder including Ketamine or PCP is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with dissociative drug use).
- Coding Note:** Code also the causing condition
- 6C4D.6 Certain specified dissociative drug-induced mental or behavioural disorders, including ketamine and phencyclidine [PCP]**
- Coding Note:** Code also the causing condition
- 6C4D.60 Dissociative drug-induced mood disorder including Ketamine or PCP**
- Dissociative drug-induced mood disorder including Ketamine or PCP is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with dissociative drug use).
- Coding Note:** Code also the causing condition

6C4D.61	Dissociative drug-induced anxiety disorder including Ketamine or PCP Dissociative drug-induced anxiety disorder including Ketamine or PCP is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with dissociative drug use).
Coding Note:	Code also the causing condition
6C4D.Y	Other specified disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]
6C4D.Z	Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP], unspecified
6C4E	Disorders due to use of other specified psychoactive substances, including medications Disorders due to use of other specified psychoactive substances, including medications are characterised by the pattern and consequences of psychoactive substances that are not included among the major substance classes specifically identified. Examples include khat, antidepressants, medications with anticholinergic properties (e.g., benztropine), and some antihistamines.
6C4E.0	Episode of harmful use of other specified psychoactive substance An episode of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of other specified psychoactive substance applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the specified psychoactive substance. Exclusions: - Harmful pattern of use of other specified psychoactive substance (6C4E.1) - Other specified psychoactive substance dependence (6C4E.2)

6C4E.1**Harmful pattern of use of other specified psychoactive substance**

A pattern of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Other specified psychoactive substance dependence (6C4E.2)
Episode of harmful use of other specified psychoactive substance (6C4E.0)

6C4E.10**Harmful pattern of use of other specified psychoactive substance, episodic**

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Abuse that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)
Other specified psychoactive substance dependence (6C4E.2)

- 6C4E.11** Harmful pattern of use of other specified psychoactive substance, continuous
- A pattern of continuous (daily or almost daily) use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
- Other specified psychoactive substance dependence (6C4E.2)
- 6C4E.12** Harmful pattern of use of other specified psychoactive substance, unspecified
- 6C4E.2 Other specified psychoactive substance dependence**
- Other specified psychoactive substance dependence is a disorder of regulation of use of a specified substance arising from repeated or continuous use of the specified substance. The characteristic feature is a strong internal drive to use the specified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substance. Physiological features of dependence may also be present, including tolerance to the effects of the specified substance, withdrawal symptoms following cessation or reduction in use of the specified substance, or repeated use of the specified substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substance is continuous (daily or almost daily) for at least 3 months.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
- Harmful pattern of use of other specified psychoactive substance (6C4E.1)
- 6C4E.20** Other specified psychoactive substance dependence, current use
- Current Other specified psychoactive substance dependence, with use of the specified psychoactive substance within the past month.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
- Harmful pattern of use of other specified psychoactive substance (6C4E.1)

- 6C4E.21** Other specified psychoactive substance dependence, early full remission
After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the specified substance during a period lasting between 1 and 12 months.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
Harmful pattern of use of other specified psychoactive substance (6C4E.1)
- 6C4E.22** Other specified psychoactive substance dependence, sustained partial remission
After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the specified substance for more than 12 months, such that even though intermittent or continuing substance use has occurred during this period, the definitional requirements for dependence have not been met.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
Harmful pattern of use of other specified psychoactive substance (6C4E.1)
- 6C4E.23** Other specified psychoactive substance dependence, sustained full remission
After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the specified substance for 12 months or longer.
- Exclusions:** Episode of harmful use of other specified psychoactive substance (6C4E.0)
Harmful pattern of use of other specified psychoactive substance (6C4E.1)
- 6C4E.2Z** Other specified psychoactive substance dependence, unspecified
- 6C4E.3** **Other specified psychoactive substance intoxication**
Other specified psychoactive substance intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a specified psychoactive substance or medication that is characterised by disturbances in level of consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the specified psychoactive substance and their intensity is closely related to the amount of the specified psychoactive substance consumed. They are time-limited and abate as the specified substance is cleared from the body.
- Coding Note:** Code also the causing condition

6C4E.4 Other specified psychoactive substance withdrawal

Other specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of the specified substance in individuals who have developed dependence or have used the specified substance for a prolonged period or in large amounts. Other specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substance.

Coding Note: Code also the causing condition

6C4E.40 Other specified psychoactive substance withdrawal, uncomplicated

The development of a withdrawal state not accompanied by perceptual disturbances or seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.41 Other specified psychoactive substance withdrawal, with perceptual disturbances

The development of a withdrawal state accompanied by perceptual disturbances but not by seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.42 Other specified psychoactive substance withdrawal, with seizures

The development of a withdrawal state accompanied by seizures but not by perceptual disturbances following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.43 Other specified psychoactive substance withdrawal, with perceptual disturbances and seizures

The development of a withdrawal state accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.4Z Other specified psychoactive substance withdrawal, unspecified

Coding Note: Code also the causing condition

6C4E.5 Delirium induced by other specified psychoactive substance including medications

Delirium induced by other specified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of a specified psychoactive substance. The amount and duration of use of the specified substance must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4E.6 Psychotic disorder induced by other specified psychoactive substance

Psychotic disorder induced by other specified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.7 Certain other specified psychoactive substance-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4E.70**Mood disorder induced by other specified psychoactive substance**

Mood disorder induced by other specified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.71**Anxiety disorder induced by other specified psychoactive substance**

Anxiety disorder induced by other specified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.72 Obsessive-compulsive or related disorder induced by other specified psychoactive substance

Obsessive-compulsive or related disorder induced by other specified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.73 Impulse control disorder induced by other specified psychoactive substance

Impulse control disorder induced by other specified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.Y **Other specified disorders due to use of other specified psychoactive substances, including medications**

6C4E.Z **Disorders due to use of other specified psychoactive substances, including medications, unspecified**

6C4F**Disorders due to use of multiple specified psychoactive substances, including medications**

Disorders due to use of multiple specified psychoactive substances, including medications are characterised by the pattern and consequences of multiple psychoactive substances. Although this grouping is provided for coding purposes, in most clinical situations it is recommended that multiple specific disorders due to substance use be assigned rather than using categories from this grouping.

6C4F.0**Episode of harmful use of multiple specified psychoactive substances**

An episode of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorder Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of multiple specified psychoactive substances applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the multiple psychoactive substances.

Exclusions: Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1**Harmful pattern of use of multiple specified psychoactive substances**

A pattern of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of use of multiple specified psychoactive substances applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)
Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.10 Harmful pattern of use of multiple specified psychoactive substances, episodic
A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)
Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.11 Harmful pattern of use of multiple specified psychoactive substances, continuous
A pattern of continuous (daily or almost daily) use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of multiple specified psychoactive substances applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)
Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.12 Harmful pattern of use of multiple specified psychoactive substances, unspecified

6C4F.2	Multiple specified psychoactive substances dependence
	Multiple specified psychoactive substance dependence is a disorder of regulation of use of multiple specified substances arising from repeated or continuous use of the specified substances. The characteristic feature is a strong internal drive to use the specified substances, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substances. Physiological features of dependence may also be present, including tolerance to the effects of the specified substances, withdrawal symptoms following cessation or reduction in use of the specified substances, or repeated use of the specified substances or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substances is continuous (daily or almost daily) for at least 3 months. Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0) Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
6C4F.20	Multiple specified psychoactive substances dependence, current use
	Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0) Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
6C4F.21	Multiple specified psychoactive substances dependence, early full remission
	Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0) Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
6C4F.22	Multiple specified psychoactive substances dependence, sustained partial remission
	Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0) Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
6C4F.23	Multiple specified psychoactive substances dependence, sustained full remission
	Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0) Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)
6C4F.2Z	Multiple specified psychoactive substances dependence, unspecified

6C4F.3	Intoxication due to multiple specified psychoactive substances Intoxication due to multiple specified psychoactive substances is a clinically significant transient condition that develops during or shortly after the consumption of multiple specified substances or medications that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the multiple specified psychoactive substances and their intensity is closely related to the amount of the substances consumed. They are time-limited and abate as the multiple specified substances are cleared from the body.
Coding Note:	Code also the causing condition
6C4F.4	Multiple specified psychoactive substances withdrawal Multiple specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of multiple specified substances in individuals who have developed dependence or have used the specified substances for a prolonged period or in large amounts. Multiple specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substances and their interactions.
Coding Note:	Code also the causing condition
6C4F.40	Multiple specified psychoactive substances withdrawal, uncomplicated
Coding Note:	Code also the causing condition
6C4F.41	Multiple specified psychoactive substances withdrawal, with perceptual disturbances
Coding Note:	Code also the causing condition
6C4F.42	Multiple specified psychoactive substances withdrawal, with seizures
Coding Note:	Code also the causing condition
6C4F.43	Multiple specified psychoactive substances withdrawal, with perceptual disturbances and seizures
Coding Note:	Code also the causing condition
6C4F.4Y	Other specified multiple specified psychoactive substances withdrawal
Coding Note:	Code also the causing condition
6C4F.4Z	Multiple specified psychoactive substances withdrawal, unspecified
Coding Note:	Code also the causing condition

6C4F.5 Delirium induced by multiple specified psychoactive substances including medications

Delirium induced by multiple specified psychoactive substances is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of multiple specified substances. The amount and duration of use of the multiple specified substances must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a substance other than those specified, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders. Note that this diagnosis applies only to those situations in which delirium is present but it cannot be determined which of multiple psychoactive substances is the cause of the delirium. In cases of multiple psychoactive substance use in which more than one specific substance can be identified as a cause of the delirium, the corresponding specific substance-induced delirium diagnoses should be given instead.

Coding Note: Code also the causing condition

6C4F.6 Psychotic disorder induced by multiple specified psychoactive substances

Psychotic disorder induced by multiple specified psychoactive substances is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.7 Certain multiple specified psychoactive substances-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4F.70**Mood disorder induced by multiple specified psychoactive substances**

Mood disorder induced by multiple specified psychoactive substances is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.71**Anxiety disorder induced by multiple specified psychoactive substances**

Anxiety disorder induced by multiple specified psychoactive substances is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.72	Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances
	Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).
Coding Note:	Code also the causing condition
6C4F.73	Impulse control syndrome induced by multiple specified psychoactive substances
	Impulse control disorder induced by multiple specified psychoactive substances is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).
Coding Note:	Code also the causing condition
6C4F.Y	Other specified disorders due to use of multiple specified psychoactive substances, including medications
6C4F.Z	Disorders due to use of multiple specified psychoactive substances, including medications, unspecified

6C4G**Disorders due to use of unknown or unspecified psychoactive substances**

Disorders due to use of unknown or unspecified psychoactive substances are characterised by the pattern and consequences of psychoactive substance use when the specific substance is unknown or unspecified. These categories may be used in clinical situations in which it is clear that the disturbance is due to substance use but the specific class of substance is unknown. Once the relevant substance is identified, the disturbance should be recoded under the appropriate substance class.

6C4G.0**Episode of harmful use of unknown or unspecified psychoactive substances**

An episode of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication or withdrawal; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to substance intoxication or withdrawal on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the unknown or unspecified psychoactive substance.

Exclusions: Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)
Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1**Harmful pattern of use of unknown or unspecified psychoactive substance**

A pattern of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)
Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.10

Harmful pattern of use of unknown or unspecified psychoactive substance, episodic
A pattern of episodic or intermittent use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.11

Harmful pattern of use of unknown or unspecified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1Z

Harmful pattern of use of unknown or unspecified psychoactive substance, unspecified

6C4G.2**Unknown or unspecified psychoactive substance dependence**

Unknown or unspecified psychoactive substance dependence is a disorder of regulation of use of an unknown or unspecified substance arising from repeated or continuous use of the substance. The characteristic feature is a strong internal drive to use the unknown or unspecified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the unknown or unspecified substance. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the unknown or unspecified substance is continuous (daily or almost daily) for at least 3 months.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.20

Unknown or unspecified psychoactive substance dependence, current use

Current dependence on an unknown or unspecified psychoactive substance, with use of the substance within the past month.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.21

Unknown or unspecified psychoactive substance dependence, early full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the substance during a period lasting between 1 and 12 months.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.22

Unknown or unspecified psychoactive substance dependence, sustained partial remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the substance for more than 12 months, such that even though intermittent or continuing use of the substance has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions:

Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

- 6C4G.23** Unknown or unspecified psychoactive substance dependence, sustained full remission
- After a diagnosis of Unknown or unspecified psychoactive substance dependence, sustained full remission, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the substance for 12 months or longer.
- Exclusions:** Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)
Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)
- 6C4G.2Z** Unknown or unspecified psychoactive substance dependence, substance and state of remission unspecified
- 6C4G.3** **Intoxication due to unknown or unspecified psychoactive substance**
- Intoxication due to unknown or unspecified psychoactive substance is a transient condition that develops during or shortly after the administration of an unknown or unspecified psychoactive substance that is characterised by disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. This diagnosis should be made only when there is strong evidence that an unidentified substance has been taken and the features cannot be accounted for by another disorder or disease.
- Coding Note:** Code also the causing condition
- 6C4G.4** **Withdrawal due to unknown or unspecified psychoactive substance**
- Withdrawal due to unknown or unspecified psychoactive substance is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of an unknown or unspecified substance in individuals who have developed dependence or have used the unknown or unspecified substance for a prolonged period or in large amounts. Withdrawal due to unknown or unspecified psychoactive substance can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the unknown or unspecified substance.
- Coding Note:** Code also the causing condition
- 6C4G.40** Withdrawal due to unknown or unspecified psychoactive substance, uncomplicated
- All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.
- Coding Note:** Code also the causing condition

- 6C4G.41** Withdrawal due to unknown or unspecified psychoactive substance, with perceptual disturbances
All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.
- Coding Note:** Code also the causing condition
- 6C4G.42** Withdrawal due to unknown or unspecified psychoactive substance, with seizures
All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.
- Coding Note:** Code also the causing condition
- 6C4G.43** Withdrawal due to unknown or unspecified psychoactive, with perceptual disturbances and seizures
The development of a withdrawal syndrome accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the unknown or unspecified substance.
- Coding Note:** Code also the causing condition
- 6C4G.4Z** Withdrawal due to unknown or unspecified psychoactive substance, unspecified
- Coding Note:** Code also the causing condition
- 6C4G.5** **Delirium induced by unknown or unspecified psychoactive substance**
Delirium induced by unknown or unspecified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of an unknown or unspecified substance. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from another substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.
- Coding Note:** Code also the causing condition

- 6C4G.6 Psychotic disorder induced by unknown or unspecified psychoactive substance**
- Psychotic disorder induced by unknown or unspecified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).
- Coding Note:** Code also the causing condition
- 6C4G.7 Certain unknown or unspecified psychoactive substance-induced mental or behavioural disorders**
- Coding Note:** Code also the causing condition
- 6C4G.70 Mood disorder induced by unknown or unspecified psychoactive substance**
- Mood disorder induced by unknown or unspecified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).
- Coding Note:** Code also the causing condition

6C4G.71**Anxiety disorder induced by unknown or unspecified psychoactive substance**

Anxiety disorder induced by unknown or unspecified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.72**Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance**

Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Coding Note: Code also the causing condition

6C4G.73	Impulse control disorder induced by unknown or unspecified psychoactive substance
	Impulse control disorder induced by unknown or unspecified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).
Coding Note:	Code also the causing condition
6C4G.Y	Other specified disorders due to use of unknown or unspecified psychoactive substances
6C4G.Z	Disorders due to use of unknown or unspecified psychoactive substances, unspecified
6C4H	Disorders due to use of non-psychoactive substances Disorders due to use of non-psychoactive substances are characterised by the pattern and consequences of non-medical use of non-psychoactive substances. Non-psychoactive substances include laxatives, anabolic steroids, growth hormone, erythropoietin, and non-steroidal anti-inflammatory drugs. They may also include proprietary or over-the-counter medicines and folk remedies. Non-medical use of these substances may be associated with harm to the individual due to the direct or secondary toxic effects of the non-psychoactive substance on body organs and systems, or a harmful route of administration (e.g., infections due to intravenous self-administration). They are not associated with intoxication or with a dependence or withdrawal syndrome and are not recognized causes of substance-induced mental disorders.
6C4H.0	Episode of harmful use of non-psychoactive substances An episode of use of a non-psychoactive substance that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to direct or secondary toxic effects on body organs and systems or a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of non-psychoactive substance use. Exclusions: Harmful pattern of use of non-psychoactive substances (6C4H.1)

6C4H.1	Harmful pattern of use of non-psychoactive substances A pattern of use of non-psychoactive substances that has caused clinically significant harm to a person's physical or mental health. The pattern of use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the direct or secondary toxic effects of the substance on body organs and systems, or a harmful route of administration. Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1) Episode of harmful use of non-psychoactive substances (6C4H.0)
6C4H.10	Harmful pattern of use of non-psychoactive substances, episodic A pattern of episodic or intermittent use of a non-psychoactive substance that has caused damage to a person's physical or mental health. The pattern of episodic or intermittent use of the non-psychoactive substance is evident over a period of at least 12 months. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.
6C4H.11	Harmful pattern of use of non-psychoactive substances, continuous A pattern of continuous use of a non-psychoactive substance (daily or almost daily) that has caused damage to a person's physical or mental health. The pattern of continuous use of the non-psychoactive substance is evident over a period of at least one month. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.
6C4H.1Z	Harmful pattern of use of non-psychoactive substances, unspecified
6C4H.Y	Other specified disorders due to use of non-psychoactive substances
6C4H.Z	Disorders due to use of non-psychoactive substances, unspecified
6C4Y	Other specified disorders due to substance use
6C4Z	Disorders due to substance use, unspecified

Disorders due to addictive behaviours (6C50-6C5Z)

Disorders due to addictive behaviours are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviours other than the use of dependence-producing substances. Disorders due to addictive behaviours include gambling disorder and gaming disorder, which may involve both online and offline behaviour.

Exclusions: Compulsive sexual behaviour disorder (6C72)

Paraphilic disorders (6D30-6D3Z)

6C50

Gambling disorder

Gambling disorder is characterised by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Inclusions: Compulsive gambling

Exclusions: Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

Hazardous gambling or betting (QE21)

6C50.0 Gambling disorder, predominantly offline

Gambling disorder, predominantly offline is characterised by a pattern of persistent or recurrent gambling behaviour that is not primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.1 Gambling disorder, predominantly online

Gambling disorder, predominantly online is characterised by a pattern of persistent or recurrent gambling behaviour that is primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.Z Gambling disorder, unspecified

6C51

Gaming disorder

Gaming disorder is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The pattern of gaming behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gaming (QE22)
 Bipolar type I disorder (6A60)
 Bipolar type II disorder (6A61)

6C51.0 Gaming disorder, predominantly online

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and

3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.1 Gaming disorder, predominantly offline

Gaming disorder, predominantly offline is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is not primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.Z Gaming disorder, unspecified

6C5Y Other specified disorders due to addictive behaviours

6C5Z Disorders due to addictive behaviours, unspecified

Impulse control disorders (6C70-6C7Z)

Impulse control disorders are characterised by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite consequences such as longer-term harm either to the individual or to others, marked distress about the behaviour pattern, or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Impulse Control Disorders involve a range of specific behaviours, including fire-setting, stealing, sexual behaviour, and explosive outbursts.

Coded Elsewhere: Substance-induced impulse control disorders

Gambling disorder (6C50)

Gaming disorder (6C51)

Secondary impulse control syndrome (6E66)

Body-focused repetitive behaviour disorders (6B25)

6C70

Pyromania

Pyromania is characterised by a recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects, in the absence of an apparent motive (e.g., monetary gain, revenge, sabotage, political statement, attracting attention or recognition). There is an increasing sense of tension or affective arousal prior to instances of fire setting, persistent fascination or preoccupation with fire and related stimuli (e.g., watching fires, building fires, fascination with firefighting equipment), and a sense of pleasure, excitement, relief or gratification during, and immediately after the act of setting the fire, witnessing its effects, or participating in its aftermath. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Inclusions: pathological fire-setting

Exclusions: Conduct-dissocial disorder (6C91)

Bipolar type I disorder (6A60)

Schizophrenia or other primary psychotic disorders
(6A20-6A2Z)

Fire-setting as the reason for observation for suspected mental
or behavioural disorders, ruled out (QA02.3)

6C71

Kleptomania

Kleptomania is characterised by a recurrent failure to control strong impulses to steal objects in the absence of an apparent motive (e.g., objects are not acquired for personal use or monetary gain). There is an increasing sense of tension or affective arousal before instances of theft and a sense of pleasure, excitement, relief, or gratification during and immediately after the act of stealing. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Coding Note: If stealing occurs within the context of conduct-dissocial disorder or a manic episode, Kleptomania should not be diagnosed separately.

Inclusions: pathological stealing

Exclusions: shoplifting as the reason for observation for suspected mental
disorder, ruled out (QA02.3)

6C72**Compulsive sexual behaviour disorder**

Compulsive sexual behaviour disorder is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.

Exclusions: Paraphilic disorders (6D30-6D3Z)

6C73**Intermittent explosive disorder**

Intermittent explosive disorder is characterised by repeated brief episodes of verbal or physical aggression or destruction of property that represent a failure to control aggressive impulses, with the intensity of the outburst or degree of aggressiveness being grossly out of proportion to the provocation or precipitating psychosocial stressors. The symptoms are not better explained by another mental, behavioural, or neurodevelopmental disorder and are not part of a pattern of chronic anger and irritability (e.g., in oppositional defiant disorder). The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Oppositional defiant disorder (6C90)

6C7Y**Other specified impulse control disorders****6C7Z****Impulse control disorders, unspecified**

Disruptive behaviour or dissocial disorders (6C90-6C9Z)

Disruptive behaviour and dissocial disorders are characterised by persistent behaviour problems that range from markedly and persistently defiant, disobedient, provocative or spiteful (i.e., disruptive) behaviours to those that persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws (i.e., dissocial). Onset of Disruptive and dissocial disorders is commonly, though not always, during childhood.

6C90

Oppositional defiant disorder

Oppositional defiant disorder is a persistent pattern (e.g., 6 months or more) of markedly defiant, disobedient, provocative or spiteful behaviour that occurs more frequently than is typically observed in individuals of comparable age and developmental level and that is not restricted to interaction with siblings. Oppositional defiant disorder may be manifest in prevailing, persistent angry or irritable mood, often accompanied by severe temper outbursts or in headstrong, argumentative and defiant behaviour. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning

6C90.0

Oppositional defiant disorder with chronic irritability-anger

All definitional requirements for oppositional defiant disorder are met. This form of oppositional defiant disorder is characterised by prevailing, persistent angry or irritable mood that may be present independent of any apparent provocation. The negative mood is often accompanied by regularly occurring severe temper outbursts that are grossly out of proportion in intensity or duration to the provocation. Chronic irritability and anger are characteristic of the individual's functioning nearly every day, are observable across multiple settings or domains of functioning (e.g., home, school, social relationships), and are not restricted to the individual's relationship with his/her parents or guardians. The pattern of chronic irritability and anger is not limited to occasional episodes (e.g., developmentally typical irritability) or discrete periods (e.g., irritable mood in the context of manic or depressive episodes).

6C90.00

Oppositional defiant disorder with chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C90.01

Oppositional defiant disorder with chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C90.0Z

Oppositional defiant disorder with chronic irritability-anger, unspecified

- 6C90.1** **Oppositional defiant disorder without chronic irritability-anger**
 Meets all definitional requirements for oppositional defiant disorder. This form of oppositional defiant disorder is not characterised by prevailing, persistent, angry or irritable mood, but does feature headstrong, argumentative, and defiant behaviour.
- 6C90.10** Oppositional defiant disorder without chronic irritability-anger with limited prosocial emotions
 All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental. This pattern is pervasive across situations and relationships (i.e., the qualifier should not be applied based on a single characteristic, a single relationship, or a single instance of behaviour) and is persistent over time (e.g., at least 1 year).
- 6C90.11** Oppositional defiant disorder without chronic irritability-anger with typical prosocial emotions
 All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.
- 6C90.1Z** Oppositional defiant disorder without chronic irritability-anger, unspecified
- 6C90.Z** **Oppositional defiant disorder, unspecified**
- 6C91** **Conduct-dissocial disorder**
 Conduct-dissocial disorder is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.
- 6C91.0** **Conduct-dissocial disorder, childhood onset**
 Conduct-dissocial disorder, childhood onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. To be diagnosed, features of the disorder must be present during childhood prior to adolescence (e.g., before 10 years of age) and the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.00	Conduct-dissocial disorder, childhood onset with limited prosocial emotions Meets all definitional requirements for Conduct-dissocial disorder, childhood onset. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.
6C91.01	Conduct-dissocial disorder, childhood onset with typical prosocial emotions All definitional requirements for conduct-dissocial disorder, childhood onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.
6C91.0Z	Conduct-dissocial disorder, childhood onset, unspecified
6C91.1	Conduct-dissocial disorder, adolescent onset Conduct-dissocial disorder, adolescent onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. No features of the disorder are present during childhood prior to adolescence (e.g., before 10 years of age). To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.
6C91.10	Conduct-dissocial disorder, adolescent onset with limited prosocial emotions All definitional requirements for conduct-dissocial disorder, adolescent onset are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.
6C91.11	Conduct-dissocial disorder, adolescent onset with typical prosocial emotions All definitional requirements for conduct-dissocial disorder, adolescent onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.
6C91.1Y	Other specified conduct-dissocial disorder, adolescent onset
6C91.Z	Conduct-dissocial disorder, unspecified
6C9Y	Other specified disruptive behaviour or dissocial disorders

Personality disorders and related traits (6D10-6D11.5)

Coded Elsewhere: Secondary personality change (6E68)

6D10

Personality disorder

Personality disorder is characterised by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more). The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6D10.0

Mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild Personality Disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

6D10.1**Moderate personality disorder**

All general diagnostic requirements for Personality Disorder are met. Disturbances affect multiple areas of personality functioning (e.g., identity or sense of self, ability to form intimate relationships, ability to control impulses and modulate behaviour). However, some areas of personality functioning may be relatively less affected. There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles is compromised to some degree. Relationships are likely to be characterised by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterised by serious disruption or inappropriate submissiveness). Specific manifestations of personality disturbance are generally of moderate severity. Moderate Personality Disorder is sometimes associated with harm to self or others, and is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained.

6D10.2**Severe personality disorder**

All general diagnostic requirements for Personality Disorder are met. There are severe disturbances in functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterised by self-contempt or be grandiose or highly eccentric). Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is absent or severely compromised. Specific manifestations of personality disturbance are severe and affect most, if not all, areas of personality functioning. Severe Personality Disorder is often associated with harm to self or others, and is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

6D10.Z**Personality disorder, severity unspecified****6D11****Prominent personality traits or patterns**

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual's personality that are most prominent and that contribute to personality disturbance. Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality. As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains.

- 6D11.0 Negative affectivity in personality disorder or personality difficulty**
- The core feature of the Negative Affectivity trait domain is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include: experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation; emotional lability and poor emotion regulation; negativistic attitudes; low self-esteem and self-confidence; and mistrustfulness.
- Coding Note:** This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.
- 6D11.1 Detachment in personality disorder or personality difficulty**
- The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of Detachment, not all of which may be present in a given individual at a given time, include: social detachment (avoidance of social interactions, lack of friendships, and avoidance of intimacy); and emotional detachment (reserve, aloofness, and limited emotional expression and experience).
- Coding Note:** This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.
- 6D11.2 Dissociality in personality disorder or personality difficulty**
- The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of Dissociality, not all of which may be present in a given individual at a given time, include: self-centeredness (e.g., sense of entitlement, expectation of others' admiration, positive or negative attention-seeking behaviours, concern with one's own needs, desires and comfort and not those of others); and lack of empathy (i.e., indifference to whether one's actions inconvenience or hurt others, which may include being deceptive, manipulative, and exploitative of others, being mean and physically aggressive, callousness in response to others' suffering, and ruthlessness in obtaining one's goals).
- Coding Note:** This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.
- 6D11.3 Disinhibition in personality disorder or personality difficulty**
- The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of Disinhibition, not all of which may be present in a given individual at a given time, include: impulsivity; distractibility; irresponsibility; recklessness; and lack of planning.
- Coding Note:** This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.4 Anankastia in personality disorder or personality difficulty

The core feature of the Anankastia trait domain is a narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include: perfectionism (e.g., concern with social rules, obligations, and norms of right and wrong, scrupulous attention to detail, rigid, systematic, day-to-day routines, hyper-scheduling and planfulness, emphasis on organisation, orderliness, and neatness); and emotional and behavioural constraint (e.g., rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.5 Borderline pattern

The Borderline pattern specifier may be applied to individuals whose pattern of personality disturbance is characterised by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, as indicated by many of the following: Frantic efforts to avoid real or imagined abandonment; A pattern of unstable and intense interpersonal relationships; Identity disturbance, manifested in markedly and persistently unstable self-image or sense of self; A tendency to act rashly in states of high negative affect, leading to potentially self-damaging behaviours; Recurrent episodes of self-harm; Emotional instability due to marked reactivity of mood; Chronic feelings of emptiness; Inappropriate intense anger or difficulty controlling anger; Transient dissociative symptoms or psychotic-like features in situations of high affective arousal.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

Paraphilic disorders (6D30-6D3Z)

Paraphilic disorders are characterised by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviours, the focus of which involves others whose age or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individuals only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

Inclusions: paraphilias

6D30**Exhibitionistic disorder**

Exhibitionistic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves exposing one's genitals to an unsuspecting individual in public places, usually without inviting or intending closer contact. In addition, in order for Exhibitionistic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Exhibitionistic Disorder specifically excludes consensual exhibitionistic behaviours that occur with the consent of the person or persons involved as well as socially sanctioned forms of exhibitionism.

6D31

Voyeuristic disorder

Voyeuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves observing an unsuspecting individual who is naked, in the process of disrobing, or engaging in sexual activity. In addition, in order for Voyeuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Voyeuristic Disorder specifically excludes consensual voyeuristic behaviours that occur with the consent of the person or persons being observed.

6D32

Pedophilic disorder

Pedophilic disorder is characterised by a sustained, focused, and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—involving pre-pubertal children. In addition, in order for Pedophilic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. This diagnosis does not apply to sexual behaviours among pre- or post-pubertal children with peers who are close in age.

6D33

Coercive sexual sadism disorder

Coercive sexual sadism disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges or behaviours—that involves the infliction of physical or psychological suffering on a non-consenting person. In addition, in order for Coercive Sexual Sadism Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Coercive Sexual Sadism Disorder specifically excludes consensual sexual sadism and masochism.

6D34

Frotteuristic disorder

Frotteuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves touching or rubbing against a non-consenting person in crowded public places. In addition, in order for Frotteuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Frotteuristic Disorder specifically excludes consensual touching or rubbing that occurs with the consent of the person or persons involved.

6D35

Other paraphilic disorder involving non-consenting individuals

Other paraphilic disorder involving non-consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal — manifested by sexual thoughts, fantasies, urges, or behaviours — in which the focus of the arousal pattern involves others who are unwilling or unable to consent but that is not specifically described in any of the other named Paraphilic Disorders categories (e.g., arousal patterns involving corpses or animals). The individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. The disorder specifically excludes sexual behaviours that occur with the consent of the person or persons involved, provided that they are considered able to provide such consent.

6D36**Paraphilic disorder involving solitary behaviour or consenting individuals**

Paraphilic disorder involving solitary behaviour or consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal — manifested by sexual thoughts, fantasies, urges, or behaviours — that involves consenting adults or solitary behaviours. One of the following two elements must be present: 1) the person is markedly distressed by the nature of the arousal pattern and the distress is not simply a consequence of rejection or feared rejection of the arousal pattern by others; or 2) the nature of the paraphilic behaviour involves significant risk of injury or death either to the individual or to the partner (e.g., asphyxophilia).

6D3Z**Paraphilic disorders, unspecified****Factitious disorders (6D50-6D5Z)**

Factitious disorders are characterised by intentionally feigning, falsifying, inducing, or aggravating medical, psychological, or behavioural signs and symptoms or injury in oneself or in another person, most commonly a child dependent, associated with identified deception. A pre-existing disorder or disease may be present, but the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. Individuals with factitious disorder seek treatment or otherwise present themselves or another person as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour.

Exclusions:

Malingering (QC30)

6D50**Factitious disorder imposed on self**

Factitious disorder imposed on self is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury associated with identified deception. If a pre-existing disorder or disease is present, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment or otherwise presents himself or herself as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour

Inclusions:

Münchhausen syndrome

Exclusions:

Excoriation disorder (6B25.1)

Malingering (QC30)

6D51**Factitious disorder imposed on another**

Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception. If a pre-existing disorder or disease is present in the other person, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or avoiding criminal prosecution for child or elder abuse).

Coding Note: The diagnosis of Factitious Disorder Imposed on Another is assigned to the individual who is feigning, falsifying or inducing the symptoms in another person, not to the person who is presented as having the symptoms. Occasionally the individual induces or falsifies symptoms in a pet rather than in another person.

Exclusions: Malingering (QC30)

6D5Z**Factitious disorders, unspecified****Neurocognitive disorders (6D70-6E0Z)**

Neurocognitive disorders are characterised by primary clinical deficits in cognitive functioning that are acquired rather than developmental. That is, neurocognitive disorders do not include disorders characterised by deficits in cognitive function that are present from birth or that typically arise during the developmental period, which are classified in the grouping neurodevelopmental disorders. Rather, neurocognitive disorders represent a decline from a previously attained level of functioning. Although cognitive deficits are present in many mental disorders (e.g., schizophrenia, bipolar disorders), only disorders whose core features are cognitive are included in the neurocognitive disorders grouping. In cases where the underlying pathology and aetiology for neurocognitive disorders can be determined, the identified etiology should be classified separately.

Exclusions: Neurodevelopmental disorders (6A00-6A0Z)

Coded Elsewhere: Secondary neurocognitive syndrome (6E67)

6D70**Delirium**

Delirium is characterized by a disturbance of attention, orientation, and awareness that develops within a short period of time, typically presenting as significant confusion or global neurocognitive impairment, with transient symptoms that may fluctuate depending on the underlying causal condition or etiology. Delirium often includes disturbance of behaviour and emotion, and may include impairment in multiple cognitive domains. A disturbance of the sleep-wake cycle, including reduced arousal of acute onset or total sleep loss with reversal of the sleep-wake cycle, may also be present. Delirium may be caused by the direct physiological effects of a medical condition not classified under mental, behavioural or neurodevelopmental disorders, by the direct physiological effects of a substance or medication, including withdrawal, or by multiple or unknown etiological factors.

6D70.0	Delirium due to disease classified elsewhere All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that Delirium is caused by the direct physiological consequences of a disorder or disease classified elsewhere. Coding Note: Identified etiology should be classified separately.
6D70.1	Delirium due to psychoactive substances including medications All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is caused by the direct physiological effects of a substance or medication (including withdrawal). If the specific substance inducing the delirium has been identified, it should be classified using the appropriate subcategory (e.g., alcohol-induced delirium). Coded Elsewhere: Alcohol-induced delirium (6C40.5) Cannabis-induced delirium (6C41.5) Synthetic cannabinoid-induced delirium (6C42.5) Opioid-induced delirium (6C43.5) Sedative, hypnotic or anxiolytic-induced delirium (6C44.5) Cocaine-induced delirium (6C45.5) Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone (6C46.5) Synthetic cathinone-induced delirium (6C47.5) Hallucinogen-induced delirium (6C49.4) Volatile inhalant-induced delirium (6C4B.5) MDMA or related drug-induced delirium, including MDA (6C4C.5) Dissociative drug-induced delirium including ketamine or PCP (6C4D.4) Delirium induced by other specified psychoactive substance including medications (6C4E.5) Delirium induced by multiple specified psychoactive substances including medications (6C4F.5) Delirium induced by unknown or unspecified psychoactive substance (6C4G.5)
6D70.2	Delirium due to multiple etiological factors All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is attributable to multiple etiological factors, which may include disorders or diseases not classified under mental and behavioural disorders, substance intoxication or withdrawal, or a medication. Coding Note: Identified etiologies should be classified separately.
6D70.Y	Delirium, other specified cause
6D70.Z	Delirium, unspecified or unknown cause

6D71**Mild neurocognitive disorder**

Mild neurocognitive disorder is characterized by mild impairment in one or more cognitive domains relative to that expected given the individual's age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning. Diagnosis is based on report from the patient, informant, or clinical observation, and is accompanied by objective evidence of impairment by quantified clinical assessment or standardized cognitive testing. Cognitive impairment is not severe enough to significantly interfere with an individual's ability to perform activities related to personal, family, social, educational, and/or occupational functioning or other important functional areas. Cognitive impairment is not attributable to normal aging and may be static, progressive, or may resolve or improve depending on underlying cause or treatment. Cognitive impairment may be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: Code also the causing condition

6D72**Amnestic disorder**

Amnestic disorder is characterised by prominent memory impairment relative to expectations for age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning, in the absence of other significant cognitive impairment. It is manifested by a deficit in acquiring, learning, and/or retaining new information, and may include the inability to recall previously learned information, without disturbance of consciousness, altered mental status, or delirium. Recent memory is typically more disturbed than remote memory, and the ability to immediately recall a limited amount of information is usually relatively preserved. The memory impairment is severe enough to result in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. It is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Exclusions:

- Delirium (6D70)
- Dementia (6D80-6D8Z)
- Mild neurocognitive disorder (6D71)

6D72.0 Amnestic disorder due to diseases classified elsewhere

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct pathophysiological consequence of a medical condition not classified under mental, behavioural and neurodevelopmental disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not better explained by Delirium, Dementia, another mental disorder (e.g., Schizophrenia or Other Primary Psychotic Disorder, a Mood Disorder) or the effects of a medication or substance, including withdrawal effects. The symptoms are sufficiently severe to be a specific focus of clinical attention. The identified etiological medical condition should be classified separately.

Coding Note: Code also the causing condition

Exclusions: amnesia: retrograde (MB21.11)
Korsakoff syndrome, alcohol-induced or unspecified (8D44)
Dissociative amnesia (6B61)
Anterograde amnesia (MB21.10)
amnesia NOS (MB21.1)

6D72.1 Amnestic disorder due to psychoactive substances including medications

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of psychoactive substance use. The intensity and duration of substance use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of substance use.

Coding Note: Code also the causing condition

6D72.10 Amnestic disorder due to use of alcohol

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of alcohol use. The intensity and duration of alcohol use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after alcohol intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the alcohol use.

Coding Note: This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Exclusions: Korsakoff syndrome (5B5A.11)
Wernicke-Korsakoff Syndrome (5B5A.1)

6D72.11	Amnestic disorder due to use of sedatives, hypnotics or anxiolytics All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of sedatives, hypnotics or anxiolytics. The intensity and duration of use of sedatives, hypnotics or anxiolytics must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after sedative, hypnotic or anxiolytic intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of sedatives, hypnotics or anxiolytics.
Coding Note:	Code also the causing condition
6D72.12	Amnestic disorder due to other specified psychoactive substance including medications All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of a specified psychoactive substance other than alcohol; sedatives, hypnotics or anxiolytics; or volatile inhalants. The intensity and duration of use of the specified psychoactive substance must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after specified psychoactive substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the specified psychoactive substance.
6D72.13	Amnestic disorder due to use of volatile inhalants All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of volatile inhalants. The intensity and duration of use of volatile inhalants must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after volatile inhalant intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of volatile inhalants.
6D72.Y	Amnestic disorder, other specified cause
6D72.Z	Amnestic disorder, unknown or unspecified cause

Dementia (6D80-6D8Z)

Dementia is characterized by the presence of marked impairment in two or more cognitive domains relative to that expected given the individual's age and general premorbid level of cognitive functioning, which represents a decline from the individual's previous level of functioning. Memory impairment is present in most forms of dementia, but cognitive impairment is not restricted to memory (i.e., there is impairment in other areas such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities). Neurobehavioural changes may also be present and, in some forms of dementia, may be the presenting symptom. Cognitive impairment is not attributable to normal aging and is severe enough to significantly interfere with independence in an individual's performance of activities of daily living. The cognitive impairment is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, or to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia NOS

Exclusions: Coma (MB20.1)

Delirium (6D70)

Disorders of intellectual development (6A00)

Neurodevelopmental disorders (6A00-6A0Z)

Stupor (MB20.0)

Ageing associated decline in intrinsic capacity (MG2A)

6D80

Dementia due to Alzheimer disease

Dementia due to Alzheimer disease is the most common form of dementia. Onset is insidious with memory impairment typically reported as the initial presenting complaint. The characteristic course is a slow but steady decline from a previous level of cognitive functioning with impairment in additional cognitive domains (such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities) emerging with disease progression. Dementia due to Alzheimer disease may be accompanied by mental and behavioural symptoms such as depressed mood and apathy in the initial stages of the disease and may be accompanied by psychotic symptoms, irritability, aggression, confusion, abnormalities of gait and mobility, and seizures at later stages. Positive genetic testing, family history and gradual cognitive decline are suggestive of Dementia due to Alzheimer disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

- 6D80.0 Dementia due to Alzheimer disease with early onset**
Dementia due to Alzheimer disease in which symptoms emerge before the age of 65 years. It is relatively rare, representing less than 5% of all cases, and may be genetically determined (autosomal dominant Alzheimer disease). Clinical presentation may be similar to cases with later onset, but progression of cognitive deficits may be more rapid.
- Coding Note:** This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.
- When dementia is due to multiple aetiologies, code all that apply.
- 6D80.1 Dementia due to Alzheimer disease with late onset**
Dementia due to Alzheimer disease that develops at the age of 65 years or above. This is the most common pattern, representing more than 95% of all cases.
- Coding Note:** This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.
- When dementia is due to multiple aetiologies, code all that apply.
- 6D80.2 Alzheimer disease dementia, mixed type, with cerebrovascular disease**
Dementia due to Alzheimer disease and concomitant cerebrovascular disease.
- Coding Note:** This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.
- When dementia is due to multiple aetiologies, code all that apply.
- 6D80.3 Alzheimer disease dementia, mixed type, with other nonvascular aetiologies**
Dementia due to Alzheimer disease with other concomitant pathology, not including cerebrovascular disease.
- Coding Note:** This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.
- When dementia is due to multiple aetiologies, code all that apply.
- 6D80.Z Dementia due to Alzheimer disease, onset unknown or unspecified**
- Coding Note:** This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D81**Dementia due to cerebrovascular disease**

Dementia due to brain parenchyma injury resulting from cerebrovascular disease (ischemic or haemorrhagic). The onset of the cognitive deficits is temporally related to one or more vascular events. Cognitive decline is typically most prominent in speed of information processing, complex attention, and frontal-executive functioning. There is evidence of the presence of cerebrovascular disease considered to be sufficient to account for the neurocognitive deficits from history, physical examination and neuroimaging.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

Exclusions: Alzheimer disease dementia, mixed type, with cerebrovascular disease (6D80.2)

6D82**Dementia due to Lewy body disease**

Dementia preceding or occurring within one year after the onset of motor parkinsonian signs in the setting of Lewy body disease. Characterized by presence of Lewy bodies, which are intraneuronal inclusions containing α -synuclein and ubiquitin in the brain stem, limbic area, forebrain, and neocortex. Onset is insidious with attentional and executive functioning deficits often present. These cognitive deficits are often accompanied by visual hallucinations and symptoms of REM sleep behaviour disorder. Hallucinations in other sensory modalities, depressive symptoms, and delusions may also be present. The symptom presentation usually varies significantly over the course of days necessitating longitudinal assessment and differentiation from delirium. Spontaneous onset of Parkinsonism within approximately 1 year of the onset of cognitive symptoms is common.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D83**Frontotemporal dementia**

Frontotemporal dementia (FTD) is a group of primary neurodegenerative disorders primarily affecting the frontal and temporal lobes. Onset is typically insidious with a gradual and worsening course. Several syndromic variants (some with an identified genetic basis or familiarity) are described that include presentations with predominantly marked personality and behavioral changes (such as executive dysfunction, apathy, deterioration of social cognition, repetitive behaviours, and dietary changes), predominantly language deficits (that include semantic, agrammatic/nonfluent, and logopenic forms), predominantly movement-related deficits (progressive supranuclear palsy, corticobasal degeneration, multiple systems atrophy, or amyotrophic lateral sclerosis), or a combination of these deficits. Memory function often remains relatively intact, particularly during the early stages of the disorder.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84**Dementia due to psychoactive substances including medications**

Dementia due to psychoactive substances including medications includes forms of dementia that are judged to be a direct consequence of substance use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of substance use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by substances such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to exposure to heavy metals and other toxins (6D85.2)

6D84.0**Dementia due to use of alcohol**

Dementia due to use of alcohol is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of alcohol use and that persist beyond the usual duration of alcohol intoxication or acute withdrawal. The intensity and duration of alcohol use must have been sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder or disease that is not induced by alcohol such as a dementia due to another disorder or disease classified elsewhere.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Inclusions: Alcohol-induced dementia

Exclusions: Wernicke-Korsakoff Syndrome (5B5A.1)

Korsakoff syndrome (5B5A.11)

6D84.1**Dementia due to use of sedatives, hypnotics or anxiolytics**

Dementia due to use of sedatives, hypnotics or anxiolytics is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of sedative, hypnotic, or anxiolytic use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of sedative, hypnotic, or anxiolytic use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by sedatives, hypnotics, or anxiolytics such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Late-onset psychoactive substance-induced psychotic disorder

6D84.2**Dementia due to use of volatile inhalants**

Dementia due to use of volatile inhalants is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of inhalant use or exposure and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of inhalant use or exposure must be sufficient to be capable of producing the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by volatile inhalants such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84.Y**Dementia due to other specified psychoactive substance**

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85**Dementia due to diseases classified elsewhere**

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.0 Dementia due to Parkinson disease

Dementia due to Parkinson disease develops among individuals with idiopathic Parkinson disease and is characterized by impairment in attention, memory, executive and visuo-spatial functions. Mental and behavioral symptoms such as changes in affect, apathy and hallucinations may also be present. Onset is insidious and the course is one of gradual worsening of symptoms.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.1 Dementia due to Huntington disease

Dementia due to Huntington disease occurs as part of a widespread degeneration of the brain due to a trinucleotide repeat expansion in the HTT gene, which is transmitted through autosomal dominance. Onset of symptoms is insidious typically in the third and fourth decade of life with gradual and slow progression. Initial symptoms typically include impairments in executive functions with relative sparing of memory, prior to the onset of motor deficits (bradykinesia and chorea) characteristic of Huntington disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia in Huntington chorea

6D85.2 Dementia due to exposure to heavy metals and other toxins

Dementia due to exposure to heavy metals and other toxins caused by toxic exposure to specific heavy metals such as aluminium from dialysis water, lead, mercury or manganese. The characteristic cognitive impairments in Dementia due to exposure to heavy metals and other toxins depend on the specific heavy metal or toxin that the individual has been exposed to but can affect any cognitive domain. Onset of symptoms is related to exposure and progression can be rapid especially with acute exposure. In many cases, symptoms are reversible when exposure is identified and ceases. Investigations such as brain imaging or neurophysiological testing may be abnormal. Lead poisoning is associated with abnormalities on brain imaging including widespread calcification and increased signal on MRI T2-weighted images of periventricular white matter, basal ganglia hypothalamus and pons. Dementia due to aluminium toxicity may demonstrate characteristic paroxysmal high-voltage delta EEG changes. Examination may make evident other features such as peripheral neuropathy in the case of lead, arsenic, or mercury.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to psychoactive substances including medications (6D84)

6D85.3**Dementia due to human immunodeficiency virus**

Dementia due to human immunodeficiency virus develops during the course of confirmed HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features. Although a variety of patterns of cognitive deficit are possible depending on where the HIV pathogenic processes have occurred, typically deficits follow a subcortical pattern with impairments in executive function, processing speed, attention, and learning new information. The course of Dementia due to human immunodeficiency virus varies including resolution of symptoms, gradual decline in functioning, improvement, or fluctuation in symptoms. Rapid decline in cognitive functioning is rare with the advent of antiretroviral medications.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.4**Dementia due to multiple sclerosis**

Dementia due to multiple sclerosis is a neurodegenerative disease due to the cerebral effects of multiple sclerosis, a demyelinating disease. Onset of symptoms is insidious and not secondary to the functional impairment attributable to the primary disease (i.e., multiple sclerosis). Cognitive impairments vary according to the location of demyelination but typically include deficits in processing speed, memory, attention, and aspects of executive functioning.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.5**Dementia due to prion disease**

Dementia due to prion disease is a primary neurodegenerative disease caused by a group of spongiform encephalopathies resulting from abnormal prion protein accumulation in the brain. These can be sporadic, genetic (caused by mutations in the prion-protein gene), or transmissible (acquired from an infected individual). Onset is insidious and there is a rapid progression of symptoms and impairment characterised by cognitive deficits, ataxia, and motor symptoms (myoclonus, chorea, or dystonia). Diagnosis is typically made on the basis of brain imaging studies, presence of characteristic proteins in spinal fluid, EEG, or genetic testing.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.6 Dementia due to normal pressure hydrocephalus

Dementia due to normal pressure hydrocephalus results from excess accumulation of cerebrospinal fluid in the brain as a result of idiopathic, non-obstructive causes but can also be secondary to haemorrhage, infection or inflammation. Progression is gradual but intervention (e.g., shunt) may result in improvement of symptoms, especially if administered earlier in the course of the condition. Typically, cognitive impairments include reduced processing speed and deficits in executive functioning and attention. These symptoms are also typically accompanied by gait abnormalities and urinary incontinence. Brain imaging to reveal ventricular volume and characterize brain displacement is often necessary to confirm the diagnosis.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.7 Dementia due to injury to the head

Dementia due to injury to the head is caused by damage inflicted on the tissues of the brain as the direct or indirect result of an external force. Trauma to the brain is known to have resulted in loss of consciousness, amnesia, disorientation and confusion, or neurological signs. The symptoms characteristic of Dementia due to injury to the head must arise immediately following the trauma or after the individual gains consciousness and must persist beyond the acute post-injury period. Cognitive deficits vary depending on the specific brain areas affected and the severity of the injury but can include impairments in attention, memory, executive functioning, personality, processing speed, social cognition, and language abilities.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.8 Dementia due to pellagra

Dementia due to pellagra is caused by persistent lack of vitamin B3 (niacin) or tryptophan either in the diet or due to poor absorption in the gastrointestinal tract due to disease (e.g., Crohn disease) or due to the effects of some medications (e.g., isoniazid). Core signs of pellagra include dermatological changes (sensitivity to sunlight, lesions, alopecia, and oedema) and diarrhoea. With prolonged nutritional deficiency cognitive symptoms that include aggressivity, motor disturbances (ataxia and restlessness), confusion, and weakness are observed. Treatment with nutritional supplementation (e.g., niacin) typically results in reversal of symptoms.

Coding Note: Code also the causing condition

6D85.9 Dementia due to Down syndrome

Dementia due to Down syndrome is a neurodegenerative disorder related to the impact of abnormal increased production and accumulation of amyloid precursor protein (APP) leading to formation of beta-amyloid plaques and tau tangles. APP gene expression is increased due to its location on chromosome 21, which is abnormally triplicated in Down syndrome. Cognitive deficits and neuropathological features are similar to those observed in Alzheimer disease. Onset is typically after the fourth decade of life with a gradual decline in functioning, and may impact 50% or more of individuals with Down syndrome.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.Y Dementia due to other specified diseases classified elsewhere

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D86

Behavioural or psychological disturbances in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant behavioural or psychological disturbances.

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

Exclusions: Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60-6E6Z)

6D86.0 Psychotic symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant delusions or hallucinations.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20-6A2Z)

Secondary psychotic syndrome (6E61)

6D86.1 Mood symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant mood symptoms such as depressed mood, elevated mood, or irritable mood.

Exclusions: Mood disorders (6A60-6A8Z)

Secondary mood syndrome (6E62)

- 6D86.2 Anxiety symptoms in dementia**
 In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant symptoms of anxiety or worry.
Exclusions: Anxiety or fear-related disorders (6B00-6B0Z)
 Secondary anxiety syndrome (6E63)
- 6D86.3 Apathy in dementia**
 In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant indifference or lack of interest.
Exclusions: Mood disorders (6A60-6A8Z)
 Secondary mood syndrome (6E62)
- 6D86.4 Agitation or aggression in dementia**
 In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes: 1) clinically significant excessive psychomotor activity accompanied by increased tension; or 2) hostile or violent behaviour.
- 6D86.5 Disinhibition in dementia**
 In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant lack of restraint manifested in disregard for social conventions, impulsivity, and poor risk assessment.
- 6D86.6 Wandering in dementia**
 In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant wandering that puts the person at risk of harm.
- 6D86.Y Other specified behavioural or psychological disturbances in dementia**
Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.
 Code all that apply.
- 6D86.Z Behavioural or psychological disturbances in dementia, unspecified**
Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.
 Code all that apply.
- 6D8Y Dementia, other specified cause**
Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.
 When dementia is due to multiple aetiologies, code all that apply.

6D8Z**Dementia, unknown or unspecified cause**

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

6E0Y**Other specified neurocognitive disorders****6E0Z****Neurocognitive disorders, unspecified****Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)**

Syndromes associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involve significant mental and behavioural features. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coded Elsewhere: Psychological disorder related to obstetric fistula (GC04.1Y)

6E20**Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, most commonly depressive symptoms. The syndrome does not include delusions, hallucinations, or other psychotic symptoms. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned. This designation should not be used to describe mild and transient depressive symptoms that do not meet the diagnostic requirements for a depressive episode, which may occur soon after delivery (so-called postpartum blues).

Coding Note: Code also the causing condition

6E21**Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, including delusions, hallucinations, or other psychotic symptoms. Mood symptoms (depressive and/or manic) are also typically present. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coding Note: Code also the causing condition

6E2Z**Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified**

6E40**Psychological or behavioural factors affecting disorders or diseases classified elsewhere**

Psychological and behavioural factors affecting disorders or diseases classified elsewhere are those that may adversely affect the manifestation, treatment, or course of a condition classified in another chapter of the ICD. These factors may adversely affect the manifestation, treatment, or course of the disorder or disease classified in another chapter by: interfering with the treatment of the disorder or disease by affecting treatment adherence or care seeking; constituting an additional health risk; or influencing the underlying pathophysiology to precipitate or exacerbate symptoms or otherwise necessitate medical attention. This diagnosis should be assigned only when the factors increase the risk of suffering, disability, or death and represent a focus of clinical attention, and should be assigned together with the diagnosis for the relevant other condition.

Inclusions: Psychological factors affecting physical conditions

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

6E40.0**Mental disorder affecting disorders or diseases classified elsewhere**

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual is diagnosed with a mental, behavioural, or neurodevelopmental disorder that adversely affects the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., a woman with Bulimia Nervosa and Type 1 diabetes mellitus who skips insulin doses as a way to avoid weight gain that would otherwise be caused by her binge eating).

6E40.1**Psychological symptoms affecting disorders or diseases classified elsewhere**

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits psychological symptoms that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., depressive symptoms interfering with rehabilitation following surgery).

6E40.2**Personality traits or coping style affecting disorders or diseases classified elsewhere**

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits personality traits or coping styles that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behaviour contributing to heart disease).

6E40.3	Maladaptive health behaviours affecting disorders or diseases classified elsewhere
	All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits maladaptive health behaviours that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., overeating, lack of exercise).
6E40.4	Stress-related physiological response affecting disorders or diseases classified elsewhere
	All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits stress-related physiological responses that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., stress-related exacerbation of ulcer, hypertension, arrhythmia, or tension headache).
6E40.Y	Other specified psychological or behavioural factors affecting disorders or diseases classified elsewhere
6E40.Z	Psychological or behavioural factors affecting disorders or diseases classified elsewhere, unspecified

Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60-6E6Z)

This grouping includes syndromes characterised by the presence of prominent psychological or behavioural symptoms judged to be direct pathophysiological consequences of a medical condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., adjustment disorder or anxiety symptoms in response to being diagnosed with a life-threatening illness). These categories should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychological and behavioural symptoms are sufficiently severe to warrant specific clinical attention.

Exclusions: Acute pain (MG31)
Bodily distress disorder (6C20)
Chronic pain (MG30)

Coded Elsewhere: Delirium due to disease classified elsewhere (6D70.0)

6E60

Secondary neurodevelopmental syndrome

A syndrome that involves significant neurodevelopmental features that do not fulfill the diagnostic requirements of any of the specific neurodevelopmental disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders (e.g., autistic-like features in Rett syndrome; aggression and self-mutilation in Lesch-Nyhan syndrome, abnormalities in language development in Williams syndrome), based on evidence from the history, physical examination, or laboratory findings.

This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Autism spectrum disorder (6A02)
Disorders of intellectual development (6A00)
Stereotyped movement disorder (6A06)

6E60.0

Secondary speech or language syndrome

A syndrome that involves significant features related to speech or language development that do not fulfill the diagnostic requirements of any of the specific developmental speech or language disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Possible etiologies include a disease of the nervous system, sensory impairment, brain injury or infection.

Coding Note: This diagnosis should be assigned in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

6E60.Y

Other specified secondary neurodevelopmental syndrome

Coding Note: Code also the causing condition

6E60.Z Secondary neurodevelopmental syndrome, unspecified

Coding Note: Code also the causing condition

6E61 Secondary psychotic syndrome

A syndrome characterised by the presence of prominent hallucinations or delusions judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Acute and transient psychotic disorder (6A23)
 Delirium (6D70)
 Mood disorders (6A60-6A8Z)

6E61.0 Secondary psychotic syndrome, with hallucinations

A syndrome characterised by the presence of prominent hallucinations that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Delusions are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)
 Mood disorders (6A60-6A8Z)

6E61.1 Secondary psychotic syndrome, with delusions

A syndrome characterised by the presence of prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Hallucinations are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)
Mood disorders (6A60-6A8Z)

6E61.2 Secondary psychotic syndrome, with hallucinations and delusions

A syndrome characterised by the presence of both prominent hallucinations and prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)
Mood disorders (6A60-6A8Z)

6E61.3 Secondary psychotic syndrome, with unspecified symptoms

Coding Note: Code also the causing condition

6E62**Secondary mood syndrome**

A syndrome characterised by the presence of prominent mood symptoms (i.e., depression, elevated mood, irritability) judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E62.0**Secondary mood syndrome, with depressive symptoms**

A syndrome characterised by the presence of prominent depressive symptoms such as persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful and downtrodden appearance that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E62.1**Secondary mood syndrome, with manic symptoms**

A syndrome characterised by the presence of prominent manic symptoms such as elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings.

Coding Note: Code also the causing condition

Inclusions: mood syndrome due to disorders or diseases not classified under Mental and behavioural disorders, with manic symptoms

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E62.2**Secondary mood syndrome, with mixed symptoms**

A syndrome characterised by the presence of both manic and depressive symptoms, either occurring together or alternating from day to day or over the course of a day that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. Manic symptoms may include elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity. Depressive symptoms may include persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful or downtrodden appearance. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E62.3**Secondary mood syndrome, with unspecified symptoms**

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E63**Secondary anxiety syndrome**

A syndrome characterised by the presence of prominent anxiety symptoms judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., anxiety symptoms or panic attacks in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the anxiety symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)
Delirium (6D70)

6E64**Secondary obsessive-compulsive or related syndrome**

A syndrome characterised by the presence of prominent obsessions, compulsions, hoarding, skin picking, hair pulling, other body-focused repetitive behaviours, or other symptoms characteristic of obsessive-compulsive and related disorder that is judged to be the direct pathophysiological consequence of a disorder or disease not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by Delirium or by another Mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., repetitive ruminations in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the obsessive-compulsive or related symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)
Obsessive-compulsive or related disorder induced by other
specified psychoactive substance (6C4E.72)
Tic disorders (8A05)

6E65**Secondary dissociative syndrome**

A syndrome characterised by the presence of prominent dissociative symptoms (e.g., depersonalization, derealization) that is judged to be the direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the dissociative symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)
Acute stress reaction (QE84)

6E66**Secondary impulse control syndrome**

A syndrome characterised by the presence of prominent symptoms that are characteristic of Impulse Control Disorders or Disorders Due to Addictive Behaviours (e.g., stealing, fire-setting, aggressive outbursts, compulsive sexual behaviour, excessive gambling) that are judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an adjustment disorder in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the impulse control symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

6E67**Secondary neurocognitive syndrome**

A syndrome that involves significant cognitive features that do not fulfill the diagnostic requirements of any of the specific neurocognitive disorders and are judged to be a direct pathophysiological consequence of a health condition or injury not classified under mental and behavioural disorders (e.g., cognitive changes due to a brain tumour), based on evidence from the history, physical examination, or laboratory findings. This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the cognitive symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Disorders with neurocognitive impairment as a major feature (8A20-8A2Z)

Coded Elsewhere: Delirium (6D70)

6E68**Secondary personality change**

A syndrome characterised by a persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern that is judged to be a direct pathophysiological consequence of a health condition not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., social withdrawal, avoidance, or dependence in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the personality symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Personality difficulty (QE50.7)
 Personality disorder (6D10)
 Delirium (6D70)

6E69**Secondary catatonia syndrome**

Secondary catatonia syndrome is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which occurs as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcaemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Coding Note: Use additional code, if desired, for any underlying disorder if known.

6E6Y**Other specified secondary mental or behavioural syndrome**

Coding Note: Code also the causing condition

6E6Z**Secondary mental or behavioural syndrome, unspecified**

Coding Note: Code also the causing condition

6E8Y**Other specified mental, behavioural or neurodevelopmental disorders****6E8Z****Mental, behavioural or neurodevelopmental disorders, unspecified**

CHAPTER 07

Sleep-wake disorders

This chapter has 42 four-character categories.

Code range starts with 7A00

Sleep-wake disorders are characterised by difficulty initiating or maintaining sleep (insomnia disorders), excessive sleepiness (hypersomnolence disorders), respiratory disturbance during sleep (sleep-related breathing disorders), disorders of the sleep-wake schedule (circadian rhythm sleep-wake disorders), abnormal movements during sleep (sleep-related movement disorders), or problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep (parasomnia disorders).

This chapter contains the following top level blocks:

- Insomnia disorders
- Hypersomnolence disorders
- Sleep-related breathing disorders
- Circadian rhythm sleep-wake disorders
- Sleep-related movement disorders
- Parasomnia disorders

Insomnia disorders (7A00-7A0Z)

Insomnia disorders are characterised by the complaint of persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder.

7A00

Chronic insomnia

Chronic insomnia is a frequent and persistent difficulty initiating or maintaining sleep that occurs despite adequate opportunity and circumstances for sleep and that results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. The sleep disturbance and associated daytime symptoms occur at least several times per week for at least 3 months. Some individuals with chronic insomnia may show a more episodic course, with recurrent episodes of sleep/wake difficulties lasting several weeks at a time over several years. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, chronic insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A01

Short-term insomnia

Short-term insomnia is characterised by difficulty initiating or maintaining sleep of less than 3 months duration that occurs despite adequate opportunity and circumstances for sleep and results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, short-term insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A0Z

Insomnia disorders, unspecified

Hypersomnolence disorders (7A20-7A2Z)

Hypersomnolence disorders are characterised by a complaint of daytime sleepiness that is not due to another sleep-wake disorder (e.g. disturbed nocturnal sleep, misaligned circadian rhythm, or breathing disorder). Individuals with excessive sleepiness may show irritability, concentration and attention deficits, reduced vigilance, distractibility, reduced motivation, anergia, dysphoria, fatigue, restlessness, and lack of coordination.

7A20

Narcolepsy

Narcolepsy is a disorder characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least several months, accompanied by abnormal manifestations of REM sleep. Multiple sleep latency testing (MSLT) demonstrates a mean sleep latency of <8 minutes and two or more sleep-onset REM periods (SOREMP's), or one or more SOREMP's on MSLT and a SOREMP on the preceding overnight polysomnography (PSG). Nighttime sleep is often disturbed, and brief daytime naps are typically refreshing.

7A20.0

Narcolepsy, Type 1

Type 1 narcolepsy is a disorder of excessive sleepiness due to a deficiency of hypothalamic hypocretin (orexin) signaling. In addition to daily periods of irrepressible need to sleep or daytime lapses into sleep, type 1 narcolepsy is characterised by symptoms of REM sleep dissociation, most importantly cataplexy. Cataplexy is a sudden and uncontrollable loss of muscle tone arising during wakefulness that is typically triggered by a strong emotion, such as excitement or laughter. Although cataplexy is a pathognomonic symptom of type 1 narcolepsy, it may not manifest until years following onset of the sleepiness. In such cases, a diagnosis of narcolepsy, type 1 may be made based on cerebrospinal fluid (CSF)-hypocretin levels < 110 picograms per milliliter. Episodes of sleep paralysis and hypnagogic or hypnopompic hallucinations may also be present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep plus either: a) cataplexy and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy; or b) demonstrated CSF hypocretin deficiency.

7A20.1

Narcolepsy, Type 2

Type 2 narcolepsy is a disorder of excessive sleepiness characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep and abnormal manifestations of REM sleep as demonstrated by multiple sleep latency test (MSLT/PSG) findings in the context of normal hypothalamic hypocretin (orexin) signaling. That is, cerebrospinal fluid (CSF) hypocretin determinations are > 110 picograms per milliliter. Cataplexy is not present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy. There should be no evidence of cataplexy or CSF hypocretin deficiency (if testing is performed).

7A20.Z

Narcolepsy, unspecified

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).

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

Hypersomnia due to a medical condition

Hypersomnia due to a medical condition is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping of at least several months duration that is attributable to a coexisting medical or neurological disorder (e.g. head trauma, Parkinson disease, certain genetic conditions, metabolic, neurologic or endocrine disorders) and is sufficiently severe to require an independent focus of clinical attention. Hypersomnia due to a medical condition is only diagnosed if the hypersomnia is a direct physiological consequence of the medical condition. Residual sleepiness in patients with adequately-treated obstructive sleep apnoea is classified here under the assumption that it is due to central nervous system damage from recurrent hypoxemia.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A24

Hypersomnia due to a medication or substance

Hypersomnia due to a medication or substance is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is attributable to the sedating effects of medications, alcohol, or other psychoactive substances, including withdrawal syndromes (e.g., from stimulants) and is sufficiently severe to constitute an independent focus of clinical attention.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

Inclusions: Hypersomnia due to substances including medications

7A25

Hypersomnia associated with a mental disorder

Hypersomnia associated with a mental disorder is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is sufficiently severe to constitute an independent focus of clinical attention. This is most typical of depressive disorders or the depressed phase of bipolar disorders. Patients often feel that their sleep is of poor quality and nonrestorative and may be intensely focused on their hypersomnolence. Objective evidence of excessive sleepiness on MSLT is often absent.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A26

Insufficient sleep syndrome

Insufficient sleep syndrome occurs when an individual persistently fails to obtain the amount of sleep required relative to their own physiological sleep requirements to maintain normal levels of alertness and wakefulness and is thus chronically sleep deprived. The curtailed sleep pattern is present most days for at least several months.

The person's ability to initiate and maintain sleep is unimpaired. Sleep time is often markedly extended on weekend nights or during holidays compared to weekday. Extension of total sleep time results in resolution of the symptoms of sleepiness.

Inclusions: Behaviourally induced hypersomnia

Exclusions: Narcolepsy (7A20)

7A2Y

Other specified hypersomnolence disorders

7A2Z

Hypersomnolence disorders, unspecified

Sleep-related breathing disorders (7A40-7A4Z)

Sleep related breathing disorders are characterised by abnormalities of respiration during sleep. In some of these disorders, respiration is also abnormal during wakefulness. The disorders are grouped into central sleep apnoeas, obstructive sleep apnoea, and sleep related hypoventilation or hypoxemia disorders.

Exclusions: Apnoea of newborn (KB2A)

Coded Elsewhere: Sleep related Cheyne-Stokes respiration (MD11.4)

7A40

Central sleep apnoeas

Central sleep apnoeas are characterised by reduction or cessation of airflow due to absent or reduced respiratory effort. Central apnoea (cessation of airflow) or hypopnea (reduction in airflow) may occur in a cyclical or intermittent fashion. Patients with central sleep apnoea of various etiologies may also exhibit obstructive events, in which case diagnoses of both central sleep apnoea and obstructive sleep apnoea may be given.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Central neonatal apnoea (KB2A.0)

7A40.0

Primary central sleep apnoea

Primary central sleep apnoea is of unknown etiology (idiopathic) and is characterised by recurrent, predominantly central apnoeas. Airflow and respiratory effort cease simultaneously in a repetitive fashion over the course of the night. The recurrent episodes of apnoea (more than five per hour) and associated arousals are sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

7A40.1

Primary central sleep apnoea of infancy

Primary central sleep apnoea of infancy is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of at least 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of prematurity (7A40.2)

7A40.2**Primary central sleep apnoea of prematurity**

Primary central sleep apnoea of prematurity is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of less than 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

7A40.3**Central sleep apnea with Cheyne-Stokes breathing**

Central sleep apnoea with Cheyne-Stokes breathing is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) alternating with a respiratory phase exhibiting a crescendo-decrescendo pattern of flow (or tidal volume). The longer cycle length (> 40 seconds) distinguishes central sleep apnoea with Cheyne-Stokes breathing from other central sleep apnoea types. The vast majority of patients with Central sleep apnoea with Cheyne-Stokes breathing have either systolic or diastolic heart failure. Patients with Central sleep apnoea with Cheyne-Stokes breathing have normal or low daytime arterial partial pressure of carbon dioxide (PaCO₂). The disturbance is typically associated with atrial fibrillation/flutter, congestive heart failure, or a neurological disorder and is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A40.4**Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing**

Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing (CSB) is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) that are attributed to a medical condition (and do not have the pattern of CSB). The majority of these patients have brainstem lesions of developmental, vascular, neoplastic, degenerative, demyelinating, or traumatic origin. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions: Central sleep apnoea due to a medication or substance (7A40.6)

- 7A40.5 Central sleep apnoea due to high-altitude periodic breathing**
- High-altitude periodic breathing is characterised by alternating periods of central apnoea and hyperpnoea associated with recent ascent to high altitude (typically > 2500 meters). The pattern of periodic breathing is an expected response to ascent to elevation. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. The cycle length of this respiratory pattern is commonly less than 40 seconds and often as short as 12 to 20 seconds.
- Note: This diagnosis can be made clinically based on symptoms and recent ascent to high altitude.
- 7A40.6 Central sleep apnoea due to a medication or substance**
- Central sleep apnoea due to a medication is characterised by a pattern of recurring, predominantly central sleep apnoea or hypopnoea (more than five per hour) that is attributable to a medication or substance, most commonly long-acting opioids (e.g. methadone, long-acting morphine or oxycodone, fentanyl patches). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. Obstructive apnoeas and hypoventilation may be present, but central sleep apnoea is the predominant finding.
- Note: A definitive diagnosis requires objective evidence based on polysomnography in the context of medication or substance use that is judged to be causing the symptoms.
- 7A40.7 Treatment-emergent central sleep apnoea**
- Treatment-emergent central sleep apnoea is characterised by persistence or emergence of recurrent, predominantly central sleep apnoea (more than five per hour) during effective treatment for obstructive apnoea (obstructive or mixed apnoea or hypopnea) with positive airway pressure. Central apnoeas must be the predominant finding (>50% of total respiratory events). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring. If the reduction or cessation of airflow due to absent or reduced respiratory effort is better explained by another central sleep apnoea disorder (e.g., Central sleep apnoea due to a medication or substance), that diagnosis along with a diagnosis of Obstructive sleep apnoea should be given, rather than a diagnosis of treatment-emergent central sleep apnoea.
- Note: A definitive diagnosis requires objective evidence based on polysomnography.
- 7A40.Y Other specified central sleep apnoeas**
- 7A40.Z Central sleep apnoeas, unspecified**

7A41**Obstructive sleep apnoea**

Obstructive sleep apnoea is characterised by repetitive episodes of apnoea or hypopnea that are caused by upper airway obstruction occurring during sleep. These events often result in reductions in blood oxygen saturation and are usually terminated by brief arousals from sleep. Excessive sleepiness is a major presenting complaint in many but not all cases. Reports of insomnia, poor sleep quality, and fatigue are also common. Upper airway resistance syndrome shares the same pathophysiology and should be classified here. In adults (> 18 years), obstructive sleep apnoea is diagnosed when the frequency of obstructive events (apnoeas, hypopneas or respiratory event-related arousals) is greater than 15 per hour. The disorder may also be diagnosed when the frequency is greater than five per hour and: a) symptoms attributable to the disorder (e.g., sleepiness or sleep disruption) are present; or b) nocturnal respiratory distress or observed apnoea/habitual snoring are reported; or c) when hypertension, a mood disorder, cognitive dysfunction, coronary artery disease, stroke, congestive heart failure, atrial fibrillation, or type 2 diabetes mellitus are present. In children, the disorder is diagnosed when the frequency of obstructive events is greater than one per hour, accompanied by signs or symptoms related to the breathing disorder.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Obstructive neonatal apnoea (KB2A.1)

7A42**Sleep-related hypoventilation or hypoxemia disorders**

The primary feature of these disorders is insufficient sleep related ventilation, resulting in abnormally elevated arterial partial pressure of carbon dioxide (PaCO₂) during sleep. Sleep-related hypoxemia is diagnosed when overnight monitoring reveals sustained (> 5 minutes) decline in oxygen saturation to ≤ 88% in adults (or ≤ 90% in children) for ≥ 5 minutes.

Note: A definitive diagnosis requires objective evidence based on polysomnography as well as carbon dioxide (CO₂) monitoring during sleep (by arterial, end-tidal or transcutaneous measures).

7A42.0**Obesity hypoventilation syndrome**

Obesity hypoventilation syndrome is characterised by obesity (in adults, Body-Mass-Index > 30 kg/m²) and daytime hypercapnia indicated by arterial partial pressure of carbon dioxide (PaCO₂) > 45 mm Hg that cannot be fully attributed to an underlying cardiopulmonary or neurologic disease. Hypercapnia worsens during sleep and is often associated with severe arterial oxygen desaturation. Obstructive sleep apnoea is also present in the majority of cases and should be diagnosed in addition to obesity hypoventilation.

Note: A definitive diagnosis requires demonstration of daytime hypercapnia and objective evidence based on polysomnography, with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures).

Inclusions: Pickwickian syndrome

7A42.1**Congenital central alveolar sleep-related hypoventilation**

Congenital central alveolar hypoventilation syndrome (CCHS) is a disorder of autonomic dysfunction, primarily the failure of automatic central control of breathing, caused by a mutation of the PHOX2B gene. CCHS is characterised by hypoventilation, which is worse during sleep than wakefulness. Onset is usually at birth, and CCHS most commonly presents in an otherwise normal-appearing infant who is noted to have cyanosis, feeding difficulties, hypotonia or, less commonly, central apnoea. Severity is related to the specific mutation present. Individuals with milder variants of the disorder may not present for clinical attention until adulthood.

Note: A definitive diagnosis requires demonstration of PHOX2B mutation and objective evidence based on polysomnography with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.2**Non-congenital central hypoventilation with hypothalamic abnormalities**

Non-congenital central hypoventilation with hypothalamic dysfunction is a disorder of central control of ventilation. Patients are usually healthy until early childhood (often 2-3 years of age) when they develop hyperphagia and severe obesity, followed by central hypoventilation, which often presents as respiratory failure. Hypothalamic endocrine dysfunction may be characterised by increased or decreased hormone levels and may include one or more of the following: diabetes insipidus, inappropriate antidiuretic hormone hypersecretion, precocious puberty, hypogonadism, hyperprolactinemia, hypothyroidism, and decreased growth hormone secretion, or tumours of neural origin. Mood and behaviour abnormalities, sometimes severe, are often present. Developmental delay or autistic features may be present, but many patients are cognitively normal.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.3**Idiopathic central alveolar hypoventilation**

Idiopathic central alveolar hypoventilation is defined as the presence of decreased alveolar ventilation resulting in sleep related hypercapnia and hypoxemia in individuals with presumed normal mechanical properties of the lung and respiratory pump. Chronic hypoventilation during sleep exists without any readily identifiable impairments of respiration, such as pulmonary airway or parenchymal conditions, neurologic, neuromuscular or chest wall abnormalities, severe obesity, other sleep related breathing disorder, or use of respiratory depressant medications or substances. Diurnal as well as nocturnal hypoventilation is believed to be due primarily to blunted chemoresponsiveness to carbon dioxide (CO₂) and oxygen (O₂). Patients may complain of morning headaches, fatigue, neurocognitive decline and sleep disturbance, or may be entirely asymptomatic.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.4**Sleep-related hypoventilation due to a medication or substance**

Sleep-related hypoventilation due to a medication or substance is characterised primarily by chronic hypoventilation and hypercapnia due to prolonged use of medications or substances known to depress ventilatory drive and/or impair respiratory muscle mechanics (e.g. long-acting narcotics, anesthetics, sedative compounds, and muscle relaxants). Hypoxemia is commonly present as well. Hypercapnia may also be present during wakefulness in some patients. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures) in the context of medication or substance use that is judged to be causing the symptoms.

7A42.5**Sleep-related hypoventilation due to medical condition**

Sleep-related hypoventilation due to medical condition is characterised by sleep-related hypoventilation due to lung airway or parenchymal disease, chest wall disorders, pulmonary hypertension, or neurologic and neuromuscular disorders. Daytime hypercapnia may also be present. Sleep related hypoxemia may be severe. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO₂) monitoring (by arterial, end-tidal or transcutaneous measures) in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions:

Obesity hypoventilation syndrome (7A42.0)

Congenital central alveolar sleep-related hypoventilation (7A42.1)

7A42.6**Sleep-related hypoxemia due to a medical condition**

Sleep related hypoxemia due to a medical condition is characterised by sustained declines in SpO₂ (oxygen saturation measured by pulse oximeter) ($\leq 88\%$ in adults or $\leq 90\%$ in children for ≥ 5 minutes) during sleep. The condition is attributable to a medical or neurological disorder. The presence of hypoxemia is not better explained by another sleep related breathing disorder (e.g., obstructive sleep apnoea). Although some amount of obstructive or central apnoea may be present, these disorders are not thought to be primarily responsible for the hypoxemia during sleep. Some patients with sleep related hypoxemia also exhibit hypoxemia during wakefulness. If the presence of hypercapnia has been established, a diagnosis of sleep-related hypoventilation should be made, rather than sleep-related hypoxemia.

Note: A definitive diagnosis requires objective evidence based on polysomnographic monitoring of oxygen saturation in arterial blood (SaO₂) in the presence of a medical condition that is judged to be causing the declines in SaO₂.

7A42.Y**Other specified sleep-related hypoventilation or hypoxemia disorders****7A42.Z****Sleep-related hypoventilation or hypoxemia disorders, unspecified****7A4Y****Other specified sleep-related breathing disorders**

Circadian rhythm sleep-wake disorders (7A60-7A6Z)

Circadian rhythm sleep-wake disorders are disturbances of the sleep-wake cycle (typically manifest as insomnia, excessive sleepiness, or both) due to alterations of the circadian time-keeping system, its entrainment mechanisms, or a misalignment of the endogenous circadian rhythm and the external environment. Sleep logs and, if possible, actigraphy for a minimum of one week should be utilized to define the specific sleep-wake schedule disturbance.

Inclusions: Delayed sleep phase syndrome
Irregular sleep-wake pattern

7A60**Delayed sleep-wake phase disorder**

Delayed sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent delay in the major sleep period compared to conventional or desired sleep times. The disorder results in difficulty falling asleep and difficulty awakening at desired or required times. When sleep is allowed to occur on the delayed schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A61**Advanced sleep-wake phase disorder**

Advanced sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent advance (to an earlier time) of the major sleep period compared to conventional or desired sleep times. The disorder results in evening sleepiness (prior to the desired bedtime) and awakening earlier than the desired or required times. When sleep is allowed to occur on the advanced schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A62**Irregular sleep-wake rhythm disorder**

Irregular sleep-wake rhythm disorder is characterised by absence of a clearly-defined cycle of sleep and wake. Sleep becomes distributed in multiple episodes of variable duration throughout the 24-hour period. Patients typically complain of insomnia and/or excessive daytime sleepiness as a result of the condition. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A63

Non-24 hour sleep-wake rhythm disorder

Non-24 hour sleep-wake rhythm disorder is characterised by periods of insomnia and/or daytime sleepiness, alternating with periods of relatively normal sleep, due to a lack of entrainment of the circadian clock to the 24-hour environmental cycle. The period length of the circadian/sleep-wake cycle is typically longer than 24 hours. Symptoms occur as the circadian-controlled sleep-wake propensity cycles in and out of phase with the environmental day-night cycle. The disorder is seen most commonly in individuals with complete blindness. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A64

Circadian rhythm sleep-wake disorder, shift work type

Circadian rhythm sleep-wake disorder, shift work type is characterised by complaints of insomnia and/or excessive sleepiness that occur as a result of work shifts that overlap with all or a portion of conventional nighttime sleep periods. The disorder is also associated with a reduction in total sleep time. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A65

Circadian rhythm sleep-wake disorder, jet lag type

Circadian rhythm sleep-wake disorder, jet lag type is characterised by a temporary mismatch between the timing of the sleep and wake cycle generated by the endogenous circadian clock and that of the sleep and wake pattern required by transmeridian travel across at least two time zones. Individuals complain of disturbed sleep, sleepiness and fatigue, somatic symptoms (e.g. gastrointestinal distress) or impaired daytime function. The severity and duration of symptoms is dependent on the number of time zones traveled, the ability to sleep while traveling, exposure to appropriate circadian times cues in the new environment, tolerance to circadian misalignment when awake during the biological night, and the direction of the travel. The symptoms result in significant distress or mental, physical, social, occupational or academic impairment.

7A6Z

Circadian rhythm sleep-wake disorders, unspecified

Sleep-related movement disorders (7A80-7A8Z)

Sleep related movement disorders are primarily characterised by relatively simple, usually stereotyped, movements that disturb sleep or its onset. An exception is Restless legs syndrome, which is primarily a waking, sensorimotor experience but is included in Sleep-related movement disorders because it almost always also involves periodic limb movements during sleep.

Coded Elsewhere: REM sleep behaviour disorder (7B01.0)

7A80

Restless legs syndrome

Restless legs syndrome is a waking sensorimotor disorder characterised by a complaint of a strong, nearly irresistible urge to move the limbs. This urge to move is often but not always accompanied by other uncomfortable sensations felt deep inside the limbs. Although the legs are most prominently affected, a significant percentage of individuals with Restless legs syndrome describe some arm sensations. The symptoms of Restless legs syndrome are worse at rest, alleviated with movement, and predominant in the evening or night. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep). The vast majority of individuals with Restless legs syndrome also exhibit periodic limb movements during sleep. A separate diagnosis of Periodic limb movement disorder is not warranted in such cases because the limb movements during sleep are considered to be an expected part of Restless legs syndrome.

7A81

Periodic limb movement disorder

Periodic limb movement disorder is characterised by periodic episodes of repetitive (> 5/hour in children or > 15/hour in adults), highly stereotyped limb movements that occur during sleep, in conjunction with significant difficulties with sleep initiation or maintenance or fatigue that cannot be accounted for by another primary sleep disorder or other etiology. Specifically, when periodic limb movements are associated with Restless legs syndrome, narcolepsy or REM sleep behaviour disorder, a separate diagnosis of Periodic limb movement disorder is not warranted because the limb movements during sleep are considered an expected part of these disorders. Periodic limb movements occur most frequently in the lower extremities but may be seen in the arms as well. They may be associated with recurrent arousal from sleep, which gives rise to sleep disruption. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep).

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A82

Sleep-related leg cramps

Sleep related leg cramps are painful sensations in the leg or foot associated with sudden, involuntary muscle hardness or tightness, indicating a strong muscle contraction. They typically last from a few seconds to several minutes. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep).

7A83

Sleep-related bruxism

Sleep-related bruxism is characterised by repetitive, rhythmic jaw muscle contractions that occur during sleep. These contractions can take the form of repetitive phasic muscle contractions or isolated sustained jaw clenching (tonic contractions). These contractions during sleep produce tooth-grinding sounds. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or significant damage to the teeth.

7A84

Sleep-related rhythmic movement disorder

Sleep related rhythmic movement disorder is characterised by repetitive, stereotyped, and rhythmic motor behaviours that involve large muscle groups (e.g., banging head against pillow or mattress, head rolling, body rocking, body rolling). The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or result in bodily injury (e.g., due to falling out of bed).

7A85

Benign sleep myoclonus of infancy

Benign sleep myoclonus of infancy is characterised by repetitive myoclonic jerks that occur during sleep in neonates and infants. Benign sleep myoclonus of infancy is commonly confused with epilepsy. However, unlike the jerks of myoclonic seizures and myoclonic encephalopathy, the jerks of Benign sleep myoclonus of infancy occur exclusively during sleep. The jerks are often bilateral and massive, typically involving large muscle groups.

7A86

Propriospinal myoclonus at sleep onset

Propriospinal myoclonus at sleep onset consists of sudden myoclonic jerks of the trunk, hips, and knees in a fixed pattern that occur during the transition from wakefulness to sleep and, more rarely, during nighttime awakenings or upon awakening in the morning. The jerks arise mainly in spinally innervated muscles and thereafter propagate to rostral and caudal muscles at a low speed, typical of propriospinal pathways. The movements result in clinically significant difficulty with sleep initiation or maintenance.

7A87

Sleep-related movement disorder due to a medical condition

Sleep-related movement disorder due to a medical condition is characterised by sleep-related movement abnormalities that are directly attributable to an underlying neurological or medical condition. Many medical conditions, particularly diseases of the nervous system, may be associated with movement abnormalities that are evident in wake and sleep. In some cases, the nocturnal manifestations of the movement abnormalities may be apparent before establishment of a firm neurological diagnosis. Once the presence of a medical or neurological condition is clearly established, this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

Coding Note: Code also the causing condition

7A88**Sleep-related movement disorder due to a medication or substance**

Sleep-related movement disorder due to a medication or substance is characterised by sleep-related movement abnormalities that are directly attributable to the effect of a medication or substance. Many substances may be associated with movement abnormalities that are evident in wake and sleep. To the extent that the movement abnormality is an expected complication of the substance(s) involved (e.g., tardive dyskinesia or akathisia associated with neuroleptic usage), this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

7A8Y**Other specified sleep-related movement disorders****7A8Z****Sleep-related movement disorders, unspecified****Parasomnia disorders (7B00-7B0Z)**

Parasomnias are problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep. Parasomnias may occur during non-rapid eye movement sleep (NREM), rapid eye movement sleep (REM), or during transitions to and from sleep. They encompass abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity.

7B00**Disorders of arousal from non-REM sleep**

Disorders of arousal from non-REM sleep are characterised by experiences or behaviours such as confusion, ambulation, terror, or extreme autonomic arousal that typically arise as a result of incomplete arousals from deep non-REM (N3) sleep. An exception is sleep-related eating disorder, which has been observed to arise during all stages of non-REM sleep. This group of disorders is also characterised by partial or complete amnesia for the event, inappropriate or absent responsiveness to efforts by others to intervene or redirect the person during the episode, and limited (e.g., a single visual scene) or no associated cognition or dream imagery. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others (e.g., thrashing or striking out in response to efforts to restrain the individual).

7B00.0**Confusional arousals**

Confusional arousals are characterised by mental confusion or confused behaviour (e.g., disorientation, being unresponsive, impaired or slow speech, poor memory) during a partial arousal from deep sleep. There is partial or complete amnesia for the events. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

7B00.1**Sleepwalking disorder**

Sleepwalking disorder is characterised by ambulation and other complex behaviours during a partial arousal from deep sleep.

7B00.2	Sleep terrors Sleep terrors are characterised by episodes of abrupt terror during a partial arousal from deep sleep, typically beginning with a vocalization such as a frightening scream. The individual experiences intense fear accompanied by signs of autonomic arousal, such as mydriasis, tachycardia, tachypnea, and diaphoresis.
7B00.3	Sleep-related eating disorder Sleep-related eating disorder is characterised by recurrent episodes of involuntary excessive or dangerous eating or drinking that occur during the main sleep period that are not attributable to the effects of a medication or substance. Episodes may involve consumption of peculiar forms or combinations of food or inedible or toxic substances or injurious or potentially injurious behaviours performed while in pursuit of food or while cooking food. There may be adverse health consequences from recurrent nocturnal binge eating of high calorie foods. There is partial or complete amnesia for the events.
7B00.Y	Other specified disorders of arousal from non-REM sleep
7B00.Z	Disorders of arousal from non-REM sleep, unspecified
7B01	Parasomnias related to REM sleep Parasomnias related to REM (rapid eye movement) sleep are characterised by experiences or behaviours such as vocalization or complex motor behaviours, sleep paralysis, or nightmares that are associated with REM sleep. The experiences are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.
7B01.0	REM sleep behaviour disorder REM sleep behaviour disorder is characterised by repeated episodes of sleep related vocalization or complex motor behaviours that are either documented by polysomnography to occur during REM (rapid eye movement) sleep or are presumed to occur during REM sleep due to a clinical history of dream enactment. Polysomnographic recording (when performed) demonstrates REM sleep without atonia. The disorder may occur as an isolated, idiopathic form but is frequently associated with latent or manifest disease of the nervous system, especially alpha-synucleinopathies. Note: A provisional diagnosis may be established on clinical grounds but definitive diagnosis requires polysomnographic demonstration of REM sleep without atonia.
7B01.1	Recurrent isolated sleep paralysis Recurrent isolated sleep paralysis consists of recurrent inability to move the trunk and all of the limbs at sleep onset (hypnagogic) or upon awakening (hypnopompic) from sleep. Episodes typically last from a few seconds to a few minutes and cause clinically significant distress including bedtime anxiety or fear of sleep.

7B01.2	Nightmare disorder Nightmare disorder is characterised by recurrent, vivid and highly dysphoric dreams, often involving threat to the individual, that generally occur during REM sleep and that often result in awakening with anxiety. The person is rapidly oriented and alert upon awakening. <i>Inclusions:</i> 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 Hypnagogic 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. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> Hypnagogic sensory disturbance
7B02.1	Sleep-related hallucinations Sleep related hallucinations are hallucinatory experiences that occur at sleep onset (hypnagogic hallucinations) or on awakening from sleep (hypnopompic hallucinations). Sleep related hallucinations are predominantly visual but may include auditory, tactile, or kinetic phenomena.
7B02.2	Parasomnia disorder due to a medical condition Parasomnia disorder due to a medical condition is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, or autonomic nervous system activity that are directly attributable to an underlying neurological or medical condition.
7B02.3	Parasomnia disorder due to a medication or substance Parasomnia disorder due to a medication or substance is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity that are directly attributable to the effect of a medication or substance.
7B0Y	Other specified parasomnia disorders
7B0Z	Parasomnia disorders, unspecified

7B2Y

Other specified sleep-wake disorders

7B2Z

Sleep-wake disorders, unspecified

CHAPTER 08

Diseases of the nervous system

This chapter has 204 four-character categories.

Code range starts with 8A00

This is a group of conditions characterised as being in or associated with the nervous system.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)
 Complications of pregnancy, childbirth and the puerperium (Chapter 18)
 Certain conditions originating in the perinatal period (Chapter 19)
 Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Injuries of the nervous system
 Neoplasms of the nervous system
 Structural developmental anomalies of the nervous system (LA00-LA0Z)
 Syndromes with central nervous system anomalies as a major feature (LD20)
 Non-viral and unspecified infections of the central nervous system (1D00-1D0Z)
 Symptoms, signs or clinical findings of the nervous system (MB40-MB9Y)
 Paralytic symptoms (MB50-MB5Z)
 Dissociative neurological symptom disorder (6B60)
 Diseases of the nervous system complicating pregnancy, childbirth or the puerperium (JB64.3)

This chapter contains the following top level blocks:

- Movement disorders
- Disorders with neurocognitive impairment as a major feature
- Multiple sclerosis or other white matter disorders
- Epilepsy or seizures
- Headache disorders
- Cerebrovascular diseases
- Spinal cord disorders excluding trauma
- Motor neuron diseases or related disorders
- Disorders of nerve root, plexus or peripheral nerves
- Diseases of neuromuscular junction or muscle
- Cerebral palsy
- Nutritional or toxic disorders of the nervous system
- Disorders of cerebrospinal fluid pressure or flow

- Disorders of autonomic nervous system
- Human prion diseases
- Disorders of consciousness
- Other disorders of the nervous system
- Postprocedural disorders of the nervous system
- Injuries of the nervous system
- Neoplasms of the nervous system

Movement disorders (8A00-8A0Z)

This is a group of involuntary movement disorders.

Coded Elsewhere: Restless legs syndrome (7A80)

Periodic limb movement disorder (7A81)

Hemifacial spasm (8B88.2)

8A00

Parkinsonism

Parkinsonism is a clinical syndrome characterised by four cardinal features: rest tremor, muscular rigidity, akinesia or bradykinesia, and postural disturbances which include shuffling gait and flexed posture and loss of postural reflexes. Bradykinesia and one other clinical feature is required to make a diagnosis of Parkinsonism. Parkinsonism may result from a variety of conditions including progressive neurodegenerative disorders such as Parkinson Disease or Atypical Parkinsonism where the progressive degeneration of nigral and other neurons leads to dopamine deficiency. Parkinsonism may also be a result of structural lesions such as strokes or tumours or blockage of dopamine receptors in the striatum by drugs such as neuroleptics.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Arthropathies (FA00-FA5Z)

8A00.0

Parkinson disease

Parkinson Disease is a gradual onset progressive degenerative disease whose cardinal manifestations include bradykinesia plus one of the following-tremor, rigidity or postural instability. Nonmotor manifestations include autonomic dysfunction and neuropsychiatric features.

8A00.00

Sporadic Parkinson disease

This is defined as Parkinson Disease occurring sporadically with no apparent mode of inheritance.

8A00.01

Familial Parkinson disease

Familial subtype of Parkinson Disease, a disorder caused by progressive dopaminergic neuron degeneration of the substantia nigra that is characterized by resting tremor, bradykinesia, and rigidity. Familial cases can be caused by mutations in LRRK2, PARK7, PINK1, PRKN, or SNCA genes.

8A00.0Y	Other specified Parkinson disease
8A00.0Z	Parkinson disease, unspecified
8A00.1	Atypical parkinsonism Atypical parkinsonism is a term used to describe several neurodegenerative conditions where the degeneration extends beyond the substantia nigra and is more extensive than seen in conditions like Parkinson disease. The clinical picture is often more complex than PD and patients may have apraxia, supranuclear ophthalmoplegia or autonomic failure. Coded Elsewhere: Multiple system atrophy, Parkinsonism (8D87.01) Lewy body disease (8A22)
8A00.10	Progressive supranuclear palsy Progressive supranuclear palsy (PSP) is a late-onset neurodegenerative disease characterised by supranuclear gaze palsy, postural instability, progressive rigidity, and mild dementia. Five clinical variants have been described with clinicopathological correlations: Classical PSP (Richardson's syndrome), and four atypical variants of PSP including PSP-Parkinsonism (PSP-P), PSP-Pure akinesia with gait freezing (PSP-PAGF), PSP-corticobasal syndrome (PSP-CBS), and PSP-progressive non fluent aphasia (PSP-PNFA).
8A00.1Y	Other specified atypical parkinsonism
8A00.1Z	Atypical parkinsonism, unspecified
8A00.2	Secondary parkinsonism Secondary parkinsonism is a term used to describe Parkinsonism due to a known agent such as drugs, infections, toxins or structural lesions. Coding Note: Code also the causing condition
8A00.20	Parkinsonism due to hereditodegenerative disorders Parkinsonism may occur as a result of more widespread hereditodegenerative disorders. It is accompanied by other neurological findings such as dystonia, ataxia and dementia. Other family members may be affected. Coding Note: Code also the causing condition
8A00.21	Hemiparkinsonism hemiatrophy syndrome Hemiparkinsonism may follow hemiatrophy of the body due to an intrauterine or early neonatal cerebral damage.
8A00.22	Infectious or postinfectious parkinsonism A syndrome caused by an infection with a bacterial, viral, fungal, or parasitic source, which occurs during or after the acute phase of the infection. This condition is characterised by tremors, slow movement, or stiffness of the arms and legs, similar to symptoms seen in Parkinson disease.

8A00.23	Vascular parkinsonism Multiple lacunar infarcts or diffuse vascular disease of the brain can result in Parkinsonism- imaging often shows multiple lacunar infarcts or diffuse white matter change. The dopamine transporter scan may be normal or abnormal depending upon the site of the infarcts.
8A00.24	Drug-induced parkinsonism Parkinsonism due to prescription medications.
8A00.25	Post traumatic Parkinsonism Parkinsonism may be a result of a major head trauma where it occurs in combination with other neurological findings such as weakness and pyramidal signs. It may also occur as a result of multiple blows to the head and may be associated with dementia. It is also called chronic traumatic encephalopathy.
8A00.26	Parkinsonism due to structural lesions Parkinsonism occurring in the setting of a demonstrable structural lesion such as subdural hematoma and brain tumours. Neuroimaging such as Magnetic Resonance Imaging is very helpful. It has to be emphasized that small brain tumours such as meningioma may be an incidental finding in cases of otherwise typical PD.
8A00.2Y	Other specified secondary parkinsonism
Coding Note:	Code also the causing condition
8A00.2Z	Secondary parkinsonism, unspecified
Coding Note:	Code also the causing condition
8A00.3	Functional parkinsonism Functional movement disorder with mixed features of functional tremor but also slowness and stiffness which can be demonstrated to be variable and internally inconsistent. No cause has been identified after investigation. Inclusions: Psychogenic parkinsonism
8A00.Y	Other specified parkinsonism
8A00.Z	Parkinsonism, unspecified
8A01	Choreiform disorders Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another.
8A01.0	Benign hereditary chorea Benign hereditary chorea should be considered in people with a relatively stable, nonprogressive chorea, in whom childhood onset and an autosomal dominant family history are present. Benign hereditary chorea can be associated with short stature and developmental delay. Larger deletions of causative gene, TITF-1, can cause a multisystem disorder with congenital hypothyroidism, hypotonia, and pulmonary problems.

8A01.1	Secondary Chorea Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another. Chorea can be seen in a variety of metabolic, immunological and other disorders and is termed secondary chorea.
Coding Note:	Code also the causing condition
	Exclusions: Benign hereditary chorea (8A01.0)
8A01.10	Huntington disease Huntington disease (HD) is a rare neurodegenerative disorder of the central nervous system. HD is an autosomal dominant disorder due to a mutation resulting in an increased number of triplicate cytosine-adenine-guanine repeats on chromosome 4. The manifestations include chorea, dementia and personality changes. In the Westphal variant dystonia and parkinsonism are prominent. Neuroimaging reveals caudate atrophy. A genetic test is available and may facilitate presymptomatic detection. Inclusions: Huntington chorea
8A01.11	Chorea due to Huntington disease-like conditions The clinical picture of Huntington Disease (HD) is closely mimicked by disorders with an autosomal dominant inheritance. The gene test for HDS is negative prompting the consideration of other disorders. These are called HD like (HDL diseases).
8A01.12	Chorea due to Dentatorubral pallidoluysian atrophy Dentatorubropallidoluysian atrophy patients may have chorea as a major manifestation.
8A01.13	Chorea due to Wilson disease
Coding Note:	Code also the causing condition
8A01.14	Chorea due to infectious or para-infectious causes
Coding Note:	Code also the causing condition
8A01.15	Chorea due to systemic lupus erythematosus Chorea may be a presenting manifestation of systemic lupus erythematosus (SLE) or may occur in established disease. It is associated with the presence of antiphospholipid antibodies.
8A01.16	Drug-induced chorea Chorea may be due to prescribed and illicit drugs.
8A01.1Y	Other specified secondary chorea
Coding Note:	Code also the causing condition
8A01.1Z	Secondary chorea, unspecified
Coding Note:	Code also the causing condition

8A01.2	Hemichorea or hemiballismus Ballism (“ballismós” meaning ‘jumping around’ in Ancient Greek) refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles. Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face. Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.
8A01.20	Hemichorea Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.
8A01.21	Ballism Ballism (“ballismós” meaning ‘jumping around’ in Ancient Greek) refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles.
8A01.22	Hemiballism Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face.
8A01.2Y	Other specified hemichorea or hemiballismus
8A01.2Z	Hemichorea or hemiballismus, unspecified
8A01.Y	Other specified choreiform disorders
8A01.Z	Choreiform disorders, unspecified
8A02	Dystonic disorders <i>Exclusions:</i> athetoid cerebral palsy (8D21)
8A02.0	Primary dystonia Primary dystonias (primary torsion dystonias) are disorders where dystonia is the sole neurological manifestation. These disorders are slowly progressive and may be familial/genetic or sporadic in origin.
8A02.00	Benign essential blepharospasm This is a neurological condition characterised by forcible closure of the eyelids due to involuntary and sustained contraction of the muscles around the eyes.
8A02.0Y	Other specified primary dystonia
8A02.0Z	Primary dystonia, unspecified
8A02.1	Secondary dystonia This is dystonia – a disorder of involuntary muscle contractions – of an acquired nature. Causes include substance toxicity, injury, hypoxia and tumours.
Coding Note:	Code also the causing condition

8A02.10	Drug-induced dystonia This is dystonia due to medications either as an idiosyncratic side effect or due to overdose of medications.
8A02.11	Dystonia-plus This is a group of heterogenous syndromes present with dystonia – a disorder of involuntary muscle contractions – along with other clinical features, but not in tandem with a neurodegenerative disease. Examples include myoclonus dystonia and dopa responsive dystonia.
8A02.12	Dystonia associated with hereditary degenerative disorders Dystonia occurring as a part of a more complex hereditary degenerative disorder. It is not a pure dystonia and other neurological findings such as ataxia, pyramidal signs and cognitive issues may be seen.
8A02.1Y	Other specified secondary dystonia
Coding Note:	Code also the causing condition
8A02.1Z	Secondary dystonia, unspecified
Coding Note:	Code also the causing condition
8A02.2	Paroxysmal dystonia Paroxysmal dyskinesias are a group of rare movement disorders characterised by their recurrent and episodic nature, arising from a background of normal motor activity and behaviour. These abnormal movements can manifest in the form of ballism, dystonia, chorea and athetosis or a combination of these.
8A02.3	Functional dystonia or spasms Functional movement disorder presenting predominantly with mobile or fixed dystonic posturing which is incongruous with other causes of dystonia and may be responsive to placebo therapy or psychotherapy. Typically a clenched fist, inverted ankle or orbicularis oculis/platysma contraction with onset as a teenager or adult. Functional dystonia or spasms where no cause has been identified after investigation.
8A02.Y	Other specified dystonic disorders
8A02.Z	Dystonic disorders, unspecified
8A03	Ataxic disorders Disorders associated with ataxia. The word "ataxia" comes from a Greek word meaning "lack of order, indiscipline". People with ataxia have problems with coordination because parts of the nervous system that control movement and balance are affected. Ataxia may affect the fingers, hands, arms, legs, body, speech, and eye movements.
8A03.0	Congenital ataxia Congenital Ataxia is defined as a lack of coordination due to congenital abnormalities in the cerebellum. It is usually nonprogressive.

8A03.1	Hereditary ataxia A group of genetic disorders characterised by slowly progressive incoordination of gait and often associated with poor coordination of hands, speech, and eye movements Exclusions: Metabolic disorders (5C50-5D2Z) Cerebral palsy (8D20-8D2Z)
8A03.10	Friedreich ataxia Friedreich ataxia is an autosomal recessive ataxia characterised by difficulties to coordinate movements, associated with neurological signs (dysarthria, loss of reflexes, decrease of deep sensation, pes cavus and scoliosis), cardiomyopathy and sometimes diabetes mellitus. It is due to a mutation in the frataxin gene. Coded Elsewhere: Hereditary optic neuropathy associated with hereditary ataxias (8A03.15)
8A03.11	Ataxia due to Cerebrotendinous xanthomatosis Ataxia in the setting of cerebrotendinous xanthomatosis, a rare autosomal recessive disorder of bile acid metabolism caused by a mutation in the CYP27A1 gene encoding mitochondrial enzyme sterol 27-hydroxylase. Accumulation of sterols in multiple tissues leads to premature cataracts and tendon xanthomas in late childhood, followed by progressive neurological dysfunction such as ataxia, dementia, and polyneuropathy.
8A03.12	Ataxia due to Refsum disease Ataxia in the setting of Refsum disease, a rare autosomal recessive disorder caused by a mutation in the PHYH gene coding for peroxisomal phytanoyl-CoA hydroxylase or PEX7, coding for peroxin 7 receptor protein. Onset is usually in late childhood, initially presenting with retinitis pigmentosa, with progression to ataxia and chronic polyneuropathy.
8A03.13	Ataxia due to abetalipoproteinemia Ataxia in the setting of abetalipoproteinemia, a rare autosomal recessive disorder caused by a mutation of the MTP gene coding for microsomal triglyceride transfer protein which impairs the ability to produce very low density lipoprotein. All patients have fat malabsorption, acanthocytosis, hypocholesterolemia, and absent apolipoprotein B.
8A03.14	Hereditary episodic ataxia Autosomal dominant disorders associated with intermittent episodes of cerebellar dysfunction, with normal functioning or minimal ataxia and nystagmus between episodes. The two major subtypes include EA1 and EA2. EA1 is caused by a mutation of the KCNA1 gene coding and characterized by episodes triggered by exercise and muscle myokymia. EA2 is caused by a mutation in CACNA1A gene and involves more prolonged attacks of ataxia (lasting hours to days), and interictal residual ataxia with nystagmus.
8A03.15	Ataxia due to mitochondrial mutations

8A03.16	Spinocerebellar ataxia Autosomal dominantly inherited ataxias associated with over 37 gene loci that involve progressive degeneration of the cerebellum and spinocerebellar tracts of the spinal cord, presenting with characteristic sensory loss, diminished tendon reflexes, Romberg sign, and positive Babinski sign(s).
8A03.1Y	Other specified hereditary ataxia
8A03.1Z	Hereditary ataxia, unspecified
8A03.2	Non-hereditary degenerative ataxia Ataxia is characterized by incoordination, due to lesions in the cerebellum and efferent or afferent connections. Sporadic forms of ataxia that present without any family history or known genetic cause. Diagnosis is made after ruling out other causes of ataxia.
8A03.20	Late onset cerebellar cortical atrophy This is a sporadic late onset cerebellar cortical atrophy with progressive ataxia. Neuropathologically it is characterised by diffuse cerebellar cortical lesions and absence of neuronal loss in the dorsomedial part of the inferior olives. Exclusions: Hereditary ataxia (8A03.1)
8A03.2Y	Other specified non-hereditary degenerative ataxia
8A03.2Z	Non-hereditary degenerative ataxia, unspecified
8A03.3	Acquired ataxia Ataxia that is caused by a variety of exogenous and endogenous factors and is not clearly hereditary. May be seen in the setting of drug toxicity, post-viral cerebellitis, acute disseminated encephalomyelitis, traumatic brain injury, hypoxia, heat stroke, Wernicke's encephalopathy, Miller Fisher syndrome, basilar migraine, or conversion reaction.
8A03.30	Ataxia due to alcoholic cerebellar degeneration This is the most common form of acquired ataxia and occurs among people suffering from degeneration of the cerebellum as a result of chronic alcohol use.
8A03.3Y	Other specified acquired ataxia
8A03.3Z	Acquired ataxia, unspecified
8A03.Y	Other specified ataxic disorders
8A03.Z	Ataxic disorders, unspecified
8A04	Disorders associated with tremor Tremor is an involuntary oscillation of a body part and is commonly classified according to the behavioural circumstances in which it occurs. Tremor may occur during attempted relaxation (rest tremor), during a voluntarily held posture (postural tremor), or during a voluntary movement (kinetic tremor).

8A04.0	Enhanced physiological tremor This is a high frequency, low amplitude tremor present with posture or action. It represents an exacerbation of a physiologic tremor which may have been worsened by drugs, stress, anxiety, etc.
8A04.1	Essential tremor or related tremors Essential tremor is the most common form of tremor of moderate frequency ranging from 7-12 Hz and presents as a postural and kinetic tremor of the hands. It may also be present in the head/neck, and voice. Exclusions: tremor NOS (8A04)
8A04.2	Rest tremor Resting tremors happen while the patient is sitting or lying down and relaxed. People who have a resting tremor can usually stop the tremor by deliberately moving the affected body part. It usually occurs in the setting of Parkinsonism.
8A04.3	Secondary tremor
Coding Note:	Code also the causing condition
8A04.30	Tremor due to metabolic disorders Involuntary oscillation of a body part due to metabolic disorders.
Coding Note:	Code also the causing condition
8A04.31	Tremor due to chronic or acute substance use Drug use can cause tremor or exacerbate an existing tremor.
Coding Note:	Code also the causing condition
8A04.32	Tremor due to drug withdrawal
Coding Note:	Code also the causing condition
8A04.33	Tremor due to certain specified central nervous system diseases
Coding Note:	Code also the causing condition
8A04.3Y	Other specified secondary tremor
Coding Note:	Code also the causing condition
8A04.3Z	Secondary tremor, unspecified
Coding Note:	Code also the causing condition
8A04.4	Functional tremor Functional movement disorder presenting predominantly with tremor. The tremor might be variable in frequency and distractible on testing, either entraining or ceasing in response to contralateral externally cued rhythmical movements provided by the examiner. Functional tremor is that in which no cause has been identified after investigation.
8A04.Y	Other specified disorders associated with tremor
8A04.Z	Disorders associated with tremor, unspecified

8A05**Tic disorders**

Disorders characterized by brief, sudden, repetitive movements (motor tics) or utterances (phonic or vocal tics) that are temporarily suppressible and are usually preceded by a strong urge to perform the tic. The most common cause of childhood-onset tics is Tourette Syndrome.

8A05.0**Primary tics or tic disorders**

Primary tics or tic disorders are characterised by the presence of chronic motor and/or vocal (phonic) tics. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed, tics must have been present for at least one year, although they may not manifest consistently.

8A05.00**Tourette syndrome**

Tourette syndrome is a chronic tic disorder characterised by the presence of both chronic motor tics and vocal (phonic) tics, with onset during the developmental period. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed as Tourette syndrome, both motor and vocal tics must have been present for at least one year, although they may not manifest concurrently or consistently throughout the symptomatic course.

Inclusions: Combined vocal and multiple motor tic disorder

8A05.01**Chronic motor tic disorder**

Chronic motor tic disorder is characterised by the presence of motor tics over a period of at least one year, although they may not manifest consistently. Motor tics are defined as sudden, rapid, non-rhythmic, and recurrent movements.

Exclusions: Tourette syndrome (8A05.00)

8A05.02**Chronic phonic tic disorder**

Chronic phonic tic disorder is characterised by the presence of phonic (vocal) tics over a period of at least one year, although they may not manifest consistently. Phonic tics are defined as sudden, rapid, non-rhythmic, and recurrent vocalizations.

Exclusions: Tourette syndrome (8A05.00)

8A05.03**Transient motor tics**

Tics are sudden, non-rhythmic stereotyped movements such as blinking, sniffing, tapping, etc. They should have been present for less than 1 year.

8A05.0Y**Other specified primary tics or tic disorders****8A05.0Z****Primary tics or tic disorders, unspecified****8A05.1****Secondary tics**

A tic disorder as a direct physiologic consequence of an antecedent infection, drugs or illness.

Coding Note: Code also the causing condition

8A05.10 Infectious or postinfectious tics
A tic disorder as a direct physiologic consequence of an antecedent infection.

8A05.11 Tics associated with developmental disorders
A tic disorder as a direct consequence of a developmental disorder.

8A05.1Y Other specified secondary tics
Coding Note: Code also the causing condition

8A05.1Z Secondary tics, unspecified
Coding Note: Code also the causing condition

8A05.Y **Other specified tic disorders**

8A05.Z **Tic disorders, unspecified**

8A06 **Myoclonic disorders**

Exclusions: myoclonic epilepsy (8A60-8A6Z)
Facial myokymia (8B88.1)
Dystonia-plus (8A02.11)

8A06.0 **Essential myoclonus**
This is a hereditary form of myoclonus, which is not usually associated with epilepsy or any other medical condition. Essential myoclonus tends to be stable without increasing in severity over time. More recently, it is believed that essential myoclonus may be the same as myoclonus-dystonia caused by a mutation in the sarcoglycan gene.

8A06.1 **Segmental myoclonus**
Rhythmic or semi-rhythmic involuntary contractions of muscle groups supplied by one or more contiguous segments of the brainstem and/or spinal cord.

8A06.2 **Focal myoclonus**
Sudden, involuntary twitching or jerking of a muscle or group of muscles which effects a localised area of the body.

8A06.20 Palatal myoclonus
Palatal myoclonus is usually a rhythmic, continuous movement of the muscles of the middle ear or palate, but can also include muscle of the eye, tongue, neck and diaphragm. The movement may be present in sleep or with distraction with a frequency of 1.5 to 3 Hz. Essential palatal myoclonus is more likely to have an associated rhythmic clicking noise compared to symptomatic palatal myoclonus.

8A06.21 Chronic hiccups
Chronic hiccup is a rare disorder causing repeated inspiratory spasms over periods of 48 hours or more.

8A06.2Y Other specified focal myoclonus

8A06.2Z Focal myoclonus, unspecified

8A06.Y **Other specified myoclonic disorders**

8A06.Z **Myoclonic disorders, unspecified**

8A07 **Certain specified movement disorder**

Neurologic motor disorders that present with slowness of movement (bradykinesia or hypokinesia) or abnormal involuntary movements (hyperkinesias) as a result of genetic, infectious, toxic, metabolic, inflammatory, or vascular abnormalities.

Coded Elsewhere: Sleep-related movement disorders (7A80-7A8Z)

Hereditary spastic paraplegia (8B44.0)

8A07.0 **Stereotypies**

Stereotypy refers to simple or complex movements that repeat themselves continually and identically. These are usually not preceded by an uncomfortable feeling.

Coded Elsewhere: Autism spectrum disorder (6A02)

Rett syndrome (LD90.4)

8A07.00 Primary stereotypy

A stereotypy that occurs in typically developing child.

8A07.01 Secondary stereotypy

A constellation of repetitive stereotyped movements such as hand flapping, that occur in association with a genetic, metabolic, neurodevelopmental, neurodegenerative, paraneoplastic, or infectious disorder.

Coding Note: Code also the causing condition

8A07.0Y Other specified stereotypies

8A07.0Z Stereotypies, unspecified

8A07.1 **Akathisia**

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 (MS) is a chronic, inflammatory demyelinating disease of the central nervous system. Three categories of multiple sclerosis have been outlined: Relapsing/remitting, secondary progressive and primary progressive multiple sclerosis.

Coded Elsewhere: Retrobulbar neuritis in multiple sclerosis (9C40.1Y)

8A40.0**Relapsing-remitting multiple sclerosis**

Clearly defined disease relapses with full recovery or with sequelae and residual deficit upon recovery. The periods between disease relapses are characterised by a lack of disease progression.

8A40.1	Primary progressive multiple sclerosis Disease progression from onset, with occasional plateaus and temporary minor improvements allowed.
Coding Note:	This category is to be used to indicate Primary progressive multiple sclerosis which is progressive from onset but includes progressive - relapsing, or is progressive from onset with a single relapse
8A40.2	Secondary progressive multiple sclerosis
Coding Note:	This category is to be used to indicate Secondary progressive multiple sclerosis, after an initially relapsing/remitting course (includes relapsing progressive, may have superimposed relapses)
8A40.Y	Other specified multiple sclerosis
8A40.Z	Multiple sclerosis, unspecified
8A41	Isolated demyelinating syndromes of the central nervous system Clinically isolated syndrome (CIS) is the first clinical inflammatory demyelinating event of the central nervous system, lasting more than 24 hours. CIS is now recognised as the first clinical presentation of a disease that shows characteristics of inflammatory demyelination that could be MS, but has yet to fulfill criteria of dissemination in time. Coded Elsewhere: Optic neuritis (9C40.1) Idiopathic inflammatory optic neuropathy (9C40.1Y)
8A41.0	Transverse myelitis Focal inflammatory and demyelinating disorder of the spinal cord, resulting in motor, sensory and autonomic dysfunction. Symptoms include Lhermitte's, numbness of the limbs, progressive spastic paraplegia, urinary urgency, incontinence and sexual dysfunction. Coding Note: Code also the causing condition
8A41.1	Neuromyelitis optica myelin oligodendrocyte glycoprotein antibody-positive MOG antibody associated spectrum disorders are inflammatory demyelinating diseases of the central nervous system with a predilection for optic nerve that include a subgroup of patients with bilateral optic neuritis (ON), longitudinally extensive (> 3 vertebral segments) myelitis (often recurrent) and rarely patients with an NMO like presentation. The clinical and immunopathological phenotype is under active investigation
8A41.Y	Other specified isolated demyelinating syndromes of the central nervous system
8A41.Z	Isolated demyelinating syndromes of the central nervous system, unspecified

8A42**Acute disseminated encephalomyelitis**

Acute disseminated encephalomyelitis is a demyelinating disorder of the central nervous system. It usually develops after acute viral or bacterial infection or vaccination, with a sudden onset of irritability and lethargy after a prodromal period of 1-4 weeks. Major symptoms include fever, headache, drowsiness, changes in mental status, seizures and coma. Weakness, vomiting, weight loss, stiff neck, ataxia, bilateral optic neuritis and delirium are common. Peripheral nervous system involvement (paralysis of a single limb or hemiplegia) may occur.

8A42.0**Acute haemorrhagic leukoencephalitis**

Rare, severe, rapidly progressive inflammatory and haemorrhagic demyelinating disorder of the central nervous system, considered a variant of ADEM.

8A42.Y**Other specified acute disseminated encephalomyelitis****8A42.Z****Acute disseminated encephalomyelitis, unspecified****8A43****Neuromyelitis optica**

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 <i>Coded Elsewhere:</i> 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
	<i>Coding Note:</i> Code also the causing condition
8A45.0	White matter disorders due to infections <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Myelitis due to Human T-lymphotropic virus type 1 (1D02.1)
8A45.01	Subacute sclerosing panencephalitis <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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 neurosarcoidosis can cause multiple cranial nerve palsies, parenchymatous cerebral involvement, hydrocephalus and encephalopathy or peripheral nervous system manifestations.
8A45.41	Demyelination due to systemic lupus erythematosus Among the 12 systemic lupus erythematosus (SLE)-related central nervous system (CNS) syndromes defined by the American College of Rheumatology (ACR), demyelinating syndrome and myelopathy are two of the less prevalent and more poorly understood ones. One important issue concerning demyelinating disease in SLE is that it can be easily misdiagnosed with other central nervous system demyelinating disorders such as multiple sclerosis (MS).
8A45.42	Demyelination due to Sjögren disease

8A45.43	Demyelination due to Behcet disease
8A45.44	Demyelination due to systemic vasculitis The CNS vasculature can be targeted by systemic vasculitis and include the following conditions; Small-Medium Vessel Vasculitis - Wegener's granulomatosis, microscopic polyangiitis, Churg-Strauss syndrome, Cryoglobulinemic vasculitis and Behçet's disease. Medium Vessel Vasculitis - Polyarteritis nodosa Large Vessel Vasculitis - Giant-cell arteritis, Takayasu's arteritis (Neurologic complications are mainly due to involvement of extracranial vessels). Usually CNS involvement coexists with other clearly apparent systemic manifestations but some patients may present primarily with prominent symptoms of CNS dysfunction
8A45.45	Demyelination due to mitochondrial disease Mitochondrial disorders can cause multifocal and relapsing central nervous system syndromes. Mitochondrial disorders which can cause such syndromes include Mitochondrial Encephalopathy with Lactic Acidosis and Stroke (MELAS), and Leigh's disease. MELAS is a progressive neurodegenerative disorder associated with headache, treatment resistant partial seizures, short stature, muscle weakness, exercise intolerance, deafness, diabetes, and slow progressive dementia. Leigh syndrome or subacute necrotizing encephalomyelopathy is the prototype mitochondrial disease, with hallmark neuroimaging findings.
8A45.4Z	White matter disorders due to certain specified systemic disease, unspecified
8A45.Y	Other specified secondary white matter disorders
Coding Note:	Code also the causing condition
8A45.Z	Secondary white matter disorders, unspecified
Coding Note:	Code also the causing condition
8A46	Central demyelination of corpus callosum This is demyelination, damage to the myelin sheath of neurons, in the corpus callosum.
8A4Y	Other specified multiple sclerosis or other white matter disorders
8A4Z	Multiple sclerosis or other white matter disorders, unspecified

Epilepsy or seizures (8A60-8A6Z)

At least 2 unprovoked (or reflex) seizures occurring more than 24 hours apart.

Coding Note: Use additional code, if desired, to identify the type of seizure.

Exclusions: Syncope (MG45)

Coded Elsewhere: Sudden unexpected death in epilepsy (MH15)

Neonatal seizures (KB06)

8A60

Epilepsy due to structural or metabolic conditions or diseases

Epilepsy occurring in relation to a distinct other structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy.

8A60.0

Epilepsy due to prenatal or perinatal brain insults

Epilepsy occurring in relation to a distinct structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy, with the insult occurring before birth [prenatal] or between 22 weeks of gestation and 7 days after birth. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

Exclusions: Neonatal seizures (KB06)

8A60.00

Epilepsy due to prenatal or perinatal vascular insults

Epilepsy occurring in relation to an ischemic stroke or haemorrhagic stroke, with the stroke occurring or presumed to occur before birth [prenatal] or between 22 weeks of gestation and 7 days after birth [perinatal]. No other conditions associated with a substantially increased risk of developing epilepsy are present. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

8A60.01

Epilepsy due to neonatal hypoxic ischemic encephalopathy

8A60.0Y

Epilepsy due to other prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.0Z

Epilepsy due to unspecified prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.1

Epilepsy due to cerebrovascular disorders

Epilepsy occurring in relation to a stroke, with onset at least one week following an ischemic or haemorrhagic stroke.

Coding Note: Code also the causing condition

8A60.2

Epilepsy due to degenerative brain disorders

Epilepsy in relation to a degenerative brain disorder known to be associated with seizures, such as certain neuronal storage disorders (e.g. adult neuronal ceroid lipofuscinosis), and certain mitochondrial disorders.

Coding Note: Code also the causing condition

- 8A60.3 Epilepsy due to dementias**
Epilepsy with onset in a patient with established diagnosis of dementia. Seizures may occur at any time after the disease onset. Focal onset seizures are the prevailing type in Alzheimer's disease while seizures with bilateral convulsive activity predominate in other dementing disorders. Myoclonus is another common finding in patients with Alzheimer's disease.
- Coding Note:** Code also the causing condition
- 8A60.4 Epilepsy due to central nervous system infections or infestations**
Epilepsy with onset in a patient with a documented CNS infection or infestation after the acute phase of the disease.
- Coding Note:** Code also the causing condition
- 8A60.5 Epilepsy due to injuries to the head**
Epilepsy occurring in relation to a traumatic brain injury. Onset is more than 1 week following the trauma, with risk increasing with the severity of brain injury.
- Coding Note:** Code also the causing condition
- 8A60.6 Epilepsy due to tumours of the nervous system**
Epilepsy occurring in relation to intracranial tumours. The epilepsy may be the presenting symptom of the tumour, which is located within or affects the cerebral cortex. The tumour may be a primary intracranial tumour or a metastatic tumour.
- Coding Note:** Code also the causing condition
- 8A60.7 Epilepsy with mesial temporal sclerosis**
Epilepsy associated with imaging and/or pathologic findings of mesial temporal sclerosis. Onset of epilepsy may be in childhood or adulthood. A history of prolonged febrile seizures is common.
- 8A60.8 Epilepsy due to immune disorders**
Epilepsy in relation to immunological or autoimmune disorders, such as systemic lupus erythematosus [1], inflammatory bowel disease [2], and antibody associated encephalitis (e.g. NMDA receptors) [3]. Antibody associated encephalitis is often a limbic encephalitis, and is sometimes paraneoplastic. Excludes multiple sclerosis and other demyelinating disorders.
- Coding Note:** Code also the causing condition
- 8A60.9 Epilepsy due to abnormalities of brain development**
Epilepsy due to disorders of cortical development encompassing a wide range of etiologies, with effects that depend on the stage of brain development. Seizure types usually reflect the topology of the malformation.
- Coding Note:** Code also the causing condition
- 8A60.A Epilepsy due to genetic syndromes with widespread or progressive effects**
Epilepsy due to genetically determined conditions in which, as we currently understand it, there is a separate disorder interposed between the genetic defect and the epilepsy, for example, as in tuberous sclerosis. Includes epilepsy due to documented autosomal, X-linked, mitochondrial or chromosomal abnormalities.

8A60.B	Epilepsy due to multiple sclerosis or other demyelinating disorders Epilepsy with onset in a patient with established diagnosis of multiple sclerosis (MS) or other demyelinating disorder. Seizures must occur during the disease course, but not in close temporal relationship with an acute phase. The duration of MS symptoms prior to first seizure is generally several years.
Coding Note:	Code also the causing condition
8A60.Y	Epilepsy due to other structural or metabolic condition or disease
8A60.Z	Epilepsy due to unspecified structural or metabolic condition or disease
8A61	Genetic or presumed genetic syndromes primarily expressed as epilepsy The epilepsy is, as best as understood, the direct result of one or more known or presumed genetic defects in which seizures are the core symptom of the disorder.
8A61.0	Genetic epileptic syndromes with neonatal onset Epilepsy with onset in the first 30 days of life resulting from one or more known or presumed genetic defects in which seizures are the core symptom of the disorder. Exclusions: Neonatal seizures (KB06) Epilepsy due to prenatal or perinatal brain insults (8A60.0)
8A61.00	Pyridoxal dependent epilepsy Pyridoxal 5-phosphate dependent epilepsy usually presents with neonatal intractable seizures and is diagnosed by cerebrospinal fluid (CSF) analysis, gene testing, and clinical response. The majority of patients have pyridoxamine 5'-phosphate oxidase (PNPO) gene disease causing mutations. Early diagnosis and effective treatment can lead to a relatively favourable neurodevelopmental outcome.
8A61.0Y	Other specified genetic epileptic syndromes with neonatal onset
8A61.0Z	Genetic epileptic syndromes with neonatal onset, unspecified
8A61.1	Genetic epileptic syndromes with onset in infancy Include a vast spectrum of phenotypes having in common a genetic background and the onset in infancy. They range from benign self-remitting to severe drug resistant syndromes. Family history of epilepsy is common in some syndromic entities and exceptional in others.
8A61.10	Benign familial infantile epilepsy Epilepsy characterised by the occurrence of repeated seizures in healthy infants with no prior medical history during the first year of life. The seizures manifest with motor arrest, impairment of consciousness, staring, eye and head deviation, and mild unilateral clonic convulsions. A family history of the same epilepsy is a constant finding. The pattern of inheritance is most probably autosomal dominant.

8A61.11	Dravet syndrome A refractory epileptic encephalopathy occurring in otherwise healthy infants during the first year of life with clonic/tonic-clonic, generalised and unilateral seizures, hemiclonic or generalised status epilepticus. The interictal EEG may initially be normal but with time background activity deteriorates and bilateral asymmetric, focal or multifocal paroxysms of polyspike and slow-waves appear. Mutations in the voltage-gated sodium channel gene SCN1A are commonly found.
8A61.12	Epilepsy of infancy with migrating focal seizures Epilepsy syndrome with onset between the first week of life and seven months of intractable, polymorphous focal seizures. Psychomotor development progressively deteriorates. A mutation of SCN1A may be found. The EEG shows multifocal, varying sites of seizure onset, and diffuse slowing.
8A61.1Y	Other specified genetic epileptic syndromes with onset in infancy
8A61.1Z	Genetic epileptic syndromes with onset in infancy, unspecified
8A61.2	Genetic epileptic syndromes with childhood onset
8A61.20	Benign childhood epilepsy with centro-temporal spikes Epilepsy characterised by focal seizures, mainly during sleep, often with involvement of the mouth and face. Convulsive seizures may occur. A history of febrile seizures is common. Onset is maximal between 7 and 10 years of age. The electroencephalogram typically shows focal epileptiform discharges over one or both centrotemporal areas. Remission occurs before age 16 years.
8A61.21	Childhood absence epilepsy Epilepsy with onset in an otherwise normal child of 2 to 12 years of age, often with multiple daily brief staring episodes lasting an average of 10 seconds. Absence seizures are usually provoked by hyperventilation. The electroencephalogram shows ictal and interictal diffuse 2.5-3 cycles per second spike and wave discharges. The genetic pattern is probably polygenetic.
8A61.22	Epilepsy with myoclonic-astatic seizures Epilepsy beginning between the second and fifth year of life in a previously normal child with family history of seizures, that initially manifests as tonic-clonic seizures with myoclonic-astatic seizures beginning several weeks later. These seizures are characterised by a sudden loss of muscular tonus associated with forward or backward propulsion that may result in injury to the face and head if the patient falls.
8A61.23	Myoclonic absences or absences with myoclonias Childhood epileptic syndrome characterised by absence seizures associated with severe rhythmic bilateral myoclonic jerks. The EEG pattern shows rhythmic, bilateral, synchronous, symmetric 3-Hz spike and slow-waves discharges associated with EMG myoclonic bursts at 3 Hz, superimposed to a progressively increasing tonic contraction.
8A61.2Y	Other specified genetic epileptic syndromes with childhood onset
8A61.2Z	Genetic epileptic syndromes with childhood onset, unspecified

8A61.3	Genetic epileptic syndrome with adolescent or adult onset Includes a wide array of epilepsy syndromes having a (presumed) genetic origin, with onset in adolescence or in adult life. The developmental background is usually normal. Family history of epilepsy is frequently present. Focal and generalised seizures may be present most frequently in isolation to mark the diagnostic category, and rarely in combination. The interictal and ictal EEG may show typical, sometimes pathognomonic, patterns. Neuroimaging is normal although focal abnormalities are occasionally reported.
8A61.30	Juvenile myoclonic epilepsy Epilepsy with onset between the ages of 6 and 25 years with myoclonic jerks without loss of consciousness predominantly occurring early in the morning. Intelligence is not affected. Jerks may be facilitated by sleep deprivation, stress, or certain visual stimuli. Convulsive seizures may occur and may be preceded by myoclonic jerks.
8A61.31	Juvenile absence epilepsy Juvenile absence epilepsy is one of the age-related idiopathic generalised epilepsies (IGE) with an age at onset between 10 and 17 years of age, and is characterised by sporadic (non-pyknoleptic) occurrence of absence seizures frequently associated with generalised tonic-clonic seizures (GTCS) predominantly on awakening. Interictal and ictal EEG shows generalised spike and wave discharges with normal background activity.
8A61.32	Benign adult familial myoclonus epilepsy Benign adult familial myoclonic epilepsy (BAFME) is an inherited epileptic syndrome characterised by cortical hand tremors, myoclonic jerks and occasional generalised or focal seizures with a non-progressive or very slowly progressive disease course, and no signs of early dementia or cerebellar ataxia.
8A61.3Y	Other specified genetic epileptic syndrome with adolescent or adult onset
8A61.3Z	Genetic epileptic syndrome with adolescent or adult onset, unspecified
8A61.4	Genetic epileptic syndromes with variable age of onset Epilepsies occurring in an otherwise normal child or adult. Seizures may occur spontaneously or may be provoked by external stimuli. Family history of seizures is not uncommon and is frequently reported in selected epilepsy syndromes. Genetic aspects may follow differing features ranging from complex hereditary patterns to classic Mendelian features or to focused defects.
8A61.40	Reflex epilepsies Reflex epilepsies are rare epileptic syndromes with seizures induced by specific triggering factors (either by visual, auditory, somato-sensitive or somato-motor stimulation, or by higher cortical function activities). Photosensitive epilepsies are the most frequent form. Spontaneous seizures may also occur. "Reflex seizures" can be classified into a simple "pure" reflex epilepsy and a complex group. The former comprises seizure triggered by simple sensory stimuli or by movements (photosensitive epilepsies). The latter are triggered by complex mental and emotional processes (verbal and non-verbal epilepsies).

8A61.41	Progressive myoclonic epilepsy
8A61.4Y	Other specified genetic epileptic syndromes with variable age of onset
8A61.4Z	Genetic epileptic syndromes with variable age of onset, unspecified
8A61.Y	Other specified genetic or presumed genetic syndromes primarily expressed as epilepsy
8A61.Z	Genetic or presumed genetic syndromes primarily expressed as epilepsy, unspecified

8A62

Epileptic encephalopathies

Epilepsies for which no clear etiology can be detected or occurring at the presence of two or more static structural or metabolic conditions increasing the risk for epileptic seizures. The epileptic activity itself may contribute to severe cognitive and behavioural impairments above and beyond what might be expected from the underlying pathology alone.

8A62.0	Infantile spasms Syndrome characterised by the subacute onset of brief, repeated seizures with axial or limb flexion, occurring in clusters. EEG shows hypsarrhythmia, i.e., chaotic, high voltage slowing multifocal spikes, with ictal abrupt decremental pattern. Various structural brain pathologies may be present, or no cause may be found. Two-thirds of children have subsequent cognitive deficits.
8A62.1	Lennox-Gastaut syndrome Syndrome defined as a cryptogenic or symptomatic generalised epilepsy, which is characterised by the following symptomatic triad: several epileptic seizures (atypical absences, axial tonic seizures and sudden atonic or myoclonic falls); diffuse slow interictal spike waves in the waking EEG (< 3 Hz) and fast rhythmic bursts (10 Hz) during sleep; slow mental development associated with personality disturbances.
8A62.2	Acquired epileptic aphasia Epilepsy with onset in a previously normal child characterised by acquired aphasia, variable seizure types, focal bitemporal EEG epileptiform abnormalities (1.5-5 Hz spike and slow-waves), frequently activated by sleep, with or without seizures. Behavioural disorders such as hyperactivity and attention deficit are common. There is no documented brain pathology.
8A62.Y	Other specified epileptic encephalopathies
8A62.Z	Epileptic encephalopathies, unspecified

8A63

Seizure due to acute causes

A clinical seizure occurring at the time of a systemic insult or in close temporal association with a documented brain insult.

Coding Note: Code also the causing condition

Exclusions: Migraine aura-triggered seizures (8A80.3)

8A63.0	Febrile seizures Seizures associated with a rise of the body temperature in the absence of intracranial infection, metabolic disturbance, or history of afebrile seizures. They most commonly occur in children between the ages of 6 months and 5 years.
8A63.00	Simple febrile seizures Febrile seizures lasting less than 15 minutes, with no focal features and no occurrence in series.
8A63.01	Complex febrile seizures Febrile seizures lasting longer than 15 minutes and/or multiple episodes occurring within 24 hours and/or seizures with focal features.
8A63.0Y	Other specified febrile seizures
8A63.0Z	Febrile seizures, unspecified
8A63.Y	Seizure due to other acute cause
Coding Note:	Code also the causing condition
8A63.Z	Seizure due to unspecified acute cause
Coding Note:	Code also the causing condition
8A64	Single seizure due to remote causes An unprovoked seizure occurring in a patient with no history of antecedent seizures but with abnormalities of brain development or a potentially responsible clinical condition (metabolic, structural, toxic). The temporal relationship with the CNS insult is beyond the interval estimated for the occurrence of acute symptomatic seizures. The CNS insult may be static or progressive.
Coding Note:	Code also the causing condition
8A65	Single unprovoked seizure A seizure occurring in the absence of a potentially responsible structural or metabolic condition or beyond the interval estimated for the occurrence of an acute symptomatic seizure.
8A66	Status epilepticus Status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.
8A66.0	Convulsive status epilepticus Convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical convulsive seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.
8A66.1	Non-convulsive status epilepticus Non-convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.10	Absence status epilepticus An absence seizure (see absence seizures, typical and atypical) lasting >10 min (on average 10-15 min).
8A66.1Y	Other specified non-convulsive status epilepticus
8A66.1Z	Non-convulsive status epilepticus, unspecified
8A66.Y	Other specified status epilepticus
8A66.Z	Status epilepticus, unspecified
8A67	Acute repetitive seizures Acute repetitive seizures are multiple seizures, with a distinct time of onset, with recovery between each seizure, occurring within 24 hours in adults, or 12 hours in children.
8A68	Types of seizures
Coding Note:	Code also the causing condition
	Exclusions: Dissociative neurological symptom disorder, with non-epileptic seizures (6B60.4) Neonatal seizures (KB06)
8A68.0	Focal unaware seizure Previously termed "complex partial seizures", define seizures originating within networks limited to one hemisphere and accompanied by loss of awareness (i.e., knowledge of self or environment).
8A68.1	Absence seizures, atypical Absence seizures with changes in tone more pronounced than in typical absences or with non-abrupt onset and/or cessation, often associated with slow, irregular, generalised spike-wave activity.
8A68.2	Absence seizures, typical Seizures characterised by sudden onset, interruption of ongoing activities, blank stare, possibly brief upward gaze deviation, unresponsiveness, duration from few seconds to half a minute, and rapid recovery. An EEG would show generalised epileptiform discharges during the event.
8A68.3	Focal aware seizure Focal aware seizures define seizures originating within networks limited to one hemisphere and accompanied by awareness (i.e., knowledge of self or environment).
8A68.4	Generalised tonic-clonic seizure A seizure characterized by an abrupt onset with loss of consciousness and bilateral tonic extension of the trunk and limbs (tonic phase) followed by synchronous muscle jerking (clonic phase). Usually followed by a postictal phase, lasting for several minutes up to hours, characterized by initial mydriasis, body relaxation, hypotonia, and sleep.

- 8A68.5 Generalised myoclonic seizure**
Seizure characterized by sudden, rapid brief (<100msec) involuntary muscle jerks that may involve just one muscle or the entire trunk musculature and are associated with an ictal EEG discharge. Can occur bilaterally, unilaterally, synchronously or asynchronously.
- 8A68.6 Generalised tonic seizure**
A seizure characterised by sustained increase in muscle contraction lasting a few seconds to minutes.
- 8A68.7 Generalised atonic seizure**
Seizure characterised by sudden loss or diminution of muscle tone without apparent preceding myoclonic or tonic event lasting 1-2 sec, involving head, trunk, jaw, or limb muscles.
- 8A68.Y Other specified type of seizure**
Coding Note: Code also the causing condition
- 8A68.Z Type of seizure, unspecified**
Coding Note: Code also the causing condition
- 8A6Y Other specified epilepsy or seizures**
Coding Note: Use additional code, if desired, to identify the type of seizure.
- 8A6Z Epilepsy or seizures, unspecified**
Coding Note: Use additional code, if desired, to identify the type of seizure.

Headache disorders (8A80-8A8Z)

Exclusions: Headache, not elsewhere classified (MB4D)

- 8A80 Migraine**
A primary headache disorder, in most cases episodic. Disabling attacks lasting 4-72 hours are characterised by moderate or severe headache, usually accompanied by nausea, vomiting and/or photophobia and phonophobia, and sometimes preceded by a short-lasting aura of unilateral fully-reversible visual, sensory or other central nervous system symptoms. In a small minority of cases headache, but not necessarily the associated symptoms, becomes very frequent, with loss of episodicity.

Exclusions: Headache, not elsewhere classified (MB4D)

- 8A80.0 Migraine without aura**
Recurrent headache disorder manifesting in attacks lasting 4-72 hours. The duration of attacks may be shorter in children. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

8A80.1	Migraine with aura Recurrent attacks, lasting minutes, of unilateral fully-reversible visual, sensory or other central nervous system symptoms that usually develop gradually and are usually followed by headache and associated migraine symptoms.
8A80.10	Hemiplegic migraine Migraine with aura including motor weakness.
8A80.1Y	Other specified migraine with aura
8A80.1Z	Migraine with aura, unspecified
8A80.2	Chronic migraine Headache occurring on 15 or more days per month for more than three months, which, on at least eight days per month, has the features of migraine headache and is not associated with medication overuse.
8A80.3	Complications related to migraine
8A80.30	Status migrainosus A debilitating migraine attack lasting for more than 72 hours
8A80.3Y	Other specified complications related to migraine
8A80.4	Cyclic vomiting syndrome Recurrent episodic attacks, usually stereotypical in the individual patient, of vomiting and intense nausea. Attacks are associated with pallor and lethargy. There is complete resolution of symptoms between attacks.
8A80.Y	Other specified migraine
8A80.Z	Migraine, unspecified
8A81	Tension-type headache A primary and highly prevalent headache disorder, in most cases episodic. Attacks of highly variable frequency and duration are characterised by mild-to-moderate headache without associated symptoms, although pericranial tenderness may be present. In a minority of cases the disorder evolves, with increasingly frequent headache and sometimes loss of episodicity. Exclusions: New daily-persistent headache (8A83)
8A81.0	Infrequent episodic tension-type headache Infrequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.
8A81.1	Frequent episodic tension-type headache Frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

8A81.2	Chronic tension-type headache A disorder evolving from frequent episodic tension-type headache, with daily or very frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting hours to days, or unremitting. The pain does not worsen with routine physical activity, but may be associated with mild nausea, photophobia or phonophobia.
8A81.Y	Other specified tension-type headache
8A81.Z	Tension-type headache, unspecified
8A82	Trigeminal autonomic cephalalgias A group of related primary headache disorders essentially characterised by unilateral headache and trigeminal autonomic activation. In most but not all of these disorders, the headache is short-lasting and very frequently recurring, but sometimes remitting for long periods.
8A83	Other primary headache disorder A group of clinically heterogeneous headache disorders, believed to be primary. Although largely unrelated, they fall into four categories: headaches associated with physical exertion; headaches attributed to direct physical but innocuous stimuli; epicranial headaches; and other miscellaneous primary headache disorders.
8A84	Secondary headache
Coding Note:	Code also the causing condition
8A84.0	Acute headache associated with traumatic injury to the head Headache of less than three months' duration associated with traumatic injury to the head.
8A84.1	Persistent headache associated with traumatic injury to the head Headache of greater than three months' duration caused by traumatic injury to the head.
8A84.Y	Other specified secondary headache
Coding Note:	Code also the causing condition
8A84.Z	Secondary headache, unspecified
8A85	Painful cranial neuropathies or other facial pains A group of disorders characterised by head and/or facial pain, presenting variably as a neuralgia or as pain of neuropathic or central origin. Coded Elsewhere: Trigeminal neuralgia (8B82.0) Burning mouth syndrome (DA0F.0)
8A8Y	Other specified headache disorders
8A8Z	Headache disorders, unspecified

Cerebrovascular diseases (8B00-8B2Z)

This is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. This includes “stroke”, which includes the following entities: Intracerebral haemorrhage; Subarachnoid haemorrhage; Cerebral ischaemic stroke; and Stroke not known if ischaemic or haemorrhagic.

Inclusions: Cerebrovascular disease with mention of hypertension

Exclusions: Intracranial injury (NA07)

Coded Elsewhere: Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Asymptomatic occlusion of intracranial or extracranial artery (BD56)

Intracranial haemorrhage (8B00-8B0Z)

Coded Elsewhere: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

8B00

Intracerebral haemorrhage

Acute neurological dysfunction caused by haemorrhage within the brain parenchyma or in the ventricular system.

Coding Note: Code also the causing condition

Exclusions: sequelae of intracerebral haemorrhage (8B25.1)

Traumatic intracerebral haemorrhage (NA07.1)

Coded Elsewhere: Intracerebral nontraumatic haemorrhage of fetus or newborn (KA82.4)

8B00.0

Deep hemispheric haemorrhage

Acute neurological dysfunction caused by haemorrhage localised to the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Deep intracerebral haemorrhage

8B00.1

Lobar haemorrhage

Acute neurological dysfunction caused by haemorrhage within the lobes of the brain and outside the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Cerebral lobe haemorrhage

Superficial intracerebral haemorrhage

8B00.2

Brainstem haemorrhage

Coding Note: Code also the causing condition

8B00.3

Cerebellar haemorrhage

Coding Note: Code also the causing condition

Coded Elsewhere: Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn (KA82.6)

8B00.4	Intraventricular haemorrhage without parenchymal haemorrhage Acute neurological dysfunction caused by haemorrhage within the ventricular system, without a component of parenchymal haemorrhage. Coding Note: Code also the causing condition
8B00.5	Haemorrhage of multiple sites Acute neurological dysfunction caused by haemorrhage of multiple sites, within the brain parenchyma, or in the ventricular system combined with haemorrhage in the brain parenchyma. Coding Note: Code also the causing condition
8B00.Z	Intracerebral haemorrhage, site unspecified Coding Note: Code also the causing condition
8B01	Subarachnoid haemorrhage Acute neurological dysfunction caused by subarachnoid haemorrhage. Exclusions: sequelae of subarachnoid haemorrhage (8B25.2) Traumatic subarachnoid haemorrhage (NA07.7) Coded Elsewhere: Subarachnoid nontraumatic haemorrhage of fetus or newborn (KA82.5)
8B01.0	Aneurysmal subarachnoid haemorrhage Inclusions: ruptured cerebral aneurysm NOS
8B01.1	Non-aneurysmal subarachnoid haemorrhage
8B01.2	Subarachnoid haemorrhage not known if aneurysmal or non-aneurysmal
8B02	Nontraumatic subdural haemorrhage Coding Note: This entity is not part of the definition of stroke. Exclusions: Traumatic subdural haemorrhage (NA07.6) Coded Elsewhere: Subdural nontraumatic haemorrhage of fetus or newborn (KA82.7)
8B03	Nontraumatic epidural haemorrhage Coding Note: This entity is not part of the definition of stroke.
8B0Z	Intracranial haemorrhage, unspecified

Cerebral ischaemia (8B10-8B1Z)

Coded Elsewhere: Neonatal cerebral ischaemia (KB00)

8B10

Transient ischaemic attack

Transient episode of focal neurological dysfunction caused by focal brain ischemia without acute infarction in the clinically relevant area of the brain or transient monocular visual loss due to retinal ischemia. Symptoms should resolve completely within 24 hours.

Exclusions: Neonatal cerebral ischaemia (KB00)
Transient global amnesia (MB21.12)

8B10.0

Amaurosis fugax

A transient episode of acute visual dysfunction caused by retinal ischaemia. Symptoms should resolve completely within 24 hours.

Coding Note: Code also the causing condition

8B10.Y

Other specified transient ischaemic attack

8B10.Z

Transient ischaemic attack, unspecified

8B11

Cerebral ischaemic stroke

Acute focal neurological dysfunction caused by focal infarction at single or multiple sites of the brain. Evidence of acute infarction may come either from a) symptom duration lasting more than 24 hours, or b) neuroimaging or other technique in the clinically relevant area of the brain. The term does not include infarction of the retina.

Coding Note: When the cause of ischaemic stroke is known, code to the cause. When the cause of ischaemic stroke is not known, code to 8B11.5-. When the cause of stroke is not known, code to 8B20 Stroke not known if ischaemic or haemorrhagic.

Exclusions: sequelae of cerebral infarction (8B25.0)
Silent cerebral infarct (8B21.0)

8B11.0

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis

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 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> Transient ischaemic attack (8B10) Cerebral ischaemic stroke (8B11) Intracerebral haemorrhage (8B00) Subarachnoid haemorrhage (8B01) Stroke not known if ischaemic or haemorrhagic (8B20)
8B21.0	Silent cerebral infarct Cerebral infarct that has not caused acute focal dysfunction of the brain.
8B21.1	Silent cerebral microbleed Small bleeding in the brain parenchyma that has not caused acute focal dysfunction of the brain.
8B21.Y	Other specified cerebrovascular disease with no acute cerebral symptom
8B21.Z	Cerebrovascular disease with no acute cerebral symptom, unspecified
8B22	Certain specified cerebrovascular diseases Specified other abnormalities of intracranial or extracranial arteries or veins. Entities in this section may be used in combination with other diagnostic codes in this block. Several of the entities may each cause different types of cerebrovascular disease such as TIA, cerebral ischemic stroke or intracerebral haemorrhage; may be associated with other clinical syndromes; or may be asymptomatic (not having caused acute focal dysfunction of the brain). Section on Intracranial vascular malformations has been much revised compared to ICD-10 based on major scientific progress in this field. Cerebral vasoconstriction syndromes and Posterior reversible encephalopathy are considered to be separate entities (as vasoconstriction is not always present in the latter). "Progressive vascular leukoencephalopathy (Binswanger's disease)" has been removed as a separate entity. <i>Exclusions:</i> Late effects of cerebrovascular disease (8B25)

8B22.0	Dissection of cerebral arteries <i>Exclusions:</i> ruptured cerebral arteries (8B01)
8B22.1	Cerebral venous thrombosis Thrombosis (blood clot) of the cerebral venous sinuses, which drain blood from brain <i>Exclusions:</i> Cerebral ischaemic stroke (8B11) Cerebral venous thrombosis in the puerperium (JB41.3) <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> 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 it 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 the knees flexed (floppy infant). Bulbar weakness causes feeding difficulty. Children are never able to sit without support, and the average survival is 9 months; survival beyond 2 years is rare.
8B61.1	Late infantile spinal muscular atrophy, Type II In SMA type 2, muscle weakness is seen between the ages of 6 to 18 months. The child can sit unsupported, but cannot stand or walk independently. Death usually occurs between 2 years of age and young adulthood.
8B61.2	Juvenile form spinal muscular dystrophy, Type III In SMA type 3, weakness of muscles is seen after 18 months of age. The child is able to sit and stand independently. There is a limb girdle-type of distribution of weakness causing waddling gait, falls, and difficulty with running. The ability to walk may be lost, requiring a wheelchair as the disease progresses. The life expectancy may be normal.
8B61.3	Adult onset spinal muscular atrophy, Type IV In SMA type 4 weakness, most commonly develops after 35 years of age (less commonly between 18 to 35 years old). Weakness of proximal muscles is more prominent in the legs than in the arms. Insidious onset and very slow progression are the characteristic features, and life span is normal.
8B61.4	Localised spinal muscular atrophy This category comprises a group of disorders with a varied pattern of weakness and autosomal dominant or X-linked recessive inheritance with specific genetic profiles.
8B61.Y	Other specified spinal muscular atrophy
8B61.Z	Spinal muscular atrophy, unspecified
8B62	Post polio progressive muscular atrophy The diagnostic criteria for Post-polio progressive muscular atrophy (PPMA) are: a credible history of poliomyelitis with partial recovery of function, a minimum 10-year period of stabilization, and the subsequent development of progressive muscle weakness. Symptoms of weakness, atrophy, and fatigue of previously affected muscles may be seen. These symptoms may also be newly noted in muscles that were apparently unaffected by the poliomyelitis episode. Muscle cramps and fasciculations may accompany the new weakness. <i>Inclusions:</i> 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-Barré syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP).

8C01.3**Chronic inflammatory demyelinating polyneuropathy**

Chronic inflammatory demyelinating polyneuropathy is a chronic monophasic, progressive or relapsing symmetric sensorimotor disorder characterised by progressive muscular weakness with impaired sensation, absent or diminished tendon reflexes and elevated cerebrospinal fluid proteins.

8C01.Y**Other specified inflammatory polyneuropathy****8C01.Z****Inflammatory polyneuropathy, unspecified****8C03****Other secondary polyneuropathy**

Coding Note: Code also the causing condition

8C03.0**Diabetic polyneuropathy**

Coding Note: Always assign an additional code for diabetes mellitus.

Coded Elsewhere: Diabetic foot ulcer (BD54)

8C03.1**Polyneuropathy due to infectious diseases**

Coding Note: Code also the causing condition

8C03.2**Polyneuropathy in neoplastic disease**

Coding Note: Code also the causing condition

8C03.3	Polyneuropathy in nutritional deficiency
Coding Note:	Code also the causing condition
8C03.4	Polyneuropathy in systemic connective tissue disorders
Coding Note:	Code also the causing condition
8C03.Y	Other specified secondary polyneuropathy
Coding Note:	Code also the causing condition
8C03.Z	Other secondary polyneuropathy, unspecified
Coding Note:	Code also the causing condition
8C0Y	Other specified polyneuropathy
8C0Z	Polyneuropathy, unspecified

Mononeuropathy (8C10-8C1Z)

8C10	Mononeuropathies of upper limb
	Damage to a single nerve or nerve group of the upper limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function.
Coding Note:	Code also the causing condition
	Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)
8C10.0	Carpal tunnel syndrome
	A compression neuropathy due to entrapment of the median nerve within the carpal tunnel at the wrist.
Coding Note:	Code also the causing condition
8C10.1	Lesion of ulnar nerve
Coding Note:	Code also the causing condition
	Inclusions: Tardy ulnar nerve palsy
	Exclusions: Injury of ulnar nerve at upper arm level (NC14.0)
	Injury of ulnar nerve at forearm level (NC34.0)
	Injury of ulnar nerve at wrist or hand level (NC55.0)
8C10.2	Lesion of radial nerve
Coding Note:	Code also the causing condition
	Exclusions: Injury of radial nerve at upper arm level (NC14.2)
	Injury of radial nerve at forearm level (NC34.2)
	Injury of radial nerve at wrist or hand level (NC55.2)
8C10.Y	Other specified mononeuropathies of upper limb
Coding Note:	Code also the causing condition

8C10.Z Mononeuropathies of upper limb, unspecified

Coding Note: Code also the causing condition

8C11 Mononeuropathies of lower limb

Damage to a single nerve or nerve group of the lower limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function.

Coding Note: Code also the causing condition

Inclusions: Mononeuritis of lower limb

Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)

8C11.0 Lesion of sciatic nerve

Disease or damage involving the SCIATIC NERVE, which divides into the PERONEAL NERVE and TIBIAL NERVE (see also PERONEAL NEUROPATHIES and TIBIAL NEUROPATHY). Clinical manifestations may include SCIATICA or pain localised to the hip, PARESIS or PARALYSIS of posterior thigh muscles and muscles innervated by the peroneal and tibial nerves, and sensory loss involving the lateral and posterior thigh, posterior and lateral leg, and sole of the foot. The sciatic nerve may be affected by trauma; ISCHEMIA; COLLAGEN DISEASES; and other conditions.

Coding Note: Code also the causing condition

Exclusions: sciatica attributed to intervertebral disc disorder (FA80)
sciatica NOS (ME84.3)
Injury of sciatic nerve at hip or thigh level (NC74.0)

8C11.00 Sciatic nerve piriformis syndrome

8C11.0Y Other specified lesion of sciatic nerve

Coding Note: Code also the causing condition

8C11.0Z Lesion of sciatic nerve, unspecified

Coding Note: Code also the causing condition

8C11.1 Meralgia paraesthetica

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 <i>Coded Elsewhere:</i> 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% at low frequency and increment > 100% after maximum voluntary contraction at high frequency.

8C6Y **Other specified myasthenia gravis and neuromuscular junction disorders**

8C6Z **Unspecified myasthenia gravis or neuromuscular junction disorders**

Primary disorders of muscles (8C70-8C7Z)

Disorders in which the primary symptom of muscle weakness is secondary to a specific dysfunction of a muscle fiber.

Exclusions: Metabolic disorders (5C50-5D2Z)
 Arthrogryposis multiplex congenita (LD26.41)

Coded Elsewhere: Idiopathic rhabdomyolysis (FB32.20)
 Idiopathic inflammatory myopathy (4A41)

8C70 **Muscular dystrophy**

Progressive, hereditary skeletal muscle diseases characterised by muscle weakness, wasting, defects in muscle proteins, necrosis of muscle tissue and replacement of muscle tissue with connective and fatty tissue.

Coded Elsewhere: Muscular dystrophy affecting extraocular muscle (9C82.1)
 Barth syndrome (5C50.E0)
 Epidermolysis bullosa simplex with muscular dystrophy (EC30)

8C70.0 **Becker muscular dystrophy**

- 8C70.1 Duchenne muscular dystrophy**
 Duchenne muscular dystrophy (DMD) is a severe X-linked myopathy caused by mutation in the dystrophin gene with symptoms appearing before the age of 6 with a rapid disease progression. Symptoms may include fatigue, learning difficulties (the IQ can be below 75), Muscle weakness, problems with motor skills, frequent falls and progressive difficulty walking.
- 8C70.2 Emery-Dreifuss muscular dystrophy**
 Emery-Dreifuss muscular dystrophy (EDMD) is a muscle disease characterised by muscular weakness and atrophy, with early contractures of the tendons and cardiac involvement (arrhythmias, cardiomyopathy).
- 8C70.3 Facioscapulohumeral muscular dystrophy**
 Facioscapulohumeral muscular dystrophy (FSHD) is an autosomal dominantly inherited muscle disease characterised by progressive muscle weakness with initial focal involvement of the facial, shoulder and arm muscles.
- 8C70.4 Limb-girdle muscular dystrophy**
 Limb-girdle muscular dystrophy (LGMD) constitutes a group of genetically determined, progressive disorders of muscles, in which the pelvic or shoulder girdle musculature is predominantly or primarily involved. It may be inherited in an autosomal recessive or dominant fashion.
- 8C70.40 Dominant limb-girdle muscular dystrophy**
 The Limb Girdle Muscular Dystrophies (LGMD) are a group of genetic disorders characterised predominantly by progressive wasting and weakness of proximal limb girdle muscles, including pelvic, shoulder, upper arm and thigh muscles. The onset symptoms usually vary from early childhood to late adulthood, and the progression rate and distribution of weakness and wasting also varies considerably among individuals and genetic subtypes. There are currently 8 autosomal dominant LGMDs (LGMD1), linked to specific gene mutations. Dominant LGMDs are often allelic with other clinical disorders, including the myofibrillar myopathies or dilated cardiomyopathy.
- Exclusions:** Secondary myopathies (8C80-8C8Z)
 Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

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 show ragged-red and cytochrome C oxidase-negative fibres; the activities of several complexes in the electron-transport chain are decreased. The combination of progressive external ophthalmoplegia, cardiomyopathy, and multiple mtDNA deletions is thought to be due to a defect of communication between the nuclear and mitochondrial genomes.

Exclusions: Secondary myopathies (8C80-8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

8C73.1 **Neuropathy, ataxia, and retinitis pigmentosa**

Neuropathy, Ataxia, and Retinitis Pigmentosa (NARP) syndrome is a clinically heterogeneous oxidative phosphorylation disorder often characterised by a combination of sensory-motor neuropathy, cerebellar ataxia, and night blindness.

8C73.Y **Other specified mitochondrial myopathies**

8C73.Z **Mitochondrial myopathies, unspecified**

8C74	Periodic paralyses or disorders of muscle membrane excitability These are a group of disorders caused by malfunctioning of the ion channels in skeletal muscle membranes causing the cells to depolarize leading to weakness or paralysis. The common triggers include cold, heat, high carbohydrate meals, stress, excitement, physical exertion etc.
8C74.0	Paramyotonia congenita Paramyotonia congenita of Von Eulenburg is a skeletal muscle disease characterised by exercise- or cold-induced myotonia and muscle weakness.
8C74.1	Periodic paralysis Rare group of neuromuscular disorders that are associated with defects in ion channels. Characterized by intermittent episodes of severe weakness of the limbs usually after heavy exercise, fasting, or high carbohydrate meals. The three major types of inherited periodic paralysis include hypokalemic periodic paralysis, hyperkalemic periodic paralysis, and Andersen–Tawil syndrome.
8C74.10	Hypokalaemic periodic paralysis Hypokalaemic periodic paralysis (hypoPP) is a muscle channelopathy characterised by episodes of muscle paralysis lasting from a few to 24-48 hours and associated with a fall in blood potassium levels. Coded Elsewhere: Thyrotoxic periodic paralysis (5A02.Y)
8C74.11	Hyperkalaemic periodic paralysis Hyperkalaemic periodic paralysis (HyperPP) is a muscle disorder characterised by episodic attacks of muscle weakness associated with an increase in serum potassium concentration. Coded Elsewhere: Long QT syndrome type 7 (BC65.0)
8C74.1Y	Other specified periodic paralysis
8C74.1Z	Periodic paralysis, unspecified
8C74.Y	Other specified periodic paralyses or disorders of muscle membrane excitability
8C74.Z	Periodic paralyses or disorders of muscle membrane excitability, unspecified
8C75	Distal myopathies Distal myopathies are heterogeneous group of myopathies characterised clinically by progressive weakness and atrophy starting in distal muscles and progressing to proximal ones, and histologically by nonspecific myopathic features on muscle biopsy.

8C76**Myofibrillar myopathy**

Myofibrillar myopathies are a heterogeneous group of disorders, characterised by the pathologic finding of myofibrillar disruption on electron microscope with a spectrum of histological abnormalities including excessive desmin accumulation in muscle fibres.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Secondary myopathies (8C80-8C8Z)

8C77**Ocular myopathy**

Slowly progressive weakness of ocular muscles, usually characterised by decreased mobility of the eye and drooping of the upper lid. The disorder may be unilateral or bilateral, and may be caused by central or peripheral nervous system lesion or by a neuromuscular disease.

Exclusions: Ocular myopathy with mitochondrial abnormalities (9C82.0)
oculopharyngeal muscular dystrophy (9C82.1)
Ocular muscular dystrophy (9C82.1)

8C78**Malignant hyperthermia or hyperpyrexia**

Malignant hyperthermia is a pharmacogenetic disorder of skeletal muscle that presents as a hypermetabolic response to potent volatile anaesthetic gases such as halothane, sevoflurane, desflurane and the depolarizing muscle relaxant succinylcholine, and rarely in humans, to stresses such as vigorous exercise and heat. May be caused by a mutation in the Ryonadine Receptor 1 gene.

8C7Y**Other specified primary disorders of muscles****8C7Z****Primary disorders of muscles, unspecified**

Secondary myopathies (8C80-8C8Z)

This is a group of conditions in which the muscle fibres are dysfunctional, resulting in muscle weakness. The myopathy is caused by an underlying disorder.

Exclusions: Arthrogryposis multiplex congenita (LD26.41)
Ischaemic infarction of muscle (FB32.2)

Coded Elsewhere: Alcoholic myopathy (8D44.1)
Myopathy due to toxicity (8D43.3)

8C80**Drug-induced myopathy**

Myopathy caused by drugs that ranges from mild myalgias with or without mild weakness to chronic myopathy with severe weakness, to massive rhabdomyolysis with acute renal failure. It could be due to several different mechanisms including direct myotoxicity, immune mediated and indirect muscle damage through drug-induced coma, drug-induced hypokalaemia, drug-induced hyperkinetic states or dystonic states.

8C81**Autoimmune myopathy**

Autoimmune myopathy is a subgroup of idiopathic inflammatory myopathies, which, despite diverse causes, have the common histopathological features of myocyte necrosis without significant inflammation. Patients present with a subacute severe symmetrical proximal myopathy, associated with a markedly elevated creatine kinase level. These are most likely immune-mediated, as they respond to immunotherapy. It is often accompanied by statin therapy, connective tissue diseases, cancer, and autoantibodies specific for signal recognition particle (SRP) or 3-hydroxy-3-methylglutaryl-coenzyme A reductase (HMGCR).

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z)

Primary disorders of muscles (8C70-8C7Z)

8C82**Myopathy in certain specified infectious or parasitic disease**

Myopathy in certain specified infectious or parasitic disease is an uncommon group of muscle diseases caused by a broad range of bacterial, fungal, parasitic, and viral agents. Bacterial organisms cause pyomyositis, psoas abscess, Staphylococcus aureus myositis, group A streptococcal necrotizing myositis, group B streptococcal myositis, clostridial gas gangrene, and nonclostridial myositis. Fungal myositis is rare and usually occurs among immunocompromised hosts. Parasitic myositis is most commonly a result of trichinosis or cysticercosis, 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 <i>Coded Elsewhere:</i> Alcoholic myopathy (8D44.1) Myopathy due to other toxic agents (8C8Y)
8D43.4	Movement disorders due to toxicity Movements of the body such as hyperkinesias, dyskinesias, myoclonus, chorea, tremor and tics produced by toxicity either by toxin or drug, e.g. toxicity by manganese, neuroleptic drugs, calcium channel blockers, gastrointestinal prokinetics, antiarrhythmics and antidepressants that may induce Parkinsonism. <i>Coded Elsewhere:</i> Toxin-induced parkinsonism (8A00.2Y) Chorea due to toxins (8A01.1Y) Dystonia due to toxins (8A02.1Y) Ataxia due to certain specified toxins (8A03.3Y)
8D43.5	Cassava poisoning Symmetrical, non-progressive, non-remitting spastic paraparesia occurring in epidemic and endemic forms with a predilection for children and young women. The unknown aetiology is related to consumption of bitter cassava roots with very minimal protein supplementation. <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 and asymptomatic patients have been described.
8D61.0	Spontaneous intracranial hypotension The exact cause of spontaneous spinal CSF leaks usually remains unknown, but a combination of an underlying weakness of the spinal meninges and a trivial precipitating event is generally suspected.
8D61.1	Secondary intracranial hypotension
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 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 be treated with syrinx shunting.

8D66.1**Syringomyelia due to certain specified cause**

A condition when the syrinx is associated with an underlying cause.

Coding Note:

Code also the causing condition

8D66.2**Syringobulbia**

Chronic progressive degenerative disorder of the CNS characterized by the formation of a fluid filled cavity known as a syrinx in the spinal cord that extends upwards to involve the medulla and pons. May occur in isolation or may also occur secondary to neoplasms, traumas, deformities of the craniocervical junction or meningitis.

8D66.Y**Other specified syringomyelia or syringobulbia****8D66.Z****Syringomyelia or syringobulbia, unspecified****8D67****Intracranial arachnoid cyst**

A fluid filled cavity within the arachnoid membrane which may be congenital or acquired. Acquired causes include trauma, infection and surgery. The most common site is the middle cranial fossa. Factors that influence whether the cyst causes symptoms include its size and location. Symptoms if present may include headache, dizziness, nausea and vomiting, seizures, developmental delay

8D68**Porencephalic cyst**

Cavity within the cerebral hemisphere that communicates directly with the ventricular system. Ischemic necrosis in utero or later in life can cause the adjacent ventricular region to expand into the stroke cavity forming, forming a cyst.

8D6Y**Other specified disorders of cerebrospinal fluid pressure or flow****8D6Z****Disorders of cerebrospinal fluid pressure or flow, unspecified**

Disorders of autonomic nervous system (8D80-8D8Z)

This is a group of conditions characterised as being in or associated with the autonomic nervous system, the

component of the peripheral nervous system that regulates involuntary physiologic processes.

Inclusions: Disorder of parasympathetic nervous system

Coded Elsewhere: Paroxysmal autonomic disorders

Hypohidrosis (EE01)

8D80 Congenital malformations of the autonomic nervous system

8D81 Inherited autonomic nervous system disorders

8D82 Autoimmune disorders involving the autonomic nervous system

8D83 Autonomic nervous system disorder due to infection

Coding Note: Code also the causing condition

8D84 Pure autonomic nervous system failure

Pure autonomic failure is a sporadic, adult onset, slowly progressive disorder associated with accumulation of synuclein in peripheral autonomic neurons resulting in orthostatic hypotension, bladder and sexual dysfunction.

8D85 Autonomic nervous system disorder due to substances

Coded Elsewhere: Neuroleptic malignant syndrome (8A0Y)

8D86 Autonomic nervous system hyperactivity

8D87 Autonomic nervous system disorder due to certain specified neurodegenerative disorder

8D87.0 Multiple system atrophy

Multiple system atrophy (MSA) is a rare neurodegenerative disorder characterised by varied combinations of parkinsonian, cerebellar, autonomic (erectile dysfunction, bladder dysfunction, orthostatic hypotension) and pyramidal features. The disease belongs to the group of alpha-synucleinopathies, a group of diseases characterised by aggregation of alpha-synuclein in affected brain regions. There are two different types: MSA-P (with parkinsonism) and MSA-C (with cerebellar dysfunction).

8D87.00 Multiple system atrophy, Cerebellar type

8D87.01 Multiple system atrophy, Parkinsonism

This is a progressive disorder of the central and autonomic nervous systems, characterised by orthostatic hypotension (an excessive drop in blood pressure when standing up), which causes dizziness or fainting. It can occur without orthostatic hypotension, but instead have urinary involvement (urgency/incontinence). This type includes symptoms of Parkinson's disease such as slow movement, rigidity, and tremor.

Exclusions: Spinocerebellar ataxia (8A03.16)

Pure autonomic nervous system failure (8D84)

8D87.0Y	Other specified multiple system atrophy
8D87.0Z	Multiple system atrophy, unspecified
8D87.Y	Other specified autonomic nervous system disorder due to specified neurodegenerative disorder
8D88	Autonomic neuropathies
	<i>Coded Elsewhere:</i> Hereditary sensory or autonomic neuropathy (8C21)
8D88.0	Autonomic neuropathy due to sodium channelopathies
	<i>Coded Elsewhere:</i> 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.
<i>Coding Note:</i>	Always assign an additional code for diabetes mellitus.
8D88.2	Immune mediated autonomic neuropathy
<i>Coding Note:</i>	Code also the causing condition
8D88.3	Autonomic disorder due to toxins
8D88.4	Autonomic neuropathy in endocrine and metabolic diseases
<i>Coding Note:</i>	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.
	<i>Coded Elsewhere:</i> Orthostatic hypotension (BA21)
8D89.0	Reflex syncope
	Reflex syncope is a transient loss of consciousness with spontaneous recovery and associated with loss of postural tone. Reflex syncope is the most common form of syncope and can occur in individuals with normal autonomic function. The mechanism is believed to be related to blood pooling in the legs followed by reduction in blood return to the heart which triggers a sympathetic tone increase. Vigorous cardiac contractions with an underfilled ventricle are hypothesized to cause reflex loss of sympathetic tone and vagotonia.
8D89.1	Syncope due to autonomic failure

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 <i>Coded Elsewhere:</i> Trigeminal autonomic cephalalgias (8A82) Hyperlacrimation (9A10.3) Underproduction of tears (9A10.4)
8D8A.1	Horner syndrome
8D8A.2	Episodic anisocoria This is a group of disorders in which periodic pupillary movements lead to changes in size. These are due to abnormal parasympathetic or sympathetic tone.
8D8A.Y	Other specified focal or segmental autonomic disorders
8D8A.Z	Focal or segmental autonomic disorders, unspecified
8D8B	Disorders affecting autonomic synaptic neurotransmission <i>Coded Elsewhere:</i> Aromatic L-amino acid decarboxylase deficiency (5C59.00) Dopamine beta-hydroxylase deficiency (5C59.00) Autosomal recessive dopa-responsive dystonia (8A02.11) Menkes disease (5C64.0Y)
8D8C	Autonomic dysreflexia This is a potentially dangerous disorder associated with damage to the spinal cord above the sixth thoracic level characterized by a marked increase in the sympathetic response to minor stimuli. It leads to sudden severe hypertension which can be life-threatening.
8D8D	Hypoglycaemia unawareness Hypoglycemia unawareness is defined as 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 Creutzfeldt-Jakob Disease (iCJD) is CJD acquired by medical procedures, medicines, medicinal materials, or devices.

8E01.1

Kuru

A disease of the nervous system, caused by a prion. This disease is characterised by limb pain, ataxia, tremors, decreased coordination, or emotional changes, and is fatal. Transmission is by ingestion of infected human brain, or direct contact. Confirmation is commonly by clinical signs, or pathological examination of the brain.

8E01.2

Variant Creutzfeldt-Jakob Disease

A disease of the brain, that is suspected to be caused by a prion associated with Bovine Spongiform Encephalopathy. This disease is characterised by a long incubation period, psychiatric symptoms followed by neurological deficits, and is fatal. Transmission may be by ingestion of food (with a bovine origin) contaminated with infected brain or spinal cord from an infected cow, or blood transfusion. Confirmation is by pathological examination of the brain.

8E01.3

Other acquired Creutzfeldt-Jakob Disease

There have been cases of Creutzfeldt-Jakob Disease (CJD) associated with neurosurgical procedures and stereotactic electroencephalogram (EEG) electrode placement on the brain, particularly in the 1950s to 1970s when the transmissibility of prions was not yet recognised.

8E01.Z

Acquired prion disease, unspecified

8E02

Genetic prion diseases

8E02.0

Genetic Creutzfeldt-Jakob disease

A disease of the brain, that is associated with a prion. This disease is characterised by neurological deficits, and is fatal. Confirmation is by pathological examination of the brain.

- 8E02.1 Gerstmann-Straussler-Scheinker syndrome**
A disease caused by inheritance of mutation(s) in normal prion protein genes. This disease is characterised by cerebellar ataxia, decreased coordination, dysmetria, or dysarthria, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.
Exclusions: Gerstmann syndrome (MB4C)
- 8E02.2 Fatal familial insomnia**
A disease of the brain, caused by inheritance of mutation(s) of normal prion protein genes. This disease is characterised by severe insomnia and autonomic system dysfunction, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.
- 8E02.3 Other genetic prion diseases**
- 8E02.Y Other specified Creutzfeldt-Jakob disease**
- 8E02.Z Creutzfeldt-Jakob disease, unspecified**
- 8E03 Variably protease sensitive prionopathy**
A disease of the brain, caused by a mutation(s) in prion protein genes. This disease is characterised by deposition of abnormal prions in the brain leading to behavioural and mood changes, speech deficits, and progressive motor impairments. Confirmation is by pathological examination of the brain or identification of protease-sensitive prion proteins in a brain sample.
- 8E0Y Other specified human prion diseases**
- 8E0Z Human prion diseases, unspecified**

Disorders of consciousness (8E20-8E2Z)

Coded Elsewhere: Delirium (6D70)

Coma (MB20.1)

- 8E20 Persistent vegetative state**
Subacute or chronic state of severe disturbance of consciousness lasting at least a month, characterised by the recovery of cyclic arousal states mimicking sleep/wake cycles after a severe brain injury. Patients with this condition are unresponsive and show no evidence of awareness of themselves or their environment. Cardiopulmonary and visceral autonomic regulation is maintained by the brainstem.
- 8E21 Permanent vegetative state**
Prognostic term applied to patients in a persistent vegetative state for whom no recovery is expected.

8E22**Minimally conscious state**

Subacute or chronic state of severely disturbed consciousness in which patients show minimal yet definite signs of consciousness, such as visual pursuit or command following, occurring after a severe brain injury. These patients do not show functional communication or functional use of objects.

8E22.0**Minimally conscious state plus**

Subcategory of patients in a minimally conscious state who show signs of command following.

8E22.1**Minimally conscious state minus**

Subcategory of patients in a minimally conscious state who show signs of non-reflex behaviour such as eye tracking, orientation to pain, or contingent responses to specific emotional stimuli but without command following.

8E22.Y**Other specified minimally conscious state****8E22.Z****Minimally conscious state, unspecified****8E2Y****Other specified disorders of consciousness****8E2Z****Disorders of consciousness, unspecified**

Other disorders of the nervous system (8E40-8E4Y)

Coded Elsewhere: Brain death (MH10)

Neurosarcoidosis (4B20.3)

8E40**Disorders of the meninges excluding infection**

Coded Elsewhere: Postprocedural meningitis (8E62)

8E40.0**Neoplastic meningitis**

Inflammation of the meninges due to malignant infiltration from carcinomas, leukaemias and lymphomas. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia with potential progression to stupor and coma. The presentation may be acute, subacute or chronic. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis, raised protein and the presence of malignant cells on cytology.

Coding Note: Code also the causing condition

8E40.1**Chemical meningitis****8E40.2****Inflammatory meningitis**

A general term to describe a group of disorders in which there is Inflammation of the meninges due to an underlying inflammatory disorder. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Other central and peripheral nervous system manifestations may be present. Non-neurological features, including skin, eye and organ involvement may also be present. Diagnosis may be aided by serological testing, neuroimaging and if appropriate a tissue biopsy. Spinal fluid analysis may reveal a lymphocytic pleocytosis, a raised protein and the presence of oligoclonal bands.

8E40.3	Arachnoiditis	Arachnoiditis is a chronic inflammation of the arachnoid layer of the meninges, of which adhesive arachnoiditis is the most severe form, characterised by debilitating, intractable neurogenic back and limb pain and a range of other neurological problems.
8E40.Y	Other specified disorders of the meninges excluding infection	
8E40.Z	Disorders of the meninges excluding infection, unspecified	
8E41	Pachymeningitis	Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater which can be caused by chronic infection, inflammatory and immune-mediated disorders and malignancies. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances . Diagnosis may be aided by neuroimaging and spinal fluid analysis.
8E41.0	Pachymeningitis due to infection	Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater caused by chronic infection such as tuberculosis. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and, with spinal involvement, limb weakness, sensory impairment and sphincter disturbances. Diagnosis may be aided by neuroimaging, spinal fluid analysis and dural biopsy.
8E41.1	Idiopathic hypertrophic pachymeningitis	Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater for which no identifiable cause is found. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances. Diagnosis may be aided by neuroimaging and spinal fluid analysis and dural biopsy.
8E41.Y	Other specified pachymeningitis	
8E41.Z	Pachymeningitis, unspecified	
8E42	Superficial siderosis of the nervous system	Superficial siderosis is the deposition of haemosiderin in the central nervous system as a result of chronic or recurrent subarachnoid haemorrhage due to vascular anomalies, aneurysms, vascular tumours, neurosurgery, cervical root lesions, head injury and trauma. Clinical feature of Superficial siderosis include sensorineural deafness, cerebellar ataxia, pyramidal weakness and less frequently dementia, loss of sphincter control, anosmia, anisocoria, sensory disturbance, extra-ocular motor palsies, sciatica and lower motor neuron signs. The diagnosis may be confirmed by pure tone audiometry, neuroimaging, spinal fluid analysis, angiography to identify a potential bleeding source and where appropriate genetic testing.

8E43**Pain disorders**

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.0**Neuropathic pain**

Neuropathic pain is described as electric, burning, or shock like, caused by metabolic, nutritional, infectious, genetic, autoimmune, and/or vasculitic processes. The pain may occur spontaneously, without provocation, or be provoked by noxious or nonnoxious stimuli. Pain is characteristic of small fibre neuropathy, but even in large fibre neuropathies, a sufficient number of small fibres may be damaged to cause pain. Neuropathic pain usually affects distal skin and subcutaneous structures. The pain may be constant or intermittent, and may be described as searing, burning, or icy cold.

Complex regional pain syndrome follows trauma and comprises regional pain, sensory changes, abnormalities of temperature, sudomotor activity, colour changes of the skin, and oedema.

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.00**Phantom limb syndrome**

Phantom limb pain is the perception of sensations, including pain, in a limb that has been amputated or a body part that has been removed. These sensations may include a specific position, shape, or movement of the phantom, feelings of warmth or cold, itching, tingling, or electric sensations, and other paraesthesias.

8E43.0Y**Other specified neuropathic pain****8E43.0Z****Neuropathic pain, unspecified****8E43.Y****Other specified pain disorders****8E43.Z****Pain disorders, unspecified****8E44****Post anoxic brain damage**

Post anoxic brain damage refers to the variable severity of encephalopathy that results from circulatory arrest, hypotension or asphyxia.

8E45**Locked-in syndrome****8E46****Reye syndrome**

Reye syndrome is sudden (acute) brain damage (encephalopathy) and liver function problems of unknown cause. The syndrome has occurred with the use of aspirin to treat chickenpox or the flu in children. However, it has become very uncommon since aspirin is no longer recommended for routine use in children. Reye syndrome often begins with vomiting, which lasts for many hours. The vomiting is quickly followed by irritable and aggressive behaviour. There is no specific treatment for this condition. The health care provider will monitor the pressure in the brain, blood gases, and blood acid-base balance (pH).

8E47

Encephalopathy, not elsewhere classified

Global brain dysfunction

Coding Note: Code also the causing condition

Coded Elsewhere: Neonatal encephalopathy (KB03)

8E48

Encephalitis, not elsewhere classified

8E49

Postviral fatigue syndrome

Inclusions: chronic fatigue syndrome
myalgic encephalomyelitis

Exclusions: Fatigue (MG22)

8E4A

Paraneoplastic or autoimmune disorders of the nervous system

Paraneoplastic and autoimmune disorders of the nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelitis) or peripheral nervous systems (peripheral or autonomic neuropathies, neuromuscular junction disorders or myopathy). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

8E4A.0 Paraneoplastic or autoimmune disorders of the central nervous system, brain or spinal cord

Paraneoplastic and autoimmune disorders of the central nervous system, brain and spinal cord nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelopathy, myelitis) nervous system. In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed 'autoimmune' the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the central nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

Coded Elsewhere: Paraneoplastic retinopathy (9B71.4)

Autoimmune retinopathy (9B71.5)

Opsoclonus-myoclonus (9C85.02)

8E4A.1 Paraneoplastic or autoimmune disorders of the peripheral or autonomic nervous system

Paraneoplastic and autoimmune disorders of the peripheral and autonomic nervous system result from a targeted immune attack on neurons or glial cells in the peripheral nervous systems (peripheral or autonomic neuropathies). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. Onset may be subacute or insidious and these disorders may be limited, multifocal or generalised. Autoimmune somatic peripheral nerve disorders may affect the nerve at multiple levels including root, nerve and plexus and may be axonal, demyelinating or both. Autoimmune autonomic disorders result in autonomic failure that can be partial or generalised. The prototypic autonomic neuropathy is the autoimmune ganglionopathy associated with

antibodies targeting the ganglionic nicotinic acetylcholine receptor ($\alpha 3$ gAChR). Screening for cancer is appropriate for those with specific neural antibody profiles and other risk factors.

Associated neural antibodies in peripheral neuropathies include anti neuronal nuclear antibody type 1 or anti-Hu, CASPR2, gAChR, ganglioside (GM1 IgG and IGM) antibodies.

Coding Note: Code also the causing condition

8E4A.2 Paraneoplastic or autoimmune neuromuscular transmission disorders

NMT disorders are defined by a variable disturbance of the function of the neuromuscular transmission, resulting in fluctuating muscle weakness and fatigue. These are usually classified into pre- and postsynaptic disorders.

Presynaptic disorders, mainly the Lambert Eaton Myasthenic Syndrome (LEMS) is associated with antibodies targeting the voltage gated calcium channels (PQ and N type). LEMS is associated with malignancy (pulmonary or extra-pulmonary small cell carcinoma) in about 50% of cases. In the context of LEMS the detection of SOX 1 (anti glial nuclear) antibodies is highly predictive of cancer.

Postsynaptically, myasthenia gravis is mostly (> 90%) associated with antibodies targeting the muscle acetylcholine receptor (AChR) or rarely other proteins (including muscle -specific kinase -MuSK). Myasthenia is usually not considered a paraneoplastic disease, with the exception of thymoma in about 10% cases.

Coding Note: Code also the causing condition

Coded Elsewhere: Lambert-Eaton syndrome (8C62)

Myasthenia gravis (8C60)

8E4A.3 Paraneoplastic or autoimmune disorders of the muscle

Paraneoplastic and autoimmune diseases of muscle present with weakness and can be caused by a variety of causes, either by undefined remote effects or autoimmune effects in cancer, or autoimmune mechanisms in non cancer related conditions. The presentation is variable, usually presenting with a proximal myopathic pattern.

Coding Note: Code also the causing condition

8E4A.Y Other specified paraneoplastic or autoimmune disorders of the nervous system

Coding Note: Code also the causing condition

8E4A.Z Paraneoplastic or autoimmune disorders of the nervous system, unspecified

Coding Note: Code also the causing condition

8E4Y Other specified disorders of the nervous system**Postprocedural disorders of the nervous system (8E60-8E66)**

Coded Elsewhere: Anoxic-ischaemic encephalopathy (8B24.0)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Post dural puncture headache (8A84.Y)

Dural graft-associated Creutzfeldt-Jakob Disease (8E01.0)

8E60 Post ventricular shunting leak

8E61	Post radiation injury of the nervous system <i>Coded Elsewhere:</i> Post radiation lumbosacral plexopathy (8B92.0) Post radiation polyneuropathy (8D43.21) Post radiation brachial plexopathy (8B91.Y)
8E61.0	Radiation-induced brain injury Injury to the brain from therapeutic cranial irradiation which may be divided temporally into three syndromes: Acute or early toxicity which is consequent upon immediate exposure to radiation, early-delayed injury and late-delayed injury although the three may overlap.
8E61.1	Spinal cord irradiation
8E61.Z	Post radiation injury of the nervous system, unspecified
8E62	Postprocedural meningitis Inflammation of the meninges due to a procedure. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis and raised protein.
8E63	Post pump encephalopathy
8E64	Multifocal cerebral infarctions
8E66	Intracranial hypotension due to lumbar puncture
8E7Y	Other specified diseases of the nervous system
8E7Z	Diseases of the nervous system, unspecified

CHAPTER 09

Diseases of the visual system

This chapter has 160 four-character categories.

Code range starts with 9A00

This refers to any diseases of the visual system, which includes the eyes and adnexa, the visual pathways and brain areas, which initiate and control visual perception and visually guided behaviour.

Exclusions:

- Certain conditions originating in the perinatal period (Chapter 19)
- Certain infectious or parasitic diseases (Chapter 01)
- Complications of pregnancy, childbirth and the puerperium (Chapter 18)
- Endocrine, nutritional or metabolic diseases (Chapter 05)
- Injury, poisoning or certain other consequences of external causes (Chapter 22)
- Posterior cortical atrophy (8A21.0)

Coded Elsewhere:

- Neoplasms of the eye or ocular adnexa
- Reasons for contact with the health care system in relation to eyes or vision
- Contusion of eyeball or orbital tissues (NA06.9)
- Foreign body in multiple parts of external eye (ND70.2)
- Oculocutaneous albinism (EC23.20)
- Traumatic injury to eyeball (NA06.8)
- Birth injury to eye (KA41)
- Late congenital syphilitic ophthalmopathy (1A60.2)
- Symptoms, signs or clinical findings of the visual system (MC10-MC2Y)
- Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10-LA1Z)

This chapter contains the following top level blocks:

- Disorders of the ocular adnexa or orbit
- Disorders of the eyeball - anterior segment
- Disorders of the eyeball - posterior segment
- Disorders of the eyeball affecting both anterior and posterior segments
- Disorders of the visual pathways or centres
- Glaucoma or glaucoma suspect
- Strabismus or ocular motility disorders
- Disorders of refraction or accommodation
- Postprocedural disorders of eye or ocular adnexa

- Impairment of visual functions
- Vision impairment
- Neoplasms of the eye or ocular adnexa
- Reasons for contact with the health care system in relation to eyes or vision

Disorders of the ocular adnexa or orbit (9A00-9A4Z)

Coded Elsewhere: Ocular myiasis (1G01.0)

Disorders of eyelid or peri-ocular area (9A00-9A0Z)

Coded Elsewhere: Congenital malformations of the eyelid

Seborrhoeic keratosis (2F21.0)

Cysts of eyelid (2F36.4)

Eyelid trauma (NA06.0)

Benign cutaneous neoplasm or cyst of eyelid (2F36.Z)

9A00

Congenital malposition of eyelids

Coded Elsewhere: Congenital entropion (LA14.02)

Congenital ectropion (LA14.03)

Congenital ptosis (LA14.04)

Hypotelorism (LB71.0)

Hypertelorism (LB71.1)

Epiblepharon (LA14.0Y)

9A00.0

Dystopia canthorum

Coded Elsewhere: Waardenburg syndrome (EC23.2Y)

9A00.1

Telecanthus

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 <i>Staphylococcus aureus</i> 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 <i>Staphylococcus aureus</i> . 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 <i>Staphylococcus aureus</i> , of a meibomian gland, the normal secretion from which into the eyelash follicle is blocked. It presents as an acute inflammatory swelling which may discharge onto the conjunctival surface of the eyelid, or rarely anteriorly through the eyelid skin. It may predispose to formation of a chalazion. Exclusions: Chalazion (9A02.0)
9A01.2Z	Hordeolum, unspecified
9A01.3	Infectious blepharitis A condition of the eyelid, commonly caused by an infection with a bacterial source. This condition is characterised by pruritus, burning, scratchiness, excessive tearing, or crusty debris around the eyelashes. This condition may also present with lid erythema, collarettes, madarosis, trichiasis, or plugged meibomian glands. Transmission is by direct or indirect contact with an infected individual, endogenous spread, or through fomites. Exclusions: Blepharoconjunctivitis (9A60.4) Coded Elsewhere: Herpes simplex infection of eyelid (1F00.11) Molluscum contagiosum of eyelid (1E76) Zoster infection of eyelid (1E91.1)
9A01.4	Infestation of eyelid
Coding Note:	Code also the causing condition Coded Elsewhere: Parasitic infestation of eyelid in loiasis (1F66.0) Parasitic infestation of eyelid in leishmaniasis (1F54.Z)
9A01.Y	Other specified infectious disorders of eyelid
9A01.Z	Unspecified infectious disorders of eyelid
9A02	Inflammatory disorders of eyelid Coded Elsewhere: Atopic eczema of eyelids (9A06.70) Seborrhoeic dermatitis of eyelids (9A06.71)

9A02.0	Chalazion A chalazion is a small cyst on the eyelid caused by blockage of a meibomian gland.
9A02.00	Chalazion externum
9A02.01	Chalazion internum
9A02.0Y	Other specified chalazion
9A02.0Z	Chalazion, unspecified
9A02.1	Posterior blepharitis Posterior blepharitis is inflammation of the eyelids secondary to dysfunction of the meibomian glands. Like anterior blepharitis it is a bilateral chronic condition and manifested by a broad spectrum of symptoms involving the lids including inflammation and plugging of the meibomian orifices and production of abnormal secretion upon pressure over the glands. It may be associated with skin rosacea.
9A02.2	Ligneous conjunctivitis Ligneous conjunctivitis (LC) is a rare form of chronic conjunctivitis characterised by the recurrent formation of pseudomembranous lesions most commonly on the palpebral surfaces. It is most frequently reported as a clinical manifestation of severe homozygous or compound-heterozygous hypoplasminogenaemia. Most cases involve infants and children.
9A02.4	Meibomian gland dysfunction This refers to the dysfunction of a special kind of sebaceous gland at the rim of the eyelids inside the tarsal plate, responsible for the supply of meibum, an oily substance that prevents evaporation of the eye's tear film. Meibum prevents tear spillage onto the cheek, trapping tears between the oiled edge and the eyeball, and makes the closed lids airtight.
9A02.Y	Other specified inflammatory disorders of eyelid
9A02.Z	Inflammatory disorders of eyelid, unspecified
9A03	Acquired malposition of eyelid
9A03.0	Blepharoptosis Drooping of the upper lid due to deficient development or paralysis of the levator palpebrae muscle.
9A03.00	Marcus-Gunn syndrome Marcus-Gunn syndrome is characterised by ptosis associated with maxillopalpebral synkinesis. The syndrome is generally unilateral and sporadic, but bilateral and autosomal dominant inherited cases have been reported.
9A03.01	Mechanical ptosis of eyelid

9A03.02	Myogenic ptosis of eyelid This refers to a contraction initiated by the myocyte cell itself instead of an outside occurrence or stimulus such as nerve innervation, causing drooping or falling of the eyelid. The drooping may be worse after being awake longer, when the individual's muscles are tired.
9A03.03	Paralytic ptosis of eyelid
9A03.0Y	Other specified blepharoptosis
9A03.0Z	Blepharoptosis, unspecified
9A03.1	Entropion of eyelid
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 <i>Exclusions:</i> Distichiasis (LA14.0) Structural developmental anomalies of eyelids (LA14.0)
9A04.0	Trichiasis without entropion This refers to abnormally positioned eyelashes that grow back toward the eye, touching the cornea or conjunctiva. This can be caused by infection, inflammation, autoimmune conditions, congenital defects, eyelid agenesis and trauma such as burns or eyelid injury. This diagnosis is without a condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it.
9A04.1	Madarosis of eyelid or periocular area Partial or complete loss of eyelashes and/or eyebrow hairs. Alopecia areata and chronic cutaneous lupus erythematosus are well recognised causes. If the underlying cause is known this should be coded as well.
9A04.Y	Other specified acquired disorders of eyelashes
9A04.Z	Acquired disorders of eyelashes, unspecified

9A05**Movement disorders of eyelid**

Exclusions: Tic disorders (8A05)

Coded Elsewhere: Benign essential blepharospasm (8A02.00)

Hemifacial spasm (8B88.2)

Facial tic (8A05.03)

9A05.0**Myokymia of eyelid**

Myokymia is used to describe an involuntary eyelid muscle contraction, typically involving the lower eyelid or less often the upper eyelid. It occurs in normal individuals and typically starts and disappears spontaneously. However, it can sometimes last up to three weeks. Since the condition typically resolves itself, medical professionals do not consider it to be serious or a cause for concern.

Exclusions: Facial myokymia (8B88.1)

Myokymia (MB47.5)

9A05.1**Eyelid apraxia****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 is 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
	<i>Coded Elsewhere:</i> Agenesis of lacrimal ducts (LA14.11) Congenital dacryoceles (LA14.12) Congenital agenesis of lacrimal punctum (LA14.13) Congenital stenosis or stricture of lacrimal duct (LA14.14)
9A11.0	Eversion of lacrimal punctum
	<i>Inclusions:</i> Punctal ectropion
9A11.1	Canaliculitis
9A11.2	Dacryocystitis
9A11.3	Conjunctivochalasis
9A11.4	Punctal stenosis
9A11.5	Nasolacrimal canicular stenosis
9A11.6	Dacryolith
9A11.7	Nasolacrimal sac stenosis
9A11.8	Nasolacrimal duct obstruction
	<i>Coded Elsewhere:</i> 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) Hydatid 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 <i>Coded Elsewhere:</i> Teratoma of orbit (2F36.3) Dermoid cyst of eyelid (2F36.4)
9A23.1	Acquired orbital cyst <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 keep the tissue from excess fluid absorption, pumping it back into the aqueous humour. When affected by some reason, such as Fuchs' dystrophy or a trauma during cataract removal, endothelial cells suffer mortality or damage. The corneal endothelial cells normally do not undergo mitotic cell division, and cell loss results in permanent loss of function.
9A78.21	Secondary corneal oedema
9A78.2Y	Other specified corneal oedema
9A78.2Z	Corneal oedema, unspecified
9A78.3	Changes in corneal membranes
9A78.4	Corneal degeneration 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. <i>Exclusions:</i> 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
<i>Coding Note:</i>	Code also the causing condition
9A96.0	Anterior uveitis not associated with systemic conditions
9A96.1	Anterior uveitis associated with systemic conditions
<i>Coding Note:</i>	Code also the causing condition
	<i>Coded Elsewhere:</i> Sarcoid associated anterior uveitis (4B20.4)
9A96.2	Infection-associated anterior uveitis
<i>Coding Note:</i>	Code also the causing condition
	<i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 Corneal 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
	<i>Exclusions:</i> congenital lens malformations (LA12) Cataract lens fragments in eye following cataract surgery (9D21)
	<i>Coded Elsewhere:</i> 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.
	<i>Coded Elsewhere:</i> 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.
	<i>Coded Elsewhere:</i> Zoster scleritis (1E91.1)
9B52	Scleral staphyloma
	<i>Exclusions:</i> 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 result from a targeted attack on the retina due to a tumour immune response initiated by onco-neural antigens derived from systemic cancer. Patients usually present after cancer diagnosis with progressive visual dimming and photopsias but dysfunction of rods (impaired dark adaption and peripheral vision loss) and cones (decreased visual acuity, colour dysfunction, photosensitivity and glare) may also occur. Symptoms are often worse than clinical signs. Other causes of retinopathy should be excluded. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Two major subsets are recognised: cancer-associated retinopathy (most commonly small-cell lung cancer) and melanoma-associated retinopathy.

Associated neural autoantibodies include:

CRMP5 (anti-CV2) (collapsin response mediator protein 5 - anti CV2); anti-recoverin autoantibodies; and alpha-enolase autoantibodies.

Coding Note: Code also the causing condition

9B71.40 Melanoma associated retinopathy

9B71.4Y Other specified paraneoplastic retinopathy

Coding Note: Code also the causing condition

9B71.4Z Paraneoplastic retinopathy, unspecified

Coding Note: Code also the causing condition

9B71.5 Autoimmune retinopathy

Autoimmune retinopathies are immune-mediated inflammatory disorders of the retina that differ from paraneoplastic retinopathies in the lack of association with cancer. Patients present with progressive visual loss and dysfunction of rods (impaired dark adaption and peripheral vision problems) and cones (visual acuity, colour dysfunction, photosensitivity and glare) may occur. The symptoms are often worse than the clinical signs on fundoscopy. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Autoimmune retinopathy is a diagnosis of exclusion and other causes of retinopathy need to be ruled out, while the potential role of immunotherapy remains uncertain.

Associated neural autoantibodies include:

anti-recoverin autoantibodies; alpha-enolase autoantibodies; anti-transducin autoantibodies.

Coding Note: Code also the causing condition

9B71.Y Other specified retinopathy

Coding Note: Code also the causing condition

9B71.Z Retinopathy, unspecified

Coding Note: Code also the causing condition

9B72**Inflammatory diseases of the retina**

This refers to inflammatory diseases of light-sensitive layer of tissue, lining the inner surface of the eye. The optics of the eye create an image of the visual world on the retina, which serves much the same function as the film in a camera.

Coded Elsewhere: Retinal vasculitis (9B78.12)

9B72.0**Viral retinitis****9B72.00**

Cytomegaloviral retinitis

This is an inflammation of the eye's retina that can lead to blindness. This is a DNA virus in the family Herpesviridae known for producing large cells with nuclear and cytoplasmic inclusions. Such inclusions are called an "owl's eye" effect.

9B72.01

HIV retinitis

9B72.0Y

Other specified viral retinitis

9B72.0Z

Viral retinitis, unspecified

9B72.Y**Other specified inflammatory diseases of the retina****9B72.Z****Inflammatory diseases of the retina, unspecified****9B73****Retinal detachments or breaks**

Retinal breaks are full thickness openings in the neurosensory retina that can be in the form of a hole, a tear or a retinal dialysis. Retinal detachment is a condition in which the retina peels away from its underlying layer of support tissue.

Exclusions: detachment of retinal pigment epithelium (9B78.6)

9B73.0**Retinal detachment with retinal break**

Inclusions: Rhegmatogenous retinal detachment

9B73.1**Retinoschisis**

Retinoschisis is an eye disease characterised by the abnormal splitting of the retina's neurosensory layers.

9B73.10

Adult retinoschisis

9B73.11

Juvenile retinoschisis

X-linked retinoschisis is a genetic ocular disease that is characterised by reduced visual acuity in males due to juvenile macular degeneration.

9B73.1Y

Other specified retinoschisis

9B73.1Z

Retinoschisis, unspecified

9B73.2**Retinal cysts**

A retinal cyst is a closed sac, having a distinct membrane and division compared to the nearby tissue in retina that can either be congenital or acquired.

Exclusions: congenital retinoschisis (LA13.3)
Microcystoid degeneration of retina (9B78.4)

9B73.3	Serous retinal detachment This occurs due to inflammation, injury or vascular abnormalities that results in fluid accumulating underneath the retina without the presence of a hole, tear, or break. Exclusions: Central serous chorioretinopathy (9B75.2)
9B73.4	Retinal breaks without detachment 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> HERNS syndrome (LD2F.1Y)
9B78.1	Background retinopathy and retinal vascular changes Background retinopathy is the earliest visible change to the retina in diabetes, characterised by some retinal vascular changes, e.g. the capillaries in the retina may become blocked, they may bulge slightly (microaneurysm) and may leak blood or fluid.
9B78.10	Changes in retinal vascular appearance
9B78.11	Exudative retinopathy
9B78.12	Retinal vasculitis
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 <i>Exclusions:</i> proliferative vitreo-retinopathy with retinal detachment (9B73) Proliferative diabetic retinopathy (9B71.01)
9B78.3	Degeneration of macula or posterior pole <i>Exclusions:</i> 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 <i>Exclusions:</i> with retinal break (9B73.4)
9B78.5	Retinal haemorrhage <i>Exclusions:</i> Traumatic retinal haemorrhage (NA06.7)
9B78.6	Separation of retinal layers <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> Stickler syndrome (LD2F.1Y)
9B81	Posterior vitreous detachment
9B82	Vitreous prolapse <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> Multifocal choroiditis (9B65.0)
9C20.1	Infectious panuveitis <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Purulent endophthalmitis (9C20.2)
9C21.0	Sympathetic uveitis

9C21.Y	Other specified endophthalmitis
9C21.Z	Endophthalmitis, unspecified
9C22	Eyeball deformity
	<i>Coded Elsewhere:</i> Microphthalmos (LA10.0) Clinical anophthalmos (LA10.1) Microphthalmos associated with syndromes (LD21.0)
9C22.0	Atrophia 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
	<i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> 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.
	<i>Coded Elsewhere:</i> 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 alternating or monocular. Esotropia is present in all distances. Squint angles can vary with distances.

9C80.1

Exotropia

Exotropia is an abnormal binocular alignment in which one of the eyes has an outward deviation. Fixation can be alternating 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
	<i>Exclusions:</i> Internuclear ophthalmoplegia (9C83.5) Internal ophthalmoplegia (9D01.0) ophthalmoplegia progressive supranuclear (8A00.10)
9C81.0	Third nerve palsy
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> isolated trochlear nerve palsy
9C81.2	Sixth nerve palsy
	<i>Inclusions:</i> 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
	<i>Coded Elsewhere:</i> 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 eye in upgaze. May be due to pathology in the orbit, as well as infranuclear, internuclear, or supranuclear in origin.
9C83.0Y	Other specified palsy of conjugate gaze
9C83.0Z	Palsy of conjugate gaze, unspecified
9C83.1	Spasm of conjugate gaze
9C83.10	Horizontal conjugate gaze deviation
9C83.11	Upward gaze deviation
9C83.12	Downward gaze deviation
9C83.13	Oculogyric crisis Episodic spells of tonic upward and sometimes lateral deviation of the eyes, rarely downward.
9C83.1Y	Other specified spasm of conjugate gaze
9C83.1Z	Spasm of conjugate gaze, unspecified
9C83.2	Convergence insufficiency
9C83.3	Convergence excess
9C83.4	Spasm of the near reflex
9C83.5	Internuclear ophthalmoplegia This is a disorder of conjugate lateral gaze in which the affected eye shows impairment of adduction.
9C83.6	Anomalies of divergence or deviation of eye movement
9C83.60	Divergence insufficiency
9C83.61	Divergence paralysis
9C83.62	Divergence excess
9C83.63	Synergistic divergence Anomalous innervation of muscle normally supplied by the oculomotor nerve. In congenital unilateral adduction palsy, when adduction is attempted, the affected eye abducts rather than adducts.
9C83.64	Skew deviation a vertical misalignment of the visual axes caused by a disturbance of prenuclear inputs

9C83.65	Ocular tilt reaction skew deviation associated with ocular torsion (cyclodeviation) and a head tilt (ear to shoulder)
9C83.66	Alternating skew deviation
9C83.67	Dissociative vertical divergence
9C83.6Y	Other specified anomalies of divergence or deviation of eye movement
9C83.6Z	Anomalies of divergence or deviation of eye movement, unspecified
9C83.Y	Other specified disorders of binocular movement
9C83.Z	Disorders of binocular movement, unspecified
9C84	Nystagmus
9C84.0	Physiological nystagmus
9C84.1	Congenital forms of nystagmus
9C84.2	Vestibular nystagmus
9C84.20	Downbeat nystagmus
9C84.21	Upbeat nystagmus
9C84.22	Torsional nystagmus
9C84.23	Perverted nystagmus
9C84.2Y	Other specified vestibular nystagmus
9C84.2Z	Vestibular nystagmus, unspecified
9C84.3	Seesaw nystagmus
9C84.4	Gaze-evoked nystagmus
9C84.5	Nystagmus occurring in visual system disorders
Coding Note:	Code also the causing condition
	Coded Elsewhere: Spasmus nutans (8A04.Y)
9C84.50	Visual deprivation nystagmus
9C84.51	Divergence nystagmus
9C84.52	Convergence-retraction nystagmus
9C84.5Y	Other specified nystagmus occurring in visual system disorders
Coding Note:	Code also the causing condition
9C84.5Z	Nystagmus occurring in visual system disorders, unspecified
Coding Note:	Code also the causing condition
9C84.6	Eyelid nystagmus

9C84.Y	Other specified nystagmus
9C84.Z	Nystagmus, unspecified
9C85	Certain specified irregular eye movements
9C85.0	Anomalies of saccadic eye movements
9C85.00	Disorders of the saccadic pulse
9C85.01	Disorders of the saccadic step <i>Coded Elsewhere:</i> Gaze-evoked nystagmus (9C84.4)
9C85.02	Inappropriate saccades <i>Inclusions:</i> 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. <i>Exclusions:</i> 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 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 78 four-character categories.

Code range starts with AA00

This chapter contains diseases of the ear and diseases of the mastoid process.

- Exclusions:**
- Complications of pregnancy, childbirth and the puerperium (Chapter 18)
 - Certain infectious or parasitic diseases (Chapter 01)
 - Certain conditions originating in the perinatal period (Chapter 19)
 - Injury, poisoning or certain other consequences of external causes (Chapter 22)
 - Neoplasms (Chapter 02)
 - Endocrine, nutritional or metabolic diseases (Chapter 05)
- Coded Elsewhere:**
- Structural developmental anomalies of the ear (LA20-LA2Z)
 - Symptoms, signs or clinical findings of ear or mastoid process (MC40-MC6Y)

This chapter contains the following top level blocks:

- Diseases of external ear
- Diseases of middle ear or mastoid
- Diseases of inner ear
- Disorders with hearing impairment
- Disorders of ear, not elsewhere classified
- Postprocedural disorders of ear or mastoid process

Diseases of external ear (AA00-AA6Z)

Coded Elsewhere: Inflammatory disorders of the external ear (EG40-EG4Z)

Infectious diseases of external ear (AA00-AA0Z)

Coded Elsewhere: Erysipelas of external ear (1B70.01)

Candida otomycosis (1F23.16)

Herpes simplex infection of external ear (1F00.0Y)

Otitis externa due to zoster (1E91.Y)

AA00

Abscess of external ear

A fluctuant collection of purulent exudate and necrotic tissue located in the external auditory canal or in the soft tissues of the pinna, most commonly due to *Staphylococcus aureus*.

AA01

Cellulitis of external ear

A diffuse subacute bacterial infection of the soft tissues of the external ear, most commonly due to beta-haemolytic streptococci. It may arise within an apparently healthy external ear but may complicate both inflammatory and infective forms of otitis externa.

Exclusions: Erysipelas of external ear (1B70.01)
Staphylococcal cellulitis of skin (1B70.2)
Streptococcal cellulitis of skin (1B70.1)

AA02

Malignant otitis externa

Malignant otitis externa is a rare life-threatening infective complication of otitis externa. It is due in the majority of cases to *Pseudomonas aeruginosa*. Organisms penetrate from the external ear canal into the surrounding deeper tissues resulting in osteomyelitis of the temporal bone and risks of damage to adjacent cranial nerves and septic thrombo-emboli to the brain. Advanced age, uncontrolled diabetes mellitus and immunosuppression are risk factors.

AA03

Otomycosis

Fungal infection of the ear. Otomycosis is due to *Aspergillus* spp., especially *A. niger*, in 75% or more of cases and *Candida* in most of the remainder.

Coded Elsewhere: *Aspergillus* otomycosis (1F20.10)
Candida otomycosis (1F23.16)

AA04

Perichondritis of external ear

Perichondritis is an infection of the tissue surrounding the cartilage of the outer ear, the perichondrium. It usually results from injury to the ear from ear surgery, ear piercing (especially piercing of the cartilage), or trauma from contact sports. The most common bacterium causing perichondritis is *Pseudomonas aeruginosa*. Presenting features include pain, redness and swelling of the auricle, and fever.

AA0Y

Other specified infectious diseases of external ear

AA0Z

Infectious diseases of external ear, unspecified

Otitis externa (AA10-AA3Z)

Inflammation of the outer ear including the external ear canal, cartilages of the auricle, and the tympanic membrane.

Noninfectious inflammation of external ear (AA10-AA1Z)

Coded Elsewhere: Contact dermatitis of external ear (EG40)

Juvenile spring eruption (EJ30.0)

AA10

Seborrhoeic otitis externa

Seborrhoeic dermatitis affecting the skin of the external ear. It is usually accompanied by evidence of seborrhoeic dermatitis at other sites. In mild cases it may be asymptomatic but it can present acutely with severe pain, oedema and exudation. Longstanding cases may be complicated by chronic lymphoedema and occlusion of the external auditory canal.

Exclusions: Seborrhoea (ED91.2)

AA11

Acute noninfectious otitis externa

Rapid onset of eczematous inflammation of the outer ear the cause of which cannot be more precisely classified.

Exclusions: Acute seborrhoeic otitis externa (AA10)
Allergic contact dermatitis of external ear (EG40.0)
Irritant contact dermatitis of external ear (EK02.10)

AA12

Chondrodermatitis nodularis

A common pressure-induced painful nodule or ulcer affecting the external ear. It results from ischaemia of skin and underlying cartilage from a focal point of high pressure from the weight of the recumbent head. The site of involvement is dependent on the shape of the pinna (most commonly the helix is involved but in some individuals it is the antihelix which is more prominent) and whether the sufferer is limited to sleeping on one side and is thus unable to spare the ear from constant pressure when lying in bed.

AA13

Chronic otitis externa

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

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
AA9Z	Suppurative otitis media, unspecified whether acute or chronic
AB00	Acute otitis media Coded Elsewhere: Acute nonserous nonsuppurative otitis media (AA81) Acute suppurative otitis media (AA90)
AB01	Chronic otitis media Coded Elsewhere: Chronic serous or mucoid otitis media (AA82) Chronic suppurative otitis media (AA91)
AB0Y	Other specified otitis media Coding Note: Code also the causing condition
AB0Z	Otitis media, unspecified Coding Note: Code also the causing condition
AB10	Disorders of Eustachian tube
AB10.0	Diverticulum of Eustachian tube
AB10.1	Patulous Eustachian tube
AB10.2	Eustachian salpingitis

AB10.3	Obstruction of Eustachian tube <i>Inclusions:</i> 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 <i>Exclusions:</i> Recurrent cholesteatoma of postmastoidectomy cavity (AB90) Cholesteatoma of external auditory canal (AA40.2)
AB13	Perforation of tympanic membrane <i>Exclusions:</i> 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 <i>Inclusions:</i> 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 dehiscence 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 débarquement (MdD) occurs when habituation to unfamiliar motion patterns like traveling on a boat, train, or airplane, becomes resistant to re-adaptation 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 SNHL >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. <i>Inclusions:</i> Presbycusia
AB55	Sudden idiopathic hearing loss
AB56	Hereditary hearing loss <i>Exclusions:</i> 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 <i>Exclusions:</i> leakage of cerebrospinal fluid through ear (8D63) Otorrhagia (AB70.1)
AB70.1	Otorrhagia <i>Exclusions:</i> traumatic otorrhagia - code by type of injury (Chapter 22)
AB70.2	Otalgia Pain in one or both ears. <i>Exclusions:</i> Chronic primary orofacial pain (MG30.03) Chronic secondary headache or orofacial pain (MG30.6)
AB71	Degenerative or vascular disorders of ear <i>Exclusions:</i> Presbycusis (AB54)
AB72	Disorders of acoustic nerve <i>Inclusions:</i> Disorder of 8th cranial nerve
AB72.0	Acoustic neuritis
Coding Note:	Code also the causing condition
AB72.Y	Other specified disorders of acoustic nerve
AB72.Z	Disorders of acoustic nerve, unspecified
AB73	Atrophy ear
AB7Y	Other specified disorders of ear, not elsewhere classified

Postprocedural disorders of ear or mastoid process (AB90-AB93)

AB90	Recurrent cholesteatoma of postmastoidectomy cavity
AB91	Mucosal cyst of postmastoidectomy cavity
AB92	Granulation of postmastoidectomy cavity
AB93	Chronic inflammation of postmastoidectomy cavity

AC0Y	Other specified diseases of the ear or mastoid process
AC0Z	Diseases of the ear or mastoid process, unspecified

CHAPTER 11

Diseases of the circulatory system

This chapter has 161 four-character categories.

Code range starts with BA00

This refers to diseases of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis.

Exclusions:

- Certain infectious or parasitic diseases (Chapter 01)
- Certain conditions originating in the perinatal period (Chapter 19)
- Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)
- Complications of pregnancy, childbirth and the puerperium (Chapter 18)
- Injury, poisoning or certain other consequences of external causes (Chapter 22)
- Endocrine, nutritional or metabolic diseases (Chapter 05)

Coded Elsewhere:

- Neoplasms of the circulatory system
- Developmental anomalies of the circulatory system
- Infections of the circulatory system
- Symptoms, signs or clinical findings of the circulatory system (MC80-MC9Y)
- Cerebrovascular diseases (8B00-8B2Z)
- Functional vascular disorders of the skin (EG00-EG02)
- Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium (JB64.4)

This chapter contains the following top level blocks:

- Hypertensive diseases
- Hypotension
- Ischaemic heart diseases
- Diseases of coronary artery
- Pulmonary heart disease or diseases of pulmonary circulation
- Pericarditis
- Acute or subacute endocarditis
- Heart valve diseases
- Diseases of the myocardium or cardiac chambers
- Cardiac arrhythmia

- Heart failure
- Diseases of arteries or arterioles
- Diseases of veins
- Disorders of lymphatic vessels or lymph nodes
- Postprocedural disorders of circulatory system
- Neoplasms of the circulatory system
- Developmental anomalies of the circulatory system
- Infections of the circulatory system

Hypertensive diseases (BA00-BA04.Z)

Although a continuous association exists between higher BP and increased cardiovascular disease risk, it is useful to categorize BP levels for clinical and public health decision making. Recent guidelines categorise systemic hypertension into 4 levels on the basis of average BP measured in a healthcare setting (office pressures):

- Normal: systolic BP < 120 mmHg and diastolic BP < 80 mmHg
- Elevated: systolic BP 120-129 mmHg and diastolic BP < 80 mmHg
- Stage 1 hypertension: systolic BP 130-139 mmHg or diastolic BP 80-89 mmHg
- Stage 2 hypertension: systolic BP 140 mmHg or more, diastolic BP 90 mmHg or more

In children, systemic hypertension is defined as an average systolic or diastolic blood pressure equal or higher than the 95th percentile appropriate for the sex, age and height of the child.

The complications of uncontrolled or prolonged hypertension include damage to the blood vessels, heart, kidneys and brain.

Exclusions: Pulmonary hypertension (BB01)
involving coronary vessels (BA40-BA6Z)
Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20-JA2Z)
White coat hypertension (MC80.00)

Coded Elsewhere: Neonatal hypertension (KB45)

BA00

Essential hypertension

Essential (primary) hypertension, accounting for 95% of all cases of hypertension, is defined as high blood pressure for which a secondary cause cannot be found.

Inclusions: high blood pressure

Exclusions: Cerebrovascular diseases (8B00-8B2Z)

Background retinopathy and retinal vascular changes (9B78.1)

Coded Elsewhere: Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium (JA20.0)

BA00.0

Combined diastolic and systolic hypertension

BA00.1	Isolated diastolic hypertension
BA00.2	Isolated systolic hypertension
BA00.Y	Other specified essential hypertension
BA00.Z	Essential hypertension, unspecified

BA01

Hypertensive heart disease

Uncontrolled and prolonged hypertension can lead to a variety of changes in the myocardial structure, coronary vasculature, and conduction system of the heart. Hypertensive heart disease is a term applied generally to heart diseases, such as left ventricular hypertrophy, coronary artery disease, cardiac arrhythmias, and congestive heart failure, that are caused by direct or indirect effects hypertension.

Coded Elsewhere: Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium (JA20.1)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA02

Hypertensive renal disease

Hypertensive renal disease is a medical condition referring to damage to the kidney due to chronic high blood pressure.

Inclusions: hypertensive nephropathy

Exclusions: Secondary hypertension (BA04)

Coded Elsewhere: Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium (JA20.2)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA03

Hypertensive crisis

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 and with at least one of the following;

- a. Symptoms of ischaemia.
- b. New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBBB) in the electrocardiogram (ECG).
- c. Development of pathologic Q waves in the electrocardiogram (ECG).
- d. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.
- e. Identification of an intracoronary thrombus by angiography or autopsy.

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction (WHO)

Exclusions:

- postmyocardial infarction syndrome (BA60.0)
- Subsequent myocardial infarction (BA42)
- Certain current complications following acute myocardial infarction (BA60)
- Old myocardial infarction (BA50)

BA41.0**Acute ST elevation myocardial infarction**

STEMI is an acute myocardial infarction with developing ST elevation in two contiguous leads. The criteria of ST elevation are as follows: New ST elevation at the J point in two contiguous leads where these cut points apply: 0.2mV in men > 40 years, > 0.25mV in men < 40 years, and > 0.15 mV in women.

BA41.1**Acute non-ST elevation myocardial infarction****BA41.Z****Acute myocardial infarction, unspecified****BA42****Subsequent myocardial infarction**

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction

Inclusions:

- extension of myocardial infarction
- recurrent myocardial infarction

Exclusions:

- specified as chronic or with a stated duration of more than 4 weeks (more than 28 days) from onset (BA50)

BA42.0**Subsequent myocardial infarction, ST elevation myocardial infarction**

Extension or recurrent myocardial infarction. This category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from total occlusion of the culprit coronary artery.

BA42.1 **Subsequent myocardial infarction, non-ST elevation myocardial infarction**
Extension or recurrent myocardial infarction. For morbidity coding, this category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from severe obstruction, but not total occlusion, of the culprit coronary artery.

BA42.Z **Subsequent myocardial infarction, unspecified**

BA43 **Coronary thrombosis not resulting in myocardial infarction**
Superimposed thrombus associated with plaque rupture or erosion which does not obstruct the coronary flow to cause myocardial infarction.

Inclusions: Occlusion of coronary artery or vein not resulting in myocardial infarction
Embolism of coronary artery or vein not resulting in myocardial infarction
Thromboembolism of coronary artery or vein not resulting in myocardial infarction

BA4Z **Acute ischaemic heart disease, unspecified**

Chronic ischaemic heart disease (BA50-BA5Z)

Chronic heart disease is seen due to the atherosclerosis of coronary arteries. It is characterised by angina pectoris and unstable angina.

BA50 **Old myocardial infarction**
Past myocardial infarction diagnosed by electrocardiogram (ECG) or other special investigation, but currently presenting no symptoms.

Inclusions: healed myocardial infarction

BA51 **Ischaemic cardiomyopathy**
Ischaemic cardiomyopathy has been defined as left ventricular systolic dysfunction with one or more of the following: a history of prior myocardial revascularisation or myocardial infarction, more than 75% stenosis in the left main stem or left anterior descending artery, or two vessels or more with a greater than 75% stenosis. It consists of a spectrum of pathophysiological states that relate to perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.0 **Dilated cardiomyopathy due to congenital anomaly of coronary artery**
Dilated cardiomyopathy due to a congenital anomaly of one or more coronary arteries, such as anomalous left coronary artery from pulmonary artery (ALCAPA), coronary ostial stenosis or atresia, right ventricular dependent coronary circulation in pulmonary atresia with an intact ventricular septum. It is a form of ischaemic cardiomyopathy causing systolic ventricular dysfunction that relates to a spectrum of perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.Y **Other specified ischaemic cardiomyopathy**

BA51.Z	Ischaemic cardiomyopathy, unspecified
BA52	Coronary atherosclerosis Atherosclerosis is the build up inside the coronary arteries of cholesterol, fatty acids, calcium, fibrous connective tissue and cells (mostly macrophages), referred to as plaque. The effect of this is to reduce the blood flow through the coronary arteries to heart muscle and when marked results in heart damage often with symptoms such as chest pain. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> Postmyocardial infarction syndrome
BA60.1	Other pericarditis as current complication following acute myocardial infarction An inflammation of the pericardium that can produce chest pain, which occurs as early as the first day and as late as 6 weeks after acute myocardial infarction. The pain of pericarditis radiates to either trapezius ridge. Transmural myocardial infarction is responsible for local pericardial inflammation. Transient pericardial friction rubs are relatively common in patients with transmural infarction within the first 48 hours. An acute fibrinous pericarditis occurs commonly after transmural infarction, whereas the risk of haemorrhagic pericarditis is increased by anticoagulation.
BA60.2	Ventricular aneurysm as current complication following acute myocardial infarction A discrete dyskinetic area of the left ventricular wall with a broad neck after acute myocardial infarction. The wall of the true aneurysm is thinner than the rest of the left ventricle; it is usually composed of fibrous tissue and necrotic muscle, occasionally mixed with viable myocardium. In contrast, pseudoaneurysms are composed of organised hematoma and pericardium and lack any elements of the original myocardial wall.
BA60.3	Ventricular septal defect as current complication following acute myocardial infarction A mechanical rupture of the interventricular septum after ST elevation myocardial infarction resulting in the left-to-right shunt to deteriorate hemodynamic, which confers a high 30-day mortality. Rupture of the septum with an anterior infarction tends to be apical in location, whereas inferior infarctions are associated with perforation of the basal septum.
BA60.4	Cardiac rupture as current complication following acute myocardial infarction A tearing of acutely infarcted tissue after acute myocardial infarction, which may involve the papillary muscles, interventricular septum, or free wall of either ventricle.
BA60.5	Pulmonary embolism as current complication following acute myocardial infarction A pulmonary embolism that resulted from thrombi in the veins of the lower extremities (e.g. after prolonged periods of bed rest) or mural thrombi overlying an area of right ventricular infarction after acute myocardial infarction. <i>Exclusions:</i> 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 endocardium, usually overlying dyskinetic or akinetic area of the ventricular infarction after acute myocardial infarction. Exclusions: Pulmonary embolism as current complication following acute myocardial infarction (BA60.5)
BA60.8	Arrhythmia as current complication following acute myocardial infarction A large and heterogeneous group of conditions in which the heart beats with an irregular or abnormal rhythm that can complicate the course of patients with acute myocardial infarction.
BA60.9	Cardiogenic shock, unrelated to mechanical complications, as current complication following acute myocardial infarction The most severe clinical expression of left ventricular failure and is associated with extensive damage to the left ventricular myocardium after acute myocardial infarction, unrelated to a mechanical defect such as ventricular septal or papillary muscle rupture. Shock is defined as systolic blood pressure (BP) < 90 mmHg and organ hypoperfusion.
BA60.Y	Other specified current complications following acute myocardial infarction
BA60.Z	Certain current complications following acute myocardial infarction, unspecified
BA6Z	Ischaemic heart diseases, unspecified

Diseases of coronary artery (BA81-BA8Z)

Conditions affecting the blood perfusion of the heart.

Coded Elsewhere: Coronary atherosclerosis (BA52)

Cardiac transplant associated coronary allograft vasculopathy (BE1A)

BA81	Coronary artery aneurysm Coronary dilatation which exceeds the diameter of normal adjacent segments or the diameter of the patient's largest coronary vessel by 1.5 times. Exclusions: Congenital coronary arterial aneurysm (LA8C) Mucocutaneous lymph node syndrome (4A44.5)
BA81.0	Coronary artery aneurysm with perforation
BA81.1	Coronary artery aneurysm with rupture
BA81.2	Coronary artery aneurysm without mention of perforation or rupture

BA82**Coronary artery dissection**

Coronary artery dissection results from a tear in the inner layer of the coronary artery, the tunica intima. This allows blood to penetrate and cause an intramural hematoma in the central layer, the tunica media, and restriction in the size of lumen.

Inclusions: spontaneous coronary artery dissection

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

Injury of blood vessels of thorax (NB30)

BA83**Coronary artery fistula, acquired**

Abnormal communication between a coronary artery and a cardiac chamber or major vessels, acquired after coronary or heart surgery, coronary angioplasty, rupture or coronary artery aneurysm or injury to the heart.

BA84**Chronic total occlusion of coronary artery**

A chronic total occlusion of coronary artery is defined as the complete obstruction of a coronary artery or coronary arteries, exhibiting a TIMI flow score of zero or one, with an occlusion duration of greater than 3 months.

Coding Note: Code also the causing condition

Exclusions: Acute myocardial infarction (BA41)

BA85**Coronary vasospastic disease**

The term coronary vasospastic disease refers to a sudden, intense vasoconstriction of an epicardial coronary artery that causes vessel occlusion or near occlusion. Although it may be involved in other coronary syndromes, it represents the usual cause of variant angina.

BA85.0**Silent coronary vasospastic disease**

The feature of this is the frequency of asymptomatic ischemic episodes in coronary vasospastic disease.

BA85.Y**Other specified coronary vasospastic disease****BA85.Z****Coronary vasospastic disease, unspecified****BA86****Coronary microvascular disease****BA8Y****Other specified diseases of coronary artery****BA8Z****Diseases of coronary artery, unspecified****Pulmonary heart disease or diseases of pulmonary circulation (BB00-BB0Z)****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

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 amyloidosis 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. <i>Exclusions:</i> Active or acute endocarditis of mitral valve (1B41.1)
BB61.Y	Other specified mitral valve insufficiency
BB61.Z	Mitral valve insufficiency, unspecified
BB62	Mitral valve prolapse <i>Inclusions:</i> floppy mitral valve syndrome <i>Exclusions:</i> 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 <i>Exclusions:</i> Rupture of papillary muscle or chordae tendineae as current complication following acute myocardial infarction (BA60.6)
BB6Y	Other specified mitral valve disease
BB6Z	Mitral valve disease, unspecified

Aortic valve disease (BB70-BB7Z)

Exclusions: Congenital anomaly of aortic valve (LA8A.2)

Coded Elsewhere: Traumatic injury to aortic valve (NB31.4Y)

Dysplasia of aortic valve (LA8A.2Y)

BB70

Aortic valve stenosis

Aortic valve stenosis is abnormal narrowing of the aortic valve. This decreases the blood flow from heart to organs.

Exclusions: Congenital supraaortic stenosis (LA8A.3)

Congenital subaortic stenosis (LA8A.5)

Coded Elsewhere: Postprocedural aortic valve stenosis (BE12.2)

BB70.0

Rheumatic aortic valve stenosis

Aortic stenosis caused by scarring of the aortic valve due to rheumatic fever as a child or young adult. In aortic stenosis, the aortic valve does not open fully. This decreases blood flow from the heart.

BB70.1

Nonrheumatic aortic valve stenosis

Exclusions: Postprocedural aortic valve stenosis (BE12.2)

Coded Elsewhere: Stenosis of the neo-aortic 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 neo-aortic valve of pulmonary origin
(BC02.31)

BB71.0

Rheumatic aortic valve insufficiency

Aortic insufficiency is the leaking of the aortic valve of the heart that causes blood to flow in the reverse direction during ventricular diastole, from the aorta into the left ventricle. Rheumatic fever causes the valve cusps to retract.

Inclusions: rheumatic aortic incompetence

rheumatic aortic regurgitation

Exclusions: Active or acute rheumatic endocarditis of aortic valve (1B41.1)

BB71.Y

Other specified nonrheumatic aortic valve insufficiency

Coding Note: Code also the causing condition

BB71.Z

Aortic valve insufficiency, unspecified

Coding Note: Code also the causing condition

BB72	Aortic valve stenosis with insufficiency
BB72.0	Rheumatic aortic stenosis with insufficiency Aortic stenosis from chronic rheumatic heart disease is typically associated with aortic insufficiency. The valve commissures and cusps become adherent and fused, and the valve orifice becomes small. Upon auscultation, S2 may be single because the aortic leaflets are immobile and do not produce an aortic closure sound
BB72.1	Nonrheumatic aortic valve stenosis with insufficiency This is a non-rheumatic disease of the heart valves in which the opening of the aortic valve is narrowed, with regurgitation.
BB72.Z	Aortic valve stenosis with insufficiency, unspecified
BB73	Aortic valvar abscess
BB74	Aortic valvar prolapse A congenital cardiovascular malformation of the aortic valve in which part or all of one or more of the aortic valve leaflets is on the ventricular side of the plane of the inferior aspect of the attachments of the aortic valve leaflets.
BB7Y	Other specified aortic valve disease
BB7Z	Aortic valve disease, unspecified

Tricuspid valve disease (BB80-BB8Z)

Exclusions: Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Traumatic injury to tricuspid valve (NB31.4Y)

BB80	Tricuspid valve stenosis This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis-increased resistance to blood flow through the valve. Coded Elsewhere: Postprocedural tricuspid valve stenosis (BE12.4)
BB80.0	Rheumatic tricuspid valve stenosis Tricuspid stenosis is almost always rheumatic in origin. Tricuspid stenosis results in the narrowing of the orifice of the tricuspid valve of the heart.
BB80.Y	Other specified nonrheumatic tricuspid valve stenosis
BB80.Z	Tricuspid valve stenosis, unspecified
BB81	Tricuspid valve insufficiency This refers to the failure of the heart's tricuspid valve to close properly during systole. As a result, with each heart beat some blood passes from the right ventricle to the right atrium, the opposite of the normal direction. Coded Elsewhere: Postprocedural tricuspid valve insufficiency (BE12.5)
BB81.0	Rheumatic tricuspid valve insufficiency

BB81.Y	Other specified nonrheumatic tricuspid valve insufficiency
BB81.Z	Tricuspid valve insufficiency, unspecified
BB82	Tricuspid valve stenosis with insufficiency This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis-increased resistance to blood flow through the valve, with regurgitation.
BB82.0	Rheumatic tricuspid valve stenosis with insufficiency Tricuspid valve insufficiency due to leaflet abnormalities may be secondary to rheumatic heart disease. When due to the latter, it generally occurs in combination with tricuspid stenosis
BB82.Y	Other specified nonrheumatic tricuspid valve stenosis with insufficiency
BB82.Z	Tricuspid valve stenosis with insufficiency, unspecified
BB83	Tricuspid valvular abscess
BB84	Tricuspid valve rupture
BB8Y	Other specified tricuspid valve disease
BB8Z	Tricuspid valve disease, unspecified

Pulmonary valve disease (BB90-BB9Z)

Exclusions: Congenital anomaly of pulmonary valve (LA8A.0)

Coded Elsewhere: Traumatic injury to pulmonary valve (NB31.4Y)

BB90	Pulmonary valve stenosis Pulmonary valve stenosis is an obstruction at the level of pulmonary valve which impedes the outflow of blood from right ventricle to pulmonary artery. Coded Elsewhere: Postprocedural pulmonary valve stenosis (BE12.6)
BB90.0	Rheumatic pulmonary valve stenosis This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve.
BB90.Y	Other specified nonrheumatic pulmonary valve stenosis
BB90.Z	Pulmonary valve stenosis, unspecified
BB91	Pulmonary valve insufficiency Pulmonary valve insufficiency which is an incomplete closure of the pulmonary valve allows blood to return from pulmonary artery into the right ventricle. Coded Elsewhere: Postprocedural pulmonary valve insufficiency (BE12.7) Neopulmonary valve regurgitation (BE14.41)

BB91.0	Rheumatic pulmonary valve insufficiency This is a rheumatic condition where the pulmonary valve is not strong enough to prevent backflow to the right ventricle.
BB91.Y	Other specified nonrheumatic pulmonary valve insufficiency
BB91.Z	Pulmonary valve insufficiency, unspecified
BB92	Pulmonary valve stenosis with insufficiency This is a clinical condition in which pulmonary valve stenosis and pulmonary insufficiency are seen together.
BB92.0	Rheumatic pulmonary valve stenosis with insufficiency This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.
BB92.1	Nonrheumatic pulmonary valve stenosis with insufficiency This is a non-rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.
BB92.Z	Pulmonary valve stenosis with insufficiency, unspecified
BB93	Pulmonary valvar abscess
BB9Y	Other specified pulmonary valve disease
BB9Z	Pulmonary valve disease, unspecified
BC00	Multiple valve disease
Coding Note:	When specific type of valve disease is known, assign codes for the specific conditions.
BC01	Prosthetic valve disease
Coding Note:	When specific type of valve disease is known, assign codes for the specific conditions.
	Coded Elsewhere: Infection or inflammatory reaction of heart valve prosthesis NOS (NE83.1)

BC02**Acquired abnormality of congenitally malformed valve**

A postnatal pathological change in form or function of a congenitally malformed valve.

Exclusions: Congenital anomaly of aortic valve (LA8A.2)
Congenital anomaly of mitral valve (LA87.1)
Congenital anomaly of pulmonary valve (LA8A.0)
Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Endocarditis of common atrioventricular valve (BB40)
Endocarditis of right atrioventricular valve (BB40)
Endocarditis of left atrioventricular valve (BB40)
Endocarditis of the neo-aortic 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 neo-aortic valve of pulmonary origin**BC02.30 Stenosis of the neo-aortic 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 neo-aortic 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 neo-aortic valve of pulmonary origin
BC02.3Z	Acquired abnormality of neo-aortic valve of pulmonary origin, unspecified
BC02.4	Acquired abnormality of the neo-aortic 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 neo-aortic 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 neo-aortic 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 neo-aortic valve of truncal origin
BC02.4Z	Acquired abnormality of the neo-aortic 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 <i>Coded Elsewhere:</i> 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, fungal or parasites; non-infectious external antigens such as hypersensitivity to drugs; or internal non-infectious triggers such as autoimmune or hypersensitive activation against self-antigens.

Coding Note: Code also the causing condition

Coded Elsewhere: Acute rheumatic myocarditis (1B41.2)

Sarcoid myocarditis (4B20.Y)

Loeffler endocarditis (BC43.20)

BC42.0	Giant cell myocarditis Giant cell myocarditis is a form of dilated cardiomyopathy secondary to myocardial inflammation that is characterised by widespread infiltration of giant cells (abnormal masses produced by the fusion of macrophages) associated with other inflammatory cells and heart muscle cell destruction.
BC42.1	Infectious myocarditis Infectious myocarditis (infectious inflammatory cardiomyopathy) is inflammation of the heart muscle generally in the presence of a dilated cardiomyopathy that results from exposure to discrete infectious external antigens such as a virus, bacteria or parasite.
Coding Note:	Code also the causing condition
	Exclusions: - Acute rheumatic myocarditis (1B41.2) - Myoendocarditis (BB41) - Acute or subacute infectious endocarditis (BB40)
BC42.2	Hypersensitivity myocarditis Hypersensitivity myocarditis is the presence of dilated cardiomyopathy in association with a known related disorder (hypereosinophilic syndrome (usually a restrictive cardiomyopathy), Churg-Strauss syndrome, malignancy, parasite infection, drugs, or vaccines) and findings of interstitial lymphocytic and eosinophilic infiltration, giant cell, and possible myocardial necrosis on biopsy, usually with peripheral eosinophilia.
	Inclusions: eosinophilic myocarditis
BC42.3	Rheumatic myocarditis Rheumatic myocarditis is cardiac inflammation and scarring triggered by an autoimmune reaction to group A streptococci infection resulting acutely in pancarditis involving inflammation of the myocardium, endocardium, and epicardium and chronically by valve fibrosis.
Coding Note:	Code also the causing condition
BC42.Y	Other specific myocarditis
Coding Note:	Code also the causing condition
BC42.Z	Myocarditis, unspecified
Coding Note:	Code also the causing condition

BC43**Cardiomyopathy**

These are myocardial disorders in which the heart muscle is structurally and functionally abnormal, in the absence of coronary artery disease, hypertension, valvular disease and congenital heart disease sufficient to cause the observed myocardial abnormality.

Coding Note: Code also the causing condition

Exclusions: Inflammatory cardiomyopathy (BC42)
Myocarditis (BC42)

Coded Elsewhere: Ischaemic cardiomyopathy (BA51)
Pacing-induced cardiomyopathy (NE82.03)
Cardiomyopathy in the puerperium (JB44.3)

BC43.0**Dilated cardiomyopathy**

Dilated cardiomyopathy is a myocardial disorder in which there is systolic dysfunction and chamber dilation of one or both ventricles in the absence of a haemodynamic cause that can produce the existent dilation and dysfunction, including physiological (such as sepsis) or anatomic causes with either abnormal loading conditions (such as coarctation of the aorta) or ischaemia (such as coronary artery disease or anomalies).

Additional information: Physiological and anatomic conditions can affect the dilated cardiomyopathy morphofunctional phenotype. If this morphofunctional phenotype is retained after appropriate intervention, then a dilated cardiomyopathy is established.

Inclusions: Congestive cardiomyopathy

BC43.00**Familial-genetic dilated cardiomyopathy**

Familial-genetic dilated cardiomyopathy is the presence of dilated cardiomyopathy that is present in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with dilated cardiomyopathy.

Additional information: Candidate cytoskeletal and Z disk–encoding genes, most of whom are hypothesized to lead to abnormalities in force transmission, include δ -sarcoglycan, β -sarcoglycan, desmin, lamin A/C, metavinculin, muscle LIM protein, titin, α -actinin-2, nebulin, myopalladin, and ZASP (Z band alternatively spliced PDZ domain protein)

Coded Elsewhere: Dilated cardiomyopathy due to glycogen branching enzyme deficiency (5C51.3)

BC43.01**Nonfamilial dilated cardiomyopathy**

Nonfamilial dilated cardiomyopathy is dilated cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with dilated or inflammatory cardiomyopathy such as infectious myocarditis, exposure to toxins such as alcohol or anthracycline therapy, nutritional disorders, autoimmune disease, and many others.

Exclusions: Pacing-induced cardiomyopathy (NE82.03)

BC43.0Z**Dilated cardiomyopathy, unspecified**

BC43.1	Hypertrophic cardiomyopathy Hypertrophic cardiomyopathy is the presence of a hypertrophied, non-dilated ventricle in the absence of a hemodynamic cause that is capable of producing the existent magnitude of wall thickening excluding both physiologic hypertrophy secondary to physical activity, and pathologic hypertrophy due to systemic hypertension, aortic valvar stenosis, and coarctation. Coded Elsewhere: Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)
BC43.10	Familial-genetic hypertrophic cardiomyopathy Familial isolated hypertrophic cardiomyopathy is the presence of non-syndromic hypertrophic cardiomyopathy in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with hypertrophic cardiomyopathy.
BC43.11	Non-obstructive hypertrophic cardiomyopathy Non-obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that has no fixed or dynamic intraventricular narrowing sufficient to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).
BC43.12	Obstructive hypertrophic cardiomyopathy Obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that manifests sufficient fixed or dynamic narrowing within one or both ventricles to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).
BC43.1Y	Other specified hypertrophic cardiomyopathy
BC43.1Z	Hypertrophic cardiomyopathy, unspecified
BC43.2	Restrictive cardiomyopathy Restrictive cardiomyopathy is the presence of impaired ventricular diastolic function related to reduced rate and/or extent of relaxation and/or compliance in the absence of another predominant phenotype of dilated or hypertrophic cardiomyopathy.
BC43.20	Nonfamilial restrictive cardiomyopathy Nonfamilial restrictive cardiomyopathy is restrictive cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with restrictive cardiomyopathy such as amyloidosis, scleroderma, sarcoidosis, or anthracycline therapy.
BC43.2Y	Other specified restrictive cardiomyopathy
BC43.2Z	Restrictive cardiomyopathy, unspecified

- BC43.3 Endocardial fibroelastosis**
Endocardial fibroelastosis is the formation of a marked fibro-elastic thickening of the subendocardium in one or both cardiac ventricles. A disorder of fetuses and infants, secondary causes include congenital left-sided obstructive cardiac lesions, metabolic disorders, autoimmune disease (anti-Ro/anti-La antibodies), and transplacental viral infection such as mumps. Primary endocardial fibroelastosis has been linked to recessive and x-linked inheritance, such as with Barth syndrome.
- BC43.4 Cardiomyopathy due to drugs or other external agents**
This is one type of cardiomyopathy due to drugs and other external agents. Causing agents are alcohol, cocaine chemotherapeutic agents, psychotherapeutic agents and chemical toxins.
- BC43.5 Stress-induced cardiomyopathy**
Stress-induced or Takotsubo cardiomyopathy is a disease of the myocardium characterised by episodes of acute onset, reversible left ventricular apical wall motion abnormalities mimicking acute myocardial infarction, but with non-specific electrocardiographic ST elevation and T wave changes, and minimal myocardial enzymatic release, in the absence of coronary stenosis.
Inclusions: Takotsubo cardiomyopathy
- BC43.6 Arrhythmogenic ventricular cardiomyopathy**
Arrhythmogenic ventricular cardiomyopathy is a cardiomyopathy characterised by myocardial cell loss with partial or total replacement of right ventricular muscle by adipose and fibrous tissue, beginning subepicardially to become transmural in time, sparing the papillary muscles and trabeculae, and often associated with aneurysms particularly of the right ventricular outflow tract. There is progressive systolic impairment with ventricular dilation and marked propensity for ventricular arrhythmias of right, as well as left, ventricular origin. Classically a disease of the right ventricle, more recent evidence suggests left ventricular involvement to a varying extent in up to 75% of cases, as well as isolated left ventricular disease.
- BC43.7 Diabetic cardiomyopathy**
Diabetic cardiomyopathy is the presence of myocardial dysfunction in the absence of overt clinical coronary artery disease, valvar disease, and other conventional cardiovascular risk factors, such as hypertension and dyslipidemia. It is initially characterised by myocardial fibrosis, dysfunctional remodeling, and diastolic dysfunction, progressing to systolic dysfunction and heart failure.
Additional information. The development and progression of diabetic cardiomyopathy has been linked to impaired cardiac insulin metabolic signaling, increases in oxidative stress, reduced nitric oxide bioavailability, collagen-based cardiomyocyte and extracellular matrix stiffness, impaired mitochondrial and cardiomyocyte calcium handling, inflammation, renin–angiotensin–aldosterone system activation, cardiac autonomic neuropathy, endoplasmic reticulum stress, microvascular dysfunction, and a myriad of cardiac metabolic abnormalities.
- Coding Note:** Always assign an additional code for diabetes mellitus.
- BC43.Y Other specified cardiomyopathy**
Coding Note: Code also the causing condition

BC43.Z Cardiomyopathy, unspecified

Coding Note: Code also the causing condition

BC44 Noncompaction cardiomyopathy

Noncompaction cardiomyopathy is a morphologic abnormality of the myocardium predominantly affecting the apex of the ventricle characterised by hypertrabeculation and deep inter-trabecular recesses, usually accompanied by an abnormally thin subepicardial layer of compacted myocardium, that is generally but not always associated with ventricular dysfunction.

Additional information. Noncompaction cardiomyopathy classically involves the left ventricle but can also involve only the right ventricle or both. It can occur as an isolated finding or in association with a dilated, hypertrophic, or mixed cardiomyopathic phenotype. It has been described in association with complex congenital heart disease, coronary artery anomalies and as an isolated finding, with and without musculoskeletal and other system abnormalities.

BC45 Cardiomegaly

BC46 Intracardiac thrombosis

Exclusions: Acute myocardial infarction, without specification of ST elevation (BA41)

BC4Y Other specified diseases of the myocardium or cardiac chambers

BC4Z Diseases of the myocardium or cardiac chambers, unspecified

Cardiac arrhythmia (BC60-BC9Z)

This is any of a large and heterogeneous group of conditions in which there is abnormal electrical activity in the heart. The heartbeat may be too fast or too slow, and may be regular or irregular.

Coded Elsewhere: Cardiac arrest (MC82)

Cardiac arrhythmias in the neonate (KB41)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

BC60 Atrial premature depolarization

Cardiac electrical depolarization arising from the atria, occurring earlier than the expected sinus beat

BC61 Junctional premature depolarization

Cardiac electrical depolarization arising from the compact atrioventricular node or His bundle occurring earlier than the expected sinus beat.

BC62 Accessory pathway

An additional electrical connection which typically bypasses the AV node, typically inserting directly into atrial and ventricular myocardium, but may also connect to the specialised conduction system (e.g., the bundle of His, right or left bundles, or one of the fascicles).

BC63	Conduction disorders Any abnormal alteration of atrio-ventricular conduction. Coded Elsewhere: Congenital heart block (LA8Y)
BC63.0	Atrioventricular block, first degree Disorder of the atrioventricular conduction system in which the PR interval is greater than the 97th percentile for age or > 200 ms in adults
BC63.1	Atrioventricular block, second degree Disorder of the atrioventricular conduction system in which some but not all atrial impulses fail to propagate to the ventricles. Electrocardiographically, some P waves are not followed by a QRS complex.
BC63.10	High-grade second degree atrioventricular block Form of second degree atrioventricular block in which either multiple consecutive P-waves are not conducted or there are transient periods of atrioventricular dissociation
BC63.1Y	Other specified atrioventricular block, second degree
BC63.1Z	Atrioventricular block, second degree, unspecified
BC63.2	Complete atrioventricular block Disorder of the atrioventricular conduction system in which there is failure of all atrial impulses to propagate to the ventricle Inclusions: Third-degree block
BC63.20	Congenital complete atrioventricular block Third degree atrioventricular block is defined as the absence of atrioventricular node conduction and here it is congenital, that is, it has been present since birth and is not acquired, although it may be first detected later. Exclusions: Congenital complete heart block (LA80-LA8Z)
BC63.21	Acquired complete atrioventricular block Complete atrioventricular block in which the onset of the conduction disorder is recognised after birth
BC63.2Z	Complete atrioventricular block, unspecified
BC63.3	Right bundle branch block Disorder of the atrioventricular conduction system characterised by prolonged QRS duration (greater than or equal to 120 ms in adults, greater than 100 ms in children ages 4 to 16 years, and greater than 90 ms in children less than 4 years of age), rsr, rsR, or rSR in leads V1 or V2, S wave of greater duration than R wave (or greater than 40 ms in leads I and V6 in adults)

BC63.4	Left bundle branch block Disorder of the atrioventricular conduction system in which the QRS duration is greater than or equal to 120 ms in adults, greater than 100 ms in children 4 to 16 years of age, and greater than 90 ms in children less than 4 years of age; there is a QS or rS pattern in lead V1 and a wide slurred R wave in leads I and V6.
BC63.40	Left anterior fascicular block Disorder of the atrioventricular conduction system characterised by left axis deviation for age (frontal plane axis between -45° and -90°), qR pattern in lead aVL, R-peak time in lead aVL of 45 ms or more, and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)
BC63.41	Left posterior fascicular block Disorder of the atrioventricular conduction system characterised by right axis deviation for age (between 90° and 180° in adults), with a qR pattern in inferior leads, rS pattern in leftward leads (I and aVL), and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)
BC63.4Z	Left bundle branch block, fascicle unspecified
BC63.5	Nonspecific intraventricular conduction delay Disorder of the atrioventricular conduction system characterised by a prolonged QRS duration (QRS duration greater than 110 ms in adults, greater than 90 ms in children 8 to 16 years of age, and greater than 80 ms in children less than 8 years of age) without criteria for right or left bundle branch block.
BC63.Y	Other specified conduction disorders
BC63.Z	Conduction disorders, unspecified
BC64	Sudden arrhythmic death syndrome
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 at or above the level of bundle of His in which the heart beats slower than the age-dependent lower limits of normal.
BC80.0	Sinus pause An interruption in the typical sinus cadence where the p-p interval > sum of 2 previous p-p (excludes sinus arrhythmia).
BC80.1	Sinus bradycardia Resting sinus rates below the 97% for age (<60 bpm in adults).
BC80.2	Sinus node dysfunction Non-specific term that refers to abnormalities in sinus node impulse formation and propagation and includes sinus bradycardia, sinus pause/arrest, chronotropic incompetence, and sinoatrial exit block.
BC80.20	Sick sinus syndrome Sick sinus syndrome may be defined as inappropriate sinus rates (either resting bradycardia or chronotropic incompetence) which may be associated with episodes of atrial tachycardia.

BC80.21	Sinoatrial block Delay or block of the electrical impulse from the sinus node to the atria
BC80.2Y	Other specified sinus node dysfunction
BC80.2Z	Sinus node dysfunction, unspecified
BC80.Y	Other specified supraventricular bradyarrhythmia
BC80.Z	Supraventricular bradyarrhythmia, unspecified
BC81	Supraventricular tachyarrhythmia Tachycardia originating at or above the atrioventricular (AV) node, usually with a narrow QRS or QRS complex similar to the sinus QRS morphology.
BC81.0	Ectopic atrial tachycardia Ectopic atrial tachycardia originates from a small area (focus) in the atrium and spreading centrifugally.
BC81.1	Junctional ectopic tachycardia Narrow or usual complex tachycardia originates from a focus at or near the atrioventricular junction.
BC81.2	Macro reentrant atrial tachycardia An atrial arrhythmia in which there is intra-atrial reentry or circus movement around a fixed or functional central obstacle. The central obstacle may consist of normal (e.g. valves) or abnormal (e.g. scar) structures. This form of SVT originates in the atrium; conduction to the ventricles is not necessary for the tachycardia to continue. An organised atrial rhythm with a rate typically between 250 and 350 bpm, including tachycardias using a variety of reentry circuits that often occupy large areas of the atrium ("macro-reentrant"). Here the arrhythmia involves the cavotricuspid isthmus.
BC81.20	Cavotricuspid isthmus dependent macroreentry tachycardia A macro re-entrant atrial tachycardia that rotates around the tricuspid annulus.
BC81.21	Non-scar, non-isthmus dependent macro reentrant atrial tachycardia A macro re-entrant atrial tachycardia coursing around a normal cardiac structure (except the cavotricuspid isthmus) such as the mitral valve annulus, or superior caval vein.
BC81.22	Scar mediated macro reentrant atrial tachycardia A macro re-entrant atrial tachycardia in which the central obstacle and/or the zone of slow conduction sustaining the tachycardia is due to scar. In this context scar generally refers to surgical or ischaemic heart disease mediated scarring rather than the fibrosis that can accompany other disease states or aging.
BC81.2Y	Other specified macro reentrant atrial tachycardia
BC81.2Z	Macro reentrant atrial tachycardia, unspecified

BC81.3	Atrial fibrillation An atrial tachyarrhythmia characterised by rapid (usually faster than 300 bpm), irregular and uncoordinated atrial impulse generation, usually manifesting on ECG with indistinct P-waves and an irregularly irregular ventricular response.
BC81.30	Paroxysmal atrial fibrillation Recurrent AF (≥ 2 episodes) that terminates spontaneously within 7 days or less (usually within 24 hours).
BC81.31	Persistent atrial fibrillation Atrial fibrillation (AF) which is sustained beyond seven days, or lasting less than seven days but necessitating pharmacologic or electrical cardioversion to restore normal sinus rhythm.
BC81.32	Permanent atrial fibrillation A term used to identify individuals with persistent AF where a decision has been made to no longer pursue a rhythm control strategy, or where cardioversion has either failed or not been attempted.
BC81.33	Preexcited atrial fibrillation Atrial fibrillation that occurs in the setting of a preexcitation syndrome such as a Wolff-Parkinson-White syndrome, resulting in an erratic wide-complex rhythm that can degenerate into ventricular fibrillation, and sudden cardiac death.
BC81.3Y	Other specified atrial fibrillation
BC81.3Z	Atrial fibrillation, unspecified
BC81.4	Wolff-Parkinson-White syndrome Arrhythmia symptoms, documented supraventricular tachycardia, and/or cardiac arrest due to rapidly conducted atrial fibrillation associated with preexcitation on electrocardiogram. Includes latent preexcitation identified during electrophysiology study.
BC81.5	Sinus node reentrant tachycardia A reentrant tachycardia within the sinus node/perinodal tissue characterised by abrupt onset/termination, regular cadence, and P-waves consistent with sinus node origin
BC81.6	Inappropriate sinus tachycardia Heart rate which is elevated with regard to level of activity; usually exhibits features of automaticity.
BC81.7	Atrioventricular reciprocating tachycardia A macro-reentrant tachycardia involving the atria and ventricles in series that uses the atrioventricular node or an accessory pathway for one limb of the circuit and an accessory pathway for the other.

BC81.70	Atrioventricular reciprocating tachycardia, orthodromic An atrioventricular reciprocating tachycardia that uses an accessory pathway for retrograde conduction and the atrioventricular node for anterograde conduction resulting in a narrow or usual complex tachycardia.
BC81.71	Atrioventricular reciprocating tachycardia, antidromic An atrioventricular reciprocating tachycardia that uses the atrioventricular node for retrograde conduction and the accessory pathway for anterograde conduction resulting in a wide complex tachycardia.
BC81.7Y	Other specified atrioventricular reciprocating tachycardia
BC81.7Z	Atrioventricular reciprocating tachycardia, unspecified
BC81.8	Atrioventricular nodal reentry tachycardia A reentrant supraventricular tachycardia that uses multiple slow atrioventricular nodal pathways or a slow atrioventricular nodal pathway in conjunction with a fast atrioventricular nodal pathway in a reentry circuit.
BC81.Y	Other specified supraventricular tachyarrhythmia
BC81.Z	Supraventricular tachyarrhythmia, unspecified
BC8Y	Other specified supraventricular rhythm disturbance
BC8Z	Supraventricular rhythm disturbance, unspecified
BC90	Rhythm disturbance at level of atrioventricular junction
BC91	Pacemaker or implantable cardioverter defibrillator battery at end of battery life Pacemaker or implantable cardioverter defibrillator (ICD) battery at or near complete exhaustion.
BC9Y	Other specified cardiac arrhythmia
BC9Z	Cardiac arrhythmia, unspecified

Heart failure (BD10-BD1Z)

Exclusions: Heart failure following cardiac surgery or due to presence of cardiac prosthesis (BE11)
complicating abortion or ectopic or molar pregnancy (JA05)
complicating obstetric surgery and procedures (JB0D.3)

Coded Elsewhere: Neonatal cardiac failure (KB40)

BD10

Congestive heart failure

A clinical syndrome characterised by abnormalities of ventricular function and neurohormonal regulation which are accompanied by effort intolerance and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Congestive heart disease

BD11

Left ventricular failure

A clinical syndrome characterised by abnormalities of left ventricular function resulting in pulmonary congestion and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Left heart failure

BD11.0

Left ventricular failure with preserved ejection fraction

A syndrome of left ventricular dysfunction occurring with normal or relatively preserved ejection fraction

Coding Note: Code also the causing condition

BD11.1

Left ventricular failure with mid range ejection fraction

Coding Note: Code also the causing condition

BD11.2

Left ventricular failure with reduced ejection fraction

A syndrome of left ventricular dysfunction associated with reduced ejection fraction.

Coding Note: Code also the causing condition

BD11.Z

Left ventricular failure, unspecified

Coding Note: Code also the causing condition

BD12

High output syndromes

Increased cardiac output above normal associated with anaemia, arteriovenous fistulas, thyrotoxicosis and other syndromes. May result in heart failure.

BD13

Right ventricular failure

Heart failure associated with right ventricular dysfunction manifest by distention of the neck veins, enlargement of the liver, and dependent oedema.

Coding Note: Code also the causing condition

BD14

Biventricular failure

Coding Note: Code also the causing condition

BD1Y Other specified heart failure

Coding Note: Code also the causing condition

BD1Z Heart failure, unspecified

Coding Note: Code also the causing condition

Diseases of arteries or arterioles (BD30-BD5Z)

Exclusions: Diseases of coronary artery (BA81-BA8Z)

BD30 Acute arterial occlusion

Coding Note: Code also the causing condition

BD30.0 Acute upper limb arterial occlusion

BD30.00 Acute thromboembolic upper limb arterial occlusion

BD30.01 Acute thrombotic upper limb arterial occlusion

BD30.0Y Other specified acute upper limb arterial occlusion

BD30.0Z Acute upper limb arterial occlusion, unspecified

BD30.1 Acute aortoiliac occlusion

BD30.10 Acute thromboembolic aortoiliac occlusion

BD30.11 Acute thrombotic aortoiliac occlusion

BD30.1Y Other specified acute aortoiliac occlusion

BD30.1Z Acute aortoiliac occlusion, unspecified

BD30.2 Acute lower limb arterial occlusion

BD30.20 Acute thromboembolic lower limb arterial occlusion

BD30.21 Acute thrombotic lower limb arterial occlusion

BD30.2Y Other specified acute lower limb arterial occlusion

BD30.2Z Acute lower limb arterial occlusion, unspecified

BD30.Y Other specified acute arterial occlusion

Coding Note: Code also the causing condition

BD30.Z Acute arterial occlusion, unspecified

Coding Note: Code also the causing condition

Chronic arterial occlusive disease (BD40-BD4Z)

Coded Elsewhere: Secondary peripheral angiopathy (BD53.Y)

BD40 Atherosclerotic chronic arterial occlusive disease

Inclusions: endarteritis deformans

senile arteritis

senile endarteritis

Exclusions: Chronic vascular disorders of intestine (DD31)

Cerebral ischaemic stroke due to intracranial large artery atherosclerosis (8B11.1)

Coronary atherosclerosis (BA52)

Chilblains (NF03.0)

Frostbite (NE40-NE4Z)

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis (8B11.0)

Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Coded Elsewhere: Atherosclerotic retinopathy (BD40.Y)

BD40.0 Lower limb atherosclerosis

This is a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol, of the lower limb.

BD40.1 Atherosclerosis of aorta

BD40.2 Atherosclerosis of renal artery

Exclusions: atherosclerosis of renal arterioles (BA02)

BD40.3 Aortic bifurcation syndrome

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. <i>Inclusions:</i> 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. <i>Coded Elsewhere:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Acquired systemic vein abnormality (BD73) Acquired pulmonary venous abnormality (BB03) Acquired pulmonary arterial tree abnormality (BB02.3) <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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	Hypothernar 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. <i>Coded Elsewhere:</i> Mondor disease of the penis (GB06.3)
BD70.Y	Other specified superficial thrombophlebitis
BD70.Z	Superficial thrombophlebitis, unspecified
BD71	Deep vein thrombosis The process whereby thrombus (blood clot) forms in the large veins of the peripheral venous system. In addition to obstructing venous return it possesses a hazard whereby thrombus may detach and embolize to the pulmonary circulation. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> deep vein thrombosis NOS
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 pathological change in form or function of the inferior caval vein (inferior vena cava). <i>Coded Elsewhere:</i> Inferior caval vein obstruction due to foreign body (BE1C)

BD73.1	Acquired superior caval vein abnormality A postnatal pathological change in form or function of the superior caval vein (superior vena cava). Coded Elsewhere: Superior caval vein obstruction due to foreign body (BE1D)
BD73.2	Systemic vein obstruction A postnatal pathologic condition of a systemic vein in which flow is impeded or blocked due to narrowing or atresia.
BD73.20	Obstruction of peripheral vein A postnatal pathologic condition of a peripheral vein in which flow is impeded or blocked due to narrowing or atresia.
BD73.21	Obstruction of visceral vein A postnatal pathologic condition of a visceral vein in which flow is impeded or blocked due to narrowing or atresia.
BD73.2Y	Other specified systemic vein obstruction
BD73.2Z	Systemic vein obstruction, unspecified
BD73.3	Acquired coronary sinus abnormality A postnatal pathologic change in form or function of the coronary sinus.
BD73.Y	Other specified acquired systemic vein abnormality
BD73.Z	Acquired systemic vein abnormality, unspecified
BD74	Chronic peripheral venous insufficiency of lower extremities The presence of increased pressure in the peripheral venous system, particularly of the lower extremities. Peripheral venous hypertension may be due to incompetence of venous valves following deep vein thrombosis but other factors including obesity may also impair venous return. The consequences of chronic peripheral venous insufficiency include varicose veins, venous ulceration and lymphoedema. Coded Elsewhere: Lymphoedema due to venous insufficiency (BD93.10)
BD74.0	Uncomplicated lower limb venous hypertension The presence of lower limb venous incompetence or hypertension as may be manifest by the presence of haemosiderin pigmentation of the skin, telangiectasia or finely dilated superficial veins. Coded Elsewhere: Lower limb venous telangiectases (EF20.2)

BD74.1	Lower limb varicose veins The commonest manifestation of chronic peripheral venous insufficiency, varicose veins present as dilatation and tortuosity of the superficial veins of the lower extremities. Incompetence of the superficial venous valve system impedes the return of venous blood to the heart. Chronically increased venous pressure causes symptoms like heaviness, discomfort, extremity fatigue, itching, and dull or burning pain. Exclusions: complicating: puerperium (JB41) Coded Elsewhere: Varicose veins of lower extremity in pregnancy (JA61.0)
BD74.10	Varicose veins with great saphenous reflux Varicose veins associated with reflux within the great saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.
BD74.11	Varicose veins with small saphenous reflux Varicose veins associated with reflux within the small saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.
BD74.12	Varicose veins with non-truncal reflux Varicose veins associated with reflux sparing the main truncal veins of the lower limb.
BD74.1Z	Lower limb varicose veins, not further specified
BD74.2	Lipodermatosclerosis Lipodermatosclerosis is a form of panniculitis of the lower legs that develops in the context of venous insufficiency, giving rise to features that include oedema, erythema, hyperpigmentation and induration. In the acute phase tenderness, erythema and oedema predominate and may mimic cellulitis. As the condition becomes chronic, post-inflammatory pigmentation, fibrosis and lymphoedema predominate, sometimes resulting in the lower leg assuming an “inverted champagne bottle” appearance.
BD74.3	Venous leg ulcer Venous leg ulcers are chronic skin ulcers of the gaiter area (ankle and lower leg) due to chronic peripheral venous hypertension. They are often associated with other manifestations of chronic peripheral venous insufficiency of the lower extremities including lower limb varicose veins and lipodermatosclerosis. Inclusions: Gravitational ulcer Varicose ulcer
BD74.30	Primary venous leg ulcer A venous leg ulcer developing in skin without preceding episodes of ulceration.

BD74.31	Recurrent venous leg ulcer A venous leg ulcer developing in skin which has been damaged by previous episodes of ulceration. The chances of long-term healing are reduced in comparison with primary venous leg ulcers.
BD74.32	Healed venous leg ulcer
BD74.3Z	Venous leg ulcer, unspecified
BD74.Z	Chronic peripheral venous insufficiency of lower extremities, unspecified
BD75	Venous varicosities of sites other than lower extremity <i>Exclusions:</i> retinal varices (9B78.1) Duodenal varices (DA52.0) <i>Coded Elsewhere:</i> Gastric varices (DA43.0) Oesophageal varices (DA26.0)
BD75.0	Sublingual varices Varicose veins on the underside of the tongue
BD75.1	Scrotal varices <i>Inclusions:</i> Varicocele of scrotum
BD75.2	Vulval varices Congested and dilated vulval veins, occurring particularly in association with pregnancy. <i>Exclusions:</i> 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****BD92.Z****Lymphangiectasia, unspecified****BD93****Lymphoedema**

Swelling due to the excess accumulation of lymph in the tissues caused by inadequate lymph drainage. It typically affects the extremities but may involve any body site. It is disfiguring and increases susceptibility to recurrent infection and local malignancy.

BD93.0**Primary lymphoedema**

Lymphoedema as a result of lymphatic vessel hypoplasia

Coded Elsewhere: Yellow nail syndrome (EE11.1)
Noonan syndrome (LD2F.15)

BD93.1**Secondary lymphoedema**

Lymphoedema as a result of an identifiable cause that renders insufficient the function of existing lymphatic vessels.

Coding Note: Code also the causing condition

BD93.10**Lymphoedema due to venous insufficiency**

Permanent lymphoedema, usually of the lower extremities, resulting from venous hypertension and chronic gravitational oedema.

Coding Note: Code also the causing condition

BD93.11**Lymphoedema due to dependency and immobility**

Lymphoedema occurring in immobile individuals with reduced muscle pump activity as a result of paralysis or infirmity. It is particularly liable to develop in those who are unable to sleep recumbent.

Coding Note: Code also the causing condition

BD93.12	Lymphoedema due to obesity Lymphoedema resulting from morbid obesity. Lymphoedema of the lower limbs and lymphoedema of the abdominal apron fold are common sequelae of chronic morbid obesity.
Coding Note:	Code also the causing condition
BD93.13	Lymphoedema due to lymphatic filariasis Lymphoedema resulting from infestation of lymphatics by nematode worms of the genera Wuchereria and Brugia. This is the commonest cause of lymphoedema worldwide. The lymphoedema may present years after initial infection and most commonly affects the legs and male genitalia.
Coding Note:	Code also the causing condition
BD93.14	Lymphoedema due to podoconiosis Lymphoedema of the lower limbs resulting from an inflammatory response within lymphatic vessels to mineral particles from soil in genetically susceptible individuals. It is a leading cause of lower limb lymphoedema in farmers in Africa, Central America and India.
Coding Note:	Code also the causing condition
BD93.15	Lymphoedema due to malignant infiltration Lymphoedema resulting from obstruction of draining lymphatics as a result of infiltration by malignant, usually metastatic cells.
Coding Note:	Code also the causing condition
BD93.1Y	Lymphoedema secondary to other specified cause
Coding Note:	Code also the causing condition
BD93.1Z	Secondary lymphoedema, unspecified
Coding Note:	Code also the causing condition
BD93.Y	Other specified forms of lymphoedema
BD93.Z	Lymphoedema, unspecified
BD9Y	Other specified disorders of lymphatic vessels or lymph nodes
BD9Z	Disorders of lymphatic vessels or lymph nodes, unspecified

Postprocedural disorders of circulatory system (BE10-BE1F.1)

This refers to postprocedural disorders of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis, not elsewhere classified.

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Prosthetic valve disease (BC01)

Coronary artery fistula, acquired (BA83)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Postprocedural complete atrioventricular block (BC63.21)

Postprocedural obstructed systemic venous pathway (BD73.2Y)

Postprocedural left pulmonary artery stenosis (BB02.3)

Postprocedural inferior caval vein complication (BD73.0)

Postprocedural superior caval vein complication (BD73.1)

Postoperative junctional ectopic tachycardia (BC81.1)

BE10

Postcardiotomy syndrome

Postcardiotomy syndrome is a hypersensitivity reaction to antigen derived from injured myocardium 3 weeks to 2 months after myocardial infarction, cardiac surgery, or penetrating and non penetrating heart injury. The diagnosis is made by history of heart injury, and exclusion of other diseases such as congestive heart failure, recurrent myocardial infarction, endocarditis, myocarditis, and pericarditis.

BE11

Other functional disturbances following cardiac surgery

BE12

Postprocedural valve disorders

BE12.0 Postprocedural mitral valve stenosis

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 neo-aortic 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 neo-aortic 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 intimal 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 <i>Exclusions:</i> 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 <i>Streptococcus pyogenes</i> (<i>Streptococcus</i> 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 <i>Streptococcus</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> Chronic laryngitis (CA0G) Acute obstructive laryngitis or epiglottitis (CA06)
CA05.1	Acute tracheitis This condition refers to the acute inflammation of the trachea. <i>Exclusions:</i> Chronic tracheitis (CA20.1) <i>Coded Elsewhere:</i> Neonatal tracheitis (KB25)
CA05.2	Acute laryngotracheitis Acute laryngotracheitis refers to the acute inflammation of both the larynx (laryngitis) and trachea (tracheitis). <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> Chronic sore throat <i>Exclusions:</i> 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. <i>Exclusions:</i> 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) <i>Exclusions:</i> Recurrent acute tonsillitis (CA03)
CA0F.0	Hypertrophy of tonsils <i>Inclusions:</i> Enlargement of tonsils
CA0F.1	Hypertrophy of adenoids <i>Inclusions:</i> 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 <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 aryepiglottic 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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 diseases such as eczema, allergic rhinitis, or food or drug allergy. Examination of the induced sputum of these patients before treatment often reveals eosinophilic airway inflammation. The main trigger is the exposure to inhaled allergens, such as dust mite and pollens, to which the affected individual has previously been sensitized. Patients with this asthma phenotype usually respond well to inhaled corticosteroid (ICS) treatment and specific allergen-immunotherapy.
CA23.00	Allergic asthma with exacerbation This refers to acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness, or some combination of these symptoms in patients with proven allergic asthma. Allergic asthma can be exacerbated by allergens to which the individual is allergic, other exogenous factors such as respiratory infections, pollutants or climate change, or endogenous co-factors. Exacerbations are characterised by decreases in expiratory airflow that can be documented and quantified by simple measurement of lung function (spirometry or PEF), can vary widely among individuals and within individuals from rare to frequent. The severity of exacerbation of allergic asthma can vary from mild to very severe and life-threatening, but in general respond to standard treatments of bronchodilators (inhalers) and steroid
CA23.01	Allergic asthma with status asthmaticus
CA23.02	Allergic asthma, uncomplicated
CA23.1	Non-allergic asthma Non-allergic asthma occurs in some patients who have asthma that is not associated with allergy. The cellular profile of the sputum of these patients may be neutrophilic, eosinophilic or contain only a few inflammatory cells (paucigranulocytic). Patients with non-allergic asthma often respond less well to inhaled corticosteroids. It can cover different phenotypes.
CA23.10	Non-allergic asthma with exacerbation
CA23.11	Non-allergic asthma with status asthmaticus
CA23.12	Non-allergic asthma, uncomplicated
CA23.2	Other specified forms of asthma or bronchospasm Coded Elsewhere: Asthmatic pulmonary eosinophilia (CB02.0) Samter syndrome (CA0A.0)
CA23.20	Aspirin-induced asthma In some asthma individuals, aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) that inhibit cyclooxygenase 1 (COX-1) exacerbate the condition. This distinct clinical syndrome, called aspirin-induced asthma (AIA), is characterised by an eosinophilic rhinosinusitis, nasal polyposis, aspirin hypersensitivity, and asthma.

CA23.21	Exercise-induced bronchospasm Exercise-induced bronchoconstriction (EIB) describes airway narrowing that occurs in association with exercise. EIB occurs in up to 90% of asthmatic patients and is estimated to occur in >10% of the general population. Recent reviews have identified asthma as a risk factor for sudden death and have reported many deaths that have been attributed directly to EIB.
CA23.22	Cough variant asthma Cough variant asthma is an occult form of asthma in which the only sign or symptom is chronic cough.
CA23.3	Unspecified asthma
CA23.30	Unspecified asthma with exacerbation This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute sudden worsening.
CA23.31	Unspecified asthma with status asthmaticus This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute exacerbation of asthma that does not respond to standard treatments of 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)

Legionnaires disease (1C19.1)

Pneumonia in Q fever (1C33)

Pulmonary anthrax (1B97)

- CA40.00** Pneumonia due to *Chlamydia pneumoniae*
 A disease of the pulmonary system, caused by an infection with the gram-negative bacteria *Chlamydia pneumoniae*. This disease commonly presents with a gradual onset of cough with low-grade fever. This disease may also present with pharyngitis, laryngitis, and sinusitis. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of *Chlamydia pneumoniae* in a sputum sample.
Coded Elsewhere: Congenital pneumonia due to *Chlamydia* (KB24)
- CA40.01** Pneumonia due to *Escherichia coli*
 A disease of the pulmonary system, caused by an infection with the gram-negative bacteria *Escherichia coli*. This disease is characterised by fever, cough, and dyspnoea. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of *Escherichia coli* in blood, sputum, or pleural fluid samples.
Coded Elsewhere: Congenital pneumonia due to *Escherichia coli* (KB24)
- CA40.02** Pneumonia due to *Haemophilus influenzae*
 A disease of the pulmonary system, caused by an infection with the gram-negative bacteria *Haemophilus influenzae*. This disease is characterised by cough, shortness of breath, fever, chills, muscle aches, and chest pain. Transmission is by inhalation of infected respiratory secretions or direct contact. Confirmation is by identification of *Haemophilus influenzae* in blood or other typically sterile body fluid.
Inclusions: Bronchopneumonia due to *H. influenzae*
Exclusions: Congenital pneumonia (KB24)
- CA40.03** Pneumonia due to *Klebsiella pneumoniae*
 A disease of the pulmonary system, caused by an infection with the gram-negative bacteria *Klebsiella pneumoniae*. This infection common presents with thick, haemorrhagic, mucoid sputum. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of *Klebsiella pneumoniae* in a sputum sample.
- CA40.04** Pneumonia due to *Mycoplasma pneumoniae*
 A disease of the pulmonary system, caused by an infection with *Mycoplasma pneumoniae*. This infection commonly presents with a non-productive cough, chest pain, or fever. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of *Mycoplasma pneumoniae* in a sputum sample.
- CA40.05** Pneumonia due to *Pseudomonas aeruginosa*
 A disease of the pulmonary system, caused by an infection with the gram-negative bacteria *Pseudomonas aeruginosa*. This disease is characterised by fever, cough, and dyspnoea.
Coded Elsewhere: Congenital pneumonia due to *Pseudomonas aeruginosa* (KB24)

CA40.06	Pneumonia due to Staphylococcus A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Staphylococcus. This disease is characterised by fever, cough, dyspnoea, and pulmonary abscesses. Coded Elsewhere: Congenital pneumonia due to staphylococcus (KB24)
CA40.07	Pneumonia due to Streptococcus pneumoniae A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Streptococcus pneumoniae. This disease is characterised by an acute onset of fever and chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pneumoniae in a sputum sample. Inclusions: Bronchopneumonia due to S. pneumoniae Exclusions: Pneumonia due to other streptococci (CA40.0) congenital pneumonia due to S. pneumoniae (KB24) Pneumonia due to beta-haemolytic streptococcus (CA40.08)
CA40.08	Pneumonia due to beta-haemolytic streptococcus A disease of the lungs, caused by an infection with the gram-positive bacteria beta-haemolytic streptococcus. This disease is characterised by an acute onset of fever and chills, or rigors. This presents with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected inspiratory secretions, or direct contact. Inclusions: Pneumonia due to streptococcus, group B Coded Elsewhere: Congenital pneumonia due to streptococcus, group B (KB24)
CA40.0Y	Pneumonia due to other specified bacteria Coding Note: Code also the causing condition
CA40.0Z	Bacterial pneumonia, unspecified Coding Note: Code also the causing condition

CA40.1	Viral pneumonia A disease of the pulmonary system, caused by an infection with a viral source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the viral source in a sputum sample. Coding Note: Code also the causing condition Inclusions: bronchopneumonia due to viruses other than influenza viruses Exclusions: aspiration pneumonia (CA71.0) Influenza with pneumonia, virus not identified (1E32) Severe acute respiratory syndrome (1D65) lipid pneumonia (CA71.1) Idiopathic interstitial pneumonitis (CB03) Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0) Pulmonary complications of anaesthesia during pregnancy (JA67.0) Congenital pneumonia (KB24) Pneumonitis due to solids and liquids (CA71) Pulmonary complications of anaesthesia during the puerperium (JB43.0)
CA40.10	Pneumonia due to Adenovirus A disease of the pulmonary system, caused by an infection with adenovirus. This disease is characterised by fever, chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, and tachycardia. Transmission is by droplet transmission. Confirmation is by identification of adenovirus in a sputum sample.
CA40.11	Pneumonia due to Respiratory syncytial virus A disease caused by an infection with respiratory syncytial virus. This disease is characterised by an inflammatory condition of the lung commonly affecting the alveoli (pneumonia), leading to coughing, sneezing, fever, or wheezing. This disease may be severe in premature babies and those with concurrent disease or immunosuppression. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus, commonly through antigen detection or cell culture.
CA40.12	Pneumonia due to parainfluenza virus A disease of the pulmonary system, caused by an infection with parainfluenza virus. This disease is characterised by fever, malaise, cough, or tachypnoea. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA40.13	Pneumonia due to Human metapneumovirus A disease of the pulmonary system, caused by an infection with Human metapneumovirus. This disease is characterised by fever, myalgia, rhinorrhoea, dyspnoea, tachypnoea, or wheezing. This disease also presents with symptoms of pneumonia. Transmission is by direct or indirect contact, inhalation of infected respiratory secretions, 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 <i>Pneumocystis jirovecii</i> . This disease is characterised by fever, dry cough, shortness of breath, or fatigue. Transmission is by opportunistic infection. Confirmation is by identification of <i>Pneumocystis jirovecii</i> 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. <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 cavitory 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 (SnO ₂).
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 <i>Saccharopolyspora rectivirgula</i> , 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 <i>Penicillium glabrum</i> (formerly called <i>Penicillium frequentans</i>) from exposure to moldy cork dust. <i>Chrysosporium sitophila</i>, <i>Aspergillus fumigatus</i>, uncontaminated cork dust, and <i>Mucor macedo</i> 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 <i>Aspergillus clavatus</i> or <i>Aspergillus fumigatus</i>. 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 <i>Aspergillus</i> in a sputum, blood, or skin sample. Inclusions: Alveolitis due to <i>Aspergillus clavatus</i>
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 <i>Cryptostroma corticale</i>. Inclusions: Alveolitis due to <i>Cryptostroma corticale</i> 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. <i>Exclusions:</i> Complications of anaesthesia during pregnancy (JA67) Complications of anaesthesia during labour or delivery (JB0C) Complications of anaesthesia during the puerperium (JB43)
CA7Y	Other specified pneumonitis
CA7Z	Pneumonitis, unspecified
CA80	Airway disease due to specific organic dust Airway disease due to specific organic dust includes airway diseases due to cotton dust or dusts from other vegetable fibres such as flax, cannabis, hemp, or sisal. <i>Exclusions:</i> Farmer lung (CA70.0) reactive airways dysfunction syndrome (CA81) Hypersensitivity pneumonitis due to organic dust (CA70) Bagassosis (CA70.1)
CA80.0	Byssinosis due to exposure to cotton Byssinosis (brown lung disease) is a lung disease caused by exposure to dusts from cotton processing. <i>Inclusions:</i> airway disease due to cotton dust
CA80.1	Byssinosis due to exposure to flax A form of chronic obstructive pulmonary disease caused by inhalation of particles of unprocessed flax; a form of byssinosis.

CA80.2	Byssinosis due to exposure to cannabis Lung disease caused by exposure to dusts from the processing cannabis.
CA80.Y	Other specified airway disease due to specific organic dust
CA80.Z	Airway disease due to specific organic dust, unspecified
CA81	Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours This refers to conditions affecting the organs and tissues that make gas exchange due to inhalation of chemicals, gases, fumes, and vapours.
CA81.0	Bronchitis or pneumonitis due to chemicals, gases, fumes or vapours This is an inflammation of the mucous membranes of the bronchi (the larger and medium-sized airways that carry airflow from the trachea into the more distal parts of the lung parenchyma) and inflammation of lung tissue, due to chemicals, gases, fumes and vapours.
CA81.1	Pulmonary oedema due to chemicals, gases, fumes or vapours
CA81.2	Upper respiratory inflammation due to chemicals, gases, fumes or vapours, not elsewhere classified
CA81.Y	Other specified respiratory conditions due to inhalation of chemicals, gases, fumes or vapours
CA81.Z	Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours, unspecified
CA82	Respiratory conditions due to other external agents
CA82.0	Acute pulmonary manifestations due to radiation An acute inflammatory reaction of the lung in response to repeated or high dose radiation exposure.
CA82.1	Chronic or other pulmonary manifestations due to radiation A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to repeated or high dose radiation exposure.
CA82.2	Acute drug-induced interstitial lung disorders An acute inflammatory reaction of the lung in response to drugs.
CA82.3	Chronic drug-induced interstitial lung disorders A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to drugs.
CA82.4	Aspergillus-induced allergic or hypersensitivity conditions <i>Coded Elsewhere:</i> Malt worker lung (CA70.4) Allergic aspergillus rhinosinusitis (CA0A.Y)
CA82.Y	Other specified respiratory conditions due to other external agents
CA82.Z	Respiratory conditions due to other external agents, unspecified

CA8Y

Other specified lung diseases due to external agents

CA8Z

Lung diseases due to external agents, unspecified

Respiratory diseases principally affecting the lung interstitium (CB00-CB0Z)

Coded Elsewhere: Lipoid pneumonitis (CA71.3)

CB00

Acute respiratory distress syndrome

Acute respiratory distress syndrome ("ARDS") is a life-threatening inflammation with oedema in the lungs which leads to severe respiratory failure. ARDS is a clinical syndrome of lung injury with hypoxic respiratory failure caused by intense pulmonary inflammation that develops after a severe physiologic insult.

Coded Elsewhere: Respiratory distress syndrome of newborn (KB23.0)

CB01

Pulmonary oedema

Pulmonary oedema is a condition caused by excess fluid in the lungs. This fluid collects in the numerous air sacs in the lungs, making it difficult to breathe.

Exclusions: Pulmonary oedema due to chemicals, gases, fumes or vapours (CA81.1)

Pulmonary oedema with mention of heart disease NOS or heart failure (BD11)

CB02

Pulmonary eosinophilia

Pulmonary eosinophilia are a heterogeneous group of disorders that share the feature of abnormally increased numbers of eosinophils.

CB02.0

Asthmatic pulmonary eosinophilia

Asthmatic pulmonary eosinophilia is a form of pulmonary eosinophilia associated with asthma which has been commonly attributed to fungi such as *Aspergillus* species. Although many cases have not shown any allergen.

CB02.1

Idiopathic eosinophilic pneumonitis

This is an idiopathic disease in which a certain type of white blood cell called an eosinophil accumulates in the lung. These cells cause disruption of the normal air spaces (alveoli) where oxygen is extracted from the atmosphere.

Inclusions: Idiopathic eosinophilic pneumonia

CB02.10

Idiopathic acute eosinophilic pneumonitis

Idiopathic acute eosinophilic pneumonia (pneumonitis) is characterised by acute febrile respiratory failure associated with diffuse radiographic infiltrates and eosinophilia in bronchoalveolar lavage fluid (BAL) in the absence of infection. Patients, who are initially healthy and often young, present with severe hypoxemia.

Inclusions: Idiopathic acute eosinophilic pneumonia

CB02.11	Idiopathic chronic eosinophilic pneumonitis Idiopathic chronic eosinophilic pneumonia (pneumonitis) is a pulmonary disease characterised by subacute or chronic respiratory and general symptoms, alveolar and/or blood eosinophilia, and peripheral pulmonary infiltrates on chest imaging and blood eosinophilia in most cases. Inclusions: Idiopathic chronic eosinophilic pneumonia
CB02.1Y	Other specified idiopathic eosinophilic pneumonitis
CB02.1Z	Idiopathic eosinophilic pneumonitis, unspecified
CB02.2	Tropical pulmonary eosinophilia Tropical pulmonary eosinophilia (TPE) is a syndrome of wheezing, fever and eosinophilia seen predominantly in the Indian subcontinent and other tropical areas. The syndrome has been termed tropical eosinophilia, tropical pulmonary eosinophilia (TPE), or tropical filarial pulmonary eosinophilia (TFPE). Tropical filarial pulmonary eosinophilia (TFPE) is a clinical manifestation of lymphatic filariasis, a parasitic infection caused by filarial nematodes (roundworms) that inhabit the lymphatics and bloodstream.
CB02.Y	Other specified pulmonary eosinophilia
CB02.Z	Pulmonary eosinophilia, unspecified
CB03	Idiopathic interstitial pneumonitis The idiopathic interstitial pneumonias (pneumonitises) are a subset of diffuse interstitial lung diseases of unknown etiology characterised by expansion of the interstitial compartment (i.e. that portion of the lung parenchyma sandwiched between the epithelial and endothelial basement membranes) with an infiltrate of inflammatory cells. The inflammatory infiltrate is sometimes accompanied by fibrosis, either in the form of abnormal collagen deposition or proliferation of fibroblasts capable of collagen synthesis. Inclusions: Idiopathic interstitial pneumonia
CB03.0	Acute interstitial pneumonitis Acute interstitial pneumonia (pneumonitis), also referred to as Hamman-Rich syndrome, is a rapidly progressive and histologically distinct form of idiopathic interstitial pneumonia (pneumonitis).
CB03.1	Combined pulmonary fibrosis and emphysema syndrome Combined pulmonary fibrosis and emphysema (CPFE) is a syndrome of combined emphysema of the upper lobes and fibrosis of the lower lobes defined on chest computed tomography, and characterised by subnormal spirometry, severe impairment of gas exchange, high prevalence of pulmonary hypertension, and poor survival. Characteristic functional profile of CPEF is strongly impaired carbon monoxide diffusing capacity of the lung, and hypoxaemia at exercise, with preserved lung volumes. Despite subnormal spirometry, which may be responsible for its under recognition, CPFE is a severe entity. The presence of pulmonary arterial hypertension at diagnosis is a critical determinant of prognosis.

CB03.2	Cryptogenic organizing pneumonitis Cryptogenic organizing pneumonia (pneumonitis) (COP) or bronchiolitis obliterans with organizing pneumonia (pneumonitis) (BOOP) is an inflammatory, non-infectious lung disease with distinctive clinical, radiological and pathological features, and that responds to corticosteroid therapy.
CB03.3	Desquamative interstitial pneumonitis This is a form of idiopathic interstitial pneumonia (pneumonitis) featuring elevated levels of macrophages. <i>Inclusions:</i> Desquamative interstitial pneumonia
CB03.4	Idiopathic pulmonary fibrosis Idiopathic pulmonary fibrosis (IPF) is defined as a specific form of chronic, progressive fibrosing interstitial pneumonia (pneumonitis) of unknown cause, occurring primarily in older adults, limited to the lungs, and associated with the histopathologic and/or radiologic pattern of UIP. The definition of IPF requires the exclusion of other forms of interstitial pneumonia (pneumonitis) including other idiopathic interstitial pneumonias (pneumonitis) and Interstitial Lung Disease (ILD) associated with environmental exposure, medication, or systemic disease.
CB03.5	Lymphoid interstitial pneumonia This refers to several conditions in which lymphocytes are produced in excessive quantities. They typically occur in patients who have compromised immune systems. They are sometimes equated with "immunoproliferative disorders", but technically lymphoproliferative disorders are a subset of immunoproliferative disorders, along with hypergammaglobulinemia and paraproteinaemias.
CB03.6	Respiratory bronchiolitis - interstitial lung disease Respiratory bronchiolitis - interstitial lung disease is a mild inflammatory pulmonary disorder developed by cigarette smokers and characterised by shortness of breath and cough, pulmonary function abnormalities of mixed restrictive and obstructive lung disease and high resolution CT scanning showing centrilobular micronodules, ground glass opacities and peribronchiolar thickening.
CB03.Y	Other specified idiopathic interstitial pneumonitis
CB03.Z	Idiopathic interstitial pneumonitis, unspecified
CB04	Primary interstitial lung diseases specific to infancy or childhood
CB04.0	Diffuse pulmonary developmental disorders
CB04.1	Pulmonary lymphatic dysplasia syndromes <i>Coded Elsewhere:</i> 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. Expecterated 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> Chyliform effusion
CB25	Fibrothorax Fibrothorax results from fibrosis of the visceral pleura, and is clinically manifested by decreased respiratory excursion and restrictive pulmonary physiology. There are two distinct mechanisms that can lead to the formation of fibrothorax: 1) Most often, fibrothorax develops as a consequence of pleural inflammation in patients with pleural effusions, including hemothorax, tuberculous effusion, or chronic empyema; 2) Less frequently, fibrothorax results from pulmonary parenchymal disease, and can be seen in patients with tuberculosis, bronchiectasis, or lung abscess.
CB26	Haemothorax Hemothorax is the presence of blood with or without air in the pleural space. The most common cause is chest trauma. Hemothorax should be considered to be present when the haematocrit of the pleural fluid is more than half that of the peripheral blood. A number of bleeding sites may be responsible for the hemothorax, including pulmonary laceration, intercostal vessel laceration, and rupture of pleural adhesions.

CB27**Pleural effusion**

Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces.

Coding Note: Code also the causing condition

Inclusions: Pleurisy with effusion

Exclusions: Tuberculosis of the respiratory system (1B10)
Chylous effusion (CB24)
Pleurisy (MD31)

CB2Y**Other specified pleural, diaphragm or mediastinal disorders****CB2Z****Pleural, diaphragm or mediastinal disorders, unspecified****CB40****Certain diseases of the respiratory system**

Coded Elsewhere: Pulmonary sporotrichosis (1F2J.2)
Alpha-1-antitrypsin deficiency (5C5A)
Airway obstruction in the neonate due to airway abnormality (KB2J)

CB40.0**Ciliary dyskinesia**

Defective function of the cilia lining the respiratory tract (lower and upper, sinuses, Eustachian tube, middle ear) resulting in altered mucociliary transport and manifesting as recurrent upper and lower respiratory infection, chronic productive cough, chronic rhinosinusitis or persistent otitis media. Acquired forms result from respiratory tract injury associated especially with respiratory infections such as bronchiolitis or chronic obstructive pulmonary disease. The rare primary forms are inherited as autosomal recessive disorders presenting early in life and typically progressing to bronchiectasis; they may be associated with infertility in men and women due to abnormal sperm motility or fallopian tube function respectively.

Coded Elsewhere: Primary ciliary dyskinesia (LA75.Y)
Syndromic ciliary dyskinesia (LA75.Y)

CB40.1**Young syndrome**

Young syndrome is characterised by the association of obstructive azoospermia with recurrent sinobronchial infections.

CB40.2**Pulmonary collapse**

Inclusions: Atelectasis

Exclusions: Primary atelectasis of newborn (KB2B)
atelectasis (of): tuberculous (not confirmed) (1B10.1)
atelectasis (of): tuberculous (confirmed) (1B10.0)

CB40.3**Interstitial emphysema**

This is a collection of air outside of the normal air passages in the body and instead is found inside the connective tissue of the peribronchovascular sheaths, interlobular septa, and visceral pleura. This collection develops as a result of alveolar and terminal bronchiolar rupture.

Exclusions: emphysema: NOS (CA21)
 emphysema: surgical (subcutaneous) (NE81)
 Traumatic subcutaneous emphysema, not elsewhere classified (NFOA.7)

Coded Elsewhere: Pneumomediastinum originating in the perinatal period (KB27.2)
 Interstitial emphysema originating in the perinatal period (KB27.0)

CB40.4**Compensatory emphysema**

Compensatory emphysema is a condition in which one portion of the lung increases in size and function, when another portion is destroyed or temporarily useless. It occurs, for instance, in association with pneumonias, pleural effusions and pneumothorax. Anatomically, there is found an enlargement of the normal lung; there are no variations from the normal structure; the unaffected lung, as a result of distention, has an increased vital capacity and is able to perform a greater amount of work than when in its usual condition. The tissues show no similarity to those truly emphysematous. This change is in no way related to true emphysema and the term should not be used, as it creates great confusion in the literature. Its use is no more justified than that of speaking of the compensatory enlargement of a kidney, when the opposite kidney has been removed, as of a compensatory nephritis. True emphysema can never compensate for diseased lung tissue, because the emphysematous lung is totally or almost totally functionless.

CB40.Y**Other specified diseases of the respiratory system****CB41****Respiratory failure**

Respiratory failure is a life-threatening impairment of oxygenation or carbon dioxide (CO₂) elimination. Respiratory failure may occur because of impaired gas exchange, decreased ventilation, or both. The level of oxygen in the blood becomes dangerously low or the level of carbon dioxide becomes dangerously high.

Coding Note: Code also the causing condition

Exclusions: Acute respiratory distress syndrome (CB00)
 Respiratory arrest (MD33)
 Respiratory distress of newborn (KB23)

CB41.0**Acute respiratory failure**

Respiratory failure can be acute (short term) or chronic (ongoing), using time as the main parameter. In acute respiratory failure hypoxemia occurs over a period of hours to days (less than 7 days), and acute respiratory failure can develop quickly and may require emergency treatment.

Coding Note: Code also the causing condition

CB41.00	Acute respiratory failure, Type I When acute respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic acute respiratory failure.
Coding Note:	Code also the causing condition
CB41.01	Acute respiratory failure, Type II When acute respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic acute respiratory failure.
Coding Note:	Code also the causing condition
CB41.0Z	Acute respiratory failure, unspecified
Coding Note:	Code also the causing condition
CB41.1	Chronic respiratory failure In chronic respiratory failure hypoxemia occurs over a period of weeks to months (more than seven days), and chronic respiratory failure develops more slowly and lasts longer than acute respiratory failure.
Coding Note:	Code also the causing condition
CB41.10	Chronic respiratory failure, Type I When chronic respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic chronic respiratory failure.
CB41.11	Chronic respiratory failure, Type II When chronic respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic chronic respiratory failure.
CB41.1Z	Chronic respiratory failure, unspecified
Coding Note:	Code also the causing condition
CB41.2	Respiratory failure, unspecified as acute or chronic This is inadequate gas exchange by the respiratory system, with the result that levels of arterial oxygen, carbon dioxide or both cannot be maintained within their normal ranges, unspecified.
Coding Note:	Code also the causing condition
CB41.20	Respiratory failure, unspecified, Type I This is when the PaCO ₂ 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 (PaCO ₂) that has been generated by the body.

CB41.2Z Respiratory failure, unspecified

Coding Note: Code also the causing condition

Postprocedural disorders of the respiratory system (CB60-CB64)

Exclusions: Acute pulmonary manifestations due to radiation (CA82.0)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

CB60 Tracheostomy malfunction

CB61 Chronic pulmonary insufficiency following surgery

CB62 Postprocedural subglottic stenosis

CB63 Postprocedural stenosis of the trachea

CB64 Transfusion related acute lung injury

This is a serious blood transfusion complication characterised by the acute onset of non-cardiogenic pulmonary oedema following transfusion of blood products.

CB7Z Diseases of the respiratory system, unspecified

CHAPTER 13

Diseases of the digestive system

This chapter has 158 four-character categories.

Code range starts with DA00

- Exclusions:**
- Endocrine, nutritional or metabolic diseases (Chapter 05)
 - Injury, poisoning or certain other consequences of external causes (Chapter 22)
 - Neoplasms (Chapter 02)
 - Certain infectious or parasitic diseases (Chapter 01)
 - Complications of pregnancy, childbirth and the puerperium (Chapter 18)
 - Mental, behavioural or neurodevelopmental disorders (Chapter 06)
- Coded Elsewhere:**
- Digestive system disorders of fetus or newborn (KB80-KB8Z)
 - Symptoms, signs or clinical findings of the digestive system or abdomen (MD80-ME4Y)
 - Structural developmental anomalies of the digestive tract (LB10-LB1Z)
 - Diseases of the digestive system complicating pregnancy, childbirth or the puerperium (JB64.6)

This chapter contains the following top level blocks:

- Diseases or disorders of orofacial complex
- Diseases of oesophagus
- Diseases of the stomach or the duodenum
- Diseases of small intestine
- Diseases of appendix
- Diseases of large intestine
- Diseases of anal canal
- Diseases of liver
- Diseases of gallbladder or biliary tract
- Diseases of pancreas
- Diseases of peritoneum
- Diverticular disease of intestine
- Ischaemic vascular disorders of intestine
- Hernias
- Inflammatory bowel diseases
- Functional gastrointestinal disorders

- Postprocedural disorders of digestive system

Diseases or disorders of orofacial complex (DA00-DA0Z)

Morbid process, derangement or abnormality localised in the mouth or related tissues of the face

Coded Elsewhere: Structural developmental anomalies of mouth or tongue (LA31)

Symptoms or signs of the orofacial complex (MD80)

Jaw pain (ME86.9)

DA00

Disorders of lips

A group of any derangement or condition affecting the normal structure and function of the lips resulting from developmental or traumatic factors or systemic disease.

Coded Elsewhere: Lichen planus of lips (EA91.Y)

DA00.0

Cheilitis

Cheilitis is the generic term given to inflammatory conditions of the lip.

Coded Elsewhere: Actinic cheilitis (EK90.Y)

DA00.1

Self-induced lip trauma

Self-inflicted damage to lips by biting, picking, chewing etc.

Coded Elsewhere: Artefactual cheilitis (ED00)

DA00.2

Pigmentary abnormalities of lips

This is an abnormality in the material that changes the colour of reflected or transmitted light as the result of wavelength-selective absorption, of the lips.

DA00.3

Lip fissure

DA00.Y

Other specified disorders of lips

DA00.Z

Disorder of lips, unspecified

DA01

Disorders of oral mucosa

Inflammation of the soft tissues of the mouth, such as mucosa; palate; gingiva; and/or lip, as well as any associated pathological or traumatic discontinuity of tissue

Exclusions:

Noma (DA0C.31)

gangrenous stomatitis (1C1H)

Cheilitis (DA00.0)

cancrum oris (DA0C.31)

Coded Elsewhere: Lichen planus and lichenoid reactions of oral mucosa (EA91.4)

Oral submucous fibrosis (DA02.2)

Oral allergy syndrome (EK10.0)

Contact gingivostomatitis (DA02.3)

Neonatal disorders of the oral mucosa (KC23)

DA01.0	Disturbances of oral epithelium Coded Elsewhere: Cheek-biting (6B25.Y)
DA01.00	Oral leukoplakia Leukoplakia is a condition where areas of keratosis appear as adherent white patches on the mucous membranes of the oral cavity. Leukoplakia may affect other gastrointestinal tract mucosal sites, or mucosal surfaces of the urinary tract and genitals. Inclusions: Leukoplakia of gingiva Exclusions: Hairy leukoplakia (DA01.01)
DA01.01	Hairy leukoplakia Oral hairy leukoplakia is a focal epithelial hyperplasia of the oral mucosa associated with Epstein-Barr virus. It is closely associated with HIV and occurs in both immunocompromised and immunocompetent HIV-infected individuals. It is also, however, found in uninfected people who are immunosuppressed, e.g. organ transplant recipients. It presents as white patches with a corrugated or hairy appearance affecting particularly the lateral borders of the tongue.
DA01.02	Wandering rash of the mouth The counterpart of geographic tongue affecting other parts of the oral epithelium. It is less common than geographic tongue.
DA01.0Y	Other specified disturbances of oral epithelium
DA01.1	Noninfectious erosive or ulcerative disorders of oral mucosa A group of erosive and ulcerative disorders of oral mucosa without infection. Coded Elsewhere: Oral pemphigus (EB40.00) Stevens-Johnson syndrome (EB13.0) Pyodermatitis–pyostomatitis vegetans (EL3Y) Lupus erythematosus of oral mucosa (4A40.Y)
DA01.10	Oral aphthae or aphtha-like ulceration This is a frequent small, shallow, painful ulceration in the oral mucosa. Recurrent oral ulceration that clinically resembles recurrent aphthous stomatitis but presents atypically, including commencement after adolescence, with fever, with a strong family history, or failing to resolve with age. Coded Elsewhere: Oropharyngeal ulceration due to Behçet disease (4A62)
DA01.11	Oral mucositis Ulcerative mucositis is the inflammation of the oral mucosa with inflammation, ulceration and frequently with bleeding.

DA01.12	Chronic ulcerative stomatitis Chronic ulcerative stomatitis (CUS) is a rare disease which presents with chronic oral mucosal erosions and ulceration resembling erosive lichen planus but refractory to standard therapies. It typically occurs in older women. Diagnosis requires the demonstration of speckled granular perinuclear IgG deposits in the basal and parabasal layers of oral epithelium (stratified epithelium-specific antinuclear or SES-ANA pattern). There is increasing evidence that CUS is an autoimmune disease provoked by circulating IgG antibodies directed against delta-Np63, an isoform of the p53 family of nuclear transcription factors which is present around the nuclei of normal oral epithelial basal keratinocytes. CUS normally responds to treatment with hydroxychloroquine.
DA01.13	Erythema multiforme with oral ulceration This is a skin condition of unknown cause, possibly mediated by deposition of immune complex (mostly IgM) in the superficial microvasculature of the skin and oral mucous membrane that usually follows an infection or drug exposure.
DA01.14	Drug-induced oral ulcer Ulceration of the oral mucosa attributable to medication. Non-steroidal anti-inflammatory drugs (NSAIDs) and cytotoxic drugs such as methotrexate are well recognised causes but many others have been incriminated.
DA01.15	Mouth ulcers Oral ulceration of other specified or unspecified type. Exclusions: Mechanical oral ulceration (DA01.1) Drug-induced oral ulcer (DA01.14)
DA01.1Y	Other specified noninfectious erosive or ulcerative disorders of oral mucosa
DA01.2	Granuloma or granuloma-like lesions of oral mucosa This is a specific type of chronic inflammatory response of the oral mucosa characterised by a localised accumulation of epithelioid macrophages, multi nucleate giant cells, and lymphocytes. Inclusions: Denture granuloma Coded Elsewhere: Sarcoidosis of oral cavity (4B20.Y) Crohn disease of lips or oral mucosa (DD70.0)
DA01.20	Giant cell granuloma, central A benign condition of the jaws. It is twice as likely to affect women and is more likely to occur in individuals between the age of 20 and 40. Central giant cell granulomas are more common in the mandible and often cross the midline. Exclusions: peripheral giant cell granuloma (DA0D)

DA01.21	Orofacial granulomatosis Orofacial granulomatosis (OFG) is an uncommon clinicopathological entity characterised by persistent and/or recurrent lymphoedema and fissuring of the lips and oral mucosa (the latter resulting in a "cobblestone" appearance), oral ulceration and the presence on biopsy of non-caseating granulomas. OFG may be an early manifestation of Crohn disease, sometimes presenting months or years before bowel disease. Some cases are associated with dental infections, sarcoidosis, food allergy or contact allergy. Granulomatous cheilitis is a form of OFG confined to the lips. Rarely, OFG may be associated with fissured tongue and facial palsy (Melkersson-Rosenthal syndrome). Coded Elsewhere: Granulomatous cheilitis (DA00.0)
DA01.2Y	Other specified granuloma or granuloma-like lesions of oral mucosa
DA01.3	Infections of lips or oral mucosa A group of conditions characterised by the invasion of lips and oral mucosa by harmful organisms (pathogens), such as bacteria, fungi, protozoa, rickettsiae, or viruses. Coded Elsewhere: Enteroviral vesicular stomatitis (1F05.0) Enteroviral vesicular pharyngitis (1F05.1) Candidosis of lips or oral mucous membranes (1F23.0) Warts of lips or oral cavity (1E82) Angular cheilitis due to bacterial infection (DA00.0)
DA01.30	Cellulitis or abscess of soft tissues of the mouth Infection of the soft tissues of the mouth resulting in cellulitis and/or abscess formation. Exclusions: Peritonsillar abscess (CA0K.1) Abscess of salivary gland (DA04.3) Periapical abscess without sinus (DA09.62) Periapical abscess with sinus (DA09.61) Periapical abscess with facial involvement (DA09.60) Coded Elsewhere: Abscess of periodontium (DA0C.4)
DA01.3Y	Other specified infections of lips or oral mucosa
DA01.4	Irritative hyperplasia of oral mucosa Exclusions: irritative hyperplasia of edentulous ridge [denture hyperplasia] (DA0D.2)
DA01.40	Papillary hyperplasia of oral mucosa This is an oral pathologic condition that appears in the mouth as an overgrowth of tissue usually beneath a denture and is associated with poor denture hygiene, denture overuse, and ill-fitting dentures.
DA01.41	Denture hyperplasia
DA01.42	Oral fibroepithelial polyp

DA01.4Z	Irritative hyperplasia of oral mucosa, unspecified
DA01.Y	Other specified disorders of oral mucosa
DA01.Z	Disorder of oral mucosa, unspecified
DA02	Miscellaneous specified disorders of lips or oral mucosa <i>Exclusions:</i> Diseases of tongue (DA03) Cysts of oral or facial-neck region (DA05) Certain specified disorders of gingiva or edentulous alveolar ridge (DA0D) <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Chronic mucocutaneous candidosis (1F23.14) Peutz-Jeghers syndrome (LD2D.0) Hereditary haemorrhagic telangiectasia (LA90.00) Pachyonychia congenita (LD27.Y) Cowden syndrome (LD2D.Y) Dyskeratosis congenita (3A70.0) Heterotopic sebaceous glands of lips (ED91.0) Heterotopic sebaceous glands of oral mucosa (ED91.0)
DA02.1	Xerostomia Dry mouth. This may result from many causes including dehydration, salivary gland dysfunction, suppression of saliva production by drugs (e.g. anticholinergics) or habitual mouth-breathing.
DA02.2	Oral submucous fibrosis
DA02.3	Contact gingivostomatitis Inflammation of the gingivae and oral mucosa due to contact with irritants or allergens but without specification of which mechanism is involved.
DA02.30	Allergic contact gingivostomatitis Allergic contact dermatitis affecting the gingivae and oral mucosa.
DA02.31	Irritant contact gingivostomatitis Inflammation of gingivae and oral mucosa due to contact with irritants.

DA03**Diseases of tongue**

Any pathological process affecting the structural tissues of the tongue with or without interference of its normal functions.

Exclusions: leukoplakia of tongue (DA01.00)
erythroplakia of tongue (DA01.0)
leukoedema of tongue (DA01.0)
Hairy leukoplakia (DA01.01)
submucous fibrosis of tongue (DA02.2)
Ankyloglossia (LA31.2)

Coded Elsewhere: Sublingual varices (BD75.0)

DA03.0**Glossitis**

Inflammation of the tongue

Exclusions: atrophic glossitis (DA03.2)

DA03.1**Geographic tongue**

A condition characterised by migratory glossitis and loss of dorsal papillae with a map-like appearance that gives origin to the name.

Inclusions: Benign migratory glossitis
Glossitis areata exfoliativa
Erythema migrans of tongue

DA03.2**Atrophy of tongue papillae**

Inclusions: Atrophic glossitis
Central papillary atrophy of the tongue

DA03.3**Median rhomboid glossitis****DA03.4****Hypertrophy of tongue papillae**

Inclusions: Hypertrophy of foliate papillae

DA03.5**Macroglossia**

Macroglossia is the medical term for a large or enlarged tongue. It may be due to a variety of congenital and acquired conditions. Isolated macroglossia has no determinable cause. It is seen commonly in Down syndrome. The most common causes of tongue enlargement are vascular malformations (e.g. lymphangioma or haemangioma) and muscular hypertrophy. It may, however, be due to infiltration, as with primary systemic amyloidosis.

Coded Elsewhere: Congenital macroglossia (LA31.0)
Macroglossia due to primary systemic amyloidosis (5D00.Y)

DA03.Y**Other specified diseases of tongue****DA03.Z****Diseases of tongue, unspecified**

DA04**Diseases of salivary glands**

A group of diseases with any pathological condition that affects the structural tissues of the salivary glands or the salivary ducts which may or not interfere with the normal production and transport of saliva into the oral cavity.

Coded Elsewhere: Aplasia of lacrimal or salivary glands (LA14.10)
Uveoparotid fever (4B20.Y)

DA04.0**Atrophy of salivary gland**

Salivary gland atrophy is a wasting or decrease in size of salivary gland, which is not sufficient to cause necrosis. It may occur in response to poor nutrition, lack of use (disuse or immobilization), reduction in blood supply, loss of nerve supply, chronic cell injury, or ageing etc. It is including Sjögren's syndrome, irradiation therapy and obstructive sialadenitis.

DA04.1**Hypertrophy of salivary gland****DA04.2****Sialoadenitis**

Sialoadenitis (or Sialadenitis) is an inflammation of the salivary gland. It is often associated with pain, tenderness, redness, and gradual localised swelling of the affected area.

Exclusions: epidemic parotitis (1D80.0)
Uveoparotid fever (4B20)

DA04.3**Abscess of salivary gland**

This is a collection of pus (neutrophils) that has accumulated within the salivary gland because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials.

DA04.4**Sialolithiasis**

Sialolithiasis is a condition where a calcified mass forms within a salivary gland, usually in the duct of the submandibular gland. The usual symptoms are pain and swelling of the affected salivary gland, both of which get worse when salivary flow is stimulated.

Inclusions: Calculus of salivary gland or duct
Stone of salivary gland or duct

DA04.5**Mucocele of salivary gland**

This is a clinical term used to describe a bluish, soft, often fluctuant swelling caused by either blockage or rupture of a salivary gland duct.

DA04.6**Disturbances of salivary secretion**

A group of conditions characterised by an increase or decrease in saliva secretion.

Exclusions: Dry mouth (DA02.1)

Coded Elsewhere: Xerostomia due to disturbance of salivary secretion (DA02.1)

DA04.7**Sialophagia**

Excessive swallowing of saliva

DA04.8	Sialoschisis Suppression of the secretion of saliva.
DA04.Y	Other specified diseases of salivary glands
DA04.Z	Diseases of salivary glands, unspecified
DA05	Cysts of oral or facial-neck region Cysts of oral or facial-neck region, having a distinct epithelial lining and division compared to the nearby tissue, which may contain air, fluids, or semi-solid material. Exclusions: Radicular cyst (DA09.8) Coded Elsewhere: Epstein pearl (KC23)
DA05.0	Developmental odontogenic cysts Cysts derived from odontogenic (tooth forming) tissue, usually containing fluid or semisolid material, which develop during various stages of odontogenesis.
DA05.1	Developmental nonodontogenic cysts of oral region Cysts that arise from non-odontogenic (non-tooth forming) tissue. By definition, the cysts are lined by epithelium. These cysts include for example; nasopalatine duct cyst, palatal cyst of the neonate, globulomaxillary cyst and more.
DA05.Y	Other specified cysts of oral or facial-neck region
DA05.Z	Cysts of oral or facial-neck region, unspecified
DA06	Certain specified diseases of jaws A group of diseases which are associated with the jaws and which are not classified elsewhere.
DA06.0	Inflammatory conditions of jaws Exclusions: Cervicofacial actinomycosis (1C10.2)
DA06.1	Alveolitis of jaw Inflammation of the alveolus. Inclusions: Alveolar osteitis Dry socket
DA06.2	Exostosis of jaw Formation of bone mass on the vestibular, buccal or facial side of the maxilla or the mandibular jaw where it may affect the lingual aspect; exostoses are more frequent in the maxillary bone.

DA06.3**Stafne mandibular bone cavity**

Although commonly called a Stafne cyst, this entity is not a true cyst but rather a cavity due to a focal cortical defect of the medial aspect of the mandible. It is found most frequently in middle-aged men and is usually discovered radiologically as an incidental finding. Its importance is that it may be difficult to distinguish from other radiolucent lesions in the mandible such as myeloma or metastatic squamous carcinoma. The cavity is usually filled by part of the submandibular salivary gland or adjacent fat and it is thought to result from remodelling of the bone by adjacent salivary tissue. Stafne cysts are most frequently seen in middle-aged men. The estimated prevalence ranges around 0.10-0.48%. Pathology: Stafne cysts are thought to result from remodelling of the bone by adjacent salivary tissue, and have been noted to regress following resection of the gland nearby. They generally appear in the area between the mandibular first molar and the mandibular angle 6.

DA07**Disorders of tooth development or eruption**

Alteration of the normal formation process of the tooth, the normal chronology of eruption into the mouth or the proper alignment in the dental arch affecting a single or multiple teeth.

Inclusions: disorder of tooth development

Coded Elsewhere: Anodontia (LA30.0)

Hypodontia (LA30.1)

Oligodontia (LA30.2)

Hyperdontia (LA30.3)

Abnormalities of size or form of teeth (LA30.4)

Amelogenesis imperfecta (LA30.6)

Dentine dysplasia (LA30.7)

Dentinogenesis imperfecta (LA30.8)

Odontogenesis imperfecta (LA30.9)

Solitary median maxillary central incisor syndrome (LA30.Y)

Hereditary disturbances in tooth structure (LA30.Z)

Papillon-Lefèvre syndrome (EC20.30)

DA07.0**Fluoride related opacities or lesions**

This is a fluoride related abnormality in the tissue of an organism (in layman's terms, "damage"), usually caused by disease or trauma.

DA07.1**Nonfluoride enamel opacities**

This is a condition characterised by enamel opacities, white spots, or visibly lighter areas on a tooth's surface, not attributed to fluorine, which occur in low-fluoride areas.

DA07.3	Disturbances in tooth formation A group of conditions characterised by disturbances in tooth formation. <i>Inclusions:</i> Dental dysplasia <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Inclusions:</i> dental impaction impacted tooth <i>Exclusions:</i> 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. <i>Inclusions:</i> Incomplete fracture not involving vital pulp Complete nontraumatic fracture not involving vital pulp <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Crossbite (DA0E.5Y)
DA0E.3	Anomalies of tooth position Dental anomalies are craniofacial abnormalities of form, function, or position of the teeth, bones, and tissues of the jaw and mouth. Anomalies of tooth position can be classified in ectopic, transmigration, transposition, rotation.
DA0E.4	Food impaction The forcible wedging of food between adjacent teeth during mastication, producing gingival recession and pocket formation.

DA0E.5	Malocclusion Malocclusion is the atypical relationship between maxillary and mandibular teeth which may interfere with the efficiency of excursive movements of the mandible that are essential for the effective mastication process.
DA0E.50	Class II division 2 malocclusion This condition relates to Angle's classification of occlusion in which the first permanent maxillary molar position is aligned or in an anterior relationship to that of the mandibular first permanent molar, such that the mesiobuccal cusp of the maxillary molar is mesial to the buccal groove of the mandibular molar and the central incisors are in linguoversion.
DA0E.51	Angle class I malocclusion The maxillary first permanent molar is in slight distoversion in relation to the mandibular first permanent molar, and the mesiobuccal cusp of the maxillary molar is aligned with the buccal groove of the mandibular molar.
DA0E.5Y	Other specified malocclusion
DA0E.5Z	Malocclusion, unspecified
DA0E.6	Dentofacial functional abnormalities Temporomandibular joint disorder (TMJ) is the name given to a group of symptoms that cause pain in the head, face, and jaw. The symptoms include headaches, soreness in the chewing muscles, and clicking or stiffness of the joints. They often have psychological as well as physical causes. Exclusions: teeth-grinding NOS (DA0E.7) bruxism (DA0E.7) teeth clenching (DA0E.7)
DA0E.7	Dentofacial parafunctional disorders Bruxism is a repetitive jaw-muscle activity characterised by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. Bruxism has two distinct circadian manifestations: it can occur during sleep (indicated as sleep bruxism) or during wakefulness (indicated as awake bruxism) Exclusions: Atypical facial pain (8A85) dyskinesia (MB47.4) trismus (DA0E.8)
DA0E.8	Temporomandibular joint disorders This is an umbrella term covering acute or chronic pain, especially in the muscles of mastication and/or inflammation of the temporomandibular joint, which connects the mandible to the skull. Inclusions: Temporomandibular joint-pain-dysfunction syndrome Exclusions: current temporomandibular joint: strain (NA03.3) current temporomandibular joint: dislocation (NA03.0)
DA0E.Y	Other specified dentofacial anomalies

DA0E.Z **Dentofacial anomalies, unspecified**

DA0F **Sensory disturbances affecting orofacial complex**

Coded Elsewhere: Trigeminal neuralgia (8B82.0)

Dysgeusia (MB41.2)

DA0F.0 **Burning mouth syndrome**

Chronic burning mouth pain is chronic orofacial pain with an intraoral burning or dysaesthetic sensation that recurs for more than two hours per day on 50 % of the days over more than three months, without evident causative lesions on clinical investigation and examination. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or interference with orofacial functions such as eating, yawning, speaking etc. Chronic burning mouth pain is multifactorial: biological, psychological and social factors contribute to the pain condition. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Inclusions: Orodynia

DA0F.Y **Other specified sensory disturbances affecting orofacial complex**

DA0F.Z **Sensory disturbances affecting orofacial complex, unspecified**

DA0Y **Other specified diseases or disorders of orofacial complex**

DA0Z **Diseases or disorders of orofacial complex, unspecified**

Diseases of oesophagus (DA20-DA2Z)

Coded Elsewhere: Neoplasms of the oesophagus

Structural developmental anomalies of oesophagus (LB12)

Foreign body in oesophagus (ND73.1)

DA20 **Acquired anatomical alterations of the oesophagus**

This group incorporates oesophageal disorders principally due to acquired morphological changes of the oesophagus.

Exclusions: Structural developmental anomalies of oesophagus (LB12)

DA20.0 **Oesophageal obstruction**

Hindrance of the passage of luminal contents in the oesophagus. Obstruction of oesophagus can be partial or complete, and caused by intrinsic or extrinsic factors.

Exclusions: Congenital stenosis or stricture of oesophagus (LB12.3)

Anatomical alteration due to gastro-oesophageal reflux disease (DA22)

Neoplasms of the oesophagus ()

Foreign body in oesophagus (ND73.1)

DA20.1	Diverticulum of oesophagus, acquired Diverticulum of oesophagus is a disorder having out-pouchings from the oesophageal wall. Inclusions: Oesophageal pouch, acquired Rokitansky diverticulum Exclusions: Congenital diverticulum of oesophagus (LB12.4)
DA20.2	Oesophageal web Oesophageal web is a thin membrane located in the middle or upper oesophagus, resulting in pain and dysphagia. Exclusions: Congenital oesophageal web or ring (LB12.0) Coded Elsewhere: Plummer-Vinson syndrome (3A00.Y)
DA20.3	Perforation of oesophagus Perforation of oesophagus is a penetration or hole of the wall of the oesophagus, resulting in luminal contents in oesophagus flowing into the mediastinum and/or thoracic cavity. Exclusions: Oesophageal ulcer (DA25) Coded Elsewhere: Oesophagitis due to external causes (DA24.2) Foreign body in oesophagus (ND73.1)
DA20.30	Spontaneous rupture of oesophagus Spontaneous perforation of the oesophageal wall. This most commonly results from a sudden increase in intraoesophageal pressure combined with relatively negative intrathoracic pressure caused by straining or vomiting. This is known as effort rupture of the oesophagus or Boerhaave's syndrome. Inclusions: Rupture of oesophagus Exclusions: traumatic perforation of (thoracic) oesophagus (NB32) Mallory-Weiss syndrome (DA26.3) Perforation due to malignant neoplasm ()
DA20.3Y	Other specified perforation of oesophagus
DA20.3Z	Perforation of oesophagus, unspecified
DA20.Y	Other specified acquired anatomical alterations of the oesophagus
DA20.Z	Acquired anatomical alterations of the oesophagus, unspecified
DA21	Motility disorders of oesophagus This group incorporates oesophageal disorders due to disturbances of oesophageal motor function. Coding Note: Code also the causing condition

DA21.0	Achalasia Achalasia is an oesophageal smooth muscle motility disorder characterised by a loss of peristalsis in the distal oesophagus and a failure of lower oesophageal sphincter (LES) relaxation. Basic mechanism is the degeneration of neurons (ganglion cells) in the myenteric plexuses in the oesophageal wall, but the cause is still unclear. Inclusions: Cardiospasm Exclusions: congenital cardiospasm (LB12) Coded Elsewhere: Achalasia in Chagas disease (1F53.3)
DA21.1	Motility disorder of cervical or upper oesophagus Motility disorder of cervical and upper oesophagus is a condition characterised by choke, swallow air, regurgitate fluid into the nose, or experience discomfort in swallowing food due to incompetence of upper oesophageal sphincter. Coding Note: Code also the causing condition Inclusions: Dyskinesia of cervical and upper oesophagus
DA21.2	Disorder of oesophageal peristalsis Disorder of oesophageal peristalsis is part of a spectrum of motility disorders in the thoracic oesophagus characterised by dysphagia and chest pain due to incoordination of oesophageal peristaltic contractions. There is no abnormality in lower oesophageal sphincter relaxation. Coding Note: Code also the causing condition Exclusions: Achalasia (DA21.0) Gastro-oesophageal reflux disease (DA22)
DA21.20	Hypertensive peristalsis This is a motility disorder of oesophagus characterised by hypertensive peristalsis. This motility abnormality includes nutcracker oesophagus that has been reported in association with dysphagia, non-cardiac chest pain, and heartburn.
DA21.21	Hypotensive peristalsis This is a motility disorder of oesophagus characterised by hypotensive peristalsis. The peristaltic dysfunction likely leads to impaired volume clearance.
DA21.22	Spastic peristalsis This is a motility disorder of oesophagus characterised by hypercontractile spastic peristalsis, known as "jackhammer oesophagus" in the presence of normal lower oesophageal sphincter (LES) relaxation. This category also includes diffuse oesophageal spasm (DES) with uncoordinated contraction characterised by reduced distal latency on oesophageal manometry. Inclusions: Diffuse oesophageal spasm Spasm of oesophagus
DA21.2Y	Other specified disorder of oesophageal peristalsis Coding Note: Code also the causing condition

DA21.2Z	Disorder of oesophageal peristalsis, unspecified
Coding Note:	Code also the causing condition
DA21.3	Disorder of lower oesophageal sphincter function Disorder of lower oesophageal sphincter function is a condition characterised by dysphagia, chest pain, heartburn and regurgitation due to incompetence of lower oesophageal sphincter.
Coding Note:	Code also the causing condition
DA21.Y	Other specified motility disorders of oesophagus
Coding Note:	Code also the causing condition
DA21.Z	Motility disorders of oesophagus, unspecified
Coding Note:	Code also the causing condition
DA22	Gastro-oesophageal reflux disease A condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications Coded Elsewhere: Gastro-oesophageal reflux disease in newborn (KB80)
DA22.0	Non-erosive gastro-oesophageal reflux disease A disease condition in that patients have classic symptoms of gastro-oesophageal reflux disease (GERD), but do not have apparent esophagitis or oesophageal mucosal injury. Exclusions: Functional heartburn (DD90.2)
DA22.1	Erosive gastro-oesophageal reflux disease Erosive gastro-oesophageal reflux disease is defined endoscopically by visible breaks of the distal oesophageal mucosa. Inclusions: Reflux oesophagitis Peptic oesophagitis
DA22.Z	Gastro-oesophageal reflux disease, unspecified
DA23	Columnar metaplastic epithelium of the oesophagus An acquired condition in which the tissue lining the oesophagus is replaced by tissue that is similar to the lining of the intestine or the stomach following chronic gastro-oesophageal reflux. Coded Elsewhere: Barrett adenocarcinoma (2B70.00)
DA23.0	Barrett epithelium Barrett epithelium is defined as those having circumferential columnar metaplasia of oesophagus from the esophago-gastric junction. Recently, from the view of adenocarcinogenesis of the oesophagus, the term of Barrett epithelium require the histological confirmation of specialized intestinal metaplasia.

DA23.1	Dysplasia of Barrett epithelium Dysplasia of Barrett epithelium is defined as neoplastic epithelium that remains confined within the basement membrane of Barrett oesophagus. Dysplasia of Barrett epithelium is considered as a precursor of adenocarcinoma arising in Barrett Oesophagus.
DA23.2	Barrett ulcer Barrett ulcer is defined as ulceration in columnar epithelium of oesophagus.
DA23.Y	Other specified columnar metaplastic epithelium of the oesophagus
DA23.Z	Columnar metaplastic epithelium of the oesophagus, unspecified
DA24	Oesophagitis Oesophagitis is inflammation of the oesophagus. Oesophagitis can cause painful, difficult swallowing and chest pain. Oesophagitis has several causes; some common causes include stomach reflux, infection, oral medicines and allergies. Treatment for esophagitis depends on the underlying cause and how badly the tissue lining the esophagus is damaged. If left untreated, this condition can cause ulcers or scarring of the oesophagus causing narrowing of the oesophagus, unintended weight loss and dehydration. Exclusions: reflux oesophagitis (DA22.1) Oesophageal erosion (DA25.0) Gastro-oesophageal reflux disease (DA22) Crohn disease (DD70) Coded Elsewhere: Oesophagitis in newborn (KB81)
DA24.0	Infectious oesophagitis Infectious oesophagitis is inflammation, irritation and swelling of the oesophagus due to the infectious agent.
Coding Note:	Code also the causing condition
DA24.00	Oesophageal phlegmon A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the oesophageal wall. It often develops to a defined pocket of pus, oesophageal abscess. This is mainly due to the result of acute inflammation by bacterial infection.
	Inclusions: Abscess of oesophagus
DA24.0Y	Other specified infectious oesophagitis
Coding Note:	Code also the causing condition
DA24.0Z	Infectious oesophagitis, unspecified
Coding Note:	Code also the causing condition

DA24.1	Eosinophilic oesophagitis Eosinophilic oesophagitis is an inflammatory condition in which the wall of the oesophagus becomes filled with a large number of eosinophils. It is diagnosed based on typical oesophageal symptoms and oesophageal mucosal biopsies demonstrating oesophageal epithelial infiltration with eosinophils. Inclusions: Allergic oesophagitis Coded Elsewhere: Food-induced eosinophilic oesophagitis (4A83.1) Neonatal eosinophilic oesophagitis (KB81.0)
DA24.2	Oesophagitis due to external causes Inflammation of the oesophagus due to external cause such as radiation, ingestion of the alkali and acid, and swallowed pills or food failing to traverse entire oesophagus. Coded Elsewhere: Thermal injury of oesophagus (NE02)
DA24.20	Chemical oesophagitis This is oesophageal inflammation caused by chemical injury including alkaline or acid solutions.
DA24.21	Drug-induced oesophagitis This refers to a drug-induced inflammation of the oesophagus. Medications can induce oesophageal abnormalities via both systemic effects and by causing direct oesophageal mucosal injury, so-called 'pill-induced' oesophagitis.
DA24.22	Radiation oesophagitis
DA24.2Z	Oesophagitis due to external causes, unspecified
DA24.Y	Other specified oesophagitis
DA24.Z	Oesophagitis, unspecified
DA25	Oesophageal ulcer Oesophageal ulcer is tissue defect located in the oesophagus. It causes inflammatory injuries in the oesophageal mucosa, with extension beyond the submucosa into the muscularis mucosa. The oesophageal ulcer due to acidic digestive juices is classified elsewhere in gastro-oesophageal reflux disease, and excluded from here. Exclusions: Barrett ulcer (DA23.2) Neoplasms of the oesophagus () Crohn disease (DD70)
DA25.0	Oesophageal erosion Oesophageal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Oesophageal erosion due to gastro-oesophageal reflux disease is excluded from here.

DA25.1	Infectious oesophageal ulcer Infectious oesophageal ulcer is ulceration or erosion in the mucosa of oesophagus due to the infectious agent, such as bacteria, viruses, fungi and parasites.
DA25.10	Bacterial oesophageal ulcer Ulcer in the mucosa of oesophagus due to bacterial infection.
DA25.11	Fungal oesophageal ulcer Ulcer in the mucosa of oesophagus due to fungal infection.
DA25.12	Parasitic oesophageal ulcer Ulcer in the mucosa of oesophagus due to parasitic infection.
DA25.13	Viral oesophageal ulcer Ulcer in the mucosa of oesophagus due to viral infection.
DA25.1Y	Other specified infectious oesophageal ulcer
DA25.1Z	Infectious oesophageal ulcer, unspecified
DA25.2	Oesophageal ulcer due to allergic or immunologic disorder Oesophageal ulcer or erosion due to allergic disorders or systemic immunologic disorders.
Coding Note:	Code also the causing condition
DA25.3	Oesophageal ulcer due to external causes Oesophageal ulcer or erosion due to external causes such as ingestion of certain chemical substances or drugs, radiation and thermal injury, or other external causes. Coded Elsewhere: Thermal oesophageal ulcer (NE02)
DA25.30	Chemical oesophageal ulcer This is oesophageal ulcer caused by chemical injury including alkaline or acid solutions. Inclusions: Ulcer of oesophagus due to ingestion of chemicals
DA25.31	Drug-induced oesophageal ulcer Inclusions: Ulcer of oesophagus due to ingestion of drugs and medicaments
DA25.32	Radiation oesophageal ulcer
DA25.3Y	Oesophageal ulcer due to other specified external causes
DA25.3Z	Oesophageal ulcer due to external causes, unspecified
DA25.Y	Other specified oesophageal ulcer
DA25.Z	Oesophageal ulcer, unspecified

DA26**Vascular disorders of the oesophagus**

This group incorporates vascular disorders principally affecting the blood vessels of the oesophagus. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the oesophagus.

DA26.0**Oesophageal varices**

Abnormally dilated veins developed as portosystemic shunts in the lining of the lower oesophagus in patients with portal hypertension. Once oesophageal varices develop, they continue to grow, and bleeding from oesophageal varices can be fatal.

Coding Note: Code also the causing condition

DA26.00 Oesophageal varices with bleeding

Coding Note: Code also the causing condition

DA26.01 Oesophageal varices without bleeding

Coding Note: Code also the causing condition

DA26.0Z Oesophageal varices, unspecified

Coding Note: Code also the causing condition

DA26.1**Angiodysplasia or arteriovenous malformation of oesophagus**

Enlarged or widened blood vessels with thin walls that are similar to varicose veins. It can be a source of gastrointestinal bleeding and anaemia.

DA26.2**Intramural haemorrhage of oesophagus**

Hematoma in the oesophageal wall that can be formed spontaneously or as a result of trauma, toxic ingestion, or endoscopic procedures. It is rarely observed.

Inclusions: Intramural haematoma of oesophagus

Exclusions: Oesophageal varices (DA26.0)

DA26.3**Gastro-oesophageal laceration-haemorrhage syndrome**

Bleeding from tears in the mucosa at the junction of the stomach and oesophagus, usually caused by severe vomiting, retching or coughing.

Inclusions: Mallory-Weiss syndrome

Mallory-Weiss tear

Mallory-Weiss lesion

DA26.Y**Other specified vascular disorders of the oesophagus****DA26.Z****Vascular disorders of the oesophagus, unspecified****DA2Y****Other specified diseases of oesophagus****DA2Z****Diseases of oesophagus, unspecified**

Diseases of the stomach or the duodenum (DA40-DA7Z)

Diseases of stomach (DA40-DA4Z)

This is a group of conditions characterised as being in or associated with the stomach.

Exclusions: Gastrostomy malfunction (DE12.1)

Diaphragmatic hernia (DD50.0)

Coded Elsewhere: Neoplasms of the stomach

Structural developmental anomalies of stomach (LB13)

Gastric ulcer (DA60)

Peptic ulcer, site unspecified (DA61)

Anastomotic ulcer (DA62)

Foreign body in stomach (ND73.2)

DA40

Acquired anatomical alterations of the stomach

This group incorporates gastric disorders principally due to acquired morphological changes of the stomach.

Exclusions: Structural developmental anomalies of stomach (LB13)

Diaphragmatic hernia (DD50.0)

DA40.0

Gastric outlet obstruction

Gastric outlet obstruction is a disorder characterised by epigastric abdominal pain and postprandial vomiting due to mechanical obstruction mostly at the level of the pylorus.

DA40.1

Gastric fistula, acquired

Acquired gastric fistula is an opening through the gastric wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.

DA40.2

Gastric volvulus

Gastric volvulus is an uncommon clinical entity defined as an abnormal rotation (twisting) of all or part of the stomach by more than 180 degrees, creating a closed-loop obstruction of the flow of material through the stomach. It can result in incarceration and strangulation, with variable loss of blood supply.

Although rare in childhood, a wandering spleen may also be associated with gastric volvulus, because they share a common etiology: congenital absence of intraperitoneal visceral attachments.

DA40.3

Gastric diverticulum

Gastric diverticulum is a disorder having out-pouchings from the gastric wall.

Exclusions: Congenital diverticulum of stomach (LB13)

DA40.4	Hourglass stricture and stenosis of stomach This is a structural change of stomach in which one more or less completely divided into two parts, resembling an hourglass in shape, due to often scarring which complicates chronic gastric ulcer.
DA40.5	Gastroptosis This is the abnormal downward displacement of the stomach.
DA40.Y	Other specified acquired anatomical alterations of the stomach
DA40.Z	Acquired anatomical alterations of the stomach, unspecified
DA41	Gastroduodenal motor or secretory disorders This group incorporates disorders due to abnormalities of gastroduodenal motor function and gastroduodenal secretory function, often resulting in the disturbance of transportation and/or digestion of foods. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> Zollinger-Ellison syndrome (5A43.1)
DA41.3	Achlorhydria Achlorhydria is a condition due to the absence of gastric acid in the stomach, resulting in indigestion and malabsorption.
DA41.Y	Other specified gastroduodenal motor or secretory disorders
DA41.Z	Gastroduodenal motor or secretory disorders, unspecified

DA42**Gastritis**

Gastritis is an injury of gastric mucosa that involves epithelial damage, mucosal inflammation, and epithelial cell regeneration except for any epithelial defect. Gastritis is caused by various factors such as infectious agents, drugs, chemical agents, autoimmune reaction and others. Gastritis is diagnosed histopathologically and/or endoscopically. Gastritis is classified as acute and chronic phase by clinical course.

Inclusions: Gastroduodenitis

DA42.0**Autoimmune gastritis**

A type of chronic atrophic gastritis restricted to gastric body mucosa, and characterised by a severe atrophy of the acid secreting glands and achlorhydria. This is usually associated with serum antiparietal cell antibody, with or without pernicious anaemia.

Coding Note: Code also the causing condition

DA42.1**Helicobacter pylori induced gastritis**

Gastritis with *Helicobacter pylori* infection. *H. pylori* infection causes acute gastritis at first. Lasting the infection the gastric mucosa turns into chronic gastritis and atrophic gastritis, one of the risk factors of gastric adenocarcinoma(CJBAA).

DA42.2**Eosinophilic gastritis**

Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.3**Lymphocytic gastritis**

Chronic gastritis characterised by a peculiar infiltration of benign lymphocytes into the glands and surface mucosa. Lymphocytic gastritis is associated with celiac disease, *Helicobacter pylori* (HP) gastritis, and varioliform gastritis.

DA42.4**Allergic gastritis**

Gastritis due to allergic disorders, principally meaning acute gastritis that occurs secondary to food allergy. But this also includes allergic gastritis due to non-food substances and allergic gastritis due to non-IgE-mediated hypersensitivity. This includes gastroduodenitis and gastroenteritis.

Exclusions: Allergic eosinophilic gastritis (DA42.2)
Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.40

Allergic gastritis due to IgE-mediated hypersensitivity

DA42.41

Allergic gastritis due to non-IgE-mediated hypersensitivity

DA42.4Y

Other specified allergic gastritis

DA42.4Z

Allergic gastritis, unspecified

DA42.5**Gastritis due to duodenogastric reflux**

Gastritis due to an excessive reflux of duodenal contents including bile into the stomach.

DA42.6	Menetrier disease Gastritis characterised by gastric mucosal hypertrophy, which may cause the giant rugal folds. The thickening of the rugae is predominantly caused by the expansion of the epithelial cell compartment of the gastric mucosa. Patients with Ménétrier disease most often present with hypoalbuminemia secondary to a loss of albumin into the gastric lumen.
DA42.7	Gastritis of unknown aetiology with specific endoscopic or pathological features
DA42.70	Acute superficial gastritis of unknown aetiology
DA42.71	Chronic superficial gastritis of unknown aetiology Persistent or recurrent inflammation of the lamina propria, limited to the outer third of the mucosa in the foveolar area.
DA42.72	Acute haemorrhagic gastritis of unknown aetiology Rapid onset inflammation of the mucosal lining of the stomach with associated bleeding or abnormal blood flow. Exclusions: Gastric erosion (DA60.0)
DA42.73	Chronic atrophic gastritis of unknown aetiology Persistent or recurrent inflammation of the gastric mucosa with atrophy leading to decreased hydrochloric acid concentration in the gastric juice. Atrophic gastritis frequently progresses from chronic gastritis. Inclusions: Gastric atrophy
DA42.74	Metaplastic gastritis of unknown aetiology Gastritis with intestinal metaplastic lesion, endoscopically visualized as an ash-coloured nodular change. Inclusions: Intestinal metaplasia
DA42.75	Granulomatous gastritis of unknown aetiology A rare disease characterised by the presence of granulomas within the gastric mucosa or submucosa. Common causes of GG are Crohn's disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal).
DA42.76	Hypertrophic gastritis of unknown aetiology Gastritis with rugal hypertrophy of greater curvature in corpus, in which hypertrophy of glands is observed. Exclusions: Menetrier disease (DA42.6)
DA42.7Y	Other specified gastritis of unknown aetiology with specific endoscopic or pathological features
DA42.8	Gastritis due to external causes Gastritis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA42.80	Alcoholic gastritis Inflammation of the gastric mucosa due to excessive alcohol use.
DA42.81	Radiation gastritis
DA42.82	Chemical gastritis
DA42.83	Drug-induced gastritis Acute or chronic gastritis induced by taking some known gastric mucosal damaged agents such as NSAIDs, aspirin and antibiotics.
DA42.8Z	Gastritis due to external causes, unspecified
DA42.9	Gastric phlegmon A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the gastric wall. It often develops to a defined pocket of pus, gastric abscess. This is mainly due to the result of acute inflammation by bacterial infection. <i>Inclusions:</i> Gastric abscess Phlegmonous gastritis
DA42.Y	Other specified gastritis
DA42.Z	Gastritis, unspecified
DA43	Vascular disorders of the stomach This group incorporates vascular disorders principally affecting the blood vessels of the stomach. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach
DA43.0	Gastric varices Abnormally dilated veins developed as portosystemic shunts in the lining of stomach (fundus and/or cardia) in patients with portal hypertension. Once gastric varices develop, they continue to grow, and bleeding from gastric varices can be fatal.
DA43.1	Angiodysplasia of stomach Small vascular malformation of the stomach. Most lesions are less than 10mm in size and often observed in multiple sites. It can be a source of gastrointestinal bleeding and anaemia. <i>Coded Elsewhere:</i> Hereditary haemorrhagic telangiectasia (LA90.00)
DA43.2	Arteriovenous malformation of stomach Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries.
DA43.3	Portal hypertensive gastropathy Changes in the mucosa of the stomach in patients with portal hypertension; by far the most common cause of this is cirrhosis of the liver.

DA43.4	Diffuse vascular ectasia of stomach Tortuous dilated blood vessels in the pyloric antrum radiating outward from the pylorus (so-called watermelon stomach). It may cause both acute and chronic gastrointestinal haemorrhage.
DA43.Y	Other specified vascular disorders of the stomach
DA43.Z	Vascular disorders of the stomach, unspecified
DA44	Gastric polyp Protruding lesion on the gastric epithelium caused by local overgrowth of gastric epithelial cells, classified as pedunculated and sessile type. <i>Inclusions:</i> Non-neoplastic gastric polyp <i>Exclusions:</i> Adenomatous gastric polyp (2E92.1) Adenoma of stomach (2E92.1)
DA44.0	Hyperplastic polyp of stomach Due to over growth of gastric foveolar epithelial cells. The histological background of hyperplastic polyp is atrophic gastritis, mostly caused by long-term H. pylori infection.
DA44.1	Fundic gland polyp of stomach Due to hyperplasia of fundic gland cells. Fundic polyp rises on fundic gland area without atrophic gastritis. Most cases show H. pylori negative.
DA44.2	Hamartomatous polyp of stomach Formed of dilated oxyntic glands and irregularly deformed oxyntic glands histologically. Most of them are located in the gastric body or the fundus.
DA44.Y	Other specified gastric polyp
DA44.Z	Gastric polyp, unspecified
DA4Y	Other specified diseases of stomach
DA4Z	Diseases of stomach, unspecified

Diseases of duodenum (DA50-DA5Z)

This is a group of conditions characterised as being in or associated with the duodenum, the first portion of the small intestine.

Coded Elsewhere: Neoplasms of the duodenum

Structural developmental anomalies of duodenum (LB14)

Duodenal ulcer (DA63)

DA50	Acquired anatomical alterations of the duodenum This group incorporates duodenal disorders principally due to acquired morphological changes of the duodenum.

DA50.0	Obstruction of duodenum Hindrance of the passage of luminal contents in the duodenum. Obstruction of duodenum can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the duodenum in addition to obstructed flow of luminal contents. <i>Exclusions:</i> congenital stenosis of duodenum (LB14)
DA50.1	Diverticulum of duodenum Diverticulum of duodenum is a disorder having out-pouchings from the duodenal wall. <i>Exclusions:</i> Congenital diverticulum of duodenum (LB14)
DA50.2	Fistula of duodenum Fistula of duodenum is an opening through the duodenal wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.
DA50.3	Deformity of duodenum, acquired Changes of duodenum in response to the influence by duodenal disease, compression of other organs around the duodenum.
DA50.Y	Other specified acquired anatomical alterations of the duodenum
DA50.Z	Acquired anatomical alterations of the duodenum, unspecified
DA51	Duodenitis Duodenitis is an injury of duodenal mucosa that involves epithelial damage and mucosal inflammation except for any epithelial defect. Duodenitis is caused by various factors such as high acid secretion, infectious agents, drugs, chemical agents and others. Gastric metaplasia (GM) is considered adaptive responses to hyperacidity. Helicobacter pylori can be colonized on GM epithelium, and induce duodenitis. Duodenitis is diagnosed histopathologically and/or endoscopically. Duodenitis is classified as acute and chronic phase by clinical course. <i>Inclusions:</i> Inflammation of duodenum <i>Exclusions:</i> Crohn disease (DD70)
DA51.0	Helicobacter-pylori associated duodenitis Duodenitis with Helicobacter pylori infection. H. pylori can be colonized on gastric metaplasia epithelium at bulb, and induce duodenitis.
DA51.1	Eosinophilic duodenitis A disease characterised by eosinophilic infiltration of various layers of duodenum in the absence of any known cause of eosinophilia.
DA51.2	Lymphocytic duodenitis Chronic duodenitis characterised by a dense infiltration of benign lymphocytes into the epithelium and lamina propria. Lymphocytic duodenitis may present early gluten-induced damage.

DA51.3	Allergic duodenitis Duodenitis due to allergic disorders.
DA51.4	Duodenitis of unknown aetiology with specific endoscopic or pathologic features Duodenitis of unknown etiology showing specific endoscopic or pathological findings, including acute haemorrhagic duodenitis and Granulomatous duodenitis.
DA51.40	Acute haemorrhagic duodenitis of unknown aetiology
DA51.41	Granulomatous duodenitis of unknown aetiology A rare disease characterised by the presence of granulomas within the duodenal mucosa or submucosa. Common causes are Crohn's disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal).
DA51.4Z	Duodenitis of unknown aetiology with specific endoscopic or pathologic features, unspecified
DA51.5	Duodenitis due to external causes Duodenitis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.
DA51.50	Alcoholic duodenitis Inclusions: Inflammation of the duodenal mucosa due to alcohol use
DA51.51	Drug-induced duodenitis Acute or chronic duodenitis induced by taking some known duodenal mucosal damaged agents such as NSAIDs and aspirin.
DA51.52	Chemical duodenitis Inclusions: Toxic duodenitis
DA51.53	Radiation duodenitis
DA51.5Y	Duodenitis due to other specified external causes
DA51.5Z	Duodenitis due to external causes, unspecified
DA51.6	Infectious duodenitis
DA51.60	Duodenal phlegmon A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the duodenal wall. It often develops to a defined pocket of pus, duodenal abscess. This is mainly due to the result of acute inflammation by bacterial infection.
DA51.6Y	Other specified infectious duodenitis
DA51.6Z	Infectious duodenitis, unspecified
DA51.Y	Other specified duodenitis
DA51.Z	Duodenitis, unspecified

DA52	Vascular disorders of the duodenum	This group incorporates vascular disorders principally affecting the blood vessels of the duodenum. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach.
DA52.0	Duodenal varices	Abnormally dilated veins developed as portosystemic shunts in the lining of duodenum in patients with portal hypertension. Once duodenal varices develop, they continue to grow, and bleeding from duodenal varices can be fatal.
DA52.1	Angiodysplasia of duodenum	Ectasia of duodenal submucosal veins and overlying mucosal capillaries. Most lesions are less than 10mm in size, and multiple lesions are frequent. On endoscopy, flat or slightly elevated, reddish, roundish or starry lesions are observed.
DA52.2	Arteriovenous malformation of duodenum	Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries. Dilated weak-walled blood vessels in the duodenum usually close to the inside surface. They appear as very red areas, and tend to bleed easily with minimal trauma.
DA52.Y	Other specified vascular disorders of the duodenum	
DA52.Z	Vascular disorders of the duodenum, unspecified	
DA53	Duodenal polyp	Protruding lesion on the duodenal epithelium caused by local overgrowth of duodenal epithelial cells.
	Exclusions:	Gastric heterotopia of duodenum (LB14) adenoma or adenomatous polyp of the duodenum (2E92.2)
DA53.0	Hyperplastic duodenal polyp	Due to overgrowth of gastric foveolar type epithelial cells in duodenum.
DA53.Y	Other specified duodenal polyp	
DA53.Z	Duodenal polyp, unspecified	
DA5Y	Other specified diseases of duodenum	
DA5Z	Diseases of duodenum, unspecified	

DA60	Gastric ulcer Gastric ulcer is defined as a distinct breach in the mucosa of the stomach as a result of caustic effects of acid and pepsin in the lumen. Histologically, gastric ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called 'erosion'. Inclusions: Mucosal defect of the stomach Peptic ulcer of stomach Exclusions: acute haemorrhagic erosive gastritis (DA42.72) Malignant neoplasms of stomach (2B72)
DA60.0	Gastric erosion Gastric erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Gastric erosion may constitute a phase of ulcer development or accompany some forms of gastric ulcer.
DA60.1	Helicobacter pylori associated gastric ulcer Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. It accounts for the majority of gastric ulcer. H. pylori that involves the acid-producing mucosa of the stomach can lead to hypochlorhydria or achlorhydria, and subsequent gastric ulceration. Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)
DA60.2	Helicobacter pylori associated and drug-induced gastric ulcer
DA60.3	Stress ulcer of stomach Stress ulcers of stomach are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers. Stress ulcers of stomach may develop anywhere within the stomach but are more likely to occur in fundic mucosa, which lines the body and fundus of the stomach.
DA60.4	Eosinophilic gastric ulcer Gastric ulcer caused by eosinophilic gastritis.
DA60.5	Lymphocytic gastric ulcer Gastric ulcer caused by lymphocytic gastritis.
DA60.6	Gastric ulcer due to external causes Gastric ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.
DA60.60	Alcohol-induced gastric ulcer

DA60.61	Chemical gastric ulcer
DA60.62	Drug-induced gastric ulcer Medications such as NSAIDs can cause gastric ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil. Inclusions: Toxic gastric ulcer Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)
DA60.63	Radiation gastric ulcer
DA60.6Y	Other specified gastric ulcer due to external causes
DA60.6Z	Gastric ulcer due to external causes, unspecified
DA60.7	Infectious secondary gastric ulcer Gastric ulcer due to infectious diseases other than Helicobacter pylori, such as bacteria such as mycobacterium, virus, fungus and parasites.
Coding Note:	Code also the causing condition
DA60.Y	Other specified gastric ulcer
DA60.Z	Gastric ulcer, unspecified
DA61	Peptic ulcer, site unspecified Peptic ulcer is defined as a distinct breach in the mucosa of the gastrointestinal tract as a result of caustic effects of acid and pepsin in the lumen. A peptic ulcer may develop in any part of the gastrointestinal tract exposed to acid and pepsin. The most common locations are the stomach and duodenal bulb, but peptic ulcer may also develop in the oesophagus in gastro-oesophageal reflux diseases, and in the distal ileum as a result of a Meckel's diverticulum lined with heterotopic gastric mucosa.
DA62	Anastomotic ulcer Anastomotic ulcer develops following gastric resection or other procedures, such as gastroenterostomy, that involve the anastomosis of the stomach to some other portion of the gastrointestinal tract. In such cases an ulcer develops near the stoma; it is almost invariably in the efferent limb of the intestine, not in the stomach. Exclusions: Primary ulcer of small intestine (DA94.0)
DA62.0	Anastomotic erosion Anastomotic erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Anastomotic erosion may constitute a phase of ulcer development or accompany some forms of anastomotic ulcer.
DA62.1	Helicobacter pylori associated anastomotic ulcer Helicobacter pylori associated anastomotic ulcer is an ulcer at the anastomosis that is associated with Helicobacter pylori infection. Helicobacter pylori infection is considered as one of the risk factors for anastomotic ulcer.

DA62.2	Drug-induced anastomotic ulcer Drug-induced anastomotic ulcer is an ulcer at the anastomosis that is caused by drug ingestion. NSAID is considered as one of the risk factors for anastomotic ulcer.
DA62.3	Peptic anastomotic ulcer Anastomotic ulcer, peptic is an ulcer resulting from the effects of gastric acid on the susceptible intestinal mucosa.
DA62.Y	Other specified anastomotic ulcer
DA62.Z	Anastomotic ulcer, unspecified
DA63	Duodenal ulcer Duodenal ulcer is defined as a distinct breach in the mucosa of the duodenum as a result of caustic effects of acid and pepsin in the lumen. Histologically, duodenal ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called 'erosion'. Exclusions: Anastomotic ulcer (DA62)
DA63.0	Duodenal erosion Duodenal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Duodenal erosion may constitute a phase of ulcer development or accompany some forms of duodenal ulcer.
DA63.1	Helicobacter-pylori associated duodenal ulcer Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. In the case of duodenal ulcers, H. pylori is believed to infect the gastric antrum or ectopic gastric mucosa in the duodenum. This is associated with increased acid production and duodenal ulceration.
DA63.2	Helicobacter-pylori associated and drug-induced duodenal ulcer
DA63.3	Stress ulcer of duodenum Stress ulcers of duodenum are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers.
DA63.4	Eosinophilic duodenal ulcer Duodenal ulcer caused by eosinophilic duodenitis
DA63.5	Duodenal ulcer due to external causes Duodenal ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA63.50	Drug-induced duodenal ulcer Medications such as NSAIDs can cause duodenal ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil. Inclusions: Toxic duodenal ulcer
DA63.51	Radiation duodenal ulcer
DA63.52	Chemical duodenal ulcer
DA63.5Y	Duodenal ulcer due to other specified external causes
DA63.5Z	Duodenal ulcer due to external causes, unspecified
DA63.6	Infectious duodenal ulcer Coded Elsewhere: Parasitic duodenal ulcer (1F61)
DA63.60	Bacterial duodenal ulcer Duodenal ulcer caused by infection with bacteria. This includes mycobacterium, Treponema pallidum (syphilis bacterium) and other bacterial infections in the duodenum. Exclusions: Helicobacter-pylori associated duodenal ulcer (DA63.1)
DA63.61	Viral duodenal ulcer Duodenal ulcer caused by infection with virus. Infectious diseases such as cytomegalovirus and herpes simplex virus are often associated with duodenal ulcer.
DA63.62	Fungal duodenal ulcer Duodenal ulcer caused by infection with fungus. This includes infection with candida and other fungal infections in the duodenum.
DA63.6Z	Infectious duodenal ulcer, unspecified
DA63.Y	Other specified duodenal ulcer
DA63.Z	Duodenal ulcer, unspecified

DA7Z	Diseases of the stomach or the duodenum, unspecified

Diseases of small intestine (DA90-DA9Z)

This is a group of conditions characterised as being in or associated with the small intestine.

Exclusions: Ileostomy malfunction (DE12.0)

Diseases of duodenum (DA50-DA5Z)

Coded Elsewhere: Neoplasms of the small intestine

Foreign body in small intestine (ND73.3)

Structural developmental anomalies of small intestine (LB15)

DA90

Nonstructural developmental anomalies of small intestine

Any congenital defect of small intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Coded Elsewhere: Maltase-glucoamylase deficiency (5C61.1)

Congenital sucrase-isomaltase deficiency (5C61.2)

Alpha, alpha trehalase deficiency (5C61.3)

Congenital lactase deficiency (5C61.61)

DA90.0

Syndromic diarrhoea

Syndromic diarrhoea (SD), also known as phenotypic diarrhoea (PD) or tricho-hepato-enteric syndrome (THE), is a congenital enteropathy presenting with early-onset of severe diarrhoea requiring parenteral nutrition (PN), associated with facial dysmorphism, woolly and poorly pigmented hair and liver disease, with extensive fibrosis or cirrhosis, in about half of the patients.

Inclusions: Phenotypic diarrhoea

DA90.1	Congenital intestinal transport defect This is a congenital disease of the small intestinal mucosa that presents with intractable diarrhoea and malabsorption of nutrients in young children, due to defect of transporter of nutrients in enterocytes. Coded Elsewhere: Glucose-galactose malabsorption (5C61.0) Fructose malabsorption (5C61.40) Acrodermatitis enteropathica (5C64.20) Idiopathic bile acid malabsorption (DA96.02) Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0) Glycogen storage disease due to GLUT2 deficiency (5C51.3) Lysinuric protein intolerance (5C60.Y) Haptocorrin deficiency (5C63.0) Hereditary folate malabsorption (5C63.1) Vitamin B12 deficiency anaemia due to selective vitamin B12 malabsorption with proteinuria (3A01.Y)
DA90.2	Congenital intestinal motility disorders This is a congenital disorder of the small intestinal intestine that presents severe impairment or change of bowel movement often associated with malabsorption of nutrients in young children. Coded Elsewhere: Megacystis - microcolon - intestinal hypoperistalsis - hydronephrosis (LD2F.1Y)
DA90.Y	Other specified nonstructural developmental anomalies of small intestine
DA90.Z	Nonstructural developmental anomalies of small intestine, unspecified
DA91	Obstruction of small intestine Hindrance of the passage of luminal contents in the small intestine. Obstruction of the small intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the small intestine in addition to obstructed flow of luminal contents. Inclusions: Occlusion of small intestine Exclusions: Diverticular disease of small intestine (DC70-DC72.Z) Crohn disease of small intestine (DD70.1) hernia involving small intestine (DD50.2) ischaemic stricture of small intestine (DD31) Paralytic ileus (DA93.0) Intestinal obstruction of newborn (KB87)
DA91.0	Intussusception of small intestine Intussusception occurs when a segment of bowel invaginates, or telescopes, into adjacent distal bowel, leading to obstruction and possibly ischemic injury.

DA91.1	Volvulus of small intestine A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis.
DA91.2	Intestinal adhesions or bands of small intestine with obstruction Small bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.
DA91.3	Obstructive ileus of small intestine due to impaction Small bowel obstruction may result when a substance such as gallstone or enterolith is too large to traverse the small intestine, especially at the ileocecal valve.
DA91.30	Gallstone ileus of small intestine Small bowel obstruction due to stenosis resulting from impaction of gallstones.
DA91.31	Enterolith of small intestine This is a mineral concretion or calculus formed anywhere in the gastrointestinal system, but in this case the small intestine.
DA91.3Y	Other specified obstructive ileus of small intestine due to impaction
DA91.3Z	Obstructive ileus of small intestine due to impaction, unspecified
DA91.Y	Other specified obstruction of small intestine
DA91.Z	Obstruction of small intestine, unspecified
DA92	Other acquired anatomical alterations of small intestine This group incorporates small intestinal disorders principally due to acquired morphological changes of the small intestine, except for obstruction of small intestine (EC). Coded Elsewhere: Diverticular disease of small intestine (DC70-DC72.Z) Perforation of small intestine (ME24.30) Endometriosis of small intestine (GA10.C1)
DA92.0	Fistula of small intestine A small intestinal fistula is defined as an abnormal communication between the small intestine and another epithelialized surface such as the skin or an adjacent loop of bowel. Inclusions: Fistula of intestine, site unspecified Exclusions: Fistula of duodenum (DA50.2) Coded Elsewhere: Fistula of small intestine to vagina (GC04.11)

DA92.1	Pneumatosis intestinalis of small intestine Pneumatosis intestinalis is a rare condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the small intestine.
DA92.Y	Other specified other acquired anatomical alterations of small intestine
DA92.Z	Other acquired anatomical alterations of small intestine, unspecified
DA93	Motility disorders of small intestine Disorders of small intestinal motility due to abnormal contractions, such as weak contractions and disorganised (unsynchronized) contractions. The loss of ability to coordinate motor activity may cause a variety of disorders including small intestinal distention and bacterial overgrowth.
DA93.0	Paralytic ileus A type of ileus, a functional not mechanical obstruction of the small intestines, and a state of pathophysiologic inhibition of motor activity due to non-mechanical causes. The paralysis does not need to be complete, but the intestinal muscles must be so inactive that it leads to a functional blockage of the intestine. Exclusions: Obstructive ileus of small intestine due to impaction (DA91.3) Gallstone ileus of small intestine (DA91.30) Coded Elsewhere: Transitory ileus of newborn (KB87.3)
DA93.Y	Other specified motility disorders of small intestine
DA93.Z	Motility disorders of small intestine, unspecified
DA94	Noninfectious enteritis or ulcer of small intestine Noninfectious enteritis and ulcer of small intestine is inflammation or tissue defect in the small intestine of non-infectious origin, usually due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders. Its severity may vary from mild and inconvenient to severe and life-threatening. Inclusions: Noninfectious small intestinal inflammation, erosion, ulcer or ulcer scar Exclusions: Crohn disease of small intestine (DD70.1) Functional diarrhoea (DD91.2) Noninfectious neonatal diarrhoea (KB8C)
DA94.0	Primary ulcer of small intestine Enteritis or ulcer of small intestine of unknown origin
DA94.00	Primary nonspecific ulceration of small intestine Primary or simple ulcer of the small intestine occurring beyond the duodenum is rare. The lesion includes single ulcers within the jejunum and ileum of unknown etiology. Non-specific ulcer accompanied with Behcet disease is classified elsewhere in EGD. Inclusions: Simple ulcer of small intestine

DA94.01	Chronic non-specific multiple ulcers of small intestine In CNSU patients chronic non-specific multiple ulcers are predominantly found in the ileum, which are circular or irregular in shape. The margins of ulcers are always clear and the intervening mucosa appears normal. CNSU is often characterised by anaemia and hypoalbuminemia due to bleeding and protein loss from multiple ulcers.
DA94.02	Cryptogenic multifocal ulcerous stenosing enteritis CMUSE is an independent, rare disease characterised by chronic diarrhoea and by non-specific small intestinal ulceration and ulcerative stenosis which responds to corticosteroid therapy.
DA94.0Y	Other specified primary ulcer of small intestine
DA94.0Z	Primary ulcer of small intestine, unspecified
DA94.1	Drug-induced or toxic enteritis of small intestine Enteritis or ulcer of small intestine due to medication including mucosal damaged agents such as NSAIDs, aspirin and antibiotics, due to chemotherapy and due to chemical toxic substances.
DA94.2	Allergic or dietetic enteritis of small intestine Enteritis or ulcer of small intestine due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-IgE-mediated intestinal hypersensitivity, and eosinophilic disorders of small intestine. Food protein-induced enterocolitis syndrome (EPIES) is also included here.
DA94.20	IgE mediated allergic enteritis of small intestine Immediate type (IgE-mediated) enteric hypersensitivity due to exposure to an allergen in individuals previously sensitized. The symptoms are acute abdominal pain and diarrhoea and can be combined to other symptoms in cases of anaphylaxis.
DA94.21	Eosinophilic enteritis This refers to a rare and heterogeneous condition of inflammation of small intestine characterised by patchy or diffuse eosinophilic infiltration of the intestinal tissue.
DA94.22	Food protein-induced enterocolitis syndrome A non-IgE-mediated intestinal hypersensitivity cell-mediated persistent chronic inflammation of the enteric tract which primarily affects children. The most common causal foods are: cow's milk, soy, rice, oat, meat. In cases of chronic exposure, the most frequent symptoms are emesis, diarrhoea, poor growth and lethargy. In cases of re-exposure after restriction, the patient can present emesis, diarrhoea, hypotension (15%) 2 hours after ingestion.
DA94.2Y	Other specified allergic or dietetic enteritis of small intestine
DA94.2Z	Allergic or dietetic enteritis of small intestine, unspecified

DA94.3	Enteritis or ulcer of small intestine due to other external causes Enteritis and ulcer of small intestine induced by external causes, such as foreign body, radiation, trauma, and other external causes. Enteritis due to chemical and toxic substances is excluded from here and classified in EGB.
DA94.30	Enteritis or ulcer of small intestine due to foreign body
DA94.31	Enteritis or ulcer of small intestine due to radiation
DA94.32	Enteritis or ulcer of small intestine due to trauma
DA94.3Z	Enteritis or ulcer of small intestine due to other external causes, unspecified
DA94.Y	Other specified noninfectious enteritis or ulcer of small intestine
DA94.Z	Noninfectious enteritis or ulcer of small intestine, unspecified
DA95	Coeliac disease Coeliac disease is a permanent intolerance to gluten proteins, present in wheat, rye, and barley. It is an autoimmune disorder, characterised by a chronic inflammatory state of the small intestinal mucosa and submucosa, which can impair digestion and absorption of nutrients, leading to malnutrition. Inclusions: Gluten-sensitive enteropathy Nontropical sprue Idiopathic steatorrhea
DA96	Intestinal malabsorption or protein-losing enteropathy Intestinal malabsorption is a diseased condition in which absorption of food nutrients across the intestinal tract is disturbed. Impairment of single or multiple nutrients may lead to malnutrition. Protein-losing enteropathy is a diseased condition in which there is excessive loss of plasma protein into the intestine. More loss of proteins than synthesis may lead to hypoalbuminemia. Exclusions: Crohn disease (DD70)
DA96.0	Intestinal malabsorption Intestinal malabsorption (syndrome) occurs due to pathological interference with the normal physiological sequence of digestion (intraluminal process), absorption (mucosal process), and transport (post-mucosal events) of nutrients in the small intestine. The concept of intestinal failure is a life-threatening severe type of intestinal malabsorption due to short bowel, structural enterocyte defects, and intestinal dysmotility etc. Coded Elsewhere: Postsurgical malabsorption, not elsewhere classified (DE13) Neonatal malabsorption syndromes (KB89) Amyloidosis of small intestine (5D00.0)

DA96.00	Bacterial overgrowth syndrome Bacterial overgrowth syndrome is a term that describes clinical manifestations that occur when poor movement of intestinal contents allows certain normal intestinal bacteria to grow excessively, causing diarrhoea and poor absorption of nutrients (malabsorption). Various etiological processes can disrupt mechanisms that keep the number of these bacteria low. These include structural abnormalities (congenital or surgical) and disorders that cause decreased gastric acidity, reduced peristaltic activity, and mucosal damage or atrophy. Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)
DA96.01	Tropical sprue Tropical sprue is a syndrome involving the entire small intestine that causes acute or chronic diarrhoea and malabsorption of nutrients of progressive severity that results in malnutrition and anaemia due to folic acid deficiency. The disorder occurs only among persons (mostly adults) who visit, or are residents of, certain tropical and subtropical areas. Histological changes consist of lengthening of the crypt area and broadening and shortening of the villi with chronic inflammation of small intestine. The cause of tropical sprue is not known, but excess levels of certain types of bacteria in the small intestines have been suggested, and antimicrobial therapy may result in cure of the intestinal abnormalities. Inclusions: Tropical steatorrhoea
DA96.02	Malabsorption or intolerance of specific nutrients Food intolerance is a term used for difficulty in digesting a food due to various physiological responses associated with a particular food, or compound found. Food intolerance should not be mistaken for food allergy, which is primarily involving the immune reaction against the food. Coded Elsewhere: Lactose intolerance (5C61.6)
DA96.04	Short bowel syndrome Having less than 200 cm of residual small bowel with or without colon in an adult and for children (< 18 yrs), less than 25% of the normal length of intestine for their respective age. Exclusions: Congenital short bowel (LB15.2) Coded Elsewhere: Short bowel syndrome in neonate (KB89.1)
DA96.05	Intestinal failure The reduction of gut function below the minimum necessary for the absorption of macronutrients and/or water and electrolytes, such that intravenous supplementation is required to maintain health and/or growth.
DA96.0Y	Other specified intestinal malabsorption
DA96.0Z	Intestinal malabsorption, unspecified

DA96.1	Protein-losing enteropathy Protein-losing enteropathy is a syndrome characterised by the severe loss of serum proteins into the intestine. It is not a single disease, but an atypical manifestation of other diseases, which involves intestinal mucosa as well as intestinal blood or lymphatic vessels. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Ischaemic vascular disorders of intestine (DD30-DD3Z) <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Duodenal varices (DA52.0)
DA97.Z	Certain vascular disorders of small intestine, unspecified

DA98**Polyps of small intestine**

Polyps of small intestine are benign mushroom-like abnormalities of the small intestine that may have a stalk or be flat with a stalk. (Polyps of small intestine are any mass of tissue that arises from the small intestinal wall and protrudes into the lumen.)

Exclusions: Adenoma of small intestine (2E92.3)
Adenomatous polyp of small intestine (2E92.3)
Polyposis syndrome (2E92.40)

DA98.0**Hamartoma of small intestine**

Hamartoma of small intestine is a non-neoplastic mass of indigenous tissue in the small intestine.

DA98.1**Hyperplastic polyp of small intestine**

Hyperplastic/metaplastic polyps of small intestine usually result from the abnormal maturation of the mucosal cells of the small intestines and are usually of small size.

DA98.2**Inflammatory fibroid polyp of small intestine**

Inflammatory fibroid polyp (IFP) is a rare tumour and it presents either as a solitary large or sessile lesion that arises in the submucosa. It is characterised by spindle and stellate cells set in an inflammatory, myxoid stroma.

DA98.3**Lymphoid hyperplasia of small intestine**

Lymphoid hyperplasia of small intestine is a formation of well differentiated lymphoid tissue due to enhanced cell division in the small intestinal mucosa.

DA98.Y**Other specified polyps of small intestine****DA98.Z****Polyps of small intestine, unspecified****DA9Y****Other specified diseases of small intestine****DA9Z****Diseases of small intestine, unspecified****Diseases of appendix (DB10-DB1Z)**

Coded Elsewhere: Neoplasms of the appendix

DB10**Appendicitis**

Appendicitis is a condition characterised by inflammation of the vermiform appendix.

DB10.0**Acute appendicitis**

Acute inflammation and enlargement of the vermiform appendix. It has been recognised as one of the most common causes of severe acute abdominal pain worldwide. Most cases require appropriate medical treatment or removal of the inflamed appendix. If untreated, mortality is high, mainly because of the risk of rupture leading to peritonitis and shock. In this category acute appendicitis only due to common bacterial infection is included, and appendicitis due to specific organisms is ruled out from here, and described elsewhere.

DB10.00	Acute appendicitis with generalised peritonitis
	This is a condition characterised by acute inflammation of the vermiform appendix that is extending into the free, not contained, inflammation of the peritoneum. There is usually a free perforation and surgical treatment is recommended.
	Inclusions: Acute appendicitis with free perforation to the abdominal cavity acute appendicitis with diffuse peritonitis following rupture or perforation
DB10.01	Acute appendicitis with localised peritonitis
	This condition is characterised by acute inflammation of the vermiform appendix with peritonitis that is contained into an abscess or phlegmone. There is often an underlying covered perforation of appendix with leakage from the appendix lumen.
	Inclusions: Acute appendicitis with contained perforation to a localised abscess
DB10.02	Acute appendicitis without localised or generalised peritonitis
	This condition is characterised by acute inflammation of the vermiform 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, mucocoele, 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 invaginates, or telescopes, into adjacent distal bowel, leading to obstruction and possibly ischemic injury. Colonic intussusception is a relatively uncommon condition that is most frequent in the early years of life. There are three main varieties: caecocolic, colocolic and sigmoidrectal.

DB30.1	Volvulus of large intestine A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis. The classical sites of large intestinal volvulus are the caecum and the sigmoid colon, although there are reports of volvulus of the transverse colon and the splenic flexure.
DB30.2	Adhesions of large intestine with obstruction Large bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.
DB30.3	Impaction of large intestine Large bowel obstruction may result when a substance such as gallstone, foreign body, or enterolith, but not faecal, is too large to traverse the large intestine. <i>Inclusions:</i> Impaction of large bowel <i>Exclusions:</i> 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. <i>Exclusions:</i> Obstruction of large intestine (DB30) Diverticular disease of large intestine (DC80-DC82.Z) <i>Coded Elsewhere:</i> Perforation of large intestine (ME24.31) Endometriosis of large intestine (GA10.C1)
DB31.0	Fistula of large intestine Fistula of large intestine is defined as an abnormal communication between the large intestine and another epithelialized surface such as the skin, an adjacent organ or an adjacent loop of bowel. Colovesical fistula is the most common, but colovaginal, colocolic, coloileal, colocutaneous, and coloanal fistulae have been described. Fistulas due to Crohn disease are excluded from here. <i>Coded Elsewhere:</i> Fistula of large intestine to vagina (GC04.12) Rectovaginal fistula (GC04.16)
DB31.1	Pneumatosis intestinalis of large intestine This refers to pneumatosis intestinalis in the large intestine, which is a condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the intestine.

DB31.2	Rectal prolapse Rectal mucosal prolapse refers to abdominal descent of the rectal mucosa. The best recognised site of the mucosal prolapse is the anterior wall of the rectum. Inclusions: Prolapse of rectal mucosa
DB31.Y	Other specified other acquired anatomical alterations of large intestine
DB31.Z	Other acquired anatomical alterations of large intestine, unspecified
DB32	Motility disorders of large intestine Disorders of colonic motility due to abnormal contractions, such as spasms and colonic paralysis. The loss of ability to coordinate motor activity may cause a variety of disorders including colonic distention and severe constipation. Coded Elsewhere: Paralytic ileus of large intestine (DA93.0) Paralytic ileus of small intestine or colon (DA93.0)
DB32.0	Pseudo-obstruction of colon Colonic pseudo-obstruction is a rare condition with symptoms of decreased ability of the colon to push fluid, food and air through like those caused by a colonic obstruction, or blockage. The clinical and radiological findings are often similar to true obstruction, but no true mechanical blockage is found. The symptoms generally includes dyspepsia, chronic constipation and, in the moments where appear abdominal colic. Ogilvie syndrome: acute pseudoobstruction of the colon in severely ill debilitated patients is included here as acute form.
DB32.1	Slow transit constipation Slow transit constipation (STC) typically involves the unusually slow passage of luminal contents through the large intestine. This can lead to chronic problems, such as constipation and uncontrollable soiling and could require colectomy.
DB32.2	Megacolon Megacolon is a descriptive term indicating an abnormal dilation of large intestine. The dilatation is often accompanied by a paralysis of the peristaltic movements of the bowel. Coding Note: Code also the causing condition Exclusions: Congenital megacolon (LB16.1) Hirschsprung disease (LB16.1)
DB32.20	Toxic megacolon Toxic megacolon is an acute form of colonic distension characterised by a very dilated colon, accompanied by abdominal distension (bloating), and sometimes fever, abdominal pain, or shock. "Toxic" means that this complication occurs with inflammation. Toxic megacolon is a rare, life-threatening widening of the large intestine that occurs within a few days, occurring as a complication of inflammatory bowel disease, such as ulcerative colitis and Crohn disease. Coding Note: Code also the causing condition
DB32.2Y	Other specified megacolon Coding Note: Code also the causing condition

DB32.2Z Megacolon, unspecified

Coding Note: Code also the causing condition

DB32.3 Acquired hypoganglionosis of large intestine

Acquired hypoganglionosis is characterised as a degeneration of ganglion cells and gliosis histologically. The prognosis is usually good following resection of the affected bowel.

Exclusions: Congenital hypoganglionosis of large intestine (LB16.3)

DB32.Y Other specified motility disorders of large intestine

DB32.Z Motility disorders of large intestine, unspecified

DB33

Certain noninfectious colitis or proctitis

Noninfectious colitis and proctitis is inflammation or tissue defect in the large intestine of non-infectious origin, but not included in inflammatory bowel diseases, including specific type of colitis, colitis due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders.

Exclusions: Inflammatory bowel diseases (DD70-DD7Z)

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

DB33.0 Primary ulcer of colon

A condition with single or multiple ulcers (mucosal defect) develops in the rectum or colon. Ulcers of the colon can cause bleeding with straining in people with chronic constipation.

Inclusions: Simple ulcer of colon

DB33.1 Microscopic colitis

A condition of inflammation of the colon that is only detectable when the colon's lining is examined under a microscope. The endoscopic appearance of the inner colon lining is normal. There are two types of microscopic colitis: lymphocytic colitis and collagenous colitis.

DB33.10 Collagenous colitis

Collagenous colitis is characterised by chronic watery diarrhoea, normal radiological and endoscopic appearance of the colon, and a specific histopathological feature consisting in the presence of a subepithelial collagen band (10 µm or more) adjacent to the basal membrane, together with epithelial lymphocyte infiltration and chronic inflammation of the lamina propria.

DB33.11 Lymphocytic colitis

Lymphocytic colitis is an intestinal inflammatory disorder characterised by increased intraepithelial lymphocytes and manifesting as chronic watery diarrhoea, abdominal pain, nausea, incontinence and faecal urgency. Together with collagenous colitis it makes up a group known as microscopic colitis.

DB33.1Y Other specified microscopic colitis

DB33.1Z Microscopic colitis, unspecified

DB33.2	Allergic or dietetic colitis Colitis and proctitis due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-IgE-mediated colonic hypersensitivity, and eosinophilic disorders of large intestine. Food protein-induced proctitis/colitis of infants is also included here.
DB33.20	Food protein-induced proctitis or colitis of infants A non-IgE-mediated intestinal hypersensitivity (in the absence of IgE antibodies) induced by food protein that induces inflammatory response mainly to the rectum and distal sigmoid colon. This is a condition in infants that results from an immune response triggered by proteins in the diet mainly milk (through breast-feeding). Patients usually appear healthy and have normal, soft stools that contain flecks or streaks of blood. The diagnosis is usually made based upon the resolution of symptoms upon withdrawal of the presumed food antigen. The usual onset is in the first 2 months of life but it also occurs in infants from 1 day to 6 months of age.
DB33.2Y	Other specified allergic or dietetic colitis
DB33.2Z	Allergic or dietetic colitis, unspecified
DB33.3	Diversion colitis An inflammatory condition that occurs in segments of the colon and rectum that are diverted from the faecal stream by surgery.
DB33.4	Colitis or proctitis due to external causes Colitis and proctitis induced by external causes, such as chemical and toxic substances, foreign body, radiation, trauma, and other external causes. Exclusions: Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)
DB33.40	Chemical colitis or proctitis This refers to condition of inflammation of large intestine caused by chemical or toxic substances.
DB33.41	Radiation-induced colitis This refers to inflammation of the large intestine and colonic ulcer due to radiation.
DB33.42	Radiation proctitis Radiation proctitis is a rare rectal disease directly induced by pelvic radiotherapy and characterised by rectal bleeding, change in bowel habits, tenesmus and sepsis.
DB33.43	Drug-induced colitis Colitis or ulcer of large intestine due to medication including mucosal damaged agents such as NSAIDs, antibiotics, chemotherapy drugs, and other medications. Inclusions: Drug-induced proctitis Drug-induced colonic ulcer Coded Elsewhere: Pseudomembranous colitis (1A04)
DB33.4Y	Other specified colitis or proctitis due to external causes
DB33.4Z	Colitis or proctitis due to external causes, unspecified

DB33.Y **Other specified noninfectious colitis or proctitis**

DB33.Z **Certain noninfectious colitis or proctitis, unspecified**

DB34 **Certain vascular disorders of large intestine**

The whole large intestine receives its blood supply from colonic branches of the superior mesenteric artery and the inferior mesenteric artery, and the venous drainage is through the portal system via the superior and inferior mesenteric vein. Vascular disorders includes lesions in these vessels and capillary.

Exclusions: Ischaemic vascular disorders of intestine (DD30-DD3Z)

Coded Elsewhere: Ischaemic colitis (DD31.00)

Vascular disorders of large intestine due to injury or trauma
(NB90.Y)

DB34.0 **Angiodysplasia of colon**

Small dilated submucosal vessels of colonic mucosa with perforating vessels going through the muscularis mucosae.

DB34.1 **Arteriovenous malformation of large intestine**

Vascular malformations of large intestine that result from a localised maldevelopment of part of the primitive vascular plexus and consist of abnormal arteriovenous communications without intervening capillaries. They vary in size, ranging from massive lesions that are fed by multiple vessels to lesions so small that they are hard to identify at arteriography, surgery, or autopsy, but relatively larger than angiodysplasia.

DB34.2 **Vasculitis of large intestine**

DB34.3 **Varices of large intestine**

Abnormally dilated veins in the lining of large intestine. Intestinal varices represent varices at an unusual site in patients with cirrhosis and portal hypertension.

DB34.4 **Acute haemorrhagic rectal ulcer**

Acute haemorrhagic rectal ulcer is regarded as an acute ischemic mucosal disorder that occurs in elderly patients who are suffering from incipient blood flow reduction due to arteriosclerotic factors. These patients are often bedridden, and this causes a decrease in mucosal blood flow in the lower rectum, which in turn triggers this pathology.

DB34.Y **Other specified vascular disorders of large intestine**

DB34.Z **Vascular disorders of large intestine, unspecified**

DB35 **Polyp of large intestine**

Polyps are abnormal growths rising from the lining of the large intestine that protrude into the intestinal lumen. Polyps can cause bleeding, and over time, can develop into cancers.

Exclusions: Polyposis syndrome (2E92.40)

Malignant neoplasms of colon (2B90)

Coded Elsewhere: Adenomatous polyp of the colon (2E92.4Y)

DB35.0	Hyperplastic polyp of large intestine Hyperplastic polyps are truly benign growths, possessing no potential for progression to colorectal cancer. Hyperplastic polyps pathologically lack dysplasia. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> Focal lymphoid hyperplasia
DB35.3	Hamartomatous polyp The hamartomatous polyp is a non-neoplastic, benign tumour-like malformation resulting from an abnormal formation of normal tissue. It contains mesenchymal elements of excess vascular and/or fibrous stroma and glandular proliferation with cystic dilatation. <i>Exclusions:</i> 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. <i>Inclusions:</i> Ulcer of anus and rectum Solitary ulcer of anus Stercoral ulcer of anus <i>Coded Elsewhere:</i> Drug-induced anal ulceration (EH76.Y)
DB53	Anal prolapse This is a condition in which the rectal tissue loses its internal support and protrudes from the anus to the exterior of the body. <i>Inclusions:</i> Prolapse of anal canal
DB5Y	Other specified acquired anatomical alterations of the anal canal
DB5Z	Acquired anatomical alterations of the anal canal, unspecified

Haemorrhoids or perianal venous conditions (DB60-DB6Z)

Haemorrhoids are anatomical structures of swollen veins of the rectal plexus in the walls of the anal canal and/or under the skin around the anus. The term haemorrhoids is usually related to the symptoms caused by haemorrhoids resulting in bleeding and painful swelling when they become enlarged, inflamed, thrombosed, or prolapsed. Haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: varicose veins of anus and rectum

DB60

Haemorrhoids

A prolapse of vascular cushions resulting in bleeding and painful swelling in the anal canal. Internal haemorrhoids are swollen veins inside the anal canal and one in a vein of the superior rectal plexus, originating above the pectinate line and covered by mucous membrane.

Internal haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: piles

Coded Elsewhere: Haemorrhoids in pregnancy (JA61.4)

Haemorrhoids in the puerperium (JB41.2)

DB60.0

First degree haemorrhoids

(grade I): First-degree haemorrhoids bulge into the anal canal and sometimes bleed, but do not prolapse through the anus.

Inclusions: Haemorrhoids (bleeding) without prolapse outside of anal canal

DB60.1

Second degree haemorrhoids

(grade II): Second-degree haemorrhoids prolapse from the anus during bowel movements but then withdraw back up into the anal canal, spontaneously.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, but retract spontaneously

DB60.2

Third degree haemorrhoids

(grade III): Third-degree haemorrhoids remain prolapsed unless pushed gently back into the anal canal, and they can be reduced manually.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, and require manual reduction back inside the anal canal

DB60.3

Fourth degree haemorrhoids

(grade IV): Fourth-degree haemorrhoids cannot be pushed back into the anal canal and permanently prolapsed.

Inclusions: Haemorrhoids (bleeding) with prolapsed tissue that cannot be manually reduced

DB60.Z

Haemorrhoids, unspecified

DB61	Perianal venous thrombosis Extremely painful cherry like lesions under the perianal skin containing clotted blood have been attributed to rupture of a blood vessel with haematoma. However, histology confirmed that these lesions are thrombi lying within the thin-walled vessels of the external anal plexus. Inclusions: perianal thrombosis Perianal haematoma (nontraumatic)
DB62	Residual haemorrhoidal skin tags This refers to residual small benign tumours that form primarily in areas where the skin forms creases, especially in the anal canal which help with stool control.
DB6Y	Other specified haemorrhoids or perianal venous conditions
DB6Z	Haemorrhoids or perianal venous conditions, unspecified
DB70	Infections of the anal region Infections of anal canal caused by various microorganisms including bacteria, virus, fungus, parasite and the other specified agents. Coded Elsewhere: Anal warts (1A95.0) Primary anal syphilis (1A61.1) Herpes simplex infection of perianal skin or rectum (1A94.1) Gonococcal infection of anus (1A72.2) Infections of the anus or perianal skin (EG61) Tuberculosis of anal canal (1B12.7)
DB70.0	Abscess of anal regions A condition of the anal and rectal region, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the anal or rectal region. Coded Elsewhere: Ischiorectal abscess (DB36.11)
DB70.00	Anal abscess A condition of the anus, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the perianal crypts or glands. This condition may present with pain and swelling in the perianal region, or fever. Confirmation is commonly by rectal examination. Inclusions: Perianal abscess Exclusions: Intraspincteric abscess (DB70.02) Streptococcal cellulitis of skin (1B70.1) Staphylococcal cellulitis of skin (1B70.2)
DB70.01	Anorectal abscess

DB70.02	Intrasphincteric abscess A condition of the intrasphincteric space, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material between the internal and external anal sphincter. Confirmation is commonly by ultrasonography or advanced imaging.
DB70.0Y	Other specified abscess of anal regions
DB70.0Z	Abscess of anal regions, unspecified
DB70.Y	Other specified infections of the anal region
DB70.Z	Infections of the anal region, unspecified
DB71	Anal polyp Abnormal mushroom-like growth sticking out from the epithelium rising from the lining of the anus and anal canal.
DB71.0	Inflammatory anal polyp Inflammatory polyp is an abnormal, mushroom-like growth sticking out from the mucous membrane that lines the anus. This mass is a reaction to some type of chronic inflammation in the anus.
DB71.1	Lymphoid polyp Lymphoid polyp is a benign, focal or diffuse small polypoid lesion composed of well-differentiated lymphoid tissue.
DB71.2	Hypertrophied anal papillae The enlargement of existing anal papillae is a consequence of chronic inflammation and fibrotic proliferation within the anorectal zone, which is known as hypertrophied or fibrous anal polyp.
DB71.Y	Other specified anal polyp
DB71.Z	Anal polyp, unspecified
DB72	Certain specified diseases of anal canal <i>Coded Elsewhere:</i> Crohn disease of anal region (DD70.4) Anal pruritus (EG60) Foreign body in anus or rectum (ND73.5)
DB72.0	Anal spasm Spasm of the anal sphincter muscle.
DB72.Z	Certain specified diseases of anal canal, unspecified
DB7Y	Other specified diseases of anal canal
DB7Z	Diseases of anal canal, unspecified

Diseases of liver (DB90-DB9Z)

Exclusions: Unspecified jaundice (ME10.1)

Coded Elsewhere: Neoplasms of the liver

Structural developmental anomalies of liver (LB20.0)

Metabolic or transporter liver disease (5C90)

Viral hepatitis (1E50-1E5Z)

DB90

Infectious liver disease

Exclusions: Viral hepatitis (1E50-1E5Z)

Coded Elsewhere: Dengue (1D20-1D2Z)

Yellow fever (1D47)

Cytomegaloviral hepatitis (1D82.0)

Hepatitis due to *Toxoplasma gondii* (1F57.0)

Herpes simplex hepatitis (1F00.Y)

DB90.0

Abscess of liver

A condition of the liver, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the liver. This condition may present with fever, abdominal pain, or shock. Confirmation is by advanced imaging or ultrasonography.

Exclusions: pylephlebitis without liver abscess (DB98.3)

Coded Elsewhere: Amoebic liver abscess (1A36.10)

DB90.Y

Other specified infectious liver disease

DB90.Z

Infectious liver disease, unspecified

DB91**Acute or subacute hepatic failure**

Acute and subacute liver failure is characterised by onset of coagulopathy and/or hepatic encephalopathy within 8 weeks of onset of symptoms in a patient without previously known liver diseases.

Exclusions:

- Chronic viral hepatitis (1E51)
- Alcoholic hepatitis (DB94.1)
- Alcoholic cirrhosis of liver with hepatic encephalopathy (DB94.3)
- Hepatic failure complicating abortion, ectopic or molar pregnancy (JA00-JA0Z)
- Icterus of fetus and newborn (KA87)
- Non-alcoholic fatty liver disease with hepatic encephalopathy (DB92)
- Chronic hepatic failure due to portosystemic shunt (DB98)
- Drug-induced or toxic liver disease (DB95)
- Hepatic encephalopathy (DB97)
- Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

DB91.0**Acute or subacute hepatic failure due to hepatitis virus**

Acute infection of hepatitis A, B, C, D and E viruses can cause acute and subacute hepatic failure. The prognosis varies depending on the virus.

DB91.1**Other acute or subacute hepatic failure**

Other causes of acute and subacute hepatic failure are drugs, toxic agents, metabolic diseases (particularly Wilson's disease), ischemic diseases, autoimmune hepatitis, and unknown diseases.

DB91.Z**Acute or subacute hepatic failure, unspecified****DB92****Non-alcoholic fatty liver disease**

NAFLD is characterised by fatty liver related to insulin resistance in the absence of significant alcohol consumption. It embraces a pathological spectrum from simple steatosis to steatohepatitis. 10-20% of cases have steatohepatitis (non-alcoholic steatohepatitis: NASH), which can progress to cirrhosis and hepatocellular carcinoma.

Exclusions:

- Reye syndrome (8E46)
- Acute fatty liver of pregnancy (JA65.0)
- Drug-induced or toxic liver disease (DB95)
- Chronic hepatitis C (1E51.1)
- Alcoholic liver disease (DB94)
- inherited defects in mitochondrial metabolism (5C53)

DB92.0**Non-alcoholic fatty liver disease without non-alcoholic steatohepatitis**

DB92.1**Non-alcoholic steatohepatitis**

Non-alcoholic steatohepatitis (NASH) is a histological form of Non-alcoholic fatty liver disease (NAFLD) in which the key features are histological evidence of hepatocyte injury (such as ballooning or Mallory hyaline) and substantial lobular inflammation. NASH is often associated with fibrosis in pericentral and perisinusoidal distribution (a portal fibrosis pattern also exists, particularly in children). NASH is the clinically progressive form of NAFLD with clinical outcomes including cardiovascular events, and cirrhosis or hepatocellular carcinoma. While novel biomarkers for NASH have been reported, histology remains the gold standard for diagnosis.

DB92.Y**Other specified non-alcoholic fatty liver disease****DB92.Z****Non-alcoholic fatty liver disease, unspecified****DB93****Hepatic fibrosis or cirrhosis**

Exclusions:

- Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)
- Alcoholic cirrhosis of liver without hepatitis (DB94.3)
- Alcoholic liver fibrosis (DB94.2)
- Fibropolycystic liver disease (LB20.00)
- Congenital hepatic fibrosis (LB20.00)
- Chronic viral hepatitis with cirrhosis (1E51)
- Non-alcoholic steatohepatitis (DB92.1)
- Non-alcoholic fatty liver disease (DB92)
- Cardiac cirrhosis (DB98.8)

DB93.0**Hepatic fibrosis**

Hepatic Fibrosis is defined as an excess deposition of the components of extracellular matrix (i.e. collagens, glycoproteins, proteoglycans) within the liver. This response to liver injury potentially is reversible. In contrast, in most patients, cirrhosis is not a reversible process.

Inclusions:

- hepatic sclerosis
- hepatic fibrosis with hepatic sclerosis

Exclusions:

- Alcoholic liver fibrosis (DB94.2)
- Congenital hepatic fibrosis (LB20.00)
- Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

Coded Elsewhere: Hepatic fibrosis due to Schistosomiasis without portal hypertension (1F86.Z)

DB93.1 Hepatic cirrhosis

Hepatic (liver) cirrhosis is the end stage of fibrosis of the liver caused by many kinds of liver diseases and conditions. Diffuse nodulation of liver due to fibrous bands subdividing liver into regenerative nodules. Blood vessels reach outflow through resistant collagen which contributes to the portal hypertension. Liver cirrhosis is usually irreversible. Some patients with cirrhosis in the early stage are asymptomatic, and other patients in the advanced stage showed signs and symptoms caused by decreased hepatic synthetic function, portal hypertension or decreased detoxification function.

Coding Note: Code also the causing condition

Exclusions: Alcoholic cirrhosis of liver without hepatitis (DB94.3)
 Alcoholic hepatitis with cirrhosis (DB94.10)
 Congenital cirrhosis of liver (KB80-KB8Z)
 Secondary biliary cirrhosis (DB93)
 Cardiac fibrosis and cirrhosis of liver (DB98.8)
 Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

DB93.2 Certain specified fibrosis or cirrhosis of liver

This is other formation of excess fibrous connective tissue in an organ or tissue in a reparative or reactive process and chronic liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

Inclusions: Biliary cirrhosis, unspecified

Coded Elsewhere: Joubert syndrome with hepatic defect (LD20.0Y)

DB93.20 Hereditary North American Indian childhood cirrhosis

Hereditary North American Indian childhood cirrhosis is a severe autosomal recessive intrahepatic cholestasis that has only been described in aboriginal children from northwestern Quebec. Manifesting first as transient neonatal jaundice, the disease evolves into periportal fibrosis and cirrhosis during a period ranging from childhood to adolescence.

DB93.21 Idiopathic copper-associated cirrhosis

Idiopathic copper-associated cirrhosis is a rare copper-overload liver disease characterised by a rapidly progressive liver cirrhosis from the first few years of life leading to hepatic insufficiency and harbouring a specific pathological aspect: pericellular fibrosis, inflammatory infiltration, hepatocyte necrosis, absence of steatosis, poor regeneration and histochemical copper staining.

DB93.Y Other specified hepatic fibrosis or cirrhosis

DB94**Alcoholic liver disease**

Alcoholic liver disease is damage to the liver and its function due to excessive intake of alcohol over a prolonged period of time. The diagnosis is made by a history of excessive intake of alcohol and exclusion of other causes of liver disease. However, it is important to note that excessive alcohol intake interacts with other causes of chronic liver disease to worsen the pathological severity and clinical outcome; important (relatively common) examples are with chronic hepatitis C, obesity and diabetes-related fatty liver, and haemochromatosis.

DB94.0**Alcoholic fatty liver**

Alcoholic fatty liver is abnormal retention of lipids in liver cells evident as stainable fat (steatosis) due to excessive intake of alcohol. It is the earliest stage of alcoholic liver disease. It is difficult to histologically distinguish alcoholic fatty liver from non-alcoholic fatty liver. Diagnosis is dependent on history of level of alcohol intake (see definition of NAFLD).

DB94.1**Alcoholic hepatitis**

Alcoholic hepatitis is injury and inflammation of the liver caused by excessive intake of alcohol. It is characterised by infiltration by neutrophils, ballooning degeneration of hepatocytes and deposit of Mallory hyaline bodies. Alcoholic hepatitis often occurs concomitantly in patients with other forms of alcoholic liver disease such as fatty liver (alcoholic steatohepatitis), liver fibrosis and cirrhosis.

DB94.10**Alcoholic hepatitis with cirrhosis**

This is an inflammation of the liver due to excessive intake of alcohol, consequence of liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

DB94.1Y**Other specified alcoholic hepatitis****DB94.1Z****Alcoholic hepatitis, unspecified****DB94.2****Alcoholic liver fibrosis**

Alcoholic fibrosis of liver is defined as an excess deposition of the collagens and extracellular matrix within the liver as evident histologically, caused by excessive intake of alcohol.

Inclusions: Alcoholic sclerosis of liver

DB94.3**Alcoholic cirrhosis of liver without hepatitis**

Alcoholic cirrhosis is an advanced pathological stage of alcoholic liver disease characterised by diffuse fibrosis that links portal tracts and central veins, distortion of the hepatic architecture and the formation of regenerative nodules. It often occurs with alcoholic hepatitis.

Exclusions: Alcoholic hepatitis with cirrhosis (DB94.10)

DB94.Y**Other specified alcoholic liver disease****DB94.Z****Alcoholic liver disease, unspecified**

DB95**Drug-induced or toxic liver disease**

Drug-induced and toxic liver disease is hepatotoxicity as injury to the liver that is associated with impaired liver function caused by exposure to a drug or another noninfectious agent.

Exclusions: Budd-Chiari syndrome (DB98.5)
Alcoholic liver disease (DB94)

- DB95.0 Drug-induced or toxic liver disease with acute hepatic necrosis or acute hepatitis**
This is an acute hepatocellular injury that develops within 1 to 20 weeks after starting treatment. The histological lesions consist mainly of focal, zonal or bridging necrosis, but lobular and portal tract inflammation evident with drug hepatitis. Extrahepatic features of drug hypersensitivity, including rash, lymphadenopathy, eosinophilia or other systemic features, are observed in some cases.
- DB95.1 Drug-induced or toxic liver disease with chronic hepatitis**
This is the chronic form of drug-induced liver injury that almost always depends on continued exposure to the agent, and is characterised by interface hepatitis, bridging necrosis, and fibrosis.
- DB95.10** Drug-induced or toxic liver disease with chronic hepatitis with cirrhosis
This is the chronic form of drug-induced liver injury characterised by interface hepatitis, bridging necrosis and fibrosis, with the development of cirrhosis.
- DB95.11** Drug-induced or toxic liver disease with chronic hepatitis without cirrhosis
- DB95.1Y** Other specified drug-induced or toxic liver disease with chronic hepatitis
- DB95.1Z** Drug-induced or toxic liver disease with chronic hepatitis, unspecified
- DB95.2 Drug-induced or toxic liver disease with cholestasis**
This is a drug-induced cholestatic liver injury where the symptoms of pruritus and jaundice are often prominent, and elevated serum alkaline phosphatase is the dominant biochemical finding.
Inclusions: Cholestasis with hepatocyte injury
- DB95.20** Chronic drug-induced or toxic liver disease with cholestasis
This is a chronic cholestasis defined by persistence of drug-induced cholestatic liver injury for more than 3 months.
- DB95.2Y** Other specified drug-induced or toxic liver disease with cholestasis
- DB95.2Z** Drug-induced or toxic liver disease with cholestasis, unspecified
- DB95.3 Drug-induced or toxic liver disease with fatty liver**
This is a drug-induced fatty liver that consists of three types of steatosis, including microvesicular steatosis, macrovesicular steatosis, and phospholipidosis.

DB95.30	Drug-induced or toxic liver disease with chronic fatty liver disease This is a chronic drug-induced steatosis characterised by relatively large triglyceride globules, which effectively fill the hepatocyte, displace the nucleus and other intracellular constituents to the periphery. Some patients show steatohepatitis, steatosis with focal necrosis and inflammatory cell infiltrate, leading to the development of cirrhosis.
DB95.3Y	Other specified drug-induced or toxic liver disease with fatty liver
DB95.3Z	Drug-induced or toxic liver disease with fatty liver, unspecified
DB95.4	Drug-induced or toxic liver disease with granulomatous hepatitis
DB95.5	Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver This is a drug-induced hepatic fibrosis as the end result of chronic hepatitis, chronic hepatotoxicity, steatohepatitis, or chronic cholestasis with bile duct injury.
DB95.6	Drug-induced or toxic liver disease with vascular disorders of the liver Drug-associated disorders, leading to portal hypertension independent of primary liver disease, include hepatic vein thrombosis, hepatic veno-occlusive disease, non-cirrhotic portal hypertension, and nodular regenerative hyperplasia.
DB95.7	Drug-induced or toxic liver disease with liver tumours Medication and chemical exposure have been associated with many forms of hepatic neoplasms, including focal nodular hyperplasia, hepatic adenoma, hepatocellular carcinoma, cholangiocarcinoma and angiosarcoma.
DB95.Y	Other specified drug-induced or toxic liver disease
DB95.Z	Drug-induced or toxic liver disease, unspecified
DB96	Autoimmune liver disease Autoimmune liver diseases are generally forms of chronic liver disease in which the etiology is unclear but autoimmune mechanisms are evident or postulated for the development of the disease. The primary target organ is the liver and/or biliary system. It can progress to liver cirrhosis.
DB96.0	Autoimmune hepatitis Autoimmune hepatitis is a chronic hepatitis, which can progress to liver cirrhosis, generally featured by the presence of circulating autoantibodies and hyperglobulinemia. It has been subdivided into three main categories according to the autoantibodies detected.

DB96.1	Primary biliary cholangitis Primary biliary cholangitis is characterised by progressive destruction and disappearance of the intralobular bile duct epithelial cells leading to cholestasis (high alkaline phosphatase and GGT {gamma glutamyl transferase}) and eventually liver cirrhosis and liver failure, generally associated with the presence of circulating antimitochondrial antibodies and an increase of serum IgM levels. <i>Inclusions:</i> chronic nonsuppurative destructive cholangitis <i>Exclusions:</i> 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 <i>Inclusions:</i> Nonspecific reactive hepatitis <i>Exclusions:</i> 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) <i>Coded Elsewhere:</i> Hepatic sarcoidosis (4B20.2)
DB97.0	Idiopathic granulomatous hepatitis
DB97.1	Hepatic berylliosis

DB97.2	Chronic hepatitis, not elsewhere classified
	Inclusions: Chronic hepatitis, unspecified Other specified chronic hepatitis
	Exclusions: hepatitis (chronic): granulomatous NEC (DB97.0) Drug-induced or toxic liver disease (DB95) hepatitis (chronic): viral (1E50-1E5Z) hepatitis (chronic): alcoholic (DB94.1)
DB97.Y	Other specified inflammatory liver disease
DB97.Z	Inflammatory liver disease, unspecified
DB98	Vascular disorders of the liver
	Vascular disorders of the liver are conditions where the hepatic blood flow is deranged due to damage, malformation and obstruction of hepatic artery, portal vein and hepatic vein.
	Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00) Congenital portosystemic shunt (LA90.21)
DB98.0	Infarction of liver
	Infarction of the liver is hepatic damage caused by limited blood supply to the liver due to obstruction or reduced blood flow of hepatic artery, portal vein or both.
DB98.1	Peliosis hepatis
	Inclusions: Hepatic angiomas
DB98.2	Nodular regenerative hyperplasia of liver
	Nodular regenerative hyperplasia of the liver is a rare disorder characterised by diffuse micronodular transformation of the hepatic parenchyma without fibrous septa between the nodules.
DB98.3	Portal vein thrombosis
	Portal vein thrombosis is a condition where the portal vein and/or its branches are obstructed, mainly by a blood clot or malignant tumour invasion.
	Inclusions: Phlebitis of portal vein
DB98.4	Splenic vein thrombosis
	Splenic vein thrombosis is a condition where the splenic vein is obstructed, mainly by a blood clot or malignant tumour invasion.

DB98.5	Budd-Chiari syndrome Budd-Chiari syndrome is caused by obstruction of hepatic venous outflow involving either the hepatic veins or the terminal segment of the inferior vena cava and leading to hepatic congestion and ischemic necrosis. Severity depends on the speed of onset and extent of the obstruction. Obstructions are generally caused by thrombosis in primary BCS, while secondary BCS results from tumour invasion into the lumen or compression of the vein by an expansive lesion. The principle manifestations of BCS are ascites leading to undernutrition and renal insufficiency, gastrointestinal haemorrhage due to portal hypertension, and hepatic insufficiency resulting in encephalopathy and severe infections. Asymptomatic forms have also been reported.
DB98.6	Hepatic veno-occlusive disease Hepatic veno-occlusive disease (hepatic VOD) is a liver disease resulting from toxic injury to the hepatic sinusoidal capillaries that leads to obstruction of the small hepatic veins. The clinical picture is characterised by painful hepatomegaly, jaundice, oedemas, and ascites. Exclusions: Budd-Chiari syndrome (DB98.5) Hepatic veno-occlusive disease - immunodeficiency syndrome (4A01.33)
DB98.7	Portal hypertension Portal hypertension is abnormal increase of portal vein pressure, which induces development of collateral vessels of portal vein including oesophageal and cardiac varices. It also contributes to development of ascites.
DB98.70	Idiopathic portal hypertension
DB98.71	Non-cirrhotic portal fibrosis
DB98.72	Partial nodular transformation of liver
DB98.73	Splanchnic arteriovenous fistula
DB98.74	Secondary portal hypertension This is secondary hypertension (high blood pressure) in the portal vein system, which is composed by the portal vein, and its branches and tributaries. Exclusions: Partial nodular transformation of liver (DB98.72) Splanchnic arteriovenous fistula (DB98.73) Coded Elsewhere: Portal hypertension in schistosomiasis (1F86.Z)
DB98.7Y	Other specified portal hypertension
DB98.7Z	Portal hypertension, unspecified
DB98.8	Passive congestion of liver A condition of congestion, due to impaired venous drainage, typically by right heart failure, that affects the liver. Exclusions: Hepatic veno-occlusive disease (DB98.6) Budd-Chiari syndrome (DB98.5)

DB98.9	Hepatic artery aneurysm An aneurysm which develops on the hepatic artery. Causes of the aneurysm include arteriosclerosis, vasculitis, trauma and infection.
DB98.A	Hepatic haemorrhage Traumatic or nontraumatic spontaneous bleeding in the liver. The most common cause of the latter is the rupture of liver tumours. <i>Exclusions:</i> Hepatic haemorrhage due to hepatocellular carcinoma (2C12.02) <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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) <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Chronic liver disease (DB99.0)
DB99.6	Intrahepatic cholestasis, not elsewhere classified <i>Exclusions:</i> Metabolic liver disease (5C90) Neonatal jaundice due to isoimmunization (KA84.0) Neonatal hyperbilirubinaemia (KA87) Progressive familial intrahepatic cholestasis (5C58.03) Benign recurrent intrahepatic cholestasis (5C58.04) Chronic cholestasis (DC10.02) Coded Elsewhere: Hepatic amyloidosis with intrahepatic cholestasis (5D00.0)
DB99.60	Cholestasis of parenteral nutrition This is a condition where bile cannot flow from the liver to the duodenum, so one must feed a person intravenously, bypassing the usual process of eating and digestion.
DB99.6Y	Other specified intrahepatic cholestasis, not elsewhere classified
DB99.6Z	Intrahepatic cholestasis, not elsewhere classified, unspecified
DB99.7	Hepatic failure without mention whether acute or chronic
DB99.8	Chronic hepatic failure
DB99.Y	Other diseases of liver
DB9Z	Diseases of liver, unspecified

Diseases of gallbladder or biliary tract (DC10-DC1Z)

This is a group of conditions characterised as being in or associated with the gallbladder (an organ) and the biliary tract (the passageways for bile).

Coded Elsewhere: Neoplasms of the gallbladder or biliary tract

Structural developmental anomalies of gallbladder (LB20.1)

Structural developmental anomalies of bile ducts (LB20.2)

Structural developmental anomalies of gallbladder or bile ducts (LB20.Z)

DC10

Acquired anatomical alterations of gallbladder or bile ducts

This considers the structure in the alterations of the gall bladder and the long tube-like structures that carry bile.

Exclusions: Congenital anomalies of gall bladder and bile ducts (LB20)

Coded Elsewhere: Perforation of gallbladder or bile ducts (ME24.35)

DC10.0 Obstruction of gallbladder or bile ducts

This is obstruction in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile.

Exclusions: Obstruction of gall bladder and bile ducts: with cholelithiasis (DC11)

DC10.00 Obstruction of cystic duct

DC10.01 Obstruction of gall bladder

DC10.02 Obstruction of bile duct

Exclusions: with cholelithiasis (DC11)

DC10.0Y Other specified obstruction of gallbladder or bile ducts

DC10.0Z Obstruction of gallbladder or bile ducts, unspecified

DC10.1 Hydrops of gallbladder

Abnormal accumulation of serous fluid in the gallbladder

DC10.2 Fistula of gallbladder or bile duct

This is an abnormal connection or passageway between gallbladder or bile duct and other organs.

DC10.3 Polyp of gallbladder

The deposits of cholesterol and triglyceride in the gallbladder wall, projecting into the lumen.

Exclusions: Adenoma of gallbladder (2E92.6)

DC10.4 Cholesterolosis of gallbladder

Inclusions: Strawberry gallbladder

DC10.Y Other specified acquired anatomical alterations of gallbladder or bile ducts

DC10.Z	Acquired anatomical alterations of gallbladder or bile ducts, unspecified
DC11	Cholelithiasis Cholelithiasis is calculus of gallbladder, cystic duct or bile duct. Most stones in the gallbladder are asymptomatic, but the most common initial symptom is biliary colic before the development of complications, including acute cholecystitis or cholangitis.
DC11.0	Calculus of gallbladder or cystic duct with acute cholecystitis Stones in gallbladder or cystic duct present with acute inflammation of the gall bladder wall typically follows the cystic duct obstruction by the stone.
DC11.1	Calculus of gallbladder or cystic duct with other cholecystitis Stones in gallbladder or cystic duct present with inflammation of the gall bladder wall and bile duct.
DC11.2	Calculus of gallbladder or cystic duct with cholangitis
DC11.3	Calculus of gallbladder or cystic duct without cholecystitis or cholangitis Stones in gallbladder present without inflammation of the gall bladder wall and bile duct.
DC11.4	Calculus of bile duct with cholangitis Stones in bile duct present with inflammation of bile duct. <i>Inclusions:</i> Cholelithiasis 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Inclusions:</i> chronic acalculous cholecystitis
DC12.Y	Other specified cholecystitis
DC12.Z	Cholecystitis, unspecified
DC13	Cholangitis <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Inclusions:</i> 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. <i>Inclusions:</i> 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 Rokitsky-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 <i>Exclusions:</i> 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 immunoglobulin G4 (IgG4) levels and type 2 AIP which affects both sexes equally but presents at a younger age and has no other organ involvement or increased IgG4 levels.

DC34**Obstructive pancreatitis**

This is obstruction in the inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack that has multiple causes and symptoms, which occurs when pancreatic enzymes (especially trypsin) that digest food are activated in the pancreas instead of the small intestine.

DC35**Certain specified diseases of pancreas****DC35.0****Atrophy of pancreas****DC35.1****Secondary pancreatic insufficiency****Coding Note:**

Code also the causing condition

DC35.2**Pancreatic steatorrhoea****DC35.Z****Certain specified diseases of pancreas, unspecified****DC3Y****Other specified diseases of pancreas****DC3Z****Diseases of pancreas, unspecified**

Diseases of peritoneum (DC50-DC5Z)

This is the serous membrane that forms the lining of the abdominal cavity or the coelom—it covers most of the intra-abdominal (or coelomic) organs—in amniotes and some invertebrates.

Coded Elsewhere: Neoplasms of peritoneum or retroperitoneum

DC50	Peritonitis Peritonitis is inflammation of the peritoneum, a condition marked by exudations in the peritoneum of serum, fibrin, cells, and pus. Exclusions: Female pelvic peritonitis, unspecified (GA05.2) peritonitis with or following: abortion or ectopic or molar pregnancy (JA05.0) puerperal peritonitis (JB40.0) peritonitis with or following diverticular disease of small intestine (DC70-DC72.Z) peritonitis with or following diverticular disease of large intestine (DC80-DC82.Z) periodic familial peritonitis (5D00.21) Coded Elsewhere: Neonatal peritonitis (KB8B)
DC50.0	Primary peritonitis Peritonitis without surgical source nor the evident source of the infecting and other agent.
DC50.00	Spontaneous bacterial peritonitis Acute bacterial infection of ascetic fluid without the evident source of the infecting agent in the patient with liver cirrhosis, or in the patient receiving peritoneal dialysis
DC50.01	Other specified primary peritonitis
DC50.1	Secondary peritonitis Peritonitis with evident source of an infecting agent or due to other diseases.
Coding Note:	Code also the causing condition Exclusions: Female pelvic peritonitis, unspecified (GA05.2) Neonatal peritonitis (KB8B) Genital tract or pelvic infection following abortion, ectopic or molar pregnancy (JA05.0) Puerperal sepsis (JB40.0)
DC50.10	Eosinophilic peritonitis 10% or more eosinophils in peritoneal effluent at presentation, and its causes are often obscure. However, cases have been reported with allergic reactions, exposure to drugs such as vancomycin, fungal and viral infections, soon after catheter replacement, and icodextrin treatment
DC50.11	Mesenteric peritonitis peritonitis due to mesenterial fat necrosis or saponification

DC50.12	Chronic proliferative peritonitis Extensive peritoneal fibrosis in response to asbestos, continuous ambulatory peritoneal dialysis. Clinical intestinal obstruction due to massive peritoneal adhesions.
DC50.13	Peritonitis due to <i>Streptococcus pneumoniae</i> This is an inflammation of the peritoneum due to a Gram-positive, alpha-haemolytic, aerotolerant anaerobic member of the genus <i>Streptococcus</i>.
DC50.1Y	Other specified secondary peritonitis
Coding Note:	Code also the causing condition
DC50.1Z	Secondary peritonitis, unspecified
Coding Note:	Code also the causing condition
DC50.2	Peritoneal abscess A confined collection of inflammatory exudate in peritonitis.
DC50.Z	Peritonitis, unspecified
DC51	Certain specified disorders of peritoneum or retroperitoneum Exclusions: Ascites (ME04) Coded Elsewhere: Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes (KB27.4)
DC51.0	Chylous ascites Chylous ascites is a rare form of ascites caused by accumulation of lymph in the peritoneal cavity, usually due to intra-abdominal malignancy, liver cirrhosis or abdominal surgery complications, and present with painless but progressive abdominal distension, dyspnoea and weight gain.
DC51.1	Peritoneal adhesions Disorders of peritoneum sticking by scar tissue or fibrosis Exclusions: Adhesions of large intestine with obstruction (DB30.2) Postprocedural pelvic peritoneal adhesions (GC73) Intestinal adhesions or bands of small intestine with obstruction (DA91.2)
DC51.2	Haemoperitoneum Blood retention in peritoneal cavity Exclusions: traumatic retroperitoneal haemorrhage or haematoma (NB97.0)
DC51.Y	Other specified disorders of peritoneum or retroperitoneum
DC5Z	Diseases of peritoneum, unspecified

Diverticular disease of intestine (DC70-DD1Z)

Diverticula are a major burden of illness in an aging population, presenting with bleeding or in form of a diverticulitis. Many are asymptomatic. Most diverticula (pseudodiverticula) occur in the colon, occurrence in the small intestine is also possible, but less frequent.

Exclusions: Gastric diverticulum (DA40.3)
Diverticulum of oesophagus, acquired (DA20.1)
Meckel diverticulum (LB15.0)

Diverticular disease of small intestine (DC70-DC72.Z)

Diverticula can occur anywhere in the small intestine, but they are most common in the jejunum. They represent herniations through the mesenteric side of the bowel and are usually acquired. This refers to the clinical entity characterised by the presence of sac-like outpocketings of the intestinal mucosa and submucosa through weak points of the muscle layer of the small intestine. This contains both diverticulitis and diverticulosis.

Exclusions: Meckel diverticulum (LB15.0)
Diverticulum of duodenum (DA50.1)

Coded Elsewhere: Diverticulum of duodenum, with complication (DA50.1)

DC70	Diverticulitis of small intestine When the pouches of small intestine (diverticula) become infected or inflamed, the condition is called diverticulitis. Diverticulitis may lead to several serious complications, such as small tears, called perforations and abscess, formation of fistula to adjacent organs, bleeding, or blockages in the lumen, and medical care is needed.
DC70.0	Diverticulitis of small intestine with complication This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with complication.
DC70.00	Diverticulitis of small intestine with perforation or abscess This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with perforation or abscess.
DC70.0Y	Diverticulitis of small intestine with other specified complication
DC70.0Z	Diverticulitis of small intestine with unspecified complication
DC70.1	Diverticulitis of small intestine without complication This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine without complication.
DC70.Z	Diverticulitis of small intestine without specification of presence of complications

DC71**Diverticulosis of small intestine**

Diverticulosis of small intestine is a condition characterised by the presence of multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Small intestinal diverticula are far less common than colonic diverticula. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

DC71.0**Diverticulosis of small intestine with haemorrhage**

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, with haemorrhage.

DC71.1**Diverticulosis of small intestine without haemorrhage**

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, without haemorrhage.

DC71.Z**Diverticulosis of small intestine, unspecified****DC72****Diverticulum of small intestine**

This is a morphological condition in which there is a small pouch in the lining of the small intestine, bulging outward through a weak spot. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.

DC72.0**Diverticulum of small intestine with haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, with haemorrhage.

DC72.1**Diverticulum of small intestine without haemorrhage**

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, without haemorrhage.

DC72.Z**Diverticulum of small intestine, no specification about presence or absence of haemorrhage****Diverticular disease of large intestine (DC80-DC82.Z)**

This refers to the clinical entity characterised by the presence of sac-like outpocketings of the colonic mucosa and submucosa through weak points of the muscle layer of the large intestine. This contains both diverticulitis and diverticulosis. Diverticular disease is used to describe a specific clinical disorder with defined radiological and pathological appearance, in which there is a characteristic muscle abnormality, usually, but not invariably accompanied by the presence of diverticula which may or may not be inflamed.

Exclusions:

Diverticular disease of small and large intestine (DC90)

DC80**Diverticulitis of large intestine**

Diverticulitis is applied when one or more diverticula are the source of visible macroscopic inflammation. It is often accompanied by pericolic abscess formation.

DC80.0	Diverticulitis of large intestine with complication This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine with complication.
DC80.00	Diverticulitis of large intestine with perforation or abscess This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one of these diverticula becomes inflamed, of the large intestine with perforation or abscess.
DC80.0Z	Diverticulitis of large intestine with complication, unspecified
DC80.1	Diverticulitis of large intestine without complication This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine without complication.
DC80.Z	Diverticulitis of large intestine without specification of presence of complications
DC81	Diverticulosis of large intestine The name diverticulosis is used merely to indicate the presence of multiple diverticula in the large intestine, with or without the accompanying muscle abnormalities found in classical diverticular disease. The condition of having multiple pouches (diverticula) is called diverticulosis. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation.
DC81.0	Diverticulosis of large intestine with haemorrhage This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, with haemorrhage.
DC81.1	Diverticulosis of large intestine without haemorrhage This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, without haemorrhage.
DC81.Z	Diverticulosis of large intestine, unspecified
DC82	Diverticulum of large intestine This is a morphological condition in which typical pulsion type of consisting of a pouch of mucous membrane (including muscularis mucosae) projecting through and beyond the circular muscle layers of the bowel wall so that they come to lie in the pericolic fat and appendices epiploicae. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.
DC82.0	Diverticulum of large intestine with haemorrhage This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, with haemorrhage.

DC82.1 **Diverticulum of large intestine without haemorrhage**
This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, without haemorrhage.

DC82.Z **Diverticulum of large intestine, unspecified**

Diverticular disease of intestine of overlapping sites (DC90-DC90)

DC90 **Diverticular disease of small and large intestine**

Diverticular disease of unspecified part of intestine (DD00-DD02.Z)

DD00 **Diverticulitis of unspecified part of intestine**

DD00.0 **Diverticulitis of unspecified part of intestine with complication**

DD00.00 Diverticulitis of unspecified part of intestine with perforation or abscess

DD00.0Y Other specified diverticulitis of unspecified part of intestine with complication

DD00.0Z Diverticulitis of unspecified part of intestine with complication, unspecified

DD00.1 **Diverticulitis of unspecified part of intestine without complication**

DD00.Z **Diverticulitis of unspecified part of intestine without specification of presence or absence of complications**

DD01 **Diverticulosis of unspecified part of intestine**

DD01.0 Diverticulosis of unspecified part of intestine with haemorrhage

DD01.1 Diverticulosis of unspecified part of intestine without haemorrhage

DD01.Z Diverticulosis of unspecified part of intestine, unspecified

DD02 **Diverticulum of unspecified part of intestine**

DD02.0 Diverticular disease of unspecified part of intestine with haemorrhage

DD02.1 Diverticulum of unspecified part of intestine without complication

DD02.Z Diverticulum of unspecified part of intestine, unspecified

DD1Z **Diverticular disease of intestine, unspecified**

Ischaemic vascular disorders of intestine (DD30-DD3Z)

Intestinal ischemia characterised by blood supply to the gastrointestinal tract that is inadequate to meet its metabolic demand

Exclusions: necrotizing enterocolitis of fetus or newborn (KB88)

Coded Elsewhere: Angiodysplasia of colon (DB34.0)

DD30 Acute vascular disorders of intestine

Intestinal ischaemia has an associated vascular block, usually due to atheroma, thrombus, or embolus but occasionally the result of an arteritis, vasculitis, or other condition.

Coded Elsewhere: Non-occlusive mesenteric ischaemia (DD31.0)

DD30.0 Acute mesenteric arterial infarction

Acute mesenteric arterial infarction is an ischemic disorder of sudden interruption of mesenteric arterial flow because of occlusion of mesenteric artery. This may be further subdivided into acute mesenteric arterial embolus (AMAE) and acute mesenteric arterial thrombosis (AMAT).

DD30.1 Acute mesenteric arterial ischaemia

Acute mesenteric ischemia is low flow states of mesenteric circulation, in which inadequate blood flow through the mesenteric circulation causes ischemia and eventual gangrene of the bowel wall. It can be caused by various conditions such as arterial occlusion, venous occlusion, strangulating obstruction, and hypoperfusion associated with nonocclusive vascular diseases.

DD30.2 Acute mesenteric venous occlusion

Acute mesenteric venous occlusion is an ischemic disorder of sudden interruption of mesenteric venous flow because of venous thrombosis.

DD30.Y Other specified acute vascular disorders of intestine

DD30.Z Acute vascular disorders of intestine, unspecified

DD31 Chronic vascular disorders of intestine

Chronic mesenteric ischaemia is a clinical syndrome characterised by recurrent abdominal pain and weight loss as a result of repeated transient episodes of insufficient intestinal blood flow, usually related with the increased metabolic demand associated with digestion.

DD31.0 Non-occlusive mesenteric ischaemia

Non-occlusive mesenteric ischaemia causes 20% to 30% of acute mesenteric ischaemia episodes. Mesenteric ischaemia without anatomic arterial or venous obstruction is due to mesenteric vasospasm, which can occur during periods of relatively low mesenteric flow, especially if there is underlying arterial atherosclerotic disease. Such low-flow state can result from heart failure, hypotension, or hypovolemia.

Coded Elsewhere: Acute non-occlusive mesenteric arterial ischaemia (DD30.1)

DD31.00	Ischaemic colitis
	Ischemic colitis is the most common form of ischemic injury to the gut and occurs more frequently in elderly people. The disease can result from either occlusive or nonocclusive events, mainly in the territory of the inferior mesenteric artery, in colonic branches of the superior mesenteric artery, and in the superior and inferior mesenteric veins. The splenic flexure and rectosigmoid junction, where low perfusion exists, are commonly affected.
	Coded Elsewhere: Acute ischaemic colitis (DD30.Z) Fulminant ischaemic colitis (DD30.Z)
DD31.0Y	Other specified non-occlusive mesenteric ischaemia
DD31.0Z	Non-occlusive mesenteric ischaemia, unspecified
DD31.Y	Other specified chronic vascular disorders of intestine
DD31.Z	Chronic vascular disorders of intestine, unspecified
DD3Y	Other specified ischaemic vascular disorders of intestine
DD3Z	Ischaemic vascular disorders of intestine, unspecified

Hernias (DD50-DD5Z)

A hernia is the protrusion of an organ or the fascia of an organ through the wall of the cavity that normally contains it. In this category hernia which relates to gastrointestinal organs is included.

DD50	Non-abdominal wall hernia
	A hernia occurs through the foramen in the diaphragm, the pelvic wall and the other opening covered by peritoneum not through the abdominal wall.
DD50.0	Diaphragmatic hernia
	A hernia occurs through the foramen in the diaphragm.
	Inclusions: paraoesophageal hernia
	Exclusions: Congenital diaphragmatic hernia (LB00.0) Congenital hiatus hernia (LB13.1)
DD50.1	Pelvic hernia
	A hernia occurs through the foramen in the pelvic wall.
DD50.2	Intra-abdominal hernia
	A hernia occurs intra-abdominally through the opening covered by peritoneum.
DD50.20	Primary intra-abdominal hernia
	A hernia occurs intra-abdominally and primarily through the opening covered by peritoneum without surgery and trauma.
	Exclusions: congenital malpositioning of the intestine (LB18)

DD50.21 Secondary intra-abdominal hernia
A hernia occurs intra-abdominally and secondarily through the opening covered by peritoneum after abdominal surgery and trauma.

Coding Note: Code also the causing condition

DD50.2Y Other specified intra-abdominal hernia

DD50.2Z Intra-abdominal hernia, unspecified

DD50.Y **Other specified non-abdominal wall hernia**

DD50.Z **Non-abdominal wall hernia, unspecified**

DD51 **Inguinal hernia**

A hernia occurs when part of an internal organ bulges through a weak area of muscle. Most hernias occur in the abdomen. Inguinal hernia is the most common type and is in the groin.

Coding Note: Use additional codes, if desired, to identify complications such as obstruction or gangrene.

Inclusions: bubonocoele
scrotal hernia

DD52 **Femoral hernia**

A femoral hernia is a protrusion of a loop of the intestine through a weakened abdominal wall, located in the lower abdomen near the thigh.

A hernia occurs when the contents of the abdomen (usually part of the small intestine) push through a weak point or tear the thin muscular wall of the abdomen, which holds the abdominal organs in place. Femoral hernias tend to occur more often in women than in men.

DD53 **Umbilical hernia**

A hernia occurs when part of an internal organ bulges through a weak area of muscle. An umbilical hernia is a protrusion of the peritoneum and fluid, omentum, or a portion of abdominal organ(s) through the umbilical ring. The umbilical ring is the fibrous and muscle tissue around the navel (belly-button). Small hernias usually close spontaneously without treatment by age 1 or 2. Umbilical hernias are usually painless and are common in infants.

Exclusions: Omphalocele (LB01)
Urachal cyst (LB03.0)

DD54 **Paraumbilical hernia**

Paraumbilical or periumbilical hernias occur next to and supra-umbilical occur just above the navel. Paraumbilical hernias are large abdominal defects through the linea alba in the region of the umbilicus and are usually related to diastasis of the rectus abdominis muscles.

Inclusions: Supraumbilical hernia

DD55**Epigastric hernia**

A hernia occurs through the weak area of the upper abdomen between the umbilicus and the xiphoid on the linea alba. Although congenital epigastric hernias have been described in infants, they are usually considered an acquired condition.

DD56**Incisional hernia**

A hernia occurs through the weak area on the incision of the past abdominal surgery or major abdominal trauma.

DD57**Parastomal hernia**

A hernia occurs through the weak parastomal area after making stoma.

DD5Y**Other specified hernias****DD5Z****Hernias, unspecified****Inflammatory bowel diseases (DD70-DD7Z)**

Inflammatory bowel disease is a group of inflammatory conditions of the intestine of unknown aetiology. Regarding its pathogenesis, it is hypothesized that the mucosal immune system shows an aberrant response towards luminal antigens such as dietary factors and commensal microbiota in genetically susceptible individuals.

DD70**Crohn disease**

Crohn'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. <i>Exclusions:</i> Crohn disease of both small and large intestine (DD70.5)
DD70.4	Crohn disease of anal region Crohn disease commonly involves the anus and perianal area and may precede any other gut involvement by years. The constellation of symptoms and signs which may occur include pruritus ani, maceration, skin tags, fissures, fistulae, erosions and secondary infection with abscesses.
DD70.5	Crohn disease of both small and large intestine Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involved in both small and large intestine.
DD70.6	Crohn disease of anastomotic sites Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving anastomotic site of gastrointestinal tract, such as anastomotic ulcer due to Crohn disease.
DD70.Y	Crohn disease of other specified site
DD70.Z	Crohn disease, unspecified site
DD71	Ulcerative colitis Ulcerative colitis is a chronic inflammatory disorder of unknown etiology that continuously causes ulcers in the lining of the rectum and colon. Inflammation is histologically restricted to the mucosa.
DD71.0	Ulcerative pancolitis
DD71.1	Left sided ulcerative colitis <i>Inclusions:</i> 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 acraly-located dermatosis affecting patients with active viral hepatitis C. It manifests principally on the dorsal surfaces of the feet and hands as well circumscribed dusky erythematous areas with flaccid blisters in its early stages and elevated scaly psoriasiform plaques in its chronic form. Microscopically there is keratinocyte necrosis in the upper epidermis.

EA3Z

Unspecified skin disorder attributable to viral infection

Certain skin disorders attributable to bacterial infection (EA40-EA5Z)

Disorders of the skin and/or subcutaneous tissues caused by bacteria which a) cause infection normally limited to the skin (e.g. erythrasma); b) characteristically involve the skin at the same time as other organs (e.g. syphilis); c) which may cause disease in the skin as well as in other organs (e.g. cutaneous tuberculosis) or d) which infect other organs but which may manifest in the skin as a result of release of toxins or other indirect mechanism (e.g. streptococcal toxic shock syndrome).

Exclusions: Asymptomatic colonization of the skin by virulent or therapy resistant bacteria (QD04)

Coded Elsewhere: Certain sexually transmissible bacterial infections affecting skin
Certain zoonotic bacterial infections involving the skin
Dermatoses due to certain filamentous bacteria
Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70-1B7Z)
Non-pyogenic bacterial infections of the skin (1C44)
Yaws (1C1D)
Pinta (1C1E)
Endemic non-venereal syphilis (1C1F)
Cutaneous tuberculosis (1B12.8)
Leprosy (1B20)
Cutaneous non-tuberculous mycobacterial infection (1B21.2)
Acute meningococcaemia (1C1C.20)
Disseminated gonococcal infection (1A73)
Non-venereal treponematoses (1C4Z)
Systemic bacterial infection affecting skin (1C41)

Predominantly tropical or subtropical bacterial infections affecting skin (EA40-EA40)

Coded Elsewhere: Cutaneous and subcutaneous melioidosis (1C42)

EA40

Tropical phagedaenic ulcer

Tropical (phagedaenic) ulcer is an acute or chronic skin disease seen in the tropics and subtropics that is characterised by necrosis of the epidermis and underlying superficial tissue. Ulcers may heal spontaneously, leaving regular depressed scars, but sometimes enlarge to enter a chronic phase. Chronic ulcers are often large and irregular in shape and may involve the whole circumference of a limb. Pseudoepitheliomatous changes can develop which may proceed to the development of frank squamous carcinoma. Vincent's organisms (*Fusobacterium nucleatum* and *Borrelia vincentii*) are thought to play a pathogenic role.

EA50

Toxin-mediated cutaneous reactions to distant or systemic bacterial infection

Coded Elsewhere: Scarlet fever (1B50)
Streptococcal toxic shock syndrome (1C45.0)
Staphylococcal toxic shock syndrome (1C45.1)
Toxic shock syndrome (1C45)

EA50.0	Erythema marginatum rheumaticum A cutaneous exanthem occurring in up to 10% of cases of rheumatic fever. The rash appears as widespread pink or red macules or papules that expand centrifugally with central clearing to form annular or polycyclic erythematous plaques. The exanthem may persist intermittently for weeks to months.
EA50.1	Streptococcal toxin-mediated perineal erythema Streptococcal toxin-mediated perineal erythema is characterised by a striking diffuse macular erythema in the perineum occurring abruptly after a streptococcal pharyngitis. It is often recurrent.
EA50.2	Staphylococcal scalded skin syndrome A syndrome caused by an infection with the gram-positive bacteria <i>Staphylococcus</i> . 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 <i>Staphylococcus</i> 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 <i>Staphylococcus aureus</i> 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: Scarletina NOS (1B50)
EA50.Y	Other specified toxin-mediated cutaneous reactions to distant or systemic bacterial infection
EA50.Z	Toxin-mediated cutaneous reactions to distant or systemic bacterial infection, unspecified
EA51	Skin complications of BCG immunisation Complications secondary to immunization with attenuated <i>Mycobacterium bovis</i> (Bacillus Calmette-Guérin or BCG). Exclusions: Cutaneous tuberculosis (1B12.8) Coded Elsewhere: BCG-induced tuberculid (EA5Y) Adverse reaction to BCG immunization (PK81.7)
EA5Y	Cutaneous involvement by other specified bacterial infection
EA5Z	Cutaneous involvement by unspecified bacterial infection

EA60**Certain skin disorders attributable to fungal infection**

This group incorporates both localised infection of the skin by fungus (e.g. pityriasis versicolor) and systemic fungal infections with important skin manifestations (e.g. cutaneous cryptococcosis).

Coded Elsewhere: Candidosis of skin or mucous membranes (1F23.1)
Dermatophytosis (1F28)
Non-dermatophyte superficial dermatomycoses (1F2D)
Otomycosis (AA03)

EA60.0**Subcutaneous mycoses**

Coded Elsewhere: Lobomycosis (1F2B)
Lymphocutaneous sporotrichosis (1F2J.0)
Fixed cutaneous sporotrichosis (1F2J.1)
Eumycetoma (1F29)
Chromoblastomycosis (1F24)
Conidiobolomycosis (1F26)
Cutaneous mucormycosis (1F2C)
Cutaneous or lymphocutaneous sporotrichosis (1F2J.Z)
Subcutaneous infections due to dematiaceous fungi (1F2Y)

EA60.1**Systemic mycoses affecting skin**

Coded Elsewhere: Primary cutaneous coccidioidomycosis (1F25.11)
Disseminated paracoccidioidomycosis (1F2E.1)
Talaromycosis (1F2K)
Histoplasmosis due to *Histoplasma duboisii* (1F2A.1)
Disseminated adiaspiromycosis (1F2L.0)
Disseminated histoplasmosis capsulati (1F2A.Y)
Primary cutaneous blastomycosis (1F22)
Disseminated blastomycosis (1F22)
Mucocutaneous paracoccidioidomycosis (1F2E.Y)
Cutaneous cryptococcosis (1F27.Y)

EA60.Y**Skin involvement in other specified fungal infection****EA60.Z****Fungal infection of the skin, unspecified****EA6Y****Cutaneous involvement by other specified infection or infestation**

Inflammatory dermatoses (EA80-EB7Y)

A large group of skin disorders in which inflammation plays an important role.

- Exclusions:** Napkin candidosis (1F23.12)
Bullous impetigo of the napkin area (1B72.0)
Dermatoses precipitated by drug therapy (EH71)
Dermatoses associated with specific classes of medication (EH76)
- Coded Elsewhere:** Nonorgan specific systemic autoimmune disorders involving the skin
Autoinflammatory disorders (4A60-4A6Z)

Dermatitis and eczema (EA80-EA8Z)

Dermatitis and eczema are synonymous and describe an inflammatory reaction pattern in the skin characterised histologically by spongiosis with varying degrees of acanthosis, and a superficial perivascular lympho-histiocytic infiltrate. The clinical features may include itching, redness, scaling and clustered papulo-vesicles. The condition may be induced by a wide range of external and internal factors acting singly or in combination.

- Exclusions:** Dermatitis herpetiformis (EB44)
Periorificial dermatitis (ED90.1)
Cercarial dermatitis (1F86.4)
- Coded Elsewhere:** Allergic contact dermatitis (EK00)
Photo-allergic contact dermatitis (EK01)
Irritant contact dermatitis (EK02)
Contact dermatitis of external ear (EG40)
Allergic contact blepharoconjunctivitis (9A06.72)
Irritant contact blepharoconjunctivitis (EK02.11)
Contact gingivostomatitis (DA02.3)
Irritant contact dermatitis of hands (EK02.12)
Irritant contact dermatitis of vulva (EK02.13)
Dermatitis or eczema of eyelids (9A06.7)
Dermatitis or eczema of external ear
Eczematous nail dystrophy (EE13.5)
Dermatitis due to exogenous factors (EK5Y)
Eczematous drug eruption (EH6Y)

EA80

Atopic eczema

A chronic inflammatory genetically-determined eczematous dermatosis associated with an atopic diathesis (elevated circulating IgE levels, Type I allergy, asthma and allergic rhinitis). Filaggrin mutations resulting in impaired epidermal barrier function are important in its pathogenesis. Atopic eczema is manifested by intense pruritus, exudation, crusting, excoriation and lichenification. The face and non-flexural areas are often involved in infants; involvement of the limb flexures may be seen at any age. Although commonly limited in extent and duration, atopic eczema may be generalised and life-long.

Inclusions: atopic dermatitis
Coded Elsewhere: Atopic eczema of eyelids (9A06.70)
 Atopic eczema of hands (EA85.20)

EA80.0 Infantile atopic eczema

Infantile atopic eczema is defined as atopic eczema present during the first year of life. It typically first manifests between the ages of 2 and 6 months: approximately 50% of people with atopic eczema first present in infancy. The face and non-flexural areas are commonly affected. The napkin area tends to be relatively spared. Involvement of the limb flexures, as is typical in childhood atopic eczema, is also often seen in infancy.

EA80.1 Childhood atopic eczema

Atopic eczema in children and adolescents first presenting or continuing after infancy up to age 19 years. Its prevalence is highest in northern latitudes (e.g. nearly 20% in Norwegian children as compared with 0.7% in Tanzanian children). The sites most characteristically involved are the elbow and knee flexures, sides of the neck, wrists and ankles. As the disease progresses, lichenification (skin thickening) becomes a typical clinical feature, especially in areas that can be easily reached and scratched. Discoid variants are more common in children of African and Asian ancestry.

EA80.2 Adult atopic eczema

Atopic eczema in adults (19 years or greater) may persist from childhood, recur in adulthood in individuals with a history of atopic eczema in childhood or, less commonly, may develop de novo in adult life.

EA80.Y Other specified forms of atopic eczema

EA80.Z Atopic eczema, unspecified

EA81

Seborrhoeic dermatitis and related conditions

A group of related inflammatory skin disorders affecting predominantly the scalp, face, upper trunk and flexures and characterised by variable amounts of erythema, scale, inflammation and exudation. It is thought that *Malassezia* yeasts play an important role in their pathogenesis. Although these disorders are common, they are seen with increased frequency and severity amongst persons infected with HIV.

Exclusions: Seborrhoea (ED91.2)
Coded Elsewhere: Infantile seborrhoeic dermatitis (EH40.0)
 Seborrhoeic dermatitis of eyelids (9A06.71)
 Seborrhoeic otitis externa (AA10)
Malassezia folliculitis (1F2D.1)
 HIV-associated seborrhoeic dermatitis (EL3Y)

EA81.0 Seborrhoeic dermatitis of face

Seborrhoeic dermatitis affecting the face, most typically the nasolabial folds and chin.

Exclusions: Seborrhoea (ED91.2)

EA81.1	Seborrhoeic dermatitis of the scalp Seborrhoeic dermatitis of the scalp is characterised by varying degrees of scaling, inflammation, exudation and crusting affecting the scalp. It may occur in isolation or may be accompanied by seborrhoeic dermatitis of other sites. It may be difficult to differentiate from scalp psoriasis. Pityriasis capitis (dandruff) is considered to represent a mild form of seborrhoeic dermatitis of the scalp. <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> Neurodermatitis
EA83.00	Lichen simplex of vulva Circumscribed pruritic lichenification of female external genitalia.
EA83.01	Lichen simplex of male genitalia Circumscribed pruritic lichenification of male genitalia. The scrotum or the base of the penis are commonly affected sites.
EA83.02	Perianal lichen simplex Circumscribed pruritic lichenification of perianal localisation.
EA83.0Y	Lichen simplex of other specified site
EA83.0Z	Lichen simplex of unspecified site

EA83.1	Secondary lichenification Thickening of skin affected by a primary dermatosis as the result of repeated rubbing and scratching.
Coding Note:	Code also the causing condition
EA84	Asteatotic eczema Asteatotic eczema develops from asteatosis cutis. In the latter cracking and crazing of the epidermal stratum corneum produces a flaky skin with a reticulate erythema beneath the scales. It occurs particularly on the lower legs. It is more common in the elderly and is provoked by a combination of defatting and desiccation of the epidermis. If inflammation progresses then it may become more pruritic and eczematous, asteatotic eczema.
EA85	Dermatitis or eczema of hands and feet Dermatitis (eczema) involving the hands and/or feet. Inclusions: Dermatitis of hands and feet Eczema of hands and feet
EA85.0	Vesicular dermatitis of hands and feet An eczema of unknown cause affecting principally the palms, soles and sides of the fingers and toes. It is commonly known as pompholyx and is characterised by eruptions of itchy, often multiloculated blisters, which tend to rupture and become secondarily infected. It occurs most commonly in adolescents and young adults. Its relationship to other forms of eczema and to allergic sensitisation, especially to nickel, remains to be adequately elucidated.
EA85.1	Hyperkeratotic dermatitis of hands and feet Form of eczema (dermatitis) characterised by highly irritable, scaly, fissured, hyperkeratotic patches on the palms and/or soles. The aetiology is unknown. This disorder takes a chronic course and may be extremely refractory to treatment.
EA85.2	Dermatitis of hands Dermatitis or eczema involving predominantly the hands. Coded Elsewhere: Irritant contact dermatitis of hands (EK02.12) Vesicular dermatitis of hands (EA85.0) Chronic relapsing vesiculosquamous dermatitis of hands (EA85.0) Hyperkeratotic fissured palmar dermatitis (EA85.1)
EA85.20	Atopic eczema of hands Atopic eczema involving predominantly the hands. Individuals with an atopic diathesis are particularly prone to hand eczema. It may be provoked by repeated contact with irritants at work as in hairdressers, cooks and health care workers. It may manifest in a discoid pattern of eczema.
EA85.2Y	Other specified dermatitis of hands
EA85.2Z	Dermatitis of hands, unspecified

EA85.3	Dermatitis of feet Dermatitis (eczema) involving predominantly the feet. Coded Elsewhere: Vesicular dermatitis of feet (EA85.0) Hyperkeratotic fissured plantar dermatitis (EA85.1)
EA86	Dermatitis and eczema of lower legs Dermatitis (eczema) affecting the lower legs, most commonly associated with lower limb venous insufficiency, lymphoedema and/or immobility. Coded Elsewhere: Lower limb venous eczema (EF70)
EA86.0	Stasis dermatitis of the lower legs A chronic eczematous process affecting the skin of the lower legs in association with chronic lower limb lymphoedema and immobility. It is often associated with lipodermatosclerosis. Failure of the normal "muscle pump" to aid venous return is an important component in the aetiology. It is common in the morbidly obese. It is characterised by low grade inflammation with variable scaling and desquamation.
EA87	Dermatitis or eczema of anogenital region Dermatitis (eczema) affecting the external genitalia, crural folds and/or perianal skin.
EA87.0	Dermatitis or eczema of male genitalia Dermatitis (eczema) involving male external genital organs.
EA87.1	Dermatitis or eczema of female genitalia Dermatitis (eczema) affecting the female external genitalia. Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)
EA87.2	Dermatitis or eczema of perianal area Dermatitis (eczema) involving perianal skin. Coded Elsewhere: Perianal dermatitis of the newborn (KC21.2) Irritant contact dermatitis of perianal skin (EK02.1Y)
EA87.Z	Dermatitis or eczema of anogenital region, unspecified
EA88	Miscellaneous specified eczematous dermatoses A heterogeneous group of eczematous dermatoses not classified elsewhere.
EA88.0	Infectious dermatitis Infective dermatitis (infective eczematoid dermatitis) is an acute exudative dermatitis developing on normal skin surrounding a focus of suppurative infection. Such foci include infected wounds, suppurating sinuses and acute inflammatory fungal and/or bacterial infection of the toe clefts. The dermatitis may spread well beyond the skin directly affected by the suppuration. Inclusions: Infective eczematoid dermatitis Coded Elsewhere: Infectious dermatitis of the forefeet (EA85.3)

EA88.00	Human T-cell lymphotropic virus type 1 associated infective dermatitis of childhood An inflammatory dermatitis of childhood which develops in a minority of children with HTLV-1 infection, acquired usually via breast milk from an infected mother. Although the disease may clear spontaneously in adolescence, there is a high risk of development of Human T-cell lymphotropic virus-associated myelopathy (tropical spastic paraparesis) in later life. The onset is most frequent between the ages of 2 and 3, but it can manifest from as early as a few months of age to late childhood. Sites of predilection include the scalp, ears, eyelids, nostrils, neck, axillae and groin: erosions and crusting are commonly seen.
EA88.0Y	Other specified infectious dermatitis
EA88.0Z	Infectious dermatitis, unspecified
EA88.1	Post traumatic eczema Eczema localised to skin damaged by physical trauma or by chemical or thermal burns. It may appear months or years after the injury has healed, usually with visible scarring.
EA88.2	Disseminated secondary eczema The development of eczematous inflammation at sites distant from the primary site of an eczema or dermatitis. The onset of such dissemination may occur days or weeks after the primary dermatitis. The distribution of the secondary eczema tends to be symmetrical. Venous eczema, allergic contact dermatitis, acute irritant contact dermatitis and infective dermatitis are all potential triggers. The precise aetiopathology is as yet poorly understood.
Coding Note:	Code also the causing condition
	Inclusions: Eczematid
EA88.3	Secondary eczema An eczematous reaction to the presence of another, usually inflammatory, skin disorder. This may be observed in some forms of psoriasis when the underlying disease may be obscured by a concurrent eczematous reaction.
Coding Note:	Code also the causing condition
EA88.4	Pityriasis alba A common low grade inflammatory dermatosis of unknown aetiology in which multiple small finely scaling macules appear on the face, and less commonly the shoulders and upper arms, of children. These may initially be mildly erythematous but soon become hypopigmented with fine surface scale. Histopathologically there is a mild subacute spongiotic dermatitis with reduction in melanin. It is more prominent in children with pigmented skin and may give rise to concern about vitiligo.
EA89	Generalised eczematous dermatitis of unspecified type Generalised eczema of uncertain, unknown or unspecified aetiology.
EA8Y	Other specified eczematous dermatosis
EA8Z	Dermatitis or eczema, unspecified

Papulosquamous dermatoses (EA90-EA95)

A group of skin disorders characterised by epidermal thickening and scaling. The archetypal papulosquamous dermatosis is psoriasis.

EA90

Psoriasis

Psoriasis is a common, chronic, relapsing, inflammatory skin disorder characterised by abnormal epidermal keratinization and hyperproliferation. It has a strong genetic component and affects some 2% of the populations of many regions of the world. Up to 10-20% of patients with psoriasis also experience an inflammatory polyarthritis (psoriatic arthritis). Although many people with psoriasis have limited disease, both psoriasis and its associated arthritis often cause major functional and psychosocial disability. The more severe forms of psoriasis are frequently associated with the metabolic syndrome and, as a result, a reduced life expectancy.

EA90.0

Plaque psoriasis

The commonest form of psoriasis, which manifests as well-defined red, scaly plaques on the skin. Typical sites of initial involvement are the scalp, the extensor surfaces of the elbows and knees, the lower back and the shins. In severe disease a majority of the skin surface may be involved.

EA90.1

Guttate psoriasis

An acute, usually widespread eruption of small (<1cm) papules of psoriasis associated in a majority of cases with preceding streptococcal infection, particularly tonsillitis and streptococcal sore throat. This form of psoriasis is seen typically in children and young adults. If untreated it tends to resolve over a period of four to six months.

EA90.2

Unstable psoriasis

Unstable psoriasis is an inflammatory form of psoriasis which may be the precursor of erythrodermic or generalised pustular psoriasis. It is characterised by intense inflammation around the edges of existing plaques and/or the appearance of multiple small fresh inflammatory papules and plaques. Some patients may have a lifelong tendency to unstable psoriasis. It tends to be difficult to control without resort to systemic therapy.

EA90.3

Erythrodermic psoriasis

Erythrodermic psoriasis is a severe generalised inflammatory form of psoriasis characterised by confluent intense erythema involving more than 90% of the skin surface. Erythrodermic psoriasis usually develops from preceding extensive, active plaque psoriasis but may arise de novo. Precipitating or trigger factors include withdrawal of systemic glucocorticosteroids, and, less frequently, abrupt discontinuation of methotrexate, phototherapy burns, or intercurrent infections. Patients may develop hypothermia or high output cardiac failure.

EA90.4

Pustular psoriasis

Psoriasis characterised by clinically visible pustules. Pustular psoriasis may be localised or generalised and life-threatening.

Coded Elsewhere: Infantile pustular psoriasis (EH40.Y)

EA90.40	Generalised pustular psoriasis An inflammatory form of psoriasis characterised by the presence of widely distributed areas of visible sterile pustulation.
EA90.41	Acropustulosis of Hallopeau An uncommon pustular form of psoriasis which may rarely eventuate into generalised pustular psoriasis. It is characterised by pustules and variable scaling occurring in and around the nails and nail-beds of the fingers and toes. It may cause marked nail destruction and may be associated with a distal interphalangeal joint arthritis, with palmoplantar pustulosis or with plaque psoriasis elsewhere. Exclusions: Palmoplantar pustulosis (EA90.42)
EA90.42	Palmoplantar pustulosis Palmoplantar pustulosis (PPP) is a chronic inflammatory skin condition characterised by crops of sterile pustules on the palms and soles which erupt repeatedly over months or years. The affected areas tend to become red and scaly; cracks may form and these are often painful. It is strongly associated with smoking. It is associated with psoriasis elsewhere on the body in up to 24% of patients though appears to have a genetic profile distinct from psoriasis vulgaris. Interleukin-36 receptor gene polymorphisms are strongly associated with generalised pustular psoriasis and have been detected in a minority of patients with PPP. Inclusions: Palmoplantar pustular psoriasis
EA90.4Y	Other specified pustular psoriasis
EA90.4Z	Pustular psoriasis, unspecified
EA90.5	Psoriasis of specified site or distribution The appearance, management and impact of psoriasis can vary considerably according to its location. Important variants are listed under this heading.
EA90.50	Scalp psoriasis The scalp is frequently the site of initial presentation and is the commonest anatomical site to be involved by psoriasis. Morphologies range from discrete plaques to total scalp involvement with either thick plaques or scaly non-thickened areas almost identical to seborrhoeic dermatitis. Sites of predilection include the immediate post-auricular area and occiput.
EA90.51	Nail psoriasis Psoriasis of the nails manifests as pitting, roughening, thickening or detachment of the nail plate and in its early stages is accompanied by reddening of the distal nail bed.
EA90.52	Flexural and intertriginous psoriasis Psoriasis involving flexures (retro-auricular folds, axillae, crural folds) and/or intertriginous areas (groins, under the breasts and, in obese individuals, abdominal apron fold). It may occur on its own or in association with seborrhoeic psoriasis or chronic plaque psoriasis. Plaques are thin, shiny and beef-red in colour with minimal scale. They may become secondarily fissured and/or macerated.

EA90.53	Anogenital psoriasis Psoriasis involving anogenital skin including the vulva, penis or perianal area.
EA90.5Y	Psoriasis of other specified site or distribution
EA90.Y	Other specified forms of psoriasis
EA90.Z	Psoriasis of unspecified type
EA91	Lichen planus Lichen planus is an inflammatory disease of skin and mucous membranes characterised by intense inflammation at the interface between epidermis/epithelium and dermis/corium. Its clinical manifestations vary according to how acutely it develops and to where it attacks. On the skin it typically presents as a symmetrical eruption of itchy, flat-topped pink or purple papules or plaques. Involvement of the scalp or nail matrix can produce permanent loss of hair or nails respectively. Although mucous membrane involvement can be asymptomatic, it can cause significant pain and distress, particularly when it is erosive.
EA91.0	Acute eruptive lichen planus An acute generalised form of lichen planus. Exclusions: Lichenoid drug eruption (EH62)
EA91.1	Hypertrophic lichen planus A chronic recalcitrant form of lichen planus often localised to the lower legs and ankles and characterised by plaques of markedly thickened skin. It is often extremely pruritic. It can leave permanent pigmentation and scarring.
EA91.2	Follicular lichen planus Lichen planus involving the hair follicle rather than the epidermis. It typically involves the scalp but may be seen elsewhere. Clinically it presents as grouped small, slightly scaly erythematous follicular papules.
EA91.3	Lichen planus of genital skin and mucous membranes Lichen planus of genital mucous membranes tends to be mild in men but may give rise to concern about sexually-transmitted infection. Although it may be asymptomatic in women the severe erosive form may cause mark pain and disability.
EA91.4	Lichen planus and lichenoid reactions of oral mucosa Oral lichenoid reactions represent a common end point in response to extrinsic agents (drugs, allergens), altered self-antigens, or superantigens. Clinical presentation can vary from asymptomatic white reticular striae to painful erythema and erosions. Cutaneous and mucosal involvement of other sites is common. Although oral lichen planus is by definition idiopathic, oral lichenoid reactions may be caused by medications or exogenous agents such as cinnamates and other flavourings.
EA91.40	Non-erosive lichen planus of oral mucosa Oral lichen planus in which the epithelium remains intact.

EA91.41	Erosive oral lichen planus Oral lichen planus in which the epithelium is ulcerated. Coded Elsewhere: Vulvovaginal gingival syndrome (EA91.3)
EA91.42	Oral lichen planus, unspecified Lichen planus of oral mucosa without mention of presence or absence of ulceration.
EA91.43	Lichenoid mucositis Oral lichenoid mucositis is a term describing clinicopathological features of the oral mucosa which represent a common end point in response to extrinsic agents such as drugs or contact allergens, or to presumed altered self-antigens as in lichen planus. Clinical presentation can vary from asymptomatic white reticular striae to painful erythema and erosions. Idiopathic lichen planus cannot always be distinguished from lichenoid reactions to external agents and in such circumstances it is appropriate to label the changes observed as oral lichenoid mucositis until a more definitive diagnosis can be made.
EA91.4Y	Other specified lichenoid reactions of oral mucosa
EA91.5	Lichen planus of the nails Lichen planus of the nail most commonly presents as nail plate thinning with longitudinal grooving and ridging. Hyperpigmentation, subungual hyperkeratosis, onycholysis, and longitudinal melanonychia can also occur. Rarely, the matrix can be permanently destroyed with prominent pterygium formation. Lichen planus has been linked to childhood idiopathic nail atrophy and may overlap with twenty-nail dystrophy of childhood.
EA91.6	Subacute lichen planus The commonest form of lichen planus affecting the skin. It may be limited to a few papules or plaques but may be widespread. It may continue to extend over months and may remain active over several years.
EA91.Y	Other specified lichen planus
EA91.Z	Lichen planus of unspecified type
EA92	Lichenoid dermatoses Conditions other than lichen planus in which there is histological damage to the lower epidermis accompanied by a chronic inflammatory infiltrate in the papillary dermis disturbing the interface between the epidermis and dermis. Coded Elsewhere: Lichenoid drug eruption (EH62)
EA93	Pityriasis lichenoides Pityriasis lichenoides is an uncommon inflammatory skin disease of unknown aetiology. It can range from a relatively mild chronic form to a fulminant form with skin necrosis and severe constitutional symptoms. The disease can last from just weeks to months or years. The chronic form is manifest as multiple small flat asymptomatic scaly papules located predominantly on the trunk and proximal limbs. The acute forms present with the abrupt appearance of multiple papules in the same distribution which rapidly progress to haemorrhagic blisters and ulceration.

EA94**Pityriasis rubra pilaris**

Pityriasis rubra pilaris (PRP) is the name given to a group of clinically similar papulosquamous dermatoses of unknown aetiology. They initially present with erythematous, hyperkeratotic perifollicular papules, which tend to coalesce into plaques, but may progress to erythroderma, particularly in adults. The distribution, age of onset and speed of onset differ markedly between patients and these differences have been used to classify PRP into a number of clinically distinct subtypes.

EA95**Small plaque parapsoriasis**

The benign form of parapsoriasis, a chronic multifocal skin disease characterised by atrophic erythematous patches located preferentially on the trunk and proximal extremities. The aetiology is unknown.

Inclusions: Digitate dermatosis
Chronic superficial dermatitis

Urticaria, angioedema and other urticarial disorders (EB00-EB0Y)

A heterogeneous group of disorders characterised by dermal and/or subcutaneous and submucosal oedema. The most common underlying mechanism is release of histamine from mast cells with consequent capillary dilatation and tissue oedema. This is responsible for the weals of spontaneous and most physical urticarias. A variety of other mechanisms are involved in other urticarial disorders.

Exclusions: Urticaria pigmentosa (2A21.10)
Papular urticaria (EK50.00)

Coded Elsewhere: Hereditary angioedema (4A00.14)
Acquired angioedema (4A00.15)
Urticarial vasculitis (EF40.10)
Food-induced urticaria or angioedema (4A85.21)
Drug-induced urticaria, angioedema and anaphylaxis (EH61)
Angioedema due to disordered complement activation or kinin metabolism (4A00.1Z)

EB00**Spontaneous urticaria**

Spontaneous urticaria is a disease characterised by the daily or almost daily eruption of spontaneous weals, angioedema or both.

Inclusions: ordinary urticaria

EB00.0**Acute urticaria**

Spontaneous urticaria lasting less than six weeks

EB00.1**Chronic urticaria**

Spontaneous urticaria lasting six weeks or more.

Inclusions: Chronic spontaneous urticaria
Chronic ordinary urticaria

EB00.Z**Spontaneous urticaria, unspecified**

EB01**Inducible urticaria and angioedema**

The inducible or physical urticarias are a heterogeneous subgroup of urticarias in which pruritic weals, angioedema or both are triggered reproducibly by specific external physical stimuli. The onset of wealing is characteristically rapid with resolution within an hour. The exception is delayed pressure urticaria where weals take longer to develop and resolve. Individual susceptibility to a physical urticaria may be short-lived or may last for years.

EB01.0**Dermographism**

Dermographism is characterised by the development of short-lived itchy weals in response to stroking of the skin. The weals are typically linear. Symptomatic dermographism is triggered by light skin stroking or friction and is pruritic, whereas simple dermographism is a common physiological response to firm skin stroking and is not pruritic.

Inclusions: Factitious urticaria
Dermatographic urticaria

EB01.1**Cold urticaria**

Cold urticaria is triggered by skin cooling. Weals often develop as the skin rewarms afterwards. Cold contact urticaria is triggered by local skin cooling whereas the much less common cold reflex urticaria is triggered by generalised chilling causing a fall in core temperature.

EB01.2**Delayed pressure urticaria**

Delayed pressure urticaria differs from other forms of physical urticaria in that the appearance of weals is delayed for several hours following the provoking stimulus. It is commonly associated with chronic spontaneous urticaria but tends to respond poorly to antihistamine therapy. The palms and soles, the waist, and the buttocks and thighs are commonly affected areas. Wealing can be induced by a variety of stimuli, including standing, walking, wearing of tight clothes, or sitting on a hard surface.

EB01.3**Contact urticaria**

Urticaria resulting from skin or mucosal contact with a substance or substances capable of inducing wealing either by immunological or by non-immunological means.

Coded Elsewhere: Allergic contact urticaria (EK10)

EB01.Y**Other specified forms of inducible urticaria and angioedema****EB01.Z****Inducible urticaria and angioedema, unspecified****EB02****Cholinergic urticaria and related conditions**

A range of urticarial disorders associated with heat and activation of sweating.

Coded Elsewhere: Exercise-induced anaphylaxis (4A84.30)

EB02.0	Cholinergic urticaria Cholinergic urticaria presents as an eruption of multiple small 2-3 mm monomorphic papular weals in response to sweat-inducing stimuli such as physical exertion, hot baths, spicy foods or sudden emotional stress. The weals tend to be pink in milder cases but white with surrounding macular erythema when the oedema is more intense. Angioedema and systemic manifestations including faintness, headache, palpitations and wheezing may occur in severe cases. Exclusions: Exercise-induced anaphylaxis (4A84.30)
EB02.Y	Other conditions mediated by cholinergic activation
EB03	Syndromes with urticarial reactions or angioedema Periodic and other syndromes in which urticarial reactions or angioedema play an important part. Coded Elsewhere: Cryopyrin-associated periodic syndromes (4A60.1) Tumour necrosis factor receptor 1 associated periodic syndrome (4A60.2)
EB04	Idiopathic angioedema
EB05	Urticaria of unspecified type Inclusions: Hives Nettle rash
EB0Y	Other specified urticarial disorders

Inflammatory erythemas and other reactive inflammatory dermatoses (EB10-EB31)

A heterogeneous group of disorders characterised by skin inflammation in response to known (usually infections or drugs) or unknown triggers

Coded Elsewhere: Inflammatory dermatoses of the newborn (KC21)
Pyodermatitis–pyostomatitis vegetans (EL3Y)

EB10	Diffuse inflammatory erythemas A group of disorders characterised by diffuse redness of the skin. They may be due to drugs, viral infections or circulating toxins but frequently a precise aetiology cannot be determined. Coded Elsewhere: Drug-induced erythroderma (EH64) Neonatal toxic erythema (KC21.1)

EB11**Annular erythema**

Annular erythema is the term given to a group of chronic annular and gyrate eruptions in which irregular rings and arcs of elevated erythema form from initial inflammatory papules which slowly enlarge whilst clearing centrally. The lesions are usually located on the buttocks, thighs and upper arms, but any area may be involved. The condition may persist for months to years. In the majority of cases the aetiology remains obscure.

Coded Elsewhere: Erythema gyratum repens (EL10)

Necrolytic migratory erythema (EL10)

EB12**Erythema multiforme**

Erythema multiforme is a self-limiting reactive inflammatory dermatosis triggered by cell-mediated hypersensitivity, most commonly to drugs or infection, particularly Herpes simplex. It is characterised by an eruption of macules, papules, nodules, vesicles and/or bullae affecting preferentially the dorsal aspects of the hands and forearms. It may also involve oral and genital mucous membranes.

Exclusions: Stevens-Johnson syndrome or toxic epidermal necrolysis (EB13)

EB12.0**Cutaneous erythema multiforme**

Erythema multiforme confined to the skin and typically triggered by recurrent Herpes simplex infection.

EB12.1**Mucocutaneous erythema multiforme**

Erythema multiforme with mucosal involvement, usually of oral and/or genital mucous membranes. It causes significantly more morbidity than erythema multiforme confined to the skin.

Coded Elsewhere: Erythema multiforme with oral ulceration (DA01.13)

EB12.Y**Other specified erythema multiforme****EB12.Z****Erythema multiforme, unspecified****EB13****Stevens-Johnson syndrome or toxic epidermal necrolysis**

A spectrum of severe and life-threatening hypersensitivity disorders affecting skin and mucous membranes, most commonly precipitated by an idiosyncratic reaction to medication. Stevens-Johnson syndrome (SJS) always involves mucosal surfaces but the skin involvement is limited by definition to <10% body surface area (BSA). Toxic epidermal necrolysis (TEN) may sometimes spare mucous membranes but skin involvement is by definition >30% BSA. An intermediate form is recognised in which mucosal involvement is accompanied by skin involvement of 10-30% BSA (SJS-TEN overlap syndrome). All forms result in extensive sloughing and ulceration and carry a significant risk of fatal outcome.

Coded Elsewhere: Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

EB13.0**Stevens-Johnson syndrome**

Stevens-Johnson syndrome is an immune-complex-mediated hypersensitivity disorder involving mucous membranes (conjunctivae, oral mucosa and genital mucosa) with, by definition, skin involvement limited to no more than 9% body surface area. It is related to toxic epidermal necrolysis and shares many of the same triggers, notably drugs, but the inflammation is centred on and close to mucosal surfaces. Although mortality is low, acute morbidity is high and conjunctival involvement has the potential to cause blindness.

Coded Elsewhere: Drug-induced Stevens-Johnson syndrome (EH63.0)

Acute cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

Chronic cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

EB13.1**Toxic epidermal necrolysis**

Toxic epidermal necrolysis (TEN) is an acute life-threatening skin disease with commonly quoted overall risk of mortality of between 25 and 30%, though the risk of fatal outcome is around 90% in the most severely affected patients (SCORTEN score >5). It is characterised by the rapid onset of extensive erythema, necrosis, and bullous detachment of the epidermis (> 30% body surface area). Commonly, the mucous membranes are also involved. Death may result from a combination of sepsis, fluid depletion and multi-organ failure. In two thirds of cases, TEN is triggered by a clearly identifiable drug allergy.

Coded Elsewhere: Drug-induced toxic epidermal necrolysis (EH63.1)

EB13.2**Stevens-Johnson and toxic epidermal necrolysis overlap syndrome**

A severe reactive skin disorder with features of both toxic epidermal necrolysis and Stevens-Johnson syndrome. It is defined by the presence of mucosal involvement and between 10% and 30% body surface area detachment of skin. It may be regarded as an intermediate form of these two disorders and, as with them, it can in most cases be attributed to a drug.

Coded Elsewhere: Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Neutrophilic dermatoses (EB20-EB2Y)

A group of inflammatory skin disorders characterised by neutrophilic infiltration of the skin.

Coded Elsewhere: Disseminated gonococcal infection (1A73)

Behçet disease (4A62)

EB20**Acute febrile neutrophilic dermatosis**

Sweet syndrome (the eponym for acute febrile neutrophilic dermatosis) is characterised by a constellation of clinical symptoms, physical features, and pathological findings which include fever, neutrophilia, tender erythematous skin lesions (papules, nodules, and plaques), and a diffuse infiltrate consisting predominantly of mature neutrophils that are typically located in the upper dermis. Sweet syndrome presents in three clinical settings: classical (or idiopathic), malignancy-associated, and drug-induced.

Inclusions: Sweet syndrome

EB21**Pyoderma gangrenosum**

An idiopathic, rapidly evolving, and severely debilitating disease occurring most commonly in association with chronic ulcerative colitis. It is characterised by the presence of boggy, purplish ulcers with undermined borders, appearing mostly on the legs. The majority of cases are in people between 40 and 60 years old. Its etiology is unknown.

Inclusions: Phagedenic pyoderma

EB2Y**Other specified neutrophilic dermatoses****EB30****Eosinophilic cellulitis**

Eosinophilic cellulitis (Wells syndrome) is characterised by a distinctive clinical picture resembling cellulitis, and a typical histology with tissue eosinophilia, oedema and 'flame' figures (clusters of eosinophils and histiocytes around a core of collagen and eosinophilic debris). It can affect either sex, usually in adult life. Any site may be involved, with single or multiple lesions, and recurrences are common. Initially, the lesions are itchy erythematous plaques with features resembling both urticaria and cellulitis but bullous and nodular forms have also been described. It may arise spontaneously but a number of drugs and infections have been implicated.

EB31**Erythema nodosum**

An erythematous eruption commonly associated with drug reactions or infection and characterised by inflammatory nodules that are usually tender, multiple, and bilateral. These nodules are located predominantly on the shins with less common occurrence on the thighs and forearms. They undergo characteristic colour changes ending in temporary bruise-like areas. This condition usually subsides in 3-6 weeks without scarring or atrophy.

Coded Elsewhere: Acute sarcoidosis with erythema nodosum (4B20.5)

Drug-induced erythema nodosum (EH6Y)

Immunobullous diseases of the skin (EB40-EB4Y)

A group of disorders characterised by the presence of circulating auto-antibodies directed against specific skin or mucous membrane antigens and resulting in blisters or erosions.

EB40**Pemphigus**

Pemphigus is a group of chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to desmosome components. Three clinical forms have been characterised. Pemphigus vulgaris, pemphigus foliaceus and pemphigus vegetans. Other variants exist, namely intercellular IgA dermatosis and paraneoplastic pemphigus.

Coded Elsewhere: Neonatal pemphigus (KA07.1)

EB40.0**Pemphigus vulgaris**

Pemphigus vulgaris is a chronic autoimmune skin disease characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome components desmoglein 1 and 3.

EB40.00	Oral pemphigus Oral pemphigus is a variant of pemphigus vulgaris, and is a chronic autoimmune skin disease characterised by blister formation on the oral mucous membrane mediated by auto-antibodies to the desmosome component desmoglein 3.
EB40.0Y	Other specified pemphigus vulgaris
EB40.0Z	Pemphigus vulgaris, unspecified
EB40.1	Pemphigus foliaceus Pemphigus foliaceus is a chronic autoimmune skin disease characterised by superficial blister formation on the skin mediated by auto-antibodies to the desmosome component desmoglein 1.
EB40.2	Paraneoplastic pemphigus Paraneoplastic pemphigus is a severe, often fatal autoimmune disease characterised by blisters and erosions not only on the skin and the mucous membranes but also involving other organs including the respiratory system. Auto-antibodies to a variety of plakin components of desmosomes and hemidesmosomes and to the protease inhibitor, Alpha-2-macroglobulin-like-1 protein, have all been implicated in its pathogenesis. It is strongly associated with lymphoproliferative disease.
Coding Note:	Code also the causing condition
EB40.Y	Other specified pemphigus
EB40.Z	Pemphigus, unspecified
EB41	Pemphigoid The pemphigoid group of immunobullous diseases is characterised by the production of IgG antibodies to the epidermal basement membrane zone, leading to subepidermal clefts which are clinically manifest as blisters or erosions of skin or mucous membranes. Coded Elsewhere: Gestational pemphigoid (JA65.10) Neonatal gestational pemphigoid (KA07.Y)
EB41.0	Bullous pemphigoid Bullous pemphigoid is the most common autoimmune blistering disease in the Western world. It chiefly affects the elderly and typically presents with a pruritic urticated erythema which evolves into a widespread eruption of intact tense blisters. It can sometimes involve mucous membranes. It is characterised by IgG antibodies to the basement membrane zone, leading to subepidermal clefts that are clinically manifest as blisters.

EB41.1	Mucous membrane pemphigoid Mucous membrane pemphigoid (MMP) encompasses a heterogeneous group of mucous membrane-dominated autoimmune diseases in which autoantibodies to antigens of the basement membrane zone (BMZ) of mucous membranes and the skin result in subepithelial blistering. MMP may be limited to the conjunctivae (ocular pemphigoid) or to the oral cavity (oral pemphigoid). When the skin is involved, it is generally less extensive and less migratory than in bullous pemphigoid. MMP follows a chronic course and may lead to severe scarring with the attendant risks of loss of vision and oesophageal strictures. Coded Elsewhere: Mucous membrane pemphigoid with ocular involvement (9A62)
EB41.Y	Other specified pemphigoid
EB41.Z	Pemphigoid, unspecified
EB42	Linear IgA bullous dermatosis Linear IgA bullous dermatosis is an uncommon immunobullous disorder which occurs in both adults and children. It is characterised by linear deposition of IgA along the epidermal basement membrane. Although the clinical picture may resemble dermatitis herpetiformis, it is not associated with gluten enteropathy and it has different clinical and immunopathological attributes.
EB43	Epidermolysis bullosa acquisita Epidermolysis bullosa acquisita is an acquired non-familial blistering disease characterised by the presence of autoantibodies to collagen VII at the epidermal basement membrane zone, as demonstrated by direct immunofluorescence. There is a wide spectrum of clinical manifestations including a trauma-induced variant and a more inflammatory variant. Exclusions: Genetically-determined epidermolysis bullosa (EC30-EC3Z) Coded Elsewhere: Transient neonatal epidermolysis bullosa acquisita (KA07.Y)
EB44	Dermatitis herpetiformis Dermatitis herpetiformis is an immunobullous skin characterised by recurrent eruptions of intensely itchy papules, vesicles or bullae, which are typically grouped symmetrically on the extensor surfaces of the limbs and on the buttocks and back. The primary lesions are frequently obscured by excoriation. An incompletely understood abnormal response to dietary gluten provokes the formation of autoantibodies to tissue and epidermal transglutaminases and granular deposition of IgA in dermal papillae. The disease is strongly associated with gluten-sensitive enteropathy, which can range from mild jejunal epithelial inflammation to total villous atrophy (coeliac disease).
EB4Y	Other specified immunobullous disorder

Cutaneous lupus erythematosus (EB50-EB5Z)

Lupus erythematosus involving the skin. This ranges from acute cutaneous lupus as may accompany a flare of systemic lupus erythematosus to a variety of chronic forms which are in the majority of cases limited to the skin.

Exclusions: Systemic lupus erythematosus (4A40.0)

Lupus vulgaris (1B12.8)

Coded Elsewhere: Systemic lupus erythematosus with skin involvement (4A40.00)

Neonatal lupus erythematosus (KA07.0)

EB50

Subacute cutaneous lupus erythematosus

Subacute cutaneous lupus erythematosus is a non-scarring form of lupus erythematosus typified by the presence of circulating anti-Ro/SSA antibodies and discoid or annular inflamed red patches with variable fine scaling on sun-exposed skin, especially the sides of the face and neck, the vee of the neck, the extensor surfaces of the upper arms and the upper back: in contrast with systemic lupus erythematosus the cheeks tend to be spared. Visceral disease is less frequent than in systemic lupus erythematosus: renal involvement is rare and mild.

EB51

Chronic cutaneous lupus erythematosus

Chronic cutaneous lupus erythematosus (LE) is characterised by the presence of circumscribed cutaneous plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It most commonly presents as discoid plaques involving the face, ears and scalp but can be widely disseminated or may affect predominantly the extremities (chilblain LE) or subcutaneous fat (lupus panniculitis). It can cause marked disfigurement with prominent facial scarring and permanent hair loss. Most patients remain otherwise in good health but 5-10% may develop systemic lupus erythematosus. Photosensitivity is less apparent than in subacute cutaneous lupus erythematosus.

Exclusions: Systemic lupus erythematosus (4A40.0)

EB51.0

Discoid lupus erythematosus

Discoid lupus erythematosus is characterised by the presence of discoid plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It typically involves the face, ears and scalp, but widespread dissemination may occur. It can cause marked disfigurement with prominent facial scarring and permanent hair loss.

EB51.Y

Other specified chronic cutaneous lupus erythematosus

EB51.Z

Chronic cutaneous lupus erythematosus, unspecified

EB5Z

Cutaneous lupus erythematosus of unspecified type

Scarring or sclerosing inflammatory dermatoses (EB60-EB61.Z)

A group of inflammatory dermatoses limited to skin and mucous membranes and characterised by variable degrees of sclerosis, fibrosis and atrophy.

Coded Elsewhere: Graft-versus-host disease (4B24)

EB60

Lichen sclerosis

Lichen sclerosis 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 sclerosis of vulva

Lichen sclerosis 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 sclerosis of penis

Lichen sclerosis 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 sclerosis of other specified sites

EB60.Z

Lichen sclerosis, unspecified

EB61

Morphoea

A group of related diseases of poorly understood aetiology affecting principally skin and subcutaneous tissue and characterised by variable fibrosis, sclerosis and cutaneous atrophy.

Coded Elsewhere: Extragenital lichen sclerosis 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. <i>Inclusions:</i> Circumscribed scleroderma
EB61.1	Linear morphoea Linear morphoea is a form of morphoea which usually presents in childhood or adolescence and is usually unilateral, affecting a limb with a linear induration of skin, subcutis and occasionally underlying muscle and bone. It may also affect the scalp and forehead ("en coup de sabre") producing a depressed scar likened to a healed sabre wound, with sclerosis of the skin and alopecia of affected scalp.
EB61.Y	Other specified forms of morphoea
EB61.Z	Morphoea, unspecified

EB7Y	Other specified inflammatory dermatoses

Metabolic and nutritional disorders affecting the skin (EB90-EB9Y)

This group includes dermatoses resulting either from disturbed metabolic processes or from defective nutrition

Coded Elsewhere: Disorders of essential minerals or their metabolism affecting the skin
Disorders of vitamins or their metabolism which may affect the skin
Neonatal nutritional disorders affecting the skin (KC24)
Dermatoses resulting from defective nutrition (5C3Y)

EB90	Dermatoses resulting from disturbed metabolic processes

This group comprises dermatoses where abnormal quantities of biological material accumulate in the skin. The effects of such accumulations depend on the particular material involved. Examples include lipid, mucin, amyloid, porphyrins and calcium.

Coded Elsewhere: Tophaceous gout (FA25.20)
Genetic disorders of amino acid metabolism or transport affecting the skin
Cutaneous amyloidosis (5D00.Y)

EB90.0	Diabetic skin lesions Unspecified skin changes attributable to diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

EB90.1	Cutaneous mucinosis Skin disorders characterised by accumulation of mucin in the skin Coded Elsewhere: Mucopolysaccharidosis type 1 (5C56.30) Mucopolysaccharidosis type 2 (5C56.31) Mucopolysaccharidosis type 6 (5C56.33)
EB90.10	Pretibial myxoedema Pretibial myxoedema is a form of diffuse cutaneous mucinosis in which there is an accumulation of excess glycosaminoglycans, especially hyaluronic acid, in the dermis and subcutis. It is most commonly seen on the shins (pretibial areas) but does occur elsewhere on the lower extremities. It manifests as violaceous or brownish, firm, non-pitting, asymmetrical nodules or plaques or nodules which tend to coalesce to produce extensive areas of induration with a "peau d'orange" (orange peel) appearance. It is nearly always associated with autoimmune thyroiditis (Graves disease) and may be associated with finger clubbing (acropachy) and exophthalmos (thyroid eye disease). Coding Note: Code also the causing condition
EB90.11	Lichen myxoedematosus Localised lichen myxoedematosus 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 myxoedematosus, discrete papular lichen myxoedematosus, papular mucinosis of infancy, acral persistent papular mucinosis and self-healing papular mucinosis.
EB90.12	Reticular erythematous mucinosis Reticular erythematous mucinosis comprises areas of reticular infiltrated erythema affecting particularly the upper anterior chest wall. Histologically there is a mucinous and chronic inflammatory cell infiltrate in the dermis. It occurs most frequently in women in middle years of life. The aetiology is not understood though exposure to sunlight may play a part.
EB90.1Y	Other specified forms of cutaneous mucinosis
EB90.2	Cutaneous and subcutaneous xanthomata An abnormal accumulation of lipid in the skin or soft tissues, most frequently due to an associated dyslipidaemia. Exclusions: Benign cephalic histiocytosis (EE81)

- EB90.20** Plane xanthoma
- Plane (planar) xanthomata are flat cutaneous xanthomata and contrast with eruptive and tuberous xanthomata which present as papules and nodules. They are often completely macular but may develop into elevated plaques. The commonest type is the xanthelasma of the eyelid but also included is the palmar xanthoma and a less common widespread form, diffuse plane xanthoma, which may be mimicked by a clinically similar disorder associated with paraproteinaemia, diffuse normolipidaemic plane xanthomatosis.
- Coding Note:** Code also the causing condition
- Coded Elsewhere:** Xanthelasma of eyelid (9A06.4)
- EB90.21** Tuberous xanthoma
- Tuberous xanthomas are firm yellow-red nodules that occur over sites of pressure: they usually indicate the presence of hyperlipidaemia type 3 (Type III hyperlipoproteinaemia). They start as small xanthomas, usually over the extensor aspects of the elbows and knees, but can develop into quite exuberant exophytic lesions several centimetres in diameter and height. They can develop over other pressure sites particularly the heels and plantar surfaces of the feet.
- Coding Note:** Code also the causing condition
- EB90.22** Eruptive xanthoma
- Eruptive xanthomata manifest as crops of small yellow papules which erupt in large numbers over extensor surfaces, particularly the buttocks, back, legs and arms. They are associated with severe hypertriglyceridaemia and may be associated with uncontrolled diabetes mellitus.
- Coding Note:** Code also the causing condition
- EB90.23** Tendinous xanthoma
- Tendinous xanthomata manifest most commonly as subcutaneous nodules attached to the extensor tendons over the knuckles or the Achilles tendon, though other tendons can sometimes be affected. They are most frequently seen in familial hypercholesterolaemia but may also be associated with secondary hypercholesterolaemia due to prolonged cholestasis.
- Coding Note:** Code also the causing condition
- EB90.24** Xanthoma due to specified disorder of lipid metabolism
- Lipid accumulations in the skin and soft tissues resulting from disordered lipid metabolism.
- Coding Note:** Code also the causing condition
- EB90.2Z** Cutaneous and subcutaneous xanthomata of unspecified type
- EB90.3** **Porphyria or pseudoporphyria affecting the skin**
- Skin disorders resulting from or simulating disorders due to certain disorders of porphyrin metabolism.
- Coded Elsewhere:** Porphyria cutanea tarda (5C58.10)
 Variegata 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 arteriopathy (calciophylaxis).
EB90.42	Calcific arteriopathy Calcific arteriopathy (calciophylaxis) 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: Calciophylaxis
EB90.4Y	Other specified calcification of skin or subcutaneous tissue
EB9Y	Other specified metabolic and nutritional disorders affecting the skin

Genetic and developmental disorders affecting the skin (EC10-EC7Y)

A large group of disorders, some limited to the skin but many involving other organ systems, due to heritable genetic defects, chromosomal abnormalities or embryofetal developmental anomalies.

Coded Elsewhere: Chromosomal disorders affecting the skin

DNA instability syndromes affecting the skin

Genetic disorders of adipose tissue or lipid metabolism affecting the skin

Genetic disorders of amino acid metabolism or transport affecting the skin

Sphingolipidoses with skin manifestations

Genetic hamartoneoplastic syndromes affecting the skin (LD27.5)

Variegate porphyria (5C58.13)

Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Acrodermatitis enteropathica (5C64.20)

Monogenic autoinflammatory syndromes (4A60)

Chronic mucocutaneous candidosis (1F23.14)

Congenital anomalies of skin development (LC60-LC60)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Developmental defects of hair or nails (LC30-LC31)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Genetic syndromes affecting the skin (EC10-EC1Y)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Ectodermal dysplasia syndromes (LD27.0)

Syndromes with premature ageing appearance as a major feature (LD2B)

EC10

Genetic syndromes with poikiloderma

Hereditary syndromes in which poikiloderma (cutaneous pigmentation, atrophy and telangiectasia) is a conspicuous feature.

Coded Elsewhere: Cockayne syndrome (LD2B)

Rothmund-Thomson syndrome (LD2B)

Hereditary acrokeratotic poikiloderma, Weary type (LD27.Y)

Kindler syndrome (LD2B)

Bloom syndrome (4A01.31)

Dyskeratosis congenita (3A70.0)

EC1Y

Other specified genetic syndromes affecting the skin

EC20**Genetic disorders of keratinisation**

Heritable disorders characterised by abnormal epidermal keratinization. They include the ichthyoses and palmoplantar keratodermas.

Coded Elsewhere: Syndromic ichthyosis (LD27.2)

Keratosis pilaris (ED56)

EC20.0**Non-syndromic ichthyosis**

Hereditary ichthyoses with clinical manifestations limited to the integument.

EC20.00**Ichthyosis vulgaris**

Ichthyosis vulgaris accounts for 95% of all cases of hereditary ichthyosis. It is an autosomal dominant condition due to filaggrin gene mutations. At birth the skin may appear normal but it gradually becomes dry, rough and scaly, with most signs and symptoms appearing by the age of 5. Ichthyosis vulgaris can affect all parts of the skin surface including the face and scalp though the limb flexures are usually spared. Hyperlinearity of the palms is a characteristic feature. It is closely associated with the development of atopic eczema.

EC20.01**X-linked ichthyosis**

X-linked ichthyosis is an X-linked recessive genodermatosis associated with steroid sulfatase deficiency and elevated plasma cholesterol sulfate. Generalised scaling is present at or shortly after birth, most prominently over the extremities, neck, trunk, and buttocks. It occurs only in males and may be associated with testicular disease and corneal opacities.

EC20.02**Autosomal recessive congenital ichthyosis**

A heterogeneous group of genetically-determined ichthyoses with autosomal recessive inheritance.

EC20.03**Keratinopathic ichthyoses**

Heritable ichthyoses resulting from mutations in keratin genes.

EC20.0Y**Other specified or unclassifiable non-syndromic ichthyosis****EC20.1****Hereditary skin peeling**

A group of uncommon heritable disorders characterised by abnormal skin peeling

EC20.2**Hereditary acantholytic dermatoses**

A group of heritable disorders characterised by epidermal acantholysis and loss of epidermal integrity.

EC20.3**Hereditary palmoplantar keratodermas**

Heritable disorders of keratinisation of the skin of the palms and soles.

EC20.30**Diffuse palmoplantar keratodermas**

Palmoplantar keratoderma in which there is confluent epidermal thickening affecting the palms and soles.

Coded Elsewhere: Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

EC20.31	Focal palmoplantar keratodermas Palmoplantar keratoderma in which there is focal epidermal thickening with areas of normal intervening palmar and plantar skin. Coded Elsewhere: Tyrosinaemia type 2 (5C50.12)
EC20.32	Papular palmoplantar keratodermas Palmoplantar keratoderma characterised by the presence of multiple small discrete hyperkeratotic papules involving palmar and plantar skin.
EC20.3Z	Hereditary palmoplantar keratoderma of unspecified type
EC20.Y	Other specified genetic disorders of keratinisation
EC21	Genetic defects of hair or hair growth Coded Elsewhere: Genetic syndromes with hypertrichosis (LD27.3)
EC21.0	Genetic defects of the hair shaft Exclusions: Menkes' kinky hair syndrome (5C64.0)
EC21.1	Genetic syndromes with abnormalities of the hair shaft Coded Elsewhere: Bamforth-Lazarus syndrome (5A00.0Y) Cartilage-hair hypoplasia (LD27.0Y) Netherton syndrome (LD27.2) Woolly hair – palmoplantar keratoderma – dilated cardiomyopathy (BC43.6) Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y) Menkes disease (5C64.0Y) Curly hair – ankyloblepharon – nail dysplasia syndrome (LD27.0Y)
EC21.2	Hereditary alopecia or hypotrichosis Genetically-determined absence or sparsity of hair.

EC21.3	Genetic syndromes with alopecia or hypotrichosis Hereditary syndromes in which sparse or absent hair is a component Coded Elsewhere: Argininosuccinic aciduria (5C50.A0) Hidrotic ectodermal dysplasia, Clouston type (LD27.03) Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y) Ichthyosis – hypotrichosis syndrome (LD27.2) Neonatal sclerosing cholangitis – ichthyosis – hypotrichosis syndrome (DB96.2Y) Odonto-onycho-dermal dysplasia (LD27.0Y) Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y) Autosomal dominant palmoplantar keratoderma and congenital alopecia (LD27.0Y) Autosomal recessive palmoplantar keratoderma and congenital alopecia (LD27.0Y) Alopecia - contractures - dwarfism - intellectual deficit (LD27.0Y) Alopecia – psychomotor epilepsy – periodontal pyorrhoea – intellectual disability syndrome (LD90.Y) Cataract - alopecia - sclerodactyly (LD27.0Y) Odonto-onycho dysplasia - alopecia (LD27.0Y) Schöpf-Schulz-Passarge syndrome (LD27.0Y) Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)
EC21.4	Genetically-determined hypertrichosis Increased non-androgen-dependent hair growth due to genetic abnormality Coded Elsewhere: Hypertrichosis lanuginosa congenita (LD27.0Y) Congenital generalised hypertrichosis (LD27.0Y) X-linked dominant congenital generalised hypertrichosis (LD27.0Y) Familial isolated trichomegaly (LD27.0Y)
EC21.Y	Other specified genetic defects of hair or hair growth
EC21.Z	Genetic defects of hair or hair growth, unspecified
EC22	Genetic defects of nails or nail growth Coded Elsewhere: Genetic syndromes affecting nails (LD27.4)
EC22.0	Inherited deformities of nails Genetically-determined abnormalities of nail development.

EC23**Genetic disorders of skin pigmentation**

Genetic disorders of the skin characterised by disordered pigmentation, including albinism and inherited forms of lentiginosis.

EC23.0**Non-syndromic genetically-determined hypermelanosis or lentiginosis****EC23.1****Syndromic genetically-determined hypermelanosis or lentiginosis**

Coded Elsewhere: Peutz-Jeghers syndrome (LD2D.0)

Incontinentia pigmenti (LD27.00)

Neurofibromatoses (LD2D.1)

Arterial dissection - lentiginosis (BD50.Z)

McCune-Albright syndrome (FB80.0)

LEOPARD syndrome (LD2F.1Y)

Carney complex (5A70.Y)

Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)

Legius syndrome (LD27.5)

EC23.2**Albinism or other specified genetically-determined hypomelanotic disorders**

A large group of heritable disorders in which cutaneous melanin production is reduced or absent, mainly as the result of defects in enzymes required for normal melanin biosynthesis.

Coded Elsewhere: Ocular albinism (9E1Y)

EC23.20**Oculocutaneous albinism**

Oculocutaneous albinism is a genetically heterogeneous congenital disorder characterised by decreased or absent pigmentation in the hair, skin, and eyes.

EC23.2Y**Other specified genetically-determined hypomelanotic disorders****EC23.Y****Other specified genetic disorders of skin pigmentation****EC23.Z****Genetic disorders of skin pigmentation, unspecified**

Genetically-determined epidermolysis bullosa (EC30-EC3Z)

Epidermolysis bullosa (EB) is the name given to a heterogeneous group of blistering disorders which in the majority of cases are due to genetically-determined defects in structural proteins of the epidermis and dermo-epidermal junction. The genetic forms are to be distinguished from the immunobullous disorder, epidermolysis bullosa acquisita (qv).

Exclusions:

Epidermolysis bullosa acquisita (EB43)

EC30**Epidermolysis bullosa simplex**

Epidermolysis bullosa simplex is the name given to a heterogeneous group of genetically-determined defects in epidermal cell-cell adhesion. These give rise to blistering in response to frictional and shearing stresses.

EC31**Junctional epidermolysis bullosa**

Junctional (lucidolytic) epidermolysis bullosa is due to defects at the level of the lamina lucida of the epidermal basement membrane. The generalised severe form (Herlitz) is associated with widespread mucosal involvement of internal organs and has a high mortality in infancy.

EC32**Dystrophic epidermolysis bullosa**

Dystrophic (dermolytic) epidermolysis bullosa is due to defects in or absence of type VII collagen. As a result the anchoring fibrils which secure the epidermal basement membrane to the dermis are defective or absent. The severe recessive form causes extensive scarring and predisposes to aggressive squamous cell carcinoma.

EC33**Syndromic epidermolysis bullosa**

A small group of disorders including Kindler syndrome in which skin blistering is associated with other defects.

Coded Elsewhere: Kindler syndrome (LD2B)

Ectodermal dysplasia – skin fragility syndrome (EC30)

Skin fragility-woolly hair syndrome (EC21.1)

EC3Z**Epidermolysis bullosa**

Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

A heterogeneous group of disorders due to genetically-determined abnormalities of dermal structural proteins including collagen and elastin.

Coded Elsewhere: Ehlers-Danlos syndrome (LD28.1)

Marfan syndrome (LD28.01)

Genetically-determined cutis laxa (LD28.2)

Familial cutaneous collagenoma (LC2Y)

EC40**Pseudoxanthoma elasticum**

Pseudoxanthoma elasticum (PXE) is an inherited connective tissue disorder characterised by progressive calcification and fragmentation of elastic fibres in the skin, retina, and arterial walls.

EC4Y**Other specified genetic disorders affecting dermal matrix proteins**

Specified developmental anomalies affecting the skin (EC50-EC5Y)

Coded Elsewhere: Structural developmental anomalies of eyelids (LA14.0)
Structural developmental anomalies of mouth or tongue (LA31)
Facial clefts (LA51)
Minor anomalies of pinnae (LA21)
Amniotic bands (LD2F.1Y)

EC50

Developmental anomalies of the umbilicus

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)
Umbilical sinus (LB03.Y)
Umbilical vitelline cyst or remnants (LB03.Y)
Subcutaneous vitelline cyst or remnants (LB03.Y)

EC5Y

Other specified developmental anomalies affecting the skin

EC7Y

Other specified genetic and developmental disorders affecting the skin

Sensory and psychological disorders affecting the skin (EC90-ED3Y)

A group of skin disorders due to disturbances of cutaneous sensation including pruritus and pain, psychological disorders including artefact and delusional states, and dermatoses resulting from nerve damage and other neurological conditions.

Disturbances of cutaneous sensation (EC90-EC9Y)

This group includes dermatoses associated with itch, pain and other disturbances of cutaneous sensation.

Coded Elsewhere: Lichen simplex (EA83.0)

EC90

Pruritus

An intense itching sensation that produces the urge to rub or scratch the skin to obtain relief.

Exclusions: neurotic excoriation (6B25.1)

Coded Elsewhere: Pruritus of pregnancy (JA65.11)

EC90.0

Pruritus due to skin disorder

Pruritus due to skin disorder, especially those such as xerosis cutis or psoriasis where itch may occur but is not an inherent component of the disorder.

EC90.1

Pruritus due to systemic disorder

Pruritus due to underlying systemic disorder such as renal failure or cholestatic jaundice.

Coded Elsewhere: HIV-associated pruritus (EL3Y)

Paraneoplastic pruritus (EL1Y)

EC90.10	Uraemic pruritus Pruritus in patients with chronic renal failure. Although common in untreated chronic kidney disease, it is particularly prevalent in patients receiving peritoneal or 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 for which no underlying cause can be found.
EC92.1	Scalp dysaesthesia An uncommon but distressing somatoform disorder in which there is a clear and precise complaint of scalp pain or burning sensation for which no underlying cause can be found.
EC9Y	Other specified disturbances of cutaneous sensation

Mental conditions affecting the skin (ED00-ED2Y)

This group includes cutaneous artefacts and disorders of cutaneous image and perception including delusional states and body dysmorphic disorder.

Coded Elsewhere: Olfactory reference disorder (6B22)
Body dysmorphic disorder (6B21)
Somatic delusion directed at the skin (MB26.09)

Self-inflicted skin disorders (ED00-ED0Y)

This heterogeneous group of disorders all result from self-inflicted skin injury or pathomimicry directly induced either by psychopathological behaviour or by intentional deception.

Coded Elsewhere: Body-focused repetitive behaviour disorders (6B25)
Trichotillomania (6B25.0)
Self-inflicted hair-damaging disorder (6B25.Z)

ED00

Artefactual skin disorder

Artefactual skin disorder encompasses a diverse range of self-inflicted skin injuries that are provoked by mechanical means or by the application or injection of chemical irritants or caustics. They may simulate other dermatoses but usually have a distinctive, geometric, bizarre configuration which cannot be otherwise explained.

Inclusions: Dermatitis artefacta

Exclusions: Excoriation disorder (6B25.1)
Factitious disorders (6D50-6D5Z)
Malingering (QC30)

Coded Elsewhere: Artefactual panniculitis (EF00.Y)

ED01

Simulated skin disease

Simulated skin disease can present in a variety of ways such as application of glue, dyes or make-up to the skin (particularly by children or adolescent girls) and is usually though not always readily recognised for what it is. The motivation for the simulation can vary but may point to some form of psychopathology or may be purely experimentation.

Exclusions: Factitious disorders (6D50-6D5Z)
Malingering (QC30)

ED02

Painful bruising syndrome

Painful bruising syndrome (Gardner-Diamond syndrome, autoerythrocyte sensitization, psychogenic purpura) is a rare and poorly understood clinical presentation of unexplained painful ecchymoses, mostly on the extremities and/or the face. It has been associated with emotional stress or one or more concomitant mental illnesses.

ED0Y

Other specified self-inflicted skin disorders

ED2Y**Other specified mental conditions affecting the skin**

Neurological conditions affecting the skin (ED30-ED3Y)

Skin conditions resulting from degeneration of or damage to the nervous system

Coded Elsewhere: Pruritus due to neurological disorder (EC90.3)

Hereditary sensory or autonomic neuropathy (8C21)

ED30**Neuropathic skin damage**

Skin changes attributable entirely or in part to sensory or autonomic nerve damage.

ED30.0**Neuropathic skin ulceration**

Ulceration of the skin resulting from impairment of pain sensation due to sensory nerve dysfunction.

Inclusions: Neuropathic ulcer

Coded Elsewhere: Neuropathic skin ulceration due to leprosy (1B20.3)

ED30.Y**Other specified neuropathic skin damage****ED31****Burning feet syndrome**

Burning feet syndrome is thought to be due to a specific autonomic neuropathy affecting predominantly small fibre cholinergic nerves. It is characterised by an uncomfortable burning sensation on the feet, often accentuated by heat or cold. It may be sporadic, familial or associated with diabetes mellitus.

ED3Y**Cutaneous involvement in other specified neurological condition**

Skin disorders involving specific cutaneous structures (ED50-EG02)

Disorders of the epidermis and epidermal appendages (ED50-EE21)

This group incorporates skin disorders involving principally the epidermis, including abnormalities of keratinization and pigmentation, and the epidermal appendages, namely the hair follicular unit (hair, hair follicle, sebaceous gland, apocrine duct and apocrine gland), the eccrine sweat gland apparatus (eccrine duct and gland) and the nail apparatus.

Disorders of epidermal keratinisation (ED50-ED5Y)

This group incorporates dermatoses characterised by scaling (ichthyoses and hyperkeratoses), epidermal thickening (acanthoses and keratodermas), loss of cohesion (acantholytic dermatoses and skin peeling) or xeroderma.

Coded Elsewhere: Hereditary acantholytic dermatoses (EC20.2)

ED50

Ichthyoses

Genetically-determined and acquired disorders of epidermal keratinization characterised by diffuse scaling and/or thickening of the stratum corneum.

Coded Elsewhere: Non-syndromic ichthyosis (EC20.0)

Syndromic ichthyosis (LD27.2)

Hereditary ichthyosis (EC20.Y)

ED50.0

Acquired ichthyosis

Acquired ichthyosis resembles autosomal dominant ichthyosis vulgaris but develops in adult life in individuals without a previous history of ichthyosis. It may be caused by certain drugs but when associated with underlying malignancy (i.e. paraneoplastic) it is strongly associated with Hodgkin lymphoma and may be the presenting sign of that disease. It may less commonly be associated with other lymphoid neoplasms or solid tumours.

Exclusions: Hereditary ichthyosis (EC20)

Coded Elsewhere: Paraneoplastic acquired ichthyosis (EL10)

ED50.Z

Ichthyosis of unspecified type

ED51

Diffuse epidermal hyperkeratosis and acanthosis

Conditions characterised by diffuse thickening of the horny and/or spinous layers of the epidermis.

ED51.0

Acanthosis nigricans

Acanthosis nigricans is characterised by dark, thick, velvety skin in body folds and creases. It is most commonly encountered in association with obesity and type 2 diabetes though may be a component of a number of genetic syndromes. Hyperinsulinaemia and insulin resistance are important underlying factors. Acanthosis nigricans may rarely be due to underlying malignancy (paraneoplastic acanthosis nigricans).

Coded Elsewhere: Paraneoplastic acanthosis nigricans (EL10)

ED51.00	Benign acanthosis nigricans Benign acanthosis nigricans is a thickening and pigmentation affecting predominantly flexural skin, especially the neck, axillae and groins. It is thought to be due to high concentrations of insulin binding to insulin-like growth factor receptors, with resultant keratinocyte proliferation. It is strongly associated with insulin resistance and obesity. Type 2 diabetes and the metabolic syndrome are commonly associated. Exclusions: Paraneoplastic acanthosis nigricans (EL10)
ED51.0Y	Other specified acanthosis nigricans
ED51.0Z	Acanthosis nigricans, unspecified
ED51.Y	Other specified hyperkeratotic and acanthotic dermatoses
ED52	Porokeratoses Porokeratoses result from a clonal disorder of keratinization. They are characterised by one or more atrophic patches surrounded by a clinically and histologically distinctive ridged hyperkeratotic border (cornoid lamella). Multiple clinical variants of porokeratosis are recognised.
ED53	Skin peeling A range of hereditary and acquired disorders characterised by an increased tendency to superficial skin peeling. Coded Elsewhere: Hereditary skin peeling (EC20.1)
ED54	Xerosis cutis or asteatosis Dryness of the skin surface commonly due to defatting of the epidermis by excessive exposure to soaps and detergents or desiccation from prolonged exposure to low ambient humidity. It occurs most commonly in the elderly and is seen particularly on the lower legs. It is a major cause of pruritus in the elderly. In more severe cases the skin may become inflamed (asteatotic eczema). Coded Elsewhere: Asteatotic eczema (EA84) Xerosis cutis due to leprosy (1B20.3)
ED55	Palmoplantar keratodermas A range of genetic and acquired disorders in which there is thickening of the epidermal keratin of the skin of the palmar surfaces of the hands and plantar surfaces of the feet. Coded Elsewhere: Hereditary palmoplantar keratodermas (EC20.3)
ED55.0	Acquired palmoplantar keratodermas Exclusions: inherited keratosis palmaris et plantaris (EC50-EC5Y) Coded Elsewhere: Arsenical keratosis (EK90.Y)
ED55.Z	Palmoplantar keratoderma, unspecified

ED56**Keratosis pilaris**

Keratosis pilaris is a very common abnormality of keratinization characterised by keratinous plugging of follicular orifices with varying degrees of perifollicular erythema. It is seen in up to half of normal children and in three quarters of children with ichthyosis vulgaris. The sides of the face and the extensor surfaces of the upper arms are sites of predilection. Autosomal dominant inheritance can often be demonstrated. In some variants atrophy or pigmentation may be more prominent than keratosis.

ED5Y**Other specified disorders of epidermal keratinisation****Disorders of skin colour (ED60-ED6Y)**

This group includes not only abnormalities of melanin pigmentation (e.g. vitiligo and melasma) but also skin colour changes due to other pigments (e.g. carotenaemia and argyria).

Coded Elsewhere: Genetic disorders of skin pigmentation (EC23)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Late lesions of pinta (1C1E.2)

Pigmentary abnormalities of skin due to drug (EH70)

ED60**Acquired hypermelanosis**

Increased melanin pigmentation of the skin resulting from disease or from other stimuli including ultraviolet radiation and hormones.

Coded Elsewhere: Drug-induced hypermelanosis (EH70)

Labial melanin incontinence (DA00.2)

Oral melanin incontinence (DA01.Y)

Occupational melanosis (EK5Y)

ED60.0**Physiological hypermelanosis**

The response of normal skin to exposure to natural or artificial ultraviolet radiation.

ED60.00**Suntan**

Increased melanin pigmentation of the skin as a result of exposure to natural sunlight.

ED60.01**Tanning due to exposure to artificial sources of ultraviolet radiation**

Increased melanin pigmentation as a result of deliberate (sunbeds and tanning booths) or unintentional exposure to UV.

Exclusions: Burn from exposure to artificial source of ultraviolet radiation (EJ41)

ED60.1**Melasma**

A common condition of incompletely understood aetiology characterised by patchy melanin pigmentation of the malar prominences, forehead and perioral skin. The pigmentation is exacerbated by sun exposure. Melasma is common in pregnancy and in women taking oral contraceptive preparations; it may, however, also be seen in men.

ED60.2	Postinflammatory hypermelanosis Melanin pigmentation of the skin resulting from preceding cutaneous inflammation, particularly when this is centred on the dermo-epidermal junction as in lichen planus. Damage to melanocytes results in release of melanin into the dermis (pigmentary incontinence).
ED60.Y	Hypermelanosis of other specified aetiology
ED60.Z	Hypermelanosis of unspecified aetiology
ED61	Acquired melanotic macules or lentigines Acquired discrete macules and flat patches of melanin skin pigmentation including freckles and lentigines. <i>Coded Elsewhere:</i> Actinic lentigo (EJ20.1) Actinic lentiginosis (EJ20.2) PUVA lentiginosis (EM0Y)
ED61.0	Freckles The presence of multiple ephelides (ephelis = freckle) as is commonly seen in sun-exposed skin of individuals with phototype I (sun-sensitive) skin. They occur as a profusion of light brown macules, particularly on the face and upper extremities, and become more prominent after sun exposure. In contrast to lentigines there is no keratinocyte proliferation histologically.
ED61.1	Mucosal melanosis Abnormal pigmentation of the mucous membranes <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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.

Disorders of hair (ED70-ED7Y)

Coded Elsewhere: Genetic defects of hair or hair growth (EC21)

Developmental defects of hair or hair growth (LC30)

Trichotillomania (6B25.0)

Drug-induced hair abnormalities (EH72)

Self-inflicted hair-damaging disorder (6B25.Z)

ED70

Alopecia or hair loss

Disorders characterised by abnormal temporary or permanent loss of hair, particularly from the scalp and beard.

Coded Elsewhere: Madarosis of eyelid or periocular area (9A04.1)

ED70.0

Male pattern hair loss

Male pattern hair loss (common baldness; male androgenetic alopecia) is the result of a progressive, patterned hair loss mediated by exposure to androgens. Although over 90% of men demonstrate some degree of frontoparietal recession of the hairline by the age of 20, the extent of hair loss is genetically determined and only 30% of men ever develop extensive hair loss.

Inclusions: Common balding

ED70.1

Female pattern hair loss

Female pattern hair loss differs from male pattern hair loss not only in being generally less pronounced than in men but also by the fact that the normal frontal hair line is usually preserved. A quarter of women will develop clinically detectable pattern hair loss by the age of 70. In the majority of cases it can be attributed to the effects of androgens.

ED70.2

Alopecia areata

A microscopically inflammatory, usually reversible, patchy hair loss occurring in sharply defined areas and usually involving the beard or scalp

ED70.20

Patchy alopecia areata of scalp

The commonest form of alopecia areata in which one or more usually circular patches of scalp hair loss develop.

ED70.21

Alopecia totalis

Alopecia totalis is a form of alopecia areata in which hair loss extends to the entire scalp

ED70.2Y

Other specified forms of alopecia areata

ED70.2Z

Alopecia areata, unspecified

ED70.3	Telogen effluvium Increased shedding of telogen hairs from the scalp. There are numerous triggers of which severe systemic illness and pregnancy are important examples. Coded Elsewhere: Drug-induced telogen hair loss (EH72.00)
ED70.30	Acute telogen effluvium Acute telogen effluvium is an acute-onset scalp hair loss that occurs two to three months after a triggering, often life-threatening, stress which interrupts normal anagen hair growth. It is commonly seen in survivors who have required intensive care for severe sepsis, blood loss, inflammatory disease or trauma. It may also result from acute starvation. Large numbers of anagen hairs are converted to telogen and are shed two to three months later resulting in a diffuse alopecia.
ED70.31	Postpartum telogen effluvium A physiological phenomenon in which diffuse hair loss occurs two to three months following parturition. It is due to a postponement of the normal cyclical conversion of anagen hairs to telogen during pregnancy. After parturition a large number of anagen hairs are converted simultaneously to telogen and shed two to three months later. Normal hair cycling is then resumed.
ED70.3Y	Telogen hair shedding due to other specified cause
ED70.3Z	Telogen effluvium unspecified
ED70.4	Anagen effluvium Anagen effluvium occurs after any insult to the hair follicle that impairs its mitotic or metabolic activity. Patients present with diffuse hair loss after an exposure to drugs or toxic chemicals. Chemotherapeutic agents are most commonly responsible for hair loss. The most severe hair loss occurs in association with doxorubicin, the nitrosoureas, and cyclophosphamide. Hair loss usually begins 7-14 days after a single pulse of chemotherapy. The hair loss is clinically most apparent after 1-2 months. Coded Elsewhere: Drug-induced anagen effluvium (EH72.01)
ED70.5	Scarring alopecia Hair loss in which there is irreversible damage to the hair follicle from inflammation, infection, malignant infiltration or trauma, resulting in destruction of the follicle and repair by fibrosis. Regeneration does not occur once the follicle has been destroyed. Inclusions: Cicatricial alopecia Exclusions: Lichen planopilaris (EA91.2)

ED70.50	Folliculitis decalvans Folliculitis decalvans is characterised by the progression of scalp folliculitis to extensive inflammation, follicular destruction and scarring. In a variant called tufted folliculitis the hairs become clumped into tufts containing a dozen or more hairs. In contrast to the course in the vast majority of people who develop a bacterial pustular folliculitis of the scalp, individuals with folliculitis decalvans appear unable to eradicate <i>Staphylococcus aureus</i> from the hair follicle even with appropriate antibiotic therapy. Recurrent pustulation with surrounding inflammation and scaling leads to extensive permanent scarring and loss of hair.
ED70.51	Dissecting cellulitis Dissecting cellulitis is a destructive inflammatory disorder of the scalp characterised by widespread perifolliculitis with dermal abscess and sinus tract formation and extensive scarring. It occurs predominantly in black males aged between 18 and 40 years. It may be associated with hidradenitis suppurativa and acne conglobata (follicular occlusion triad), and with pilonidal sinus. Painful swellings develop around the vertex of the scalp and coalesce to form irregular undulating oedematous ridges and furrows. With time an extensive network of sinuses discharging pus may develop. Progressive scarring and permanent alopecia ensue. Coded Elsewhere: Follicular occlusion syndrome (ED80.41)
ED70.5Y	Scarring alopecia due to other specified cause
ED70.5Z	Scarring alopecia of unknown or unspecified aetiology
ED70.Y	Other specified alopecia or hair loss
ED70.Z	Alopecia, unspecified
ED71	Hypertrichosis Exclusions: congenital hypertrichosis (9B70) Hirsutism and syndromes with hirsutism (ED72) Coded Elsewhere: Hypertrichosis of eyelid (9A04.Y) Naevoid hypertrichosis (LC30) Acquired hypertrichosis lanuginosa (EL10) Drug-induced hypertrichosis (EH72.Y)
ED72	Hirsutism and syndromes with hirsutism Coded Elsewhere: Polycystic ovary syndrome (5A80.1) Congenital adrenal hyperplasia (5A71.01) HAIR-AN syndrome (5A44)
ED72.0	Constitutional hirsutism Hirsutism in a person with normal endocrine and reproductive function. It is more prevalent in some ethnic groups (e.g. South Asian) than others.

ED72.1	Hirsutism associated with hyperandrogenaemia Excessive male-pattern facial and body hair in women, mostly caused by PCOS, by hyperandrogenemia combined with normal ovulation, or idiopathically, after exclusion of androgen-secreting neoplasm, congenital adrenal hyperplasia and HAIR-AN syndrome. The severity of hirsutism can be assessed by the Ferriman-Gallwey score.
ED72.Z	Hirsutism, unspecified
ED73	Acquired disorders of the hair shaft
ED73.0	Weathered hair Weathered hair results from repetitive damage to the hair shaft from excessive sunlight, excessive wetting, chemical insults including hair cosmetics and physical damage. The hair appears dull and lustreless, fractures readily and may show "split ends".
ED73.1	Acquired changes in hair colour Abnormal diffuse or circumscribed alterations in natural hair colour. Causes include drugs, idiopathic premature greying of the hair, differential shedding of pigmented hair in alopecia areata or hair pigment loss in association with vitiligo or regressing melanocytic naevi. Coded Elsewhere: Drug-induced hair colour change (EH72.Y) Segmental heterochromia of hair (LC30)
ED73.10	Premature canities Premature greying of the hair, usually taken to mean before the age of 20 in Caucasians and before the age of 30 in Africans. Inclusions: Premature greying of hair
ED73.11	Acquired poliosis Circumscribed loss of hair pigment. This is most commonly associated with vitiligo (especially segmental vitiligo), alopecia areata or regressing melanocytic naevi. It is also a component of Vogt-Koyanagi-Harada syndrome and Alezzandrini syndrome. Inclusions: Circumscribed loss of hair pigment Coded Elsewhere: Acquired poliosis of eyelashes (9A04.Y)
ED73.Y	Other specified acquired disorders of the hair shaft
ED7Y	Other specified disorders of hair

Disorders of the hair follicle (ED80-ED9Y)

This group incorporates disorders of the hair shaft and hair follicular unit including, for example, hirsutism, alopecia, acne and hidradenitis suppurativa.

Coded Elsewhere: Chronic deep bacterial folliculitis (1B75.4)

Acne and related disorders (ED80-ED81.Y)

A group of related disorders characterised by follicular occlusion and inflammation.

ED80	Acne Acne without further specification. Coded Elsewhere: Neonatal acne (KC21.0)
ED80.0	Comedonal acne Acne in which the principal manifestation is the presence of open and/or closed comedones, respectively blackheads and whiteheads. Exclusions: Actinic comedonal plaque (EJ20.0) Comedo naevus (LC01)
ED80.1	Superficial mixed comedonal and papulopustular acne Acne in which comedones are accompanied by small inflammatory papules and pustules
ED80.2	Papulopustular acne Acne in which the principal manifestation is the presence of multiple small inflammatory papules and pustules.
ED80.3	Nodular acne Acne in which large inflammatory nodules and fluid-filled cystic swellings as well as more superficial lesions are present. Systemic therapy with antibiotics or retinoids is usually required.
ED80.4	Severe inflammatory acne Intensely inflammatory acne which may be acute (acne fulminans) or subacute and chronic (acne conglobata).
ED80.40	Acne fulminans Acne fulminans is a severe systemic disease in which acute inflammatory acne with multiple follicular abscesses and skin ulceration is accompanied by fever, weight loss and arthralgia. It typically affects adolescent white males.
ED80.41	Acne conglobata An uncommon chronic severe inflammatory form of acne characterised by the development of multiple abscesses and sinuses followed by extensive hypertrophic and atrophic scarring. It may be associated with spondyloarthropathy or with other follicular occlusive diseases including dissecting cellulitis of the scalp and hidradenitis suppurativa.

ED80.4Y	Other specified severe inflammatory acne
ED80.4Z	Severe inflammatory acne, unspecified
ED80.5	Acne scarring Scarring resulting from acne, ranging from mild irregularity of the skin surface to highly disfiguring or functionally disabling distortion of normal skin anatomy. Coded Elsewhere: Keloidal acne (EE60.Y)
ED80.6	Infantile acne Infantile acne usually presents at 3–6 months of age but has been reported as late as 16 months. Male infants are affected more commonly than females and there may be a history of severe acne in one or more parents. It may last up to the age of five years. Both comedonal and inflammatory acne with papules, pustules and nodules may be seen; scarring may result.
ED80.Y	Other specified acne
ED80.Z	Acne, unspecified
ED81	Acneform inflammatory disorders Disorders characterised by acne-like follicular inflammation. Coded Elsewhere: Scalp folliculitis (EG30.0) Acne or acneform reactions attributable to drugs (EH67) Folliculitis keloidalis (EE60.Y)
ED81.0	Folliculitis cruris pustulosa atrophicans A folliculitis prevalent in Sub-Saharan Africa due to the custom of applying of greasy ointments to the lower legs. It presents as an inflammatory folliculitis which may result in follicular scarring and atrophy.
ED81.1	Acneform reactions to halogenated aromatic hydrocarbons Acne caused by exposure to halogenated hydrocarbons such as chlorinated naphthalene, dioxins and dibenzofurans. Numerous comedones and noninflammatory cysts are a common feature. The course is often chronic. Frequently affected body parts are the face, neck, axillae and groin area. Inclusions: Chloracne
ED81.Y	Other specified acneform inflammatory disorders
ED90	Rosacea and related disorders

ED90.0	Rosacea The term rosacea encompasses a spectrum of changes that occur mainly in facial skin but may also involve the eyes. Most patients with rosacea have facial erythema and vascular instability which are variably associated with inflammatory papules and pustules, hypertrophic changes and ocular involvement. The cause of rosacea is unknown. It is doubtful that any single aetiological factor is responsible for the diverse features that comprise this disorder. Coded Elsewhere: Posterior blepharitis (9A02.1) Lymphoedematous rosacea (BD93.1Y)
ED90.00	Erythematotelangiectatic rosacea Erythematotelangiectatic rosacea manifests as facial erythema and a flushing tendency affecting but not confined to the central face and forehead: the lateral cheeks, the ears and the sides of the neck may also be involved. It is commonest in fair-skinned individuals and tends to be made worse by exposure to wind and sunlight. With time permanent telangiectasia develops.
ED90.01	Papulopustular rosacea Papulopustular rosacea is characterised, as the name implies, by erythematous papules and sterile pustules affecting facial skin. These are typically located on the cheeks, central chin, nose and central forehead. The perilesional skin is inflamed and may be oedematous. In contradistinction to papulopustular acne, comedones, nodules and cysts are not a feature.
ED90.02	Phymatous rosacea The hallmark of phymatous rosacea is rhinophyma but the forehead, chin and ears may also be affected. It is characterised by hypertrophy of the affected tissue which can produce gross distortion, particularly of the nose. The pathological changes include a variably severe mixed inflammatory infiltrate, sebaceous gland hyperplasia and dermal fibrosis. The aetiology is poorly understood. It is not always accompanied by other features of rosacea.
ED90.0Y	Other specified rosacea
ED90.0Z	Rosacea, unspecified
ED90.1	Periorificial dermatitis Periorificial dermatitis is a term which links two erythematous and papulopustular facial dermatoses that are strongly linked to prolonged potent topical corticosteroid use, namely perioral dermatitis and periocular dermatitis. It is characterised by the development of erythema, papules and pustules in perioral and periocular skin.
ED90.Y	Other specified rosacea-like disorders
ED90.Z	Rosacea-like disorders unspecified
ED91	Disorders of the sebaceous gland A group of disorders in which sebaceous gland size, location, anatomy or secretion is abnormal.
ED91.0	Heterotopic sebaceous glands

ED91.1	Sebaceous gland hyperplasia
ED91.2	Seborrhoea The secretion of excessive amounts of sebum resulting in an excessively greasy skin, a situation which may cause considerable distress. It may be associated with a number of conditions including acne, acromegaly and Parkinson disease. It is not normally a prominent component of seborrhoeic dermatitis, which is an inflammatory dermatitis. Exclusions: Seborrhoeic dermatitis and related conditions (EA81)
ED91.Y	Other specified disorders of the sebaceous gland
ED91.Z	Disorders of the sebaceous gland, unspecified
ED92	Disorders involving the apocrine follicular unit A group of disorders involving apocrine glands and their associated follicular units. The most important of these is hidradenitis suppurativa.
ED92.0	Hidradenitis suppurativa Hidradenitis suppurativa is a chronic disease characterised by recurrent, painful, deep-seated, rounded nodules and abscesses due to follicular occlusion with secondary inflammation and destruction of the pilo-sebaceo-apocrine apparatus and extension to the adjacent subcutaneous tissue. Subsequent hypertrophic scarring and suppuration of apocrine gland-bearing skin (axillae, groins, peri-anal and perineal regions) are the main clinical features. Infection and hormonal influence are described but are not the primary pathogenetic factor: the exact aetiology remains unknown. Obesity is common and is associated with more severe disease. The main complications are fistulae, arthropathy, carcinoma and amyloidosis.
ED92.1	Apocrine sweat disorders Disorders in which apocrine secretion is abnormal or obstructed. Exclusions: Hidradenitis suppurativa (ED92.0)
ED92.Y	Other specified disorders involving the apocrine follicular unit
ED92.Z	Disorders involving the apocrine follicular unit, unspecified
ED9Y	Other specified disorders involving the hair follicle

Disorders of eccrine sweat glands or sweating (EE00-EE0Y)

This group incorporates disorders characterised by increased or reduced sweating (hyper- and hypohidrosis respectively), and by eccrine duct occlusion (miliaria).

EE00	Hyperhidrosis Excessive sweating. In the localised type, the most frequent sites are the palms, soles, axillae, inguinal folds, and the perineal area. Emotional factors may play a part. Generalised hyperhidrosis may be induced by a hot, humid environment, by fever, or by vigorous exercise. Inclusions: Excessive sweating
EE00.0	Localised hyperhidrosis Excessive sweating in specific and localised sites.
EE00.00	Palmoplantar hyperhidrosis Excessive sweating of palms and soles. This is usually bilateral. Palmar hyperhidrosis may be triggered by emotional stress but, in severe cases, can be continuous and cause major disability by inhibiting normal social interaction and interfering with everyday tasks such as writing, preparing food or handling papers. Plantar hyperhidrosis may accompany palmar hyperhidrosis but may occur independently.
EE00.01	Axillary hyperhidrosis Excessive axillary sweating, sometimes in response to emotional stress but often persistent and disabling.
EE00.02	Craniofacial hyperhidrosis Excessive sweating involving the scalp, face and/or neck.
EE00.0Y	Other specified localised hyperhidrosis
EE00.0Z	Localised hyperhidrosis, unspecified
EE00.1	Primary generalised hyperhidrosis Primary generalised hyperhidrosis is characterised by sweating that exceeds the amount necessary to maintain thermal regulation. Coded Elsewhere: Cold-induced sweating syndrome (8C21.Y)
EE00.Z	Hyperhidrosis, unspecified
EE01	Hypohidrosis Abnormally diminished or absent perspiration. Both generalised and segmented (reduced or absent sweating in circumscribed locations) forms of the disease are usually associated with other underlying conditions. Coding Note: Code also the causing condition Inclusions: Impaired sweating
EE01.0	Hypohidrosis attributable to defective sudomotor innervation or function Coding Note: Code also the causing condition

EE01.1	Hypohidrosis due to genetic abnormalities of eccrine gland structure or function Hypohidrosis due to a heritable disorder of sweat gland or duct development. Sweating may be severely diminished or absent due to a paucity or absence of eccrine glands or to defective autonomic innervation. An absence of sweating leads to an inability to thermoregulate by evaporative cooling, and hyperthermia can occur with physical exertion or in a warm environment. Coding Note: Code also the causing condition Coded Elsewhere: Hereditary sensory and autonomic neuropathy type IV (8C21.2)
EE01.2	Hypohidrosis of undetermined aetiology Reduced or absent sweating for which no explanation has been found.
EE01.Y	Other specified forms of hypohidrosis Coding Note: Code also the causing condition
EE01.Z	Hypohidrosis, unspecified Coding Note: Code also the causing condition
EE02	Miliaria Miliaria is a common skin disorder resulting from occlusion of eccrine sweat ducts. It is precipitated by hot, humid conditions.
EE02.0	Neonatal miliaria
EE02.Y	Other specified forms of miliaria
EE02.Z	Miliaria, unspecified
EE0Y	Other specified disorders of eccrine sweat glands or sweating

Disorders of the nail or perionychium (EE10-EE1Z)

Disorders affecting the nail and surrounding tissues

Coded Elsewhere: Genetic defects of nails or nail growth (EC22)

EE10	Acquired deformities of the nail plate Acquired abnormalities of nail shape, surface, thickness or adhesion
EE10.0	Abnormality of nail shape Exclusions: Congenital club finger (LB90.5)
EE10.1	Abnormality of nail surface
EE10.10	Nail pitting Coded Elsewhere: Psoriatic nail pitting (EA90.51)
EE10.1Y	Other specified abnormality of nail surface

EE10.1Z	Abnormality of nail surface, unspecified
EE10.2	Onycholysis <i>Coded Elsewhere:</i> Psoriatic onycholysis (EA90.51) Drug-induced onycholysis (EH73)
EE10.3	Nail hypertrophy <i>Coded Elsewhere:</i> Psoriatic nail hypertrophy (EA90.51) Drug-induced nail hypertrophy (EH73)
EE10.4	Nail atrophy
EE10.5	Nail dystrophy, not otherwise specified
EE10.Y	Other specified acquired deformities of the nail plate
EE10.Z	Acquired deformities of the nail plate, unspecified
EE11	Acquired abnormalities of nail colour <i>Coded Elsewhere:</i> Pseudomonas infection of nail (EE12.Y) Drug-induced nail pigmentation (EH73)
EE11.0	Melanonychia Melanin pigmentation of the nail plate. This may be of no significance but may signify the presence of melanoma arising from the nail matrix
EE11.1	Yellow nail syndrome Yellow nail syndrome is characterised by yellow, dystrophic, thick and slowly growing nails, associated with lymphoedema and respiratory involvement. Less than 100 cases have been described. Lymphoedema occurs more often in the lower limbs. It can appear at birth or later in life. Onset generally follows the onset of ungual abnormalities. Patients usually suffer from chronic bronchitis and in some cases, from chronic sinusitis, bronchiectasia and recurring pneumonitis. They can also present with pleural effusion (30% of cases) and bronchial hyperreactivity. Most cases are sporadic. However, familial forms have been described. Aetiology is unknown.
EE11.Y	Other abnormalities of nail colour
EE11.Z	Acquired abnormalities of nail colour, unspecified
EE12	Infections of the nail or perionychium Infections involving the nail or perionychium for which no information on the infecting organism is available. <i>Coded Elsewhere:</i> Candidosis of nail or paronychia (1F23.13) Paronychia herpes simplex infection (1F00.0Y)

EE12.0	Acute bacterial paronychia Acute bacterial paronychia is an acute infection, usually by <i>Staphylococcus aureus</i>, 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, <i>Pseudomonas aeruginosa</i>, coliform organisms and <i>Proteus vulgaris</i>. Inclusions: Whitlow Exclusions: Herpetic whitlow (1F00.0)
EE12.1	Onychomycosis Fungal infection of fingernails and/or toenails due most commonly to dermatophytes (<i>tinea unguium</i>) or yeasts, especially <i>Candida</i> species. Inclusions: Fungal infection of the nails Exclusions: Candidosis of nail or paronychium (1F23.13) Coded Elsewhere: Onychomycosis due to non-dermatophyte mould (1F2D.5) Dermatophytosis of nail (1F28.1) Candida onychomycosis (1F23.13)
EE12.Y	Other specified infections of the nail or perionychium
EE12.Z	Infections of the nail or perionychium, unspecified
EE13	Certain disorders affecting the nails or perionychium Abnormalities of the nails and perionychium (the soft tissues surrounding the nail plate including the matrix, nail folds, eponychium and hyponychium) which are not classified elsewhere. Coded Elsewhere: Drug-induced nail abnormalities (EH73) Nail psoriasis (EA90.51) Lichen planus of the nails (EA91.5) Subungual haematoma (NC50) Traumatic injury to nail bed or matrix of nail of foot (ND10) Traumatic injury to nail bed or matrix of nail of hand (NC50) Alopecia areata of the nails (ED70.2Y)
EE13.0	Nail fragility A range of nail disorders in which the integrity of the nail plate is disturbed. Coded Elsewhere: Drug-induced nail fragility (EH73)
EE13.1	Ingrowing nail
EE13.10	Ingrowing toenail
EE13.11	Infected ingrowing toenail
EE13.1Y	Other specified ingrowing nail
EE13.1Z	Ingrowing nail, unspecified

- EE13.2 Chronic paronychia**
Coded Elsewhere: Candida paronychia (1F23.13)
- EE13.3 Nail disorder associated with specified dermatosis**
 Abnormality of the nail plate attributable to other specified skin disease.
Coding Note: Code also the causing condition
Exclusions: Lichen planus of the nails (EA91.5)
 Nail psoriasis (EA90.51)
 Alopecia areata of the nails (ED70.2)
- EE13.4 Nail disorder associated with specified systemic disease**
 Nail dystrophy attributable to systemic disorder. A wide range of systemic disorders may produce abnormalities of the nails.
Coding Note: Code also the causing condition
- EE13.5 Eczematous nail dystrophy**
 Nail dystrophy attributable to eczema affecting paronychia tissues.
- EE13.Y Other specified nail disorder**
- EE1Y Other specified disorders of the nail or perionychium**
- EE1Z Disorders of the nail or perionychium, unspecified**

Disorders of epidermal integrity (EE20-EE21)

Coded Elsewhere: Diabetic bullae (EB90.0)

- EE20 Acute cutaneous distension syndrome**
 A common sequela of acute oedema, especially of the lower extremities. It manifests as blisters, which may be mistaken for an immunobullous disorder, (acute oedema blisters); or as superficial fissuring and inflammation of the skin (eczéma craquelé).
- EE21 Epidermal fragility**
 Epidermal fragility of unknown or unspecified cause resulting in reduced resistance to mechanical stress and manifesting as abnormal fissuring, erosion or blistering of the skin surface.

Disorders of the dermis and subcutis (EE40-EF0Y)

This group incorporates disorders of dermal connective tissue, dermal histiocytic and granulomatous disorders and disorders affecting subcutaneous fat.

Coded Elsewhere: Cutaneous mastocytosis (2A21.1)

Disorders of cutaneous connective tissue (EE40-EE7Y)

Skin disorders attributable to abnormalities affecting dermal and subcutaneous collagen, elastin and other connective tissue components.

Coded Elsewhere: Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

EE40	Atrophy or degeneration of dermal or subcutaneous connective tissue A heterogeneous group of disorders resulting from atrophic and degenerative changes in dermal and subcutaneous collagen and elastin. Coded Elsewhere: Actinic elastosis (EJ20.0)
EE40.0	Corticosteroid-induced skin atrophy
EE40.1	Stretch marks Linear scars attributable to rupture of the normal dermal matrix from distension by abnormal physical forces (pregnancy, obesity, pubertal growth spurt), increased collagenase activity (corticosteroids) or as a result of genetically abnormal dermal matrix proteins.
EE40.10	Stretch marks of pregnancy
EE40.1Y	Stretch marks of other specified aetiology
EE40.1Z	Stretch marks, unspecified
EE40.2	Atrophic scarring of the skin The process whereby healing of damaged skin results in a reduction of dermal thickness as well as scarring, thus the counterpart of hypertrophic scarring. Coded Elsewhere: Atrophic surgical scar (EL50.2)
EE40.3	Skin fragility Fragility of the skin due principally to genetic or acquired abnormalities of dermal matrix proteins. Exclusions: Epidermal fragility (EE21) Coded Elsewhere: Skin fragility of prematurity (KC30)
EE40.30	Genetically-determined skin fragility Coded Elsewhere: Purpura or bruising due to genetically-determined skin fragility (EE40.32)
EE40.31	Age-related skin fragility

EE40.32 Purpura or bruising due to vascular fragility
Purpura due to leakage or rupture of abnormally fragile cutaneous blood vessels.

Coded Elsewhere: Scorbutic purpura (5B56.0)

EE40.Y **Other specified atrophy or degeneration of dermal or subcutaneous connective tissue**

EE40.Z **Atrophy or degeneration of dermal or subcutaneous connective tissue, unspecified type**

EE41 **Abnormalities of dermal elastin**

Coded Elsewhere: Blepharochalasis (9A06.8)

Pseudoxanthoma elasticum (EC40)

Granulomatous slack skin (2B01)

EE41.0 **Cutis laxa**

Cutis laxa is the term used for a group of inherited and acquired conditions in which abnormalities of elastic fibres result in loose, redundant, hypoelastic skin. Typically, the skin can easily be pulled away from underlying tissue and only slowly returns to its original position. Unlike some conditions in the differential diagnosis, cutis laxa is not characterised by spontaneous bruising or abnormal scarring. Redundant skin is often most noticeable on the neck, hands, and groin, but can also be seen on the face, creating a premature aging appearance.

Coded Elsewhere: Genetically-determined cutis laxa (LD28.2)

EE41.1 **Anetoderma**

A condition presenting as focal areas of thinned, flaccid skin and resulting from focal defects in dermal elastin. The involved skin is often elevated above the surrounding normal skin but can be depressed. The condition may be primary and without identifiable cause or may be a sequela of a large number of different conditions which may damage elastin in the dermis.

EE41.Y **Other specified dermatoses characterised by abnormal dermal elastin**

EE41.Z **Abnormalities of dermal elastin, unspecified**

Poikiloderma (EE50-EE50)

Poikiloderma is defined as a combination of skin atrophy, pigmentation and telangiectasia. It is a component of a number of genetic syndromes, of certain non-organ-specific systemic autoimmune disorders and may follow skin injury including from radiotherapy.

Coded Elsewhere: Genetic syndromes with poikiloderma (EC10)

Poikiloderma vasculare atrophicans (EK91.1)

EE50 **Acquired poikiloderma**

Coded Elsewhere: Poikiloderma following radiotherapy (EL61)

Poikiloderma of Civatte (EK20)

Fibromatoses and keloids (EE60-EE6Y)

A heterogeneous group of disorders characterised by pathologically increased deposition of fibrous tissue in the skin and subcutaneous tissues.

EE60	Keloid or hypertrophic scars Keloid and hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. Keloid scars often develop apparently spontaneously after minor injury or inflammation and expand beyond the boundary of that initial injury or inflammation. Hypertrophic scars on the other hand remain confined to the area of injury or inflammation and may undergo spontaneous resolution.
EE60.0	Keloid A keloid is a progressively enlarging scar resulting from formation of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. It differs from a hypertrophic scar in that a keloid expands beyond the boundaries of the initial wound or site of inflammation. Coded Elsewhere: Keloidal surgical scar (EL50.0)
EE60.00	Ear-lobe keloid A common type of keloid which usually follows ear-piercing
EE60.0Y	Other specified keloid
EE60.0Z	Keloid, unspecified
EE60.1	Hypertrophic scar Hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. In contrast to keloid scars, they do not expand beyond the boundary of the initial injury or inflammation and may undergo spontaneous resolution. Coded Elsewhere: Hypertrophic surgical scar (EL50.1)
EE60.Y	Other specified keloidal disorders
EE61	Superficial fibromatoses Coded Elsewhere: Palmar fascial fibromatosis (FB51.0) Knuckle pads (FB51.1) Penile fibromatosis (GB06.2) Plantar fascial fibromatosis (FB51.Y) Fibro-osseous pseudotumour of the digit (FB51.Y)
EE6Y	Other specified fibromatous disorders of skin and soft tissue
EE70	Perforating dermatoses A group of skin disorders characterised by trans-epidermal elimination of abnormal matter, especially collagen or elastin, from the dermis to the exterior. Coded Elsewhere: Perforating granuloma annulare (EE80.0)

EE70.0	Acquired perforating dermatosis
	A condition commonly seen in association with longstanding diabetes mellitus, particularly in association with renal failure, in which multiple large follicular and non-follicular keratotic papules develop on the trunk and limbs. Trauma from scratching pruritic skin may be the initiating event leading to transepidermal elimination of degenerate collagen and elastic fibres from the dermis.
EE70.Y	Other specified perforating dermatoses
EE70.Z	Perforating dermatoses, unspecified
EE7Y	Other specified disorders of cutaneous connective tissue

Histiocytic-granulomatous disorders of the skin (EE80-EE8Y)

A range of disorders characterised by the presence of increased numbers of histiocytes in the skin as a result of granulomatous inflammation or histiocytic infiltration.

Coded Elsewhere: Cutaneous sarcoidosis (4B20.5)

Crohn disease of anal region (DD70.4)

Langerhans cell histiocytosis involving the skin (2B31.20)

Indeterminate cell histiocytosis (2B31.6)

EE80 **Necrobiotic granulomatous skin disorders**

EE80.0 **Granuloma annulare**

A common inflammatory disorder in which granulomatous inflammation surrounds foci of degenerate dermal collagen. It presents clinically as dermal papules and annular plaques. It may be localised, especially over bony prominences, or generalised. The cause is unknown.

EE80.1 **Necrobiosis lipoidica**

Necrobiosis lipoidica is an uncommon skin condition in which degenerate dermal collagen is surrounded by a granulomatous inflammatory response to produce shiny, red-brown or yellowish patches in the skin, particularly on the shins. In severe cases the affected skin may ulcerate. It is associated in the majority of but not all cases with underlying diabetes mellitus, the onset of which it may precede.

EE80.Z **Necrobiotic granulomatous skin disorders, unspecified**

EE81 **Dermal dendrocyte, Class IIa histiocytoses**

A sub-class of cutaneous histiocytic disorders involving dermal dendritic cells.

Inclusions: Non-Langerhans cell histiocytoses of dermal dendrocyte lineage

Coded Elsewhere: Juvenile xanthogranuloma (2B31.0)

Erdheim-Chester disease (2B31.Y)

EE8Y **Other specified histiocytic and granulomatous disorders of the skin**

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (EE90-EE91)

EE90

Benign lymphocytic infiltration of the skin

Benign lymphocytic infiltration of Jessner is a chronic benign T-cell lymphoproliferative disorder characterised by the presence of non-scarring red tumid nodules, usually on facial skin. It may be difficult to distinguish from cutaneous lupus erythematosus.

Inclusions: Jessner lymphocytic infiltration

EE91

Lymphocytoma cutis

Lymphocytoma cutis is a benign, cutaneous B-cell lymphoproliferative disorder. It presents as papules, nodules or plaques usually on the head and neck and pursues a chronic course. It occurs as a response to known or unknown antigenic stimuli that result in the accumulation of lymphocytes and other inflammatory cells.

Inclusions: Benign cutaneous lymphoid hyperplasia

Coded Elsewhere: Borrelial lymphocytoma cutis (1C1G.14)

Disorders of subcutaneous fat (EF00-EF0Y)

Coded Elsewhere: Neonatal disorders of subcutaneous fat (KC22)

EF00

Panniculitis

Panniculitis is the name given to a heterogeneous group of diseases all characterised by inflammation of subcutaneous adipose tissue.

Exclusions: Calcific panniculitis (EB90.41)

Coded Elsewhere: Erythema nodosum (EB31)

Lipodermatosclerosis (BD74.2)

Cold panniculitis of the newborn (KC22.1)

Alpha-1 antitrypsin deficiency panniculitis (5C5A)

Lupus panniculitis (EB51.Y)

Erythema induratum (EF40.2Y)

Cytophagic histiocytic panniculitis (EE8Y)

Gouty panniculitis (FA25.2Y)

EF00.0

Pancreatic enzyme panniculitis

EF00.Y

Panniculitis of other specified aetiology

EF00.Z

Panniculitis of undetermined or unspecified etiology

EF01

Lipoatrophy or lipodystrophy

Hereditary or acquired disorders characterised by loss of subcutaneous fat.

Coded Elsewhere: Genetic lipodystrophy (LD27.6)

EF01.0	Acquired partial lipodystrophy Acquired partial lipodystrophy, or Barraquer-Simons syndrome, is characterised by the association of lipoatrophy of the upper part of the body and lipohypertrophy of the thighs.
EF01.1	Localised lipoatrophy and lipodystrophy Localised lipodystrophies covers a heterogeneous group of conditions characterised by loss of subcutaneous tissue from small regions of the body.
EF01.Y	Other specified forms of lipodystrophy and lipoatrophy
EF01.Z	Lipodystrophy of unspecified type
EF02	Certain noninflammatory disorders of subcutaneous fat
EF02.0	Fat hypertrophy Focal hypertrophy of subcutaneous adipose tissue. It is a common sequela of long-term insulin injection into the skin.
EF02.1	Subcutaneous lipomatosis Diffuse infiltration of the subcutis by non-encapsulated adipose tissue.
EF02.2	Lipoedema Lipoedema is characterised by non-pitting diffuse "fatty" swelling, usually confined to the legs, thighs, hips and upper arms. It may be confused with lymphoedema. Lipoedema may also occur in the scalp. Coded Elsewhere: Lipo-lymphoedema (BD93.1Y)
EF02.3	Cellulite Cellulite is a common architectural derangement of subcutaneous adipose tissue which results in dimpling and nodularity of the overlying skin. It is seen most commonly in postpubertal women and affects principally the pelvic region, lower limbs, and abdomen. It is thought to result from herniation of multiple small aggregates of subcutaneous fat through the fibrous tissue at the dermohypodermal junction. Obesity predisposes to but is not necessary for its development. The term is in widespread use but is misleading as it has nothing to do with cellulitis. The condition is asymptomatic but may cause considerable embarrassment.
EF02.Y	Other specified noninflammatory disorders of subcutaneous fat
EF02.Z	Noninflammatory disorders of subcutaneous fat, unspecified
EF0Y	Other specified disorders of subcutaneous fat

Disorders of cutaneous blood and lymphatic vessels (EF20-EG02)

Coded Elsewhere: Malformations involving cutaneous lymphatic vessels

Oedema of skin or soft tissues

Superficial thrombophlebitis (BD70)

Lower limb deep vein thrombosis (BD71.4)

Lymphoedema (BD93)

Venous varicosities of sites other than lower extremity (BD75)

Malformations involving cutaneous blood vessels (EF20-EF2Z)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

EF20

Acquired malformations of cutaneous blood vessels

Coded Elsewhere: Erythematotelangiectatic rosacea (ED90.00)

Actinic telangiectasia (EJ20.3)

Lower limb superficial venous ectasia (BD74.0)

EF20.0

Venous lake

EF20.1

Angiokeratoma

Angiokeratomas are acquired vascular lesions that result from the ectatic dilatation of pre-existing vessels in the papillary dermis, accompanied by hyperkeratotic epidermis. There are several clinical variants: solitary papular angiokeratoma, angiokeratoma corporis diffusum, angiokeratoma of Mibelli and angiokeratoma of Fordyce, amongst which the last, in which the lesions are located on the vulva or scrotum, is the most common.

Coded Elsewhere: Angiokeratoma corporis diffusum (5C56.01)

EF20.2

Lower limb venous telangiectases

Finely dilated superficial veins of lower limbs resulting from chronic venous hypertension.

EF20.3

Spider telangiectasis

A benign vascular ectasia consisting of a central dilated terminal arteriole from which radiate several ectatic capillaries, giving rise to a spider-like appearance. They occur most commonly on the upper trunk and proximal upper limbs. Large numbers may develop in association with pregnancy or liver disease.

Exclusions: Lower limb venous telangiectases (EF20.2)

EF20.4

Generalised essential telangiectasia

EF20.Y

Other specified acquired malformations of cutaneous blood vessels

EF20.Z

Acquired malformations of cutaneous blood vessels, unspecified

EF2Z

Cutaneous vascular malformation, unspecified

Purpura or bruising (EF30-EF3Z)

Purpura is a non-blanchable multifocal purple skin discolouration due to bleeding into the skin and manifested as petechiae (pinpoint foci of intradermal haemorrhage) and ecchymoses (larger areas of intradermal haemorrhage). It has many causes and may be the presenting sign of diseases as diverse as thrombocytopenia, primary amyloidosis, meningococcal septicaemia and scurvy. It will often be accompanied by haemorrhage into the subcutaneous tissues (spontaneous bruising or haematoma).

Coded Elsewhere: Purpura due to disorders of platelets

Purpura or bruising due to vascular fragility (EE40.32)

Painful bruising syndrome (ED02)

EF30

Purpura or bruising due to disorders of coagulation

Purpura resulting from genetically-determined or acquired deficiencies or dysfunction of clotting factors.

EF31

Traumatic purpura

Purpura and bruising attributable to trauma which may be self-induced (as from rubbing itchy skin), due to friction from clothing or due to man-handling, particularly of debilitated elderly patients.

EF3Y

Other specified purpura

EF3Z

Purpura of unspecified aetiology

EF40

Vasculitis or capillaritis involving the skin

A range of conditions characterised by inflammation of cutaneous blood vessels with or without extravasation of red blood cells into the interstitium.

Coded Elsewhere: Giant cell arteritis (4A44.2)

Mucocutaneous lymph node syndrome (4A44.5)

Sneddon syndrome (4A44.6)

Thromboangiitis obliterans (4A44.8)

Pityriasis lichenoides (EA93)

Vasculitis associated with probable aetiology (4A44.Y)

EF40.0

Capillaritis

Capillaritis results from extravasation of red blood cells from leaky capillaries into the dermis and manifests initially as a finely stippled pink to purple purpura, most commonly affecting the lower limbs. As iron is released and converted into haemosiderin, the skin stains gold or brown. Various patterns of capillaritis have been described and given separate names depending on the distribution, time course, extent and degree of pigmentation and presence or otherwise of epidermal thickening. The underlying processes involved in all these variants are very similar and of unknown cause. Histology may show mild inflammation around capillaries but no vasculitis.

Inclusions: Pigmented purpura

Exclusions: Pulmonary capillaritis (CB04.4)

EF40.1 **Vasculitis affecting small cutaneous blood vessels**
Coded Elsewhere: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)
 Cryoglobulinaemic vasculitis (4A44.90)
 IgA vasculitis (4A44.92)
 Acute haemorrhagic oedema of infancy (EH40.3)
 Cutaneous leukocytoclastic vasculitis (4A44.B0)

EF40.10 Urticarial vasculitis
 An uncommon form of cutaneous leucocytoclastic vasculitis manifested by urticarial weals which, in contrast to those of chronic urticaria, are long-lasting and painful rather than itchy. A cause is often not identified. It may be associated with hypocomplementaemia and systemic inflammation (hypocomplementaemic urticarial vasculitis).
Coded Elsewhere: Hypocomplementaemic urticarial vasculitis (4A44.91)

EF40.1Y Other specified vasculitis affecting small cutaneous blood vessels

EF40.2 **Localised cutaneous vasculitis**
 A heterogeneous group of uncommon, predominantly chronic inflammatory dermatoses, each with a characteristic limited distribution, which all exhibit vasculitis on histopathological examination.

EF40.20 Granuloma faciale

EF40.2Y Other specified localised cutaneous vasculitis

EF40.Z **Cutaneous vasculitis unspecified**

Dermatoses attributable to hyperviscosity or microvascular occlusion (EF50-EF5Y)

A range of disorders characterised by vascular occlusion but attributable not to primary vascular inflammation but to intravascular occlusion.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)
 Antiphospholipid syndrome (4A45)
 Disseminated intravascular coagulation (3B20)
 Cryoglobulinaemic vasculitis (4A44.90)

EF50 **Livedoid vasculopathy**

EF5Y **Other specified dermatoses attributable to hyperviscosity or microvascular occlusion**

Dermatoses resulting from vascular insufficiency (EF60-EF9Y)

EF60 **Ischaemic ulceration of skin**

Coding Note: Code also the causing condition

Dermatoses due to venous disease (EF70-EF7Z)

Coded Elsewhere: Venous leg ulcer (BD74.3)

Lipodermatosclerosis (BD74.2)

EF70

Lower limb venous eczema

A pruritic inflammatory dermatitis affecting the lower legs and ankles of individuals with lower limb venous hypertension. It may become acutely exudative, when the possibility of superimposed allergic contact dermatitis should be considered. Treatment of the associated venous hypertension is an important part of management. Venous eczema is not necessarily associated with the presence of varicose leg veins.

EF7Y

Other specified dermatoses due to venous disease

EF7Z

Dermatoses due to venous disease, unspecified

EF9Y

Other specified dermatoses resulting from vascular insufficiency

Functional vascular disorders of the skin (EG00-EG02)

Skin disorders due to disturbances in vascular tone and skin blood flow.

EG00

Vasodilatation of extremities

Disorders due to failure of normal vasoconstrictive mechanisms in the cutaneous vasculature.

EG01

Vasoconstriction of extremities

Disorders characterised by peripheral vasospasm including Raynaud disease and ergotism.

Coded Elsewhere: Raynaud phenomenon (BD42)

EG02

Flushing disorders

Coded Elsewhere: Carcinoid syndrome (5B10)

Flushing (ME64.4)

Menopausal hot flush (GA30.4)

Skin disorders involving certain specific body regions (EG30-EG9Z)

Skin disorders involving the head and neck (EG30-EG4Z)

Dermatoses specific to the scalp; external ear; the eyes, eyelids and eyebrows; the lips and oral cavity; and to dermatoses specific to the skin of the head and neck

Coded Elsewhere: Dermatoses of the eye, eyelids or eyebrows

Dermatoses of the lips or oral cavity

EG30

Skin disorders localised to the scalp

Skin disorders affecting preferentially or exclusively the scalp.

Coded Elsewhere: Dermatophytosis of scalp (1F28.0)

Seborrhoeic dermatitis of the scalp (EA81.1)

Scalp psoriasis (EA90.50)

Contact dermatitis of scalp (EK5Y)

Lichen planopilaris of scalp (EA91.2)

Chronic cutaneous lupus erythematosus of scalp (EB51.Y)

Scalp pruritus (EC90.Y)

Cutis verticis gyrata (EE7Y)

Lipoedema of the scalp (EF02.2)

Aplasia cutis congenita of scalp (LC60)

Hereditary hypotrichosis of scalp (EC21.2)

EG30.0

Scalp folliculitis

A non-scarring chronic superficial folliculitis of the scalp that is typically characterised by multiple minute, very itchy pustules within the scalp and which has in the past been termed acne necrotica miliaris. The cause is not well understood but an inflammatory response to *Propionibacterium acnes* has been postulated.

EG30.1

Erosive pustular dermatosis of scalp

Erosive pustular dermatosis of the scalp is a distinctive scalp disorder of the elderly characterised by the development of sterile pustules, erosions and crusts in areas of chronically sun-damaged scalp skin. Local trauma may also play an aetiological role. It normally responds to high-potency topical corticosteroids.

EG30.2

Pityriasis amiantacea

Pityriasis amiantacea refers to a reaction pattern on the scalp where large adherents are attached to the growing hairs and overlap like tiles on a roof. The abnormality may be localised and confined to a small patch or widespread involving the entire scalp. The underlying scalp is often moist and inflamed. The condition may occur on its own or may be associated with inflammatory disorders such as seborrhoeic dermatitis and psoriasis or with underlying dermatophytosis (tinea capitis).

EG30.Y

Other specified scalp disorders not elsewhere classifiable

EG30.Z

Skin disorders localised to the scalp, unspecified

Disorders of the external ear involving the skin (EG40-EG4Z)

Coded Elsewhere: Dermatitis or eczema of external ear
Otitis externa (AA10-AA3Z)
Acquired deformity of pinna (AA41)

Inflammatory disorders of the external ear (EG40-EG4Z)

Coded Elsewhere: Chronic otitis externa (AA13)
Acute noninfectious otitis externa (AA11)
Seborrhoeic otitis externa (AA10)

EG40

Contact dermatitis of external ear

Contact dermatitis of external ear may be due to irritants or allergy. Antimicrobial aural preparations are common causes of allergic contact dermatitis.

Coded Elsewhere: Irritant contact dermatitis of external ear (EK02.10)

EG40.0

Allergic contact dermatitis of external ear

Allergic contact dermatitis affecting the external ear.

EG4Y

Other specified inflammatory disorder of external ear

EG4Z

Inflammatory disorder of external ear, unspecified

Skin disorders involving the genital and perianal regions (EG60-EG7Y)

Coded Elsewhere: Dermatoses of male genitalia (GA80-GA81.Y)
Dermatoses of female genitalia (GA40-GA4Y)

Dermatoses of the anus, perianal area or perineum (EG60-EG63.Z)

Disorders affecting the skin of and surrounding the anus including the intergluteal cleft and genitocrural folds.

Coded Elsewhere: Perianal lichen simplex (EA83.02)
Herpes simplex infection of perianal skin or rectum (1A94.1)
Anal warts (1A95.0)
Primary anal syphilis (1A61.1)
Drug-induced anal ulceration (EH76.Y)

EG60

Anal pruritus

Anal pruritus is irritation of the skin at the anal margin and surrounding perianal skin which results in the desire to scratch.

EG61

Infections of the anus or perianal skin

EG62**Inflammatory dermatoses of the perianal area**

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Dermatitis or eczema of perianal area (EA87.2)

Perianal psoriasis (EA90.53)

Hidradenitis suppurativa of anogenital region (ED92.0)

EG63**Sacroccocygeal pilonidal disease**

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacroccocygeal 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**Sacroccocygeal pilonidal sinus****EG63.1****Sacroccocygeal pilonidal cyst****EG63.2****Sacroccocygeal pilonidal abscess****EG63.Z****Sacroccocygeal pilonidal disease, unspecified**

EG7Y**Other specified skin disorders involving the genital and perianal regions**

EG9Y**Skin disorders involving other specific body regions****EG9Z****Skin disorders involving certain specific body regions, unspecified**

Skin disorders associated with pregnancy, the neonatal period and infancy (EH10-EH40.Z)

Dermatoses which are either specific to or occur predominantly in pregnancy, the neonatal period or the first few months of life

Coded Elsewhere: Pregnancy dermatoses (JA65.1)

Diseases of the skin complicating pregnancy, childbirth or the puerperium (JB64.7)

Skin disorders specific to the perinatal or neonatal period (EH10-EH3Y)

This group incorporates both skin disorders of the neonate and other disorders of the neonate with skin manifestations

Coded Elsewhere: Prenatally acquired infections with neonatal skin manifestations

Inflammatory dermatoses of the newborn (KC21)

Neonatal dermatoses due to maternal antibodies (KA07)

Neonatal nutritional disorders affecting the skin (KC24)

Neonatal disorders of subcutaneous fat (KC22)

Neonatal disorders of the oral mucosa (KC23)

Skin disorders associated with prematurity (KC30-KC3Y)

Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)

Miscellaneous skin disorders in the neonate (KC40)

Neonatal skin infection (EH10-EH1Z)

Any condition of the skin affecting neonates, caused by an infection with a bacterial, viral, fungal, or parasitic source.

EH10

Neonatal viral infections involving the skin

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

Disseminated perinatal varicella (KA62.2)

Mucocutaneous perinatal varicella (KA62.2)

EH11

Neonatal pyogenic skin infections

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

EH12

Neonatal fungal infections involving the skin

Exclusions: Prenatally-acquired mucocutaneous candidosis (KA63.2)

EH1Z

Neonatal skin infection, unspecified

EH3Y

Other specified skin disorders specific to the perinatal or neonatal period

EH40**Dermatoses of infancy**

Exclusions: Syndromes with skin or mucosal anomalies as a major feature (LD27)

Congenital malformations affecting the skin (LC00-LC7Z)

Coded Elsewhere: Infantile atopic eczema (EA80.0)

Infantile acne (ED80.6)

Infantile papular acrodermatitis (EA12)

EH40.0**Infantile seborrhoeic dermatitis**

An inflammatory but usually non-pruritic dermatitis of infants with a similar distribution to adult seborrhoeic dermatitis. Its principal manifestations are a confluent psoriasiform napkin eruption and greasy, adherent scaling over the scalp ("cradle cap"). In disseminated forms the face, retroauricular folds, neck and trunk may be involved. A small proportion of cases represent infantile onset of psoriasis ("napkin psoriasis"). Its onset is characteristically earlier than that of infantile atopic eczema, the subsequent development of which it does not preclude.

Inclusions: Neonatal seborrhoeic dermatitis

Exclusions: Seborrhoea (ED91.2)

EH40.00**Cradle cap**

Cradle cap is a form of seborrhoeic dermatitis that manifests as yellowish, crusty, greasy patches of scaling on the scalp of infants between the second week and sixth month of life. The forehead and eyebrows are frequently affected. It is usually asymptomatic. It may be associated with infantile seborrhoeic dermatitis of other areas including the trunk and napkin area.

EH40.01**Disseminated infantile seborrhoeic dermatitis**

A widespread form of infantile seborrhoeic dermatitis affecting the napkin area, scalp, face, neck, axillae and anterior trunk. In contrast to atopic eczema, pruritus is not usually evident and the infant remains otherwise well.

EH40.02**Psoriasiform napkin dermatitis**

A napkin eruption characterised by sharply marginated confluent erythema and scale in the napkin area. It is considered a component of infantile seborrhoeic dermatitis, the disseminated form of which may start in the napkin area. In some cases, however, the same clinical picture may eventuate into psoriasis (napkin psoriasis). The clinical picture is essentially identical.

EH40.0Z**Infantile seborrhoeic dermatitis, unspecified****EH40.1****Infantile napkin dermatoses**

Coded Elsewhere: Psoriasiform napkin dermatitis (EH40.02)

Acrodermatitis enteropathica (5C64.20)

EH40.10	Primary irritant napkin dermatitis A type of irritant dermatitis seen most frequently in infants localised to the area in contact with a napkin (diaper) and occurring most often as a reaction to prolonged contact with urine, faeces, or retained soap or detergent. Inclusions: Nappy rash Diaper rash
EH40.1Y	Other specified infantile napkin dermatoses
EH40.1Z	Infantile napkin dermatoses, unspecified
EH40.2	Erythrodermas of infancy Coded Elsewhere: Severe combined immunodeficiency with hypereosinophilia (4A01.10) Wiskott-Aldrich syndrome (3B62.0Y) Congenital non-bullous ichthyosiform erythroderma (EC20.02) Netherton syndrome (LD27.2) Multiple carboxylase deficiency due to holocarboxylase synthetase deficiency (5C50.E0)
EH40.3	Acute haemorrhagic oedema of infancy Acute haemorrhagic oedema is an immune complex-mediated cutaneous vasculitis usually associated with respiratory infection or immunization. It affects children between the ages of 4 months and 2 years, with males being affected twice as frequently as females. The dramatic clinical appearance of facial and limb oedema with multiple targetoid purpuric macules belies its generally benign course.
EH40.Y	Other specified dermatoses of infancy
EH40.Z	Dermatoses of infancy, unspecified

Adverse cutaneous reactions to medication (EH60-EH7Z)

This group incorporates not only drug rashes but also other acute and chronic cutaneous and mucocutaneous effects of topical or systemic medicaments, whether conventional or "alternative".

Coded Elsewhere: Drug-induced pruritus (EC90.2)

Drug eruptions (EH60-EH6Z)

Coded Elsewhere: Drug-associated immune complex vasculitis (4A85.03)

EH60	Exanthematic drug eruption Acute skin eruption typically resembling viral infections such as measles, rubella or scarlatina attributable to drug. Antibiotics are common causes. Inclusions: Drug-induced toxic erythema

EH61	Drug-induced urticaria, angioedema and anaphylaxis Adverse reaction to drugs due to release of histamine or vasoactive kinins. <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Anagen effluvium (ED70.4)
EH72.01	Drug-induced anagen effluvium Anagen effluvium due to medication, most commonly from cytotoxic cancer chemotherapy.
EH72.Y	Other specified drug-induced hair abnormalities
EH72.Z	Drug-induced hair abnormalities, unspecified
EH73	Drug-induced nail abnormalities Abnormalities of nails or nail growth attributable to drugs. <i>Coded Elsewhere:</i> Drug-induced photo-onycholysis (EH75)
EH74	Drug-induced oral conditions <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Sacrococcygeal pilonidal disease (EG63)
EH93.0	Tattoos or tattoo reactions Tattoos are the result of injection into the skin of insoluble coloured pigments as ornamentation of the body, or of inert materials such as coal dust as a result of superficial trauma or blast injury. They may provoke both allergic and foreign body reactions.
EH93.1	Foreign body reaction to inorganic matter in the skin A usually granulomatous, often sarcoidal reaction to the presence in the skin of inorganic foreign material which cannot be degraded or eliminated. Responsible agents include tattoo pigment, suture materials, silica, zirconium, aluminium, paraffin, and silicone.
EH93.2	Foreign body reaction to organic matter in the skin
EH93.3	Foreign body granuloma of skin
EH93.Y	Other specified reaction to foreign body in the skin
EH93.Z	Dermatoses due to foreign bodies, unspecified
EH94	Scar of skin, not elsewhere classified

Dermatoses provoked or exacerbated by exposure to cold (EJ0Y-EJ0Y)

Skin conditions provoked by exposure to low temperatures.

Coded Elsewhere: Skin or soft tissue injury due to exposure to cold

Abnormal vascular reactivity to cold

EJ0Y

Other specified dermatoses provoked or exacerbated by exposure to cold

Dermatoses provoked by heat or electricity (EJ10-EJ1Y)

Coded Elsewhere: Burns of external body surface, specified by site (ND90-ND9Z)

Heat contact urticaria (EB01.Y)

Thermal keratosis (EK90.Y)

EJ10

Erythema ab igne

A characteristic reticular telangiectatic and pigmented dermatosis resulting from repeated or prolonged exposure to infrared radiation (heat) of insufficient energy to produce a burn. It most commonly affects the lower extremities or lower back as a result of habitually sitting too close to a heat source (radiator or open hearth) or from keeping a hot water bottle held against the skin.

Exclusions: Burns of external body surface, specified by site
(ND90-ND9Z)

EJ1Y

Other specified dermatoses provoked by heat or electricity

Dermatoses provoked by light or UV radiation (EJ20-EJ6Y)

Coded Elsewhere: Porphyria or pseudoporphyria affecting the skin (EB90.3)

Cutaneous lupus erythematosus (EB50-EB5Z)

Dermatomyositis (4A41.0)

Rosacea (ED90.0)

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

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

Photo-allergic contact dermatitis (EK01)

Chronic effects of ultraviolet radiation on the skin (EJ20-EJ2Y)

Coded Elsewhere: Actinic keratosis (EK90.0)

Diffuse actinic keratinocyte dysplasia (EK90.1)

Brachioradial pruritus (EC90.3)

Disseminated superficial actinic porokeratosis (ED52)

Poikiloderma of Civatte (EK20)

Actinic cheilitis (EK90.Y)

EJ20

Photoaging of the skin

The changes in skin which can be attributed to chronic exposure to ultraviolet radiation and which are clinically manifest principally as actinic elastosis, wrinkles and dyspigmentation.

Inclusions: Sun damage due to chronic sun exposure

EJ20.0

Actinic elastosis

Inclusions: Solar elastosis
Rhytides

EJ20.1

Actinic lentigo

A circumscribed grey or brown macule resulting from chronic exposure to the sun or to artificial sources of ultraviolet such as sun-beds. They are typically located on the backs of the hands and forearms, shoulders, forehead and the scalp (if bald). They often coexist with and may be difficult to differentiate from plane seborrheic keratoses, which differ clinically in exhibiting fine scaling and histologically in showing proliferation of keratinocytes as well as melanocytes.

Inclusions: Liver spot

EJ20.2

Actinic lentiginosis

The presence of multiple actinic lentigines. This is a common finding in people with fair skin who have a long history of repeated exposure to the sun where it most commonly affects the upper extremities, upper back, forehead and scalp (if bald). It can be generalised and occur at an earlier age in people with an addiction to sun-bathing and use of sun beds.

EJ20.3

Actinic telangiectasia

EJ20.Z	Photoaging of the skin, unspecified
EJ2Y	Other specified chronic effects of ultraviolet radiation on the skin
EJ30	Autoimmune or other photodermatoses A heterogeneous group of dermatoses mostly involving an interaction between the immune system and ultraviolet radiation or visible light <i>Coded Elsewhere:</i> Solar urticaria (EB01.Y)
EJ30.0	Polymorphic light eruption Polymorphic light eruption is a common delayed-onset abnormal inflammatory cutaneous reaction to sunlight or other source of ultraviolet radiation. It typically manifests as an eruption of papules and vesicles affecting normally sun-protected skin sites following exposure to sunlight. Tolerance is commonly seen after repeated sunlight or UV exposure.
EJ30.1	Chronic actinic dermatitis
EJ30.Y	Other specified photodermatoses
EJ30.Z	Photodermatoses, unspecified

Acute effects of ultraviolet radiation on normal skin (EJ40-EJ4Z)

Coded Elsewhere: Photosensitivity due to drug (EH75)

Photo-onycholysis (EE10.2)

EJ40	Sunburn An injury to the skin causing erythema, tenderness, and sometimes blistering and resulting from excessive exposure to the sun. The reaction is produced by the ultraviolet radiation in sunlight.
EJ40.0	Sunburn erythema
EJ40.1	Sunburn with blisters or exudation
EJ40.Z	Sunburn, unspecified
EJ41	Burn from exposure to artificial source of ultraviolet radiation <i>Exclusions:</i> 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 <i>Primula obconica</i>, 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 mucosal swelling, itching or a burning sensation. Inclusions: Pollen-food allergy syndrome

EK10.1 **Contact urticaria due to food allergen**
Contact urticaria due to food allergen is a IgE-mediated immediate immune reaction from cutaneous or mucosal contact to food allergen in a sensitized patient.

EK10.Y **Other specified allergic contact urticaria**

EK10.Z **Allergic contact urticaria, unspecified**

EK11 **Protein contact dermatitis**
Immediate contact dermatitis due to exposure to proteins from plants, animal tissue and other organic matter.

Exclusions: Allergic contact dermatitis due to food allergen (4A85.22)

EK12 **Allergic contact sensitisation**
The presence of specific delayed type IV hypersensitivity of the immune system to a given substance without imputation of past or current disease. Such sensitisation is normally acquired by prior contact of the skin or mucous membranes with the substance or with one chemically closely related to it (cross-reactivity). Subsequent contact with the substance may provoke an allergic reaction. In certain circumstances such sensitisation may prevent an individual from taking up or continuing employment where exposure to the allergen cannot be avoided. Some individuals sensitized to a specific allergen may, however, never experience symptoms on contact with it.

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

Non-allergic skin inflammation caused by cellular damage from reactive oxygen species in the skin produced by the interaction between ultraviolet or visible light and a photoactive substance in contact with the skin.

EK20 **Phototoxic reaction to fragrance or cosmetics**
Phototoxic reaction caused by a combination of sun exposure and skin contact with fragrances or cosmetics containing photoactive substances such as oak moss, musk ambrette or bergamot oil.

EK2Y **Phototoxic reaction to skin contact with other specified photoactive agent**

EK2Z **Phototoxic dermatitis, unspecified**

EK50 **Cutaneous reactions to venomous or noxious animals**

Coded Elsewhere: Cutaneous reactions to arthropods (NE61)

Cutaneous reactions to venomous or noxious aquatic invertebrates (NE61)

Cutaneous reactions to venomous or noxious vertebrates (NE61)

EK50.0	Cutaneous insect bite reactions Skin reactions to known or presumed insect bites. Commonly the nature of the insect responsible is unknown. Coded Elsewhere: Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom (4A85.31)
EK50.00	Papular urticaria A reaction pattern to insect bites with the formation of multiple itchy, urticated papules or papulovesicles.
EK50.01	Bullous insect bite reaction Cutaneous blisters resulting from a brisk immune response to insect bites. These are most common around the lower legs and ankles and in children rather than adults.
EK50.02	Persistent insect bite reaction Bite reactions lasting for months as inflamed papules and nodules, this is particularly likely to be seen with tick bites and mosquito bites. These may be confused with lymphoma histologically, with a dense inflammatory infiltrate of lymphoid cells, histiocytes, eosinophils and plasma cells together with the presence of atypical mononuclear cells. Inclusions: Insect bite granuloma
EK50.0Y	Other specified cutaneous insect bite reactions
EK50.0Z	Cutaneous insect bite reactions, unspecified
EK5Y	Other specified skin disorders provoked by external factors

Benign proliferations, neoplasms and cysts of the skin (EK70-EK71.Z)

Coded Elsewhere: Benign adipocytic neoplasms of skin or soft tissue
Benign cutaneous neoplasms (2F20-2F2Z)

EK70	Cutaneous cysts Coded Elsewhere: Neonatal milia (KC40.1)
EK70.0	Epidermoid cyst A cutaneous cyst with an epidermoid wall filled with keratin and its breakdown products. It most commonly forms as the result of squamous metaplasia in a damaged sebaceous gland but may result from trauma (traumatic inclusion cyst), especially when situated on the extremities. It typically presents as a spherical skin-coloured or yellowish nodule, often with a central pore opening onto the skin surface. Inclusions: Epidermal inclusion cyst
EK70.00	Infected epidermoid cyst An epidermoid cyst which has become secondarily infected by, most commonly, <i>Staphylococcus aureus</i> . It manifests as pain, swelling and erythema of a preexisting cyst and is predisposed to rupture.

EK70.0Z Epidermoid cyst, unspecified

EK70.1 Trichilemmal cyst

A trichilemmal (pilar) cyst is a common, typically non-tender, intradermal or subcutaneous cyst. The cysts are typically confined to the scalp and are often multiple. They usually occur sporadically but may be inherited in an autosomal dominant manner. They are derived from the outer root sheath of the hair follicle and as such contain keratin or keratin degradation products. Rarely, they may undergo malignant transformation.

Inclusions: Pilar cyst

EK70.2 Digital myxoid pseudocyst

Digital myxoid cysts (DMCs) are benign ganglion cysts of the digits, which typically present as a small dome-shaped, often translucent papule on the dorsum of the terminal phalanx and/or as longitudinal "guttering" of the nail plate which is focally compressed by the cyst as it develops from the underlying nail matrix. In the majority of cases a stalk connecting the cyst with the adjacent distal interphalangeal joint can be demonstrated, accounting for the alternative names of digital ganglion cyst and digital synovial cyst.

Inclusions: Digital ganglion cyst

EK70.3 Hidrocystoma

A hidrocystoma is a cystic cutaneous swelling lined by either apocrine or eccrine ductal epithelium. It presents typically as a small solitary bluish translucent papule on or around the eyelids. It is not always possible to be certain whether it is of apocrine or eccrine origin though the majority show apocrine differentiation.

EK70.Y Other specified cutaneous cysts

EK70.Z Cutaneous cysts, unspecified

EK71 Skin tags or polyps

Benign outgrowths of skin consisting of a fibrovascular core covered with normal or thinned epidermis. They may be single or multiple and range in diameter from less than a millimetre to a centimetre or more.

EK71.0 Fibroepithelial polyp of skin

A common polypoid, often pedunculated non-neoplastic benign skin growth consisting of a fibrovascular core covered with normal or thinned epidermis. If torsion of the stalk occurs they may become painful, swollen and necrotic.

EK71.1 Multiple skin tags

Very common non-neoplastic fibroepithelial skin growths ranging from less than one to several millimetres in diameter. They favour the neck and intertriginous areas and may be very numerous. They are associated with obesity, type II diabetes, insulin resistance and acanthosis nigricans.

EK71.Z Polyp of skin not elsewhere classified

Disorders of the skin of uncertain or unpredictable malignant potential (EK90-EK92)

Coded Elsewhere: Neoplasms of uncertain behaviour of skin (2F72)

EK90

Actinic keratosis and other discrete epidermal dysplasias

A group of conditions characterised by varying degrees of keratinocytic atypia resulting from damage to keratinocyte DNA. They carry a small propensity to develop into invasive squamous cell carcinoma.

EK90.0

Actinic keratosis

Actinic keratoses (AKs) are focal areas of abnormal keratinocyte proliferation and differentiation induced by chronic exposure to ultraviolet radiation. They are very common on sun-exposed skin of fair-skinned individuals who have had excessive exposure to sunlight. Initially flat scaly papules, they may become significantly elevated from the skin surface by producing dense adherent keratin or as a result of unregulated cellular proliferation which may progress to frank carcinoma in situ or invasive squamous cell carcinoma.

Inclusions: Solar keratosis

EK90.1

Diffuse actinic keratinocyte dysplasia

Diffuse actinic dysplasia develops after repeated exposure of skin to ultraviolet radiation, usually over decades, and results from cumulative DNA damage within the nuclei of epidermal keratinocytes. It is characterised initially by subtle diffuse skin changes including mottling, erythema, telangiectasia and irregular fine scaling. It is seen most commonly on the unprotected scalp skin of bald men. Histologically there are early signs of dysplasia in the basal epidermis. As damage accumulates the clinical changes become more pronounced with the formation of discrete actinic keratoses, from which intraepidermal or invasive squamous cell carcinoma may develop.

Inclusions: "Field change" due to chronic exposure to ultraviolet radiation

EK90.Y

Other discrete epidermal dysplasias

EK91

Dermatoses which may presage cutaneous lymphoma

Dermatoses which may represent the earliest stages of cutaneous lymphoma but where it is not possible to confirm their neoplastic nature.

EK91.0

Large plaque parapsoriasis

Large plaque parapsoriasis is a chronic skin disorder characterised by the indolent development over years or decades of scaly patches or slightly elevated plaques which may be clinically indistinguishable from early mycosis fungoides but in which no evidence of infiltration by abnormal lymphocytes can be found. Approximately 10% of patients will, however, eventually progress to mycosis fungoides.

EK91.1**Poikiloderma vasculare atrophicans**

Poikiloderma vasculare atrophicans is a cutaneous reaction pattern characterised by mottled hyper- and hypomelanosis, telangiectasia and progressive dermal and epidermal atrophy. It may manifest as a component of established mycosis fungoides but may precede the development of the latter by many years and, in some cases, may persist indefinitely without progression to frank lymphoma. It should be distinguished from other causes of poikiloderma such as may be seen with dermatomyositis.

EK91.2**Primary cutaneous plasmacytosis**

A skin disorder resulting from focal or multifocal dense infiltration of the skin by plasma cell aggregates. It may be associated with high levels of serum IgG4. It typically presents as widespread reddish-brown papules, nodules and pigmented indurated plaques involving the trunk and limbs but may present as a single nodule or plaque. The majority of patients with this uncommon skin disorder are of East Asian descent. There is a risk of progression to systemic lymphoproliferative malignancy.

EK92**Histiocytoses of uncertain malignant potential**

Disorders characterised by abnormal proliferation of dendritic cells and macrophages. The proliferation may or may not be clonal and the prognosis is unpredictable.

Coded Elsewhere: Langerhans cell histiocytosis (2B31.2)

Indeterminate cell histiocytosis (2B31.6)

Cutaneous markers of internal disorders (EL10-EL3Y)

A heterogeneous group of skin disorders associated with underlying disease.

Coded Elsewhere: Tophaceous gout (FA25.20)

Diabetic skin lesions (EB90.0)

Benign acanthosis nigricans (ED51.00)

Acquired perforating dermatosis (EE70.0)

Calcific arteriolopathy (EB90.42)

Pretibial myxoedema (EB90.10)

Acromegaly or pituitary gigantism (5A60.0)

Cholestatic pruritus (EC90.11)

Yellow nail syndrome (EE11.1)

Uraemic pruritus (EC90.10)

Nail-patella syndrome (LD24.J0)

Hairy leukoplakia (DA01.01)

Immune reconstitution inflammatory syndrome (4B23)

Cutaneous markers of internal malignancy (EL10-EL1Y)

A range of generally uncommon skin signs which may point to the presence of an internal malignancy

EL10

Paraneoplastic syndromes involving skin

Coded Elsewhere: Paraneoplastic pemphigus (EB40.2)

Thrombophlebitis migrans (BD70.2)

Paraneoplastic dermatomyositis (4A41.00)

Paraneoplastic hypertrophic osteoarthropathy (FB86.10)

EL1Y

Other specified cutaneous markers of internal malignancy

EL3Y

Other specified cutaneous markers of internal disorders

Coding Note: Code also the causing condition

Postprocedural disorders of the skin (EL50-EL80)

This group of disorders incorporates drug eruptions, other cutaneous side effects of medication and adverse reactions to medical and surgical interventions.

EL50

Unsatisfactory surgical scar of skin

A surgical skin scar with a poor functional or cosmetic outcome.

EL50.0

Keloidal surgical scar

A surgical scar which heals with an overgrowth of fibrous scar tissue which extends beyond the limits of the original surgical wound.

- EL50.1 Hypertrophic surgical scar**
An elevated surgical scar containing an excess of fibrous tissue which, in contrast to a keloidal scar, does tend to flatten with time.
- EL50.2 Atrophic surgical scar**
A surgical scar in which there is thinning of the skin giving it a wrinkled appearance.
Exclusions: Postinflammatory atrophic scarring of the skin (EE40.2)
- EL50.3 Expanded surgical scar**
A widened surgical scar, often resulting from inadequate deep suturing or poor surgical technique. They are common in disorders of connective tissue such as Ehlers-Danlos syndrome.
Inclusions: Stretched scar
- EL50.Z Unsatisfactory surgical scar of skin, unspecified**
- EL51 Cutaneous flap necrosis**
Necrosis of surgical skin flap
- EL52 Myocutaneous flap necrosis**
Necrosis of a surgical flap containing both skin and muscle
- EL53 Skin graft failure**
Failure of skin graft tissue to engraft as intended
- EL54 Composite graft failure**
Failure of composite graft tissue (e.g. skin and cartilage) to engraft as intended

Adverse cutaneous effects of therapeutic ionizing irradiation (EL60-EL63)

Coded Elsewhere: Oral mucositis due to radiotherapy (DA01.11)

Radiotherapy-induced xerostomia (DA02.1)

Scarring alopecia following radiotherapy (ED70.5Y)

Radiotherapy-induced skin malignancy (2C3Y)

- EL60 Acute radiodermatitis following radiotherapy**
The reaction of the skin, and in particular the epidermis, to acute exposure to ionising radiation directed at the skin for therapeutic purposes. It manifests as inflammation, erosion and crusting.
- EL61 Chronic radiodermatitis following radiotherapy**
The late cutaneous sequelae of the therapeutic use of ionising radiation. It may take five to ten years to develop and is characterised by cutaneous atrophy, fibrosis, dyspigmentation, alopecia and telangiectasia with associated damage to underlying subcutaneous fat.
- EL63 Radionecrosis of skin due to therapeutic ionizing irradiation**
Necrosis and ulceration of skin attributable to radiotherapy

Complications of cutaneous cosmetic procedures (EL73-EL73.6)

Coded Elsewhere: Specified cutaneous complications of cosmetic procedures (EL73)

EL73	Unsatisfactory outcome from cutaneous cosmetic surgical procedure The outcome from a surgical intervention designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.
EL73.0	Adverse reaction to dermal or deep fillers Any adverse event attributable to the use of injected fillers used for soft tissue augmentation. Exclusions: Pyogenic abscess of the skin (1B75.3)
EL73.1	Adverse reaction to chemical peel Any adverse reaction attributable to the use of chemical peels on the skin for cosmetic enhancement. Examples include infection, chemical burns, pustular acneform eruptions, dyspigmentation and scarring. The precise adverse reaction should be documented separately.
EL73.2	Adverse reaction to injection of neurotoxin Adverse event resulting from use of neurotoxins, especially botulinum toxin, into the skin. This is most commonly administered for aesthetic reasons. Recognised problems include ptosis, diplopia and hypersensitivity to the toxin. Details of the reaction should be coded separately.
EL73.3	Unsatisfactory outcome from cosmetic laser surgery The outcome from an intervention using lasers designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.
EL73.4	Hypomelanosis resulting from cosmetic procedure Loss of skin pigmentation attributable to a cosmetic intervention and particularly associated with chemical peels.
EL73.5	Dyspigmentation resulting from cosmetic procedure Disturbed skin pigmentation following a cosmetic procedure
EL73.6	Fibrosis or scarring following cosmetic procedure Unsatisfactory scarring and fibrosis following a procedure designed to improve cosmesis.
EL80	Adverse cutaneous effects of diagnostic procedures Skin problems arising from diagnostic procedures. Examples would be radiation necrosis from prolonged fluoroscopy or anaphylaxis from use of radiocontrast media. Coded Elsewhere: Nephrogenic systemic fibrosis (FB51.Y)

EM0Y	Other specified diseases of the skin

EM0Z

Skin disease of unspecified nature

CHAPTER 15

Diseases of the musculoskeletal system or connective tissue

This chapter has 90 four-character categories.

Code range starts with FA00

This chapter contains diseases of musculoskeletal system and diseases of connective tissue.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)
Endocrine, nutritional or metabolic diseases (Chapter 05)
Complications of pregnancy, childbirth and the puerperium (Chapter 18)
Certain infectious or parasitic diseases (Chapter 01)
Temporomandibular joint disorders (DA0E.8)
Certain conditions originating in the perinatal period (Chapter 19)

Coded Elsewhere: Neoplasms of the musculoskeletal system
Monogenic autoinflammatory syndromes (4A60)
Nonorgan specific systemic autoimmune disorders (4A40-4A4Z)
Symptoms, signs or clinical findings of the musculoskeletal system (ME80-MF1Y)
Structural developmental anomalies of the skeleton (LB70-LB9Z)
Syndromes with connective tissue involvement as a major feature (LD28)
Syndromes with skeletal anomalies as a major feature (LD24)

This chapter contains the following top level blocks:

- Arthropathies
- Conditions associated with the spine
- Soft tissue disorders
- Osteopathies or chondropathies
- Neoplasms of the musculoskeletal system

Arthropathies (FA00-FA5Z)

Osteoarthritis (FA00-FA0Z)

Osteoarthritis (OA) can be defined as a group of distinct, but overlapping diseases, which may have different etiologies, but similar biological, morphological, and clinical outcomes affecting the articular cartilage, subchondral bone, ligaments, joint capsule, synovial membrane, and periarticular muscles. OA is the most common joint disease in persons 65 years of age and above. Its etiology is not fully understood, although there are several related factors, such as female gender, genetics, metabolism, and excessive mechanical stress. The diagnosis of OA is primarily based on clinical history and physical examination. The cardinal radiographic features of OA are focal/non-uniform narrowing of the joint space in the areas subjected to the most pressure, subchondral cysts, subchondral sclerosis, and osteophytes.

FA00	Osteoarthritis of hip
FA00.0	Primary osteoarthritis of hip
FA00.1	Post traumatic osteoarthritis of hip
FA00.2	Other secondary osteoarthritis of hip
Coding Note:	Code also the causing condition
FA00.Z	Osteoarthritis of hip, unspecified

FA01	Osteoarthritis of knee
	Primary osteoarthritis occurring in an otherwise intact knee joint, involving genetically related, age-related or use-related degeneration with microscopic and macroscopic anatomical changes, which ultimately limit motion in one or more joints. Changes to the joint include increasing cartilage loss and osseous transformation such as sclerosis, osteophyte formation and cysts as well as potential inflammatory changes in surrounding soft tissue structures.
FA01.0	Primary osteoarthritis of knee
FA01.1	Post traumatic osteoarthritis of knee
FA01.2	Other secondary osteoarthritis of knee
Coding Note:	Code also the causing condition
FA01.Z	Osteoarthritis of knee, unspecified

FA02	Osteoarthritis of wrist or hand
FA02.0	Primary osteoarthritis of wrist or hand
FA02.1	Post traumatic osteoarthritis of wrist or hand
FA02.2	Other secondary osteoarthritis of wrist or hand
Coding Note:	Code also the causing condition
FA02.Z	Osteoarthritis of wrist or hand, unspecified

FA03	Osteoarthritis of other specified joint

FA03.0	Primary osteoarthritis of other specified joint
FA03.1	Post traumatic osteoarthritis of other specified joint
FA03.2	Other secondary osteoarthritis of other specified joint
Coding Note:	Code also the causing condition
FA03.Z	Osteoarthritis of other specified joint, unspecified
FA04	Oligoosteoarthritis
Coding Note:	Code also the causing condition
FA05	Polyosteoarthritis
Coding Note:	Code also the causing condition
FA0Z	Osteoarthritis, unspecified
Coding Note:	Code also the causing condition

Infection related arthropathies (FA10-FA1Z)

A disease of the joints, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Distinction is made between the following types of etiological relationship.

- a) direct infection of joint, where organisms invade synovial tissue and microbial antigen is present in the joint;
- b) indirect infection, which may be of two types: a reactive arthropathy, where microbial infection of the body is established but neither organisms nor antigens can be identified in the joint, and a postinfective arthropathy, where microbial antigen is present but recovery of an organism is inconstant and evidence of local multiplication is lacking.

FA10	Direct infections of joint
	Hematogenic or non-hematogenic infections of joints.
	Exclusions: Reactive arthropathies (FA11)
	Postinfectious arthropathies (FA12)
FA10.0	Bacterial infection of joint
	Coded Elsewhere: Gonococcal arthritis (1A72.0)
FA10.1	Viral infection of joint
FA10.2	Fungal infection of joint
FA10.Z	Direct infections of joint, unspecified

FA11**Reactive arthropathies**

A disease of the joints, caused by an infection in another part of the body, auto-immune disease, or post-vaccination. This disease is characterised by a secondary inflammation of the joints in reaction to infection, auto-immune disease, or vaccination. Common previous sites of infection are the enteric or genitourinary system.

Coding Note: Code also the underlying disease or aetiology.

Exclusions: Acute rheumatic fever (1B40-1B42)
Behçet disease (4A62)

Coded Elsewhere: Arthritis mutilans (FA21.Y)

FA11.0 Arthropathy following intestinal bypass

Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)

FA11.1 Arthropathy following vaccination**FA11.2 Arthropathy following genitourinary infection**

Reactive arthritis (ReA) is an autoimmune disorder belonging to the group of seronegative spondyloarthropathies and is characterised by the classic triad of arthritis, urethritis and conjunctivitis.

Coding Note: Code also the causing condition

FA11.Y Other specified reactive arthropathies

Coding Note: Code also the underlying disease or aetiology.

FA11.Z Reactive arthropathies, unspecified

Coding Note: Code also the underlying disease or aetiology.

FA12**Postinfectious arthropathies**

Coding Note: Code also the causing condition

FA12.0 Bacterial postinfectious arthropathy

Coding Note: Code also the causing condition

FA12.1 Viral postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.2 Fungal postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.3 Parasitic postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Y Other specified postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Z Postinfectious arthropathies, unspecified

Coding Note: Code also the causing condition

FA13 Infectious spondyloarthritis

A condition of the spine, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by inflammation of the vertebrae.

Exclusions: Inflammatory spondyloarthritis (FA92)

FA1Y Other specified infection related arthropathies

FA1Z Infection related arthropathies, unspecified

Inflammatory arthropathies (FA20-FA2Z)

Coded Elsewhere: Peripheral spondyloarthritis (FA92.1)

FA20 Rheumatoid arthritis

Rheumatoid arthritis (RA) is persistent and/or erosive disease that is defined as the confirmed presence of synovitis in at least 1 joint, absence of an alternative diagnosis that better explains the synovitis, and achievement of a total score of 6 or greater (of a possible 10) from the individual scores in 4 domains: number and site of involved joints, serologic abnormality, elevated acute-phase response, and symptom duration.

Exclusions: rheumatoid arthritis, juvenile (FA24.1)

Acute rheumatic fever (1B40-1B42)

Coded Elsewhere: Respiratory disorders in rheumatoid arthritis (CB05.1)

FA20.0 Seropositive rheumatoid arthritis

FA20.1 Seronegative rheumatoid arthritis

FA20.Z Rheumatoid arthritis, serology unspecified

FA21 Psoriatic arthritis

Psoriatic arthritis, a member of the spondyloarthritis family, is defined as an inflammatory arthropathy associated with psoriasis that is usually rheumatic factor negative. It is characterised by various clinical manifestations, including symmetric polyarthritis, asymmetric oligoarthritis or polyarthritis, spinal inflammation similar to ankylosing spondylitis, peripheral enthesitis, anterior chest wall involvement, distal interphalangeal arthritis of the hands and feet, dactylitis (sausage digit or toe), arthritis mutilans and onycho-pachydermo-periostitis. The CASPAR has high sensitivity and specificity.

Exclusions: Juvenile psoriatic arthritis (FA24.2)

FA21.0 Psoriatic spondyloarthritis

Inclusions: Psoriatic spondylitis

FA21.Y Other specified psoriatic arthritis

FA21.Z Psoriatic arthritis, unspecified

FA22**Polymyalgia rheumatica**

Polymyalgia rheumatica (PMR) is a syndrome characterised by aching of the proximal portions of the extremities and torso. Provisional classification criteria for PMR by the European League Against Rheumatism/American College of Rheumatology Collaborative Initiative should be applied to patients aged 50 years or older with bilateral shoulder aching, and abnormal CRP and/or ESR. The scoring algorithm is based on morning stiffness >45 minutes (2 points), hip pain/limited range of motion (1 point), absence of rheumatoid factor and/or anti-citrullinated protein antibody (1 point), with optional ultrasound criteria. Most commonly, PMR occurs in isolation, but may be seen in 40-50% of patients with giant cell arteritis.

Exclusions: Giant cell arteritis with polymyalgia rheumatica (4A44.2)

FA23**Adult-onset Still disease**

Adult onset Still's disease is a rare rheumatic condition characterised by a combination of symptoms, such as fever higher than 39 degrees C, cutaneous rash during fever peaks, joint or muscle pain, lymph node hypertrophy, increase of white blood cells (especially polymorphonuclear neutrophils) and abnormalities of liver metabolism.

Exclusions: Still disease NOS (FA24.4)

FA24**Juvenile idiopathic arthritis**

Juvenile idiopathic arthritis (JIA) is the term used to describe a group of inflammatory articular disorders of unknown cause that begin before the age of 16 and last over 6 weeks. Six disorders have been defined: systemic-onset juvenile idiopathic arthritis (formerly referred to as Still's disease), oligoarticular arthritis, rheumatoid factor-positive polyarthritis, rheumatoid factor-negative polyarthritis, enthesitis-related arthritis (spondyloarthropathies), and the juvenile form of psoriatic arthritis (see these terms). A seventh category has been defined comprising unclassified types of arthritis (types that do not correspond to any of the defined disease or that correspond to more than one of the disease definitions).

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

Exclusions: Juvenile dermatomyositis (4A41.01)
Felty syndrome (FA20.0)

FA24.0**Juvenile idiopathic oligoarthritis**

Oligoarticular juvenile arthritis is the most common form of juvenile idiopathic arthritis, representing nearly 50% of cases. It is more common in girls (80% of cases), with onset occurring between ages 2 and 4. It is usually asymmetrical and affects between one and a maximum of four joints, predominantly those of the lower limbs (knee or foot).

Coding Note: Use additional code, if desired, to identify associated uveitis

FA24.00

Juvenile idiopathic oligoarthritis, onset persistent

Onset persistent refers to the fact that the child never has more than four joints involved throughout the course of the disease.

FA24.01	Juvenile idiopathic oligoarthritis, onset extended Onset extended refers to the fact that after the initial six month period, the total number of affected joints exceeds four.
FA24.0Z	Juvenile idiopathic oligoarthritis, onset unspecified
Coding Note:	Use additional code, if desired, to identify associated uveitis
FA24.1	Juvenile idiopathic polyarthritis Juvenile idiopathic polyarthritis is a type of juvenile idiopathic arthritis (JIA) that affects five or more joints in the first six months after onset. It often affects the same joints on each side of the body. It is more common in girls.
FA24.2	Juvenile psoriatic arthritis Juvenile psoriatic arthritis is an autoimmune inflammatory disorder representing less than 10% of all juvenile idiopathic arthritis (JIA) cases, and characterised by the association of psoriasis with one of two forms of arthritis: the association of psoriasis with an arthritis that most resembles oligoarticular arthritis with a risk of uveitis is more common in girls with onset at around 6 years of age, whereas the association of psoriasis with a form of arthritis that most resembles a spondyloarthropathy is most common in boys and manifests later.
Coding Note:	Use additional code to identify associated uveitis
FA24.3	Juvenile enthesitis related arthritis Enthesitis-related arthritis is a type of juvenile idiopathic arthritis (JIA) that represents the paediatric form of spondyloarthropathy in adults, but differs from it as the initial manifestations in the paediatric form are asymmetric oligoarticular arthritis of the lower limbs, associated with enthesitis. Axial manifestations (sacroiliac involvement) are present in only 25% of cases at onset but appear several years later in the disease course.
Coding Note:	Use additional code to identify associated uveitis
FA24.4	Juvenile systemic arthritis Systemic-onset juvenile idiopathic arthritis represents 10-11% of cases of juvenile idiopathic arthritis (JIA) and is marked by the severity of the extra-articular manifestations (fever, cutaneous eruptions) and by an equal sex ratio. Fever peaks are associated with transient cutaneous eruptions and diffuse erythematosis or urticarial-like lesions. The presence of arthritis is essential for diagnosis but may appear later in the disease course. The number of sites affected is variable (mono-, oligo- or polyarthritis) affecting both the small and large joints in a nearly symmetrical manner. This characteristic diagnostic triad may also be associated with an adenopathy and hepatosplenomegaly. Visceral complications (pericarditis, pleural effusion or serous peritonitis with abdominal pain) may be present.
Coding Note:	Code also the causing condition
FA24.Y	Other specified juvenile idiopathic arthritis
Coding Note:	Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks
FA24.Z	Juvenile idiopathic arthritis, unspecified
Coding Note:	Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

FA25**Gout**

Gout is an acute or chronic arthropathy resulting from deposition of monosodium urate monohydrate crystals in joint tissues. It is strongly associated with hyperuricaemia, which may be secondary to certain drugs, poisons or lymphoproliferative disorders. Gout is definitively diagnosed by demonstration of urate crystals in aspirated synovial fluid in the absence of an alternative aetiology for arthritis. It may be associated with focal urate deposition in skin and subcutaneous tissue (tophaceous gout) and with urate nephropathy

Exclusions: Hyperuricaemia without signs of inflammatory arthritis or tophaceous disease (5C55)

FA25.0**Primary gout**

Primary gout refers to those cases that appear to be innate, that are neither secondary to another acquired disorder nor a subordinate manifestation of an inborn error that leads initially to a major disease unlike gout. Although some cases of primary gout have a genetic basis, others do not.

Inclusions: Gouty bursitis
Gouty arthropathy

FA25.1**Secondary gout**

Secondary gout refers to those cases that develop during the course of another disease, or as a consequence of treatment with drugs. Secondary gout is associated with increased purine biosynthesis de novo, increased nucleic acid turnover, or decreased renal clearance of uric acid.

Coding Note: Code also the causing condition

FA25.10 Lead-induced gout

FA25.11 Drug-induced gout

FA25.12 Gouty arthropathy due to enzyme defects or other inherited disorders

Coding Note: Code also the causing condition

FA25.1Y Other specified secondary gout

Coding Note: Code also the causing condition

FA25.1Z Secondary gout, unspecified

Coding Note: Code also the causing condition

FA25.2 Gout without specification whether primary or secondary

FA25.20 Tophaceous gout

Tophi are precipitates of monosodium urate in the tissues of patients with hyperuricaemia and may be associated with other manifestations of hyperuricaemia including gouty arthropathy. They present particularly in the skin and subcutaneous tissue. One of the more common sites for them is the helix of the ear.

FA25.2Y Other specified gout without specification whether primary or secondary

FA25.2Z Gout, unspecified

FA26**Certain specified crystal arthropathies**

Exclusions: Gout (FA25)

FA26.0**Calcium pyrophosphate dehydrate deposition disease**

Familial calcium pyrophosphate deposition is a chronic inherited arthropathy characterised by chondrocalcinosis (cartilage calcification), often associated with recurrent acute calcium pyrophosphate crystal arthritis and polyarticular osteoarthritis.

FA26.1**Hydroxyapatite deposition disease**

Calcium hydroxyapatite crystal deposition disease is characterised by the presence of basic calcium phosphate crystals - predominantly hydroxyapatite - in periarticular soft tissues, especially tendons. This entity is best recognised as "calcific tendinitis" at its most frequent site about the shoulder, but the disease involves numerous other sites and may be more appropriately termed calcific periarthritis.

FA26.2**Chondrocalcinosis**

Chondrocalcinosis refers to radiographic calcification in hyaline and/or fibrocartilage and is not specific for CPPD or other particular crystal deposition disease. Familial CPPD deposition disease has been reported from many countries and some kindred have CPPD disease linked to ANKH mutation on chromosome 5p.

Inclusions: Familial chondrocalcinosis

FA26.Y**Other specified crystal arthropathies****FA26.Z****Crystal arthropathies, unspecified****FA27****Certain specified inflammatory arthropathies**

Exclusions: cricoarytenoid arthropathy (CA0H)
arthropathy NOS (FA38)

FA27.0**Kashin-Beck disease**

Kashin-Beck disease (KBD) is a chronic, endemic osteochondropathy of unknown etiology. The disease is mainly distributed in a diagonal belt ranging from the northeast to the southwest of China, where the soil selenium content is low. Mineral deficiencies (e.g., selenium, iodine), fungal cereal contamination, and water contamination may be contributing factors to its etiology. The disease is manifested by arthritic pain, morning stiffness, enlarged and shortened fingers, deformed and enlarged joints, and limited motion of the joints in the extremities.

FA27.1**Pigmented villonodular synovitis**

This condition is characterised by outgrowths of synovial membrane composed of villi and fibrous nodules and is histologically characterised by hemosiderin- and lipid-containing macrophages and multinucleated giant cells. It usually occurs in the knee and hip, and is often diagnosed by Magnetic Resonance Imaging.

FA27.2	Palindromic rheumatism
	Palindromic rheumatism causes sudden attacks of joint pain and swelling, typically in the hands and feet. An episode may last from a few hours to several days. The frequency of attacks also varies. Between attacks, pain and swelling completely disappear, and the affected joints look normal on X-rays. It is likely that 30 to 50 percent of patients with palindromic rheumatism go on to develop rheumatoid arthritis, but the progression may take several years.
FA27.3	Transient synovitis
FA27.4	Intermittent hydrarthrosis
FA27.Y	Other specified inflammatory arthropathies
FA2Z	Inflammatory arthropathies, unspecified

Certain specified joint disorders or deformities of limbs (FA30-FA3Z)

Exclusions: Conditions associated with the spine (FA70-FB1Z)

FA30	Acquired deformities of fingers or toes
Exclusions:	congenital deformities and malformations of fingers and toes (LB80-LB81.Z) Congenital absence of finger (LB99.7) Congenital absence of toe (LB9A.5) Acquired absence of toe (QF00) Acquired absence of finger, including thumb, unilateral (QF00) amputation of finger (QF00) amputation of toe (QF00)
FA30.0	Acquired hallux valgus
FA30.1	Hallux rigidus
Coding Note:	Code also the causing condition
FA30.2	Acquired hammer toe
Exclusions:	Congenital hammer toe (LB98.5)
FA30.Y	Other specified acquired deformities of fingers or toes
FA30.Z	Acquired deformities of fingers or toes, unspecified

FA31**Other acquired deformities of limbs**

Exclusions: congenital: deformities and malformations of limbs (LB70-LB9Z)

Acquired deformities of fingers or toes (FA30)

congenital: absence of limbs (LB70-LB9Z)

Coxa plana (FB82.1)

Acquired absence of limb (QF00)

FA31.0 Valgus deformity, not elsewhere classified

Exclusions: Talipes calcaneovalgus (LB98.22)

Metatarsus valgus (LB98.21)

FA31.1 Varus deformity, not elsewhere classified

Exclusions: Metatarsus varus (LB98.02)

tibia vara (FB82.1)

FA31.2 Flexion deformity**FA31.3 Acquired wrist drop****FA31.4 Acquired foot drop****FA31.5 Acquired pes planus**

Exclusions: Congenital pes planus (LB98.1)

FA31.6 Acquired clawhand or clubhand**FA31.7 Acquired clawfoot or clubfoot**

Exclusions: congenital clubfoot - varus (LB98.0)

congenital clubfoot - valgus (LB98.22)

FA31.8 Acquired unequal limb length**FA31.Y Other specified acquired deformities of limbs****FA31.Z Acquired deformities of limbs, unspecified****FA32****Disorders of patella**

Exclusions: Dislocation of patella (NC93.1)

Coded Elsewhere: Chondromalacia patellae (FB82.00)

FA32.0 Recurrent instability of patella**FA32.1 Patellofemoral disorders****FA32.Y Other specified disorders of patella****FA32.Z Disorders of patella, unspecified**

FA33**Internal derangement of knee**

Internal derangement of the knee (IDK) is a chronic disorder of the knee due to a torn, ruptured or deranged meniscus of the knee, or a partial or complete cruciate rupture, with or without injury to the capsular ligament, resulting in ongoing or intermittent signs and symptoms such as pain, instability, or abnormal mobility of that knee.

If indicated that derangement is due to trauma, code to Injury, poisoning and certain other consequences of external causes, regardless of time past since injury.

Exclusions:

- recurrent dislocation or subluxation patella (FA32.0)
- Ankylosis of joint (FA34.4)
- deformity of knee (FA31)
- Injuries to the knee or lower leg (NC90-NC9Z)
- Disorders of patella (FA32)

FA33.0 Cystic meniscus

FA33.1 Discoid meniscus

FA33.2 Derangement of meniscus due to old tear or injury

Inclusions: Old bucket-handle tear

FA33.3 Loose body in knee

FA33.4 Chronic instability of knee

Exclusions: Recurrent instability of patella (FA32.0)

FA33.40 Chronic instability of knee, medial collateral ligament or other or unspecified part of medial meniscus

FA33.4Y Other specified chronic instability of knee

FA33.4Z Chronic instability of knee, unspecified

FA33.Y Other specified internal derangement of knee

FA33.Z Internal derangement of knee, unspecified

FA34**Certain specified joint derangements**

Exclusions:

- Temporomandibular joint disorders (DA0E.8)
- current injury - see injury of joint by body region (Chapter 22)

FA34.0 Loose body in joint

Exclusions: Loose body in knee (FA33.3)

FA34.1 Disorder of ligament

Exclusions:

- Chronic instability of knee (FA33.4)
- familial ligamentous laxity (LD28.1)

FA34.2	Recurrent instability of joint
	<i>Exclusions:</i> vertebral subluxation (ME93) Recurrent instability of patella (FA32.0)
FA34.3	Contracture of joint
	<i>Exclusions:</i> Dupuytren contracture (FB51.0) contracture of tendon (sheath) without contracture of joint (FB42.1) acquired deformities of limbs (FA31)
FA34.4	Ankylosis of joint
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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.
	<i>Inclusions:</i> hydrarthrosis
	<i>Exclusions:</i> hydrarthrosis of jaws (1C1D.2)
FA36.0	Effusion of joint containing blood
	<i>Inclusions:</i> haemarthrosis
	<i>Exclusions:</i> Dislocation or strain or sprain of unspecified body region (ND56.3)
FA36.Y	Other specified effusion of joint
FA36.Z	Effusion of joint, unspecified

FA37**Certain joint disorders, not elsewhere classified**

- Exclusions:** calcification of: tendon (FB40.3)
 difficulty in walking (MB44.2)
 abnormality of gait and mobility (MB44)
 Acquired deformities of fingers or toes (FA30)
 Other acquired deformities of limbs (FA31)
- Coded Elsewhere:** Pain in joint (ME82)
 Stiffness of joint (ME85)

FA37.0**Osteophyte****FA37.Y****Other specified certain joint disorders, not elsewhere classified****FA37.Z****Certain joint disorders, not elsewhere classified, unspecified****FA38****Arthropathy in diseases classified elsewhere**

Coding Note: Code also the causing condition

- Exclusions:** arthropathy in: haematological disorders (Chapter 03)
 neuropathic spondylopathy (FB00-FB0Z)
 psoriatic and enteropathic arthropathies juvenile (FA24.2)

FA38.0**Diabetic arthropathy**

Coding Note: Code also the causing condition

- Exclusions:** Diabetic Charcot arthropathy (FA38.10)
 Diabetic cheiroarthropathy (EE40-EE7Y)

FA38.1**Neuropathic arthropathy**

Neuropathic arthropathy is a progressive destructive arthritis associated with loss of pain sensation, proprioception, or both. Normal muscular reflexes that modulate joint movement are decreased. Without these protective mechanisms, joints are subjected to repeated trauma, resulting in progressive cartilage and bone damage. Additional symptoms include skin changes, such as erythema, swelling, hyperpigmentation, or purpura and soft tissue ulcers over the affected area, as well as joint loosening or instability and joint deformities.

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.10**Diabetic Charcot arthropathy**

Joint damage resulting from diabetic sensory polyneuropathy. This most commonly affects the ankle and foot in patients with longstanding diabetes mellitus.

Coding Note: Always assign an additional code for diabetes mellitus.

FA38.1Y**Other specified neuropathic arthropathy**

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.1Z**Neuropathic arthropathy, unspecified**

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.2 Arthropathy in hypersensitivity reactions classified elsewhere

Coding Note: Code also the causing condition

FA38.3 Haemophilic arthropathy

Joint destruction in the knees, shoulders, ankles, elbows, and hips is associated with haemophilia. The condition includes acute hemarthrosis, subacute or chronic arthritis, and end-stage haemophilic arthropathy. Nearly all patients with severe haemophilia A or B and half of patients with moderate disease activity experience hemarthrosis. Symptoms include joint pain, joint swelling, joint fibrosis, development of flexion deformities, and erosion of joint cartilage. Joints most commonly affected are knees, ankles, elbows, shoulders, and hips (in order of frequency). Bleeding into muscle and soft tissue also causes musculoskeletal dysfunction.

Coding Note: Code also the causing condition

FA38.Y Other specified arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

FA38.Z Unspecified arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

FA3Z Unspecified joint disorders and deformities of limbs

FA5Y Other specified arthropathies

FA5Z Arthropathies, unspecified

Conditions associated with the spine (FA70-FB1Z)

This is a group of conditions in which there is a deviation from or interruption of the normal structure or function of the spine.

Coded Elsewhere: Spinal pain (ME84)
Neck syndrome (ME86.C)

Structural disorders of spine (FA70-FA7Z)

FA70 Spinal deformities

FA70.0 Kyphosis

This is a curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture.

Exclusions: Post radiation kyphosis (FC01.2)

FA70.1 Scoliosis

Coded Elsewhere: Post radiation scoliosis (FC01.5)
Congenital scoliosis due to congenital bony malformation (LB73.25)

FA70.2	Lordosis This is the inward curvature of a portion of the lumbar and cervical vertebral column, excessive curvature is called hyperlordosis. Coded Elsewhere: Postsurgical lordosis (FC01.4)
FA70.Z	Spinal deformities, unspecified
FA71	Torticollis Exclusions: Cervical dystonia or spasmodic torticollis (8A02.0) Congenital torticollis (LA62) current injury - see injury of spine by body region (NB50-NB9Z) torticollis: due to birth injury (KA43.3)
FA72	Disorders of vertebra Changes in the structure of the spine causing damage to vertebrae and surrounding tissue secondary to infection, injury, tumours, infections, bone changes that come with age etc. Spinal diseases often limit movement and cause pain when bone changes put pressure on the spinal cord or nerves.
FA72.0	Ankylosing hyperostosis
FA72.1	Kissing spine
FA72.2	Traumatic spondylopathy Coding Note: Code also the causing condition
FA72.3	Fatigue fracture of vertebra Coding Note: Code also the causing condition Inclusions: Stress fracture of vertebra
FA72.4	Collapsed vertebra, not elsewhere classified Exclusions: collapsed vertebra in osteoporosis (FB00-FB0Z) current injury - see injury of spine by body region (NB50-NB9Z)
FA72.Y	Other specified disorders of vertebra
FA72.Z	Disorders of vertebra, unspecified
FA7Y	Other specified structural disorders of spine
FA7Z	Structural disorders of spine, unspecified

Degenerative condition of spine (FA80-FA8Z)

This is a disease characterised by degenerative changes in the intervertebral disc, vertebral end-plates and spinal joints due to aging or structural change.

FA80	Intervertebral disc degeneration
FA80.0	Intervertebral disc degeneration of cervical spine without prolapsed disc This is a disease characterised by degenerative changes in the intervertebral disc and vertebral end-plates without prolapse of the intervertebral disc. Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)
FA80.1	Intervertebral disc degeneration of cervical spine with prolapsed disc Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)
FA80.2	Intervertebral disc degeneration of cervical spine with bony spur at the vertebra Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)
FA80.3	Intervertebral disc degeneration of cervical spine with nervous system involvement
FA80.4	Intervertebral disc degeneration of thoracic spine without prolapsed disc Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)
FA80.5	Intervertebral disc degeneration of thoracic spine with prolapsed disc Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)
FA80.6	Intervertebral disc degeneration of thoracic spine with bony spur at the vertebra Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)
FA80.7	Intervertebral disc degeneration of thoracic spine with nervous system involvement
FA80.8	Intervertebral disc degeneration of lumbar spine without prolapsed disc Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)
FA80.9	Intervertebral disc degeneration of lumbar spine with prolapsed disc Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)
FA80.A	Intervertebral disc degeneration of lumbar spine with bony spur at the vertebra Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.B **Intervertebral disc degeneration of lumbar spine with nervous system involvement**

FA80.Y **Other specified intervertebral disc degeneration**

FA80.Z **Intervertebral disc degeneration, unspecified**

FA81 **Spondylolysis**

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra).

FA81.0 **Spondylolysis with slippage**

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) with forward displacement of a superior vertebral body over the vertebral body below.

FA81.1 **Spondylolysis without slippage**

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) without slippage of the vertebrae.

FA81.Z **Spondylolysis, unspecified**

FA82 **Spinal stenosis**

This is a condition characterised by narrowing of the spinal canal.

FA83 **Ossification of spinal ligaments**

Coding Note: Code also the causing condition

Coded Elsewhere: Ankylosing hyperostosis (FA72.0)

FA84 **Spondylolisthesis**

This is a forward displacement of a vertebral body (the anterior or front-facing portion of a vertebra), with a higher position over the vertebral body below.

Coding Note: Code also the causing condition

FA84.0 **Spondylolisthesis with pars defect**

FA84.1 **Spondylolisthesis without pars defect**

This is a condition characterised by forward displacement of a superior vertebral body over the vertebral body below without a defect in the pars interarticularis.

FA84.Z **Spondylolisthesis, unspecified**

Coding Note: Code also the causing condition

FA85 **Spinal endplate defects**

FA85.0 **Spinal epiphyseopathy with no determinant**

FA85.1 **Spinal epiphyseopathy 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 epiphyseopathy with determinants
FA85.1Z	Spinal epiphyseopathy with determinants, unspecified
FA85.Y	Other specified spinal endplate defects
FA85.Z	Spinal endplate defects, unspecified
FA8Y	Other specified degenerative condition of spine
FA8Z	Degenerative condition of spine, unspecified

Inflammation of spine (FA90-FA9Z)

FA90	Infection of vertebra A condition of the vertebrae, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly presents with fever, chills, headache, weight loss, or may be asymptomatic. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.
FA90.0	Infection of vertebra with no determinant
FA90.1	Infection of vertebra with determinants
FA90.Y	Other specified infection of vertebra
FA90.Z	Infection of vertebra, unspecified
FA91	Infection of intervertebral disc A condition of the intervertebral discs, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly presents with fever, chills, headache, stiffness of the neck, or tingling sensations in the arms or legs. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.

FA92**Inflammatory spondyloarthritis**

Inflammatory spondyloarthritis is a rheumatic disease referring to the group of inflammatory disorders affecting the lower limb, enthesitis, dactylitis, and uveitis. Clinical characteristics include typical patterns of peripheral arthritis (i.e., predominantly of the lower limb and asymmetric), absence of rheumatoid factor, absence of subcutaneous nodules and other extra-articular features of rheumatoid arthritis, overlapping extra-articular features of the group (e.g., anterior uveitis), and significant familial aggregation and association with HLA-B27.

Exclusions: Infectious spondyloarthritis (FA13)

FA92.0**Axial spondyloarthritis**

Inclusions: Ankylosing spondylitis

Exclusions: Behçet disease (4A62)

FA92.00

Spinal enthesitis

FA92.01

Sacroiliitis, not elsewhere classified

Inflammation of the sacroiliac joint that may be related to local disease or systemic disease.

FA92.0Y

Other specified axial spondyloarthritis

FA92.0Z

Axial spondyloarthritis, unspecified

FA92.1**Peripheral spondyloarthritis**

Experts from the Assessment of SpondyloArthritis international Society (ASAS) developed classification criteria for axSpA and peripheral SpA. These criteria were developed for patients with peripheral manifestations without back pain, arthritis, enthesitis or dactylitis plus SpA features.

FA92.Y**Other specified inflammatory spondyloarthritis****FA92.Z****Inflammatory spondyloarthritis, unspecified****FA9Y****Other specified inflammation of spine****FA9Z****Inflammation of spine, unspecified**

Spondylopathies (FB00-FB0Z)

Coded Elsewhere: Infectious spondyloarthritis (FA13)

Collapsed vertebra, not elsewhere classified (FA72.4)

Nonunion after spinal arthrodesis (FC01.70)

FB00**Ankylosis of spinal joint****FB0Y****Other specified spondylopathies****FB0Z****Spondylopathies, unspecified**

FB10

Spinal instabilities

Exclusions: Spondylolysis (FA81)

FB1Y

Other specified conditions associated with the spine

FB1Z

Conditions associated with the spine, unspecified

Soft tissue disorders (FB30-FB6Z)

Coded Elsewhere: Diabetic radiculoplexoneuropathy (8B94)

Autoimmune neuritis (8E4A.1)

Disorders of muscles (FB30-FB3Z)

Exclusions: Muscular dystrophy (8C70)

Coded Elsewhere: Foreign body granuloma of soft tissue, not elsewhere classified (FB56.0)

FB30

Infectious myositis

Infective myositis is an acute, subacute, or chronic infection of skeletal muscle and may be caused by a wide range of infecting organisms. Immunosuppression, particularly as the result of HIV infection, is an important predisposing factor.

FB31

Calcification or ossification of muscle

FB31.0

Progressive osseous heteroplasia

FB31.1

Fibrodysplasia ossificans progressiva

This is an extremely rare disease of the connective tissue where a mutation of the body's repair mechanism causes fibrous tissue (including muscle, tendon, and ligament) to be ossified when damaged.

FB31.Y

Other specified calcification or ossification of muscle

FB31.Z

Calcification or ossification of muscle, unspecified

FB32

Certain specified disorders of muscle

This is an impairment of health or a condition of abnormal functioning of the muscle that does not fit in another category.

Exclusions:

Alcoholic myopathy (8D44.1)

Myalgia (FB56.2)

Cramp or spasm (MB47.3)

Stiff person syndrome (8E4A.0)

Primary disorders of muscles (8C70-8C7Z)

Coded Elsewhere: Drug-induced myopathy (8C80)

Sarcoid myositis (4B20.Y)

FB32.0	Diastasis of muscle This is a pathological separation or tearing of muscle fibres from other muscle fibres, tendons or fascia
FB32.1	Spontaneous rupture of muscle This is a spontaneous tearing or separation of muscle fibres from other muscle fibres and/or tendons in the absence of trauma. Exclusions: rupture of tendon (Chapter 22) traumatic rupture of muscle - see injury of muscle by body region (Chapter 22)
FB32.2	Ischaemic infarction of muscle Exclusions: Volkmann ischaemic contracture (NF0A.6) traumatic ischaemia of muscle (NF0A.6) compartment syndrome, traumatic (NF0A.6)
FB32.20	Idiopathic rhabdomyolysis Skeletal muscle breakdown with leakage of muscle contents, frequently accompanied by myoglobinuria, occurring in both adult and paediatric populations with no identifiable cause. The attacks are often recurrent. Renal failure due to tubular necrosis is a severe complication. Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60-8C6Z) Secondary myopathies (8C80-8C8Z)
FB32.2Y	Other specified ischaemic infarction of muscle
FB32.2Z	Ischaemic infarction of muscle, unspecified
FB32.3	Immobility syndrome
FB32.4	Contracture of muscle Exclusions: Contracture of joint (FA34.3)
FB32.5	Muscle strain or sprain Exclusions: current injury - see injury of muscle by body region (Chapter 22)
FB32.Y	Other specified disorders of muscles
FB33	Secondary disorders of muscle Coding Note: Code also the causing condition Exclusions: myopathy in: metabolic diseases (8C80-8C8Z)
FB3Z	Disorders of muscles, unspecified

Disorders of synovium or tendon (FB40-FB4Z)

This is a group of disorders which affect the synovial joint lining (synovium) and also tendons.

FB40	Tenosynovitis <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Coding Note:</i> Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength. <i>Exclusions:</i> 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 jaws (1C1D.1)
FB42.3	Synovial hypertrophy, not elsewhere classified This is an increase in synovial lining thickness which is not elsewhere classified.
FB43	Secondary disorders of synovium or tendon
Coding Note:	Code also the causing condition
FB4Y	Other specified disorders of synovium or tendon
FB4Z	Disorders of synovium or tendon, unspecified

Miscellaneous specified soft tissue disorders (FB50-FB56.6)

This is a group of other disorders, which are not defined elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone.

FB50	Bursitis This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain. Exclusions: Tibial collateral bursitis (FB54.2)
FB50.0	Infectious bursitis This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by an infectious agent. Exclusions: Tuberculous bursitis (1B12.4)
FB50.1	Bursitis related to use, overuse or pressure This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by repetitive use, overuse and pressure irritation.
FB50.2	Synovial cyst of popliteal space This is a benign swelling of the semimembranous or more rarely some other synovial bursa found behind the knee joint. Exclusions: Spontaneous rupture of popliteal cyst (FB41.0)
FB50.3	Calcium deposit in bursa Exclusions: Calcific tendinitis of shoulder (FB40.3)
FB50.Y	Other specified bursitis
FB50.Z	Bursitis, unspecified
FB51	Fibroblastic disorders
FB51.0	Palmar fascial fibromatosis This is a fixed flexion contracture of the hand where the fingers bend towards the palm and cannot be fully extended (straightened). Inclusions: Dupuytren disease of palm
FB51.1	Knuckle pads These are benign, asymptomatic, well-circumscribed, smooth, firm, skin-coloured papules, nodules, or plaques, located in the skin over the dorsal aspects of the metacarpophalangeal (MCP) and interphalangeal (IP) joints.
FB51.2	Fasciitis and fibromatosis
FB51.3	Fibroblastic rheumatism

FB51.4	Retroperitoneal fibrosis Retroperitoneal fibrosis (RPF) is a disease characterised by the development of extensive proliferation of fibrous tissue in the retroperitoneum, resulting in entrapment and obstruction of retroperitoneal structures, notably the ureters. RPF can be classified as primary (idiopathic) meaning that the cause is not known or secondary. But its association with various immune-related conditions and response to immunosuppression have led to speculation regarding an autoimmune aetiology of idiopathic RPF. One-third of the cases are secondary to malignancy, medication, trauma, or certain infections.
FB51.40	Primary retroperitoneal fibrosis This is the commonest form of retroperitoneal fibrosis. By definition, no associated trigger (e.g. drugs or malignancy) can be determined, although atherosclerosis of the abdominal aorta is often associated. It has been postulated that such atherosclerosis may be of aetiological significance in some cases.
FB51.4Y	Other specified retroperitoneal fibrosis
FB51.4Z	Retroperitoneal fibrosis, unspecified
FB51.Y	Other specified fibroblastic disorders
FB51.Z	Fibroblastic disorders, unspecified
FB52	Soft tissue disorders in diseases classified elsewhere This is a group of disorders affecting tissues that connect, support, or surround other structures and organs of the body, not being bone and occur in diseases classified elsewhere.
Coding Note:	Code also the causing condition
FB53	Shoulder lesions This is a group of disorders which are normally characterised with shoulder pain and reduced range of motion of the shoulder girdle. Exclusions: Rotator cuff tendonitis (FB40.3) Shoulder-hand syndrome (MG30.04)
FB53.0	Adhesive capsulitis of shoulder This is a condition characterised by spontaneous onset of shoulder pain accompanied by progressive loss of active and passive ranges of motion. Inclusions: Frozen shoulder
FB53.1	Rotator cuff syndrome Exclusions: Rotator cuff tendonitis (FB40.3)
FB53.2	Impingement syndrome of shoulder This is a clinical syndrome which occurs when the tendons of the rotator cuff muscles become irritated and inflamed as they pass through the subacromial space, the passage beneath the acromion. This can result in pain, weakness and loss of movement at the shoulder.

FB53.Y	Other specified shoulder lesions
FB53.Z	Shoulder lesions, unspecified
FB54	Enthesopathies of lower limb This is a group of disorders which refer to any abnormality of tendon and ligament insertion points of the leg. Abnormalities include inflammation and calcification. Exclusions: Bursitis related to use, overuse or pressure (FB50.1)
FB54.0	Iliac crest spur This is a disorder characterised by bony exostosis at iliac muscle origins.
FB54.1	Iliotibial band syndrome This is the most common running injury of the lateral side of the knee. It is a non-traumatic overuse injury caused by repeated flexion and extension of the knee that causes irritation in the structures around the knee causing knee pain.
FB54.2	Tibial collateral bursitis
FB54.3	Calcaneal spur This is a disorder characterised by a bone outgrowth located on the calcaneus (heel bone).
FB54.4	Metatarsalgia This is a condition characterised by pain and inflammation in the ball of your foot or at the metatarsal heads. Exclusions: Morton metatarsalgia (8C11.6) Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
FB54.Y	Other specified enthesopathies of lower limb
FB54.Z	Enthesopathies of lower limb, unspecified
FB55	Certain specified enthesopathies Exclusions: Bursitis related to use, overuse or pressure (FB50.1) spinal enthesopathy (FA92.00) Osteophyte (FA37.0)
FB55.0	Medial epicondylitis of elbow This is a common upper extremity disorder which is characterised by degenerative changes in the musculotendinous 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 musculotendinous region of the lateral epicondyle, resulting from repetitive stress of flexion and extension movements of the wrist joint Inclusions: Tennis elbow

FB55.2	Periarthritis of wrist This disorder is characterised by inflammation of tissues around the joints of the wrist.
FB55.Z	Enthesopathies, unspecified
FB56	Specified soft tissue disorders, not elsewhere classified This is a group of other disorders, which are not classified elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone. <i>Exclusions:</i> 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 <i>Exclusions:</i> Foreign body granuloma of skin (EH93.3)
FB56.1	Residual foreign body in soft tissue <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Chronic primary limb pain (MG30.02) Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
FB56.6	Other specified soft tissue disorders
FB6Z	Soft tissue disorders, unspecified

Osteopathies or chondropathies (FB80-FB8Z)

Coded Elsewhere: Bone diseases with increased bone density (LD24.1)

Bone diseases with disorganised development of skeletal components (LD24.2)

Congenital vascular bone syndromes (LD26.6)

Tuberculosis of bones or joints (1B12.40)

Malignant otitis externa (AA02)

FB80

Certain specified disorders of bone density or structure

Exclusions: Osteopoikilosis (LD24.11)

Osteopetrosis (LD24.10)

Coded Elsewhere: Osteogenesis imperfecta (LD24.K0)

FB80.0

Fibrous dysplasia of bone

Fibrous dysplasia of bone is a congenital non-hereditary benign bone disease, where normal bone is replaced by a fibrous-like tissue with immature osteogenesis. Bone lesions are mono- or polyostotic and may be associated with bone pain and fragility, leading to fractures. In some patients or bone sites, they are hypertrophic, and responsible for neurological complications.

FB80.1

Skeletal fluorosis

FB80.2

Osteitis condensans

FB80.3

Hyperostosis of skull

FB80.4

Osteosclerosis

FB80.5

Solitary bone cyst

A solitary bone cyst is a benign non-epithelial bone cavity that is asymptomatic and that is found most commonly in the second decade of life by chance. The long bones are most often affected, but cases involving the jaw bone have been reported.

Exclusions: solitary cyst of jaw (DA05)

FB80.6

Aneurysmal bone cyst

Exclusions: aneurysmal cyst of jaw (DA05)

FB80.7

Malunion of fracture

FB80.8

Nonunion of fracture

Exclusions: Pseudarthrosis after fusion or arthrodesis (FC01.0)

FB80.9

Delayed union of fracture

FB80.A

Stress fracture, not elsewhere classified

Exclusions: stress fracture of vertebra (FA72.3)

FB80.B

Pathological fracture

Exclusions: Collapsed vertebra, not elsewhere classified (FA72.4)

FB80.Y **Other specified disorders of bone density and structure**

FB80.Z **Disorder of bone density and structure, unspecified**

FB81 **Osteonecrosis**

Osteonecrosis is the medical term for death of bone tissue that occurs when the supply of blood to the bone is cut off for some reason. Doctors sometimes refer to the condition as avascular necrosis, aseptic necrosis or ischemic bone necrosis

Coding Note: Code also the causing condition

Inclusions: avascular necrosis of bone

FB81.0 **Idiopathic aseptic osteonecrosis**

FB81.1 **Osteonecrosis due to dialysis**

FB81.2 **Drug-induced osteonecrosis**

Alteration of the normal structure of orofacial tissues resulting from medicinal substances acting locally or systemically.

Inclusions: Osteonecrosis due to chemical burn of oral mucosa

FB81.3 **Osteonecrosis due to trauma**

FB81.4 **Osteonecrosis due to haemoglobinopathy**

Coding Note: Code also the causing condition

FB81.5 **Osteonecrosis due to ionizing radiation**

Necrosis of bone attributable to ionizing radiation, most commonly seen affecting the mandible following radical radiotherapy for the treatment of head and neck cancer or the chest wall following radiotherapy for breast cancer.

Coded Elsewhere: Osteoradionecrosis of jaw (DA06.0)

FB81.6 **Alcohol induced osteonecrosis**

FB81.Y **Other specified osteonecrosis**

Coding Note: Code also the causing condition

FB81.Z **Osteonecrosis, unspecified**

Coding Note: Code also the causing condition

FB82 **Chondropathies**

Exclusions: postprocedural chondropathies (FC01)

Coded Elsewhere: Chondrodysplasia punctata (LD24.04)

FB82.0 **Chondromalacia**

FB82.00 Chondromalacia patellae

A disease of the knee joint, caused by damage to the cartilage under the patella. This disease is characterised by pain in the front of the knee that worsens when walking up or down stairs. This disease may be associated with injury or overuse.

FB82.0Y Other specified chondromalacia

FB82.0Z	Chondromalacia, unspecified
FB82.1	Osteochondrosis or osteochondritis dissecans Note: Osteochondroses are typically referred to by eponyms. The most common eponyms are indexed to osteochondrosis with specification identified by the site and time in life. Coded Elsewhere: Medial condensing osteitis of clavicle (LB72.Y) Idiopathic aseptic osteonecrosis of carpal lunate (FB81.0)
FB82.2	Slipped upper femoral epiphysis
FB82.3	Relapsing polychondritis Relapsing polychondritis is a multisystem inflammatory disease of unknown aetiology affecting the cartilage. The disease is characterised by intermittent or fluctuant inflammatory manifestations due to inflammation of the cartilaginous structures, resulting in tissue damage and tissue destruction. Chondritis of auricular, nasal, tracheal cartilage predominates in this disease, suggesting response to tissue-specific antigens such as collagen II and cartilage matrix protein (matrillin-1). In about one third of patients, RP is associated with vasculitis (from isolated cutaneous leucocytoclastic vasculitis to systemic polyangiitis) and autoimmune rheumatic diseases (mainly rheumatoid arthritis and systemic lupus erythematosus). Haematological malignant diseases, gastrointestinal disorders and endocrine diseases may also occur. Functional and anatomical evaluation for upper and lower airway disease is essential in evaluation and management of the disease.
FB82.Y	Other specified chondropathies
FB82.Z	Chondropathies, unspecified
FB83	Low bone mass disorders Coded Elsewhere: Genetic bone diseases with decreased bone density (LD24.K)
FB83.0	Osteopenia
Coding Note:	Code also the causing condition
FB83.00	Premenopausal idiopathic osteopenia
FB83.01	Postmenopausal osteopenia
FB83.02	Senile osteopenia
Coding Note:	Code also the causing condition
FB83.03	Osteopenia of disuse
FB83.04	Drug-induced osteopenia
FB83.0Y	Other specified osteopenia
Coding Note:	Code also the causing condition
FB83.0Z	Osteopenia, unspecified
Coding Note:	Code also the causing condition

FB83.1	Osteoporosis Coded Elsewhere: Postophorectomy osteoporosis (FC01.9) Osteoporosis in multiple myelomatosis (2A83.1)
FB83.10	Premenopausal idiopathic osteoporosis
FB83.11	Postmenopausal osteoporosis Susceptibility to bone fracture secondary to a systemic decrease in bone mass and micro-architectural deterioration of bone tissue related to hormonal changes associated with menopause
FB83.12	Osteoporosis of disuse
FB83.13	Drug-induced osteoporosis
FB83.14	Osteoporosis due to malabsorption Coded Elsewhere: Osteoporosis in atypical cystic fibrosis (CA25.1) Osteoporosis in classical cystic fibrosis (CA25.0) Osteoporosis in unspecified cystic fibrosis (CA25.Z)
FB83.1Y	Other specified osteoporosis
FB83.1Z	Osteoporosis, unspecified
FB83.2	Adult osteomalacia A disease characterised by defects in bone mineralization and bone softening secondary to vitamin D deficiency. Exclusions: renal osteodystrophy (GB61) osteomalacia: vitamin-D-resistant (5C64.3) infantile and juvenile osteomalacia (5B57.0) rickets (active) vitamin-D-resistant (5C64.3) Coded Elsewhere: Puerperal osteomalacia (JB44.6)
FB83.20	Aluminium bone disease
Coding Note:	Code also the causing condition
FB83.21	Adult osteomalacia due to malnutrition
Coding Note:	Code also the causing condition
FB83.22	Drug-induced adult osteomalacia
FB83.2Y	Other specified adult osteomalacia
FB83.2Z	Adult osteomalacia, unspecified
FB84	Osteomyelitis or osteitis Exclusions: osteomyelitis jaw (DA06.0) osteomyelitis vertebra (FA90)
FB84.0	Acute haematogenous osteomyelitis

FB84.1	Other acute osteomyelitis
FB84.2	Subacute osteomyelitis
FB84.3	Chronic multifocal osteomyelitis
FB84.4	Chronic osteomyelitis with draining sinus
FB84.5	Other chronic haematogenous osteomyelitis
FB84.Y	Other specified osteomyelitis or osteitis
FB84.Z	Osteomyelitis or osteitis, unspecified

FB85 Paget disease of bone

A disorder characterised by pathologically excessive resorption of bone by multinucleated osteoclasts and abnormal modelling of disorganised, woven bone by osteoblasts with resultant bone vascularization, weakness, enlargement and deformity.

Inclusions: Osteitis deformans

FB85.0	Juvenile Paget disease
FB85.1	Paget disease of bone in neoplastic disease
Coding Note:	Code also the causing condition
FB85.Y	Other specified Paget disease of bone
FB85.Z	Paget disease of bone, unspecified

FB86 Disorders associated with bone growth

FB86.0	Epiphyseal arrest
FB86.1	Bone hyperplasias
	Coded Elsewhere: Ankylosing hyperostosis (FA72.0)
FB86.10	Hypertrophic osteoarthropathy
	Hypertrophic osteoarthropathy (HOA) is a syndrome of clubbing of the digits, subperiosteal new bone formation (periostitis) affecting the long bones, and arthritis. The primary hereditary form is associated with mutations in the HPGD gene. The secondary form may be secondary to a number of systemic disorders, most commonly as a paraneoplastic phenomenon related to bronchial carcinoma.
	Exclusions: Isolated congenital club finger (LB90.5)
FB86.11	Hypertrophy of bone
FB86.1Y	Other specified bone hyperplasias
FB86.1Z	Bone hyperplasias, unspecified
FB86.2	Osteolysis
Coding Note:	Code also the causing condition

FB86.Y	Other specified disorders associated with bone growth
FB86.Z	Disorders associated with bone growth, unspecified
FB8Y	Other specified osteopathies or chondropathies
FB8Z	Osteopathies or chondropathies, unspecified
FC00	Certain specified acquired deformities of musculoskeletal system or connective tissue, not elsewhere classified
Coding Note:	Code also the causing condition
Exclusions:	Dentofacial anomalies (DA0E) Spinal deformities (FA70) Structural developmental anomalies of the skeleton (LB70-LB9Z) acquired deformities of limbs (FA30-FA3Z) acquired absence of limbs (QF00) Postprocedural disorders of the musculoskeletal system (FC01) Acquired absence of organs (QF01)
FC00.0	Acquired deformity of nose
Coding Note:	Code also the causing condition
Exclusions:	Deviated nasal septum (CA0D)
FC00.1	Acquired deformity of neck
Coding Note:	Code also the causing condition
FC00.2	Acquired deformity of chest or rib
Coding Note:	Code also the causing condition
FC00.3	Acquired deformity of pelvis
Coding Note:	Code also the causing condition
Exclusions:	Maternal care for known or suspected disproportion (JA83) Obstructed labour due to maternal pelvic abnormality (JB05) Obstructed labour due to deformed pelvis (JB05.0)
FC00.4	Acquired deformity of trunk
FC00.Y	Acquired deformities of musculoskeletal system and connective tissue, not classified elsewhere, other specified sites
Coding Note:	Code also the causing condition

FC01	Postprocedural disorders of the musculoskeletal system
	Exclusions: - Osteoporosis (FB83.1) - Presence of devices other than cardiac or vascular implants (QB51) - Arthropathy following intestinal bypass (FA11.0) Coded Elsewhere: - Osteonecrosis due to ionizing radiation (FB81.5) - Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z) - Wear of articular bearing surface of joint prosthesis (FA35) - Post radiation lordosis (FA70.2)
FC01.0	Pseudarthrosis after fusion or arthrodesis
FC01.1	Postlaminectomy syndrome, not elsewhere classified
FC01.2	Post radiation kyphosis
FC01.3	Postlaminectomy kyphosis
FC01.4	Postsurgical lordosis
FC01.5	Post radiation scoliosis
FC01.6	Fracture of bone following insertion of orthopaedic implant, joint prosthesis, or bone plate
FC01.7	Nonunion after arthrodesis
FC01.70	Nonunion after spinal arthrodesis
	Inclusions: nonunion after spinal fusion
FC01.7Y	Nonunion after arthrodesis of other sites
FC01.8	Postsurgical osteolysis
FC01.9	Postoophorectomy osteoporosis
	osteoporosis occurring after oophorectomy
FC01.A	Postsurgical malabsorption osteoporosis
FC0Y	Other specified diseases of the musculoskeletal system or connective tissue
FC0Z	Diseases of the musculoskeletal system or connective tissue, unspecified

CHAPTER 16

Diseases of the genitourinary system

This chapter has 119 four-character categories.

Code range starts with GA00

Any disease characterised by pathological changes to the genitourinary system.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Coded Elsewhere: Contact with health services for reasons associated with reproduction (QA20-QA4Z)

Predominantly sexually transmitted infections (1A60-1A9Z)

Symptoms, signs or clinical findings of the genitourinary system (MF30-MG0Y)

Female gonococcal pelvic inflammatory disease (1A71)

This chapter contains the following top level blocks:

- Diseases of the female genital system
- Diseases of the male genital system
- Disorders of breast
- Diseases of the urinary system
- Other conditions of the genitourinary system
- Postprocedural disorders of genitourinary system

Diseases of the female genital system (GA00-GA6Z)

Coded Elsewhere: Certain specified disorders of genital development

Neoplasms of the female genital organs

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

Inflammatory disorders of the female genital tract (GA00-GA0Z)

Exclusions: those complicating: abortion or ectopic or molar pregnancy (JA00-JA0Z)

Infections of genitourinary tract in pregnancy (JA62)

Other infection during labour (JB0D)

Infections in the puerperium (JB40)

Coded Elsewhere: Endometriosis (GA10)

Adenomyosis (GA11)

GA00

Vulvitis

Exclusions: senile (atrophic) vaginitis (GA30.2)

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

Genital warts of vulva (1A95.1)

Tuberculous ulceration of vulva (1B12.5)

GA00.0

Acute vulvitis

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

GA00.1

Subacute, chronic or recurrent vulvitis

GA00.2

Abscess of vulva

A condition of the vulva, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the vulva. This condition may present with pain and swelling of the vulva, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.

GA00.3

Genital ulcer of vulva

Ulceration of the vulva of unknown or uncertain aetiology but where a sexually transmitted infection, especially Herpes simplex, primary syphilis or chancroid, is suspected. This is a provisional diagnosis which should be amended once the cause of the ulceration is known.

Coding Note: Code also the causing condition

GA00.4

Vulvovaginal ulceration and inflammation

Coded Elsewhere: Vulvovaginal candidosis (1F23.10)

GA00.40

Vulvovaginal ulceration

GA00.4Y

Other specified vulvovaginal ulceration and inflammation

GA00.4Z Vulvovaginal ulceration and inflammation, unspecified

GA01

Inflammatory disorders of the uterus, except cervix

A spectrum of inflammations involving the Uterus and the supporting tissues. It is usually caused by an ascending infection of organisms from the endocervix. Such inflammation can lead to functional impairment and infertility.

GA01.0 **Acute inflammatory disease of uterus**

GA01.00 Acute endometritis

A disease of the endometrium, caused by an infection with a bacterial or viral source. This condition is characterised by fever, lower abdominal pain, abnormal vaginal bleeding, or vaginal discharge. Confirmation is by a pelvic exam and identification of the bacteria or virus from a cervical swab, endometrial biopsy, or laparoscopy.

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.01 Acute inflammatory disease of uterus with pyometra

GA01.0Z Acute inflammatory disease of uterus, unspecified

GA01.1 **Chronic inflammatory disease of uterus**

A condition characterised by inflammation of the uterus which lasts for more than 3 months.

GA01.10 Chronic endometritis

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.11 Chronic inflammatory disease of uterus with pyometra

GA01.1Z Chronic inflammatory disease of uterus, unspecified

GA01.Y **Other specified inflammatory disorders of the uterus, except cervix**

GA01.Z **Inflammatory disorders of the uterus, except cervix, unspecified**

GA02

Vaginitis

Coded Elsewhere: Vulvovaginal ulceration and inflammation (GA00.4)

Genital warts of vagina (1A95.1)

GA02.0 **Acute vaginitis**

Coding Note: Code also the causing condition

GA02.1 **Inflammatory vaginitis**

Clinical syndrome characterised by diffuse exudative vaginitis, epithelial cell exfoliation and a profuse purulent vaginal discharge, associated with vulvovaginal burning or irritation and dyspareunia. Signs may include vulvovaginal erythema and ecchymotic spots.

Coding Note: Code also the causing condition

GA02.2	Subacute or chronic vaginitis Chronic vulvovaginal candidiasis, marked by chronic irritative symptoms of vestibule, vulva and vagina, with burning replacing itching as the prominent symptom. Differential diagnosis with chronic atopic dermatitis or atrophic vulvovaginitis.
GA02.3	Genital ulcer disease of vagina
GA02.Z	Vaginitis, unspecified
GA03	Diseases of Bartholin gland Any disease characterised by inflammation of the Bartholin gland.
GA03.0	Abscess of Bartholin gland A condition of the Bartholin gland, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material in the Bartholin gland, located on either side of the vaginal opening. This condition may present with swelling on either side of the vagina, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.
GA03.1	Cyst of Bartholin gland A condition of the vagina, caused by growth of a flap of skin, occlusion of the Bartholin duct due to mucus, or infection. This condition is characterised by the accumulation of mucus or clear fluid in a closed sac-like structure that forms on (or from) one of the Bartholin glands or its ducts. This condition is commonly asymptomatic, but may become painful if the cyst becomes enlarged or infected.
GA03.Y	Other specified diseases of Bartholin gland
GA03.Z	Diseases of Bartholin gland, unspecified
GA04	Cervicitis <i>Coded Elsewhere:</i> Tuberculosis of cervix uteri (1B12.5)
GA05	Female pelvic inflammatory diseases <i>Coded Elsewhere:</i> Postprocedural acute female pelvic inflammatory disease (GC78) Secondary syphilitic female pelvic inflammatory disease (1A61.4)
GA05.0	Acute female pelvic inflammatory disease <i>Coded Elsewhere:</i> Tuberculous female pelvic inflammatory disease (1B12.5)
GA05.1	Chronic pelvic inflammatory disease <i>Coded Elsewhere:</i> Chlamydial female pelvic inflammatory disease (1A81.1)
GA05.2	Female pelvic peritonitis, unspecified This is an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs, unspecified.

GA05.3	Tuboovarian abscess End-stage process of acute pelvic inflammatory disease (PID), marked by pelvic mass palpable during bimanual examination. Usually bilateral but can be unilateral.
GA05.Y	Other specified female pelvic inflammatory diseases
GA05.Z	Female pelvic inflammatory diseases, unspecified
GA06	Pelvic peritoneal adhesions of unknown or combined origin A condition characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction.
GA07	Salpingitis and oophoritis Inflammation of the fallopian tube, characterised by a typical inflammatory response (redness and oedema). It is usually manifested by lower abdominal pain and tenderness, fever, increased pulse rate, hypermenorrhoea and/or metrorrhagia. The disorder may resolve or result in fibrosis, hydrosalpinx, pyosalpinx, or cyst formation. <i>Inclusions:</i> salpingo-oophoritis tubo-ovarian inflammatory disease <i>Exclusions:</i> Salpingitis isthmica nodosa (GA17.4) <i>Coded Elsewhere:</i> Tuberculous oophoritis or salpingitis (1B12.5) Chlamydial salpingitis (1A81.1)
GA07.0	Acute salpingitis and oophoritis <i>Coded Elsewhere:</i> Acute gonococcal salpingitis (1A71)
GA07.1	Chronic salpingitis and oophoritis <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Salpingitis isthmica nodosa (GA17.4)
GA10.B	Endometriosis of the reproductive system <i>Exclusions:</i> Endometriosis of the uterus (GA11)
GA10.B0	Endometriosis of the uterosacral ligaments

GA10.B1	Endometriosis of the pelvic side wall
GA10.B2	Endometriosis of rectovaginal septum or vagina
GA10.B3	Endometriosis of fallopian tube
GA10.B4	Superficial ovarian endometriosis Endometriosis on the ovarian cortex, containing typical or subtle lesions.
GA10.B5	Deep ovarian endometriosis Ovarian endometriosis cyst containing dark stained blood (chocolate fluid) and lined by a pseudocyst wall covered by ectopic endometrium. This cyst can be subdivided according to its size in the following categories: less than 1 cm, 1-3 cm, > 3 cm
GA10.BY	Endometriosis of other sites of the reproductive system
GA10.BZ	Endometriosis of unspecified site of reproductive system
GA10.C	Endometriosis of the digestive system
GA10.C0	Endometriosis of the gallbladder
GA10.C1	Endometriosis of intestine Endometriosis situated inside the bowel wall at or below the subserosal level, excluding superficial serosal lesions that are still classified as peritoneal endometriosis. Mostly affecting rectosigmoid area, but can be found also in other parts of the bowel system.
GA10.C2	Endometriosis of pelvic peritoneum A condition that is frequently idiopathic. This condition is characterised by ectopic growth and function of endometrial tissue extending 5 millimetres or less under the visceral or parietal pelvic peritoneal surface and appearing as black-brown or light red-orange lesions. This condition may be associated with remaining vestigial tissue from the wolffian or mullerian duct, or fragments endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, nonmenstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.
GA10.C3	Peritoneal pockets due to endometriosis Peritoneal pockets usually observed in the cul-de-sac, may occur in other parts of the female pelvis, also known as Allen-Masters defect. Can be asymptomatic or harbour microscopic endometriosis.
GA10.CY	Endometriosis of other sites within the digestive system
GA10.CZ	Endometriosis of unspecified site within the digestive system
GA10.D	Endometriosis of urinary system
GA10.D0	Endometriosis of the bladder
GA10.DY	Endometriosis of other sites in the urinary system

GA10.DZ Endometriosis of unspecified site in the urinary system

GA10.E **Endometriosis of the circulatory system**

GA10.F **Endometriosis of the nervous system**

GA10.G **Thoracic endometriosis**

Thoracic endometriosis lesions can affect the diaphragm, pleura, lung and bronchi. There may be a greater affinity for the right hemi thorax, and the parenchyma is more commonly affected in the lower lobes. Macroscopically, the endometriotic implants appear as brown–yellow and sometimes red nodules surrounded by neovascularization. Symptoms include: dyspnea, shortness of breath, rapid heartbeat, coughing up blood and a variety of pain patterns to include scapula, chest, ipsilateral neck and shoulder, upper abdominal and epigastric. Thoracic endometriosis may present with catamenial pneumothorax (recurrent pneumothorax occurring within 72 hours of menstruation), haemoptysis in case of bronchial location, haemothorax, pericardial effusions. A diagnosis of thoracic endometriosis is simple when both endometrial stroma and gland are present. In cases of endometriosis with stroma only, a further classification of “aggregated pattern”, in which immunohistochemistry is ER-, PR- and CD10-positive might be necessary for diagnosis.

Exclusions: Endometriosis of the heart (GA10.E)

GA10.H **Endometriosis in cutaneous scar**

GA10.J **Endometriosis-related adhesions**

GA10.Y **Endometriosis of other specified sites**

GA10.Z **Endometriosis of unspecified site**

GA11

Adenomyosis

A condition of the uterus characterised by endometrial tissue growth in the myometrium, hypertrophy of the myometrium, and heavy or prolonged menstrual bleeding, dysmenorrhoea, dyspareunia, bleeding between menstruation, or infertility; it can also be asymptomatic. Confirmation is by histopathology or ultrasound.

Exclusions: Leiomyoma of uterus (2E86.0)

Noninflammatory disorders of female genital tract (GA12-GA1Z)

Any disorder of the female genital tract, characterised by pathological changes, leading to noninflammatory effects.

Coded Elsewhere: Congenital abnormalities of vulva or perineum

Congenital abnormalities of vagina

Congenital abnormalities of cervix uteri

Congenital abnormalities of uterus, except cervix

Congenital abnormalities of fallopian tube

Congenital abnormalities of ovary

Congenital abnormalities of broad ligament

Endometriosis (GA10)

Adenomyosis (GA11)

GA12

Dyspareunia

A symptom of the genital system affecting females, caused by physical determinants. This symptom is characterised by recurrent genital pain or discomfort that occurs before, during, or after sexual intercourse, or superficial or deep vaginal penetration that is related to an identifiable physical cause, not including lack of lubrication. Confirmation is by medical assessment of physical causes.

Exclusions: Sexual pain-penetration disorder (HA20)

GA13

Acquired abnormalities of vulva or perineum

Any condition of the vulva and perineum, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the vulva and perineum.

GA13.0

Polyp of vulva

GA13.1

Low grade squamous intraepithelial lesion of vulva

A condition of the vulva, characterised by lesion of the squamous vulvar intraepithelial cells, leading to unspecified grade or severity of dysplasia and varying degrees of atypia of the cells. This condition is associated with smoking and immunosuppression, or conditions such as human papillomavirus, chronic vulvar irritation, or herpes simplex virus type 2. Confirmation is by tissue biopsy.

Exclusions: Genital warts of vulva (1A95.1)

Squamous cell carcinoma of vulva (2C70.2)

High grade squamous intraepithelial lesion of vulva, HPV-associated (2E67.13)

Vulvar intraepithelial neoplasia, HPV-independent (2E67.12)

GA13.2

Hypertrophy of vulva

A condition of the vulva that is frequently idiopathic. This condition is characterised by enlargement or thickening of the tissues of all or part of the female external genitalia, such as the clitoris, labia, vestibule, or glands. This condition may also present with a patchy white discolouration, itching, pain or burning of the skin.

GA13.3	Vulvar cyst Closed, fluid filled sac located on or in the vulvar tissue.
GA13.4	Labial agglutination Sign of agglutination of labia minora and/or majora as a result of chronic vulvar inflammation from any cause, usually observed in prepubertal girls.
GA13.5	Skene duct cyst Cystic dilations of the Skene glands, typically located adjacent to the urethral meatus within the vulvar vestibule. Mostly small and often asymptomatic, they may enlarge urinary obstruction, requiring excision.
GA13.6	Vulvar laceration An injury to the vulva, caused by trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by tearing of the skin, muscle, or other tissue in the vulvar area.
GA13.7	Vulvar haematoma An injury to the vulvar branches of the internal pudendal or inferior rectal arteries, caused by rupture and trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by a localised collection of extravasated blood vessels and significant bruising. This injury may also present with an inability to urinate.
GA13.Y	Other specified acquired abnormalities of vulva or perineum
GA13.Z	Acquired abnormalities of vulva or perineum, unspecified
GA14	Acquired abnormalities of vagina Any condition of the vagina, caused by determinants arising after birth. These conditions are characterised by pathological changes to the vagina. Coded Elsewhere: Postoperative adhesions of vagina (GC70) Prolapse of vaginal vault after hysterectomy (GC71)
GA14.0	Polyp of vagina
GA14.1	Haematocolpos A condition of the vagina, caused by an outflow vaginal obstruction. This condition is characterised by the presence of blood in the vagina.
GA14.2	Vaginal foreign body A condition of the vagina, caused by foreign bodies lodged into the vaginal canal. This condition is characterised by vaginitis, vaginal bleeding, foul-smelling and purulent vaginal discharge, abdominal pain, and supra-pubic pain. This condition may also present with dysuria or infection.
GA14.3	Vaginal haematoma A condition of the vagina, caused by trauma, commonly subsequent to childbirth, sexual abuse, or forceful impact. This condition is characterised by a localised collection of extravasated blood vessels and significant bruising. This condition may also present with pain, swelling, ecchymosis and urinary retention.

GA14.5	Leukoplakia of vagina
	A condition of the vagina, caused by hyperkeratinisation of epithelial cells due to human papillomavirus (HPV) infection, chronic trauma, radiotherapy, or premalignant/malignant lesions. This condition is characterised by white, whitish yellow, or grey plaque on the mucosal surfaces in the vagina.
GA14.6	Low grade squamous intraepithelial lesion of vagina
GA14.Y	Other specified acquired abnormalities of vagina
GA14.Z	Acquired abnormalities of vagina, unspecified
GA15	Acquired abnormalities of cervix uteri
GA15.0	Polyp of cervix uteri
GA15.1	Erosion or ectropion of cervix uteri
	A condition of the cervix uteri, caused by an increase in the total estrogen level in the body. This condition is characterised by protrusion and transformation of the endocervical columnar epithelium to stratified squamous epithelium on the cervix uteri. This condition may also present with non-purulent vaginal discharge, post-coital bleeding, or may be asymptomatic.
	Exclusions: Cervicitis (GA04)
GA15.2	Nabothian cyst
GA15.3	Old laceration of cervix uteri
	An injury of the cervix, caused by trauma subsequent to procedures that lacerate the cervix, such as vaginal delivery, induced abortion, or surgery. This condition is characterised by tearing of the cervix uteri tissue.
	Exclusions: Perineal laceration during delivery (JB09)
GA15.4	Stricture or stenosis of cervix uteri
	A condition of the cervix uteri, caused by inflammation, trauma, scarring, or atrophy. This condition is characterised by narrowing of the cervical ostium.
	Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)
GA15.5	Hypertrophic elongation of cervix uteri
	A condition of the cervix uteri, caused by uterine prolapse. This condition is characterised by hypertrophy, hyperplasia, elongation or strain to the vaginal or supravaginal parts of the cervix uteri. This condition may also present with dyspareunia or infertility. Confirmation is by pelvic examination to differentiate between vaginal or supravaginal elongation.

GA15.6	Incompetence of cervix uteri
	A condition of the cervix uteri, caused by the weakness of the cervical tissue and intrauterine pressure as pregnancy progresses. This condition is characterised by dilation and effacement of the cervix before reaching a term pregnancy. This condition may lead to a miscarriage during the second trimester, or an early preterm birth during the third trimester.
	Exclusions: Fetus or newborn affected by incompetence of cervix uteri (KA01.0) Maternal care for cervical incompetence (JA84.3)
GA15.7	Low grade squamous intraepithelial lesion of cervix uteri
	A condition of the cervix uteri caused by chronic infection. This condition is characterised by premalignant transformation and abnormal cell growth and behaviour of the cervical squamous epithelial tissue.
	Exclusions: Carcinoma in situ of cervix uteri (2E66) High grade squamous intraepithelial lesion of cervix uteri (2E66.2) Cervical Intraepithelial neoplasia grade III (2E66.2) Cervical Intraepithelial neoplasia grade II (2E66.2)
GA15.Y	Other specified acquired abnormalities of cervix uteri
GA15.Z	Acquired abnormalities of cervix uteri, unspecified
GA16	Acquired abnormalities of uterus, except cervix
	Any condition of the uterus, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the uterus (excluding the cervix).
	Coded Elsewhere: Adenomyosis (GA11) Leiomyoma of uterus (2E86.0) Acquired absence of the uterus (QF01.10)
GA16.0	Endometrial glandular hyperplasia
	A condition of the uterus, caused by chronic, excess oestrogen stimulation due to obesity, anovulation, or oestrogen therapy. This condition is characterised by excessive proliferation of the endometrial gland cells and a greater gland-to-stroma ratio of endometrial cells. This condition may also present with abnormal uterine bleeding, particularly among postmenopausal women and premenopausal women of increasing age. Confirmation is by sampling endometrial tissue through biopsy or dilation and curettage.

GA16.1	Malposition of uterus A condition of the uterus, caused by weakened pelvic ligaments, enlargement of the uterus, scarred pelvic tissue from pregnancy, tumour, menopause, endometriosis, inflammation, or salpingitis. This condition is characterised by a deviation in the position of the uterus from normal. Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5) Maternal care for other abnormalities of pelvic organs (JA84)
GA16.2	Intrauterine synechiae Intrauterine adhesions caused by pelvic inflammatory disease, uterine surgery, or complications related to spontaneous, incomplete or induced abortion. May be asymptomatic or associated with amenorrhea or light menstrual bleeding and subfertility.
GA16.3	Haematometra Presence of blood clots inside the uterus, usually caused by a uterine outflow obstruction. Exclusions: haematometra with haematocolpos (GA14.1)
GA16.Y	Other specified acquired abnormalities of uterus, except cervix
GA16.Z	Acquired abnormalities of uterus, except cervix, unspecified
GA17	Acquired abnormalities of fallopian tube A condition of the fallopian tube, caused by determinants arising after birth. This condition is characterised by a malfunction, malformation, or another anomaly.
GA17.0	Acquired parafimbrial cyst of the fallopian tube Cyst located on the fallopian tube at the outside of the fimbrial end.
GA17.1	Fimbrial agglutination Agglutination of fimbriae in the presence of an open or closed fallopian tube
GA17.2	Hydrosalpinx A condition of the fallopian tube, caused by a distal occlusion and the release of purulent material following infection. This condition is characterised by the presence of fluid inside the fallopian tube, and pelvic pressure, pelvic pain, or dyspareunia.
GA17.3	Haematosalpinx A condition of the Fallopian tube, caused by tubal pregnancy, endometriosis, tubal carcinoma, or cryptomenorrhoea. This condition is characterised by bleeding and the presence of blood clots inside the Fallopian tubes, and pelvic pain or uterine bleeding. Confirmation is by imaging. Exclusions: haematosalpinx with haematocolpos (GA14.1) haematosalpinx with haematometra (GA16.3)

GA17.4	Salpingitis isthmica nodosa A condition of the fallopian tube caused by infection or inflammation. This condition is characterised by bilateral, nodular thickening of the isthmic and proximal ampullary tunica muscularis. This condition may also present with infertility or ectopic pregnancy. Confirmation is by imaging.
GA17.Y	Other specified acquired abnormalities of fallopian tube
GA17.Z	Acquired abnormalities of fallopian tube, unspecified
GA18	Acquired abnormalities of ovary Any condition of the ovary, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the ovary. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Isolated gonadotropin deficiency (5A61.0) Postprocedural ovarian failure (5D44) <i>Coded Elsewhere:</i> 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 mittelschmerz. 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 salpingoophorectomy for severe endometriosis or PID, caused by residual ovarian cortical tissue left in situ after difficult dissection. Symptoms may include lateralizing pelvic pain, often cyclic and associated with genitourinary or gastrointestinal symptoms. Signs may include a tender mass in the lateral region of the pelvis.
GA34.6	Female genital pain A symptom of genital pain affecting females that is idiopathic. This symptom is characterised by any type of pain in the genital area tissues, during sexual intercourse, physical activity, or rest. Exclusions: Chronic primary visceral pain (MG30.00) Chronic secondary visceral pain (MG30.4)
GA34.Y	Other specified female pelvic pain associated with genital organs or menstrual cycle
GA34.Z	Female pelvic pain associated with genital organs or menstrual cycle, unspecified

Dermatoses of female genitalia (GA40-GA4Y)

Coded Elsewhere: Malignant neoplasms of vulva (2C70)

Carcinoma in situ of vulva (2E67.1)

Vulval melanotic macule (ED61.11)

Heterotopic sebaceous glands of vulva (ED91.0)

GA40

Inflammatory dermatoses of the vulva

Coded Elsewhere: Dermatitis or eczema of female genitalia (EA87.1)

Lichen sclerosus of vulva (EB60.0)

Vulval psoriasis (EA90.53)

GA41

Ulcerative or erosive disorders of the vulva

Coded Elsewhere: Genital ulcer of vulva (GA00.3)

Herpes simplex infection of vulva (1A94.0)

Erosive lichen planus of vulva or vagina (EA91.3)

Ulceration of vulva due to Behçet disease (4A62)

Vulval pemphigus (EB40.0Y)

Mucous membrane pemphigoid of vulval mucosa (EB41.1)

GA41.0

Vulval aphthosis

Vulval aphthae are vulval ulcers not attributable to infection or other identifiable cause. They typically occur on the medial aspects of the labia minora in young females (second decade of life). They may be associated with fever and malaise or with oral aphthae.

GA41.Y

Other specified ulcerative or erosive disorders of the vulva

GA42

Sensory disturbance of the vulva

Disorders characterised by vulval pruritus, dysaesthesia or pain.

Coded Elsewhere: Lichen simplex of vulva (EA83.00)

Vulvodynia (GA34.02)

GA42.0

Vulval pruritus

Intense itching of the external female genitalia.

GA4Y

Other specified dermatoses of female genitalia

GA6Y

Other specified diseases of the female genital system

GA6Z

Diseases of the female genital system, unspecified

Diseases of the male genital system (GA80-GB0Z)

Any disease characterised by pathological changes to the male genital system.

Coded Elsewhere: Neoplasms of the male genital organs

Ejaculatory dysfunctions (HA03)

Problems of male genital organs (MF40)

Penoscrotodynia (EC92.0)

Structural developmental anomalies of the male genital system (LB50-LB5Z)

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

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

Dermatoses of male genitalia (GA80-GA81.Y)

Coded Elsewhere: Inflammatory dermatoses affecting the penis or scrotum

Premalignant or malignant disorders of the penis or scrotum

Balanoposthitis (GB06.0)

GA80

Ulcerative disorders of the penis or scrotum

Coded Elsewhere: Herpes simplex infection of penis (1A94.0)

Mucous membrane pemphigoid of penile mucosa (EB41.1)

Ulceration of penis or scrotum due to Behçet disease (4A62)

Necrotising fasciitis of the scrotum, penis or perineum (1B71.1)

Amoebiasis of penis (1A36.1Y)

GA80.0

Aphthosis of penis or scrotum

Genital aphthosis in men is a non-infective but often painful ulceration of penile, scrotal or perigenital skin. It may be associated with oral ulceration (orogenital aphthosis) or with Behçet disease but may occur on its own. Both genital and orogenital aphthosis may represent formes frustes of Behçet disease.

Inclusions: Genital aphthosis in the male

GA80.1

Ulcer of penis of uncertain nature

Exclusions: Syphilitic chancre of penis (1A61.0)

Penile chancroid (1A90)

Herpetic ulcer of penis (1A94.0)

Penile aphthosis (GA80.0)

Ulceration of penis or scrotum due to Behçet disease (4A62)

GA80.Y

Other specified ulcerative disorders of penis and scrotum

GA81**Miscellaneous dermatoses of male genitalia**

Coded Elsewhere: Lichen simplex of male genitalia (EA83.01)

Penile melanotic macule (ED61.10)

Heterotopic sebaceous glands of penis (ED91.0)

Angiokeratoma of the scrotum (EF20.1)

Burning scrotum (EC92.0)

Genitoperineal median raphe cyst (LB5Y)

GA81.0**Penoscrotal pruritus**

An intense itching sensation that produces the urge to rub or scratch the skin of the scrotum and/or base of the penis to obtain relief.

GA81.Y**Other specified dermatoses of male genitalia**

Diseases of prostate (GA90-GA91.Z)

Coded Elsewhere: Tuberculosis of prostate (1B12.5)

GA90**Hyperplasia of prostate**

A condition of the prostate, caused by an increased rate of cellular division of the glandular and stromal cells. This condition is characterised by enlargement of the prostatic tissue, dysuria, urinary urgency, nocturia, weak urine stream, straining while urinating, incomplete bladder emptying during urination, or increased frequency of urinary tract infection.

Inclusions: Adenofibromatous hypertrophy of prostate

Exclusions: Benign neoplasms of prostate (2F34)

GA91**Inflammatory and other diseases of prostate**

Any disease caused by obstruction of the prostate gland. These diseases are characterised by a build-up of secretions and inflammation of the prostate.

Coded Elsewhere: Gonococcal prostatitis (1A70.Y)

Prostatitis due to *Trichomonas vaginalis* (1A92)

GA91.0**Chronic prostatitis**

A condition caused by obstruction of the prostate glands. This condition is characterised by inflammation of the prostate gland, dysuria, pollakiuria, urinary urgency, genital pain, lower back pain, abdominal pain, and repeated bladder infections that last for at least three months.

GA91.1**Abscess of prostate**

A condition caused by infection with the gram-negative bacteria *Neisseria gonorrhoeae*, *Staphylococcus*, or *Escherichia coli*, or the gram-positive bacteria *Staphylococcus aureus* or *Mycobacterium tuberculosis*. This condition is characterised by a focal accumulation of purulent material and neutrophils within or on the prostatic tissue, dysuria, fever, and suprapubic pain. Confirmation is by a transrectal ultrasound to identify size and location of abscess, and a urine sample to identify leukocytes.

GA91.2	Prostatocystitis A condition characterised by inflammation of the bladder, bladder neck, prostate, and prostatic urethra.
GA91.3	Calculus of prostate A condition characterised by a small, solid calcification commonly composed of calcium carbonate or calcium phosphate that is formed in the prostate. This condition may be associated with diabetes mellitus, infection, cancer, iatrogenic factors, or may be idiopathic. Confirmation is by imaging. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> Low grade prostatic intraepithelial neoplasia <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Male infertility in classical cystic fibrosis (CA25.0) Male infertility in atypical cystic fibrosis (CA25.1)
GB04.0	Azoospermia Any condition of the genital system affecting males, caused by obstruction of the reproductive tract, abnormal hormone levels, testicular failure, or inadequate production of spermatozoa. These conditions are characterised by the absence of a measurable level of sperm cells in semen, and very low levels of fertility. Confirmation is by the absence of spermatozoa in the sediment of a centrifuged sample of ejaculate.
GB04.Y	Other specified male infertility
GB04.Z	Male infertility, unspecified

GB05**Redundant prepuce, phimosis or paraphimosis**

Several conditions of the foreskin, caused by abnormalities in the prepuce. This condition is characterised by redundant or tight foreskin and lack of retractability of the foreskin or the inability of the foreskin to be reduced.

GB05.0**Redundant prepuce**

A condition of the foreskin, caused by determinants arising during the antenatal period. This condition is characterised by the presence of excess foreskin tissue.

GB05.1**Frenulum breve**

A condition of the frenulum preputii penis, caused by determinants arising during the antenatal period. This condition is characterised by a short frenulum and restricted movement of the prepuce, leading to hindered penetration during sexual intercourse or pain and tearing.

GB05.2**Phimosis**

A condition of the foreskin, caused by the improper development of the foreskin during the antenatal period, balanitis, lichen sclerosus, inflammation, infection, repeated catheterization, or forcible foreskin retraction. This condition is characterised by constriction of the preputial orifice and restricted movement of the prepuce over the glans. This condition may also present with difficulty urinating or dysfunctions during sexual intercourse.

GB05.3**Paraphimosis**

A condition of the foreskin, caused by a narrow or inflamed foreskin, improper handling of foreskin, or retraction of the foreskin for an extended duration. This condition is characterised by an inability for the foreskin to return to its normal position after being retracted over the glans, pain, and inflammation, and may lead to gangrene.

GB05.4**Adherent prepuce**

A condition in which the prepuce is adherent to the prepuce which makes it hard to retract the prepuce.

GB05.Z**Redundant prepuce, phimosis or paraphimosis, unspecified****GB06****Certain specified disorders of penis**

Exclusions: Redundant prepuce, phimosis or paraphimosis (GB05)

Coded Elsewhere: Male erectile dysfunction (HA01.1)

GB06.0**Balanoposthitis**

Inflammation of the foreskin and/or glans penis. It may be associated with specific disorders such as lichen planus, lichen sclerosus, reactive arthritis or contact dermatitis etc. but is most commonly "non-specific".

GB06.01

Irritant balanoposthitis

GB06.02

Balanoposthitis due to infection

Coded Elsewhere: Candida balanoposthitis (1F23.11)

GB06.0Y	Other specified forms of balanitis and balanoposthitis
GB06.0Z	Balanoposthitis, unspecified
GB06.1	Priapism A condition of the penis, caused by acute leukaemia, sickle cell anaemia, infection, a penile or central nervous system lesion, or the use of certain pharmacological agents. This condition is characterised by prolonged or persistent painful penile erection lasting over four hours without physical or psychological sexual arousal. Inclusions: Painful erection
GB06.2	Penile fibromatosis A condition characterised by induration of the corpora cavernosa of the penis producing a painful fibrous chordee within the soft tissue of the penis and inflammation of the tunica albuginea. This condition may be associated with trauma or injury to the penis. This condition may also present with pain during erection, erectile dysfunction, shortening, or abnormal curvature of the penis when erect. Confirmation is by ultrasonography. Inclusions: Peyronie disease Plastic induration of penis Induratio penis plastica
GB06.3	Mondor disease of the penis A well-recognised usually benign and self-limiting entity occurring in sexually active men and presenting with a cord-like thickening of penile veins or lymphatics located around the coronal sulcus or, less commonly, along the dorsal vein of the penis. Infrequently it may be associated with non-sexual trauma or with hypercoagulable states.
GB06.4	Chronic penile oedema Chronic oedema localised to the penis. Proposed causes include chronic strangulation, low grade streptococcal infection with resultant irreversible lymphatic damage or primary hypoplastic lymphatics.
GB06.5	Sclerosing lymphangitis of penis This condition presents with a usually painless serpiginous cord-like swelling in the coronal sulcus of the penis. It is typically associated with vigorous sexual intercourse. It normally resolves within a period of weeks.
GB06.Y	Other specified disorders of penis
GB06.Z	Disorders of penis, unspecified

GB07**Inflammatory disorders of male genital organs, not elsewhere classified**

Any disorder of the male genital organs, characterised by pathological changes and inflammation of the tissue, not classified elsewhere.

Exclusions: Inflammation of penis (GB06)
Orchitis or epididymitis (GB02)
Epididymorchitis (GB02)

GB07.0**Inflammatory disorders of seminal vesicle**

Any disorder of the seminal vesicle, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Tuberculosis of seminal vesicle (1B12.5)

GB07.1**Inflammatory disorders of spermatic cord, tunica vaginalis or vas deferens**

Any disorder of the spermatic cord, tunica vaginalis and vas deferens, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Chylocele of tunica vaginalis in loiasis (1F66.0)
Chylocele of tunica vaginalis in filariasis due to *Wuchereria bancrofti* (1F66.30)

GB07.2**Inflammatory disorders of scrotum**

Any disorder of the scrotum, caused by poor hygiene or chafing of the skin. This condition is characterised by superficial inflammation of the tissue.

Exclusions: Streptococcal cellulitis of skin (1B70.1)
Staphylococcal cellulitis of skin (1B70.2)

GB07.Y**Other specified inflammatory disorders of male genital organs, not elsewhere classified****GB08****Vascular disorders of male genital organs**

Any disorder affecting the cardiovascular and genital systems, characterised by pathological changes to the blood vessels of the male genital organs.

GB0Y**Other specified diseases of the male genital system****GB0Z****Diseases of the male genital system, unspecified**

Disorders of breast (GB20-GB2Z)

Any disorder characterised by pathological changes to the breast or breast tissue.

Exclusions: Certain specified disorders of breast or lactation associated with childbirth (JB46)

Coded Elsewhere: Neoplasms of the breast

GB20

Benign breast disease

Any disease affecting females, characterised by benign, noncancerous lesions in the breast, leading to pathological changes to (and discomfort of) the breast or breast tissue.

Coded Elsewhere: Breast abscess (GB21.0)
Disorders of breast augmentation (GC7A)
Disorders of breast reduction (GC79)

GB20.0

Fibrocystic change of breast

A condition characterised by changes to the breast tissue leading to benign, noncancerous lesions in the breast. These conditions may be associated with small or large cyst formation, hyperplasia of the ductal epithelium, apocrine metaplasia of the ductal cells, papillomatosis, duct ectasia, sclerosing adenosis, or fibrosis of the stroma. This condition may also present with breast pain, thickening of breast tissue, or nipple discharge that worsen prior to menstruation, or may be asymptomatic. Confirmation is by clinical breast exam, followed by mammography or ultrasonography to distinguish between abnormal tissue.

GB20.1

Fibroadenosis of breast

Exclusions: Fibroadenoma of breast (2F30.5)

GB20.Y

Other specified benign breast disease

GB20.Z

Benign breast disease, unspecified

GB21

Inflammatory disorders of breast

Any disorder of the breast or breast tissue, characterised by inflammatory effects, pain, heat, redness, swelling, and loss of function.

Coded Elsewhere: Nonpurulent mastitis associated with childbirth (JB45.1)
Neonatal infectious mastitis (KA65.3)

GB21.0

Breast abscess

A condition of the breast, caused by inflammation due to infection with a bacterial or parasitic host, or contact with other foreign materials. This condition is characterised by a focal accumulation of purulent material within or on the breast tissue.

Coded Elsewhere: Abscess of breast associated with childbirth (JB45.0)

GB21.Y

Other specified inflammatory disorders of breast

GB21.Z

Inflammatory disorders of breast, unspecified

GB22**Hypertrophy of breast**

A condition affecting the breast, characterised by unilateral or bilateral enlargement or thickening of the connective tissues that exceeds 3% of the total body weight. This condition may be associated with increased histologic sensitivity to, or abnormally high levels of, prolactin, estrogen, and progesterone in the blood.

GB23**Certain specified disorders of breast**

Any disorder of the breast or breast tissue, characterised by pathological changes, not classified elsewhere.

Coded Elsewhere: Other signs or symptoms in breast (MF3Y)

GB23.0**Mammary duct ectasia**

A condition of the breast, caused by lipid and cellular debris or secretory (such as colostrum) stasis, or a nonspecific duct widening process. This condition is characterised by obstruction and subsequent dilation of the lactiferous duct, periductal inflammation, periductal fibrosis, nipple retraction, inversion, pain, or bloody discharge from the nipple.

GB23.1**Fissure or fistula of nipple**

A condition characterised by the formation of a deep furrow or crack-like lesion on the nipple and an abnormal passage between the nipple and adjacent tissues or surfaces.

GB23.2**Fat necrosis of breast**

A condition of the breast, caused by saponification of fat tissue, commonly subsequent to trauma or radiation therapy. This condition is characterised by damage, death, or inflammation of the fat tissue by blood and tissue digestive enzymes, and the development of scar tissue and lesions. Confirmation is by imaging of the breast and needle aspiration.

GB23.3**Atrophy of breast**

A condition of the breast, caused by apoptosis of the cells commonly due to prolonged estrogen reduction, diminished cellular proliferation, decreased cellular volume, decreased function, ischaemia, malnutrition, disease, or mutation. This condition is characterised by a partial or complete decrease in size and function of the breast tissue.

GB23.4**Galactorrhoea not associated with childbirth**

A condition of the breast, characterised by persistent and abnormal secretion of white discharge. In females, the secretions occur between intervals of neonate or infant nursing, or after the infant has stopped breastfeeding. In males and children, these secretions occur spontaneously. This condition is not associated with the physiological changes as part of pregnancy, childbirth, or the puerperium.

GB23.5**Mastodynia**

The symptom of breast pain. This symptom may be classified as cyclic or non-cyclical depending on the clinical patterns.

Exclusions: Chronic pain (MG30)

GB2Z**Disorders of breast, unspecified**

Diseases of the urinary system (GB40-GC2Z)

Any disease characterised by pathological changes to the urinary system.

Coded Elsewhere: Neoplasms of the urinary system

Clinical findings on examination of urine, without diagnosis (MF90-MF9Y)

Structural developmental anomalies of the urinary system (LB30-LB3Z)

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

Hypertensive renal disease (BA02)

Glomerular diseases (GB40-GB4Z)

Any disease characterised by pathological changes to the glomerulus.

Exclusions: Hypertensive renal disease (BA02)

Coded Elsewhere: Clinical findings in specimens from the urinary system (MF80-MF8Z)

Symptomatic late syphilis of other sites (1A62.2)

Plasmodium malariae malaria with nephropathy (1F42.0)

Glomerular disorders in secondary systemic amyloidosis (5D00.1)

GB40

Nephritic syndrome

Sudden onset of glomerular disease usually with severe (macroscopic/visible) haematuria accompanied by oliguria, elevated blood pressure, mild oedema and albuminuria or proteinuria usually of sub-nephrotic range. May be a cause of acute renal failure in which case the syndrome is termed rapidly progressive nephritis. Nephritic syndrome has many possible causes and is associated with renal light microscopic changes such hypercellularity, necrosis or thrombosis.

Inclusions: acute nephritis

Exclusions: Tubulo-interstitial nephritis, not specified as acute or chronic (GB54)

GB41

Nephrotic syndrome

A condition characterised by severe proteinuria, greater than 3.5 g/day in an average adult. The substantial loss of protein in the urine results in hypoalbuminaemia and generalised oedema. There is also usually hyperlipidaemia. Other manifestations of glomerular disease may be present. There are many possible causes and renal histological appearances. Possible complications include vascular thrombosis, infections, malnutrition and renal failure.

GB42**Persistent proteinuria or albuminuria**

Persistent albuminuria >3mg/mmol creatinine or >30mg/day is regarded as abnormal, indicative and often the first manifestation of chronic kidney disease (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 toxoplasma 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> with infection (GB58)
GB56.3	Hydronephrosis due to bladder obstruction A condition caused by an obstruction in the urinary bladder. It is characterised by distention of the pelvis and calices of one or both kidneys, and lack of free flow of urine from the kidney, and can lead to progressive atrophy of the kidney if untreated. The condition may also present with pain in the flank, haematuria, pyuria, or hyperpyrexia.
GB56.4	Other or unspecified hydronephrosis This refers to distension and dilation of the renal pelvis and calyces in situations other than those coded elsewhere or when no additional details are available. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 m ² 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/1.73m ²)
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/1.73m ²
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/1.63m ²
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/1.73m ²
Coding Note:	Code also the causing condition
	Inclusions: chronic renal failure, stage 3b

- GB61.4** **Chronic kidney disease, stage 4**
GFR (15-29 ml/min/1.73m²)
- Coding Note:** Code also the causing condition
- Inclusions:** chronic renal failure, stage 4
- GB61.5** **Chronic kidney disease, stage 5**
Kidney failure, GFR < 15 ml/min/1.73m²
- Coding Note:** Code also the causing condition
- Inclusions:** chronic renal failure, stage 5
- Coded Elsewhere:** Albuminurica retinitis (9B65.Z)
- GB61.Z** **Chronic kidney disease, stage unspecified**
- Coding Note:** Code also the causing condition
- GB6Z** **Kidney failure, unspecified**
- Coding Note:** Code also the causing condition

Urolithiasis (GB70-GB7Z)

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the presence of calculi originating in the urinary system or which are located within the urinary system. Confirmation is by abdominal radiography, or intravenous pyelography.

- Exclusions:**
- Hyperoxaluria (5C51.2)
 - Hypercalciuria (MF98.0)
 - Crystalluria (MF90-MF9Y)
 - Cystinuria (5C60.2)

- GB70** **Calculus of upper urinary tract**
- A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the upper urinary tract (renal papilla). This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

- GB70.0** **Calculus of kidney**
- A condition of the kidney, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the urinary calculi located in the kidney, in renal calyces, or in the renal pelvis. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.
- Inclusions:**
- Renal calculus or stone
 - Stone in kidney

GB70.00	Staghorn calculus A condition of the kidney, characterised by large, branched, struvite or calcium carbonate apatite calculi within the renal pelvis and extending into one or more caliceal extensions, and fever, haematuria, or flank pain, leading to renal failure and life-threatening sepsis. This condition may be associated with urinary tract infection. Confirmation is by imaging of the abdominal region.
GB70.0Y	Other specified calculus of kidney
GB70.0Z	Calculus of kidney, unspecified
GB70.1	Calculus of ureter A condition of the ureter, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the ureter, and may lead to renal colic. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi. Inclusions: Ureteric stone Ureteral calculus or stone Stone in the ureter
GB70.Z	Calculus of upper urinary tract, unspecified
GB71	Calculus of lower urinary tract A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the lower urinary tract (urinary bladder and urethra). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.
GB71.0	Calculus in bladder A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bladder. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography, to determine the presence and location of calculi. Inclusions: Urinary bladder stone Exclusions: Calculus in a bowel segment for urinary diversion (e.g. neobladder, pouch) (NFBC) (GB71.2)

GB71.1**Calculus in urethra**

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the urethra, where it may lead to renal colic. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Exclusions: Calculus of bowel segments for urinary diversion (GB71.2)

GB71.2**Calculus of bowel segments for urinary diversion**

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bowel segment for urinary diversion (ileal neobladder, ileal conduit, ileocaecal pouch). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB71.Z**Calculus of lower urinary tract, unspecified****GB7Z****Urolithiasis, unspecified**

Cystic or dysplastic kidney disease (GB80-GB8Z)

Any disease of the kidney, caused by determinants arising during the antenatal period or after birth. These diseases are characterised by pathological changes to one or both kidneys, and may manifest in other anatomical tissues.

Coded Elsewhere: Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Meckel-Gruber syndrome (LD2F.13)

Asphyxiating thoracic dystrophy (LD24.B1)

Multicystic renal dysplasia (LB30.9)

GB80**Nonfamilial nongenetic cystic kidney disease**

Diseases where there are developmental anatomical or pathological changes in the renal substance not occurring in a familial distribution and not known to have a mono-genetic cause.

Coded Elsewhere: Medullary sponge kidney (LB30.8)

Multicystic renal dysplasia (LB30.9)

GB80.0**Simple renal cyst**

A disease of the kidney, caused by obstruction of tubules, anaemia, or detachment of diverticula. This disease is characterised by the formation of thin-walled abnormal sacs filled with hypo-echogenic radiolucent fluid in the kidney. Confirmation is by imaging.

Inclusions: Bosniak 1 cyst

GB80.1	Complex renal cyst Renal cyst with high attenuation or mixed contents, septate or thickened wall. May be subclassified by the Bosniak classification Bosniak 2-4 to indicate increasing likelihood of neoplasm.
GB80.2	Subscapular or perirenal urinoma A disease of the kidney, caused by urinary obstruction such as calices in the kidney or ureter, or a breach of the integrity of the pelvis. This disease is characterised by an encapsulated collection of urine located in a fat-lined sac around the kidneys or in the retroperitoneum. Confirmation is by imaging.
GB80.Y	Other specified nonfamilial nongenetic cystic kidney disease
GB80.Z	Nonfamilial nongenetic cystic kidney disease, unspecified
GB81	Autosomal dominant polycystic kidney disease Multiple cysts in both kidneys increasing in number and size from adolescence, associated with development of hypertension and chronic renal failure. Autosomal dominant familial pattern is usual and due to mutations on chromosomes 16 and 4. Non-renal manifestations can include cysts in the liver and less commonly pancreas. Cerebral arterial aneurysms with subarachnoid haemorrhage, and other non-renal vascular abnormalities can also occur.
GB82	Autosomal dominant tubulointerstitial disease Nonglomerular, autosomal dominant kidney diseases characterised by progressive tubulointerstitial fibrosis and progression to end-stage renal disease. Currently there are 4 known genetic defects - in uromodulin, mucin-1, renin and hepatocyte nuclear factor 1-beta. The last is associated with Maturity-Onset Diabetes of the Young (MODY) and thus is classified as MODY-5 <i>Coded Elsewhere:</i> Medullary sponge kidney (LB30.8) MODY 5 syndrome (5A13.6)
GB83	Nephronophthisis Autosomal recessive disease characterised by polyuria, polydipsia, enuresis and chronic kidney disease with end stage renal failure occurring between birth and late adolescence depending on the NPHP gene involved. Extra-renal manifestations occur with associated multisystem genetic disorders (e.g. Senior-Loken, Cogan, Joubert)
GB8Y	Other specified cystic or dysplastic kidney disease
GB8Z	Cystic or dysplastic kidney disease, unspecified

GB90**Certain specified disorders of kidney or ureter**

Any disorder characterised by pathological changes to the kidney or ureter.

Coding Note: Code also the causing condition

Exclusions: Urolithiasis (GB70-GB7Z)

Coded Elsewhere: Macroscopic changes of size of the kidney (MF54)
Ureteral fistula (GC04.2)
Postinterventional ischemia or infarction of kidney (GC7B)
Neonatal haemorrhage originating in kidney or bladder (KA83.6)
Diabetic nephropathy (GB61.Z)
Renal late syphilis (1A62.2Y)
Disorders of kidney or ureter in tuberculosis (1B1Y)

GB90.0**Nephroptosis**

Enhanced mobility of the kidney, resulting in ptosis when the patient is upright. More common on the right, associated with a longer renal artery, and debatably associated with fibromuscular hyperplasia and hypertension.

GB90.1**Hydroureter**

A condition caused by obstruction, stricture, or stenosis of the ureter, which may be due to prostatic hypertrophy, carcinoma, retroperitoneal or pelvic neoplasms, calculi, or a congenital anomaly. This condition is characterised by distention of the ureter with urine.

Exclusions: Congenital primary megaureter (LB31.1)

GB90.2**Ureteral kinking or deviation without obstruction**

A condition characterised by a sharp twist, curve, or other deviation in the length of the ureter, but without an obstructed flow of urine.

Inclusions: Kinking of the ureter without hydronephrosis

Exclusions: with infection (GB58)
congenital ureteric stenosis (LB31.8)

GB90.3**Ischaemia or infarction of kidney**

Exclusions: Atherosclerosis of renal artery (BD40.2)
Goldblatt kidney (BD40.2)
Congenital renal artery stenosis (LA90.40)

GB90.4**Renal tubular function disorders**

Disorders primarily due to abnormalities of renal tubular resorption or secretion.

Coded Elsewhere: Cystinuria (5C60.2)
Nephrogenic syndrome of inappropriate antidiuresis (5A60.20)

- GB90.40** Hypotonia-cystinuria type 1
This is a rare syndrome including neonatal and infantile hypotonia and failure to thrive, cystinuria type 1, nephrolithiasis, growth retardation due to growth hormone deficiency, and minor facial dysmorphism due to a homozygous deletion of two contiguous genes on chromosome 2: SLC3A1 and PREP (2p21).
Coded Elsewhere: Hypotonia-cystinuria syndrome (5C60.Y)
- GB90.41** Pseudohypoaldosteronism type 1
Pseudohypoaldosteronism type 1 (PHA1) are rare forms of mineralocorticoid resistance. PHA1 presents in the newborn with renal salt wasting, failure to thrive and dehydration. Two clinical forms have been described: i) a renal form (renal PHA1) that improves with age and in which mineralocorticoid resistance is restricted to the kidney, and ii) a generalised severe form (generalised PHA1) that persists into adulthood and in which mineralocorticoid resistance is systemic and salt loss occurs in multiple organs. Inheritance can be autosomal recessive (arPHA1) which is more severe and persistent than the autosomal dominant form (AdPHA1)
- GB90.42** Fanconi syndrome
Disorder associated with generalised dysfunction of the proximal tubule expressed as amino-aciduria, low molecular weight proteinuria, polyuria with sodium and potassium wasting, hyper-phosphaturia (hence bone disease), renal tubular acidosis, glycosuria and hypercalciuria.
Coded Elsewhere: Oculocerebrorenal syndrome (5C60.0)
- GB90.43** Bartter syndrome
Bartter syndrome is a genetic renal tubular disease characterised by the association of hypokalaemic alkalosis, increased levels of plasma renin and aldosterone, low blood pressure and vascular resistance to angiotensin II. Two forms of the disease can be distinguished according to clinical criteria: an antenatal or infantile Bartter syndrome (most patients with genotypes I, II and IV), characterised by polyhydramnios, premature delivery, polyuria, dehydration, hypercalciuria and nephrocalcinosis; and classical Bartter syndrome (mostly patients with genotype III, but also some type IV patients), manifesting as polyuria-polydipsia in infancy-childhood through to adulthood, dehydration and a variable delay in the height-weight growth curve.
- GB90.44** Renal tubular acidosis
Conditions characterised by failure of the kidney to excrete acids, or to lose bicarbonate into the urine, which causes the blood to become too acidic. Characteristically hyperchloremic acidosis (low anion gap metabolic acidosis). Has several forms and many causes.
Coded Elsewhere: Osteopetrosis with renal tubular acidosis (LD24.10)
- GB90.45** Renal glycosuria
Glycosuria (glucose in the urine) at normal blood glucose levels due to inadequate renal tubular resorption. Can be due to above normal glomerular filtration as in pregnancy or occurs residual nephrons in renal failure, or reduced tubular resorption.

GB90.46	Tubular disorders of sodium or potassium transport Abnormalities of the renal tubules resorptive or secretory functions, inherited or acquired. Exclusions: Fanconi syndrome (GB90.42)
GB90.47	Aminoaciduria Conditions in which amino acids are found in the urine either due to over-production (high blood levels) or failure of tubular resorption
GB90.48	Disorders of calcium or phosphate excretion Conditions in which renal excretion of calcium and / or phosphate is deranged. Coded Elsewhere: Pseudohypoparathyroidism (5A50.1) Hypophosphataemic rickets (5C63.22)
GB90.49	Renal hypocalciuria A condition of the kidney, caused by renal tubular retention, low dietary calcium intake, or abnormalities in calcium absorption, and which may be associated with thiazide diuretic intake, Gitelman's disease, or familial hypocalciuric hypercalcaemia. This condition is characterised by a decrease in the level of calcium in the urine. Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2) Acquired hypocalciuric hypercalcemia (5A51.Y)
GB90.4A	Nephrogenic diabetes insipidus Nephrogenic diabetes insipidus is a condition in which the kidney tubules respond poorly to pituitary secreted anti-diuretic hormone, resulting in a failure to concentrate the urine, and water loss. Polyuria with dilute urine and polydipsia (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. <i>Exclusions:</i> urethrotigonitis (GC00.0) urethritis in diseases with a predominantly sexual mode of transmission (1A60-1A9Z) Reiter disease (FA11.2) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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". <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Fistula of intestinal segments used for urinary diversion (GC01.1)

GC04.0	Urethral fistula A condition of the urethra, caused by surgery, infection, trauma, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urethra and adjacent organs or surfaces. Coded Elsewhere: Urethrovaginal fistula (GC04.14)
GC04.1	Fistulae involving female genital tract Any condition characterised by the formation of an abnormal passage between the genital tract and another organ, or between a genital organ and an adjacent organ or surface.
GC04.10	Vesicovaginal fistula A condition of the bladder and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infections, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder and the vagina, leading to the continuous involuntary discharge of urine into the vagina. Coded Elsewhere: Vesicosigmoidovaginal fistula (GC04.12)
GC04.11	Fistula of small intestine to vagina Exclusions: Obstetric Fistula (GC04.1)
GC04.12	Fistula of large intestine to vagina A condition of the large intestine and vagina, caused by damage to the tissue due to childbirth, an inflammatory bowel disease, radiation treatment, cancer, or a complication following pelvic surgery. This condition is characterised by the formation of an abnormal passage between any part of the large bowel and the vagina. This condition may also present with leakage of bowel contents (faeces or gas) through the vagina. Exclusions: Obstetric Fistula (GC04.1) Coded Elsewhere: Rectovaginal fistula (GC04.16)
GC04.13	Female genital tract-skin fistulae A condition of the genital system, caused by damage to the tissue between the genital tract and the skin. This condition is characterised by the formation of an abnormal passage between the genital tract and the skin. Exclusions: Obstetric Fistula (GC04.1)
GC04.14	Urethrovaginal fistula This refers to the abnormal connection or passageway between the female urethra and the vagina without further specification.

GC04.15	Combined urethrovesicovaginal fistula A condition of the bladder, urethra, and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infection, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder, urethra, and the vagina, not otherwise specified. Inclusions: Urethrovesicovaginal fistula
GC04.16	Rectovaginal fistula A condition of the rectum and vagina, caused by childbirth, trauma, Crohn's disease, medical intervention, or infection. This condition is characterised by the formation of an abnormal passage between the rectum and the vagina, not otherwise specified.
GC04.17	Vesicouterine fistula with severe scar or extensive tissue loss This is a condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with a vesicouterine fistula.
GC04.18	Other combined urinary fistula with severe scar or extensive tissue loss Any other condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with any other abnormal connection or passageway between any two locations within the urinary tract which do not normally connect.
GC04.19	Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss A condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with an abnormal connection or passageway between the rectum, including cloaca, and a location within the urinary system.
GC04.1A	Vaginal stenosis or gynatresia related to obstetric fistula A condition of the vagina, caused by congenital or acquired factors. The congenital condition is caused by Mayer-Kustner-Hauser syndrome. The acquired condition is caused by severe or failed childbirth or medical intervention to repair a fistula. This condition is characterised by an abnormal narrowing and foreshortening of the vagina. Confirmation is by pelvic examination.
GC04.1Y	Other specified fistulae involving female genital tract
GC04.1Z	Fistulae involving female genital tract, unspecified
GC04.2	Ureteral fistula Abnormal passage or communication between the ureter and another body organ or cavity or the body surface.
GC04.Y	Other specified fistula of the genitourinary tract
GC04.Z	Fistula of the genitourinary tract, unspecified

GC05**Prolapsed urethral mucosa**

A condition characterised by a circular protrusion of the distal urethra mucosa through the external urethral meatus. This condition may be associated with congenital or acquired abnormalities such as weakened pelvic floor structures, trauma, or separation of the longitudinal and circular-oblique smooth muscle layers. This condition is commonly asymptomatic in adolescents, or presents with vaginal bleeding and difficulty urinating in postmenopausal individuals.

Inclusions: prolapse of urethra

Exclusions: Female urethrocele (GC40.0)

GC06**Urethral diverticulum**

A disease of the urethra, caused by an obstruction to the periurethral glands due to subsequent to frequent infection, or congenitally. This disease is characterised by a localised protrusion of the urethra into the anterior vaginal wall, consisting mostly of fibrous tissue. This disease may also present with urinary frequency, urgency, and dysuria. Confirmation is by imaging to determine the extent and location of the diverticulum.

GC07**Urethral caruncle**

A condition characterised by small, focal, benign, pink or red polypoid masses of the distal urethral mucosa, which may become painful, bloody, and deep red in colour. This condition may be associated with urogenital atrophy due to estrogen deficiency, and may be aggravated by chronic irritation of urethral mucosa exposure. This condition typically affects postmenopausal women.

GC08**Urinary tract infection, site not specified**

Coded Elsewhere: Urinary tract infection following delivery (JB40.3)

Neonatal urinary tract infection (KA65.2)

Pyuria associated with urinary tract infection (MF97)

GC08.0**Urinary tract infection, site not specified, due to *Escherichia coli*****GC08.1****Urinary tract infection, site not specified, due to *Klebsiella pneumoniae*****GC08.2****Urinary tract infection, site not specified, due to *Proteus***

A disease of the urinary tract, caused by an infection with the gram-negative bacteria *Proteus*. In females, this disease is characterised by dysuria, pyuria, or pollakiuria; in males, this disease may present with urethral discharge. Transmission is unknown. Confirmation is by identification of *Proteus* in a urinary sample.

GC08.Y**Urinary tract infection, site not specified due to other agent****GC08.Z****Urinary tract infection, site and agent not specified****GC0Y****Other diseases of urinary system****GC2Z****Diseases of the urinary system, unspecified**

Other conditions of the genitourinary system (GC40-GC51.Z)

Any disorder characterised by pathological changes to the genitourinary system.

Female pelvic floor dysfunction (GC40-GC4Z)

Any condition affecting females, caused by an altered or lack of function of the female pelvic floor. These conditions are characterised by weakened or tightened pelvic floor muscles, or an impairment of the sacroiliac joint, lower back, coccyx, or hip joint.

Coded Elsewhere: Rectal prolapse (DB31.2)

GC40	Pelvic organ prolapse The descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault) or cuff scar after hysterectomy. Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5) Maternal care for other abnormalities of gravid uterus (JA84)
GC40.0	Prolapse of anterior vaginal wall
GC40.00	Incomplete anterior vaginal wall prolapse Most distal prolapse is 1cm or less proximal or distal to the hymen
GC40.01	Complete anterior vaginal wall prolapse
GC40.0Z	Prolapse of anterior vaginal wall, unspecified
GC40.1	Prolapse of posterior vaginal wall
GC40.10	Incomplete posterior vaginal wall prolapse
GC40.11	Complete posterior vaginal wall prolapse
GC40.1Z	Prolapse of posterior vaginal wall, unspecified
GC40.2	Prolapse of the vaginal apex
GC40.20	Incomplete apical vaginal wall prolapse
GC40.21	Complete apical vaginal wall prolapse
GC40.2Z	Prolapse of the vaginal apex, unspecified
GC40.3	Uterovaginal prolapse

- GC40.30** Incomplete uterovaginal prolapse
- A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 1 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre above the hymen or stage 2 descensus with distal prolapse of 1 centimetre or less proximal or distal to the hymen. This condition may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.
- Exclusions:**
- Incomplete uterine prolapse with anterior vaginal wall prolapse (GC40.31)
 - Incomplete uterine prolapse with posterior vaginal wall prolapse (GC40.32)
 - Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse (GC40.33)
- GC40.31** Incomplete uterine prolapse with anterior vaginal wall prolapse
- A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).
- GC40.32** Incomplete uterine prolapse with posterior vaginal wall prolapse
- A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).
- GC40.33** Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse
- A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.
- GC40.34** Complete uterovaginal prolapse
- A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 3 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre below the hymen or stage 4 descensus with complete eversion of the total length of the genital tract. This condition may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.
- GC40.35** Complete uterine prolapse with anterior vaginal wall prolapse
- A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).

GC40.36	Complete uterine prolapse with posterior vaginal wall prolapse A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).
GC40.37	Complete uterine prolapse with anterior and posterior vaginal wall prolapse A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.
GC40.3Z	Uterovaginal prolapse, unspecified
GC40.4	Pelvic floor muscle disruption A condition caused by damage or trauma to the muscles of the pelvic floor. This condition is characterised by weakness and dysfunction of the muscle.
GC40.40	Levator avulsion from symphysis pubis A condition caused by damage or trauma to the pelvic floor, leading to the detachment of the levator ani muscle fibres from the symphysis pubis. This condition is characterised by weakness and dysfunction of the muscle.
GC40.4Y	Other specified pelvic floor muscle disruption
GC40.4Z	Pelvic floor muscle disruption, unspecified
GC40.5	Urinary incontinence associated with pelvic organ prolapse A condition of the urinary system, caused by the abnormal displacement of one or more pelvic organs. This condition is characterised by the involuntary loss of urine. Confirmation is by urinalysis.
GC40.50	Stress incontinence associated with pelvic organ prolapse A condition of the urinary system, caused by weakness of the pelvic floor muscles and an increase in intra-abdominal pressure, leading to pressure on the bladder. This condition is characterised by a shift in the position of the urethra allowing urine to pass easily, and urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.
GC40.51	Urge incontinence associated with pelvic organ prolapse A condition of the urinary system, caused by detrusor dysfunction. This condition is characterised by urinary incontinence that accompanies detrusor hyperreflexia when a specific bladder volume is reached, leakage of urine, lack of urge to urinate, or lack of awareness of bladder filling.

GC40.52	Mixed urinary incontinence associated with pelvic organ prolapse A condition of the urinary system, caused by detrusor overactivity and impaired urethral function. This condition is characterised by a mix of stress and urge incontinence symptoms including involuntary loss of urine, urinary urgency, urinary frequency, or urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.
GC40.53	Overflow incontinence associated with pelvic organ prolapse A condition of the urinary system, caused by the incomplete emptying of urine from the bladder and an acontractile detrusor muscle. This condition is characterised by urinary incontinence and leakage of urine in small volumes. This condition may be associated with obstruction, weak bladder muscles, injury, pharmacological use, diabetes mellitus, nerve damage or nervous system dysfunction.
GC40.54	Urinary incontinence, not otherwise specified with pelvic organ prolapse
GC40.6	Functional bladder disorders associated with pelvic organ prolapse Any condition characterised by urinary postponement, stress incontinence, urge incontinence, urinary urgency, or urinary incontinence, or dysfunctional urinary voiding. These conditions are associated with abnormal displacement of one or more pelvic organs. Exclusions: - Diurnal enuresis (6C00.1) - Enuresis (6C00) - Nocturnal and diurnal enuresis (6C00.2) - Nocturnal enuresis (6C00.0) Coded Elsewhere: Absent or diminished bladder sensation associated with pelvic organ prolapse (GC50.10)
GC40.60	Overactive bladder associated with pelvic organ prolapse A condition of the bladder, caused by impaired kidney function, dysfunctional or absent nerve innervation, involuntary contraction of the bladder muscles, diabetes, pharmacological use, or infection. This condition is characterised by a sudden urge to urinate, urinary frequency, and urge incontinence. This condition may also present with nocturia.
GC40.6Y	Other specified functional bladder disorders associated with pelvic organ prolapse
GC40.6Z	Functional bladder disorders associated with pelvic organ prolapse, unspecified
GC40.Z	Pelvic organ prolapse, unspecified
GC41	Anorectal dysfunction associated with pelvic organ prolapse Any condition characterised by abnormal or absent function of the anus and rectum and dysfunctional defecation or flatus. These conditions are associated with abnormal displacement of one or more pelvic organs.

GC42	Sexual dysfunction associated with pelvic organ prolapse A condition affecting women, characterised by difficulties experienced in the sensations or function of the genital system during normal sexual activity. This condition is associated with abnormal displacement of the vagina, introitus, or pelvic floor tissues.
GC42.0	Diminished sensation due to vaginal or introital laxity A condition characterised by decreased or absent feeling due to decreased muscle tone in the vaginal muscles or at the vaginal opening (introitus).
GC42.1	Obstructed intercourse A condition of the genital system, caused by obstruction or blockage in the vaginal canal, or hypertonicity of the vaginal muscles. This condition is characterised by the inability to engage in vaginal sexual intercourse.
GC4Z	Female pelvic floor dysfunction, unspecified
GC50	Functional bladder disorders, not otherwise specified Any other condition characterised by symptoms that include overactive bladder syndrome, voiding postponement, stress incontinence, giggle incontinence, and dysfunctional voiding in children, without further specification. <i>Exclusions:</i> - 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. <i>Exclusions:</i> - Diurnal enuresis (6C00.1) - Nocturnal and diurnal enuresis (6C00.2) - Enuresis (6C00) - Nocturnal enuresis (6C00.0) <i>Coded Elsewhere:</i> 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 anorgasm

HA02.00 Anorgasmia, lifelong, generalised

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.01 Anorgasmia, lifelong, situational

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.02 Anorgasmia, acquired, generalised

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.03 Anorgasmia, acquired, situational

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.0Z Anorgasmia, unspecified

HA02.Y Other specified orgasmic dysfunctions

HA02.Z Orgasmic dysfunctions, unspecified

HA03**Ejaculatory dysfunctions**

Ejaculatory dysfunctions refer to difficulties with ejaculation in men, including ejaculatory latencies that are experienced as too short (Male early ejaculation) or too long (Male delayed ejaculation).

Coded Elsewhere: Retrograde ejaculation (MF40.3)

HA03.0**Male early ejaculation**

Male early ejaculation is characterised by ejaculation that occurs prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.00

Male early ejaculation, lifelong, generalised

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.01

Male early ejaculation, lifelong, situational

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.02

Male early ejaculation, acquired, generalised

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.03

Male early ejaculation, acquired, situational

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.0Z

Male early ejaculation, unspecified

HA03.1**Male delayed ejaculation**

Male delayed ejaculation is characterised by an inability to achieve ejaculation or an excessive or increased latency of ejaculation, despite adequate sexual stimulation and the desire to ejaculate. The pattern of delayed ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.10

Male delayed ejaculation, lifelong, generalised

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.11	Male delayed ejaculation, lifelong, situational The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.
HA03.12	Male delayed ejaculation, acquired, generalised The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.
HA03.13	Male delayed ejaculation, acquired, situational The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.
HA03.1Z	Male delayed ejaculation, unspecified
HA03.Y	Other specified ejaculatory dysfunctions
HA03.Z	Ejaculatory dysfunctions, unspecified
HA0Y	Other specified sexual dysfunctions
HA0Z	Sexual dysfunctions, unspecified

Sexual pain disorders (HA20-HA2Z)

Sexual pain disorders refer to marked and persistent or recurrent difficulties related to the experience of pain during sexual activity in adult people, which are not entirely attributable to an underlying medical condition, insufficient lubrication in women, age-related changes, or changes associated with menopause in women and are associated with clinically significant distress.

Inclusions: Psychogenic dyspareunia

Coded Elsewhere: Dyspareunia (GA12)

HA20

Sexual pain-penetration disorder

Sexual pain-penetration disorder is characterised by at least one of the following: 1) marked and persistent or recurrent difficulties with penetration, including due to involuntary tightening or tautness of the pelvic floor muscles during attempted penetration; 2) marked and persistent or recurrent vulvovaginal or pelvic pain during penetration; 3) marked and persistent or recurrent fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of penetration. The symptoms are recurrent during sexual interactions involving or potentially involving penetration, despite adequate sexual desire and stimulation, are not entirely attributable to a medical condition that adversely affects the pelvic area and results in genital and/or penetrative pain or to a mental disorder, are not entirely attributable to insufficient vaginal lubrication or post-menopausal/age-related changes, and are associated with clinically significant distress.

Exclusions: Dyspareunia (GA12)

Pain related to vulva, vagina or pelvic floor (GA34.0)

HA20.0

Sexual pain-penetration disorder, lifelong, generalised

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.1

Sexual pain-penetration disorder, lifelong, situational

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.2

Sexual pain-penetration disorder, acquired, generalised

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.3

Sexual pain-penetration disorder, acquired, situational

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.Z

Sexual pain-penetration disorder, unspecified

HA2Y

Other specified sexual pain disorders

HA2Z**Sexual pain disorders, unspecified****HA40****Aetiological considerations in sexual dysfunctions and sexual pain disorders****HA40.0****Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment**

This category should be assigned when there is evidence that an underlying or co-occurring health condition, including hormonal, neurological, and vascular conditions, injuries, and consequences of surgical or radiation treatment is an important contributing factor to a Sexual Dysfunction or a Sexual Pain Disorder. In such cases, the diagnosis corresponding to the underlying or co-occurring health condition should also be assigned. However, underlying or contributory mental disorders should be noted using the qualifier 'Associated with psychological and behavioural factors, including mental disorders', rather than using with this category.

HA40.1**Aetiological considerations associated with psychological or behavioural factors, including mental disorders**

This category should be assigned when psychological and behavioural factors or symptoms are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include low self-esteem, negative attitudes toward sexual activity, adverse past sexual experiences, and behavioural patterns such as poor sleep hygiene and overwork. Depressive, anxiety, or cognitive symptoms as well as other symptoms of Mental, Behavioural, or Neurodevelopmental Disorders may also interfere with sexual functioning. If the symptoms reach the level of constituting a diagnosable Mental and Behavioural Disorder and the Sexual Dysfunction or Sexual Pain Disorder is an independent focus of clinical attention, this category should be used and the appropriate Mental and Behavioural Disorder diagnosis should also be assigned. However, underlying or contributory Disorders Due to Substance Use should be noted using the category 'Associated with use of psychoactive substance or medication', rather than using this category.

HA40.2**Aetiological considerations associated with use of psychoactive substance or medication**

This category should be assigned when there is evidence that the direct physiological effects of a psychoactive substance or medication are an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. Examples include selective serotonin reuptake inhibitors, histamine-2 receptor antagonists (e.g., cimetidine), alcohol, opioids, and amphetamines. If the diagnostic requirements for a Disorder Due to Substance Use are met, the appropriate Disorder Due to Substance Use diagnosis should also be assigned.

HA40.3**Aetiological considerations associated with lack of knowledge or experience**

This category should be assigned when, in the clinician's judgment, the individual's lack of knowledge or experience of her or his own body, sexual functioning, and sexual response is an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. This includes inaccurate information or myths about sexual functioning.

- HA40.4 Aetiological considerations associated with relationship factors**
 This category should be assigned when, in the clinician's judgment, relationship factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include relationship conflict or lack of romantic attachment. This category may also be used when the Sexual Dysfunction or Sexual Pain Disorder is associated with a Sexual Dysfunction or Sexual Pain Disorder in the sexual partner.
- HA40.5 Aetiological considerations associated with cultural factors**
 This category should be assigned when, in the clinician's judgment, cultural factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Cultural factors may influence expectations or provoke inhibitions about the experience of sexual pleasure or other aspects of sexual activity. Other examples include strong culturally shared beliefs about sexual expression, for example a belief that loss of semen can lead to weakness, disease or death.
- HA40.Y Other specified aetiological considerations in sexual dysfunctions and sexual pain disorders**

Gender incongruence (HA60-HA6Z)

Gender incongruence is characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex. Gender variant behaviour and preferences alone are not a basis for assigning the diagnoses in this group.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA60

Gender incongruence of adolescence or adulthood

Gender Incongruence of Adolescence and Adulthood is characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA61

Gender incongruence of childhood

Gender incongruence of childhood is characterised by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30-6D3Z)

HA6Z	Gender incongruence, unspecified
HA8Y	Other specified conditions related to sexual health
HA8Z	Conditions related to sexual health, unspecified

CHAPTER 18

Pregnancy, childbirth or the puerperium

This chapter has 83 four-character categories.

Code range starts with JA00

A group of conditions characterised as occurring during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: The codes included in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)

Exclusions: Postpartum necrosis of pituitary gland (5A61.0)
Obstetrical tetanus (1C14)
Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Gestational trophoblastic diseases
Contact with health services for reasons associated with reproduction (QA20-QA4Z)

This chapter contains the following top level blocks:

- Abortive outcome of pregnancy
- Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium
- Obstetric haemorrhage
- Certain specified maternal disorders predominantly related to pregnancy
- Maternal care related to the fetus, amniotic cavity or possible delivery problems
- Complications of labour or delivery
- Delivery
- Complications predominantly related to the puerperium
- Certain obstetric conditions, not elsewhere classified
- Gestational trophoblastic diseases

Abortive outcome of pregnancy (JA00-JA0Z)

A group of conditions characterised by pregnancy which does not result in live offspring. These conditions include e.g. abortion, ectopic pregnancy or molar pregnancy.

Exclusions: Continuing pregnancy after abortion of one fetus or more (JA81.1)

JA00 Abortion

JA00.0	Spontaneous abortion Spontaneous abortion (also referred to as miscarriage) is a spontaneous loss of pregnancy (i.e. embryo or fetus) before 22 completed weeks of gestation. When information on gestational age is unavailable, use birthweight less than 500 grams as the criteria. Spontaneous abortions (miscarriages) are distinct from cases of induced abortion.
JA00.00	Spontaneous abortion, incomplete, complicated by genital tract or pelvic infection A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by genital tract or pelvic infection. This condition is characterised by the incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.
JA00.01	Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by delayed or excessive bleeding. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.
JA00.02	Spontaneous abortion, incomplete, complicated by embolism A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by embolism. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.
JA00.03	Spontaneous abortion, incomplete, with other or unspecified complications
JA00.04	Spontaneous abortion, incomplete, without complication A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence without any associated complications. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.
JA00.05	Spontaneous abortion, complete or unspecified, complicated by genital tract or pelvic infection
JA00.06	Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by delayed or excessive bleeding. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks' gestation or weighing less than 500 grams.

JA00.07	Spontaneous abortion, complete or unspecified, complicated by embolism A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by embolism. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.
JA00.08	Spontaneous abortion, complete or unspecified, with other or unspecified complications
JA00.09	Spontaneous abortion, complete or unspecified, without complication
JA00.1	Induced abortion Induced abortion (also referred to as Artificial termination of pregnancy) is a complete expulsion or extraction from a woman of an embryo or a fetus (irrespective of the duration of the pregnancy), following a deliberate interruption of an ongoing pregnancy by medical or surgical means, which is not intended to result in a live birth. Induced abortions are distinct from cases of spontaneous abortion and stillbirth. Inclusions: therapeutic abortion
JA00.10	Induced abortion, incomplete, complicated by genital tract or pelvic infection
JA00.11	Induced abortion, incomplete, complicated by delayed or excessive haemorrhage
JA00.12	Induced abortion, incomplete, complicated by embolism
JA00.13	Induced abortion, incomplete, with other or unspecified complications
JA00.14	Induced abortion, incomplete, without complication
JA00.15	Induced abortion, complete or unspecified, complicated by genital tract or pelvic infection
JA00.16	Induced abortion, complete or unspecified, complicated by delayed or excessive haemorrhage A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by delayed or excessive bleeding. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.
JA00.17	Induced abortion, complete or unspecified, complicated by embolism A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by embolism. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.
JA00.18	Induced abortion, complete or unspecified, with other complication
JA00.19	Induced abortion, complete or unspecified, without complication
JA00.2	Unspecified abortion

JA00.20	Unspecified abortion, incomplete, complicated by genital tract or pelvic infection
JA00.21	Unspecified abortion, incomplete, complicated by delayed or excessive haemorrhage
JA00.22	Unspecified abortion, incomplete, complicated by embolism
JA00.23	Unspecified abortion, incomplete, with other or unspecified complications
JA00.24	Unspecified abortion, incomplete, without complication
JA00.25	Unspecified abortion, complete or unspecified, complicated by genital tract or pelvic infection
JA00.26	Unspecified abortion, complete or unspecified, complicated by delayed or excessive haemorrhage
JA00.27	Unspecified abortion, complete or unspecified, complicated by embolism
JA00.28	Unspecified abortion, complete or unspecified, with other or unspecified complications
JA00.29	Unspecified abortion, complete or unspecified, without complication
JA00.3	Failed attempted abortion Ongoing pregnancy after medical or surgical interventions which fail to terminate the pregnancy. Inclusions: failure of attempted induction of abortion Exclusions: incomplete abortion (JA00.1)
JA00.30	Failed medical abortion, complicated by genital tract or pelvic infection Medical interventions which fail to terminate the pregnancy and complicated by genital tract and pelvic infection
JA00.31	Failed medical abortion, complicated by delayed or excessive haemorrhage Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage
JA00.32	Failed medical abortion, complicated by embolism Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage
JA00.33	Failed medical abortion, with other or unspecified complications Medical interventions which fail to terminate the pregnancy and associated with other and unspecified complications.
JA00.34	Failed medical abortion, without complication Medical interventions which fail to terminate the pregnancy without any associated complications.
JA00.35	Other or unspecified failed attempted abortion, complicated by genital tract or pelvic infection

JA00.36	Other or unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage
JA00.37	Other or unspecified failed attempted abortion, complicated by embolism
JA00.38	Other or unspecified failed attempted abortion, with other or unspecified complications
JA00.39	Other or unspecified failed attempted abortion, without complication
JA01	Ectopic pregnancy Any condition characterised by implantation of the embryo outside the endometrium and endometrial cavity during pregnancy. <i>Inclusions:</i> ruptured ectopic pregnancy
JA01.0	Abdominal pregnancy A condition characterised by implantation of the embryo within the peritoneal cavity during pregnancy. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> Early fetal death with retention of dead fetus <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Pre-eclampsia superimposed on chronic hypertension (JA21)
JA20.0	Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.1	Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium
	A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated heart disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.
	Inclusions: Hypertensive heart disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
JA20.2	Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium
	A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated renal disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.
JA20.3	Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium
	Blood pressure of 140 mm Hg or greater systolic and/or 90 mm Hg or greater diastolic diagnosed preconception or in the first 20 weeks of pregnancy with associated heart and renal disease
	Inclusions: Hypertensive heart and renal disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
JA20.4	Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium
	A condition affecting pregnant females, caused by renal disease, endocrine disorders, or tumours. This condition is characterised by blood pressure greater than 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.
	Inclusions: Secondary hypertension specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
JA20.Y	Other specified pre-existing hypertension complicating pregnancy, childbirth or the puerperium
JA20.Z	Pre-existing hypertension complicating pregnancy, childbirth or the puerperium, unspecified

JA21**Pre-eclampsia superimposed on chronic hypertension**

A condition affecting pregnant females over 20 weeks gestation. This condition is characterised by systolic blood pressure greater than 140mmHg and diastolic greater or equal to 90mmHg on two occasions 4 hours apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction in a female diagnosed with pre-existing hypertension.

Inclusions: Superimposed pre-eclampsia

JA22**Gestational oedema or proteinuria without hypertension**

A condition affecting pregnant females, characterised by excessive systemic fluid build-up and serum proteins in the urine, without an abnormally elevated blood pressure induced by pregnancy.

Inclusions: Pregnancy-induced oedema and proteinuria without hypertension

JA22.0**Gestational proteinuria without hypertension****JA22.1****Gestational oedema without hypertension****JA22.2****Gestational oedema with proteinuria without hypertension**

The accumulation of fluid and proteinuria due to the physiological alterations of pregnancy in the absence of hypertension

JA23**Gestational hypertension**

A condition affecting pregnant females, characterised by systolic blood pressure greater than 140mmHg and/or a diastolic blood pressure greater or equal to 90mmHg on two occasions, 4 hours or more apart. Can be newly diagnosed after 20 weeks gestation or before 1 week postpartum. Confirmation is by measurement of blood pressure, liver and kidney functions test, and urine test.

JA24**Pre-eclampsia**

This condition is characterised by systolic blood pressure greater than 140 mmHg and/or diastolic greater or equal to 90 mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA24.0**Mild to moderate pre-eclampsia**

This condition is characterised by systolic blood pressure greater than 140 mmHg and/or diastolic greater or equal to on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.1	Severe pre-eclampsia This condition is characterised by systolic blood pressure greater than 160 mmHg and/or diastolic greater or equal to 110 mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.
JA24.2	HELLP syndrome severe preeclampsia associated with haemolysis, elevated liver enzymes, or low platelets
JA24.Z	Pre-eclampsia, unspecified
JA25	Eclampsia Any condition affecting pregnant females, characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that may occur during pregnancy, labour, or the puerperium.
JA25.0	Eclampsia in pregnancy This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during pregnancy.
JA25.1	Eclampsia in labour This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during labour.
JA25.2	Eclampsia in the puerperium This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during the puerperium.
JA25.3	Eclampsia, time period unspecified Onset of convulsions in a woman with pre-eclampsia not attributable to other causes without a specific onset time.
JA2Z	Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium, unspecified

Obstetric haemorrhage (JA40-JA4Z)

JA40	Haemorrhage in early pregnancy <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
<i>Coding Note:</i>	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
<i>Coding Note:</i>	Code also the causing condition
JA42.Y	Other specified intrapartum haemorrhage
JA42.Z	Intrapartum haemorrhage, unspecified
JA43	Postpartum haemorrhage <i>Coding Note:</i> Code also the causing condition <i>Inclusions:</i> 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 varicose 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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
	<i>Exclusions:</i> - 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
	<i>Inclusions:</i> 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.
	<i>Exclusions:</i> 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
	<i>Inclusions:</i> Failure of head to enter pelvic brim
JA82.5	Maternal care for multiple gestation with malpresentation of one fetus or more
JA82.6	Maternal care for compound presentation

JA82.Y	Maternal care for known or suspected other specified malpresentation of fetus
JA82.Z	Maternal care for known or suspected malpresentation of fetus, unspecified
JA83	Maternal care for known or suspected disproportion A condition characterised by the provision of health interventions to the mother due to the situation in which the head or body of the fetus is too large to fit through the pelvis of the mother. <i>Exclusions:</i> Obstructed labour due to maternal pelvic abnormality (JB05) Obstructed labour due to other causes (JB06)
JA83.0	Maternal care for disproportion due to deformity of maternal pelvic bones
JA83.1	Maternal care for disproportion due to generally contracted pelvis
JA83.2	Maternal care for disproportion due to inlet contraction of pelvis
JA83.3	Maternal care for disproportion due to outlet contraction of pelvis
JA83.4	Maternal care for disproportion of mixed maternal and fetal origin
JA83.5	Maternal care for disproportion due to unusually large fetus
JA83.6	Maternal care for disproportion due to hydrocephalic fetus
JA83.Y	Maternal care for known or suspected other specified disproportion
JA83.Z	Maternal care for known or suspected disproportion, unspecified
JA84	Maternal care for known or suspected abnormality of pelvic organs A condition characterised by the provision of health interventions to the mother due to some abnormality that is either suspected or known to be present in one or more of her pelvic organs. <i>Exclusions:</i> 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. <i>Exclusions:</i> maternal care for tumour of cervix (JA84)
JA84.2	Maternal care due to uterine scar from previous surgery <i>Inclusions:</i> Maternal care for scar from prior uterine surgery <i>Exclusions:</i> 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. <i>Exclusions:</i> maternal care for vaginal varices in pregnancy (JA61.1)
JA84.5	Maternal care for abnormality of vulva or perineum <i>Exclusions:</i> 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. <i>Exclusions:</i> Maternal care for known or suspected disproportion (JA83)
JA85.0	Maternal care for known or suspected central nervous system malformation in fetus <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Missed abortion (JA03)
JA86.4	Maternal care for fetal growth restriction
JA86.5	Maternal care for suspected macrosomia <i>Inclusions:</i> Maternal care for known or suspected large-for-dates
JA86.6	Maternal care for viable fetus in abdominal pregnancy
JA86.Y	Maternal care for other specified fetal problems
JA86.Z	Maternal care for other known or suspected fetal problems, unspecified
JA87	Maternal care related to polyhydramnios Excessive amniotic fluid normally diagnosed on ultrasound either subjectively using either single deepest vertical pocket of greater or equal to 8 cm and/or amniotic fluid index greater or equal to 24 cm. <i>Inclusions:</i> Hydramnios
JA88	Maternal care related to certain specified disorders of amniotic fluid or membranes <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> dystocia due to abnormality of fetus (JB06)
JB05.5	Obstructed labour due to abnormality of maternal pelvic organs <i>Inclusions:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> that involving anal sphincter (JB09.2)
JB09.2	Third degree perineal laceration during delivery Perineal lacerations extending farther to involve the anal sphincter. <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Vesicovaginal fistula (GC04.10) Urethrovaginal fistula (GC04.14) Combined urethrovesicovaginal fistula (GC04.15) Vesicouterine fistula with severe scar or extensive tissue loss (GC04.17) Other combined urinary fistula with severe scar or extensive tissue loss (GC04.18) Rectovaginal fistula (GC04.16) Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss (GC04.19) Vaginal stenosis or gynatresia related to obstetric fistula (GC04.1A) Obstetric Fistula (GC04.1Z)
JB0A.0	Rupture of uterus before onset of labour An injury characterised by rupture of the myometrial wall of the uterus before the onset of labour. This injury is caused by pregnancy. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.
JB0A.1	Rupture of uterus during labour An injury characterised by rupture of the myometrial wall of the uterus during labour. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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

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
JB24.0	Multiple delivery, all spontaneous A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate spontaneously from the uterus.
JB24.1	Multiple delivery, all by forceps or vacuum extractor A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus using forceps and vacuum extractor.

JB24.2	Multiple delivery, all by caesarean section
	A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus by caesarean section.
JB24.3	Multiple delivery by combination of methods with caesarean
JB24.Y	Other specified multiple delivery
JB24.Z	Multiple delivery, unspecified
JB2Z	Delivery, unspecified

Complications predominantly related to the puerperium (JB40-JB4Z)

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Obstetrical tetanus (1C14)

Coded Elsewhere: Postpartum symptom or complaint (MF35)

JB40 Infections in the puerperium

Exclusions: infection during labour (JB0D)

JB40.0 Puerperal sepsis

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

Exclusions: Obstetric pyaemic or septic embolism (JB42.3)
sepsis during labour (JB0D)

JB40.1 Infection of obstetric surgical wound

JB40.2 Other infection of genital tract following delivery

JB40.3 Urinary tract infection following delivery

JB40.4 Pyrexia of unknown origin following delivery

Exclusions: puerperal fever (JB40.0)
Pyrexia during labour, not elsewhere classified (JB0D.2)

JB40.Y Other specified infections in the puerperium

JB40.Z Infections in the puerperium, unspecified

JB41 Venous complications in the puerperium

Exclusions: Venous complications in pregnancy (JA61)
Obstetric embolism (JB42)

JB41.0 Superficial thrombophlebitis in the puerperium

- JB41.1** **Deep phlebothrombosis in the puerperium**
- JB41.2** **Haemorrhoids in the puerperium**
- JB41.3** **Cerebral venous thrombosis in the puerperium**
- JB41.Y** **Other specified venous complications in the puerperium**
- JB41.Z** **Venous complications in the puerperium, unspecified**

JB42

Obstetric embolism

A condition characterised by the lodging of a blood clot, a fat globule or a gas bubble (embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Embolism following abortion, ectopic or molar pregnancy (JA05.2)

JB42.0 **Obstetric air embolism**

A condition characterised by the lodging of a gas bubble (air embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.1 **Amniotic fluid embolism**

Amniotic fluid embolism is a rare obstetric emergency in which it is postulated that amniotic fluid, fetal cells, hair, or other debris enter the maternal circulation, causing cardiorespiratory collapse.

Inclusions: Anaphylactoid syndrome of pregnancy

JB42.2 **Obstetric blood-clot embolism**

A condition characterised by the lodging of a blood clot (a specific type of embolus known as a thrombus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.3 **Obstetric pyaemic or septic embolism**

JB42.Y **Other specified obstetric embolism**

JB42.Z **Obstetric embolism, unspecified**

JB43**Complications of anaesthesia during the puerperium**

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

Exclusions: Complications of anaesthesia during pregnancy (JA67)
Complications of anaesthesia during labour or delivery (JB0C)

JB43.0 Pulmonary complications of anaesthesia during the puerperium

JB43.1 Cardiac complications of anaesthesia during the puerperium

JB43.2 Central nervous system complications of anaesthesia during the puerperium

JB43.3 Spinal or epidural anaesthesia-induced headache during the puerperium

JB43.4 Other complications of spinal or epidural anaesthesia during the puerperium

JB43.5 Failed or difficult intubation during the puerperium

JB43.6 Awareness under general anaesthesia during the puerperium

JB43.Y Other specified complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB43.Z Complications of anaesthesia during the puerperium, unspecified

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB44**Certain specified complications of the puerperium**

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium) which are not classified elsewhere.

JB44.0 Disruption of caesarean section wound

JB44.1 Disruption of perineal obstetric wound

Inclusions: Secondary perineal tear

JB44.2 Haematoma of obstetric wound

JB44.3 Cardiomyopathy in the puerperium

A group of diseases in which the dominant feature is the involvement of the cardiac muscle itself occurring in puerperium, the period of 6-8 weeks after giving birth. Cardiomyopathies are classified according to their predominant pathophysiological features or their etiological/pathological factors.

JB44.4 Postpartum acute renal failure

JB44.5 Postpartum thyroiditis

Postpartum thyroiditis (PPT) is the occurrence, in the postpartum period, of transient hyperthyroidism and/or transient hypothyroidism, with most women returning to the euthyroid state by 1 year postpartum.

JB44.6	Puerperal osteomalacia
Coding Note:	Code also the causing condition
JB44.Y	Other specified complications of the puerperium
JB44.Z	Complications of the puerperium, unspecified
JB45	Infections of breast associated with childbirth
JB45.0	Abscess of breast associated with childbirth
JB45.1	Nonpurulent mastitis associated with childbirth
JB45.Y	Other specified infections of breast associated with childbirth
JB45.Z	Infections of breast associated with childbirth, unspecified
JB46	Certain specified disorders of breast or lactation associated with childbirth
	Coded Elsewhere: Breast or lactation symptom or complaint (MF31)
JB46.0	Retracted nipple associated with childbirth
	A condition characterised as the abnormal inversion of a nipple that does not return to normal position even when stimulated that has occurred in association with childbirth.
JB46.1	Cracked nipple associated with childbirth
JB46.2	Other or unspecified disorders of breast associated with childbirth
JB46.3	Agalactia
	Inclusions: Failure of lactation Primary agalactia
JB46.4	Hypogalactia
	Inclusions: Insufficient milk supply Delayed milk supply
JB46.5	Suppressed lactation
JB46.6	Galactorrhoea
	Excessive or inappropriate lactation in females or males, and not necessarily related to pregnancy. Galactorrhoea can occur either unilaterally or bilaterally, and be profuse or sparse. Its most common cause is hyperprolactinemia.
	Inclusions: Oversupply of milk
	Exclusions: Galactorrhoea not associated with childbirth (GB23.4)
JB46.7	Other or unspecified disorders of lactation
JB4Z	Complications predominantly related to the puerperium, unspecified

Certain obstetric conditions, not elsewhere classified (JB60-JB6Z)

Any condition characterised by an obstetric complication, condition, disease, or death during pregnancy, labour and delivery, or the puerperium that is not elsewhere classified.

JB60

Obstetric death of unspecified cause

A condition characterised by maternal death during pregnancy or within 42 days following delivery. This death may be associated with physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium, but has no specified cause.

JB61

Death from any obstetric cause occurring more than 42 days but less than one year after delivery

A condition characterised by maternal death between 43 days and one year following delivery. This death is caused by any physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium.

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

Exclusions: Sequelae of complication of pregnancy, childbirth or the puerperium (JB65)

Death from sequelae of obstetric causes (JB62)

JB61.0

Death from direct obstetric cause occurring more than 42 days but less than one year after delivery

Any condition directly resulting in death due to any cause associated with the physiological or other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: This category is to be used to indicate death from direct obstetric cause and occurring more than 42 days but less than one year after delivery.

JB61.1

Death from indirect obstetric cause occurring more than 42 days but less than one year after delivery

Any condition indirectly resulting in death via an intermediate cause due to any issue associated with the physiological or other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: This category is to be used to indicate death from indirect obstetric cause and occurring more than 42 days but less than one year after delivery.

JB61.Z

Death from obstetric cause occurring more than 42 days but less than one year after delivery, unspecified whether direct or indirect

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

JB62	Death from sequelae of obstetric causes A secondary condition of pregnant females, caused by and subsequent to any complications during pregnancy, childbirth, or puerperium. This condition is characterised by maternal death. <i>Inclusions:</i> 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 <i>Exclusions:</i> - Obstetrical tetanus (1C14) - Laboratory evidence of human immunodeficiency virus (MA14.0) - Asymptomatic human immunodeficiency virus infection (1C62.0) - puerperal infection (JB40) - Puerperal sepsis (JB40.0) - when the reason for maternal care is that the disease is known or suspected to have affected the fetus (JA80-JA8Z)
JB63.0	Tuberculosis complicating pregnancy, childbirth or the puerperium
JB63.00	Tuberculous placenta
JB63.0Y	Other specified tuberculosis complicating pregnancy, childbirth or the puerperium
JB63.0Z	Tuberculosis complicating pregnancy, childbirth or the puerperium, unspecified
JB63.1	Syphilis complicating pregnancy, childbirth or the puerperium Syphilis complicating pregnancy, childbirth or the puerperium
JB63.2	Gonorrhoea complicating pregnancy, childbirth or the puerperium

JB63.3	Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium
JB63.4	Viral hepatitis complicating pregnancy, childbirth or the puerperium
JB63.5	Other viral diseases complicating pregnancy, childbirth or the puerperium
JB63.6	Protozoal diseases complicating pregnancy, childbirth or the puerperium
JB63.60	Malaria complicating pregnancy, childbirth, or the puerperium
JB63.6Y	Other specified protozoal diseases complicating pregnancy, childbirth or the puerperium
JB63.6Z	Protozoal diseases complicating pregnancy, childbirth or the puerperium, unspecified
JB63.7	Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium
JB63.Y	Other specified maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium
JB63.Z	Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified

JB64 **Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium**

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: when the reason for maternal care is that the condition is known or suspected to have affected the fetus (JA85)
infectious and parasitic diseases (JB63)
Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)
Injury complicating pregnancy (ND56.9)

JB64.0 **Anaemia complicating pregnancy, childbirth or the puerperium**

A condition of the circulatory system affecting pregnant females, characterised by a haemoglobin level below 11 grams per decilitre that complicates pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.1	Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium Any disease affecting pregnant females, characterised by pathological changes to the blood and blood-forming organs and pathological changes involving the immune mechanism that complicate pregnancy, childbirth, or the puerperium not classified elsewhere. Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter. Exclusions: Antepartum haemorrhage with coagulation defect (JA41.0) Intrapartum haemorrhage with coagulation defect (JA42.0)
JB64.2	Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium Any disease affecting pregnant females, characterised by endocrine, nutrition, or metabolic manifestations that complicate pregnancy, childbirth, or the puerperium. Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter. Exclusions: Malnutrition in pregnancy (JA64) Diabetes mellitus in pregnancy (JA63) Postpartum thyroiditis (JB44.5)
JB64.3	Diseases of the nervous system complicating pregnancy, childbirth or the puerperium Any disorder or disease of the nervous system affecting pregnant females leading to complications during pregnancy, childbirth, or puerperium. Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter. Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)
JB64.4	Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter. Exclusions: Obstetric embolism (JB42) venous complications and cerebrovenous sinus thrombosis in pregnancy (JA61) Venous complications in the puerperium (JB41) Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20-JA2Z) Cardiomyopathy in the puerperium (JB44.3) Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

JB64.5 Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.6 Diseases of the digestive system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

JB64.7 Diseases of the skin complicating pregnancy, childbirth or the puerperium

Diseases of the skin or subcutaneous tissue not specifically related to pregnancy but which contribute to increased morbidity during pregnancy, childbirth or the puerperium, for example genetic blistering disorders or lichen sclerosus.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Herpes gestationis (JA65.10)
Gestational pemphigoid (JA65.10)
Polymorphic eruption of pregnancy (JA65.12)
Pregnancy dermatoses (JA65.1)
Pruritus of pregnancy (JA65.11)

JB64.8 Congenital anomaly complicating pregnancy

JB64.Y Other specified maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB65 Sequelae of complication of pregnancy, childbirth or the puerperium

A secondary condition that develops during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the six weeks following delivery (puerperium).

Exclusions: Death from any obstetric cause occurring more than 42 days but less than one year after delivery (JB61)
Death from sequelae of obstetric causes (JB62)

JB6Y Other specified obstetric conditions, not elsewhere classified

JB6Z Unspecified obstetric condition

CHAPTER 19

Certain conditions originating in the perinatal period

This chapter has 151 four-character categories.

Code range starts with KA00

This chapter includes conditions that have their origin in the perinatal period even though death or morbidity occurs later.

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

Exclusions:

- Endocrine, nutritional or metabolic diseases (Chapter 05)
- Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)
- Neoplasms (Chapter 02)
- Injury, poisoning or certain other consequences of external causes (Chapter 22)
- Congenital gonococcal infection (1A70-1A7Z)
- Certain infectious or parasitic diseases - acquired after birth (Chapter 01)
- Gastroenteritis or colitis of infectious origin (1A00-1A40.Z)
- Hereditary haemolytic anaemia (3A10)
- Transient hypogammaglobulinaemia of infancy (4A01.03)
- Certain congenital diseases of the nervous system (Chapter 08)
- congenital cardiomyopathy (BC43)
- Paralytic ileus (DA93.0)
- Pemphigus neonatorum (EA50)
- Cradle cap (EH40.00)

This chapter contains the following top level blocks:

- Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery
- Disorders of newborn related to length of gestation or fetal growth
- Birth injury
- Infections of the fetus or newborn
- Haemorrhagic or haematological disorders of fetus or newborn

- Neurological disorders specific to the perinatal or neonatal period
- Respiratory disorders specific to the perinatal or neonatal period
- Cardiovascular disorders present in the perinatal or neonatal period
- Transitory endocrine or metabolic disorders specific to fetus or newborn
- Digestive system disorders of fetus or newborn
- Genitourinary system disorders specific to the perinatal or neonatal period
- Disorders involving the integument of fetus or newborn
- Disturbances of temperature regulation of newborn
- Certain disorders originating in the perinatal period

Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery (KA00-KA0Z)

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother or by an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00

Fetus or newborn affected by maternal conditions that may be unrelated to present pregnancy

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother which are unrelated to the present pregnancy.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal complications of pregnancy (KA01)

fetus and newborn affected by maternal endocrine and metabolic disorders (KB60-KB6Z)

Fetus or newborn affected by noxious influences transmitted via placenta or breast milk (KA06)

KA00.0 Fetus or newborn affected by maternal hypertensive disorders

Maternal hypertensive disorders - chronic hypertension, preeclampsia-eclampsia, preeclampsia superimposed on chronic hypertension, and gestational hypertension.

KA00.1 Fetus or newborn affected by gestational oedema or proteinuria without hypertension

KA00.2 Fetus or newborn affected by maternal renal or urinary tract diseases

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother associated with the kidneys and urinary tract.

KA00.3	Fetus or newborn affected by maternal infectious diseases A condition affecting fetuses or newborns, that is (or suspected to be) caused by a maternal infection with a bacterial, viral, fungal, or parasitic source. Exclusions: Infections of the genital tract in pregnancy (JA62.4)
KA00.4	Fetus or newborn affected by periodontal disease in mother
KA00.5	Fetus or newborn affected by maternal respiratory diseases
KA00.6	Fetus or newborn affected by maternal nutritional disorders A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother that are directly or indirectly associated with a lack of essential nutrients in the diet.
KA00.60	Fetus or newborn affected by maternal malnutrition
KA00.61	Fetus or newborn affected by maternal overweight or obesity
KA00.6Y	Other specified fetus or newborn affected by maternal nutritional disorders
KA00.6Z	Fetus or newborn affected by maternal nutritional disorders, unspecified
KA00.7	Fetus or newborn affected by abnormal maternal chemistry
KA00.8	Fetus or newborn affected by maternal injury A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from physical damage or harm. Inclusions: Fetus or newborn affected by maternal injury, poisoning or certain other consequences of external causes
KA00.9	Fetus or newborn affected by maternal chemotherapy
KA00.A	Fetus or newborn affected by surgical procedure on mother A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from surgical health intervention. Exclusions: damage to placenta from amniocentesis, caesarean section or surgical induction (KA02) Termination of pregnancy, affecting surviving fetus or newborn (KD3A) previous surgery to uterus or pelvic organs (KA05) Fetus or newborn affected by caesarean delivery (KA05.4)
KA00.B	Fetus or newborn affected by maternal anaemia
KA00.Y	Fetus or newborn affected by other specified maternal condition that may be unrelated to present pregnancy
Coding Note:	These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00.Z Fetus or newborn affected by unspecified maternal condition that may be unrelated to present pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01 Fetus or newborn affected by maternal complications of pregnancy

Any other condition characterised by findings in the fetus or newborn due to any condition of the mother due to an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.0 Fetus or newborn affected by incompetence of cervix uteri

Cervical incompetence refers to a weakness of the cervix and lower uterine segment, which can lead to recurrent second-trimester or early third-trimester loss of pregnancy due to an inability of the uterine cervix to retain a pregnancy until term. It is associated with a premature shortening of the cervix, dilatation, and opening of the cervical os during pregnancy. Ultrasound changes that suggest cervical incompetence include a cervical length < 1.5 cm, cervical width > 3 cm, and an expanded cervical canal > 8 mm.

KA01.1 Fetus or newborn affected by premature rupture of membranes

Preterm premature rupture of membranes (PPROM) refers to a patient who is at less than 37 weeks' gestation and has presented with a rupture of membranes prior to the onset of labour. Complications include pre-term delivery, ascending infection, umbilical cord prolapse, oligohydramnios, placental abruption, retained placenta, postpartum haemorrhage, or rupture of the vasa praevia.

KA01.2 Fetus or newborn affected by oligohydramnios

Oligohydramnios is defined as a decrease in the volume of amniotic fluid. It is diagnosed if the diameter of the largest amniotic fluid depot is < 2 cm, or if the amniotic fluid index (AFI) is < 5 cm.

Exclusions: Fetus or newborn affected by premature rupture of membranes (KA01.1)

KA01.3 Fetus or newborn affected by polyhydramnios

Polyhydramnios is defined as an abnormally large volume of amniotic fluid within the uterus. An amount of 2 L at term, any single pool >8cm or an amniotic fluid index (AFI) > 24 cm is considered to be polyhydramnios.

Inclusions: fetus or newborn affected by hydramnios

KA01.4	Fetus or newborn affected by ectopic pregnancy An ectopic pregnancy occurs when a pregnancy begins outside of the uterus. The most common site is within one of the fallopian tubes, although in rare cases, ectopic pregnancies can occur in the stomach region, cervix, or ovary. It is often caused by a condition that slows or blocks the movement of a fertilised egg through the fallopian tube to the uterus. Ectopic pregnancies cannot continue to term and the developing cells must be removed to prevent rupture of the ectopic area, which can lead to shock and danger the life of the mother. Inclusions: Abdominal pregnancy affecting fetus or newborn
KA01.5	Fetus or newborn affected by multiple pregnancy A condition characterised by findings in the fetus or newborn due to any condition associated with the presence of a multiple pregnancy.
KA01.6	Fetus or newborn affected by maternal death A condition characterised by findings in the fetus or newborn due to death of the mother.
KA01.7	Fetus or newborn affected by malpresentation before labour Malpresentations are all presentations of the fetus other than the vertex, and includes breech, transverse, shoulder, compound, face, and brow presentations. They may pose risks to the fetus and mother and may necessitate operative vaginal or caesarean delivery, or other interventions to accomplish delivery. Breech presentation, the most common malpresentation, results when the fetal buttocks, legs, feet, or a combination of these presents first into the maternal pelvis.
KA01.8	Fetus or newborn affected by maternal blood loss
KA01.Y	Fetus or newborn affected by other specified maternal complication of pregnancy Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.
KA01.Z	Fetus or newborn affected by unspecified maternal complication of pregnancy Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.
KA02	Fetus or newborn affected by complications of placenta A group of conditions characterised by findings in the fetus or newborn due to an adverse evolution (complication) associated with the placenta, umbilical cord, or chorioamniotic membranes. Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.0	Fetus or newborn affected by placenta praevia Placenta praevia exists when the placenta lies wholly or in part in the lower segment of the uterus. Diagnosis has evolved from the clinical I-IV grading system, and is determined by ultrasonic imaging techniques relating the leading edge of the placenta to the cervical os. Grade I is a low lying placenta, Grade II is a placenta that meets the edge of the cervical os, Grade III is a placenta that partially covers the os, and Grade IV is a placenta that completely covers the os.
KA02.1	Fetus or newborn affected by placental oedema or large placenta A large placenta, also known as placentomegaly, is one that weighs > 750 g. Placentomegaly can be seen in the following conditions: fetal hydrops, maternal diabetes mellitus, Rh incompatibility, chronic infections (e.g. syphilis, cytomegalovirus), maternal anaemia, or acute placental oedema with acute chorioamnionitis.
KA02.2	Fetus or newborn affected by placental infarction Placental infarction is the formation of localised areas of ischemic villous necrosis, usually due to vasospasm of the maternal circulation. The affected regions of the placenta are incompetent, and lead to placental insufficiency if the infarcts are severe.
KA02.3	Fetus or newborn affected by placental insufficiency or small placenta Placental insufficiency is defined as the inability of the placenta to deliver a sufficient supply of oxygen and nutrients to the fetus, and therefore, is unable to sustain the growth of the developing baby until term. Placental insufficiency can result in intrauterine growth restriction (IUGR), pre-eclampsia, abruption, or preterm labour and delivery. A small placenta is defined as a placenta that weighs less than the lower limit of normal for the gestational period. A low placental weight can be the result of a maternal or fetal conditions. Among maternal conditions belong those causing underperfusion of the placenta, such as pre-eclampsia or maternal hypertension. Among fetal conditions belong fetal malformations or chromosomal anomalies.
KA02.4	Fetus or newborn affected by placental transfusion syndromes Twin-to-twin transfusion syndrome (TTTS) occurs in monozygotic twins while they are in the uterus. It occurs when blood travels from one twin to the other, and the twin that loses blood is the donor twin, while the twin that receives blood is the recipient twin. Depending on the severity of the transfusion, both infants may experience problems, such as anaemia, paleness, and dehydration in the donor twin, and redness and an increased blood pressure in the recipient twin. Inclusions: Placental and cord abnormalities resulting in twin-to-twin or other transplacental transfusion
KA02.Y	Fetus or newborn affected by other specified complication of placenta
Coding Note:	These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.Z	Fetus or newborn affected by unspecified complication of placenta
Coding Note:	These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.
KA03	Fetus or newborn affected by complications of umbilical cord
KA03.0	Fetus or newborn affected by prolapsed cord A prolapsed umbilical cord is when the cord enters the opening cervix and down into the birth canal during labour before the baby has left the uterus. The risk of prolapse is higher if the baby is lying in a transverse position, the mother has had more than one baby, an excess amount of amniotic fluid exists, there is preterm prelabour rupture of membranes, or if membranes are artificially ruptured.
KA03.1	Fetus or newborn affected by other compression of umbilical cord A group of conditions characterised by findings in the fetus or newborn due obstruction of blood flow through the umbilical cord secondary to pressure from an external object or misalignment of the cord itself not classified elsewhere. Coded Elsewhere: Fetus or newborn affected by umbilical cord-to-cord entanglements in monoamniotic twins (LB03.Y) Fetus or newborn affected by umbilical cord knot (LB03.Y) Fetus or newborn affected by umbilical cord loop (LB03.Y)
KA03.2	Fetus or newborn affected by abnormalities of umbilical cord length
KA03.20	Fetus or newborn affected by short umbilical cord An umbilical cord < 2 SD in length below mean for the gestational age. At term, this is < 35 cm. Often associated with fetal hypokinesia
KA03.21	Fetus or newborn affected by long umbilical cord An umbilical cord > 2 SD in length above mean for the gestational age. At term, this is > 80 cm.
KA03.2Y	Other specified fetus or newborn affected by abnormalities of umbilical cord length
KA03.2Z	Fetus or newborn affected by abnormalities of umbilical cord length, unspecified
KA03.3	Fetus or newborn affected by vasa praevia An obstetric complication characterised by fetal vessels crossing or running in close proximity to the internal orifice of the cervix (inner cervical os). Exclusions: Fetal blood loss from vasa praevia (KA80.0)
KA03.4	Fetus or newborn affected by traumatic injury of the umbilical cord
KA03.Y	Fetus or newborn affected by other specified complication of umbilical cord
KA03.Z	Fetus or newborn affected by unspecified complication of umbilical cord
KA04	Fetus or newborn affected by other abnormalities of membranes

KA04.0	Fetus or newborn affected by chorioamnionitis Chorioamnionitis is an infection of the placental tissues and amniotic fluid. It can lead to bacteraemia in the mother, which is an infection of the blood, and this can cause preterm birth or infection in the newborn. Organisms which are usually responsible for chorioamnionitis include <i>Escherichia coli</i> (<i>E. coli</i>) and Group B streptococcus. Exclusions: Infections of the fetus or newborn (KA60-KA6Z)
KA04.1	Fetus or newborn affected by amniotic band syndrome
KA04.Y	Fetus or newborn affected by other specified abnormality of membranes
KA04.Z	Fetus or newborn affected by unspecified abnormality of membranes
KA05	Fetus or newborn affected by certain complications of labour or delivery A group of conditions characterised by findings in the fetus or newborn due to any other adverse evolution (complication) during labour and delivery. Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.
KA05.0	Fetus or newborn affected by breech delivery or extraction Breech presentation refers to a fetus that is lying with its bottom downwards. There are three different types of breech presentation: breech with extended legs (frank), fully flexed legs (complete), or footling (incomplete) with one or both thighs extended. Breech presentation is associated with an increased risk of intrapartum trauma or asphyxia, and caesarean section is a common mode of delivery to reduce birth-related complications.
KA05.1	Fetus or newborn affected by other malpresentation, malposition or disproportion during labour or delivery A condition characterised by findings in the fetus or newborn due to abnormal positions of the vertex of the fetal head (malposition) or any presentation position of the fetus other than vertex of the fetal head, first (malpresentation) during labour and delivery.
KA05.2	Fetus or newborn affected by forceps delivery A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with smooth metal instruments curved to fit around the head (forceps).
KA05.3	Fetus or newborn affected by delivery by vacuum extractor A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with a soft or hard plastic or metal cup attached by a tube to a suction device that fits firmly onto the head and attaches with suction (vacuum extractor, ventouse). Inclusions: Fetus and newborn affected by delivery by ventouse

KA05.4	Fetus or newborn affected by caesarean delivery A condition characterised by findings in the fetus or newborn due to delivery via a surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies (Caesarean delivery).
KA05.5	Fetus or newborn affected by precipitate delivery A precipitate delivery is one that is < 3 hours and where contractions are unusually severe. It commonly occurs in multiparous women or when labour has been induced. Due to the force and speed of delivery, trauma may occur to the mother and newborn. The mother may suffer from haemorrhage, perineal laceration, infection, or uterine rupture, and the newborn may suffer from subdural hematoma, anoxia, or fractures.
KA05.6	Fetus or newborn affected by abnormal uterine contractions Abnormal uterine contractions can either be hypertonic or hypotonic. Hypertonic contractions are ones that occur more frequently and are marked by an increase in resting tone to more than 15 mm Hg. Hypotonic contractions are ones where the number of contractions is unusually low, the resting tone of the uterus is less than 10 mm Hg, and the strength of contractions is consistently < 26 mm Hg.
KA05.7	Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm
KA05.70	Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm before onset of labour
KA05.71	Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm during labour
KA05.7Z	Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm, unspecified
KA05.8	Meconium passage during delivery Meconium passage by the fetus during labour and/or delivery process. Exclusions: Neonatal aspiration of meconium (KB26.0) Meconium staining (KD38)
KA05.Y	Fetus or newborn affected or suspected to be affected by other specified complications of labour or delivery
Coding Note:	These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.
KA05.Z	Fetus or newborn affected or suspected to be affected by unspecified complications of labour or delivery
Coding Note:	These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06**Fetus or newborn affected by noxious influences transmitted via placenta or breast milk**

A group of conditions characterised by findings in the fetus or newborn due to the transmission of any harmful or poisonous substance to the fetus or newborn via the placenta or in breast milk.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Inclusions: nonteratogenic effects of substances transmitted via placenta

Exclusions: congenital malformations (Chapter 20)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

KA06.0**Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery**

A condition characterised by findings in the fetus or newborn due to the transmission of anaesthesia or analgesia provided to the mother during the period of time between conception and childbirth.

Inclusions: Reactions and intoxications from maternal opiates and tranquillizers administered during labour and delivery

KA06.1**Fetus or newborn affected by maternal use of tobacco**

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from tobacco use by the mother to the fetus or newborn.

Exclusions: Exposure to tobacco smoke in the perinatal period (KD37)

KA06.2**Fetus or newborn affected by maternal use of alcohol**

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from alcohol use by the mother to the fetus or newborn.

Exclusions: Fetal alcohol syndrome (LD2F.00)

KA06.3**Fetus or newborn affected by maternal use of drugs of addiction**

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from other drug use by the mother to the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)
withdrawal symptoms from maternal use of drugs of addiction (KD35)

KA06.4**Fetus or newborn affected by maternal use of nutritional chemical substances**

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from nutritional chemical use by the mother to the fetus or newborn.

KA06.5 Fetus or newborn affected by maternal exposure to environmental chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from exposure of the mother to environmental chemicals.

KA06.Y Fetus or newborn affected by other specified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06.Z Fetus or newborn affected by unspecified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA07 Neonatal dermatoses due to maternal antibodies

A range of antibody-mediated neonatal skin disorders due to transplacental transfer of maternal antibodies to the fetus. The relevant autoimmune disorder may or may not be apparent in the mother.

KA07.0 Neonatal lupus erythematosus

Neonatal lupus erythematosus results from trans-placental transfer of maternal antibodies, in particular anti-Ro/SSA and anti La/SSB. It manifests with an erythematous rash which may be obviously photosensitive and is closely associated with congenital heart block. The mother may have known lupus, especially subacute cutaneous lupus erythematosus, but she may be asymptomatic. The rash normally subsides within the first few months of life.

KA07.1 Neonatal pemphigus

Neonatal pemphigus vulgaris is a short lived autoimmune skin disease arising as a result of transplacental transmission to the neonate of maternal antibodies. Neonatal pemphigus is characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome component desmoglein 3.

KA07.Y Other specified neonatal dermatoses due to maternal antibodies

KA0Z Fetus or newborn affected by unspecified maternal factors or by complications of pregnancy, labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Disorders of newborn related to length of gestation or fetal growth (KA20-KA2Z)

A group of conditions related to the length of time that the fetus is carried inside the uterus and develops.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20

Disorders of newborn related to slow fetal growth or fetal malnutrition

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0 Small for gestational age

Birth weight below – 2 standard deviations of the mean or below the 10th percentile according to local intrauterine growth charts

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Inclusions: Small-for-dates

KA20.00 Small for gestational age, symmetrical

Growth of the fetus is affected in early pregnancy and growth is slow throughout the duration of the pregnancy. The head circumference is proportional to the rest of the body. Birth weight is 2 standard deviations below the mean, or below the 10th percentile.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.01 Small for gestational age, asymmetrical

This growth restriction leads to a disparity in length and head circumference when compared to birth weight. This condition typically occurs in the third trimester.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0Z Small for gestational age, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1 Intrauterine growth restriction

The fetus does not achieve its predicted genetic potential and infant, not light or small for gestational age, showing signs of fetal malnutrition.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.10 Asymmetrical intrauterine growth restriction

There is restriction of body weight followed by length with general head sparing. This condition occurs late in pregnancy and is caused by extrinsic factors. Fetal malnutrition leading to low ponderal index less than 2 (weight to length ratio) but weight not severe enough to qualify as small for gestational age.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.11	Symmetrical intrauterine growth restriction This condition begins earlier in pregnancy and there is a higher incidence of permanent neurologic sequela. It is often associated with either genetic abnormalities or fetal infection, especially 1st trimester viral infections.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA20.12	Intrauterine growth restriction associated with small for gestational age These infants are classified as small for gestational age but have also been subject to intrauterine growth restriction.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA20.1Y	Other specified intrauterine growth restriction
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA20.1Z	Intrauterine growth restriction, unspecified
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA20.2	Fetal intrauterine malnutrition without mention of small for gestational age Neonate, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
	Exclusions: fetal malnutrition with mention of: light for gestational age (KA21) fetal malnutrition with mention of: small for gestational age (KA20.0)
KA20.Y	Other specified disorders of newborn related to slow fetal growth or fetal malnutrition
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA20.Z	Disorders of newborn related to slow fetal growth or fetal malnutrition, unspecified
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21**Disorders of newborn related to short gestation or low birth weight, not elsewhere classified**

Infants whose weight is appropriate for their gestational ages are termed appropriate for gestational age (AGA). Infants that are heavier than expected are large for gestational age (LGA). Conversely, those smaller than expected are considered small for gestational age (SGA).

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Disorders of newborn related to slow fetal growth or fetal malnutrition (KA20)

KA21.0 Extremely low birth weight of newborn

Newborn birth weight 999 g or less. Infants have increased morbidity including neurosensory disability, cerebral palsy, retinopathy of prematurity, deafness, pulmonary immaturity, chronic lung disease and subnormal cognitive function.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.00 Extremely low birth weight of newborn, 499g or less

A paediatric condition in which the infant is born weighing 499 g or less.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.01 Extremely low birth weight of newborn, 500-749g

A paediatric condition in which the infant is born weighing between 500 and 749 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.02 Extremely low birth weight of newborn, 750-999g

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.0Z Extremely low birth weight of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.1 Very low birth weight of newborn

A paediatric condition in which the infant is born weighing between 1000 and 1499 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.10 Very low birth weight of newborn, 1000-1249g

A paediatric condition in which the infant is born weighing between 1000 and 1249 g.

KA21.11 Very low birth weight of newborn, 1250-1499g

A paediatric condition in which the infant is born weighing between 1250 and 1499 g.

KA21.1Z	Very low birth weight of newborn, unspecified
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.2	Low birth weight of newborn A paediatric condition in which the infant is born weighing between 1500 and 2499 g.
KA21.20	Low birth weight of newborn, 1500-1999g A paediatric condition in which the infant is born weighing between 1500 and 1999 g.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.21	Low birth weight of newborn, 2000-2499g A paediatric condition in which the infant is born weighing between 2000 and 2499 g.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.2Z	Low birth weight of newborn, unspecified
KA21.3	Extreme prematurity of newborn Less than 28 completed weeks (less than 196 completed days) of gestation.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.30	Extreme prematurity of newborn, gestational age less than 22 completed weeks Extreme prematurity of newborn, gestational age less than 22 weeks, 0 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.31	Extreme prematurity of newborn, gestational age 22 completed weeks Extreme prematurity of newborn, gestational age 22 weeks, 0 days through 22 weeks, 6 days.
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.32	Extreme prematurity of newborn, gestational age 23 completed weeks Extreme prematurity of newborn, gestational age 23 weeks, 0 days through 23 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.33	Extreme prematurity of newborn, gestational age 24 completed weeks Extreme prematurity of newborn, gestational age 24 weeks, 0 days through 24 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.34	Extreme prematurity of newborn, gestational age 25 completed weeks Extreme prematurity of newborn, gestational age 25 weeks, 0 days through 25 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.35	Extreme prematurity of newborn, gestational age 26 completed weeks Extreme prematurity of newborn, gestational age 26 weeks, 0 days through 26 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.36	Extreme prematurity of newborn, gestational age 27 completed weeks Extreme prematurity of newborn, gestational age 27 weeks, 0 days through 27 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.3Z	Extreme prematurity of newborn, unspecified
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.4	Preterm newborn Preterm: is less than 37 completed weeks (less than 259 days) of gestation.
Coding Note:	When both birth weight and gestational age are available, priority of assignment must be given to gestational age.
KA21.40	Preterm newborn, gestational age 28 completed weeks Preterm newborn, gestational age 28 weeks, 0 days through 28 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.41	Preterm newborn, gestational age 29 completed weeks Preterm newborn, gestational age 29 weeks, 0 days through 29 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.42	Preterm newborn, gestational age 30 completed weeks Preterm newborn, gestational age 30 weeks, 0 days through 30 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
KA21.43	Preterm newborn, gestational age 31 completed weeks Preterm newborn, gestational age 31 weeks, 0 days through 31 weeks, 6 days
Coding Note:	When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.44 Preterm newborn, gestational age 32 completed weeks
 Preterm newborn, gestational age 32 weeks, 0 days through 32 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.45 Preterm newborn, gestational age 33 completed weeks
 Preterm newborn, gestational age 33 weeks, 0 days through 33 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.46 Preterm newborn, gestational age 34 completed weeks
 Preterm newborn, gestational age 34 weeks, 0 days through 34 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.47 Preterm newborn, gestational age 35 completed weeks
 Preterm newborn, gestational age 35 weeks, 0 days through 35 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.48 Preterm newborn, gestational age 36 completed weeks
 Preterm newborn, gestational age 36 weeks, 0 days through 36 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.4Z Preterm newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment must be given to gestational age.

KA22 **Disorders of newborn related to long gestation or high birth weight**
 Usually implies gestation > 290 or 294 days (42 weeks); high birthweight = >4000g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA22.0 **Exceptionally large newborn**
 An exceptionally large baby is defined as having a weight at birth of > 4500 g, regardless of gestational age at birth.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Syndrome of infant of mother with gestational diabetes (KB60.0)
 Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

- KA22.1 Large newborn for gestational age**
A birth weight greater than the 90th percentile for gestational age or birth weight 4000-4499 g at term regardless of period of gestation.
- Coding Note:** When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
- Exclusions:** Syndrome of infant of mother with gestational diabetes (KB60.0)
Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)
- KA22.2 Post-term newborn**
A condition of the newborn characterised by a gestational period that reached or exceeded 42 completed weeks (294 days or more) of gestation.
- Coding Note:** When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
- Exclusions:** Postmaturity syndrome (KA22.3)
- KA22.3 Postmaturity syndrome**
Post-term infant with signs of dysmaturity including dry peeling wrinkled skin, yellow staining of the skin, long stained fingernails, abundant scalp hair, thin growth retarded body with long thin limbs and hyperalert behaviours.
- Coding Note:** When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
- Exclusions:** Post-term newborn (KA22.2)
- KA2Y Other specified disorders of newborn related to length of gestation or fetal growth**
- Coding Note:** When both birth weight and gestational age are available, priority of assignment should be given to birth weight.
- KA2Z Disorders of newborn related to length of gestation or fetal growth, unspecified**
- Coding Note:** When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Birth injury (KA40-KA4Z)

A group of conditions characterised by the presence of damage of the tissues and organs of a newly delivered child due to physical pressure or injury during delivery.

- KA40 Birth injury to central nervous system**
A condition characterised by the presence of damage to the central nervous system due to physical pressure or injury during delivery.

KA40.0	Intracranial laceration or haemorrhage due to birth injury A group of conditions characterised as a traumatic brain injury occurring when the tissue of the brain is mechanically cut or torn and bleeds in a newly delivered child due to physical pressure or injury during delivery. Exclusions: intracranial haemorrhage of fetus or newborn: due to anoxia, hypoxia, or ischaemia (KA82) Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)
KA40.00	Subdural haemorrhage due to birth injury Haemorrhage into the subdural space (between the dura and the arachnoid) resulting from traumatic tearing of the bridging veins and venous sinuses due to rotational movement of the brain secondary to a traumatic delivery. Exclusions: subdural haemorrhage accompanying tentorial tear (KA40.05)
KA40.01	Cerebral haemorrhage due to birth injury Cerebral haemorrhage due to birth injury refers to haemorrhage occurring into the cerebral parenchyma as a result of birth trauma, and is commonly accompanied by extracerebral contusion and/or bleeding haemorrhage in the scalp. May have associated skull fracture(s).
KA40.02	Cerebellar haemorrhage due to birth injury Haemorrhage into the cerebellum, hemispheres or vermis, due to trauma. Occipitaloseodiastasis with breech delivery is the most common cause of this injury.
KA40.03	Intraventricular haemorrhage due to birth injury Traumatic haemorrhage into the intraventricular space as the dominant lesion, usually in a term infant, a result of birth trauma. Usually seen in conjunction with other intracranial bleeding (parenchymal, subdural, subarachnoid) and can be seen in the term or preterm infant.
KA40.04	Subarachnoid haemorrhage due to birth injury Haemorrhage within the subarachnoid space (the area between the arachnoid membrane and the pia matter) due to either leakage from the leptomeningeal plexus or rupture of bridging veins within the subarachnoid space.
KA40.05	Tentorial tear due to birth injury Lacerations of tentorium cerebelli due to birth trauma, usually resulting in infratentorial haemorrhages; lesser degrees of tentorial injury most commonly associated with subdural bleeds.
KA40.06	Cerebellar contusion due to birth injury A bruise of the brain tissue. There is a punctuate haemorrhage which occurs in the long gyri.
KA40.07	Cerebral contusion due to birth injury A bruise of the brain tissue. Focal region of necrosis and haemorrhage, usually involving the cerebral cortex and subcortical white matter

KA40.08	Extradural or epidural haemorrhage due to birth injury Haemorrhage in the plane between the skull bone and the periosteum on the inner surface of the skull from injury to the middle meningeal artery from birth trauma
KA40.0Y	Other specified intracranial laceration or haemorrhage due to birth injury
KA40.0Z	Intracranial laceration or haemorrhage due to birth injury, unspecified
KA40.1	Cerebral oedema due to birth injury Cerebral oedema is an excessive accumulation of water in the intracellular or extracellular spaces of the brain. There is a breakdown of the tight endothelial junctions which make up the blood brain barrier.
KA40.2	Birth injury to spine or spinal cord Injury to the spinal cord incurred during delivery from excessive traction or rotation, principally occurring during breech and rotational forceps during vertex deliveries
KA40.3	Birth injury to brainstem Injury to the brain stem occurring during delivery due to excessive longitudinal traction especially when this traction is combined with flexion and torsion of the spine during delivery. <i>Exclusions:</i> 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 <i>Exclusions:</i> Birth injury to scalp (KA42)
KA43.0	Birth injury to sternocleidomastoid Injury to the sternomastoid muscle due to birth usually presents with torticollis (tilt and rotation of head) and a firm, spindle-shaped, immobile mass in the midportion of sternomastoid muscle.
KA43.1	Birth injury to external genitalia Injuries of external genitalia such as oedema, ecchymoses, and haematomas of scrotum and labia majora, haematocoele, and trauma to the testes as a result of trauma during birth, especially after a breech delivery
KA43.2	Subcutaneous fat necrosis due to birth injury Subcutaneous fat necrosis is a rare acute transient hypodermatitis that develops within first weeks of life in term infants. <i>Exclusions:</i> Subcutaneous fat necrosis of the newborn (KC22.0)
KA43.3	Birth injury to face Birth injuries to face include injuries sustained to nose (deviations, deformities, and septal damage), ears (abrasions, lacerations, deformities and haematomas).
KA43.Y	Other specified birth injury to skin or soft tissues
KA43.Z	Birth injury to skin or soft tissues, unspecified
KA44	Birth injury to peripheral nervous system A condition characterised by the presence of damage to the nerves and ganglia outside of the brain and spinal cord due to physical pressure or injury during delivery.
KA44.0	Birth injury to cranial nerves Birth injuries to the cranial nerves include contusion, avulsion, rupture, neuroma and praxis.

KA44.00	Birth injury to facial nerve Facial palsy involving both upper and lower halves of the face caused by traumatic compression of the facial nerve as it exits the stylomastoid foramen, or as it passes over the ramus of the mandible.
KA44.0Y	Birth injury to other specified cranial nerve
KA44.0Z	Birth injury to unspecified cranial nerve
KA44.1	Brachial plexus palsy in newborn Brachial plexus birth palsy occurs when the brachial plexus are damaged during birth. It occurs most typically during a difficult delivery.
KA44.10	Erb paralysis Erb paralysis is one of the most common brachial plexus birth palsy. The injury occurs in the upper brachial plexus nerves and affects the upper arm.
KA44.11	Klumpke paralysis Klumpke paralysis is a form of brachial plexus palsy that causes paralysis in the hand.
KA44.1Z	Brachial plexus palsy in newborn, unspecified
KA44.2	Phrenic nerve paralysis due to birth injury Birth injury to the cervical roots 3 to 5 resulting in the paralysis of the ipsilateral diaphragm usually after a difficult breech delivery
KA44.Y	Birth injury to other specified peripheral nerve
KA44.Z	Birth injury to unspecified peripheral nerve
KA45	Birth injury to skeleton A condition characterised by the presence of damage to the skeleton due to physical pressure or injury during delivery. Exclusions: Birth injury to spine or spinal cord (KA40.2)
KA45.0	Fracture of skull due to birth injury Linear or depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery
KA45.00	Linear skull fracture due to birth injury Linear fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery.
KA45.01	Depressed skull fracture due to birth injury Depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery
KA45.0Y	Other specified fracture of skull due to birth injury
KA45.0Z	Fracture of skull due to birth injury, unspecified

KA45.1	Occipital osteodiastasis due to birth injury Occipital osteodiastasis (OOD) is a form of birth injury characterised by a tear along the innominate (posterior occipital or supraoccipital-exoccipital) synchondrosis with separation of the occipital squama from the lateral or condylar parts of the occipital bone.
KA45.2	Birth injury to facial bones
KA45.20	Mandibular bone fracture due to birth injury
KA45.21	Nasal bone fracture due to birth injury
KA45.2Y	Birth injury to other specified facial bones
KA45.2Z	Birth injury to facial bones, unspecified
KA45.3	Birth injury of thorax Fracture of bones of the thorax including ribs, sternum due to birth injury.
KA45.4	Fracture, dislocation or subluxation of spine due to birth injury
KA45.5	Fracture of clavicle due to birth injury This is a greenstick fracture of the clavicle that may occur during the birthing process.
KA45.6	Birth injury to long bones
KA45.Y	Other specified birth injury to skeleton
KA45.Z	Birth injury to skeleton, unspecified
KA46	Birth injury to other organs A group of conditions characterised by the presence of damage of organs of a newly delivered child due to physical pressure or injury during delivery.
KA46.0	Birth injury to liver Rupture or subcapsular haemorrhage into the liver parenchyma as a result of birth trauma usually seen in large for gestational age infants, those with hepatomegaly, those born by breech delivery; may present as haemoperitoneum
KA46.1	Birth injury to spleen Rupture or subcapsular haemorrhage into spleen as a result of birth trauma; may present as haemoperitoneum <i>Inclusions:</i> Rupture of spleen due to birth injury
KA46.2	Adrenal haemorrhage due to birth injury
KA46.Y	Birth injury to other specified organ
KA4Z	Birth injury, unspecified

Infections of the fetus or newborn (KA60-KA6Z)

Inclusions: infections acquired in utero or during birth

Exclusions: human immunodeficiency virus [HIV] disease (1C60-1C62.Z)

Congenital pneumonia (KB24)

congenital gonococcal infection (1A70-1A7Z)

Asymptomatic human immunodeficiency virus infection (1C62.0)

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

Laboratory evidence of human immunodeficiency virus (MA14.0)

Coded Elsewhere: Fetus or newborn affected by maternal infectious diseases (KA00.3)

Congenital syphilis (1A60)

KA60

Sepsis of fetus or newborn

Coded Elsewhere: Bacterial infection of fetus or newborn due to other and unspecified streptococci (KA61.Z)

Bacterial infection of fetus or newborn due to other and unspecified staphylococci (KA61.Z)

KA61

Other bacterial infections of the fetus or newborn

Coding Note: Code also the causing condition

Coded Elsewhere: Early congenital syphilis, latent (1A60.1)

Early congenital syphilis, symptomatic (1A60.0)

Neonatal necrotising fasciitis (1B71.2)

Tetanus neonatorum (1C15)

KA61.0

Congenital tuberculosis

A disease affecting infants, caused by an infection with the bacteria *Mycobacterium tuberculosis* in utero. Transmission is by vertical transmission.

KA61.1

Neonatal listeriosis

A condition affecting fetuses or neonates, caused by an infection with the gram-positive bacteria *Listeria*. This condition is characterised by respiratory distress and shock in the neonate, by stillbirth, or by abortion. Transmission is by vertical transmission. Confirmation is by identification of *Listeria* in the neonate and mother.

KA61.Z

Bacterial infection of the fetus or newborn, unspecified

Coding Note: Code also the causing condition

KA62

Viral infection in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a virus.

KA62.0

Congenital Zika virus infection

- KA62.1 Congenital Epstein-Barr virus infection**
There are several forms of Epstein–Barr virus infection. Infectious mononucleosis, nasopharyngeal carcinoma, and Burkitt's lymphoma can all be caused by the Epstein–Barr virus.
- KA62.2 Congenital Varicella Zoster virus infection**
Transplacentally acquired Varicella zoster virus infection. Both the gestational age at the time of maternal infection and the time interval between maternal infection and birth have major influences on the clinical course.
- KA62.3 Congenital cytomegalovirus infection**
A condition affecting neonates, caused by an infection with cytomegalovirus in utero. This condition is characterised by jaundice, low birth weight, splenomegaly, hepatomegaly, or pneumonia if symptoms develop shortly after birth, or may be asymptomatic. This condition commonly presents later in life with loss of hearing, loss of vision, or developmental disabilities. Transmission is by vertical transmission. Confirmation is by detection of cytomegalovirus in neonatal urine, saliva, blood, or other body tissues within 2-3 weeks of birth.
- KA62.4 Congenital echovirus infection**
A disease affecting neonates, caused by an infection with enteric cytopathic human orphan (ECHO) virus in utero. This disease presents with various symptoms depending on the site of the infection, or may be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of ECHO virus in the neonate.
- KA62.5 Congenital enterovirus infection**
Congenital viral infections with enteroviruses (including coxsackie viruses and ECHO viruses) are infectious embryofetopathies that have been reported to cause fetal malformations, acute systemic illness in the newborn and long-term neurodevelopmental abnormalities.
- KA62.6 Congenital human immunodeficiency virus infection**
A disease affecting neonates, caused by an infection with human immunodeficiency virus in utero. Transmission is by vertical transmission. Confirmation is by identification of human immunodeficiency virus in the neonate.
- KA62.7 Congenital parvovirus syndrome**
Fetal parvovirus syndrome is a fetopathy likely to occur when a pregnant woman is infected by parvovirus B19. Fetal parvovirus infection results in aplastic crisis. Anaemia induces a risk of hydrops and fetal death by cardiac failure in 10 to 20% of cases.
- KA62.8 Congenital rubella syndrome**
A disease caused by an infection with the rubella virus in utero. This disease presents with symptoms depending on the timing of infection of the fetus and may present with birth defects (such as hearing loss), or intrauterine growth retardation. Transmission is by vertical transmission. Confirmation is by identification of rubella virus or detection of anti-rubella virus IgM antibodies in the neonate or infant.

KA62.9	Congenital viral hepatitis A disease of the liver affecting the neonate, caused by an infection with either hepatitis A, B, C, D, or E virus in utero. This disease is characterised by lethargy, jaundice, abdominal distention, failure to thrive, or clay coloured stools. Transmission is by vertical transmission. Confirmation is by identification of the hepatitis A, B, C, D, or E virus in a blood sample from the neonate.
KA62.A	Perinatal Herpes simplex infection Herpes simplex infection acquired during the perinatal period, normally from active herpes infection of the mother's genital tract, but may also be transmitted in utero.
KA62.Y	Other specified viral infection in the fetus or newborn
KA62.Z	Viral infection in the fetus or newborn, unspecified
KA63	Fungal infection of fetus or newborn Any condition affecting fetuses or newborns, caused by an infection with a fungal agent.
KA63.0	Malassezia infection in newborn A condition affecting newborns, caused by an infection with Malassezia that leads to a severe systemic inflammatory response. This condition is characterised by fever or respiratory distress. Confirmation is by identification of Malassezia in a blood sample.
KA63.1	Neonatal aspergillosis A disease affecting neonates, caused by an infection with the fungi Aspergillus. This disease presents with clinical symptoms depending on the site of infection. Transmission is by inhalation of Aspergillus spores, or direct contact. Confirmation is by identification of Aspergillus from affected sites.
KA63.2	Neonatal candidosis A condition affecting neonates, caused by an infection with the fungi Candida. This condition is characterised by apnoea, thrombocytopenia, or decreasing respiratory function or other symptoms depending on the site of infection. Transmission is vertical (from the mother to the baby). Confirmation is by identification of Candida in a blood or urine sample. Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)
KA63.Y	Other specified fungal infection of fetus or newborn
KA63.Z	Fungal infection of fetus or newborn, unspecified
KA64	Parasitic diseases in the fetus or newborn Any condition affecting fetuses or newborns, caused by an infection with a parasite. Exclusions: Tetanus neonatorum (1C15) Congenital syphilis (1A60) Necrotising enterocolitis of newborn (KB88)

KA64.0	Congenital toxoplasmosis A disease caused by an infection with the protozoan parasite <i>Toxoplasma gondii</i> 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 <i>Toxoplasma gondii</i> in amniotic fluid; in the neonate, confirmation is by identification of <i>Toxoplasma gondii</i> in body fluids or tissues, or detection of antibodies against <i>Toxoplasma gondii</i> .
KA64.1	Congenital falciparum malaria A disease caused by an infection with the protozoan parasite <i>Plasmodium falciparum</i> 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 <i>Plasmodium falciparum</i> 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 <i>Coded Elsewhere:</i> Neonatal tracheitis (KB25) Neonatal skin infection (EH10-EH1Z)
KA65.0	Neonatal conjunctivitis or dacryocystitis This refers to inflammation of the conjunctiva (the outermost layer of the eye and the inner surface of the eyelids) and the inflammation of the nasolacrimal sac, frequently caused by nasolacrimal duct obstruction or infection. Exclusions: Gonococcal conjunctivitis (1A72.4)
KA65.1	Omphalitis of newborn A disease of the umbilical cord affecting newborns, commonly caused by an infection with a bacterial source. This disease is characterised by purulent or foul-smelling discharge from the umbilicus or umbilical stump, periumbilical erythema, oedema, or tenderness. This disease may also present with fever, hypothermia, jaundice, tachycardia, hypotension, tachypnoea, respiratory distress, apnoea, or abdominal distention with absent bowel sounds. Transmission is by vertical transmission or iatrogenic transmission. Confirmation is by identification of the infectious agent.
KA65.2	Neonatal urinary tract infection A condition of the urinary tract affecting neonates, commonly caused by an infection with a bacterial source. This condition is characterised by fever, pyuria, jaundice, poor appetite, diarrhoea, blood tinged stool, vomiting, or abdominal distention. This condition may also be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of the infectious agent in a urine sample.

KA65.3	Neonatal infectious mastitis
	A disease of the breasts in neonates, may be caused by a maternal infection with a bacterial source. This disease is characterised by swelling, erythema, warmth, tenderness, induration of the breast, or purulent discharge from the nipple. It is usually unilateral. This disease may also present with breast abscesses.
	Exclusions: Breast engorgement of newborn (KC41.0) noninfective mastitis of newborn (KC41.0)
	Coded Elsewhere: Neonatal staphylococcal mastitis (EH11) Neonatal streptococcal mastitis (EH11)
KA65.4	Neonatal meningitis
KA65.Y	Neonatal infections of other specified sites
KA6Y	Other specified infections of the fetus or newborn
KA6Z	Infections of the fetus or newborn, unspecified

Haemorrhagic or haematological disorders of fetus or newborn (KA80-KA8Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with bleeding, the blood, and blood forming organs.

Exclusions:	Hereditary haemolytic anaemia (3A10) Gilbert syndrome (5C58.01) Congenital stenosis or stricture of bile ducts (LB20.22) Crigler-Najjar syndrome (5C58.00) Dubin-Johnson syndrome (5C58.02)
Coded Elsewhere:	Hereditary vitamin B12 deficiency anaemia (3A01.0) Neonatal vitamin B12 deficiency anaemia (3A01.1) Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Z)

KA80	Fetal blood loss
	Fetal blood loss is a loss of blood from the fetal circulation during pregnancy, labour, or delivery. Due to the small volume of fetal blood that is present, even a small loss can lead to anaemia or fetal death.
KA80.0	Fetal blood loss from vasa praevia
	In vasa praevia, the fetal blood vessels connecting the placenta and umbilical cord cross the internal cervical os, the entrance to the birth canal, underneath the fetus.
KA80.1	Fetal blood loss from ruptured cord
	The umbilical cord can rupture during labour and delivery and lead to fetal blood loss. Possible reasons include: traction on an abnormally short cord, a cord that is entangled around the fetus, a thin friable cord, or a cord with vascular abnormalities. Fetal blood loss can also occur following accidental cord puncture during amniocentesis or following in utero cordocentesis or transfusion.

KA80.2	Fetal blood loss from placenta Fetal blood loss can result from placental abruption, which is when the placenta separates from the uterine wall prior to delivery. Placental abruptions occur under conditions of maternal hypertension and drug use (e.g. cocaine), maternal vascular and collagen vascular disease, maternal clotting disorders, and following direct abdominal trauma. Fetal blood loss can also result from accidental incision of the placenta during a caesarean section.
KA80.3	Haemorrhage into co-twin Monozygous twins often share a placenta. Vascular anastomoses within the placenta allow for the transfer of blood between the two fetuses. In some cases, the flow is unbalanced and one fetus (larger, plethoric, and polycythaemic twin) has an overload of fluid, while the other (smaller, hydropic twin) becomes anaemic.
KA80.4	Haemorrhage into maternal circulation Fetal-maternal haemorrhage occurs when the trophoblastic lining of the placenta fails to act as a barrier and allows fetal blood cells to enter the maternal circulation.
KA80.5	Fetal blood loss from cut end of co-twin cord Sometimes the blood content of monozygotic twins differs considerably, which can occur when anastomoses exist. One twin loses blood through shunts, while the other gains a large quantity of blood. Therefore, following the delivery of one twin, the other may bleed through these anastomoses if the umbilical cord of the delivered twin is not immediately clamped.
KA80.Y	Other specified fetal blood loss
KA80.Z	Fetal blood loss, unspecified
KA81	Umbilical haemorrhage of newborn A condition characterised by bleeding from the umbilical cord stump of a newborn. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> Pulmonary haemorrhage originating in the perinatal period (KB28) Fetal blood loss (KA80)
KA83.0	Neonatal bleeding originating in the mouth, nose or pharynx <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Inclusions:</i> Pseudomenses
KA83.A	Neonatal epistaxis A condition characterised by bleeding from the nose of a newborn.
KA84	Haemolytic disease of fetus or newborn A paediatric alloimmune condition characterised by the break-down of red blood cells by IgG antibodies which are transmitted from mother to child via the placenta.
KA84.0	Rh isoimmunization of fetus or newborn A condition characterised by the transmission of antibodies from a mother to the child via the placenta against the Rhesus factor of blood. Such antibodies were developed in a Rhesus factor negative mother subsequent to exposure to Rhesus factor positive blood resulting in the break-down of the red blood cells of the fetus.
KA84.1	Isoimmunization due to other red cell factors

KA84.2	ABO isoimmunization of fetus or newborn A condition of the newborn characterized by the destruction of red blood cells initiated by the transmission of anti-A or anti-B antibodies from a mother to the child via the placenta against A or B antigens of the newborn's blood.
KA84.3	Haemolytic anaemia due to other unclassified antibodies of fetus or newborn
KA84.4	Haemolytic disease due to disease of other neonatal organs
KA84.5	Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation
KA84.Z	Haemolytic disease of fetus or newborn, unspecified
KA85	Hydrops fetalis due to haemolytic disease A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the antibody-mediated break-down of fetal red blood cells. Exclusions: Hydrops fetalis not due to haemolytic disease (KC41.1)
KA85.0	Hydrops fetalis due to isoimmunization A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the transmission of IgG antibodies against the Rhesus factor of blood from the mother to the child via the placenta that break-down of the red blood cells of the fetus.
KA85.Y	Other specified hydrops fetalis due to haemolytic disease
KA85.Z	Hydrops fetalis due to haemolytic disease, unspecified
KA86	Neonatal kernicterus Kernicterus is a pathologic diagnosis of the neonate that is characterised by yellow staining of the basal ganglia following elevated bilirubin concentrations in the blood and/or a breach in the blood brain barrier more common in the premature infant or the sick term neonate. It is characterised later in infancy and childhood by hearing deficits, choreoathetosis, and varying degrees of cognitive deficit. Exclusions: kernicterus due to inborn errors of metabolism (5C50-5C5Z)
KA87	Neonatal hyperbilirubinaemia A condition characterised as an increased level of bilirubin above 85 µmol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due to excessive break-down of red blood cells for any other reason not classified elsewhere. Exclusions: jaundice due to isoimmunization (KA84.0) Coded Elsewhere: Neonatal hyperbilirubinaemia due to red cell haemolysis with infection (KA6Y)

KA87.0	Neonatal hyperbilirubinaemia due to swallowed maternal blood A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due consumption by the newborn of blood from the mother.
KA87.1	Neonatal hyperbilirubinaemia due to enzymatic defect in bilirubin degradation
KA87.2	Neonatal hyperbilirubinaemia due to breast milk inhibitor of bilirubin conjugation A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to any chemical substance that prevents or decreases the production of breast milk by the mother.
KA87.3	Neonatal hyperbilirubinaemia due to total parenteral nutrition A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to intravenous feeding which bypasses the normal processes of eating and digestion.
KA87.4	Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother
KA87.5	Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn
KA87.6	Neonatal hyperbilirubinaemia from other or unspecified hepatocellular damage
KA87.Y	Other specified neonatal hyperbilirubinaemia
KA87.Z	Neonatal hyperbilirubinaemia, unspecified
KA88	Disseminated intravascular coagulation of fetus or newborn Neonatal purpura fulminans is a potentially lethal disorder characterised by progressive haemorrhagic necrosis of the skin associated with cutaneous vascular thrombosis. It is usually due to a genetically transmitted thrombophilic disorder: most commonly homozygous deficiency of protein C or, less frequently, protein S.
KA89	Transient neonatal thrombocytopaenia A rare paediatric condition characterised by a temporary relative decrease in the number of platelets in the blood associated with either increased destruction or decreased production of platelets in a newborn.
KA89.0	Thrombocytopaenia following systemic infection, including diffuse intravascular coagulation
KA89.Y	Other specified transient neonatal thrombocytopaenia
KA89.Z	Transient neonatal thrombocytopaenia, unspecified
KA8A	Polycythaemia neonatorum Polycythaemia of the neonate represents an excessive quality of circulating red blood cells due to excessive marrow production and haematocrits that exceed ~60%.

KA8A.0	Polycythaemia neonatorum due to placental insufficiency or fetal intrauterine growth restriction
KA8A.1	Polycythaemia neonatorum due to twin to twin transfusion
KA8A.2	Polycythaemia neonatorum due to inherited disorder of erythropoietin production
KA8A.3	Polycythaemia neonatorum following umbilical cord transfusion or stripping at delivery
KA8A.4	Polycythaemia neonatorum following blood transfusion
KA8A.Y	Other specified polycythaemia neonatorum
KA8A.Z	Polycythaemia neonatorum, unspecified

KA8B Anaemia of prematurity

A paediatric condition characterised by a decrease in number of red blood cells (RBCs) or less than the normal quantity of haemoglobin in the blood of a newborn associated with the child being born prior to completing 37 weeks of gestation.

KA8C Congenital hypoplastic anaemia

A paediatric condition characterised by a decreased number of red blood cells (RBCs) or lower than the normal levels of haemoglobin in the blood of a newborn present at birth due to loss of blood from the circulatory system of the fetus.

KA8D Transient neonatal neutropaenia

Neonatal neutropaenia can be due to underproduction of the marrow (e.g. hypoxemia due to placental insufficiency, congenital viral disease) or excessive utilization of white blood cells (bacterial sepsis) or due to maternal transfer of antibodies to the fetus

Coding Note: Code also the causing condition

KA8E Alloimmune neonatal neutropaenia

Alloimmune neonatal neutropaenia (ANN) is a disease caused by the passive transfer of neutrophil specific maternal IgG antibodies across the placenta during pregnancy.

KA8F Neonatal vitamin K deficiency

There are 3 forms of vitamin K–deficiency bleeding (VKDB) of the newborn. Early VKDB (haemorrhagic disease of the newborn) that occurs at 1-14 days of age. The most common sites of bleeding are the gastrointestinal tract, mucosal and cutaneous tissue, the umbilical stump, and the post-circumcision site. Late VKDB most commonly occurs at 2-12 weeks of age, although cases can occur up to 6 months. The most common site of bleeding is intracranial, although cutaneous and gastrointestinal bleeding may be initial manifestation. The third form of VKDB occurs at birth or shortly thereafter. It is secondary to maternal intake of medications (warfarin, phenobarbital, phenytoin) that cross the placenta.

KA8F.0	Diffuse bleeding diathesis due to vitamin K deficient haemorrhagic disease of fetus or newborn Haemorrhagic disease of the newborn is a bleeding disorder of the newborn usually seen in the first week after life when vitamin K replacement is not provided to the newborn infant immediately after birth and is primarily characterised by gastrointestinal bleeding. The disorder can also be seen later in the newborn period in breast fed infants of vitamin K deficient mothers.
KA8F.Y	Other specified neonatal vitamin K deficiency
KA8F.Z	Neonatal vitamin K deficiency, unspecified
KA8Y	Other specified haemorrhagic or haematological disorders of fetus or newborn
KA8Z	Haemorrhagic or haematological disorders of fetus or newborn, unspecified

Neurological disorders specific to the perinatal or neonatal period (KB00-KB0Z)

A group of paediatric conditions characterised by an abnormal change in the cerebral status of a newborn.

Coded Elsewhere: Brain cystic malformations (LA05.7)

Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

KB00	Neonatal cerebral ischaemia A paediatric condition characterised by insufficient blood flow to the brain of a newborn to meet metabolic demand.
KB00.0	Perinatal arterial stroke
KB00.1	Neonatal cerebral sinovenous thrombosis
KB00.Y	Other specified neonatal cerebral ischaemia
KB00.Z	Neonatal cerebral ischaemia, unspecified
KB01	Periventricular cysts of newborn A paediatric condition characterised by the development of cysts around the brain ventricles in a newborn.
KB02	Neonatal cerebral leukomalacia A paediatric condition characterised by the death of small areas of brain tissue creating "holes" in the brain of a newborn. Exclusions: Hypoxic-ischaemic encephalopathy (8B24)
KB03	Neonatal encephalopathy Encephalopathy is disorder of the brain. It may be the result of interference in the development of the brain, an infection or other condition in the neonate. Exclusions: Hypoxic ischaemic encephalopathy of newborn (KB04)

KB04	Hypoxic ischaemic encephalopathy of newborn Hypoxic ischaemic encephalopathy (HIE) is when a newborn's brain fails to receive a sufficient amount of oxygen or blood before and during birth that may lead to brain damage or death.
KB05	Neonatal hydrocephalus <i>Exclusions:</i> Hydrocephalus due to congenital toxoplasmosis (KA64.0) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Benign familial neonatal epilepsy (8A61.0) Epilepsy due to prenatal or perinatal vascular insults (8A60.00)
KB07	Compression of brain in neonate <i>Exclusions:</i> 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. <i>Inclusions:</i> Nonspecific floppy baby syndrome
KB08.Y	Other specified disorders of muscle tone of newborn
KB08.Z	Disorders of muscle tone of newborn, unspecified
KB0Y	Other specified neurological disorders specific to the perinatal or neonatal period
KB0Z	Neurological disorders specific to the perinatal or neonatal period, unspecified

Respiratory disorders specific to the perinatal or neonatal period (KB20-KB2Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular or respiratory systems.

Coded Elsewhere: Choanal atresia (LA70.2)

Congenital hypoplasia of lung (LA75.2)

Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

Late acquired pneumonia (CA40.Y)

KB20

Intrauterine hypoxia

Intrauterine hypoxia occurs when the fetus is deprived of an adequate supply of oxygen. This may occur with prolapse or occlusion of the umbilical cord, placental infarction and maternal smoking. This can lead to damage of the central nervous system and neonatal encephalopathy, which increases the risk of mortality.

Inclusions: intrauterine distress

Exclusions: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

Hypoxic ischaemic encephalopathy of newborn (KB04)

Metabolic acidaemia in newborn (KB22)

Late metabolic acidosis of newborn (KB63.0)

KB20.0

Intrauterine hypoxia first noted before onset of labour

A condition characterised by deprivation of an adequate supply of oxygen to the fetus during the gestation period which is diagnosed prior to the onset of labour.

KB20.1

Intrauterine hypoxia first noted during labour or delivery

A condition characterised by deprivation of an adequate supply of oxygen to the fetus diagnosed immediately prior to or during labour and delivery.

KB20.Z

Intrauterine hypoxia, unspecified

KB21

Birth asphyxia

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

Exclusions: intrauterine hypoxia or asphyxia (KB20)

KB21.0

Severe birth asphyxia

Pulse less than 100 per minute at birth and falling or steady, respiration absent or gasping, colour poor, tone absent.

KB21.1

Mild and moderate birth asphyxia

Normal respiration not established within one minute, but heart rate 100 or above, some muscle tone present, some response to stimulation.

KB21.Z

Birth asphyxia, unspecified

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

KB22	Metabolic acidaemia in newborn Metabolic acidaemia represents an increase in hydrogen ion concentration, usually due to the production of lactic acid following hypoxia or ischemia induced anaerobic metabolism. Acidaemia can also result from inborn errors of metabolism, and disorders of the kidney and liver.
KB23	Respiratory distress of newborn A condition characterised by developmental insufficiency of surfactant associated proteins or surfactant production and structural immaturity in the lungs. Exclusions: Respiratory failure of newborn (KB2D)
KB23.0	Respiratory distress syndrome of newborn Respiratory distress syndrome (RDS) is an acute illness, usually of preterm infants, due to pulmonary surfactant deficiency, developing within 4-6 hours of birth, and is characterised by respiratory distress (tachypnoea, intercostal and sternal retractions, expiratory grunt, and cyanosis) with abnormal chest radiograph showing diffuse reticulogranular densities and air bronchograms, evidence of reduced lung compliance and functional residual capacity, evidence of abnormal gas exchange (hypoxaemia, hypercapnia, cyanosis) of sufficient severity to require oxygen and/or continuous or intermittent positive pressure ventilatory support for more than 24 hours.
KB23.00	Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy
KB23.01	Respiratory distress syndrome of the newborn, altered by pulmonary surfactant replacement therapy
KB23.02	Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy or pulmonary surfactant replacement therapy
KB23.0Y	Other specified respiratory distress syndrome of newborn
KB23.0Z	Respiratory distress syndrome of newborn, unspecified
KB23.1	Transient tachypnoea of newborn Transient tachypnoea of newborn is usually a benign self-limiting illness of term and near-term infants demonstrating increased respiratory rate and requiring supplementary oxygen after birth.
KB23.2	Respiratory instability of prematurity Infant within the neonatal period who requires continued respiratory life support, including positive pressure ventilation and/or prolonged oxygen therapy, without a clear pathologic diagnosis. This may be caused by inadequate respiratory muscle strength, excessive chest wall compliance, and/or inadequate CNS respiratory drive.
KB23.Y	Other specified respiratory distress of newborn
KB23.Z	Respiratory distress of newborn, unspecified

KB24**Congenital pneumonia**

Congenital pneumonia is an acute respiratory infection contracted prenatally or during the intrapartum period that is caused by a virus, bacteria, or fungi.

Inclusions: infective pneumonia acquired in utero or during birth

Exclusions: Neonatal aspiration syndromes (KB26)
Pneumonitis (CA70-CA7Z)

KB25**Neonatal tracheitis**

A disease of the trachea in neonates, caused by an infection with a bacterial, viral, or fungal source. This disease is characterised by stridor, or increased respiratory effort. Transmission is commonly by inhalation of the infectious agent. Confirmation is by direct laryngoscopy.

KB26**Neonatal aspiration syndromes**

Aspiration of meconium, blood, amniotic fluids and gastric contents in a neonate resulting in clinical symptoms from airway obstruction (atelectasis, air trapping and air leaks), parenchymal injury (pneumonitis), right-to-left shunting, and ventilation-perfusion mismatch.

KB26.0**Neonatal aspiration of meconium**

Meconium Aspiration Syndrome (MAS) is defined as respiratory distress in an infant born through meconium-stained amniotic fluid with roentgenographic findings consistent with MAS and whose symptoms could not be otherwise explained.

Exclusions: Meconium passage during delivery (KA05.8)
Meconium staining (KD38)

KB26.1**Neonatal aspiration of amniotic fluid or mucus**

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of amniotic fluid

KB26.2**Neonatal aspiration of blood**

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of blood usually during birth process, or through aspiration of gastrointestinal bleeding.

KB26.3**Neonatal aspiration of milk or regurgitated food**

Clinical symptoms of Neonatal aspiration syndrome due to aspiration of acidic gastric content and/or milk.

KB26.Y**Other specified neonatal aspiration syndromes****KB26.Z****Neonatal aspiration syndromes, unspecified****KB27****Pulmonary air leak or related conditions originating in the perinatal period**

Clinical syndrome due to free air from rupture of overdistended alveoli tracking into pulmonary interstitium, mediastinum, pleural cavity or subcutaneous tissues.

KB27.0	Interstitial emphysema originating in the perinatal period Escape of air into the interstitium, lymphatics and venous circulation of the lungs resulting from rupture of small airways associated with a characteristic cystic appearance on chest X-ray, almost exclusively seen in preterm infants receiving mechanical ventilation
KB27.1	Pneumothorax originating in the perinatal period Abnormal presence of air or other gas in the pleural cavity, usually secondary to tracking of free air from pulmonary interstitial emphysema, or rupture of subpleural blebs.
KB27.2	Pneumomediastinum originating in the perinatal period Presence of air in the mediastinum usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb
KB27.3	Pneumopericardium originating in the perinatal period Presence of air in the pericardial cavity usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb
KB27.4	Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes
KB27.Y	Other specified pulmonary air leak or related conditions originating in the perinatal period
KB27.Z	Pulmonary air leak or related conditions originating in the perinatal period, unspecified
KB28	Pulmonary haemorrhage originating in the perinatal period A condition characterised by bleeding from the lung which begins during the period of time around childbirth, especially the five months before and one month after birth. Exclusions: Acute idiopathic pulmonary haemorrhage in infants over 28 days of age (MD24)
KB28.0	Tracheobronchial haemorrhage originating in the perinatal period A condition characterised by bleeding from the trachea or bronchi which begins during the period of time around childbirth, especially the five months before and one month after birth.
KB28.1	Traumatic pulmonary haemorrhage originating in the perinatal period Pulmonary haemorrhage in neonate as a result of trauma, generally from a respiratory suction catheter following deep suctioning.
KB28.Y	Other specified pulmonary haemorrhage originating in the perinatal period
KB28.Z	Pulmonary haemorrhage originating in the perinatal period, unspecified

KB29	Chronic respiratory disease originating in the perinatal period A group of conditions associated with the respiratory system which begin during the period of time around childbirth, especially the five months before and one month after birth, and which lasts for at least 3 months.
KB29.0	Bronchopulmonary dysplasia originating in the perinatal period Chronic lung disease requiring treatment with oxygen for at least 28 days and with a spectrum of severity from mild to severe, that predominantly affects premature infants.
KB29.Y	Other specified chronic respiratory disease originating in the perinatal period
KB29.Z	Chronic respiratory disease originating in the perinatal period, unspecified
KB2A	Apnoea of newborn Any condition characterised by suspension of external breathing in a newborn (premature or term) which is not classified elsewhere
KB2A.0	Central neonatal apnoea Central apnoea is a cessation of airflow > 20 seconds with loss of all respiratory effort. It is due to immaturity of the brainstem to control respiration. It is found in many premature infants and generally resolves by 36 weeks of age.
KB2A.1	Obstructive neonatal apnoea Apnoea that occurs secondary to diminished airway airflow from an obstruction in the airway from the nose and mouth, tongue, hypopharynx, epiglottis, vocal cords or subglottic region. This is characterised by initial increased work of breathing and rapid progression to cyanosis.
KB2A.2	Mixed neonatal apnoea A combination of central apnoea and obstructive apnoea. Most apnoea of prematurity is of the mixed variety, and most often resolves by 36 weeks of age.
KB2A.3	Apnoea of newborn, due to neurologic injury
KB2A.Y	Other specified apnoea of newborn
KB2A.Z	Apnoea of newborn, unspecified
KB2B	Primary atelectasis of newborn Failure of the lungs to expand after birth, as in stillborn infants or in liveborn infants who die before respiration is established <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> Congenital macroglossia (LA31.0) Congenital micrognathia (DA0E.00)
KB2J.0	Hypotonia of hypopharynx in neonate Poor muscle tone of the hypopharynx.
KB2J.1	Hypopharyngeal mass in neonate
KB2J.2	Tracheo-bronchial malacia in neonate Tracheomalacia is a condition characterised by flaccidity of the tracheal support cartilage causing weakness of the tracheobronchial tree and tracheal collapse.
KB2J.Y	Other specified airway obstruction in the neonate due to airway abnormality
KB2J.Z	Airway obstruction in the neonate due to airway abnormality, unspecified
KB2K	Pulmonary cysts in newborn
KB2K.0	Acquired pulmonary cysts in newborn Cysts occurring as a result of infection or trauma from mechanical ventilation resulting in pulmonary interstitial emphysema.
KB2K.Z	Pulmonary cysts in newborn, unspecified
KB2Y	Other specified respiratory disorders specific to the perinatal or neonatal period
KB2Z	Respiratory disorders specific to the perinatal or neonatal period, unspecified

Cardiovascular disorders present in the perinatal or neonatal period (KB40-KB4Z)

A group of conditions which begin during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular systems.

Exclusions: congenital malformations of the heart and circulatory system (LA80-LA8Z)

Coded Elsewhere: Patent arterial duct (LA8B.4)

KB40	Neonatal cardiac failure Cardiac failure originating in the neonatal period
KB40.0	Neonatal cardiac failure due to pulmonary overperfusion Neonatal cardiac failure due to pulmonary overperfusion
KB40.1	Neonatal cardiac failure due to decreased left ventricular output
KB40.Y	Other specified neonatal cardiac failure
KB40.Z	Neonatal cardiac failure, unspecified
KB41	Cardiac arrhythmias in the neonate Abnormal electrical rhythm, both tachyarrhythmias and bradyarrhythmias, in neonate
KB42	Persistent pulmonary hypertension of the newborn Persistent pulmonary hypertension of the newborn is a cardiopulmonary disorder characterised by systemic arterial hypoxemia secondary to pulmonary hypertension and extrapulmonary right-to-left shunting across the foramen ovale and ductus arteriosus.
KB44	Transient myocardial ischaemia of newborn A paediatric condition characterised by an imbalance between the oxygen supply and demand of the heart muscle (myocardium) in a newborn.
KB45	Neonatal hypertension Hypertension is defined by a systolic blood pressure in a neonate which is >95th percentile for age and sex on 3 separate occasions
KB46	Neonatal hypotension Mean Arterial Blood Pressure below gestational age in weeks (corresponds with 10th centile for birth weight and postnatal age 1) or below 30 mmHg as hypotension.
KB47	Benign or innocent cardiac murmurs in newborn A paediatric condition characterised by heart sounds that are produced as a result of turbulent blood flow that is sufficient to produce audible noise primarily due to physiologic conditions outside the heart, as opposed to structural defects in the heart itself in a newborn.

KB48**Patent arterial duct of prematurity**

Patent arterial duct associated with the child being born prior to completing 37 weeks of gestation, in the absence of ductal-dependent congenital heart disease.

KB4Y**Other specified cardiovascular disorders present in the perinatal or neonatal period****KB4Z****Cardiovascular disorders present in the perinatal or neonatal period, unspecified****Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60-KB6Z)**

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with changes in hormone production or utilization (endocrine system) or when abnormal chemical reactions in the body disrupt the normal processes of enzyme catalyzed reactions within tissue cells (metabolism), such as getting or making energy from consumed food.

KB60**Transitory disorders of carbohydrate metabolism specific to fetus or newborn**

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with abnormal chemical reactions in the body disrupting the process of getting or making energy from consumed carbohydrates.

KB60.0**Syndrome of infant of mother with gestational diabetes**

Describes the range of effects on the infant born to a woman with gestational diabetes (onset or first recognition of carbohydrate intolerance of variable severity in pregnancy). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, and hypertrophic cardiomyopathy.

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

Describes the range of effects on the infant born to a woman with pregestational diabetes mellitus (type 1 or type 2). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, caudal regression syndrome and hypertrophic cardiomyopathy.

KB60.2**Neonatal diabetes mellitus**

Neonatal diabetes mellitus (NDM) is a monogenic form of diabetes that occurs in the first 6 months of life. It is a rare condition occurring in only one in 100,000 to 500,000 live births. Infants with NDM do not produce enough insulin, leading to an increase in blood glucose. NDM can be mistaken for the much more common type 1 diabetes, but type 1 diabetes usually occurs later than the first 6 months of life. In about half of those with NDM, the condition is lifelong and is called permanent neonatal diabetes mellitus (PNDM). In the rest of those with NDM, the condition is transient and disappears during infancy but can reappear later in life; this type of NDM is called transient neonatal diabetes mellitus (TNDM).

KB60.20	Transient neonatal diabetes mellitus Transient neonatal diabetes mellitus (TNDM) is a developmental disorder of insulin production that resolves postnatally within the first year of life. Intrauterine growth restriction is usually present. TNDM infants develop diabetes in the first few weeks of life but may go into remission in a few months, with possible relapse to a permanent diabetes state usually around adolescence or as adults. The pancreatic dysfunction in this condition may be maintained throughout life, with relapse initiated at times of metabolic stress such as puberty or pregnancy.
KB60.2Y	Other specified neonatal diabetes mellitus
KB60.2Z	Neonatal diabetes mellitus, unspecified
KB60.3	Neonatal hyperglycaemia
KB60.30	Neonatal hyperglycaemia due to insulin deficiency
KB60.31	Neonatal hyperglycaemia due to iatrogenic intravenous therapy
KB60.3Y	Other specified neonatal hyperglycaemia
KB60.3Z	Neonatal hyperglycaemia, unspecified
KB60.4	Neonatal hypoglycaemia
KB60.40	Transient hyperinsulinaemic neonatal hypoglycaemia This refers to transient above normal level of insulin in the blood, and an abnormally diminished content of glucose in the blood, of a newborn.
KB60.41	Transitory iatrogenic neonatal hypoglycaemia A condition associated with hypoglycemia as a result of therapeutic intervention. Often occurs with insulin therapy, but may also result from inadequate provision of glucose.
KB60.42	Other transitory neonatal hypoglycaemia
KB60.4Y	Other specified neonatal hypoglycaemia
KB60.4Z	Neonatal hypoglycaemia, unspecified
KB60.Y	Other specified transitory disorders of carbohydrate metabolism specific to fetus or newborn
KB60.Z	Transitory disorders of carbohydrate metabolism specific to fetus or newborn, unspecified
KB61	Transitory neonatal disorders of calcium or magnesium metabolism A group of paediatric conditions in which there is a temporary disorder in a newborn associated with abnormal chemical reactions in the body disrupting the normal processes of enzyme catalyzed reactions to utilize calcium and magnesium for other body functions.

KB61.0	Neonatal hypomagnesaemia Defined as serum magnesium levels less than 0.66 mmol/L (1.6 mg/L) in neonates. Symptoms usually do not develop until serum Magnesium (Mg) levels fall below 0.49 mmol/L (1.2 mg/L). This is usually transient but can cause symptoms similar to those of hypocalcaemia.
KB61.1	Neonatal tetany without calcium or magnesium deficiency Features of tetany (hyperexcitability, hyperreflexia, spasms and laryngospasm) not accompanied by low calcium or magnesium levels
KB61.2	Neonatal hypocalcaemia Hypocalcaemia is a common metabolic problem in newborns. In the neonate, hypocalcaemia is defined by birth weight (BW) categories. In infants with BW greater than 1500 g, hypocalcaemia is defined as a total serum calcium (Ca) concentration less than 8 mg/dL (2 mmol/L) or an ionized fraction of less than 4.4 mg/dL (1.1 mmol/L). In very low birth weight premature infants (BW<1500 g), hypocalcaemia is defined as a total serum Ca concentration less than 7 mg/dL (1.75 mmol/L) or an ionized fraction of less than 4 mg/dL (1 mmol/L). Aetiologies of early hypocalcaemia (occurs in the first two to three days after birth) include prematurity, maternal diabetes, birth asphyxia, and intrauterine growth. Causes of late hypocalcaemia (usually occurs at the end of the first week of life) include hypoparathyroidism and high phosphate intake. Most infants with hypocalcaemia are asymptomatic. If symptomatic, neuromuscular irritability is the most common sign with jitteriness and muscle jerking. Less common findings include seizures, and rarely laryngospasm, wheezing, or vomiting. Exclusions: Transitory neonatal hypoparathyroidism (KB64)
KB61.3	Neonatal osteopenia Metabolic bone disease is a common complication in very low birthweight (VLBW) preterm infants. The smallest, sickest infants are at greatest risk. Progressive osteopenia with demineralized bones and, occasionally, pathologic fractures may develop. The major cause is inadequate intake of calcium and phosphorus to meet the requirements for growth. Poor intake of vitamin D is an additional risk factor. Contributing factors include prolonged parenteral nutrition, vitamin D and calcium malabsorption, intake of unsupplemented human milk, immobilization, and urinary calcium losses from long-term diuretic use.
KB61.Y	Other specified transitory neonatal disorders of calcium or magnesium metabolism
KB61.Z	Transitory neonatal disorders of calcium or magnesium metabolism, unspecified
KB62	Transitory neonatal disorders of thyroid function A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with the thyroid. Exclusions: Pendred syndrome (5A00.02) Congenital hypothyroidism (5A00.0) dyschormogenetic 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> Transitory neonatal hypothyroidism
KB62.2	Transient hyperthyrotropinaemia Transient hyperthyrotropinaemia is characterised by elevated thyroid-stimulating hormone (TSH) and normal thyroxine (FT4) levels with the elevated TSH levels eventually normalising.
KB62.3	Transient hypothyroxinaemia Transient hypothyroxinaemia is characterised by low thyroxine (T4, T3 and FT4) levels but normal level of thyroid-stimulating hormone (TSH), and is seen in preterm infants, usually those born before 30 weeks of gestational age.
KB62.Y	Other specified transitory neonatal disorders of thyroid function
KB62.Z	Transitory neonatal disorders of thyroid function, unspecified
KB63	Certain specified transitory neonatal electrolyte or metabolic disturbances A group of paediatric conditions in which there is a temporary abnormality in the normal processes of enzyme catalyzed reactions within tissue cells (metabolism) or with the levels of minerals in the blood or other body fluids.
KB63.0	Late metabolic acidosis of newborn Mild to moderate metabolic acidosis occurring between 1 to 3 weeks of age in otherwise healthy premature infants fed cow's milk and accompanied by poor growth. This is thought to be due to excessive protein content of the milk.
KB63.1	Dehydration of newborn A paediatric condition characterised by excessive loss of body water in a newborn.
KB63.2	Disturbances of sodium balance of newborn A paediatric condition characterised by abnormally high or low levels of sodium in the blood in a newborn, when the normal range is defined as 135 to 150 mEq/L.
KB63.20	Hyponatremia of newborn Hyponatremia is defined as serum sodium less than 130 mmol/L
KB63.21	Hypernatremia of newborn Hypernatremia is defined as serum sodium greater than 145 mmol/L.

KB63.2Y	Other specified disturbances of sodium balance of newborn
KB63.2Z	Disturbances of sodium balance of newborn, unspecified
KB63.3	Disturbances of potassium balance of newborn A paediatric condition characterised by abnormally high or low levels of potassium in the blood in a newborn, when the normal range is defined as 3.5 to 5.5 mmol/L.
KB63.30	Hypokalaemia of newborn Hypokalaemia is defined as serum potassium less than 3.5 mmol/L.
KB63.31	Hyperkalaemia of newborn Hyperkalaemia is defined as serum potassium greater than 5.5 mmol/L.
KB63.3Y	Other specified disturbances of potassium balance of newborn
KB63.3Z	Disturbances of potassium balance of newborn, unspecified
KB63.4	Transitory tyrosinaemia of newborn Clinically asymptomatic elevated blood tyrosine level caused by late fetal maturation of 4-hydroxyphenylpyruvate dioxygenase, usually detected on newborn bloodspot screening. Most commonly seen in premature infants receiving milk formulae with high protein content. Generally considered benign and resolves by 4-6 weeks of age.
KB63.5	Metabolic bone disease of prematurity A paediatric condition characterised by bone abnormalities in a newborn due to abnormalities of minerals such as calcium, phosphorus, magnesium or vitamin D associated with the child being born prior to completing 37 weeks of gestation.
KB64	Transitory neonatal hypoparathyroidism Defined as hypocalcaemia, hyperphosphatemia and low serum parathyroid hormone that improves spontaneously but may last from weeks to months.
KB6Z	Transitory endocrine or metabolic disorders specific to fetus or newborn, unspecified

Digestive system disorders of fetus or newborn (KB80-KB8Z)

Coded Elsewhere: Hirschsprung disease (LB16.1)

Meconium ileus in unspecified cystic fibrosis (CA25.Z)

KB80	Gastro-oesophageal reflux disease in newborn A condition which develops when the reflux of stomach contents causes the newborn to vomit with associated discomfort, difficulty feeding and/or weight loss.
KB81	Oesophagitis in newborn Oesophagitis is inflammation of the oesophagus. If left untreated, this condition can cause ulcers or scarring of the oesophagus.

KB81.0	Neonatal eosinophilic oesophagitis Eosinophilic oesophagitis is an inflammatory condition, possibly caused by food allergy, in which the wall of the oesophagus becomes filled with a large number of eosinophils. It can be confused with acid reflux disease but it can be differentiated if neonate does not respond to anti-reflux medications.
KB81.Y	Other specified oesophagitis in newborn
KB81.Z	Oesophagitis in newborn, unspecified
KB82	Prenatal gastric perforation Prenatal gastric perforation is a perforation or hole of the wall of the stomach that occurs while the baby is in utero. This is a rare and life-threatening condition in a neonate.
KB83	Postnatal gastric perforation Postnatal gastric perforation is a spontaneous or traumatic penetration or hole of the wall of the stomach that occurs after birth. This is a rare and life-threatening condition in a neonate.
KB84	Postnatal isolated ileal perforation Post natal bowel perforation, generally in the terminal ileum. Can be confused with necrotizing enterocolitis, but generally occurs earlier (2-5 days of age) and does not involve extensive bowel necrosis.
KB85	Prenatal intrauterine intestinal perforation In-utero or prenatal bowel perforation results in a chemical peritonitis (meconium peritonitis) from peritoneal leakage of sterile meconium. Meconium peritonitis results from prenatal intestinal perforation nearly always involving the small bowel. <i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> Subcutaneous fat necrosis due to birth injury (KA43.2)

KC22.1 Cold panniculitis of the newborn
Cold panniculitis resulting either from exposure of neonates to low environmental temperature or from local application of cold objects (e.g. ice packs for management of neonatal supraventricular tachycardia). The newborn are particularly susceptible as a result of a high saturated/unsaturated fat ratio in subcutaneous fat with a consequent elevation of the freezing point of fat.

KC22.2 Sclerema neonatorum
Sclerema neonatorum is an uncommon condition which typically affects gravely ill, preterm neonates in the first week of life. It manifests as a diffuse hardening of skin and subcutaneous adipose tissue such that the skin cannot be pitted or picked up and pinched into a fold. Histologically there is minimal inflammation without fat necrosis. It is associated with a high mortality.

KC22.Y Other specified neonatal disorders of subcutaneous fat

Coding Note: Code also the causing condition

KC22.Z Neonatal disorders of subcutaneous fat, unspecified

Coding Note: Code also the causing condition

KC23 Neonatal disorders of the oral mucosa

KC24 Neonatal nutritional disorders affecting the skin

A range of nutritional disorders presenting in the neonatal period with skin manifestations. They may result from inadequate maternal nutrition or from problems with neonatal absorption of minerals such as zinc.

Coding Note: Code also the causing condition

Skin disorders associated with prematurity (KC30-KC3Y)

KC30 Skin fragility of prematurity

Coding Note: Code also the causing condition

KC31 Congenital erosive or vesicular dermatosis healing with reticulated supple scarring

A rare condition reported principally in premature neonates characterised by extensive erosions, vesicles, ulcerations and crusts affecting up to 75% of the body surface. The cause is unknown and the skin heals rapidly leaving faint reticulate scars.

Coding Note: Code also the causing condition

KC3Y Other specified skin disorders associated with prematurity

Coding Note: Code also the causing condition

KC40	Miscellaneous skin disorders in the neonate
	<i>Coded Elsewhere:</i> Neonatal miliaria (EE02.0) Disseminated intravascular coagulation of fetus or newborn (KA88) Neonatal graft-versus-host disease (4B24.Y)
KC40.0	Congenital sucking blisters
KC40.1	Neonatal milia
KC40.Y	Other specified skin disorders in the neonate
KC41	Miscellaneous specified conditions of integument specific to fetus or newborn
KC41.0	Breast engorgement of newborn A paediatric condition characterised by the painful overfilling of the breasts of a newborn with milk.
KC41.1	Hydrops fetalis not due to haemolytic disease A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen that is not due to the breakdown of red blood cells.
KC41.Y	Other specified conditions of integument specific to fetus and newborn
Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)	
Postnatal iatrogenic skin injury (KC50-KC5Z)	
Injuries resulting from perinatal and postnatal medical procedures	
KC50	Neonatal phototherapy burn Burn resulting from phototherapy administered to neonate, usually for the treatment of neonatal jaundice.
KC5Y	Other specified postnatal iatrogenic skin injury
KC5Z	Postnatal iatrogenic skin injury, unspecified
KC7Y	Other specified iatrogenic injuries involving the skin of the neonate
KC9Z	Disorders involving the integument of fetus or newborn, unspecified

Disturbances of temperature regulation of newborn (KD10-KD1Z)

Normal temperature of newborn is 36.5 degrees C (S.D. = 0.6 degrees C). Temperature above 38.0 and below 36.0 may be regarded as unusual and called hyper- or hypothermia.

KD10	Environmental hyperthermia of newborn A paediatric condition characterised by a core body temperature above 37.5 degrees C (99.5 degrees F) in a newborn due to exposure of the newborn to prolonged or extremely high environmental temperature.
KD11	Fever of newborn
KD12	Hypothermia of newborn Core body temperature of a newborn below -1SD (36.0 degrees C) compared with mean temperature (36.5 degrees of C).
KD12.0	Neonatal cold injury syndrome Neonatal cold injury syndrome is characterised by a core body temperature below 35°C (95°F) due to exposure of the newborn to prolonged or extremely low environmental temperatures. Clinically it is characterised by coldness to touch, apathy, immobility, decreased urine output and refusal of food. In addition oedema and redness of the extremities, especially the hands, feet, and face, are observed. It is commonly fatal and survivors may have evidence of brain damage.
KD12.Y	Other specified hypothermia of newborn
KD12.Z	Hypothermia of newborn, unspecified
KD1Y	Other specified disturbances of temperature regulation of newborn
KD1Z	Disturbances of temperature regulation of newborn, unspecified

Certain disorders originating in the perinatal period (KD30-KD3Y)

A group of any other paediatric conditions that occur during the period of time around childbirth, especially the five months before and one month after birth.

Coded Elsewhere: Abnormal findings on neonatal screening (MG71.0)

Excessive crying of infant (MG44.0)

KD30	Birth depression A condition characterised by cardiorespiratory and neurological depression in a newborn.
Coding Note:	Code also the causing condition
KD30.0	Birth depression with 5 minute Apgar score 0-3 A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 0 to 3 at 5 minutes following birth.

KD30.1	Birth depression with 5 minute Apgar score 4-6 A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 4 and 6 at 5 minutes following birth.
KD30.2	Birth depression with associated metabolic acidaemia of cord blood
KD30.Z	Birth depression, unspecified
Coding Note:	Code also the causing condition
KD31	Wide cranial sutures of newborn A paediatric condition characterised by abnormally large separation between the bones of the skull of a newborn.
KD32	Feeding problems of newborn A lack of interest in feeding or a problem receiving the proper amount of nutrition in a newborn. Exclusions: Avoidant-restrictive food intake disorder (6B83)
KD32.0	Slow feeding of newborn A paediatric condition characterised by a newborn who requires more than approximately 45 minutes per feeding.
KD32.1	Underfeeding of newborn A paediatric condition characterised by a newborn who consumes less than average for their age and weight and who seems hungry and unsatisfied after feeding, is fussy or cries a lot, does not produce several wet and soiled diapers each day, and who does not gain weight.
KD32.2	Overfeeding of newborn A paediatric condition characterised by a newborn who consumes too much food and has subsequent excessive vomiting or weight gain beyond normal averages.
KD32.3	Neonatal difficulty in feeding at breast A paediatric condition characterised by a newborn who has difficulty breastfeeding associated with problematic latching on to the breast, poor sucking reflex, structural anomalies, or other issues.
KD32.4	Failure to thrive in newborn When newborn's current weight or rate of weight gain is significantly below that of other newborns of similar age and gender.
KD32.Y	Other specified feeding problems of newborn
KD32.Z	Feeding problems of newborn, unspecified
KD33	Jittery baby, not elsewhere classified Jitteriness can occur on the first day of life. It can be caused by hypoglycaemia, hypocalcaemia, drug withdrawal, or other conditions.

KD34**Reactions or intoxications due to drugs administered to fetus or newborn**

A group of paediatric substance-induced conditions associated with health interventions applied to a fetus or newborn using pharmaceutical products.

- Exclusions:**
- Withdrawal symptoms from therapeutic use of drugs in newborn (KD36)
 - Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)
 - reactions and intoxications from maternal opiates, tranquillizers and other medication (KA06.0)
 - Neonatal withdrawal syndrome from maternal use of drugs of addiction (KD35)
 - Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn (KA87.5)

KD35**Neonatal withdrawal syndrome from maternal use of drugs of addiction**

Intrauterine exposure to addictive drugs can lead to neonatal withdrawal symptoms. Withdrawal symptoms are usually neurological, preventing normal autonomic function. The clinical presentation of drug withdrawal is variable and dependent on several factors, such as, the type and dose of drug used and rate of metabolism and excretion of the mother and infant.

- Inclusions:**
- Drug withdrawal syndrome in infant of dependent mother
 - Neonatal abstinence syndrome
- Exclusions:**
- Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

KD36**Withdrawal symptoms from therapeutic use of drugs in newborn**

A paediatric condition characterised by the presence of symptoms due to drug withdrawal in a newborn.

KD37**Exposure to tobacco smoke in the perinatal period**

Exposure to tobacco smoke in the perinatal period, both directly or through second hand smoke, can lead to: low birth weight, preterm delivery, Sudden Infant Death Syndrome (SIDS or cot death), spontaneous abortion, or intrauterine growth retardation.

- Exclusions:**
- Fetus or newborn affected by maternal use of tobacco (KA06.1)

KD38**Meconium staining**

Green or yellowish appearing amniotic fluid, indicating presence of meconium. The newborn's skin, nail beds or the umbilical cord may be stained.

- Exclusions:**
- Neonatal aspiration of meconium (KB26.0)
 - Meconium passage during delivery (KA05.8)

KD39**Complications of intrauterine procedures, not elsewhere classified**

A group of conditions characterised as an unfavourable evolution of a condition (complication) due to a health intervention applied inside of the uterus.

Exclusions: fetus and newborn affected by placental separation and haemorrhage due to intrauterine procedures (KA02)

KD39.0**Fetus or newborn affected by amniocentesis**

Amniocentesis involves extracting a small sample of amniotic fluid surrounding the fetus. Risks include miscarriage or injury if the needle comes into contact with the fetus or placenta.

KD39.1**Fetus or newborn affected by chorionic villous sampling**

Chorionic villus sampling (CVS) is a procedure where a small sample of the placenta is removed, either through the cervix or abdomen. Risks when performing CVS include: injury to the fetus or mother from the needle, infection to the mother from a punctured bowel or contaminated skin, or Rhesus sensitisation. Injury or infection can lead to miscarriage, although this is rare.

KD39.2**Fetus or newborn affected by fetal blood sampling**

Fetal blood sampling involves extracting a sample of fetal blood from the umbilical cord using a needle and an ultrasound as a guide. It is used to detect fetal abnormalities and is generally performed after the completion of 18 weeks of gestation. Risks to the fetus and newborn include: miscarriage, bleeding from the needle entry site, uterine infection and temporary slowing of the baby's heart rate following the procedure.

Inclusions: Fetus or newborn affected by cordocentesis

KD39.3**Fetus or newborn affected by complications of fetal surgery**

A condition in the fetus due to an unfavourable evolution of a condition (complication) associated with a surgical health intervention applied to the fetus.

KD39.4**Fetus or newborn affected by complications of intrauterine fetal surgery**

Fetal surgery is the surgical treatment of a fetus still present in the uterus. It is performed when the fetus is suffering from a birth defect and is not expected to survive the delivery or live long after birth. It allows for the fetus to survive to birth, so that further corrective surgery can then be performed. Fetal surgery can be done in the following ways: fetoscopic surgery by using a fiberoptic scope to enter the uterus through small surgical openings, open fetal surgery by performing a hysterotomy which is an opening of the uterus, or radiofrequency ablation which cuts off the blood supply to a tumour.

KD39.Y**Other specified complications of intrauterine procedures, not elsewhere classified****KD39.Z****Complications of intrauterine procedures, not elsewhere classified, unspecified**

KD3A**Termination of pregnancy, affecting surviving fetus or newborn**

Termination of pregnancy (TOP) refers to a medically directed miscarriage, and this can be performed using pharmacological or surgical methods.

Exclusions: termination of pregnancy (affecting mother) (JA00.1)

KD3B**Fetal death, cause not specified**

Fetal death is death of a fetus prior to its complete expulsion or extraction from a woman, irrespective of the duration of pregnancy. Fetal death may be diagnosed in utero by absence of fetal heart sounds, confirmed by imaging techniques where available, or after delivery by absence of signs of life after the complete expulsion or extraction from the woman.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions:

- stillbirth NOS
- stillborn NOS
- osteopedion fetus
- lithopedion fetus
- fetus maceration
- calcified fetus

KD3B.0**Antepartum fetal death**

Antepartum fetal death is a fetal death before the onset of labour. If vital status of the fetus at the onset of labour is unknown, consider it was antepartum if there is presence of signs of maceration at the time of delivery.

Macerated stillbirth - is the complete expulsion or extraction from a woman of a fetus following a fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500g or more with skin showing signs of maceration.

Antepartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an antepartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions:

- macerated stillbirth
- antepartum stillbirth

KD3B.1 Intrapartum fetal death

Intrapartum fetal death is a fetal death during labour. If vital status of the fetus at the onset of labour is unknown, consider it was intrapartum if there is fresh skin appearance or no signs of maceration at the time of delivery.

Intrapartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an intrapartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions: intrapartum stillbirth
 fresh stillbirth

KD3B.Z Unspecified time of fetal death, cause not specified

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

KD3C Vomiting in newborn

A paediatric condition characterised by the forceful expulsion of the contents of the stomach through the mouth and sometimes the nose of a newborn.

KD3C.0 Bilious vomiting of newborn**KD3C.Y Other specified vomiting in newborn****KD3C.Z Vomiting in newborn, unspecified****KD3Y Other specified disorders originating in the perinatal period**

KD5Z Conditions originating in the perinatal or neonatal period, unspecified

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

CHAPTER 20

Developmental anomalies

This chapter has 221 four-character categories.

Code range starts with LA00

This chapter includes conditions caused by failure of a particular body site or body system to develop correctly during the antenatal period.

Exclusions: Inborn errors of metabolism (5C50-5C5Z)

This chapter contains the following top level blocks:

- Structural developmental anomalies primarily affecting one body system
- Multiple developmental anomalies or syndromes
- Chromosomal anomalies, excluding gene mutations

Structural developmental anomalies primarily affecting one body system (LA00-LD0Z)

A deformation established before birth of an anatomical structure.

Structural developmental anomalies of the nervous system (LA00-LA0Z)

Any condition caused by failure of the nervous system to correctly develop during the antenatal period.

LA00

Anencephaly or similar anomalies

A malformation of the nervous system caused by the failure of neuropore closure. Infants are born with intact spinal cord, cerebellum, and brainstem, but lack formation of neural structures above this level. The skull is only partially formed but the eyes are usually normal.

LA00.0

Anencephaly

Anencephaly is a neural tube defect, characterised by the total or partial absence of the cranial vault and the covering skin, the brain being missing or reduced to a small mass. Most cases are stillborn, although some infants have been reported to survive for a few hours. In most cases autopsy findings reveal absence of adrenal glands. Anencephaly is likely to be multifactorial, the result of gene-environment interactions. Familial cases with a seemingly autosomal recessive mode of inheritance have been described but most cases are sporadic. Folic acid and zinc deficiencies, as well as maternal obesity, have been shown to be risk factors.

LA00.00	Craniorachischisis A condition caused by failure of the neural tube to close completely during the antenatal period. This condition is characterised by complete absence of the skull, extensive defects in the vertebrae and skin, and absence of the brain.
LA00.0Y	Other specified anencephaly
LA00.0Z	Anencephaly, unspecified
LA00.1	Iniencephaly Iniencephaly is a rare form of neural tube defect in which a malformation of the cervico-occipital junction is associated with a malformation of the central nervous system. The cardinal features are occipital bone defect, partial or total absence of cervicothoracic vertebrae, fetal retroflexion of the head and characteristic absence of the neck. It is associated with malformations of the central nervous (spina bifida and/or anencephaly), gastrointestinal (omphalocele) and cardiovascular systems.
LA00.2	Acephaly
LA00.3	Amyelencephaly Amyelencephaly is the absence of both the brain and spinal cord.
LA00.Y	Other specified anencephaly or similar anomalies
LA00.Z	Anencephaly or similar anomalies, unspecified
LA01	Cephalocele A condition caused by failure of the skull to correctly close during the antenatal period. This condition is characterised by herniation of the meninges. This condition may present with herniation of brain, or developmental delay. Confirmation is through observation of herniated meninges by imaging.
LA02	Spina bifida Spina bifida is the most common of a group of birth defects called neural tube defects. Spina bifida affects the backbone and, sometimes, the spinal cord. Aperta spina bifida defines the dorsal malclosure of vertebrae, associated with various degrees of spine defects. A pocket of skin may form, containing meninges (meningocele) or spinal cord and meninges (myelomeningocele). Different subtypes are distinguished according to the location of the defect. Consequences are paraplegia (paralysed lower limbs), hydrocephaly, Chiari malformation (result of the attached spine during life in utero), urinary and anorectal incontinence. The intensity of signs varies greatly with the level and extent of the lesion. Inclusions: Rachischisis Spinal dysraphism Exclusions: Arnold-Chiari malformation type I (LA07.4) Arnold-Chiari malformation type II (LA03) Occult spinal dysraphism (LB73.0)

LA02.0	Spina bifida cystica A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and the presence of meningoceles on the back. This condition may present with physical or mental impairment.
LA02.00	Myelomeningocele with hydrocephalus A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and hydrocephalus. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.
LA02.01	Myelomeningocele without hydrocephalus A condition caused by failure of the neural tube to close completely during fetal development. This condition is characterised by nerve damage. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.
LA02.02	Myelocystocele A condition caused by failure of the neural tube to close completely during fetal development. The condition is characterised by skin covered lumbosacral masses, an arachnoid lined meningocele that is directly continuous with the spinal subarachnoid space, and a low lying hydromyelic spinal cord that traverses the meningocele and expands into a large terminal cyst. This condition can present with neural damage and consequent impairment of function below the site of the myelocystocele.
LA02.0Y	Other specified spina bifida cystica
LA02.0Z	Spina bifida cystica, unspecified
LA02.1	Spina bifida aperta A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage originating from a known location in the spine, signified by the presence of a meningocele or myelomeningocele. This condition may present with physical or mental impairment.
LA02.Y	Other specified spina bifida
LA02.Z	Spina bifida, unspecified

LA03**Arnold-Chiari malformation type II**

A condition caused by failure of the brain and spinal cord to correctly develop during the antenatal period. This condition is characterised by extension of both cerebellar and brain stem tissue into the foramen magnum. This condition may present with partial or complete absence of the cerebellar vermis, myelomeningocele, neck pain, balance problems, muscle weakness, limb numbness, dizziness, vision problems, difficulty swallowing, ringing in the ears, hearing loss, vomiting, insomnia, depression, or impairment of motor skills.

Exclusions: Arnold-Chiari malformation type I (LA07.4)

LA04**Congenital hydrocephalus**

A disease caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by a rapid increase in head circumference or an unusually large head size due to excessive accumulation of cerebrospinal fluid in the brain. This condition may also present with vomiting, sleepiness, irritability, downward deviation of the eyes, or seizures. Confirmation is through observation of cerebrospinal fluid within cerebral ventricles by imaging.

Inclusions: Hydrocephalus in newborn

Exclusions: Myelomeningocele with hydrocephalus (LA02.00)
Hydrocephalus due to congenital toxoplasmosis (KA64.0)
Arnold-Chiari malformation type I (LA07.4)
Arnold-Chiari malformation type II (LA03)

LA04.0**Hydrocephalus with stenosis of the aqueduct of Sylvius**

Hydrocephalus with stenosis of aqueduct of Sylvius (HSAS) or Bickers-Adams syndrome is characterised by the association of hydrocephaly, severe intellectual deficit, spasticity and adducted thumbs, and is part of the L1 syndrome (see this term).

Inclusions: Stenosis of the aqueduct of Sylvius

LA04.Y**Other specified congenital hydrocephalus****LA04.Z****Congenital hydrocephalus, unspecified****LA05****Cerebral structural developmental anomalies**

Any condition caused by failure of the brain to correctly develop during the antenatal period.

Exclusions: Encephalocele (LA01)

LA05.0**Microcephaly**

A condition caused by failure of the head to correctly develop during the antenatal period. This condition is characterised by a head size that is significantly smaller than normal for their age and sex. This condition may also present with developmental delays, difficulties with balance and coordination, short stature, hyperactivity, mental retardation, seizures, or other neurological abnormalities.

Coding Note: Code also the causing condition

Inclusions: Micrencephaly

Exclusions: Syndromes with microcephaly as a major feature (LD20.2)

LA05.1	Megalencephaly A condition caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by increased size or weight of an otherwise correctly formed brain. This condition may also present with seizures, motor deficits, mental retardation and mild cognitive impairment.
LA05.2	Holoprosencephaly Holoprosencephaly is a brain malformation resulting from incomplete cleavage of the prosencephalon, occurring between the 18th and the 28th day of gestation and affecting both the forebrain and the face. In most of the cases, facial anomalies are observed: cyclopia, proboscis and median or bilateral cleft lip/palate in severe forms, and ocular hypotelorism or solitary median maxillary central incisor in minor forms. These latter midline defects can occur without the cerebral malformations (microforms). Children with HPE have many medical problems: developmental delay and feeding difficulties, epilepsy, and instability of temperature, heart rate and respiration. Endocrine disorders like diabetes insipidus, adrenal hypoplasia, hypogonadism, thyroid hypoplasia and growth hormone deficiency are frequent. Coded Elsewhere: Cyclopia (LA10.Y)
LA05.3	Corpus callosum agenesis Corpus callosum agenesis is the most common brain malformation and is characterised by total or partial absence of the main interhemispheric commissure, the corpus callosum.
LA05.4	Arrhinencephaly A condition caused by failure of the olfactory organs to correctly develop during the antenatal period. This condition is characterised by absence of the olfactory bulbs and tracts.
LA05.5	Abnormal neuronal migration Any condition caused by abnormal migration of neuronal cells during the antenatal period. These conditions may present with poor muscle tone and motor function, seizures, developmental delays, mental retardation, failure to grow and thrive, difficulties with feeding, swelling in the extremities or microcephaly. Exclusions: Lissencephaly (LD20.1)
LA05.50	Polymicrogyria Polymicrogyria (PMG) is a cerebral cortical malformation characterised by excessive cortical folding and by shallow sulci. Microscopic examination reveals abnormal cortical layering. Topographic distribution of PMG is variable, but bilateral symmetrical perisylvian PMG (BPP) is the most frequent form. PMG is manifested by mild intellectual deficit, epilepsy, and pseudobulbar palsy, which causes difficulties with speech learning and feeding. The severity of PMG is highly dependent on the location and size of the affected area.
LA05.51	Cortical dysplasia A condition caused by failure of the cortex to correctly develop during the antenatal period, or by trauma. This condition is characterised by epileptic seizures. This condition may also present with learning impairments.

LA05.5Y	Other specified abnormal neuronal migration
LA05.5Z	Abnormal neuronal migration, unspecified
LA05.6	Encephaloclastic disorders
LA05.60	Porencephaly Porencephaly is characterised by a circumscribed intracerebral cavity of variable size that may be bordered by abnormal polymicrogyric grey matter. In extreme cases, this cavity may result in a communication between the pial surface and the ventricle; this is termed schizencephaly.
LA05.61	Schizencephaly Schizencephaly is a rare congenital cerebral malformation characterised by the presence of linear clefts in one or both hemispheres of the brain, extending from the lateral ventricles to the pial surface of the cortex, and that lead to a variety of neurological symptoms such as epilepsy, motor deficits, and psychomotor retardation.
LA05.62	Hydranencephaly A condition caused by failure of the cerebral hemispheres to develop during the antenatal period. This condition is characterised by a lack of a forebrain upon imaging. This condition may present with visual impairment, lack of growth, deafness, blindness, spastic quadriparesis, or intellectual deficits.
LA05.6Y	Other specified encephaloclastic disorders
LA05.6Z	Encephaloclastic disorders, unspecified
LA05.7	Brain cystic malformations A disease caused by expansion of the roof plate of the brain vesicle, or by extraaxial structures such as an arachnoid membrane or migrating ependymal cells. This disease is characterised by the presence of fluid filled cysts in the brain. This disease may present with asymmetry of the skull, brain compression, raised intracranial pressure, hydrocephalus, bleeding or seizures. This disease may also be asymptomatic. Confirmation is through observation of intracerebral cysts by imaging. Exclusions: Acquired porencephalic cysts (8E40) Dandy-Walker malformation with hydrocephalus (LA06.0) Dandy-Walker malformation without hydrocephalus (LA06.0) Coded Elsewhere: Intracranial arachnoid cyst (8D67)
LA05.8	Colpocephaly A condition caused by the white matter in the posterior cerebrum failing to develop or thicken during the antenatal period. This condition is characterised by the occipital horns – the posterior or rear portion of the lateral ventricles (cavities) of the brain – being larger than normal. Exclusions: Porencephaly (LA05.60) stenosis of interventricular foramen (ME93)
LA05.Y	Other specified cerebral structural developmental anomalies

LA05.Z	Cerebral structural developmental anomalies, unspecified
LA06	Cerebellar structural developmental anomalies Any condition caused by failure of the brain to correctly develop during the antenatal period. <i>Exclusions:</i> 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). <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Occult spinal dysraphism (LB73.0)
LA07.0	Primary tethered cord syndrome A condition caused by failure of the spinal cord to correctly develop during the antenatal period. This condition is characterised by tethering of the spinal cord to the spinal canal. This condition may present with lower back skin appendages, radicular pain, weakness, asymmetric hyporeflexia, spasticity, sensory changes, bowel or bladder dysfunction, or motor dysfunction. Confirmation is through observation of a tethered spinal cord by imaging.

LA07.1	Diastematomyelia A condition caused by failure of the spinal cord during the antenatal period. This condition is characterised by separation of the spinal cord into two parts by a rigid or fibrous septum. This condition may present with misformed vertebrae, pain, weakness, impaired gait, sensory changes in the legs, or sphincter disturbance. Confirmation is through observation of a septum-bifurcated spinal cord by imaging. Inclusions: Split cord malformation
LA07.2	Amyelia A condition caused by malformation of the spinal cord during the antenatal period. This condition is characterised by absence of sections of the spinal cord. Inclusions: Spinal cord agenesis
LA07.3	Primary syringomyelia or hydromyelia A condition caused by failure of the spinal canal to correctly develop during the antenatal period. This condition is characterised by a cavity within the spinal cord in which cerebrospinal fluid can accumulate. Confirmation is through observation of a fluid filled cavity within the spinal cord by imaging. Exclusions: Syringomyelia due to certain specified cause (8D66.1)
LA07.4	Arnold-Chiari malformation type I A condition caused by failure of the cerebellum to correctly develop during the antenatal period. This condition is characterised by extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. This condition may present as asymptomatic. Confirmation is through observation of the cerebellar tonsil extension by imaging. Exclusions: Arnold-Chiari malformation type II (LA03)
LA07.Y	Other specified structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column
LA07.Z	Structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column, unspecified
LA0Y	Other specified structural developmental anomalies of the nervous system
LA0Z	Structural developmental anomalies of the nervous system, unspecified

Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10-LA1Z)

Any condition caused by failure of the eye, eyelid and lacrimal apparatus to correctly develop during the antenatal period.

LA10	Structural developmental anomalies of ocular globes Any condition caused by failure of the ocular globes to correctly develop during the antenatal period. Exclusions: Holoprosencephaly with cyclopia or synophthalmia (LA05.2)

LA10.0	Microphthalmos <i>Inclusions:</i> 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. <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Juvenile retinoschisis (9B73.11) Optic nerve hypoplasia or aplasia (LA13.7Z)
LA13.0	Congenital anomalies of the vitreous <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> cryptophthalmos NOS (LA10.0)
LA14.0	Structural developmental anomalies of eyelids
<i>Coding Note:</i>	Code also any associated syndrome
LA14.00	Palpebral cleft or coloboma
LA14.01	Cryptophthalmia Isolated cryptophthalmia is a congenital abnormality in which the eyelids are absent and skin covers the ocular bulb, which is often microphthalmic.
LA14.02	Congenital entropion
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 dacryoceles
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) Apparent increase in length and width of the pinna (subjective).

LA21.1**Protruding ear****LA21.2****Low-set ear**

The upper third of the pinna is not above a plane defined by the lateral canthi and the maximum convexity of the occiput.

Exclusions: cervical auricle (LA23)

LA21.3**Misshapen ear**

A condition caused by the malformation of the ear during the antenatal period.

Exclusions: Acquired deformity of pinna (AA41)

LA21.Y**Other specified minor anomalies of pinnae****LA21.Z****Minor anomalies of pinnae, unspecified****LA22****Structural developmental anomalies of ear causing hearing impairment**

Any condition caused by the failure of the ear to correctly develop during the antenatal period. These conditions are characterised by hearing impairment.

LA22.0**Microtia**

Microtia is a congenital malformation of variable severity of the external and middle ear. Both hereditary factors (evidence for familial craniofacial microsomia and patterns suggestive of multifactorial inheritance)

and vascular accidents are involved in the etiology of the disease. Specific causative factors also can include maternal rubella during the first trimester of pregnancy. Microtia commonly involves the external canal and middle ear; hence, hearing can be affected. Microtia may present within a spectrum of branchial arch defects (hemifacial microsomia, craniofacial microsomia) or may manifest as an independent malformation. The microtic auricle consists of a disorganised remnant of cartilage attached to a variable amount of soft tissue lobule.

LA22.1**Anotia**

Complete absence of any auricular structures.

LA22.2**Aplasia or hypoplasia of external auditory canal**

Exclusions: Microtia (LA22.0)

Anotia (LA22.1)

LA22.3	Structural developmental anomalies of ear ossicles Any condition caused by failure of the ear ossicles to correctly develop during the antenatal period.
LA22.4	Structural developmental anomalies of inner ear Any condition caused by failure of the inner ear to correctly develop during the antenatal period.
LA22.Y	Other specified structural developmental anomalies of ear causing hearing impairment
LA22.Z	Structural developmental anomalies of ear causing hearing impairment, unspecified
LA23	Otocephaly Malplacement of the external ears with or without fusion microstomia, and persistence of the buccopharyngeal membrane likely being secondary effects of absence or hypoplasia of the mandibular arch.
LA24	Accessory auricle A condition caused by development of an auricular appendage during the antenatal period.
LA2Y	Other specified structural developmental anomalies of the ear
LA2Z	Structural developmental anomalies of the ear, unspecified

Structural developmental anomalies of the face, mouth or teeth (LA30-LA5Z)

Any condition caused by failure of the face, mouth and teeth to correctly develop during the antenatal period.

Coded Elsewhere: Dermoid cyst (LC40)
Congenital micrognathia (DA0E.00)

LA30	Structural developmental anomalies of teeth and periodontal tissues Coded Elsewhere: Disturbances in tooth formation (DA07.3) Root anomaly (DA07.4) Disturbances in tooth eruption (DA07.6) Anomalies of tooth position (DA0E.3)

LA30.0	Anodontia Anodontia is a genetic disorder commonly defined as the absence of all teeth, affecting both temporary and permanent dentitions, and is extremely rarely encountered in a pure form without any associated abnormalities. Rare but more common than complete anodontia is hypodontia.

LA30.1	Hypodontia Hypodontia presents as a lack of one or a few (less than 6) permanent teeth, without any systemic disorders. <i>Inclusions:</i> Congenital absence of one tooth
LA30.2	Oligodontia A genetic condition characterised by the development of fewer than the normal number of teeth. The diagnosis of Oligodontia is usually made in cases in which more than six teeth are missing.
LA30.3	Hyperdontia Hyperdontia is the condition of having supernumerary teeth, or teeth which appear in addition to the regular number of teeth. <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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. <i>Inclusions:</i> Transverse facial cleft
LA31.4	Microstomia A condition of the mouth, caused by congenital genetic mutation, burns, or injury. This condition is characterised by reduction in the size of the oral aperture with or without involvement of the entire oral cavity.
LA31.Y	Other specified structural developmental anomalies of mouth or tongue
LA31.Z	Structural developmental anomalies of mouth or tongue, unspecified

Clefts of lip, alveolus or palate (LA40-LA4Z)

A condition caused by failure of the structures of the mouth to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the upper lip, nasal base, alveolar ridge or the palate. This condition may present with disruption of sucking or swallowing in neonates, recurrent otitis, transmission hypoacusia, or abnormalities of the maxillary lateral incisor.

LA40	Cleft lip Isolated cleft lip is a fissure type embryopathy extending from the upper lip to the nasal base. Exclusions: Cleft lip and alveolus (LA41)
LA40.0	Cleft lip, unilateral Exclusions: Cleft lip and alveolus (LA41)
LA40.1	Cleft lip, bilateral A condition caused by failure of the upper lip to correctly develop during the antenatal period. This condition is characterised by two fissures in the upper lip and a collapsed and stretched nose through one side of the upper lip. This condition may present with disruption of sucking or swallowing in neonates. Exclusions: Cleft lip and alveolus (LA41)
LA40.2	Cleft lip, median Exclusions: Cleft lip and alveolus (LA41)
LA40.Z	Cleft lip, unspecified
LA41	Cleft lip and alveolus Cleft lip and alveolus is a fissure type embryopathy that involves the upper lip, nasal base and alveolar ridge in variable degrees.
LA41.0	Cleft lip and alveolus, unilateral
LA41.1	Cleft lip and alveolus, bilateral
LA41.Z	Cleft lip and alveolus, unspecified
LA42	Cleft palate Cleft palate is a fissure type embryopathy that affects the soft and hard palate to varying degrees.
LA42.0	Cleft hard palate A condition caused by failure of the palate to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the palate, including the bony portion of the palate. This condition may present with disruption of sucking or swallowing in neonates.
LA42.1	Cleft soft palate Cleft velum is a fissure type embryopathy that affects in varying degrees the soft palate.

LA42.2	Cleft uvula Bifid uvula is a fissure type embryopathy affecting the uvula at the back of the soft palate.
LA42.Z	Cleft palate, unspecified
LA4Y	Other specified clefts of lip, alveolus or palate
LA4Z	Clefts of lip, alveolus or palate, unspecified
LA50	Congenital velopharyngeal incompetence A condition caused by failure of the velum to correctly develop during the antenatal period. This condition is characterised by improper closing of the velopharyngeal sphincter, nasal speech, and difficulties in pronouncing certain letters or words.
LA51	Facial clefts Any condition caused by failure of the structures of the face to correctly develop during the antenatal period. These conditions are characterised by a partition in bone, soft tissue, or skin of the face. <i>Exclusions:</i> 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****Laryngotracheoesophageal cleft**

A laryngo-tracheo-oesophageal cleft (LC) is a congenital malformation characterised by an abnormal, posterior, sagittal communication between the larynx and the pharynx, possibly extending downward between the trachea and the oesophagus. Five types of laryngo-tracheo-oesophageal cleft have been described based on the downward extension of the cleft, which typically correlates with the severity of symptoms: Type 0 laryngo-tracheo-oesophageal cleft to Type 4 laryngo-tracheo-oesophageal cleft (see these terms).

LA73**Structural developmental anomalies of trachea**

Coded Elsewhere: Congenital tracheobronchomegaly (CA27.1)

LA73.0	Congenital stenosis of trachea Tracheal stenosis is a fixed intrinsic narrowing of the trachea. The narrowing can be localised to a short or long tracheal segment, often due to a complete tracheal ring. Alternatively, the tracheal lumen may become progressively narrow caudally. <i>Inclusions:</i> Atresia of trachea
LA73.1	Congenital tracheomalacia Congenital tracheomalacia is a relatively uncommon anomaly that results from an intrinsic weakness of the cartilaginous support of the trachea such that it is prone to collapse especially during expiration.
LA73.Y	Other specified structural developmental anomalies of trachea
LA73.Z	Structural developmental anomalies of trachea, unspecified
LA74	Structural developmental anomalies of bronchi This refers to the structural developmental anomalies of the passage of airway in the respiratory tract that conducts air into the lungs.
LA74.0	Congenital stenosis or atresia of bronchus A condition caused by interruption of a lobar, segmental, or subsegmental bronchus with peripheral mucus impaction, during the antenatal period. This condition is characterised by hyperinflation of the blocked section of lung. This condition may present with respiratory distress, infiltrative pneumonia, or emphysema.
LA74.1	Congenital bronchomalacia Bronchus characterised by excessive dynamic collapse
LA74.Y	Other specified structural developmental anomalies of bronchi
LA74.Z	Structural developmental anomalies of bronchi, unspecified
LA75	Structural developmental anomalies of lungs Any condition caused by failure of the lungs to correctly develop during the antenatal period.
LA75.0	Accessory lobe of lung An extra lobe of lung beyond the 3 on the right and the 2 on the left
LA75.1	Agenesis of lung This refers to the absence or rudimentary residua of an undeveloped lung.
LA75.2	Congenital hypoplasia of lung
LA75.3	Congenital hyperplasia of lung

LA75.4	Congenital pulmonary airway malformations A disease caused by failure of the bronchial structure to correctly develop during the antenatal period. This disease may present with severe respiratory distress in the newborn period, acute respiratory distress or infection later in life, or may be asymptomatic. This disease can be distinguished from other lesions and normal lung by polypoid projections of the mucosa, an increase in smooth muscle and elastic tissue within the cyst walls, an absence of cartilage in the cystic parenchyma, mucous secreting cells, and the absence of inflammation.
	Inclusions: Congenital honeycomb lung Congenital polycystic disease of lung Exclusions: Cystic lung disease, acquired or unspecified (CB40)
LA75.5	Congenital lobar emphysema Congenital lobar emphysema is a developmental lung anomaly characterised by over distension of the affected lobe and leading to compression and displacement of adjacent normal lung tissue and mediastinum. In the majority of cases, symptoms appear during the neonatal period or in early childhood. Clinically, children present with signs of respiratory distress, frequently occurring with a lower respiratory tract infection that aggravates air trapping and renders the patient symptomatic.
LA75.6	Congenital sequestration of lung A medical condition wherein a piece of tissue that ultimately develops into lung tissue is not attached to the pulmonary arterial blood supply, as is the case in normally developing lung. As a result, this sequestered tissue is not connected to the normal bronchial airway. With intralobar sequestration, the lung tissue lies within the same visceral pleura as the lobe in which it occurs. With extralobar sequestrations, an accessory lung is contained within its own pleura.
LA75.Y	Other specified structural developmental anomalies of lungs
LA75.Z	Structural developmental anomalies of lungs, unspecified
LA76	Structural developmental anomalies of pleura Anomalies of the lining of the lung (visceral pleura) and thoracic cavity (parietal pleura)
LA77	Congenital cyst of mediastinum A condition caused by failure of the anterior intestine or coelomic cavity to correctly develop during the antenatal period. This condition may be asymptomatic or may present with adjacent organ compression. Confirmation is observation of the cysts by imaging.
LA7Y	Other specified structural developmental anomalies of the respiratory system
LA7Z	Structural developmental anomalies of the respiratory system, unspecified

Structural developmental anomalies of the circulatory system (LA80-LA9Z)

Structural developmental anomaly of heart or great vessels (LA80-LA8Z)

A congenital malformation of the heart and/or great vessels or an acquired abnormality unique to the congenitally malformed heart.

Coded Elsewhere: Congenital great vessel related acquired abnormality (BD52.6)

Congenital cardiac tumor, not otherwise specified (2F9Y)

LA80

Anomalous position-orientation of heart

A congenital cardiovascular finding or malformation in which there is an abnormality of the position or orientation of heart.

LA80.0

Laevocardia

A congenital cardiovascular finding in which the heart is predominantly to the left of the thoracic midline.

Coding Note:

This term should be coded only in the context of complex heart disease. This is independent of the orientation of the cardiac apex.

LA80.1

Dextrocardia

A congenital cardiovascular malformation in which the heart is predominantly to the right of the thoracic midline. This is independent of the orientation of the cardiac apex.

Exclusions:

Isomerism of left atrial appendages (LA80-LA8Z)

Isomerism of right atrial appendages (LA80-LA8Z)

Total mirror imagery (LA82)

LA80.2

Mesocardia

A congenital cardiovascular malformation in which the heart is central or midline within the thorax.

LA80.3

Extrathoracic heart

A congenital cardiovascular malformation in which the heart is at least partially outside of the thorax.

LA80.Y

Other specified anomalous position-orientation of heart

LA80.Z

Anomalous position-orientation of heart, unspecified

LA81

Abnormal ventricular relationships

A congenital cardiovascular malformation in which the ventricular positions relative to each other or their laterality (sidedness) are abnormal.

LA82**Total mirror imagery**

A congenital malformation in which there is complete mirror-imaged arrangement of the internal organs along the left-right axis of the body.

Inclusions: Situs inversus totalis

Exclusions: dextrocardia NOS (LA80.1)

laevocardia (LA80.0)

Primary ciliary dyskinesia, Kartagener type (LA75)

Kartagener triad (LA75)

LA83**Right isomerism**

A congenital cardiovascular malformation that is a variant of heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal right-sided structures.

LA84**Left isomerism**

A congenital cardiovascular malformation that is a variant of an heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal left-sided structures.

LA85**Congenital anomaly of an atrioventricular or ventriculo-arterial connection**

A congenital cardiovascular malformation in which one or more of the following connections is abnormal 1) the morphologically right atrium to the morphologically right ventricle, 2) the morphologically left atrium to the morphologically left ventricle, 3) the morphologically right ventricle to the pulmonary trunk, 4) the morphologically left ventricle to the aorta.

This excludes codes for hearts with a univentricular atrioventricular connection (mitral atresia, tricuspid atresia and double inlet ventricle), as these are listed under Functionally Univentricular Heart.

Exclusions: Functionally univentricular heart (LA89)

LA85.0**Discordant atrioventricular connections**

A congenital cardiovascular malformation in which the morphologically right atrium connects to the morphologically left ventricle and the morphologically left atrium connects to the morphologically right ventricle.

LA85.00**Congenitally corrected transposition of great arteries**

A congenital cardiac malformation in which the morphologically right atrium connects to the morphologically left ventricle, the morphologically left atrium connects to the morphologically right ventricle, the morphologically right ventricle connects to the aorta, and the morphologically left ventricle connects to the pulmonary trunk.

Inclusions: corrected transposition

LA85.0Y

Other specified discordant atrioventricular connections

LA85.0Z	Discordant atrioventricular connections, unspecified
LA85.1	Transposition of the great arteries A congenital cardiovascular malformation in which the morphologically right ventricle or its remnant connects to the aorta and the morphologically left ventricle or its remnant connects to the pulmonary trunk.
LA85.2	Double outlet right ventricle A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically right ventricle.
LA85.20	Double outlet right ventricle with subpulmonary ventricular septal defect, transposition type A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with a subpulmonary ventricular septal defect (includes Taussig-Bing heart).
LA85.21	Double outlet right ventricle with non-committed ventricular septal defect A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with ventricular septal defect that is remote from the ventricular outflow tracts and usually within the inlet or trabecular muscular septum.
LA85.22	Double outlet right ventricle with subaortic or doubly committed ventricular septal defect without pulmonary stenosis, ventricular septal defect type A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and unobstructed pulmonary outflow tract.
LA85.23	Double outlet right ventricle with subaortic or doubly committed ventricular septal defect and pulmonary stenosis, Fallot type A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and pulmonary outflow tract obstruction.
LA85.2Y	Other specified double outlet right ventricle
LA85.2Z	Double outlet right ventricle, unspecified
LA85.3	Double outlet left ventricle A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically left ventricle.
LA85.4	Common arterial trunk A congenital cardiovascular malformation in which a single arterial trunk arises from the heart, giving origin sequentially to the coronary arteries, one or more pulmonary arteries, and the systemic arterial circulation. Inclusions: - persistent truncus arteriosus - truncus arteriosus

LA85.40	Common arterial trunk with aortic dominance A congenital cardiovascular malformation in which a common arterial trunk is associated with an unobstructed aortic arch.
LA85.41	Common arterial trunk with pulmonary dominance and interrupted aortic arch A congenital cardiovascular malformation in which a common arterial trunk is associated with an interrupted aortic arch.
LA85.4Y	Other specified common arterial trunk
LA85.4Z	Common arterial trunk, unspecified
LA85.Y	Other specified congenital anomaly of an atrioventricular or ventriculo-arterial connection
LA85.Z	Congenital anomaly of an atrioventricular or ventriculo-arterial connection, unspecified
LA86	Congenital anomaly of mediastinal vein A congenital cardiovascular malformation in which there is an abnormality of a mediastinal vein including but not limited to: pulmonary veins, caval veins, coronary sinus, hepatic veins connecting to the heart, brachiocephalic veins, azygos veins, and/or levo-atrial cardinal veins.
LA86.0	Left superior caval vein A congenital cardiovascular malformation in which there is a left superior caval vein (superior vena cava).
Coding Note:	Unless the code for absent right superior caval vein is used, this term assumes that a right superior caval vein is present and, therefore, there are bilateral superior caval veins with or without a bridging vein.
LA86.1	Unroofed coronary sinus A congenital cardiovascular malformation in which there is direct communication between the left atrium and the coronary sinus. Additional information: this term includes partial and complete unroofing of the coronary sinus in the presence or absence of an interatrial communication. If an interatrial communication is present through the coronary sinus orifice then also select the term 'Interatrial communication through coronary sinus orifice'. If a left superior caval vein (superior vena cava) is present then one should also select the term for 'Left superior caval vein (superior vena cava) to left-sided atrium'.
Coding Note:	If an interatrial communication is present through the coronary sinus orifice code also interatrial communication through coronary sinus orifice. If a left superior caval vein (superior vena cava) is present code also left superior caval vein (superior vena cava) to left-sided atrium.
LA86.2	Anomalous pulmonary venous connection A congenital cardiovascular malformation in which one or more pulmonary vein does not connect normally to the morphologically left atrium.

LA86.20	Total anomalous pulmonary venous connection A congenital cardiovascular malformation in which none of the pulmonary veins connect to the morphologically left atrium.
LA86.21	Partial anomalous pulmonary venous connection A congenital cardiovascular malformation in which one or more (but not all) of the pulmonary veins connect anomalously to the right atrium or to one or more of its venous tributaries and the remaining pulmonary veins connect to the left atrium.
LA86.22	Scimitar syndrome A congenital cardiopulmonary malformation with “partial anomalous pulmonary venous connection of Scimitar type” and one or more of the following: hypoplasia of the right lung with bronchial anomalies, dextrocardia, hypoplasia of the right pulmonary artery, lobar lung sequestration, and anomalous systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.
LA86.2Y	Other specified anomalous pulmonary venous connection
LA86.2Z	Anomalous pulmonary venous connection, unspecified
LA86.3	Congenital pulmonary venous stenosis or hypoplasia A congenital cardiovascular malformation with a pathologic narrowing of one or more pulmonary veins including diffuse hypoplasia, long segment focal/tubular stenosis and/or discrete stenosis.
LA86.Y	Other specified congenital anomaly of mediastinal vein
LA86.Z	Congenital anomaly of mediastinal vein, unspecified
LA87	Congenital anomaly of an atrioventricular valve or atrioventricular septum A congenital cardiovascular malformation in which there is an abnormality of the atrioventricular valve or atrioventricular septum.
LA87.0	Congenital anomaly of tricuspid valve A congenital cardiovascular malformation in which there is an abnormality of the tricuspid valve. Inclusions: congenital anomaly of tricuspid subvalvular apparatus Exclusions: Tricuspid atresia (LA89.1)
LA87.00	Congenital tricuspid regurgitation A congenital cardiovascular finding in which there is backward flow through the tricuspid valve.
LA87.01	Congenital tricuspid valvar stenosis A congenital cardiovascular malformation of the tricuspid valve in which there is narrowing or stricture (obstruction to flow).

LA87.02	Dysplasia of tricuspid valve A congenital cardiovascular malformation of the tricuspid valve, commonly consisting of leaflet thickening and restricted mobility, with normally hinged leaflets. Coding Note: This diagnosis is not used for patients with Ebstein malformation of tricuspid valve, which is characterised by abnormally hinged tricuspid valve. Exclusions: Ebstein malformation of tricuspid valve (LA87.03)
LA87.03	Ebstein malformation of tricuspid valve A congenital cardiovascular malformation of the tricuspid valve and right ventricle that is characterised by incomplete delamination of the septal and inferior (posterior) tricuspid valvar leaflets from the myocardium of the right ventricle, and varying degrees of downward (apical) rotational displacement of the functional annulus. Additional information: associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways and varying degrees of right ventricular outflow tract obstruction, including pulmonary atresia. In the setting of discordant atrioventricular and ventriculo-arterial connections ['Congenitally corrected transposition of great arteries'], 'Ebstein malformation of tricuspid valve' may be present.
LA87.0Y	Other specified congenital anomaly of tricuspid valve
LA87.0Z	Congenital anomaly of tricuspid valve, unspecified
LA87.1	Congenital anomaly of mitral valve A congenital cardiac malformation in which there is an abnormality of the mitral valve. Exclusions: Mitral atresia (LA89.2)
LA87.10	Congenital mitral regurgitation A congenital cardiovascular finding in which there is backward flow through the mitral valve.
LA87.11	Congenital mitral valvar stenosis A congenital cardiovascular malformation of the mitral valve in which there is narrowing or stricture of the valvar orifice (obstruction to flow).
LA87.12	Dysplasia of mitral valve A congenital cardiac malformation that includes any structural abnormality of the mitral valvar leaflet(s), commonly consisting of leaflet thickening and restricted mobility.
LA87.13	Congenital anomaly of mitral subvalvar apparatus A congenital cardiac malformation in which the mitral chords, chordal attachments, or papillary muscles are abnormal.
LA87.1Y	Other specified congenital anomaly of mitral valve
LA87.1Z	Congenital anomaly of mitral valve, unspecified

- LA87.3 Common atrioventricular junction without an atrioventricular septal defect**
 A congenital cardiac malformation in which there is a common atrioventricular junction without any communication at the level of the atrioventricular septum.
 Additional information: this code should be used when there is a trifoliate left atrioventricular valve in the setting of a common atrioventricular junction with evidence of obliteration of the atrioventricular septal defect by valve or subvalvar tissue. This should be distinguished from a 'True cleft of anterior mitral leaflet', without evidence of a common atrioventricular junction. Additional defects in the atrial or ventricular septums that do not involve the atrioventricular septum are not excluded by this term and should be coded separately.
- LA87.4 Common atrioventricular junction with atrioventricular septal defect**
Inclusions: AVC - [atrioventricular canal]
- LA87.40** Atrioventricular septal defect with communication at the atrial level only
 A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, no interventricular communication just below the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.
 Additional information: the bridging leaflets of the common atrioventricular valve are bound down to the crest of the scooped out ventricular septum so that the potential for shunting through the atrioventricular septal defect is possible only at the atrial level and not at the ventricular level.
- LA87.41** Atrioventricular septal defect with communication at the ventricular level only
 A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interventricular communication just below the atrioventricular valve, no interatrial communication just above the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.
 Additional information: the bridging leaflets of the common atrioventricular valve are bound to the atrial septum so that the potential for shunting through the atrioventricular septal defect is possible only at the ventricular level and not at the atrial level.
- LA87.42** Atrioventricular septal defect with communication at atrial level and restrictive communication at ventricular level
 A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication immediately above the atrioventricular valve, and a restrictive interventricular communication immediately below the atrioventricular valve.

LA87.43	Atrioventricular septal defect with communication at atrial level and unrestrictive communication at ventricular level A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, an interventricular communication just below the atrioventricular valve, and varying degrees of malformation of the left ventricular component of the common atrioventricular valve. Additional information: there is unrestrictive interventricular communication (no interventricular pressure gradient) and the bridging leaflets usually float to varying extent within the atrioventricular septal defect.
LA87.44	Atrioventricular septal defect with ventricular imbalance A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with one ventricle significantly larger than the other. Additional information: unbalanced ventricular size and unbalanced relation of the common atrioventricular valve to the ventricles are to be distinguished by coding unbalanced ventricular size as 'Atrioventricular septal defect with ventricular imbalance' and the unbalanced relation of the common atrioventricular valve to the ventricles should also be coded as 'Common atrioventricular valve with unbalanced commitment of valve to ventricles'.
LA87.45	Atrioventricular septal defect and tetralogy of Fallot A congenital cardiac malformation with both an atrioventricular septal defect (atrioventricular canal defect) and tetralogy of Fallot. Additional information: tetralogy of Fallot with atrioventricular septal defect (common atrioventricular canal defect) is always the complete form (unrestrictive interventricular component) and very few or no attachments of the superior bridging leaflet to the crest of ventricular septum.
LA87.4Y	Other specified common atrioventricular junction with atrioventricular septal defect
LA87.4Z	Common atrioventricular junction with atrioventricular septal defect, unspecified
LA87.Y	Other specified congenital anomaly of an atrioventricular valve or atrioventricular septum
LA87.Z	Congenital anomaly of an atrioventricular valve or atrioventricular septum, unspecified
LA88	Congenital anomaly of a ventricle or the ventricular septum A congenital cardiac malformation in which there is an abnormality of a ventricle and/or the ventricular septum. The ventricles include the ventricular inlet, ventricular body and ventricular outflow tract.

LA88.0	Congenital right ventricular outflow tract obstruction A congenital cardiovascular condition in which the flow through the right ventricular outflow tract (proximal to the valve[s] guarding the outflow from the right ventricle) is blocked or impeded. Additional information: this code should not be used for obstruction immediately under the arterial valve(s) because specific codes exist for these entities, such as congenital subpulmonary and subaortic stenosis.
LA88.1	Double chambered right ventricle A congenital cardiovascular malformation in which the right ventricle is divided into two chambers, one inferior including the inlet and trabecular portions of the right ventricle and one superior including the trabecular portion and infundibulum. Additional information: Double chamber right ventricle is often associated with one or several closing ventricular septal defects. In some cases, the ventricular septal defect is already closed. Double chamber right ventricle is differentiated from the rare isolated infundibular stenosis that develops more superiorly.
LA88.2	Tetralogy of Fallot A group of congenital cardiovascular malformations with biventricular atrioventricular alignments or connections characterised by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta. Additional information: tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, aortic override, and most often right ventricular hypertrophy.
LA88.20	Tetralogy of Fallot with absent pulmonary valve syndrome A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which the ventriculo-arterial junction of the right ventricle with the pulmonary trunk features an atypical valve with absent or rudimentary leaflets (cusps) that do not coapt. Additional information: in its usual form there is dilatation of the pulmonary trunk and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi, often with tracheobronchomalacia. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve.
LA88.21	Tetralogy of Fallot with pulmonary atresia A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree. Exclusions: Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery (LA88.22)

LA88.22	Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree and there are collateral blood vessels between the systemic and pulmonary arteries.
Coding Note:	This morphological abnormality usually is an integral part of other congenital cardiovascular anomalies and does not need to be coded separately. It should be coded as secondary to an accompanying congenital cardiovascular anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiovascular diagnosis such as hypoplastic left heart syndrome.
LA88.2Y	Other specified tetralogy of Fallot
LA88.2Z	Tetralogy of Fallot, unspecified
LA88.3	Congenital left ventricular outflow tract obstruction A congenital cardiac condition in which the flow through the left ventricular outflow tract (proximal to the valve[s] guarding the outflow from the left ventricle) is blocked or impeded. This code should not be used for obstruction immediately under the arterial valve such as subaortic stenosis due to fibromuscular shelf or tunnel.
LA88.4	Ventricular septal defect A congenital cardiac malformation in which there is a hole or pathway between the ventricular chambers.
LA88.40	Trabecular muscular ventricular septal defect A congenital cardiac malformation in which there is a ventricular septal defect within the trabeculated component of the ventricular septum. Additional information: the codes specifying defects within the trabecular part of the ventricular septum should not be used to code inlet or outlet muscular defects, as there are specific codes for these entities.

LA88.41**Perimembranous central ventricular septal defect**

A congenital cardiovascular malformation in which there is a ventricular septal defect that 1) occupies the space that is usually closed by the interventricular part of the membranous septum, 2) is usually adjacent to the area of fibrous continuity between the leaflets of an atrioventricular valve and an arterial valve, 3) is adjacent to an area of mitral-tricuspid fibrous continuity, and 4) is located at the center of the base of the ventricular mass.

Additional information: This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. It should also not be used to code an inlet ventricular septal defect, or the so-called atrioventricular canal ventricular septal defect. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous ventricular septal defect without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular ventricular septal defect with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

Coding Note:

Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. It should not be used to code an inlet VSD, or the so-called atrioventricular canal VSD. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous VSD without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular VSD with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. All perimembranous defects, nonetheless, have part of their margins made up of fibrous continuity either between the leaflets of an atrioventricular and an arterial valve or, in the setting of double outlet right ventricle or overriding of the tricuspid valve, by fibrous continuity between the leaflets of the mitral and tricuspid valves. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

LA88.42	Ventricular septal defect haemodynamically insignificant A congenital cardiac malformation in which there is one or more small, clinically insignificant ventricular septal defect(s) in the absence of flow-related cardiac chamber dilation or abnormal elevation of pulmonary arterial pressure. Additional information: though restrictive ventricular septal defect is listed as a synonym of haemodynamically insignificant VSD, it should be recognised that some pressure restrictive ventricular septal defects will lead to flow-related chamber dilation, and thus would be haemodynamically significant. In such instances, the term haemodynamically insignificant ventricular septal defect should not be coded.
LA88.4Y	Other specified ventricular septal defect
LA88.4Z	Ventricular septal defect, unspecified
LA88.Y	Other specified congenital anomaly of a ventricle or the ventricular septum
LA88.Z	Congenital anomaly of a ventricle or the ventricular septum, unspecified
LA89	Functionally univentricular heart The term “functionally univentricular heart” describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation. Additional information: a heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term “functionally univentricular heart”.
LA89.0	Double inlet atrioventricular connection A congenital cardiovascular malformation with a univentricular atrioventricular connection wherein both atria connect to one ventricle either via two separate atrioventricular valves or a common atrioventricular valve, such that all or nearly all of the total atrioventricular junctional (annular) area is committed to one ventricular chamber.
LA89.1	Tricuspid atresia A congenital cardiovascular malformation with absence of the tricuspid valvar annulus (connection/junction) or an imperforate tricuspid valve.
LA89.2	Mitral atresia A congenital cardiovascular malformation with absence of the mitral valvar annulus (connection/junction) or an imperforate mitral valve.

LA89.3	Hypoplastic left heart syndrome A spectrum of congenital cardiovascular malformations with normally aligned great arteries without a common atrioventricular junction, characterised by underdevelopment of the left heart with significant hypoplasia of the left ventricle including atresia, stenosis, or hypoplasia of the aortic or mitral valve, or both valves, and hypoplasia of the ascending aorta and aortic arch.
LA89.Y	Other specified functionally univentricular heart
LA89.Z	Functionally univentricular heart, unspecified
LA8A	Congenital anomaly of a ventriculo-arterial valve or adjacent regions A congenital cardiovascular malformation of a ventriculo-arterial valve or its immediate subvalvar and supravalar 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 supraaortic 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 supraaortic stenosis' is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. Supraaortic 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 <i>Exclusions:</i> 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). <i>Exclusions:</i> 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). <i>Inclusions:</i> 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). <i>Inclusions:</i> Aberrant pulmonary artery Anomaly of pulmonary artery
LA8B.2	Congenital anomaly of aorta or its branches A congenital cardiovascular malformation of the aorta and/or its branches.

LA8B.21	Coarctation of aorta A congenital cardiovascular malformation in which there is a discrete luminal narrowing of the junction between the aortic arch and the descending aorta. Additional information: 'Coarctation of the aorta' generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.
LA8B.22	Interrupted aortic arch A congenital cardiovascular malformation in which there is an absence of luminal continuity between the ascending and descending aorta. Additional information: this includes luminal atresia with discontinuity between the aortic segments and also luminal atresia with fibrous continuity between the aortic segments. Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases, blood flow to the descending thoracic aorta is through a patent arterial duct, and there is a large ventricular septal defect. Arch interruption is further defined by site of interruption. In type A, interruption is distal to the left subclavian artery; in type B, interruption is between the left carotid and left subclavian arteries; and in type C, interruption occurs between the innominate and left carotid arteries.
LA8B.23	Congenital anomaly of descending thoracic or abdominal aorta A congenital cardiovascular malformation of the aorta distal to the aortic arch Coded Elsewhere: Descending thoracic or abdominal aortic coarctation (LA8B.21) Coarctation of the descending thoracic aorta (LA8B.21) Coarctation of the abdominal aorta (LA8B.21)
LA8B.24	Congenital anomaly of aortic arch branch A congenital cardiovascular malformation of one or more branches of the aortic arch (innominate, carotid, or subclavian arteries).
LA8B.2Y	Other specified congenital anomaly of aorta or its branches
LA8B.2Z	Congenital anomaly of aorta or its branches, unspecified
LA8B.3	Tracheo-oesophageal compressive syndrome A congenital cardiovascular malformation which causes compression of the trachea and/or the oesophagus.
LA8B.4	Patent arterial duct A congenital cardiovascular finding in which the arterial duct (ductus arteriosus) is open beyond the normal age of spontaneous closure. Inclusions: bilateral arterial ducts Coded Elsewhere: Patent arterial duct of prematurity (KB48)
LA8B.Y	Other specified congenital anomaly of great arteries including arterial duct
LA8B.Z	Congenital anomaly of great arteries including arterial duct, unspecified

LA8C**Congenital anomaly of coronary artery**

A congenital cardiovascular malformation of a coronary artery. This includes absence of a coronary, anomalous origin or course, dilation or stenosis, and fistulas.

Additional information: congenital anomalies of the coronary venous system should not be included here but rather under 'Congenital anomaly of mediastinal systemic vein'.

LA8C.0**Anomalous origin of coronary artery from pulmonary arterial tree**

A congenital cardiovascular malformation in which a coronary artery origin is the pulmonary trunk or one of its branches. Although the most common of these malformations involves the left coronary artery arising from the pulmonary trunk (main pulmonary artery) rather than from the aorta, occasionally the right coronary artery, the circumflex, or both coronary arteries may arise from any of the central pulmonary arteries.

LA8C.1**Anomalous aortic origin or course of coronary artery**

A congenital cardiovascular malformation in which the origin and/or course of a coronary artery is abnormal.

This is where coronary "anomalies" in the presence of discordant ventriculo-arterial connections should be coded.

LA8C.2**Congenital coronary arterial fistula**

A congenital cardiovascular malformation in which a coronary artery communicates, through an anomalous channel, with a cardiac chamber or with any segment of the systemic or pulmonary circulation.

Additional information: this communication may be simple and direct or may be tortuous and dilated. In order of frequency the involved coronary artery is the right, the left and, rarely, both coronary arteries. Occasionally multiple fistulas are present.

Inclusions: congenital coronary fistula to pulmonary artery

Exclusions: anomalous origin of coronary artery from pulmonary arterial tree (LA8C.0)

LA8C.Y**Other specified congenital anomaly of coronary artery****LA8C.Z****Congenital anomaly of coronary artery, unspecified****LA8D****Congenital pericardial anomaly**

A congenital cardiovascular malformation in which there is a structural and/or functional abnormality of the pericardium.

LA8E**Congenital anomaly of atrial septum**

A congenital cardiovascular malformation in which there is an abnormality of the atrial septum.

LA8E.0	Patent oval foramen A congenital cardiovascular finding in which there is a small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterised by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).
LA8E.1	Atrial septal defect within oval fossa A congenital cardiovascular malformation in which there is an interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute.
LA8E.2	Sinus venosus defect A congenital cardiovascular malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous veno-atrial communication. Additional information: although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial septum.
LA8E.3	Interatrial communication through coronary sinus orifice A congenital cardiovascular malformation in which there is a communication between the left atrium and the coronary sinus allowing interatrial communication through the coronary sinus ostium. Additional information: 'Interatrial communication through coronary sinus orifice' may or may not be associated with a persistent left superior caval vein (superior vena cava). This occurs in the absence of the coronary sinus (total unroofing of the coronary sinus) or partial unroofing of the coronary sinus.
LA8E.Y	Other specified congenital anomaly of atrial septum
LA8E.Z	Congenital anomaly of atrial septum, unspecified
LA8F	Congenital anomaly of right atrium A congenital cardiovascular malformation in which there is an abnormality of the right atrium.
LA8G	Congenital anomaly of left atrium A congenital cardiovascular malformation in which there is an abnormality of the left atrium.

LA8G.0	Divided left atrium A congenital cardiac malformation in which there is a partition that divides the left atrium into a posterosuperior chamber that receives some or all of the pulmonary veins and an antero-inferior chamber that communicates with the left atrial appendage and atrioventricular junction (usually the mitral valve). Additional information: in differentiating 'Divided left atrium' from 'Congenital supralvalvar 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Macrocephaly - Cutis Marmorata Telangiectatica Congenita (LD2F.1) <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> Primary lymphoedema (BD93.0)

LA90.10	Macrocystic lymphatic malformation A condition caused by failure of the lymphatic system to correctly develop during the antenatal period. This condition is characterised by large, soft, smooth clear masses under normal or bluish skin. This condition may be associated with cellulitis, bleeding within the malformation, pain, or leakage of lymphatic fluid internally.
LA90.11	Microcystic lymphatic malformation Microcystic lymphatic malformations consist of clusters of dilated lymphatic vessels which have developed without connection to the systemic lymphatic circulation. They present with grouped clear or haemorrhagic vesicles anywhere on the skin or mucous membrane. Inclusions: Lymphangioma circumscriptum Exclusions: Circumscribed lymphatic malformation (LA90.10)
LA90.12	Lymphatic malformations of certain specified sites
LA90.13	Cystic hygroma in fetus Development abnormalities of the lymphoid system that occur at sites of lymphatic-venous connection, most commonly in the posterior neck but may be anterior and may extend into chest. Frequently associated with karyotypic abnormalities, various malformation syndromes, and several teratogenic agents. When diagnosed prenatally, the overall prognosis is poor. Cystic hygroma diagnosed after birth is usually associated with a good prognosis.
LA90.1Y	Other specified lymphatic malformations
LA90.1Z	Lymphatic malformations, unspecified
LA90.2	Peripheral venous malformations Coded Elsewhere: Developmental venous malformations involving the skin (LC51) Blue rubber bleb naevus syndrome (LC51)
LA90.20	Vein of Galen aneurysm Vein of Galen aneurysmal malformation (VGAM) is a congenital vascular malformation characterised by dilation of the embryonic precursor of the vein of Galen. It is a sporadic lesion that occurs during embryogenesis. Cardiac insufficiency of variable severity is the principle manifestation that leads to detection of the malformation in newborns.
LA90.21	Congenital portosystemic shunt
LA90.2Y	Other specified peripheral venous malformations
LA90.2Z	Peripheral venous malformations, unspecified

LA90.3	Peripheral arteriovenous malformations This is a peripheral, abnormal connection between arteries and veins, bypassing the capillary system. This vascular anomaly is widely known because of its occurrence in the central nervous system, but can appear in any location. Inclusions: congenital arteriovenous varices NOS Exclusions: acquired arteriovenous aneurysm (BD52.1) Coded Elsewhere: Arteriovenous malformation of cerebral vessels (8B22.40)
LA90.30	Portal vein-hepatic artery fistula
LA90.31	Arteriovenous malformation of precerebral vessels
LA90.32	Uterine arteriovenous malformations
LA90.3Y	Other specified peripheral arteriovenous malformations
LA90.3Z	Peripheral arteriovenous malformations, unspecified
LA90.4	Peripheral arterial malformations This is a peripheral lesion with a direct connection between an artery and a vein, without an intervening capillary bed, but with an interposed nidus of dysplastic vascular channels in between. Coded Elsewhere: Hereditary cerebrovascular diseases (8B22.C)
LA90.40	Congenital renal artery stenosis This is the congenital narrowing of the renal artery, most often caused by atherosclerosis or fibromuscular dysplasia. This narrowing of the renal artery can impede blood flow to the target kidney.
LA90.41	Congenital precerebral nonruptured aneurysm
LA90.42	Congenital cerebral nonruptured aneurysm This is a cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localised dilation or ballooning of the blood vessel (nonruptured). Coded Elsewhere: Familial cerebral saccular aneurysm (8B22.6)
LA90.4Y	Other specified peripheral arterial malformations
LA90.4Z	Peripheral arterial malformations, unspecified
LA90.5	Pulmonary arteriovenous fistula A congenital cardiovascular malformation in which there is an abnormal, direct connection between a pulmonary artery and pulmonary vein or left atrium without an intervening capillary bed.
LA90.Y	Other specified structural developmental anomalies of the peripheral vascular system
LA90.Z	Structural developmental anomalies of the peripheral vascular system, unspecified

LA9Y**Other specified structural developmental anomalies of the circulatory system****LA9Z****Structural developmental anomalies of the circulatory system, unspecified**

Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord (LB00-LB0Z)

Any condition caused by failure of the diaphragm, abdominal wall or umbilical cord to correctly develop during the antenatal period.

Exclusions:

Prune belly syndrome (LD2F.10)

LB00**Structural developmental anomalies of diaphragm****LB00.0****Congenital diaphragmatic hernia**

Congenital diaphragmatic hernia is a posterolateral defect of the diaphragm that allows passage of abdominal viscera into the thorax, leading to respiratory insufficiency and persistent pulmonary hypertension with high mortality.

Exclusions:

Congenital hiatus hernia (LB13.1)

LB00.1**Absence of diaphragm****LB00.Y****Other specified structural developmental anomalies of diaphragm****LB00.Z****Structural developmental anomalies of diaphragm, unspecified****LB01****Omphalocele**

Omphalocele is an embryopathy classified in the group of abdominal celosomias and is characterised by a large hernia of the abdominal wall, centred on the umbilical cord, in which the protruding viscera are protected by a sac.

Exclusions:

Umbilical hernia (DD53)

LB02**Gastroschisis**

Gastroschisis is a congenital abdominal wall defect characterised by viscera protruding, without a covering sac, from the fetal abdomen on the right lateral base of the umbilicus.

LB03**Structural developmental anomalies of umbilical cord**

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period.

Coded Elsewhere: Umbilical cord haemangioma (2E81.00)

Fetus or newborn affected by short umbilical cord (KA03.20)

Fetus or newborn affected by long umbilical cord (KA03.21)

Developmental anomalies of the umbilicus (EC50)

LB03.0**Allantoic duct remnants or cysts**

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period. These conditions are characterised by cysts or remnants of allantoic tissue within the umbilical cord, the umbilicus, or the urachus.

LB03.1	Single umbilical cord artery A single umbilical artery arising from either the allantoic arterial system (Type I) or vitelline artery (Type II). It has been associated with renal anomalies.
LB03.Y	Other specified structural developmental anomalies of umbilical cord
LB03.Z	Structural developmental anomalies of umbilical cord, unspecified
LB0Y	Other specified structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord
LB0Z	Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord, unspecified

Structural developmental anomalies of the digestive tract (LB10-LB1Z)

Any condition caused by failure of the digestive tract to correctly develop during the antenatal period.

Coded Elsewhere: Genetic or developmental disorders involving lips or oral mucosa (DA02.0)

LB10	Structural developmental anomalies of salivary glands or ducts Any condition caused by failure of the salivary glands and ducts to correctly develop during the antenatal period.

LB11	Congenital diverticulum of pharynx A condition caused by failure of the pharynx to correctly develop during the antenatal period. This condition may present with difficulty swallowing, or may be asymptomatic. Confirmation is through observation of a diverted pharynx by imaging.

Exclusions: pharyngeal pouch syndrome (LD44.N0)

LB12	Structural developmental anomalies of oesophagus Any congenital defect of oesophagus that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Coded Elsewhere: Bronchopulmonary foregut malformation (LA74.Y)

LB12.0	Congenital oesophageal web or ring A rare form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut that presents as a mucosal lesion forming an incomplete diaphragm. Symptoms (apparent from birth) include dysphagia, regurgitation, and choking.

Exclusions: Oesophageal web (DA20.2)

LB12.1	Atresia of oesophagus Oesophageal atresia encompasses a group of congenital anomalies with an interruption in the continuity of the oesophagus, with or without persistent communication with the trachea. In 86% of cases there is a distal tracheoesophageal fistula, in 7% of cases there is no fistulous connection, while in 4% of cases there is a tracheoesophageal fistula without atresia. The remaining cases are made up of patients with OA with proximal, or both proximal and distal, tracheoesophageal fistula. Coded Elsewhere: Laryngotracheooesophageal cleft (LA72)
LB12.10	Atresia of oesophagus with oesophagobronchial fistula
LB12.1Y	Other specified atresia of oesophagus
LB12.1Z	Atresia of oesophagus, unspecified
LB12.2	Oesophageal fistula without atresia This is a birth defect (congenital anomaly) of oesophagus, and one type of EA/TEF, namely isolated "H"-shaped atresia. Tracheoesophageal fistula in which there is no oesophageal atresia because the oesophagus is continuous to the stomach. Fistula is present between the oesophagus and the trachea. Incidence of TE fistula without atresia varies between 1-11% of oesophageal malformations.
LB12.3	Congenital stenosis or stricture of oesophagus A form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut. Abnormal narrowing of the oesophagus occurs most often at the junction of the middle and lower thirds. Clinical manifestations, apparent 2 to 3 weeks after birth, include dysphagia and progressive vomiting.
LB12.4	Congenital diverticulum of oesophagus A very rare congenital diverticulum which is typically located just above the cricopharyngeal junction. It is usually asymptomatic unless complicated by an inflammatory process. If the diverticulum compresses the trachea or is associated with oesophageal stenosis or fistula, the symptoms of stridor, progressive dysphagia, respiratory distress, severe choking, and regurgitation may be present from birth. Inclusions: Congenital oesophageal pouch oesophageal pouch Exclusions: Diverticulum of oesophagus, acquired (DA20.1)
LB12.5	Congenital dilatation of oesophagus This is a congenital abnormal enlargement of the lower portion of the oesophagus, as seen in patients with achalasia.
LB12.Y	Other specified structural developmental anomalies of oesophagus
LB12.Z	Structural developmental anomalies of oesophagus, unspecified

LB13**Structural developmental anomalies of stomach**

Any congenital defect of stomach that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Coded Elsewhere: Gastric volvulus (DA40.2)

LB13.0**Congenital hypertrophic pyloric stenosis**

A not uncommon congenital malformation of the stomach of unknown cause in which there is hypertrophy and hyperplasia of the circular muscle of the pylorus. Symptoms of gastric outlet obstruction usually appear between the third and sixth weeks of life. The anomaly is manifested by intermittent vomiting (which increases in frequency and becomes projectile), regurgitation, weight loss, dehydration, electrolyte imbalance, sometimes a small palpable pyloric mass, and visible peristaltic contractions across the epigastrium; there may also be jaundice. Some cases appear to be familial (possibly of autosomal dominant inheritance).

LB13.1**Congenital hiatus hernia**

Congenital diaphragmatic hernia is an embryopathy which is defined by the absence of development of all or part of the diaphragmatic dome that results in the presence of abdominal viscera in the thorax, with compression of the homolateral lung and impaired development of the contralateral lung.

Inclusions: Congenital displacement of cardia through oesophageal hiatus

Exclusions: Congenital diaphragmatic hernia (LB00.0)
Diaphragmatic hernia (DD50.0)

LB13.2**Congenital antral web****LB13.Y****Other specified structural developmental anomalies of stomach****LB13.Z****Structural developmental anomalies of stomach, unspecified****LB14****Structural developmental anomalies of duodenum**

Any congenital defect of duodenum that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

LB15**Structural developmental anomalies of small intestine**

Congenital gross anatomical structural defect of small intestine that results from interference with the normal growth and differentiation of the fetus, which may be inherited genetically, acquired during gestation, or inflicted during parturition.

LB15.0	Meckel diverticulum A congenital abnormality characterised by the outpouching or sac formation in the ileum. It is a remnant of the embryonic yolk sac in which the vitelline 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 Jejunioileal 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 jejunioileal 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 jejunioileal atresia is that of an intrauterine vascular accident resulting in necrosis of the affected segment. Stenosis, on the other hand, refers to a partial occlusion with incomplete obstruction and accounts for the remaining 5% of cases. A stenosis has an intact mesentery and is a localised narrowing of the bowel. No loss of continuity of the lumen exists. Inclusions: Congenital absence of small intestine Congenital stenosis of small intestine
LB15.2	Congenital short bowel Short bowel syndrome is a condition in which nutrients are not properly absorbed due to a congenital defect where a large part of the small intestine is missing.
LB15.3	Congenital diverticulitis of small intestine This refers to a clinical entity characterised by the presence of sac-like congenital herniations in the wall of the small intestine, in which the pouches of small intestine (diverticula) become infected or inflamed.
LB15.4	Congenital diverticulosis of small intestine This refers to a condition characterised by the presence of congenital multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.
LB15.5	Congenital diverticulum of small intestine This refers to a morphological condition in which there is single small congenital pouch in the lining of the small intestine, bulging outward through a weak spot.
LB15.Y	Other specified structural developmental anomalies of small intestine
LB15.Z	Structural developmental anomalies of small intestine, unspecified

LB16**Structural developmental anomalies of large intestine**

Any congenital defect of large intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Exclusions: Congenital atresia of rectum (LB17)
 Persistent cloaca (LB17.2)
 Congenital atresia of anus (LB17)

Coded Elsewhere: Meconium ileus without perforation (KB87.2)

LB16.0**Congenital absence, atresia or stenosis of large intestine**

Colonic atresia is a congenital intestinal malformation resulting in a non-latent segment of the colon and characterised by lower intestinal obstruction manifesting with abdominal distention and failure to pass meconium in newborns.

Exclusions: Congenital atresia of rectum (LB17)
 Congenital absence of rectum (LB17)

LB16.1**Hirschsprung disease**

This is a developmental anomaly affecting the intestinal tract characterised by congenital absence of myenteric ganglion cells (aganglionosis) in a segment of the large bowel. Due to the absence of intrinsic innervation of the muscle layers of the affected segment, there is a loss of motor function. This results in an abnormally large or dilated colon (congenital megacolon) with intestinal occlusion or constipation. This condition becomes evident shortly after birth.

LB16.2**Immature ganglionosis of large intestine**

When the number of ganglion cells is normal but the ganglion cells are prominently immature, the disease is referred to as immature ganglionosis or immaturity of ganglia.

LB16.3**Congenital hypoganglionosis of large intestine**

The number and size of ganglion cells are small at birth. The size of ganglion cells tends to increase over time, but because their numbers do not increase the symptoms of dysmotility do not improve.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/17161202>

Exclusions: Acquired hypoganglionosis of large intestine (DB32.3)

LB16.Y**Other specified structural developmental anomalies of large intestine****LB16.Z****Structural developmental anomalies of large intestine, unspecified****LB17****Structural developmental anomalies of anal canal**

LB17.0	Anorectal malformations Anorectal malformations (ARMs) are birth defects (due to alterations in embryo development of hindgut or proctodeum) where the anus and rectum (the lower end of the digestive tract) do not develop properly. They occur in approximately 1 in 5000 live births. These comprise a wide spectrum of diseases, which can affect boys and girls, and involve the distal anus and rectum as well as the urinary and genital tracts. Several abnormalities can occur, including the following: A membrane may be present over the anal opening; The rectum may not connect to the anus (imperforate anus); The rectum may connect to a part of the urinary tract or the reproductive system through an abnormal passage called a fistula. The classification of ARMs is mainly based on the position of the rectal pouch relative to the puborectal sling, the presence or absence of fistulas, and the types and locations of the fistulas. The following classification is according to the level of the atretic rectal cul-de-sac with respect to the pubococcygeal line (the radiological landmark for the upper border of 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**

Agensis, 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 <i>Inclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> Double ureter Accessory ureter
LB31.B	Malposition of ureter A condition caused by failure of the ureter to correctly develop during the antenatal period, resulting in partial or complete duplication of the ureter. This condition may present with hydronephrosis, urinary tract infection, or incontinence in females. Confirmation is through observation of an incorrectly positioned ureter by imaging.
LB31.C	Congenital absence of bladder or urethra Any condition caused by failure of both the bladder and the urethra to develop during the antenatal period. This condition may result in fetal death, or sepsis and sever complications in cases of live births.
LB31.D	Congenital vesico-uretero-renal reflux A condition caused by failure of the ureter to develop correctly during the antenatal period. This condition may present with urinary tract infection, or may be asymptomatic.
LB31.Y	Other specified structural developmental anomalies of urinary tract
LB31.Z	Structural developmental anomalies of urinary tract, unspecified
LB3Y	Other specified structural developmental anomalies of the urinary system
LB3Z	Structural developmental anomalies of the urinary system, unspecified

Structural developmental anomalies of the female genital system (LB40-LB4Z)

Exclusions: Disorders of sex development leading to sexual ambiguity (LD2A)

LB40	Structural developmental anomalies of vulva A deformation established before birth of an anatomical structure of the vulva.
LB40.0	Absence of vulva This is a birth defect or congenital abnormality of the female genitourinary system that manifests itself in the absence of the vulva.
LB40.1	Embryonic cyst of vulva Remnant tissue from embryological development of the pelvic organs presenting as a closed fluid sac in or on the tissue of the vulva.

LB40.2	Fusion of labia A condition of the labia commonly affecting females between 6 months and 6 years of age, caused by skin irritation during infancy. This condition is characterised by the sealing of the labia minor (usually completely) due to a thin membrane that seals the entrance to the vagina, leaving a very small gap for urination.
LB40.Y	Other specified structural developmental anomalies of vulva
LB40.Z	Structural developmental anomalies of vulva, unspecified
LB41	Structural developmental anomalies of clitoris A deformation established before birth of an anatomical structure of the clitoris.
LB41.0	Agenesis of clitoris
LB41.1	Duplication of clitoris An anatomical anomaly present at birth in which there are two clitoral structures present.
LB41.2	Clitoromegaly
LB41.Y	Other specified structural developmental anomalies of clitoris
LB41.Z	Structural developmental anomalies of clitoris, unspecified
LB42	Structural developmental anomalies of vagina A deformation established before birth of an anatomical structure of the vagina.
LB42.0	Absence of vagina A condition of the genitourinary system affecting females, caused by an abnormality arising during the antenatal period. This condition is characterised by vaginal agenesis.
LB42.1	Septate vagina A condition of the genitourinary system affecting females, caused by the absence of Mullerian duct fusion during the antenatal period. This condition is characterised by a transverse or 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. <i>Inclusions:</i> Rigid hymen Tight introitus <i>Exclusions:</i> 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. <i>Exclusions:</i> 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	Agensis 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	Agensis or aplasia of uterine body A condition of the uterus, caused by the absence of primordial tissue development during the antenatal period. This condition is characterised by improper or lack of development of the uterine body.
LB44.1	Hypoplasia of uterus

LB44.2	Unicornuate uterus A uterine malformation where the uterus is formed from one only of the paired Müllerian ducts while the other Müllerian duct does not develop or develops only in a rudimentary fashion.
LB44.3	Bicornuate uterus A condition of the uterus, caused by malformation in the development of the uterus during the antenatal period. This condition is characterised by a uterus with a bifurcated cephalo, and a unitary caudal part. Confirmation is by imaging.
LB44.4	Septate uterus Longitudinal septum in uterus, subclassified as complete or partial
LB44.5	Congenital fistulae between uterus and digestive and urinary tracts A condition caused by abnormal tissue development during the antenatal period. This condition is characterised by the formation of an abnormal passage between the uterus, digestive, and urinary tracts.
LB44.6	Uterovaginal malformation due to diethylstilbestrol syndrome Fetal diethylstilbestrol syndrome is characterised by a group of symptoms likely to occur in children and grandchildren of a woman who was treated while pregnant with diethylstilbestrol (DES). The drug is a synthetic nonsteroidal oestrogen, used in the US until 1971 and in Europe until 1978 to try and prevent miscarriage, premature delivery, and other pregnancy complications. It has been estimated that 25% of female fetuses exposed to DES in utero during the first trimester have subsequently developed genital tract anomalies including vaginal adenosis, cervical malformations, vaginal septae, uterine cavity anomalies, or fallopian tube anomalies causing subsequent fertility problems.
LB44.Y	Other specified structural developmental anomalies of uterus, except cervix
LB44.Z	Structural developmental anomalies of uterus, except cervix, unspecified
LB45	Structural developmental anomalies of ovaries, fallopian tubes or broad ligaments
LB45.0	Congenital absence of ovary A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two ovaries. Exclusions: Turner syndrome (LD50.0)
LB45.1	46,XX gonadal dysgenesis Karyotype 46 XX; Gonads: gonadal dysgenesis (streak gonads); Phenotype female with symptoms like primary amenorrhea, hypergonadotropic hypogonadism, normal stature and no other abnormalities.
LB45.2	Developmental ovarian cyst A condition in which an individual is born with a benign, functional cyst, or cysts, on one or more ovaries which result from enlargement of otherwise normal follicles during third trimester or early neonatal period.

LB45.3	Congenital torsion of ovary A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a partial or complete rotation of the ovary, an occlusion to the venous or arterial blood supply of the ovary, severe lower abdominal pain that may radiate to the back, pelvis and thigh, and nausea, vomiting, diarrhoea or constipation.
LB45.4	Accessory ovary A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by excess ovarian tissue situated near an anatomically correct ovary, which may or may not be connected to the original ovarian tissue.
LB45.5	Congenital absence of fallopian tube A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two fallopian tubes.
LB45.6	Atresia of fallopian tube A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by unilateral or bilateral closure or absence of the fallopian tube(s), commonly within the proximal isthmic or proximal ampullary segments.
LB45.7	Accessory fallopian tube A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by the duplication of one or more fallopian tubes, commonly attached to the ampullary segment.
LB45.8	Embryonic cyst of fallopian tube A condition of the Fallopian tube, caused by the overgrowth of pelvic tissue during the antenatal period. This condition is characterised by air, fluid, or semi-solid material surrounded by a distinct membrane of cells with abnormal appearance and behaviour. <i>Inclusions:</i> 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. <i>Inclusions:</i> 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: Retractable testis migrans (MF42)

LB52.0**Ectopic testis**

A condition of the testis, caused by determinants arising during the antenatal period. This condition is characterised by the abnormal location of the testis away from the normal line of descent such as in the superficial inguinal pouch, perineal, abdominal, pelvic, crural, penile or femoral positions, and with normal testis and spermatic cord anatomy. Confirmation is by diagnostic laparoscopy to rule out an intra-abdominal, inguinal or absent/vanishing testis.

LB52.1**Undescended testicle, unilateral**

The situation in which one of the two testicles in a male has not transitioned from the abdomen, and therefore appears absent from the scrotum.

LB52.2**Undescended testicle, bilateral**

The situation in which both testicles in a male have not transitioned from the abdomen, and therefore appear absent from the scrotum.

LB52.Y**Other specified cryptorchidism**

LB52.Z	Cryptorchidism, unspecified
LB53	Hypospadias Any condition of the urethra affecting males, caused by determinants arising during the antenatal period. These conditions are characterised by a malformation of the urethra and an abnormally placed urinary meatus. <i>Exclusions:</i> Epispadias (LB55)
LB53.0	Hypospadias, balanic A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.
LB53.00	Hypospadias, coronal A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens in the ventral portion of the coronal sulcus. This condition may also present with an incomplete foreskin that forms a hood.
LB53.01	Hypospadias, glandular A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.
LB53.0Y	Other specified hypospadias, balanic
LB53.0Z	Hypospadias, balanic, unspecified
LB53.1	Hypospadias, penile A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens along the shaft of the penis. This condition may also present with an incomplete foreskin that forms a hood.
LB53.2	Hypospadias, penoscrotal A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens where the shaft of the penis meets the scrotum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.3	Hypospadias, scrotal A condition caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens on the scrotum. This condition may also present with an incomplete foreskin that forms a hood.
LB53.4	Hypospadias, perineal A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens in the perineum. This condition may also present with an incomplete foreskin that forms a hood.
LB53.Y	Other specified hypospadias
LB53.Z	Hypospadias, unspecified
LB54	Congenital chordee A condition caused by the development of fibrous bands of tissue along the corpus spongiosum and shortening of the ventral skin during the antenatal period. This condition is characterised by ventral or dorsal curvature of the head of the penis at the junction with the shaft, most apparent during erection. This condition may also present with hypospadias.
LB55	Epispadias Epispadias is a congenital genitourinary malformation belonging to the spectrum of the exstrophy-epispadias complex and is characterised in males by an ectopic meatus or a mucosal strip in place of the urethra on the penile dorsum and in females by bifid clitoris and a variable cleft of the urethra. Exclusions: Hypospadias (LB53)
LB56	Bifid scrotum A condition caused by failure of the scrotum to correctly develop during the antenatal period resulting in incomplete fusion of the labioscrotal folds. This condition is characterised by a deep midline cleft in the scrotum. This condition may be asymptomatic.
LB57	Agenesis of vas deferens A condition of the vas deferens affecting males, caused by determinants arising during the antenatal period. This condition is characterised by the unilateral or bilateral absence of the vas deferens, azoospermia, and infertility.
LB58	Polyorchidism A condition of the testes, caused by determinants arising during the antenatal period. This condition is characterised by the presence of more than two testicles. Confirmation is by imaging.

LB59

Hypoplasia of testis or scrotum

A condition caused by incomplete development of the testis and scrotum during the antenatal period. This condition is characterised by a decrease or destruction in the number or size of cells testis and scrotal tissue.

LB5Y

Other specified structural developmental anomalies of the male genital system

LB5Z

Structural developmental anomalies of the male genital system, unspecified

Structural developmental anomalies of the breast (LB60-LB6Z)

A deformation established before birth of an anatomical structure of the breast or breast tissue.

LB60

Breast aplasia

A condition caused by failure of the breast to develop during the antenatal period. This condition is characterised by a total lack of breast tissue. This condition may also present with absence of the nipple or pectoral muscle.

LB61

Absent nipple

A condition caused by failure of the nipple to develop during the antenatal period. This condition is characterised by a total lack of a nipple. This condition may also present with absence of the breast or pectoral muscle.

LB62

Supernumerary breasts

A condition caused by failure of the breasts to correctly develop during the antenatal period. This condition is characterised by supernumerary breasts, with or without nipples. This condition may be asymptomatic.

LB63

Accessory nipple

A condition caused by development of supernumerary nipples during the antenatal period. This condition is characterised by the presence of nipples or nipple-like structures additional to the normal two. This condition may be asymptomatic.

Inclusions: Supernumerary nipple

LB6Y

Other specified structural developmental anomalies of the breast

LB6Z

Structural developmental anomalies of the breast, unspecified

Structural developmental anomalies of the skeleton (LB70-LB9Z)

A deformation established before birth of an anatomical structure of one or more bones.

LB70

Structural developmental anomalies of cranium

Any condition caused by failure of the cranium to correctly develop during the antenatal period.

Coded Elsewhere: Wide cranial sutures of newborn (KD31)

LB70.0	Craniosynostosis Craniosynostosis consists of premature fusion of one or more cranial sutures, resulting in an abnormal head shape. It can be divided in several subgroups; the major different types are primary vs secondary craniosynostosis and isolated vs syndromic craniosynostosis. Inclusions: Imperfect fusion of skull
LB70.00	Plagiocephaly Isolated synostotic plagiocephaly is a form of nonsyndromic craniosynostosis characterised by premature fusion of one coronal or lambdoid suture leading to skull deformity and facial asymmetry.
LB70.0Y	Other specified craniosynostosis
LB70.0Z	Craniosynostosis, unspecified
LB70.1	Wormian bones Also known as intrasutural bone, is an additional bony segment interlocked in an existing cranial suture. A special form: Interparietal bone or Inca bone is an interlocked irregular isolated bone at the lambdoid suture. Although harmless it may be associated with craniofacial and other syndromes.
LB70.2	J-shaped sella turcica
LB70.3	Macrocephaly A condition characterised by above normal head size.
Coding Note:	Code also the causing condition
LB70.Y	Other specified structural developmental anomalies of cranium
LB70.Z	Structural developmental anomalies of cranium, unspecified
LB71	Structural developmental anomalies of facial bones Any condition caused by failure of the facial bones to correctly develop during the antenatal period. Exclusions: Facial clefts (LA51) Otomandibular dysplasia (LD2F.16) Agnathia (LA30-LA5Z) Micrognathia (DA0E.00)
LB71.0	Hypotelorism A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by lower than normal distance between the eyes.
LB71.1	Hypertelorism A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by higher than normal distance between the eyes.

LB71.Y	Other specified structural developmental anomalies of facial bones
LB71.Z	Structural developmental anomalies of facial bones, unspecified
LB72	Structural developmental anomalies of shoulder girdle Any condition caused by failure of the shoulder girdle to correctly develop during the antenatal period.
LB72.0	Cervical rib
LB72.1	Sprengel deformity A condition caused by failure of the pectoral girdle to correctly develop during the antenatal period. This condition is characterised by abnormal descent, and altered position and anatomy of the scapula. This condition may present with muscle hypoplasia.
LB72.2	Deformation of scapula
LB72.Y	Other specified structural developmental anomalies of shoulder girdle
LB72.Z	Structural developmental anomalies of shoulder girdle, unspecified
LB73	Structural developmental anomalies of spine or bony thorax Any condition caused by failure of the spine or bony thorax to correctly develop during the antenatal period.
LB73.0	Occult spinal dysraphism <i>Inclusions:</i> Spina bifida occulta Cryptomerorachischisis <i>Exclusions:</i> meningocele (spinal) (LA02) Spina bifida aperta (LA02.1) Spina bifida cystica (LA02.0)
LB73.1	Structural developmental anomalies of chest wall Any condition caused by failure of the chest wall to correctly develop during the antenatal period.
LB73.10	Poland syndrome Poland syndrome is characterised by a unilateral absence or hypoplasia of the pectoralis major muscle (most frequently involving the sternocostal portion), and a variable degree of ipsilateral hand anomalies, including symbrachydactyly.
LB73.11	Bifid rib
LB73.12	Accessory rib A condition caused by failure of the ribs to correctly develop during the antenatal period. This condition is characterised by a supernumerary rib arising from a cervical or lumbar vertebra. This condition may present with thoracic outlet syndrome, or may be asymptomatic.

LB73.13	Structural developmental anomalies of sternum Any condition caused by failure of the sternum to correctly develop during the antenatal period.
LB73.1Y	Other specified structural developmental anomalies of chest wall
LB73.1Z	Structural developmental anomalies of chest wall, unspecified
LB73.2	Structural developmental anomalies of spine Any condition caused by failure of the spine to correctly develop during the antenatal period.
LB73.20	Klippel-Feil anomaly Klippel-Feil syndrome is characterised by improper segmentation of cervical segments resulting in congenitally fused cervical vertebrae. Inclusions: Cervical fusion syndrome
LB73.21	Occipitalisation of atlas A condition caused by failure of the atlas and occiput to correctly develop during the antenatal period. This condition is characterised by fusion of the atlas to the base of the occiput. This condition may present with headache, suboccipital stiffness, restricted motion, or dizziness. Confirmation is through observation of the fusion by imaging.
LB73.22	Atlanto-axial instability or subluxation A condition caused by bony or ligamentous abnormality of the upper spinal column. This condition is characterised by excessive movement at the junction between C1 and C2 vertebrae. This condition may present with impaired rotation of the neck, neurological difficulties, or may be asymptomatic.
LB73.23	Aplasia or hypoplasia of the odontoid process of axis
LB73.24	Segmentation anomalies of vertebrae Any condition caused by failure of the vertebrae to correctly develop during the antenatal period. These conditions are characterised by an abnormal number of fully developed vertebrae. Confirmation is through verification of absent or improperly formed vertebrae by imaging.
LB73.25	Congenital scoliosis due to congenital bony malformation A condition caused by malformation of the ribs or spine. This condition is characterised by abnormal curving of the spine. Exclusions: congenital scoliosis NOS (LB73.2)
LB73.26	Sacralisation of the last lumbar vertebra
LB73.27	Lumbarisation of the first sacral vertebra
LB73.28	Sacrum agenesis or hypoplasia

LB73.29	Caudal appendage A condition caused by development of a malformation on the lower back during the antenatal period. This condition is characterised by a cutaneous protrusion superior to the buttocks. This condition may be associated with occult spinal dysraphism. Exclusions: Caudal regression sequence (LD2F.1)
LB73.2A	Congenital spondylolisthesis A condition caused by vertebral malformation, which allows the vertebra to slip forward over the sacrum. This condition may present with lower back pain, or may be asymptomatic. Exclusions: acquired spondylolisthesis (FA84) acquired spondylolysis (FA81)
LB73.2Y	Other specified structural developmental anomalies of spine
LB73.2Z	Structural developmental anomalies of spine, unspecified
LB73.Y	Other specified structural developmental anomalies of spine or bony thorax
LB73.Z	Structural developmental anomalies of spine or bony thorax, unspecified
LB74	Structural developmental anomalies of pelvic girdle Any condition caused by failure of the pelvic girdle to correctly develop during the antenatal period. Exclusions: Clicking hip (ME80)
LB74.0	Developmental dysplasia of hip A condition caused by failure of the hip to correctly develop during the antenatal period. This condition is characterised by slippage of the hip from the socket. This condition may present with outward turning of the leg, reduced movement on one side of the body, shortness of one leg, uneven skin folds on thigh or buttocks, walking difficulties, or inward rounding of the lower back.
LB74.1	Congenital subluxation of hip
LB74.2	Unstable hip A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by looseness of the hip joint. This condition may present with dislocation, multidirectional intra-operative instability, abductor insufficiency, or neuromuscular disability.
LB74.3	Congenital coxa vara A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by a decrease in the femoral neck-shaft angle. This condition may present with a shortened leg, or a limp.
LB74.4	Congenital coxa valga A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by an increase in the femoral neck-shaft angle.

LB74.5	Wide symphysis pubis
LB74.Y	Other specified structural developmental anomalies of pelvic girdle
LB74.Z	Structural developmental anomalies of pelvic girdle, unspecified
LB75	Brachydactyly Brachydactyly ('short digits') is a general term that refers to disproportionately short fingers and toes, and forms part of the group of limb malformations characterised by bone dysostosis. The various types of isolated brachydactyly are rare, except for types A3 and D.
LB75.0	Brachydactyly of fingers A condition caused by failure of the fingers to correctly develop during the antenatal period. This condition is characterised by below normal finger length.
LB75.1	Brachydactyly of toes A condition caused by failure of the toes to correctly develop during the antenatal period. This condition is characterised by below normal toe length.
LB75.2	Symbrachydactyly of hands or feet A condition caused by failure of the digits to correctly develop during the antenatal period. This condition is characterised by short digits, which may be webbed. This condition may also present with missing digits, shortened metacarpals, or short limb sections.
LB75.Y	Other specified brachydactyly
LB75.Z	Brachydactyly, unspecified
LB76	Triphalangeal thumb A condition caused by failure of the thumb to correctly develop during the antenatal period. This condition is characterised by a long, finger-like thumb with three phalanges instead of two. Isolated triphalangeal thumbs may be associated with genetic abnormality in the 7q36 region.
LB77	Hyperphalangy Hyperphalangy is a congenital, non-syndromic limb malformation characterized by the presence of an accessory phalanx between metacarpal/metatarsal and proximal phalanx, or between any two other phalanges of a digit, excluding the thumb. Hyperphalangy is almost always bilateral and patients present no more than five digits and no other skeletal anomalies.
LB78	Polydactyly Any condition caused by development of supernumerary fingers during the antenatal period.
LB78.0	Polydactyly of the thumb A condition caused by development of supernumerary thumbs during the antenatal period.

LB78.1	Polysyndactyly Polysyndactyly is a form of preaxial polydactyly of fingers characterised by the presence of a thumb showing the mildest degree of duplication, being broad, bifid or with radially deviated distal phalanx. Syndactyly of various degrees of third-and-fourth fingers is occasionally present. Two forms have been characterised: unilateral and bilateral.
LB78.2	Postaxial polydactyly of fingers A condition caused by development of supernumerary fingers during the antenatal period. This condition is characterised by fifth digit duplications.
LB78.3	Polydactyly of toes Any condition caused by development of supernumerary toes during the antenatal period.
LB78.Y	Other specified polydactyly
LB78.Z	Polydactyly, unspecified
LB79	Syndactyly A condition caused by failure of the longitudinal interdigital necrosis that normally separates the digits during the antenatal period. This condition is characterised by the presence of two or more digits that are fused together. Coded Elsewhere: Polysyndactyly (LB78.1)
LB79.0	Fused fingers Inclusions: complex syndactyly of fingers with synostosis
LB79.1	Webbed fingers A condition caused by failure of the longitudinal interdigital necrosis that normally separates the fingers to during the antenatal period. This condition is characterised by the presence of two or more fingers that are fused together. Inclusions: Simple syndactyly of fingers without synostosis
LB79.2	Fused toes Inclusions: Complex syndactyly of toes with synostosis
LB79.3	Webbed toes A condition caused by failure of the longitudinal interdigital necrosis that normally separates the toes during the antenatal period. This condition is characterised by the presence of two or more toes that are fused together. Inclusions: Simple syndactyly of toes without synostosis
LB79.Y	Other specified syndactyly
LB79.Z	Syndactyly, unspecified

Congenital deformities of fingers or toes (LB80-LB81.Z)

LB80	Congenital deformities of fingers Any condition caused by failure of the fingers to develop correctly during the antenatal period. Inclusions: Congenital deformities of hand
LB80.0	Clinodactyly of fingers A condition caused by failure of the fifth finger to correctly develop during the antenatal period. This condition is characterised by bending of the fifth finger towards the fourth.
LB80.2	Radial deviation of fingers
LB80.Y	Other specified congenital deformities of fingers
LB80.Z	Congenital deformities of fingers, unspecified
LB81	Congenital deformities of toes Coded Elsewhere: Congenital hammer toe (LB98.5)
LB81.0	Clinodactyly of toes
LB81.Y	Other specified congenital deformities of toes
LB81.Z	Congenital deformities of toes, unspecified
LB90	Joint formation defects Any condition of the skeletal system, caused by failure of joints to correctly develop during the antenatal period.
LB90.0	Humero-radio-ulnar synostosis A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus to the ulnar and radial bones of the arm, and consequent inability to straighten the elbow joint. This condition may be associated with thalidomide embryopathy. Confirmation is through observation of humero-radio-ulnar fusion by imaging.
LB90.1	Humero-radial synostosis
LB90.2	Humero-ulnar synostosis A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus and radial bones of the arm, and consequent inability to straighten the elbow joint. Confirmation is through observation of humero-ulnar fusion by imaging.
LB90.3	Radio-ulnar synostosis A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the ulnar and radial bones of the arm, and consequent limitation of rotational movement of the forearm. Confirmation is through observation of radio ulnar fusion by imaging.

LB90.4	Madelung deformity Madelung disease, or deformity is a predominantly bilateral wrist anomaly characterised by shortened and bowed radii and long ulnae leading to dorsal dislocation of the distal ulna and limited mobility of the wrist and elbow.
LB90.5	Congenital digital clubbing Isolated congenital digital clubbing is a rare genodermatosis disorder characterised by enlargement of the terminal segments of fingers and toes with thickened nails without any other abnormality.
LB90.6	Tibio-fibular synostosis
LB90.7	Cubitus valgus
LB90.8	Cubitus varus
LB90.Y	Other specified joint formation defects
LB90.Z	Joint formation defects, unspecified
LB91	Congenital shoulder dislocation
LB92	Congenital elbow dislocation
LB93	Congenital knee dislocation A condition characterised by hyperextension of the knee joint.
LB93.0	Congenital genu recurvatum
LB93.1	Congenital genu flexum
LB93.Y	Other specified congenital knee dislocation
LB93.Z	Congenital knee dislocation, unspecified
LB94	Congenital patella dislocation
LB95	Patella aplasia or hypoplasia Isolated patella aplasia-hypoplasia is an extremely rare genetic condition characterised by congenital absence or marked reduction of the patellar bone. This condition may present with discomfort or abnormal gait. Confirmation is through verification of the reduced or absent patella by imaging
LB96	Congenital bowing of long bones Congenital bowing of long bones is a congenital condition described by the presence of symmetric or asymmetric angular deformity and shortening of the long bones, particularly the femurs, tibiae and ulnae.
LB96.0	Congenital bowing of femur A condition caused by failure of the femur to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the femur. Confirmation is through observation of the bowed femur by imaging.

LB96.1	Congenital bowing of tibia A condition caused by failure of the tibia to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the tibia. Confirmation is through observation of the bowed tibia by imaging.
LB96.Y	Other specified congenital bowing of long bones
LB96.Z	Congenital bowing of long bones, unspecified
LB97	Limb overgrowth Disproportionately long or asymmetric upper limbs <i>Exclusions:</i> Hemihypertrophy (LD2C)
LB97.0	Macroductyly 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	Macroductyly 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. <i>Inclusions:</i> Radial clubhand
LB99.3	Ulnar hemimelia Ulnar hemimelia is a congenital ulnar deficiency of the forearm characterised by complete or partial absence of the ulna bone.
LB99.4	Congenital absence of upper arm or forearm with hand present A condition caused by the failure of the upper arm and forearm to develop during the antenatal period, but with the hand present. This condition is characterised by direct connection of the hand to the shoulder.
LB99.5	Congenital absence of both forearm and hand A condition caused by the failure of the forearm and hand to develop during the antenatal period.
LB99.6	Acheiria A condition caused by failure of one or both hands to develop during the antenatal period.
LB99.7	Adactyly of hands A condition caused by failure of the digits on the hand to correctly develop during the antenatal period. This condition is characterised by absence of digits on the hand.
LB99.8	Split hand A condition caused by malformation of the hand during the antenatal period. This condition is characterised by a deep median cleft of the hand due to the absence of the central rays.
LB99.Y	Other specified reduction defects of upper limb
LB99.Z	Reduction defects of upper limb, unspecified
LB9A	Reduction defects of lower limb Any condition caused by the failure of a lower limb to correctly develop during the antenatal period. These conditions are characterised by reduction in size or absence of the limb.
LB9A.0	Amelia of lower limb

LB9A.1	Tibial hemimelia Tibial hemimelia is a rare congenital anomaly characterised by deficiency of the tibia with a relatively intact fibula.
LB9A.2	Fibular hemimelia Fibular hemimelia is a congenital longitudinal limb deficiency characterised by complete or partial absence of the fibula bone.
LB9A.3	Congenital absence of thigh or lower leg with foot present Any condition caused by the failure of the thigh and lower leg to develop during the antenatal period. These conditions are characterised by direct connection of the foot to the hip.
LB9A.4	Apodia A condition caused by failure of the foot to develop during the antenatal period.
LB9A.5	Adactyly of feet A condition caused by failure of the digits on the foot to correctly develop during the antenatal period. This condition is characterised by absence of digits on the foot.
LB9A.6	Split foot A condition caused by malformation of the foot during the antenatal period. This condition is characterised by a deep median cleft of the foot due to the absence of the central rays.
LB9A.7	Congenital absence of both lower leg and foot Any condition caused by the failure of the lower leg and foot to develop during the antenatal period.
LB9A.8	Femoral agenesis or hypoplasia Femoral agenesis/hypoplasia is a rare malformation of variable severity ranging from mild hypoplasia to complete absence of the femur.
LB9A.Y	Other specified reduction defects of lower limb
LB9A.Z	Reduction defects of lower limb, unspecified
LB9B	Reduction defects of upper and lower limbs
LB9Y	Other specified structural developmental anomalies of the skeleton
LB9Z	Structural developmental anomalies of the skeleton, unspecified

Structural developmental anomalies of the skin (LC00-LC7Z)

A deformation established before birth of an anatomical structure of the skin.

Exclusions: pilonidal cyst or sinus (EG63)
Congenital erythropoietic porphyria (5C58.12)
Acrodermatitis enteropathica (5C64.20)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Keratinocytic, pilosebaceous, eccrine, apocrine and other complex hamartomatous malformations of the skin.

LC00	Keratinocytic epidermal hamartoma Keratinocytic epidermal hamartoma or epidermal naevus is a congenital hamartomatous epidermal malformation composed of keratinocytes. It is thought to arise as a result of somatic mutation: early embryonic mutations can give rise to extensive systematised naevi, though typically epidermal naevi are localised linear papillomatous or verrucous plaques. Histologically they exhibit acanthosis, papillomatosis and acanthosis. Coded Elsewhere: Linear porokeratosis (ED52)
LC00.0	Epidermal naevus
LC00.Y	Other specified keratinocytic epidermal hamartoma
LC00.Z	Keratinocytic epidermal hamartoma, unspecified
LC01	Pilosebaceous hamartoma Hamartomatous malformation involving elements originating from the developing pilosebaceous follicle.
LC02	Complex epidermal hamartoma Hamartomatous malformation composed of elements deriving from several components of the developing epidermis and epidermal appendages.
LC0Y	Other specified developmental hamartomata of the epidermis and epidermal appendages

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomatous cutaneous malformations involving melanocytes including congenital pigmented naevi.

Coded Elsewhere: Congenital melanocytic naevus (2F20.2)

Familial multiple café-au-lait macules (EC23.0)

LC10

Dermal melanocytosis

The presence at birth of functional melanocytes within the dermis. Most commonly this is as a result of incomplete migration of melanocytes to the epidermis as in lumbosacral dermal melanocytosis (Mongolian spot). Less commonly it is due to circumscribed hamartomatous proliferation of melanocytes in the dermis (e.g. Naevus of Ota).

Coded Elsewhere: Phakomatosis caesioflammea (LD2D.Y)

Phakomatosis caesiomarmorata (LD2D.Y)

LC1Y

Other specified developmental anomalies of skin pigmentation

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Hamartomatous malformations of dermal collagen and elastin.

LC20

Connective tissue hamartoma

Inclusions: Connective tissue naevus

LC2Y

Other specified hamartomata derived from dermal connective tissue

Developmental defects of hair or nails (LC30-LC31)

LC30

Developmental defects of hair or hair growth

LC31

Developmental defects of the nail apparatus

Congenital malformations of the nail apparatus.

Inclusions: congenital abnormalities of the nails

LC40

Dermoid cyst

Coded Elsewhere: Dermoid cyst of eyelid (2F36.4)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Congenital vascular malformations affecting the skin

LC50

Developmental capillary vascular malformations of the skin

Coded Elsewhere: Phakomatosis pigmentovascularis (LD2D.Y)

LC50.0	Salmon patch A common skin condition of neonates, characterised by flat, deep-pink localised areas of capillary dilation that occur predominantly on the back of the neck, lower occiput, upper eyelids, upper lip, and bridge of the nose. The areas disappear permanently by about 2 years of age.
LC50.1	Port-wine stain A port-wine stain is defined as a macular telangiectatic area of skin which is present at birth and does not spontaneously involute. Port-wine stains may be localised or extensive and they are often associated with an underlying disorder. <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Meckel syndrome (LD2F.13)
LD20.0	Syndromes with cerebellar anomalies as a major feature <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> - 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 <i>Coded Elsewhere:</i> Amelogenesis imperfecta (LA30.6) Dentine dysplasia (LA30.7) Dentinogenesis imperfecta (LA30.8)
LD23	Syndromes with vascular anomalies as a major feature <i>Coded Elsewhere:</i> Angio-osteohypertrophic syndrome (LD26.60) Primary lymphoedema (BD93.0) Cutis marmorata telangiectatica congenita (LC52)

LD24**Syndromes with skeletal anomalies as a major feature**

Coded Elsewhere: Progressive osseous heteroplasia (FB31.0)
Fibrodysplasia ossificans progressiva (FB31.1)
Osteolysis syndromes (FB86.2)
Calcification or ossification of muscles of genetic origin (FB31.Z)

LD24.0**Syndromes with micromelia**

Syndromes in which abnormally short limbs are a major feature

LD24.00**Achondroplasia**

Achondroplasia is the most frequent form of chondrodysplasia and is a type of dwarfism characterised by short limbs, hyperlordosis, short hands, and macrocephaly with high forehead and saddle nose, with normal intellectual development.

LD24.01**Hypochondroplasia**

Hypochondroplasia is a skeletal dysplasia characterised by disproportionate short stature, mild lumbar lordosis and limited extension of the elbow joints.

LD24.02**Thanatophoric dysplasia**

Thanatophoric Dysplasia is a severe skeletal disorder that is lethal in the neonatal period. Two clinically defined TD subtypes have been classified: type I (TDI), characterised by micromelia with bowed femurs and, occasionally, by the presence of cloverleaf skull deformity of varying severity and type II (TDII), characterised by micromelia with straight femurs and a moderate to severe cloverleaf skull deformity.

LD24.03**Diastrophic dysplasia**

Diastrophic dwarfism is a rare autosomal recessive disorder marked by short stature with short extremities (final adult height is 120cm +/- 10cm), and joint malformations leading to multiple joint contractures (principally involving the shoulders, elbows, interphalangeal joints and hips)

LD24.04**Chondrodysplasia punctata****LD24.0Y****Other specified syndromes with micromelia****LD24.0Z****Syndromes with micromelia, unspecified****LD24.1****Bone diseases with increased bone density**

Coded Elsewhere: Pycnodysostosis (5C56.Y)
Buschke-Ollendorff syndrome (EC4Y)

LD24.10	Osteopetrosis Osteopetrosis ('marble bone disease') is a descriptive term that refers to a group of rare, heritable disorders of the skeleton characterised by increased bone density on radiographs. Osteopetrotic conditions vary greatly in their presentation and severity, ranging from neonatal onset with life-threatening complications such as bone marrow failure (as in classical or 'malignant' autosomal recessive osteopetrosis) to the incidental finding of osteopetrosis on radiographs (e.g. osteopoikilosis). Coded Elsewhere: OL-EDA-ID syndrome (LD27.0Y) Osteopetrosis - hypogammaglobulinaemia (4A01.0Y)
LD24.11	Osteopoikilosis
LD24.1Y	Other specified bone diseases with increased bone density
LD24.1Z	Bone diseases with increased bone density, unspecified
LD24.2	Bone diseases with disorganised development of skeletal components Coded Elsewhere: Osteogenesis imperfecta (LD24.K0) Enchondromatosis (2E83.Z) X-linked cutis laxa (LD28.2) Maffucci syndrome (LD2F.1Y) Inherited bone dysplasia (FB80.Y)
LD24.20	Multiple osteochondromas Inclusions: Diaphyseal aclasis
LD24.21	Exostoses with anetoderma 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 ovoid 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 <i>Exclusions:</i> Pyle disease (LD24.1) <i>Coded Elsewhere:</i> Cartilage-hair hypoplasia (LD27.0Y) Metaphyseal dysostosis - intellectual deficit - conductive deafness (LD2H.Y)
LD24.8	Acromelic dysplasias <i>Coded Elsewhere:</i> Microspherophakia or Weill Marchesani Syndrome (9C61.42) Trichorhinophalangeal syndrome type 1 and 3 (LD27.0Y)
LD24.80	Langer-Giedion syndrome Langer-Giedion syndrome or trichorhinophalangeal syndrome type 2 is a chromosomal anomaly syndrome characterised by the association of intellectual deficit and numerous other anomalies including redundant skin, multiple cartilaginous exostoses, characteristic facies and cone-shaped phalangeal epiphyses.
LD24.8Y	Other specified acromelic dysplasias
LD24.8Z	Acromelic dysplasias, unspecified
LD24.9	Acromesomelic dysplasias A group of rare disorders characterised by shortening of the bones of the forearms, lower legs, hands and feet. <i>Exclusions:</i> Sensenbrenner syndrome (LD27.0)
LD24.A	Mesomelic or rhizomesomelic dysplasias
LD24.B	Short rib syndromes <i>Exclusions:</i> Oral-facial-digital syndrome type 4 (LD25.00) <i>Coded Elsewhere:</i> Chondroectodermal dysplasia (LD27.0Y)
LD24.B0	Short rib-polydactyly syndrome Short rib-polydactyly syndromes are a group of bone malformations characterised by a narrow thorax and polydactyly (usually preaxial). Prevalence as a group is unknown. The group is heterogeneous and includes Jeune syndrome and Ellis-Van Creveld syndrome, neither of which are lethal, together with lethal chondrodysplasias: Saldino-Noonan (type 1), Majewski (type 2), Verma-Naumoff (type 3) and Beemer-Langer (type 4).
LD24.B1	Asphyxiating thoracic dystrophy Asphyxiating thoracic dystrophy, also called Jeune syndrome, is a short-rib dysplasia characterised by a narrow thorax, short limbs and radiological skeletal abnormalities including "trident" aspect of the acetabula and metaphyseal changes.
LD24.BY	Other specified short rib syndromes
LD24.BZ	Short rib syndromes, unspecified

LD24.C	Bent bone dysplasias Any syndromes are characterised by poor mineralization of the skull, craniosynostosis, hypoplastic pubis and clavicles, osteopenia, bent long bones, low-set ears, hypertelorism, midface hypoplasia, prematurely erupted fetal teeth, and micrognathia. These syndromes may be associated with mutation of the FGFR2 gene. Coded Elsewhere: Campomelic dysplasia (LD2A.Y) Juvenile osteochondrosis of tibia or fibula (FB82.1)
LD24.D	Slender bone dysplasias Any syndrome characterised by dwarfism, thin bones, multiple fractures, and prenatal or early postnatal death. Coded Elsewhere: IMAGE syndrome (5A74.Y)
LD24.E	Bone dysplasias with multiple joint dislocations Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which includes the dislocations of multiple joints.
LD24.F	Progressive ossification of skin, skeletal muscle, fascia, tendons or ligaments Coded Elsewhere: Progressive osseous heteroplasia (FB31.0) Fibrodysplasia ossificans progressiva (FB31.1)
LD24.G	Syndromic craniosynostoses Any syndrome caused by premature fusing of sections of the infant skull. These syndromes are characterised by disfiguring compensatory growth of the skull. These syndromes may also present with frequent worsening morning headache, recurrent vomiting, cephalocranial disproportion, raised intracranial pressure, optic atrophy, blindness, or developmental delay. Exclusions: Sensenbrenner syndrome (LD27.0) Shprintzen-Goldberg craniosynostosis syndrome (LD28.0) Craniotelencephalic dysplasia (LD20.1) Coded Elsewhere: Craniofrontonasal dysplasia (LD25.3)
LD24.G0	Pfeiffer syndrome Pfeiffer syndrome (associated with mutations in the FGFR1 and 2 gene) is a syndromic form of craniosynostosis characterised by the association of craniosynostosis. Often pansynostosis. Severe midface hypoplasia. Broad and deviated thumbs and big toes, and partial syndactyly of the fingers and toes. Hydrocephaly may be found occasionally, along with severe ocular proptosis, ankylosed elbows. Exclusions: Pfeiffer disease (1D81.0)
LD24.G1	Crouzon disease Crouzon disease is a form of syndromic craniosynostosis characterised by craniosynostosis and facial hypoplasia.

LD24.G2	Apert syndrome Apert syndrome is a syndromic craniosynostosis associated with mutations in the FGFR2 gene and characterised by premature closure of coronal suture and a later onset of pansynostosis. Pathognomonic is an osseous and membranous syndactyly of at least Digitus II-IV (fingers and toes). High incidence of midface hypoplasia with orbital and facial stenosis, cleft palate, vertebral fusion. Mental deficits in 30%.
LD24.GY	Other specified syndromic craniosynostoses
LD24.GZ	Syndromic craniosynostoses, unspecified
LD24.H	Dysostoses with predominant vertebral and costal involvement Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which includes dysgenesis of the vertebrae and intercostal cartilage. Exclusions: Spondylocostal dysostosis - anal and genitourinary malformations (LD2F.1)
LD24.J	Patellar dysostoses Any syndrome characterised by malformation of the patella during the antenatal period.
LD24.J0	Nail-patella syndrome Nail patella syndrome is a hereditary osteo-onychodysplasia characterised by nail dysplasia with triangular lunula, hypoplastic or absent patellas, iliac exostoses ('iliac horns') and dysplastic elbows.
LD24.JY	Other specified patellar dysostoses
LD24.JZ	Patellar dysostoses, unspecified
LD24.K	Genetic bone diseases with decreased bone density Coded Elsewhere: Ehlers-Danlos-osteogenesis imperfecta syndrome (LD28.1Y)
LD24.K0	Osteogenesis imperfecta Osteogenesis imperfecta (OI) comprises a heterogeneous group of genetic disorders characterised by increased bone fragility, low bone mass, and susceptibility to bone fractures with variable severity. The most clinically relevant characteristic of all types of OI is bone fragility, which manifests as multiple spontaneous fractures. Inclusions: Fragilitas ossium Osteopsathyrosis
LD24.KY	Other specified genetic bone diseases with decreased bone density
LD24.KZ	Genetic bone diseases with decreased bone density, unspecified
LD24.Y	Other specified syndromes with skeletal anomalies as a major feature
LD24.Z	Syndromes with skeletal anomalies as a major feature, unspecified

LD25	Syndromes with face or limb anomalies as a major feature
	Exclusions: Freeman-Sheldon syndrome (LD26.4)
LD25.0	Oromandibular-limb anomaly syndrome A syndrome caused by failure of the face and limbs to correctly develop during the antenatal period. This syndrome is characterised by malformations of the tongue, mandible, and limbs. Exclusions: Ectrodactyly - cleft palate (LD2F.1) Ectrodactyly - ectodermal dysplasia - cleft lip or palate (LD27.0)
LD25.00	Oral-facial-digital syndrome A condition caused by failure of the head and digits to correctly develop during the antenatal period. This condition may be associated with cleft or lobed tongue, noncancerous tumours or nodules of the tongue, abnormal shape or number of teeth, cleft palate, hyperplastic frenula of the lip or gums, cleft lip, hypertelorism, wide nose with broad, flat nasal bridge, syndactyly, brachydactyly, clinodactyly, polydactyly, polycystic kidney disease, neurological problems, bone abnormalities, vision loss, or heart defects.
LD25.0Y	Other specified oromandibular-limb anomaly syndrome
LD25.0Z	Oromandibular-limb anomaly syndrome, unspecified
LD25.1	Fronto-otopalatodigital syndromes
LD25.2	Acrofacial dysostoses Any syndrome caused by failure of the face and limbs to correctly develop during the antenatal period.
LD25.3	Craniofacial dysostoses Syndromes caused by abnormal development of skull and facial bones. They may present with acrocephaly, exophthalmos, hypertelorism, strabismus, parrot-beaked nose, or hypoplastic maxilla. Non-syndromic craniosynostosis, which is predominantly sporadic, is coded elsewhere. Exclusions: Acrofacial dysostosis, Nager type (LD25.2) Postaxial acrofacial dysostosis (LD25.2) Acrofacial dysostosis, Weyers type (LD25.2) Frontometaphyseal dysplasia (LD25.1) Craniosynostosis (LB70.0)
LD25.Y	Other specified syndromes with face or limb anomalies as a major feature
LD25.Z	Syndromes with face or limb anomalies as a major feature, unspecified
LD26	Syndromes with limb anomalies as a major feature
LD26.0	Combined reduction defects of upper and lower limbs

LD26.1	Complex brachydactylies A disease caused by failure of the digits to correctly develop during the antenatal period. This disease is characterised by multiple digits of below normal length. This condition may be associated with mutation in the GDF5 gene. Exclusions: Catel-Manzke syndrome (LD2F.1)
LD26.2	Syndromes with limb duplication, polydactyly, syndactyly or triphalangism Any syndrome caused by failure of the limbs to correctly develop during the antenatal period. These syndromes are characterised by supernumerary limbs or digits, fused digits, or supernumerary phalanges. Exclusions: Townes-Brocks syndrome (LD2F.1)
LD26.3	Syndromes with synostoses of limbs
LD26.4	Arthrogryposis syndromes Any syndrome caused by failure of elastic tissue to correctly develop during the antenatal period. These syndromes are characterised by the presence of multiple joint contractures, where elastic tissues are replaced by inelastic tissues, which results in fixation of the joint. Exclusions: Arthrogryposis due to muscular dystrophy (8C70)
LD26.40	Multiple pterygium syndrome
LD26.41	Arthrogryposis multiplex congenita Arthrogryposis multiplex congenita, comprises nonprogressive congenital conditions characterised by multiple joint contractures. The term is currently used in connection with a very heterogeneous group of disorders that all include multiple congenital joint contractures. The major cause of arthrogryposis is fetal akinesia due to fetal abnormalities (e.g. neurogenic, muscle, or connective tissue abnormalities; mechanical limitations to movement) or maternal disorders (e.g. infection, drugs, trauma, other maternal illnesses). Generalised fetal akinesia can also lead to polyhydramnios, pulmonary hypoplasia, micrognathia, ocular hypertelorism, and short umbilical cord. Lack of fetal movement causes extra connective tissue to develop around the joint, limiting movement and further aggravating the joint contracture. Exclusions: COFS syndrome (LD2B) Arthrogryposis multiplex congenita - lissencephaly (LD2F.1) Coded Elsewhere: Arthrogryposis - renal dysfunction - cholestasis (5C58.0Y)
LD26.4Y	Other specified arthrogryposis syndromes
LD26.4Z	Arthrogryposis syndromes, unspecified
LD26.5	Constriction rings A condition caused by entangling of fibrous bands of the amniotic sac around a developing fetus. This condition may present with circular indentation around a digit or limb, swelling, restriction of the lymphatic or venous flow, limb development defects, or in utero amputation.
LD26.6	Congenital vascular bone syndromes

LD26.60	Angio-osteohypertrophic syndrome Angio-osteohypertrophic (AOH) syndrome is a congenital vascular bone syndrome characterised by the presence of vascular malformations in a limb resulting in limb overgrowth. Depending on whether the malformations are slow flow venous or fast flow arteriovenous the syndrome may be divided into two subtypes, Klippel-Trénaunay and Parkes-Weber syndromes respectively. Some cases of the latter are associated with mutations in the RASA1 gene.
LD26.6Y	Other specified congenital vascular bone syndromes
LD26.6Z	Congenital vascular bone syndromes, unspecified
LD26.Y	Other specified syndromes with limb anomalies as a major feature
LD26.Z	Syndromes with limb anomalies as a major feature, unspecified
LD27	Syndromes with skin or mucosal anomalies as a major feature Coded Elsewhere: Acrodermatitis enteropathica (5C64.20) Non-syndromic ichthyosis (EC20.0) Pseudoxanthoma elasticum (EC40) Xeroderma pigmentosum-Cockayne syndrome complex (LD2B) Hereditary ichthyosis (EC20.Y) Palmoplantar keratoderma – oral leukokeratosis – oesophageal carcinoma (EC20.31)
LD27.0	Ectodermal dysplasia syndromes Ectodermal dysplasias (EDs) are a heterogeneous group of disorders characterised by developmental dystrophies of ectodermal structures, such as hypohidrosis, hypotrichosis, onychodysplasia and hypodontia or anodontia. More than 160 clinically and genetically distinct hereditary ectodermal dysplasias have been catalogued. Coded Elsewhere: Langer-Giedion syndrome (LD24.80) Oral-facial-digital syndrome (LD25.00) Solitary median maxillary central incisor syndrome (LA30.Y) Rothmund-Thomson syndrome (LD2B) Hallermann-Streiff-François syndrome (LD2B) Keratitis – ichthyosis – deafness syndrome (LD27.2) Papillon-Lefèvre syndrome (EC20.30) Cataract – hypertrichosis – intellectual deficit (LD27.3) Hypomelanosis of Ito (EC23.2Y) Ectodermal dysplasia – skin fragility syndrome (EC30) Dyskeratosis congenita (3A70.0)

LD27.00	Incontinentia pigmenti Incontinentia pigmenti is an X-linked dominant gene disorder due to abnormalities of the NF-kappa-B (NEMO) gene on chromosome Xq28. It is lethal in male fetuses but the presence of a normal second X chromosome in females results in a mosaicism which is compatible with life. Affected females present in infancy with skin blisters in linear arrays (Blaschko lines) typically on the scalp and limbs. Within the first few months of life these are succeeded by warty changes and hyperpigmentation. These tend to resolve over time, often leaving atrophic streaks. Associated features include abnormal dentition, ocular defects and a variety of neurological complications.
LD27.01	Cronkhite-Canada syndrome Cronkhite-Canada syndrome (CCS) is a sporadically occurring, noninherited disorder of generalised gastrointestinal polyps (hamartomas), cutaneous pigmentation, alopecia, and onychodystrophy. The possibility of progression to cancer is considered to be low. Chronic diarrhea and protein-losing enteropathy are often observed.
LD27.02	Hypohidrotic ectodermal dysplasia Hypohidrotic ectodermal dysplasia is a genetic disorder of ectoderm development characterised by malformation of ectodermal structures such as skin, hair, teeth and sweat glands. It comprises three clinically almost indistinguishable subtypes with impaired sweating as the key symptom: Christ-Siemens-Touraine syndrome (X-linked), autosomal recessive and autosomal dominant hypohidrotic ectodermal dysplasia, as well as a fourth rare subtype with immunodeficiency as the key symptom.
LD27.03	Hidrotic ectodermal dysplasia, Clouston type Clouston syndrome (or hidrotic ectodermal dysplasia) is an inherited disorder characterised by the clinical triad of nail dystrophy, alopecia, and palmoplantar hyperkeratosis.
LD27.0Y	Other specified ectodermal dysplasia syndromes
LD27.1	Xeroderma pigmentosum Xeroderma pigmentosum (XP) is a rare genodermatosis characterised by extreme sensitivity to ultraviolet (UV)-induced changes in the skin and eyes, and multiple skin cancers. It is subdivided into 8 complementation groups, according to the affected gene: XPA to XPG, and XP variant (XPV). The severity of the clinical manifestations and the age of onset are extremely variable and are in part dependent on exposure to sunlight and the complementation group. Coded Elsewhere: Xeroderma pigmentosum variant (LD27.Y)
LD27.2	Syndromic ichthyosis Hereditary disorders in which ichthyosis is associated with significant other abnormalities. Coded Elsewhere: Sjögren-Larsson syndrome (5C52.03)

- LD27.3 Genetic syndromes with hypertrichosis**
Genetic syndromes in which excessive non-androgen-dependent hair growth is associated with other abnormalities.
Coded Elsewhere: Cone-rod type amaurosis congenita – congenital hypertrichosis (9B70)
Ramon syndrome (LD2F.1Y)
- LD27.4 Genetic syndromes affecting nails**
Coded Elsewhere: Wilson disease (5C64.00)
Nail-patella syndrome (LD24.J0)
Hidrotic ectodermal dysplasia, Clouston type (LD27.03)
Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)
Odonto-onycho-dermal dysplasia (LD27.0Y)
Onycho-tricho-dysplasia – neutropaenia syndrome (LD27.0Y)
Knuckle pads – leukonychia – sensorineural deafness (LD2H.Y)
Deafness – enamel hypoplasia – nail defects (LD27.0Y)
Anonychia with bizarre flexural pigmentation (LD27.0Y)
Anonychia or onychodystrophy – hypoplasia or absence of distal phalanges (LD27.0Y)
Autosomal dominant hypodontia with nail dysplasia (LD27.0Y)
Amelo-onycho-hypohidrotic syndrome (LD27.0Y)
Deafness – onychodystrophy (LD27.0Y)
Odonto-onycho-hypohidrotic dysplasia - midline scalp defects (LD27.0Y)
Tricho-odonto-onycho-dermal syndrome (LD27.0Y)
Tricho-odonto-onychodysplasia - dominant syndactyly (LD27.0Y)
Pili torti - onychodysplasia (LD27.0Y)
Dyskeratosis congenita (3A70.0)
Primary hypertrophic osteoarthropathy (FB86.10)
- LD27.5 Genetic hamartoneoplastic syndromes affecting the skin**
A heterogeneous group of inherited diseases characterised by the presence of multiple hamartomata and associated with an increased risk of malignancy.
Coded Elsewhere: Neurofibromatoses (LD2D.1)
Tuberous sclerosis (LD2D.2)
Gardner syndrome (LD2D.3)
Gorlin syndrome (LD2D.4)
Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)
Cowden syndrome (LD2D.Y)
Multiple familial trichoepithelioma (2F22)

LD27.6	Genetic lipodystrophy Genetic lipodystrophies represent a heterogeneous group of rare diseases characterised by a generalised or localised loss of body fat (lipoatrophy). Coded Elsewhere: Familial partial lipodystrophy (5A44) Wiedemann-Rautenstrauch progeroid syndrome (LD2B)
LD27.60	Congenital generalised lipodystrophy Coded Elsewhere: Berardinelli-Seip congenital lipodystrophy (5A44)
LD27.6Z	Genetic lipodystrophy, unspecified
LD27.Y	Other specified syndromes with skin or mucosal anomalies as a major feature
LD27.Z	Syndromes with skin or mucosal anomalies as a major feature, unspecified
LD28	Syndromes with connective tissue involvement as a major feature Exclusions: Cutis laxa (EE41.0) Pseudoxanthoma elasticum (EC40)
LD28.0	Marfan syndrome or Marfan-related disorders Coded Elsewhere: Aortic aneurysm syndrome, Loeys-Dietz type (BD50.Z) Ectopia lentis syndrome (LA12.Y)
LD28.00	Congenital contractural arachnodactyly Congenital contractural arachnodactyly (CCA, Beals syndrome) is a connective tissue disorder characterised by multiple flexion contractures, arachnodactyly, severe kyphoscoliosis, abnormal pinnae and muscular hypoplasia. Although the clinical features can be similar to Marfan syndrome (MFS), multiple joint contractures (especially of the elbow, knee, and finger joints), and crumpled ears in the absence of significant aortic root dilatation are characteristic of Beals syndrome and rarely found in MFS.
LD28.01	Marfan syndrome Marfan syndrome is a systemic disease of connective tissue characterised by a variable combination of cardiovascular, musculo-skeletal, ophthalmic and pulmonary manifestations. Cardiovascular involvement is characterised by 1) progressive dilation of the aorta accompanied by an increased risk of aortic dissection, which affects prognosis and 2) mitral insufficiency. Skeletal involvement is often the first sign of the disease and can include dolichostenomelia, large size, arachnodactyly, joint hypermobility, scoliotic deformations, acetabulum protrusion, thoracic deformity, dolichocephaly of the anteroposterior axis, micrognathism or malar hypoplasia. Ophthalmic involvement results in axile myopia, which can lead to retinal detachment and lens displacement.
LD28.0Y	Other specified Marfan syndrome or Marfan-related disorders
LD28.0Z	Marfan syndrome or Marfan-related disorders, unspecified

LD28.1	Ehlers-Danlos syndrome Ehlers-Danlos syndrome (EDS) is a heterogeneous group of inherited disorders of connective tissue, principally collagen, that range in severity from mild joint hypermobility to life-threatening fragility of soft tissue and vasculature.
LD28.10	Ehlers-Danlos syndrome, classical type Ehlers-Danlos syndrome, classic type is a type of Ehlers-Danlos syndromes (EDS), a heterogeneous group of hereditary connective tissue diseases characterised by joint hyperlaxity, cutaneous hyperelasticity and tissue fragility, and is characterised by the following major clinical diagnostic criteria: hyperextensible skin, atrophic cutaneous scars due to tissue fragility and joint hyperlaxity.
LD28.1Y	Other specified types of Ehlers-Danlos syndrome
LD28.2	Genetically-determined cutis laxa
LD28.Y	Other specified syndromes with connective tissue involvement as a major feature
LD28.Z	Syndromes with connective tissue involvement as a major feature, unspecified
LD29	Syndromes with obesity as a major feature <i>Exclusions:</i> WAGR syndrome (LD2A) Fragile X syndrome (LD55) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> pseudohermaphroditism: female, with adrenocortical disorder (5A71) <i>Coded Elsewhere:</i> Chimaera 46, XX, 46, XY (LD56) 46,XX disorders of sex development induced by androgens of maternal origin (5A71.1) Congenital adrenal hyperplasia (5A71.01)
LD2A.0	Ovotesticular disorder of sex development Ovotesticular disorder of sex development, formerly called true hermaphroditism, is a rare cause of genital ambiguity characterised by the presence of ovarian and testicular tissue in an individual, leading to development of both male and female structures.

LD2A.1	46,XY gonadal dysgenesis This is any congenital developmental disorder of the reproductive system characterised by a progressive loss of primordial germ cells on the developing gonads of an embryo.
LD2A.2	Testicular agenesis A rare 46,XY disorder of gonadal development characterized by congenital complete absence of testicular tissue in an individual with an otherwise male phenotype and normal karyotype. In addition, a small penis is a frequent finding in anorchid patients. Typical hormonal characteristics are elevated basal levels of gonadotropins (especially FSH (follicle-stimulating hormone), low concentration of testosterone, and lack of increase of plasma testosterone in response to hCG (human chorionic gonadotropin) administration. The GnRH (gonadotropin-releasing hormone) stimulation test induces a prolonged increase in FSH and LH (luteinizing hormone) levels.
LD2A.3	46,XY disorder of sex development due to a defect in testosterone metabolism Exclusions: Congenital adrenal hyperplasia (5A71.01) Coded Elsewhere: Smith-Lemli-Opitz syndrome (5C52.10)
LD2A.4	46,XY disorder of sex development due to androgen resistance Androgen insensitivity syndrome (AIS) is a disorder of sex development (DSD) characterised by the presence of female external genitalia, ambiguous genitalia or variable defects in virilization in a 46,XY individual with absent or partial responsiveness to age-appropriate levels of androgens. It comprises two clinical subgroups: complete AIS (CAIS) and partial AIS (PAIS).
LD2A.Y	Other specified malformative disorders of sex development
LD2A.Z	Malformative disorders of sex development, unspecified
LD2B	Syndromes with premature ageing appearance as a major feature A heterogeneous group of hereditary syndromes in which affected individuals do or appear to age at an accelerated rate. Inclusions: Progeroid syndromes Exclusions: Xeroderma pigmentosum (LD27.1) Cutis laxa (EE41.0) Coded Elsewhere: Ehlers-Danlos syndrome, progeroid type (LD28.1Y) Autosomal recessive cutis laxa, type 3 (LD28.2) Bloom syndrome (4A01.31) Ataxia-telangiectasia (4A01.31) Mandibuloacral dysplasia (LD27.6Z)

LD2C**Overgrowth syndromes**

Exclusions: Sturge-Weber syndrome (LD23)
 Diabetic embryopathy (KB60.1)
 Enchondromatosis (2E83)
 Maffucci syndrome (LD2F.1)

Coded Elsewhere: Perlman syndrome (2C90.Y)

LD2D**Phakomatoses or hamartoneoplastic syndromes**

Exclusions: Ataxia-telangiectasia (4A01.31)
 familial dysautonomia [Riley-Day] (8C21.1)
 Rendu-Osler-Weber disease (LA90.00)
 Proteus syndrome (LD2C)
 Sturge-Weber syndrome (LD23)
 Enchondromatosis (2E83)
 Maffucci syndrome (LD2F.1)
 Angio-osteohypertrophic syndrome (LD26.60)

Coded Elsewhere: NAME syndrome (2F01)
 Von Hippel-Lindau disease (5A75)
 Focal dermal hypoplasia (LD27.0Y)
 Epidermal naevus syndrome (LC02)
 Lumbosacral dermal melanocytosis (LC10)
 Naevus of Ota (LC10)
 Naevus of Ito (LC10)
 Dermal melanocyte hamartoma (LC10)
 Hereditary leiomyomatosis and renal cell cancer (2C90.Y)

LD2D.0**Peutz-Jeghers syndrome**

Peutz-Jeghers syndrome (PJS) is an autosomal dominant inherited disorder characterised by intestinal hamartomatous polyps in association with a distinct pattern of skin and mucosal macular melanin deposition. Patients have an increased risk of developing intestinal cancer.

LD2D.1**Neurofibromatoses**

The neurofibromatoses (NF) are related genetic disorders which affect bone, soft tissue, skin and nervous system. In NF type 1 neurofibromas develop in the skin and elsewhere: these can cause problems as a result of their visibility in the skin, compression of vital internal structures or from malignant degeneration. Neuromas of the acoustic nerve are the predominant problem in NF type 2.

LD2D.10	Neurofibromatosis type 1 Neurofibromatosis type 1 (NF1) is an inherited, multi-system, neurocutaneous disorder that predisposes to the development of benign and malignant tumours. Two of the following criteria are required to diagnose NF1: six or more café au lait patches, neurofibromas, i.e. peripheral nerve sheath tumours manifesting as cutaneous, sub-cutaneous or plexiform lesions, skin-fold freckling, two or more iris Lisch nodules, an optic pathway glioma, a specific bony dysplasia (thinning of the long bone cortex, sphenoid wing dysplasia), an affected first-degree relative. Inclusions: von Recklinghausen disease
LD2D.11	Neurofibromatosis type 2 Neurofibromatosis type 2 (NF2) is a tumour-prone disorder characterised by the development of multiple schwannomas and meningiomas.
LD2D.12	Neurofibromatosis type 3
LD2D.1Y	Other specified neurofibromatoses
LD2D.1Z	Neurofibromatosis, unspecified
LD2D.2	Tuberous sclerosis A disease caused by a dominant mutation of 9q34 (TSC1) or 16p13 (TSC2). This disease may present with facial angiofibromas, Koenen tumours, fibrous plaques on the forehead and scalp, renal angiomyolipomas, subependymal nodules, multiple cortical tubers or retinal hamartoma, epilepsy, or mental retardation. Inclusions: Bourneville disease Coded Elsewhere: Autosomal dominant polycystic kidney disease type 1 with tuberous sclerosis (LD2F.1Y)
LD2D.3	Gardner syndrome Gardner syndrome develops adenomatous polyps throughout the gastrointestinal tract, accompanied by extracolonic manifestations, including periampullary adenomas, papillary carcinoma of the thyroid, hepatoblastoma, osteomas of the mandible and skull, epidermal cysts, and desmoid tumours. Gardner syndrome is a term used to refer to patients in whom these extraintestinal features are unusually prominent.
LD2D.4	Gorlin syndrome Gorlin syndrome, also known as naevoid basal cell carcinoma syndrome (NBCCS), is a hereditary condition characterised by a wide range of developmental abnormalities (odontogenic keratocysts of the jaws, hyperkeratosis of palms and soles, skeletal abnormalities, intracranial ectopic calcifications, and facial dysmorphism) and a predisposition to develop malignant neoplasms (such as multiple basal cell carcinomas or medulloblastoma), and benign neoplasms in the jaw, heart, or ovaries. Inclusions: Naevoid basal cell carcinoma syndrome
LD2D.Y	Other specified phakomatoses or hamartoneoplastic syndromes
LD2D.Z	Phakomatoses or hamartoneoplastic syndromes, unspecified

LD2E**Syndromes with structural anomalies due to inborn errors of metabolism**

Coded Elsewhere: Disorders of cholesterol synthesis (5C52.10)
Pyruvate dehydrogenase complex deficiency (5C53.02)
Inborn errors of glycosylation or other specified protein modification (5C54)
Fabry disease (5C56.01)
Mucopolipidosis (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.

Syndromic genetic deafness**Coded Elsewhere:** CATCH 22 phenotype (LD44.N0)

Pendred syndrome (5A00.02)

Generalised resistance to thyroid hormone (5A05)

CHARGE syndrome (5A61.0)

Deafness - opticoacoustic nerve atrophy - dementia (5C53.2Y)

Ectodermal dysplasia - sensorineural deafness (LD27.0Y)

Hypoparathyroidism - deafness - renal disease (LD27.0Y)

Renal tubular acidosis - deafness (GB90.44)

Stapes ankylosis with broad thumbs and toes (LD2F.1Y)

Stickler syndrome (LD2F.1Y)

Thiamine-responsive megaloblastic anaemia syndrome
(5C63.Y)Mitochondrial encephalopathy with lactic acidosis and stroke-
like episodes (8C73.Y)

Norrie disease (LD21.Y)

Fechtner syndrome (3B64.01)

Spondyloepiphyseal dysplasia, MacDermot type (LD24.3)

Oral-facial-digital syndrome type 1 (LD25.00)

Oral-facial-digital syndrome type 2 (LD25.00)

Oral-facial-digital syndrome type 3 (LD25.00)

Oral-facial-digital syndrome type 4 (LD25.00)

Oral-facial-digital syndrome type 6 (LD25.00)

Oral-facial-digital syndrome type 8 (LD25.00)

Otopalatodigital syndrome (LD25.1)

Kearns-Sayre syndrome (9C82.0)

Multiple synostoses syndrome (LD26.3)

Arthrogryposis-like hand anomaly - sensorineural deafness
(LD26.4Y)

Cockayne syndrome (LD2B)

Keratitis – ichthyosis – deafness syndrome (LD27.2)

Connexin palmoplantar keratoderma with sensorineural
deafness (EC20.30)

Deafness – enamel hypoplasia – nail defects (LD27.0Y)

Tietz hypomelanosis – deafness syndrome (EC23.2Y)

LEOPARD syndrome (LD2F.1Y)

Cutis verticis gyrata - retinitis pigmentosa - sensorineural
deafness (LD27.Y)

Deafness, lymphoedema and leukaemia syndrome (BD93.0)

Long QT syndrome with hearing impairment (BC65.0)

Infantile Bartter syndrome with deafness (GB90.43)

LD2H.0	Fraser syndrome Fraser syndrome is a rare syndrome characterised by cryptophthalmos and syndactyly and associated with a wide variety of other anomalies including: middle and outer ear malformations; high-arched palate; cleavage along the midplane of nares and tongue; hypertelorism; laryngeal stenosis; wide separation of symphysis pubis; displacement of umbilicus and nipples; absent or multicystic kidneys; bicornuate uterus, malformed Fallopian tubes, fusion of labia and enlargement of clitoris in girls; and undescended testes and small penis with hypospadias in boys.
LD2H.1	Neuropathy with hearing impairment Neuropathy with hearing impairment is characterised by the association of sensorineural hearing impairment and peripheral demyelinating and predominantly sensory neuropathy.
LD2H.2	Progressive deafness with stapes fixation
LD2H.3	Waardenburg-Shah syndrome In this syndrome the phenotype includes not only the classical features of Waardenburg syndrome but also Hirschsprung disease. It may be caused by mutations in SOX10, EDN3 or EDNRB genes.
LD2H.4	Usher syndrome Usher syndrome is the most common cause of hereditary combined deafness-blindness, and is characterised by the association of sensorineural deafness (usually congenital) with retinitis pigmentosa and progressive vision loss.
LD2H.Y	Other specified syndromic genetic deafness
LD2H.Z	Syndromic genetic deafness, unspecified
LD2Y	Other specified multiple developmental anomalies or syndromes
LD2Z	Multiple developmental anomalies or syndromes, unspecified

Chromosomal anomalies, excluding gene mutations (LD40-LD7Z)

Any disease caused by alteration of the number or structure of chromosomes.

LD40	Complete trisomies of the autosomes Any disease caused by the presence of one extra autosome, for a total of three. Confirmation is through observation of a supernumerary autosome by karyotyping.

LD40.0	Complete trisomy 21 Trisomy 21 is a chromosomal abnormality, characterised by the presence of a third (partial or total) copy of chromosome 21, which clinical manifestations include variable intellectual deficiency, muscular hypotonia and joint laxity, often associated with facial dysmorphism and variable malformations (essentially heart and digestive) and a risk of complications (epilepsy, leukemia, auto-immune and endocrine pathologies, earlier aging and Alzheimer disease). Inclusions: Down syndrome Coded Elsewhere: Keratoconus in Down syndrome (9A78.50)
LD40.1	Complete trisomy 13 Trisomy 13 is a chromosomal anomaly caused by the presence of an extra chromosome 13 and is characterised by brain malformations (holoprosencephaly), facial dysmorphism, ocular anomalies, postaxial polydactyly, visceral malformations (cardiopathy) and severe psychomotor retardation. Inclusions: Patau syndrome
LD40.2	Complete trisomy 18 Trisomy 18 is a chromosomal abnormality associated with the presence of an extra chromosome 18 and characterised by growth delay, dolichocephaly, a characteristic facies, limb anomalies and visceral malformations.
LD40.Y	Other specified complete trisomies of the autosomes
LD40.Z	Complete trisomies of the autosomes, unspecified
LD41	Duplications of the autosomes
LD41.0	Duplications of chromosome 1
LD41.00	Duplications of the long arm of chromosome 1
LD41.01	Duplications of the short arm of chromosome 1
LD41.0Y	Other specified duplications of chromosome 1
LD41.0Z	Duplications of chromosome 1, unspecified
LD41.1	Duplications of chromosome 2
LD41.10	Duplications of the long arm of chromosome 2
LD41.11	Duplications of the short arm of chromosome 2
LD41.1Y	Other specified duplications of chromosome 2
LD41.1Z	Duplications of chromosome 2, unspecified
LD41.2	Duplications of chromosome 3
LD41.20	Duplications of the long arm of chromosome 3
LD41.21	Duplications of the short arm of chromosome 3
LD41.2Y	Other specified duplications of chromosome 3

LD41.2Z	Duplications of chromosome 3, unspecified
LD41.3	Duplications of chromosome 4
LD41.30	Duplications of the long arm of chromosome 4
LD41.31	Duplications of the short arm of chromosome 4
LD41.3Y	Other specified duplications of chromosome 4
LD41.3Z	Duplications of chromosome 4, unspecified
LD41.4	Duplications of chromosome 5
LD41.40	Duplications of the long arm of chromosome 5
LD41.41	Duplications of the short arm of chromosome 5
LD41.4Y	Other specified duplications of chromosome 5
LD41.4Z	Duplications of chromosome 5, unspecified
LD41.5	Duplications of chromosome 6
LD41.50	Duplications of the long arm of chromosome 6
LD41.51	Duplications of the short arm of chromosome 6
LD41.5Y	Other specified duplications of chromosome 6
LD41.5Z	Duplications of chromosome 6, unspecified
LD41.6	Duplications of chromosome 7
LD41.60	Duplications of the long arm of chromosome 7
LD41.61	Duplications of the short arm of chromosome 7
LD41.6Y	Other specified duplications of chromosome 7
LD41.6Z	Duplications of chromosome 7, unspecified
LD41.7	Duplications of chromosome 8
LD41.70	Duplications of the long arm of chromosome 8
LD41.71	Duplications of the short arm of chromosome 8
LD41.7Y	Other specified duplications of chromosome 8
LD41.7Z	Duplications of chromosome 8, unspecified
LD41.8	Duplications of chromosome 9
LD41.80	Duplications of the long arm of chromosome 9
LD41.81	Duplications of the short arm of chromosome 9
LD41.8Y	Other specified duplications of chromosome 9

LD41.8Z	Duplications of chromosome 9, unspecified
LD41.9	Duplications of chromosome 10
LD41.90	Duplications of the long arm of chromosome 10
LD41.91	Duplications of the short arm of chromosome 10
LD41.9Y	Other specified duplications of chromosome 10
LD41.9Z	Duplications of chromosome 10, unspecified
LD41.A	Duplications of chromosome 11
LD41.B	Duplications of chromosome 12
LD41.B0	Duplications of the long arm of chromosome 12
LD41.B1	Duplications of the short arm of chromosome 12
LD41.BY	Other specified duplications of chromosome 12
LD41.BZ	Duplications of chromosome 12, unspecified
LD41.C	Duplications of chromosome 13
LD41.D	Duplications of chromosome 14
LD41.E	Duplications of chromosome 15
LD41.F	Duplications of chromosome 16
LD41.F0	Duplications of the long arm of chromosome 16
LD41.F1	Duplications of the short arm of chromosome 16
LD41.FY	Other specified duplications of chromosome 16
LD41.FZ	Duplications of chromosome 16, unspecified
LD41.G	Duplications of chromosome 17
LD41.G0	Duplications of the long arm of chromosome 17
LD41.G1	Duplications of the short arm of chromosome 17
LD41.GY	Other specified duplications of chromosome 17
LD41.GZ	Duplications of chromosome 17, unspecified
LD41.H	Duplications of chromosome 18
LD41.H0	Duplications of the long arm of chromosome 18
LD41.H1	Duplications of the short arm of chromosome 18
LD41.HY	Other specified duplications of chromosome 18
LD41.HZ	Duplications of chromosome 18, unspecified

LD41.J	Duplications of chromosome 19
LD41.J0	Duplications of the long arm of chromosome 19
LD41.J1	Duplications of the short arm of chromosome 19
LD41.JY	Other specified duplications of chromosome 19
LD41.JZ	Duplications of chromosome 19, unspecified
LD41.K	Duplications of chromosome 20
LD41.K0	Duplications of the long arm of chromosome 20
LD41.K1	Duplications of the short arm of chromosome 20
LD41.KY	Other specified duplications of chromosome 20
LD41.KZ	Duplications of chromosome 20, unspecified
LD41.L	Duplications of chromosome 21
LD41.M	Duplications of chromosome 22
LD41.N	Extra ring or dicentric chromosomes
LD41.P	Duplications with other complex rearrangements
LD41.Q	Extra marker chromosomes
LD41.Y	Other specified duplications of the autosomes
LD41.Z	Duplications of the autosomes, unspecified

LD42

Polyploidies

Any disease caused by one or more additional sets of chromosomes. Non-mosaic versions of these diseases are characterised by gross fetal malformation or death of the fetus. Confirmation is through observation of supernumerary sets of chromosomes by karyotyping.

LD42.0

Triploidy

A disease caused by one additional set of chromosomes, for a total of 69 chromosomes. Triploidy can present with albuminuria, oedema, or hypertension in the mother. The fetus may present with microcephaly and a placenta that is enlarged and filled with cysts in the case of extra maternally inherited chromosomes, while extra paternally inherited chromosomes cause severe growth problems, an enlarged head, and a small placenta that does not have cysts. Non-mosaic triploidy is highly lethal, and is rarely observed in live births. Confirmation is through observation of an additional set of chromosomes by karyotyping.

LD42.1	Tetraploidy
	A disease caused by two additional sets of chromosomes, for a total of 92 chromosomes. This disease commonly results in spontaneous abortion during the first trimester. Live births of tetraploidy individuals are very rare. These cases are characterised by facial dysmorphism, severely delayed growth and developmental delay. Confirmation is through observation of two additional sets of chromosomes by karyotyping.
LD42.Y	Other specified polyploidies
LD42.Z	Polyploidies, unspecified
LD43	Complete monosomies of the autosomes
LD43.0	Complete monosomy of autosome
LD43.1	Mosaic monosomy of autosome
	Any disease caused by embryonic fusion or loss of an autosome early in embryonic development, resulting in a subset of cells in the body having only one of a pair of autosomes.
LD43.Y	Other specified complete monosomies of the autosomes
LD43.Z	Complete monosomies of the autosomes, unspecified
LD44	Deletions of the autosomes
LD44.1	Deletions of chromosome 1
LD44.10	Deletions of the long arm of chromosome 1
LD44.11	Deletions of the short arm of chromosome 1
LD44.1Y	Other specified deletions of chromosome 1
LD44.1Z	Deletions of chromosome 1, unspecified
LD44.2	Deletions of chromosome 2
LD44.20	Deletions of the long arm of chromosome 2
LD44.21	Deletions of the short arm of chromosome 2
LD44.2Y	Other specified deletions of chromosome 2
LD44.2Z	Deletions of chromosome 2, unspecified
LD44.3	Deletions of chromosome 3
LD44.30	Deletions of the long arm of chromosome 3
LD44.31	Deletions of the short arm of chromosome 3
LD44.3Y	Other specified deletions of chromosome 3
LD44.3Z	Deletions of chromosome 3, unspecified
LD44.4	Deletions of chromosome 4

LD44.40	Deletions of the long arm of chromosome 4
LD44.41	Deletions of the short arm of chromosome 4
LD44.4Y	Other specified deletions of chromosome 4
LD44.4Z	Deletions of chromosome 4, unspecified
LD44.5	Deletions of chromosome 5
LD44.50	Deletions of the long arm of chromosome 5
LD44.51	Deletions of the short arm of chromosome 5
LD44.5Y	Other specified deletions of chromosome 5
LD44.5Z	Deletions of chromosome 5, unspecified
LD44.6	Deletions of chromosome 6
LD44.60	Deletions of the long arm of chromosome 6
LD44.61	Deletions of the short arm of chromosome 6
LD44.6Y	Other specified deletions of chromosome 6
LD44.6Z	Deletions of chromosome 6, unspecified
LD44.7	Deletions of chromosome 7
LD44.70	Deletions of the long arm of chromosome 7
LD44.71	Deletions of the short arm of chromosome 7
LD44.7Y	Other specified deletions of chromosome 7
LD44.7Z	Deletions of chromosome 7, unspecified
LD44.8	Deletions of chromosome 8
LD44.80	Deletions of the long arm of chromosome 8 <i>Coded Elsewhere:</i> 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 Maternal imprinting error
LD46.0	Maternal imprinting error
LD46.1	Paternal imprinting error
LD46.Y	Other specified imprinting errors
LD46.Z	Imprinting errors, unspecified
LD47	Balanced rearrangements or structural rearrangements A condition caused by translocation or other structural rearrangement of genomic material between chromosomes demonstrating no net gain or loss of genomic material, in an individual displaying no phenotype. Confirmation is through observation of a balanced event by genetic testing.
LD47.0	Balanced translocation and insertion in normal individual A condition caused by translocation of genetic material between chromosomes with no net gain or loss of genetic material, in an individual demonstrating no abnormalities. Confirmation is through observation of a balanced translocation and insertion by genetic testing.
LD47.1	Chromosome inversion in normal individual Any disease caused by inversion of genetic material on a chromosome, in an individual demonstrating no abnormalities. Confirmation is through observation of a chromosomal inversion by genetic testing.

LD47.2	Balanced autosomal rearrangement in abnormal individual Any disease caused by alteration of autosome structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.
LD47.3	Balanced sex or autosomal rearrangement in abnormal individual Any disease caused by alteration of chromosomal structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.
LD47.4	Autosomal fragile site Any disease caused by presence of a fragile site on an autosome. These diseases may present as asymptomatic. Confirmation is through observation of a fragile site by genetic testing.
LD47.Y	Other specified balanced rearrangements or structural rearrangements
LD47.Z	Balanced rearrangements or structural rearrangements, unspecified

Sex chromosome anomalies (LD50-LD5Z)

Any disease caused by change in the number or structure of the X or Y chromosome. Confirmation is by observation of a chromosomal anomaly by genetic testing.

LD50	Number anomalies of chromosome X
LD50.0	Turner syndrome Karyotype missing one X chromosome (45,X0 or 45,X0/46,XX mosaicism); gonads: ovaries (streak); phenotype female with short stature, amenorrhea (hypergonadotropic hypogonadism), absence of sexual development, webbed neck, low set ears, posterior hairline, widely-spaced nipples, short fourth metacarpals, and increased carrying angle at the elbow (cubitus valgus). Often associated with renal, cardiac and ocular abnormalities. Inclusions: Monosomy X Exclusions: Noonan syndrome (LD2F.15)
LD50.00	Karyotype 45, X A disease affecting females, caused by absence of one of the two X chromosomes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. Confirmation is through observation of only one X chromosome by karyotyping.

- LD50.01** **Karyotype 46, X iso Xq**
 A disease affecting females, caused by one of the two X chromosomes consisting of two q arms, which are structurally identical and contain the same genes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. This disease may be differentiated from classical Turner Syndrome by a near complete lack of gonadal development, resulting in a lack of menstruation or breast development. Confirmation is through observation of an iso Xq chromosome by karyotyping.
- LD50.02** **Karyotype 46, X with abnormal sex chromosome, except iso Xq**
- LD50.03** **Mosaicism, 45, X, 46, XX or XY**
 A disease caused by embryonic fusion, or by the loss of one of the sex chromosomes from a cell early in embryonic development; Gonadal status: normal or variable abnormalities of sexual anatomy, maturation or function. Phenotype: normal, or abnormal sexual development.
- LD50.04** **Mosaicism, 45, X or other cell line with abnormal sex chromosome**
 A disease caused by embryonic fusion or the structural mutation of a sex chromosome early in embryonic development, resulting in a subset of cells in the body having one normal copy of the X chromosome and one abnormal sex chromosome. This disease may present with short stature, sexual organ dysfunction, or may be asymptomatic.
- LD50.1** **Karyotype 47,XXX**
 Trisomy X is a sex chromosome anomaly with a variable phenotype caused by the presence of an extra X chromosome in females (47,XXX instead of 46,XX). Most individuals are only mildly affected or asymptomatic, the most common physical features including tall stature, epicanthal folds, hypotonia and clinodactyly, with seizures, renal and genitourinary abnormalities, and premature ovarian failure being also associated findings.
- LD50.2** **Mosaicism, lines with various numbers of X chromosomes**
 A disease caused by embryonic fusion or gain or loss of X chromosomes early in embryonic development, resulting in a subset of cells in the body having an abnormal number of X chromosomes. This disease may present with abnormal height, genitourinary abnormalities, or may be asymptomatic.
- LD50.3** **Klinefelter syndrome**
 Klinefelter syndrome defines a group of chromosomal disorders in which there is at least one extra X chromosome compared with the normal 46,XY male karyotype. The effects on physical features and on physical and cognitive development increase with the number of extra X's, and each extra X is associated with an intelligence quotient (IQ) decrease of approximately 15-16 points, with language most affected, particularly expressive language skills.

LD50.30	Klinefelter syndrome with karyotype 47,XXY, regular Karyotype 47 XXY; gonads: testes (hypogonadism) small and firm with decreased spermatogenesis ; phenotype male with associated congenital abnormalities (decreased virilization due to decreased testosterone production, long arms and legs, short trunk, psychosocial problems).
LD50.31	Klinefelter syndrome, male with more than two X chromosomes A disease affecting males, caused by the presence of more than two X chromosomes in each cell. This disease is characterised by impaired sexual development, intellectual disability, distinctive facial features, skeletal abnormalities, poor coordination, and severe problems with speech. This disease may be differentiated from classic Klinefelter syndrome by increased severity of symptoms. Confirmation is through observation of more than two X chromosomes by karyotyping.
LD50.3Y	Other specified Klinefelter syndrome
LD50.3Z	Klinefelter syndrome, unspecified
LD50.Y	Other specified number anomalies of chromosome X
LD50.Z	Number anomalies of chromosome X, unspecified
LD51	Structural anomalies of chromosome X, excluding Turner syndrome
LD52	Number anomalies of chromosome Y
LD52.0	Male with 46,XX karyotype A disease affecting males, characterised by hypergonadotropic hypogonadism, testosterone deficiency, and infertility. This condition may also present with hypospadias. This disease may be associated with abnormal crossing over of the sex chromosomes during meiosis in the father, resulting in the SRY gene being present on one or both copies of the X chromosome.
LD52.1	Male with double or multiple Y A condition affecting males, caused by the presence of supernumerary Y chromosomes. This condition is asymptomatic. Confirmation is through observation of supernumerary Y chromosomes by karyotyping.
LD52.Y	Other specified number anomalies of chromosome Y
LD52.Z	Number anomalies of chromosome Y, unspecified
LD53	Structural anomalies of chromosome Y <i>Coded Elsewhere:</i> 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. <i>Inclusions:</i> Fragile X syndrome
LD56	Chimaera 46, XX, 46, XY A disease caused by XX and XY embryonic fusion or two distinct loss events of a sex chromosome from an XXY embryo early in development. This results in a subset of cells in the body having an XX karyotype, while other cells demonstrate an XY karyotype. This disease may present with abnormal genital development.
LD56.0	Androgenetic chimaera
LD56.1	Gynogenetic chimaera
LD56.Y	Other specified chimaera 46, XX, 46, XY
LD56.Z	Chimaera 46, XX, 46, XY, unspecified
LD5Y	Other specified sex chromosome anomalies
LD5Z	Sex chromosome anomalies, unspecified
LD7Y	Other specified chromosomal anomalies, excluding gene mutations
LD7Z	Chromosomal anomalies, excluding gene mutations, unspecified

Conditions with disorders of intellectual development as a relevant clinical feature

Coded Elsewhere: Lesch-Nyhan syndrome (5C55.01)

Hydrocephalus with stenosis of the aqueduct of Sylvius (LA04.0)

Pelizaeus-Merzbacher disease (8A44.0)

Hereditary sensory and autonomic neuropathy type IV (8C21.2)

Joubert syndrome (LD20.00)

Phenylketonuria (5C50.0)

Tyrosinaemia type 2 (5C50.12)

Carbamoylphosphate synthetase deficiency (5C50.A1)

Carnosinaemia (5C50.F1)

Homocarnosinosis (5C50.F2)

Syndromes with lissencephaly as a major feature (LD20.1)

Sjögren-Larsson syndrome (5C52.03)

Polymicrogyria (LA05.50)

Porencephaly (LA05.60)

Pyruvate dehydrogenase complex deficiency (5C53.02)

Brain-lung-thyroid syndrome (CB04.5)

Metachromatic leukodystrophy (5C56.02)

Neuronal ceroid lipofuscinosis (5C56.1)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Oculocerebrorenal syndrome (5C60.0)

CATCH 22 phenotype (LD44.N0)

Langer-Giedion syndrome (LD24.80)

Crigler-Najjar syndrome (5C58.00)

Fragile X chromosome (LD55)

Incontinentia pigmenti (LD27.00)

Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Congenital rubella syndrome (KA62.8)

Congenital cytomegalovirus infection (KA62.3)

Complete trisomy 21 (LD40.0)

Klinefelter syndrome, male with more than two X chromosomes (LD50.31)

Intellectual disability – enteropathy – deafness – neuropathy – ichthyosis – keratoderma syndrome (LD2H.Y)

Microcephaly - deafness - intellectual disability (LD2H.Y)

Schizophrenia - intellectual disability - deafness - retinitis (LD2H.Y)

Corneal anaesthesia - deafness - intellectual disability
(LD2H.Y)

Ataxia - deafness - intellectual disability syndrome (LD2H.Y)

Retinitis pigmentosa - intellectual disability - deafness -
hypogenitalism (LD2H.Y)

LD90.0 Angelman syndrome

Angelman syndrome is a neurogenetic disorder characterised by severe intellectual deficit and distinct facial dysmorphic (microcephaly, macrostomia, maxillary hypoplasia, prognathia), behavioural (outbursts of laughter with hand flapping, a happy demeanour, hyperactivity without aggression, short attention span, excitability and sleeping problems with decreased need to sleep, increased sensitivity to heat, attraction to and fascination with water), and neurological features (a puppet-like gait, ataxia and epileptic seizures).

LD90.1 Early-onset parkinsonism - intellectual deficit

Early-onset parkinsonism with intellectual deficit is a basal ganglia disorder characterised by parkinsonian-type symptoms (postural changes, tremor, rigidity), megalencephaly and variable intellectual deficit. Other signs are frontal bossing, persistent frontal lobe reflexes, strabismus and seizures.

LD90.2 Pelizaeus-Merzbacher-like disease

Pelizaeus-Merzbacher-like disease (PMLD) is an autosomal recessive leukodystrophy sharing identical clinical and radiological features as X-linked Pelizaeus-Merzbacher disease (PMD).

LD90.3 Prader-Willi syndrome

Prader-Willi syndrome is a rare genetic disorder characterised by hypothalamic-pituitary abnormalities with severe hypotonia during the neonatal period and first two years of life and the onset of hyperphagia with a risk of morbid obesity during infancy and adulthood, learning difficulties and behavioural problems or severe psychiatric problems.

LD90.4 Rett syndrome

A condition in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

LD90.Y Other specified conditions with disorders of intellectual development as a relevant clinical feature

LD90.Z Conditions with disorders of intellectual development as a relevant clinical feature, unspecified

LD9Y Other specified developmental anomalies

LD9Z Developmental anomalies, unspecified

CHAPTER 21

Symptoms, signs or clinical findings, not elsewhere classified

This chapter has 311 four-character categories.

Code range starts with MA00

Clinical findings include those found using physical, laboratory and imaging techniques.

Diseases can manifest in many ways and in different body systems. Such specific manifestations may be a reason for treatment or encounter, with or without identifying or addressing the underlying condition.

Categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, could be designated 'not otherwise specified', 'unknown aetiology' or 'transient'.

The conditions and signs or symptoms included in this chapter consist of:

- cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
- signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- provisional diagnoses in a patient who failed to return for further investigation or care;
- cases referred elsewhere for investigation or treatment before the diagnosis was made;
- cases in which a more precise diagnosis was not available for any other reason;
- certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

These categories should be used in conjunction with a code from another chapter that identifies the underlying condition.

Exclusions: Certain conditions originating in the perinatal period (Chapter 19)
 Clinical findings on antenatal screening of mother (JA66)

This chapter contains the following top level blocks:

- Symptoms of blood, blood-forming organs, or the immune system
- Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system
- Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases
- Symptoms, signs or clinical findings of speech or voice
- Mental or behavioural symptoms, signs or clinical findings
- Symptoms, signs or clinical findings of the nervous system
- Symptoms, signs or clinical findings of the visual system
- Symptoms, signs or clinical findings of ear or mastoid process
- Symptoms, signs or clinical findings of the circulatory system

- Symptoms, signs or clinical findings of the respiratory system
- Symptoms, signs or clinical findings of the digestive system or abdomen
- Symptoms, signs or clinical findings involving the skin
- Symptoms, signs or clinical findings of the musculoskeletal system
- Symptoms, signs or clinical findings of the genitourinary system
- General symptoms, signs or clinical findings
- Ill-defined and unknown causes of mortality

Symptoms of blood, blood-forming organs, or the immune system (MA00-MA0Y)

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

MA00	Symptom or complaint of the blood
MA01	Enlarged lymph nodes Enlarged lymph node is called lymphadenopathy which means the abnormal enlargement of lymph nodes. <i>Inclusions:</i> Lymphadenopathy <i>Exclusions:</i> Chronic lymphadenitis (BD90.2) Nonspecific mesenteric lymphadenitis (BD90.1) lymphadenitis NOS (BD90)
MA01.0	Localised lymph node enlargement
MA01.1	Generalised lymph node enlargement <i>Exclusions:</i> Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)
MA01.Z	Enlarged lymph nodes, unspecified
MA0Y	Other specified symptoms of blood, blood-forming organs, or the immune system

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10-MA3Y)

Clinical findings in blood, blood-forming organs, or the immune system (MA10-MA1Y)

Exclusions:

- abnormalities of coagulation (3B10-3B4Z)
- abnormalities of lipids (5C80-5C8Z)
- Thrombocytopenia (3B64)
- Abnormal haematological finding on antenatal screening of mother (JA66.0)
- Haemorrhagic or haematological disorders of fetus or newborn (KA80-KA8Z)

MA10	Abnormal serum enzyme levels

MA10.0	Elevation of levels of transaminase or lactic acid dehydrogenase
MA10.1	Abnormal levels of other specified serum enzymes
MA10.2	Abnormal level of unspecified serum enzyme
MA11	Clinical findings of hormones in blood, blood-forming organs, or the immune system
MA12	Clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system
MA12.0	Finding of opiate drug in blood
MA12.1	Finding of cocaine in blood
MA12.2	Finding of hallucinogen in blood
MA12.3	Finding of psychotropic drug in blood
MA12.4	Finding of steroid agent in blood
MA12.Y	Other specified clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system
MA13	Clinical findings of substances chiefly nonmedicinal as to source in blood, blood-forming organs, or the immune system
MA13.0	Finding of abnormal level of heavy metals in blood
MA13.00	Abnormal level of lead in blood Abnormal level of lead in blood in those who have been exposed to lead and who require management. Exclusions: Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Metals (NE61)
MA13.0Y	Finding of abnormal level of other specified heavy metals in blood
MA13.1	Finding of alcohol in blood
MA13.Y	Abnormal level of other specified substances chiefly nonmedicinal as to source in blood, blood-forming organs and the immune system
MA14	Immunological findings in blood, blood-forming organs, or the immune system
MA14.0	Laboratory evidence of human immunodeficiency virus Exclusions: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7) Human immunodeficiency virus disease (1C60-1C62.Z) Asymptomatic human immunodeficiency virus infection (1C62.0)
MA14.1	Certain specified immunological findings

MA14.10	Abnormal reaction to tuberculin test
MA14.11	Anticitrullinated protein antibody negative
MA14.12	Anticitrullinated protein antibody positive
MA14.13	Anti-nuclear antibody negative
MA14.14	Anti-nuclear antibody positive
MA14.15	Elevated C-reactive protein
MA14.16	False-positive serological test for syphilis Inclusions: False-positive Wassermann reaction
MA14.17	Human leukocyte antigen negative
MA14.18	Human leukocyte antigen positive Inclusions: HLA B-27
MA14.19	Neural autoantibody negative
MA14.1A	Neural autoantibody positive
MA14.1B	Prostate specific antigen positive
MA14.1C	Raised antibody titre Exclusions: isoimmunization, in pregnancy affecting fetus or newborn (KA84)
MA14.1D	Rheumatoid factor negative
MA14.1E	Rheumatoid factor positive
MA14.Y	Other specified immunological findings in blood, blood-forming organs, or the immune system
MA15	Microbiological findings in blood, blood-forming organs, or the immune system
MA15.0	Bacteraemia The presence of bacteria in the blood. A positive blood culture without signs of infection. Exclusions: Bacterial infection of unspecified site (1C41) Sepsis (1G40-1G41)
MA15.1	Fungaemia
MA15.Y	Other specified microbiological findings in blood, blood-forming organs, or the immune system
MA16	Cytological findings in blood, blood-forming organs, or the immune system

MA16.0	Abnormality of red blood cells <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Neutrophilia (4B00.1)
MA16.10	Decreased white blood cell count
MA16.11	Elevated white blood cell count
MA16.1Z	Abnormality of white blood cells, unspecified
MA16.Y	Other specified cytological findings in blood, blood-forming organs, or the immune system
MA16.Z	Cytological findings in blood, blood-forming organs, or the immune system, unspecified
MA17	Histological findings in blood, blood-forming organs, or the immune system

MA18**Certain clinical findings of blood chemistry**

Exclusions: specific findings indicating disorder of: carbohydrate metabolism (5C51)
specific findings indicating disorder of: amino-acid metabolism (5C50)
specific findings indicating disorder of: lipid metabolism (5C52)
asymptomatic hyperuricaemia (5C55)
abnormality of fluid, electrolyte or acid-base balance (5C70-5C7Z)
Neonatal hypoglycaemia (KB60.4)

MA18.0**Elevated blood glucose level**

Exclusions: Diabetes mellitus in pregnancy (JA63)
Syndrome of infant of mother with gestational diabetes (KB60.0)
Postprocedural hypoinsulinaemia (5D41)
Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)
Neonatal diabetes mellitus (KB60.2)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

MA18.00

Abnormal glucose tolerance test

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

MA18.0Y

Other specified elevated blood glucose level

MA18.0Z

Elevated blood glucose level, unspecified

MA18.1**Abnormal level of blood mineral**

Inclusions: Abnormal blood level of mineral NEC

Exclusions: nutritional mineral deficiency (5B5K)
Neonatal hypomagnesaemia (KB61.0)

MA18.2**Abnormal arterial blood-gas level****MA18.3****Abnormal coagulation profile****MA18.4****Low haemoglobin**

Exclusions: Low affinity haemoglobin (3A51.8)

MA18.Y**Other specified abnormal findings of blood chemistry****MA18.Z****Abnormal findings of blood chemistry, unspecified**

MA19	Certain abnormalities of plasma proteins <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Stupor (MB20.0)
MB23.Q	Social withdrawal Retreat from relationships and other social interactions
MB23.R	Suicide attempt A specific episode of self-harming behaviour undertaken with the conscious intention of ending one's life.
MB23.S	Suicidal behaviour Concrete actions, such as buying a gun or stockpiling medication, that are taken in preparation for fulfilling a wish to end one's life but that do not constitute an actual suicide attempt.
MB23.Y	Other specified symptoms and signs involving appearance and behaviour
MB23.Z	Symptoms and signs involving appearance and behaviour, unspecified
MB24	Symptoms or signs involving mood or affect Symptoms and signs involving the regulation and expression of emotions or feeling states.
MB24.0	Ambivalence Conflicting ideas, wishes, or feelings toward a person, thing or situation that are distressing and may create difficulties in making decisions.
MB24.1	Anger An emotional state related to one's psychological interpretation of having been threatened that may range in intensity from mild irritation to intense fury and rage.
MB24.2	Anhedonia Inability to experience pleasure from normally pleasurable activities.
MB24.3	Anxiety Apprehensiveness or anticipation of future danger or misfortune accompanied by a feeling of worry, distress, or somatic symptoms of tension. The focus of anticipated danger may be internal or external. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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	Leadен 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	Erotomaniac 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. <i>Inclusions:</i> 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). <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> Immobility syndrome (FB32.3) Ataxia, unspecified (MB45.0) Hereditary ataxia (8A03.1) ataxia, locomotor (syphilitic) (1A62.01)
MB44.0	Ataxic gait <i>Inclusions:</i> Staggering gait
MB44.1	Paralytic gait A collection of gait abnormalities due to affected motor control, sensory feedback, and muscle strength. <i>Inclusions:</i> Spastic gait
MB44.2	Difficulty in walking
MB44.3	Immobility <i>Inclusions:</i> Bedfast Chairfast <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Developmental learning disorder (6A03) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> Developmental learning disorder (6A03) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Coding Note:</i> Code also the causing condition <i>Inclusions:</i> Quadriplegia
MB50.0	Flaccid tetraplegia This is a severe or complete loss of motor function in all four limbs with limp and relaxed muscles. <i>Coding Note:</i> 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. <i>Coding Note:</i> 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 <i>Exclusions:</i> 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: Otolgia or effusion of ear (AB70)

MC40	Plugged feeling ear
MC41	Tinnitus A nonspecific symptom of hearing disorder characterised by the sensation of buzzing, ringing, clicking, pulsations, and other noises in the ear in the absence of appropriate corresponding external stimuli and in the absence of what the examiner can hear with a stethoscope.
MC4Y	Other specified symptoms or signs involving the ear or mastoid process

MC6Y**Other specified symptoms, signs or clinical findings of ear or mastoid process****Symptoms, signs or clinical findings of the circulatory system (MC80-MC9Y)**

Symptoms or signs involving the circulatory system (MC80-MC8Y)

Coded Elsewhere: Ankle oedema (MG29.00)

Fear of cardiovascular disease (MG24.7)

Fear of heart disease (MG24.5)

Fear of hypertension (MG24.6)

MC80**Abnormal blood-pressure reading, without diagnosis**

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

MC80.0**Elevated blood-pressure reading, without diagnosis of hypertension****Coding Note:**

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

MC80.00

White coat hypertension

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

MC80.01

Combined diastolic and systolic elevated blood pressure reading without diagnosis of hypertension

MC80.02

Diastolic elevated blood pressure reading without diagnosis of hypertension

MC80.03

Systolic elevated blood pressure reading without diagnosis of hypertension

MC80.0Y

Other specified elevated blood-pressure reading, without diagnosis of hypertension

Coding Note:

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

MC80.0Z

Elevated blood-pressure reading, without diagnosis of hypertension, unspecified

Coding Note:

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

MC80.1**Nonspecific low blood-pressure reading****Exclusions:**

Maternal hypotension syndrome (JA65.6)

Orthostatic hypotension (BA21)

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

MC80.Z	Abnormal blood-pressure reading, without diagnosis, unspecified
MC81	Abnormalities of heart beat Abnormalities of heart beat is arrhythmia which is any disorder of the heart rate or rhythm. It means that the heart beats too quickly, too slowly or with an irregular pattern. <i>Exclusions:</i> 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 <i>Inclusions:</i> Awareness of heart beat
MC81.3	Paroxysmal tachycardia <i>Exclusions:</i> complicating, abortion or ectopic or molar pregnancy (JA05) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> Cardiovascular disorders present in the perinatal or neonatal period (KB40-KB4Z)
MC83.0	Benign and innocent cardiac murmurs <i>Coded Elsewhere:</i> Benign or innocent cardiac murmurs in newborn (KB47)
MC83.1	Other cardiac sounds
MC83.Z	Cardiac murmurs and sounds, unspecified
MC84	Cardiovascular pain <i>Exclusions:</i> 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. <i>Exclusions:</i> Pyoderma gangrenosum (EB21) Gas gangrene (1C16) Polymicrobial necrotising fasciitis (1B71.1)
MC86	Precordial pain <i>Exclusions:</i> 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 <i>Exclusions:</i> Long QT syndrome (BC65.0)
MC91	Results of function studies of the circulatory system <i>Exclusions:</i> Long QT syndrome (BC65.0)
MC9Y	Other specified symptoms, signs or clinical findings of the circulatory system

Symptoms, signs or clinical findings of the respiratory system (MD10-MD6Y)

Symptoms or signs involving the respiratory system (MD10-MD3Y)

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

Acute life threatening episode (MG44.Y)

MD10

Abnormal sputum

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

Exclusions: blood-stained sputum (MD22)

MD11

Abnormalities of breathing

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

Exclusions: Respiratory distress of newborn (KB23)
Respiratory failure of newborn (KB2D)
Respiratory arrest (MD33)
Adult acute respiratory distress syndrome (CB00)

MD11.0

Apnoea

Exclusions: Apnoea of newborn (KB2A)
Sleep-related breathing disorders (7A40-7A4Z)

MD11.1

Asphyxia

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

Exclusions: asphyxia due to foreign body in respiratory tract (ND72)
asphyxia due to carbon monoxide (NE61)
asphyxia due to traumatic (Chapter 22)

Coded Elsewhere: Intrauterine hypoxia (KB20)
Birth asphyxia (KB21)

MD11.2

Ataxic breathing

An irregular breathing pattern that usually progresses to complete apnoea.

MD11.3

Breath holding

MD11.4	Sleep related Cheyne-Stokes respiration Periodic breathing, a variant of Cheyne-Stokes respiration, is characterised by regular, recurrent cycles of changing tidal volumes in which the lowest tidal volume is less than half the maximal tidal volume in that cycle. It is the most frequent abnormal respiratory pattern directly related to stroke rather than underlying systemic disease, occurring in approximately 25 percent of patients. Periodic breathing may be more common among patients with subarachnoid haemorrhage. Exclusions: Central sleep apnea with Cheyne-Stokes breathing (7A40.3)
MD11.5	Dyspnoea Dyspnoea is used to describe perceptions of difficulty or distress related to breathing and is recognised as symptomatic of disease when it occurs under inappropriate circumstances. Dyspnoea is a presenting complaint of patients with a wide variety of medical diseases by multiple mechanisms. Dyspnoea is considered acute when it lasts from hours up to 3 weeks, subacute from 3 weeks up to 8 weeks, and chronic dyspnoea lasts more than 8 weeks. Exclusions: Transient tachypnoea of newborn (KB23.1)
MD11.6	Hiccough Hiccough are repeated involuntary spasms of the diaphragm followed by sudden closure of the glottis, which checks the inflow of air and causes the characteristic sound. Transient episodes are very common. Persistent (> 2 days) and intractable (> 1 mo) Hiccough are uncommon but quite distressing.
MD11.7	Hyperventilation Hyperventilation refers to an increase in the rate of alveolar ventilation that is excessive for the rate of metabolic carbon dioxide production, resulting in a decrease in arterial PCO₂ to below the normal range of 37 to 43 mm Hg. Hyperventilation should be distinguished from tachypnoea, an increase in respiratory frequency, and from hyperpnea, an increase in minute volume of ventilation.
MD11.8	Mouth breathing Breathing through mouth. Nasal obstruction may also necessitate mouth breathing, which itself can precipitate obstructive apnoea. Breathing through the mouth may also increase risk for OSA by its effect on the tongue. The tongue forms the anterior wall of the oropharynx; both the supine posture and opening of the mouth tend to displace it posteriorly and encourage airway closure. Exclusions: Dry mouth (DA02.1)
MD11.80	Stertor Stertor is a heavy snoring or gasping sound on inspiration occurring in coma or deep sleep that may be caused by partial obstruction of airway, choanal stenosis, enlarged tonsils and/or adenoids, and redundant upper airway tissues.
MD11.8Y	Other specified mouth breathing
MD11.8Z	Mouth breathing, unspecified
MD11.9	Nasal congestion

MD11.A	Sneezing	Sneezing is one of the most fundamental airway reflexes, which is characterised by a deep preparatory inspiration followed by an abrupt increase in subglottic pressure reflecting a forceful, active expiration rather similar to coughing. Chemical or physical stimuli to the nasal mucosa may initiate potent respiratory and cardiovascular reflexes via stimulation of trigeminal nerves. Mild stimuli result in sneezing and nasal hypersecretion. These reflex responses protect the lower airways from inhalation of physical and chemical irritants.
MD11.B	Stridor	Stridor or a low-pitched, focal inspiratory wheeze usually heard over the neck is a manifestation of upper airway obstruction and should result in an expedited evaluation of the patient as it can precede complete upper airway obstruction and respiratory failure. Exclusions: laryngismus (stridulus) (CA0H.4) congenital laryngeal stridor (KB20-KB2Z)
MD11.C	Wheezing	Continuous adventitious sounds that are high-pitched are called wheezes. Wheezes originate in airways narrowed by spasm, thickening of the mucosa, or luminal obstruction.
MD11.D	Yawning	
MD11.Y	Other specified abnormalities of breathing	
MD11.Z	Abnormalities of breathing, unspecified	
MD12	Cough	Cough is an important natural defensive mechanism and protective reflex for clearing the upper and lower airways of excessive secretions such as mucus and inhaled particles. Cough is a common symptom of most respiratory disorders and may be indicative of trivial to very serious airway or lung pathology. Exclusions: cough with haemorrhage (MD22)

Haemorrhage from respiratory passages (MD20-MD2Z)

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

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

MD20	Epistaxis	Bleeding from the nose Inclusions: Nosebleed Haemorrhage from nose Coded Elsewhere: Neonatal epistaxis (KA83.A)

MD21**Haemorrhage from throat**

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

Exclusions: Haemoptysis (MD22)

MD22**Haemoptysis**

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

Inclusions: Blood-stained sputum
Cough with haemorrhage

MD23**Haemorrhage from other sites in respiratory passages**

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

Coded Elsewhere: Neonatal haemorrhage originating in trachea or pulmonary parenchyma (KA83.7)

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

Exclusions: Von Willebrand disease (3B12)

MD2Z**Haemorrhage from respiratory passages, unspecified****MD30****Pain in throat or chest**

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

Exclusions: Cervical spine pain (ME84.0)
acute sore throat NOS (CA02)
pain in breast (GB23.5)
Epidemic myalgia (1D83)
Dysphagia (MD93)
Chronic primary chest pain syndrome (MG30.00)
Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Pain in throat (MD36.0)
Precordial pain (MC86)
Musculoskeletal chest pain (ME81)

MD30.0	Chest pain on breathing Pleuritic chest pain is a type of pain that is caused by problems with the thin layers of tissue that surround the lungs (called the “pleura”). This type of pain feels like a sharp, stabbing chest pain, and it gets worse when you breathe in. Pleuritic chest pain can be caused by the following problems: pneumothorax, pleural effusion, pleuritis, empyema, pericarditis. <i>Inclusions:</i> Painful respiration <i>Exclusions:</i> Pleurisy (MD31) Chronic primary visceral pain (MG30.00) Chronic secondary visceral pain (MG30.4)
MD30.1	Other chest pain <i>Exclusions:</i> 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. <i>Exclusions:</i> pleurisy with effusion (CB27)
MD32	Rales
MD33	Respiratory arrest Arrest of spontaneous breathing. <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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)
MD81.12	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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Inclusions:</i> faecal impaction <i>Exclusions:</i> 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. <i>Inclusions:</i> frequent/loose bowel movements watery stools <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Functional faecal incontinence (DD92.0) Nonretentive faecal incontinence in children (DD93) nonorganic encopresis (6C01)
ME07.0	Faecal smearing
ME07.1	Incomplete defaecation <i>Exclusions:</i> 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 <i>Exclusions:</i> Incomplete defaecation (ME07.1) Functional constipation (DD91.1) Functional defaecation disorders (DD92.2)
ME0Y	Other specified symptoms related to the lower gastrointestinal tract or abdomen
ME10	Abnormalities related to hepatobiliary system
ME10.0	Hepatomegaly or splenomegaly Hepatomegaly is swelling of the liver beyond its normal size and splenomegaly is an enlargement of the spleen beyond its normal size.
ME10.00	Hepatomegaly, not elsewhere classified

ME10.01	Splenomegaly, not elsewhere classified This refers to swelling of the spleen beyond its normal size, not elsewhere described. Exclusions: Hypersplenism (3B81.B)
ME10.02	Hepatomegaly with splenomegaly This refers to swelling of the liver and spleen beyond its normal size, not elsewhere described.
ME10.1	Unspecified jaundice A clinical manifestation of hyperbilirubinemia of unspecified origin, characterised by the yellowish staining of the skin; mucus membranes and sclera. Exclusions: neonatal jaundice (KA87)
ME1Y	Other specified symptoms or signs involving the digestive system or abdomen

Clinical findings in the digestive system (ME20-ME2Y)

ME20	Clinical findings in specimens from digestive organs or abdominal cavity Exclusions: Other faecal abnormalities (ME00-ME0Y)
ME20.0	Abnormal level of enzymes in specimens from digestive organs or abdominal cavity
ME20.1	Abnormal level of hormones in specimens from digestive organs or abdominal cavity
ME20.2	Abnormal level of drugs, medicaments or biological substances in specimens from digestive organs of abdominal cavity
ME20.3	Abnormal level of substances chiefly nonmedicinal as to source in specimens from digestive organs and abdominal cavity
ME20.4	Abnormal immunological findings in specimens from digestive organs and abdominal cavity
ME20.5	Abnormal microbiological findings in specimens from digestive organs and abdominal cavity
ME20.6	Abnormal cytological findings in specimens from digestive organs and abdominal cavity
ME20.7	Abnormal histological findings in specimens from digestive organs and abdominal cavity
ME20.Y	Other specified clinical findings in specimens from digestive organs or abdominal cavity
ME20.Z	Clinical findings in specimens from digestive organs or abdominal cavity, unspecified
ME21	Clinical findings on diagnostic imaging of liver or biliary tract

ME22**Clinical findings on diagnostic imaging of digestive tract****ME23****Results of function studies of the digestive system****ME24****Clinical manifestations of the digestive system**

Coding Note: Code also the causing condition

ME24.0**Digestive system abscess**

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

Coding Note: Code also the causing condition

ME24.1**Digestive system fistula**

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

Coding Note: Code also the causing condition

ME24.2**Digestive system obstruction**

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

Coding Note: Code also the causing condition

ME24.3**Digestive system perforation**

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

Coding Note: Code also the causing condition

Coded Elsewhere: Prenatal gastric perforation (KB82)
 Postnatal gastric perforation (KB83)
 Postnatal intestinal perforation (KB86)
 Prenatal intrauterine intestinal perforation (KB85)

ME24.30**Perforation of small intestine**

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

Exclusions: Primary ulcer of small intestine (DA94.0)
 Diverticulitis of small intestine (DC70)
 perforation due to Crohn disease (DD70.1)
 perforation due to obstruction (DA91)
 perforation due to malignant neoplasm ()

Coded Elsewhere: Postnatal isolated ileal perforation (KB84)
 Injury of small intestine (NB91.7)
 Laceration of small intestine (NB91.71)

ME24.31	Perforation of large intestine Perforation of large intestine is a complete penetration of the colonic wall, often resulting in the leakage of luminal contents into the abdominal cavity. Perforation of large intestine results in the potential for bacterial contamination of the abdominal cavity and peritonitis. Exclusions: - Diverticular disease of large intestine (DC80-DC82.Z) - Ulcerative colitis (DD71) - Crohn disease (DD70) - Neoplasms of the large intestine () Coded Elsewhere: Injury of colon (NB91.8)
ME24.35	Perforation of gallbladder or bile ducts This is perforation in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile. Inclusions: - Rupture of cystic duct or gallbladder - Rupture of gallbladder or bile duct
ME24.3Y	Digestive system perforation of other specified site
Coding Note:	Code also the causing condition
ME24.3Z	Digestive system perforation of unspecified site
Coding Note:	Code also the causing condition
ME24.4	Digestive system stenosis This is a clinical form of sign indicating stenosis of digestive tract. This category will be used for postcoordination codes as complications of underlying illness. Coding Note: Code also the causing condition
ME24.5	Digestive system ulcer
Coding Note:	Code also the causing condition
ME24.6	Digestive system dilatation This is a clinical form of sign indicating the excess dilatation of lumen in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness. Coding Note: Code also the causing condition
ME24.7	Digestive system incarceration This is a clinical form of sign indicating the presence of incarceration in the digestive tract. This category is to be used for postcoordination codes particularly in case of haemorrhoids and hernia as complications of underlying illness. Coding Note: Code also the causing condition

ME24.8	Digestive system strangulation or gangrene This is a clinical form of sign indicating the presence of strangulation and/or gangrene in the digestive tract. This category is to be used for postcoordination codes particularly in case of mechanical bowel obstruction and hernia as complications of underlying illness.
Coding Note:	Code also the causing condition
ME24.9	Gastrointestinal bleeding
Coding Note:	Code also the causing condition
ME24.90	Acute gastrointestinal bleeding, not elsewhere classified
ME24.91	Chronic gastrointestinal bleeding, not elsewhere classified
ME24.9Z	Gastrointestinal bleeding, unspecified
Coding Note:	Code also the causing condition
ME24.A	Other digestive system haemorrhage, not elsewhere classified Coded Elsewhere: Neonatal bleeding originating in the mouth, nose or pharynx (KA83.0) Neonatal bleeding originating in the oesophagus, stomach, small or large intestine (KA83.1)
ME24.A0	Obscure gastrointestinal bleeding Obscure gastrointestinal bleeding (OGIB) is defined as gastrointestinal bleeding with no source identified at upper and lower endoscopy. Despite a thorough endoscopic examination, the origin of the blood loss remains unexplained and observed for further bleeding.
ME24.A1	Haemorrhage of anus and rectum Bleeding from anus and anal canal. The bleeding due to specific diseases classified elsewhere (haemorrhoid, cancer, infection etc) is excluded from here. Coded Elsewhere: Neonatal rectal haemorrhage (KA83.2)
ME24.A2	Oesophageal haemorrhage
ME24.A3	Haematochezia Haematochezia is the passage of fresh blood through the anus, usually in or with stools (contrast with melena). Haematochezia is commonly associated with lower gastrointestinal bleeding.
ME24.A4	Melaena It is bloody stools that indicate bleeding from vascular system in the digestive tract. It is also described as black, tarry, and foul-smelling stools or red/maroon-coloured stools that contain degraded blood. Exclusions: occult blood in faeces (ME00-ME0Y)

ME24.A5	Haematemesis Vomiting of blood that is either fresh bright red, or older "coffee-ground" in character. Vomiting blood is a regurgitation of blood through the upper gastrointestinal tract and it generally indicates bleeding of the upper gastrointestinal tract. Coded Elsewhere: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)
ME24.A6	Positive occult blood in stool Positive tests (positive stool) determined by faecal occult blood testing (FOBT), which aims to detect subtle blood loss in the gastrointestinal tract. Positive occult blood in stool may suggest gastrointestinal bleeding and warrant further investigation, especially for malignancy.
ME24.Y	Other specified clinical manifestations of the digestive system
Coding Note:	Code also the causing condition
ME2Y	Other specified clinical findings in the digestive system

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

Symptoms, signs or clinical findings involving the skin (ME60-ME6Y)

Symptoms or signs involving the skin (ME60-ME6Y)

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

ME60	Skin lesion of uncertain or unspecified nature To be used where there is either significant uncertainty or alternatively no information as to the nature of a circumscribed skin lesion. This is of particular importance with regard to whether or not the lesion may be malignant.
ME60.0	Skin lesion of uncertain nature This denotes the presence of a skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.
ME60.1	Pigmented skin lesion of uncertain nature This denotes the presence of a pigmented skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.
ME60.2	Ulcer of skin of uncertain nature This denotes the presence of a skin ulcer but uncertainty as to its nature. No inference as to whether the ulcer might be of serious significance (e.g. suspected skin cancer) is made.

ME60.3	Keratosis of skin of uncertain or unspecified nature
ME60.Z	Skin lesion of unspecified nature
ME61	Subcutaneous swelling, mass or lump of uncertain or unspecified nature One or more localised subcutaneous soft tissue masses of undetermined or unspecified nature Exclusions: - localized adiposity (5B80.1) - mass and lump: breast (MF30) - enlarged lymph nodes (MA01) - mass and lump: intra-abdominal or pelvic (MD82) - oedema (MG29) - swelling (of): intra-abdominal or pelvic (MD82) - swelling (of): joint (FA36)
ME62	Acute skin eruption of uncertain or unspecified nature A provisional diagnosis for an acute skin eruption of less than six weeks' duration of unknown, uncertain or unspecified nature. Exclusions: Drug eruptions (EH60-EH6Z)
ME62.0	Acute erythematous skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of diffuse cutaneous erythema. A classical cause is scarlet fever but reactions to other bacterial toxins, drugs and certain foods or acute graft-versus-host disease may present with a similar picture.
ME62.1	Acute purpuric skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of disseminated purpura. Potential causes are numerous and include thrombocytopenia, coagulopathies, vasculitides and sepsis.
ME62.2	Acute urticarial skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of urticaria-like papules and plaques. Drugs are a common precipitant.
ME62.3	Acute maculopapular skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple macules and papules. Viral infections and drugs are common precipitants.

ME62.4	Acute papular skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple skin papules. A wide variety of infectious and inflammatory skin disorders may present in this way. Examples include guttate psoriasis, lichen planus, pityriasis lichenoides, insect bites, scabies and secondary syphilis.
ME62.5	Acute exudative skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which exudation and crusting are prominent features. Common causes are infected eczema, acute allergic contact dermatitis and impetigo.
ME62.6	Acute blistering skin eruption A provisional diagnosis for an acute blistering skin eruption of unknown or uncertain nature. Examples include vesicular dermatitis of the hands and feet (pompholyx), acute phototoxic reactions, especially to contact with plants (phytophotodermatitis), sunburn and immunobullous disorders such as bullous pemphigoid.
ME62.7	Acute desquamating skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which desquamation (shedding of skin scales) is a prominent feature. This is seen characteristically in the later stages of many acute viral exanthemata but may also be seen in drug reactions and in unstable and erythrodermic psoriasis.
ME62.8	Acute discoid or annular skin eruption A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.
ME62.9	Acute excoriation of skin A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple excoriations. In the majority of cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as cholestatic jaundice or from a pruritic skin disease such as eczema. In some cases, however, psychogenic factors may be responsible.
ME62.Y	Other specified acute skin eruption of uncertain or unspecified nature
ME63	Chronic skin disorder of uncertain or unspecified nature A provisional diagnosis for a chronic skin disorder (of at least six weeks' duration) of unknown, uncertain or unspecified nature.

- ME63.0 Chronic erythematous skin disorder**
A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which widespread confluent erythema is the predominant feature. Examples include generalised atopic eczema, erythrodermic psoriasis, pityriasis rubra pilaris and Sézary syndrome.
- ME63.1 Chronic urticarial skin disorder**
A provisional diagnosis for a rash consisting of persistent urticated papules and plaques for which a more precise diagnosis has not been or cannot be made. Diagnoses which should be considered include immunobullous disorders, urticarial vasculitis and drug reactions.
- ME63.2 Chronic papular skin disorder**
A provisional diagnosis for a chronic skin disorder of unknown, uncertain or unspecified nature and characterised by the presence of multiple skin papules.
- ME63.3 Chronic blistering skin disorder**
A provisional diagnosis for a chronic blistering skin disorder of unknown or uncertain nature. Examples include chronic vesicular dermatitis of the hands and feet, epidermolysis bullosa and immunobullous disorders such as bullous pemphigoid.
- ME63.4 Chronic scaling or hyperkeratotic skin disorder**
A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which scaling and hyperkeratosis are prominent features. Examples include psoriasis, ichthyoses, small plaque parapsoriasis and mycosis fungoides.
- ME63.5 Chronic lichenified skin disorder**
A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which lichenification is the prominent feature. Examples include chronic eczema, lichen simplex and lichen planus.
- ME63.6 Chronic discoid or annular skin disorder**
A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature consisting of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.
- ME63.7 Chronic excoriation of skin**
A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature characterised by the presence of multiple excoriations. In some cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as uraemia or from a pruritic skin disease such as eczema. In many cases, however, psychogenic factors may be responsible.

ME64**Non-specific cutaneous vascular signs**

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

ME64.0**Erythema**

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

ME64.1**Cyanosis**

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

Exclusions: acrocyanosis (EG00)
cyanotic attacks of newborn (KB2C)

ME64.2**Pallor**

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

ME64.3**Petechiae**

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

Coded Elsewhere: Neonatal cutaneous haemorrhage (KA83.8)

ME64.4**Flushing**

Paroxysmal vasodilatation of skin capillaries.

ME65**Disturbances of skin sensation of unspecified aetiology**

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

Coded Elsewhere: Anaesthesia of skin (MB40.3)
Tactile hallucinations (MB27.26)

ME65.0**Burning of skin**

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

ME65.1**Itching of skin**

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

ME65.2**Pain or tenderness of skin**

Exclusions: Chronic pain (MG30)

ME65.3	Stinging of skin An unpleasant sensation such as may be provoked by stinging nettles but which can be set off in some individuals by a wide variety of topical preparations or stimuli which are otherwise well tolerated by most people.
ME65.4	Tingling of skin A prickling sensation in the skin which may result from external factors such as rain falling on the skin or may be due to transient or permanent peripheral nerve damage.
ME65.Y	Other specified disturbance of skin sensation
ME66	Miscellaneous non-specific skin-related symptoms and signs Other specified skin changes which cannot be more precisely defined. <i>Coded Elsewhere:</i> Abnormal skin pigmentation (ED64)
ME66.0	Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature <i>Inclusions:</i> 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. <i>Exclusions:</i> Acute skin eruption of uncertain or unspecified nature (ME62) Chronic skin disorder of uncertain or unspecified nature (ME63)

ME66.60	Rash localised A very non-specific term to denote a localised acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred. Exclusions: Drug eruptions (EH60-EH6Z)
ME66.61	Rash generalised A very non-specific term to denote a widespread acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred. Exclusions: Drug eruptions (EH60-EH6Z)
ME66.6Y	Other specified rash
ME66.6Z	Rash, unspecified
ME66.Y	Other specified skin changes
ME67	Skin disorder of uncertain or unspecified nature A category to enable the presence of a skin disorder to be recorded without making assumptions as to the precise nature of the disorder in question.
ME6Y	Other specified symptoms or signs involving the skin

Symptoms, signs or clinical findings of the musculoskeletal system (ME80-MF1Y)

Symptoms or signs of the musculoskeletal system (ME80-ME8Y)

Coded Elsewhere: Abnormality of tonus and reflex (MB47)

Constitutional tall stature (5B12)

Fear of musculoskeletal disease (MG24.8)

Myalgia (FB56.2)

Osteonecrosis (FB81)

Osteophyte (FA37.0)

Short stature, not elsewhere classified (5B11)

ME80	Clicking hip Exclusions: Structural developmental anomalies of pelvic girdle (LB74)

ME81	Musculoskeletal chest pain
	Exclusions: - Other chest pain (MD30.1) - Costochondritis (FB82) - Tietze syndrome (FB82) - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME81.0	Intercostal pain
	Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME81.Y	Other specified musculoskeletal chest pain
ME81.Z	Musculoskeletal chest pain, unspecified
ME82	Pain in joint Arthralgia secondary to inflammation, cartilage degeneration, crystal deposition, infection, and trauma not detailed in or used in conjunction with other condition. Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME83	Rheumatism, unspecified This is a group of disorders marked by inflammation or pain in the connective tissue structures of the body and is considered unspecified. Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME84	Spinal pain This is a condition characterised by pain felt in the back that usually originates from the muscles, nerves, bones, joints or other structures in the spine. Exclusions: - Symptom or complaint of the back (ME86.2) - Chronic secondary musculoskeletal pain (MG30.3) - Chronic neuropathic pain (MG30.5)
ME84.0	Cervical spine pain This is a condition which is usually characterised by pain or discomfort in the neck region and can be caused by numerous spinal problems. It may be a feature of virtually every disorder and disease that occurs above the shoulder blades.
Coding Note:	Code also the causing condition
	Inclusions: - cervicalgia Exclusions: - cervical disc degeneration (FA80) - Chronic primary cervical pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3) - Chronic neuropathic pain (MG30.5)

ME84.1	Thoracic spine pain This is a group of conditions characterised by pain perceived anywhere in the region bounded superiorly by a transverse line through the tip of the spinous process of T1, inferiorly by a transverse line through the tip of the spinous process of T12, and laterally by vertical lines tangential to the most lateral margins of the erector spinae muscles.
Coding Note:	Code also the causing condition
	Exclusions: Chronic primary thoracic pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3) Chronic neuropathic pain (MG30.5)
ME84.2	Low back pain This is a condition which is defined as pain and discomfort, localised below the costal margin and above the inferior gluteal folds, with or without leg pain.
Coding Note:	Code also the causing condition
	Inclusions: Lumbago NOS Loin pain
	Exclusions: Degenerative condition of spine (FA80-FA8Z) Chronic primary low back pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3) Chronic neuropathic pain (MG30.5)
ME84.20	Lumbago with sciatica
	Exclusions: that due to intervertebral disc disorder (FA80-FA8Z) Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3) Chronic neuropathic pain (MG30.5)
ME84.2Y	Other specified low back pain
Coding Note:	Code also the causing condition
ME84.2Z	Low back pain, unspecified
Coding Note:	Code also the causing condition
ME84.3	Sciatica
	Exclusions: Degenerative condition of spine (FA80-FA8Z) Lesion of sciatic nerve (8C11.0) Lumbago with sciatica (ME84.20) Chronic neuropathic pain (MG30.5)
ME84.Z	Spinal pain, unspecified

ME85	Stiffness of joint Lack of range of motion of a joint secondary to pain, disease process or congenital malformation not detailed in or used in conjunction with other codes.
ME86	Symptom or complaint of a body part
ME86.0	Symptom or complaint of the ankle <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.1	Symptom or complaint of the arm <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.2	Symptom or complaint of the back <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.20	Back syndrome without radiating pain <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.4	Symptom or complaint of the elbow <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.5	Symptom or complaint of the flank or axilla <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.6	Symptom or complaint of the foot or toe <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.7	Symptom or complaint of the hand or finger <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.8	Symptom or complaint of the hip <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.9	Symptom or complaint of the jaw <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.A	Symptom or complaint of the knee <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.B	Symptom or complaint of the leg or thigh <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.C	Symptom or complaint of the neck <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)
ME86.D	Symptom or complaint of the shoulder <i>Exclusions:</i> Chronic primary musculoskeletal pain (MG30.02) Chronic secondary musculoskeletal pain (MG30.3)

ME86.D0	Shoulder syndrome A shoulder syndrome is defined by shoulder pain with one or more of the following problems: limitations of movement, local tenderness, crepitus or periarticular calcification in imaging. Exclusions: - Arthropathies (FA00-FA5Z) - Shoulder lesions (FB53) - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME86.DY	Other specified symptom or complaint of the shoulder
ME86.DZ	Symptom or complaint of the shoulder, unspecified
ME86.E	Symptom or complaint of the wrist Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME86.F	Symptom or complaint of joint, not otherwise specified Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME86.G	Symptom or complaint of muscle, not otherwise specified Exclusions: - Chronic primary musculoskeletal pain (MG30.02) - Chronic secondary musculoskeletal pain (MG30.3)
ME86.Y	Problem of other specified body part
ME86.Z	Problem of unspecified body part
ME8Y	Other specified symptoms or signs of the musculoskeletal system

Clinical findings in the musculoskeletal system (ME90-ME9Y)

ME90	Clinical findings on diagnostic imaging of skull and head Exclusions: Intracranial space-occupying lesion (MB71.0)
ME91	Clinical findings on diagnostic imaging of limbs
ME92	Clinical findings on diagnostic imaging of other parts of musculoskeletal system Exclusions: Clinical findings on diagnostic imaging of skull and head (ME90)
ME92.0	Wedging of vertebra
ME92.1	Bony erosion
ME92.Y	Other specified clinical findings on diagnostic imaging of other parts of musculoskeletal system

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

ME93 **Biomechanical lesions, not elsewhere classified**

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

ME93.0 **Segmental and somatic dysfunction**

ME93.1 **Subluxation stenosis of neural canal**

ME93.2 **Osseous stenosis of neural canal**

ME93.3 **Connective tissue stenosis of neural canal**

ME93.4 **Intervertebral disc stenosis of neural canal**

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

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

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

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

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

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

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

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

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

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

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

ME93.5 **Osseous and subluxation stenosis of intervertebral foramina**

ME93.6 **Connective tissue and disc stenosis of intervertebral foramina**

ME93.Y **Other specified biomechanical lesions, not elsewhere classified**

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

ME93.Z **Biomechanical lesions, unspecified**

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

ME9Y **Other specified clinical findings in the musculoskeletal system**

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

Symptoms, signs or clinical findings of the genitourinary system (MF30-MG0Y)

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

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

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

Fear of sexually transmitted disease female (MG24.E)

Menstrual cycle bleeding disorders (GA20)

Breast engorgement of newborn (KC41.0)

MF30 Breast lump or mass female

MF31 Breast or lactation symptom or complaint

MF32 Menopausal symptom or complaint

Coded Elsewhere: Postmenopausal atrophic vaginitis (GA30.2)

Menopausal hot flush (GA30.4)

MF33 Premenstrual symptom or complaint

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

MF34 Pregnancy symptom or complaint

MF35 Postpartum symptom or complaint

MF36 Other symptom or complaint of vagina

MF37 Symptom or complaint of female nipple

MF38 Symptom or complaint of female pelvis

MF39 Symptom or complaint of the vulva

MF3A Vaginal discharge

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

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

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

Fear of sexually transmitted disease male (MG24.G)

Male infertility (GB04)

Fear of sexual dysfunction male (MG24.Y)

MF40

Problems of male genital organs

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

MF40.0 Symptom or complaint of the penis

MF40.00 Pain in penis

Exclusions: Chronic secondary visceral pain (MG30.4)
Chronic primary visceral pain (MG30.00)

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

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

MF40.1 Problems of the prostate

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

MF40.2 Symptom or complaint of the scrotum or testis

Coded Elsewhere: Pain in scrotum (GB0Y)

MF40.20 Acute scrotal pain

Exclusions: Torsion of testis (GB01.0)
Torsion of epididymis (GB01.1)
Torsion of hydatids (GB01.2)
Orchitis (GB02)

MF40.21 Testicular pain

Exclusions: Chronic primary visceral pain (MG30.00)
Chronic secondary visceral pain (MG30.4)

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

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

MF40.3 Retrograde ejaculation

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

MF40.Y	Other specified problems of male genital organs
MF40.Z	Problems of male genital organs, unspecified
MF41	Symptom or complaint of male sexual function
MF42	Retractile testis migrans A retractile testicle is one that may move back and forth between the scrotum and the groin. For most boys, the problem resolves sometime before or during puberty.
MF4Y	Other specified symptoms, signs or clinical findings involving the male genital system

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

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

MF50	Abnormal micturition
MF50.0	Frequent micturition Needing to urinate more often than normal. Exclusions: Pollakiuria (MF50.1)
MF50.1	Pollakiuria
MF50.2	Urinary incontinence Any condition of the urinary system, caused by determinants arising during the antenatal period or after birth, leading to loss of voluntary control or support of the urethra. These conditions are characterised by involuntary leakage of large amounts of urine, in association with uninhibited contractions of the detrusor muscle and the inability to control urination. Exclusions: - haematuria: recurrent and persistent (GB40-GB4Z) - haematuria with specified morphological lesion (GB40-GB4Z) - proteinuria NOS (MF96) - haematuria NOS (MF50.4) - Diurnal enuresis (6C00.1) - Enuresis (6C00) - Nocturnal and diurnal enuresis (6C00.2) - Nocturnal enuresis (6C00.0)
MF50.20	Stress incontinence Urinary incontinence due to diminished urethral pressure in straining or coughing.
Coding Note:	Code also the causing condition
	Exclusions: Stress incontinence associated with pelvic organ prolapse (GC40.50)

MF50.21	Urge Incontinence This is a form of urinary incontinence characterised by the involuntary loss of urine occurring for no apparent reason while feeling urinary urgency, a sudden need or urge to urinate. Exclusions: Urge incontinence associated with pelvic organ prolapse (GC40.51)
MF50.22	Mixed incontinence
MF50.23	Functional urinary incontinence Urinary incontinence due to cognitive impairment, or severe physical disability or immobility Exclusions: Stress incontinence (MF50.20)
MF50.24	Reflex incontinence Urinary incontinence that accompanies detrusor hyperreflexia
MF50.2Y	Other specified urinary incontinence
MF50.2Z	Urinary incontinence, unspecified
MF50.3	Retention of urine Incomplete emptying of the bladder
MF50.4	Haematuria 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> Chronic primary bladder pain syndrome (MG30.00) Chronic primary visceral pain (MG30.00) Chronic secondary visceral pain (MG30.4)
MF53	Extrarenal uraemia <i>Inclusions:</i> 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. <i>Exclusions:</i> - 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 <i>Inclusions:</i> - 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 <i>Exclusions:</i> Prostate specific antigen positive (MA14.1B)
MF76	Abnormal cytological findings in specimens from male genital organs
MF77	Abnormal histological findings in specimens from male genital organs
MF78	Abnormal chromosomal findings in specimens from male genital organs
MF7Y	Other specified clinical findings in specimens from male genital organs
MF7Z	Clinical findings in specimens from male genital organs, unspecified

Clinical findings in specimens from the urinary system (MF80-MF8Z)

MF80	Diffuse mesangial sclerosis Diffuse mesangial sclerosis is a histological appearance which is characterised by diffuse thickening of basement membrane and massive enlargement of mesangial areas leading to contraction and sclerosis of the glomerular capillary tuft. It may be seen in children with early onset steroid resistant nephrotic syndrome due to a variety of genetic abnormalities, either as an isolated renal disease or as part of a multi-organ syndrome.
MF81	Fibronectin glomerulopathy Fibronectin glomerulopathy is a rare hereditary kidney disease in which fibronectin (FN1) deposits are seen in the mesangium and subendothelial space. The clinical picture is characterised by proteinuria, type IV renal tubular acidosis, microscopic haematuria and hypertension that may lead to end-stage renal failure in the second to sixth decade of life. This disease may be associated with mutations in the FN1 gene.
MF82	Lipoprotein glomerulopathy Characteristic lipoprotein thrombi are found in the glomerulus in this genetically determined disease mainly found in East Asia.
MF83	Diabetic glomerular changes Diabetic glomerulosclerosis involves diffuse thickening of the basement membrane progressing to diffuse mesangial expansion (diffuse diabetic glomerulosclerosis) with in some cases matrix occupying the capillary lumen to form Kimmelstiel Wilson nodules (nodular glomerulosclerosis)

Coding Note: Code also the causing condition

MF84**Pauci-immune proliferative glomerulonephritis**

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

MF85**Anti-glomerular basement membrane antibody mediated disease**

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

Inclusions: Goodpasture syndrome

MF8Y**Other specified clinical findings in specimens from the urinary system****MF8Z****Clinical findings in specimens from the urinary system, unspecified**

Clinical findings on examination of urine, without diagnosis (MF90-MF9Y)

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

Exclusions: Specific findings indicating disorder of amino-acid metabolism (5C50)
Specific findings indicating disorder of carbohydrate metabolism (5C51)
Clinical findings on antenatal screening of mother (JA66)

MF90**Acetonuria**

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

Inclusions: Ketonuria

MF91**Bilirubinuria**

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

MF92**Chyluria**

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

Exclusions: Filarial chyluria (1F66)

MF93**Glycosuria**

Coded Elsewhere: Renal glycosuria (GB90.45)

MF94	Haemoglobinuria The presence of free haemoglobin in the urine, indicating haemolysis of erythrocytes within the vascular system. After saturating the haemoglobin-binding proteins (haptoglobins), free haemoglobin begins to appear in the urine. Exclusions: Marchiafava-Micheli syndrome (3A21.0)
MF95	Myoglobinuria Myoglobinuria is the presence of myoglobin in the urine usually as result of rhabdomyolysis. Any process that interferes with the storage or use of energy by muscle cells can lead to myoglobinuria. When excreted into the urine, myoglobin can precipitate, causing tubular obstruction and acute kidney injury. The most common causes of myoglobinuria in adults are trauma, alcohol and drug abuse, usually in relation to muscle necrosis from prolonged immobilization and pressure by the body weight. Prolonged ethanol consumption and seizure activity, similar to excessive physical activity, can produce an imbalance between muscle energy consumption and production, resulting in muscle destruction.
MF96	Proteinuria Excessive serum proteins in the urine, such as in renal disease when albumin is the main protein, but also may be due to other proteins such as immunoglobulin light chains in plasma cell dyscrasia such as multiple myeloma. Exclusions: Persistent proteinuria or albuminuria (GB42) Coded Elsewhere: Gestational proteinuria without hypertension (JA22.0) Gestational oedema with proteinuria without hypertension (JA22.2)
MF96.0	Orthostatic proteinuria A condition characterised by an elevated protein excretion while in the upright position and normal protein excretion in a supine or recumbent position.
MF96.1	Bence Jones proteinuria A condition characterised by the presence of a monoclonal globulin protein or immunoglobulin light chain (Bence Jones protein) in the urine. Originally detected by precipitating at 56 and dissolving again at 100 degrees centigrade (Henry Bence Jones 1813-1873) they are now detected by urinary electrophoresis or light chain assay.
MF96.Y	Other specified proteinuria
MF96.Z	Proteinuria, unspecified
MF97	Pyuria Pyuria is a urinary condition that is characterized by an elevated number of white blood cells in the urine. Doctors define a high number as at least 10 white blood cells per cubic millimeter (mm³) of centrifuged urine. Pyuria can cause the urine to look cloudy or as if it contains pus.
MF98	Abnormal levels of serum electrolytes in the urine Coded Elsewhere: Hyperphosphaturia (GB90.48)

MF98.0	Hypercalciuria
MF98.1	Hyperkaluria
MF98.2	Hypermagnesuria
MF98.3	Hypocalciuria
MF98.4	Hypokaluria
MF98.5	Hypomagnesuria
MF98.6	Hypophosphaturia
MF98.Y	Other specified abnormal levels of serum electrolytes in the urine
MF98.Z	Abnormal levels of serum electrolytes in the urine, unspecified
MF99	Elevated urine levels of drugs, medicaments and biological substances Elevated urine levels of drugs, medicaments and biological substances mean that the levels of drugs, medicaments, and biological substances have elevated on the urine examination.
MF9A	Abnormal urine levels of substances chiefly nonmedicinal as to source
MF9B	Abnormal findings on microbiological examination of urine
MF9C	Abnormal findings on cytological and histological examination of urine
MF9Y	Other specified clinical findings on examination of urine, without diagnosis
Coding Note:	This category is to be assigned when no underlying or determining condition is identified.
MG00	Clinical findings on diagnostic imaging of breast Clinical findings on diagnostic imaging of breast is findings on diagnostic imaging of the breast which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.
MG01	Clinical findings on diagnostic imaging of urinary organs <i>Exclusions:</i> hypertrophy of kidney (GB90)
MG02	Results of kidney function studies <i>Inclusions:</i> 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 <i>Exclusions:</i> Bodily distress disorder (6C20) Hypochondriasis (6B23) <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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. <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Fear of cancer musculoskeletal (MG24.0Y)
MG24.9	Fear of neurological disease <i>Coded Elsewhere:</i> Fear of cancer of neurological system (MG24.0Y)
MG24.A	Fear of respiratory disease <i>Coded Elsewhere:</i> Fear of cancer of respiratory system (MG24.0Y)
MG24.B	Fear of endocrine, metabolic or nutritional disease <i>Coded Elsewhere:</i> Fear of cancer of endocrine system (MG24.0Y)
MG24.C	Fear of urinary disease <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> fever of unknown origin in newborn (KD10-KD1Z) Malignant hyperthermia due to anaesthesia (NE86) <i>Coded Elsewhere:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> hypothermia NOS (NF02) hypothermia low environmental temperature (NF02) <i>Coded Elsewhere:</i> Hypothermia of newborn (KD12)

MG29**Oedema**

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

Exclusions:

- oedema of pharynx (CA00-CA0Z)
- oedema of nasopharynx (CA00-CA0Z)
- Pulmonary oedema (CB01)
- Ascites (ME04)
- hydrops fetalis NOS (KC41.1)
- angioneurotic oedema (EB04)
- Cerebral oedema due to birth injury (KA40.1)
- hereditary oedema (4A00.14)
- Oedema of larynx (CA0H.3)
- malnutrition (5B50-5B7Z)
- hydrothorax (CB27)

Coded Elsewhere:

- Gestational oedema without hypertension (JA22.1)
- Gestational oedema with proteinuria without hypertension (JA22.2)

MG29.0 Localised oedema

Coded Elsewhere: Swollen tongue (MD80.1)

MG29.00 Ankle oedema

MG29.01 Oedema of legs

MG29.02 Pitting of lip

MG29.0Y Other specified localised oedema

MG29.1 Generalised oedema

MG29.10 Oedema due to increased capillary pressure

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

Coded Elsewhere: Fluid overload with oedema (5C78)

MG29.1Y Other specified generalised oedema

MG29.2 Infectious oedema

MG29.3 Pitting oedema

MG29.Z Oedema, unspecified

MG2A**Ageing associated decline in intrinsic capacity**

Inclusions: senescence without mention of psychosis

Exclusions: Senile dementia (6D80-6D8Z)

Pain (MG30-MG3Z)

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

Exclusions: Headache disorders (8A80-8A8Z)

Abdominal or pelvic pain (MD81)

Breast pain (GB23.5)

Pain in joint (ME82)

Pain in eye (MC18)

Ear pain (AB70.2)

Pain in chest (MD30)

Pelvic or perineal pain (MD81.11)

Pain in shoulder (ME82)

Spinal pain (ME84)

Pain in tooth, toothache (DA0A)

Renal colic (MF56)

Pain in throat (MD36.0)

Low back pain (ME84.2)

Pain in limb (FB56.4)

Pain disorders (8E43)

MG30**Chronic pain**

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

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

Exclusions: Acute pain (MG31)

MG30.0**Chronic primary pain**

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

Coding Note:

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

Exclusions: Acute pain (MG31)

Coded Elsewhere: Painful bruising syndrome (ED02)

MG30.00**Chronic primary visceral pain**

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

Exclusions: Chronic abdominal pain NOS (MD81.4)

Coded Elsewhere: Penoscrotodynia (EC92.0)

Vulvodynia (GA34.02)

Irritable bowel syndrome (DD91.0)

Functional gallbladder disorder (DD94)

Functional sphincter of Oddi disorder (DD95)

Functional abdominal pain in children (DD93.Y)

Functional biliary sphincter of Oddi disorder (DD95)

Functional pancreatic sphincter of Oddi disorder (DD95)

Abdominal pain-related functional GI disorders in children (DD93.Y)

Vulval dysaesthesia syndrome (GA34.02)

MG30.01**Chronic widespread pain**

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

Exclusions: Acute pain (MG31)

MG30.02**Chronic primary musculoskeletal pain**

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

Exclusions: Acute pain (MG31)

MG30.03**Chronic primary headache or orofacial pain**

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

Exclusions: Headache disorders (8A80-8A8Z)

Coded Elsewhere: Chronic migraine (8A80.2)

Burning mouth syndrome (DA0F.0)

Chronic tension-type headache (8A81.2)

Chronic cluster headache (8A82)

Hemicrania continua (8A82)

MG30.04	Complex regional pain syndrome Complex regional pain syndrome (CRPS) is a chronic pain condition in an extremity with a variable course over time. It is characterized by continuing regional pain (not in a specific nerve territory or dermatome), usually with distal predominance or distal-to-proximal gradient. It typically arises after tissue trauma and is seemingly disproportionate in magnitude or duration to the usual course of pain after such tissue trauma. CRPS is characterized by signs indicating autonomic and neuro-inflammatory changes in the affected body region varying between patients and over time. Often, CRPS is accompanied by significant emotional distress or functional disability. CRPS is multifactorial.
MG30.0Y	Other specified chronic primary pain
Coding Note:	Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.
MG30.0Z	Chronic primary pain, unspecified
Coding Note:	Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.
MG30.1	Chronic cancer related pain Chronic cancer-related pain is pain caused by the primary cancer itself or metastases (chronic cancer pain) or its treatment (chronic post-cancer treatment pain). It is distinct from pain caused by co-morbid disease [1-3]. It should be highly probable that the pain is due to cancer or its treatment; if its genesis is vague, consider using codes in the section of Primary pain.
Coding Note:	Code also the causing condition
MG30.10	Chronic cancer pain Chronic cancer pain is chronic pain caused by the primary cancer or metastases. It should be highly probable that the pain is due to cancer; if its genesis is vague, consider using codes in the section of chronic primary pain.
Coding Note:	Code also the causing condition

MG30.11	Chronic post cancer treatment pain Chronic post-cancer treatment pain is pain caused by any treatment given to treat the primary tumour or metastases. The most common forms are: (i) Chronic painful chemotherapy-induced polyneuropathy (CIPN): chronic peripheral neuropathic pain caused by oral or intravenous chemotherapy. (ii) Chronic post-radiotherapy pain: chronic pain caused by delayed local damage to the nervous system in the field of radiotherapy. It is distinct from pain caused by tumour recurrence or co-morbid disease. Other treatments include surgery and hormonal therapy. Diagnostic Criteria Conditions A to C are fulfilled: A. Chronic pain (persistent or recurrent for longer than 3 months) is present and characterised by all of the following: A1 History of treatment with neurotoxic chemotherapy or radiotherapy or any treatment given to treat the primary tumour or metastases A2 It is likely that the pain is caused by the cancer treatment. B. One of the following applies: B1 An active or recurrent tumour or metastases have been specifically excluded on radiological investigation. B2 If an active or a recurrent tumor or metastases are present, the pain is not better accounted for by them. C. The pain is not better accounted for by another diagnosis of chronic pain. Coding Note: Code also the causing condition
MG30.1Y	Other specified chronic cancer related pain
Coding Note:	Code also the causing condition
MG30.1Z	Chronic cancer related pain, unspecified
Coding Note:	Code also the causing condition
MG30.2	Chronic postsurgical or post traumatic pain Chronic postsurgical or post traumatic pain is pain developing or increasing in intensity after a surgical procedure or a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after surgery or tissue trauma. The pain is either localized to the surgical field or area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain. Coded Elsewhere: Complex regional pain syndrome (MG30.04)

MG30.20	Chronic post traumatic pain Chronic post traumatic pain is pain developing or increasing in intensity after a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after the tissue trauma. The pain is either localized to the area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Coding Note: The posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain. Coded Elsewhere: Chronic central neuropathic pain associated with spinal cord injury (MG30.50) Chronic central neuropathic pain associated with brain injury (MG30.50) Chronic neuropathic pain after peripheral nerve injury (MG30.51) Complex regional pain syndrome type II (MG30.04)
MG30.21	Chronic postsurgical pain Chronic postsurgical pain is chronic pain developing or increasing in intensity after a surgical procedure and persisting beyond the healing process, i.e. at least 3 months after surgery. The pain is either localised to the surgical field, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Dependent on type of surgery, chronic postsurgical pain often may be neuropathic pain. Coding Note: The postsurgical aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.
MG30.2Y	Other specified chronic postsurgical or post traumatic pain Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.
MG30.2Z	Chronic postsurgical or post traumatic pain, unspecified Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.3 Chronic secondary musculoskeletal pain

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

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

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

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

Exclusions: Acute pain (MG31)
Chronic neuropathic pain (MG30.5)
Chronic primary pain (MG30.0)
Chronic secondary visceral pain (MG30.4)

MG30.30 Chronic secondary musculoskeletal pain from persistent inflammation

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

Coding Note: Code also the causing condition

MG30.31 Chronic secondary musculoskeletal pain associated with structural changes

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

Diagnostic Criteria:

Conditions A to D are fulfilled:

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

B) At least one of the following fulfilled:

B1) Swelling is present.

B2) Allodynia over the part is present.

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

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

Coding Note: Code also the causing condition

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

MG30.32	Chronic secondary musculoskeletal pain due to disease of the nervous system Chronic secondary musculoskeletal pain due to diseases of the nervous system is chronic pain localized in joint(s), bone(s), tendon(s) or muscle(s) that is related to peripheral or central neurological disorders classified elsewhere. It includes pain due to altered motor function and altered sensory function. Altered biomechanical function due to the neurological disease is responsible for the activation of nociceptors in musculoskeletal tissue. The pain may be spontaneous or movement-induced.
Coding Note:	Code also the causing condition
MG30.3Y	Other specified chronic secondary musculoskeletal pain
Coding Note:	If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate; if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain; and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.
MG30.3Z	Chronic secondary musculoskeletal pain, unspecified
Coding Note:	If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate; if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain; and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.
MG30.4	Chronic secondary visceral pain Chronic visceral pain is persistent or recurrent pain originating from internal organs of the head/neck region and of the thoracic, abdominal and pelvic cavities. The visceral etiology of the pain should be highly probable; if it is vague, consider using codes in the section of Chronic Primary Pain.
Coding Note:	Code also the causing condition
	Exclusions: Neuropathic pain (8E43.0)
	Coded Elsewhere: Chronic visceral cancer pain (MG30.10)
MG30.40	Chronic visceral pain from mechanical factors Chronic visceral pain from mechanical factors is chronic pain deriving from a) the obstruction of hollow viscera as a consequence of internal migrating obstacles (e.g., stones) or stenosis, with dilation above the obstacle/stenosis or b) from the traction of ligaments and vessels of internal organs or the external compression of internal organs.
Coding Note:	Code also the causing condition

- MG30.41** Chronic visceral pain from vascular mechanisms
Chronic visceral pain from vascular mechanisms is chronic visceral pain due to alterations of arterial and/or venous blood vessels to/from viscera of the head/neck region, thoracic, abdominal and pelvic cavities or pain conditions of the vascular system producing pain in other locations.
- Coding Note:** Code also the causing condition
- MG30.42** Chronic visceral pain from persistent inflammation
Chronic visceral pain from persistent inflammation is chronic pain due to longlasting inflammation of internal organs of the head/neck region and of the thoracic, abdominal, or pelvic cavities.
- Coding Note:** Code also the causing condition
- MG30.4Y** Other specified chronic secondary visceral pain
- Coding Note:** Code also the causing condition
- MG30.4Z** Chronic secondary visceral pain, unspecified
- Coding Note:** Code also the causing condition
- MG30.5** **Chronic neuropathic pain**
Chronic neuropathic pain is chronic pain caused by a lesion or disease of the somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of chronic neuropathic pain requires a history of nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (for example, decreased or loss of sensation) and positive sensory symptoms or signs (for example, allodynia or hyperalgesia) indicating the involvement of the somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.
- Coding Note:** Code also the causing condition
- Coded Elsewhere:** Chronic neuropathic orofacial pain (MG30.62)
Chronic neuropathic cancer pain (MG30.10)
- MG30.50** Chronic central neuropathic pain
Chronic central neuropathic pain is chronic pain caused by a lesion or disease of the central somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of central neuropathic pain requires a history of central nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the central somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.
- Coding Note:** Code also the causing condition

MG30.51	Chronic peripheral neuropathic pain Chronic peripheral neuropathic pain is chronic pain caused by a lesion or disease of the peripheral somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of peripheral neuropathic pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the peripheral somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure. Coding Note: Code also the causing condition Coded Elsewhere: Postherpetic neuralgia (1E91.5) Chronic painful radiation-induced neuropathy (MG30.11) Postzoster glossopharyngeal neuralgia (1E91.5) Postzoster trigeminal neuralgia (1E91.5)
MG30.5Y	Other specified chronic neuropathic pain
Coding Note:	Code also the causing condition
MG30.5Z	Chronic neuropathic pain, unspecified
Coding Note:	Code also the causing condition
MG30.6	Chronic secondary headache or orofacial pain Chronic secondary headache and orofacial pain comprises all headache and orofacial pain disorders that have underlying causes and occur on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours. Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain. Exclusions: Acute pain in the face, not elsewhere classified (MG31.0) Acute headache, not elsewhere classified (MG31.1)
MG30.61	Chronic dental pain Chronic dental pain is chronic pain that is caused by a disorder involving the teeth or associated tissues (pulpal, periodontal or gingival pain) and that occurs for two hours or more per day on at least 50% of the days during at least three months. The typical causative factor will be caries or trauma to a tooth or teeth or associated tissues. In addition to clinical examination, imaging (intraoral x-rays, CT scans etc.) may facilitate the correct diagnosis. If the aetiology is vague, consider using codes in the section of chronic primary pain. Coding Note: Code also the causing condition

MG30.62	Chronic neuropathic orofacial pain Chronic neuropathic orofacial pain is chronic pain in the orofacial region that is caused by a lesion or disease of the peripheral somatosensory nervous system. It occurs for two hours or more per day (or several shorter attacks per day occur) on at least 50% of the days during at least three months. The diagnosis of chronic neuropathic orofacial pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative and positive sensory symptoms or signs must be compatible with the innervation territory of the affected nervous structure.
Coding Note:	Code also the causing condition
	Coded Elsewhere: Tolosa-Hunt syndrome (8A85) Other cranial neuralgia or other centrally mediated facial pain (8A85) Combined hyperactive dysfunction syndrome of the cranial nerves (8A85) Supraorbital neuralgia (8A85) Occipital neuralgia (8A85) Postzoster glossopharyngeal neuralgia (1E91.5) Postzoster trigeminal neuralgia (1E91.5)
MG30.63	Headache or orofacial pain associated with chronic secondary temporomandibular disorders Chronic secondary temporomandibular disorder pain is chronic pain in the temporomandibular joint(s) or masseter or temporalis muscle(s) associated with persistent inflammation (due to e.g. infection, crystal deposition or autoimmune disorders), structural changes (such as osteoarthritis or spondylosis), injury, or diseases of the nervous system. It occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours. If the etiology is vague, consider using codes in the section of chronic primary pain.
Coding Note:	Code also the causing condition
MG30.64	Chronic headache or orofacial pain associated with disorders of homeostasis or their nonpharmacological treatment Chronic headache or orofacial pain associated with disorders of homeostasis or their nonpharmacological treatment is caused by disorders of homeostasis 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)
 lightning 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 <i>Inclusions:</i> Excessive thirst
MG43.1	Overeating The consumption of excess food in relation to energy and nutritional requirements. <i>Inclusions:</i> Excessive eating <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Feeding problems of newborn (KD32) Avoidant-restrictive food intake disorder (6B83)
MG43.31	Feeding problem of child <i>Exclusions:</i> 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. <i>Inclusions:</i> Loss of appetite <i>Exclusions:</i> 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 <i>Inclusions:</i> Irritable infant <i>Exclusions:</i> 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. <i>Exclusions:</i> Delayed puberty (5A91) Disorders of intellectual development (6A00)
MG44.10	Delayed milestone <i>Inclusions:</i> 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. <i>Exclusions:</i> Failure to thrive in newborn (KD32.4) Anorexia Nervosa (6B80) Avoidant-restrictive food intake disorder (6B83) Cachexia (MG20)

MG44.12	Short stature of child Short stature is when a child is significantly shorter than children of the same age and gender Exclusions: Short stature due to growth hormone resistance (5A61.0) Short stature, not elsewhere classified (5B11)
MG44.13	Constitutional delay of growth and puberty Delayed development concerning maturation of bones and their growth at prepubertal and pubertal ages of children. Occurs with or without short stature below the third percentile of body height. Height velocity is usually temporarily below the mean. Bone age is always delayed. Puberty starts late, but spontaneously. Other causes of delayed growth (with or without short stature below the third percentile of body height) or of delayed puberty must be excluded. Exclusions: Short stature, not elsewhere classified (5B11) Short stature due to growth hormone resistance (5A61.0)
MG44.14	Familial short stature Short stature of a child or adolescent (below 3rd percentile) with one or both parents with an adult height below 3rd percentile. Combination with constitutional delay of growth and puberty may occur. Exclusions: Short stature, not elsewhere classified (5B11) Short stature due to growth hormone resistance (5A61.0)
MG44.1Y	Other specified lack of expected normal physiological development
MG44.1Z	Lack of expected normal physiological development, unspecified
MG44.Y	Other specified symptoms peculiar to infancy
MG44.Z	Symptoms peculiar to infancy, unspecified

MG45**Syncope and collapse**

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

Inclusions: Fainting
Blackout

Exclusions: Heat syncope (NF01.1)
carotid sinus syncope (8D88)
Shock during or following labour or delivery (JB0D.1)
unconsciousness NOS (MB20.1)
Cardiogenic shock (MG40.0)
Shock following abortion, ectopic or molar pregnancy (JA05.3)
shock: NOS (MG40)
Orthostatic hypotension (BA21)
neurogenic orthostatic hypotension (8D87.0)

Coded Elsewhere: Reflex syncope (8D89.0)
Syncope due to autonomic failure (8D89.1)

MG45.0**Cardiac syncope****MG45.Y****Other specified syncope and collapse****MG45.Z****Syncope and collapse, unspecified****MG46****Systemic inflammatory response syndrome of noninfectious origin**

Coding Note: Code also the underlying condition.

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

MG47**Toxicosis not further specified**

Exclusions: Harmful effects of substances (NE60-NE6Z)

MG48**Unknown and unspecified causes of morbidity**

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

MG49**Hangover**

Exclusions: Alcohol withdrawal (6C40.4)

MG4A**Multi organ failure**

Failure of function of more than one organ or organ system, not otherwise specified

Coding Note: Code also the causing condition

MG4Y**Other specified general symptoms**

Finding of microorganism resistant to antimicrobial drugs (MG50-MG5Z)

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

MG50

Finding of gram negative bacteria resistant to antimicrobial drugs

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

MG50.0

Antibiotic resistant *Acinetobacter baumannii*

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

MG50.00

Tetracycline resistant *Acinetobacter baumannii*

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

MG50.01

Aminoglycoside resistant *Acinetobacter baumannii*

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

MG50.02

Carbapenem resistant *Acinetobacter baumannii*

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

MG50.03

Polymyxin resistant *Acinetobacter baumannii*

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

MG50.0Y

***Acinetobacter* resistant to other antibiotic**

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

MG50.0Z

***Acinetobacter* resistant to unspecified antibiotic**

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

MG50.1	Antibiotic resistant Campylobacter
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.10	Fluoroquinolone resistant Campylobacter
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.1Y	Other specified antibiotic resistant Campylobacter
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.1Z	Campylobacter resistant to unspecified antibiotic
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.2	Antibiotic resistant Escherichia coli
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials. In case of multiple resistances, code each one separately if listed below.
MG50.20	Sulfonamide or trimethoprim resistant Escherichia coli
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.21	Fluoroquinolone resistant Escherichia coli
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.
MG50.22	Third generation cephalosporin resistant Escherichia coli
Coding Note:	These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.23	Fourth-generation cephalosporins resistant <i>Escherichia coli</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Escherichia coli</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Escherichia coli</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Escherichia coli</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Escherichia coli</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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	<i>Escherichia coli</i> 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	<i>Escherichia coli</i> 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 <i>Haemophilus influenzae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Haemophilus influenzae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Haemophilus influenzae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Haemophilus influenzae</i> , 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 <i>Helicobacter pylori</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Helicobacter pylori</i>
MG50.4Y	Other specified antibiotic resistant <i>Helicobacter pylori</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Helicobacter pylori</i> , 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Klebsiella pneumoniae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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	<i>Klebsiella pneumoniae</i> 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	<i>Klebsiella pneumoniae</i> 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria gonorrhoeae</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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	<i>Neisseria gonorrhoeae</i> 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	<i>Neisseria gonorrhoeae</i> 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 <i>Neisseria meningitidis</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria meningitidis</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria meningitidis</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Neisseria meningitidis</i> , 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 <i>Pseudomonas aeruginosa</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Pseudomonas aeruginosa</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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 <i>Pseudomonas aeruginosa</i>
Coding Note:	These categories should never be used in primary coding. The codes are provided for 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	<i>Pseudomonas aeruginosa</i> 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	Enterococcus 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

III-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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Found dead
MH14	Other ill-defined and unspecified causes of mortality <i>Inclusions:</i> Unknown cause of mortality
MH15	Sudden unexpected death in epilepsy Sudden unexpected death in epilepsy (SUDEP) is a category of death in people with epilepsy that occurs under benign circumstances and in the absence of known structural causes of death (i.e. not due to drowning, injury, intoxication and other internal or external factors). Evidence of a preceding seizure may be present or not. A "definite SUDEP" is confirmed if a postmortem examination does not reveal an alternative cause of death. If such examination lacks, but potentially lethal alternative causes are excluded and all other criteria are met, the death is labelled as "probable SUDEP". The term "possible SUDEP" is used in cases with competing causes of death or when data are insufficient to reasonably allow their classification. The term "SUDEP plus" applies when a patient also suffered from other diseases that may have contributed to the death, but there are no clues that the alternative condition has truly caused it. Cases in which cardiopulmonary resuscitation prevented the death are called "near-SUDEP".
MH2Y	Other specified symptoms, signs or clinical findings, not elsewhere classified

CHAPTER 22

Injury, poisoning or certain other consequences of external causes

This chapter has 236 four-character categories.

Code range starts with NA00

In the ICD, injury means physical or physiological bodily harm resulting from interaction of the body with energy (mechanical, thermal, electrical, chemical or radiant, or due to extreme pressure) in an amount, or at a rate of transfer, that exceeds physical or physiological tolerance. Injury can also result from lack of vital elements, such as oxygen. Poisoning by and toxic effects of substances are included, as is damage of or due to implanted devices.

Injury usually has rapid onset in response to a well-defined event (e.g. a car crash, striking the ground after falling, drinking a strongly alkaline liquid, an overdose of a medication, a burn sustained during a surgical procedure). These events are often referred to as external causes of injury. The injurious energy can, however, originate from the injured person and/or from his or her immediate environment (e.g. a person running on a hot day sustains heat exhaustion), and injury can be caused by the injured person (i.e. intentional self-harm).

Injury includes manifestations that are evident immediately after onset, which may persist or not, and manifestations that first become evident at a later date.

Exclusions:	Stress fracture, not elsewhere classified (FB80.A)
	Pathological fracture (FB80.B)
	Certain specified obstetric trauma (JB0A)
	Malunion of fracture (FB80.7)
	Birth injury (KA40-KA4Z)
	Nonunion of fracture (FB80.8)

This chapter contains the following top level blocks:

- Injuries to the head
- Injuries to the neck
- Injuries to the thorax
- Injuries to the abdomen, lower back, lumbar spine or pelvis
- Injuries to the shoulder or upper arm
- Injuries to the elbow or forearm
- Injuries to the wrist or hand
- Injuries to the hip or thigh
- Injuries to the knee or lower leg
- Injuries to the ankle or foot
- Injuries involving multiple body regions

- Injuries to unspecified part of trunk, limb or body region
- Effects of foreign body entering through natural orifice
- Burns
- Frostbite
- Harmful effects of substances
- Injury or harm arising from surgical or medical care, not elsewhere classified
- Other or unspecified effects of external causes

Injuries to the head (NA00-NA0Z)

Coding Note: This Block includes the following:

- injuries of face [any part]
- injuries of gum
- injuries of jaw
- injuries of oral cavity
- injuries of palate
- injuries of periocular area
- injuries of scalp
- injuries of temporomandibular joint area
- injuries of tongue
- injuries of tooth

Exclusions:

- Foreign body in ear (ND71)
- Foreign body in mouth (ND73.0)
- Foreign body in larynx (ND72.3)
- Foreign body in pharynx (ND72.2)
- Foreign body in nostril (ND72.1)
- Burns (ND90-NE2Z)
- Frostbite (NE40-NE4Z)
- Foreign body on external eye (ND70)

Coded Elsewhere: Epilepsy due to injuries to the head (8A60.5)
Birth injury to face (KA43.3)

NA00

Superficial injury of head

Damage inflicted on the surface or shallow tissues of the head as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions:

- Injury of eye or orbit (NA06)
- cerebral contusion (diffuse) focal (NA07.4)

NA00.0

Superficial injury of scalp

Coded Elsewhere: Birth injury to scalp (KA42)

NA00.00	Abrasion of scalp
NA00.01	Contusion of scalp Coded Elsewhere: Bruising of scalp due to birth injury (KA42.0)
NA00.02	Superficial foreign body in scalp
NA00.0Y	Other specified superficial injury of scalp
NA00.0Z	Superficial injury of scalp, type unspecified
NA00.1	Superficial injury of eyelid or periocular area
NA00.10	Abrasion of eyelid or periocular area
NA00.11	Contusion of eyelid or periocular area Inclusions: black eye Exclusions: Contusion of eyeball or orbital tissues (NA06.9)
NA00.1Y	Other specified superficial injury of eyelid or periocular area
NA00.1Z	Superficial injury of eyelid or periocular area, unspecified
NA00.2	Superficial injury of ear Damage inflicted on the surface or shallow tissues of the ear as the direct or indirect result of an external force, with or without disruption of structural continuity.
NA00.3	Superficial injury of nose
NA00.4	Superficial injury of lip or oral cavity
NA00.5	Multiple superficial injuries of head
Coding Note:	Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.
NA00.6	Abrasion of other or unspecified sites of head
NA00.7	Contusion of other or unspecified sites of head
NA00.Y	Superficial injury of other specified part of head
NA00.Z	Superficial injury of unspecified part of head
NA01	Open wound of head Exclusions: Decapitation (NA63) Traumatic amputation of part of head (NA09) Injury of eye or orbit (NA06) Coded Elsewhere: Open wound of eyelid or periocular area (NA06.04)
NA01.2	Laceration without foreign body of head Inclusions: laceration of skin of head

NA01.3	Laceration with foreign body of head
NA01.4	Puncture wound without foreign body of head
NA01.5	Puncture wound with foreign body of head
NA01.6	Open bite of head
NA01.7	Multiple open wounds of head
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NA01.Y	Other specified open wound of head
NA01.Z	Open wound of head, unspecified
NA02	Fracture of skull or facial bones
	Coded Elsewhere: Fracture of skull due to birth injury (KA45.0) Birth injury to facial bones (KA45.2)
NA02.0	Fracture of vault of skull
NA02.00	Fracture of squama of frontal bone of skull
NA02.01	Fracture of parietal bone of skull
NA02.02	Fracture of squama of temporal bone of skull
NA02.03	Fracture of squama of occipital bone of skull
NA02.0Z	Fracture of vault of skull, unspecified
NA02.1	Fracture of base of skull Fractures which extend through the base of the skull, usually involving the petrous bone. Exclusions: Fracture of orbital floor (NA02.21) fracture of orbit NOS (NA02.2)
NA02.10	Fracture of anterior fossa of base of skull
NA02.11	Fracture of middle fossa of base of skull
NA02.12	Fracture of posterior fossa of base of skull
NA02.13	Fracture of sinus of ethmoid bone of skull
NA02.14	Fracture of frontal sinus of skull
NA02.15	Fracture of sphenoid bone of skull
NA02.16	Fracture of occipital condyle of skull, type I
NA02.17	Fracture of occipital condyle of skull, type II
NA02.18	Fracture of occipital condyle of skull, type III

NA02.19	Fracture of other part of occipital bone of skull
NA02.1A	Other fractures of base of skull
NA02.1Z	Fracture of base of skull, unspecified
NA02.2	Orbital fracture
NA02.20	Fracture of orbital roof
NA02.21	Fracture of orbital floor Exclusions: Fracture of orbital roof (NA02.20)
NA02.2Y	Other specified orbital fracture
NA02.2Z	Orbital fracture, unspecified
NA02.3	Fracture of nasal bones Coded Elsewhere: Nasal bone fracture due to birth injury (KA45.21)
NA02.4	Fracture of maxilla
NA02.40	Le Fort fracture type I
NA02.41	Le Fort fracture type II
NA02.42	Le Fort fracture type III
NA02.4Y	Other specified fracture of maxilla
NA02.4Z	Fracture of maxilla, unspecified
NA02.5	Fracture of zygoma Inclusions: Fracture of malar
NA02.7	Fracture of mandible Fracture of the largest and strongest bone of the face constituting the lower jaw. Coded Elsewhere: Mandibular bone fracture due to birth injury (KA45.20)

NA02.70	Fracture of condylar process of mandible Condylar process fractures are defined as fractures running above or posterior to a line confined by the sigmoid notch line and the masseteric notch line. The mandibular condylar process comprises three fracture levels and is subdivided into the head region, the condylar neck, and the condylar base. Fractures of the condylar head show typical fracture lines either within the lateral pole zone, which may lead to loss of vertical height, or medially to the pole zone, with the latter ones usually not compromising the vertical condyle to disc and fossa relation. Fractures of the condylar neck and base can be differentiated according to radiologically based rules with regard to the proportion of the fracture line above and below the level of the sigmoid notch, and are basically subdivided according to the presence or absence of displacement or dislocation. Further parameters for definition are presence or absence of fragmentation, sideward displacement (medially or laterally), angulation of the superior main fragment and fracture-site geometry (e.g. straight or oblique, interfragmentary interdigitation) Exclusions: Fracture of ramus of mandible (NA02.73) Fracture of subcondylar process of mandible (NA02.71)
NA02.71	Fracture of subcondylar process of mandible
NA02.72	Fracture of coronoid process of mandible
NA02.73	Fracture of ramus of mandible
NA02.74	Fracture of angle of mandible
NA02.75	Fracture of alveolar margin of mandible
NA02.76	Fracture of symphysis of mandible
NA02.7Y	Other specified fracture of mandible
NA02.7Z	Fracture of mandible, unspecified
NA02.8	Multiple fractures involving skull or facial bones
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NA02.Y	Fracture of other specified skull or facial bones
NA02.Z	Fracture of skull and facial bones, part unspecified
NA03	Dislocation or strain or sprain of joints or ligaments of head
NA03.0	Dislocation of jaw Displacement of the mandible, the largest and strongest bone of the face constituting the lower jaw. Dislocation of the temporomandibular joint is a painful condition that occurs when the mandibular condyle becomes fixed in the anterosuperior aspect of the articular eminence. TMJ dislocation is due to either trauma or, more commonly, excessive opening of the mandible. Spasm of the masseter, temporalis, and internal pterygoid muscles results in trismus, preventing return of the condyle to the temporal fossa. Exclusions: disc displacement (internal derangement of the TMJ) (DA0E.8)

NA03.1	Dislocation of septal cartilage of nose
NA03.3	Strain or sprain of jaw A collective term for muscle and ligament injuries of the tissues associated with the mandible without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.
NA03.Y	Dislocation or sprain of other specified joints or ligaments of head
NA03.Z	Dislocation or strain or sprain of joints or ligaments of head, unspecified
NA04	Injury of cranial nerves <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Traumatic optic neuropathy (9C40.7)
NA04.11	Injury of optic nerve, bilateral <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Birth injury to facial nerve (KA44.00)
NA04.7	Injury of acoustic nerve
NA04.8	Injury of glossopharyngeal nerve
NA04.9	Injury of vagus nerve

NA04.A	Injury of accessory nerve
NA04.B	Injury of hypoglossal nerve
NA04.Z	Injury of cranial nerves, unspecified
NA05	Injury of blood vessels of head
NA05.0	Injury of intracranial vessels of head
NA05.1	Injury of extracranial vessels of head
NA05.Z	Injury of blood vessels of head, unspecified
NA06	Injury of eye or orbit
	Exclusions: Orbital fracture (NA02.2) Injury of optic nerve, unilateral (NA04.10) Injury of oculomotor nerve (NA04.2) superficial injury of eyelid (NA00.1) Coded Elsewhere: Birth injury to eye (KA41)
NA06.0	Eyelid trauma
	Coded Elsewhere: Contusion of eyelid or periocular area (NA00.11) Chemical burn of eyelid and periocular area (NE00)
NA06.00	Eyelid avulsion This is an injury in which a body structure is forcibly detached from its normal point of insertion by either trauma or surgery. The term most commonly refers to a surface trauma where all layers of the skin have been torn away, exposing the underlying structures (i.e. subcutaneous tissue, muscle, tendons, or bone). This is similar to an abrasion but more severe, where the eyelid can be partially or fully detached from the body.
NA06.01	Haematoma of eyelid
NA06.02	Oedema of eyelid
NA06.03	Retained foreign body in eyelid
NA06.04	Open wound of eyelid or periocular area
NA06.0Y	Other specified eyelid trauma
NA06.0Z	Eyelid trauma, unspecified
NA06.1	Penetrating wound of orbit with or without foreign body
	Exclusions: Retained foreign body following penetrating wound of orbit (NA06.2)

NA06.2	Retained foreign body following penetrating wound of orbit <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Non-traumatic macular hole (9B75.1)
NA06.61	Choroidal rupture
NA06.62	Commotio retinae
NA06.63	Optic nerve avulsion
NA06.6Y	Other specified traumatic injuries of the retina
NA06.6Z	Traumatic injuries of the retina, unspecified
NA06.7	Traumatic retinal haemorrhage
NA06.8	Traumatic injury to eyeball <i>Coded Elsewhere:</i> Chemical burn with resulting rupture or destruction of eyeball (NE00)
NA06.80	Retained intraocular magnetic foreign body, unilateral <i>Inclusions:</i> old magnetic foreign body in eyeball
NA06.81	Retained intraocular nonmagnetic foreign body, unilateral
NA06.82	Closed eyeball trauma, unilateral
NA06.83	Closed eyeball trauma, bilateral
NA06.84	Penetrating wound of eyeball without foreign body, unilateral

NA06.85	Avulsion of eye, unilateral Inclusions: Traumatic enucleation
NA06.86	Avulsion of eye, bilateral
NA06.87	Ocular laceration or rupture with prolapse or loss of intraocular tissue, unilateral Forcible or traumatic tearing or breaking of the eyeball with protrusion or loss of the tissues and fluids located within the eyeball.
NA06.88	Ocular laceration or rupture with prolapse or loss of intraocular tissue, bilateral
NA06.89	Penetrating injury of eyeball, bilateral
NA06.8A	Perforating injury of eyeball, bilateral
NA06.8B	Retained intraocular magnetic foreign body, bilateral
NA06.8C	Retained intraocular nonmagnetic foreign body, bilateral
NA06.8D	Ocular laceration without prolapse or loss of intraocular tissue, unilateral
NA06.8E	Ocular laceration without prolapse or loss of intraocular tissue, bilateral
NA06.8Y	Other specified traumatic injury to eyeball
NA06.8Z	Traumatic injury to eyeball, unspecified
NA06.9	Contusion of eyeball or orbital tissues Injuries to the eyeball and surrounding tissue resulting in haemorrhage, usually manifested in the skin. Exclusions: black eye (NA00.11) Contusion of eyelid or periocular area (NA00.11)
NA06.A	Injury of lens Coded Elsewhere: Contusion of lens (NA06.9) Retained magnetic foreign body in lens, unilateral (NA06.80) Retained nonmagnetic foreign body in lens, unilateral (NA06.81) Ocular laceration or rupture with hernia of lens, unilateral (NA06.87) Penetrating injury of lens without foreign body, unilateral (NA06.84) Penetrating wound of lens with foreign body, unilateral (NA06.8Y)
NA06.Y	Other specified injury of eye or orbit
NA06.Z	Injury of eye or orbit, unspecified

NA07**Intracranial injury**

Damage inflicted on the tissues of the brain as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Intracranial laceration or haemorrhage due to birth injury (KA40.0)

Epilepsy due to injuries to the head (8A60.5)

NA07.0**Concussion**

Loss or diminution of consciousness due to injury.

Coding Note: Code also the causing condition

Inclusions: Commotio cerebri

NA07.00

Concussion with incomplete loss of consciousness with amnesia

NA07.01

Concussion with incomplete loss of consciousness without amnesia

NA07.02

Concussion with loss of consciousness, short duration of less than 30 minutes

NA07.03

Concussion with loss of consciousness, short duration of 30 minutes to less than one hour

NA07.04

Concussion with loss of consciousness, short duration of one hour to less than 6 hours

NA07.05

Concussion with loss of consciousness, intermediate duration of 6 hours to less than 24 hours

NA07.06

Concussion with loss of consciousness, persisting longer than 24 hours or until discharge or latest assessment

NA07.07

Concussion with loss of consciousness, persisting until death

NA07.08

Concussion with loss of consciousness, duration unspecified or unknown due to effects of therapy

NA07.09

Concussion with loss of consciousness, duration unspecified or unknown due to lack of information

NA07.0Y

Other specified concussion

Coding Note: Code also the causing condition

NA07.0Z

Concussion, unspecified

Coding Note: Code also the causing condition

NA07.1**Traumatic intracerebral haemorrhage**

Inclusions: traumatic intracerebral haematoma

NA07.2**Traumatic cerebral oedema**

Coded Elsewhere: Cerebral oedema due to birth injury (KA40.1)

NA07.20

Diffuse traumatic cerebral oedema

NA07.21

Focal traumatic cerebral oedema

NA07.2Y	Other specified traumatic cerebral oedema
NA07.2Z	Traumatic cerebral oedema, unspecified
NA07.3	Diffuse brain injury <i>Coded Elsewhere:</i> Cerebral contusion due to birth injury (KA40.07)
NA07.30	Diffuse injury of cerebrum
NA07.31	Diffuse injury of cerebellum <i>Coded Elsewhere:</i> Cerebellar contusion due to birth injury (KA40.06)
NA07.32	Diffuse injury of brainstem <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Extradural or epidural haemorrhage due to birth injury (KA40.08)
NA07.6	Traumatic subdural haemorrhage <i>Exclusions:</i> Nontraumatic subdural haemorrhage (8B02) <i>Coded Elsewhere:</i> Subdural haemorrhage due to birth injury (KA40.00)
NA07.60	Acute traumatic subdural haemorrhage
NA07.61	Chronic traumatic subdural haemorrhage <i>Inclusions:</i> chronic subdural haematoma
NA07.6Z	Traumatic subdural haemorrhage, unspecified whether acute or chronic
NA07.7	Traumatic subarachnoid haemorrhage <i>Coded Elsewhere:</i> Subarachnoid haemorrhage due to birth injury (KA40.04)
NA07.8	Traumatic haemorrhage in brain tissue
NA07.80	Traumatic haemorrhage in cerebrum white matter
NA07.81	Traumatic haemorrhage in thalamus or basal ganglia
NA07.82	Traumatic haemorrhage in cerebellum
NA07.83	Traumatic haemorrhage in brainstem without specification whether primary or secondary
NA07.84	Traumatic haemorrhage in brainstem, primary
NA07.85	Traumatic haemorrhage in brainstem, secondary
NA07.86	Multiple traumatic haemorrhages
NA07.8Y	Other specified traumatic haemorrhage in brain tissue
NA07.8Z	Traumatic haemorrhage in brain tissue, unspecified
NA07.Y	Other specified intracranial injury
NA07.Z	Intracranial injury, unspecified
NA08	Crushing injury of head Damage inflicted on the tissues of the head as the direct or indirect result of a crushing external force.
NA08.0	Crushing injury of brain
NA08.1	Crushing injury of face
NA08.2	Crushing injury of skull <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
NA09.12	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
NA09.22	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 <i>Coded Elsewhere:</i> Cephalohaematoma due to birth injury (KA42.1) Decapitation (NA63)
NA0A.0	Complex wounds to the head <i>Exclusions:</i> 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
	<i>Exclusions:</i> Decapitation (NA63)
NA21.0	Laceration without foreign body of neck
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> incomplete transection of carotid artery laceration of carotid artery NOS superficial laceration of carotid artery
NA60.01	Laceration of carotid artery, major <i>Inclusions:</i> 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 <i>Inclusions:</i> incomplete transection of vertebral artery laceration of vertebral artery NOS superficial laceration of vertebral artery
NA60.11	Laceration of vertebral artery, major <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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
<i>Coding Note:</i>	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 <i>Inclusions:</i> laceration of heart without penetration of heart chamber
NB31.02	Moderate laceration of heart with haemopericardium <i>Inclusions:</i> laceration of heart with penetration of heart chamber
NB31.03	Major laceration of heart with haemopericardium <i>Inclusions:</i> laceration of heart with penetration of multiple heart chambers
NB31.0Y	Other specified injury of heart with haemopericardium
NB31.0Z	Injury of heart with haemopericardium, unspecified
NB31.1	Injury of heart without haemopericardium
NB31.10	Contusion of heart without haemopericardium
NB31.11	Laceration of heart without haemopericardium
NB31.1Y	Other specified injury of heart without haemopericardium

NB31.1Z	Injury of heart without haemopericardium, unspecified
NB31.2	Injury of heart, unspecified without open wound into thoracic cavity
NB31.3	Injury of heart, unspecified with open wound into thoracic cavity
NB31.4	Injury of heart valve
NB31.40	Injury to mitral valve
NB31.4Y	Injury of other specified heart valve
NB31.4Z	Injury of heart valve, unspecified
NB31.Y	Other specified injury of heart
NB31.Z	Injury of heart, unspecified

NB32 **Injury of other or unspecified intrathoracic organs**

Exclusions: injury of cervical oesophagus (NA20-NA6Z)

 injury of trachea (cervical) (NA20-NA6Z)

Coded Elsewhere: Oesophagitis due to external causes (DA24.2)

 Injury of oesophagus (DA20.3Y)

NB32.0	Traumatic pneumothorax
NB32.1	Traumatic haemothorax
NB32.2	Traumatic haemopneumothorax
NB32.3	Certain injuries of lung
NB32.30	Contusion of lung
NB32.31	Laceration of lung
NB32.32	Inhalation injury of lung
NB32.33	Primary blast injury of lung
NB32.3Y	Other injury of lung
NB32.3Z	Injury of lung, unspecified
NB32.4	Injury of bronchus
NB32.40	Contusion of bronchus
NB32.41	Minor laceration of bronchus

Inclusions: laceration of bronchus less than 1 cm

 laceration of bronchus NOS

NB32.42	Moderate laceration of bronchus Inclusions: laceration of bronchus 1 to 3 cm Exclusions: Multiple moderate lacerations of bronchus (NB32.43)
NB32.43	Major laceration of bronchus Inclusions: laceration of bronchus greater than 3 cm massive laceration of bronchus multiple moderate lacerations of bronchus stellate laceration of bronchus
NB32.4Y	Other specified injury of bronchus
NB32.4Z	Injury of bronchus, unspecified
NB32.5	Injury of thoracic trachea Coded Elsewhere: Tracheal haemorrhage of newborn due to airway trauma (KB2G)
NB32.50	Contusion of thoracic trachea
NB32.51	Minor laceration of thoracic trachea Inclusions: laceration of thoracic trachea less than 1 cm laceration of thoracic trachea NOS
NB32.52	Moderate laceration of thoracic trachea Inclusions: laceration of thoracic trachea 1 to 3 cm Exclusions: Multiple moderate lacerations of thoracic trachea (NB32.53)
NB32.53	Major laceration of thoracic trachea Inclusions: laceration of thoracic trachea greater than 3 cm massive laceration of thoracic trachea multiple moderate lacerations of thoracic trachea stellate laceration of thoracic trachea
NB32.5Y	Other specified injury of thoracic trachea
NB32.5Z	Injury of thoracic trachea, unspecified
NB32.6	Injury of pleura
NB32.60	Laceration of pleura
NB32.6Y	Other specified injury of pleura
NB32.6Z	Injury of pleura, unspecified

NB32.7 Multiple injuries of intrathoracic organs

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB32.Y Other specified injury of other or unspecified intrathoracic organs

NB32.Z Unspecified injury of unspecified intrathoracic organs

NB33 Crushing injury of thorax or traumatic amputation of part of thorax

NB33.0 Crushed chest

Exclusions: Flail chest (NA82.5)

NB33.1 Traumatic amputation of breast

NB33.10 Traumatic amputation of part of breast

NB33.11 Traumatic amputation of entire breast

NB33.1Z Traumatic amputation of breast, unspecified

NB33.2 Traumatic amputation of other or unspecified part of thorax

Exclusions: transection of thorax (ND35)

NB34 Injury of muscle, fascia or tendon at thorax level

NB34.0 Strain or sprain of muscle, fascia or tendon at thorax level

NB34.1 Laceration of muscle, fascia or tendon at thorax level

NB34.Y Other specified injury of muscle, fascia or tendon at thorax level

NB34.Z Injury of muscle, fascia or tendon at thorax level, unspecified

NB35 Multiple injuries of thorax

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB3Y Other specified injuries to the thorax

NB3Z Injuries to the thorax, unspecified

Injuries to the abdomen, lower back, lumbar spine or pelvis (NB50-NB9Z)

Exclusions:

- insect bite or sting, venomous (NE61)
- Foreign body in anus or rectum (ND73.5)
- Foreign body in genitourinary tract (ND74)
- Burns (ND90-NE2Z)
- Foreign body in colon (ND73.4)
- Fracture of spine, level unspecified (ND50)
- injuries of trunk NOS (ND51)
- injuries of spinal cord NOS (ND51)
- Frostbite (NE40-NE4Z)
- Foreign body in stomach (ND73.2)
- Foreign body in small intestine (ND73.3)

NB50

Superficial injury of abdomen, lower back or pelvis

Damage inflicted on the surface or shallow tissues of the abdomen, lower back and pelvis as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: superficial injury of hip (NC70)

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NB50.0 **Abrasion of lower back or pelvis**

NB50.1 **Contusion of lower back or pelvis**

NB50.2 **Abrasion of abdominal wall**

NB50.3 **Contusion of abdominal wall**

NB50.4 **Abrasion of external genital organs**

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.5 **Contusion of external genital organs**

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.6 **Multiple superficial injuries of abdomen, lower back or pelvis**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB50.Y **Other specified superficial injury of abdomen, lower back or pelvis**

NB50.Z **Superficial injury of abdomen, lower back or pelvis, unspecified**

NB51

Open wound of abdomen, lower back or pelvis

Exclusions:

- open wound of hip (NC71)
- traumatic amputation of part of abdomen, lower back and pelvis (NB93)

NB51.0	Laceration without foreign body of abdomen, lower back or pelvis <i>Inclusions:</i> 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. <i>Exclusions:</i> 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
	<i>Exclusions:</i> Dislocation or strain or sprain of joint or ligaments of hip (NC73) Obstetric damage to pelvic joints or ligaments (JB0A.7)
NB53.0	Traumatic rupture of lumbar intervertebral disc
NB53.1	Dislocation of lumbar vertebra
NB53.2	Dislocation of sacroiliac or sacrococcygeal joint without disruption of pelvic ring
NB53.3	Dislocation of other or unspecified parts of lumbar spine or pelvis without disruption of pelvic ring
NB53.4	Traumatic rupture of symphysis pubis without disruption of pelvic ring
NB53.5	Strain or sprain of lumbar spine A collective term for muscle and ligament injuries of the tissues associated with the lumbar spine without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.
NB53.6	Strain or sprain of sacroiliac joint Aberrant biomechanical functions of the joints between the ilia and the sacrum, which may be as a result of local disease, systemic disease, postural strain or trauma.
NB53.Y	Other specified dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis
NB53.Z	Dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis, unspecified

Injury of nerves or lumbar spinal cord at abdomen, lower back or pelvis level (NB60-NB7Z)

Injury of spinal cord at abdomen, lower back or pelvis level (NB60-NB6Z)

NB60	Concussion or oedema of lumbar spinal cord
NB61	Concussion or oedema of sacral spinal cord
NB62	Certain specified injuries of lumbar spinal cord
NB62.0	Complete lesion of lumbar spinal cord
NB62.1	Central cord syndrome of lumbar spinal cord
NB62.2	Anterior cord syndrome of lumbar spinal cord
NB62.3	Posterior cord syndrome of lumbar spinal cord

NB62.4	Brown-Sequard syndrome of lumbar spinal cord
NB62.5	Other incomplete cord syndrome of lumbar spinal cord
NB62.6	Puncture wound or laceration of dura mater of lumbar spinal cord
NB63	Certain specified injuries of sacral spinal cord
NB63.0	Complete injury of sacral spinal cord
NB63.1	Incomplete injury of sacral spinal cord
NB63.Z	Injury of sacral spinal cord, unspecified
NB6Z	Injury of spinal cord at abdomen, lower back or pelvis level, unspecified

Injury of nerves at abdomen, lower back or pelvis level (NB70-NB7Z)

NB70	Injury of nerve root of lumbar spine
NB71	Injury of nerve root of sacral spine
NB72	Injury of cauda equina
NB73	Injury of lumbosacral plexus
NB74	Injury of lumbar, sacral or pelvic sympathetic nerves
NB75	Injury of peripheral nerve of abdomen, lower back or pelvis
NB7Y	Other specified injury of nerves at abdomen, lower back or pelvis level
NB7Z	Injury of nerves at abdomen, lower back or pelvis level, unspecified
NB90	Injury of blood vessels at abdomen, lower back or pelvis level
NB90.0	Injury of abdominal aorta <i>Exclusions:</i> injury aorta NOS (NB30.0)
NB90.00	Minor laceration of abdominal aorta <i>Inclusions:</i> incomplete transection of abdominal aorta laceration of abdominal aorta NOS superficial laceration of abdominal aorta
NB90.01	Major laceration of abdominal aorta <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> Adrenal haemorrhage due to birth injury (KA46.2)
NB91.0	Injury of spleen <i>Coded Elsewhere:</i> Birth injury to spleen (KA46.1)
NB91.00	Contusion of spleen, minor <i>Inclusions:</i> contusion of spleen less than 2 cm
NB91.01	Contusion of spleen, major <i>Inclusions:</i> contusion of spleen greater than 2 cm
NB91.02	Laceration of spleen, minor <i>Inclusions:</i> laceration of spleen less than 1 cm
NB91.03	Laceration of spleen, moderate <i>Inclusions:</i> laceration of spleen 1 to 3 cm <i>Exclusions:</i> Multiple moderate lacerations of spleen (NB91.04)
NB91.04	Laceration of spleen, major <i>Inclusions:</i> laceration of spleen greater than 3 cm massive laceration of spleen multiple moderate lacerations of spleen stellate laceration of spleen <i>Exclusions:</i> 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. <i>Coded Elsewhere:</i> Birth injury to liver (KA46.0)
NB91.10	Contusion of liver
NB91.11	Laceration of liver, minor <i>Inclusions:</i> 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 <i>Inclusions:</i> Traumatic amputation of vulva <i>Exclusions:</i> Female Genital Mutilation (GC51)
NB93.25	Traumatic amputation of part of vulva <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Crushing injury of external genital organs (NB93.0)
NB99	Injury to male genital organ without further specification <i>Exclusions:</i> 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 <i>Inclusions:</i> fracture of articular process of humerus <i>Exclusions:</i> fracture of elbow NOS (NC32.0)
NC12.40	Supracondylar fracture of humerus
NC12.41	Fracture of lateral epicondyle of humerus
NC12.42	Fracture of medial epicondyle of humerus
NC12.43	Fracture of lateral condyle of humerus
NC12.44	Fracture of medial condyle of humerus
NC12.4Y	Other specified fracture of lower end of humerus
NC12.4Z	Fracture of lower end of humerus, unspecified
NC12.5	Multiple fractures of clavicle, scapula or humerus
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC12.7	Fracture of shoulder girdle, part unspecified
NC12.Z	Fracture of shoulder or upper arm, unspecified
NC13	Dislocation or strain or sprain of joints or ligaments of shoulder girdle
NC13.0	Dislocation of shoulder joint Displacement of the humerus from the scapula.
NC13.1	Dislocation of acromioclavicular joint
NC13.2	Dislocation of sternoclavicular joint
NC13.3	Dislocation of scapula
NC13.4	Dislocation of other or unspecified parts of shoulder girdle
NC13.5	Strain or sprain of shoulder joint A collective term for muscle and ligament injuries of the tissues associated with the shoulder joint without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.
NC13.6	Strain or sprain of acromioclavicular joint
NC13.7	Strain or sprain of sternoclavicular joint Aberrant biomechanical functions of the joints between the clavicle and the sternum, which may be as a result of local disease, systemic disease or trauma.
NC13.8	Strain or sprain of other or unspecified parts of shoulder girdle
NC13.Y	Dislocation or sprain of other specified joints and ligaments of shoulder girdle
NC13.Z	Dislocation or strain or sprain of joints or ligaments of shoulder girdle, unspecified
NC14	Injury of nerves at shoulder or upper arm level
	<i>Exclusions:</i> Injury of brachial plexus (NA41)
NC14.0	Injury of ulnar nerve at upper arm level <i>Exclusions:</i> ulnar nerve NOS (NC34.0)
NC14.1	Injury of median nerve at upper arm level <i>Exclusions:</i> median nerve NOS (NC34.1)
NC14.2	Injury of radial nerve at upper arm level <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
<i>Coding Note:</i>	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
	<i>Exclusions:</i> injury of muscle and tendon at or below wrist (NC57)
NC36.0	Injury of flexor muscle, fascia or tendon of thumb at forearm level
NC36.00	Strain or sprain of flexor muscle, fascia or tendon of thumb at forearm level
NC36.01	Laceration of flexor muscle, fascia or tendon of thumb at forearm level
NC36.0Y	Other specified injury of flexor muscle, fascia or tendon of thumb at forearm level
NC36.0Z	Injury of flexor muscle, fascia or tendon of thumb at forearm level, unspecified
NC36.1	Injury of long flexor muscle, fascia or tendon of other finger at forearm level
NC36.10	Strain or sprain of long flexor muscle, fascia or tendon of other finger at forearm level
NC36.11	Laceration of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.1Y	Other specified injury of long flexor muscle, fascia or tendon of other finger at forearm level
NC36.1Z	Injury of long flexor muscle, fascia or tendon of other finger at forearm level, unspecified
NC36.2	Injury of other flexor muscle, fascia or tendon at forearm level
NC36.20	Strain or sprain of other flexor muscle, fascia or tendon at forearm level
NC36.21	Laceration of other flexor muscle, fascia or tendon at forearm level
NC36.2Y	Other specified injury of other flexor muscle, fascia or tendon at forearm level
NC36.2Z	Injury of other flexor muscle, fascia or tendon at forearm level, unspecified
NC36.3	Injury of extensor or abductor muscles or tendons of thumb at forearm level
NC36.30	Strain or sprain of extensor or abductor muscles or tendons of thumb at forearm level
NC36.31	Laceration of extensor or abductor muscles or tendons of thumb at forearm level
NC36.3Y	Other specified injury of extensor or abductor muscles or tendons of thumb at forearm level
NC36.3Z	Injury of extensor or abductor muscles or tendons of thumb at forearm level, unspecified
NC36.4	Injury of extensor muscle, fascia or tendon of other finger at forearm level
NC36.40	Strain or sprain of extensor muscle, fascia or tendon of other finger at forearm level
NC36.41	Laceration of extensor muscle, fascia or tendon of other finger at forearm level
NC36.4Y	Other specified injury of extensor muscle, fascia or tendon of other finger at forearm level
NC36.4Z	Injury of extensor muscle, fascia or tendon of other finger at forearm level, unspecified
NC36.5	Injury of other extensor muscle, fascia or tendon at forearm level
NC36.50	Strain or sprain of other extensor muscle, fascia or tendon at forearm level
NC36.51	Laceration of other extensor muscle, fascia or tendon at forearm level
NC36.5Y	Other specified injury of other extensor muscle, fascia or tendon at forearm level
NC36.5Z	Injury of other extensor muscle, fascia or tendon at forearm level, unspecified
NC36.6	Injury of multiple muscles or tendons at forearm level
Coding Note:	Assign additional codes for the specific injuries.
NC36.7	Injury of bursa of elbow
NC36.Y	Injury of other specified muscle, fascia, tendon or bursa at forearm level
NC36.Z	Injury of unspecified muscle, fascia, tendon or bursa at forearm level

NC37	Crushing injury of forearm <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Coding Note:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Traumatic amputation of wrist or hand (NC59)
NC52.0	Open wound of finger or thumb <i>Exclusions:</i> 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 <i>Inclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Fracture of first metacarpal bone (NC53.2)
NC53.6	Fracture of other finger bone A break in one or more of the phalanges
NC53.60	Fracture of index finger
NC53.61	Fracture of middle finger
NC53.62	Fracture of ring finger
NC53.63	Fracture of little finger
NC53.6Y	Other specified fracture of other finger bone
NC53.6Z	Fracture of other finger bone, unspecified
NC53.7	Multiple fractures of fingers
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NC53.Y	Fracture at other specified part of wrist or hand level
NC53.Z	Fracture at wrist or hand level, unspecified
NC54	Dislocation or strain or sprain of joints or ligaments at wrist or hand level

NC54.0	Dislocation of wrist Displacement of one or more of the bones of the wrist
NC54.00	Dislocation of distal radioulnar joint
NC54.01	Dislocation of radiocarpal joint
NC54.02	Dislocation of midcarpal joint
NC54.03	Dislocation of carpometacarpal joint of thumb
NC54.04	Dislocation of other carpometacarpal joint
NC54.05	Dislocation of metacarpal bone, proximal end
NC54.0Y	Dislocation of other specified part of wrist
NC54.0Z	Dislocation of wrist, unspecified
NC54.1	Dislocation of thumb
NC54.10	Dislocation of metacarpophalangeal joint of thumb
NC54.11	Dislocation of interphalangeal joint of thumb
NC54.1Y	Dislocation of other specified part of thumb
NC54.1Z	Dislocation of thumb, unspecified
NC54.2	Dislocation of finger Displacement of one or more of the phalanges Inclusions: Dislocation of phalanx, hand
NC54.20	Dislocation of metacarpophalangeal joint of finger
NC54.21	Dislocation of interphalangeal joint of finger
NC54.2Y	Dislocation of other specified part of finger
NC54.2Z	Dislocation of finger, unspecified
NC54.3	Multiple dislocations of fingers
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NC54.4	Traumatic rupture of ligament of wrist or carpus
NC54.40	Traumatic rupture of scapholunate ligament
NC54.41	Traumatic rupture of radiocarpal ligament
NC54.42	Traumatic rupture of ulnocarpal ligament
NC54.43	Traumatic rupture of lunotriquetral ligament
NC54.4Y	Traumatic rupture of other specified ligament of wrist or carpus
NC54.4Z	Traumatic rupture of ligament of wrist or carpus, unspecified

NC54.5	Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint
NC54.50	Traumatic rupture of collateral ligament of finger at metacarpophalangeal or interphalangeal joint
NC54.51	Traumatic rupture of palmar ligament of finger at metacarpophalangeal or interphalangeal joint
NC54.52	Traumatic rupture of volar plate of finger at metacarpophalangeal or interphalangeal joint
NC54.53	Traumatic rupture of other ligament of finger at metacarpophalangeal or interphalangeal joint
NC54.5Z	Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint, unspecified
NC54.6	Strain or sprain of wrist A collective term for muscle and ligament injuries of the tissues associated with the wrist without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.
NC54.60	Strain or sprain of carpal joint
NC54.61	Strain or sprain of radiocarpal joint
NC54.62	Strain or sprain of carpometacarpal joint
NC54.6Y	Sprain of other specified part of wrist
NC54.6Z	Strain or sprain of wrist, unspecified
NC54.7	Strain or sprain of thumb
NC54.70	Strain or sprain of metacarpophalangeal joint of thumb
NC54.71	Strain or sprain of interphalangeal joint of thumb
NC54.7Y	Sprain or strain of other specified part of thumb
NC54.7Z	Strain or sprain of thumb, unspecified
NC54.8	Strain or sprain of finger
NC54.80	Strain or sprain of metacarpophalangeal joint of finger
NC54.81	Strain or sprain of interphalangeal joint of finger
NC54.8Y	Sprain of other specified part of finger
NC54.8Z	Strain or sprain of finger, unspecified
NC54.Y	Dislocation or sprain of other specified joints or ligaments at wrist or hand level
NC54.Z	Dislocation or strain or sprain of joints or ligaments at wrist or hand level, unspecified

NC55	Injury of nerves at wrist or hand level
NC55.0	Injury of ulnar nerve at wrist or hand level
NC55.1	Injury of median nerve at wrist or hand level
NC55.2	Injury of radial nerve at wrist or hand level
NC55.3	Injury of multiple nerves at wrist or hand level
<i>Coding Note:</i>	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
<i>Coding Note:</i>	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
<i>Coding Note:</i>	Assign additional codes for the specific injuries.
NC76.4Z	Injury of multiple muscles or tendons at hip or thigh level, unspecified
<i>Coding Note:</i>	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
<i>Exclusions:</i>	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 <i>Inclusions:</i> laceration of skin of lower leg Laceration without foreign body of knee
NC91.1	Laceration with foreign body of lower leg
NC91.2	Puncture wound without foreign body of lower leg
NC91.3	Puncture wound with foreign body of lower leg
NC91.4	Open bite of lower leg
NC91.5	Multiple open wounds of lower leg
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NC91.Y	Other specified open wound of knee or lower leg
NC91.Z	Open wound of knee or lower leg, unspecified
NC92	Fracture of lower leg, including ankle <i>Exclusions:</i> Fracture of foot, except ankle (ND13)
NC92.0	Fracture of patella A break in the patellar bone (kneecap)
NC92.1	Fracture of upper end of tibia
NC92.10	Avulsion of cruciate ligament insertion
NC92.11	Avulsion of tibial tuberosity
NC92.12	Metaphyseal fracture of upper end of tibia
NC92.13	Fracture of upper end of tibia, lateral condyle
NC92.14	Fracture of upper end of tibia, medial condyle
NC92.1Y	Other specified fracture of upper end of tibia
NC92.1Z	Fracture of upper end of tibia, unspecified
NC92.2	Fracture of shaft of tibia
NC92.3	Fracture of lower end of tibia <i>Exclusions:</i> Fracture of medial malleolus (NC92.5)
NC92.4	Fracture of fibula <i>Exclusions:</i> Fracture of lateral malleolus (NC92.6)
NC92.40	Avulsion of fibular head
NC92.4Y	Other specified fracture of fibula
NC92.4Z	Fracture of fibula, unspecified

NC92.5	Fracture of medial malleolus A fracture of the medial malleolus, the bony landmark located on the distal end of the tibia
NC92.6	Fracture of lateral malleolus
NC92.7	Complex fractures of ankle
NC92.70	Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus
NC92.71	Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia
NC92.72	Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus
NC92.73	Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia
NC92.74	Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis
NC92.75	Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis and fracture of posterior margin of distal tibia
NC92.76	Bimalleolar fracture of ankle, not otherwise specified
NC92.77	Trimalleolar fracture of ankle, not otherwise specified
NC92.7Y	Other specified complex fractures of ankle
NC92.7Z	Complex fractures of ankle, unspecified
NC92.8	Multiple fractures of lower leg
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
NC92.Y	Fracture of other specified part of lower leg, including ankle
NC92.Z	Fracture of lower leg, including ankle, unspecified
NC93	Dislocation or strain or sprain of joints or ligaments of knee Exclusions: dislocation of knee recurrent (FA34.2) Internal derangement of knee (FA33) derangement of patella (FA32) dislocation of knee old (FA34.2)
NC93.0	Acute internal damage of knee
NC93.1	Dislocation of patella Displacement of the patella from the femoral groove.

NC93.10	Lateral dislocation of patella
NC93.1Y	Other specified dislocation of patella
NC93.1Z	Dislocation of patella, unspecified
NC93.2	Dislocation of knee
NC93.20	Anterior dislocation of proximal end of tibia
NC93.21	Posterior dislocation of proximal end of tibia
NC93.22	Medial dislocation of proximal end of tibia
NC93.23	Lateral dislocation of proximal end of tibia
NC93.2Y	Other specified dislocation of knee
NC93.2Z	Dislocation of knee, unspecified
NC93.3	Tear of meniscus, current <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
<i>Exclusions:</i>	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
<i>Coding Note:</i>	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)

<i>Exclusions:</i>	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 <i>Inclusions:</i> 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 <i>Exclusions:</i> Injury of Achilles tendon (NC96.0)
ND14.70	Strain or sprain of calcaneofibular ligament
ND14.71	Strain or sprain of deltoid ligament
ND14.72	Strain or sprain of tibiofibular ligament
ND14.73	Strain or sprain of other ligament of ankle
ND14.7Z	Strain or sprain of ankle, unspecified
ND14.8	Strain or sprain of other toe <i>Exclusions:</i> Strain or sprain of great toe (ND14.9)
ND14.80	Strain or sprain of metatarsophalangeal joint of lesser toe
ND14.81	Strain or sprain of interphalangeal joints of lesser toe
ND14.8Y	Strain or sprain of other specified toe

ND14.8Z	Strain or sprain of other toe, unspecified
ND14.9	Strain or sprain of great toe
ND14.90	Strain or sprain of metatarsophalangeal joint of great toe
ND14.91	Strain or sprain of interphalangeal joint of great toe
ND14.9Z	Strain or sprain of great toe, unspecified
ND14.A	Strain or sprain of other or unspecified parts of foot
ND14.Y	Other specified dislocation or strain or sprain of joints or ligaments at ankle or foot level
ND14.Z	Dislocation or strain or sprain of joints or ligaments at ankle or foot level, unspecified
ND15	Injury of nerves at ankle or foot level
ND15.0	Injury of lateral plantar nerve
ND15.1	Injury of medial plantar nerve
ND15.2	Injury of deep peroneal nerve at ankle or foot level
ND15.3	Injury of cutaneous sensory nerve at ankle or foot level
ND15.4	Injury of multiple nerves at ankle or foot level
Coding Note:	Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.
ND15.Y	Injury of other specified nerves at ankle and foot level
ND15.Z	Injury of unspecified nerve at ankle or foot level
ND16	Injury of blood vessels at ankle or foot level
	Exclusions: Injury of posterior tibial artery (NC95.2)
ND16.0	Injury of dorsal artery of foot
ND16.00	Laceration of dorsal artery of foot
ND16.0Y	Other specified injury of dorsal artery of foot
ND16.0Z	Injury of dorsal artery of foot, unspecified
ND16.1	Injury of plantar artery of foot
ND16.10	Laceration of plantar artery of foot
ND16.1Y	Other specified injury of plantar artery of foot
ND16.1Z	Injury of plantar artery of foot, unspecified
ND16.2	Injury of dorsal vein of foot

ND16.20	Laceration of dorsal vein of foot
ND16.2Y	Other specified injury of dorsal vein of foot
ND16.2Z	Injury of dorsal vein of foot, unspecified
ND16.3	Injury of multiple blood vessels at ankle or foot level
Coding Note:	Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.
ND16.Y	Injury of other specified blood vessels at ankle and foot level
ND16.Z	Injury of unspecified blood vessel at ankle or foot level
ND17	Injury of muscle, fascia or tendon at ankle or foot level Damage inflicted on the muscular or tendinous tissues of the ankle or foot as the direct or indirect result of an external force, with or without disruption of structural continuity. Exclusions: Injury of Achilles tendon (NC96.0)
ND17.0	Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level
ND17.00	Strain or sprain of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level
ND17.01	Laceration of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level
ND17.0Y	Other specified injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level
ND17.0Z	Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level, unspecified
ND17.1	Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level
ND17.10	Strain or sprain of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level
ND17.11	Laceration of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level
ND17.1Y	Other specified injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level
ND17.1Z	Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level, unspecified
ND17.2	Injury of intrinsic muscle, fascia or tendon at ankle or foot level
ND17.20	Strain or sprain of intrinsic muscle, fascia or tendon at ankle or foot level
ND17.21	Laceration of intrinsic muscle, fascia or tendon at ankle or foot level
ND17.2Y	Other specified injury of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.2Z Injury of intrinsic muscle, fascia or tendon at ankle or foot level, unspecified

ND17.3 Injury of multiple muscles or tendons at ankle or foot level

Coding Note: Assign additional codes for the specific injuries.

ND17.Y Injury of other specified muscle, fascia or tendon at ankle or foot level

ND17.Z Injury of unspecified muscle, fascia or tendon at ankle or foot level

ND18 Crushing injury of ankle or foot

ND18.0 Crushing injury of ankle

ND18.1 Crushing injury of toe

ND18.2 Crushing injury of other parts of ankle or foot

ND18.Z Crushing injury of ankle or foot, unspecified

ND19 Traumatic amputation of ankle or foot

ND19.0 Traumatic amputation of right foot at ankle level

ND19.1 Traumatic amputation of left foot at ankle level

ND19.2 Traumatic amputation of foot at ankle level, bilateral

ND19.3 Traumatic amputation of right foot at metatarsal level

ND19.4 Traumatic amputation of left foot at metatarsal level

ND19.5 Traumatic amputation of foot at metatarsal level, bilateral

ND19.6 Traumatic amputation of one toe

Exclusions: avulsion of toenail (ND10)

ND19.7 Traumatic amputation of two or more toes

Exclusions: avulsion of toenail (ND10)

ND19.8 Traumatic amputation of other parts of foot

Inclusions: Combined traumatic amputation of toe(s) and other parts of foot

ND19.Z Traumatic amputation of ankle or foot, unspecified

ND1A Multiple injuries of ankle or foot

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND1Y Other specified injuries to the ankle or foot

ND1Z Injuries to the ankle or foot, unspecified

Injuries involving multiple body regions (ND30-ND37)

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions:

- Frostbite (NE40-NE4Z)
- Sunburn (EJ40)
- Burns (ND90-NE2Z)

ND30

Superficial injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND31

Open wounds involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Traumatic amputations involving multiple body regions (ND35)

ND32

Fractures involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Coded Elsewhere: Fractures involving multiple body regions due to birth injury (KA45.Y)

ND33

Dislocations, strains or sprains involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND34

Crushing injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND35

Traumatic amputations involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Inclusions: avulsion involving multiple body regions

Exclusions:

- traumatic amputation of leg NOS (ND55)
- traumatic amputation of arm NOS (ND53)
- Open wounds involving multiple body regions (ND31)
- Decapitation (NA63)
- traumatic amputation of: trunk NOS (NB33)

ND36

Other injuries involving multiple body regions, not elsewhere classified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND37**Unspecified multiple injuries**

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

Exclusions: injury NOS (ND56)

Injuries to unspecified part of trunk, limb or body region (ND50-ND5Z)

Exclusions: Injuries involving multiple body regions (ND30-ND37)

Insect bite or sting, venomous (NE61)

Burns (ND90-NE2Z)

Frostbite (NE40-NE4Z)

ND50**Fracture of spine, level unspecified**

Exclusions: multiple fractures of spine, level unspecified (ND32)

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51**Other injuries of spine or trunk, level unspecified**

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: multiple internal injuries of trunk (ND36)

crushing injury of trunk NOS (ND34)

transection of trunk (ND35)

ND51.0 Dislocation or strain or sprain of unspecified joint or ligament of trunk

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51.1 Injury of unspecified nerve, spinal nerve root or plexus of trunk

ND51.2 Injury of spinal cord, level unspecified

Coded Elsewhere: Birth injury to spine or spinal cord (KA40.2)

ND51.3 Injury of unspecified muscle, fascia or tendon of trunk

ND51.4 Crushing injury of spine or trunk, level unspecified

ND51.Y Other specified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND51.Z Unspecified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND52	Fracture of arm, level unspecified <i>Exclusions:</i> Fractures involving multiple regions of one arm (ND32)
ND53	Other injuries of arm, level unspecified <i>Exclusions:</i> 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 <i>Exclusions:</i> Fractures involving multiple regions of one leg (ND32)
ND55	Other injuries of leg, level unspecified <i>Exclusions:</i> 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. <i>Exclusions:</i> Injuries involving multiple body regions (ND30-ND37) multiple injuries NOS (ND37)
ND56.0	Superficial injury of unspecified body region <i>Exclusions:</i> multiple superficial injuries NOS (ND30) <i>Coded Elsewhere:</i> Haematoma of surgical wound of skin (NE81.00) Superficial incisional site infection (NE81.20)
ND56.1	Open wound of unspecified body region <i>Exclusions:</i> 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 <i>Exclusions:</i> multiple fractures NOS (ND32)
ND56.3	Dislocation or strain or sprain of unspecified body region <i>Exclusions:</i> multiple dislocations, sprains and strains NOS (ND33)
ND56.4	Injury of nerve of unspecified body region <i>Exclusions:</i> multiple injuries of nerves NOS (ND36)
ND56.5	Injury of blood vessel of unspecified body region <i>Exclusions:</i> multiple injuries of blood vessels NOS (ND36)

ND56.6	Injury of muscles or tendons of unspecified body region <i>Exclusions:</i> multiple injuries of tendons and muscles NOS (ND36)
ND56.7	Crushing injury of unspecified body region
ND56.8	Traumatic amputation of unspecified body region <i>Exclusions:</i> 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 <i>Inclusions:</i> deformity NOS scarring resulting from previous injury old amputation <i>Exclusions:</i> Post traumatic stress disorder (6B40) Post traumatic wound infection, not elsewhere classified (NFOA.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)	
<i>Exclusions:</i>	foreign body accidentally left in operation wound (PL11.3) Residual foreign body in soft tissue (FB56.1)
ND70	Foreign body on external eye <i>Exclusions:</i> 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
<i>Coding Note:</i>	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
	<i>Exclusions:</i> 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. <i>Exclusions:</i> 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

NE81.02 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> 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 reprogramming and results in patient discomfort or need for reoperation.
NE82.02	Pacemaker or implantable cardioverter defibrillator phrenic nerve stimulation
NE82.03	Pacing-induced cardiomyopathy Pacing-induced cardiomyopathy is ventricular dilation, dysfunction (systolic and/or diastolic) and dyskinesia associated with chronic ventricular pacing in the absence of other causes of cardiomyopathy.
NE82.0Y	Other specified pacemaker or implantable cardioverter defibrillator complication
NE82.0Z	Pacemaker or implantable cardioverter defibrillator complication, unspecified
NE82.1	Pacemaker or implantable cardioverter defibrillator dysfunction Any abnormality of pacemaker or implantable cardioverter defibrillator (ICD) device function.
NE82.10	Inappropriate implantable cardioverter defibrillator shock One or more implantable cardioverter defibrillator (ICD) high energy discharges delivered in response to an event other than an appropriately sensed ventricular arrhythmia meeting criteria for therapy. Examples of such events include artefactual sensing (e.g., T-wave oversensing or noise), supraventricular arrhythmias (e.g., atrial fibrillation or flutter, supraventricular tachycardia (SVT)) and sinus tachycardia.

NE82.11	Pacemaker syndrome Cardiovascular signs or symptoms following pacemaker implantation due to suboptimal atrioventricular synchrony, regardless of the pacing mode
NE82.12	Pacemaker generator dysfunction Pacemaker pulse generator malfunction for any reason except routine battery exhaustion.
NE82.1Y	Other specified pacemaker or implantable cardioverter defibrillator dysfunction
NE82.1Z	Pacemaker or implantable cardioverter defibrillator dysfunction, unspecified
NE82.2	Pacemaker or implantable cardioverter defibrillator lead complication
NE82.20	Pacemaker or implantable cardioverter defibrillator lead fracture
NE82.21	Pacemaker or implantable cardioverter defibrillator lead dislodgement
NE82.22	Pacemaker or implantable cardioverter defibrillator lead insulation break
NE82.2Y	Other specified pacemaker or implantable cardioverter defibrillator lead complication
NE82.2Z	Pacemaker or implantable cardioverter defibrillator lead complication, unspecified
NE82.3	Pacemaker or implantable cardioverter defibrillator lead dysfunction
NE82.Y	Other specified dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified
NE82.Z	Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified, unspecified
NE83	Injury or harm arising from other device, implant or graft, not elsewhere classified <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 (fiberoptic intubation) or three or more attempts at intubation using direct laryngoscopy or videolaryngoscopy when performed by a fully trained and expert anesthetist. Failure is defined as the abandonment of the attempt at intubation.

Exclusions:

- Failed or difficult intubation during pregnancy (JA67.5)
- Failed or difficult intubation during labour or delivery (JB0C.7)
- Failed or difficult intubation during the puerperium (JB43.5)

NE88

Drug toxicity associated with harm in surgical or medical care, not elsewhere classified

NE89

Awareness under general anaesthesia

The experience by patients whose expectation was oblivion under general anaesthesia of awareness of their surroundings. This may include some or all of the following sensations: visual, auditory, tactile (including presence of a tracheal tube or airway device, manipulation), motion, pain and paralysis.

Exclusions: Awareness of heartbeat (MC81.2)

NE8Y

Other specified injury or harm arising from surgical or medical care, not elsewhere classified

NE8Z

Injury or harm arising from surgical or medical care, not elsewhere classified, unspecified

Other or unspecified effects of external causes (NF00-NF0Z)

Coded Elsewhere: Anaphylaxis (4A84)

NF00	Effects of radiation, not elsewhere classified
	Exclusions: - Sunburn (EJ40) - Burns (ND90-NE2Z) - specified adverse effects of radiation, such as leukaemia (2A20-2B3Z) - Radiation gastritis (DA42.81) - Acute pulmonary manifestations due to radiation (CA82.0) - Radiation duodenitis (DA51.53) - Radiation oesophagitis (DA24.22) - Radiation-induced colitis (DB33.41)
NF01	Effects of heat
	Adverse effects resulting from a failure to maintain normal body core temperature on exposure to excessive heat. Vigorous exercise, insulation by clothing (e.g. protective clothing) or an inability to sweat normally (e.g. genetic hypohidrosis or autonomic neuropathy) may be contributory factors.
	Inclusions: heat prostration NOS
	Exclusions: - Sunburn (EJ40) - Burns (ND90-NE2Z) - Malignant hyperthermia due to anaesthesia (NE86) - Dermatoses provoked by heat or electricity (EJ10-EJ1Y)
NF01.0	Heat stroke
	Elevation of core body temperature above 40.6 degrees centigrade due to environmental heat exposure and a failure of thermoregulation. This is a potentially fatal disorder, particularly in infants and children.
	Exclusions: Exertional heat stroke (NF06.0)
	Coded Elsewhere: Environmental hyperthermia of newborn (KD10)
NF01.1	Heat syncope
	Fainting attributable to exposure to heat
	Inclusions: Heat collapse
NF01.2	Heat exhaustion due to fluid depletion
	A failure of thermoregulatory sweating on exposure to heat as a result of water deprivation and/or inadequate replacement of fluids lost through sweating or by other means (e.g. severe diarrhoea). If untreated this may progress to heat stroke.
	Inclusions: Heat prostration due to water depletion
NF01.3	Heat fatigue, transient
NF01.Y	Other specified effects of heat

NF01.Z	Effects of heat, unspecified
NF02	Hypothermia <i>Inclusions:</i> Accidental hypothermia <i>Exclusions:</i> Hypothermia, not associated with low environmental temperature (MG28) Frostbite (NE40-NE4Z) <i>Coded Elsewhere:</i> Hypothermia of newborn (KD12)
NF03	Other effects of reduced temperature <i>Exclusions:</i> 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 <i>Inclusions:</i> Aero-otitis media
NF04.1	Sinus barotrauma <i>Inclusions:</i> Aerosinusitis Effects of change in ambient atmospheric pressure on sinuses
NF04.2	Caisson disease <i>Inclusions:</i> Compressed-air disease <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Inclusions:</i> Deprivation of food Starvation
NF07.1	Effects of thirst
	<i>Inclusions:</i> 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
	<i>Exclusions:</i> electric burns (ND90-NE2Z) Adverse effects, not elsewhere classified (NF09)
NF08.0	Effects of lightning
NF08.1	Drowning or nonfatal submersion
	<i>Inclusions:</i> Immersion
NF08.2	Effects of vibration
	<i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Inclusions:</i> Crush syndrome Renal failure following crushing
NF0A.6	Traumatic ischaemia of muscle, not elsewhere classified <i>Inclusions:</i> Traumatic compartment syndrome <i>Exclusions:</i> anterior tibial syndrome (FB54)
NF0A.7	Traumatic subcutaneous emphysema, not elsewhere classified <i>Exclusions:</i> emphysema (subcutaneous) resulting from a procedure (NE81)
NF0A.Y	Other early complication of trauma, not elsewhere classified
NF0A.Z	Early complications of trauma, not elsewhere classified
NF0Y	Other specified effects of external causes
NF0Z	Unspecified effects of external causes
NF2Y	Other specified injury, poisoning or certain other consequences of external causes
NF2Z	Unspecified injury, poisoning or certain other consequences of external causes

CHAPTER 23

External causes of morbidity or mortality

This chapter has 568 four-character categories.

Code range starts with PA00

The WHO definition of an 'injury' is: 'Injuries are caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases, (for example, drowning and frostbite), injuries result from the sudden lack of essential agents such as oxygen or heat. Injuries may be categorized in a number of ways. However, for most analytical purposes and for identifying intervention opportunities, it is especially useful to categorize injuries according to whether or not they were deliberately inflicted and by whom. Commonly used categories are:

- unintentional (i.e. accidental)
- intentional (i.e. deliberate):
- interpersonal (e.g. assault and homicide)
- self-harm (e.g. abuse of drugs and alcohol, self-mutilation, suicide)
- legal intervention (e.g. action by police or other law enforcement personnel)
- war, civil insurrection and disturbances (e.g. demonstrations and riots)
- undetermined intent

Regarding the collection of events that cause injuries, a set of definitions apply. See section 'Definition related to transport accidents'.

This chapter contains the following top level blocks:

- Unintentional causes
- Intentional self-harm
- Assault
- Undetermined intent
- Exposure to extreme forces of nature
- Maltreatment
- Legal intervention
- Armed conflict
- Causes of healthcare related harm or injury

Unintentional causes (PA00-PB6Z)

Unintentional transport injury event (PA00-PA5Z)

[Definitions in relation to transport injury events]

(<https://icdcdn.who.int/icd11referenceguide/en/html/index.html#descriptions-related-to-transport-injury-events>)

Unintentional land transport road traffic injury event (PA00-PA0Z)

PA00	Unintentional land transport traffic event injuring a pedestrian
PA01	Unintentional land transport traffic event injuring the user of a pedestrian conveyance
PA02	Unintentional land transport traffic event injuring a pedal cyclist
PA03	Unintentional land transport traffic event injuring a motor cyclist <i>Exclusions:</i> 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**

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
<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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. <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Routine child health examination (QA00.1)
QA00.3	General mental examination <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> routine examination for contraceptive maintenance (QA21.5) Pregnancy examination or test (QA40)
QA00.A	Skin or other sensitisation tests

QA00.B	Radiological examination <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Occupational health examination (QA03.0)
QA01.2	Examination for admission to residential institutions <i>Exclusions:</i> Routine general health check-up of inhabitants of institutions (QA03.1)
QA01.3	Examination for recruitment to armed forces <i>Exclusions:</i> Routine general health check-up of armed forces (QA03.2)
QA01.4	Examination for driving license
QA01.5	Examination for participation in sport <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Examination or encounter for administrative purposes (QA01)
QA03.2	Routine general health check-up of armed forces <i>Exclusions:</i> Examination for recruitment to armed forces (QA01.3)
QA03.3	Routine general health check-up of sports teams <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Examination or observation following work accident (QA04.3)
QA04.3	Examination or observation following work accident
QA04.4	Examination or observation following accident other than work or transport
QA04.5	Examination or observation for suspected maltreatment
QA04.50	Examination or observation for suspected physical maltreatment Observation and evaluation for suspected or alleged physical abuse which, after study, is ruled out.
QA04.51	Examination or observation for suspected sexual maltreatment Observation and evaluation for suspected or alleged sexual abuse or rape which, after study is ruled out.
QA04.52	Examination or observation for suspected psychological maltreatment Observation and evaluation for suspected or alleged psychological abuse which, after study, is ruled out.
QA04.53	Examination or observation for suspected neglect or abandonment Observation and evaluation for suspected or alleged neglect or abandonment which, after study, is ruled out.
QA04.5Y	Other specified examination or observation for suspected maltreatment
QA04.5Z	Examination or observation for suspected maltreatment, unspecified

QA04.6	General mental examination, requested by authority
QA04.7	Examination for medicolegal reasons
QA04.Y	Other specified examination or observation for reasons other than suspected diseases or conditions or administrative purposes
QA04.Z	Examination or observation for reasons other than suspected diseases or conditions or administrative purposes, unspecified
QA05	Person consulting for explanation of investigation findings
QA06	Follow-up examination after treatment for malignant neoplasms
	<i>Inclusions:</i> medical surveillance following treatment for malignant neoplasms
	<i>Exclusions:</i> 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
	<i>Inclusions:</i> medical surveillance following treatment for conditions other than malignant neoplasms
	<i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> routine prenatal care (QA42) Clinical findings on antenatal screening of mother (JA66)
QA45.0	Antenatal screening for chromosomal anomalies
QA45.1	Antenatal screening due to raised alphafetoprotein level
QA45.Y	Other specified antenatal screening
QA45.Z	Antenatal screening, unspecified
QA46	Outcome of delivery
Coding Note:	This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.
QA46.0	Single live birth Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
QA46.1	Single stillbirth Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

- QA46.2 Twins, both liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
- QA46.3 Twins, one liveborn and one stillborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
- QA46.4 Twins, both stillborn**
Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
- QA46.5 Triplets, all liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
- QA46.6 Triplets, some liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

- QA46.7 Triplets, all stillborn**
Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.
Stillbirths are distinct from cases of induced abortion.
When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
- QA46.8 Quadruplets, all liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
- QA46.9 Quadruplets, some liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.
Stillbirths are distinct from cases of induced abortion.
When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
- QA46.A Quadruplets, all stillborn**
Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.
Stillbirths are distinct from cases of induced abortion.
When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
- QA46.B Quintuplets, all liveborn**
Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.C	Quintuplets, some liveborn Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life. Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
QA46.D	Quintuplets, all stillborn Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
QA46.E	Sextuplets, all liveborn Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
QA46.F	Sextuplets, some liveborn Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life. Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
QA46.G	Sextuplets, all stillborn Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.H	Other multiple births, all liveborn Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.
QA46.J	Other multiple births, some liveborn Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life. Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
QA46.K	Other multiple births, all stillborn Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation. Stillbirths are distinct from cases of induced abortion. When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.
QA46.Z	Outcome of delivery, unspecified
Coding Note:	This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.
QA47	Liveborn infants according to place of birth
QA47.0	Singleton, born in hospital
QA47.00	Single liveborn infant, delivered vaginally
QA47.01	Single liveborn infant, delivered by caesarean
QA47.0Y	Other specified singleton, born in hospital
QA47.0Z	Singleton, born in hospital, unspecified
QA47.1	Singleton, born outside hospital
QA47.2	Singleton, unspecified as to place of birth
QA47.3	Twin, born in hospital
QA47.30	Twin liveborn infant, delivered vaginally
QA47.31	Twin liveborn infant, delivered by caesarean
QA47.3Y	Other specified twin, born in hospital

QA47.3Z	Twin, born in hospital, unspecified
QA47.4	Twin, born outside hospital
QA47.5	Twin, unspecified as to place of birth
QA47.6	Multiple other than twins, born in hospital
QA47.60	Multiple other than twins, delivered vaginally
QA47.61	Multiple other than twins, delivered by caesarean section
QA47.6Y	Other specified multiple other than twins, born in hospital
QA47.6Z	Multiple other than twins, born in hospital, unspecified
QA47.7	Multiple other than twins, born outside hospital
QA47.8	Other multiple, unspecified as to place of birth
QA47.Z	Liveborn infants according to place of birth, unspecified
QA48	Postpartum care or examination
QA48.0	Care or examination immediately after delivery <i>Exclusions:</i> Complications predominantly related to the puerperium (JB40-JB4Z)
QA48.1	Care or examination of lactating mother <i>Exclusions:</i> 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 <i>Exclusions:</i> Supervision of high-risk pregnancy due to social problems (QA43.6)
QA4A	Problems related to multiparity <i>Exclusions:</i> Supervision of pregnancy with grand multiparity (QA43)
QA4B	Contact with health services for menopausal counselling A reason for encounter to counsel an individual's queries or complaints regarding menopause.
QA4Y	Other specified contact with health services for reasons associated with reproduction
QA4Z	Contact with health services for reasons associated with reproduction, unspecified

Health care related circumstances influencing the episode of care without injury or harm
(QA50-QB0Z)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50-QA5Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical procedure (PL11)

QA50

Embolisation without injury or harm

An embolisation without documented injury or harm occurs when a solid object within the venous or arterial circulation propagates to a distal location and becomes lodged there.

Exclusions: Embolisation, as mode of injury or harm (PL11.2)

QA51

Foreign body accidentally left in body without injury or harm

A foreign body is any solid material not normally found in the human body. It is accidentally left in the body if there was no specific intention to keep it in the body.

Exclusions: Foreign body accidentally left in body, as mode of injury or harm (PL11.3)

QA52

Failure of sterile precautions without injury or harm

Standard procedures designed to minimize the risk of hospital acquired infection were not followed or were insufficient, without documented injury or harm.

Exclusions: Failure of sterile precautions, as mode of injury or harm (PL11.4)

QA53

Pressure as potential mode of injury without injury or harm

Pressure as a potential mode of injury, includes factors such as: body positioning, retractors, or other instruments with direct pressure, without documented injury or harm.

Exclusions: Pressure, as mode of injury or harm (PL11.6)

QA5Y

Other specified circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm

QA5Z

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm, unspecified

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60-QA6Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

QA60

Structural device failure without injury or harm

Mechanical or material device failure not related to the installation of the device without any documented injury or harm.

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Structural device failure, as mode of injury or harm (PL12.0)

QA61

Functional device failure without injury or harm

A device not working or operating correctly, or that has stopped functioning after a period of function, but without documented injury or harm to the patient.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

Retained intrauterine contraceptive device in pregnancy (JA65.5)

Breakage of device without documented injury or harm (QA60)

Functional device failure, as mode of injury or harm (PL12.1)

QA62

Dislodgement, misconnection or de-attachment of a surgical or medical device without injury or harm

A device that has moved out of place, become disconnected, loosened or unstable, but without documented injury or harm.

Exclusions: Dislodgement, misconnection or de-attachment, as mode of injury or harm (PL12.4)

QA63

Obstruction of device without injury or harm

A device that has become obstructed or blocked but without any documented injury or harm.

Exclusions: Obstruction of device, as mode of injury or harm (PL12.3)

QA64

Operator error without injury or harm

Incorrect, or improper maintenance or installation of device without documented injury or harm due to operator error.

Exclusions: Operator error, as mode of injury or harm (PL12.5)

QA65

Combination or interaction of operator error and device failure without injury or harm

Combination of device failure (structural or functional) and process/procedural error (poor training, maintenance, incorrect installation) in device use or maintenance without documented injury or harm.

Exclusions: Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

QA6Y

Other specified circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm

QA6Z

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm, unspecified

Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm (QA70-QA7Z)

Exclusions: Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

QA70

Overdose of substance without injury or harm

Overdose of a substance occurs when a patient is given more of a prescribed drug or other substance than is intended. Can be the result of inaccurate measurement of drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

QA71

Underdosing without injury or harm

Under-dosing occurs when a patient takes less of a medication than is prescribed by the provider or the manufacturer's instructions without documented injury or harm. This can be the result of inaccurate measurement of a drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Underdosing, as mode of injury or harm (PL13.1)

QA72

Incorrect substance without injury or harm

Incorrect substance administration occurs when a substance is given which was not the intended or prescribed drug and does not result in injury or harm.

Exclusions: Incorrect substance, as mode of injury or harm (PL13.3)

QA73

Incorrect route of administration without injury or harm

Incorrect or wrong route of administration without documented injury or harm.

Exclusions: Incorrect route of drug or medicament, as mode of injury (PL13.50)

QA74

Unspecified appropriateness of dosing or administration without injury or harm

Unspecified administration of dosage or route without documented injury or harm.

Exclusions: Delayed treatment without injury or harm (QA8B)

QA75

Incorrect duration of administration or course of therapy without injury or harm

Incorrect duration of administration or course of therapy including extended period of time or too brief in duration without documented injury or harm.

Exclusions: Incorrect duration of drug or medicament, as mode of injury (PL13.53)

QA76**Medication or substance that is known to be an allergen without injury or harm**

Medication that has previously been identified as an allergen to the patient is administered, but does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen, as mode of injury or harm (PL13.6)

QA77**Medication or substance that is known to be contraindicated for the patient without injury or harm**

Prescription or non-prescription drug or other substance that has a medical reason for why it should not be used that is administered and does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen without injury or harm (QA76)
Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm (PL13.7)

QA78**Expired or deteriorated medication or substance without injury or harm**

Administration of a medication that has passed the manufacturer's expiration date. Administration of a medication which has become impaired or inferior in quality, functioning, or condition. No injury or harm occurred as a result.

Exclusions: Expired or deteriorated medication or substance, as mode of injury or harm (PL13.8)

QA79**Drug or substance interactions without injury or harm**

A drug interaction is a situation in which a substance affects the activity of another drug when both are administered together. Includes increased effectiveness, decreased effectiveness or a new effect that is not produced from either drug on its own. No injury or harm occurred as a result.

Exclusions: Drug or substance interactions, as mode of injury or harm (PL13.9)

QA7A**Inappropriate stoppage or discontinuation of drug without injury or harm**

Drug administration cancelled before prescribed or patient stopped taking drug without provider instructions. No injury or harm occurred as a result.

Exclusions: Inappropriate stoppage or discontinuation of drug, as mode of injury or harm (PL13.A)

QA7Y**Other specified circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm****QA7Z****Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm, unspecified**

Circumstances associated with other aspects of care influencing the episode of care without injury or harm (QA80-QA8Z)

QA80

Non-administration of necessary drug without injury or harm

Prescribed drug not given. Missed dose, drug not started, drug delayed resulting in missed dose, but no documented injury or harm resulted.

Exclusions: Delayed treatment without injury or harm (QA8B)
Non-administration of necessary drug (PL14.0)

QA81

Non-provision of necessary procedure without injury or harm

Medically ordered procedure not performed in the episode of care (interrupted, cancelled).

Exclusions: Delayed treatment without injury or harm (QA8B)
Non provision of necessary procedure (PL14.1)

QA82

Problem associated with physical transfer of patient without injury or harm

Fall, bump, slip, entanglement, drop of patient during movement with healthcare personnel, without documented injury or harm

Exclusions: Problem associated with physical transfer of patient (PL14.2)

QA83

Mismatched blood used in transfusion without injury or harm

Blood product (e.g. packed red blood cells, platelets, plasma) improperly matched with patient; wrong blood product administered to patient without documented injury or harm.

Exclusions: Mismatched blood used in transfusion (PL14.3)

QA84

Other problem with transfusion without injury or harm

Transfusion interruption or delay (e.g. took too long to administer – clotted or had to be discarded); transfusion line issues: cracked, leaked a substantial amount of blood so that insufficient amount reached patient; large amount of air infused without documented injury or harm.

Exclusions: Other problem associated with transfusion (PL14.4)

QA85

Problem with physical restraints without injury or harm

Restraints not attached properly and not effective (e.g. restraints came undone); restraint broken; restraint too tight but problem identified before injury occurred

Exclusions: Problem associated with physical restraints (PL14.5)

QA86

Problem with isolation protocol without injury or harm

Patient not monitored as frequently as required or ordered; or patient mistakenly or inappropriately put on isolation; or isolation technique broken and contamination possible by patient, health provider, or visitor. No injury or harm resulted.

Exclusions: Problem associated with isolation protocol (PL14.6)

QA87

Problem with clinical documentation without injury or harm

Documentation on wrong patient; incomplete documentation; incorrect documentation identified as inconsistent with other source, but without documented injury or harm to the patient.

Exclusions: Problem associated with clinical documentation (PL14.7)

QA88

Problem with clinical software without injury or harm

Software malfunction causing interruption in processing of patient orders, laboratory or other diagnostic results, data entry, electronic communication, or data output, but without documented injury or harm.

Exclusions: Problem associated with clinical software (PL14.8)

QA89

Incorrect diagnosis without injury or harm

Diagnosis changed after further study and as a result, treatment was incorrect; misdiagnosis; conflicting diagnoses

Exclusions: Incorrect diagnosis (PL14.9)

QA8A

Delayed diagnosis without injury or harm

Diagnosis not established in a timely manner; symptoms but no diagnosis were documented. In this situation, no documented injury or harm resulted.

Exclusions: Delayed diagnosis (PL14.A)

QA8B

Delayed treatment without injury or harm

Delayed commencement of therapy (e.g. drug therapy, physical therapy, occupational therapy, radiation therapy, surgery, psychological or psychiatric therapy, dressing change, irrigation, etc.).

delayed surgery or procedure

delayed administration of drug or medicament

Exclusions: Delayed treatment (PL14.B)

QA8C

Problem with transitions of care, hand offs, or handovers without injury or harm

Miscommunication, errors, or no communication when changing setting of care from one patient care unit, department, or institution to another

Exclusions: Problem associated with transitions of care, hand offs, or handovers (PL14.D)

QA8D

Patient received diagnostic test or treatment intended for another patient without injury or harm

Patient order for testing or treatment performed on wrong patient (e.g. lab test, diagnostic imaging test, physical or psychological therapy, dressing change, irrigation, etc.).

Patient received drug or medicament meant for another patient, but no harm resulted.

Exclusions: Patient received diagnostic test or treatment intended for another patient (PL14.C)

QA8E	Fall in health care without injury or harm <i>Exclusions:</i> Fall in health care with injury or harm (PL14.E)
QA8F	Needle stick without injury or harm <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
	<i>Coded Elsewhere:</i> Fitting or adjustment of urinary device (QB30.5) Adjustment and management of a neurostimulator (QB30.8) Fitting or adjustment of cerebrospinal fluid drainage device (QB30.9) Fitting or adjustment of neuropacemaker (QB30.A) Fitting or adjustment of devices related to nervous system or special senses (QB30.Z)
QB31.0	Fitting or adjustment of external prosthetic device
	<i>Exclusions:</i> 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
	<i>Inclusions:</i> renal dialysis status
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Inclusions:</i> organ or tissue replaced by heterogenous or homogenous transplant <i>Exclusions:</i> 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
	<i>Inclusions:</i> kidney transplant status
QB63.1	Presence of transplanted heart
	<i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Inclusions:</i> dialysis preparation and treatment <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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)

<i>Exclusions:</i>	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
	<i>Exclusions:</i> 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 <i>Exclusions:</i> - 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)

<i>Exclusions:</i>	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)

<i>Exclusions:</i>	Problems associated with health behaviours (QE10-QE2Z)

QC40	Personal history of malignant neoplasm

<i>Exclusions:</i>	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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> Problems associated with exposure to tobacco smoke (QD70.5)
QD70.2	Problems associated with exposure to water pollution <i>Exclusions:</i> 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 <i>Exclusions:</i> Tobacco use (QE13) Personal history of psychoactive substance abuse (QC46) Disorders due to use of nicotine (6C4A) <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> Problems associated with inadequate drinking-water (QD60)
QD71.0	Homelessness
QD71.1	Inadequate housing <i>Exclusions:</i> Problems associated with the natural environment or human-made changes to the environment (QD70)
QD71.2	Problems related to living in residential institution <i>Exclusions:</i> Institutional upbringing (QE94)
QD71.Z	Problems associated with housing, unspecified
QD7Y	Other specified problems associated with the environment
QD7Z	Problems associated with the environment, unspecified

Problems associated with employment or unemployment (QD80-QD8Z)

Exclusions: problems related to housing and economic circumstances (QD71)

Coded Elsewhere: Problem associated with relationships with people at work (QE50.2)

QD80 **Problem associated with unemployment**

QD81 **Problem associated with change of job**

QD82	Problem associated with threat of job loss
QD83	Problem with employment conditions
QD83.0	Problem associated with uncongenial work
QD83.1	Problem associated with stressful work schedule
QD83.Y	Other specified problem with employment conditions
QD83.Z	Problem with employment conditions, unspecified
QD84	Occupational exposure to risk-factors
QD84.0	Occupational exposure to dust Occupational exposure to dust is exposure to dust during work, at the work location, or from the work location. The primary route of exposure is inhalation. Dusts are technically defined as dry particle aerosols produced by mechanical processes such as breaking, grinding, and pulverizing. Dusts may be of biological or nonbiological origin.
QD84.1	Occupational exposure to toxic agents in agriculture
QD84.2	Occupational exposure to toxic agents in industries other than agriculture
QD84.3	Occupational exposure to vibration
QD84.4	Occupational exposure to ergonomic risk
QD84.Y	Other specified occupational exposure to risk-factors
QD84.Z	Occupational exposure to risk-factors, unspecified
QD85	Burnout Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. Exclusions: Adjustment disorder (6B43) Disorders specifically associated with stress (6B40-6B4Z) Anxiety or fear-related disorders (6B00-6B0Z) Mood disorders (6A60-6A8Z)
QD8Y	Other specified problems associated with employment or unemployment
QD8Z	Problems associated with employment or unemployment, unspecified

Problems associated with education (QD90-QD9Z)

Exclusions: factors associated with psychological development (Chapter 06)

Coded Elsewhere: Relationships with teachers or classmates (QE50.1)

- QD90** **Problem associated with illiteracy or low-level literacy**
- QD91** **Problem associated with education unavailable or unattainable**
- QD92** **Problem with educational progress**
Exclusions: Disorders of intellectual development (6A00)
- QD9Y** **Other specified problems associated with education**
- QD9Z** **Problems associated with education, unspecified**

Problems associated with social or cultural environment (QE00-QE0Z)

Coded Elsewhere: Acute stress reaction (QE84)

- QE00** **Acculturation difficulty**
Problems resulting from the inability to adjust to a different culture or environment.
Exclusions: Disorders specifically associated with stress (6B40-6B4Z)
- QE01** **Stress, not elsewhere classified**
Exclusions: Problems associated with employment or unemployment (QD80-QD8Z)
- QE02** **Social role conflict**
- QE03** **Social exclusion or rejection**
Exclusion and rejection on the basis of personal characteristics such as physical appearance, sexual orientation, gender identity and expression, illness or behaviour.
Exclusions: Target of perceived adverse discrimination or persecution (QE04)
- QE04** **Target of perceived adverse discrimination or persecution**
Persecution or discrimination, perceived as reality by an individual or real, on the basis of membership in some group (such as defined by skin colour, religion, ethnic origin, sexual orientation, gender identity and expression, etc.) rather than personal characteristics
Exclusions: Social exclusion or rejection (QE03)
- QE0Y** **Other specified problems associated with social or cultural environment**
- QE0Z** **Problems associated with social or cultural environment, unspecified**

Problems associated with health behaviours (QE10-QE2Z)

Exclusions: Difficulty or need for assistance with general life tasks or life management (QF21)

Hazardous substance use (QE10-QE1Z)

Hazardous substance use is a pattern of psychoactive substance use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous substance use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40-6C4Z)

QE10

Hazardous alcohol use

A pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of alcohol use, from the amount used on a given occasion, or from risky behaviours associated with alcohol use or the context of use, or from a combination of these. The risk may be related to short-term effects of alcohol or to longer-term cumulative effects on physical or mental health or functioning. Hazardous alcohol use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of alcohol use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of alcohol (6C40)

QE11

Hazardous drug use

A pattern of use of psychoactive substance(s) other than nicotine or alcohol that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous drug use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of drug use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40-6C4Z)

QE11.0**Hazardous use of opioids**

A pattern of opioid use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of opioid use, from the amount used on a given occasion, from risky behaviours associated with opioid use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of opioids or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of opioids has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of opioid use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of opioids (6C43)

QE11.1**Hazardous use of cannabis**

A pattern of cannabis use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cannabis use, from the amount used on a given occasion, from risky behaviours associated with cannabis use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cannabis or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cannabis has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cannabis use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cannabis (6C41)

QE11.2**Hazardous use of sedatives, hypnotics or anxiolytics**

A pattern of use of sedatives, hypnotics or anxiolytics that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of sedatives, hypnotics or anxiolytics, from the amount used on a given occasion, from risky behaviours associated with use of sedatives, hypnotics or anxiolytics or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of sedatives, hypnotics or anxiolytics or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of sedatives, hypnotics or anxiolytics has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of sedatives, hypnotics or anxiolytics often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of sedatives, hypnotics or anxiolytics (6C44)

QE11.3**Hazardous use of cocaine**

A pattern of cocaine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cocaine use, from the amount used on a given occasion, from risky behaviours associated with cocaine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cocaine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cocaine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cocaine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cocaine (6C45)

QE11.4**Hazardous use of stimulants including amphetamines or methamphetamine**

A pattern of use of stimulants including amphetamines and methamphetamine that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of stimulants including amphetamines and methamphetamine, from the amount used on a given occasion, from risky behaviours associated with use of stimulants including amphetamines and methamphetamine or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of stimulants including amphetamines and methamphetamine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of stimulants including amphetamines and methamphetamine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of stimulants including amphetamines and methamphetamine often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

QE11.5**Hazardous use of caffeine**

A pattern of caffeine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of caffeine use, from the amount used on a given occasion, from risky behaviours associated with caffeine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of caffeine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of caffeine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of caffeine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of caffeine (6C48)

QE11.6**Hazardous use of MDMA or related drugs**

A pattern of use of MDMA (3,4-methylenedioxymethamphetamine) or related drugs that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of MDMA or related drugs, from the amount used on a given occasion, from risky behaviours associated with use of MDMA or related drugs or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of MDMA or related drugs or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of MDMA or related drugs has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of MDMA or related drugs often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of MDMA or related drugs, including MDA (6C4C)

QE11.7**Hazardous use of dissociative drugs including ketamine or PCP**

A pattern of use of dissociative drugs including ketamine and PCP (phencyclidine) that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of dissociative drugs including ketamine and PCP, from the amount used on a given occasion, from risky behaviours associated with use of dissociative drugs including ketamine and PCP or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of dissociative drugs including ketamine and PCP or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of dissociative drugs including ketamine and PCP has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of dissociative drugs including ketamine and PCP often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] (6C4D)

QE11.8**Hazardous use of other specified psychoactive substances**

A pattern of use of other specified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the specified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of other specified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of other specified psychoactive substances, including medications (6C4E)

QE11.9	Hazardous use of unknown or unspecified psychoactive substances A pattern of use of unknown or unspecified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the unknown or unspecified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of unknown or unspecified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others. Exclusions: Disorders due to use of unknown or unspecified psychoactive substances (6C4G)
QE11.Y	Other specified hazardous drug use
QE11.Z	Hazardous drug use, unspecified
QE12	Hazardous nicotine use A pattern of nicotine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. Most often nicotine is consumed in the form of tobacco, but there are also other forms of nicotine delivery (e.g., nicotine vapour). Hazardous nicotine use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of nicotine use often persists in spite of awareness of increased risk of harm to the user or to others. This category is not intended to include the use of nicotine replacement therapies under medical supervision when these are used as part of attempts to stop or reduce smoking. Exclusions: Tobacco use (QE13) Disorders due to use of nicotine (6C4A)
QE13	Tobacco use Exclusions: Disorders due to use of nicotine (6C4A) Use of Nicotine in non-tobacco forms (QE12)
QE1Y	Other specified hazardous substance use
QE1Z	Hazardous substance use, unspecified
QE20	Lack of physical exercise

QE21**Hazardous gambling or betting**

Hazardous gambling and betting refers to a pattern of gambling or betting that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gambling or betting, the amount of time spent on these activities, the context of gambling or betting, the neglect of other activities and priorities, risky behaviours associated with gambling or betting or its context, the adverse consequences of gambling or betting, or from the combination of these factors. The pattern of gambling or betting often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gambling or betting warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gambling Disorder.

Exclusions: Gambling disorder (6C50)

QE22**Hazardous gaming**

Hazardous gaming refers to a pattern of gaming, either online or offline, that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gaming, the amount of time spent on these activities, the neglect of other activities and priorities, risky behaviours associated with gaming or its context, the adverse consequences of gaming, or from the combination of these factors. The pattern of gaming often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gaming behaviour warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gaming Disorder.

Exclusions: Gaming disorder (6C51)

QE23**Problems with inappropriate diet or eating habits**

Exclusions: malnutrition and other nutritional deficiencies (5B50-5C3Z)

Inadequate food (QD61)

Feeding or eating disorders (6B80-6B8Z)

QE24**Problems with hygiene behaviours****QE25****Problems with oral health behaviours****QE26****Problem with sun exposure behaviour****QE27****Problem with behaviours related to psychological health or wellbeing****QE28****Problem with health literacy****QE2Y****Problems with other specified health-related behaviours****QE2Z****Problem with health-related behaviours, unspecified**

Problems associated with social insurance or welfare (QE30-QE3Z)

QE30**Insufficient social insurance support**

QE30.0	Insufficient social insurance support, aged
QE30.1	Insufficient social insurance support, disability
QE30.2	Insufficient social insurance support, unemployment
QE30.3	Insufficient social insurance support, family support
QE30.Z	Insufficient social insurance support, unspecified
QE31	Insufficient social welfare support
QE31.0	Insufficient social welfare support, child protection
QE31.1	Insufficient social welfare support, protection against domestic violence
QE31.2	Insufficient social welfare support, protection against homelessness
QE31.3	Insufficient social welfare support, post prison services
QE31.Z	Insufficient social welfare support, unspecified
QE3Y	Other specified problems associated with social insurance or welfare
QE3Z	Problems associated with social insurance or welfare, unspecified

Problems associated with the justice system (QE40-QE4Z)

QE40	Problem associated with conviction in civil or criminal proceedings without imprisonment
QE41	Problem associated with imprisonment and other incarceration
QE42	Problem associated with release from prison
QE4Y	Other specified problems associated with the justice system
QE4Z	Problems associated with the justice system, unspecified

Problems associated with relationships (QE50-QE5Z)

QE50	Problem associated with interpersonal interactions
QE50.0	Problem associated with relationship with friend
QE50.1	Relationships with teachers or classmates
QE50.10	Dissatisfaction with school environment
QE50.1Y	Other specified relationships with teachers or classmates
QE50.1Z	Relationships with teachers or classmates, unspecified
QE50.2	Problem associated with relationships with people at work
QE50.3	Relationships with neighbours, tenant or landlord

QE50.4	Relationship with parents, in-laws or other family members <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> Personality disorder (6D10)
QE50.Y	Other specified problem associated with interpersonal interactions
QE51	Problem associated with interactions with spouse or partner
QE51.0	Relationship distress with spouse or partner Substantial and sustained dissatisfaction with a spouse or intimate partner associated with significant disturbance in functioning.
QE51.1	History of spouse or partner violence Non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm to a spouse or intimate partner or that have a reasonable potential for harm.
QE51.Y	Other specified problem associated with interactions with spouse or partner
QE51.Z	Problem associated with interactions with spouse or partner, unspecified
QE52	Problem associated with interpersonal interactions in childhood
QE52.0	Caregiver-child relationship problem Substantial and sustained dissatisfaction within a caregiver-child relationship, including a parental relationship, associated with significant disturbance in functioning.

QE52.1	Loss of love relationship in childhood Loss of an emotionally close relationship, such as of a parent, a sibling, a very special friend or a loved pet, by death or permanent departure or rejection.
QE52.Y	Other specified problem associated with interpersonal interactions in childhood
QE52.Z	Problem associated with interpersonal interactions in childhood, unspecified
QE5Y	Other specified problems associated with relationships
QE5Z	Problems associated with relationships, unspecified

Problems associated with absence, loss or death of others (QE60-QE6Z)

QE60	Absence of family member
QE61	Disappearance or death of family member <i>Exclusions:</i> Prolonged grief disorder (6B42)
QE61.0	Loss or death of child <i>Exclusions:</i> 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 <i>Exclusions:</i> Problems associated with upbringing (QE90-QE9Z) Problems associated with harmful or traumatic events (QE80-QE8Z)
QE70.0	Inadequate family support
QE70.1	Disruption of family by separation or divorce
QE70.2	Dependent relative needing care at home
QE70.Z	Problems related to primary support group, including family circumstances, unspecified

Problems associated with harmful or traumatic events (QE80-QE8Z)

Exclusions: Disorders specifically associated with stress (6B40-6B4Z)

Coded Elsewhere: Personal history of psychological trauma, not elsewhere classified (QC4Y)

Personal history of physical trauma other than self-harm (QC4Y)

QE80

Victim of crime or terrorism

QE81

Exposure to disaster, war or other hostilities

Exclusions: Target of perceived adverse discrimination or persecution (QE04)

QE82

Personal history of maltreatment

Personal history of non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm or have a reasonable potential for harm. These categories are applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence (QE51.1)

QE82.0

Personal history of physical abuse

Personal history of non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm or that evoke significant fear. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, physical (QE51.1)

QE82.1

Personal history of sexual abuse

Personal history of forced or coerced sexual acts, sexual acts with someone who is unable to consent, or sexual acts involving a child that are intended to provide sexual gratification to an adult. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, sexual (QE51.1)

QE82.2

Personal history of psychological abuse

Personal history of non-accidental verbal or symbolic act that results in significant psychological harm. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, psychological (QE51.1)

QE82.3

Personal history of neglect

Personal history of egregious acts or omissions by a caregiver that deprive a child of needed age-appropriate care or an adult who is incapable of self-care and that result, or have reasonable potential to result, in physical or psychological harm. This category is applied to the victim of the neglect, not the perpetrator.

QE82.Y

Other specified personal history of maltreatment

QE82.Z

Personal history of maltreatment, unspecified

QE83

Personal frightening experience in childhood

QE84**Acute stress reaction**

Acute stress reaction refers to the development of transient emotional, somatic, cognitive, or behavioural symptoms as a result of exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature (e.g., natural or human-made disasters, combat, serious accidents, sexual violence, assault). Symptoms may include autonomic signs of anxiety (e.g., tachycardia, sweating, flushing), being in a daze, confusion, sadness, anxiety, anger, despair, overactivity, inactivity, social withdrawal, or stupor. The response to the stressor is considered to be normal given the severity of the stressor, and usually begins to subside within a few days after the event or following removal from the threatening situation.

Inclusions: acute crisis reaction
acute reaction to stress

Exclusions: Post traumatic stress disorder (6B40)

QE8Y**Other specified problems associated with harmful or traumatic events****QE8Z****Problems associated with harmful or traumatic events, unspecified**

Problems associated with upbringing (QE90-QE9Z)

QE90**Inadequate parental supervision or control**

Lack of parental knowledge of what the child is doing or where the child is; poor control; lack of concern, understanding or comprehension or lack of attempted intervention when the child is in risky situations.

QE91**Parental overprotection****QE92****Altered pattern of family relationships in childhood**

Departure of a family member or arrival of a new person into a family resulting in adverse change in child's relationships. May include new relationship or marriage by a parent, death or illness of a parent, illness or birth of a sibling.

QE93**Removal from home in childhood****QE94****Institutional upbringing**

Group foster care in which parenting responsibilities are largely taken over by some form of institution (such as residential nursery, orphanage, or children's home), or therapeutic care over a prolonged period in which the child is in a hospital, convalescent home or the like, without at least one parent living with the child.

QE95**Inappropriate parental pressure or other abnormal qualities of upbringing**

Parents forcing the child to be different from the local norm, either sex-inappropriate (e.g. dressing a boy in girl's clothes), age-inappropriate (e.g. forcing a child to take on responsibilities above her or his own age) or otherwise inappropriate (e.g. pressing the child to engage in unwanted or too difficult activities).

QE96**Events resulting in loss of self-esteem in childhood**

Events resulting in a negative self-reappraisal by the child such as failure in tasks with high personal investment; disclosure or discovery of a shameful or stigmatizing personal or family event; or other humiliating experiences.

QE9Y**Other specified problems associated with upbringing****QE9Z****Problems associated with upbringing, unspecified**

Acquired absence of body structure (QF00-QF0Z)

QF00**Acquired absence of limb**

Inclusions: postoperative loss of limb

post traumatic loss of limb

Exclusions: Other acquired deformities of limbs (FA31)

Congenital absence of thigh or lower leg with foot present (LB9A.3)

Congenital absence of both lower leg and foot (LB9A.7)

Congenital absence of upper arm or forearm with hand present (LB99.4)

QF01**Acquired absence of organs**

Exclusions: postoperative absence of endocrine glands (5D40-5D46)

postoperative absence of spleen (3B81.1)

QF01.0**Acquired absence of breast**

Coded Elsewhere: Traumatic amputation of breast (NB33.1)

QF01.1**Acquired absence of genital organs**

Coded Elsewhere: Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment (HA40.0)

QF01.10**Acquired absence of female genital organs**

Coded Elsewhere: Traumatic amputation of entire vulva (NB93.24)

Traumatic amputation of part of vulva (NB93.25)

Female Genital Mutilation (GC51)

QF01.11**Acquired absence of male genital organs**

Coded Elsewhere: Traumatic amputation of entire penis (NB93.20)

Traumatic amputation of part of penis (NB93.21)

Traumatic amputation of entire testes or scrotum (NB93.22)

Traumatic amputation of part of testes or scrotum (NB93.23)

QF01.Y**Other specified acquired absence of organs****QF01.Z****Acquired absence of organs, unspecified**

QF0Y	Other specified acquired absence of body structure
QF0Z	Acquired absence of body structure, unspecified
QF10	Limited function or disability of body organ or system
Exclusions:	Difficulty or need for assistance with activities (QF20-QF2Z)

Difficulty or need for assistance with activities (QF20-QF2Z)

Identifies activities for which the person needs assistance or has such difficulty with, that it affects their need for health services or their treatment.

Exclusions: Dependence on enabling machines or devices (QB40-QB4Z)

QF20	Difficulty or need for assistance with learning
QF21	Difficulty or need for assistance with general life tasks or life management
Inclusions:	difficulty with carrying out tasks and daily routine
QF22	Difficulty or need for assistance with communication
QF23	Difficulty or need for assistance with mobility
Exclusions:	Abnormalities of gait and mobility (MB44)
QF24	Difficulty or need for assistance with self-care
QF25	Difficulty or need for assistance with relationships
QF26	Difficulty or need for assistance with household tasks
QF27	Difficulty or need for assistance at home and no other household member able to render care
QF28	Difficulty or need for assistance with work activities
QF29	Difficulty or need for assistance with major areas of life
QF2A	Difficulty or need for assistance with community participation
QF2B	Need for continuous supervision
Exclusions:	Difficulty or need for assistance at home and no other household member able to render care (QF27)
QF2Y	Difficulty or need for assistance with other specified activity
QF2Z	Difficulty or need for assistance with unspecified activity

QF4Y	Other specified factors influencing health status or contact with health services

QF4Z

**Factors influencing health status or contact with health services,
unspecified**

CHAPTER 25

Codes for special purposes

This chapter has 17 four-character categories.

Code range starts with RA00

This chapter contains the following top level blocks:

- International provisional assignment of new diseases of uncertain aetiology and emergency use
- National provisional assignment of new diseases of uncertain aetiology

International provisional assignment of new diseases of uncertain aetiology and emergency use (RA00-RA09)

RA00

Conditions of uncertain aetiology and emergency use

RA00.0

Vaping related disorder

Disorder resulting from inhaling a vaporized solution (aerosol) which frequently contains flavourants, usually dissolved into Propylene Glycol or Glycerin, or both, and may or may not contain doses of nicotine, and other substances and additives with the use of electronic nicotine delivery systems (ENDS) or electronic non-nicotine delivery systems (ENNDS).

In the affected individual, infections as cause of the damage are unlikely or should have been excluded.

Relevant findings include proof of presence of pulmonary infiltrate, such as opacities, on plain film chest radiograph or ground-glass opacities on chest CT.

RA01

COVID-19

As definition may evolve, the URL for the Global surveillance document will be added as the short description

RA01.0

COVID-19, virus identified

Coding Note:

Use this code when infection with the COVID-19 virus (SARS-CoV-2) has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Inclusions:

Coronavirus disease 2019

COVID-19 NOS

Exclusions:

Coronavirus infection, unspecified site (1D92)

Middle East respiratory syndrome (1D64)

Severe acute respiratory syndrome (1D65)

RA01.1 COVID-19, virus not identified

Coding Note: Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available.

Exclusions: COVID-19, virus identified (RA01.0)
Coronavirus infection, unspecified site (1D92)
Special screening examination for other viral diseases (QA08.5)
suspected but ruled out by negative laboratory results (QA02)
confirmed by laboratory testing (RA01.0)

RA02

Post COVID-19 condition

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms, and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others, and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.

Coding Note: This optional code serves to allow the establishment of a link with COVID-19. This code is not to be used in cases that still are presenting COVID-19.

RA03

Multisystem inflammatory syndrome associated with COVID-19

Exclusions: Kawasaki syndrome (4A44.5)
Mucocutaneous lymph node syndrome (4A44.5)

RA04

International emergency code 05

RA05

International emergency code 06

RA06

International emergency code 07

RA07

International emergency code 08

RA08

International emergency code 09

RA09

International emergency code 10

National provisional assignment of new diseases of uncertain aetiology (RA20-RA26)

RA20

National emergency code 01

RA21

National emergency code 02

RA22

National emergency code 03

RA23

National emergency code 04

RA24

National emergency code 05

RA25

National emergency code 06

RA26

National emergency code 07

CHAPTER 26

Supplementary Chapter Traditional Medicine Conditions

This chapter has 468 four-character categories.

Code range starts with SA00

This chapter contains the following top level blocks:

- Module I

Module I (SA00-SJ1Z)

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) <i>Inclusions:</i> 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) <i>Inclusions:</i> Fright palpitation disorder (TM1)
SA11	Spontaneous palpitation disorder (TM1) <i>Inclusions:</i> Fearful throbbing disorder (TM1)
SA1Y	Other specified palpitation disorders (TM1)
SA1Z	Palpitation disorders (TM1), unspecified

Chest impediment disorders (TM1) (SA20-SA2Z)

<i>Inclusions:</i>	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) <i>Inclusions:</i> 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) <i>Exclusions:</i> 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) <i>Exclusions:</i> Seasonal cold disorder (TM1)

Cough disorders (TM1) (SA70-SA7Z)

SA70	Cough with dyspnea disorder (TM1) <i>Exclusions:</i> Panting disorder (TM1) Dyspnea disorder (TM1)
SA7Y	Other specified cough disorders (TM1)
SA7Z	Cough disorders (TM1), unspecified
SA80	Dyspnea disorder (TM1) <i>Exclusions:</i> 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) <i>Inclusions:</i> Hernia (TM1) <i>Exclusions:</i> 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 haemorrhoid 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) <i>Inclusions:</i> Female sterility disorder (TM1) <i>Exclusions:</i> 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) <i>Inclusions:</i> Postpartum convulsion disorder (TM1)
SD21	Cerebral tinnitus disorder (TM1) <i>Exclusions:</i> 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) <i>Inclusions:</i> Onset of wind stroke (TM1) <i>Exclusions:</i> Sequela of wind stroke disorder (TM1)
SD31	Sequela of wind stroke disorder (TM1) <i>Exclusions:</i> Prodrome of wind stroke disorder (TM1)
SD3Y	Other specified wind stroke disorders (TM1)
SD3Z	Wind stroke disorders (TM1), unspecified

SD40	Syncope disorder (TM1)
	<i>Inclusions:</i> Qi syncope disorder (TM1) Blood syncope disorder (TM1) Phlegm syncope disorder (TM1) Hunger syncope disorder (TM1) Cold syncope disorder (TM1)
	<i>Exclusions:</i> 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)
	<i>Exclusions:</i> Hysteria disorder (TM1) Insomnia disorders (TM1)
SD81	Manic disorder (TM1)
SD82	Depression disorder (TM1)
	<i>Inclusions:</i> Postpartum depression disorder (TM1) Pregnancy depression disorder (TM1)
SD83	Uneasiness disorder (TM1)
	<i>Exclusions:</i> Depression disorder(TM1) Lily disorder(TM1)
SD84	Insomnia disorder (TM1)
SD85	Somnolence disorder (TM1)

SD86	Dementia disorder (TM1) <i>Inclusions:</i> Aged dementia disorders (TM1) <i>Exclusions:</i> 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) <i>Exclusions:</i> Common cold disorder (TM1)
SD91	Fatigue consumption disorder (TM1) <i>Exclusions:</i> Flowing phlegm disorder (TM1)
SD92	Severe vomiting and diarrhoea disorder (TM1) <i>Exclusions:</i> Diarrhea disorder (TM1) Cholera
SD93	Alternating fever and chills disorder (TM1) <i>Exclusions:</i> Malaria
SD94	Parasitic disorder (TM1)
SD95	Flowing phlegm disorder (TM1) <i>Inclusions:</i> 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) <i>Inclusions:</i> Blood decrease patterns (TM1)
SF01	Blood stasis pattern (TM1)
SF02	Blood heat pattern (TM1) <i>Exclusions:</i> Blood cold pattern (TM)
SF03	Blood cold pattern (TM1) <i>Exclusions:</i> Qi patterns (TM1) Blood heat pattern (TM1)
SF04	Blood dryness pattern (TM1) <i>Exclusions:</i> 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) <i>Exclusions:</i> Essence deficiency pattern (TM1)
SF11	Fluid disturbance pattern (TM1) <i>Inclusions:</i> 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) <i>Inclusions:</i> 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) <i>Inclusions:</i> 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)
	<i>Inclusions:</i> 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 (TM1)

SG65	Late yin stage pattern (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

CHAPTER V

Supplementary section for functioning assessment

This chapter has 120 four-character categories.

Code range starts with VD00

The section allows for creating functioning profiles and overall functioning scores of individuals, which are suitable to describe and quantify the level of functioning associated with a health conditions.

To guide functioning assessment, the section includes two ICF-based instruments developed by WHO: the WHO Disability Assessment Schedule (WHODAS 2.0 36-item version), and the Model Disability Survey (MDS).

The section is complemented by a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

This chapter contains the following top level blocks:

- WHODAS 2.0 36-item version
- Brief Model Disability Survey
- Generic functioning domains

WHODAS 2.0 36-item version

This subsection includes the domains and questions for use with the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) 36 item version. The WHODAS 2.0 captures an individual's level of functioning in six major life domains of the "activity and participation" dimension: cognition, mobility, self-care, getting along, life activities and participation in society. For all domains, the WHODAS 2.0 36-item version provides domain-specific and overall summary score of functioning. The table below provides the classification of severity of the functioning problem, based on the response received to the question related to the relevant functioning category. For coding, the relevant additional digit is added after the decimal point to the code of the relevant functioning category.

additional digit	Level of functioning problem

.0	None (no problem)
.1	Mild
.2	Moderate
.3	Severe
.4	Extreme or cannot do

Cognition [WHODAS]

VD00

Attention functions [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?

VD01

Memory functions [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in remembering to do important things?

VD02

Solving problems [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in analysing and finding solutions to problems in day to day life?

VD03

Basic learning [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get a new place?

VD04

Communicating with - receiving - spoken messages [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in generally understanding what people say?

VD05

Conversation [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in starting and maintaining a conversation?

Mobility [WHODAS]

VD10

Maintaining a standing position [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?

VD11

Changing body position - standing [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in standing up from sitting down?

VD12

Moving around within the home [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in moving around inside your home?

VD13

Moving around outside the home and other buildings [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting out of your home?

VD14

Walking [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre (or equivalent)?

Self-care [WHODAS]

VD20

Washing oneself [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in washing your whole body?

VD21

Dressing [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting dressed?

VD22

Eating [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in eating?

VD23

Carrying out daily routine [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in staying by yourself for a few days?

Getting along [WHODAS]

VD30

Relating with strangers [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in dealing with people you do not know?

VD31

Informal relationship with friends - maintaining [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in maintaining a friendship?

VD32

Family relationships [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting along with people who are close to you?

VD33

Informal relationship with friends - making new friends [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in making new friends?

VD34

Intimate relationships [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in sexual activities?

Life activities [WHODAS]

VD40	Taking care of household responsibilities [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in taking care of your household responsibilities?
VD41	Doing most important household tasks [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in doing most important household tasks well?
VD42	Doing housework [WHODAS]
VD42.0	Getting all needed housework done [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the household work done that you need to do?
VD42.1	Getting household work done quickly [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in getting your household work done as quickly as needed?
VD42.Y	Other specified doing housework [WHODAS]
VD42.Z	Doing housework [WHODAS], unspecified
VD43	Remunerative employment [WHODAS]
VD43.0	Difficulties in daily work or school [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in your day to day work/school?
VD43.1	Doing most important work or school task [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in doing your most important work/school tasks well?
VD43.2	Getting all needed work or school work done [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the work done that you need to do?
VD43.3	Getting remunerative work or school work done quickly [WHODAS] Because of your health condition, in the past 30 days, how much difficulty did you have in getting your work done as quickly as needed?
VD43.Y	Other specified remunerative employment [WHODAS]
VD43.Z	Remunerative employment [WHODAS], unspecified

Participation and impact of health problems [WHODAS]

VD50

Recreation and leisure [WHODAS]

In the past 30 days, how much of a problem did you have in joining in community activities (for example: festivities, religious or other activities) in the same way as anyone else can?

VD51

Problems by barriers [WHODAS]

In the past 30 days, how much of a problem did you have because of barriers or hindrances in the world around you?

VD52

Human rights [WHODAS]

In the past 30 days, how much of a problem did you have living with dignity because of the attitudes and actions of others?

VD53

Time spent on health condition [WHODAS]

In the past 30 days, how much time did you spend on your health condition, or its consequences?

VD54

Emotional effect of health condition [WHODAS]

In the past 30 days, how much have you been emotionally affected by your health condition?

VD55

Health drain on financial resources [WHODAS]

In the past 30 days, how much has your health been a drain on the financial resources of you or your family?

VD56

Health problems causing family problems [WHODAS]

In the past 30 days, how much of a problem did your family have because of your health problems?

VD57

Problems in relaxation or pleasure [WHODAS]

In the past 30 days, how much of a problem did you have in doing things by yourself for relaxation or pleasure?

Brief Model Disability Survey

This subsection includes the domains and questions for use with the WHO Model Disability Survey (MDS) brief version. The brief MDS includes body functions as well as activities and participation categories. The brief MDS allows to generate an overall summary score of functioning.

VE00

Seeing and related functions [BMDS]

How much difficulty do you have seeing things at a distance [without glasses]?

VE01

Hearing and vestibular functions [BMDS]

How much difficulty do you have hearing [without hearing aids]?

Mental functions [BMDS]

VE10 **Energy and drive functions [BMDS]**

VE11 **Sleep functions [BMDS]**

VE12 **Emotional functions [BMDS]**

VE13 **Attention functions [BMDS]**

VE14 **Memory functions [BMDS]**

Sensory functions and pain [BMDS]

VE20 **Sensation of pain [BMDS]**

Generic functioning domains

This subsection contains a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

Mental functions

This chapter is about the functions of the brain: both global mental functions, such as consciousness, energy and drive, and specific mental functions, such as memory, language and calculation mental functions.

VV00 **Energy and drive functions**

General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.

Exclusions: Consciousness functions (VV00-VV0Z)
 Emotional functions (VV04)
 Psychomotor functions (VV00-VV0Z)
 Sleep functions (VV01)
 Temperament and personality functions (VV00-VV0Z)

VV01 **Sleep functions**

General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.

Exclusions: Attention functions (VV02)
 Consciousness functions (VV00-VV0Z)
 Energy and drive functions (VV00)
 Psychomotor functions (VV00-VV0Z)

VV02**Attention functions**

Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.

- Exclusions:**
- Consciousness functions (VV00-VV0Z)
 - Energy and drive functions (VV00)
 - Memory functions (VV03)
 - Perceptual functions (VV00-VV0Z)
 - Psychomotor functions (VV00-VV0Z)
 - Sleep functions (VV01)

VV03**Memory functions**

Specific mental functions of registering and storing information and retrieving it as needed.

- Inclusions:**
- immediate memory
 - recent memory
 - remote memory
 - memory span
 - remembering
- Exclusions:**
- Attention functions (VV02)
 - Calculation functions (VV00-VV0Z)
 - Consciousness functions (VV00-VV0Z)
 - Higher-level cognitive functions (VV00-VV0Z)
 - intellectual functioning (VV00-VV0Z)
 - Mental functions of language (VV00-VV0Z)
 - Orientation functions (VV00-VV0Z)
 - Perceptual functions (VV00-VV0Z)
 - Thought functions (VV00-VV0Z)

VV04

Emotional functions

Specific mental functions related to the feeling and affective components of the processes of the mind.

Inclusions: affect
sadness
tension
lability of emotion
flattening of affect

Exclusions: Energy and drive functions (VV00)
Temperament and personality functions (VV00-VV0Z)

VV0Y

Other specified mental functions

VV0Z

Mental functions, unspecified

Sensory functions and pain

This chapter is about the functions of the senses, seeing, hearing, tasting and so on, as well as the sensation of pain.

VV10

Seeing and related functions

VV11

Hearing and vestibular functions

VV12

Sensation of pain

Sensation of unpleasant feeling indicating potential or actual damage to some body structure.

Inclusions: aching pain
burning pain
dull pain
sensations of generalized or localized pain
stabbing pain

VV1Y

Other specified sensory functions and pain

VV1Z

Sensory functions and pain, unspecified

Voice and speech functions

This chapter is about the functions of producing sounds and speech.

VV20

Voice functions

Functions of the production of various sounds by the passage of air through the larynx.

Exclusions:

- Alternative vocalization functions (VV20-VV2Z)
- Articulation functions (VV20-VV2Z)
- Mental functions of language (VV00-VV0Z)

VV2Y

Other specified voice and speech functions

VV2Z

Voice and speech functions, unspecified

Functions of the cardiovascular, haematological, immunological and respiratory systems

This chapter is about the functions involved in the cardiovascular system (functions of the heart and blood vessels), the haematological and immunological systems (functions of blood production and immunity), and the respiratory system (functions of respiration and exercise tolerance).

VV30

Exercise tolerance functions

Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.

Exclusions:

- additional respiratory functions (VV30-VV3Z)
- Functions of the cardiovascular system (VV30-VV3Z)
- Haematological system functions (VV30-VV3Z)
- Respiration functions (VV30-VV3Z)
- Respiratory muscle functions (VV30-VV3Z)

VV3Y

Other specified functions of the cardiovascular, haematological, immunological and respiratory systems

VV3Z

Functions of the cardiovascular, haematological, immunological and respiratory systems, unspecified

Functions of the digestive, metabolic and endocrine systems

This chapter is about the functions of ingestion, digestion and elimination, as well as functions involved in metabolism and the endocrine glands.

VV40

Functions related to the digestive system

VV4Y

Other specified functions of the digestive, metabolic and endocrine systems

VV4Z**Functions of the digestive, metabolic and endocrine systems, unspecified**

Genitourinary and reproductive functions

This chapter is about the functions of urination and the reproductive functions, including sexual and procreative functions.

VV50**Urination functions**

Functions of discharge of urine from the urinary bladder.

Exclusions: Sensations associated with urinary functions (VV50-VV5Z)
 Urinary excretory functions (VV50-VV5Z)

VV51**Sexual functions**

Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.

Exclusions: Procreation functions (VV50-VV5Z)
 Sensations associated with genital and reproductive functions (VV50-VV5Z)

VV5Y**Other specified genitourinary and reproductive functions****VV5Z****Genitourinary and reproductive functions, unspecified**

Neuromusculoskeletal and movement-related functions

This chapter is about the functions of movement and mobility, including functions of joints, bones, reflexes and muscles.

VV60**Mobility of joint functions**

Functions of the range and ease of movement of a joint.

Exclusions: Control of voluntary movement functions (VV60-VV6Z)
 Stability of joint functions (VV60-VV6Z)

VV61**Muscle power functions**

Functions related to the force generated by the contraction of a muscle or muscle groups.

Exclusions: Functions of structures adjoining the eye (VV10)
 Muscle endurance functions (VV60-VV6Z)
 Muscle tone functions (VV60-VV6Z)

VV6Y**Other specified neuromusculoskeletal and movement-related functions****VV6Z****Neuromusculoskeletal and movement-related functions, unspecified**

Functions of the skin and related structures

This chapter is about the functions of skin, nails and hair.

VV70

Functions of the skin

VV7Y

Other specified functions of the skin and related structures

VV7Z

Functions of the skin and related structures, unspecified

Learning and applying knowledge

This chapter is about learning, applying the knowledge that is learned, thinking, solving problems, and making decisions.

VV80

Basic learning

VV81

Solving problems

Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving a dispute between two people.

Exclusions: Making decisions (VV80-VV8Z)

Thinking (VV80-VV8Z)

VV8Y

Other specified learning and applying knowledge

VV8Z

Learning and applying knowledge, unspecified

General tasks and demands

This chapter is about general aspects of carrying out single or multiple tasks, organizing routines and handling stress. These items can be used in conjunction with more specific tasks or actions to identify the underlying features of the execution of tasks under different circumstances.

VV90

Carrying out daily routine

Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.

Exclusions: Undertaking multiple tasks (VV90-VV9Z)

VV91

Handling stress and other psychological demands

Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as taking exams, driving a vehicle during heavy traffic, finishing a task within a time-limit or taking responsibility for a group of individuals.

VV9Y

Other specified general tasks and demands

VV9Z

General tasks and demands, unspecified

Communication

This chapter is about general and specific features of communicating by language, signs and symbols, including receiving and producing messages, carrying on conversations, and using communication devices and techniques.

VW00

Communicating with - receiving - spoken messages

Comprehending literal and implied meanings of messages in spoken language, such as understanding that a statement asserts a fact or is an idiomatic expression.

VW01

Conversation

Starting, sustaining and ending an interchange of thoughts and ideas, carried out by means of spoken, written, signed or other forms of language, with one or more people one knows or who are strangers, in formal or casual settings.

VW0Y

Other specified communication

VW0Z

Communication, unspecified

Mobility

This chapter is about moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation.

VW10

Maintaining a standing position

Staying in a standing position for some time such as when standing in a queue.

Inclusions:

- staying in a standing position on hard surfaces
- staying in a standing position on a slope
- staying in a standing position on slippery surfaces

VW11

Transferring oneself

Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.

Exclusions: Changing basic body position (VW10-VW1Z)

VW12

Carrying, moving and handling objects

VW13

Walking

Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards, or sideways.

Exclusions:

- Moving around (VW10-VW1Z)
- Transferring oneself (VW11)

VW14**Moving around within the home**

Walking and moving around in one's home, within a room, between rooms, and around the whole residence or living area.

Inclusions:

- moving from floor to floor
- moving on an attached balcony
- moving in a restricted area such as a courtyard, porch or garden

VW15**Moving around using equipment**

Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a self-propelled wheelchair or a walker.

Exclusions:

- Driving (VW10-VW1Z)
- Moving around (VW10-VW1Z)
- Transferring oneself (VW11)
- Using transportation (VW16)
- Walking (VW13)

VW16**Using transportation**

Using transportation to move around as a passenger, such as being driven in a car, bus, rickshaw, jitney, pram or stroller, wheelchair, animal-powered vehicle, private or public taxi, train, tram, subway, boat or aircraft and using humans for transportation.

Exclusions:

- Driving (VW10-VW1Z)
- Moving around using equipment (VW15)

VW1Y**Other specified mobility****VW1Z****Mobility, unspecified****Self-care**

This chapter is about caring for oneself, washing and drying oneself, caring for one's body and body parts, dressing, eating and drinking, and looking after one's health.

VW20**Washing oneself**

Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel.

Exclusions:

- Caring for body parts (VW21)
- Toileting (VW22)

VW21**Caring for body parts**

Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying.

Exclusions: Toileting (VW22)
 Washing oneself (VW20)

VW22**Toileting**

Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and clean oneself afterwards.

Exclusions: Caring for body parts (VW21)
 Dressing (VW23)
 Moving around within the home (VW14)
 Walking (VW13)
 Washing oneself (VW20)

VW23**Dressing**

Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.

VW24**Eating**

Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening containers and packets, using eating implements, having meals, feasting or dining.

Exclusions: Drinking (VW20-VW2Z)
 Preparing meals (VW30)

VW25**Looking after one's health**

Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, such as using condoms, getting immunizations and regular physical examinations.

VW2Y**Other specified self-care****VW2Z****Self-care, unspecified**

Domestic life

This chapter is about carrying out domestic and everyday actions and tasks. Areas of domestic life include caring for one's belongings and space, acquiring food, clothing and other necessities, household cleaning and repairing, caring for personal and other household objects, and assisting others.

VW30

Preparing meals

Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals, cooking with heat and preparing cold foods and drinks, and serving the food.

Exclusions:

- Acquisition of goods and services (VW30-VW3Z)
- Caring for household objects (VW30-VW3Z)
- caring for others (VW32)
- Doing housework (VW31)
- Drinking (VW20-VW2Z)
- Eating (VW24)

VW31

Doing housework

Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, dryers and irons.

Exclusions:

- Acquiring a place to live (VW30-VW3Z)
- Acquisition of goods and services (VW30-VW3Z)
- Caring for household objects (VW30-VW3Z)
- caring for others (VW32)
- Preparing meals (VW30)

VW32

Assisting others

Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.

Exclusions: Remunerative employment (VW50)

VW3Y

Other specified domestic life

VW3Z

Domestic life, unspecified

Interpersonal interactions and relationships

This chapter is about carrying out the actions and tasks required for basic and complex interactions with people (strangers, friends, relatives, family members and lovers) in a contextually and socially appropriate manner.

VW40

Basic interpersonal interactions

Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others.

VW41

Relating with strangers

Engaging in temporary contacts and links with strangers for specific purposes, such as asking for directions or making a purchase.

Engaging in temporary contacts and links with strangers for specific purposes, such as when asking for information, directions or making a purchase.

VW42

Intimate relationships

Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.

VW4Y

Other specified interpersonal interactions and relationships

VW4Z

Interpersonal interactions and relationships, unspecified

Major life areas

This chapter is about carrying out the tasks and actions required to engage in education, work and employment and to conduct economic transactions.

VW50

Remunerative employment

Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.

VW5Y

Other specified major life areas

VW5Z

Major life areas, unspecified

Community, social and civic life

This chapter is about the actions and tasks required to engage in organized social life outside the family, in community, social and civic areas of life.

VW60

Recreation and leisure

Engaging in any form of play, recreational or leisure pursuit, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading or singing for enjoyment, playing musical instruments; sightseeings, tourism and travelling for pleasure.

Exclusions:

- Political life and citizenship (VW60-VW6Z)
- Religion and spirituality (VW60-VW6Z)
- remunerative and non-remunerative work (and)
(VW50-VW5Z)
- Riding animals for transportation (VW10-VW1Z)
- Reading (VV80-VV8Z)
- Singing (VW00-VW0Z)

VW61

Human rights

Enjoying all nationally and internationally recognized rights that are accorded to people by virtue of their humanity alone, such as human rights as recognized by the United Nations Universal Declaration of Human Rights (1948), the United Nations Convention on the Rights of the Child (1989), the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities (1993), and the United Nations Convention on the Rights of Persons with Disabilities (2006); the right to self-determination or autonomy; and the right to control over one's destiny.

Exclusions: Political life and citizenship (VW60-VW6Z)

VW6Y

Other specified community, social and civic life

VW6Z

Community, social and civic life, unspecified

VW8Y

Other specified generic functioning domains

VW8Z

Generic functioning domains, unspecified

CHAPTER X

Extension Codes

This chapter has 6928 four-character categories.

Code range starts with XS8H

Extension codes should never be used in primary classification coding or tabulation.

- They are provided for use as supplementary or additional codes when desired to identify more detail in statistical categories classified elsewhere.
- Extension codes may be used alone in other contexts.

Coded Elsewhere: Extension codes of particular relevance to skin diseases

This chapter contains the following top level blocks:

- Severity Scale Value
- Temporality
- Aetiology
- Topology Scale Value
- Anatomy and topography
- Histopathology
- Dimensions of injury
- Dimensions of external causes
- Consciousness
- Substances
- Diagnosis code descriptors
- Capacity or context
- Health Devices, Equipment and Supplies
- Extension codes of particular relevance to skin diseases

Severity Scale Value

Generic Severity Scale Value

Coded Elsewhere: Basic 3-Value Severity Scale Value: Mild-Moderate-Severe

Clinical Severity Scale Value: Stage 1-2-3-4

Clinical Severity Scale Value: Stage 1-2-2a-2b-3-4

Mild Moderate Severe Scale Value

XS8H	None	
XS5W	Mild	
XS0T	Moderate	
XS25	Severe	
XS2R	Profound	
	Inclusions:	Complete

Clinical Staging Scale Value

XS7A	Stage 1
XS5S	Stage 2
XS4D	Stage 2a
XS6D	Stage 2b
XS00	Stage 3
XS3T	Stage 3a
XS90	Stage 3b
XS6G	Stage 4
XS9N	Stage 5
XS88	Stage 6
XS52	Stage 7
XS0G	Stage 8
XS2C	Stage 9
XS2X	Stage 10

Grading Scale Value

XS24	Grade 0
XS6P	Grade 1
XS31	Grade 2
XS6F	Grade 3
XS0K	Grade 4
XS87	Grade 5
XS9M	Grade 6
XS5M	Grade 7
XS7F	Grade 8
XS8J	Grade 9
XS57	Grade 10

Phase Scale Value

XS4A	Phase 0
XS3K	Phase 1
XS4M	Phase 2
XS8V	Phase 3
XS21	Phase 4
XS8Z	Phase 5
XS41	Phase 6
XS73	Phase 7
XS9Z	Phase 8
XS83	Phase 9
XS47	Phase 10

Problem Scale Value

XS5C	0 No problem
XS6Y	1 Mild problem
XS8T	2 Moderate problem

XS9D	3 Severe problem
XS91	4 Complete problem
XS5P	9 Not applicable

Disease Specific Severity Scale Value

Tumour spread simplified Scale Value

XS0J	A Remission / Free of disease
XS05	B Local Disease
XS0E	Local limited
XS67	Locally advanced
XS9S	C Regional disease
XS4Z	D Distant disease

Tumour spread staging Scale Value

XS76	Stage 0
XS1G	Stage I
XS4P	Stage II
XS6H	Stage III
XS9R	Stage IV

Histological Grading Scale Value

XS56	Grade I Well differentiated
XS58	Grade II Moderately differentiated
XS7Z	Grade III Poorly differentiated
XS7M	Grade IV Undifferentiated

XS7H

Undetermined grade

Grade cannot be assessed

NYHA Functional Classification: Class I-IV

XS3A

NYHA Class I - No limitation of physical activity

No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnoea (shortness of breath).

XS6B

NYHA Class II - Slight limitation of physical activity

Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnoea (shortness of breath).

XS9T

NYHA Class III - Marked limitation of physical activity

Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnoea.

XS9F

NYHA Class IV - Unable to carry on any physical activity without discomfort

Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Chronic Obstructive Lung Disease Criteria: GOLD 1-4

XS80

GOLD 1 - mild: $FEV_1 \geq 80\%$ predicted

XS7U

GOLD 2 - moderate: $50\% \leq FEV_1 < 80\%$ predicted

XS8K

GOLD 3 - severe: $30\% \leq FEV_1 < 50\%$ predicted

XS50

GOLD 4 - very severe: $FEV_1 < 30\%$ predicted

Peripheral arterial disease (PAD) Severity Classification by Fontaine

XS1Y

Stage I: Asymptomatic, incomplete blood vessel obstruction

XS5L

Stage II: Mild claudication pain in limb

XS5V

Stage IIA: Claudication at a distance > 200 metres

XS6C

Stage IIB: Claudication at a distance < 200 metres

XS9L

Stage III: Rest pain, mostly in the feet

XS2J

Stage IV: Necrosis and/or gangrene of the limb

Endometriosis Severity Scale Value

XS3V

No endometriosis

XS5N	Filmy endometriosis
XS55	Dense endometriosis

Vocal Cord Paralysis Severity Scale Value

XS1H	Incomplete vocal cord paralysis
XS66	Partial vocal cord paralysis
XS7K	Complete vocal cord paralysis

Sepsis Severity Scale Value

XS5E	Mild sepsis
XS65	Severe sepsis
XS26	Septic shock

Peripheral arterial disease (PAD) Severity Classification by Rutherford

XS1T	Grade 0 Category 0: Asymptomatic -no hemodynamically significant occlusive disease Objective criteria: Normal treadmill or reactive hyperemia test
XS0Q	Grade 0 Category 1: Mild claudication Objective criteria: Completes treadmill exercise; ankle pressure (AP) after exercise > 50 mm Hg but at least 20 mm Hg lower than resting value
XS2W	Grade I Category 2: Moderate claudication Objective criteria: Between categories 1 and 3
XS51	Grade I Category 3: Severe claudication Objective criteria: Cannot complete standard treadmill exercise, and ankle pressure (AP) after exercise < 50 mm Hg
XS8M	Grade II Category 4: Ischaemic rest pain Objective criteria: Resting ankle pressure (AP) < 40 mm Hg, flat or barely pulsatile ankle or metatarsal pulse volume recording (PVR); toe pressure (TP) < 30 mm Hg
XS6U	Grade III Category 5: Minor tissue loss - nonhealing ulcer, focal gangrene with diffuse pedal ischaemia Objective criteria: Resting ankle pressure (AP) < 60 mm Hg, ankle or metatarsal pulse volume recording (PVR) flat or barely pulsatile; toe pressure (TP) < 40 mm Hg

XS0U

Grade III Category 6: Major tissue loss - extending above transmetatarsal (TM) level, functional foot no longer salvageable

Objective criteria: Same as category 5.

Pain Severity Scale Value

The chronic pain severity scale value is a compound measure comprised of pain intensity, pain-related distress, and pain-related interference. Each of these measures is a patient rating.

Pain intensity

Pain intensity is defined as the strength of the subjective pain experience ("how much does the pain hurt?"). The patient should be asked to rate the average pain intensity for the last week on an 11-point numerical rating scale (ranging from 0 'no pain' to 10 'worst pain imaginable') or a 100 mm visual rating scale.

XS5B

No pain

Pain intensity rating NRS: 0

XS5D

Mild pain

Pain intensity rating NRS: 1-3

XS9Q

Moderate pain

Pain intensity rating NRS: 4-6

XS2E

Severe pain

Pain intensity rating NRS: 7-10

Pain-related distress

Pain-related distress is defined as the multifactorial unpleasant emotional experience of a cognitive, behavioral, emotional, social, or spiritual nature due to the chronic pain ("how distressed are you by the pain?"). The patient should be asked to rate the average pain-related distress they experienced in the last week on an 11-point numerical rating scale (ranging from 0 'no pain-related distress' to 10 'extreme pain-related distress') or a 100mm visual rating scale.

XS1J

No distress

Pain-related distress rating NRS: 0

XS3R

Mild distress

Pain-related distress rating NRS: 1-3

XS7C

Moderate distress

Pain-related distress rating NRS: 4-6

XS7N

Severe distress

Pain-related distress rating NRS: 7-10

Pain-related interference

Pain-related interference is a measure for how much the pain interferes with daily activities and participation (“how much does the pain interfere with your life?”). The patient should be asked to rate the average pain-related interference they experienced in the last week on an 11-point numerical rating scale (ranging from 0 ‘no interference’ to 10 ‘unable to carry on activities’) or a 100mm visual rating scale.

XS71

No pain-related interference

Pain-related interference rating NRS: 0

XS5R

Mild pain-related interference

Pain-related interference rating NRS: 1-3

XS2L

Moderate pain-related interference

Pain-related interference rating NRS: 4-6

XS2U

Severe pain-related interference

Pain-related interference rating NRS: 7-10

Presence of psychosocial factors Scale Value

Use this extension code to code the presence or absence of problematic emotional (e.g., anger, fear), cognitive (e.g., excessive worry, catastrophizing), behavioral (e.g., avoidance) or social factors (eg, work, relationships) that accompany a given health condition (e.g., chronic pain). The code for the presence of psychosocial factors is appropriate when there is positive evidence that psychological or social factors contribute to the cause, the maintenance or the exacerbation of the health condition, or associated disability, or when the health condition results in negative psychobehavioral consequences (eg, demoralisation, hopelessness, avoidance, withdrawal). Assigning this extension code does not require a judgement regarding aetiological contributions or causal priorities.

XS7G

Psychosocial factors present

XS8B

No psychosocial factors present

Adult Nutritional Status Scale Value

XS11

Underweight BMI Below 18.5 kg/m²

XS43

Normal weight BMI 18.5–24.9 kg/m²

XS7R

Pre-obesity BMI 25.0–29.9 kg/m²

XS3Y

Obesity class I BMI 30.0–34.9 kg/m²

XS6N

Obesity class II BMI 35.0–39.9 kg/m²

XS2B

Obesity class III BMI greater than or equal to 40 kg/m²

Coronary atherosclerosis Severity Scale Value

XS2V	Single vessel disease
XS8U	Multiple vessel disease

Anaphylaxis Severity Scale Value

XS09	Anaphylaxis grade 1 Anaphylaxis grade 1 is considered when there is a single organ system involved.
XS59	Anaphylaxis grade 2 Anaphylaxis grade 2 is considered in cases of more than one organ system involvement; but not life-threatening.
XS2Y	Anaphylaxis grade 3 Anaphylaxis grade 3 is considered in life-threatening cases with more than one organ system involved.
XS85	Anaphylaxis grade 4 Anaphylaxis grade 4 is considered in life-threatening cases with cardiac arrest.

Temporality

Course of the Condition

Pattern, Activity, or Clinical Status

Intermittent-Persistent Scale Value

XT5G	Intermittent
XT6Z	Persistent
XT5T	Persistent with overlaid attacks
XT3B	Asymptomatic
XT1T	Subclinical
XT98	Active
XT7X	Episodic
XT4M	Prodromal
XT44	Recurrent
XT4D	Relapse

XT9C

Cause of late effect

A condition that results in a late effect.

Course

Coded Elsewhere: Acute-Chronic Scale Value

Acute-Subacute-Chronic Scale Value

XT5R

Acute

XT1L

Subacute

XT8W

Chronic

Onset

XT2Q

Early onset

XT46

Immediate onset

XT3R

Late onset

XT64

Delayed onset

XT3Z

Rapid onset

Rapid or sudden onset of a condition/illness that requires more immediate and/or aggressive treatment

XT42

Gradual onset

Time in Life

XT0S

Pregnancy

For the mother, the period of time between fertilization and parturition.

XT4Z

Postpartum

XT1G

Puerperium

For the mother, the period of time that lasts from birth through the 42nd day of life for the child.

XT77

Antenatal - WHO Standard

For the fetus, the period of time between fertilization and parturition.

XT5L

Antenatal - Aus. Standard

XT5P

Antenatal - Can. Standard

XT04

Antenatal - Ger. Standard

XT9S	Antenatal - US Standard
XT16	Neonatal The period of time from birth through the 28th day of life.
XT6P	Early Neonatal The period of time from birth through the seventh day of life.
XT30	Late Neonatal The period of time from the eighth through the 28th day of life.
XT3N	Perinatal The period of time between 22 weeks after fertilization and 7 days after parturition.
XT2C	Infancy The period of time between 29 and 365 days of life.
XT4X	Child under 5 The period of time from the start of the 1st year of life through the end of the 4th.
XT50	Child over 5 The period of time from the start of the 5th year of life through the end of the 14th
XT9V	Middle Childhood The period of time from the start of the 5th year of life through the end of the 10th.
XT7Q	Early Adolescence The period of time from the start of the 11th year of life through the end of the 14th
XT7M	Adolescent The period of time from the start of the 15th year of life through the end of the 19th.
XT4T	Middle Adolescence The period of time from the start of the 15th year of life through the end of the 17th.
XT9X	Late Adolescence The period of time from the start of the 18th year of life through the end of the 19th.
XT15	Young Adult The period of time from the start of the 20th year of life through the end of the 24th.
XT6S	Adult The period of time from the start of the 25th year of life through the end of the 64th.
XT19	Early Geriatric The period of time from the start of the 65th year of life through the end of the 84th year

XT13**Late Geriatric**

The period of time from the start of the 85th year through the end of life.

Duration of pregnancy

Use as additional code, if desired, for cases of Abortive outcome of pregnancy, Threatened abortion, Fetal death in utero, Premature rupture of membranes (before 37 completed weeks of gestation), False labour before 37 completed weeks of gestation (threatened premature labour) and Preterm labour (early onset of labour).

XT3X

Duration of pregnancy less than 5 completed weeks

XT09

Duration of pregnancy 5-13 completed weeks

XT65

Duration of pregnancy 14-19 completed weeks

XT5N

Duration of pregnancy 20-21 completed weeks

XT0T

Duration of pregnancy 20-25 completed weeks

XT4J

Duration of pregnancy 26-33 completed weeks

XT84

Duration of pregnancy 34-36 completed weeks

XT6G

Duration of pregnancy more than 36 completed weeks

XT6K

Unspecified duration of pregnancy

Duration of pregnancy not specified

Aetiology

Coded Elsewhere: Allergens

Causality

XB8M

Congenital

XB8D

Iatrogenic

XB5F

Idiopathic

XB1Y

Familial

XB25

Nosocomial

Inclusions: Hospital-acquired

XB4Q

Environmental

Occupational relevance

XB17

Occupation as primary factor

XB5G	Occupation as cofactor
XB80	Not occupation-related
XB5W	Life-style
XB22	Community acquired
XT9T	Ageing-related Ageing-related means "caused by biological processes which persistently lead to the loss of organism's adaptation and progress in older ages"
XB2G	Post traumatic
XB4S	Genetic
XB7K	Hereditary
XB7S	Non-hereditary

Infectious Agents

XN74M	Bacteria
XN5PZ	Gram Negative Bacteria
XN25B	Acinetobacter
XN8LS	Acinetobacter baumannii
XN5YN	Acinetobacter junii
XN0DS	Acinetobacter nosocomialis
XN2QH	Acinetobacter pittii
XN048	Anaplasma
XN1MH	Anaplasma phagocytophilum
XN3NJ	Bartonella
XN0W4	Bartonella bacilliformis
XN3F6	Bartonella clarridgeiae
XN5J5	Bartonella elizabethae
XN5SH	Bartonella grahamii
XN862	Bartonella henselae
XN302	Bartonella koehlerae
XN14D	Bartonella quintana
XN43H	Bartonella rochalimae

XN6KD	Bartonella vinsonii
XN94Y	Bartonella washoensis
XN9W3	Bordetella
XN173	Bordetella bronchiseptica
XN23B	Bordetella pertussis
XN7LQ	Bordetella parapertussis
XN22N	Brucella
XN7A8	Brucella abortus
XN84J	Brucella canis
XN7ZW	Brucella melitensis
XN3UP	Brucella suis
XN01M	Burkholderia
XN351	Burkholderia gladioli
XN6Y3	Burkholderia mallei
XN3LD	Burkholderia pseudomallei
XN335	Burkholderia cepacia complex
XN06D	Burkholderia stabilis
XN0ZW	Burkholderia anthina
XN15B	Burkholderia contaminans
XN7US	Campylobacter
XN0BA	Campylobacter coli
XN3EN	Campylobacter fetus
XN4Q5	Campylobacter jejuni
XN27H	Chlamydia
XN9EE	Chlamydia pneumoniae
XN4S7	Chlamydia psittaci
XN4Q4	Chlamydia trachomatis
XN0FZ	Citrobacter
XN0M3	Citrobacter freundii
XN5H6	Coxiella

XN0QS	<i>Coxiella burnetii</i>
XN9M7	<i>Ehrlichia</i>
XN293	<i>Ehrlichia canis</i>
XN4GW	<i>Ehrlichia chaffeensis</i>
XN2YH	<i>Ehrlichia ewingii</i>
XN1VF	<i>Eikenella</i>
XN9W5	<i>Enterobacter</i>
XN3YM	<i>Enterobacter cloacae</i>
XN4WC	<i>Escherichia</i>
XN6P4	<i>Escherichia coli</i>
XN88S	Enteroinvasive <i>Escherichia coli</i>
XN2U0	Enteropathogenic <i>Escherichia coli</i>
XN81Z	Enterotoxigenic <i>Escherichia coli</i>
XN108	Shiga toxin-producing <i>Escherichia coli</i>
XN5NF	Enterohaemorrhagic <i>Escherichia coli</i>
XN55V	Enteraggregative <i>Escherichia coli</i>
XN6MP	<i>Escherichia hermannii</i>
XN2S7	<i>Pseudescherichia vulneris</i>
XN94G	<i>Francisella</i>
XN6HJ	<i>Francisella philomiragia</i>
XN0BX	<i>Francisella tularensis</i>
XN4ZY	<i>Francisella novicida</i>
XN4LF	<i>Fusobacterium</i>
XN7B1	<i>Fusobacterium necrophorum</i>
XN5MA	<i>Fusobacterium novum</i>
XN4P8	<i>Fusobacterium nucleatum</i>
XN911	<i>Fusobacterium polymorphum</i>
XN2HK	<i>Haemophilus</i>
XN6MB	<i>Haemophilus ducreyi</i>
XN1P6	<i>Haemophilus influenzae</i>

XN1BX	Haemophilus influenzae aegyptius
XN0FG	Haemophilus influenzae type B
XN6XR	Helicobacter
XN0YS	Helicobacter bilis
XN0TD	Helicobacter bizzozeronii
XN42L	Helicobacter canis
XN354	Helicobacter cinaedi
XN6JN	Helicobacter felis
XN9X3	Helicobacter ganmani
XN8PN	Helicobacter hepaticus
XN3DY	Helicobacter pylori
XN9D7	Helicobacter salomonis
XN079	Helicobacter suis
XN620	Klebsiella
XN027	Klebsiella granulomatis
XN7WL	Klebsiella oxytoca
XN741	Klebsiella pneumoniae
XN7EJ	Kingella kingae
XN3SZ	Legionella
XN14Z	Legionella longbeachae
XN9YS	Legionella pneumophila
XN9RA	Leptospira
XN1R8	Leptospira alexanderi
XN7D2	Leptospira borgpetersenii
XN9K9	Leptospira broomii
XN5HC	Leptospira fainei
XN20F	Leptospira inadai
XN78P	Leptospira interrogans
XN110	Leptospira kirschneri
XN481	Leptospira kmetyi

XN6NU	Leptospira licerasiae
XN4KP	Leptospira noguchii
XN01X	Leptospira santarosai
XN4FL	Leptospira species
XN4E7	Leptospira weilii
XN77E	Leptospira wolffii
XN5UB	Leptospira genomospecies 1 (alstonii)
XN2JD	Leptotrichia
XN734	Leptotrichia buccalis
XN4GY	Leptotrichia goodfellowii
XN0SF	Leptotrichia hofstadii
XN4SA	Leptotrichia hongkongensis
XN7NF	Leptotrichia shahii
XN6QY	Leptotrichia trevisanii
XN5SN	Leptotrichia wadei
XN90V	Moraxella
XN8G6	Morganella
XN1W2	Mycoplasma
XN3NR	Mycoplasma fermentans
XN9UG	Mycoplasma genitalium
XN674	Mycoplasma hyorhinis
XN3AD	Mycoplasma penetrans
XN4NV	Mycoplasma pneumoniae
	Inclusions: Pleuro-pneumonia-like-organism [PPLO]
XN69X	Neisseria
XN59Y	Neisseria gonorrhoeae
XN1DV	Neisseria meningitidis
XN3CR	Neisseria meningitidis serogroup A
XN8FU	Neisseria meningitidis serogroup B
XN7EM	Neisseria meningitidis serogroup C

XN03X	Neisseria meningitidis serogroup W
XN0C2	Neisseria meningitidis serogroup X
XN5H0	Neisseria meningitidis serogroup Y
XN8ST	Neorickettsia
XN7C8	Neorickettsia sennetsu
XN3U2	Pasteurella
XN30D	Pasteurella multocida
XN1ZM	Pleisiomonas
XN3BS	Proteus
XN9ZF	Proteus mirabilis
XN9DS	Proteus morganii
XN7PE	Proteus penneri
XN118	Proteus vulgaris
XN7R2	Providencia
XN2PG	Providencia rettgeri
XN022	Pseudomonas
XN5L6	Pseudomonas aeruginosa
XN3JP	Pseudomonas oryzihabitans
XN52E	Pseudomonas mallei
XN8J7	Pseudomonas plecoglossicida
XN8AA	Pseudomonas pseudomallei
XN4YH	Rickettsia
XN9YP	Rickettsia africae
XN7WV	Rickettsia akari
XN23V	Rickettsia australis
XN8U4	Rickettsia conorii
XN6W8	Rickettsia felis
XN9NE	Rickettsia helvetica
XN5NY	Rickettsia hoogstraalii
XN3XV	Rickettsia japonica

XN8SY	<i>Rickettsia prowazekii</i>
XN33Q	<i>Rickettsia rickettsii</i>
XN1N6	<i>Rickettsia sibirica</i>
XN2AR	<i>Rickettsia typhi</i>
XN0QE	<i>Salmonellae</i>
XN5VC	<i>Salmonella enterica</i> spp.
XN0UV	<i>Salmonella Paratyphi</i>
XN1K5	<i>Salmonella paratyphi</i> A
XN322	<i>Salmonella paratyphi</i> B
XN5TR	<i>Salmonella paratyphi</i> C
XN4AM	<i>Salmonella Typhi</i>
XN7U5	<i>Salmonella Panama</i>
XN97K	<i>Salmonella Weltevreden</i>
XN13V	<i>Salmonella Wandsworth</i>
XN3DF	<i>Salmonella Virchow</i>
XN4QY	<i>Salmonella Give</i>
XN3AE	<i>Salmonella Gaminara</i>
XN0N5	<i>Salmonella Agona</i>
XN5SM	<i>Salmonella Kiambu</i>
XN3TU	<i>Salmonella Thompson</i>
XN15L	<i>Salmonella Typhimurium</i>
XN8SF	<i>Salmonella Saintpaul</i>
XN2MU	<i>Salmonella Stanley</i>
XN0LX	<i>Salmonella Strathcona</i>
XN5WE	<i>Salmonella Senftenberg</i>
XN291	<i>Salmonella Tennessee</i>
XN87G	<i>Salmonella Newport</i>
XN5TM	<i>Salmonella Hartford</i>
XN1QX	<i>Salmonella Oranienburg</i>
XN2SZ	<i>Salmonella Poona</i>

XN36N	Salmonella Kedougou
XN5LV	Salmonella Litchfield
XN4LH	Salmonella Mbandaka
XN1FK	Salmonella Montevideo
XN3UH	Salmonella Mikawasima
XN7QM	Salmonella Concord
XN8RF	Salmonella Cubana
XN39C	Salmonella Infantis
XN6JL	Salmonella Havana
XN1W7	Salmonella Enteritidis
XN0Q7	Salmonella Bareilly
XN4MS	Salmonella Braenderup
XN3KA	Salmonella Brandenburg
XN0NU	Salmonella Choleraesuis
XN910	Salmonella Bredeney
XN52S	Salmonella Nchanga
XN8F6	Salmonella Lille
XN7EC	Salmonella Sandiego
XN2DJ	Salmonella enterica subspecies enterica serovar 4,5,12:i:-
XN7PN	Salmonella enterica subspecies enterica serovar 4,[5],12:i:-
XN2DW	Salmonella bongori spp
XN71D	Serratia spp
XN2V6	Serratia marcescens
XN7HG	Shigella spp
XN7Y2	Shigella flexneri
XN8RN	Shigella boydii
XN285	Shigella dysenteriae
XN9M9	Shigella sonnei
XN23Z	Spirillum
XN0J7	Spirillum minus

XN78V	<i>Spirillum pulli</i>
XN17K	<i>Spirillum volutans</i>
XN96A	<i>Spirillum winogradskyi</i>
XN708	<i>Streptobacillus</i>
XN91U	<i>Streptobacillus moniliformis</i>
XN1L0	<i>Stenotrophomonas</i>
XN0AD	<i>Stenotrophomonas maltophilia</i>
XN36C	<i>Treponema</i>
XN76V	<i>Treponema carateum</i>
XN711	<i>Treponema pallidum</i>
XN6AL	<i>Treponema pallidum carateum</i>
XN35Z	<i>Treponema pallidum endemicum</i>
XN030	<i>Treponema pallidum pallidum</i>
XN46P	<i>Treponema pallidum pertenue</i>
XN1R2	<i>Ureaplasma</i>
XN8RL	<i>Vibrio</i>
XN7N1	<i>Vibrio cholerae</i>
XN8P1	<i>Vibrio cholerae</i> O1, biovar cholerae
XN62R	<i>Vibrio cholerae</i> O1, biovar eltor
XN8KD	<i>Vibrio cholerae</i> O139
XN1AA	<i>Vibrio parahaemolyticus</i>
XN44G	<i>Vibrio vulnificus</i>
XN4QG	<i>Yersinia</i>
XN91V	<i>Yersinia enterocolitica</i>
XN6QS	<i>Yersinia pestis</i>
XN6K8	<i>Yersinia pseudotuberculosis</i>
XN65H	<i>Bacteroides</i>
XN2R7	<i>Bacteroides fragilis</i>
XN9EB	<i>Cronobacter</i>
XN2YF	<i>Cronobacter sakazakii</i>

XN9AS	Brevundimonas
XN8W4	Brevundimonas diminuta
XN2F0	Brevundimonas vesicularis
XN1J7	Aeromonas
XN40Z	Aeromonas hydrophila
XN0XY	Aeromonas caviae
XN4X0	Herbaspirillum
XN7QA	Herbaspirillum huttiense
XN706	Elizabethkingia
XN6BA	Elizabethkingia anophelis
XN6C4	Elizabethkingia meningoseptica
XN15X	Ralstonia
XN6AH	Ralstonia picketti
XN694	Ralstonia mannitolilytica
XN9VM	Ralstonia insidiosa
XN3NY	Raoultella
XN0MD	Raoultella ornithinolytica
XN6PA	Orientia
XN675	Orientia tsutsugamushi
XN2QM	Gram Positive Bacteria
XN3G0	Actinomyces
XN0GV	Actinomyces gerencseriae
XN15T	Actinomyces israelii
XN8HN	Actinomyces species
XN8EK	Actinomycetales
XN8P7	Actinomadura
XN9ZE	Bacillus
XN94F	Bacillus anthracis
XN8PY	Bacillus cereus
XN33F	Bifidobacterium

XN0PT	<i>Bifidobacterium dentium</i>
XN198	<i>Clostridium</i>
XN2JN	<i>Clostridium botulinum</i>
XN7J5	<i>Clostridium perfringens</i>
XN4LP	<i>Clostridium sordellii</i>
XN5NQ	<i>Clostridium tetani</i>
XN3NT	<i>Corynebacterium</i>
XN9N1	<i>Corynebacterium diphtheriae</i>
XN78S	<i>Corynebacterium minutissimum</i>
XN752	<i>Corynebacterium striatum</i>
XN3MP	<i>Corynebacterium tenuis</i>
XN1F7	<i>Enterococcus</i>
XN2H4	<i>Enterococcus faecalis</i>
XN51E	<i>Enterococcus faecium</i>
XN0DT	<i>Enterococcus avium</i>
XN3XY	<i>Enterococcus casseliflavus</i>
XN724	<i>Enterococcus durans</i>
XN8BQ	<i>Enterococcus gallinarum</i>
XN4ZZ	<i>Enterococcus mundtii</i>
XN3QK	<i>Enterococcus raffinosus</i>
XN494	<i>Erysipelothrix</i>
XN4FJ	<i>Erysipelothrix rhusiopathiae</i>
XN4D1	<i>Listeria</i>
XN39H	<i>Listeria ivanovii</i>
XN602	<i>Listeria monocytogenes</i>
XN20K	<i>Nocardia</i>
XN2BK	<i>Nocardia asteroides</i>
XN1LG	<i>Nocardia brasiliensis</i>
XN5M7	<i>Propionibacterium</i>
XN27L	<i>Propionibacterium propionicus</i>

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 pasteurii
XN6FH	Staphylococcus pettenkoferi
XN9X8	Staphylococcus schleiferi
XN2HN	Staphylococcus sciuri
XN7RE	Staphylococcus simulans
XN4C9	Staphylococcus warneri
XN7TQ	Staphylococcus xylosus
XN567	Staphylococcus hominis
XN3NM	Streptococcus
XN1V3	Alpha-hemolytic Streptococcus
XN3PW	Streptococcus pneumoniae This is a Gram-positive, alpha-hemolytic, aerotolerant anaerobic member of the genus Streptococcus. This diagnosis is as the cause of diseases classified to other chapters.
XN9LA	Streptococcus viridans
XN1AF	Beta-haemolytic Streptococcus
XN2NS	Gamma-haemolytic Streptococcus
XN6LP	Streptococcus, group A Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.
XN7YG	Streptococcus pyogenes

XN2M1	Streptococcus, group B Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.
XN0KC	Streptococcus agalactiae
XN518	Group C Streptococcus
XN0TY	Streptococcus zooepidemicus
XN5KC	Streptococcus, group D Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.
XN6KJ	Streptococcus bovis
XN625	Streptococcus equinus
XN8BJ	Group E Streptococcus
XN6BB	Group F Streptococcus
XN84N	Group G Streptococcus
XN8UN	Streptococcus dysgalactiae
XN40Y	Group H Streptococcus
XN39R	Streptococcus anginosus
XN3L7	Streptococcus canis
XN0FR	Streptococcus constellatus
XN4PA	Streptococcus iniae
XN67P	Streptococcus intermedius
XN5BP	Streptococcus mitis
XN2RH	Streptococcus mutans
XN4B2	Streptococcus oralis
XN18T	Streptococcus parasanguinis
XN58W	Streptococcus peroris
XN6KE	Streptococcus pseudopneumoniae
XN5DB	Streptococcus rattus
XN3BQ	Streptococcus salivarius
XN9FP	Streptococcus sanguinis
XN0XM	Streptococcus sobrinus
XN5SE	Streptococcus suis

XN4LM	Streptococcus thermophilus
XN1TV	Streptococcus uberis
XN0Z2	Streptococcus vestibularis
XN7PP	Tropheryma
XN5P4	Tropheryma whipplei
XN0SE	Clostridioides difficile
XN87X	Bacteria, neither Gram Negative nor Gram Positive
XN2DX	Borrelia
XN7GL	Borrelia afzelii
XN13C	Borrelia burgdorferi
XN4VZ	Borrelia garinii
XN3PD	Borrelia hermsii
XN2P3	Borrelia miyamotoi
XN6VH	Borrelia parkeri
XN5R4	Borrelia recurrentis
XN140	Borrelia vincentii
XN2NR	Mycobacterium
XN6YB	Mycobacterium africanum
XN8AB	Mycobacterium bovis
XN8N3	Mycobacterium canettii
XN4MR	Mycobacterium caprae
XN9H9	Mycobacterium colombiense
XN8FC	Mycobacterium indicus pranii
XN5TS	Mycobacterium leprae
XN3T2	Mycobacterium microti
XN7H2	Mycobacterium pinnipedii
XN1N2	Mycobacterium tuberculosis
XN96Q	Non-tuberculous mycobacterium
XN3L9	Mycobacterium kansasii
XN5C1	Mycobacterium malmoense

XN53D	<i>Mycobacterium xenopi</i>
XN6PL	<i>Mycobacterium asiaticum</i>
XN4MW	<i>Mycobacterium simiae</i>
XN975	<i>Mycobacterium szulgai</i>
XN74T	<i>Mycobacterium scrofulaceum</i>
XN7YR	<i>Mycobacterium haemophilum</i>
XN8ZX	<i>Mycobacterium fortuitum</i>
XN8RB	<i>Mycobacterium marinum</i>
XN9M0	<i>Mycobacterium ulcerans</i>
XN3D3	<i>Mycobacterium chelonae</i>
XN97H	<i>Mycobacterium avium</i> complex
XN5LZ	<i>Mycobacterium avium</i>
XN8FF	<i>Mycobacterium avium</i> hominissuis
XN5NW	<i>Mycobacterium avium</i> paratuberculosis
XN145	<i>Mycobacterium avium</i> silvaticum
XN3ZQ	<i>Mycobacterium intracellulare</i>
XN077	<i>Mycobacterium chimaera</i>
XN4TQ	<i>Mycobacterium abscessus</i> complex
XN7V4	<i>Mycobacterium abscessus</i> subsp. <i>abscessus</i>
XN5SW	<i>Mycobacterium abscessus</i> subsp. <i>massiliense</i>
XN017	<i>Mycobacterium abscessus</i> subsp. <i>bolletii</i>
XN44M	<i>Mycobacterium chelonae</i>

XN3BH

Virus

XN000

Adenovirus

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

XN0R0

Atadenovirus

XN05K

Aviadenovirus

XN728

Ichtadenovirus

XN93P

Mastadenovirus

XN13L	Siadenovirus
XN6ME	Alphavirus
XN0SK	Aura virus
XN434	Babanki virus
XN5KQ	Barmah Forest virus
XN6XS	Bebaru virus
XN0UF	Cabassou virus
XN4ZB	Chikungunya virus
XN78T	Eastern equine encephalitis virus
XN26A	Everglades virus
XN87D	Kyzylagach virus
XN5ZC	Mayaro virus
XN1VS	Middelburg virus
XN34P	Mosso das Pedras virus
XN7PD	Mucambo virus
XN0H9	Ndumu virus
XN9WS	Ockelbo virus
XN6AD	o'nyong nyong virus
XN240	Paramana virus
XN3YZ	Pixuna virus
XN79Q	Río Negro virus
XN49A	Ross River virus
XN4D3	Salmon pancreatic disease virus
XN3D4	Semliki Forest virus
XN0D6	Sindbis virus
XN132	Sleeping Disease virus
XN5MK	Southern elephant seal virus
XN4ER	Tonate virus
XN2B3	Trocara virus
XN445	Venezuelan equine encephalitis virus

XN8PC	Whataroa virus
XN2CK	Western equine encephalitis virus
XN1BE	Arbovirus
XN5VQ	La Crosse virus
XN8AC	Arenavirus
XN2WG	Chapare virus
XN56K	Guanarito virus
XN2ZL	Junín virus
XN0CU	Lassa virus
XN77P	Lujo virus
XN4ZL	Lymphocytic choriomeningitis virus
XN45B	Machupo virus
XN55S	Sabiá virus
XN5VM	Bornavirus
XN395	Borna disease virus 1
XN125	variegated squirrel bornavirus 1
XN7S5	Bunyavirus
XN9UC	Amur virus
XN17V	Crimean-Congo haemorrhagic fever virus
XN16H	Dobrava virus
XN2QZ	gōu virus
XN3GW	Hantaan virus
XN8UR	Kurkino virus
XN8AF	Muju virus
XN4S8	Orthobunyavirus
XN09U	Cristoli virus
XN4U2	Oropouche orthobunyavirus
XN28L	Puumala virus
XN9PD	Saaremaa virus
XN3PV	Seoul virus

XN95V	Sochi virus
XN0E0	Soochong virus
XN9G5	Tula virus
XN2VY	Anajatuba virus
XN4AP	Andes virus
XN2C8	Araucária virus
XN2WJ	bayou virus
XN0A0	Bermejo virus
XN66E	Black Creek Canal virus
XN8LW	Blue River virus
XN18Y	Castelo dos Sonhos virus
XN6XF	El Moro Canyon virus
XN8G9	Juquitiba virus
XN6P0	Laguna Negra virus
XN2CJ	Lechiguanas virus
XN2BW	Maciel virus
XN3WK	Monongahela virus
XN5SF	Muleshoe virus
XN9VX	New York virus
XN9BY	Orán virus
XN5JV	Paranoá virus
XN65X	Pergamino virus
XN2VC	Río Mamoré virus
XN7R1	sin nombre virus
XN057	Tunari virus
XN8AQ	Araraquara virus
XN5VU	Phlebovirus
XN2YW	Punta Toro virus
XN7AS	Rift Valley fever phlebovirus
XN72W	Sicilian phlebovirus

XN7FG	Naples phlebovirus
XN3V9	Toscana phlebovirus
XN3BT	Dabie bandavirus
XN9RK	Calicivirus
XN4EB	Lagovirus
XN8L1	Nebovirus
XN3Y2	Norovirus
XN9EH	Sapovirus
XN0R6	Vesivirus
XN83D	Coronavirus These are species in the genera of virus belonging to the subfamily Coronavirinae in the family Coronaviridae. Coronaviruses are enveloped viruses with a positive-sense RNA genome and with a nucleocapsid of helical symmetry. This diagnosis is as the cause of diseases classified to other chapters.
XN0UA	Human coronavirus 229E
XN9KN	Human coronavirus HKU1
XN7CX	Human coronavirus OC43
XN3BD	Middle East respiratory syndrome coronavirus
XN5V7	Pipistrellus bat coronavirus HKU5
XN1N9	Rousettus bat coronavirus HKU9
XN1V8	Severe Acute Respiratory Syndrome coronavirus
XN1GJ	Tylonycteris bat coronavirus HKU4
XN109	SARS-CoV-2
XN0HL	SARS-CoV-2 Alpha
XN4Q7	SARS-CoV-2 Beta
XN5BQ	SARS-CoV-2 Gamma
XN8V6	SARS-CoV-2 Delta
XN1GK	SARS-CoV-2 Epsilon
XN3ZE	SARS-CoV-2 Zeta
XN2V4	SARS-CoV-2 Eta
XN4Q1	SARS-CoV-2 Theta
XN3UD	SARS-CoV-2 Iota

XN9LB	SARS-CoV-2 Kappa
XN6AM	SARS-CoV-2 Lambda
XN39J	SARS-CoV-2 Mu
XN161	SARS-CoV-2 Omicron
XN8Z4	BA.5
XN4UD	BQ.1
XN51Y	XBB
XN72A	XBB.1.5
XN201	XBB.1.16
XN8RW	EG.5
XN031	BA.2.86
XN3QV	BA.1
XN53K	BA.2
XN2P0	Enterovirus These are a genus of positive-sense single-stranded RNA viruses associated with several human and mammalian diseases. This diagnosis is as the cause of diseases classified to other chapters.
XN3MC	Coxsackievirus
XN2TU	Echovirus
XN3M0	Poliovirus
XN6KZ	Wild poliovirus type 1
XN9CF	Wild poliovirus type 2
XN97R	Wild poliovirus type 3
XN2T1	Circulating vaccine-derived poliovirus type 1
XN1XN	Circulating vaccine-derived poliovirus type 2
XN7UU	Circulating vaccine-derived poliovirus type 3
XN19Z	Rhinovirus
XN6R5	Filovirus
XN2LW	Genus Ebolavirus
XN1EN	Ebola virus
XN8JT	Bundibugyo virus

XN9QG	Reston virus
XN13U	Sudan virus
XN8TT	Taï Forest virus
XN12Y	Bombali virus
XN4XZ	Genus Marburgvirus
XN3F2	Marburg virus
XN5M2	Ravn virus
XN0AC	Flavivirus
XN4CA	Dengue virus
XN22Z	Dengue virus 1
XN4RL	Dengue virus 2
XN9XQ	Dengue virus 3
XN2EQ	Dengue virus 4
XN9ZK	Japanese encephalitis virus
XN5QW	Saint Louis encephalitis virus
XN0L1	Tick-borne encephalitis virus
XN1MT	Tick-borne encephalitis virus-European subtype
XN8WB	Tick-borne encephalitis virus-Far Eastern subtype
XN4LG	Tick-borne encephalitis virus-Siberian subtype
XN4E1	West Nile virus
XN9S3	Yellow fever virus
XN1H2	Zika virus Zika virus (ZIKV) is a flavivirus from the Flaviviridae family and Spondweni serocomplex. The virus was first identified in 1947 in the Zika forest in Uganda in the rhesus macaque population. There are two main lineages of ZIKV, the African lineage and the Asian lineage.
XN7C2	Rocio virus
XN7W2	Alkhurma hemorrhagic fever virus
XN2JR	Kyasanur Forest disease virus
XN41M	Hepatitis virus
XN5XD	GB virus C
XN40D	Hepatitis A virus

XN0GA	Hepatitis B virus
XN1EZ	Hepatitis C virus
XN99N	Hepatitis D virus
XN7TG	Hepatitis E virus
XN6BW	Hepatitis F virus
XN7V1	Human herpesvirus
XN6DH	Ictalurvirus
XN9QL	Pityriasis Rosea virus
XN465	Alphaherpesvirinae
XN42C	Mardivirus
XN41T	Herpes simplex virus-1
XN5V1	Herpes simplex virus-2
XN0TA	Varicella zoster virus
XN4P4	Iltovirus
XN8TA	Betaherpesvirinae
XN3SQ	Cytomegalovirus
XN5FN	Muromegalovirus
XN1GF	Roseolavirus
XN9NM	Roseolavirus A
XN8AM	Roseolavirus B
XN2VN	Gammaherpesvirinae
XN0R2	Epstein-Barr virus
XN7NE	Rhadinovirus
XN487	Human immunodeficiency virus
XN8LD	Human immunodeficiency virus type 1
XN71W	Human immunodeficiency virus type 2
XN8JY	Human papillomavirus This is an ancient taxonomic family of non-enveloped DNA viruses, collectively known as papillomaviruses. This diagnosis is the cause of diseases classified to other chapters.
XN2KP	Human papillomavirus 45

XN6LA	Human papillomavirus 1
XN2FC	Human papillomavirus 2
XN7DE	Human papillomavirus 6
XN7T9	Human papillomavirus 11
XN2NK	Human papillomavirus 16
XN97Y	Human papillomavirus 18
XN3HA	Human papillomavirus 31
XN1WJ	Human T-cell lymphotropic virus
XN5SG	Influenza virus
XN8WJ	Influenza A virus
XN297	Influenza A H1N1 virus
XN4TT	Influenza A H5N1 virus
XN7JR	Influenza A H5N6 virus
XN35G	Influenza A H7N9 virus
XN2J2	Influenza A H1 virus
XN9Z9	Influenza A H1N1v virus
XN3VG	Influenza A H1N2v virus
XN9SG	Influenza A H1N1 pdm2009 virus
XN3UJ	Influenza A H1pdm09N2 2:6 reassortant influenza virus
XN02Z	Swine influenza A H1N1 virus
XN16M	Influenza A H1N2 variant
XN79W	Influenza A H2N2 virus
XN8WA	Influenza A H3 virus
XN6WE	Influenza A H3N2 virus
XN476	Swine influenza A H3N2 virus
XN3UU	Influenza A H3N2 Panama/2007/99 virus
XN9HE	Influenza A H3N2 Moscow/10/99 virus
XN9FE	Influenza A H3N2v virus
XN81W	Equine influenza A H3N8 virus
XN6MR	Influenza A H5 virus

XN5DQ	Influenza A H5N2 virus
XN6MY	Influenza A H5N8 virus
XN0AS	Influenza A H6N1 virus
XN9GE	Influenza A H7N2 virus
XN2SA	Influenza A H7N2 variant
XN8Q3	Influenza A H7N3 virus
XN5WA	Influenza A H7N4 virus
XN8YT	Influenza A H7N7 virus
XN71C	Influenza A H9 virus
XN412	Influenza A H9N2 virus
XN5SY	Influenza A H10N3 virus
XN66Y	Influenza A H10N7 virus
XN0MW	Influenza A H10N8 virus
XN8SG	Influenza B virus
XN8U3	Influenza C virus
XN67Q	Influenza D virus
XN33B	Lyssavirus
XN796	Rabies virus
XN8R7	Orthopolyomavirus
XN7UP	John Cunningham virus
XN82V	Paramyxovirus
XN98T	Henipavirus
XN5PM	Cedar Virus
XN53N	Hendra virus
XN931	Nipah virus
XN513	Human metapneumovirus
XN186	Measles virus
XN22H	Mumps virus
XN6CR	Parainfluenza virus
XN4QJ	Rubulavirus

XN7X8	Parvovirus This belongs to the Poxviridae family. Like all members of that family, they are oval, relatively large, double-stranded DNA viruses. Parapoxviruses have a unique spiral coat that distinguishes them from other poxviruses. This diagnosis is as the cause of diseases classified to other chapters.
XN8PS	Erythrovirus
XN447	Bocaparvovirus
XN8W9	Pneumovirus 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.
XN275	
XN9WH	Polyomavirus BK polyoma virus
XN0TQ	
XN7UC	Poxvirus Orthopoxvirus
XN32K	Buffalopox virus
XN3Y3	Cowpox virus
XN0AU	Monkeypox virus
XN2GM	
XN4L3	Monkeypox virus Clade I Based on the virus genome sequence there are two clades/variants of the Monkeypox virus recognised; Clade I and Clade II.
XN1BH	Monkeypox virus Clade II Based on the virus genome sequence there are two clades/variants of the Monkeypox virus, also known as variants, recognised; Clade I and Clade II. Additionally, it was agreed that the Clade II consists of two subclades; Clade IIa and Clade IIb, with the latter referring primarily to the group of variants largely circulating in the 2022 global outbreak.
XN00B	Monkeypox virus Clade IIa Clade IIa and Clade IIb are two recognised subclades of the Monkeypox virus Clade II.
XN7VR	Monkeypox virus Clade IIb Clade IIa and Clade IIb are two recognised subclades of the Monkeypox virus Clade II. Clade IIb refers to a group of variants largely circulating in the 2022 global outbreak.
XN4Q0	Variola virus

XN06N	Vaccinia virus
XN1M0	Parapox virus
XN7JF	bovine papular stomatitis virus
XN8E5	Orf virus
XN8JR	pseudocowpox virus
XN0CV	Yatapox virus
XN0K5	tanapox virus
XN81C	yaba monkey tumour virus
XN5G8	Molluscipoxvirus
XN7YE	Molluscum contagiosum virus
XN22T	Reovirus Reovirus is a nonenveloped double-stranded RNA virus. This virus was initially not known to be related to any specific disease, and so was named Respiratory Enteric Orphan virus. However, some members of the reovirus family have been shown to cause mild illnesses such as diarrhea.
XN6FR	Retrovirus This is an RNA virus that replicates in a host cell. First it uses its own reverse transcriptase enzyme to produce DNA from its RNA genome, reverse of the usual pattern, thus retro (backwards).
XN2R0	Alpharetrovirus
XN0TH	Betaretrovirus
XN787	Deltaretrovirus
XN6HX	Epsilonretrovirus
XN4K8	Gammaretrovirus
XN5R7	Lentivirus
XN6JB	Oncovirus
XN6N7	Rotavirus
XN6TN	Rotavirus A
XN55H	Rotavirus B
XN0F5	Rotavirus C
XN29P	Rotavirus D
XN71N	Rotavirus E
XN2F7	Rubivirus

XN2WE	Rubella virus
XN7R4	Astrovirus
XN6T9	Vesiculovirus
XN2BR	Chandipura virus
XN9XS	Vesicular stomatitis virus
XN8AY	Fungi
XN0WC	Aspergillus
XN6Q9	Aspergillus clavatus
XN6B8	Aspergillus flavus
XN5Z7	Aspergillus fumigatus
XN25K	Aspergillus terreus The Aspergillus terreus is found in a wide variety of habitats, soil, compost, or dust, and the spectrum of diseases caused covers allergic bronchopulmonary aspergillosis, Aspergillus bronchitis and/or tracheobronchitis, and invasive and disseminated aspergillosis.
XN7Q2	Aspergillus niger
XN4XX	Basidiobolus
XN4RM	Basidiobolus ranarum
XN08A	Blastomyces
XN14F	Blastomyces dermatitidis
XN3CL	Candida
XN31P	Candida albicans
XN72N	Candida auris
XN0RY	Candida haemulonii
XN066	Chromomycosis
XN106	Chrysosporium
XN8W1	Chrysosporium parvum
XN7Q9	Coccidioides
XN53F	Coccidioides immitis
XN5TT	Coccidioides posadasii
XN62A	Conidiobolus
XN3KM	Conidiobolus coronatus

XN4AQ	Conidiobolus incongruus
XN69C	Cryptococcus
XN0LE	Cryptococcus gattii
XN3EH	Cryptococcus neoformans
XN7WW	Dermatophyte fungi
XN655	Anthropophilic dermatophytes
XN2T0	Epidermophyton floccosum
XN3YF	Microsporum audouinii
XN2R2	Microsporum ferrugineum
XN8M6	Trichophyton concentricum
XN628	Trichophyton gourvilii
XN8BW	Trichophyton interdigitale
XN96H	Trichophyton megninii
XN2JF	Trichophyton rubrum
XN53A	Trichophyton schoenleinii
XN135	Trichophyton soudanense
XN1K6	Trichophyton tonsurans
XN31R	Trichophyton violaceum
XN8BF	Trichophyton yaoundei
XN2SY	Zoophilic dermatophytes
XN5ER	Microsporum canis
XN6NM	Microsporum equinum
XN5GR	Microsporum gallinae
XN3WX	Microsporum nanum
XN7JK	Microsporum persicolor
XN3YG	Trichophyton equinum
XN4DQ	Trichophyton mentagrophytes
XN4H4	Trichophyton simii
XN69S	Trichophyton verrucosum
XN1Z2	Geophilic dermatophytes

XN2VZ	<i>Microsporum gypseum</i>
XN7TP	<i>Microsporum praecox</i>
XN3AG	Geotrichum
XN0ES	<i>Geotrichum candidum</i>
XN9LU	Histoplasma
XN8VH	<i>Histoplasma capsulatum</i>
XN7YN	<i>Histoplasma duboisii</i>
XN119	Hortaea
XN0EF	<i>Hortaea werneckii</i>
XN3CM	Lacazia
XN3NU	<i>Lacazia loboi</i>
XN9ZX	Loboa
XN43L	Malassezia
XN25C	<i>Malassezia furfur</i>
XN0TE	<i>Malassezia globosa</i> fungus
XN9ZV	Microsporidia
XN1NU	Mucor
XN6QM	<i>Rhizopus</i>
XN9KP	<i>Rhizopus arrhizus</i>
XN7RH	Paracoccidioides
XN5UX	<i>Paracoccidioides brasiliensis</i>
XN79A	Talaromyces A new fungal genus formerly part of <i>Penicillium</i>
XN1ZF	<i>Penicillium</i>
XN7JJ	<i>Penicillium notatum</i>
XN0LD	<i>Talaromyces marneffe</i> The fungus formerly known as <i>Penicillium marneffe</i>
XN4YW	Piedraia
XN6H7	<i>Piedraia hortae</i>
XN5XK	Pneumocystidomycetes
XN3NS	Pseudallescheria

XN6BV	<i>Pseudallescheria boydii</i>
XN720	Rhinosporidium
XN18W	<i>Rhinosporidium seeberi</i>
XN200	Sporothrix
XN6GM	<i>Sporothrix schenckii</i>
XN766	Trichosporon
XN0X5	Fusarium
XN55Z	<i>Fusarium sporotrichioides</i>
XN7KH	<i>Fusarium incaratum-equiseti</i>
XN1FQ	<i>Fusarium chlamydosporum</i>
XN5KR	<i>Fusarium dimerum</i>
XN6XG	<i>Fusarium fujikuroi</i>
XN3HT	<i>Fusarium oxysporum</i>
XN0E6	<i>Fusarium solani</i>
XN16V	Alternaria alternata
XN8XY	Cladosporium herbarum
XN7TH	Epicoccum purpurascens
XN79P	Mucor racemosus
XN6EG	Phoma
XN4FM	Stemphylium botryosum
XN93N	Curvularia lunata
XN0W9	Exserohilum
XN26M	<i>Exserohilum rostratum</i>
XN9SM	<i>Exserohilum longirostratum</i>
XN9LC	<i>Exserohilum mcginnisii</i>
XN4XH	Sarocladium
XN8VN	<i>Sarocladium kiliense</i>
XN7ZD	<i>Sarocladium strictum</i>
XN9S1	Parasites

Helminths

XN9CG	Ancylostoma
XN5V8	Ancylostoma duodenal
XN7A5	Angiostrongylus
XN2UG	Angiostrongylus cantonensis
XN23C	Angiostrongylus costaricensis
XN574	Anisakis
XN9HA	Anisakis marina
XN9PQ	Ascaris
XN97M	Ascaris lumbricoides
XN0JL	Brugia
XN5RM	Brugia malayi
XN80F	Brugia timori
XN8T0	Capillaria
XN9DT	Capillaria philippinensis
XN9GC	Clonorchis
XN5SV	Clonorchis sinensis
XN3QD	Dicrocoelium
XN6EF	Diphyllbothrium
XN67S	Diphyllbothrium latum
XN7UT	Diphyllbothrium species
XN570	Dipylidium
XN20Y	Dipylidium caninum
XN15W	Dirofilaria
XN3BX	Dirofilaria immitis
XN7JS	Dirofilaria repens
XN7A6	Dracunculus
XN9Q5	Dracunculus medinensis
XN84K	Echinococcus
XN1H0	Echinococcus granulosus

XN0K1	Echinococcus multilocularis
XN6TQ	Echinococcus oligarthrus
XN9LQ	Echinococcus vogeli
XN801	Echinostoma
XN1DG	Enterobius
XN4AR	Enterobius vermicularis
XN1H3	Fasciola
XN90A	Fasciola gigantica
XN7X9	Fasciola hepatica
XN35Y	Fasciolopsis
XN024	Fasciolopsis buski
XN0H2	Gnathostoma
XN8DD	Gnathostoma hispidum
XN8GS	Gnathostoma spinigerum
XN23M	Heterophyes
XN69Y	Hookworm
XN629	Hymenolepis
XN9S5	Hymenolepis nana
XN8ZQ	Loa
XN1QQ	Loa loa
XN5Z0	Mansonella
XN6PZ	Mansonella ozzardi
XN8AX	Mansonella perstans
XN0JQ	Mansonella streptocerca
XN123	Metagonimus
XN3E8	Nanophyetus
XN9T3	Necator
XN8K8	Necator americanus
XN7L5	Oesophagostomum
XN0NZ	Oesophagostomum bifurcum

XN9R1	Onchocerca
XN8T4	Onchocerca volvulus
XN91W	Opisthorchis
XN27A	Paragonimus
XN0A6	Paragonimus westermani
XN9NR	Phylum Nemata
XN78L	Schistosoma
XN86N	Schistosoma haematobium
XN90N	Schistosoma matthei
XN9FK	Schistosoma intercalatum
XN1ZJ	Schistosoma japonicum
XN8HD	Schistosoma mansoni
XN9T7	Schistosoma mekongi
XN5B9	Sparganum
XN89M	Spirometra
XN07X	Strongyloides
XN1KQ	Strongyloides stercoralis
XN5RB	Syngamus
XN04L	Syngamus trachea
XN0D8	Taenia
XN871	Taenia saginata
XN8XE	Taenia solium
XN8DL	Ternidens
XN2L3	Toxocara
XN7MR	Toxocara canis
XN54C	Toxocara cati
XN597	Trichinella
XN34A	Trichinella spiralis
XN025	Trichostrongylus
XN4K7	Trichostrongylus colubriformis

XN4MM	Trichuris
XN6UA	Trichuris trichiura
XN0H3	Wuchereria
XN3V2	Wuchereria bancrofti
XN2DD	Halicephalobus
XN10L	Halicephalobus gingivalis

Protozoa

XN0HM	Acanthamoeba
XN7S2	Amoeba
XN9YX	Babesia
XN7ZS	Balantidium
XN3H4	Balantidium coli
XN6UY	Blastocystis
XN1M7	Blastocystis hominis
XN1XA	Coccidia subclass of microscopic, spore-forming, single-celled obligate intracellular parasites belonging to the apicomplexan class Conoidasida
XN8LE	Cryptosporidium
XN0NC	Cryptosporidium canis
XN5SZ	Cryptosporidium felis
XN4ZT	Cryptosporidium hominis
XN4VU	Cryptosporidium meleagridis
XN4MN	Cryptosporidium muris
XN9BP	Cryptosporidium parvum
XN7VL	Cyclospora
XN4BR	Cyclospora cayetanensis
XN3S1	Entamoeba
XN82F	Entamoeba histolytica
XN6H5	Giardia
XN94Z	Giardia lamblia

XN4Y2	Isospora
XN9ZT	Isospora belli
XN8JE	Leishmania
XN87Z	Leishmania aethiopica
XN6DJ	Leishmania brasiliensis
XN1M5	Leishmania donovani infantum
XN3HN	Leishmania chagasi
XN7EU	Leishmania major
XN1EE	Leishmania mexicana
XN95N	Leishmania tropica
XN1M1	Naegleria
XN6EV	Naegleria fowleri
XN5FW	Plasmodium
XN69B	Plasmodium falciparum
XN7K1	Plasmodium malariae
XN5WD	Plasmodium ovale
XN217	Plasmodium vivax
XN93K	Plasmodium knowlesi
XN12A	Plasmodium cynomolgi
XN92F	Sarcocystis
XN7HC	Toxoplasma
XN896	Toxoplasma gondii
XN316	Trichomonas
XN7YM	Trichomonas vaginalis
XN9H4	Trypanosoma
XN0C1	Trypanosoma brucei
XN7TC	Trypanosoma brucei gambiense
XN5C7	Trypanosoma brucei rhodesiense
XN56V	Trypanosoma cruzi
XN7XH	Dientamoeba

XN86U	Dientamoeba fragilis
XN30L	Retortamonas
XN9K3	Retortamonas intestinalis
XN4BE	Chilomastix
XN0UD	Chilomastix mesnili

Lice and Mites

XN4RB	Demodex
XN9EL	Dermanyssus
XN59U	Vandellia cirrhosa
XN857	Infestation by beetle
XN00Z	Insect larva
XN2K0	Leech
XN9MA	Linguatula serrata
XN0ZB	Liponyssoides
XN0D5	Pediculus
XN84U	Phthirus
XN3E3	Sarcoptes
XN5YU	Sarcoptes scabiei var. hominis
XN7Z8	Trombicula
XN6VS	Tunga
XN2GY	Porocephalidae
XN8CT	Screwworm
XN4JW	New World screwworm
XN8TR	Old World screwworm

Other Pathogens

XN7AM	Prion
XN42T	Prototheca
XN47C	Pythium

Topology Scale Value

Relational

XK7V	Anterior
XK8L	Posterior
XK9H	Medial
XK09	Lateral
XK5N	Superior
XK4H	Inferior
XK4M	Ventral
XK87	Dorsal
XK6J	Proximal
XK6C	Distal
XK3Z	Ipsilateral
XK3Y	Contralateral
XK2H	External
XK49	Internal
XK7F	Superficial
XK16	Deep

Distribution

XK2J	Complete distribution
XK6P	Consolidated distribution
XK31	Diffuse distribution
XK5A	Disseminated distribution
XK37	Focal distribution
XK63	Generalised distribution
XK06	Incomplete distribution
XK0V	Intertriginous distribution
XK5F	Linear distribution

XK9A	Localised distribution
XK36	Segmental distribution
XK7Z	Systematised distribution

Laterality

XK9J	Bilateral
XK8G	Left
XK9K	Right
XK70	Unilateral, unspecified

Regional

XK62	Brachial
XK07	Caudal
XK2K	Cranial
XK0P	Infratentorial
XK18	Supratentorial

Anatomy and topography

Functional anatomy

Haematopoietic system

XA8EC5	Blood
XA8UK8	Blood cells
XM8QV9	Erythrocytes
XA32R4	Leucocytes
XA2WC0	Granulocytes
XA8C44	Neutrophils
XA5G96	Basophils
XA0V82	Eosinophils
XA46Q2	Monocytes

XA9DP6	Macrophages
XA8YQ2	Lymphocytes Lymphocytes include natural killer cells (which function in cell-mediated, cytotoxic innate immunity), T cells (for cell-mediated, cytotoxic adaptive immunity), and B cells (for humoral, antibody-driven adaptive immunity).
XA10B5	Platelets
XA7UR0	Plasma
XA3JX0	Platelet-rich plasma Platelet-rich plasma consists of two elements: plasma (the liquid portion of blood) and platelets (a type of blood cells that play an important role in healing throughout the body).
XA9XK1	Bone marrow
XA5869	Haematopoietic stem cells
XA3K78	Common myeloid progenitor
XA8LY0	Erythroblast
XA6385	Myeloblast
XA3EA5	Megakaryoblast
XA0TJ1	Lymphoblast

Immune system

Lymphoid organs

Organs involved in immune regulation

XA8373	Thymus <i>Inclusions:</i> Thymus gland
XA2PK9	Connective and other soft tissues of thymus
XA7FU9	Spleen
XA1EM4	Lingual tonsil
XA8US7	Waldeyer ring
XA3V90	Palatine tonsil
XA33X2	Lymph nodes
XA9U65	Lymph nodes of head, face and neck
XA6H69	Occipital lymph node

XA7YF1	Auricular lymph node
XA91C5	Posterior auricular lymph node
XA56J5	Preauricular lymph node
XA0W17	Parotid lymph node
XA1Q47	Subparotid lymph node
XA85E1	Superficial parotid lymph node
XA07P4	Deep parotid lymph node
	Coded Elsewhere: Preauricular lymph node (XA56J5)
XA2U89	Facial lymph node
XA1SG7	Buccinator lymph node
XA8DW7	Mandibular lymph node
XA2S79	Deep facial lymph node
XA1DV2	Lingual lymph node
XA8027	Sublingual lymph node
XA42P9	Submental lymph node
XA9E80	Submandibular lymph node
XA4759	Anterior cervical lymph node
	Coded Elsewhere: Anterior jugular node (XA6YX2)
XA9PW0	Deep cervical lymph node
XA2RE9	Prelaryngeal lymph node
XA4LC1	Pretracheal lymph node
XA7W32	Paratracheal lymph node
XA08L8	Retropharyngeal lymph node
XA60D1	Jugular lymph node
XA6YX2	Anterior jugular node
XA6HG6	Jugulodigastric lymph node
XA5A75	Jugulo-omohyoid lymph node
XA5XT7	Cervical lymph node
XA4R20	Inferior cervical lymph node
XA1W79	Lateral cervical lymph node

XA6AC0	Superior deep cervical lymph node Coded Elsewhere: Jugulodigastric lymph node (XA6HG6)
XA3S48	Inferior deep cervical lymph node Coded Elsewhere: Jugulo-omohyoid lymph node (XA5A75)
XA7N00	Superficial cervical lymph node
XA00M7	Supraclavicular lymph node
XA9WH0	Intrathoracic lymph nodes
XA41B8	Tracheobronchial lymph node
XA96Z0	Bronchopulmonary lymph node
XA5MW1	Hilar lymph node
XA9QW9	Pulmonary lymph node
XA3194	Tracheal lymph node
XA2JX0	Superior tracheobronchial lymph node
XA1PA1	Inferior tracheobronchial lymph node
XA61B8	Mediastinal lymph node
XA5HA3	Anterior mediastinal visceral lymph node
XA7571	Posterior mediastinal visceral lymph node
XA8VY5	Oesophageal lymph node
XA8E34	Intercostal lymph node
XA2CH0	Parasternal lymph node
XA1478	Superior diaphragmatic lymph node
XA4P97	Innominate lymph node
XA05C1	Intra-abdominal lymph nodes
XA59Q1	Lumbar lymph node
XA25W0	Aortic lymph node
XA4WV3	Preaortic lymph node
XA38T7	Coeliac lymph node
XA1HL1	Gastric lymph node
XA1FW5	Inferior gastric lymph node
XA1T01	Upper superior gastric lymph node
XA3F65	Superior gastric lymph node

XA3ET7	Lower superior gastric lymph node
XA4WL5	Paracardial superior gastric lymph node
XA2AX1	Pyloric lymph node
XA1RP0	Subpyloric lymph node
XA11U1	Hepatic lymph node
XA35G1	Common duct lymph node
XA71D7	Cystic lymph node
XA7ZP7	Pancreaticosplenic lymph node
XA6W89	Pancreaticoduodenal lymph node
XA9PJ7	Splenic lymph node
XA8X72	Splenic hilar lymph node
XA7T42	Pancreatic lymph node
XA2P83	Peripancreatic lymph node
XA8Y29	Inferior mesenteric lymph node
XA6ZA5	Pararectal inferior mesenteric lymph node
XA37Y9	Superior mesenteric lymph node
XA26J2	Mesenteric lymph node
XA69J6	Ileocolic lymph node
XA66B8	Ileal ileocolic lymph node
XA8W06	Anterior ileocolic lymph node
XA7JE2	Posterior ileocolic lymph node
XA73R0	Right colic ileocolic lymph node
XA09W7	Colic lymph node
XA4F32	Midcolic lymph node
XA8JH9	Epicolic lymph node
XA9JM2	Paracolic lymph node
XA7PM1	Intermediate colic lymph node
XA3TX6	Preterminal colic lymph node

XA6KK3	Lateral aortic lymph node Coded Elsewhere: Common iliac lymph node (XA1MS6) External iliac lymph node (XA8M66) Internal iliac lymph node (XA0TJ6)
XA9T50	Epigastric lymph node Coded Elsewhere: Inferior epigastric lymph node (XA5VA3)
XA53K4	Iliac circumflex lymph node
XA0TK3	Retroaortic lymph node
XA3TG4	Intestinal lymph node
XA0KH9	Retroperitoneal lymph node
XA7DX9	Suprarenal lymph node
XA2YR9	Porta hepatis lymph node
XA5HU6	Pelvic lymph nodes
XA50T5	Iliac lymph node
XA1MS6	Common iliac lymph node
XA0TJ6	Internal iliac lymph node
XA8M66	External iliac lymph node
XA9Z71	Obturator lymph node
XA4J45	Suprainguinal lymph node
XA24Q3	Sacral lymph node
XA1EN9	Lateral sacral lymph node
XA86R4	Median sacral lymph node
XA32C4	Presymphysial lymph node
XA5VA3	Inferior epigastric lymph node
XA9TN5	Female genital lymph node
XA3QA5	Parametrial lymph node
XA5M72	Uterine paracervical lymph node
XA7TQ3	Lymph nodes of upper extremity
XA90B2	Axillary lymph node
XA63L4	Pectoral lymph node
XA6NK2	Lateral axillary lymph node

XA9R12	Subscapular lymph node
XA8HY4	Central axillary lymph node
XA1N88	Subclavicular axillary lymph node
XA9CD6	Subclavian lymphatic trunk
XA2UJ4	Intermediate lymph node
XA3H20	Cubital lymph node
XA5183	Epitrochlear lymph node
XA0MR2	Infraclavicular lymph node
XA86X1	Lymph nodes of lower extremity
XA7N26	Inguinal lymph node
XA1114	Superficial inguinal lymph node
XA4RT0	Subinguinal lymph node
XA30V5	Superficial subinguinal lymph node
XA6EE2	Deep subinguinal lymph nodes
XA5130	Femoral lymph node
XA4AU1	Lymph node of Cloquet
XA4W98	Popliteal lymph node
XA2PP2	Tibial lymph node
XA3X71	Anterior tibial lymph node
XA4T07	Lymph nodes of multiple regions
XA0GJ0	Mononuclear phagocyte system

Endocrine system

Coded Elsewhere: Ovary (XA1QK0)

Testis (XA4947)

XA1CN1 **Hypothalamus**

XA1EU3 **Pineal gland**

XA8J35 **Pituitary gland**

Coded Elsewhere: Pituitary fossa (XA9N34)

XA9787 **Rathke pouch**

XA5309 Craniopharyngeal duct
Craniopharyngeal duct is a bony channel that connects the floor of the sella turcica, along the midline, to the nasopharynx.

XA8RK3 **Thyroid gland**

Coded Elsewhere: Thyroglossal duct (XA0SH3)

XA8LV3 **Left lobe of thyroid gland**

XA9L72 **Right lobe of thyroid gland**

XA4NE5 **Isthmus of thyroid gland**

XA5109 **Pyramidal lobe of thyroid gland**

XA1342 **Parathyroid gland**

XA45E6 **Pancreatic islets**

XA0NE9 **Adrenal gland**

Coded Elsewhere: Adrenal vein (XA6TQ3)
Inferior adrenal artery (XA9QC3)

XA8956 **Adrenal cortex**

XA6SS0 **Adrenal medulla**

Nervous system

XA3JU6 **Central nervous system**

XA0AK4 **Meninges**

XA6HA2 Cerebral meninges

XA9M51 Cranial dura mater

XA6WL2 Cranial arachnoid

XA2T81 Cranial pia mater

XA7N98 Tentorium cerebelli

XA09H1 Falx without further specification

XA1FV7 Falx cerebri

XA33G9 Falx cerebelli

XA5AH0 Spinal meninges

XA8R98 Spinal dura mater

XA0382 Spinal arachnoid

XA8SH5	Spinal pia mater
XA04B5	Dura mater
XA3D30	Arachnoid mater
XA6AF5	Pia mater
XA9738	Brain <i>Coded Elsewhere:</i> Cranial fossa (XA0KU6)
XA1M33	Cerebrum <i>Coded Elsewhere:</i> 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	Clastrum
XA5TX3	Optic chiasm
XA63Y1	Optic tract
XA5CF8	Visual cortex

XA1ZN9	Cerebral white matter
XA0XP7	Insula
XA5JN6	Internal capsule
XA84G1	Operculum
XA4F88	Pallium
XA0Z39	Rhinencephalon
XA5N14	Cerebral lobe
	Coded Elsewhere: Occipital lobe (XA89Y2)
	Parietal Lobe (XA92Y6)
	Temporal lobe (XA97T4)
	Frontal Lobe (XA2NT0)
XA73A8	Supratentorial region of brain
XA1CW2	Cerebellum
XA4SL2	Cerebellar hemisphere
XA7E38	Cerebellar tonsil
XA8E64	Cerebellar vermis
XA5694	Superior vermis
XA70Y8	Inferior vermis
XA8733	Limbic system
XA26E8	Cerebral ventricle
XA45Y8	Lateral ventricle of the brain
XA1XM1	Choroid plexus of lateral ventricle
XA1H64	Third ventricle of the brain
XA53A3	Choroid plexus of third ventricle
XA83T2	Cerebral aqueduct
XA1804	Fourth ventricle of the brain
XA1B86	Choroid plexus of fourth ventricle
XA9KX2	Choroid plexus
	Coded Elsewhere: Choroid plexus of lateral ventricle (XA1XM1)
	Choroid plexus of third ventricle (XA53A3)
	Choroid plexus of fourth ventricle (XA1B86)
XA6J38	Ependyma

XA8AT9	Brainstem The brainstem is the structure that connects the cerebrum of the brain to the spinal cord and cerebellum. It is composed of three sections in descending order: the midbrain, pons, and medulla oblongata. Coded Elsewhere: Choroid plexus of fourth ventricle (XA1B86) Fourth ventricle of the brain (XA1804)
XA17J6	Medulla oblongata
XA5KS6	Midbrain The midbrain (also known as the mesencephalon) is the most superior of the three regions of the brainstem.
XA1AA8	Cerebral peduncle
XA9CM4	Pons
XA34M4	Reticular formation
XA5KN2	Olives
XA5097	Pyramid
XA1GA1	Infratentorial region of brain
XA08F7	Intracranial site, not elsewhere classified
XA0V83	Spinal cord
XA1SP1	Cervical spinal cord Inclusions: Cervical cord
XA2K06	C1 level
XA7852	C2 level
XA3JF5	C3 level
XA2MQ3	C4 level
XA3JA6	C5 level
XA4LT0	C6 level
XA3NV2	C7 level
XA8965	C8 level
XA6Z51	Thoracic spinal cord Inclusions: Thoracic cord
XA17G6	T1 level
XA6GU9	T2 level
XA7U15	T3 level

XA5UF4	T4 level	
XA0D58	T5 level	
XA5Q83	T6 level	
XA79E1	T7 level	
XA0N76	T8 level	
XA5T86	T9 level	
XA4QU1	T10 level	
XA9DV3	T11 level	
XA6FB9	T12 level	
XA8PP5	Lumbar spinal cord	
	Inclusions:	Lumbar cord
XA6TL5	L1 level	
XA8X63	L2 level	
XA57M0	L3 level	
XA1ZV5	L4 level	
XA86M5	L5 level	
XA85J0	Sacral spinal cord	
	Inclusions:	Sacral cord
XA3407	S1 level	
XA8EL3	S2 level	
XA1VA6	S3 level	
XA2EF6	S4 level	
XA4L09	S5 level	
XA5QM0	Medullary cavity	
XA2FQ1	Conus medullaris	
XA8EK9	Cranial Nerve	
XA5QD6	Olfactory nerve	
XA1E00	Optic nerve	
	Coded Elsewhere:	Optic chiasm (XA5TX3) Optic tract (XA63Y1)
XA7488	Oculomotor nerve	

XA0GK2	Trochlear nerve
XA72G0	Trigeminal nerve
XA95Y8	Trigeminal nerve, ophthalmic branch
XA5BP8	Ethmoidal nerve
XA8482	External nasal nerve
XA7F46	Frontal nerve
XA31J6	Supraorbital nerve
XA95V8	Supratrochlear nerve
XA16M4	Lacrimal nerve
XA5WM9	Nasociliary nerve
XA8KJ5	Trigeminal nerve, maxillary branch
XA4E11	Inferior palpebral nerve
XA3G43	Infraorbital nerve
XA9G70	Middle meningeal nerve
XA0S35	Nasopalatine nerve
XA9LR9	Nerve of pterygoid canal
XA7P00	Palatine nerve
XA5Q86	Pharyngeal nerve
XA3W58	Sphenopalatine nerves
XA6AE9	Superior labial nerve
XA4DJ9	Zygomatic nerve
XA62X3	Zygomaticofacial nerve
XA9MM8	Zygomaticotemporal nerve
XA1F17	Trigeminal nerve, mandibular branch
XA5DA8	Auriculotemporal nerve
XA7UK9	Buccal nerve
XA52H1	Deep temporal nerve
XA3VT0	Inferior alveolar nerve
XA9FV5	Mylohyoid nerve
XA3114	Lateral pterygoid nerve

XA5CT7	Lingual nerve
XA5NQ5	Masseteric nerve
XA1RH8	Medial pterygoid nerve
XA6ZD8	Mental nerve
XA4GX3	Abducens nerve
XA64Y7	Facial nerve
XA7F87	Posterior auricular nerve
XA1VA9	Temporal branch of the facial nerve
XA7JD7	Zygomatic branch of the facial nerve
XA3A57	Buccal branch of the facial nerve
XA1TY5	Marginal mandibular branch of the facial nerve
XA5241	Cervical branch of the facial nerve
XA1ZH3	Digastric branch of the facial nerve
XA36Y9	Stylohyoid branch of the facial nerve
XA2BL2	Chorda tympani
XA69Y7	Nerve to the stapedius
XA6LY7	Vestibulocochlear nerve
XA1QU6	Cochlear nerve
XA1AL7	Vestibular nerve
XA8RW1	Glossopharyngeal nerve
XA5QA5	Pharyngeal branches of glossopharyngeal nerve
XA6VN1	Vagus nerve
	Coded Elsewhere: Right recurrent laryngeal nerve (XA1BR5)
XA0P44	Auricular branch of vagus nerve
XA9LV7	Pharyngeal plexus
XA8F53	Pharyngeal branch of vagus nerve
XA2HA5	Superior laryngeal nerve
XA9LP4	External laryngeal nerve
XA6UK8	Internal laryngeal nerve
XA3524	Left recurrent laryngeal nerve

XA2KY5	Pulmonary branches of vagus nerve
XA2M45	Accessory nerve
XA3YX3	Hypoglossal nerve
XA48Z8	Petrous ganglion
XA4Q30	Tympanic nerve
XA9CT5	Deep petrosal nerve
XA4W18	Greater petrosal nerve
XA1SG6	Ciliary ganglion
XA3VY1	Long ciliary nerves
XA2260	Otic ganglion
XA0ER1	Pterygopalatine ganglion
XA74N6	Submandibular ganglion

XA1630 **Peripheral nervous system**

XA65L3	Spinal nerve
XA1YC9	Cervical spinal nerve
XA9DY6	First cervical spinal nerve
XA1LR0	Second cervical spinal nerve
XA7LF0	Third cervical spinal nerve
XA1QX0	Fourth cervical spinal nerve
XA06Q1	Fifth cervical spinal nerve
XA26W5	Sixth cervical spinal nerve
XA4WT3	Seventh cervical spinal nerve
XA3XK7	Eighth cervical spinal nerve
XA6KS1	Thoracic spinal nerve
XA2QF3	First thoracic spinal nerve
XA1K85	Second thoracic spinal nerve
XA0DY5	Third thoracic spinal nerve
XA7BM1	Fourth thoracic spinal nerve
XA48M5	Fifth thoracic spinal nerve
XA4GT3	Sixth thoracic spinal nerve

XA0RA9	Seventh thoracic spinal nerve
XA2VJ9	Eighth thoracic spinal nerve
XA64N5	Ninth thoracic spinal nerve
XA5AZ7	Tenth thoracic spinal nerve
XA6369	Eleventh thoracic spinal nerve
XA7QX3	Twelfth thoracic spinal nerve
XA44R0	Lumbar spinal nerve
XA1471	First lumbar spinal nerve
XA0VF5	Second lumbar spinal nerve
XA9178	Third lumbar spinal nerve
XA6N66	Fourth lumbar spinal nerve
XA7VL6	Fifth lumbar spinal nerve
XA17Y2	Sacral spinal nerve
XA2E82	First sacral spinal nerve
XA9V46	Second sacral spinal nerve
XA74E6	Third sacral spinal nerve
XA25F0	Fourth sacral spinal nerve
XA73B4	Fifth sacral spinal nerve
XA4CU7	Dorsal spinal nerve
XA7TS7	Ventral spinal nerve
XA6EC2	Spinal nerve root
XA3UZ3	Cervical nerve root
XA53S6	First cervical nerve root
XA15A2	Second cervical nerve root
XA2MT0	Third cervical nerve root
XA36V3	Fourth cervical nerve root
XA87U1	Fifth cervical nerve root
XA8YT7	Sixth cervical nerve root
XA5BL9	Seventh cervical nerve root
XA0245	Eighth cervical nerve root

XA5SU4	Thoracic nerve root
XA22C5	First thoracic nerve root
XA8933	Second thoracic nerve root
XA2EK5	Third thoracic nerve root
XA6NV1	Fourth thoracic nerve root
XA8DN4	Fifth thoracic nerve root
XA1AB6	Sixth thoracic nerve root
XA1VM6	Seventh thoracic nerve root
XA2UY4	Eighth thoracic nerve root
XA8QS1	Ninth thoracic nerve root
XA2VK2	Tenth thoracic nerve root
XA61G0	Eleventh thoracic nerve root
XA76V2	Twelfth thoracic nerve root
XA4T95	Lumbar nerve root
XA8VX2	First lumbar nerve root
XA9BK9	Second lumbar nerve root
XA4N03	Third lumbar nerve root
XA2ZQ7	Fourth lumbar nerve root
XA5W91	Fifth lumbar nerve root
XA9F62	Sacral nerve root
XA4HY7	First sacral nerve root
XA4PP9	Second sacral nerve root
XA32J7	Third sacral nerve root
XA0WH3	Fourth sacral nerve root
XA7BN5	Fifth sacral nerve root
XA9J98	Dorsal nerve root ganglion
XA1TP8	Dorsal nerve root
XA8G34	Ventral nerve root ganglion
XA1V70	Ventral nerve root
XA64F0	Spinal nerve plexus

XA6LU7	Cervical plexus
XA22K9	Brachial plexus
XA1UT5	Posterior cord of brachial plexus
XA9PG2	Lateral cord of brachial plexus
XA7UA9	Medial cord of brachial plexus
XA8YS2	Lumbosacral plexus
XA1E79	Lumbar plexus
XA1JE5	Presacral plexus
XA0929	Sacral plexus
XA5186	Patellar plexus
XA3SK8	Splanchnic plexus
XA2G95	Uterovaginal plexus
XA1KP5	Vesical nervous plexus
XA06U6	Peripheral nerve
XA20S2	Inferior cervical ganglion
XA0Z50	Suboccipital nerve
XA4WK4	Greater auricular nerve
XA6BB0	Greater occipital nerve
XA3ND8	Lesser occipital nerve
XA18D0	Third occipital nerve
XA8T30	Iliohypogastric nerve
XA5Q50	Ilioinguinal nerve
XA8CZ0	Inferior anal nerves
XA8U35	Lumbar splanchnic nerve
XA8ML2	Middle cardiac nerve
XA11K1	Posterior branch of spinal nerve
XA9AN9	Posterior superior alveolar nerve
XA7ZD7	Proper palmar digital nerves of median nerve
XA0SA1	Sacral splanchnic nerves
XA1SM8	Semilunar ganglion

XA07F8	Short ciliary nerves
XA1AC5	Superior cardiac nerve
XA6BG1	Superior cervical ganglion
XA6YL5	Superior ganglion
XA25F4	Transverse cervical nerve
XA9ZM0	Phrenic nerve
XA6W14	Sympathetic trunk
XA7HH4	Common fibular nerve
XA3QB5	Deep fibular nerve
XA11D4	Femoral nerve
XA9JZ4	Genitofemoral nerve
XA60R4	Gluteal nerve
XA1GU3	Inferior gluteal nerve
XA4834	Lateral femoral cutaneous nerve
XA9958	Lateral plantar nerve
XA5UE9	Lumbar nerve
XA8307	Lumboinguinal nerve
XA76D3	Lumbosacral trunk
XA9AF5	Medial plantar nerve
XA7S27	Nerve to quadratus femoris
XA3906	Plantar nerve
XA83P9	Posterior cutaneous nerve of thigh
XA9EW1	Saphenous nerve
XA9KK8	Sciatic nerve
XA2125	Superficial fibular nerve
XA9AC5	Superior gluteal nerve
XA4HR8	Sural nerve
XA7534	Tibial nerve
XA9JU0	Anococcygeal nerve
XA84W1	Cauda equina

XA5C62	Coccygeal nerve
XA76C3	Dorsal nerve of clitoris
XA8CC3	Dorsal nerve of the penis
XA99Q6	Genital branch of genitofemoral nerve
XA0W10	Perineal nerve
XA7NU3	Posterior scrotal nerve
XA6WU3	Pudendal nerve
XA55J8	Accessory obturator nerve
XA9RP3	Dorsal scapular nerve
XA9TB4	Inferior cardiac nerve
XA5HJ3	Intercostal nerve
XA2F71	Intercostobrachial nerve
XA5A06	Lateral pectoral nerve
XA0A05	Long thoracic nerve
XA9XA5	Lower subscapular nerve
XA49V5	Medial pectoral nerve
XA1BR5	Right recurrent laryngeal nerve
XA3RU6	Subcostal nerve
XA5318	Supraclavicular nerves
XA8QY6	Suprascapular nerve
XA2R06	Thoracic splanchnic nerve
XA0462	Thoraco-abdominal nerve
XA2542	Thoracodorsal nerve
XA5KR0	Upper subscapular nerve
XA1ZC4	Axillary nerve
XA1LW6	Common palmar digital nerves of median nerve
XA5179	Deep branch of the radial nerve
XA37M8	Digital nerve
XA1TY7	Dorsal branch of ulnar nerve
XA6166	Lateral cutaneous nerve of forearm

XA9HJ5	Medial cutaneous nerve
XA7K97	Medial cutaneous nerve of arm
XA26F7	Medial cutaneous nerve of forearm
XA3P46	Muscular branches of the radial nerve
XA89K2	Palmar branch of the median nerve
XA7FU0	Palmar branch of ulnar nerve
XA0KL7	Posterior cutaneous nerve of forearm
XA2XU7	Posterior cutaneous nerve of arm
XA2E94	Superficial branch of the radial nerve
XA6B07	Superior lateral cutaneous nerve of arm
XA2M04	Ansa cervicalis
XA6RQ4	Anterior interosseous nerve
XA6PJ8	Anterior superior alveolar nerve
XA54B9	Bulbar nuclei
XA89R1	Celiac ganglion
XA8QL3	Diagonal band of Broca
XA66H0	Geniculate ganglion
XA6B81	Intermediate cutaneous nerve
XA8AU6	Jugular ganglion
XA1Z01	Long root of the ciliary ganglion
XA9RD0	Middle cervical ganglion
XA5QF4	Musculocutaneous nerve
XA96Q6	Nerve of the cervical region
XA1HC7	Nerve to obturator internus
XA8PE3	Nerve to the piriformis
XA4XD7	Nerve to the subclavius
XA0869	Nervus intermedius
XA2KG8	Nervus spinosus
XA5NY4	Nodose ganglion
XA4548	Obturator nerve

XA9519	Paraganglion Coded Elsewhere: Carotid body (XA0F61)
XA0VA6	Aortic body
XA6Y08	Coccygeal glomus
XA17K2	Glomus jugulare
XA8S02	Para-aortic body
XA1GM8	Pelvic splanchnic nerve
XA6GZ8	Perforating cutaneous nerve
XA4A74	Perineal branches of posterior femoral cutaneous nerve
XA7718	Autonomic nervous system
XA2BH4	Nerves of the autonomic nervous system Coded Elsewhere: Infraorbital nerve (XA3G43) Splanchnic plexus (XA3SK8) Uterovaginal plexus (XA2G95) Vesical nervous plexus (XA1KP5)
XA3XN8	Aortic plexus
XA2G56	Auerbach plexus
XA9QM5	Cardiac plexus
XA3FS7	Cavernous plexus
XA4U92	Coeliac plexus
XA2Y82	Gastric plexus
XA4YZ0	Hepatic plexus
XA05T1	Inferior hypogastric plexus
XA8QG3	Inferior mesenteric plexus
XA5JN1	Internal carotid plexus
XA8Z10	Meissner plexus
XA7K49	Oesophageal plexus
XA9PB2	Ovarian plexus
XA0C44	Pancreatic plexus
XA9ME3	Phrenic plexus
XA16Y3	Prostatic plexus

XA9411	Pudendal plexus
XA82M9	Renal plexus
XA4V38	Splenic plexus
XA33C1	Superior hypogastric plexus
XA3DJ3	Superior mesenteric plexus
XA4G22	Superior rectal plexus
XA6MY2	Suprarenal plexus
XA7EA2	Parasympathetic nervous system
XA93B4	Sympathetic nervous system

Nerve

Coded Elsewhere: Peripheral nerve (XA06U6)

- Accessory obturator nerve (XA55J8)
- Auricular branch of vagus nerve (XA0P44)
- Anococcygeal nerve (XA9JU0)
- Ansa cervicalis (XA2M04)
- Anterior interosseous nerve (XA6RQ4)
- Anterior superior alveolar nerve (XA6PJ8)
- Aortic plexus (XA3XN8)
- Auerbach plexus (XA2G56)
- Auriculotemporal nerve (XA5DA8)
- Axillary nerve (XA1ZC4)
- Buccal nerve (XA7UK9)
- Bulbar nuclei (XA54B9)
- Cardiac plexus (XA9QM5)
- Cauda equina (XA84W1)
- Cavernous plexus (XA3FS7)
- Celiac ganglion (XA89R1)
- Chorda tympani (XA2BL2)
- Ciliary ganglion (XA1SG6)
- Coccygeal nerve (XA5C62)
- Cochlear nerve (XA1QU6)
- Common palmar digital nerves of median nerve (XA1LW6)
- Common fibular nerve (XA7HH4)
- Conus medullaris (XA2FQ1)
- Cranial Nerve (XA8EK9)
- Deep branch of the radial nerve (XA5179)
- Deep fibular nerve (XA3QB5)
- Deep petrosal nerve (XA9CT5)
- Deep temporal nerve (XA52H1)
- Diagonal band of Broca (XA8QL3)
- Digital nerve (XA37M8)
- Dorsal branch of ulnar nerve (XA1TY7)
- Dorsal nerve of clitoris (XA76C3)
- Dorsal nerve of the penis (XA8CC3)
- Dorsal scapular nerve (XA9RP3)
- Oesophageal plexus (XA7K49)
- Ethmoidal nerve (XA5BP8)
- External laryngeal nerve (XA9LP4)
- Femoral nerve (XA11D4)

Frontal nerve (XA7F46)
Gastric plexus (XA2Y82)
Geniculate ganglion (XA66H0)
Genital branch of genitofemoral nerve (XA99Q6)
Genitofemoral nerve (XA9JZ4)
Gluteal nerve (XA60R4)
Greater auricular nerve (XA4WK4)
Greater occipital nerve (XA6BB0)
Greater petrosal nerve (XA4W18)
Hepatic plexus (XA4YZ0)
Iliohypogastric nerve (XA8T30)
Ilioinguinal nerve (XA5Q50)
Inferior alveolar nerve (XA3VT0)
Inferior anal nerves (XA8CZ0)
Inferior cardiac nerve (XA9TB4)
Inferior cervical ganglion (XA20S2)
Inferior gluteal nerve (XA1GU3)
Inferior hypogastric plexus (XA05T1)
Inferior mesenteric plexus (XA8QG3)
Inferior palpebral nerve (XA4E11)
Infraorbital nerve (XA3G43)
Intercostal nerve (XA5HJ3)
Intercostobrachial nerve (XA2F71)
Intermediate cutaneous nerve (XA6B81)
Internal carotid plexus (XA5JN1)
Internal laryngeal nerve (XA6UK8)
Jugular ganglion (XA8AU6)
Lacrimal nerve (XA16M4)
Lateral cord of brachial plexus (XA9PG2)
Lateral cutaneous nerve of forearm (XA6166)
Lateral femoral cutaneous nerve (XA4834)
Lateral pectoral nerve (XA5A06)
Lateral plantar nerve (XA9958)
Lateral pterygoid nerve (XA3114)
Left recurrent laryngeal nerve (XA3524)
Lesser occipital nerve (XA3ND8)
Lingual nerve (XA5CT7)
Long ciliary nerves (XA3VY1)
Long root of the ciliary ganglion (XA1Z01)
Long thoracic nerve (XA0A05)

Lower subscapular nerve (XA9XA5)
 Lumbar nerve (XA5UE9)
 Lumbar splanchnic nerve (XA8U35)
 Lumboinguinal nerve (XA8307)
 Lumbosacral trunk (XA76D3)
 Trigeminal nerve, mandibular branch (XA1F17)
 Masseteric nerve (XA5NQ5)
 Trigeminal nerve, maxillary branch (XA8KJ5)
 Medial cord of brachial plexus (XA7UA9)
 Medial cutaneous nerve of arm (XA7K97)
 Medial cutaneous nerve of forearm (XA26F7)
 Medial cutaneous nerve (XA9HJ5)
 Medial pectoral nerve (XA49V5)
 Medial plantar nerve (XA9AF5)
 Medial pterygoid nerve (XA1RH8)
 Meissner plexus (XA8Z10)
 Mental nerve (XA6ZD8)
 Middle cardiac nerve (XA8ML2)
 Middle cervical ganglion (XA9RD0)
 Middle meningeal nerve (XA9G70)
 Muscular branches of the radial nerve (XA3P46)
 Musculocutaneous nerve (XA5QF4)
 Mylohyoid nerve (XA9FV5)
 Nasociliary nerve (XA5WM9)
 Nasopalatine nerve (XA0S35)
 Nerve of pterygoid canal (XA9LR9)
 Nerve of the cervical region (XA96Q6)
 Spinal nerve plexus (XA64F0)
 Spinal nerve root (XA6EC2)
 Nerve to obturator internus (XA1HC7)
 Nerve to quadratus femoris (XA7S27)
 Nerve to the piriformis (XA8PE3)
 Nerve to the stapedius (XA69Y7)
 Nerve to the subclavius (XA4XD7)
 Nervus intermedius (XA0869)
 Nervus spinosus (XA2KG8)
 Nodose ganglion (XA5NY4)
 Obturator nerve (XA4548)
 Trigeminal nerve, ophthalmic branch (XA95Y8)
 Otic ganglion (XA2260)

Ovarian plexus (XA9PB2)
 Palatine nerve (XA7P00)
 Palmar branch of the median nerve (XA89K2)
 Palmar branch of ulnar nerve (XA7FU0)
 Pancreatic plexus (XA0C44)
 Paraganglion (XA9519)
 Patellar plexus (XA5186)
 Pelvic splanchnic nerve (XA1GM8)
 Perforating cutaneous nerve (XA6GZ8)
 Perineal branches of posterior femoral cutaneous nerve (XA4A74)
 Perineal nerve (XA0W10)
 Petrous ganglion (XA48Z8)
 Pharyngeal nerve (XA5Q86)
 Phrenic nerve (XA9ZM0)
 Phrenic plexus (XA9ME3)
 Plantar nerve (XA3906)
 Posterior auricular nerve (XA7F87)
 Posterior branch of spinal nerve (XA11K1)
 Posterior cord of brachial plexus (XA1UT5)
 Posterior cutaneous nerve of arm (XA2XU7)
 Posterior cutaneous nerve of forearm (XA0KL7)
 Posterior cutaneous nerve of thigh (XA83P9)
 Posterior scrotal nerve (XA7NU3)
 Posterior superior alveolar nerve (XA9AN9)
 Proper palmar digital nerves of median nerve (XA7ZD7)
 Prostatic plexus (XA16Y3)
 Pterygopalatine ganglion (XA0ER1)
 Pudendal nerve (XA6WU3)
 Pudendal plexus (XA9411)
 Renal plexus (XA82M9)
 Right recurrent laryngeal nerve (XA1BR5)
 Sacral splanchnic nerves (XA0SA1)
 Saphenous nerve (XA9EW1)
 Sciatic nerve (XA9KK8)
 Semilunar ganglion (XA1SM8)
 Short ciliary nerves (XA07F8)
 Sphenopalatine nerves (XA3W58)
 Spinal nerve (XA65L3)
 Splenic plexus (XA4V38)
 Subcostal nerve (XA3RU6)

Submandibular ganglion (XA74N6)
 Suboccipital nerve (XA0Z50)
 Superficial branch of the radial nerve (XA2E94)
 Superficial fibular nerve (XA2125)
 Superior cardiac nerve (XA1AC5)
 Superior cervical ganglion (XA6BG1)
 Superior ganglion (XA6YL5)
 Superior gluteal nerve (XA9AC5)
 Superior hypogastric plexus (XA33C1)
 Superior labial nerve (XA6AE9)
 Superior laryngeal nerve (XA2HA5)
 Superior lateral cutaneous nerve of arm (XA6B07)
 Superior mesenteric plexus (XA3DJ3)
 Superior rectal plexus (XA4G22)
 Supraclavicular nerves (XA5318)
 Suprarenal plexus (XA6MY2)
 Suprascapular nerve (XA8QY6)
 Supratrochlear nerve (XA95V8)
 Sural nerve (XA4HR8)
 Sympathetic trunk (XA6W14)
 Third occipital nerve (XA18D0)
 Thoracic splanchnic nerve (XA2R06)
 Thoraco-abdominal nerve (XA0462)
 Thoracodorsal nerve (XA2542)
 Tibial nerve (XA7534)
 Transverse cervical nerve (XA25F4)
 Tympanic nerve (XA4Q30)
 Upper subscapular nerve (XA5KR0)
 Vestibular nerve (XA1AL7)
 Zygomatic nerve (XA4DJ9)
 Zygomaticofacial nerve (XA62X3)
 Zygomaticotemporal nerve (XA9MM8)

XA3PR2

Nerve ganglia

XA2B55

Infraorbital plexus

XA0GB0

Median nerve

XA3M58

Nerve of the Thorax

Number of Nerves

XA2330	Multiple Nerves
XA7MX8	Single Nerve
XA8BJ3	Radial nerve
XA2AS2	Ulnar nerve
XA4M27	Ventral ramus

Visual system

XA7D89	Eye <i>Coded Elsewhere:</i> Lacrimal gland (XA75Y9)
XA17K1	Eyelid and ocular surface <i>Coded Elsewhere:</i> Cornea (XA4C02)
XA3RB1	Eyelids
XA9K79	Upper eyelid
XA53T1	Upper eyelid margin <i>Coded Elsewhere:</i> Superior lacrimal punctum (XA2VR4)
XA4649	Superior palpebral sulcus
XA0JV9	Lower eyelid
XA4AX5	Lower eyelid margin <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Anterior chamber of the eye (XA4MZ4) Posterior chamber of the eye (XA0N58)

XA2AF4	Sclera
XA4C02	Cornea
XA1DA5	Limbus of cornea
XA4MT3	Uvea
XA03X9	Ciliary body
XA9SH1	Ciliary muscle
XA1S43	Ciliary processes
XA96A7	Choroid
	Coded Elsewhere: Crystalline lens (XA13U9)
XA3GW7	Iris
XA0B15	Pupil
XA0571	Pupillary membrane
XA13U9	Crystalline lens
XA6U53	Suspensory ligament of lens
XA8WV8	Retina
XA9V06	Macula lutea
XA2U02	Fovea
XA4A75	Optic disc
XA4YS8	Peripheral retina
XA0BB2	Chamber of eye
XA0N58	Posterior chamber of the eye
XA4HU2	Vitreous humor
XA4MZ4	Anterior chamber of the eye
XA3518	Aqueous humour
XA1TF9	Eye fluid
	Coded Elsewhere: Aqueous humour (XA3518)
	Vitreous humor (XA4HU2)
XA0096	Lacrimal apparatus
XA75Y9	Lacrimal gland
	Coded Elsewhere: Nasolacrimal duct (XA5SW9)
	Lacrimal sac (XA0096)

XA2PA4	Lacrimal gland ducts
XA9D80	Meibomian gland
XA8EM9	Lacrimal puncta
XA2VR4	Superior lacrimal punctum
XA99D0	Inferior lacrimal punctum
XA6C35	Lacrimal canaliculi
XA5SW9	Nasolacrimal duct
XA2WJ9	Orbit <i>Coded Elsewhere:</i> Orbital bone (XA8E69)
XA9WT4	Connective and other soft tissue of orbit <i>Coded Elsewhere:</i> Lateral palpebral artery (XA00Q9) Superior rectus muscle (XA51R1) Superior oblique muscle (XA2X27) Medial rectus muscle (XA95N1) Inferior rectus muscle (XA1X67) Inferior oblique muscle (XA4N79) Lateral rectus muscle (XA3282) Levator palpebrae superioris muscle (XA2R46)
XA8GT2	Nasofrontal vein
XA7LQ0	Supraorbital vein

Auditory system

XA01U5	Ear
XA57R3	Inner Ear
XA3MS6	Semicircular canals
XA0JV0	Cochlea
XA6ZY7	Internal Acoustic Meatus
XA0L54	Labyrinth
XA44P4	Auditory vestibule
XA0G74	Middle Ear <i>Coded Elsewhere:</i> Bones of middle ear (XA6EQ1)
XA7XY6	Eustachian tube
XA16S6	Oval window

XA9RH9	Mastoid antrum
XA3KB2	Tympanic cavity
XA3UT7	Connective and other soft tissues of middle ear
XA08X4	Tympanic membrane
XA6ZY6	External Ear The external portion of the ear comprising the pinna (auricle) and the external auditory canal.
XA4E71	Pinna
XA6B58	Helix of pinna
XA9A86	Crus of helix
XA9M10	Apex of helix
XA7AB8	Spine of helix
XA1BZ8	Tail of helix
XA7V14	Antihelix
XA96Q7	Crura of antihelix
XA5LW2	Scaphoid fossa of pinna
XA8W55	Concha of pinna
XA5KM5	Cymba conchae
XA8D58	Conchal bowl of pinna
XA3RC6	Triangular fossa of pinna The concavity bounded by the superior and inferior crura of the antihelix and the ascending portion of the helix of the external ear
XA2N71	Tragus of pinna
XA5VK5	Intertragic notch of pinna
XA0TW7	Earlobe
XA7RR9	Antitragus of pinna
XA3S47	Posterior surface of pinna
XA6NU1	Antihelical fossa
XA6KW8	Eminence of concha
XA0H47	Eminence of scapha
XA8VK6	Eminence of triangular fossa
XA4DV9	Retroauricular sulcus

XA3UC1	External auditory canal The tubular skin-lined canal which focuses sound from the external environment onto the ear-drum Coded Elsewhere: Tympanic membrane (XA08X4)
XA5GS5	External auditory meatus The entrance to the external auditory canal
XA5K66	Ceruminous gland
XA9E26	Skin of auricle

Circulatory system

XA4PM9	Cardiovascular system
XA5999	Arteries
XA4TS7	Artery of head, face, and neck
XA2B10	Anterior communicating artery
XA2QF4	Anterior ethmoidal artery
XA53D3	Nasal branches of the anterior ethmoidal artery
XA00K1	Anterior meningeal artery
XA1GU9	Anterior superior alveolar artery
XA2505	Artery of pterygoid canal
XA9AD7	Carotid artery
XA0F61	Carotid body
XA1V84	Common carotid artery
XA78C0	Internal carotid artery
XA1CW5	Ophthalmic artery
XA9EK2	External carotid artery
XA5SN3	Cerebellar artery
XA13S2	Cerebral artery
XA1VB0	Anterior cerebral artery
XA2K99	Basilar artery
XA3185	Pontine branches of the basilar artery
XA2JH8	Middle cerebral artery
XA4WT4	Anterolateral central artery

XA7C50	Posterior cerebral artery
XA2UK9	Costocervical trunk
XA7SK1	Deep auricular artery
XA1NY7	Deep cervical artery
XA18D8	Dorsal nasal artery
XA56R8	Dorsal nasal artery to the root of nose
XA0PF0	Dorsal nasal artery to the dorsum of the nose
XA4QF0	External striate of the anterolateral central artery
XA3FL3	Facial artery
XA7YP8	Ascending palatine artery
XA4UT8	Superior labial artery
XA2ZM0	Inferior labial artery
XA36S6	Angular artery
XA9QG7	Cervical artery
XA85T4	Deep branch of the submental artery
XA83M8	Glandular branches of the cervical artery
XA2626	Greater palatine artery
XA4H29	Hyoid artery
XA4VH9	Inferior palpebral arch artery
XA5VX8	Internal striate of the anterolateral central artery
XA85W7	Intracranial artery
XA16L7	Lateral branch of the posterior inferior cerebellar artery
XA3N26	Lateral nasal branch of the facial artery
XA5Z38	Lesser palatine artery
XA5TR9	Lingual branch of the inferior alveolar artery
XA18M5	Maxillary artery
XA49F5	First portion of the maxillary artery
XA0BD0	Deep temporal artery (anterior and posterior)
XA7SV5	Inferior alveolar artery
XA3W87	Incisor branch of the Inferior alveolar artery

XA7AG7	Mental branch of the Inferior alveolar artery
XA49F4	Masseteric artery
XA55G2	Descending palatine artery
XA9XM3	Pharyngeal artery
XA3WA5	Posterior superior alveolar artery
XA0LK0	Buccal artery
XA9MM1	Anterior tympanic artery
XA8YX3	Accessory meningeal artery
XA5RM1	Middle meningeal artery
XA2WS5	Lingual artery
XA9EU7	Occipital artery
XA13U3	Posterior auricular artery
XA0SB1	Superficial temporal artery
XA7WG0	Frontal branch of the superficial temporal artery
XA7K29	Superior thyroid artery
XA0FT7	Cricothyroid artery
XA2V10	Inferior thyroid artery
XA77C5	Sternocleidomastoid artery
XA00E5	Ascending pharyngeal artery
XA53A8	Right common carotid artery
XA6X36	Middle temporal artery
XA3TE9	Mylohyoid branch of the inferior alveolar artery
XA6XV2	Parietal branch of the superficial temporal artery
XA7U73	Posterior communicating artery
XA5881	Posterior ethmoidal artery
XA7561	Nasal branches of the posterior ethmoidal artery
XA7945	Meningeal branch of the posterior ethmoidal artery
XA8RM9	Posterior inferior cerebellar artery
XA9VV0	Posterior lateral nasal branches of the sphenopalatine artery
XA8FA1	Posterior meningeal artery

XA4Q78	Posterior septal branches of the sphenopalatine artery
XA1K74	Pterygoid branches
XA1BZ0	Sphenopalatine artery, terminal branch
XA90T0	Submental artery of the cervical artery
XA6FR0	Superficial branch of the submental artery
XA0898	Superficial branch of the transverse cervical artery
XA82P9	Superficial petrosal branch of the anterior and posterior meningeal artery
XA7423	Superior cerebellar artery
XA9GU1	Superior laryngeal artery
XA50Q9	Superior tympanic artery
XA6W31	Supratrochlear artery
XA65G3	Temporal branches of the anterior and posterior meningeal artery
XA9XH0	Thyrocervical trunk
XA2E78	Tonsillar branch of the cervical artery
XA6142	Transverse cervical artery
XA9M59	Transverse facial artery
XA5D86	Twig to the upper part of lacrimal sac of the dorsal nasal artery
XA1XP6	Vertebral artery
XA3NW4	Meningeal branches of vertebral artery
XA6TE8	Ascending branch of the vertebral artery
XA3R20	Descending branch of the vertebral artery
XA1C15	Supraorbital artery
XA6503	Superficial branch of the supraorbital artery
XA8BL5	Deep branch of the supraorbital artery
XA34H5	Orbital branches of the anterior and posterior meningeal artery
XA5C33	Infraorbital artery
XA05E9	Orbital branches of the infraorbital artery
XA9RA2	Long posterior ciliary artery
XA04E2	Short posterior ciliary artery
XA94Y6	Anterior ciliary artery

XA5RB0	Central retinal artery
XA22D8	Circulus arteriosus major artery
XA8T70	Circulus arteriosus minor artery
XA5P69	Lacrimal artery
XA00Q9	Lateral palpebral artery
XA8VA1	Medial palpebral artery
XA35L5	Superior palpebral arch artery
XA1Q49	Zygomatic branches of the lacrimal artery
XA4KE1	Branches to gingiva
XA9UT1	Artery of thorax
	Coded Elsewhere: Arteries of heart (XA42G7)
XA4TH8	Branches to diaphragm of the musculophrenic artery
XA1PX4	Branches to lower part of the pericardium of the musculophrenic artery
XA2KA0	Brachiocephalic trunk
XA3M86	Deep branch of dorsal scapular artery
XA7KK5	Intercostal artery
XA0T62	Intercostal branches of the musculophrenic artery
XA9S49	Internal thoracic artery
XA4XE2	Mediastinal artery
XA3DE1	Lateral thoracic artery
XA09J9	Pulmonary artery
XA1EE3	Lower (3rd to 11th) posterior intercostal artery
XA0QG6	Lower branches of the space anastomoses of the six anterior intercostal branches of the internal thoracic artery
XA7EC2	Musculophrenic artery
XA1190	Perforating branches of the internal thoracic artery
XA0WT1	Posterior intercostal artery
XA14K0	Six anterior intercostal branches of the internal thoracic artery
XA6UQ6	Sternal branches of the internal thoracic artery
XA3311	Subcostal artery
XA9J15	Superior phrenic artery

XA8M67	Superior thoracic artery
XA7TT5	Supreme intercostal artery
XA79X5	Thoracoacromial artery
XA99C2	Upper branches of the six anterior intercostal branches of the internal thoracic artery
XA8ES3	Oesophageal artery
XA8K52	Aorta of thorax
XA75Z8	Arch of the aorta Coded Elsewhere: Aortic body (XA0VA6)
XA01A6	Ascending aorta
XA5H34	Descending aorta
XA6E07	Bronchial artery
XA5D68	Subclavian artery
XA9JK8	Artery of abdomen Coded Elsewhere: Abdominal aorta (XA5Z66)
XA7TZ1	Anterior suprarenal artery
XA82R7	Ascending branch of the left colic artery
XA8BY2	Branches to abdominal muscles of the musculophrenic artery
XA8577	Coeliac artery
XA26R6	Common hepatic artery
XA0JE4	Cystic artery
XA6NY6	Descending branch of the left colic artery
XA1VJ7	Descending vasa recta
XA1QB0	Dorsal pancreatic artery
XA0NN4	Gastroduodenal artery
XA5AP2	Hepatic artery
XA2LQ8	Hepatic branch of the left gastric artery
XA2Z43	Ileocolic artery
XA3F13	Inferior epigastric artery
XA2N15	Inferior mesenteric artery
XA6358	Inferior pancreaticoduodenal artery

XA2LL9	Inferior phrenic artery
XA68L7	Intestinal artery
XA6WR7	Left colic artery
XA0LL0	Left gastric artery
XA9AQ6	Left gastro-omental artery
XA4UK9	Lumbar artery
XA6CA5	Mesenteric artery
XA1Z62	Middle colic artery
XA1GQ7	Middle suprarenal artery
XA00T1	Posterior suprarenal artery
XA8C72	Proper hepatic artery
XA69V9	Renal artery
XA6GC2	Right colic artery
XA9HE0	Right gastric artery
XA8V02	Right gastro-omental artery
XA02A2	Sigmoid artery
XA0R02	Splenic artery
XA2870	Superior pancreaticoduodenal artery
XA51U4	Terminal branches of the proper hepatic artery
XA0VZ0	Umbilical artery
XA3VR0	Superior mesenteric artery
XA4GP1	Artery of pelvis
XA5PV1	Artery of bulb of penis
XA30X9	Artery of bulb of vestibule
XA4XP0	Deep artery of clitoris
XA7AM0	Deep artery of penis
XA14N2	Deep branch of the superior gluteal artery
XA4AP3	Deep external pudendal artery
XA27B8	Deferential artery
XA4FK8	Dorsal artery of clitoris

XA4X54	Dorsal artery of penis
XA5GV0	Iliac branch of the iliolumbar artery
XA7D46	Iliolumbar artery
XA3XS2	Inferior branch of the lateral sacral artery
XA0G82	Inferior gluteal artery
XA2QX3	Inferior vesical artery
XA7FK7	Internal pudendal artery
XA5Y50	Lateral sacral artery
XA82V4	Median sacral artery
XA8X93	Middle rectal artery
XA69V8	Obturator artery
XA1MF5	Ovarian artery in females
XA5MN1	Perineal artery
XA34Z7	Posterior labial branches of the internal pudendal artery
XA2025	Posterior scrotal branches of the internal pudendal artery
XA2TT0	Superficial branch of the superior gluteal artery
XA0AZ8	Superior branch of the lateral sacral artery
XA26E6	Superior gluteal artery
XA1426	Superior vesical artery
XA0UK9	Testicular artery in males
XA85K8	Urethral artery
XA0610	Uterine artery
XA47A2	Vaginal artery
XA83D6	Iliac artery
XA6PZ8	Common iliac artery
XA9MJ1	Deep circumflex iliac artery
XA4HL2	Internal iliac artery
XA53T4	External iliac artery
XA9QC3	Inferior adrenal artery

XA81N7	Artery of upper extremity Coded Elsewhere: Subclavian artery (XA5D68)
XA0H14	Anterior humeral circumflex artery
XA7U09	Anterior ulnar recurrent artery
XA2PP8	Anterior interosseous artery
XA8ZA6	Ascending branches of the Inferior ulnar collateral artery
XA38W3	Axillary artery
XA1138	Brachial artery
XA5RC6	Branch to volar carpal network of the anterior interosseous artery
XA91T8	Branches to the deltoid muscle of the Profunda brachii artery
XA4RU3	Common interosseous artery
XA3M37	Deep palmar arch
XA1ES5	Descending branches of the Inferior ulnar collateral artery
XA2UT9	First dorsal metacarpal artery
XA9F90	Inferior ulnar collateral artery
XA9179	Interosseous recurrent artery
XA2722	Medial collateral artery
XA8LL2	Muscular branches of the anterior interosseous artery
XA0GZ0	Palmar carpal arch
XA2F13	Palmar carpal branch of radial artery
XA51P8	Posterior interosseous artery
XA8JY7	Posterior ulnar recurrent artery
XA05L5	Princeps pollicis artery
XA2PP0	Profunda brachii artery
XA8RG5	Radial artery
XA9W25	Radial branches at the wrist of the radial artery
XA91J7	Radial branches in the hand of the radial artery
XA3SL1	Radial branches in the forearm of the radial artery
XA3PZ4	Radial collateral artery
XA3H61	Radial recurrent artery

XA62C1	Radialis indicis of the radial artery
XA5AG1	Superficial palmar arch
XA5BG5	Superficial palmar branch of the radial artery
XA0JA6	Superior ulnar collateral artery
XA23B7	Ulnar artery
XA90B4	Volar carpal network
XA1VB5	Deep volar branch of ulnar artery
XA9ZJ6	Dorsal carpal arch
XA44C1	Dorsal carpal branch of radial artery
XA7M90	Dorsal carpal network
XA2YJ5	Subscapular artery
XA0882	Posterior humeral circumflex artery
XA8DW5	Artery of lower extremity
XA61E8	Acetabular branch
XA91J1	Anterior lateral malleolar artery
XA4K68	Anterior medial malleolar artery
XA6CN3	Anterior tibial artery
XA7BL5	Anterior tibial recurrent artery
XA5BU3	Ascending branch of the lateral femoral circumflex artery
XA0DB6	Ascending branch of the medial femoral circumflex artery
XA42R8	Branch of the medial inferior genicular artery to popliteus
XA7WF1	Branch of the medial superior genicular artery to vastus medialis
XA2DD1	Branch of the medial superior genicular artery to surface of the femur and the knee-joint
XA4VS8	Communicating branch of the fibular artery to the anterior tibial artery
XA7DF6	Deep branch of the descending branch of the Medial femoral circumflex artery
XA19F5	Deep branch of the lateral superior genicular artery
XA3KL5	Deep femoral artery
XA3SV6	Descending branch of the lateral femoral circumflex artery
XA15J8	Descending branch of the Medial femoral circumflex artery
XA3CV5	Descending genicular artery

XA41L4	Dorsalis pedis artery
XA2JF3	Femoral artery
XA9GM6	Fibular artery
XA2GU0	First perforating artery
XA9EP9	Lateral femoral circumflex artery
XA4B67	Lateral inferior genicular artery
XA6920	Medial femoral circumflex artery
XA1QB3	Medial inferior genicular artery
XA7PN1	Medial plantar artery
XA5LB1	Middle genicular artery
XA0PT7	Muscular branches of the anterior tibial artery
XA9TP5	Musculo-articular branch of the Descending genicular artery
XA0GA4	Perforating artery
XA1YF2	Perforating branch of the fibular artery to the posterior tibial artery
XA44K1	Popliteal artery
XA6LK2	Posterior tibial artery
XA33D9	Posterior tibial recurrent artery
XA09P5	Saphenous branch of the Descending genicular artery
XA2Z59	Second perforating artery
XA7W56	Superficial branch of the descending branch of the Medial femoral circumflex artery
XA5687	Superficial branch of the lateral superior genicular artery
XA08Q7	Sural artery
XA8J55	Third or fourth perforating artery
XA4XR2	Transverse branch of the lateral femoral circumflex artery
XA6QR6	Lateral plantar artery
XA8YC8	Common femoral artery
XA5PP5	Superficial femoral artery
XA9PU5	Afferent arteriole of the interlobular artery

XA6Y34	Aorta Coded Elsewhere: Ascending aorta (XA01A6) Arch of the aorta (XA75Z8) Descending aorta (XA5H34)
XA9NQ2	Thoracoabdominal aorta Coded Elsewhere: Aorta of thorax (XA8K52)
XA5Z66	Abdominal aorta
XA5EX6	Suprarenal abdominal aorta
XA2LN9	Infrarenal abdominal aorta
XA5J49	Veins
XA59M2	Vein of head, face, and neck
XA9TJ8	Cortical vein
XA8ZU5	Basal vein
XA37J7	Alveolar vein
XA8ZS9	Angular vein
XA6HG4	Temporal vein
XA1GE4	Deep anterior temporal vein
XA8SD6	Middle temporal vein
XA30B2	Deep posterior temporal vein
XA2NX9	Superficial temporal vein
XA6SL1	Basilar plexus
XA5SG1	Buccinator vein
XA91N0	Cerebellar vein
XA93W0	Inferior cerebellar vein
XA2Z35	Superior cerebellar vein
XA2LX2	Cerebral vein
XA6DC3	Internal cerebral vein
XA1MX7	Deep middle cerebral vein Inclusions: deep sylvian vein
XA0U80	Inferior cerebral vein
XA43H1	Middle cerebral vein

XA4WV6	Superficial middle cerebral vein
XA0E47	Superior cerebral vein
XA7VW1	Small anterior cerebral vein
XA18W3	Great cerebral vein
XA49Y4	Choroid vein
XA7C08	Cricothyroid vein
XA9U81	Deep cervical vein
XA2QB0	Diploic vein
XA6VQ5	Frontal diploic vein
XA6694	Anterior temporal diploic vein
XA5AY0	Posterior temporal diploic vein
XA2HM1	Occipital diploic vein
XA12G2	Emissary vein of the foramen of Vesalius
XA14M4	Emissary vein
XA6BA1	Condylod emissary vein
XA4K04	Occipital emissary vein
XA8C81	Mastoid emissary vein
XA0T02	Parietal emissary vein
XA74U9	Frontal vein
XA0CA3	Frontal venous lacunae
XA3DS7	Great anastomotic vein of Trolard
XA9GT2	Inferior striate vein
XA4ZZ3	Maxillary vein
XA23C4	Laryngeal vein
XA2JH6	Inferior laryngeal vein
XA3XZ1	Superior laryngeal vein
XA8Z61	Masseteric vein
XA8NY9	Lingual vein
XA4105	Meningeal vein
XA8D07	Anterior meningeal vein

XA5600	Middle meningeal vein
XA73V2	Posterior meningeal vein
XA01E7	Occipital vein
XA7AS3	Occipital venous lacunae
XA0X91	Ophthalmic vein
XA6C95	Superior ophthalmic vein
XA8M04	Inferior ophthalmic vein
XA1SM5	Palatine vein
XA4HX4	Parietal venous lacunae
XA91G2	Parotid vein
XA98C1	Pharyngeal vein
XA2NF3	Posterior anastomotic vein of Labbé
XA0QP2	Pterygoid venous plexus
XA0M51	Sphenopalatine vein
XA4XY4	Stylomastoid vein
XA7K99	Sublingual vein
XA7ZY4	Submaxillary vein
XA1LD6	Submental vein
XA8680	Terminal vein
	Inclusions: superior thalamostriate vein
XA7F45	Tracheal vein
XA6945	Transverse cervical vein
XA22T9	Vein from the tympanic cavity
XA21F0	Vein of the ala nasi
XA9914	Vein of the pterygoid canal
XA1RH4	Vena comitans of the hypoglossal nerve
XA1K34	Venous jugular arch
XA1VJ8	Venous Sinuses
XA5WN3	Cavernous sinus
XA4NJ4	Confluence of the sinuses

XA6ZV2	Inferior petrosal sinus
XA9ED6	Inferior sagittal sinus
XA2SC7	Occipital sinus
XA4041	Sigmoid sinus
XA03D2	Straight sinus
XA81R3	Superior sagittal sinus
XA1YP1	Superior petrosal sinus
XA4289	Transverse sinus
XA5255	Sphenoparietal sinus
XA3U52	Intercavernous sinus
XA8P44	Anterior intercavernous sinus
XA7QE4	Posterior intercavernous sinus
XA9JS4	Circular sinus
XA6UW5	Petrosquamous sinus
XA6HK7	Sinus of the dura mater
XA5UX2	Cranial venous sinus
	Inclusions: cerebral venous sinus
XA9VA8	Thyroid vein
XA2KJ8	Inferior thyroid vein
XA2DN0	Middle thyroid vein
XA9BZ3	Superior thyroid vein
XA9SD5	Palpebral vein
XA9K84	Inferior palpebral vein
XA9T11	Superior palpebral vein
XA0Z20	Lateral palpebral vein
XA52V8	Labial vein
XA5DP6	Inferior labial vein
XA4AG1	Superior labial vein
XA97T8	Auricular vein
XA46F3	Anterior auricular vein

XA67N9	Posterior auricular vein
XA0BP3	Facial vein
XA7WC0	Anterior facial vein
XA2681	Deep facial vein
XA3LQ0	Common facial vein
XA4NP1	Posterior facial vein
XA5GY9	Transverse facial vein
XA4582	Jugular vein
XA9U48	Anterior jugular vein
XA46B9	Internal jugular vein
XA99S7	External jugular vein
XA31W7	Posterior external jugular vein
XA9XW7	Orbital vein
XA73J2	Vein of the pericranium
XA0ET2	Anterior vertebral vein
XA1LU7	Deep temporal vein
XA2L55	Extraspinal vein
XA5YM5	Internal auditory vein
XA5TG4	Pterygoid plexus
XA1VP6	Pterygoid vein
XA1RV1	Superior sagittal vein
XA7QR6	Vertebral vein
XA0BP6	Anterior vertebral venous plexus
XA8CT1	Vein of thorax Coded Elsewhere: Pulmonary vein (XA8FY4)
XA6DM9	Accessory hemiazygos vein
XA7AN5	Azygos vein
XA57F8	Brachiocephalic vein
XA1GY9	Bronchial vein
XA9NE2	Diaphragmatic vein

XA3VU3	Oesophageal vein
XA4GF1	Hemiazygos vein
XA27D1	Innominate vein
XA9HG3	Intercostal vein
XA6JE5	Mediastinal vein
XA6YT2	Subclavian vein
XA3568	Subcostal vein
XA4VD1	Superior epigastric vein
XA5WA4	Superior vena cava
XA4DR2	Superior intercostal vein
	Inclusions: highest intercostal vein
XA3V69	Internal mammary vein
	Inclusions: internal thoracic vein
XA2DL5	Transverse scapular vein
XA8WJ4	Subscapular vein
XA2YF2	Thymic vein
XA0RA8	Vein of abdomen
XA4DQ4	Ascending lumbar vein
XA9PF5	Caput medusae vein
XA1MQ4	Cystic Vein
XA95M2	Ileocolic vein
XA7UV5	Inferior vena cava
XA2UD7	Hepatic Vein
XA52L9	Lumbar vein
XA3X37	Pancreatic vein
XA4XM0	Pancreaticoduodenal vein
XA0N54	Paraumbilical Vein
XA1E17	Portal Vein
XA5JV6	Rectal venous plexus
XA0J33	Splenic vein
XA46Q0	Thoracoepigastric vein

XA2DK6	Colic vein
XA2UN4	Right colic vein
XA49E0	Middle colic vein
XA2WF1	Left colic vein
XA5T10	Rectal vein
	Inclusions: hemorrhoidal vein
XA6NJ4	Middle rectal vein
	Inclusions: middle hemorrhoidal vein
XA80L8	Inferior rectal vein
	Inclusions: inferior hemorrhoidal vein
XA30C9	Superior hemorrhoidal vein
XA34F0	Perineal hemorrhoidal vein
XA1EK8	Phrenic vein
XA27Y3	Superior phrenic vein
XA0EZ6	Inferior phrenic vein
XA5KA1	Mesenteric vein
XA4DA7	Superior mesenteric vein
XA4EK2	Inferior mesenteric vein
XA04Q7	Epigastric vein
XA8WC0	Superficial epigastric vein
XA30F2	Inferior epigastric vein
XA1C53	Veins of stomach
XA7CB3	Gastric vein
XA73S8	Left gastric vein
	Inclusions: coronary vein
XA23Q4	Right gastric vein
	Inclusions: pyloric vein
XA5QC9	Short gastric vein
XA2R35	Gastroepiploic vein
XA55H2	Intestinal vein
XA26H2	Vein of pelvis

XA3200	Renal vein
XA6YL8	Corpus cavernosum penis
XA03F7	Deep dorsal vein of the penis
XA9X28	Iliolumbar vein
XA7U63	Deep vein of the penis
XA5AH6	Obturator vein
XA4PC3	Ovarian Vein
XA05M3	Pampiniform plexus
XA1W18	Perineal vein
XA8WY0	Prostatic vein
XA0GG0	Pubic vein
XA8HY5	Sigmoid vein
XA4TQ4	Superficial dorsal vein of the penis
XA2WW4	Suprarenal vein
XA7AB3	Uterine plexus
XA8M77	Uterine vein
XA1MK5	Vaginal vein
XA0DB7	Vesical plexus
XA7GN4	Vesical vein
XA9GG9	Vulval vein
XA8GA3	Gluteal vein
XA3HW8	Inferior gluteal vein
XA47S7	Superior gluteal vein
XA03Q4	Iliac vein
XA3EG0	Internal iliac vein
	Inclusions: hypogastric vein
XA49T5	External iliac vein
XA7W40	Common iliac vein
XA3H93	Deep iliac circumflex vein
XA71Q4	Sacral vein

XA4PJ8	Lateral sacral vein
XA9Z04	Middle sacral vein
XA5KK7	Spermatic Vein
XA3F81	Pudendal vein
XA7XD2	Internal pudendal vein
XA6NF9	Superficial external pudendal vein
XA1ET7	Deep external pudendal vein
XA6TQ3	Adrenal vein
XA9WN7	Vein of upper extremity
XA0QT1	Accessory cephalic vein
XA3EY8	Axillary vein
XA6JD7	Basilic vein
XA43Q5	Brachial vein
XA4YQ8	Cephalic vein
XA7FD2	Common volar digital vein
XA7902	Deep volar venous arch
XA6NS3	Dorsal interosseous vein
XA9886	Dorsal metacarpal vein
XA4A41	Lateral thoracic vein
XA3TW9	Median antebrachial vein
XA1YZ7	Median basilic vein
	Inclusions: median cubital vein
XA3GZ6	Proper volar digital vein
XA32L8	Radial vein
XA7HM9	Superficial volar venous arch
XA8CK3	Ulnar vein
XA2Y72	Volar digital vein
	Inclusions: palmar digital vein
XA2C08	Volar interosseous vein
XA13N1	Volar metacarpal vein
XA76A3	Vein of lower extremity

XA8WJ3	Accessory saphenous vein
XA4CQ8	Anterior tibial vein
XA23R2	Common digital vein
XA3E41	Deep Femoral Vein
XA8RN9	Deep plantar venous arch
XA3QX9	Femoral vein
XA59H1	Great saphenous vein
XA74K2	Lateral femoral circumflex vein
XA4L08	Lateral marginal vein
XA0L88	Lateral plantar vein
XA8PZ9	Medial femoral circumflex vein
XA1XM3	Medial marginal vein
XA85B7	Medial plantar vein
XA7ND7	Metatarsal vein
XA4EV7	Plantar cutaneous venous arch
XA8657	Plantar digital vein
XA08Q1	Popliteal vein
XA5D60	Posterior tibial vein
XA2073	Small saphenous vein
XA8HR9	Superficial iliac circumflex vein
XA4930	Peroneal vein
XA8LE8	Anterior femoral cutaneous vein
XA60H0	Vena cava
	Coded Elsewhere: Inferior vena cava (XA7UV5)
	Superior vena cava (XA5WA4)
XA21T7	Blood Vessels
XA6943	Blood vessel of the finger
XA7SM4	Blood vessel of the thumb
XA6Y60	Blood vessels at wrist or hand level
XA08R7	Blood vessel of the kidney
XA5K61	Blood vessel of the lung

XA9AN5	Blood vessel of the neck
XA8N71	Blood vessel of the thorax
XA7P54	Blood vessel of hip
XA9M17	Blood vessels at lower leg level
XA2769	Capillary, not elsewhere classified
XA5TF7	Cerebral vasculature
XA4H19	Intracranial blood vessels, not elsewhere classified
XA1SX5	Extracranial blood vessels, not elsewhere classified
XA6H07	Heart
	<i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Lymph nodes of lower extremity (XA86X1)
XA6UC7	Anterior tibial lymphatic trunk

Respiratory system

XA8Z63	Upper respiratory tract <i>Coded Elsewhere:</i> Nostril (XA1B05) Middle Ear (XA0G74) Hypopharynx (XA2J67)
XA43C9	Nasal cavity <i>Coded Elsewhere:</i> Nostril (XA1B05)
XA53X2	Nasal vestibule
XA8D47	Nasal septum
XA8817	Nasal turbinate
XA7WQ4	Nasal cartilage
XA4CN5	Nasal mucosa
XA6YH7	Connective, subcutaneous and other soft tissues of nasal cavity
XA3HQ4	nasal arch vein
XA3523	Accessory sinuses
XA1R64	Maxillary sinus
XA58F6	Ethmoid sinus
XA91G8	Frontal sinus
XA4U67	Sphenoid sinus

XA9AZ1	Nasopharynx
XA0659	Superior wall of nasopharynx
XA21P9	Anterior wall of nasopharynx
XA4BR4	Posterior wall of nasopharynx
XA5AS8	Adenoid
XA7PX5	Lateral wall of nasopharynx
XA7W35	Pharyngeal recess
XA9P89	Retropharyngeal recess
XA6QY3	Parapharyngeal recess
XA2RH5	Larynx
XA1PB3	Supraglottic larynx
XA9ZY9	Epiglottis
XA4DV7	Anterior surface of epiglottis
XA8U54	Posterior surface of epiglottis
XA9907	Aryepiglottic fold
XA8N50	Laryngeal aspect of aryepiglottic fold
XA7AE7	Glottis
XA3299	Vocal cord
XA25B1	Subglottic larynx
XA0NK8	Laryngeal cartilage
XA0AF3	Arytenoid cartilage
XA7S05	Cricoid cartilage
XA2383	Cricoarytenoid articulation
XA73G2	Cricothyroid articulation
XA7SZ3	Cuneiform cartilage
XA2716	Thyroid cartilage
XA07R2	Lower respiratory tract
XA26H1	Trachea
XA7SG3	Cervical trachea
XA4RN3	Thoracic trachea

XA57M6	Lung
XA9TC5	Main bronchus Coded Elsewhere: Carina (XA4JA0) Hilum of left lung (XA6VA2) Hilum of right lung (XA29Y4)
XA3L52	Right main bronchus
XA5FV2	Left main bronchus
XA4JA0	Carina
XA7EZ3	Right lung
XA29Y4	Hilum of right lung
XA8Z30	Right upper lobe bronchus
XA41Z3	Right lower lobe bronchus
XA1QM3	Right middle lobe bronchus
XA2UD3	Left lung
XA6VA2	Hilum of left lung
XA6F58	Left upper lobe bronchus
XA4565	Lingula of lung
XA2XH5	Left lower lobe bronchus Coded Elsewhere: Right pulmonary vein (XA86L0) Left pulmonary vein (XA1WN5)
XA90M2	Lobe of lung
XA9HN5	Upper lobe of lung
XA1N36	Middle lobe of lung
XA7L34	Lower lobe of lung
XA37W0	Upper lobe, bronchus
XA1K94	Middle lobe, bronchus
XA8JM5	Lower lobe, bronchus
XA2PV7	Connective and other soft tissues of lung Coded Elsewhere: Lobe of lung (XA90M2)

XA61M6	Bronchus Coded Elsewhere: Upper lobe, bronchus (XA37W0) Middle lobe, bronchus (XA1K94) Lower lobe, bronchus (XA8JM5) Main bronchus (XA9TC5)
XA8Z62	Lung parenchyma
XA5437	Bronchioles
XA5772	Alveoli
XA4646	Pulmonary vasculature Coded Elsewhere: Pulmonary artery (XA09J9)
XA8FY4	Pulmonary vein
XA1WN5	Left pulmonary vein
XA9941	Left superior pulmonary vein
XA8TW3	Left inferior pulmonary vein
XA86L0	Right pulmonary vein
XA05T2	Right superior pulmonary vein
XA41F3	Right inferior pulmonary vein
XA4530	Accessory right pulmonary vein
XA1SF4	Common left sided trunk of pulmonary veins
XA0F36	Pulmonary capillaries
XA5TT2	Pleura
XA1B59	Visceral pleura
XA7RC6	Parietal pleura
XA4U64	Artery of lung Coded Elsewhere: Afferent arteriole of the interlobular artery (XA9PU5)
XA2AT1	Efferent arteriole of the interlobular artery
XA6WT9	Interlobar artery
XA2S57	Interlobular artery
XA3713	Pulmonary trunk

Digestive system

XA8182	Mouth <i>Coded Elsewhere:</i> Palatine tonsil (XA3V90)
XA5TW5	Vestibule of mouth
XA9072	Labial mucosa of upper lip <i>Inclusions:</i> Mucosa of upper lip
XA72W2	Labial mucosa of lower lip <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> Lower alveolar mucosa (XA96F2) Upper alveolar mucosa (XA2C94)
XA6CZ2	Teeth
XA4GG3	Permanent dentition
XA5306	Upper right 3rd molar
XA0BR9	Upper right 2nd molar
XA0TL3	Upper right 1st molar

XA45K9	Upper right 2nd bicuspid
XA64J5	Upper right 1st bicuspid
XA0LE1	Upper right canine
XA3QH3	Upper right lateral incisor
XA43X2	Upper right central incisor
XA8328	Upper left 3rd molar
XA1YK1	Upper left 2nd molar
XA2GW7	Upper left 1st molar
XA5Z15	Upper left 2nd bicuspid
XA3EF6	Upper left 1st bicuspid
XA2LF2	Upper left canine
XA0MG2	Upper left lateral incisor
XA9P69	Upper left central incisor
XA8YF6	Lower right 3rd molar
XA5CA4	Lower right 2nd molar
XA5M57	Lower right 1st molar
XA26X2	Lower right 2nd bicuspid
XA47C4	Lower right 1st bicuspid
XA95A1	Lower right canine
XA8660	Lower right lateral incisor
XA5NT8	Lower right central incisor
XA0XB1	Lower left 3rd molar
XA8YV5	Lower left 2nd molar
XA6R23	Lower left 1st molar
XA80S2	Lower left 2nd bicuspid
XA1SQ7	Lower left 1st bicuspid
XA8P88	Lower left canine
XA4B13	Lower left lateral incisor
XA7B54	Lower left central incisor
XA7675	Deciduous dentition

XA2GE5	Upper right 2nd molar, deciduous
XA7ZT9	Upper right 1st molar, deciduous
XA06P0	Upper right canine, deciduous
XA2XZ5	Upper right lateral incisor, deciduous
XA3BG3	Upper right central incisor, deciduous
XA2BD4	Upper left 2nd molar, deciduous
XA85K7	Upper left 1st molar, deciduous
XA98V8	Upper left canine, deciduous
XA9QP7	Upper left lateral incisor, deciduous
XA4ZQ5	Upper left central incisor, deciduous
XA6F50	Lower right 2nd molar, deciduous
XA36B2	Lower right 1st molar, deciduous
XA8KQ7	Lower right canine, deciduous
XA1W31	Lower right lateral incisor, deciduous
XA6TB6	Lower right central incisor, deciduous
XA8NE2	Lower left 2nd molar, deciduous
XA55D8	Lower left 1st molar, deciduous
XA8QV7	Lower left canine, deciduous
XA8MH6	Lower left lateral incisor, deciduous
XA2RW5	Lower left central incisor, deciduous
XA1PT3	Parts of tooth
XA5B71	Pulp
XA6FX3	Dentin
XA5R09	Enamel
XA4KC7	Cementum
XA2CA1	Periapical tissue
XA2US1	Surfaces of the teeth
XA5ML5	Distal surface of tooth
XA4UP2	Labial surface of tooth
XA6DE2	Buccal surface of tooth

XA3W20	Incisal surface of tooth
XA8M68	Lingual surface of tooth
XA5Z48	Mesial surface of tooth
XA5DM8	Occlusal surface of tooth
XA3HD5	Proximal surface of tooth
XA1WN1	Oral cavity
XA7ZA6	Palate
XA4527	Hard palate
XA8HL5	Soft palate
XA2993	Uvula
XA00H5	Palatal mucosa
XA1T19	Tongue
XA8Q87	Body of tongue
	Inclusions: Anterior tongue
	Coded Elsewhere: Dorsal surface of body of tongue (XA8YB9)
XA65E9	Midline of tongue
XA8SX3	Junctional zone of tongue
XA25G3	Base of tongue
	Coded Elsewhere: Dorsal surface of base of tongue (XA0HQ3)
XA2B11	Posterior of tongue
XA1V27	Dorsal surface of tongue
XA8YB9	Dorsal surface of body of tongue
XA0HQ3	Dorsal surface of base of tongue
XA9RP1	Other and unspecified parts of tongue
XA8FK4	Ventral surface of tongue
	Coded Elsewhere: Lingual tonsil (XA1EM4)
XA9YA2	Lingual frenulum
XA4DB6	Border of tongue
XA49C6	Lateral margin of tongue
XA1WZ8	Tip of tongue
XA8EY7	Floor of mouth

XA69M6	Alveololingual sulcus
XA8CF9	Mucosa of floor of mouth
XA29D3	Tonsillar region
XA9A13	Glossopalatine arch
XA2JB0	Anterior tonsillar pillar
XA46Z4	Tonsillar fossa Coded Elsewhere: Palatine tonsil (XA3V90)
XA3021	Pharyngopalatine arch
XA0X58	Posterior tonsillar pillar
XA15G1	Palatine arch
XA6NQ7	Oral mucosa Coded Elsewhere: Labial mucosa of upper lip (XA9072) Labial mucosa of lower lip (XA72W2) Buccal mucosa (XA8WB3) Alveolar mucosa (XA3SP9) Lower alveolar ridge mucosa (XA8C21) Upper alveolar ridge mucosa (XA7DA0) Palatal mucosa (XA00H5) Mucosa of floor of mouth (XA8CF9) Alveolar ridge mucosa (XA54T3)
XA2KN0	Other and unspecified parts of mouth
XA5T23	Salivary gland apparatus
XA07S5	Parotid gland Coded Elsewhere: Parotid gland duct (XA44X8)
XA9Q61	Submandibular gland Inclusions: Submandibular salivary gland
XA0CS1	Left submandibular gland Inclusions: Left submaxillary salivary gland
XA8GQ5	Right submandibular gland Inclusions: Right submaxillary salivary gland
XA7GY0	Submandibular gland duct

XA51Q9	Sublingual gland <i>Inclusions:</i> Sublingual salivary gland <i>Coded Elsewhere:</i> Sublingual gland duct (XA1J93)
XA30Q1	Minor salivary gland
XA5CM1	Salivary duct <i>Coded Elsewhere:</i> Submandibular gland duct (XA7GY0)
XA44X8	Parotid gland duct
XA1J93	Sublingual gland duct
XA93V5	Pharynx <i>Coded Elsewhere:</i> Nasopharynx (XA9AZ1)
XA4J67	Oropharynx <i>Coded Elsewhere:</i> Anterior surface of epiglottis (XA4DV7)
XA8RX5	Lateral wall of oropharynx
XA8659	Posterior wall of oropharynx
XA88V4	Vallecula
XA60Q5	Branchial cleft
XA2J67	Hypopharynx <i>Coded Elsewhere:</i> Aryepiglottic fold (XA9907)
XA3MZ0	Piriform recess
XA4NZ9	Postcricoid region
XA0XK1	Hypopharyngeal wall
XA9607	Gastrointestinal tract
XA0828	Oesophagus
XA1180	Upper third of oesophagus
XA2BY3	Middle third of oesophagus
XA9CB6	Lower third of oesophagus
XA0N03	Cervical oesophagus
XA8JT3	Thoracic oesophagus
XA0TN5	Abdominal oesophagus
XA4YW8	Overlapping sites of oesophagus
XA7SR6	Cardioesophageal junction

XA7MC7	Stomach Coded Elsewhere: Veins of stomach (XA1C53)
XA2828	Gastric cardia
XA7UE1	Gastric corpus
XA56K7	Gastric fundus
XA6P89	Gastric pylorus
XA4EC5	Pyloric antrum
XA7WQ5	Greater curvature of stomach
XA4ML9	Lesser curvature of stomach
XA6452	Small intestine
XA9780	Duodenum
XA8UM1	Jejunum
XA0QT6	Ileum
XA1B13	Large intestine
XA6J68	Caecum
XA03U9	Colon
XA3AL5	Ascending colon
XA95L3	Hepatic flexure of colon
XA49U1	Transverse colon
XA1PY9	Splenic flexure of colon
XA2G13	Descending colon
XA8YJ9	Sigmoid colon
XA33J5	Rectosigmoid junction
XA7177	Descending colon and splenic flexure of colon
XA25P9	Ascending colon and right flexure of colon
XA4KU2	Rectum
XA0D34	Anus
XA39S6	Anal Canal Coded Elsewhere: Sphincter ani muscle (XA3ML6)
XA8QB7	Cloacogenic zone
XA28R6	Upper gastrointestinal tract, not elsewhere classified

XA8PW4	Appendix
XA0W19	Hepatobiliary system
XA5DY0	Liver
XA5766	Left lobe of liver
XA2KG6	Right lobe of liver
XA3278	Caudate lobe of liver
XA13D3	Quadrate lobe of liver
XA0KT3	Biliary tract
XA4415	Hepatic bile ducts
XA89K4	Left hepatic duct
XA6M95	Right hepatic duct
XA96K1	Common hepatic duct
XA0077	Cystic duct
XA8KL9	Gallbladder
XA6R80	Common bile duct
XA6WA8	Sphincter of Oddi
XA7QA8	Ampulla of Vater
XA9HM5	Extrahepatic bile duct
	Coded Elsewhere: Common bile duct (XA6R80) Cystic duct (XA0077) Sphincter of Oddi (XA6WA8)
XA3QC5	Pancreas
	Coded Elsewhere: Pancreatic islets (XA45E6)
XA1412	Head of pancreas
XA8LA4	Neck of pancreas
XA6ZE4	Body of pancreas
XA0CX6	Tail of pancreas
XA1XL7	Pancreatic duct
XA8WC8	Duct of Santorini
XA3789	Duct of Wirsung
XA0KZ0	Peritoneum

XA6S21	Retroperitoneum
XA43V8	Mesentery
XA6DF7	Omentum
XA46W1	Mesoappendix
XA4QM7	Mesocolon
XA5PF4	Pelvic peritoneum

Integumentary system

XA0364	Skin
XA3JN1	Epidermis
XA5P21	Stratum corneum
XA3G02	Stratum lucidum
XA4W90	Stratum granulosum
XA8AM6	Stratum spinosum
XA9QS1	Stratum basale
XA8JE9	Epidermal basement membrane
XA8113	Epidermal appendages
XA0XC8	Hair follicle
XA2MW3	Hair bulb
XA6666	Sebaceous gland
XA7487	Apocrine sweat gland
XA6DT2	Hair shaft
XA8T72	Hair
	Coded Elsewhere: Hair follicle (XA0XC8)
XA5Y68	Scalp hair
XA78D2	Eyebrow hairs
XA1RK2	Eyelashes
XA9N28	Beard hair
XA1WH2	Body hair
XA12U4	Pubic hair
XA4S72	Nail apparatus

XA4KT3	Nail matrix
XA5LM0	Germinal matrix
XA0060	Sterile matrix
XA6Q52	Nail
	Coded Elsewhere: Toenail (XA9E36)
	Fingernails (XA0EH9)
	Nail matrix (XA4KT3)
XA5US0	Perionychium
XA1ES4	Eponychium
XA0NS1	Hyponychium
XA63U7	Eccrine gland
XA6PJ1	Acrosyringium
XA7P52	Eccrine sweat duct
XA5VA9	Eccrine sweat coil
XA1QT7	Dermis
XA4LG9	Papillary dermis
XA2Q30	Reticular dermis
XA2013	Hypodermis
XA5CS6	Subcutaneous fat

Musculoskeletal system

Bones

XA4S38	Axial skeleton
XA4RY5	Bones of the head
XA1RZ4	Cranial Bones
XA0E94	Base of the skull
XA2BH0	Calvarium
XA0KU6	Cranial fossa
XA7B66	Anterior fossa
XA8Y22	Middle fossa
XA5U78	Posterior fossa

XA2SR4	Ethmoid bone
XA6ZM9	Frontal bone
XA5JA2	Occipital bone
XA4RS9	Occipital condyle
XA33W1	Occiput
XA2J87	Parietal bone
XA63R0	Sphenoid bone
	Coded Elsewhere: Craniopharyngeal duct (XA5309)
XA9N34	Pituitary fossa
XA2P19	Temporal bone
XA1E15	Petrous bone
XA68N3	Mastoid
XA8E69	Orbital bone
XA9XW3	Orbital roof
XA7MW9	Orbital floor
XA3Y16	Facial bones
XA5CQ0	Hyoid bone
XA6UV6	Inferior nasal conchae
XA9GZ6	Lacrimal bone
XA4319	Palatine bone
XA14T2	Vomer bone
XA8N32	Zygomatic bone
XA51B7	Mandible
	Coded Elsewhere: Temporomandibular joint (XA2SM2)
XA3B77	Alveolar border of body of mandible
XA0M61	Angle of mandible
XA98M7	Condylar process of the mandible
XA7919	Subcondylar process of mandible
XA24B3	Coronoid process of the mandible
XA5969	Ramus of mandible
XA8JR9	Symphysis of mandible

XA0NC8	Inferior maxilla
XA7VK5	Maxilla
XA8E16	Nasal bone
XA88P5	Jaw, unspecified
XA6EQ1	Bones of middle ear
XA4D04	Incus
XA5DS8	Malleus
XA3WA4	Stapes
XA5J55	Vertebral column
XA7MS2	Vertebra
XA9ZW8	Cervical vertebra
XA2XE8	Atlas
XA0KQ4	Posterior arch of first cervical vertebra
XA1304	Lateral mass of first cervical vertebra
XA17N0	Axis
XA5W02	Odontoid process
XA2W05	Third cervical vertebra
XA51V4	Arch of third cervical vertebra
XA4UV1	Body of third cervical vertebra
XA8CG0	Processes of third cervical vertebra
XA3RE9	Fourth cervical vertebra
XA24X7	Arch of fourth cervical vertebra
XA3GT0	Body of fourth cervical vertebra
XA75V3	Processes of fourth cervical vertebra
XA9C12	Fifth cervical vertebra
XA1PJ5	Arch of fifth cervical vertebra
XA1BS2	Body of fifth cervical vertebra
XA2FY7	Processes of fifth cervical vertebra
XA5S79	Sixth cervical vertebra
XA8W16	Arch of sixth cervical vertebra

XA9Q12	Body of sixth cervical vertebra
XA60Z0	Processes of sixth cervical vertebra
XA34U8	Seventh cervical vertebra
XA05M5	Arch of seventh cervical vertebra
XA1JS3	Body of seventh cervical vertebra
XA91D7	Processes of seventh cervical vertebra
XA6E88	Thoracic vertebra
XA3F93	First thoracic vertebra
XA7UP5	Arch of first thoracic vertebra
XA8PH0	Body of first thoracic vertebra
XA1AX4	Processes of first thoracic vertebra
XA8QS0	Second thoracic vertebra
XA2VV9	Arch of second thoracic vertebra
XA3Z42	Body of second thoracic vertebra
XA6T61	Processes of second thoracic vertebra
XA1Z15	Third thoracic vertebra
XA2SM3	Arch of third thoracic vertebra
XA35A0	Body of third thoracic vertebra
XA41U9	Processes of third thoracic vertebra
XA0C31	Fourth thoracic vertebra
XA22W3	Arch of fourth thoracic vertebra
XA3J42	Body of fourth thoracic vertebra
XA1WL4	Processes of fourth thoracic vertebra
XA3PH5	Fifth thoracic vertebra
XA28A7	Arch of fifth thoracic vertebra
XA8W59	Body of fifth thoracic vertebra
XA0449	Processes of fifth thoracic vertebra
XA45S2	Sixth thoracic vertebra
XA29X2	Arch of sixth thoracic vertebra
XA0YY2	Body of sixth thoracic vertebra

XA1R53	Processes of sixth thoracic vertebra
XA59Y3	Seventh thoracic vertebra
XA54G1	Arch of seventh thoracic vertebra
XA62Y3	Body of seventh thoracic vertebra
XA1CQ7	Processes of seventh thoracic vertebra
XA8NQ5	Eighth thoracic vertebra
XA3PL7	Arch of eighth thoracic vertebra
XA5JX9	Body of eighth thoracic vertebra
XA1SD8	Processes of eighth thoracic vertebra
XA3E70	Ninth thoracic vertebra
XA9N69	Arch of ninth thoracic vertebra
XA2X21	Body of ninth thoracic vertebra
XA5SW1	Processes of ninth thoracic vertebra
XA0AV7	Tenth thoracic vertebra
XA7LF7	Arch of tenth thoracic vertebra
XA6VP6	Body of tenth thoracic vertebra
XA7122	Processes of tenth thoracic vertebra
XA7T69	Eleventh thoracic vertebra
XA98R9	Arch of eleventh thoracic vertebra
XA91J0	Body of eleventh thoracic vertebra
XA92Q6	Processes of eleventh thoracic vertebra
XA69W5	Twelfth thoracic vertebra
XA15N3	Arch of twelfth thoracic vertebra
XA1401	Body of twelfth thoracic vertebra
XA2D62	Processes of twelfth thoracic vertebra
XA0D60	Lumbar vertebra
XA3291	First lumbar vertebra
XA8AX7	Arch of first lumbar vertebra
XA9E61	Body of first lumbar vertebra
XA4U01	Processes of first lumbar vertebra

XA2GH9	Second lumbar vertebra
XA24M1	Arch of second lumbar vertebra
XA5079	Body of second lumbar vertebra
XA52T1	Processes of second lumbar vertebra
XA3N97	Third lumbar vertebra
XA3G24	Arch of third lumbar vertebra
XA0TL0	Body of third lumbar vertebra
XA80X7	Processes of third lumbar vertebra
XA9A53	Fourth lumbar vertebra
XA7CH7	Arch of fourth lumbar vertebra
XA4145	Body of fourth lumbar vertebra
XA38A4	Processes of fourth lumbar vertebra
XA9641	Fifth lumbar vertebra
XA2JV2	Arch of fifth lumbar vertebra
XA5886	Body of fifth lumbar vertebra
XA4PS3	Processes of fifth lumbar vertebra
XA14W3	Sacrum
XA4V28	Coccyx
XA02R1	Intervertebral disc or space
XA8D30	Cervical discs or space
XA9Z06	Cervical intervertebral disc or space C1-C2
XA18M2	Cervical intervertebral disc or space C2-C3
XA94K2	Cervical intervertebral disc or space C3-C4
XA3623	Cervical intervertebral disc or space C4-C5
XA1X49	Cervical intervertebral disc or space C5-C6
XA16L1	Cervical intervertebral disc or space C6-C7
XA2SG0	Cervicothoracic disc or space C7-T1
XA1N54	Thoracic discs or space
XA4722	Thoracic intervertebral disc or space T1-T2
XA6KQ8	Thoracic intervertebral disc or space T2-T3

XA6CX2	Thoracic intervertebral disc or space T3-T4
XA0NE8	Thoracic intervertebral disc or space T4-T5
XA7PD1	Thoracic intervertebral disc or space T5-T6
XA4TP2	Thoracic intervertebral disc or space T6-T7
XA7117	Thoracic intervertebral disc or space T7-T8
XA9PW9	Thoracic intervertebral disc or space T8-T9
XA8E13	Thoracic intervertebral disc or space T9-T10
XA6HY9	Thoracic intervertebral disc or space T10-T11
XA5LG2	Thoracic intervertebral disc or space T11-T12
XA97A4	Thoracolumbar intervertebral disc or space T12-L1
XA54S5	Lumbar discs or space
XA7RD5	Lumbar intervertebral disc or space L1-L2
XA8DG2	Lumbar intervertebral disc or space L2-L3
XA1F44	Lumbar intervertebral disc or space L3-L4
XA2N96	Lumbar intervertebral disc or space L4-L5
XA54R2	Lumbosacral intervertebral disc or space L5-S1
XA2Y58	Intervertebral disc
XA8WM9	Nucleus pulposus
XA10M1	Annulus fibrosus
XA5VB6	Bones of the thorax
XA5TK7	Rib
XA98Q1	First rib
XA7XY2	Second rib
XA2U21	Third rib
XA4SQ6	Fourth rib
XA31L8	Fifth rib
XA63Z2	Sixth rib
XA2WC3	Seventh rib
XA9WQ3	Eighth rib
XA31V8	Ninth rib

XA54R4	Tenth rib
XA3VH4	Eleventh rib
XA6W52	Twelfth rib
XA6NB3	Sternum
XA3M45	Body of sternum
XA0K13	Manubrium
XA2RB7	Xiphoid
XA4N47	Bones of the pelvis
	<i>Coded Elsewhere:</i> Sacrum (XA14W3)
	Coccyx (XA4V28)
XA8Y23	Pelvis
XA5FT5	Ilium
XA4743	Iliac crest
XA5L47	Ischium
XA82W3	Pubis
XA1XZ3	Superior pubic ramus
XA4VB9	Inferior pubic ramus
XA6Z32	Acetabulum
XA4TM1	Peripheral skeleton
XA7R53	Bones of the upper extremity
XA2AL0	Bones of the shoulder girdle
XA6384	Clavicle
XA76N8	Sternal end of clavicle
XA4PT6	Shaft of the clavicle
XA09P2	Acromial end of clavicle
XA53X6	Scapula
XA2HS8	Neck of the scapula
XA1216	Glenoid cavity of the scapula
XA2Y48	Coracoid process of the scapula
XA3664	Acromion
XA2XL4	Humerus

XA4VY5	Head of the humerus
XA0XN0	Anatomical neck of the humerus
XA6FR2	Surgical neck of the humerus
XA7144	Greater tuberosity of the humerus
XA72X2	Lesser tuberosity of the humerus
XA4RN8	Shaft of the humerus
XA3RE0	Condyle of the humerus
XA11M8	Capitulum of humerus
XA9LK4	Trochlea of humerus
XA6EF8	Lateral epicondyle of the humerus
XA4097	Medial epicondyle of the humerus
XA3WG1	Radius
XA2N25	Radial head
XA0ZF7	Radial neck
XA35U4	Shaft of radius
XA6YE5	Radial groove
XA3MH2	Styloid process of radius
XA4X32	Lower end of radius not otherwise specified
XA76U7	Upper end of radius not otherwise specified
XA5007	Ulna
XA0NS5	Coronoid process of the ulna
XA0725	Lower end of ulna not otherwise specified
XA5VA1	Olecranon process of the ulna
XA8U33	Shaft of the ulna
XA05C5	Styloid process of the ulna
XA6SV9	Upper end of ulna not otherwise specified
XA09H2	Carpal bones
XA7480	Scaphoid bone
XA8E71	Distal pole of scaphoid
XA1GV4	Distal third of the scaphoid bone

XA3ZG5	Middle third of the scaphoid bone
XA5ZE5	Proximal third of the scaphoid bone
XA30C8	Lunate bone
XA4A64	Triquetrum bone
XA8SZ6	Pisiform bone
XA7XM2	Trapezium bone
XA9DH2	Trapezoid bone
XA06T2	Capitate bone
XA8488	Hamate bone
XA97A0	Hook of hamate
XA0GJ4	Carpal tunnel
XA22M5	Base of other carpal bone
XA9640	Neck of other carpal bone
XA5TX9	Shaft of other carpal bone
XA3YX4	Metacarpal bone
XA58X4	First metacarpal
XA12D2	Head of the first metacarpal bone
XA8J87	Neck of the first metacarpal bone
XA5N95	Shaft of the first metacarpal bone
XA2P67	Base of the first metacarpal bone
XA5HE0	Second metacarpal
XA93C5	Head of the second metacarpal bone
XA8KU0	Neck of the second metacarpal bone
XA4RC8	Shaft of the second metacarpal bone
XA37V2	Base of the second metacarpal bone
XA7J93	Third metacarpal
XA6442	Head of the third metacarpal bone
XA50H4	Neck of the third metacarpal bone
XA8BP2	Shaft of the third metacarpal bone
XA8NK6	Base of the third metacarpal bone

XA9KB7	Fourth metacarpal
XA8X42	Head of the fourth metacarpal bone
XA9NT7	Neck of the fourth metacarpal bone
XA4CP7	Shaft of the fourth metacarpal bone
XA3ZF8	Base of the fourth metacarpal bone
XA88S1	Fifth metacarpal
XA3Z46	Head of the fifth metacarpal bone
XA16Y6	Neck of the fifth metacarpal bone
XA92G8	Shaft of the fifth metacarpal bone
XA65Y7	Base of the fifth metacarpal bone
XA3PA7	Phalanx of the hand
XA0HH1	Proximal phalanx of the hand
XA25U2	Proximal phalanx of index finger
XA6ET0	Proximal phalanx of middle finger
XA9MR0	Proximal phalanx of ring finger
XA73Q6	Proximal phalanx of little finger
XA0903	Proximal phalanx of thumb
XA89G7	Middle phalanx of hand
XA3JL6	Middle phalanx of index finger
XA5910	Middle phalanx of middle finger
XA8N14	Middle phalanx of ring finger
XA6HX0	Middle phalanx of little finger
XA7LS3	Distal phalanx of the hand
XA54X0	Distal phalanx of index finger
XA8NR0	Distal phalanx of middle finger
XA51S6	Distal phalanx of ring finger
XA32G6	Distal phalanx of little finger
XA70H5	Distal phalanx of thumb
XA5D87	Bone of finger, not elsewhere classified
XA95Q5	Bone of thumb, not elsewhere classified

XA2T04	Bones of the lower extremity
XA6BA0	Femur
XA96S5	Femoral head
XA1673	Femoral neck
XA32G0	Trochanter
XA1VJ3	Greater trochanter of femur
XA9TD9	Lesser trochanter of femur
XA9JB2	Intertrochanteric crest of femur
XA4AF2	Femoral shaft
XA6UG0	Femoral condyle
XA2BJ0	Femoral epiphysis
XA00N4	Pertrochanter
XA5EL8	Subtrochanteric line of femur
XA4T36	Patella
XA44U1	Tibia
XA5RE8	Tibial condyle
XA87A0	Lateral condyle of tibia
XA7Y69	Medial condyle of tibia
XA3DL5	Tibial tuberosity
XA66B3	Tibial shaft
XA2EN5	Tibial spine
XA1HS9	Medial malleolus
XA3450	Posterior malleolus
XA3KT5	Fibula
XA0K77	Fibular head
XA5G97	Fibular shaft
XA4UL1	Lateral malleolus
XA7NN4	Tarsal bone
XA5LU2	Calcaneus
XA57V1	Anterior process of calcaneus

XA62P4	Tuberosity of calcaneus
XA1LF4	Talus
XA1N98	Dome of the talus
XA6L02	Neck of the talus
XA3MT9	Posterior process of the talus
XA84E6	Navicular bone
XA4J74	Medial cuneiform bone
XA4046	Intermediate cuneiform bone
XA8462	Lateral cuneiform bone
XA0LW4	Cuboid bone
XA43L9	Bone of ankle
XA6UL8	Tarsal canal
XA6VH2	Metatarsal bone
XA39M2	Phalanx of the foot
XA6U96	Proximal phalanx of the toe
XA8KC3	Proximal phalanx of great toe
XA0AQ0	Proximal phalanx of second toe
XA11P1	Proximal phalanx of third toe
XA8CX6	Proximal phalanx of fourth toe
XA8PK1	Proximal phalanx of fifth toe
XA8539	Middle phalanx of toe
XA1UN2	Middle phalanx of second toe
XA9YP5	Middle phalanx of third toe
XA2SX4	Middle phalanx of fourth toe
XA90F0	Middle phalanx of fifth toe
XA4352	Distal phalanx of the toe
XA2AC2	Distal phalanx of great toe
XA3QM7	Distal phalanx of second toe
XA38Q1	Distal phalanx of third toe
XA8XV0	Distal phalanx of fourth toe

XA6ED4 Distal phalanx of fifth toe

Joints and ligaments

XA7948 **Joints and ligaments of the head and neck**

XA6UT2 **Joints of the head**

XA65F2 Atlantooccipital joint

XA7EM1 Atlantoaxial joint

XA2SM2 Temporomandibular joint

XA1LE7 **Ligaments of the head and neck**

XA68Z9 Anterior atlantoaxial ligament

XA4XK9 Anterior atlantooccipital ligament

XA9F16 Anterior longitudinal ligament

XA3K95 Apical odontoid ligament

XA3XV5 Articular capsules

XA3ZW3 Interarticular ligament

XA9M15 Interspinal ligament

XA9NZ1 Intertransverse ligament

XA5180 Intervertebral fibrocartilage ligament

XA97L7 Lateral atlantooccipital ligament

XA72L3 Ligamenta flava

XA6RG7 Ligamentum nuchae

XA3J99 Occipitoaxial ligament

XA1CC5 Posterior atlantoaxial ligament

XA80K5 Posterior atlantooccipital ligament

XA8E20 Posterior longitudinal ligament

XA4FR7 Sphenomandibular ligament

XA4WM3 Stylomandibular ligament

XA7WU3 Supraspinal ligament

XA4WJ7 Temporomandibular ligament

XA8389 Transverse ligament of the atlas

XA33F9 Thyrohyoid ligament

XA9XG3	Cricoarytenoid ligament
XA6B16	Cricopharyngeal ligament
XA3BV9	Cricotracheal ligament
XA3JR5	Hyoepiglottic ligament
XA4051	Cricothyroid ligament
XA56S4	Thyroepiglottic ligament
XA4KB2	Vestibular ligament
XA6928	Vocal ligament
XA2EL4	Joints and ligaments of the thorax
XA2NG8	Joints of the thorax
XA83N6	Sternocostal joint
XA30Q4	Costochondral joint
XA0892	Costovertebral joint
XA7AR2	Costotransverse joint
XA0ZE4	Facet joint
XA2UN9	Ligaments of the thorax
XA70E9	Anterior costotransverse ligament
XA0QM2	Anterior intersternal ligament
XA8V32	Anterior ligament of the spine
XA5G44	Costotransverse ligament
XA2S05	Costoxiphoid ligament
XA4356	Iliolumbar ligament
XA70A1	Interarticular sternocostal ligament
XA8D15	Interchondral ligament
XA6ZD7	Ligament of the neck of the rib
XA81P3	Ligament of the tubercle of the rib
XA4A37	Posterior costotransverse ligament
XA8B33	Lumbocostal ligament
XA26A7	Posterior intersternal ligament
XA8RC0	Radiate ligament

XA43Z7	Radiate sternocostal ligament
XA6KC7	Joints and ligaments of the pelvis and perineum
XA1TL5	Joints of the pelvis
XA5A04	Lumbosacral joint
XA70B6	Sacrococcygeal joint
XA3T32	Sacroiliac joint
XA9TF3	Ligaments of the pelvis and perineum
XA5S21	Anterior pubic ligament
XA10C4	Anterior sacroiliac ligament
XA9621	Arcuate pubic ligament
XA0EJ9	Broad ligament of the uterus
XA6VF6	Mesovarium
XA9TX2	Parovarian region
XA6CV1	Mesosalpinx
XA3AN2	Mesometrium
XA46Z2	Interarticular ligament of the pelvis
XA02T6	Interosseous sacroiliac ligament
XA1NT7	Ligamentum teres of the Liver
XA92G5	Posterior pubic ligament
XA6RS4	Posterior sacroiliac ligament
XA69U0	Long posterior sacroiliac ligament
XA9HV6	Short posterior sacroiliac ligament
XA1UP6	Pubic symphysis
XA23X3	Round ligament of uterus
XA8GZ2	Sacrococcygeal ligament
XA2MA4	Anterior sacrococcygeal ligament
XA4B16	Lateral sacrococcygeal ligament
XA2U92	Posterior sacrococcygeal ligament
XA8J68	Sacrospinous ligament
XA6396	Sacrotuberous ligament

XA68K7	Superior pubic ligament
XA4T57	Uterine ligament
XA2NB2	Uterosacral ligament
XA4XC0	Joints and ligaments of the upper extremity
XA4U90	Joints of the upper extremity
XA05J7	Shoulder joint
XA49P8	Glenohumeral joint
XA69U6	Acromioclavicular joint
XA0CH1	Sternoclavicular joint
XA69H4	Elbow joint
XA3G42	Proximal radioulnar joint
XA46J3	Humeroulnar joint
XA53P1	Humeroradial joint
XA64C3	Wrist joint
XA78S6	Distal radioulnar joint
XA0P38	Radiocarpal joint
XA62V5	Joints of the hand
XA3MB4	Carpal joint
XA0E90	Intercarpal joint
XA4AS7	Midcarpal joint
XA0JX0	Carpometacarpal joint
XA9DN6	Intermetacarpal joint
XA86T5	Metacarpophalangeal joint
XA3M83	First metacarpophalangeal joint
XA9YH1	Second metacarpophalangeal joint
XA6HB0	Third metacarpophalangeal joint
XA7XA8	Fourth metacarpophalangeal joint
XA7KA0	Fifth metacarpophalangeal joint
XA9291	Interphalangeal joint of the hand
XA6L43	Interphalangeal joint of the thumb

XA1307	Proximal interphalangeal joint of finger
XA1DN6	Proximal interphalangeal joint of index finger
XA3NW6	Proximal interphalangeal joint of middle finger
XA0BF5	Proximal interphalangeal joint of ring finger
XA4175	Proximal interphalangeal joint of little finger
XA4U75	Distal interphalangeal joint of finger
XA6KB0	Distal interphalangeal joint of index finger
XA15C8	Distal interphalangeal joint of middle finger
XA0LT5	Distal interphalangeal joint of ring finger
XA1928	Distal interphalangeal joint of little finger
XA4BC2	Ligaments of the upper extremity
XA93X9	Ligament of the shoulder
XA2H23	Acromioclavicular ligament
XA49Z7	Inferior acromioclavicular ligament
XA8RC9	Superior acromioclavicular ligament
XA01C8	Anterior ligament of the shoulder
XA2JQ3	Anterior sternoclavicular ligament
XA8MA3	Coracoacromial ligament
XA9WP5	Coracoclavicular ligament
XA4PU7	Conoid ligament
XA5SJ7	Trapezoid ligament
XA5EW9	Coracohumeral ligament
XA1PK9	Costoclavicular ligament
XA8H81	Glenohumeral ligament
XA5Z24	Glenoidal labrum ligament
XA84L3	Interclavicular ligament
XA3PT9	Posterior sternoclavicular ligament
XA6EG3	Rotator cuff capsule
XA6EE7	Spinoglenoid ligament
XA5MU7	Suprascapular ligament

XA9C92	Transverse humeral ligament
XA5Y12	Ligament of the elbow
XA0JJ8	Annular ligament
XA4S76	Ligament of Struthers
XA16Y4	Posterior ligament of elbow
XA8B40	Quadratus ligament
XA9WJ8	Radial collateral ligament
XA9220	Ulnar collateral ligament
XA6SA0	Interosseous membrane of forearm
XA9Y28	Ligament of the wrist and hand Coded Elsewhere: Radial collateral ligament (XA9WJ8)
XA9MY7	Collateral carpal ligament
XA0K88	Collateral metacarpophalangeal ligament
XA20K5	Dorsal carpometacarpal ligament
XA0PE4	Dorsal intercarpal ligament
XA0WZ1	Dorsal intermetacarpal ligament
XA2PN5	Dorsal metacarpophalangeal ligament
XA7Q52	Dorsal radiocarpal ligament
XA52E8	Interosseous ligament
XA10U4	Palmar aponeurosis
XA1Z72	Pisohamate ligament
XA3VJ3	Pisometacarpal ligament
XA0PY0	Radioulnar ligament
XA4396	Dorsal radioulnar ligament
XA2940	Volar radioulnar ligament
XA3SZ9	Transverse metacarpal ligament
XA3K32	Ulnocarpal ligament
XA1PU7	Volar carpometacarpal ligament
XA47N4	Volar intercarpal ligaments
XA1LF5	Volar intermetacarpal ligament

XA3VN5	Volar metacarpophalangeal ligament
XA0492	Volar radiocarpal ligament
XA5ST4	Joints and ligaments of the lower extremity
XA7L41	Joints of lower extremity
XA4XS4	Hip joint
XA8RL1	Knee joint
XA0LC4	Tibiofemoral joint
XA0VJ4	Patellofemoral joint
XA0LG3	Proximal tibiofibular joint
XA8VV2	Semilunar cartilage
	Coded Elsewhere: Lateral meniscus of knee joint (XA6HQ4) Medial meniscus of knee joint (XA7LB6)
XA27P3	Ankle joint
XA8MM7	Talocrural joint
XA2K81	Distal tibiofibular joint
XA7SZ8	Subtalar joint
XA22T0	Joint of the foot
XA2YS1	Intertarsal joint
	Coded Elsewhere: Subtalar joint (XA7SZ8)
XA4JJ1	Calcaneocuboid joint
XA0WY5	Talocalcaneonavicular joint
XA6NT7	Cuneonavicular joint
XA1N77	Cuboideonavicular joint
XA9SD1	Intercuneiform joint
XA2FA3	Cuneocuboid joint
XA2MY1	Tarsometatarsal joint
XA6FF3	Intermetatarsal joint
XA8XU1	Metatarsophalangeal joint
XA7NJ7	First metatarsophalangeal joint
XA58K5	Second metatarsophalangeal joint
XA2792	Third metatarsophalangeal joint

XA7QC6	Fourth metatarsophalangeal joint
XA5A23	Fifth metatarsophalangeal joint
XA04T7	Interphalangeal joint of the foot
XA87P9	Interphalangeal joint of great toe
XA5573	Proximal interphalangeal joint of the foot
XA56K9	Proximal interphalangeal joint of second toe
XA2QY2	Proximal interphalangeal joint of third toe
XA2R87	Proximal interphalangeal joint of fourth toe
XA1LM0	Proximal interphalangeal joint of fifth toe
XA0RK3	Distal interphalangeal joint of the foot
XA8UM5	Distal interphalangeal joint of second toe
XA43F0	Distal interphalangeal joint of third toe
XA8NU9	Distal interphalangeal joint of fourth toe
XA39U1	Distal interphalangeal joint of fifth toe
XA9Z55	Transverse tarsal joint
XA7U26	Ligaments of the lower extremity
XA1A66	Ligament of the hip
XA1F23	Iliofemoral ligament
XA6KC6	Iliotibial ligament
XA6TZ6	Iliotrochanteric ligament
XA5HX9	Ischiocapsular ligament
XA13S4	Ligamentum teres femoris
XA3GE8	Pubofemoral ligament
XA9J44	Transverse acetabular ligament
XA8P38	Ligament of the knee
XA0ZC8	Anterior cruciate ligament
XA04S7	Coronary ligament
XA4YJ0	Fibular collateral ligament
XA6HQ4	Lateral meniscus of knee joint
XA87R6	Oblique popliteal ligament

XA3772	Patellar ligament
XA4635	Posterior cruciate ligament
XA7LD2	Tibial collateral ligament
XA71L7	Transverse ligament of the knee
XA7LB6	Medial meniscus of knee joint
XA2F70	Ligament of the ankle or foot
XA93X1	Anterior inferior ligament
XA84J2	Anterior talofibular ligament
XA1259	Anterior tibiofibular ligament
XA5EY2	Bifurcated ligament
XA3154	Calcaneofibular ligament
XA59Z4	Collateral ligament of the foot
XA2314	Cuneometatarsal ligament
XA9YS6	Deltoid ligament
XA42X4	Dorsal calcaneocuboid ligament
XA6Q67	Dorsal cuboideonavicular ligament
XA3TS2	Dorsal intermetatarsal ligament
XA8NU3	Dorsal naviculocuneiform ligament
XA86X4	Dorsal talonavicular ligament
XA9E13	Dorsal tarsometatarsal ligament
XA2FV7	Inferior transverse ligament of ankle
XA16V1	Intercuneiform ligament
XA7075	Dorsal intercuneiform ligament
XA5HQ7	Plantar intercuneiform ligament
XA4XJ2	Interosseous talocalcaneal ligament
XA6NS2	Long plantar ligament
XA59U6	Plantar accessory ligament
XA87B0	Plantar aponeurosis
XA4N86	Plantar calcaneocuboid ligament
XA5KN3	Plantar calcaneonavicular ligament

XA2NX5	Plantar cuboideonavicular ligament
XA18T4	Plantar intermetatarsal ligament
XA1747	Plantar naviculocuneiform ligament
XA71L9	Plantar tarsometatarsal ligament
XA2D55	Posterior inferior ligament
XA93E6	Posterior talofibular ligament
XA6RA3	Posterior tibiofibular ligament
XA6546	Talocalcaneal ligament
XA93N5	Anterior talocalcaneal ligament
XA4VX8	Lateral talocalcaneal ligament
XA09E2	Medial talocalcaneal ligament
XA60T4	Posterior talocalcaneal ligament
XA5BX0	Transverse metatarsal ligament
XA2P74	Ligaments and joints of multiple sites

Number of joints

XA4EJ6	Multiple Joints
XA1CK9	Oligoarticular
XA3FU7	Polyarticular
XA02P3	Multiple large joints only Large joints include ankle joint, knee joint, hip joint, elbow joint and shoulder joint.
XA2SK7	Multiple small joints only Small joints include toe joints, finger joints and wrist joint.
XA3BZ3	Both large and small joints
XA5X22	Large joints only with cervical spine or temporomandibular involvement
XA4BF0	Monoarticular

Number of Ligaments

XA5XD5	Multiple ligaments
XA5NN2	Single ligament

Cartilage

XA8YS7	Elastic cartilage
XA8VH7	Fibrous cartilage
XA2686	Hyaline cartilage
XA3NV3	Articular cartilage
XA6958	Costal cartilage

Muscles

XA2JQ8	Muscles of the head and neck
XA2SJ6	Alaeque nasi muscle
XA2QF2	Anterior auricularis muscle
XA3SS4	Aryepiglotticus muscle
XA8GG0	Buccinator muscle
XA0UH6	Constrictor of pharynx - inferior muscle
XA3S80	Constrictor of pharynx - middle muscle
XA9568	Constrictor of pharynx - superior muscle
XA01U4	Corrugator supercilii muscle
XA7W64	Cricothyroid muscle
XA04G0	Depressor anguli oris muscle
XA60C8	Depressor labii inferioris muscle
XA2967	Digastric muscle
XA09D1	Frontalis muscle
XA50R5	Genioglossus muscle
XA5YU7	Geniohyoid muscle
XA5DX5	Hyoglossus muscle
XA3PY5	Hyoid muscle
XA4N79	Inferior oblique muscle
XA1X67	Inferior rectus muscle
XA31C3	Intrinsic muscles of tongue
XA5WQ9	Lateral cricoarytenoid muscle
XA8ZB7	Lateral pterygoid muscle

XA3282	Lateral rectus muscle
XA75X0	Levator anguli oris muscle
XA1490	Levator labii superioris muscle
XA2R46	Levator palpebrae superioris muscle
XA5LP4	Levator veli palatini muscle
XA6YE6	Longus capitis muscle
XA8EM8	Longus colli muscle
XA2VD8	Masseter muscle
XA2DX4	Medial pterygoid muscle
XA95N1	Medial rectus muscle
XA0U25	Mentalis muscle
XA8AR7	Musculus uvulae muscle
XA83A9	Mylohyoid muscle
XA0Y41	Nasalis muscle
XA59J0	Oblique arytenoid muscle
XA8L72	Oblique auricularis muscle
XA6LS5	Obliquus capitis inferior muscle
XA0X13	Obliquus capitis superior muscle
XA4RN7	Omohyoid muscle
XA0ZM1	Orbicularis oculi muscle
XA55R2	Orbicularis oris muscle
XA2U72	Palatoglossus muscle
XA1PG4	Palatopharyngeus muscle
XA17T6	Platysma muscle
XA8C48	Posterior auricularis muscle
XA9RS8	Posterior cricoarytenoid muscle
XA6648	Procerus muscle
XA16A4	Rectus capitis anterior muscle
XA0JK2	Rectus capitis lateralis muscle
XA20Q8	Rectus capitis posterior major muscle

XA80F2	Rectus capitis posterior minor muscle
XA49A7	Risorius muscle
XA81P5	Salpingopharyngeus muscle
XA0JF1	Scalenus anterior muscle
XA6S71	Scalenus medius muscle
XA3TF5	Scalenus minimus muscle
XA35K5	Scalenus posterior muscle
XA58T9	Splenius capitis muscle
XA6095	Splenius cervicis muscle
XA8D61	Stapedius muscle
XA2H61	Sternocleidomastoid muscle
XA5QR5	Sternohyoid muscle
XA9H91	Sternothyroid muscle
XA5L15	Styloglossus muscle
XA1TY3	Stylohyoid muscle
XA9AM5	Stylopharyngeus muscle
XA8SW4	Superior auricularis muscle
XA2X27	Superior oblique muscle
XA51R1	Superior rectus muscle
XA01H9	Temporalis muscle
XA1CQ1	Temporoparietalis muscle
XA42R7	Tensor tympani muscle
XA7LF2	Tensor veli palatini muscle
XA8352	Thyroarytenoid muscle
XA2ZL4	Thyroepiglotticus muscle
XA87S0	Thyrohyoid muscle
XA3856	Transverse arytenoid muscle
XA9AU8	Transverse auricularis muscle
XA0M12	Vocalis muscle
XA37U4	Zygomaticus major muscle

XA2AP2	Zygomaticus minor muscle
XA19W0	Muscle of the thorax
XA2JL0	Diaphragm
XA6RW0	External intercostal muscle
XA3P12	Innermost intercostal muscle
XA1256	Internal intercostal muscle
XA7NL0	Levator costarum muscle
XA1QH6	Pectoralis major muscle
XA0SB2	Pectoralis minor muscle
XA7QL8	Serratus anterior muscle
XA44Y8	Subcostalis muscle
XA3G64	Transversus thoracis muscle
XA8PG5	Muscle of the abdomen
XA3TW8	External oblique abdominis muscle
XA9B36	Internal oblique abdominis muscle
XA43E9	Psoas major muscle
XA7DA1	Psoas minor muscle
XA6AY9	Pyramidalis muscle
XA1GP3	Quadratus lumborum muscle
XA1N65	Rectus abdominis muscle
XA9FR3	Transversus abdominis muscle
XA8Z76	Muscle of the back
XA19S9	Iliocostalis muscle
XA8YU1	Interspinales muscle
XA02Z7	Intertransversarii muscle
XA9AG9	Latissimus dorsi muscle
XA00C1	Levator scapulae muscle
XA6MB7	Longissimus muscle
XA8512	Multifidus muscle
XA25S1	Rhomboid major muscle

XA5GH5	Rhomboid minor muscle
XA76Q0	Rotatores muscle
XA60Q0	Semispinalis muscle
XA4A47	Serratus posterior inferior muscle
XA15B6	Serratus posterior superior muscle
XA0U57	Spinalis muscle
XA7RM2	Teres major muscle
XA86Q8	Trapezius muscle
XA2J71	Muscles of the pelvis and perineum
XA2E07	Bulbospongiosus muscle
XA5FZ1	Cremaster muscle
XA8HG2	Dartos muscle
XA2LG6	Deep transverse perinei muscle
XA3YC6	Iliococcygeus muscle
XA73H8	Ischiocavernosus muscle
XA9T66	Levator ani-coccygeus muscle
XA3HP4	Pubococcygeus muscle
XA7MM8	Puborectalis muscle
XA4RK4	Pubovaginalis muscle
XA3ML6	Sphincter ani muscle
XA8FT0	Sphincter urethrae muscle
XA56U7	Superficial transverse perinei muscle
XA4Z20	Muscles of the upper extremity
XA90T3	Abductor digiti minimi muscle (hand)
XA0Z05	Abductor pollicis brevis muscle
XA7PS1	Abductor pollicis longus muscle
XA54Z7	Adductor pollicis muscle
XA2583	Anconeus muscle
XA0GV5	Articularis cubiti muscle
XA1KL5	Biceps brachii muscle

XA0481	Long head of the biceps brachii muscle
XA3J17	Short head of the biceps brachii muscle
XA6CR7	Brachialis muscle
XA2ZN1	Brachioradialis muscle
XA0TQ5	Coracobrachialis muscle
XA3VN0	Deltoid muscle
XA4U40	Extensor carpi radialis brevis
XA8824	Extensor carpi radialis longus muscle
XA9304	Extensor carpi ulnaris muscle
XA0T60	Extensor digiti minimi muscle (hand)
XA7QU8	Extensor digitorum muscle (hand)
XA1AV6	Extensor indicis muscle
XA4V20	Extensor pollicis brevis muscle
XA0CS4	Extensor pollicis longus muscle
XA0S07	Flexor carpi radialis muscle
XA4HV9	Flexor carpi ulnaris muscle
XA3UK3	Flexor digiti minimi brevis muscle (hand)
XA4Z43	Flexor digitorum profundus muscle
XA1NW3	Flexor digitorum superficialis muscle
XA5QD0	Flexor pollicis brevis muscle
XA3GQ7	Flexor pollicis longus muscle
XA6463	Interossei of the hand muscle
XA2QW3	Dorsal interossei of the hand muscle
XA5055	Palmar interossei of the hand muscle
XA9B77	Lumbricals of hand muscle
XA4RW9	Opponens digiti minimi muscle (hand)
XA0Q73	Opponens pollicis muscle
XA9KL5	Palmaris brevis muscle
XA6P76	Palmaris longus muscle
XA91W0	Pronator quadratus muscle

XA58Z6	Pronator teres muscle
XA3DL4	Rotator cuff muscle
XA7E49	Infraspinatus muscle
XA1QF1	Subscapularis muscle
XA74P3	Supraspinatus muscle
XA3CP1	Teres minor muscle
XA90Z6	Supinator muscle
XA2EB2	Triceps brachii muscle
XA47J0	Muscles of the lower extremity
XA0W07	Abductor digiti minimi muscle (foot)
XA7119	Abductor hallucis muscle
XA8GU7	Adductor brevis muscle
XA0FW7	Adductor hallucis muscle
XA01U3	Adductor longus muscle
XA8HR3	Adductor magnus muscle
XA0DE1	Articularis genu muscle
XA3CB9	Biceps femoris muscle
XA7FZ1	Extensor digitorum brevis muscle (foot)
XA24U7	Extensor digitorum longus muscle (foot)
XA3T27	Extensor hallucis brevis muscle
XA7R67	Extensor hallucis longus muscle
XA20W3	Flexor digiti minimi brevis muscle (foot)
XA97C3	Flexor digitorum brevis muscle
XA23Q3	Flexor digitorum longus muscle (foot)
XA3MB7	Flexor hallucis brevis muscle
XA7E33	Flexor hallucis longus muscle
XA1PK6	Gastrocnemius muscle
XA7PN8	Gemellus inferior muscle
XA0472	Gemellus superior muscle
XA1HH2	Gracilis muscle

XA0200	Iliacus muscle
XA15P6	Interossei - dorsal of foot muscle
XA8TS8	Interossei - plantar of foot muscle
XA7PN0	Lumbricals of foot muscle
XA7Y24	Obturator externus muscle
XA11E8	Obturator internus muscle
XA9E00	Pectineus muscle
XA26M7	Peroneus brevis muscle
XA3P60	Peroneus longus muscle
XA9D52	Peroneus tertius muscle
XA7XS8	Piriformis muscle
XA7W96	Plantaris muscle
XA8CL8	Popliteus muscle
XA41G3	Quadratus plantae muscle
XA1BT5	Quadriceps femoris muscle
XA5447	Rectus femoris muscle
XA5CE3	Sartorius muscle
XA5AM5	Semimembranosus muscle
XA2EK1	Semitendinosus muscle
XA5B83	Soleus muscle
XA02U9	Tibialis anterior muscle
XA3VR3	Tibialis posterior muscle
XA33F6	Vastus intermedius muscle
XA00Z6	Vastus lateralis muscle
XA9RD2	Vastus medialis muscle
XA48F2	Gluteus maximus muscle
XA5VJ8	Gluteus medius muscle
XA7BY4	Gluteus minimus muscle
XA11U3	Tensor fasciae lata muscle

Tendons

XA3PP9	Tendons of the head and neck
XA46A9	Alaeque nasi tendon
XA6J99	Aryepiglotticus tendon
XA8XC7	Auricularis tendon
XA3163	Buccinator tendon
XA6L11	Corrugator supercilii tendon
XA01X1	Cricothyroid tendon
XA28X5	Depressor anguli oris tendon
XA6WZ3	Depressor labii inferioris tendon
XA5S69	Digastric tendon
XA5CP4	Frontalis tendon
XA6BT8	Genioglossus tendon
XA9L90	Geniohyoid tendon
XA8N10	Hyoglossus tendon
XA7EE6	Hyoid tendon
XA3ZA2	Inferior oblique tendon
XA7HT8	Inferior rectus tendon
XA1394	Lateral cricoarytenoid tendon
XA6PK4	Lateral pterygoid tendon
XA3LT8	Lateral rectus tendon
XA7653	Levator anguli oris tendon
XA0YK7	Levator labii superioris tendon
XA61C9	Levator palpebrae superioris tendon
XA7VD7	Levator veli palatini tendon
XA1FR7	Longus capitis tendon
XA0UD3	Longus colli tendon
XA1FB3	Masseter tendon
XA8F95	Medial pterygoid tendon
XA6SG3	Medial rectus tendon

XA7JW2	Mentalis tendon
XA7ZZ8	Mylohyoid tendon
XA7NU6	Nasalis tendon
XA5Q22	Oblique arytenoid tendon
XA8AT8	Obliquus capitis inferior tendon
XA39M0	Obliquus capitis superior tendon
XA2JY6	Omohyoid tendon
XA65X4	Orbicularis oculi tendon
XA0W74	Orbicularis oris tendon
XA6SX4	Palatoglossus tendon
XA6LA2	Palatopharyngeus tendon
XA4758	Platysma tendon
XA0AE2	Posterior cricoarytenoid ligament
XA5HD8	Procerus tendon
XA8CQ6	Rectus capitis anterior tendon
XA4RG2	Rectus capitis lateralis tendon
XA6WL6	Rectus capitis posterior major tendon
XA1XH8	Rectus capitis posterior minor tendon
XA9450	Risorius tendon
XA0SH8	Salpingopharyngeus tendon
XA3XC1	Scalene tendon
XA45L1	scalenus anterior tendon
XA7XV7	scalenus medius tendon
XA7NL5	scalenus minimus tendon
XA9HH7	scalenus posterior tendon
XA39C9	Splenius capitis tendon
XA2HL1	Splenius cervicis tendon
XA8W69	Stapedius tendon
XA70V9	Sternocleidomastoid tendon
XA6S11	Sternohyoid tendon

XA4VX2	Sternothyroid tendon
XA90J0	Styloglossus tendon
XA20E0	Stylohyoid tendon
XA7GV2	Stylopharyngeus tendon
XA5ES8	Superior oblique tendon
XA3ZN4	Superior rectus tendon
XA7D16	Temporalis tendon
XA8BT2	Temporoparietalis tendon
XA5956	Tensor tympani tendon
XA2W44	Tensor veli palatini tendon
XA4ME3	Thyroarytenoid tendon
XA0CT5	Thyroepiglotticus tendon
XA9YC3	Transverse arytenoid tendon
XA4CN7	Vocalis tendon
XA0XQ7	Zygomaticus major tendon
XA0SZ1	Zygomaticus minor tendon
XA3SA1	Tendons of the thorax
XA01T0	Chordae tendineae
XA9N29	Diaphragm tendon
XA5WL5	Intercostals external tendon
XA8FV0	Intercostals innermost tendon
XA92E2	Intercostals internal tendon
XA5R18	Levatores costarum tendon
XA3C70	Pectoralis major tendon
XA40K0	Pectoralis minor tendon
XA91D0	Serratus anterior tendon
XA7J14	Serratus posterior inferior tendon
XA0MH0	Serratus posterior superior tendon
XA8WS6	Subcostalis tendon
XA3XC9	Tendon of Todaro

XA1HX3	Transversus thoracis tendon
XA4797	Tendons of the abdomen
XA0101	External oblique abdominis tendon
XA45G1	Internal oblique abdominis tendon
XA3045	Psoas major tendon
XA7V41	Psoas minor tendon
XA49W5	Pyramidalis tendon
XA34K5	Quadratus lumborum tendon
XA1HT1	Rectus abdominis tendon
XA0V25	Transversus abdominis tendon
XA9Z26	Tendons of the back
XA48X7	Iliocostalis tendon
XA2MX3	Infraspinatus tendon
XA2E69	Interspinales tendon
XA8UU5	Intertransversarii tendon
XA8467	Latissimus dorsi tendon
XA3TD7	Longissimus tendon
XA33T4	Multifidus tendon
XA3P63	Rhomboid major tendon
XA8918	Rhomboid minor tendon
XA16J2	Rotatores tendon
XA3D42	Semispinalis tendon
XA28J9	Spinalis tendon
XA09K4	Teres major tendon
XA42P8	Teres minor tendon
XA9PV0	Trapezius tendon
XA1SN1	Tendons of the pelvis and perineum
XA15H4	Bulbospongiosus tendon
XA45X9	Coccygeus tendon
XA4755	Cremaster tendon

XA2BV5	Dartos tendon
XA2TD5	Deep transverse perinei tendon
XA6QW7	Iliococcygeus tendon
XA7YP5	Ischiocavernosus tendon
XA5JV1	Pubococcygeus tendon
XA66F5	Puborectalis tendon
XA32R3	Pubovaginalis tendon
XA0WU6	Tendons of the upper extremity
XA5AY5	Abductor digiti minimi tendon
XA7YE1	Abductor pollicis brevis tendon
XA0UY5	Abductor pollicis longus tendon
XA9749	Adductor pollicis tendon
XA4HK3	Anconeus tendon
XA8AM4	Biceps brachii tendon
XA2UD9	Long head of biceps brachii tendon
XA0FB1	Short head of biceps brachii tendon
XA9G06	Brachialis tendon
XA3YY6	Brachioradialis tendon
XA83R8	Coracobrachialis tendon
XA0942	Deltoid tendon
XA24P4	Dorsal Interosseous tendon
XA18F0	Extensor carpi radialis brevis tendon
XA1T90	Extensor carpi radialis longus tendon
XA4PY2	Extensor carpi ulnaris tendon
XA4WU2	Extensor digiti minimi tendon
XA5H06	Extensor digitorum tendon
XA4EE2	Extensor indicis tendon
XA5KN6	Extensor pollicis brevis tendon
XA4CG6	Extensor pollicis longus tendon
XA8U10	Extensor tendon

XA8H50	Flexor carpi radialis tendon
XA5CE2	Flexor carpi ulnaris tendon
XA23D8	Flexor digiti minimi tendon
XA0GQ6	Flexor digitorum profundus tendon
XA9526	Flexor digitorum superficialis tendon
XA9Q34	Flexor digitorum tendon
XA1Q82	Flexor pollicis brevis tendon
XA92F7	Flexor pollicis longus tendon
XA5YQ2	Flexor tendon
XA4M25	Interossei tendon
XA1X89	Levator scapulae tendon
XA8TQ1	Lumbrical tendon
XA9KM7	Opponens digiti minimi tendon
XA3W45	Opponens pollicis tendon
XA82E6	Palmar interosseous tendon
XA7B73	Palmaris brevis tendon
XA41L1	Palmaris longus tendon
XA41Z5	Pronator quadratus tendon
XA7EK5	Pronator teres tendon
XA7V30	Subclavius tendon
XA54N6	Subscapularis tendon
XA5EJ6	Supinator tendon
XA5VZ4	Supraspinatus tendon
XA5RS6	Triceps brachii tendon
XA5L93	Tendons of the lower extremity
XA5ZK0	Abductor digiti minimi (foot) tendon
XA14Z8	Abductor hallucis tendon
XA8BK1	Achilles tendon
XA4HF0	Adductor brevis tendon
XA8B14	Adductor hallucis tendon

XA1TK8	Adductor longus tendon
XA8746	Adductor magnus tendon
XA9381	Anterior ligament of the lower extremity
XA7MT0	Articularis genu tendon
XA1MF8	Biceps femoris tendon
XA86H9	Dorsal interossei of foot tendon
XA6230	Extensor digitorum brevis (foot) tendon
XA1ZF4	Extensor digitorum longus (foot) tendon
XA4NZ0	Extensor hallucis brevis tendon
XA5L26	Extensor hallucis longus tendon
XA8X38	Flexor digiti minimi brevis (foot) tendon
XA8GD0	Flexor digitorum brevis tendon
XA3MK8	Flexor digitorum longus (foot) tendon
XA00Z8	Flexor hallucis brevis tendon
XA1MF0	Flexor hallucis longus tendon
XA5LZ0	Gastrocnemius tendon
XA2HX4	Gemellus inferior tendon
XA5M18	Gemellus superior tendon
XA1JL3	Gluteus maximus tendon
XA1387	Gluteus medius tendon
XA4HK9	Gluteus minimus tendon
XA12U3	Gracilis tendon
XA8FT1	Iliacus tendon
XA5DE3	Lumbrical of foot tendon
XA3EE9	Obturator externus tendon
XA2469	Obturator internus tendon
XA07E4	Pectineus tendon
XA3AN0	Peroneus brevis tendon
XA7VY0	Peroneus longus tendon
XA3D16	Peroneus tertius tendon

XA3EU4	Piriformis tendon
XA7L19	Plantar interossei of foot tendon
XA6BZ6	Plantaris tendon
XA4V24	Popliteus tendon
XA1L44	Quadratus plantae tendon
XA9420	Quadriceps femoris tendon
XA4ZG0	Rectus femoris tendon
XA0981	Sartorius tendon
XA4AL5	Semimembranosus tendon
XA7DY9	Semitendinosus tendon
XA7E05	Soleus tendon
XA33Q1	Tensor fasciae lata tendon
XA8SN1	Tibialis anterior tendon
XA7FR7	Tibialis posterior tendon
XA8ST5	Vastus intermedius tendon
XA8CQ5	Vastus lateralis tendon
XA6RK3	Vastus medialis tendon
XA2C51	Enthesis
XA16K5	Bursa
XA12U7	Bursa olecrani
XA7P88	Bursa praepatellaris

Genitourinary system

Urinary system

XA6KU8	Kidney
XA5EP6	Renal capsule
XA35W4	Renal cortex
XA91E4	Renal medulla
XA9Q52	Renal pyramid
XA21J4	Renal pelvis

XA0AC1	Renal calyces
XA6N83	Major calyx
XA8XL0	Minor calyx
XA7NQ9	Ureteropelvic junction
XA4UD2	Renal hilum
XA40R2	Glomerulus
XA8AN8	Nephron
XA2364	Renal tubule
XA7156	Ureter <i>Coded Elsewhere:</i> Ureteropelvic junction (XA7NQ9)
XA9L57	Ureterovesical orifice
XA77K2	Urinary bladder <i>Coded Elsewhere:</i> Urachus (XA1NC2) Ureterovesical orifice (XA9L57)
XA2PT2	Dome of bladder
XA0R03	Bladder wall <i>Coded Elsewhere:</i> Trigone of bladder (XA6KF2)
XA3JA5	Lateral wall of bladder
XA4UM5	Anterior wall of bladder
XA2562	Posterior wall of bladder
XA6SR9	Superior wall of bladder
XA6KF2	Trigone of bladder
XA4P63	Ureteric orifice
XA8KN5	Internal urethral orifice
XA0VZ5	Bladder neck
XA5TA5	Urethra
XA33M0	Internal urethral sphincter
XA75T3	Membranous urethra
XA7869	Prostatic urethra
XA4DF2	External urethral sphincter
XA8EW9	Penile urethra

XA4NU9	External urethral meatus
XA4V93	Urinary tract, not elsewhere classified
XA34X0	Lower urinary tract
XA6RS6	Upper urinary tract

Reproductive system

XA75A2	Male genital organs
	<i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> Pampiniform plexus (XA05M3)
XA8PQ1	Vas deferens

XA0MJ1	Seminal vesicle
XA63E5	Prostate gland
XA2GU7	Female genital organs
	<i>Coded Elsewhere:</i> Placenta (XA90F8)
XA78U5	Vulva
	<i>Coded Elsewhere:</i> Mons pubis (XA10Z0)
XA11L9	Labia of vulva
XA59G9	Labium majus
XA0MU9	Labium minus
	<i>Coded Elsewhere:</i> Posterior fourchette of vulva (XA0565)
XA4851	Clitoris
XA3C45	Clitoral hood
XA1A52	Vulval vestibule
	<i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> Amnion (XA8XR0)
	Isthmus uteri (XA7F09)
	Fundus of uterus (XA3V49)
XA8QA8	Endometrium
XA9DM0	Endometrial gland
XA3FR4	Endometrial stroma
XA2LU5	Myometrium

XA9HG1	Parametrium Coded Elsewhere: Uterine ligament (XA4T57) Uterosacral ligament (XA2NB2)
XA3QZ2	Uterine cavity
XA7F09	Isthmus uteri
XA5WW1	Cervix uteri
XA3Z33	Internal os
XA7Z73	Cervical canal
XA0KR7	Connective and other soft tissues of uterus
XA1QK0	Ovary
XA6FA5	Cortex of ovary
XA44X6	Medulla of ovary
XA7E69	Uterine adnexa Coded Elsewhere: Broad ligament of the uterus (XA0EJ9) Round ligament of uterus (XA23X3) Parametrium (XA9HG1) Ovary (XA1QK0)
XA3EF0	Fallopian tube
XA1MQ5	Embryological structures
XA7A99	Developmental tissue
XA7TJ5	Ectoderm
XA3HM5	Endoderm
XA3D33	Mesoderm
XA3NA0	Embryo
XA23B0	Fetus
XA85H6	Fetal membranes
XA7MU1	Amniotic sac
XA8XR0	Amnion
XA66R5	Chorion
XA33K4	Amniotic fluid
XA9YJ5	Allantois
XA0SH3	Thyroglossal duct

XA1NC2	Urachus
XA3L42	Umbilical cord
XA90F8	Placenta
	Coded Elsewhere: Fetal membranes (XA85H6)

Surface topography

XA1RS6	Head and neck
XA20Q1	Head
	Coded Elsewhere: External Ear (XA6ZY6) Mouth (XA8182)
XA6CW5	Scalp
XA0WK0	Frontal scalp
XA0WG9	Frontal scalp margin
XA9DZ0	Temporal scalp
XA26C1	Temporal scalp margin
XA4W34	Parietal scalp
XA7JE5	Occipital scalp
XA3EK3	Occipital scalp margin
XA5BY6	Vertex of scalp
XA6AL1	Scalp margin
	Coded Elsewhere: Frontal scalp margin (XA0WG9) Occipital scalp margin (XA3EK3) Temporal scalp margin (XA26C1)
XA93S9	Parietal scalp margin
XA86S4	Face
XA6TR8	Forehead
XA9SG2	Central forehead
XA1UW4	Paramedian forehead That part of the forehead between the central and lateral forehead extending up from the superior border of the eyebrow to the frontal scalp margin.
XA1Z38	Lateral forehead
XA90D8	Glabella

XA9T94	Temple
XA29E7	Orbital region
	Coded Elsewhere: Eyelid and ocular surface (XA17K1) Orbit (XA2WJ9)
XA0SB3	Periorbital region
XA5WP1	Supraorbital region
XA1LZ5	Eyebrow
XA6TV2	Infraorbital region
XA7MK8	Cheek
XA5KE9	Upper cheek
XA0M67	Malar region
XA57N0	Malar eminence
XA6C41	Central cheek
XA3ZL3	Paranasal region
XA7207	Lower cheek
XA0SU2	Preauricular region
XA8KA2	Mandibular region
XA3H13	Nose
	Coded Elsewhere: Skin of nose (XA04T9)
XA0LR7	Root of nose
XA5YP3	Dorsum of nose
XA3057	Supratip of nose
XA9JN5	Lateral side wall of nose
XA56T3	Tip of nose
XA3ZG3	Infratip lobule of nose
XA32Q9	Ala nasi
XA5ED7	Alar groove
XA7LG9	Alar rim
XA2TK5	Side wall of ala nasi
XA1B05	Nostril
XA4S17	Columella

XA9YZ7	Sill of nostril
XA5A87	Oral region
XA1A48	Perioral region
XA8JD4	Lip
XA7VQ4	Upper lip
	Coded Elsewhere: Labial mucosa of upper lip (XA9072)
XA0K68	External upper lip
XA5LY8	Philtrum
XA5163	Nasolabial fold
XA8RK1	Vermilion border of upper lip
XA75S0	Vermilion of upper lip
XA1EF8	Labial commissure
XA15W6	Lower lip
	Coded Elsewhere: Labial mucosa of lower lip (XA72W2)
XA5VD0	External lower lip
XA9TK2	Vermilion border of lower lip
XA7H02	Vermilion of lower lip
XA1BP2	Inner aspect of lip
XA3141	Frenulum of lip
XA3K27	External lip
XA2C62	Chin
XA04T9	Skin of nose
XA7AA6	Neck
XA4QS6	Front of neck
XA1NS6	Anterior triangle of neck
XA5TZ1	Submental region
XA0MP5	Submandibular region
XA8RA2	Suprasternal notch
XA9DQ5	Supraclavicular region
XA2ZF0	Side of neck
XA45K8	Posterior triangle of neck

XA1M78	Nape of neck
XA3FR3	Trunk
XA4QH7	Upper trunk
	<i>Coded Elsewhere:</i> 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 (XA59I0)
	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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Black adenoma Pigmented adenoma
XH9356	Alveolar adenoma
XH60D1	Basal cell adenoma
XH3AH8	Basophil adenoma <i>Inclusions:</i> Mucoid cell adenoma
XH6KR6	Bile duct adenoma <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Follicular adenoma, NOS
XH5SM2	Follicular adenoma, oxyphilic cell
XH6AF9	Glandular intraepithelial neoplasia, low grade <i>Inclusions:</i> Glandular intraepithelial neoplasia, grade I Glandular intraepithelial neoplasia, grade II
XH3BK2	Glandular papilloma
XH6PG8	Hurthle cell adenoma
XH5X53	Hurthle cell tumour
XH6M13	Juxtaglomerular tumour <i>Inclusions:</i> Reninoma
XH0W31	Lactating adenoma
XH8P28	Lipoadenoma <i>Inclusions:</i> Adenolipoma
XH68V1	Liver cell adenoma <i>Inclusions:</i> Hepatoma, benign Hepatocellular adenoma

XH19E3	Macrofollicular adenoma <i>Inclusions:</i> 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 <i>Inclusions:</i> Oncocytic adenoma Oncocytoma
XH0BF2	Pancreatobiliary neoplasm, non-invasive <i>Inclusions:</i> 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 <i>Inclusions:</i> Tubulo-papillary adenoma
XH1QS0	Lactotroph adenoma
XH5903	Serrated adenoma <i>Inclusions:</i> 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 <i>Inclusions:</i> 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
	<i>Inclusions:</i> Villoglandular adenoma
XH94U0	Pituitary adenoma, NOS
XH26P7	Spindle cell oncocytoma
XH52F6	Adrenal cortical adenoma, NOS
XH6ZD0	Endometrioid adenoma, NOS
	<i>Inclusions:</i> Endometrioid cystadenoma, NOS
XH1CX5	Endometrioid adenofibroma, NOS
	<i>Inclusions:</i> Endometrioid cystadenofibroma, NOS
XH2H83	Microfollicular adenoma, NOS
	<i>Inclusions:</i> 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 <i>Inclusions:</i> Biliary intraepithelial neoplasia, grade 3 (BillIN-3)
XH7Y32	Cribriform carcinoma in situ <i>Inclusions:</i> Ductal carcinoma in situ, cribriform type
XH0557	Ductal carcinoma in situ, solid type <i>Inclusions:</i> Intraductal carcinoma, solid type
XH36M5	Oesophageal glandular dysplasia (intraepithelial neoplasia), high grade <i>Inclusions:</i> Oesophageal intraepithelial neoplasia, high grade
XH5161	Flat intraepithelial glandular neoplasia, high grade <i>Inclusions:</i> Flat intraepithelial neoplasia (dysplasia), high grade
XH28N7	Glandular intraepithelial neoplasia, high grade <i>Inclusions:</i> Flat intraepithelial neoplasia, high grade Glandular intraepithelial neoplasia, grade III
XH26M2	Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia <i>Inclusions:</i> Noninvasive pancreatobiliary papillary neoplasm with high grade dysplasia Noninvasive pancreatobiliary papillary neoplasm with high grade intraepithelial neoplasia
XH5C49	Prostatic intraepithelial neoplasia, grade III <i>Inclusions:</i> 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 <i>Inclusions:</i> Atypical hyperplasia of the endometrium

Adenocarcinomas, malignant

XH2QZ6	Acidophil carcinoma <i>Inclusions:</i> Eosinophil adenocarcinoma Acidophil adenocarcinoma Eosinophil carcinoma
XH5LA4	Adenocarcinoid tumour
XH74S1	Adenocarcinoma, NOS
XH7QZ0	Adenocarcinoma in adenomatous polyp <i>Inclusions:</i> 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 <i>Inclusions:</i> Adenocarcinoma of anal ducts
XH2ZQ0	Adenocarcinoma with mixed subtypes <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Alveolar carcinoma
XH05V6	Renal cell carcinoma, NOS <i>Inclusions:</i> Renal cell adenocarcinoma
XH3Z08	Renal cell carcinoma, unclassified <i>Inclusions:</i> 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 <i>Inclusions:</i> Adrenal cortical adenocarcinoma
XH0SD2	Endometrioid adenocarcinoma, NOS <i>Inclusions:</i> Endometrioid carcinoma, NOS
XH51K1	Neuroendocrine tumour, grade 2
XH09B7	Endometrioid cystadenocarcinoma
XH6KR7	Endometrioid adenofibroma, malignant <i>Inclusions:</i> Endometrioid cystadenofibroma, malignant
XH0GS9	Adenocarcinoma, endocervical type <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Bronchiolo-alveolar carcinoma, Clara cell Bronchiolo-alveolar carcinoma, type II pneumocyte
XH6LF9	Carcinoma simplex
XH0XL5	Carcinoma, diffuse type <i>Inclusions:</i> Adenocarcinoma, diffuse type

XH7M15	Cholangiocarcinoma <i>Inclusions:</i> Bile duct adenocarcinoma Bile duct carcinoma
XH7SS7	Chromophobe carcinoma <i>Inclusions:</i> Chromophobe adenocarcinoma
XH2Q13	Clear cell adenocarcinofibroma <i>Inclusions:</i> Clear cell cystadenocarcinofibroma
XH6YS0	Clear cell adenocarcinoma, mesonephroid
XH4SQ4	Collecting duct carcinoma <i>Inclusions:</i> Bellini duct carcinoma Renal carcinoma, collecting duct type
XH7QJ6	Combined hepatocellular carcinoma and cholangiocarcinoma <i>Inclusions:</i> 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 <i>Inclusions:</i> Follicular carcinoma, moderately differentiated
XH0VD1	Follicular adenocarcinoma, trabecular <i>Inclusions:</i> Follicular carcinoma, trabecular
XH8FK7	Follicular adenocarcinoma, well differentiated <i>Inclusions:</i> Follicular carcinoma, well differentiated
XH3DN7	Follicular carcinoma, minimally invasive
XH90N9	Follicular carcinoma, oxyphilic cell
XH3XT5	Glycogen-rich carcinoma <i>Inclusions:</i> Glycogen-rich clear cell carcinoma
XH4262	Goblet cell carcinoid <i>Inclusions:</i> Mucinous carcinoid
XH2EH4	Granular cell carcinoma <i>Inclusions:</i> Granular cell adenocarcinoma
XH4T58	Hepatocellular carcinoma, clear cell type

XH9Q35	Hepatocellular carcinoma, fibrolamellar
XH0G90	Hepatocellular carcinoma, pleomorphic type
XH5761	Hepatocellular carcinoma, scirrhous <i>Inclusions:</i> Sclerosing hepatic carcinoma
XH3T17	Hepatocellular carcinoma, spindle cell variant <i>Inclusions:</i> Hepatocellular carcinoma, sarcomatoid
XH6YH5	Hurthle cell adenocarcinoma
XH8MQ3	Hurthle cell carcinoma
XH8WM4	Linitis plastica
XH6TK0	Lipid-rich carcinoma
XH81N8	Merkel cell carcinoma <i>Inclusions:</i> Primary cutaneous neuroendocrine carcinoma
XH7019	Mixed acidophil-basophil carcinoma
XH8EZ3	Mixed acinar-endocrine carcinoma
XH74Y9	Mixed acinar-endocrine-ductal carcinoma
XH6H10	Mixed adenoneuroendocrine carcinoma <i>Inclusions:</i> 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 <i>Inclusions:</i> Nonencapsulated sclerosing adenocarcinoma

XH09D6	Oxyphilic adenocarcinoma <i>Inclusions:</i> Oncocytic adenocarcinoma Oncocytic carcinoma
XH3614	Islet cell adenocarcinoma
XH3709	Pancreatic neuroendocrine tumor, nonfunctioning
XH6XY9	Pancreatobiliary-type carcinoma <i>Inclusions:</i> Adenocarcinoma, pancreatobiliary type
XH1ND9	Papillary carcinoma of thyroid
XH85E5	Papillary carcinoma, columnar cell <i>Inclusions:</i> Papillary carcinoma, tall cell
XH0426	Papillary carcinoma, diffuse sclerosing
XH0Q59	Papillary carcinoma, encapsulated, of thyroid
XH29M4	Papillary carcinoma, follicular variant <i>Inclusions:</i> 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 <i>Inclusions:</i> Tubulopapillary adenocarcinoma
XH1JZ0	Parietal cell carcinoma <i>Inclusions:</i> Parietal cell adenocarcinoma
XH6153	Renal cell carcinoma, chromophobe type <i>Inclusions:</i> Chromophobe cell renal carcinoma
XH9DH7	Renal cell carcinoma, sarcomatoid <i>Inclusions:</i> Renal cell carcinoma, spindle cell
XH4FS4	Scirrhous adenocarcinoma <i>Inclusions:</i> Carcinoma with productive fibrosis Scirrhous carcinoma
XH34G3	Solid carcinoma with mucin formation
XH0JE3	Superficial spreading adenocarcinoma

XH7EX3	Trabecular adenocarcinoma <i>Inclusions:</i> Trabecular carcinoma
XH4TA4	Tubular adenocarcinoma <i>Inclusions:</i> Tubular carcinoma
XH1Z69	Typical carcinoid
XH22Z8	Carcinoma of Skene, Cowper and Littre Glands
XH0X20	Villous adenocarcinoma
XH0A57	Water-clear cell adenocarcinoma <i>Inclusions:</i> Water-clear cell carcinoma
XH8UE4	Adenocarcinoma, metastatic, NOS
XH4ZC3	Basal cell carcinoma of the prostate
XH4W48	Hepatocellular carcinoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Ductal carcinoma, cribriform type
XH4YG1	Cribriform comedo-type carcinoma <i>Inclusions:</i> 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
	<i>Inclusions:</i> Eccrine spiradenoma
XH4YU8	Follicular fibroma
	<i>Inclusions:</i> Fibrofolliculoma
	Perifollicular fibroma
	Trichodiscoma
XH7NR3	Hidrocystoma
XH4MV7	Hidradenoma, NOS
XH4DX4	Papillary hidradenoma
	<i>Inclusions:</i> Hidradenoma papilliferum
XH1PY0	Syringocystadenoma papilliferum
XH96Q5	Skin appendage adenoma
XH3U61	Sweat gland adenoma
	<i>Inclusions:</i> Syringadenoma, NOS
XH06Y5	Syringofibroadenoma
XH6325	Syringoma, NOS
XH9GB7	Syringomatous tumour of nipple
	<i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Sweat gland carcinoma
XH4VR2	Sebaceous carcinoma
XH8NE4	Eccrine adenocarcinoma
XH6Z69	Ceruminous adenocarcinoma <i>Inclusions:</i> 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 **Pilomatrixoma, 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 <i>Inclusions:</i> Rodent ulcer Basal cell epithelioma
XH4C18	Basosquamous carcinoma <i>Inclusions:</i> Mixed basal-squamous cell carcinoma
XH5VK4	Infiltrating basal cell carcinoma, NOS
XH0T12	Infiltrating basal cell carcinoma, non-sclerosing
XH67Y4	Infiltrating basal cell carcinoma, sclerosing <i>Inclusions:</i> Basal cell carcinoma, desmoplastic type Basal cell carcinoma, morpheic
XH9E93	Metatypical carcinoma
XH5NL6	Superficial basal cell carcinoma <i>Inclusions:</i> Multicentric basal cell carcinoma
XH2HE7	Pigmented basal cell carcinoma
XH9K96	Trichilemmocarcinoma <i>Inclusions:</i> Trichilemmal carcinoma
XH9G49	Pilomatrical carcinoma <i>Inclusions:</i> Matrical carcinoma Pilomatricoma, malignant Pilomatrixoma, malignant Pilomatrix carcinoma
XH6S67	Basal cell carcinoma with adnexal differentiation
XH3DL9	Trichoblastic carcinoma
XH8324	Trichoblastic carcinosarcoma
XH1JH6	Basal cell carcinoma, sarcomatoid

Basal cell neoplasms, uncertain whether benign or malignant

XH8189	Basal cell tumour
XH7WJ7	Proliferating trichilemmal cyst

Blood vessel tumours

Coded Elsewhere: Haemangiopericytic meningioma (XH7050)

Blood vessel tumours, benign

XH3U29	Capillary haemangioma
XH1GU2	Cavernous haemangioma
XH10T4	Epithelioid haemangioma A benign neoplasm most commonly affecting the skin and characterised by local proliferation of vascular channels. Affected individuals typically present with a cluster of small, translucent nodules on the head and neck, particularly around the ear or the hairline. The neoplasm may rarely arise in oral mucosa or in internal organs.
XH0LN3	Haemangioendothelioma, benign
XH0553	Intramuscular haemangioma <i>Inclusions:</i> Intramuscular angioma
XH2HR3	Racemose haemangioma
XH4NS3	Venous haemangioma
XH5AW4	Haemangioma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Spindle cell angioendothelioma
XH26F6	Pseudomyogenic (epithelioid sarcoma-like) haemangioendothelioma
XH64U8	Retiform haemangioendothelioma
XH8D24	Composite haemangioendothelioma
XH2L98	Haemangioendothelioma, NOS <i>Inclusions:</i> Angioendothelioma
XH6810	Haemangioblastoma <i>Inclusions:</i> Angioblastoma

Complex epithelial neoplasms

Complex epithelial neoplasms, benign

XH9ZB2	Adenolymphoma <i>Inclusions:</i> Papillary cystadenoma lymphomatosum
XH1TX5	Mixed squamous cell and glandular papilloma
XH7J33	Lymphadenoma

Complex epithelial neoplasms, malignant

XH2PY4	Adenocarcinoma with squamous metaplasia <i>Inclusions:</i> Adenoacanthoma
XH7873	Adenosquamous carcinoma <i>Inclusions:</i> 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 <i>Inclusions:</i> Carcinoma with apocrine metaplasia
XH4T39	Adenocarcinoma with neuroendocrine differentiation
XH0RD4	Metaplastic carcinoma, NOS
XH7MV6	Hepatoid adenocarcinoma <i>Inclusions:</i> Hepatoid carcinoma
XH95Y6	Squamoid eccrine ductal carcinoma
XH8XD1	Endometrioid carcinoma with squamous differentiation

Complex mixed and stromal neoplasms

Complex mixed and stromal neoplasms, benign

XH4ZH4	Adenomyoma
XH7ZB1	Atypical polypoid adenomyoma

XH6YS4	Benign cystic nephroma
XH70N8	Chondroid syringoma
XH8C13	Endometrial stromal nodule
XH3SR2	Ossifying renal tumour
XH2KC1	Pleomorphic adenoma
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> Endometrioid stromal sarcoma, high grade

XH1S94	Endometrial stromal sarcoma, low grade <i>Inclusions:</i> 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. <i>Inclusions:</i> Embryonal hepatoma Hepatoblastoma, NOS
XH0765	Clear cell sarcoma of kidney
XH64D5	Malignant chondroid syringoma
XH9M31	Malignant cystic nephroma <i>Inclusions:</i> Malignant multilocular cystic nephroma
XH3RF3	Rhabdoid tumor, NOS
XH0Y65	Mesodermal mixed tumour
XH7ZJ9	Mullerian mixed tumour
XH27L5	Pancreatoblastoma
XH2FY9	Pleuropulmonary blastoma
XH5VH1	Pulmonary blastoma <i>Inclusions:</i> Pneumoblastoma
XH1TK5	Endometrial stromal sarcoma, NOS <i>Inclusions:</i> Endometrial sarcoma, NOS
XH49Y5	Stromal sarcoma, NOS
XH0V86	Mixed tumour, malignant, NOS
XH5QN3	Nephroblastoma, NOS <i>Inclusions:</i> Nephroma, NOS
XH0H07	Hepatoblastoma, epithelioid
XH33R5	Hepatoblastoma, mixed epithelial-mesenchymal
XH2W45	Carcinosarcoma, NOS

XH7TL5	Adenomyoepithelioma with carcinoma <i>Inclusions:</i> Malignant adenomyoepithelioma
XH3B27	Phosphaturic mesenchymal tumour, malignant
XH43E6	Myoepithelial carcinoma
XH9N95	Mesenchymoma, malignant <i>Inclusions:</i> 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 <i>Inclusions:</i> Intraductal papillary-mucinous neoplasm with low grade dysplasia
XH8ML6	Intraductal papillary-mucinous tumour with moderate dysplasia <i>Inclusions:</i> Intraductal papillary-mucinous neoplasm with moderate dysplasia
XH0556	Serous microcystic adenoma
XH38C4	Serous surface papilloma
XH5RJ2	Cystadenoma, NOS <i>Inclusions:</i> 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
	<i>Inclusions:</i> Papilocystic 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
	<i>Inclusions:</i> 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 <i>Inclusions:</i> Seromucinous tumour, atypical proliferative
XH3ZK9	Serous borderline tumour, NOS
XH3FD4	Solid pseudopapillary tumor of ovary <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Infiltrating papillary adenocarcinoma Infiltrating and papillary adenocarcinoma
XH8KR8	Papillary carcinoma of the breast
XH90W1	Intraductal papillary neoplasm with associated invasive carcinoma <i>Inclusions:</i> Intracystic papillary neoplasm with associated invasive carcinoma
XH0GT6	Encapsulated papillary carcinoma with invasion <i>Inclusions:</i> Encysted papillary carcinoma with invasion Intracystic papillary carcinoma with invasion
XH9C56	Invasive micropapillary carcinoma of breast <i>Inclusions:</i> Micropapillary carcinoma of breast
XH1XB5	Solid papillary carcinoma with invasion
XH2YP5	Medullary carcinoma, NOS

XH9B99	Medullary-like carcinoma
XH2XR3	Lobular carcinoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Inflammatory adenocarcinoma
XH3E21	Paget disease, mammary <i>Inclusions:</i> 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
	<i>Inclusions:</i> Intraepithelial carcinoma, NOS

Epithelial neoplasms, malignant

XH56X7	Carcinoma with osteoclast-like giant cells
XH63D2	Carcinoma, NOS
	<i>Inclusions:</i> 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 <i>Inclusions:</i> Sarcomatoid carcinoma
XH1YN3	Carcinoma, metastatic, NOS
XH8D74	Carcinomatosis
XH4P61	Epithelioma, malignant <i>Inclusions:</i> Epithelioma, NOS
XH45J4	Large cell carcinoma, NOS
XH1YY4	Carcinoma, undifferentiated, NOS
XH57U9	Carcinoma, anaplastic, NOS
XH2855	Nuclear protein in testis (NUT) associated carcinoma <i>Inclusions:</i> NUT midline carcinoma NUT carcinoma
XH3RZ4	Spindle cell carcinoma, NOS
XH0YB0	Small cell carcinoma, NOS <i>Inclusions:</i> Round cell carcinoma Reserve cell carcinoma
XH9SY0	Small cell neuroendocrine carcinoma <i>Inclusions:</i> 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 <i>Inclusions:</i> 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
	<i>Inclusions:</i> Cystosarcoma phyllodes, benign
XH4RU1	Giant fibroadenoma
XH70H4	Juvenile fibroadenoma
XH5853	Lipofibroadenoma
XH7ZU2	Metanephric adenofibroma

Fibroepithelial neoplasms, malignant

XH6NJ7	Brenner tumour, malignant
XH7284	Mucinous adenocarcinofibroma <i>Inclusions:</i> Malignant mucinous adenofibroma
XH75P5	Periductal stromal tumour, low grade
XH9JC2	Serous adenocarcinofibroma <i>Inclusions:</i> Malignant serous adenofibroma
XH6PQ0	Serous cystadenocarcinofibroma <i>Inclusions:</i> Malignant serous cystadenofibroma
XH0WW5	Mucinous cystadenocarcinofibroma <i>Inclusions:</i> Malignant mucinous cystadenofibroma
XH8HJ7	Phyllodes tumour, malignant <i>Inclusions:</i> Cystosarcoma phyllodes, malignant

Fibroepithelial neoplasms, uncertain whether benign or malignant

XH2CH8	Brenner tumour, borderline malignancy <i>Inclusions:</i> Borderline Brenner tumour Brenner tumour, atypical proliferative
XH7AR7	Mucinous adenofibroma of borderline malignancy
XH2YZ1	Mucinous cystadenofibroma of borderline malignancy
XH5NK4	Phyllodes tumour, borderline <i>Inclusions:</i> 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 histiocyoma <i>Inclusions:</i> Fibroxanthoma, NOS Xanthofibroma Fibrous histiocyoma, NOS Benign fibrous histiocyoma, NOS
XH3BQ8	Elastofibroma
XH2MW3	Fascial fibroma
XH5XQ3	Fibromyxoma <i>Inclusions:</i> 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	Histiocyoma, NOS
XH8B90	Dermatofibroma, NOS <i>Inclusions:</i> Subepidermal nodular fibrosis Dermatofibroma lenticulare Cutaneous histiocyoma, NOS
XH7436	Sclerosing pneumocytoma
XH5DP4	Deep histiocyoma
XH9VG1	Juvenile histiocyoma

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 <i>Inclusions:</i> 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
	<i>Inclusions:</i> Abdominal desmoid Mesenteric fibromatosis Retroperitoneal fibromatosis
XH13Z3	Aggressive fibromatosis
	<i>Inclusions:</i> Invasive fibroma Extra-abdominal desmoid Desmoid tumour, NOS Desmoid, NOS
XH1RM7	Atypical fibrous histiocytoma
	<i>Inclusions:</i> Atypical fibroxanthoma
XH9HH5	Cellular fibroma
XH5MH2	Congenital generalised fibromatosis
	<i>Inclusions:</i> Infantile myofibromatosis
XH85R1	Myofibroblastic tumour, peribronchial
XH1N00	Myofibromatosis
XH2D15	Myxoinflammatory fibroblastic sarcoma
XH0TA8	Atypical myxoinflammatory fibroblastic tumour
XH9526	Haemosiderotic fibrolipomatous tumour
XH75J5	Palmar/plantar type fibromatosis
XH7E62	Solitary fibrous tumour, NOS
XH1EH1	Solitary fibrous tumour/Haemangiopericytoma, grade 2
XH66Z0	Myofibroblastic tumour, NOS
XH6YK5	Desmoplastic fibroma
XH4QZ8	Dermatofibrosarcoma protuberans, NOS
XH5CT4	Pigmented dermatofibrosarcoma protuberans
XH9AV8	Giant cell fibroblastoma
XH4GL1	Plexiform fibrohistiocytic tumour
XH9362	Angiomatoid fibrous histiocytoma
XH7050	Haemangiopericytic meningioma

Germ cell neoplasms

Germ cell neoplasms, benign

XH3GV5	Teratoma, benign
XH9F67	Dermoid cyst, NOS <i>Inclusions:</i> Dermoid, NOS
XH52Q4	Teratoma, prepubertal type <i>Inclusions:</i> Teratoma, mature, prepubertal type
XH22M4	Struma ovarii, NOS

Germ cell neoplasms, in situ

XH8AD3	Intratubular malignant germ cells <i>Inclusions:</i> 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 <i>Inclusions:</i> Malignant teratoma, anaplastic
XH9Z28	Polyembryoma <i>Inclusions:</i> Embryonal carcinoma, polyembryonal type
XH6YQ4	Seminoma, anaplastic <i>Inclusions:</i> Seminoma with high mitotic index
XH80D1	Spermatocytic seminoma <i>Inclusions:</i> Spermatocytic tumour Spermatocytoma
XH56W1	Teratocarcinoma <i>Inclusions:</i> Mixed embryonal carcinoma and teratoma

XH09W7	Yolk sac tumour <i>Inclusions:</i> Orchioblastoma Embryonal carcinoma, infantile Yolk sac tumor, NOS
XH9FM4	Seminoma, NOS
XH8MB9	Embryonal carcinoma, NOS <i>Inclusions:</i> Embryonal adenocarcinoma
XH15X1	Yolk sac tumour, post pubertal type
XH7YZ9	Teratoma, malignant, NOS <i>Inclusions:</i> Embryonal teratoma Teratoblastoma, malignant
XH43T4	Malignant teratoma, intermediate
XH33E8	Teratoma with malignant transformation <i>Inclusions:</i> 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 <i>Inclusions:</i> Gonocytoma
XH83G5	Teratoma, NOS <i>Inclusions:</i> Solid teratoma
XH4NU1	Germ cell tumour, regressed
XH5MG2	Immature teratoma of the lung
XH2KP9	Immature teratoma of the thymus
XH2XW3	Strumal carcinoid <i>Inclusions:</i> Struma ovarii and carcinoid
XH5PC3	Immature teratoma of thyroid

Giant cell tumours

Giant cell tumours, benign

XH6911 **Tenosynovial giant cell tumour, localised**
Inclusions: Fibrous histiocytoma of tendon sheath

XH0HZ1 **Tenosynovial giant cell tumour, NOS**

Giant cell tumours, malignant

XH0492 **Giant cell tumour of bone, malignant**
Inclusions: Giant cell sarcoma of bone
 Osteoclastoma, malignant

XH84X1 **Malignant giant cell tumour of soft parts**

Giant cell tumours, uncertain whether benign or malignant

XH4TC2 **Giant cell tumour of bone, NOS**
Inclusions: Osteoclastoma, NOS

XH81M1 **Giant cell tumour of soft parts, NOS**

XH52J9 **Tenosynovial giant cell tumour, diffuse**
Inclusions: Pigmented villonodular synovitis

XH5AQ9 **Malignant tenosynovial giant cell tumour**

Gliomas

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

Gliomas, benign

XH0RF9 **Choroid plexus papilloma, NOS**

XH0H76 **Dysembryoplastic neuroepithelial tumour**

XH1Q28 **Sellar ependymoma**

Gliomas, malignant

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

XH1DC5 **Astroblastoma**

XH96C7	Astrocytoma, anaplastic <i>Inclusions:</i> Astrocytoma, anaplastic, NOS
XH1S63	Astrocytoma, low grade
XH54D9	Cellular ependymoma
XH3M77	Choroid plexus carcinoma <i>Inclusions:</i> Choroid plexus papilloma, malignant Choroid plexus papilloma, anaplastic
XH6E51	Clear cell ependymoma
XH8W32	Diffuse astrocytoma <i>Inclusions:</i> Diffuse astrocytoma, NOS
XH6UY7	Diffuse astrocytoma, low grade
XH6922	Ependymoma, anaplastic <i>Inclusions:</i> Ependymoblastoma
XH6C35	Fibrillary astrocytoma <i>Inclusions:</i> Fibrous astrocytoma
XH5Y81	Gemistocytic astrocytoma <i>Inclusions:</i> Gemistocytoma Gemistocytic astrocytoma, NOS
XH4RQ3	Glioma, malignant <i>Inclusions:</i> Glioma, NOS
XH6ZH4	Gliomatosis cerebri
XH9RC8	Gliosarcoma <i>Inclusions:</i> Glioblastoma with sarcomatous component
XH6F49	Oligoastrocytoma, NOS
XH9J28	Papillary ependymoma
XH99U2	Pleomorphic xanthoastrocytoma <i>Inclusions:</i> 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 <i>Inclusions:</i> Epithelial ependymoma
XH2AY7	Ependymoma, RELA fusion-positive
XH6PH6	Astrocytoma, NOS <i>Inclusions:</i> Astroglioma Astrocytic glioma
XH36Y8	Cystic astrocytoma
XH2HK4	Diffuse astrocytoma, IDH-mutant
XH7HQ6	Astrocytoma, anaplastic, IDH-mutant
XH83Y5	Polar spongioblastoma <i>Inclusions:</i> Spongioblastoma polare Primitive polar spongioblastoma
XH8BK8	Anaplastic pleomorphic xanthoastrocytoma
XH7F82	Glioblastoma, NOS
XH5571	Glioblastoma, IDH-wild type
XH0MB1	Glioblastoma, primary, NOS <i>Inclusions:</i> Spongioblastoma multiforme Glioblastoma multiforme
XH3N49	Diffuse midline glioma, NOS
XH61Y5	Diffuse intrinsic pontine glioma
XH4FN3	Glioblastoma, IDH mutant <i>Inclusions:</i> 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 <i>Inclusions:</i> 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
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> 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
<i>Inclusions:</i>	Granular cell myoblastoma, malignant

Lipomatous neoplasms

Lipomatous neoplasms, benign

XH2SJ1	Fibrolipoma
XH0PH8	Fibromyxolipoma
<i>Inclusions:</i>	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
<i>Inclusions:</i>	Fetal fat cell lipoma
XH8L55	Lipoblastomatosis
<i>Inclusions:</i>	Fetal lipoma, NOS
	Fetal lipomatosis
	Lipoblastoma

Lipomatous neoplasms, malignant

XH1C03	Dedifferentiated liposarcoma

XH6R46	Fibroblastic liposarcoma
XH7PE7	Inflammatory liposarcoma
XH7Y61	Liposarcoma, well differentiated
	<i>Inclusions:</i> Lipoma-like liposarcoma
	Liposarcoma, differentiated
	Liposarcoma, well differentiated, NOS
XH8VG3	Mixed liposarcoma
XH3EL0	Myxoid liposarcoma
	<i>Inclusions:</i> Myxoliposarcoma
	Round cell liposarcoma
XH25R1	Pleomorphic liposarcoma
XH8D43	Sclerosing liposarcoma
XH2J05	Liposarcoma, NOS
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> Lymphangioendothelioma, NOS
XH6LF7	Capillary lymphangioma
XH2EU7	Cavernous lymphangioma
XH8G00	Cystic lymphangioma
	<i>Inclusions:</i> 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: Lymphangioliomyomatosis

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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Mesonephric adenoma Wolffian duct adenoma

Mesonephromas, malignant

XH71B5	Adenocarcinoma of rete ovarii
XH5WG5	Mesonephroma, malignant

Mesonephromas, uncertain whether benign or malignant

XH2WJ5	Wolffian tumour

Mesothelial neoplasms

Mesothelial neoplasms, benign

XH2VV6	Fibrous mesothelioma, benign
XH1SS1	Mesothelioma, benign
XH0KC4	Epithelioid mesothelioma, benign
XH67N8	Well differentiated papillary mesothelioma <i>Inclusions:</i> Mesothelial papilloma
XH8U12	Peritoneal inclusion cysts
XH6BY3	Adenomatoid tumour, NOS

Mesothelial neoplasms, malignant

XH54S8	Fibrous mesothelioma, malignant <i>Inclusions:</i> Fibrous mesothelioma, NOS Desmoplastic mesothelioma Sarcomatoid mesothelioma Spindled mesothelioma
XH0XV0	Mesothelioma, malignant <i>Inclusions:</i> Mesothelioma, NOS
XH1DX8	Mesothelioma, biphasic, malignant <i>Inclusions:</i> Mesothelioma, biphasic, NOS
XH0VP5	Epithelioid mesothelioma, malignant <i>Inclusions:</i> Epithelioid mesothelioma, NOS

Mesothelial neoplasms, uncertain whether benign or malignant

XH85T6	Well differentiated papillary mesothelioma of the pleura

Miscellaneous bone tumours

Miscellaneous bone tumours, benign

XH6M86	Ossifying fibroma <i>Inclusions:</i> Fibro-osteoma Osteofibroma

XH23E0

Miscellane

XH8F52

Inclusions:

Miscellaneous

Miscellane

XH6C72

Inclusions:

XH7MT7

XH0S20

Miscellane

XH2S71

Inclusions:

XH1S48

XH1ZH1

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

XH7K24

XH6P76

XH9GH0

XH8KJ8

XH0FH0

XH17D8

XH7303

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
	<i>Inclusions:</i> Vascular leiomyoma Angioleiomyoma
XH9824	Bizarre leiomyoma
	<i>Inclusions:</i> Atypical leiomyoma Pleomorphic leiomyoma Symplastic leiomyoma
XH9662	Cellular leiomyoma
XH8S79	Epithelioid leiomyoma
	<i>Inclusions:</i> 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 <i>Inclusions:</i> Rhabdomyosarcoma, pleomorphic type
XH4VB5	Pleomorphic rhabdomyosarcoma, adult type
XH0GA1	Rhabdomyosarcoma, NOS <i>Inclusions:</i> Rhabdosarcoma
XH83G1	Embryonal rhabdomyosarcoma, NOS <i>Inclusions:</i> Rhabdomyosarcoma, embryonal type
XH4749	Embryonal rhabdomyosarcoma, pleomorphic
XH7V57	Sarcoma botryoides <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Epithelioid MPNST
XH88C2	Neurilemoma, malignant <i>Inclusions:</i> Malignant schwannoma, NOS
XH2VV8	Malignant peripheral nerve sheath tumour with rhabdomyoblastic differentiation <i>Inclusions:</i> MPNST with rhabdomyoblastic differentiation Malignant schwannoma with rhabdomyoblastic differentiation
XH31C8	Perineurioma, malignant <i>Inclusions:</i> 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 <i>Inclusions:</i> Gangliocytoma, NOS
XH03L9	Ganglioneuroma

XH6LR5	Ganglioneuromatosis
XH28W9	Medulloepithelioma, benign <i>Inclusions:</i> 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 <i>Inclusions:</i> Teratoid medulloepithelioma, NOS
XH70S0	CNS ganglioneuroblastoma
XH85Z0	Neuroblastoma, NOS <i>Inclusions:</i> Sympathicoblastoma CNS neuroblastoma Central neuroblastoma
XH2WK5	Medulloepithelioma, NOS <i>Inclusions:</i> Diktyoma, malignant
XH9FP2	Neuroepithelioma, NOS
XH8WC7	Retinoblastoma, NOS
XH7KP6	Retinoblastoma, undifferentiated
XH1YZ7	Retinoblastoma, diffuse
XH09A4	Olfactory neurogenic tumour
XH7QE0	Olfactory neurocytoma <i>Inclusions:</i> Esthesioneurocytoma

XH2Y49	Olfactory neuroepithelioma <i>Inclusions:</i> Esthesioneuroepithelioma
XH50L1	Olfactory neuroblastoma <i>Inclusions:</i> Esthesioneuroblastoma
XH3AV2	CNS embryonal tumor with rhabdoid features

Neuroepitheliomatous neoplasms, uncertain whether benign or malignant

XH0C11	Central neurocytoma <i>Inclusions:</i> Neurocytoma, NOS
XH2GB0	Cerebellar liponeurocytoma <i>Inclusions:</i> Neurolipocytoma Medullocytoma Lipomatous medulloblastoma
XH5FJ3	Ganglioglioma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Regressing naevus
XH2MQ5	Dermal naevus
XH1BE4	Magnocellular naevus
XH8CU4	Neuronevus
XH0XH2	Nonpigmented naevus <i>Inclusions:</i> Achromic naevus
XH4L78	Pigmented naevus, NOS
XH02Z5	Melanocytoma, NOS
XH8974	Meningeal melanocytosis
XH1M79	Junctional naevus, NOS <i>Inclusions:</i> Intraepidermal naevus Junction naevus
XH9QV1	Spindle cell naevus, NOS
XH7QJ7	Blue nevus, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Desmoplastic melanoma, malignant
XH9NL4	Lentigo maligna melanoma <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Adenoameloblastoma
XH44W7	Ameloblastic fibro-odontoma <i>Inclusions:</i> Fibroameloblastic odontoma
XH0964	Ameloblastic fibrodentinoma <i>Inclusions:</i> Dentinoma
XH3R33	Calcifying odontogenic cyst
XH5Y46	Cementifying fibroma
XH52T0	Cemento-ossifying fibroma
XH4VL1	Cementoblastoma, benign
XH1MT3	Odontogenic fibroma, NOS <i>Inclusions:</i> Central odontogenic fibroma
XH7H47	Complex odontoma
XH57B1	Compound odontoma

XH6W94	Gigantiform cementoma <i>Inclusions:</i> Florid osseous dysplasia
XH06N8	Odontoameloblastoma
XH12N4	Dentinogenic ghost cell tumour
XH48L4	Odontogenic myxoma <i>Inclusions:</i> Odontogenic myxofibroma
XH43L1	Odontogenic tumour, benign
XH4PV9	Squamous odontogenic tumour
XH8FX0	Cementoma, NOS <i>Inclusions:</i> Periapical cemental dysplasia Periapical cemento-osseous dysplasia
XH4QJ8	Odontoma, NOS
XH1SV4	Ameloblastoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Ameloblastic fibroodontinosarcoma Ameloblastic fibro-odontosarcoma
XH96J9	Ameloblastoma, metastasizing
XH4M89	Odontogenic tumour, malignant <i>Inclusions:</i> Primary intraosseous carcinoma Odontogenic sarcoma Odontogenic carcinoma Ameloblastic carcinoma

XH0XD5	Ameloblastic fibrosarcoma
	<i>Inclusions:</i> 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
	<i>Inclusions:</i> Osteocartilaginous exostosis Ecchondroma Cartilaginous exostosis

XH4818	Osteoma, NOS

XH61J9	Osteoid osteoma, NOS

XH4316	Osteoblastoma, NOS
	<i>Inclusions:</i> 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 <i>Inclusions:</i> Medullary osteosarcoma Conventional central osteosarcoma Central osteosarcoma, NOS
XH3T03	Chondroblastic osteosarcoma
XH23T4	Fibroblastic osteosarcoma <i>Inclusions:</i> Osteofibrosarcoma
XH29N8	Fibrochondrosarcoma
XH6TL0	High grade surface osteosarcoma
XH9LS2	Intracortical osteosarcoma
XH9119	Intraosseous well differentiated osteosarcoma <i>Inclusions:</i> Intraosseous low grade osteosarcoma
XH06W9	Osteosarcoma in Paget disease of bone <i>Inclusions:</i> Secondary osteosarcoma
XH8HG5	Parosteal osteosarcoma <i>Inclusions:</i> Juxtacortical osteosarcoma
XH48A9	Periosteal osteosarcoma
XH4EZ4	Small cell osteosarcoma <i>Inclusions:</i> Round cell osteosarcoma
XH5CL5	Telangiectatic osteosarcoma
XH1XF3	Osteosarcoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Ecchondrosis
XH5BT0	Chondromatosis, NOS
XH0FY0	Atypical cartilaginous tumour <i>Inclusions:</i> 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 <i>Inclusions:</i> 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	Glomangiomas
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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Arrhenoblastoma, benign
XH6NZ8	Sclerosing stromal tumour
XH0BG7	Sertoli cell tumour with lipid storage <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Theca cell-granulosa cell tumour

XH0Q64	Gynandroblastoma
XH9E02	Large cell calcifying Sertoli cell tumour
XH0UP7	Sertoli-Leydig cell tumour of intermediate differentiation <i>Inclusions:</i> 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 <i>Inclusions:</i> Sex cord-gonadal stromal tumour, mixed
XH9G57	Sex cord-gonadal stromal tumour, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Arrhenoblastoma, NOS
XH4H24	Sertoli cell tumour, NOS <i>Inclusions:</i> Testicular adenoma Pick tubular adenoma Tubular androblastoma, NOS Sertoli cell adenoma
XH7RD2	Intratubular large cell hyalinizing Sertoli cell neoplasia
XH51L7	Leydig cell tumour of the testis, NOS Change of behaviour, See 8650/0

Squamous cell neoplasms

Squamous cell neoplasms, benign

XH17Q9	Papilloma, NOS
XH7YQ5	Squamous cell papilloma, inverted
XH50T2	Squamous cell papilloma, NOS <i>Inclusions:</i> Squamous papilloma Keratotic papilloma
XH4611	Squamous intraepithelial neoplasia, low grade
XH50N3	Squamous papillomatosis <i>Inclusions:</i> 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 <i>Inclusions:</i> Intraepidermal squamous cell carcinoma, Bowen type
XH9CL8	Differentiated VIN

XH6824	Differentiated PeIN
XH4JA4	Papillary carcinoma in situ
XH8YK9	Papillary squamous cell carcinoma, non-invasive <i>Inclusions:</i> Papillary squamous cell carcinoma in situ
XH1U36	Squamous cell carcinoma in situ with questionable stromal invasion <i>Inclusions:</i> Epidermoid carcinoma in situ with questionable stromal invasion
XH7WM7	Squamous cell carcinoma in situ, NOS <i>Inclusions:</i> Intraepithelial squamous cell carcinoma Intraepidermal carcinoma, NOS Epidermoid carcinoma in situ, NOS
XH3EA2	Squamous intraepithelial neoplasia, high grade
XH7SX5	Anal intraepithelial neoplasia, grade III <i>Inclusions:</i> AIN III
XH62N8	Cervical intraepithelial neoplasia, grade III
XH9ND8	Oesophageal squamous intraepithelial neoplasia (dysplasia), high grade
XH6F63	Vaginal intraepithelial neoplasia, grade III <i>Inclusions:</i> VAIN III
XH5FT2	Vulvar intraepithelial neoplasia, grade III <i>Inclusions:</i> 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 <i>Inclusions:</i> Papillary epidermoid carcinoma
XH7LH0	Squamous cell carcinoma, adenoid <i>Inclusions:</i> Squamous cell carcinoma, acantholytic Squamous cell carcinoma, pseudoglandular

XH9DC1	Squamous cell carcinoma, clear cell type
XH4CR9	Squamous cell carcinoma, keratinizing, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Epidermoid carcinoma, small cell, nonkeratinizing
XH6D80	Squamous cell carcinoma, spindle cell <i>Inclusions:</i> Epidermoid carcinoma, spindle cell Squamous cell carcinoma, sarcomatoid
XH5PM0	Verrucous carcinoma, NOS <i>Inclusions:</i> Verrucous squamous cell carcinoma Verrucous epidermoid carcinoma
XH7UR7	Warty carcinoma <i>Inclusions:</i> Condylomatous carcinoma
XH6705	Squamous cell carcinoma, large cell, nonkeratinizing, NOS <i>Inclusions:</i> Squamous cell carcinoma, nonkeratinizing, NOS Epidermoid carcinoma, large cell, nonkeratinizing
XH2JN3	Squamous cell carcinoma with horn formation
XH1E40	Lymphoepithelial carcinoma <i>Inclusions:</i> Lymphoepithelioma-like carcinoma Lymphoepithelioma
XH4GV2	Schmincke tumour
XH0Z16	Pseudovascular squamous cell carcinoma
XH24M0	Papillary-basaloid carcinoma
XH0EJ7	Squamous cell carcinoma, HPV positive
XH2137	Squamous cell carcinoma, HPV negative
XH6FU0	Warty-basaloid carcinoma
XH9XR8	Keratoacanthoma

Synovial-like neoplasms

Synovial-like neoplasms, benign

XH2AW8 **Synovioma, benign**

Synovial-like neoplasms, malignant

XH9B22 **Synovial sarcoma, NOS**

Inclusions: Synovioma, NOS
Synovioma, malignant

XH77N6 **Clear cell sarcoma, NOS**

XH9346 **Synovial sarcoma, spindle cell**

Inclusions: Synovial sarcoma, monophasic fibrous

XH06L8 **Synovial sarcoma, epithelioid cell**

XH1J28 **Synovial sarcoma, biphasic**

XH3797 **Biphenotypic sinonasal sarcoma**

XH5854 **Malignant melanoma of soft parts**

A soft tissue sarcoma of young adults with melanocytic differentiation, typically involving tendons and aponeuroses. This tumour is unrelated to paediatric lesions currently known as clear cell sarcoma of the kidney.

Thymic epithelial neoplasms

Thymic epithelial neoplasms, benign

XH9QW0 **Microscopic thymoma**

XH4341 **Thymoma, benign**

XH0707 **Ectopic hamartomatous thymoma**

Thymic epithelial neoplasms, malignant

XH6WN9 **Thymoma, type A**

Inclusions: Thymoma, medullary
Thymoma, spindle cell

XH0JH0 **Thymoma, type AB**

Inclusions: Thymoma, mixed type

XH66U8

Thymoma, type B1

Inclusions: Thymoma, predominantly cortical
Thymoma, organoid
Thymoma, lymphocyte-rich
Thymoma, lymphocytic

XH2G89

Thymoma, type B2

Inclusions: Thymoma, cortical

XH4EW9

Thymoma, type B3

Inclusions: Thymoma, atypical
Thymoma, epithelial
Well differentiated thymic carcinoma

XH3734

Thymoma, NOS

XH1GA4

Intrapulmonary thymoma

XH6QN6

Sclerosing thymoma

XH3DX0

Metaplastic thymoma

XH6AK2

Thymic carcinoma, NOS

Inclusions: Thymoma, type C

XH6ZG8

Spindle epithelial tumour with thymus-like element

Inclusions: SETTLE

XH33N4

Intrathyroid thymic carcinoma

Inclusions: Carcinoma showing thymus-like differentiation
CASTLE
Carcinoma showing thymus-like element

Thymic epithelial neoplasms, uncertain whether benign or malignant

XH56K5

Micronodular thymoma with lymphoid stroma

Transitional cell papillomas and carcinomas

Transitional cell papillomas and carcinomas, benign

XH0TP8

Sinonasal papilloma, exophytic

XH3HQ8

Transitional papilloma, inverted, NOS

Change from 8121/1 to 8121/0 in ICD-O3 2016

XH5A08 **Urothelial papilloma, inverted**

XH5M82 **Urothelial papilloma, NOS**

Transitional cell papillomas and carcinomas, in situ

XH12F0 **Papillary urothelial carcinoma, non-invasive**

XH5GH8 **Urothelial carcinoma in situ**

Transitional cell papillomas and carcinomas, malignant

XH4UA2 **Cylindrical cell carcinoma**

XH35M0 **Schneiderian carcinoma**

XH8EH1 **Transitional cell carcinoma, NOS**

Inclusions: Urothelial carcinoma, NOS

XH7TL4 **Transitional carcinoma**

XH5P27 **Urothelial carcinoma, sarcomatoid**

Inclusions: Transitional cell carcinoma, sarcomatoid

Urothelial carcinoma, spindle cell

Transitional cell carcinoma, spindle cell

XH0NZ4 **Papillary urothelial carcinoma**

XH08S6 **Transitional cell carcinoma, micropapillary**

XH3UJ1 **Cloacogenic carcinoma**

XH2V80 **Basaloid carcinoma**

XH4W76 **Urothelial carcinoma, micropapillary**

Transitional cell papillomas and carcinomas, uncertain whether benign or malignant

Coded Elsewhere: Urothelial papilloma, NOS (XH5M82)

XH7R01 **Cylindrical cell papilloma**

XH4PB5 **Schneiderian papilloma, inverted**

XH5UU5 **Papillary urothelial neoplasm of low malignant potential**

XH8FH7 **Sinonasal papilloma, inverted**

XH8CD4 **Sinonasal papilloma, oncocytic**

Trophoblastic neoplasms

Trophoblastic neoplasms, benign

- XH8CX2** **Hydatidiform mole, NOS**
Inclusions: Complete hydatidiform mole
 Hydatid mole
- XH5325** **Partial hydatidiform mole**

Trophoblastic neoplasms, malignant

- XH3WM1** **Choriocarcinoma combined with other germ cell elements**
Inclusions: Choriocarcinoma combined with embryonal carcinoma
 Choriocarcinoma combined with teratoma
- XH0774** **Malignant teratoma, trophoblastic**
- XH8PK7** **Choriocarcinoma, NOS**
Inclusions: Chorioepithelioma
 Chorionepithelioma
- XH8FW3** **Trophoblastic tumour, epithelioid**

Trophoblastic neoplasms, uncertain whether benign or malignant

- XH46G2** **Invasive hydatidiform mole**
- XH1RM5** **Placental site trophoblastic tumour**

Myelodysplastic syndromes

Myelodysplastic syndromes, malignant

- XH2N45** **Myelodysplastic syndrome with single lineage dysplasia**
- XH5B21** **Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia**
- XH79X8** **Myelodysplastic syndrome with excess blasts**
- XH1D20** **Refractory anaemia with excess blasts in transformation**
Inclusions: RAEB-T
- XH5DA2** **Myelodysplastic syndrome with multilineage dysplasia**
- XH3T02** **Myelodysplastic syndrome with isolated del (5q)**

XH0L58

Therapy-related myelodysplastic syndrome, NOS

Inclusions: Therapy-related myelodysplastic syndrome, epipodophyllotoxin-related
Therapy-related myelodysplastic syndrome, alkylating agent related

XH7PK9

Myelodysplastic syndrome, NOS

Inclusions: Preleukemic syndrome
Myelodysplastic syndrome, unclassifiable

XH8BA8

Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia

Other haematologic disorders

Other haematologic disorders, malignant

Coded Elsewhere: Polymorphic post transplant lymphoproliferative disorder (XH74K1)

XH3EJ1

Myeloproliferative neoplasm, unclassifiable

XH28M3

Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Other haematologic disorders, uncertain whether benign or malignant

XH2LK2

Lymphoproliferative disorder, NOS

Inclusions: Lymphoproliferative disease, NOS

XH2R75

Post transplant lymphoproliferative disorder, NOS

Inclusions: PTLD, NOS

XH74K1

Polymorphic post transplant lymphoproliferative disorder

Chronic myeloproliferative disorders

Chronic myeloproliferative disorders, malignant

XH0453

Polycythaemia vera

Inclusions: Chronic erythremia

XH5HH7

Myeloproliferative neoplasm, NOS

Inclusions: Myeloproliferative disease, NOS
Chronic myeloproliferative disorder
Chronic myeloproliferative disease, NOS

XH7GG7

Primary myelofibrosis

Inclusions: Myelosclerosis with myeloid metaplasia
Myelofibrosis with myeloid metaplasia
Myelofibrosis as a result of myeloproliferative disease
Megakaryocytic myelosclerosis
Chronic idiopathic myelofibrosis
Agnogenic myeloid metaplasia

XH4ZM5

Essential thrombocythemia

Inclusions: Idiopathic thrombocythemia

XH5NQ7

Chronic neutrophilic leukaemia

XH51D2

Chronic eosinophilic leukaemia

XH07H5

Myeloid and lymphoid neoplasms with PDGFRA rearrangement

XH6QD4

Myeloid neoplasms with PDGFRB rearrangement

XH1WR8

Myeloid and lymphoid neoplasms with FGFR1 abnormalities

XH2WB4

Myeloid or lymphoid neoplasm with PCM1-JAK2

Leukaemias

leukaemias, NOS, malignant

XH4S92

Leukaemia, NOS

XH29P0

Aleukemic leukaemia, NOS

XH80C3

Chronic leukaemia, NOS

XH6QV5

Subacute leukaemia, NOS

XH1B20

Acute leukaemia, NOS

XH37U0

Acute biphenotypic leukaemia

XH2H98

Acute bilineal leukaemia

XH3VV7

Acute mixed lineage leukaemia

XH97B7

Mixed phenotype acute leukaemia with t(9;22)(q34;q11.2); BCR-ABL1

XH2S51

Mixed phenotype acute leukaemia with t(v;11q23); MLL rearranged

XH1928

Mixed phenotype acute leukaemia, B/myeloid, NOS

XH4YB5

Mixed phenotype acute leukaemia, T/myeloid, NOS

Lymphoid leukaemias, malignant

XH81V3	B lymphoblastic leukaemia/lymphoma, NOS
XH73L9	B lymphoblastic leukaemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1
XH8GG0	B lymphoblastic leukaemia/lymphoma with t(v;11q23); MLL rearranged
XH4KA2	B lymphoblastic leukaemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)
XH24C7	B lymphoblastic leukaemia/lymphoma with hyperdiploidy
XH2MD9	B lymphoblastic leukaemia/lymphoma with hypodiploidy (Hypodiploid ALL)
XH4ZL2	B lymphoblastic leukaemia/lymphoma with t(5;14)(q31;q32); IL3-IGH
XH3GU8	B lymphoblastic leukaemia/lymphoma with t(1;19)(q23;p13.3); E2A-PBX1 (TCF3-PBX1)
XH7Q12	Lymphoid leukaemia, NOS
XH1GQ1	Lymphatic leukaemia, NOS
XH7PW5	Lymphocytic leukaemia, NOS
XH4KS4	Aleukemic lymphoid leukaemia
XH5BA6	Lymphosarcoma cell leukaemia
XH8GQ0	Subacute lymphoid leukaemia <i>Inclusions:</i> Subacute lymphocytic Leukaemia Subacute lymphatic Leukaemia
XH15T2	B-cell chronic lymphocytic leukaemia/small lymphocytic lymphoma
XH6TE2	Adult T-cell leukaemia/lymphoma (HTLV-1 positive) <i>Inclusions:</i> Adult T-cell lymphoma
XH6687	T-cell large granular lymphocytic leukaemia <i>Inclusions:</i> 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 <i>Inclusions:</i> 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) <i>Inclusions:</i> 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 <i>Inclusions:</i> FAB M4Eo
XH90G0	Acute myeloid leukaemia, minimal differentiation <i>Inclusions:</i> FAB M0
XH5AH8	Acute myeloid leukaemia without maturation <i>Inclusions:</i> FAB M1
XH1XJ9	Acute myeloid leukaemia with maturation <i>Inclusions:</i> 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 <i>Inclusions:</i> 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) <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Granulocytic sarcoma Chloroma

XH1075	Acute panmyelosis with myelofibrosis <i>Inclusions:</i> 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 <i>Inclusions:</i> Leukemic reticuloendotheliosis Hairy cell leukemia, NOS

Hodgkin and non-Hodgkin lymphomas

Malignant lymphomas, NOS or diffuse

XH5FJ5	Malignant lymphoma, NOS <i>Inclusions:</i> Lymphoma, NOS Microglioma
XH50P3	Malignant lymphoma, non-Hodgkin, NOS <i>Inclusions:</i> Non-Hodgkin lymphoma, NOS
XH5RG7	B cell lymphoma, NOS
XH9MU1	Lymphosarcoma, NOS <i>Inclusions:</i> Lymphosarcoma, diffuse
XH8226	Malignant lymphoma, diffuse, NOS

XH5WX8	Malignant lymphoma, non-cleaved cell, NOS
XH51A9	Reticulum cell sarcoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Malignant lymphoma, cleaved cell, NOS Malignant lymphoma, small cleaved cell, NOS
XH9PT6	Malignant lymphoma, small cell, noncleaved, diffuse <i>Inclusions:</i> 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 <i>Inclusions:</i> Hodgkin disease, NOS Malignant lymphoma, Hodgkin
XH22K3	Classical Hodgkin lymphoma post-transplant lymphoproliferative disease
XH8CB2	Hodgkin lymphoma, lymphocyte-rich <i>Inclusions:</i> Classical Hodgkin lymphoma, lymphocyte-rich

XH7KX4	Hodgkin disease, lymphocyte predominance, NOS <i>Inclusions:</i> Hodgkin disease, lymphocyte predominance, diffuse Hodgkin disease, lymphocytic-histiocytic predominance
XH9NJ5	Hodgkin lymphoma, mixed cellularity, NOS <i>Inclusions:</i> Classical Hodgkin lymphoma, mixed cellularity, NOS
XH7RN9	Hodgkin lymphoma, lymphocyte depletion, NOS <i>Inclusions:</i> Classical Hodgkin lymphoma, lymphocyte depletion, NOS
XH7299	Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis <i>Inclusions:</i> Classical Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis
XH4E19	Hodgkin lymphoma, lymphocyte depletion, reticular <i>Inclusions:</i> Classical Hodgkin lymphoma, lymphocyte depletion, reticular
XH2FG7	Hodgkin lymphoma, nodular lymphocyte predominant <i>Inclusions:</i> Hodgkin paragranuloma, nodular Hodgkin paragranuloma, NOS Hodgkin lymphoma, lymphocyte predominance, nodular
XH13B0	Hodgkin granuloma
XH11Y2	Hodgkin sarcoma
XH6SC5	Hodgkin lymphoma, nodular sclerosis, NOS <i>Inclusions:</i> Classical Hodgkin lymphoma, nodular sclerosis, NOS Hodgkin disease, nodular sclerosis, NOS
XH51K7	Hodgkin lymphoma, nodular sclerosis, cellular phase <i>Inclusions:</i> Classical Hodgkin lymphoma, nodular sclerosis, cellular phase
XH62T3	Hodgkin lymphoma, nodular sclerosis, grade 1 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Splenic marginal zone lymphoma, NOS Splenic lymphoma with villous lymphocytes
XH0LK1	Follicular lymphoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Pagetoid reticulosis
XH0EH1	Granulomatous slack skin
XH8HN3	Sezary syndrome <i>Inclusions:</i> Sezary disease
XH3HJ2	Mature T-cell lymphoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Lennert lymphoma
XH14S3	Follicular T-cell lymphoma
XH6SR1	Nodal peripheral T-cell lymphoma with T follicular helper phenotype

XH1J86	Angioimmunoblastic T-cell lymphoma <i>Inclusions:</i> Angioimmunoblastic lymphoma
XH3NV1	Subcutaneous panniculitis-like T-cell lymphoma
XH1951	Cutaneous T-cell lymphoma, NOS <i>Inclusions:</i> 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 <i>Inclusions:</i> Hepatosplenic gamma-delta cell lymphoma
XH9FT0	Intestinal T-cell lymphoma <i>Inclusions:</i> Enteropathy associated T-cell lymphoma Enteropathy type intestinal T-cell lymphoma
XH1AG7	Monomorphic epitheliotropic intestinal T-cell lymphoma
XH5SC3	Primary cutaneous anaplastic large cell lymphoma <i>Inclusions:</i> Primary cutaneous CD30 positive large T-cell lymphoma
XH0353	Primary mucosal CD30+ T-cell lymphoproliferative disorder
XH5LU6	NK/T-cell lymphoma, nasal and nasal-type <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Franklin disease
XH2JK2	Mu heavy chain disease
XH3SS7	Immunoproliferative small intestinal disease <i>Inclusions:</i> 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 <i>Inclusions:</i> Lymphomatoid granulomatosis, NOS

XH2A53	Angioimmunoblastic lymphadenopathy (AIL) <i>Inclusions:</i> 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 <i>Inclusions:</i> Plasmacytoma of bone Solitary myeloma Solitary plasmacytoma
XH4XA9	Plasma cell myeloma
XH7GC9	Plasma cell leukaemia
XH0N40	Plasmacytoma, extramedullary <i>Inclusions:</i> 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 <i>Inclusions:</i> Malignant mastocytoma
XH2992	Malignant mastocytosis <i>Inclusions:</i> 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 <i>Inclusions:</i> 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 <i>Inclusions:</i> Langerhans cell granulomatosis
XH4JD4	Histiocytic sarcoma
XH46Q0	True histiocytic lymphoma
XH8J76	Langerhans cell sarcoma

XH7UM7	Interdigitating dendritic cell sarcoma <i>Inclusions:</i> Interdigitating cell sarcoma
XH8Q19	Dendritic cell sarcoma, NOS
XH3ZM0	Indeterminate dendritic cell tumour
XH1JT6	Follicular dendritic cell sarcoma
XH6ZR5	Follicular dendritic cell tumour
XH0124	Fibroblastic reticular cell tumour
XH75E6	Eosinophilic granuloma

Neoplasms of histiocytes and accessory lymphoid cells, uncertain whether benign or malignant

Coded Elsewhere: Erdheim-Chester disease (XH1VJ3)

XH0RF4	Langerhans cell histiocytosis, monostotic
XH2PY9	Langerhans cell histiocytosis, polyostotic
XH1J18	Langerhans cell histiocytosis

Dimensions of injury

A grouping for dimensions of injury that are supplementary to the fully specified injury chapter codes, i.e. concepts that can not, or are likely to not be able to be used as a standalone code in mortality or morbidity-coded data.

Dimensions of Burns

Burns classified according to extent of body surface involved

XJ4PF	Burns involving less than 10% of body surface
XJ4NH	Burns involving less than 5% of body surface
XJ7TR	Burns involving 5-9% of body surface
XJ257	Burns involving 10-19% of body surface
XJ5GA	Burns involving 20-29% of body surface
XJ7ZW	Burns involving 30-39% of body surface
XJ3R2	Burns involving 40-49% of body surface
XJ19C	Burns involving 50-59% of body surface

XJ4B7	Burns involving 60-69% of body surface
XJ7F7	Burns involving 70-79% of body surface
XJ1HD	Burns involving 80-89% of body surface
XJ9JX	Burns involving 90% or more of body surface

Extent of body surface with full thickness or deep full thickness burn

XJ31W	Full thickness or deep full thickness burn involving less than 10% of body surface
XJ243	Full thickness or deep full thickness burn involving less than 5% of body surface
XJ4FJ	Full thickness or deep full thickness burn involving 5-9% of body surface
XJ82Z	Full thickness or deep full thickness burn involving 10-19% of body surface
XJ3XZ	Full thickness or deep full thickness burn involving 20-29% of body surface
XJ1NG	Full thickness or deep full thickness burn involving 30-39% of body surface
XJ4CR	Full thickness or deep full thickness burn involving 40-49% of body surface
XJ9MY	Full thickness or deep full thickness burn involving 50-59% of body surface
XJ8E0	Full thickness or deep full thickness burn involving 60-69% of body surface
XJ68M	Full thickness or deep full thickness burn involving 70-79% of body surface
XJ9UE	Full thickness or deep full thickness burn involving 80-89% of body surface
XJ3MB	Full thickness or deep full thickness burn involving 90% or more of body surface

Outcome of deep full thickness or complex burn

Whether a deep full thickness or complex burn has resulted in the loss of a limb.

XJ71T	Deep full thickness or complex burn with no loss of limb

XJ6NX

Deep full thickness or complex burn with loss of digit

Loss of digit or digits (toes or fingers including thumbs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

XJ36Y

Deep full thickness or complex burn with loss of limb

Loss of limb or limbs (arms or legs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

Joint involvement in fracture

XJ5GS

Fracture extends into joint

Fracture involves articular surface or surfaces.

XJ5L7

Fracture extends into joint and a portion of the articular part remains attached to the main part of the bone

Inclusions: partial articular fractures

XJ92H

Fracture extends into joint and the entire articular part is detached from the main part of the bone

XJ5VJ

Fracture does not extend into joint

Fractures that do not involve an articular surface.

Open fracture or closed fracture

XJ44E

Closed fracture

XJ7YM

Open fracture

Fracture types

XJ36W

Avulsion fracture

XJ2EL

Bucket handle or corner fracture

XJ76E

Buckle fracture

XJ7ZH

Burst fracture

XJ1Z6

Comminuted fracture

XJ1PP

Compound fracture

XJ778

Compression fracture

XJ9UB

Depressed fracture

XJ69V

Dislocated fracture

XJ8PQ

Displaced fracture

XJ0QE	Elevated fracture
XJ5N9	Fissured fracture
XJ45W	Greenstick fracture
XJ7AT	Impacted fracture
XJ4PE	Infected fracture
XJ392	Linear fracture
XJ6RL	Longitudinal fracture
XJ4CX	Missile fracture
XJ4FU	Osteochondral fracture
XJ3HH	Physeal fracture
XJ64N	Puncture fracture
XJ909	Simple fracture
XJ9XQ	Slipped epiphysis fracture
XJ967	Spiral fracture
XJ5V7	Transverse fracture
XJ6NA	Wedge fracture
XJ8QL	Fracture with foreign body

Types of superficial injuries

XJ652	Abrasion
XJ8JK	Blister, nonthermal
XJ9NV	Contusion
XJ4D1	External constriction
XJ69A	Insect bite, nonvenomous
XJ06K	Superficial foreign body
XJ3U1	Superficial splinter
XJ1C6	Superficial haematoma

Dimensions of external causes

Additional aspects of mechanism

XE72E	Exposure to injurious transport event
XE9S7	Exposure to land transport injury event
XE9EE	Exposure to land transport on-road injury event
XE8TM	Exposure to land transport off-road injury event
XE3S3	Exposure to railway transport injury event
XE85L	Exposure to water transport injury event
XE5XH	Exposure to air or space transport injury event
XE3Y8	Exposure to fall
XE8J4	Exposure to fall on the same level or from less than 1 metre
XE3QG	Exposure to fall from a height of 1 metre or more
XE4U1	Exposure to person, animal or plant
XE1TU	Exposure to being struck, kicked, or bumped
XE0VW	Exposure to being stepped on or crushed
XE359	Exposure to being bitten
XE9PG	Exposure to being scratched or clawed
XE972	Exposure to being stung or envenomated
XE214	Exposure to object, not elsewhere classified
XE2YW	Exposure to being struck by projectile from firearm
XE4UV	Exposure to being struck by moving object
XE6LQ	Exposure to being struck against stationary object
XE20S	Exposure to being cut or pierced by sharp object
XE59C	Exposure to being struck by blunt object
XE4FE	Exposure to being caught, crushed, jammed or pinched between objects
XE64Q	Exposure to immersion, submersion or falling into water
XE72F	Exposure to drowning or submersion, while in body of water
XE1AF	Exposure to drowning or submersion, following fall into body of water
XE8NX	Exposure to threat to breathing

XE9N2	Exposure to threat to breathing by suffocation from object covering mouth or nose
XE9LA	Exposure to threat to breathing by hanging
XE17S	Exposure to threat to breathing by strangulation
XE2NR	Exposure to threat to breathing by external compression of airways or chest
XE33X	Exposure to threat to breathing by inhalation or ingestion of gastric contents
XE2PV	Exposure to threat to breathing by inhalation or ingestion of liquids
XE5QH	Exposure to threat to breathing by inhalation or ingestion of food
XE9RJ	Exposure to threat to breathing by inhalation or ingestion of other objects or materials
XE2DJ	Exposure to threat to breathing from low oxygen environment
XE6JM	Exposure to thermal mechanism
XE0S0	Exposure to uncontrolled fire
XE5WP	Exposure to controlled fire
XE9T8	Exposure to ignition, or melting of material
XE494	Exposure to hot object or liquid
XE515	Exposure to steam, hot vapour, air or gases
XE00Z	Exposure to excessive heat
XE4AY	Exposure to excessive cold
XE3SH	Exposure to or harmful effects of substances
XE13E	Poisoning or toxic effect of exposure to substance
XE1SS	Corrosion due to exposure to substance

Exposure to other mechanism

XE202	Foreign body in orifice
XE8A0	Exposure to electric current
XE8DS	Exposure to sunlight
XE60C	Exposure to radiation
XE82Y	Exposure to welding light
XE436	Exposure to other visible and ultraviolet light of man-made sources
XE500	Exposure to ultraviolet radiation

XE6JQ	Exposure to other non-ionizing radiation
XE6VK	Exposure to microwave radiation
XE9G0	Exposure to infrared radiation
XE5PJ	Exposure to ionizing radiation
XE5DF	Exposure to high or low air pressure or changes in air pressure
XE4ZB	Exposure to changes in air pressure
XE07M	Exposure to high air pressure
XE67J	Exposure to low air pressure
XE9Y8	Exposure to explosion
XE22U	Exposure to chemical explosion
XE27P	Exposure to explosion or rupture of pressurised materials or object
XE7Y1	Exposure to noise
XE3RX	Exposure to vibration
XE7BT	Exposure to suction
XE7SS	Lack of food
XE3WS	Lack of water
XE4TW	Exposure to physical overexertion
XE67Q	Exposure to other specified privation
XE42R	Abandonment
XE00G	Neglect

Activity when injured

XE545	Paid work
XE7NW	Travelling to or from paid work
XE9Q2	Travelling in the course of paid work
XE2QJ	Repetitive forceful work
XE88E	Extended periods of work in a kneeling position
XE714	Extended periods of work in a squatting position
XE8VF	Unpaid work
XE1C6	Travelling to or from unpaid work

XE3RL	Travelling in the course of unpaid work
XE9ME	Unpaid cleaning, cooking or maintenance at own place of residence
XE729	Educational activity
XE3HD	Physical education class, school sports <i>Exclusions:</i> 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 <i>Exclusions:</i> Physical education class, school sports (XE3HD) Travelling to or from paid work (XE7NW) Leisure or play (XE617)
XE617	Leisure or play <i>Exclusions:</i> Unpaid work (XE8VF)
XE5C9	Other specified sports and exercise during leisure time <i>Exclusions:</i> 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 <i>Exclusions:</i> Leisure or play (XE617)
XE643	Being taken care of by a person, not specified as a health care professional or non health care person <i>Exclusions:</i> Leisure or play (XE617)

Aspects of place of injury occurrence

Type of place

XE266	Home <i>Exclusions:</i> 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 <i>Exclusions:</i> Nursing home (XE498)
XE498	Nursing home <i>Exclusions:</i> Home for the elderly (XE8PL)
XE30E	Prison
XE8BC	Shelter for battered women and their children
XE138	Military institution <i>Exclusions:</i> Hospital (XE28K) Prison (XE30E)
XE9VC	Medical service area <i>Exclusions:</i> Residential institution (XE9DC) Building under construction (XE11T)
XE28K	Hospital <i>Exclusions:</i> Nursing home (XE498)
XE8DZ	Outpatient clinic or health centre

XE86F	Health professionals' office
XE9ZD	Hospice
XE6TU	School or educational area
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> Home (XE266)
XE9WC	Outdoor sporting grounds
XE1CY	Indoor sporting hall
	<i>Exclusions:</i> Outdoor sporting grounds (XE9WC)
XE3YG	Public swimming centre
XE8BN	Racetrack or racecourse
XE2LU	Equestrian facility
XE7QG	Skating rink or ice palace
	<i>Exclusions:</i> Roadway (XE6NQ)
	Area of still water (XE0ZP)
	Sidewalk (XE53A)
XE7WU	Skiing or snowboarding area
XE5NE	Public highway, street or road
XE6NQ	Roadway
XE53A	Sidewalk
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> Home (XE266)
XE1ES	Area for growing crops, market gardening, horticulture
	<i>Exclusions:</i> 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
	<i>Exclusions:</i> Home (XE266)
XE35Q	Amusement park or theme park
XE5C2	Public park
	<i>Exclusions:</i> Countryside (XE5JL)
XE774	Non-cultural public building
	<i>Exclusions:</i> 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	
	<i>Exclusions:</i>	Home (XE266) Parking area (XE3NV)
XE58T	Office building	
	<i>Exclusions:</i>	Health professionals' office (XE86F)
XE5JL	Countryside	
XE0ZP	Area of still water	
	<i>Exclusions:</i>	Beach, shore or bank of a body of water (XE010) Large area of water (XE93X)
XE17F	Stream of water	
	<i>Exclusions:</i>	Beach, shore or bank of a body of water (XE010)
XE93X	Large area of water	
	<i>Exclusions:</i>	Area of still water (XE0ZP) Beach, shore or bank of a body of water (XE010)
XE5TX	Marsh or swamp	
	<i>Exclusions:</i>	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
	<i>Exclusions:</i> Part of building or grounds, tennis court (XE7DE) Part of building or grounds, swimming pool (XE4PW)
XE2Q4	Part of building or grounds, garage
XE65J	Part of building or grounds, driveway
XE4PW	Part of building or grounds, swimming pool
XE7DE	Part of building or grounds, tennis court
XE9DN	Part of building or grounds, other specified sporting facility
XE8SG	Part of building or grounds, playground
XE5RE	Part of building or grounds, private road
XE5MW	Part of building or grounds, private parking area
XE6ZY	Part of building or grounds, other specified indoor part of building or grounds
XE06N	Part of building or grounds, other specified outdoor part of building or grounds

Objects, living things or substances involved in causing injury

Coded Elsewhere: Health Devices, Equipment and Supplies (XD7FF9-XD6UU3)
Substances (XM1349-XM7XM0)

Land vehicle or means of land transport

XE81T	Person-powered means of transport
XE38Y	Transport vehicle drawn or pushed by person
XE94Q	Pedal cycle
XE1MP	Animal-powered means of transport
XE0ZZ	Animal being ridden

XE1CF	Animal-drawn vehicle
XE3ZP	Motorised two- or three-wheeled vehicle
XE0TY	Motorcycle
XE9N6	Moped, scooter
XE9AX	Three-wheeled motor vehicle or scooter
XE3GH	Light transport vehicle with four or more wheels
XE50Z	Passenger car
XE4BF	Light truck, Sports Utility Vehicle (SUV), utility van, 4x4 vehicle, jeep, pick-up truck
XE6DC	Minibus
XE4NR	Heavy transport vehicle with four or more wheels
XE60G	Bus, coach
XE8XB	Tractor-trailer, articulated lorry, 18-wheeler, rig
XE5A8	Heavy truck, not elsewhere classified
XE5KW	Trailer or horse-float
XE0ZK	Rail vehicle
XE40X	Streetcar, tram, electric car, car trolley
XE9Q3	Train
XE3P6	Funicular, monorail, or other similar rail vehicle
XE0YD	Parts or components of land vehicle or means of land transport
XE954	Vehicle doors, not elsewhere classified
XE226	Vehicle seat belts, deploying air bags
XE8UK	Tyre (tire) or battery (attached or unattached)
XE8CT	Vehicle window or windshield
XE1LF	Interior of vehicle
XE5D5	Engine of vehicle
XE3C0	Certain specified land vehicle or means of land transport
XE8KJ	Cable car, ski chair lift, ski lift with gondola
XE8C8	Motorized wheelchair
XE4D7	Small-sized motorized vehicles for children
XE3FP	Motor home

Mobile machinery or special purpose vehicle

XE7X0 Mobile machinery or special purpose vehicle mainly used in agriculture

XE9HQ Ride-on lawn mower

XE0S2 Tractor

XE0YP Harvesting machine

XE7SF Auger, post hole digger

XE0LF Equipment towed or powered by tractors, not elsewhere classified

XE0M8 Mobile machinery or special purpose vehicle mainly used in industry

XE21P Forklift or lift truck

XE8TB Mobile crane

XE6VY Battery-powered airport passenger vehicle

XE13Q Logging car

XE6B4 Coal-car in mine

XE1BG Tram, truck, or tub in mine or quarry

XE1GE Mobile machinery or special purpose vehicle mainly used in construction

XE4MS Grader

XE69J Front-end loader, bulldozer

XE6XP Excavator, digger, mechanical shovel

XE3GR Road roller

XE381 Certain specified mobile machinery or special purpose vehicle

XE80A Ambulance

XE5BQ Fire truck, fire engine

XE387 Race car

XE2LT Snowmobile, ski-scooter

XE6R9 Special all-terrain vehicle or off-road vehicle

Watercraft or means of water transport

XE70T Powered watercraft or means of water transport

XE7NQ Merchant ship, cargo ship, oil tanker

XE3HS	Passenger ship, passenger liner, ocean liner
XE801	Fishing boat, trawler
XE69F	Ferry used for short trips across closed waters
XE3WZ	Motorised yacht, motorboat, powered boat, personal powered watercraft
XE304	Houseboat
XE5ZR	Hovercraft
XE3PW	Airboat
XE4UQ	Submarine or related craft
XE29V	Unpowered watercraft or means of water transport
XE9SF	Sailboat, unpowered yacht
XE8BZ	Canoe, kayak, row boat, pirogue, piragua
XE3CC	Wave board, surfboard, paddle ski
XE3LU	Windsurfer
XE5G3	Part or component of powered or unpowered watercraft

Aircraft or means of air transport

XE9LQ	Powered aircraft or means of air transport
XE4LN	Helicopter
XE8RL	Airship, blimp
XE0WR	Ultralight powered aircraft
XE7MP	Private fixed-wing powered aircraft
XE7FK	Commercial fixed-wing powered aircraft
XE6FD	Military fixed-wing powered aircraft
XE346	Spacecraft
XE4QU	Unpowered aircraft or means of air transport
XE96T	Passenger balloon, unpowered
XE627	Parachute
XE3VU	Hang-glider
XE2KU	Glider
XE79E	Part or component of powered or unpowered aircraft

XE5HA	Furniture or furnishing
XE8PK	Bed, bedding or bedding accessories
XE86G	Bunk bed
XE7QQ	Special bed, orthopaedic bed, or stretcher
XE27V	Hammock
XE0TM	Mattress, sleeping mat
XE2DR	Other specified bed
XE6R1	Pillow, cushion
XE38G	Bed rails
XE769	Chair or sofa
XE33K	Upholstered chair or sofa
XE853	Hard chair or bench
XE5NL	Rocking or gliding chair
XE1NC	Folding chair
XE7FS	Revolving chair
XE484	Stool
XE61B	Commode chair
XE2F3	Table, stand, cupboard, shelf or partition
XE002	Rack, bookshelf
XE3BY	Cabinet, cupboard, side board, chest of drawers, tall boy, dresser
XE1DK	Dining room or kitchen table
XE6E5	Coffee table
XE2C9	Night table, end table
XE2AM	Desk, workbench
XE3TY	Television table, stand, cupboard
XE6EN	Folding table
XE4B1	Room divider or partition
XE7MK	Decoration, decorating item
XE3WK	Rug, mat, loose carpet
XE003	Draperies, curtains

XE92A	Roller or venetian blind or indoor shutter
XE3EA	Window covering hardware
XE962	Mirror or mirror glass
XE05Q	Portrait, picture, picture frame, or other wall hanging or similar decoration
XE1FR	Christmas tree
XE4CE	Holiday decorations
XE8RW	Infant or child product
XE1AW	Baby or child article
XE0CS	Baby pram, buggy, pusher, stroller, carriage
XE4JE	Baby walker
XE8U9	Baby exerciser, jumper, or portable swing for home use
XE39K	High chair, booster seat
XE52H	Baby or child car seat
XE9MB	Potty chair, training seat
XE8RG	Cot, crib, baby bed
XE5QK	Playpen, travel yard
XE12N	Baby gate or barrier
XE34A	Baby carrier, back pack type
XE8HU	Pedal cycle baby carrier
XE8VC	Baby baths or bathinettes
XE49V	Baby or child changing table
XE9R1	Baby or child pacifier, dummy
XE1JQ	Baby bottle or nipple
XE7HA	Diaper, nappy
XE5E9	Diaper fastener
XE3Y2	Toy
XE0GX	Child's tricycle or other ride-on toy
XE959	Toy vehicle
XE93L	Toy gun or related accessory
XE8ZY	Other toy weapon or projectile toy

XE1DG	Toy - art, craft, or kit
XE9DY	Board game or accessory or piece
XE887	Toy sports equipment
XE1HM	Ball, general, other than sport specific
XE5FF	Infant or child product, flying toy
XE30M	Infant or child product, doll, doll accessory or part, stuffed toy
XE5E1	Infant or child product, toy balloon
XE4HX	Infant or child product, inflatable toy
XE2KV	Infant or child product, marble, bead
XE1X0	Infant or child product, play tent, tunnel, or other enclosure
XE7UT	Infant or child product, toy box or chest
XE6JS	Playground equipment
XE7YQ	Tree house, play house
XE8H2	Playground equipment, flying fox
XE27W	Playground equipment, monkey bar
XE8K7	Other playground climbing apparatus
XE0R1	Playground equipment, slide, sliding board
XE5W3	Playground equipment, swing, swing set
XE9AU	Playground equipment, seesaw, teeter totter
XE59P	Powered amusement rides
XE14C	Appliance mainly used in household
XE68B	Cooking or kitchen appliance
XE3WY	Electric kettle
XE3FW	Electric frying pan, deep fryer
XE03R	Electric bread making machine
XE6DV	Food processor, blender, juicer
XE02T	Powered knife
XE5LB	Electric toaster, toaster oven
XE7D9	Microwave oven
XE6PT	Stove, oven, cooktop

XE464	Pressurised kerosene or paraffin cooking stove
XE0U0	Coal pot
XE5YC	Chulo stove
XE6A4	Barbeque, outdoor cookers or griller, outdoor clay oven
XE0U1	Dishwasher
XE3JZ	Refrigerator, freezer appliance
XE87D	Cleaning or laundering appliance or tool
XE4FB	Washing machine
XE0Y0	Clothes dryer
XE2VW	Clothes iron, press
XE06L	Clothesline, clothes drying rack, clotheshorse
XE9H2	Unpowered cleaning tool
XE5PE	Vacuum cleaner
XE7Z3	Powered cleaning tool, not elsewhere classified
XE4KD	Lighting appliance
XE3QJ	Free-standing gas, oil, or kerosene lamp
XE926	Electric lamp
XE5GA	Other specified lamp or lamp component
XE1D7	Battery-operated torch
XE01B	Candle, candlestick
XE84K	Heating or cooling appliance
XE5VR	Fan
XE1ZZ	Electric or gas radiator, heater
XE0KQ	Kerosene heater
XE9WK	Sewing appliance or equipment
XE0PW	Sewing machine
XE204	Scissors
XE8D1	Pin, needle
XE80T	Entertainment appliance
XE6SR	Television

XE1PK	Video recorder, decoder player
XE5Y8	Video camera, camera, digital camera or accessory
XE59W	Sound equipment
XE2MS	Cord of household appliance, extension cord

Utensil or container

XE4G0	Cooking or food processing utensil
XE7VX	Non-electric kettle
XE8WH	Knife, not elsewhere classified
XE9LY	Cooking pot, pan
XE50Y	Pressure cooker
XE5CG	Cutlery, food preparation utensil
XE9W8	Crockery, kitchen container
XE532	Drinking glass, cup made from glass or china
XE9Q8	Plate, bowl, dish made from glass or china
XE6LK	Glass bottle or jar
XE5G7	Container made from plastic, wood, or clay
XE8EL	Cleaning utensil or container
XE383	Bucket, pail
XE4WL	Food storage or related utensil or container
XE1GJ	Tinned container, tin can
XE5N6	Box or carton containing food or drink
XE8JZ	Grocery or shopping trolley or cart
XE31H	Certain specified utensil or container
XE3SR	Rubbish bin, trash can, dumpster
XE0GP	Heavy container, box, package, not elsewhere classified
XE80G	Bag, sack, not elsewhere classified

Item mainly for personal use

XE12D	Clothes, foot wear, or related products
XE42F	Belt, braces, suspenders, sash

XE06P	Button
XE8H8	Other specified clothes fastener
XE1KG	Shoe, sandal, slipper, boot
XE0MQ	Shoelace, shoe buckle
XE6A6	Shirt, blouse, t-shirt, trousers, slacks, jacket, coat, outerwear
XE4AP	Nightclothes, pyjamas, nightwear, underwear, undergarment, lingerie
XE91F	Clothing accessory or personal decoration item
XE79Y	Wristwatch, jewellery
XE9WV	Personal grooming utensil
XE7FF	Hair dryer, curling iron, curler
XE2CA	Comb, hairbrush
XE22C	Razor, razor blade
XE39S	Electric shaver
XE1RS	Electric toothbrush
XE88G	Other toothbrush
XE45T	Toiletries, cosmetics, or related product <i>Coded Elsewhere:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Coded Elsewhere:</i> Hornet venom (XM31U2)
XE7WQ	Yellow hornet
XE7TV	Whitefaced hornet
XE4YS	Ant
XE75L	Spider
XE2EP	Scorpion
XE779	Tick
XE11M	Centipede, millipede
XM6QA5	Cochineal <i>Coded Elsewhere:</i> Cochineal extract (XM3K54)
XE813	Land mammal
XE33Q	Dog
XE0W5	Dog dander
XE3GM	Dog epithelium
XE4V0	Cat
XE896	Cat dander
XE8X3	Rat, guinea pig, mouse
XE3UD	Pig, wild boar
XE25P	Sheep, goat
XE257	Cow, bull, bovine animals
XE1LR	Beef
XE5NG	Cow dander
XE5VC	Horse, pony, donkey, mule, ass
XE7NS	Baboon, monkey, chimpanzee, gorilla

XE4TZ	Marsupials
XE1MH	Deer, moose, antelope, zebra, wildebeest
XE37L	Hippopotamus
XE82S	Lion, puma, panther, cougar, mountain lion, tiger
XE7UA	Bear, grizzly bear, polar bear
XE2Q6	Elephant
XE96F	Buffalo, bison, African buffalo
XE08V	Hamster epithelium
XE09T	Horse dander
XE7CQ	Mouse epithelium
XE43Q	Mouse urine proteins
XE7TQ	Rabbit epithelium
XE9BL	Pork
XE6T4	Blue mussel
XE6WA	Scallop
XE5ZB	Guinea pig epithelium
XE2AH	Marine animal
XE765	Shark
XE71F	Other fishes
XE48L	Sea snake
XE3UQ	Marine mammal
XE8BW	Jellyfish
XE40R	Nematocysts
XE75E	Coral
XE6ZA	Sea urchin
XE45C	Sea anemone
XE43L	Sea cucumber
XE1PT	Reptile or amphibian
XE44L	Non-venomous snake
XE9H6	Venomous snake

XE9X2	Cobra
XE5N3	Fer de lance
XE2RM	Rattlesnake
XE8LD	Viper
XE2UZ	Krait
XE11V	Snake, unspecified whether venomous or not
XE6A7	Lizard, gecko, goanna
XE65X	Gila monster
XE4YK	Frog, toad
XE4FD	Crocodile, alligator
XE653	Person
XE70B	Person, self
XE0TZ	Crowd of people

Building, building component, or related fitting

XE1P6	Building fitting
XE766	Flush toilet
XE429	Pit latrine
XE2C6	Bathtub, spabath, shower cubicle
XE78X	Bathtub
XE5T1	spabath
XE5RW	shower cubicle
XE31Q	Shower
XE8P0	Fitted counter, counter-top, kitchen top
XE2AC	Door, window, or related fitting or feature
XE68A	Door, door sill
XE4YT	Glass door
XE4NX	Security door or gate, fly gate
XE6FE	Bars on windows
XE4BD	Window

XE5B1	Exterior window shutters
XE7SG	Floor or related fitting or feature
XE0SK	Floor - carpeted
XE19Z	Floor - tile, brick, concrete
XE6M6	Floor - wood
XE6ZE	Floor - mud, clay, animal dung
XE4ZE	Wall or related fitting or feature
XE19W	Fireplace
XE1B2	Built-in barbecue
XE0WS	Wall - brick, concrete, tile
XE7CH	Wall - wood
XE3GJ	Wall - mud, clay, animal dung
XE3PF	Certain specified building, building component, or fitting
XE39L	In-ground swimming pool
XE4PB	Above-ground swimming pool, external spa, or hot tub
XE5PL	Above-ground swimming pool
XE3PX	external spa
XE8AX	external hot tub
XE7FP	Fence, gate
XE3BP	Fence
XE3GT	Gate
XE9QW	Moving ramp, escalator
XE0KF	Moving ramp
XE73T	Escalator
XE8PC	Lift, elevator
XE3HC	Stairs, steps
XE2VG	Handrail, railing, banister
XE6T1	Electrical transmission line in or around building
XE7UU	Fittings or pipes for gas, steam or hot water
XE171	Fittings or pipes for gas

XE2BH	Fittings or pipes for steam
XE48P	Fittings or pipes for hot water
XE871	Electrical fixture
XE9HH	Ducted air-conditioning unit or related fitting

Ground surface or surface conformation

XE58F	Ground surface
XE1AK	Cliff
XE94G	Slope, ramp
XE3EC	Trench, ditch, pit
XE5Y0	Sewer grate
XE2G4	Open drain, channel
XE7K9	Body of water
XE9TJ	Body of water, man-made well, dug well for underground water
XE40U	Body of water, water reservoir
XE64D	Body of water, puddle
XE285	Body of water, dam, lake
XE1CZ	Body of water, river, stream
XE57J	Body of water, swamp, marsh, estuary
XE636	Body of water, beach, seashore
XE5N4	Body of water, open sea
XE0CX	Body of water, flood water
XE2QX	Body of water, canal or irrigation channel
XE7CY	Certain specified surface conformation
XE45P	Sloping surface, not elsewhere classified
XE9CC	Even surface, not elsewhere classified
XE1DA	Uneven surface, not elsewhere classified

Material, not elsewhere classified

XE4BY	Natural material
XE3LV	Snow, ice

XE233	Natural grass
XE83R	Rock, stone, not elsewhere classified
XE2JN	Wood - timber, board, splinter, not elsewhere classified
XE9D4	Gravel, soil, sand, not elsewhere classified
XE36E	Hay, straw
XE410	Grain in bulk
XE4Y6	Manufactured or industrial material
XE59G	Artificial grass
XE6MG	Brick, concrete, concrete block
XE983	Molten metal
XE1FP	Metal - sheet, part, piece etc.
XE1LM	China, ceramics - sheet, part, piece
XE57U	Molten glass
XE4KU	Glass - sheet, piece, shard
XE7K4	Plastic
XE63Q	Paper, cardboard
XE7CA	Bitumen
XE16B	Material not mentioned elsewhere
XE5XN	Textiles
XE3NR	Fire, flame or smoke causing injury
XE9DT	Fire, flame causing injury
XE7PM	Burning oil
XE73M	Other burning liquid
XE3K6	Burning gas, not elsewhere classified
XE27S	Controlled fire, flame in building or structure
XE7W8	Controlled fire, flame, not in building or structure
XE87S	Uncontrolled fire, flame in building or structure
XE7V9	Uncontrolled fire, flame not in building or structure
XE4F3	Smoke causing injury

XE63H	Hot object or substance, not elsewhere classified
	<i>Exclusions:</i> 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
	<i>Coded Elsewhere:</i> 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
	<i>Exclusions:</i> 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. <i>Inclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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. <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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
	<i>Exclusions:</i> 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 <i>Exclusions:</i> Phase of activity, scrimmaging (XE07B)
XE07B	Phase of activity, scrimmaging
XE0BT	Phase of activity, strength and conditioning or weight training <i>Exclusions:</i> Phase of activity, cardiovascular training (XE945)
XE945	Phase of activity, cardiovascular training <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Perpetrator-victim relationship, Ex-spouse (XE6Q9)
XE8JN	Perpetrator-victim relationship, cohabiting partner
XE8GZ	Perpetrator-victim relationship, noncohabiting partner <i>Exclusions:</i> Perpetrator-victim relationship, date (XE7GT)
XE6Q9	Perpetrator-victim relationship, Ex-spouse
XE8TC	Perpetrator-victim relationship, Ex-partner
XE8AA	Parent <i>Exclusions:</i> Perpetrator-victim relationship, foster parent (XE4BZ)
XE8QX	Perpetrator-victim relationship, father or mother <i>Exclusions:</i> 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 <i>Exclusions:</i> Perpetrator-victim relationship, step-parent (XE9FD)
XE7GT	Perpetrator-victim relationship, date
XE6WK	Perpetrator-victim relationship, roommate <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> 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 <i>Exclusions:</i> Drug-related incident (XE933)
XE591	About family issues
XE2RR	Context of assault, altercation about family issues, children
XE37R	Context of assault, altercation about family issues, in-laws
XE1B3	Context of assault, altercation about family issues, dowry issues
XE1F9	Context of assault, altercation about family issues, family honour
XE9SP	About personal issues
XE1XB	Context of assault, altercation about current love relationship
XE3YH	Context of assault, altercation about terminating a love relationship

XE6DB	Context of assault, altercation about sex Exclusions: Context of assault, sexual assault (XE213)
XE4H5	About personally-held views
XE03X	Context of assault, altercation about personally-held views regarding politics
XE860	Context of assault, altercation about personally-held views regarding religious or spiritual matters
XE1RW	Context of assault, altercation about personally-held views regarding cultural issues
XE6YL	Context of assault, altercation about personally-held views regarding racial or ethnic issues
XE1Q8	Context of assault, altercation about personally-held views regarding issues of gender or sexual orientation
XE0Z5	About business or financial issues
XE4ML	Context of assault, altercation about loss of employment
XE00W	Context of assault, altercation about other financial losses related to employment or business Exclusions: Drug-related incident (XE933)
XE05L	Context of assault, other employment disputes
XE62S	Context of assault, altercation about money or property
XE6VD	About sports and other leisure
XE81U	Context of assault, altercation about gambling
XE47F	Context of assault, altercation about sports Exclusions: Context of assault, altercation about gambling (XE81U)
XE8NL	Context of assault, altercation about traffic
XE4XA	Context of assault, malicious misconduct
XE4P2	Context of assault, bullying, intimidation
XE3KE	Context of assault, altercation about past altercation
XE91G	Illegal acquisition or attempted illegal acquisition of money or property Exclusions: Drug-related incident (XE933) Context of assault, kidnapping (XE1N7)
XE0LR	Context of assault, burglary
XE6PL	Robbery
XE6YM	Context of assault, unarmed robbery
XE989	Context of assault, armed robbery

XE933	Drug-related incident
XE5AY	Context of assault, selling drugs or drug business
XE0Z6	Context of assault, argument over possession, use, or cost of drugs
XE1GC	Context of assault, failure to pay a drug debt
XE1LL	Context of assault, probable drug involvement, but no positive evidence
XE213	Context of assault, sexual assault
XE6U2	Context of assault, rape or attempted rape
XE85Q	Context of assault, sodomy or attempted sodomy
XE29Q	Context of assault, touching or fondling of genitals
XE18N	Context of assault, oral sex
XE8DB	Gang-related incident
XE3QM	Context of assault, gang initiation
XE2A5	Context of assault, gang rivalry
XE3V7	Other criminal activity
XE2QF	Context of assault, blackmail
XE1N7	Context of assault, kidnapping
XE0NB	Context of assault, contract injuring or killing
XE5A7	Context of assault, drive-by shooting
XE5QX	Other specified context of assault
XE6FN	Context of assault, retaliation or revenge
XE3G0	Context of assault, mercy killing or euthanasia
XE90G	Context of assault, neglect
XE580	Context of assault, torture
XE92U	Context of assault, additional context, mistaken identity

Aspects of intentional self-harm events

Proximal risk-factors for intentional self-harm

XE17Z	Conflict in relationship with family member, partner, or friend
XE9SZ	Proximal risk factors for intentional self-harm, Conflict in relationship with spouse, partner, boy/girlfriend

XE6QA	Proximal risk factors for intentional self-harm, Conflict in relationship with parent
XE1A1	Proximal risk factors for intentional self-harm, Conflict in relationship with offspring
XE3GP	Death of a relative, partner, or friend
XE19R	Proximal risk factors for intentional self-harm, Suicide of a relative, partner or friend
XE8T3	Proximal risk factors for intentional self-harm, Other manner of death of a relative, partner or friend
XE2FT	Proximal risk factors for intentional self-harm, Unspecified manner of death of a relative, partner or friend
XE97R	Physical problem
XE5CU	Proximal risk factors for intentional self-harm, HIV or AIDS
XE3AG	Proximal risk factors for intentional self-harm, Unwanted pregnancy
XE6XD	Mental condition
XE2Q7	Proximal risk factors for intentional self-harm, Substance abuse
XE79G	Proximal risk factors for intentional self-harm, Postpartum depression
XE3U9	Income-related or financial problem
XE70C	Proximal risk factors for intentional self-harm, Work-related
XE4UX	Proximal risk factors for intentional self-harm, Dowry
XE5J3	Abuse
XE8HX	Proximal risk factors for intentional self-harm, Sexual abuse
XE8ND	Proximal risk factors for intentional self-harm, Physical abuse
XE2RX	Proximal risk factors for intentional self-harm, Neglect
XE31V	Proximal risk factors for intentional self-harm, Legal system encounters
XE8MK	Proximal risk factors for intentional self-harm, School-related problem
XE98Q	Proximal risk factors for intentional self-harm, Religious belief or affiliation
XE6TW	Proximal risk factors for intentional self-harm, Cultural issue

Previous non-fatal intentional self harm

XE76W	Previous suicide attempt, No

XE3YR **Previous suicide attempt, Yes**

Intention to die aspect of self-harm

Inclusions: parasuicide (incomplete suicide attempt)
 self-mutilation
 suicide

XE97V **Intentional self-harm, person intended to die**
Intentional self-harm with intent to cause the death of the person.

XE5D6 **Intentional self-harm, person did not intend to die**
Self-injury, self-harm, cutting or self-mutilation undertaken intentionally for reasons other than to bring about the death of the person.

XE2SF **Intentional self-harm, not known or not determined if person intended to die**
Information that a competent person (e.g. psychiatrist, coroner) had concluded that it could not be determined whether the intentional self-harm was done with intent to die. No information or insufficient information was available.

Aspects of armed conflict

Type of armed conflict

XE2RB **Type of conflict, civil war or guerrilla operation**

XE324 **Type of conflict, war**

XE4RJ **Type of conflict, declared terrorism**

XE0EG **Type of conflict, civil insurrection**

XE7HW **Type of conflict, postconflict incident**

Role of injured person in armed conflict

XE42H **Military personnel**

XE2WZ **Civilian**

XE3P0 **Role of injured person in armed conflict unknown**

Type of legal intervention

XE52B **Potential arrest situation**

XE9JF **Type of legal intervention, potential arrest related traffic pursuit**

XE25D	Type of legal intervention, potential arrest related investigation of a suspicious person or incident
XE3XD	Type of legal intervention, potential arrest related execution of an arrest
XE8Z9	Response to a disturbance call
XE84H	Type of legal intervention, response to a disturbance call because of a family dispute
XE8WD	Type of legal intervention, response to a disturbance call because of a person behaving aberrantly
XE3FV	Type of legal intervention, response to other specified disturbance call
XE439	Type of legal intervention, response to unspecified disturbance call
XE8M2	Type of legal intervention, ambush situation
XE1DD	Type of legal intervention, civil disorder
XE0RZ	Type of legal intervention, handling, transporting, or custody of prisoner
XE7AT	Type of legal intervention, execution of a legal sentence

Aspects of incidents related to devices

Problem related to the interaction between the patient and the device.

XE4HK	Patient device interaction problem
XE6GS	Patient-device incompatibility
XE7ZE	Biocompatibility Problem associated with undesirable local or systemic effects due to exposure to medical device materials or leachates from those materials by a patient who has an implant or is receiving treatment with a device made from them.
XE2CL	Device appears to trigger rejection The device appears to elicit undesired response in the patient to the presence of an implanted or invasive device, without inherent device failure, e.g. fibrous encapsulation, or inflammation of the tissue around the device, or extrusion of the device
XE584	Inadequacy of device shape or size The physical size or shape of the device was inadequate with regard to the patient's anatomy.
XE7JV	Osseointegration problem Problem associated with interconnection between the bone tissue and the implanted device.

XE94Z	Failure to osseointegrate Problem associated with the failure to see direct anchorage of an implant by the formation of bony tissue around the implant without the growth of fibrous tissue at the bone-implant interface.
XE0Z9	Loss of osseointegration Problem associated with weakened integration of the device at the bone-implant interface due to loss of fibrous and/or bony tissue and leading to compromised anchorage of the device
XE2K9	Loosening of implant not related to bone-ingrowth Problem associated with the loss of direct anchorage of an implanted device over time or due to an injury.
XE0VD	Migration or expulsion of device Problem with an implanted or invasive device moving within the body, or being completely expelled from the body.
XE763	Migration of device Problem with all or part of an implanted or invasive device moving from its intended location within the body.
XE1FH	Expulsion of device Problem with all or part of an implanted or invasive device being completely expelled from its intended location within the body.
XE7Q8	Manufacturing, packaging or shipping problem Problem associated with any deviations from the documented specifications of the device that relate to nonconformity during manufacture to the design of an item or to specified manufacturing, packaging or shipping processes (out of box problem).
XE5Y1	Product quality problem
XE4UR	Dull or blunt Problem associated with a device not being as sharp as intended or expected.
XE46G	Nonstandard device Problem associated with the device that does not meet the specifications or requirements for which it was manufactured (e.g. materials, parts, manufacturing process).
XE1K1	Defective component
XE9CD	Defective device
XE12L	Device damaged prior to use
XE8RY	Packaging problem Problem associated with the materials used to construct the cover or outer wrapping of the device.

XE01Z	Difficult to open or remove packaging material Problem associated with difficulty for users to operate the device, specifically as it relates to the opening or removal of the outer wrapping.
XE5YH	Incomplete or missing packaging Problem associated with the nonconformance to the device specifications due to incomplete or missing packaging that may compromise the device operation as intended.
XE4VM	Unsealed device packaging Problem associated with the loss of packaging seal.
XE2AN	Tear, rip or hole in device packaging Problem associated with packaging damage (tear, rip or hole) prior to the use of the device.
XE151	Device misassembled during manufacturing or shipping
XE9R8	Component misassembled A device found to have one or more components incorrectly assembled when delivered to the user facility.
XE89V	Component missing A device component(s) found to be missing when delivered to the user facility.
XE8ZA	Shipping damage or problem Problem associated with shipping damage or problem prior to the use of the device.
XE78P	Delivered as unsterile product Problem associated with a device being received in such a manner to indicate that its sterility has been compromised (e.g. sterile packaging breached, visible contaminate present)
XE52X	Chemical problem Problem associated with any from the documented specifications of the device that relate to any chemical characterization, i.e., element, compound, or mixture.
XE9AC	Device emits odour Problem associated with an unexpected or inappropriate smell released by the device.
XE3E0	Device ingredient or reagent problem Problem associated with any deviations from the documented specifications of the device that relate to any ingredient or reagent characterization.
XE4BC	Clumping in device or device ingredient Problem associated with the aggregation of particles into irregular masses.

XE49W	Coagulation in device or device ingredient Problem associated with the undesired characterization of congealing, solidifying, thickening, curdling.
XE4VP	Precipitate in device or device ingredient Problem associated with the separation of solid particles from a liquid as the result of a chemical or physical change.
XE8Z6	Cross reactivity Problem associated with the degree to which an antibody or antigen participates in cross reactions.
XE0VB	Particulates Substances that consist of separate particles that are introduced by the device during use.
XE0K7	High pH pH higher than expected and / or anticipated.
XE657	Low pH pH lower than expected and / or anticipated.
XE6E7	Improper chemical reaction
XE4LP	Material integrity problem Problem associated with any deviations from the documented specifications of the device that relate to the limited durability of all material used to construct device.
XE8D2	Break Problem associated with undesired damage or breakage of those materials used in the device construction.
XE1M6	Fracture of device Problem associated with a partial or full-thickness crack in the device materials.
XE9DU	Loss of or failure to bond Problem associated with lack or loss of adherence between materials intended to be joined together by an adhesive.
XE2ET	Material fragmentation Problem associated with small pieces of the device breaking off unexpectedly.
XE82N	Solder joint fracture Problem associated with undesired damage or breakage in a solder joint of materials used in the device construction.
XE638	Burst container or vessel Problem associated with the pressure inside a vessel or container rising to such a degree that the container ruptures.

XE5EZ	Explosion Problem associated with the violent bursting due to the sudden expansion of air, gas or fluid.
XE38M	Crack Problem associated with an undesired partial separation and/or a visible opening along the length or width in the materials that are used in the device construction.
XE0HB	Degraded Problem associated with a undesired change in the chemical structure, physical properties, or appearance in the materials that are used in the device construction.
XE8J3	Calcified Problem associated with buildup of calcium salts on the device.
XE228	Corroded Problem associated with the chemical or electrochemical reaction between materials, usually a metal and its environment that produces a deterioration of the metal and its properties.
XE1WE	Material erosion Problem associated with a progressive loss of a material from a solid surface.
XE9F6	Pitted Problem associated with the corrosion of a material's surface, confined to a point or small area that takes the form of cavities.
XE0YK	Flaked Problem associated with the detachment of small pieces of the coating film of a material.
XE3VG	Peeled or delaminated Peeling or delamination of composite materials, including coatings, that occurs when layers are separated as a result of stress or impact and resulting in loss of mechanical toughness.
XE975	Naturally worn Problem associated with material damage to a surface, usually involving progressive loss or displacement of material, due to relative motion between that surface and a contacting substance or substances.
XE9JW	Unraveled material Problem due to the undesired unravelling of material (e.g. disentangled, unwound etc.).
XE1LJ	Material deformation Problem associated with an undesired material change in shape or property caused by external forces.

XE0JB	Deformation due to compressive stress Problem associated with an undesired bulge, bend, bow, kink, or wavy condition observed in the device material resulting from compressive stresses.
XE5NT	Dent in material Problem associated with a undesired change in shape, characterised by the presence of a slight hollow (dent) in the device surface.
XE0ZV	Failure to fold Problem associated with an undesired material change in physical property, characterised by failure to fold.
XE06Q	Failure to unfold or unwrap Problem associated with the comprising materials' deformation in that device fails to open its wrapping or open/extend in a certain manner i.e. balloon or lens.
XE37M	Material frayed Problem associated with the comprising materials having damaged edges.
XE8PS	Material invagination Problem associated with an undesired material change in shape, characterised by the infolding of one part within another part of a structure.
XE4Z7	Material too rigid or stiff Problem associated with an undesired material change in physical property, characterised by rigidity (it resists deformation in response to an applied force).
XE9WH	Material too soft or flexible Problem associated with any device material that results in the material's inability to maintain the desired shape or support function.
XE47S	Material twisted or bent Problem associated with deformations that lead to twisting or bending of the device.
XE8ZQ	Melted Problem associated with a solid device being transformed into a molten or liquid state.
XE5D0	Stretched Problem associated with an increase or elongation in a materials' dimension.
XE2G9	Material discoloured Problem associated with an undesired streak, pattern and/or a noticeable change in color from the rest of the materials used in the device construction.
XE0RF	Material disintegration Problem associated with material breaking into small particles.

XE585	Material opacification Problem associated with an undesirable opaqueness or cloudiness.
XE9AR	Material perforation Material constituting device is perforated possibly compromising the device's intended purpose.
XE0X4	Material puncture or hole Device material(s) punctured leading to undesired holes/openings.
XE72S	Material protrusion or extrusion Problem associated with undesired physical appearance of device material, specifically when material extends beyond or above device surface.
XE6G0	Material rupture Problem associated with perforations that lead to bursting of the device.
XE6K7	Material separation Problem associated with an undesired disassociation or breaking apart of the device.
XE4FP	Material split, cut or torn Problem associated with materials composing the device being split, cut or torn due to external forces (e.g. wrenching or laceration) or internal forces (e.g. exceeding the tensile stress limits belonging to the materials used in the device construction).
XE609	Scratched material Problem associated with an undesirable shallow cut or narrow groove in the surface of the device materials.
XE2GF	Mechanical problem Problems associated with mechanical actions or defects, including moving parts or subassemblies, etc.
XE2CM	Detachment of device or device component Problem associated with the separation of the device from its physical construct, integrity, or chassis.
XE634	Device damaged by another device Problem associated with one device causing harm to another device.
XE7NX	Ejection problem
XE0VZ	Failure to eject Problem associated with the inability to remove or discharge the device from the location of use.
XE1PM	Unintended ejection Problem associated with unexpected discharge of the device from expected location includes but not limited to the device such as clip applicators, film cartridge, staples.

XE944	Leak or splash
XE2ZY	Fluid leak Escape (Release, Discharge) of fluid through an unintended location - often accompanied by a loss of pressure and/or output.
XE0RV	Gas leak Problem associated with the unintended escape of a gas from the container in which it is housed.
XE53W	Gel leak Escape (Release, Discharge) of gel through an unintended location - as in leakage of ultrasound gel. Escape or release of gel from containment structures - as in gel filled implant leak.
XE0B1	Radiation leak Escape of radiation (energy in the form of waves or subatomic particles, especially those that cause ionization) through containment structures, leading to unintended exposure.
XE2JE	Perivalvular leak Problem associated with the escape of blood around a heart valve, particularly around its leaflets.
XE1RJ	Firing problem
XE666	Failure to fire Problem associated with failure of the device to discharge its load (e.g. surgical stapler failed to partially or completely deploy its staples).
XE5P4	Misfire Problem associated with a therapy or algorithm not being delivered or executed at the expected time.
XE88N	Mechanical jam The motion of the device is prevented or restricted.
XE279	Mechanics altered Problem associated with a device mechanical functioning of machinery, moving parts or tools of device being changed or modified.
XE7KY	Failure to align Problem associated with a circuit, equipment, or system whereby its functions fail to be properly synchronized or its relative positions properly oriented.
XE0XR	Failure to cut Inability of the device to make an incision, pierce or open as intended.

XE23L	Failure to cycle Problem associated with the device failing to complete a series of processes or events.
XE289	Failure to form staple Problem associated with the device failing to connect tissue with a stapling device due to the staples not forming correctly.
XE4F9	Noise, audible Problem associated with any unintended sound which emanates from the device (for example, squeaking from two parts rubbing together or buzzing sounds from electrical components).
XE635	Physical resistance or sticking Problem associated with the lack of movement in the device due parts sticking or seizing.
XE306	Retraction problem Problem associated with drawing back the device to an intended location.
XE79Q	Structural problem Problem associated with the basic physical construction or physical make-up of the device.
XE8H1	Structural collapse Problem associated with the buckling or crushing of material from external forces.
XE3VF	Sharp edges The device has undesirable sharp edges which can cause harm or damage.
XE8ZX	Difficult to fold or unfold Problem associated with the use of the device in terms of user experiencing difficulty to close or to spread out/extend length of the device, even if the operation is being performed according to labeled instructions for use.
XE2EV	Difficult to open or close Problem associated with the use of the device in terms of user experiencing difficulty opening and closing the device, even if the operation is being performed according to labeled instructions for use.
XE3UJ	Incomplete coaptation Problem associated with the heart valve leaflet not closing properly.
XE8ZZ	Unintended movement Problem associated with an undesired movement of the device, which may be related to malfunction of the device, misdiagnosis, or mistreatment.
XE6KT	Device dislodged or dislocated Problems associated with the device not remaining in an expected location.

XE78C	Device tipped over Problem associated with the inability of the device to stay in an upright position.
XE5JJ	Device fell Problem associated with the device or a component unexpectedly being dropped or moving down from an intended place.
XE1Q1	Device slipped Problem associated with the device moving or sliding from the intended position.
XE0QZ	Unintended collision of device Problem associated with the device impacting with another object.
XE1Y1	Unintended system motion Problem associated with any motion of the system or components that was not initiated by the user.
XE5CH	Unstable device Problem associated with the mechanical stability of the device.
XE76A	Vibration of device Problem associated with the undesirable mechanical oscillation.
XE941	Optical problem Problem associated with transmission of visible light affecting the quality of the image transmitted or otherwise affecting the intended application of the visible light path.
XE5CX	Misfocusing The problem relates to the poor focusing of the object or the focus is on the wrong object or in the wrong area.
XE4W1	Optical decentration Problem associated with being off-center of optical lenses.
XE1VT	Optical discolouration Problem associated with an undesired change of color.
XE4BE	Optical distortion Problem associated with an optical defect in an image-forming system whereby the image is not the shape of an ideal image of the object.
XE93N	Optical obstruction Problem associated with the blocking of optical devices, e.g. visual pathways.
XE28Y	Output problem Problem associated with any deviation from the documented specifications of the device that relate to the end result, data, or test results provided by the device.

XE8NW	Audible prompt or feedback Problem with any deviation from the documented specifications of the device that relate to audible feedback, e.g. voice prompts or beeps, but not safety-related alarms which are covered under "Protective measures problem".
XE0WU	Inappropriate audible prompt or feedback Problem with audible messages which do not guide a device user to the correct action.
XE487	Inaudible or unclear audible prompt or feedback Problem associated with audible prompts which cannot be heard clearly.
XE8MP	No audible prompt or feedback Problem associated with the device ceasing to provide audible prompts.
XE2S2	Display or visual feedback problem Problem with any deviation from the documented specifications of the device that relate to visual feedback, e.g. the display of information, images on a screen, or output from the device.
XE4TX	Device displays incorrect message Problem associated with providing incorrect display information.
XE2NW	Display difficult to read Problem associated with legibility of the display, compromising for instance the reading/interpretation of patient parameters or test results. Legibility problems can be due to color, size of font, display screen contrast or other factors.
XE2ES	Erratic or intermittent display A device does not consistently display the same message, result, reading, or image. E.g. the display might flicker, switch between readings or messages, or go completely blank for brief periods of time.
XE7T8	Image display error or artifact Problem with image display leading to corrupted images or readouts/measurement indications.
XE2V3	Image orientation incorrect Problem associated with an incorrect image orientation on the device display.
XE5Q5	No display or image Problem associated with the absence of display or image.
XE4FQ	No visual prompts or feedback Problem associated with the device ceasing to provide visual feedback.
XE5XP	Poor quality image Inadequate quality of an image or any visual representation displayed by the device, or output from the device.

XE1C5	Visual prompts will not clear Problem with visual messages which continue to be displayed on / by the device after the appropriate action has been taken.
XE7Z4	Tactile prompts or feedback Problem with any deviation from the documented specifications of the device that relate to tactile feedback, e.g. device vibrational prompt.
XE6CE	Inappropriate tactile prompt or feedback Problem with tactile feedback which does not guide a device user to the correct action.
XE963	No tactile prompts or feedback Problem associated with the device ceasing to provide tactile feedback.
XE0KH	Energy output problem Problem with the device's intended output of energy.
XE7ST	Energy spectrum incorrect Problem associated with the energy output from the device not being in the expected part of the spectrum.
XE5PU	Failure to deliver energy Problem associated with the failure of the device to deliver any energy.
XE538	Intermittent energy output Problem associated with the energy output from the device being inconsistent over time.
XE81P	Output above specifications Device output is exceeding the documented specifications of the device.
XE8XC	Output below specifications Device output is below the documented specifications of the device.
XE2MC	Therapeutic or diagnostic output failure Problem associated with the failure of the device to deliver the output required for treatment or identification of a disease.
XE1US	Therapy delivered to incorrect body area Problem associated with the device causing unintended therapeutic action to an area of the body other than the intended area.
XE1ED	Radiation output problem Problem with the device's intended output of radiation.
XE5F0	Radiation output failure Problem associated with the absence of radiation output from radiological or diagnostic devices.

XE0JA	Radiation overexposure Problem associated with excessive radiation emitted from radiological or diagnostic devices.
XE74E	Radiation underexposure Problem associated with too little radiation emitted from radiological or diagnostic devices.
XE6UD	Unexpected or unintended radiation output Device-emitted radiation when it was not supposed to. This applies to devices which are intended to emit radiation, and the radiation being emitted from the correct part of the device, but at an incorrect time. Use "radiation leak" if the device emits radiation which should never have been emitted, or from a location from which it should never be emitted. Exclusions: Radiation leak (XE0B1)
XE68Z	Gas output problem Problem associated with gas output.
XE7E5	No device output Problem associated with no measurement outcome, value or data obtained from the device.
XE4BB	Incorrect, inadequate or imprecise result or readings Problem associated with a nonconforming end result, data, or test results provided by the device to its performance specifications.
XE7TS	Signal artifact Problem associated with impurities or interference in a signal (e.g. ECG artifact).
XE3MS	Failure to obtain sample The device does not collect or transfer the sample.
XE2E8	False negative result Problem associated with the device incorrectly reporting that something has not been detected and may mislead the operator into not taking certain actions when action should be taken.
XE9K2	False positive result Problem associated with the device incorrectly reporting that something has been detected and may mislead the operator to take certain actions.
XE3XG	Incorrect measurement Measurement obtained from or provided by the device is obviously incorrect.
XE5E8	Nonreproducible results Device results cannot be reliably reproduced.

XE9D6	High readings Reading provided by the device is too high or higher than expected.
XE5KE	Low readings Reading provided by the device is too low or lower than expected.
XE485	High test results Test results provided by the device are too high or higher than expected.
XE8EM	Low test results Test results provided by the device are too low or lower than expected.
XE8YH	Unable to obtain readings The device does not provide or display a valid reading.
XE56S	Missing test results Problem associated with the results of a test or measurement not appearing.
XE3YZ	Unexpected therapeutic results Problem associated with the use of the device for therapeutic purposes.
XE16C	Electrical or electronic property problem Problem associated with a failure of the electrical circuitry of the device.
XE57L	Capturing problem Problem associated with the inability of the device to achieve successful depolarization and contraction of a cardiac chamber caused by a pacemaker output pulse.
XE0UH	Failure to capture Problem associated with the failure to achieve effective and consistent depolarization of the heart resulting from the electrical stimulus of the pacemaker.
XE18Z	High capture threshold Problem with the amount of output energy needed to cause cardiac depolarization being higher than expected/desired.
XE1T0	Intermittent capture Problem associated with the ineffective and inconsistent depolarization of the heart.
XE350	Unstable capture threshold Problem with the amount of output energy needed to cause cardiac depolarization being unstable.
XE4QC	Continuous firing Problem associated with the excessive production of electrical impulses over a period.

XE4HP	Arcing Problem associated with electrical current flowing through a gap between two conductive surfaces, typically resulting in a visible flash of light.
XE4X8	Arcing at paddles Problem associated with electrical current flowing through a gap between paddles (conductive surfaces), typically resulting in a visible flash of light.
XE7KZ	Arcing of electrodes Problem associated with electrical current flowing through a gap between electrodes (conductive surfaces), typically resulting in a visible flash of light.
XE2SR	Sparking Problem associated with a flash of light related to an electrical discharge into a normally non conductive medium, such as air. Not associated with a discharge between two conductive surfaces.
XE16Z	Battery problem Problem associated with the internal power of the device (e.g. battery, transformer, fuel cell or other power sources).
XE2MD	Battery problem with high impedance Problem related to increased battery internal impedance.
XE41Q	Battery problem with low impedance Problem related to decreased battery internal impedance.
XE548	Failure to run on battery Problem associated with the device failing to operate when not connected to a fixed power source.
XE5U8	Premature discharge of battery Battery discharging earlier than expected.
XE5ER	Charging problem Problem associated with the inability of the device to successfully charge an electrical source.
XE6QY	Aborted charge Problem associated with the premature ending of the charging process (e.g. of a battery or other charge storage device).
XE67U	Delayed charge time Problem associated with an unexpected amount of time required to charge the device (e.g. a delay in starting charging or a longer than expected charge time).
XE5PM	Failure to charge Problem associated with inability to initiate the appropriate charging process (e.g. of a battery or other charge storage device)

XE8DT	Failure to discharge Problem associated with the failure of a battery or other charge storage device to appropriately discharge as intended. Does not apply to defibrillation.
XE2B3	Power problem Problem associated with the energy to operate the device.
XE1DB	Complete loss of power Problem associated with the lack of power to run the device.
XE2A6	Intermittent loss of power Problem associated with an intermittent disruption to the power to run the device.
XE38R	Failure to power up Problem associated with the inability of the device to turn on related to energy delivered to the device.
XE7Z7	Unintended power up Problem associated with the device turning on when not intended.
XE0Q2	Device sensing problem Problem associated with the device features that are designed to respond to a physical stimulus (temperature, illumination, motion, cardiac rhythms) and that do not transmit a resulting signal for interpretation or measurement.
XE6SM	Decreased sensitivity Problem with the device being less sensitive to an input than intended or expected.
XE7QR	Increased sensitivity Problem with the device being more sensitive to an input than intended or expected.
XE8H3	Failure to analyze signal Problem with the device not analyzing a signal.
XE0K3	Failure to select signal Problem associated with the failure of the device to select the appropriate input signal.
XE6H7	High sensing threshold Problem associated with the amount of input required by the device to detect a signal being higher than expected/desired.
XE2P7	Low sensing threshold Problem associated with the amount of an input required by the device to detect a signal being lower than expected/desired.
XE9TK	Loss of threshold Problem associated with the loss of the minimum amount of energy, voltage, or current needed to consistently stimulate the heart muscle.

XE210	Failure to sense Problem associated with the failure of the device designed to respond to a physical stimulus (as temperature, illumination, motion) to transmit a resulting signal for interpretation or measurement.
XE02C	Over-sensing Problem related to failure of the device to properly filter cardiac signals resulting in inappropriate device response.
XE73Q	Under-sensing Problem related to failure of the device to properly detect intrinsic cardiac activity and respond appropriately.
XE69X	Sensing intermittently Problem with the device receiving an incoming signal on an intermittent basis when expected to be continuous.
XE28F	Incorrect interpretation of signal Problem with the device inappropriately analyzing a signal.
XE22D	Failure to conduct Problem associated with the inability of the device to allow a current of electricity to pass or to conduct electricity continuously along an electrical path.
XE8S0	Interrogation problem Problems associated with the device's ability to respond to signals from a system designed to interrogate its status.
XE9HR	Difficult to interrogate Problem associated with difficulty of a transponder system to trigger a response.
XE3PE	Failure to interrogate Problem associated with the device failure to appropriately respond to signals from a system designed to interrogate its status.
XE8HJ	Pacing problem Problem associated with the inability of the device to generate a therapeutic simulated heart beat via electrical impulses.
XE19S	Failure to convert rhythm Failure of the device therapy or set of therapies to terminate the harmful cardiac rhythm that the therapy is meant to terminate.
XE47M	Inaccurate synchronization Problem associated with an error due to imperfect timing of two operations, e.g. signal transmission time.

XE2LL	Inappropriate waveform Failure of the device to generate a correctly-shaped pacing output, e.g., a waveform that is too wide.
XE9A9	No pacing Problem associated with the device ceasing to deliver paces.
XE281	Pacemaker found in back-up mode A device with a pacing function found in back-up Mode. This may be an appropriate fail-safe action (e.g. end of battery life), or be caused by device-malfunction or due to operator error.
XE13R	Pacing asynchronously Problem associated with a pacing transmission process such that between any two significant instants in the same group, there is always an integral number of unit intervals. Between two significant instants located in different groups, there are not always an integral number of unit intervals.
XE10M	Pacing inadequately Pacing voltage or pulse width is less than desired.
XE1SU	Pacing intermittently Problem associated with the failure of pacing device for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such a failure is often recurrent.
XE99K	Pocket stimulation Problem associated with a pocket of skin in which the pulse generator is housed.
XE440	Defibrillation problem Problem associated with the inability of the device to provide an appropriate or successful electrical shock.
XE12S	Failure to deliver shock Problem associated with the failure of the device to deliver electrical energy intended to change an electrical rhythm.
XE6T0	Inappropriate shock Problem associated with the inappropriate delivery of an electrical energy.
XE8BU	Intermittent shock Problem associated with the failure to deliver shock for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such a failure is often recurrent.
XE739	Unintended electrical shock The device delivers unintended electrical shock.

XE9QT	Grounding malfunction Problem associated with the inability to connect conductors of an electronic system for the purpose of controlling or impeding ground currents and voltages.
XE3S7	Electrical overstress Problem associated with an electrical activity that exceeded the specified threshold limit of the internal integrated circuitry.
XE268	Electro-static discharge Problem associated with the discharge of electricity between two bodies previously electrically charged.
XE20P	Failure to shut off Problem associated with the device not powering off when a shutdown was requested.
XE7JN	Unexpected shutdown Problem associated with the device unexpectedly powering down.
XE4PR	Electromagnetic compatibility problem Problem associated with the ability of a system to function in its electromagnetic environment without introducing intolerable disturbances to anything in its environment.
XE5FA	Circuit failure Problem associated with a failure of the internal network paths or electrical circuitry (i.e. electrical components, circuit boards, wiring)
XE6ZB	Impedance problem Problem associated with electrical impedance levels between device and patient connections.
XE55U	Calibration problem Problem associated with the operation of the device, related to its accuracy, and associated with the calibration of the device.
XE6GR	Failure to calibrate Problem associated with the failure of the device to perform a self-calibration procedure or process designed to assure the accuracy and proper performance of the device.
XE8MT	Failure to recalibrate Problem associated with the failure of the device which is unable to regain a standard level of accuracy when performing a calibration procedure or process designed to assure the accuracy and proper performance of the device.
XE7H5	Imprecision Problem associated with the device providing imprecise measurements when compared to a reference standard.

XE1WU	Overcorrection Problem associated with an adjustment that surpasses a set of criteria.
XE586	Temperature problem Problem associated with the device producing unintended temperatures
XE9C7	Excessive cooling Problem associated with the device producing temperatures that are lower than specified.
XE77H	Excessive heating Problem associated with the device having a warming or heating function, producing excessive heat.
XE200	Insufficient cooling Problem associated with the device insufficiently cooled in device active (working) or/and non-active (nonworking) state.
XE2A4	Insufficient heating Problem associated with the device or its components producing temperatures that are not as high as what is specified.
XE14Q	Overheating of device Problem associated with the device producing high temperatures, such that its operation is compromised or harm is caused (e.g. overheating that produces melting of components or automatic shutdown).
XE6DP	Thermal decomposition of device Problems associated with a discoloration or destruction as a result of thermal decomposition of the device.
XE5T3	Fire Problem associated with the combustion of the device with a steady flame.
XE03F	Flare or flash Problem associated with device-related burn with an unsteady flame.
XE5H5	Smoke Problem associated with a cloud of vapor or gas generated from the device, generally associated after a fire or a burn.
XE85E	Computer software problem Problem associated with written programs, codes, and/or software system that affects device performance or communication with another device.
XE6PS	Application network problem Problem associated with the deviations from documented system specifications that affects overall system performance and/or the performance of an individual device connected to that system.

XE8HP	Application program problem Problem associated with the requirement for software to fulfill its function within an intended use or application.
XE5YA	Application program freezes, or becomes nonfunctional Problem associated with freezing and becoming nonfunctional of an application program.
XE46R	Application program problem, dose calculation error Problem associated with the written program code or application software used by the device to calculate specific measurements or quantities managed by the device.
XE09U	Application program problem, medication error Event in which the device software results in errors of medication preparation or administration.
XE2BJ	Application program problem, parameter calculation error Problem associated with the written program code or application software used by the device to calculate parameters other than those related to dose or power.
XE6SW	Application program problem, power calculation error Problem associated with the written program code or application software used by the device for calculations related to device power.
XE2CW	Application program version or upgrade problem Problem associated with installing updates to a software system that affects the device performance or communication with another device.
XE5CT	Problem with software installation Problem associated with installing the device software in a manner that allows full functioning of the device. Source of installation could be manufacturer or user.
XE842	Unintended application program shutdown Problem associated with an unintended shutdown by malfunction of the application program.
XE1HG	Program or algorithm execution problem Problem associated with execution problems relating to program or algorithm.
XE87N	Delayed program or algorithm execution Problem associated with delayed execution relating to program or algorithm.
XE1WW	Intermittent program or algorithm execution Problem associated with intermittent execution relating to program or algorithm.
XE0UN	Program or algorithm execution failure Problem associated with the failure of a program or algorithm to execute. Sudden/unexpected interruption to a program's execution.

XE4Z0	Computer operating system problem Problem associated with software, firmware, and/or hardware elements that control the execution of computer programs and provide such services as computer resource allocation, job control, input/output control, and file management in a computer system.
XE5F1	Operating system becomes nonfunctional Problem associated with malfunction of the computer operating system as opposed to an application software problem.
XE6VL	Operating system version or upgrade problem Problem associated with replacing an older operating system to an up-to-date operating system.
XE5EP	Computer system security problem Problem associated with unauthorized access to or modification of a software system resulting in a loss of confidentiality, integrity, or availability of written program code, application software, or data or entire device.
XE9XK	Application security problem Problem associated with the acquisition of computer programming codes that can replicate and spread from one computer system to another thereby leading to damaged software, hardware and data.
XE15X	Unauthorized access to computer system Problem associated with an access that was not permitted to the computer system that may lead to modification of program, corruption of data, or a break in network security. This concept is closely associated with computer integrity which is the degree to which a system or component prevents unauthorized access to, or modification of, computer programs or data.
XE2ZM	Data back-up problem Problems relating to a system, component, file, procedure, or person available to replace or help restore a primary item in the event of a failure or externally caused disaster.
XE72G	Failure to back up Problem associated with the inability to back up or to retrieve a backed-up version (corrupted file) of device data or system files.
XE8PZ	Failure to convert to back-up Problem associated with a failure to transition from a primary system, component, file, procedure to a backup in response to a failure in the primary item.
XE99Y	Data problem Event in which data (charting, orders, results) is not correctly stored, transferred, updated, or displayed.

XE992	Loss of data Event in which data is unintentionally permanently or temporarily lost, deleted, corrupted, or overwritten.
XE7BE	Patient data problem Event in which data is accessed by the healthcare provider and either the wrong patient or the wrong data is retrieved despite correct inquiry procedures.
XE048	Date or time related software problem Problem associated with programming of calendar dates and/or time as a factor in the operation of the device.
XE3UR	Connection problem Problem associated with linking of the device and/or the functional units set up to provide means for a transfer of liquid, gas, electricity or data.
XE9D0	Blocked connection Problem associated with linking of the device whereby their functional units set up to provide means for a transfer of fluid, gas, or data is prevented or impeded.
XE74X	Decoupling Problem associated with the device being unassociated in such a way that fluid, gas, power or signal information may not be transferred from one to another.
XE5WZ	Disconnection Problem associated with the linking of the device having a sufficient open space to prevent gas, liquid or electrical current flow between connectors.
XE9HJ	Failure to disconnect Problem associated with the linking of the device whereby termination of the transfer of liquid, gas, electricity, or information cannot be accomplished, or linking components do not come apart, or disconnect, when expected.
XE3G6	Loose or intermittent connection Problem associated with the connection of the device being loose or intermittent.
XE0WB	Misconnection Problem associated with the connection of the device being improper or not in accordance with device specification, requirements or intended uses.
XE4C0	Incomplete or inadequate connection Problem associated with a partial linking of the device whereby device may appear to be connected however only a partial, intermittent or no transfer of liquid, gas, electricity, or information can be accomplished.
XE0P9	Fitting problem Problem associated with the connection of the device whereby channels, switching systems, and other functional units set up to provide means for a transfer of liquid, gas, electricity, or information do not match or fit.

XE0JD	Communication or transmission problem Problem associated with the device sending or receiving signals or data. This includes transmission among internal components of the device to which the device is intended to communicate.
XE3EG	Failure to read input signal Problem associated with a failure of the device to read a signal for interpretation or measurement.
XE0V5	Failure to transmit record Problem associated with a failure of the device to transmit a record for interpretation or measurement.
XE4JX	Intermittent communication failure Inconsistent or lack of intended communication of data among internal components or with other external devices.
XE5H8	Telemetry discrepancy Problem associated with variability of the transmission of telemetry signals.
XE4YY	Wireless communication problem Problems with the RF wireless technology characteristics and performance (e.g., frequency, output power, range, reception), wireless quality of service, wireless coexistence, security of wireless signals and data, and electromagnetic compatibility.
XE7NV	Infusion or flow problem Problem associated with the device failing to deliver liquids or gases as intended (e.g. delivering drugs at incorrect rate, problems with drawing fluid from a system).
XE4VT	Deflation problem Problem associated with the inability of the device to release its contents.
XE6YH	Excess flow or over-infusion Problem associated with a delivery overdose of therapeutic agents, such as drugs or fluids being delivered into a device or a patient.
XE49K	Filling problem Problem associated with the method or amount of time associated with the delivery of a fluid. Time to delivery or amount of delivered entity may be affected.
XE3T4	Inability to auto-fill Complete failure to fill as part of an automated process. For insufficient filling use "Short Fill". For excessive filling use "Overfill". For inconsistent filling use "Volume Accuracy Problem".

XE97E	Overfill Excessive filling of a device Exclusions: Insufficient filling (XE8RE) Inconsistent filling (XE1QQ)
XE8RE	Short fill Insufficient filling of a device. Exclusions: Complete failure to fill (XE3T4) Inconsistent filling (XE1QQ)
XE1QQ	Volume accuracy problem Inconsistent filling of a device. This describes a problem which is observed to vary between overfilling and under filling, and may be intermittent. Exclusions: Consistent overfilling (XE97E) Consistent short filling (XE8RE)
XE2YK	Filtration problem Problem associated with the process of passing a substance through a porous medium, e.g., a blood clot filter for the removal of suspended matter.
XE3VH	Inadequate filtration process Problem associated with the filter failing to remove items or substances which should have been removed.
XE4UN	Inadequate ultra filtration Problem associated with the transfer of fluid between the blood and dialysate through the dialysis membrane due to a pressure gradient (trans-membrane pressure) existing between the blood and dialysate compartments.
XE1H4	Improper flow or infusion Problem associated with the regulation and delivery of therapeutic agents (e.g. air, gas, drugs or fluids into a device or a patient under positive pressure).
XE9RA	Backflow Continuous flow of fluid (e.g. liquid, gas) against the intended flow direction.
XE447	Free or unrestricted flow Problem associated with uncontrolled flow of infusion of air, gas or fluids.
XE628	Gradient increase Problem associated with the increased rate of change in temperature, pressure, or other variables as a function of distance, time, etc.
XE667	Inaccurate delivery Delivery at endpoint not as intended; either too low or too high.

XE44F	Inaccurate flow rate Problem associated with fluctuations in the flow volume delivered per time, even if end volume is correct, and delivered in the correct total time.
XE2DM	Intermittent infusion Problem associated with the infusion not being stable, characterised by intermittent stoppages to the flow.
XE09Q	Reflux with device Problem associated with partial backflow, compromising the device's flow output.
XE8AY	Restricted flow rate Problem associated with flow rate. Flow volume delivered over time is not reaching intended flow rate.
XE1V7	Tidal volume fluctuations Problem associated with the amount of gas that is inspired and expired during one respiratory cycle.
XE5GY	Inflation problem Problem associated with the inability of the device to expand or enlarge with the intended inflation agent (e.g. saline or air).
XE1S7	Insufficient flow or under infusion Problem associated with an insufficient dose of therapeutic agents, e.g., drugs or fluids being delivered into a patient under positive pressure.
XE1Y3	No flow Problem arising from the device failing to deliver the specified liquid or gas.
XE94H	Failure to deliver flow Failure (=complete nonperformance) with regard to the intended function of delivery.
XE1JK	Failure to infuse Failure (=complete nonperformance) with regard to the intended function of infusion.
XE8L2	Inability to irrigate Failure (=complete nonperformance) with regard to the intended function of irrigation.
XE3GX	Obstruction of flow Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in restriction of flow.
XE3QL	Complete blockage Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in no flow.

XE2JF	Partial blockage Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in a reduction of the flow rate.
XE6BM	Difficult to flush The device is difficult to flush, possibly indicating an obstruction within device.
XE8Z5	Pressure problem Problem associated with the application of a force either internal or external to device that compromises the flow of fluid or gas.
XE3XR	Decrease in pressure Unintended decrease in pressure, compromising the device's intended function.
XE6S6	Increase in pressure of device Unintended increase in pressure, compromising the device's intended function.
XE94J	No pressure Unintended complete loss of pressure, compromising the device's intended function.
XE6Z5	Pumping problem Problem associated with pump performance deviating from specifications in a way to compromise flow or infusion.
XE64X	Decreased pump speed Unintended decrease in pump speed and hence, probably, flow rate, compromising the intended function of the device.
XE7BN	Increased pump speed Unintended increase in pump speed and hence, probably, flow rate, compromising the intended function of the device.
XE5R0	Failure to pump Problem associated with the device which fails to start pumping.
XE0TF	Pumping stopped Unexpected or unintended cessation of pump.
XE69E	Suction problem Problem associated with suction equipment, which may be a manual, electrical, vacuum or pressure source operated to evacuate and remove undesired substances (air, gas, fluid, or particulates) via tubing and collection bag.
XE3Y3	Decrease in suction Problem associated with the removal of fluid or gas from a body cavity due to decreased suction.

XE35T	Increase in suction Problem associated with the removal of excess fluid or gas from a body cavity due to increased suction.
XE5FE	Suction failure Problem associated with the complete inability to provide suction.
XE0B4	Priming problem Problem associated with the preparation of the device to begin pumping.
XE3KR	Failure to prime Problem associated with the device failing to begin the priming process (i.e. the process of preparation of device for the delivery of fluids).
XE63F	Incomplete or inadequate priming Problem associated with not adequately preparing the device.
XE4GH	Activation, positioning or separation problem Problem associated with any deviations from the documented specifications of the device that relate to the sequence of events for activation, positioning or separation of device. NOTE 1 "Deployment" is synonymous with "activation".
XE76U	Activation problem Problem associated with the activation of the device.
XE48N	Activation failure or expansion failures Problem associated with the device failing to be activated including expansion.
XE9Y0	Difficult or delayed activation Problem associated with delayed or difficult activation of the device.
XE6E9	Premature activation Problem associated with early and unexpected activation of the device.
XE5VT	Self-activation or keying Problem associated with the unintended activation of the device, or the device having been unexpectedly turned on during use.
XE2J9	Positioning problem Problem associated with the movement of the device to an intended location.
XE41N	Positioning failure Problem associated with the inability of the device to be positioned in a specified location.
XE8P2	Malposition of device Problem associated with the device being positioned in a location other than intended or specified.

XE74U	Difficult or delayed positioning Problem associated with users experiencing difficulty or delay to position the device to a specified location.
XE4CG	Failure to advance Problem associated with failure to move the device to an intended location.
XE9NU	Difficult to advance Problem associated with difficulty moving the device to an intended location (e.g. difficulty in advancing guide wire).
XE2JZ	Difficult to insert Problem associated with problems introducing or inserting the device, even if the user is operating the device in accordance with the instructions for use or labeling.
XE0HC	Difficult to remove Problem associated with the use of the device in terms of user experiencing difficulty to take out or get rid of the device, even if the user is operating device in accordance with the instructions for use or labeling.
XE9MQ	Entrapment of device Problem associated with the device caught within patient vasculature, tissue, or other device.
XE1KB	Separation problem Problem associated with the detachment or separation of the device.
XE9BM	Separation failure Problem associated with the device or one of its components failing to detach or separate as intended.
XE6U9	Difficult or delayed separation Problem associated with users experiencing difficulty or delay with detachment or separation of the device.
XE1TT	Premature separation of device Problem associated with an early and unexpected detachment or separation of the device from the system.
XE1XC	Protective measures problem Problem associated with any deviations from the documented specifications of the device that relate to the implemented and inherited design features specific to devices used for reducing risks to patient or caregiver or maintaining risks within specified levels.
XE98H	Device alarm system Problem associated with the alarm system of the device.

XE5JP	Alarm not visible The device does not display an alarm message when required.
XE6DH	No audible alarm The device fails to emit an audible alarm.
XE2RK	Low audible alarm The audible device alarm cannot be heard clearly.
XE3QU	Delayed alarm The device alarm system operates with delay.
XE2K0	False alarm Problem associated with the device providing incorrect alarm warning or alert to user.
XE3UE	Defective alarm The device alarm does not operate as expected and/or in agreement with device's specifications.
XE78D	Fail-safe problem Problem associated with the feature that prevents the unsafe use of the device.
XE659	Fail-safe did not activate Problem associated with the device fail-safe mechanism, which did not function or function in a non effective way, compromising safe use of the device.
XE6VE	No fail-safe mechanism The device does not have a fail-safe mechanism, although such mechanism would be required for its appropriate and/or safe functioning.
XE3V3	Failure of device to self-test Problem associated with the device failing to perform an internal self-diagnostic process to ensure normal operation during or prior to use.
XE16Y	Failure to auto stop Problem associated with the inability of device to turn itself off when the device is not in an operable condition.
XE4KE	Reset problem Problem associated with setting a variable, register, or other storage location back to a prescribed state.
XE59S	Failure to reset Problem associated with the device failing to set a variable, register, or other storage location back to a prescribed state.

XE0HZ	Failure to zero Problem associated with the device failing to set a variable, register, or other storage location back to zero.
XE2T4	Inappropriate or unexpected reset Problem associated with the device setting a variable, register, or other storage location to an inappropriate or unexpected state.
XE1H0	Premature indicator activation Problems with the activation of a protective measure indicator earlier than expected.
XE6KH	Premature elective replacement indicator Problems with the early or unexpected activation of the elective replacement indicator.
XE6ND	Premature end-of-life indicator Problem with the early or unexpected activation of the end-of-life indicator.
XE4PS	Shielding failure Problem associated with the device inability to act as a barrier for absorption of radiation energy in X-rays, gamma rays, etc.
XE452	Compatibility problem Problem associated with compatibility between device, patients or substances (medication, body fluid, etc.)
XE02E	Component or accessory incompatibility Problem associated with the incompatibility of any device while being operated in the same use environment thereby leading to a dysfunction between the devices.
XE7N5	Accessory incompatible An accessory required for the intended purpose of the device appears incompatible with the device, thus compromising the intended function of the device.
XE1UE	Component incompatible A component required for the proper functioning of the device is not compatible with other components or subassemblies of the device, thus compromising the intended function of the device.
XE8KS	Device-device incompatibility Problem associated with the incompatibility of two or more devices while being operated in the same use environment thereby leading to a dysfunction of more than one device.
XE0HJ	Measurement system incompatibility Problem associated with the incompatibility of the measurement systems between and/or within device systems that are inherent to the individual device thereby leading to miscalculated or mismatched measurements from those devices, e.g., international metric system versus U.S. measurement system.

XE4UP	Unintended compatibility Problem associated with the ability of two or more devices which are intended to be incompatible but are able to work or fit together.
XE4XW	Contamination or decontamination problem Problem associated with the presence of any unexpected foreign substance found in the device, on its surface or in the package materials, which may affect performance or intended use of the device, or problem that compromises effective decontamination of the device.
XE9L2	Contamination during use
XE9H4	Biofilm coating in device Problem associated with the undesired introduction of a biofilm coating into or onto the device.
XE2AR	Contamination of device ingredient or reagent Problem associated with the undesired introduction of impurities either chemical or microbiological in nature, or of foreign matter into or onto the device ingredient or reagent.
XE4VF	Device contamination with body fluid Problem associated with the undesired presence of body fluid in/on the device, which is not part of the documented device specifications and requirements.
XE9AH	Device contamination with chemical or other material Problem associated with contamination of the device with chemical substance or other non biologic material.
XE97G	Microbial contamination of device Problem associated with undesired microbial contamination of the device.
XE450	Device contaminated during manufacture or shipping
XE5LK	Device reprocessing problem
XE3MN	Failure to clean adequately Problem associated with the failure of the device or operator to remove any visible soil, foreign material or organism deposits on the external surfaces, crevices, and joints of the device.
XE4A4	Failure to disinfect Failure to properly disinfect the device when reprocessing it.
XE0VE	Flushing problem Failure to properly disinfect the device when reprocessing it.
XE2LR	Problem with sterilisation Device was not sterilized properly during reprocessing.

XE0HG	Residue after decontamination Problem associated with the decontamination process not adequately removing unwanted visible soil, foreign material, or organism deposits.
XE6K5	Environmental compatibility problem Problem associated with the surrounding conditions in which the device is being used such as temperature, noise, lighting, ventilation, or other external factors such as power supply.
XE027	Ambient noise problem Problem associated with any undesired acoustic energy or vibration that tends to interfere with the operation of the device.
XE5R1	Ambient temperature problem Problem associated with compromised device performance at the ambient temperature or the storage at an inappropriate ambient temperature.
XE50X	Fumes or vapours as environmental compatibility problem Problem associated with the visibility, odor, or toxicity of an ambient vapor or gas.
XE011	Fungus in device environment Problem associated with the visibility of molds, mildews, yeasts, and/or mushrooms in the immediate environment in which the device is being used.
XE8HD	Moisture or humidity problem Problem associated with an unsatisfactory humidity level in the storage or use environment which affects the device performance.
XE7KA	Ventilation problem in device environment Problem associated with the circulation of fresh air in the immediate atmosphere in which the device is being used.
XE5NF	Device unsafe to use in environment Problem associated with environmental condition that results in the unsafe use of the device. (E.g. electromagnetic fields, noise, vibration, microbiological contamination etc.)
XE55E	Environmental particulates Problem associated with fine solids or liquid particles such as dust, smoke, fume, and/or mist suspended in the immediate atmosphere in which the device is being used.
XE6V9	Medical gas supply problem Problem associated with the facility-supplied medical gases such as medical air, oxygen, nitrous oxide, and nitrogen.
XE5ZE	Electrical power problem Problem associated with the quality of the facility-supplied power.

XE2H3	Installation related problem Problem associated with unsatisfactory installation, configuration, and/or setup of a specific device.
XE36N	Misassembled during installation Problem associated with the use of the device characterised by incorrect assembly of device components, parts or constituents.
XE3J4	Labelling, instructions for use or training problem Problem associated with device markings / labelling, instructions for use, training and maintenance documentation or guidelines.
XE23E	Device markings or labelling problem Problem associated with the written, printed or graphic material accompanying or affixed to the device or any of its packaging. This includes verbal instructions relating to identification, technical description, and usage provided by the device manufacturers. Problems can include but are not limited to this material being unclear, missing, worn out, incorrect or inaccurate.
XE25T	Lack of maintenance documentation or guidelines Problem associated with user facility not receiving adequate service documentation, guidelines, or recommendations to perform preventative and corrective maintenance and performance assurance checks.
XE13S	Inadequate instructions for healthcare professional Problem associated with inaccuracies in any written, printed, or graphic matter that is affixed to the device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of device provided by the device manufacturers that is intended for healthcare professionals.
XE17P	Inadequate instructions for non-healthcare professional Problem associated with users being unclear and not able to follow any written, printed, or graphic matter that is affixed to device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of the device provided by the device manufactures that vary from the standard of medical care in a given environment.
XE22G	Inadequate or insufficient training Problem associated with facility not providing satisfactory initial and/or periodic user training covering operation of the device.
XE5DG	Human-device interface problem Problem associated with an act or omission of an act that has a different result than that intended by the manufacturer or expected by the operator.
XE1C2	Device difficult to set up or prepare Problem associated with the use of the device in terms of user experiencing difficulty in preparing device for use, even if the operation is being performed according to labeled instructions for use.

XE3B8	Device difficult to program or calibrate The device is difficult to program, calibrate or set to desired state, even by appropriately trained user/operator.
XE2N3	Device difficult to maintain Problem associated with the user's ability to service the device according to the manufacturer specifications relating to the device routine maintenance, i.e., periodic inspection, failure detection, repair, and care of the device to sustain or restore acceptable operating conditions.
XE35S	Inadequate user interface Problem associated with the means by which the operator and the equipment communicate or interact.
XE0AG	Use of device problem Problem associated with failure to process, service, or operate the device according to the manufacturer's recommendations or recognised best practices.
XE6PE	Device handling problem Handling of the device not in accordance with specification, prior to use on the patient.
XE7S3	Use of incorrect control settings Problem associated with the use of the device in terms of inappropriate and false control setting for the device's specified operation and/or intended use.
XE2XZ	Improper or incorrect procedure or method Problem associated with the use of the device in terms of nonconforming to that device's intended use, specifications, procedure and process or service instructions and information provided by the device manufacturers.
XE7VD	Off-label use Problem associated with the device which has been used for an unapproved indication or for an unapproved intended use.
XE61V	Misassembled Problem associated with incorrect assembly of the device or constituents after being put into use.
XE3GL	Adverse event without identified device or use problem An adverse event (e.g. patient harm) appears to have occurred, but there does not appear to have been a problem with the device or the way it was used.
XE3DN	No apparent adverse event A report has been received but the description provided does not appear to relate to an adverse event. This code allows a report to be recorded for administration purposes, even if it doesn't meet the requirements for adverse event reporting.

XE1W0**Appropriate term or code not available for aspects of incidents related to devices**

The device problem is not adequately described by any other term.

Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Investigation conclusion of events related to devices

XE1UR

Cause traced to device design

XE7NC

Cause traced to component failure

XE2TX

Cause traced to manufacturing

XE18E

Cause traced to transport or storage

XE7NN

Cause traced to infrastructure

XE1WV

Cause traced to environment

XE5AS

Cause traced to maintenance

XE5UX

Cause traced to training

XE674

Cause traced to labeling

XE5BM

Cause cannot be traced to device

XE6LX

Cause traced to user

XE0QB

Known inherent risk of device

XE8UG

Falsified device

XE51D

No problem with device detected

XE2SY

Cause of problem with device not established

XE0T3

Conclusion not yet available regarding problem with device

Findings of investigations related to devices

XE0WX

Biological problem with device identified

Problems relating to, caused by or affecting biological processes or living organisms.

XE5T0

Biocompatibility problem with device identified

The device causes cellular or tissue responses that elicit an undesirable local or systemic effect in the recipient or beneficiary of that therapy. (See ISO 10993)

XE4YZ	Biological contamination of device The undesirable presence of living organisms such as bacteria, fungi, or viruses or their products (enzymes or toxins).
XE7B7	Material or material leachate pyrogenic problem with device identified The undesirable presence of pyrogens or fever-producing organisms caused by materials that permeate through the device.
XE2RY	Cytotoxicity problem with device identified The device was found to have an undesirable level of toxicity to living cells.
XE2PA	Genotoxicity problem with device identified The device's ability to cause damage to genetic material (e.g. leading to malignant tumors). (See ISO 10993)
XE7AM	Hematological problem with device identified The device affects or impacts the blood or its components. (See ISO 10993 all parts)
XE1Y9	Unintended presence of allergens in device identified Unintended or unexpected presence of allergens in the device. <i>Exclusions:</i> Presence of allergen expected but not adequately labelled (XE1YT)
XE2XW	Reproductive toxicity problem with device identified The device affects reproductive function, embryo development (teratogenicity), and prenatal and early postnatal development. (ISO 10993 part 3)
XE4CB	Electrical problem with device identified Events associated with an electrically powered device where an electrical malfunction results in a device problem (e.g. electrical circuitry, contact or component failed) even if the problem is intermittent.
XE1YA	Electrical or electronic component problem with device identified The performance of an electrical or electronic component was found to be inadequate.
XE53K	Hardware timing problem with device identified Problem that results from improper sequential activation of components.
XE546	Impedance problem with device identified Problems due to insufficient or excessive resistance to current flow either by the device or circuit.
XE1TX	Insulation problem with device identified Problems due to inadequate or incorrect electrical insulation material.

XE4PP	Open circuit in device Problem due to an electrical circuit that does not conduct current because a switch is open, a wire is broken, etc.
XE2V6	Current leakage problem of device identified Problems related to leakage currents which may cause electric shock. These currents usually flow through the protective ground conductor. In its absence, these currents could flow from the device to the ground via the human body.
XE0KB	Power source problem identified in device Problems related to the source that provides electrical power to the device.
XE4ZM	Energy storage system problem in device Problems related to the energy storage system (e.g. the rechargeable battery, charging system, or capacitor) and includes problems such as premature power source depletion and battery explosions.
XE2WJ	Loss of power to device A device that experienced problems due to a loss in the power supply.
XE7RB	Power fluctuation in device The device failed due to fluctuations within the power supply (e.g. transient power, power spike, power dip, or power sequencing).
XE7AB	Short circuit of device Problems due to an unintentionally low-resistance connection between two points in an electric circuit, resulting in either excessive current flow that often causes damage or in a new shorter circuit that draws current away from the original pathways and components.
XE8KR	Signal loss of device Problems due to the loss or weakening of an electrical signal or signals.
XE6AQ	Electromagnetic compatibility problem with device identified Device-to-device or device-environment problem resulting from electromagnetic disturbances.
XE6BD	Conducted interference with device Problems related to electromagnetic interference (EMI) by physical contact with conductors (e.g. wires, resistors, terminals) as opposed to radiated EMI which is caused by induction (without physical contact of the conductors).
XE8P9	Electrostatic discharge of device Problems due to sudden and momentary bursts of electrical current flowing between two objects at different electrical potentials.
XE2ME	Inadequate immunity of device Problems related to immunity or capabilities to resist electromagnetic interference (EMI).

XE8TZ	Unintended emission of device Problems due to unintended emission of electromagnetic energy by the device.
XE1LT	Radiofrequency interference with device identified Problems due to radiofrequency interference. RFI is a disturbance that affects an electrical circuit due to either electromagnetic conduction or electromagnetic radiation emitted from an external source.
XE02N	Interoperability problem with device identified Problems with the mechanical, electrical, or communication interface between two or more separate devices.
XE6C8	Communications problem with device identified Devices that do not send or receive adequate signals (this speaks to the interoperability between devices).
XE22K	Wired communication problem with device identified Communications problems between devices within a wired system.
XE1PD	Wireless communication problem with device identified Communications problems between devices within a wireless system.
XE5NA	Network communication problem with device identified Communications problems between devices within a network system.
XE1SP	Incompatible component or accessory of device identified A device that malfunctions due to a component(s)/accessory that does not operate correctly and according to the device's specifications.
XE1YT	Labeling and instructions for use or maintenance of device problem identified Insufficient, inadequate, or incorrect information provided on a device's label or documentation regarding e.g. its intended use, directions for use, and characteristics of the device, including its maintenance.
XE3PV	Inadequate labelling or instructions for use of device identified Inadequate information on the labels or in the instructions for use e.g. steps that are difficult to follow or that are missing.
XE4MR	Incorrect labelling or instructions for use of device identified Missing, incorrect, or inappropriate information on the labels e.g. mislabeled contents or device labeling characteristics or package contents.
XE7Y7	Inadequate or incorrect instructions for maintenance of device identified Inadequate or incorrect information in the instructions for maintenance.
XE3RW	Material or chemical problem with device identified Problems with the device materials or how its materials react to other elements either within the device or within the environment.

XE2H0	Degradation problem identified with device Problems that occur when the device becomes worn, weakened, corroded, or broken down due to processes such as aging, permeation, and corrosion.
XE2WT	Inappropriate material identified in device Problems that occur due to the presence of a material that should not be present or part of the device.
XE60T	Inadequate physicochemical properties identified in device Problems that occur due to the physicochemical properties.
XE4EB	Incompatible material identified in device Problems that occur due to the incompatibility of materials that co-exist simultaneously as part of the device.
XE25Z	Reactivity problem identified with device Problems that occur due to the reactivity of materials (e.g. over-react or under-react).
XE6U0	Tolerance stack-up identified in device Problems that result from a combination of specification variances of the components.
XE640	Mechanical problem with device identified Problems that result from internal or external forces including fluids, other objects, or environmental or physiologic influences.
XE8RU	Device migration identified A device that has moved from its original location due to external forces (e.g. stent or lead movement).
XE3HZ	Friction problem identified with device Problems caused by its surface coming in contact with another surface or fluid.
XE1P8	Leakage or seal problem identified with device Problems caused by inadequate/broken seal within the device.
XE6UT	Lubrication problem identified with device Problems that occurred because of the presence of either too much or too little lubricant where required (e.g. connectors, leading to failure mechanisms such as corrosion).
XE69Q	Stiffness problem identified with device Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.

XE8V5	Stress problem with device identified Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.
XE0WG	Deformation problem with device identified Problems caused by changes in the shape or size of the device due to an applied force. This can be a result of tensile forces, compressive forces, shear, bending, tensile (pulling), or torsion.
XE3Y4	Fatigue problem with device identified Problems due to the weakening or breakdown of its material when subjected to stress or a series of repeated stresses.
XE1ZP	Fracture problem with device identified Problems caused by the separation of a component, object, or material into two or more pieces including shear.
XE1UJ	Mechanical shock problem with device identified Problems caused by the sudden violent blow or collision to the whole device (e.g. by dropping).
XE1H3	Vibration problem with device identified Problems caused by the constant rhythmic motion of the device, or something in the environment to which the device is exposed.
XE1ZQ	Wear problem with device identified Problems due to the premature or expected erosion of its material by use, deterioration, or change.
XE1EJ	Incorrect dimension of device identified Problems caused by incorrect physical dimensions of the device or one of its parts
XE4KN	Optical problem with device identified Problems related to the optical properties of a device.
XE42B	Optical transmission problem identified with device Problems with the device's ability to pass light energy.
XE8XT	Light source problem identified with device Problems with the optical properties of a device such as diopter, glare, and irradiance or glistening.
XE05W	Clinical imaging problem with device identified Problems that occur with devices used for radiographic or imaging procedures e.g. CT scanners, magnetic resonance imaging.

XE15N	Gradient induced field problem with device identified Problems that result from the gradient-induced fields generated during radiologic procedures e.g. magnetic resonance imaging.
XE1HK	Image artifact identified in device The unacceptable distortion of an image due to signal loss that may occur during a radiologic procedure such as magnetic resonance imaging.
XE6YW	Magnetically-induced movement of device identified Problems due to unintended or excessive movement created by the application of magnetic fields.
XE9Y9	Radiofrequency induced overheating of device identified Problems due to unintended radiofrequency-induced temperature increase that can occur in the vicinity of the device.
XE6TE	Software problem with device identified Problems related to the device software.
XE77W	Configuration issue of device identified Problems due to change control or incorrect version, including regional requirements.
XE6DT	Design error of device identified The device had faulty (incomplete or incorrect) software design.
XE006	Data compression error in device identified Data was lost or corrupted during the operation of reducing storage space or communication bandwidth.
XE62E	Incorrect algorithm in device identified The device software was found to implement an incorrect sequence of steps for a specific computation.
XE1X4	Incorrect data definition in device identified The device software was found to contain errors in specifying or manipulating data items.
XE2FL	Interface design error of device identified The device software was found to contain errors in the user interface (including usability problems) or the interfaces with other systems.
XE85U	Non-functional defect in device identified The device software contained software errors that did not impact its operation.
XE3RD	Software timing problem in device identified Problem that results from the incorrect sequencing or activation of software modules.

XE9JR	Software maintenance problem identified with device The device software was not maintained/updated properly.
XE688	Software installation problem identified with device The device software was not installed as per the specifications or failed to properly install.
XE4SV	Software requirement error with device identified The software requirements for the device are either incomplete, inadequate, or in conflict.
XE51Q	Software runtime error in device identified The device software failed during operation as a result of a coding error.
XE9W2	Software security vulnerability of device identified The device software failed to provide adequate authorization, access control, protection and accountability features.
XE1KR	Erroneous data transfer in device identified The device software fails to transfer the expected data within a system or to another device.
XE2A7	Data storage or loss of data problem in device identified Storage of data was unsuccessful in total or in part.
XE8XM	Thermal problem with device identified Problems related to the temperature of the device. Exclusions: Problems related to environmental temperature identified (XE3AL)
XE62G	Overheating of device problem identified The device was found to become hotter than expected during operation. This applies to devices which are not intended to deliver heat. Use "Excessive heating identified" for devices which are intended to deliver heat during operation. Exclusions: Overheating of devices intended to deliver heat during operation (XE9HT)
XE9HT	Excessive heating of device problem identified The device delivered more heat than intended or expected during operation. This applies to devices which are intended to deliver heat. Use "Overheating problem identified" for devices which are not intended to deliver heat during operation. Exclusions: Overheating of device not intended to deliver heat during operation (XE62G)
XE7A1	Inadequate cooling of device problem identified The device did not sufficiently cool the patient or another device during operation.

XE5HU	Protective system problem with device identified Problems related to the system(s) designed to prevent or warn about unsafe operation of the device.
XE0WJ	Fail-safe problem with device identified A system intended to prevent unsafe operation of the device did not operate correctly.
XE4JQ	Alarm system problem with device identified A system intended to warn of a potentially unsafe condition did not operate correctly.
XE7ZT	Problem of device to self-test identified Malfunction of the device's self-test system.
XE1JG	Problem of device to auto stop identified An auto stop function of a device did not operate correctly.
XE9AV	Reset problem with device identified The device does not reset properly.
XE2FY	Premature indicator activation problem identified A system intended to indicate the device status was triggered prematurely.
XE3BG	Shielding problem with device identified Inadequate shielding of/by the device.
XE0M6	Missing or inadequate safety measures of device identified Safety measures are inadequately applied or missing.
XE82X	Operational problem with device identified Problems that occur during the performance, use, or functioning of the device.
XE5RS	Device incorrectly reprocessed Problems associated with the failure to properly and adequately reprocess the device.
XE2RQ	Device incorrectly cleaned during reprocessing identified The cleaning procedure is not followed correctly or used inappropriate cleaning materials.
XE63T	Device incorrectly disinfected or sterilised during reprocessing identified The disinfection or sterilization process was incorrect or the wrong products for disinfection or sterilization were used.
XE0TU	Device incorrectly assembled during reprocessing identified Incorrect assembly of the device following reprocessing.

XE15Q	Failure to calibrate problem identified A device that cannot calibrate (establish the relationship between a measuring device and the units of measure) to ensure accurate readings.
XE3W1	Device difficult to operate problem identified Problems including set-up, operation, and disassembly of equipment. Not including reprocessing.
XE2QD	Incorrect interpretation of results or data problem identified Problems resulting from the incorrect interpretation by the user of the results or data provided by the device.
XE2YD	Patient sample problem with device identified Problems that occurred due to endogenous or exogenous interferent in the sample, or unexpected variation in the target analyte/marker.
XE8DL	New or unknown interferent problem with device identified New or unknown endogenous or exogenous interferent (sample) identified.
XE9C0	Known interferent problem with device identified Known interferent in the sample identified.
XE83B	Pre-analytical handling problem with device identified Incorrect pre-analytical handling of patient's sample by the user.
XE3AL	Environment problem with device identified Problems that occurred due to factors within the environment e.g. dust, dirt, humidity, temperature.
XE5K2	Environmental temperature problem with device identified Device performance was affected by the temperature, or changes in temperature, of the environment in which it was used.
XE9HK	Dust or dirt problem with device identified A device that experienced problems due to ingress, or coating, of dust or dirt.
XE2VF	Contamination of environment by device identified Operation of the device results in contamination of the nearby environment e.g. dust, dirt, smoke, heat or biological material.
XE6QW	Environmental pressure problem with device identified Device performance was affected by the pressure, or changes in pressure, of the environment in which it was used.
XE5SF	Ambient light problem with device identified Device performance was affected by ambient light. This term applies to the direct effects of ambient light on the device, and to the user's ability to operate the device (e.g. to read device output).

XE4V1	Environmental humidity problem with device identified Device performance was affected by the humidity, or changes in humidity, of the environment in which it was used.
XE205	Manufacturing process problem with device identified Problems with a device that can be traced to a problem in the manufacturing and/or production process.
XE3NF	Assembly problem with device identified Problems that occurred because the device was assembled incorrectly.
XE00F	Sterilization problem with device identified Problems that occurred during terminal sterilization by the manufacturer.
XE1PG	Installation problem with device identified A device that malfunctions because it was incorrectly installed, set up, or configured (E.g. misconfiguration of an "automatic" defibrillator to "semi-automatic", thereby leading to failure).
XE843	Maintenance of manufacturing machinery problem with device identified Problems caused by failure to maintain manufacturing equipment used to produce the device.
XE278	Packaging problem with device identified Problems that occurred because of the device packaging.
XE9F7	Packaging of device compromised problem identified Problems that occurred because of a compromised packaging of the device (e.g. broken or incomplete seal).
XE0KG	Packaging materials of device problem identified Problems that occurred because the composition or type of packaging materials was inappropriate for the device.
XE8S1	Packaging of device contains unintended material problem identified Problems that occurred because unintended material was packaged with the device.
XE8TA	Packaging contains incorrect device problem identified Problems that occurred because the packaging contained an incorrect device.
XE6LZ	Maintenance problem with device identified A device malfunction or problem that occurs after production because the device was not properly maintained according to the instructions (e.g. maintenance may be performed by user facility, distributor, or service provider).
XE9VK	Transport or storage problem with device identified Problems caused by transport or storage conditions.

XE32G	Storage of device problem identified Problems that result from storing the device in an uncontrolled or improper environment (e.g. moisture sensitive devices stored in a humid environment).
XE41R	No device problem found The device either functioned as intended or a problem was not found.
XE587	No findings available Use when no investigation can be performed and therefore no results will be obtained.
XE3PA	Results pending completion of investigation Investigation is ongoing and results are not yet available. Do not use this code if the investigation is complete.
XE3WR	Appropriate term or code for investigation of device not available Problems not adequately described by any other term. Note: This code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Cause investigation and type of investigation

For describing what was investigated and what kind of investigation was conducted to specify the root cause of the adverse event.

XE9HD	Testing of actual or suspected device The investigation employed relevant empirical testing of the actual device suspected in the reported adverse event in order to establish their functional and other properties and to identify possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.
XE7XH	Testing of device from same lot or batch retained by manufacturer The investigation employed relevant empirical testing of the device of the same lot or batch as that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.
XE4S0	Testing of device from same lot batch returned from user The investigation employed relevant empirical testing of the device of the same lot or batch as that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE2ZR**Testing of device from other lot batch retained by manufacturer**

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE4X1**Testing of device from other lot or batch returned from user**

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the technical file. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE1XT**Testing of model variant**

The investigation employed relevant empirical testing of a model variant of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event through plausibility reasoning. A model variant is not identical to the actual device, but shares relevant characteristics with the device involved. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8XV**Testing of raw or starting materials**

The investigation employed relevant empirical testing of the materials used in construction of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE6FS**Testing of patient sample or reference material using manufacturer's device**

The investigation employed relevant empirical testing of a patient sample or reference material using the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE9MY**Testing of patient sample or reference material using reference method**

The investigation employed relevant empirical testing of a patient sample or reference material using an appropriate reference method to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE89L

Testing of patient sample or reference material using competitor's device

The investigation employed relevant empirical testing of a patient sample or reference material using a competitor's device that is comparable to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8UH

Historical data analysis

The investigation involved the analysis of historical adverse events data of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots.

XE8BM

Trend analysis

The investigation involved trend analysis of adverse event of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots. It should be noted that trend analysis typically is not considered sufficient as a stand-alone method, but should be used in conjunction with other investigation methods for providing for instance complementary information.

XE7GK

Communication or interviews

The investigation involved communication/interviews (either interpersonal or through technical means, e.g. phone, e-mail) with persons close to the adverse event, e.g. healthcare professionals (doctors, nurses etc.), the affected patient(s) or other users including, where appropriate, relatives or others engaged in caring for the affected patient.

XE4KV

Analysis of production records

The investigation involved the analysis of relevant production records in view of supporting the identification of possible causes for the adverse event.

XE59M

Analysis of data provided by user or third party

The investigation involved the analysis of relevant data provided by the user (e.g. healthcare professional, patient, clinical engineer) or a third party (e.g. testing facility) in view of supporting the identification of possible causes for the adverse event.

XE8FB

Device not manufactured by reporting manufacturer

Further information was obtained which established that the manufacturer of the device involved was not the one to which it was initially attributed.

XE970

Device not returned

The actual device involved in the adverse event was not returned for testing despite requests by manufacturer.

XE18W

Device discarded

The actual device involved in the adverse event had been already discarded and thus irretrievably lost for testing.

XE5AN

Incomplete device returned

The device was returned incompletely, lacking parts, components or accessories that would be required for appropriate testing and analysis of root causes.

XE53L

Device not accessible for testing

The actual device involved in the adverse event is not readily accessible for testing (e.g. remains implanted in patient).

XE6Q2

Type of investigation not yet determined

Details to determine the type of investigation are not yet available, but are being sought. Do not use this code if the investigation is complete.

XE3TW

Insufficient information available

The information available relating to the reported event is not sufficient to identify either the manufacturer, the device, or other essential information. This term indicates that no further investigation is possible. Do not use this code if further information is being sought, instead use "Type of investigation not yet determined".

Medical device component

Terms/codes for describing the parts and components which were involved in, or affected by, the medical device adverse event/incident.

Biological and chemical medical device component

Component whose mode of action involves a biological process (e.g. test strip which acts on antibodies) and chemical reaction or transformation (e.g. activated charcoal absorber).

XE8XD

Absorber component of medical device

A component or material designed to take in or attenuate a substance.

XE6Z7

Cautery tip component of medical device

A component designed to coagulate and seal blood vessels or to destroy tissue with heat or electric current.

XE7JR

Device ingredient or reagent component of medical device

A consumable material that is added to a device and is used to make a finished product or becomes part of a finished product.

XE8HT

Gas scavenging component of medical device

A component designed to remove certain gases from a gas stream or environment.

XE4VK

Monomer liquid component of medical device

The liquid that reacts with the polymer powder to form adhesive, resin, or cement.

XE68H

Test strip component of medical device

A piece of chemically treated medium designed to react in the presence of specific amounts of a trigger substance.

XE7WP

Polymer powder component of medical device

The powder that reacts with the monomer liquid to form adhesive, resin, or cement.

Electrical and magnetic medical device component

Components which relate to the force of magnetism or such as microchips and transistors which control and direct electric currents. Also includes components involved in the representation, storage, or transmission of information by electronic systems.

XE321

Antenna component of medical device

A component designed to transmit or receive electromagnetic signals.

XE3WM

Battery component of medical device

A component designed to produce an electric current through chemical reaction.

XE80Z

Battery charger component of medical device

A device designed to restore the capacity of a battery.

XE7JQ

Cable, electrical component of medical device

A long, thin, multistranded electrical wire designed to carry signals or power over a distance.

XE77B

Cable grip component of medical device

Component used for tensioning, pulling or stringing of wires and cables.

XE2BS

Cable sleeve component of medical device

Component used to protect cables and wires from abrasion, moisture and the elements.

XE2WY

Circuit board component of medical device

A non-conducting board with conductive tracks and electronic components forming a circuit.

XE5BT

Circuit breaker component of medical device

A component designed to open an electrical circuit when it becomes overloaded.

XE2ZE

Computer hardware component of medical device

The physical components from which a computer is constructed (electronic circuits and input/output devices).

XE3Q8

Computer processor component of medical device

Component that carries out the instructions of a computer program by performing the basic arithmetic, logic, controlling, and input/output operations specified by the instructions.

XE1JS

Memory or storage component of medical device

Any component that can hold data in machine-readable format.

XE2YC	Network interface component of medical device Point of interconnection between a computer and other computer that are linked each other.
XE8JU	Computer software component of medical device A collection of data or computer instructions that tell the computer how to work.
XE59Z	Computer software driver component of medical device A computer interface designed to control the interaction between a CPU and a peripheral device.
XE2JQ	Software interface component of medical device Languages, codes and messages that programs use to communicate with each other and to the hardware.
XE8V6	User interface component of medical device A computer program that controls the interaction between a user and a system.
XE7P0	Cooling module component of medical device A component designed to lower the temperature of a device or system.
XE8UV	Device programmer component of medical device A piece of hardware for transferring data onto programmable integrated circuits.
XE033	Device reader component of medical device A piece of hardware used to read the memory and the properties of a device.
XE6UE	Discrete electrical component of medical device An electrical component which is just one circuit, either passive or active, that is not an integrated circuit.
XE845	Electrical capacitor component of medical device An electrical component designed to store an electric charge.
XE38E	Electrical fuse component of medical device An electrical component designed to stop the flow of current when an overload condition exists.
XE1UQ	Electrical inductor component of medical device A component designed to introduce electromotive force to a circuit, usually a coil surrounding a wire.
XE2AJ	Electrical resistor component of medical device An electronic component that opposes the flow of current.
XE4VJ	Electrical solenoid component of medical device An electronic component consisting of a coil surrounding a movable iron core that is designed to act as a switch or relay.

XE018	Electrical transducer component of medical device An electrical component that converts one form of energy into another.
XE27R	Electrical semiconductor component of medical device A type of electronic component, including transistors and diodes, that make use of the variable conductivity of certain materials.
XE9ZW	Integrated circuit chip component of medical device A microelectronic circuit that incorporates many interconnected transistors and other components.
XE8GY	Display component of medical device A component designed to present information visually. Exclusions: Touchscreen component of medical device (XE9ZJ)
XE4YD	Display indicator component of medical device A component designed to show an operating condition of a system or to attract attention.
XE2JV	Display screen component of medical device A panel or area on an electronic device where images and data are displayed.
XE59E	Electrical lead or wire component of medical device A coated or uncoated wire used to connect two locations electronically. Not to be used for patient connection.
XE5U9	Electrode component of medical device A small piece of metal or other conductive substance that is used to take an electric current to or from a source of power, a piece of equipment. Not to be used for patient connection.
XE561	Ground strap or wire component of medical device A wire cable or strap designed to carry current safely away from an electronic device under fault condition
XE753	Wiring harness component of medical device A collection of grouped wires or cables designed to connect to a specific device.
XE6S4	Electrical mixer component of medical device An electronic component designed to blend signals.
XE0Y5	Electrical port component of medical device An electronic circuit that acts as a connection to another device or component.
XE2PX	Emitter component of medical device The electron source electrode in a transistor or any source in a system.

XE5GC	Headphone or headset component of medical device A component that covers the ear through which you can listen without other people hearing. Some headphones come with a microphone which is used to communicate with other people or the device.
XE9TB	Heater component of medical device A piece of equipment used to raise the temperature of air, gas or water or an object.
XE713	Hub component of medical device An electronic component designed as a central connection for other devices or components.
XE8JV	Inverter component of medical device An electrical component that converts direct current to alternating current.
XE4BN	Magnet component of medical device A component that attracts iron and produces a magnetic field.
XE7YS	Oscillator component of medical device An electronic component designed to produce a wave signal.
XE525	Patient lead component of medical device An insulated electrical cable designed to connect to an electrical device to a patient.
XE7F1	Lead conductor component of medical device A cable designed to conduct electricity from the device to the lead.
XE25C	Patient electrode component of medical device An electrical conductor that is designed to make contact with a patient including defibrillator paddles.
XE4XJ	Power cord component of medical device A flexible cable designed to connect an electrical device to a power outlet.
XE4Q4	Power supply component of medical device Component designed to supply electrical power to devices.
XE7EJ	Pressure transducer probe component of medical device A probe component designed to convert a change in pressure into a varying electrical signal.
XE062	Printer component of medical device An electronic component that is designed to transfer text or images to paper or other substrate.
XE2KA	Receiver component of medical device An electronic component designed to capture an incoming electromagnetic signal and convert it to an audible or visual signal.

XE6SG	Receiver stimulator unit component of medical device As part of a cochlear implant, an implanted component designed to receive signal from the external component and then decode the signal and transmit it to the brain.
XE4TH	Scanner component of medical device An electronic component that generates a digital representation of an image for data input to a computer; or a receiver designed to search for a signal within a specified frequency range.
XE0ST	Speaker or sounder component of medical device A component designed to convert electrical signals to sounds that can be heard.
XE5R5	Switch or relay component of medical device A mechanical or electronic component designed to break or change the connections in a circuit (e.g. button).
XE1EF	Power switch component of medical device A switch designed to regulate the power to a device.
XE4QR	Relay component of medical device A electronic component designed to break or change the connections in a circuit.
XE884	Telemetry component of medical device Component designed to transmit and receive data from a remote source using telecommunications methods.
XE30P	Temperature compensator component of medical device A component designed to compensate the temperature of one system in response to temperature changes in another system or the environment.
XE56F	Thermostat component of medical device A component designed to regulate temperature by controlling the starting and stopping of a heating/cooling system.
XE256	Transformer component of medical device A component that either steps up or steps down an alternating electrical current to an output that is suitable for another electrical device or component.
XE579	Transmitter component of medical device A component to propagate electromagnetic waves.
XE5A0	User input device component of medical device A component that uses a movable handle to create two-axis input to a computer.
XE9TZ	Joystick component of medical device A control component that uses a movable handle to create two-axis input to a computer.

XE6CN	Keyboard or keypad component of medical device A component consisting of mechanical keys that are pressed to create input to a computer.
XE9FY	Microphone component of medical device A component designed to convert sound to an electrical signal.
XE9ZJ	Touchscreen component of medical device A control component that operates the device following pressing the display on the screen.

Measurement medical device component

Component capable of measuring something in order to obtain a result.

XE37A	Analyzer component of medical device Any component designed to perform an analysis.
XE0A7	Oxygen analyzer component of medical device A component designed to measure the concentration of oxygen in a gas mixture.
XE6E8	Aperture component of medical device An instrument designed to measure the size of an opening or one used to increase the diameter of an opening.
XE34X	Calibrator component of medical device A standard or reference material used to set the operating parameters of an instrument.
XE06B	Clock component of medical device A component designed to indicate the time of day.
XE9NB	Counter component of medical device A component designed to keep track of the number of times something happens.
XE20X	Curvette component of medical device A clear container designed to interface with an optical sensor in order to obtain an optical measurement of a contained substance.
XE00B	Gauges or meters component of medical device A component designed to give a visual indication of the condition of a system.
XE1WJ	Flowmeter component of medical device A component designed to measure the flow rate of a fluid.
XE6V2	Manometer component of medical device A component designed to measure pressure.

XE019	Thermometer component of medical device A component designed to measure temperature.
XE8RD	Marker component of medical device A visual indicator of position, place or route, including radiopaque markers.
XE7MS	Pipette component of medical device A measuring component, traditionally including a graduated tube, designed for the accurate transfer of liquid volumes.
XE5UB	Pointer component of medical device An indicator component designed to show a position on a scale.
XE2MH	Scale component of medical device A component designed for weighing or an indicator component with a graduated sequence of divisions.
XE8GP	Sensor component of medical device A component designed to respond to a stimulus by generating a signal that can be measured or interpreted.
XE5Q2	Bubble sensor component of medical device A component designed to signal the presence of bubbles in a system.
XE5ZD	Oxygen sensor component of medical device A sensor designed to respond to the presence or level of oxygen in a space or environment.
XE9G5	Photodetector component of medical device A component designed to detect light.
XE5WR	Pressure sensor component of medical device A sensor designed to respond to the level of pressure in a space or pressing on a surface.
XE7Q4	Sensor probe component of medical device A component designed to reach into a location for sensing. Should be used when the problem involves the probe, not the sensor.
XE3W9	Temperature sensor component of medical device A sensor designed to respond to the temperature of a space, surface, or environment.
XE3R3	Timer component of medical device A component designed to measure a time interval.

Mechanical medical device component

Component of a device when it is working, often using power from an engine or from electricity.

XE3UX

Access port component of medical device

A component designed for the introduction or removal of medical equipment or any substance.

XE0WZ

Actuator component of medical device

A component which moves or controls a mechanism or system.

XE0SV

Adaptor component of medical device

A component designed to make different pieces of apparatus compatible.

XE6D6

Air eliminator component of medical device

A component designed to remove air from a space or fluid.

XE4F2

Anchor component of medical device

A component designed to fix the device or a portion of the device in place.

XE94Y

Applicator component of medical device

A component designed to transfer a substance to a surface.

XE968

Automatic injection system component of medical device

A system designed to pump a gas or liquid into a space or environment without outside intervention.

XE7E4

Bag component of medical device

A flexible container, often with a single opening.

XE0HN

Ball component of medical device

Any component that is spherical in shape.

XE5AV

Balloon component of medical device

A sac designed to be inflated and deflated.

XE1G8

Bearings component of medical device

A point of contact between moving parts designed for support or to reduce friction.

XE0Y2

Potting component of medical device

The resin, glue or other substance used to seal other components together.

XE46S

Probe component of medical device

A component designed to reach into a location for manipulating or for measuring.

XE23M	Processor component of medical device A component designed for preparing or treating a material. Should not be used for computer processors. <i>Exclusions:</i> 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	Ratchet 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 collapse 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

Insertor component of medical device

A component whose function is to facilitate the insertion of a particular device.

XE1Y2

Insulation component of medical device

A material designed to reduce the transmission of heat, sound, or electricity.

XE7JF

Isolator component of medical device

Any material or structure designed to limit the interaction between two components.

XE7N3	Jaw component of medical device A component designed to use opposing parts to close on and hold an object.
XE7GQ	Joint component of medical device A component designed as the junction between objects; it may be flexible or rigid.
XE3AW	Knob component of medical device A rounded lump or ball used for adjusting or controlling.
XE6R7	Label component of medical device Any written, printed, or graphic matter upon a device to identify its nature, ownership, or other characteristics of the device.
XE1VQ	Leaflet component of medical device A device consisting of two thin blades hinged in the center; typically designed to control flow of fluids.
XE5XR	Lever component of medical device A rigid bar that rotates around a fixed point.
XE08E	Foot pedal component of medical device A lever designed to be operated with the foot.
XE80W	Liner component of medical device A component placed inside the walls of a cavity or container for protection or insulation.
XE17E	Magazine or cassette component of medical device A compartment in a device designed to house a consumable material for feeding into a mechanism.
XE87E	Manifold component of medical device A compartment in a device designed to house a consumable material for feeding into a mechanism.
XE26U	Mask component of medical device A flexible, form-shaped component designed to be placed over the nose and/or mouth.
XE74K	Mechanical mixer component of medical device A mechanical component designed to blend materials.
XE9VQ	Membrane component of medical device A component that is made from or resembles a thin flexible sheet of material acting as a boundary or separating two chambers.
XE8R6	Mesh component of medical device Component made of overlapping strands forming a fine net-like structure.

XE0R5

Motor component of medical device

A machine that converts any form of energy to produce or impart motion (kinetic energy).

XE8X1

Mount component of medical device

A structural component designed to facilitate the attachment of one object to another.

XE4BH

Needle component of medical device

A component with a long, slender, pointed shape.

XE78G

Nozzle component of medical device

A component designed to regulate and direct the flow of a fluid or gas.

XE7C4

Packaging component of medical device

The outer wrapping around a device which serves to contain, identify, and protect it prior to use.

XE5AR

Pad component of medical device

Typically a soft, cushion-like material used to prevent injury or damage to a person or device. Can also be made of an absorbent material to absorb liquid.

XE080

Panel component of medical device

A rigid sheet that forms a surface of a device or component.

XE965

Plate component of medical device

A thin, flat sheet or strip used to join, strengthen or to form parts of another structure.

XE09R

Plug component of medical device

A component designed to seat into an opening in a device or other object.

XE9R2

Plunger component of medical device

A component of a machine, tool or device that pushes or thrusts another object, liquid or gas.

XE25A

Post component of medical device

An upright piece that is fixed firmly that supports, place or aligns other parts.

Optical medical device component

Component which involves or relates to vision, light, or images.

XE120

Camera component of medical device

An apparatus for taking photographs, generally consisting of a lightproof enclosure having an aperture with a shuttered lens through which the image of an object is focused and recorded on a photosensitive film or plate.

XE5CR

Film component of medical device

A photographic material designed to capture an image upon exposure to electromagnetic radiation.

XE7NH

Imager component of medical device

A component designed to create or record a visual representation.

XE6GJ

Laser component of medical device

A component designed to emit a monochromatic beam of coherent light.

XE6QH

Light emitting diode component of medical device

A type of diode designed to emit light when a current passes through it.

XE616

Lenses component of medical device

An electric or optical component designed to focus (concentrate) or disperse electromagnetic radiation.

XE5LN

Light source component of medical device

A component that produces visible light.

XE5G9

Bulb component of medical device

A component designed to produce light or heat.

XE9EM

Mirror component of medical device

A component consisting of a polished surface designed to reflect light.

XE7A6

Optical fiber component of medical device

A component made with thin glass fibers as a conduit for transmission of light.

Safety medical device component

Safety related component

XE28G

Alarm component of medical device

A component designed to signal the occurrence of a particular event.

XE5DW

Alarm component of medical device, audible

A component designed to signal the occurrence of a particular event by making a sound.

XE3WT

Alarm component of medical device, visual

A component designed to signal the occurrence of a particular event in a way that can be seen.

XE2N6

Emergency button or switch component of medical device

A button and circuits designed to force the shutdown of a machine or device.

XE37H

Fail-safe system component of medical device

A component designed to prevent malfunction, unsafe, or unauthorized operation of a device or system.

XE51V

Locking mechanism component of medical device

A fastening component designed to hold, close, or secure.

XE8RN

Protector or shield component of medical device

A component designed to prevent harm or protect against damage to other components.

XE0ZU

Safety interlock component of medical device

A mechanical or electronic component designed to prevent undesired actions due to the changing state of a device, typically to prevent harm to an operator or damage to the device itself.

XE4HV

Needle stick prevention mechanism

A mechanism integrated into a device to prevent needle stick injuries.

XE58K

Safety valve component of medical device

A valve designed to automatically open in order to maintain the pressure in a system below a specified pressure.

Other component of medical device

Terms not yet classified. If these terms get moved to other categories, this category can be deleted. (Previously the device category.)

XE27U

Part, component or sub-assembly term not applicable

The device does not have distinct parts, components, or sub-assemblies, or it would not be appropriate to link the reported incident to a single part, component, or sub-assembly. Use this term if the problem involves or affects the overall device rather than a specific component.

XE8NG

Appropriate term or code not available for medical device component

The parts, components, or sub-assemblies are not adequately described by any other term. Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Consciousness

Glasgow Coma Scale Eye opening score

XC3W

One or both eyes are open spontaneously

XC5L	One or both eyes open to verbal stimulation
XC3H	One or both eyes open to painful or noxious stimulation
XC87	No eye opening even with painful or noxious stimulation

Glasgow Coma Scale Motor score

XC4L	Obeys commands
XC6J	Localizes response to painful or noxious stimulation
XC8Q	Withdrawal response to painful or noxious stimulation
XC8W	Abnormal flexion response to painful or noxious stimulation
XC8H	Extension response to painful or noxious stimulation
XC34	No motion even with painful or noxious stimulation

Glasgow Coma Scale Verbal score

XC2X	Oriented, normal speech
XC4Y	Confused, disoriented speech
XC4A	Language utterances
XC7U	Non-language utterances (incomprehensible sounds) to painful or noxious stimulation
XC8U	No verbal output even with painful or noxious stimulation

Pupil reaction score

XC5Y	Neither pupil reacts
XC16	One pupil reacts
XC5K	Both pupils react
XC85	Data not available

Substances

Coded Elsewhere: Allergens

Medicaments

Agents primarily affecting the gastrointestinal system

XM1349	Antacids Coded Elsewhere: Magnesium oxide (XM7G33)
XM7GM7	Magnesium compounds Coded Elsewhere: Magnesium peroxide (XM3CD3)
XM39M3	Magnesium hydroxide
XM35X7	Aluminium, aluminium magnesium silicate
XM3JP8	Aluminium compounds
XM9N47	Algeldrate
XM2VU8	Aluminium, aluminium phosphate
XM4NY5	Aloglutamol
XM7DC3	Aluminium, aluminium glycinate
XM9PG0	Dihydroxyaluminum sodium carbonate
XM38T8	Aluminum hydroxide (gel)
XM0SA0	Calcium compounds
XM9003	Calcium carbonate
XM8EF6	Calcium silicate
XM0D52	Combinations and complexes of aluminium, calcium and magnesium compounds
XM5R16	Magaldrate
XM8J56	Almagate
XM3EB6	Hydrotalcite
XM9Y49	Almasilate

Gastric acid secretion suppressants

Histamine H2-receptor antagonists

XM9YL4	Cimetidine

XM6441	Famotidine
XM9ZP3	Nizatidine
XM6WY8	Ranitidine
XM0SH0	Roxatidine
XM08A8	Niperotidine
XM1ZT1	Ranitidine bismuth citrate
XM0Q37	Lafutidine
XM2WX5	Proton pump inhibitors
XM8X45	Omeprazole
XM86M3	Pantoprazole
XM39X4	Lansoprazole
XM3M01	Rabeprazole
XM8YE1	Esomeprazole
XM5RA0	Dexlansoprazole
XM1J18	Dexrabeprazole
XM3MK2	Tegoprazan
XM4ML1	Prostaglandins
XM28N9	Misoprostol
XM4GD1	Enprostil
XM1CF2	Alprostadil
XM3Q43	Dinoprost
XM5VF9	Dinoprostone
XM2L11	Gemeprost
XM8XM0	Carboprost
XM9BJ7	Sulprostone

Other drugs for peptic ulcer and gastro-oesophageal reflux disease

XM2H82	Carbenoxolone
XM0044	Sucralfate
XM6690	Pirenzepine

XM6WX3	Proglumide
XM0HB8	Gefarnate
XM2689	Sulglicotide
XM4H50	Alginic acid
XM2891	Rebamipide
XM1F15	Methiosulfonium chloride
XM1BG6	Bismuth subcitrate
XM1LT9	Acetoxolone
XM9SW3	Zolimidine
XM1Y11	Troxipide
XM84X1	Bismuthyl subnitrate
XM1364	Fixed Combinations for Helicobacter pylori eradication

Drugs for functional gastrointestinal disorders

XM4S40	Serotonin receptor antagonists
	<i>Coded Elsewhere:</i> 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	Attapulgate
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	Glucuro lactone
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	Roloids
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 anthracene 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 <i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> Floxuridine (XM8NR1)
XM0YN9	Trifluridine, combinations
XM8GX9	Gemcitabine
XM40Y4	Capecitabine
XM1458	Decitabine
XM7GE5	Aminopterin sodium
XM3264	Antibiotic anticancer
XM8T13	Antimetabolite
XM9D05	Antineoplastic antibiotics
XM4TR6	Azaribine
XM3HR8	Broxuridine
XM3A97	Chloropurine
XM1BL2	Doxifluridine
XM5ZK1	Enocitabine
XM2SL0	Folic acid antagonist
XM0KZ3	Mopidamol
XM2FK2	Pyrimidine antagonist

Antineoplastic natural products and derivatives

XM6137	Vinca alkaloids and analogues
XM0BG8	Vinblastine
XM82R6	Vincristine
XM59U2	Vindesine
XM1Y07	Vinorelbine
XM9QY3	Vinflunine
XM9DS3	Vintafolide
XM3SH7	Podophyllotoxin derivatives
XM9VL7	Etoposide

XM4565	Teniposide
XM05L1	Taxanes
XM5TC8	Paclitaxel
XM5U86	Docetaxel
XM9NR6	Paclitaxel poliglumex
XM50E3	Cabazitaxel
XM6F82	Actinomycin C
XM7K70	Demecolcine
XM3F90	Trabectedin
XM4DQ7	Cytotoxic antibiotics and related substances
XM5GC9	Anthracyclines and related substances
XM7JU8	Doxorubicin
XM0031	Daunorubicin
XM6LT8	Epirubicin
XM1VB7	Aclarubicin
XM9R95	Zorubicin
XM3PF9	Idarubicin
XM26H0	Mitoxantrone
XM4AY9	Pirarubicin
XM9CA4	Valrubicin
XM3J03	Amrubicin
XM8ZP9	Pixantrone
XM0VU1	Bleomycin
XM3JL4	Plicamycin
XM21Z8	Mitomycin
XM65P2	Ixabepilone
XM4RQ4	Fibroblast growth factor receptor tyrosine kinase inhibitors

Monoclonal antibodies

XM52L2	Edrecolomab

XM3AY3	Rituximab
XM2FU8	Trastuzumab
XM1WL2	Gemtuzumab ozogamicin
XM3VL3	Cetuximab
XM5ST9	Bevacizumab
XM1GA2	Panitumumab
XM9P40	Catumaxomab
XM2KB4	Ofatumumab
XM5JH7	Ipilimumab
XM5VT7	Brentuximab vedotin
XM6618	Pertuzumab
XM6H29	Trastuzumab emtansine
XM6ES5	Obinutuzumab
XM74W8	Dinutuximab
XM6M26	Nivolumab
XM8UG5	Pembrolizumab
XM9BU9	Blinatumomab
XM6Y05	Ramucirumab
XM5WX4	Necitumumab
XM10Z6	Elotuzumab
XM4ES5	Daratumumab
XM3JP4	Mogamulizumab
XM8648	Inotuzumab ozogamicin
XM3DU2	Olaratumab
XM7NY5	Durvalumab
XM6PT2	Ermekumab
XM2065	Avelumab
XM8SU2	Atezolizumab
XM9Z80	Cemiplimab

XM5WX2	Alemtuzumab
XM8LF5	Erenumab
XM4XM4	Galcanezumab
XM47L7	Fremanezumab
XM46X2	Ubrogepant
XM1D23	Eptinezumab
XM8C95	Rimegepant
XM4W34	Atogepant
XM3T47	Sensitizers used in photodynamic or radiation therapy
XM8EW4	Porfimer sodium
XM5GF8	Methyl aminolevulinate
XM40J3	Aminolevulinic acid
XM04X3	Temoporfin
XM2BE2	Efaproxiral
XM1ER6	Padeliporfin

Other antineoplastic drugs

Coded Elsewhere: Celecoxib (XM63D2)

XM40B7	Platinum compounds
XM05M0	Cisplatin
XM6Z30	Carboplatin
XM2LX1	Oxaliplatin
XM86Z5	Satraplatin
XM0FB2	Polyplatillen
XM1MP7	Procarbazine
XM8307	Amsacrine
XM4LJ7	Asparaginase
XM9YD3	Altretamine
XM7SD2	Hydroxycarbamide
XM3R45	Lonidamine

XM9JX7	Estramustine
XM9DB5	Tretinoin
XM9T72	Pentostatin
XM2Q11	Mitoguazone
XM7PT2	Venetoclax
XM1NF7	Vosaroxin
XM1DL2	Niraparib
XM2G84	Rucaparib
XM0569	Etirinotecan pegol
XM8UF4	Plitidepsin
XM8QL8	Epacadostat
XM8NP2	Enasidenib
XM5QR0	Talazoparib
XM44N1	Copanlisib
XM10P3	Mitotane
XM56L5	Ivosidenib
XM6038	Glasdegib
XM7FX3	Entinostat
XM3BC1	Alpelisib
XM1840	Selinexor
XM4MB0	Tagraxofusp
XM7RN1	Belotecan
XM5A01	Holmium-166 Holmium-166 (166Ho) is an isotope for the internal radiation therapy of hepatic malignancies.
XM2HS5	Arsenic trioxide
XM3ST0	Alkylating drug antimyeloproliferative
XM9DP5	Alkylating drug lymphatic
XM6AB6	Alkylating drug
XM0JA8	Hexalen

XM07W3	Antramycin
XM9F82	Anticancer agents
XM3MH4	Antimitotic agent
XM6Q44	Antineoplastic without further specification
XM0V25	Antineoplastic alkaloidal
XM4DV2	Antineoplastic combination
XM1Q78	Azaserine
XM0TE5	Azatepa
XM7WD3	Benzcarbimine
XM3WB5	Cactinomycin
XM7RS5	Cancer chemotherapy drug regimen
XM6Z55	Chlorhexamide
XM3ZJ5	Chromic phosphate 32P
XM5VY1	Chromomycin A3
XM6ZM0	Corynebacterium parvum
XM8C02	Cycloleucin
XM7L47	Dactinomycin
XM0HK3	Elliptinium acetate
XM32L4	FAC (fluorouracil + doxorubicin + cyclophosphamide)
XM8NR1	Floxuridine
XM9FT7	Hormone cancer therapy
XM5UH8	Imidazole-4-carboxamide
XM2D46	Inproquone
XM5DL7	Iproplatin
XM8C52	M-vac
XM8XQ7	Mannomustine
XM33V8	Matulane
XM1NW0	Metoprime
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	Triethylenephosphoramidate
XM5GV6	Triethylenethiophosphoramidate
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	Elapegamase

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 <i>Coded Elsewhere:</i> 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 venom
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	Ferrocholate
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	Cocarcboxylase
XM1819	Deoxyribonuclease
XM3HF5	Diffusin

XM3TF2	Enzyme fibrolytic
XM5GS9	Enzyme thrombolytic
XM0543	Hyaluronidase
XM2P48	Pancreatic dornase
XM9J86	Penicillinase
XM52N4	Pronase
XM94J1	Serrapeptase
XM93U7	Streptodornase
XM8183	Sutlains
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	Ethinylloestradiol
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	Ethinodiol
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 **Sabalus 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	Demoxycytocin
XM4ZX0	Carbetocin

Hypothalamic hormones and analogues

Gonadotropin releasing hormones and analogues

XM32E8	Buserelin
XM8CG4	Goserelin
XM2TU9	Gonadorelin
XM4VT6	Nafarelin
XM78X7	Histrelin
XM3S25	Leuprorelin
XM9XC3	Somatostatin and analogues
XM5L29	Somatostatin
XM01Z4	Octreotide
XM7GZ3	Lanreotide
XM28Z2	Vapreotide
XM3AN9	Pasireotide

Prolactin inhibitors

Coded Elsewhere: Bromocriptine (XM5QR9)

XM4S44	Cabergoline
XM7828	Metergoline
XM96P1	Quinagolide
XM3MG0	Terguride

Glucocorticoids and synthetic analogues

XM51K6	Adrenal (extract, cortex or medulla) (glucocorticoids) (hormones) (mineralocorticoids)
XM6SU0	Betamethasone
XM0XB5	Clocortolone
XM4AF4	Cloprednol
XM3R56	Compound E (cortisone)
XM4HH6	Compound F (hydrocortisone)
XM6FJ6	Cortate
XM6TY3	Corticosteroid
XM5AE3	Cortisone
XM17S1	Cortivazol
XM25L1	Cortone
XM5CF7	Deflazacort
XM72R5	Dexamethasone
XM48E4	Fluorinated corticosteroids
XM2GK4	Fluprednisolone
XM4Z52	Glucocorticoids
XM0XY8	Hormone adrenal cortical steroids
XM2UL5	Kenacort
XM5V41	Meprednisone
XM4RH1	Paramethasone
XM5AM2	Percorten

XM6JJ4	Prednisolone
XM39W4	Prednisone
XM3YJ1	Prednylidene
XM8JY6	Steroid
XM5FR6	Fluocortolone
XM4J30	Triamcinolone
XM21H0	Hydrocortisone
XM3UP9	Budesonide
XM9VX0	Flunisolide
XM8PN0	Mometasone
XM5PW9	Fluticasone
XM3FX7	Methylprednisolone
XM3SM4	Rimexolone
XM3293	Beclometasone
XM4TY1	Ciclesonide
XM1XF3	Fluticasone furoate

Anticorticosteroids

XM7DQ5	Trilostane
XM8676	Osilodrostat

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified

XM6W81	Gonadotrophin-releasing hormone antagonists
XM5JS1	Ganirelix
XM8Z22	Cetrorelix
XM5064	Elagolix
XM5ZS9	Abarelix
XM8292	Degarelix
XM3NR0	Linzagolix
XM10A6	Antiestrogen

XM2UX2	Tamoxifen
XM1312	Toremifene
XM2ZV3	Fulvestrant
XM7JF4	Antiandrogen
XM3G31	Flutamide
XM9AL0	Nilutamide
XM5FE9	Bicalutamide
XM7BF6	Enzalutamide
XM6Q81	Apalutamide
XM3FZ0	Darolutamide
XM9X91	Aromatase inhibitors
XM7D25	Aminoglutethimide
XM14P8	Formestane
XM4Z64	Anastrozole
XM2J37	Letrozole
XM6976	Vorozole
XM2VT0	Exemestane
XM8MB2	Antigonadotrophin
XM3C58	Cyproterone
XM0FW7	Danazol
XM9QT3	Nafoxidine
XM0P47	Taleranol
XM40Q3	Mepartricin
XM3028	Testosterone-5-alpha reductase inhibitors
XM8P68	Finasteride
XM01Y3	Dutasteride
XM7E94	Gestrinone
XM1517	Abiraterone
XM5XB7	Relugolix

Thyroid hormones and substitutes

XM68B8	Detrothyronine
XM2YU4	Dextrothyroxine
XM27J7	Dextrothyroxine sodium
XM5M40	Euthroid
XM93X7	Hormone thyroid
XM10Z7	Levoid
XM5G81	Levothyroxine
XM2WC1	Levothyroxine sodium
XM2XB6	Liothyronine
XM0P56	Liotrix
XM9RU3	Proloid
XM65J7	Sodium L-triiodothyronine
XM66B8	Thyroglobulin
XM5685	Thyroxine
XM4H64	Tiratricol
XM5590	Titroid
XM47Z3	Liothyronine sodium
XM8CX3	Thyroid gland preparations

Antithyroid drugs

XM1H03	Benzylthiouracil
XM35K1	Carbimazole
XM6Y24	Diiodotyrosine
XM8492	Iodine 131 therapeutic
XM6VL9	Iodine for thyroid conditions (antithyroid)
XM7TM9	Iothiouracil
XM38T7	Methimazole
XM54P6	Methylthiouracil
XM6V39	Potassium perchlorate antithyroid

XM9LL4	Potassium perchlorate medicinal
XM5DE7	Propylthiouracil
XM8X98	Thiouracil (benzyl) (methyl) (propyl)
XM3G29	Thiourea
XM2MJ8	Dibromotyrosine

Iodine therapy

XM8AS5	Sodium iodide
XM9N95	Glucagon

Parathyroid hormones and analogues

XM7GD6	Parathyroid gland extract
XM59Z3	Teriparatide
XM4RN4	Parathyroid hormone

Antiparathyroid agents

XM0S16	Calcitonin preparations
XM74V3	Calcitonin, salmon synthetic
XM28Z6	Calcitonin, pork natural
XM32U7	Calcitonin, human synthetic
XM6US3	Elcatonin
XM40P9	Cinacalcet
XM9LS5	Paricalcitol
XM48A9	Doxercalciferol
XM0NY4	Etelcalcetide

Insulin and antidiabetic drugs

XM21C9	Insulin human
XM8S35	Antidiabetic
XM9AX5	Antidiabetic biguanide and sulfonyl combined
XM5DC4	Biguanides

XM4K79	Phenformin
XM0JN5	Metformin
XM6EJ2	Buformin
XM0S91	Proguanil
XM0EG5	Cycloguanil embonate
XM5SK7	Antidiabetic combined
XM11C9	Sulfonylureas
XM8S18	Chlorpropamide
XM1RV6	Tolbutamide
XM8E97	Glibornuride
XM8YD0	Tolazamide
XM8ZU0	Carbutamide
XM3TQ4	Glipizide
XM8597	Gliquidone
XM2G21	Gliclazide
XM65J8	Glisoexepide
XM60R0	Acetohexamide
XM5N48	Metahexamide
XM5N74	Glimepiride
XM6932	Biguanide derivatives, oral
XM06A4	Glimidine
XM2584	Glisolamide
XM4SE3	Globin zinc insulin
XM6JN8	Glyburide
XM0K09	Glyclopamide
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
	<i>Coded Elsewhere:</i> 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	Dibotermis alfa
XM8NB9	Eptotermis 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Magnesium oxide (XM7G33) Magnesium sulfate (XM6EC7)
XM7KF0	Magnesium citrate
XM1AU1	Magnesium gluconate
XM2U66	Magnesium aspartate
XM3U21	Magnesium lactate
XM8W21	Magnesium levulinate
XM9GU6	Magnesium pidolate
XM8P82	Magnesium orotate
XM5VT1	Magnesium silicofluoride
XM1VS5	Fluoride

XM1F39	Sodium fluoride
XM82S0	Sodium monofluorophosphate
XM47M7	Selenium
XM4HH9	Selenium fumes
XM5RR4	Sodium selenate
XM7809	Sodium selenite
XM6777	Acetic acid irrigating solution
XM7KG7	Aminoacetic acid (derivatives)
XM6DF0	Carbacrylamine (resin)
XM1619	Dialysis solution (intraperitoneal)
XM6YF0	Electrolytic agent
XM6598	Glucose with sodium chloride
XM02Y3	Glycerol intravenous
XM7NQ3	Glycine
XM8UU5	Lactated potassic saline
XM5FN3	Mineral salt
XM6P40	Polyaminostyrene resins
XM3UT8	Potassic saline injection (lactated)
XM11X8	Ringer solution (lactate)
XM6XG7	Sodium free salt
XM7JQ2	Travert
XM1DP8	Water balance drug
XM5N49	Water distilled
XM9V59	Water purified
XM8323	Cobalt medicinal (trace) (chloride)
XM5DN1	Copper medicinal (trace)
XM3046	Dietary supplements rich in vitamins and antioxidants
XM7113	Liver extract
XM9GC7	Liver fraction 1

XM25P4 Liver hydrolysate

XM09R3 Cod-liver oil

XM9FC4 Yeast

XM2W18 Yeast dried

XM40J4 Ready-to-use therapeutic food

Ready-to-use therapeutic food (RUTF) are energy dense, micronutrient enhanced, soft or crushable foods used in therapeutic feeding for children from the age of 6 months without adding water. Typically, RUTF consists of four food ingredients (milk powder, peanut paste, vegetable oil and sugar) and multiple micronutrients to provide a complete complement of vitamins and minerals.

Electrolytic, caloric and water-balance agents

Coded Elsewhere: Amino acids (XM4Z15)

XM0N15 Solutions producing osmotic diuresis

XM5BJ8 Mannitol

XM4HL5 Carbamide

XM62S0 Antikaluretic

XM51Y8 Caloric agent

XM7BR0 Dextrose

XM7UQ5 Electrolyte balance drug

XM9SL7 Electrolyte solutions

Coded Elsewhere: Magnesium sulfate (XM6EC7)

Hydrochloric acid (XM6F61)

XM0U09 Potassium chloride

XM4XZ4 Sodium bicarbonate

XM0X22 Sodium chloride

XM9VN8 Calcium chloride

XM1W37 Ammonium chloride

XM76C9 Sodium phosphate

XM7F36 Sodium acetate

XM6NV5 Magnesium phosphate

XM03Q8 Magnesium chloride

XM40H8 Zinc chloride

XM83Z9	Sodium glycerophosphate
XM3T43	Potassium lactate
XM99L3	Cardioplegia solutions
XM45S7	Potassium acetate
XM3US9	Compound solution of sodium lactate
XM7E16	Gluconic acid
XM2S34	Glycerophosphate
XM61E9	Sodium citrate
XM5Y58	Hartmann's solution
XM0KH7	Invert sugar
XM9XU2	Levulose
XM39B5	Oral rehydration salts
XM39C1	Peritoneal dialysis solution
XM03B7	Potassium-removing resin
XM5KE7	Potassium-retaining drug
XM3UA2	Replacement solution
XM4EK0	Sodium removing resins
XM9Y86	Sucrose
XM6JX1	Carnitine
XM5S14	Electrolytes
XM9QW3	Trometamol
XM7345	Ademethionine
XM1P36	Glutamine
XM85F8	Mercaptamine
XM0977	Carglumic acid
XM9GM1	Fat emulsions
XM4YU3	Carbohydrates
XM55C2	Protein hydrolysates

Diuretics

Coded Elsewhere: Carbonic-anhydrase inhibitors

Equisetum diuretic (XM0EC2)

XM5W29	Aminometradine
XM2E81	Amisometradine
XM8U06	Anhydron
XM8TM1	Benzothiadiazides
XM0JW3	Benzyhydrochlorothiazide
XM3ER5	Carbonic acid gas anhydrase inhibitor
XM80T6	Chlorazaniil
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
	<i>Coded Elsewhere:</i> 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	Toraseamide
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 derivatives
	<i>Coded Elsewhere:</i> 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	Clofibrade
XM9554	Choline fenofibrate

XM1W44 Bile acid sequestrants

XM0HQ4	Colestyramine

XM0KK8	Colestipol
XM5RQ3	Colextran
XM6MC3	Colesevelam
XM0563	Nicotinic acid and derivatives
	<i>Coded Elsewhere:</i> Nicotiny alcohol (XM0274)
	Nicofuranose (XM5TA2)
	Niacin (XM3PK2)
XM5QD1	Inositol nicotinate
XM48Y3	Ciclonicate
XM6QT0	Acipimox
XM2KX4	Oxiniacic acid
XM3N68	Antiartherosclerotic 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 Cymarín

XM9YU9 g-Strophanthin

XM3WU3 Peruvoside

XM2PQ4 Phosphodiesterase inhibitors

XM0QD0 Amrinone

XM6JT4 Milrinone

XM2H68 Enoximone

XM4BC1 Bucladesine

XM1K71**Predominantly alpha-adrenoreceptor and dopamine receptor agonists**

Coded Elsewhere: Dopamine agonists (XM5QR9-XM50V4)

XM9NM4	Dopamine
XM2A75	Norfenefrine
XM5HS9	Oxedrine
XM6L38	Metaraminol
XM2CG2	Methoxamine
XM4B54	Gepefrine
XM1641	Ibopamine
XM6LP2	Dimetofrine
XM4ZY2	Dopexamine
XM79K5	Midodrine
XM91X4	Fenoldopam
XM2BX9	Cafedrine
XM1CS6	Theodrenaline
XM9QY5	Dexmedetomidine
XM38P3	Amidefrine mesilate
XM7AV8	Fenoxazoline
XM0H59	Indanazoline
XM5J98	Metizoline
XM3Q12	Naphazoline
XM4KH5	Oxymetazoline
XM4435	Propylhexedrine
XM1RJ9	Tramazoline
XM8706	Tuaminoheptane
XM0240	Tymazoline
XM8US0	Xylometazoline

Predominantly beta-adrenoreceptor agonists**XM96M5****Agonist predominantly beta-adrenoreceptor****XM10L5****Angiotensin**

XM3D85	Beclomethasone
XM4E14	Dobutamine
XM18Q9	Prenalterol
XM5HL3	Racepinephrine
XM1CS3	Ritodrine
XM1X48	Selective beta-2-adrenoceptor agonists
XM8MA0	Salbutamol
XM6NE3	Terbutaline
XM2HS2	Fenoterol
XM3NS3	Clenbuterol
XM7MM4	Reproterol
XM2YD0	Procaterol
XM15R7	Bitolterol
XM2U16	Bambuterol
XM51C1	Indacaterol
XM1QR3	Olodaterol
XM05Y4	Broxaterol
XM4ZB3	Carbuterol
XM22C3	Rimiterol
XM1GA5	Hexoprenaline
XM8ZC3	Isoetarine
XM1QR7	Pirbuterol
XM3GQ2	Tretoquinol
XM2YE0	Tulobuterol
XM6B34	Salmeterol
XM27W7	Clorprenaline
XM4YX5	Etafedrine
XM55D7	Ibuterol
XM6EU7	Levalbuterol
XM0QJ7	Formoterol

XM6KG3	Isoprenaline
XM6AG0	Orciprenaline
XM78W6	Methoxyphenamine
XM9TS0	Octopamine
XM17S3	Arbutamine
XM0FE9	Protokylol
XM7YK1	Alpha acetyldigoxin
XM0SY1	b-acetyldigoxin
XM91S1	Cardiotonic (glycoside)
XM1W74	Cerberin
XM5NG4	Ch'an su
XM11U7	Convallaria glycosides
XM4Q19	Crataegus extract
XM7RY5	Digitalin (e)
XM2SP4	Digitalis lanata
XM3Y64	Digitalis purpurea
XM0V98	Digitoxose
XM0DG3	Gitalin
XM8K74	Gitaloxin
XM7KP5	Lanatosides
XM2X57	Meproscillarin
XM6AA6	Oleandrin
XM0N63	Ouabain (e)
XM02F5	Pengitoxin
XM77L9	Squill
XM2AW9	Strophanthin
XM0EP6	Angiotensinamide
XM45U9	Xamoterol
XM88B5	Levosimendan

XM11H1 Angiotensin II

Antiarrhythmics

XM2FU1 Antiarrhythmics, class Ia

XM8AL5 Quinidine

XM4MK3 Procainamide

XM8B35 Disopyramide

XM9ZC0 Sparteine

XM5CS7 Ajmaline

XM18V8 Lorajmine

XM0D87 Hydroquinidine

XM6FW1 Prajmaline

XM7844 Antiarrhythmics, class Ib

XM2BR1 Lidocaine

XM93V0 Lidocaine regional

XM4RU4 Lidocaine spinal

XM3XK1 Mexiletine

XM1V81 Tocainide

XM37J0 Aprindine

XM0NC9 Antiarrhythmics, class Ic

XM9R82 Propafenone

XM1E38 Flecainide

XM04P2 Lorcainide

XM6TZ8 Encainide

XM23Q8 Ethacizine

XM1AP6 Antiarrhythmics, class III

XM3ZJ7 Amiodarone

XM3ZG2 Bretylium tosilate

XM56N7 Bunaftine

XM1143 Dofetilide

XM8AA1	Ibutilide
XM8QN8	Tedisamil
XM8K75	Dronedarone
XM5JW0	Other antiarrhythmics, class I and III
XM1SV2	Cibenzoline
XM6KX7	Moracizine
XM6602	Vernakalant
XM0KK7	Antidysrhythmic
XM9ZL3	Cardiac depressants
XM2W76	Cardiac rhythm regulator specified
XM88L7	Cardiac rhythm regulator
XM0Y13	Pilsicainide
XM64X0	Prajmalium bitartrate
XM1NG6	Quinaglute
XM7MH8	Tiracizine

Other antihypertensive drugs

XM4X84	Centrally acting antiadrenergic agents
XM67X4	Rauwolfia alkaloids
XM9SB3	Rescinnamine
XM7424	Deserpidine
XM0ND0	Methoserpidine
XM2764	Reserpine
XM39Z4	Rauwolfia alkaloids, whole root
XM64M5	Bietaserpine
XM9G49	Methyldopa
XM54Y3	Methyldopa, levorotatory
XM9ZV9	Methyldopa, racemic
XM2298	Imidazoline receptor agonists
XM6GV8	Clonidine

XM5KP4 Guanfacine

XM9SU8 Tolonidine

XM4NH5 Moxonidine

XM6AB8 Rilmenidine

XM7NT3 Ganglion-blocking antiadrenergic agents

Coded Elsewhere: Trimethaphan (XM4BZ9)

Mecamylamine (XM13Z0)

XM8SX7 Peripherally acting antiadrenergic agents

Coded Elsewhere: Alpha-adrenoreceptor antagonists (XM45W7-XM1FQ5)

XM3EN5 Guanidine derivatives

XM8LD0 Betanidine

XM3QD6 Guanethidine

XM3952 Guanoxan

XM4L51 Debrisoquine

XM4189 Guanoclor

XM4L63 Guanoxabenz

XM6N54 Guanazodine

XM9M92 Ripasudil

XM1AF9 Agents affecting arteriolar smooth muscle

Coded Elsewhere: Minoxidil (XM46T4)

Pinacidil (XM9PA9)

XM7XR3 Thiazide derivatives

XM8YG1 Diazoxide

XM9021 Hydrazinophthalazine derivatives

XM2FP9 Dihydralazine

XM8D89 Hydralazine

XM1KN9 Endralazine

XM33U1 Cadralazine

XM8V56 Antihypertensives for pulmonary arterial hypertension

XM4KA3 Bosentan

XM8HR5 Ambrisentan

XM7WR2	Sitaxentan
XM21T1	Macitentan
XM8BU0	Riociguat
XM4NN7	Alkavervir
XM28Y3	Alseroxylon
XM6T97	Amiquinsin
XM3WP0	Antagonist serotonin
XM2PT6	Antihypertensive drug
XM0CY8	Apresoline
XM4FW8	Benazepril hydrochloride
XM5E71	Budralazine
XM9W04	Cryptenamine (tannates)
XM1TT7	DHE 45
XM24X9	Dihydrazine
XM7NV2	Guanabenz
XM5ET8	Guanacline
XM5JL6	Guanadrel
XM7TE8	Guanoctine
XM1LN2	HarmonyI
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	Propatynitrate
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 hexanitate
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	Thenylidiamine
XM2V55	Phenyltoloxamine
XM7D21	Paredrine
XM81D8	Norepinephrine
XM7RF2	Moxastine
XM8TK4	Methaphenilene
XM4TB9	Levocabastine (hydrochloride)
XM2305	Homochlorcyclizine
XM59T1	Embramine
XM8ZH9	Dimenhydrinate
XM29D4	Difenidol
XM62B0	Dibenzheptropine
XM8Y26	Cyclopentamine
XM0Y33	Clemizole
XM4PH8	Chlorothen
XM66X7	Chlor-Trimeton
XM0AN5	Cetoxime
XM88Z7	Bisulepin (hydrochloride)
XM35M7	Benzquinamide
XM25T0	Apraclonidine (hydrochloride)
XM0W81	Antistine
XM6XN3	Phenylpropanolamine
XM6ZQ3	Phenylephrine
XM0CL2	Pseudoephedrine

Adrenergic antagonists

Alpha-adrenoreceptor antagonists

XM45W7	Prazosin
XM3L37	Indoramin
XM58X5	Doxazosin
XM30L7	Urapidil
XM2L44	Alpha adrenergic blocking drug
XM6MJ9	Bunazosin
XM4UW6	Dibenamine
XM70W7	Dibenzylamine
XM3Y81	Hydergine
XM81R1	Priscol, Priscoline
XM3F82	Tamsulosin
XM9LH2	Terazosin
XM1C94	Alfuzosin
XM7D19	Trimazosin
XM1FQ5	Silodosin

Beta-adrenoreceptor antagonists

XM7R98	Beta-adrenoreceptor antagonists, non selective
XM2YK6	Alprenolol
XM0M15	Oxprenolol
XM2SH3	Pindolol
XM3HA9	Propranolol
XM1KQ9	Timolol
XM5BT4	Sotalol
XM69F3	Nadolol
XM89L8	Mepindolol
XM1AJ9	Carteolol

XM6489	Tertatolol
XM79L8	Bopindolol
XM9RX1	Bupranolol
XM17Y6	Penbutolol
XM2M62	Cloranolol
XM9MF0	Beta-adrenoreceptor antagonists, selective
XM9VG1	Practolol
XM8L21	Metoprolol
XM0M62	Atenolol
XM0V36	Acebutolol
XM7U87	Betaxolol
XM0HY3	Bevantolol
XM8QC9	Bisoprolol
XM54E1	Celiprolol
XM4AB1	Esmolol
XM1T80	Epanolol
XM7115	S-atenolol
XM0995	Nebivolol
XM3156	Talinolol
XM44F9	Landiolol
XM5S93	Beta adrenergic blocking agent, heart
XM8026	Bunitrolol
XM3N87	Carazolol
XM7V19	Indenolol
XM91L7	Pronetalol
XM77W2	Tolamolol
XM77E7	Alpha and beta blocking agents, antagonists
XM8ER3	Labetalol
XM80G6	Carvedilol
XM0TY3	Medroxalol

Parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics

XM9FY5	Agents predominantly used for gastrointestinal disorders
XM8921	Synthetic anticholinergics, esters with tertiary amino group
XM5D56	Oxyphencyclimine
XM5RM7	Camylofin
XM90R8	Mebeverine
XM0EL4	Trimebutine
XM7GS6	Rociverine
XM0CE0	Dicycloverine
XM24K8	Piperidolate
XM1LM4	Oxyphenonium
XM05C6	Propantheline
XM8YF7	Otilonium bromide
XM5WL4	Methantheline
XM6XN4	Isopropamide
XM1WN2	Hexocyclium
XM7EV5	Poldine
XM7W33	Mepenzolate
XM6FV2	Pipenzolate
XM63B0	Bevonium
XM4SN3	Dihexyverine
XM2043	Difemerine
XM26J4	Synthetic anticholinergics, quaternary ammonium compounds
XM2WF7	(2-benzhydryloxyethyl)diethyl-methylammonium iodide
XM2LU4	Tiemonium iodide
XM6X69	Prifinium bromide
XM51J2	Timepidium bromide
XM7XV6	Benzilone
XM4LY7	Tridihexethyl
XM0D83	Fenpiverinium

XM7W64	Synthetic antispasmodics, amides with tertiary amines
XM4VE1	Dimethylaminopropionylphenothiazine
XM5LN3	Nicofetamide
XM36J3	Tiropamide
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
	<i>Coded Elsewhere:</i> Flavoxate (XM0CH2)
	Emepronium (XM6190)
	Meladrazine (XM0M49)
	Oxybutynin (XM0LB8)
	Terodiline (XM4DW3)
	Propiverine (XM9FU4)
	Tolterodine (XM82U8)
	Solifenacin (XM2Z66)
	Trospium (XM7V08)
	Darifenacin (XM1N89)
	Fesoterodine (XM4265)
	Mirabegron (XM5L72)
	Desfesoterodine (XM5QR7)
XM6WD2	Anticholinergics predominantly used for Parkinson disease

XM8U00	Tertiary amines
XM4RV4	Metixene
XM9W98	Trihexyphenidyl
XM65C9	Biperiden
XM9AG2	Procyclidine
XM8VR6	Profenamine
XM1H88	Dexetimide
XM64K1	Phenglutarimide
XM8T72	Bornaprine
XM4YL9	Tropatepine
XM3FW6	Mazaticol
XM0HT8	Diethazine
XM3B14	Ethers chemically close to antihistamines
XM7U62	Orphenadrine
XM8UB6	Etanautine
XM72C6	Ethers of tropine or tropine derivatives
XM8ZR2	Benzatropine
XM2789	Etybenzatropine
XM0CR7	Emepronium bromide
XM1Q67	Adiphenine
XM0DF0	Ambutonium bromide
XM0TL7	Aminopentamide
XM1Q22	Amprotropine
XM3HR2	Aniscoropine
XM0B31	Anticholinergic
XM5BE4	Antimuscarinic
XM66R0	Artane
XM7LZ6	Atropine derivative
XM5098	Belladonna alkaloids
XM6RQ9	Belladonna extract

XM2YW9	Belladonna herb
XM29D7	Benactyzine
XM3NJ0	Benaprizine
XM54W7	Benzilonium bromide
XM8NZ1	Benztropine anticholinergic
XM5ML2	Butropium bromide
XM1T59	Butyl scopolamine bromide
XM9633	Caramiphen
XM8JS6	Carpronium chloride
XM2619	Clidinium bromide
XM8KY2	Clorotepine
XM2HD0	Cogentin
XM0VC2	Cyclodrine
XM7VB2	Cyclopentolate
XM93T2	Cycrimine
XM4CZ8	Dibutoline sulfate
XM89R5	Diphemanil
XM1M52	Duboisine
XM3A08	Dyphylline
XM17M9	Ethaverine
XM62B7	Etomidoline
XM1VS4	Euphthalmine
XM6L51	Extrapyramidal antagonist
XM3L41	Flopropione
XM8WX2	Hexasonium iodide
XM7832	Homatropine
XM1EF8	Hyoscyamus
XM4FB2	Hyoscyamus dry extract
XM4QH8	Isopropamide iodide

XM5ED5	Levsin
XM0WK8	Mepenzolate bromide
XM1FH6	Mepiperphenidol
XM39X0	Methanthelinium bromide
XM0E13	Methscopolamine bromide
XM3KR9	Methylatropine nitrate
XM14X3	Methylbenactyzium bromide
XM5F96	Milverine
XM3YV6	Muscle affecting agents relaxants smooth
XM4U03	Octatropine methyl-bromide
XM5YT3	Oxapium iodide
XM3A77	Parasympatholytic
XM8U27	Penthienate
XM6MG0	Pipethanate
XM7711	Pramiverine
XM3CK8	Profenil
XM7VK4	Propantheline bromide
XM1JN1	Quaternary ammonium parasympatholytic
XM3UE6	Scopolia extract
XM31L2	Smooth muscle relaxant
XM7PY1	Spacoline
XM14Z1	Spasmolytic anticholinergics
XM6RA6	Spasmolytic autonomic
XM9NH9	Spasmolytic quaternary ammonium
XM0GS2	Thiphenamil
XM9WW9	Tiemonium
XM8346	Tigloidine
XM2595	Tiquizium bromide
XM8YD7	Toquizine

XM64P0	Triampyzine
XM2TJ3	Tricyclamol chloride
XM17K9	Tridihexethyl iodide
XM5S52	Trimeprazine (tartrate)
XM2M46	Triperiden
XM4YB7	Tritiozine
XM2973	Tropacine
XM4466	Tropicamide
XM8F25	Trospium chloride
XM1CE8	Anticholinergics predominantly used for obstructive airway diseases
XM54K2	Ipratropium bromide
XM55K5	Oxitropium bromide
XM42V2	Glycopyrronium bromide
XM6LS6	Stramonium
XM9HA8	Tiotropium bromide
XM2PE9	Aclidinium bromide
XM3MF8	Umeclidinium bromide
XM8BL4	Revefenacin
XM4DL3	Flutropium bromide
XM9FU4	Propiverine
XM82U8	Tolterodine
XM2Z66	Solifenacin
XM7V08	Trospium
XM1N89	Darifenacin
XM4265	Fesoterodine
XM5L72	Mirabegron
XM5QR7	Desfesoterodine
XM6190	Emepronium
XM0CH2	Flavoxate

XM0M49	Meladrazine
XM0LB8	Oxybutynin
XM4DW3	Terodiline

Parasympathomimetics [cholinergics]

XM4AJ3	Aceclidine
XM1EC3	Acetylcholine chloride
XM3GM3	Acetylcholine derivative

Anticholinesterase agents

XM4PZ3	Ambenonium
XM8KF3	Anticholinesterase
XM87V2	Anticholinesterase organophosphorus
XM9D92	Anticholinesterase reversible
XM4VC4	Cholinergic organophosphorus
XM1L81	DFP
XM1389	Diflos
XM86K6	Difluorophate
XM0UQ3	Diisopropylfluorophosphonate
XM5YK5	Distigmine bromide
XM6565	Edrophonium chloride
XM99M6	Galantamine
XM1NE7	Isofluorophate
XM40R6	Neomycin with neostigmine
XM3671	Neostigmine bromide
XM3YR0	Prostigmin
XM41N9	Pyridostigmine bromide
XM4LN1	Tacrine
XM62U1	Donepezil
XM0NP3	Rivastigmine

XM3B88	Ipidacrine
XM8C30	Neostigmine
XM4NE1	Pyridostigmine
XM7494	Arecoline
XM0000	Benzpyrinium bromide
XM0MZ4	Bethanechol chloride
XM4LE7	Cholinergic (drug)
XM4ZZ7	Cholinergic muscle tone enhancer
XM6VJ2	Cholinergic trimethyl ammonium propanediol
XM8JX6	Parasympathomimetic drug
XM0RX5	Pilocarpine
XM5EY0	Pilocarpus extract (jaborandi)
XM9223	Choline esters
XM4AT9	Carbachol
XM9XA2	Bethanechol
XM63Q0	Choline alfoscerate
XM31K4	Cevimeline
XM6PN9	Varenicline
XM7HS1	Cytisinicline
XM4C58	Amifampridine

Ganglionic blocking drugs

XM90S5	Hexamethonium bromide
XM13Z0	Mecamylamine
XM8JB8	Pempidine
XM68K9	Pentamethonium bromide
XM2A33	Pentolonium tartrate
XM3YS6	Quaternary ammonium ganglion blocking
XM6JW6	Tetraethylammonium chloride

XM9MS2	Tetrylammonium chloride
XM3YZ9	Trimetaphan camsilate
XM4BZ9	Trimethaphan
XM9BT3	Trimethidinium

Drugs used in addictive disorders

Coded Elsewhere: Naltrexone (XM2M16)
Methadone (XM7XP1)
Buprenorphine (XM9Z94)
Diamorphine (XM05B3)
Nalmefene (XM4PD9)
Varenicline (XM6PN9)
Cytisinicline (XM7HS1)

XM51D2	Disulfiram
XM2FC3	Calcium carbimide
XM6BN2	Nicotine
XM9T01	Acamprosate

Antivertigo and motion sickness preparations

Coded Elsewhere: Antinauseants, antiemetics and emetics (XM4H25-XM9FU8)
Antihistamines (XM4J58)

XM14C0	Betahistine
XM7CE7	Cinnarizine
XM52G4	Flunarizine
XM2U21	Acetylleucine

Agents primarily acting on smooth and skeletal muscles and the respiratory system

Coded Elsewhere: Labour repressants

Oxytocic drugs

Coded Elsewhere: Prostaglandins (XM4ML1)
Ergot alkaloids (XM0XY6)

XM0Q45	Ergot derivative
XM77J5	Ergot prepared

XM5NB5	Ergotocine
XM4534	Hormone oxytocic
XM8BU6	Muscle affecting agents oxytocic
XM5606	Prostaglandin F2 alpha
XM7F20	Tocosamine
XM6MR2	Vetrabutine

Muscle relaxants

XM8SY4	Muscle relaxants, peripherally acting
XM23H5	Alcuronium
XM7139	Tubocurarine
XM2RT6	Dimethyltubocurarine
XM0L61	Hexafluronium
XM87E3	Fazadinium bromide
XM2SB5	Mivacurium chloride
XM0FZ0	Atracurium
XM0Q59	Pipecurium 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	Fenylramidol
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	Proxiphylline
XM4L37	Theobromine
XM1FP4	Theophylline
XM07L0	Theophylline aminobenzoic acid
XM07F4	Theophylline piperazine p-amino-benzoate
XM9608	Doxofylline
XM7X44	Mepyramine theophyllinacetate
XM42T9	Fenspiride
XM40T5	Eprozinol
XM8DS8	Seratrodast
XM53U2	Roflumilast
XM5Y33	Tranilast
XM2351	Bufrolin
XM9Y50	Tezepelumab

Expectorants and mucolytics

Coded Elsewhere: Acetylcysteine (XM7372)
Mesna (XM1JB5)
Mannitol (XM5BJ8)
Potassium iodide (XM1260)

XM6JV7	Ambroxol
XM4A47	Ammonium chloride expectorant
XM8CT0	Bromhexine
XM9FP2	Calcium iodide
XM3XU8	Carbocisteine
XM2NU9	Cough mixture (syrup)
XM1MJ1	Cough mixture expectorants

XM81Q9	Creosote
XM4C87	Creosote syrup
XM68U4	Deglycyrrhizinized extract of liquorice
XM1KM0	Domiodol
XM28N4	Dornase
XM71N5	Eprazinone
XM7QX2	Glyceryl guaiacolate
XM86G0	Glycyrrhiza extract
XM3CL2	Glycyrrhizic acid
XM8EW0	Glycyrrhizinate potassium
XM0G60	Guaiacol derivatives
XM48K1	Guaimesal
XM8GY5	Guaiphenesin
XM31Y1	Hydriodic acid
XM3E62	Iodide potassium (expectorant)
XM60L0	Iodinated glycerol
XM8BL3	Ipecacuanha
XM2K57	Letosteine
XM9Q09	Liquorice
XM6MB5	Mecysteine
XM4DQ1	Mucolytic drug
XM4KG8	Organidin
XM8A78	Quillaja extract
XM44A1	Respiratory drug expectorant
XM4Y94	S-Carboxymethyl-cysteine
XM1Y62	Senega
XM92P8	Sobrerol
XM06E7	Sodium dibunate
XM2BM5	Sputum viscosity-lowering drug

XM7BF1	Stepronin
XM1PU5	Sulfogaiacol
XM6JE5	Superinone
XM1CP3	Tenoglicin
XM0ES0	Terpin hydrate (cis)
XM1F74	Tyloxapol
XM1KG9	Antimony pentasulfide
XM61F4	Dornase alfa
XM48C4	Althaeae radix
XM8983	Guaiacolsulfonate
XM5QU8	Levoverbenone
XM48W4	Hederae helicis folium
XM7Q79	Cineole
XM66E3	Neltenexine
XM7Y66	Erdosteine

Antitussives

Coded Elsewhere: Codeine, codeine derivatives and other opioids used in cough suppression (XM4587)

XM6NJ7	Benproperine
XM8G23	Benzonatate
XM1U36	Bibenzonium bromide
XM8WM3	Butamirate
XM4D27	Clobutinol
XM9DL9	Chlophedianol
XM80M9	Cloperastine
XM9KL2	Dimethoxanate
XM6995	Dropropizine
XM61F3	Ethyl dibunate
XM0SA9	Fedrilate

XM5BB1	Fominoben
XM8300	Isoaminile
XM97D0	Levodropropizine
XM3WX2	Methorate
XM2ET3	Oxeladin
XM9FU3	Oxolamine
XM4331	Pentoxyverine
XM7G25	Picoperine
XM84C4	Pipazetate
XM0HR9	Piperidione
XM8JR1	Prenoxdiazine
XM9KN8	Zipeprol
XM6SJ0	Dibunate
XM1G75	Meprotixol
XM2W89	Morclofone
XM7UA5	Nepinalone
XM06F9	Butetamate
XM4SL3	Gefapixant
XM4J58	Antihistamines
XM2JE5	First-generation antihistamine
XM8MV2	Aminoalkyl ethers
XM1TL5	Bromazine
XM6KY0	Diphenhydramine
XM3DL4	Clemastine
XM4QD7	Chlorphenoxamine
XM7GV4	Diphenylpyraline
XM9KZ9	Carbinoxamine
XM77K6	Doxylamine
XM7180	Piprinhydrinate

XM3FN3	Rotoxamine
XM5YE8	Substituted alkylamines
XM5PK9	Brompheniramine
XM6CF9	Dexchlorpheniramine
XM74S1	Dimetindene
XM9VG3	Chlorpheniramine
XM4UU4	Pheniramine
XM1107	Dexbrompheniramine
XM4AA0	Talastine
XM9MB0	Substituted ethylene diamines
XM54R1	Pyrilamine
XM9CM1	Chloropyramine
XM0N55	Tripelennamine
XM7TD1	Methapyrilene
XM6NM2	Thonzylamine
XM4NS9	Histapyrrodine
XM52P9	Phenothiazine derivatives
XM1N75	Alimemazine
XM0605	Promethazine
XM9QY1	Thiethylperazine
XM5E89	Methdilazine
XM5EB9	Mequitazine
XM5DB5	Oxomemazine
XM4Z91	Isothipendyl
XM5QG6	Hydroxyethylpromethazine
XM29Q8	Thiazinam
XM9NA0	Piperazine derivatives of first-generation antihistaminic agents
XM8GH2	Buclizine
XM0S26	Cyclizine
XM9SK3	Chlorcyclizine

XM1A78	Meclozine
XM6AV1	Oxatomide
XM0QD9	Cetirizine
XM07V7	Piperazine
XM1VF1	Diethylcarbamazine
XM5AC9	Levocetirizine
XM4GX4	Bamipine
XM11C5	Cyproheptadine
XM9BD4	Phenindamine
XM5Q41	Antazolin
XM8RT2	Triprolidine
XM6Z93	Azatadine
XM4280	Mebhydrolin
XM7ZS2	Thenalidine
XM0404	Pipoxizine
XM5463	Setastine
XM3B95	Second-generation antihistamine
XM6G21	Piperazine derivatives of second-generation antihistaminic agents
XM7S59	Astemizole
XM2S36	Terfenadine
XM4PE5	Loratadine
XM4F63	Ketotifen
XM4GA2	Acrivastine
XM9VB8	Azelastine
XM9EU0	Ebastine
XM7J45	Mizolastine
XM1586	Fexofenadine
XM2656	Desloratadine
XM3E25	Rupatadine
XM1WZ8	Bilastine

XM3YG8	Quifenadine
XM57C9	Pyrrobutamine
XM8ZS4	Deptropine
XM0J21	Tritoqualine
XM70F3	Pimethixene
XM5BJ5	Epinastine
XM40P7	Sequifenadine
XM9L77	Doxantrazole

Respiratory stimulants

Coded Elsewhere: Picrotoxin (XM6KR6)

XM0AP5	Almitrine
XM9QA2	Amiphenazole
XM0WB3	Bemegride
XM5T65	Bicuculline
XM7BN2	Central nervous system stimulants analeptics
XM6938	Central nervous system stimulants opiate antagonists
XM3465	Crotethamide with cropropamide
XM0A24	Dimeflin
XM2ZT4	Dimorpholamine
XM3FP9	Doxapram
XM6D72	Etamivan
XM6YR1	Leptazol
XM4CU0	Lobeline
XM0001	Nikethamide
XM0Q86	Pentetrazol
XM5VY2	Pimeclone
XM4901	Prethcamide
XM1D17	Mepixanox
XM04S2	Other respiratory system products

XM4HQ2	Nitric oxide
XM3CW0	Ivacaftor
XM15G5	Ivacaftor and lumacaftor
XM2QZ5	Ivacaftor and tezacaftor

Systemic antibiotics, anti-infectives and antiparasitics

Systemic antibiotics and antibacterials

Coded Elsewhere: Antifungal antibiotics (XM7S10)

XM0MG9	Amphenicols
XM2TE7	Chloramphenicol
XM40F4	Thiamphenicol

Penicillins

XM1JY8	Adicillin
XM1LV7	Ancillin
XM0JT4	Apalcillin
XM46K9	Bacampicillin
XM94E1	Benethamine penicillin
XM2SP1	Carfecillin
XM9MK4	Cephalosporins N (adicillin)
XM4YY1	Clemizole penicillin
XM2361	Ciclacillin
XM9VG2	Hydrabamine penicillin
XM7LA4	Imipenem
XM0V84	Isoxazolyl penicillin
XM00H2	Methoxybenzyl penicillin
XM9XB6	Penethamate
XM7Q57	Penicillin (any)
XM71L1	Phenbenicillin
XM3UP8	Xantocillin

XM3173	Penicillins with extended spectrum
XM5MY7	Ampicillin
XM7CR7	Pivampicillin
XM3D58	Carbenicillin
XM7CM1	Amoxicillin
XM7J83	Carindacillin
XM31J4	Epicillin
XM9LR3	Pivmecillinam
XM8820	Azlocillin
XM1Z93	Mezlocillin
XM5562	Mecillinam
XM3MP9	Piperacillin
XM4D90	Ticarcillin
XM1HX8	Metampicillin
XM3Z13	Talampicillin
XM3S35	Sulbenicillin
XM1QC3	Temocillin
XM9HP3	Hetacillin
XM70P4	Aspoxicillin
XM9FQ5	Beta-lactamase sensitive penicillins
XM83S8	Benzylpenicillin
XM9B11	Phenoxymethylpenicillin
XM5MN2	Propicillin
XM4EZ4	Azidocillin
XM9NF6	Pheneticillin
XM16L6	Penamecillin
XM5N44	Clometocillin
XM4E82	Benzathine benzylpenicillin
XM4HD6	Procaine benzylpenicillin
XM6MK0	Benzathine phenoxymethylpenicillin

XM9QY0	Beta-lactamase resistant penicillins
XM5SF7	Dicloxacillin
XM6L30	Cloxacillin
XM0PP7	Methicillin
XM2UY3	Oxacillin
XM6AV2	Flucloxacillin
XM8HL9	Nafcillin
XM6QQ6	Combinations of penicillins
XM0RU1	Sultamicillin
XM3DN8	Ampicillin and beta-lactamase inhibitor
XM7UP4	Amoxicillin and beta-lactamase inhibitor
XM1FZ0	Ticarcillin and beta-lactamase inhibitor
XM0LH3	Piperacillin and beta-lactamase inhibitor
XM9XT2	Beta-lactamase inhibitors
XM3Y87	Sulbactam
XM2D37	Tazobactam

Cephalosporins and other beta-lactam antibiotics

XM3WK4	Antibiotic b-lactam
XM7TD6	Antibiotic cephalosporin (group)
XM5J74	Cefaloglycin
XM8J52	Cefamycin antibiotic
XM01V2	Cefpimizole
XM45T3	Cefteram
XM0C25	Cefuzonam
XM4HC8	Cephalosporins
XM67G9	Cephalothin
XM2K88	Clavulanic acid
XM9BE0	First-generation cephalosporins
XM9Z22	Cefalexin

XM7GR3	Cefaloridine
XM0BY6	Cefazolin
XM11S1	Cefadroxil
XM1EQ8	Cefazedone
XM8UF3	Cefatrizine
XM6DE1	Cefapirin
XM8X72	Cefradine
XM7DR9	Cefacetrile
XM75P2	Cefroxadine
XM2L78	Ceftezole
XM4DG8	Second-generation cephalosporins
XM26N9	Cefoxitin
XM7VY3	Cefuroxime
XM8839	Cefamandole
XM1ZJ9	Cefaclor
XM5QJ0	Cefotetan
XM3M14	Cefonicid
XM3V37	Cefotiam
XM8S59	Cefmetazole
XM3QK7	Ceforanide
XM27Z3	Cefminox
XM14Q0	Cefbuperazone
XM83K2	Flomoxef
XM6KH0	Loracarbef
XM4CP3	Cefprozil
XM3FN8	Third-generation cephalosporins
XM7CZ4	Cefotaxime
XM94G4	Ceftazidime
XM9732	Cefsulodin
XM3P83	Ceftriaxone

XM6FL0	Cefmenoxime
XM0B94	Latamoxef
XM1064	Ceftizoxime
XM4Q77	Cefixime
XM8YC6	Cefetamet
XM9YD6	Cefpiramide
XM5425	Cefoperazone
XM12J5	Cefodizime
XM85Q0	Cefpodoxime
XM2D98	Ceftibuten
XM2141	Cefdinir
XM2SP6	Cefditoren
XM0H82	Cefcapene
XM9RH3	Cefotaxime and beta-lactamase inhibitor
XM8EN5	Ceftazidime and beta-lactamase inhibitor
XM4UZ8	Cefoperazone and beta-lactamase inhibitor
XM19K3	Ceftriaxone and beta-lactamase inhibitor
XM60V7	Fourth-generation cephalosporins
XM1HW5	Cefepime
XM0MR4	Cefpirome
XM1BL5	Cefozopran
XM3XC6	Monobactams
XM3DB8	Aztreonam
XM9FE9	Carumonam
XM1JU9	Carbapenems
XM82S6	Meropenem
XM50J4	Ertapenem
XM27D0	Doripenem
XM1Q21	Biapenem
XM12K6	Imipenem and cilastatin

XM02N8	Panipenem
XM1N97	Faropenem
XM5261	Betamipron
XM3QS2	Ceftobiprole medocaril
XM2LW5	Ceftaroline fosamil
XM7RT0	Ceftolozane and beta-lactamase inhibitor
XM8SY8	Sulfonamides and trimethoprim derivatives
XM3MG7	Trimethoprim derivatives
XM7NY9	Trimethoprim
XM8162	Short-acting sulfonamides
XM0XY9	Sulfamethizole
XM72R1	Sulfapyridine
XM3G53	Sulfathiazole
XM72K1	Sulfanilamide
XM9TQ5	Sulfisoxazole
XM06K1	Intermediate-acting sulfonamides
XM1AM5	Sulphamethoxazole
XM12D1	Sulfadiazine
XM43U3	Sulfamoxole
XM4J39	Long-acting sulfonamides
XM3ER6	Sulfadimethoxine
XM8LL9	Sulfalene
XM7XJ2	Sulfamethoxypyridazine
XM92E0	Sulfaperin
XM7R74	Sulfamerazine
XM1G41	Sulfaphenazole
XM0ZN8	Sulfamazone
XM95D0	Sulfametomidine
XM3EU7	Sulfonamides and trimethoprim derivatives, fixed combinations
XM22Y8	Trimethoprim with sulfamethoxazole

XM18A9	Sulfadiazine and trimethoprim
XM87N2	Sulfametrole and trimethoprim
XM4008	Sulfamoxole and trimethoprim
XM4WW1	Sulfadimidine and trimethoprim
XM1UR3	Sulfadiazine and tetroxoprim
XM3Y04	Sulfamerazine and trimethoprim
XM4YB5	Brodimoprim
XM98X3	Iclaprim
XM4L44	Sulfathiourea

Macrolides

XM1329	Azithromycin
XM36F7	Erythromycin
XM2YT6	Josamycin
XM06K0	Kitasamycin
XM80A1	Midecamycin
XM3CC3	Miocamycin
XM8HR9	Oleandomycin
XM8UC1	Rokitamycin
XM98M0	Roxithromycin
XM1K16	Spiramycin
XM2WF8	Troleandomycin
XM1VG4	Clarithromycin
XM0EH3	Dirithromycin
XM2J45	Flurithromycin
XM5TV4	Telithromycin
XM2LU0	Solithromycin
XM4094	Ansamycin
XM7E36	Lincosamides
XM8158	Clindamycin

XM53Q9	Lincomycin
XM69N7	Streptogramins
XM48W5	Pristinamycin
XM4NJ6	Quinupristin
XM2YS9	Dalfopristin

Aminoglycosides

XM3X89	Amikacin
XM4LV0	Antibiotic aminoglycoside
XM7WC2	Antitubercular antibiotics
XM4BG6	Astromicin
XM4PT0	Bekanamycin
XM45U4	Dibekacin
XM8KT1	Dihydrostreptomycin
XM0PH0	Framycetin
XM3YS5	Gentamicin
XM6YS3	Isepamicin
XM0C03	Kanamycin
XM9VS3	Micronomicin
XM2YC8	Neomycin (derivatives)
XM1W69	Netilmicin
XM1QQ2	Novobiocin
XM1696	Paromomycin
XM58T2	Ribostamycin
XM4GS3	Sisomicin
XM6T34	Streptomycin
XM32G0	Streptomycin derivative
XM7N64	Streptoduocin
XM4YK6	Streptonivicin

XM40X6	Streptovarycin
XM6G20	Tobramycin
XM79T7	Arbekacin
XM1KN3	Plazomicin
XM7YK9	Quinolones and derivatives
XM3HL2	Fluoroquinolones
XM8072	Ofloxacin
XM77G2	Ciprofloxacin
XM1Z91	Pefloxacin
XM7SH9	Enoxacin
XM85E7	Norfloxacin
XM2GR2	Fleroxacin
XM98Z1	Temafloxacin
XM3JX8	Lomefloxacin
XM6MR3	Sparfloxacin
XM7BN7	Rufloxacin
XM6RS6	Grepafloxacin
XM7KX7	Levofloxacin
XM6YH9	Trovafoxacin
XM8147	Moxifloxacin
XM5HN4	Gemifloxacin
XM17A4	Gatifloxacin
XM3NU2	Prulifloxacin
XM3Z59	Pazufloxacin
XM1QZ5	Garenoxacin
XM5MK4	Sitafoxacin
XM3S71	Tosufloxacin
XM9CC7	Delafoxacin
XM8SV4	Rosoxacin
XM82P4	Nalidixic acid

XM1298	Piromidic acid
XM61M8	Pipemidic acid
XM3GX9	Combinations of antibacterials
XM5CX9	Sulfonamides, combinations with other antibacterials <i>Exclusions:</i> 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	Nitrofurantoin derivatives
XM09K7	Nitrofurantoin
XM1QV5	Nifurtinol
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	Aminosallylum
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	Pasiniiazid

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	Ibacinabine
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 antitbotulinus
XM9V23	Serum anticytotoxic
XM7HP0	Serum antimeningococcus
XM5F14	Serum antitetanic
XM8MX1	Serum antitoxic
XM9QJ7	Serum convalescent
XM0SJ2	Serum protective
XM5CC6	Spider antivenin
XM2042	Tetanus toxoid or vaccine antitoxin
XM2GK5	Tetanus toxoid or vaccine immune globulin (human)
XM8Y67	Vaccine antineoplastic
XM6VF9	Immune sera
XM2MN8	Diphtheria antitoxin
XM18X1	Tetanus antitoxin
XM5083	Antirabies hyperimmune serum
XM18Y9	Snake venom antiserum
XM0AD6	Botulinum antitoxin
XM1FR6	Gas-gangrene sera
XM1RS8	Immunoglobulins
XM0AQ7	Immunoglobulins, normal human
XM26U5	Immunoglobulins, normal human, intravenous
XM3H32	Immunoglobulins, normal human, extravascular
XM5YM7	Specific immunoglobulins
XM4361	Anti-D (rh) immunoglobulin

XM8824	Tetanus immunoglobulin
XM6JK2	Hepatitis B immunoglobulin
XM5R25	Rabies immunoglobulin
XM8Q08	Vaccinia immunoglobulin
XM3FU2	Pertussis immunoglobulin
XM8Z30	Mumps immunoglobulin
XM7X82	Varicella zoster immunoglobulin
XM3ZS8	Rubella immunoglobulin
XM1V63	Staphylococcus immunoglobulin
XM7NM9	Cytomegalovirus immunoglobulin
XM4YT6	Diphtheria immunoglobulin
XM7LD1	Hepatitis A immunoglobulin
XM5NX5	Encephalitis, tick borne immunoglobulin
XM1GU6	Measles immunoglobulin
XM45N8	Palivizumab
XM0QB1	Motavizumab
XM0U74	Raxibacumab
XM8Y60	Anthrax immunoglobulin
XM6GD5	Bezlotoxumab
XM54X9	Obiltoxaximab
XM1BS2	Immunoglobulin not elsewhere classified
XM3NK9	Antiviral monoclonal antibodies
XM78P5	Tixagevimab
XM1CT9	Cilgavimab

Vaccines

XM3KV2	Bacterial vaccines
XM29K4	Cholera vaccines
XM3Z26	Cholera, inactivated, whole cell vaccines
XM72A0	Cholera, live attenuated vaccines
XM1FT6	Cholera, combinations with typhoid vaccine, inactivated, whole cell vaccines

XM11V3	Haemophilus influenzae B vaccines Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9) Hemophilus influenzae B and poliomyelitis vaccines (XM01H1) Hemophilus influenzae B and hepatitis B vaccines (XM32L7) Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3) Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9) Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)
XM6RG9	Hib, purified antigen conjugated vaccines
XM7F70	Hib, combinations with toxoids vaccines
XM81F7	Hib, combinations with pertussis and toxoids vaccines
XM0X86	Hib, combinations with meningococcus C, conjugated vaccines
XM2WV4	Meningococcal vaccines
XM92B2	Meningococcal monovalent purified polysaccharides antigen vaccines
XM5LC2	Meningococcal polyvalent purified polysaccharides antigen vaccines
XM3T39	Meningococcus A, C, bivalent purified polysaccharides antigen vaccines Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)
XM2AR0	Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen vaccines
XM2EH7	Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen conjugated vaccines
XM18Y8	Meningococcus C, purified polysaccharides antigen conjugated vaccines
XM2280	Meningococcus A, purified polysaccharides antigen conjugated vaccines
XM9GJ1	Meningococcus B, outer membrane vesicle vaccines
XM1X81	Meningococcus B, multicomponent vaccines
XM37L5	Meningococcus A, purified polysaccharides antigen vaccines

XM43M9	Pertussis vaccines Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8) Diphtheria vaccines combination including pertussis (XM46V1) Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7) Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3) Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9) Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3) Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9) Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9) Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1) Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)
XM45L8	Pertussis, inactivated, whole cell vaccines
XM62J1	Pertussis, purified antigen vaccines
XM2TK2	Pertussis, inactivated, whole cell, combinations with toxoids vaccines
XM4082	Pertussis, purified antigen, combinations with toxoids vaccines
XM2CV8	Vaccines pertussis with diphtheria
XM9EM7	Pneumococcal vaccines
XM9G97	Pneumococcal conjugate (13-valent) vaccines
XM2249	Pneumococcal polysaccharide 23-valent vaccines
XM91D7	Pneumococcus, purified polysaccharides antigen vaccines
XM96S7	Pneumococcus, purified polysaccharides antigen conjugated vaccines
XM4R39	Pneumococcus purified polysaccharides antigen and Haemophilus influenzae, conjugated vaccines

XM5L44	Tetanus vaccines Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1) Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7) Diphtheria, rubella, tetanus vaccines (XM9744) Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3) Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9) Diphtheria, hepatitis B, tetanus vaccines (XM3G68) Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3) Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9) Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9) Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1) Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)
XM29H5	Tetanus toxoid vaccines
XM1G86	Tetanus toxoid, combinations with diphtheria toxoid vaccines
XM9AK2	Tetanus toxoid, combinations with tetanus immunoglobulin vaccines
XM31Q8	Tetanus, diphtheria, acellular pertussis vaccines
XM1PB8	Triple vaccines DPT
XM9ZL9	Pertussis vaccines (with diphtheria toxoid) (with tetanus toxoid)
XM9YH9	Diphtheria toxoid with tetanus toxoid with pertussis component vaccines
XM32Q5	Tetanus and diphtheria vaccines
XM4039	Vaccines diphtheria with tetanus
XM8XH5	Tetanus toxoid or vaccines toxoid with diphtheria toxoid
XM8BU8	Typhoid vaccines Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)
XM33K4	Typhoid, oral, live attenuated vaccines
XM89G3	Typhoid, inactivated, whole cell vaccines
XM3SF6	Typhoid, purified polysaccharide antigen vaccines
XM9UB1	Typhoid-paratyphoid vaccines

XM3VD2	Vaccines TAB
XM95H3	Paratyphoid vaccines
XM8ZX8	Plague vaccines
XM3796	Plague, inactivated, whole cell vaccines
XM9SW5	Vaccines bacterial with other bacterial component
XM91J8	Vaccines rickettsial
XM3JJ2	Typhus (exanthematicus) vaccines
XM2NU8	Typhus exanthematicus, inactivated, whole cell vaccines
XM4F19	Vaccines rickettsial with bacterial component
XM0E84	Rocky Mountain spotted fever vaccines
XM5926	Vaccines bacterial mixed, not elsewhere classified
XM8NU9	Anthrax vaccines
XM2C05	Anthrax antigen vaccines
XM7PB3	Brucellosis vaccines
XM7RX8	Brucella antigen vaccines

XM8AW3	Diphtheria vaccines Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8) Tetanus and diphtheria vaccines (XM32Q5) Vaccines pertussis with diphtheria (XM2CV8) Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1) Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7) Diphtheria, rubella, tetanus vaccines (XM9744) Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3) Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9) Diphtheria, hepatitis B, tetanus vaccines (XM3G68) Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3) Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9) Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9) Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1) Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)
XM86V7	Diphtheria toxoid vaccines
XM46V1	Diphtheria vaccines combination including pertussis
XM39K8	Diphtheria vaccines combination without pertussis
XM8YP9	Diphtheria vaccines combination
XM4639	Tuberculosis vaccines
XM8142	Tuberculosis, live attenuated vaccines
XM61M7	Viral vaccines

XM68M6	COVID-19 vaccines These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM1NL1	COVID-19 vaccines, inactivated virus These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM7HT3	CoronaVac® Inactivated COVID-19 (VERO CELL) vaccine
XM8866	Covilo Exclusions: Inactivated SARS-CoV-2 vaccine (XM1FB4)
XM9TQ1	KCONVAC Exclusions: Inactivated SARS-CoV-2 vaccine (XM1FB4)
XM1G90	Covaxin
XM85P5	Covi-Vac
XM9FQ7	Hayat-Vax
XM97N6	QazVac

XM2YG8	COVIran Barekat
XM0K39	Covidful
XM0J98	FAKHRAVAC (MIVAC)
XM1FB4	Inactivated SARS-CoV-2 vaccine
XM86F7	Turkovac
XM42N8	VLA2001
XM5DF6	COVID-19 vaccines, live attenuated virus These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents
XM9QW8	COVID-19 vaccines, non-replicating viral vector These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM4YL8	COVID-19 Vaccine AstraZeneca - Vaxzevria Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.

XM97T2	Covishield® Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.
XM6QV1	COVID-19 Vaccine Janssen Viral vector vaccine based on a modified human adenovirus 26.
XM1AG7	Convidecia
XM5QM6	Sputnik-Light
XM4T09	Convidecia Air
XM2LP0	Convidecia Air XBB1.5.
XM6Z24	Gam-COVID-Vac (intranasal)
XM4PM4	Gam-COVID-Vac-M
XM5309	iNOVACC
XM4N49	Jcovden
XM37C0	Sputnik-V
XM0CX4	COVID-19 vaccines, replicating viral vector These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM5BL0	DeINS1-2019-nCoV-RBD-OPT1

XM5JC5	COVID-19 vaccines, virus protein subunit
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XM3CT4	Zifivax
XM8T18	Abdala
XM3PG0	Soberana-02
XM4EC8	MVC COVID-19
XM6SZ8	EpiVacCorona
XM0RV9	Soberana Plus
XM3SK8	Aurora-CoV
XM9P21	SpikoGen
XM9T65	NUVAXOVID
XM9N08	Razi COV PARS
XM6790	Bimervax
XM8R60	Bivalent Omicron
XM63N7	Corbevax
XM2NP9	Coviccine
XM0E93	Coviccine Trivalent (XBB.1.5+BA.5+Delta)
XM85Q5	Covovax
XM85Q8	EuCorVac-19
XM7E37	Indovac
XM7P85	Noora
XM2FM2	NUVAXOVID XBB1.5.

XM97Q5	PastoCovac
XM8BU1	PastoCovac Plus
XM9P29	Recombinant SARS-CoV-2 Vaccine (CHO Cell)
XM5YS2	SARS-COV-2 Bivalent
XM8ME2	SCB-2019
XM71X6	SCTV01C
XM62V8	SKYCovione
XM8267	Tetravalent SCTV01E
XM6WB0	V-01
XM9ZB6	Vidprevtyn Beta
XM1J92	COVID-19 vaccines, virus like particle

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XM0BS6	Covifenz

XM6AT1	COVID-19 vaccines, DNA based These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM52P3	ZyCov-D
XM0GQ8	COVID-19 vaccines, RNA based These codes have assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.
XM8NQ0	Comirnaty® A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).
XM3DT5	COVID-19 Vaccine Moderna - Spikevax A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).
XM5E97	AWcorn
XM1CQ8	Comirnaty Bivalent Original/Omicron BA.1
XM5U85	Comirnaty Bivalent Original/Omicron BA.4/BA.5

XM7U45	Comirnaty XBB.1.5.
XM6HM3	Daichirona
XM15E9	Duentai
XM2708	Duentai Bivalent (XBB.1.5+BQ.1)
XM3X29	Gemcovac-19
XM8FH6	Gemcovac-OM
XM6FF0	KOSTAIVE
XM0QH5	COVID-19 Vaccine Moderna - Spikevax Bivalent Original/Omicron BA.1
XM3984	COVID-19 Vaccine Moderna - Spikevax Bivalent Original/Omicron BA.4/BA.5
XM21B8	COVID-19 Vaccine Moderna - Spikevax XBB1.5.
XM38G7	Dengue vaccines
XM7P50	Ebola vaccines
XM0RC1	Encephalitis vaccines
XM8MP6	Encephalitis, tick borne, inactivated, whole virus
XM0LB5	Encephalitis, Japanese, inactivated, whole virus
XM47S0	Encephalitis, Japanese, live attenuated
XM1LR5	Influenza vaccines
XM8857	Influenza vaccines, inactivated, whole virus
XM5V64	Influenza vaccines, live attenuated
XM8MP2	Influenza vaccines, inactivated, split virus or surface antigen
XM9E16	Influenza vaccines, virus like particle
XM33X8	Influenza, purified antigen
XM6LL6	Hepatitis vaccines
	Coded Elsewhere: Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

XM9V38	Hepatitis B, purified antigen Coded Elsewhere: Diphtheria, hepatitis B, tetanus vaccines (XM3G68) Hemophilus influenzae B and hepatitis B vaccines (XM32L7) Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3) Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9) Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)
XM2A12	Hepatitis A, inactivated, whole virus Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)
XM03Y7	Combinations hepatitis vaccines
XM28X5	Measles vaccines
XM8L15	Measles, live attenuated
XM9439	Measles, combinations with mumps, live attenuated
XM8TF3	Measles, combinations with mumps and rubella, live attenuated
XM21H2	Measles, combinations with rubella, live attenuated
XM4AJ8	Measles, combinations with mumps, rubella and varicella, live attenuated
XM1131	Mumps vaccines
XM2340	Mumps, live attenuated
XM0N50	Poliomyelitis vaccines Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1) Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7) Hemophilus influenzae B and poliomyelitis vaccines (XM01H1) Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9) Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9) Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6) Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1) Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)
XM4KG4	Orimune

XM1Y59	Vaccine sabin oral
XM2KH7	Diplovax
XM0VX8	Poliomyelitis oral, monovalent live attenuated
XM0KZ1	Poliomyelitis oral, trivalent, live attenuated
XM79H3	Poliomyelitis oral, bivalent, live attenuated
XM5V19	Poliomyelitis, trivalent, inactivated, whole virus
XM1CE0	Rotavirus diarrhoea vaccines
XM4GV0	Rota virus, live attenuated
XM4VG1	Rota virus, pentavalent, live, reassorted
XM7PP1	Rubella vaccines <i>Coded Elsewhere:</i> 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: Nitrofurantoin derivatives (XM2CE2)

XM21E9	Hydroxyquinoline derivatives
XM5MW6	Broxyquinoline

XM1V59	Clioquinol
XM56H5	Chlorquinaldol
XM1KS8	Tilbroquinol
XM0V89	Tiliquinol

Antimalarials and drugs acting on other blood protozoa

Coded Elsewhere: Biguanides (XM5DC4)

XM6M61	8-Aminoquinoline drugs
XM0NC8	Amopyroquin
XM37R2	Anti-infective antimalarial
XM0VE8	Anti-infective antiprotozoal blood
XM1914	Antimalarial
XM5WN6	Antimalarial prophylactic
XM5Q32	Antimalarial pyrimidine derivative
XM7LP3	Antiprotozoal drug blood
XM0KE4	Chlorproguanil
XM38E0	Cinchona
XM9V39	Cinchonine alkaloids
XM9511	Daraprim
XM23A5	Guanatol
XM3T26	Halofantrine
XM17W0	Isopentaquine
XM50J2	Mefloquine
XM08Q1	Pamaquine (naphthoate)
XM0346	Pentaquine
XM0XQ2	Pyrimethamine
XM90Z4	Pyrimethamine with sulfadoxine
XM10R3	Quinacrine
XM8RC3	Quinine
XM0RU7	Quinocide

XM9Z81	Schizontocide (blood) (tissue)
XM50C8	Aminoquinolines
XM6ZE6	Chloroquine
XM9YB2	Hydroxychloroquine
XM9F55	Primaquine
XM3GB3	Amodiaquine
XM5EL4	Tafenoquine
XM5SP0	Artemisinin and derivatives, plain
XM1ED1	Artemisinin
XM7D52	Artemether
XM7Q22	Artesunate
XM37K1	Artemotil
XM9ND1	Artenimol
XM3B54	Arterolane and Piperaquine
XM8H63	Naphthoquine
XM6TH1	Artemether and Lumefantrine Artemisinin-based combination of artemether + lumefantrine used for the prophylaxis and treatment of uncomplicated falciparum malaria.
XM8MB3	Acterol
XM0FS7	Aminitrozole
XM4GE4	Anti-infective antiprotozoal
XM4W96	Antimony dimercaptosuccinate
XM9GG8	Antimony sodium dimercaptosuccinate
XM4393	Antiprotozoal drug
XM2HL1	Antitrichomonal drug
XM83L5	Bialamicol
XM8E05	Carbarsone
XM8DJ7	DHE
XM1RE2	Glaucarubin
XM1LB9	Hydroxystilbamidine

XM5NQ7	Melarsonyl potassium
XM4UC9	Melarsoprol
XM1HA1	Misonidazole
XM3WL0	Ornidazole
XM3E43	Oxophenarsine
XM45H6	Stibogluconate
XM0CL7	Stilbamidine isetionate
XM05U5	Teclozan
XM6XS3	Trichomonacides
XM5R30	Tryparsamide
XM7BM9	Nitroimidazole derivatives
XM4HZ1	Azanidazole
XM5LH9	Nimorazole
XM98K0	Secnidazole
XM0JG6	Benznidazole
XM61Z9	Propenidazole
XM5VX1	Fexinidazole
XM4RW6	Dichloroacetamide derivatives
XM7AM3	Diloxanide
XM9H76	Clefamide
XM3PL8	Etofamide
XM4787	Arsenic compounds
XM09B5	Arsthinol
XM0A09	Difetarstone
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	Tenonitrozone
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	Antiplatyhelminthic 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	Vipryinium
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 aurothiosulfate
XM0VQ7	Bucillamine
XM5L52	Oxycinchophen

XM1QA0 **Penicillamine**

Acetylsalicylic acid and other salicylates

XM4G06 **Acetylsalicylic acid**

XM0XT0 **Carbaspirin**

XM0GX7 **Choline salicylate**

XM72N6 **Fiorinal**

XM6PW4 **Sodium salicylate**

XM4WV7 **Salicylamide**

XM68K3 **Salsalate**

XM5UX6 **Diflunisal**

XM2JA1 **Aloxiprin**

XM3ZP5 **Ethenzamide**

XM49Y6 **Morpholine salicylate**

XM9TC0 **Dipyrrocetyl**

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	Phenylramidol
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
	<i>Coded Elsewhere:</i> 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	Thiopropazine
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	Trifluoperidol
XM9NX2	Lumateperone
XM1QY7	Indole derivatives
XM84W2	Oxypertine
XM61G1	Molindone
XM69Z2	Sertindole
XM8YM0	Ziprasidone
XM9EW5	Lurasidone
XM8X87	Thioxanthene derivatives

XM4EY8	Flupentixol
XM87S1	Clopentixol
XM2H35	Chlorprothixene
XM6B79	Tiotixene
XM3MW6	Zuclopenthixol
XM2NF9	Diphenylbutylpiperidine derivatives
XM0Q81	Fluspirilene
XM1FB1	Pimozide
XM5SZ6	Penfluridol
XM12F2	Diazepines, oxazepines, thiazepines and oxepines
XM8FG8	Loxapine
XM8UG6	Clozapine
XM6GK7	Olanzapine
XM4G70	Quetiapine
XM90C7	Asenapine
XM9DC4	Clotiapine
XM9Q20	Veralipride
XM0624	Levosulpiride
XM1W79	Benzamides
XM7Z05	Sulpiride
XM9G21	Sultopride
XM8KD4	Tiapride
XM3WA3	Remoxipride
XM1DG3	Amisulpride

Lithium

XM0W09 Lithium gluconate

XM5C35 Lithium salts (carbonate)

Other antipsychotics and neuroleptics

XM4GQ2 Amperozide

XM3JM5	Amphenidone
XM7AA5	Antipsychotic drug specified
XM23M7	Azacyclonol
XM56Y5	Benzperidine
XM9VY2	Benzperidol
XM3KB9	Enpiprazole
XM9097	Hydroxyphenamate
XM7EB1	Mebutamate
XM88L2	Mosapramine
XM7B44	Nemonapride
XM5F36	Oxanamide
XM9799	Phenaglycodol
XM3BH3	Prothipendyl
XM7L04	Raclopride
XM7KX5	Setoperone
XM6YS4	Spirilene
XM0ES8	Tranquilizer carbamate
XM7Z64	Tranquilizer hydroxyzine
XM3ES1	Tranquilizer specified
XM0GN3	Tranquilizer thioxanthene
XM06W2	Tybamate
XM4EU4	Zotepine
XM1Z15	Risperidone
XM67P4	Aripiprazole
XM7H28	Paliperidone
XM0FR9	Iloperidone
XM1SS2	Cariprazine
XM8504	Brexiprazole
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 (<i>Lophophora williamsii</i>)
XM78V1	Aeruginascin an active constituent of the mushroom <i>Inocybe aeruginascens</i> .
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 <i>Amanita muscaria</i>

XM1PJ8	Ibotenic acid active constituent of <i>Amanita muscaria</i>
XM5SB5	Salvinorin A active constituent of <i>Salvia divinorum</i> , 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	Hydromorphenol
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 <i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> Dihydrocodeine (XM06K5) Piminodine (XM5NP7) Hydrocodone (XM8E09)
XM30T6	Prodine
XM9907	Antitussive opiate
XM6C31	Cough mixture containing opiates
XM8ZF5	Dextrorphan
XM1K75	Difenclozazine
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	Phenomorphane
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 <i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> 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	Eucaïne
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	Methypylon

XM2MC9	Pyrithyldione
XM4YG0	Barbiturates and derivatives
	<i>Coded Elsewhere:</i> Methohexital (XM7JR4)
	Hexobarbital (XM08U4)
	Thiopental sodium (XM0EL8)
XM3Z73	Narcobarbital
XM01Z3	Pentobarbital
XM01F5	Amobarbital
XM8TB8	Butobarbital
XM2B90	Barbital
XM6QG0	Secobarbital
XM28V1	Talbutal
XM6NX3	Vinylbital
XM9VX7	Vinbarbital
XM89L9	Cyclobarbital
XM7ZK9	Heptabarbital
XM8FN0	Allobarbital
XM8C15	Proxibarbal
XM60H4	Methylphenobarbital
XM2605	Phenobarbital
XM5J41	Primidone
XM45T7	Barbexaclone
XM64T5	Metharbital
XM1ZM1	Reposal
XM1WN6	Etallobarbital
XM8YV1	Aprobarbital
XM50Q3	Brallobarbital
XM3UQ5	Butalbital
XM6XH1	Butallylonal
XM4C65	Difebarbamate
XM8DQ9	Methobarbital, methobarbitone

XM3YG4	Nealbarbital
XM6F85	Probarbital
XM37N4	Propallylonal
XM81J9	Secbutabarbital
XM4843	Z-drugs
XM8LM1	Zopiclone
XM8188	Zolpidem
XM0UU3	zaleplon
XM4DP1	Eszopiclone
XM0GA0	Melatonin receptor agonists
XM7R38	Melatonin
XM4Y11	Ramelteon
XM0DX1	Tasimelteon

Bromine compounds

XM93J2	Bromide salts
XM5V35	Acecarbromal
XM3260	Bromisoval
XM7XH5	Bromoform
XM68H5	Carbromal

Other sedatives, hypnotics and antianxiety drugs

Coded Elsewhere: Scopolamine (XM1MW1)

XM4JD8	Acetylpheneturide
XM0Y74	Allylisopropylacetylurea
XM2MT0	Allyltribromide
XM0FX2	Ammonium bromide
XM2P06	Anticonvulsant hypnotic
XM4LR0	Anticonvulsant pyrimidinedione
XM80V1	Anticonvulsant specified

XM2851	Apronal
XM8WF0	Avomine
XM34M8	Beta-Chlor
XM2S35	Bromal (hydrate)
XM16D8	Bromine compounds (medicinal)
XM0JD2	Bromine sedative
XM14P7	Bromisovalum
XM0L99	Bromural
XM7Q19	Calcium bromide
XM44G1	Bromides
XM6Z70	Central nervous system depressants chloral hydrate
XM4A26	Central nervous system depressants hypnotics specified
XM0MP0	Central nervous system depressants paraldehyde
XM2PX1	Chloral derivative
XM5HQ1	Chloralamide
XM1XU2	Chloretone
XM7N56	Chlorhexadol
XM7GE6	Clomethiazole
XM58S5	Croton chloral
XM1L51	Diethylsulfone-diethylmethane
XM5P16	Divalproex
XM2ML0	Doriden
XM0YS0	Dormison
XM76A5	Ectylurea
XM4SW2	Ethchlorvynol
XM8HM5	Ethinamate
XM0959	Etifoxine
XM5084	Hexapropymate
XM3GR8	Hypnotic drug specified

XM1H40	Lactuca (virosa) (extract)
XM7EA2	Lactucarium
XM2447	Lettuce opium
XM1SJ9	Levanil
XM9S20	Levoprome
XM3C52	Methaqualone
XM8UW8	Methyl sulfonal
XM79Y3	Methylpentynol
XM9L86	Niaprazine
XM67F2	Noludar
XM41Z4	Periclor
XM7865	Petrichloral
XM8U36	Phenergan
XM3YQ0	Potassium bromide
XM23J2	Propionaldehyde (medicinal)
XM5KU5	Quaalude
XM5YQ4	Sedative mixed
XM53R6	Sedormid
XM5BF2	Serenesil
XM8SU3	Sodium bromide
XM9F88	Sodium valproate
XM4ZG6	Somnos
XM1BT3	Sopor
XM2N03	Soporific drug specified type
XM81Z5	Sulfonal
XM9QV2	Sulfonethylmethane
XM4YF8	Sulfonmethane
XM8296	Tetronal
XM6WP4	Tranquilizer with hypnotic or sedative

XM9XF5	Tribromacetaldehyde
XM1DU6	Trichloroethanol
XM4236	Trichloroethyl phosphate
XM68E8	Triclofos
XM2334	Trional
XM16S3	Triple bromides
XM3PP3	Valerian root
XM0MV0	Valerian tincture
XM1WZ4	Valmid
XM2TP4	Valnoctamide
XM2AQ9	Welldorm
XM1ZF1	Buspirone
XM01J5	Mephenoxalone
XM9TL2	Propiomazine
XM15N4	Sodium oxybate
XM3EH5	Benzoctamine
XM9727	Gedocarnil
XM5928	Fabomotizole
XM4DF5	Lavandulae aetheroleum
XM8488	Valerianae radix
XM2HN6	Suvorexant
XM2AY7	Dipiperonylaminoethanol
XM9235	Lemborexant
XM1VL2	Hexethal (sodium)
XM7MG1	Mephebarbital
XM0217	Methitural
XM2XY6	4-Aminobutyric acid

Other and unspecified drugs, medicaments and biological substances

Antidotes

Coded Elsewhere: Ipecacuanha (XM8BL3)

Penicillamine (XM1QA0)

Naloxone (XM14T9)

Ethanol (XM8ZW3)

Potassium Permanganate medicinal (XM0XP0)

Physostigmine (XM4605)

Hydroxocobalamin (XM7CP9)

Phentolamine (XM5NP2)

XM3XY4

Alcohol deterrent

XM2XV6

Antabuse

XM1S43

Antidote

XM65Y8

Chelating agent

XM68U2

Cholinesterase reactivator

XM81B1

Cysteamine

XM9M46

Detoxifying agent

XM0ZM0

Disodium edetate

XM1V56

EDTA

XM0FL5

Phytic acid, nonasodium

XM7SW5

Glutathione

XM1YY3

Methylthioninium chloride

XM7Z31

Nitrefazole

XM7HV6

Obidoxime chloride

XM2ZD4

Pralidoxime

XM6TE9

Potassium ferric hexacyanoferrate (medicinal)

XM7K47

Pralidoxime iodide

XM6BZ5

Pralidoxime chloride

XM8P25

Prussian blue therapeutic

XM6DU2

Pyridine aldoxime methiodide

XM6043

Pyridine aldoxime methyl chloride

XM3810	Sodium nitrite
XM7LV6	Sodium phytate
XM6NW5	Thiosulfate
XM2KC9	Sodium versenate
XM99S5	Tetraethylthiuram disulfide
XM6GP9	Trientine
XM2U68	Trisodium hydrogen edetate
XM7KV3	Versenate
XM4UW9	Nalorphine
XM89R9	Dimercaprol
XM1260	Potassium iodide
XM7372	Acetylcysteine
XM5MC0	Methionine
XM28B1	Uridine triacetate
XM0588	Edetates
XM5VJ5	Prednisolone and Promethazine
XM8ET8	Obidoxime
XM2GR4	Protamine
XM4JM7	Copper sulfate
XM9AD6	Digitalis antitoxin
XM2UQ5	Flumazenil
XM2H17	4-dimethylaminophenol
XM8ZA0	Cholinesterase
XM62Q3	Prussian blue
XM7LQ9	Fomepizole
XM9NQ8	Sugammadex
XM0666	Idarucizumab
XM01C9	Andexanet alfa

Iron chelating agents

XM5A41	Deferoxamine
XM03A5	Deferiprone
XM12X8	Deferasirox

Drugs for treatment of hyperkalaemia, hypercalcaemia and hyperphosphataemia

Coded Elsewhere: Calcium acetate (XM0VY0)

XM3B07	Polystyrene sulfonate
XM8NS1	Ferric citrate
XM1AY3	Sodium phosphate cellulose
XM6Q80	Sevelamer
XM22K8	Lanthanum carbonate
XM4MP9	Calcium acetate and Magnesium carbonate
XM9188	Sucroferric oxyhydroxide
XM4C26	Colestilan

Detoxifying agents for antineoplastic treatment

XM1JB5	Mesna
XM7BJ9	Calcium folinate
XM45R5	Dexrazoxane
XM2852	Calcium levofolinate
XM5GF2	Amifostine
XM61A6	Sodium folinate
XM4NB1	Rasburicase
XM8J47	Palifermin
XM8L87	Glucarpidase
XM1EU2	Sodium levofolinate
XM0MC0	Arginine and Lysine
XM7PK0	Trilaciclib

Protectives against UV-radiation for systemic use

Coded Elsewhere: Betacarotene (XM7E89)

XM0LA6 Afamelanotide

XM8337 Canthaxanthin

Antipsoriatics for systemic use

XM3GF4 Retinoids

XM0Z07 Etretinate

XM2M63 Acitretin

XM4RP3 Trioxysalen

XM47G3 Methoxsalen

XM1G69 Bergapten

XM7WA3 Fumaric acid

Vitamin A derivative and other anti-acne preparations for systemic use

XM98J9 Isotretinoin

XM9FP6 Ichtasol

Agents used in diagnostic tests, not elsewhere classified

Coded Elsewhere: Gonadorelin (XM2TU9)

Carbon monoxide (XM1X11)

XM4CF3 Coccidioidin

XM1V31 Congo red

XM34X2 Evans blue

XM5618 Fluorescein

XM3Y60 Histoplasmin

XM2818 Indocyanine green

XM3WZ1 Lymphogranuloma venereum antigen

XM1VN8 Mumps skin test antigen

XM3Q40 Penicilloyl polylysine

XM36R6 Sodium metrizoate

XM1QL6	Sulfonphthalein, sulfonphthol
XM8478	Sulkowitch's reagent
XM4DA3	Toxin, diphtheria (Schick Test)
XM0EK6	Tuberculin, purified protein derivative (PPD)
XM6XX8	Glucose

Tests for bile duct patency

XM53M3	Sincalide
XM0D92	Ceruletide

Tests for pituitary function

XM5GR6	Metirapone
XM7E13	Somatorelin
XM1UJ0	Corticotropin
XM5AM6	Macimorelin
XM60V4	Tests for liver functional capacity

XM9ZW8	Galactose
XM1XE0	Sulfobromophthalein
XM0N95	Methacetin (13C)
XM90L9	Iprofenol
XM3114	Lidofenol
XM2PX0	Rose bengal sodium (131i)

XM9H30	Tests for gastric secretion <i>Coded Elsewhere:</i> 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	Iotroxlic 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	Gadobenric acid
XM3VG2	Gadobutrol
XM7W85	Gadoxetic acid
XM6GF6	Gadofosveset
XM8966	Superparamagnetic contrast media
XM33C2	ferumoxsil
XM84N5	ferristene
XM2945	iron oxide, nanoparticles
XM2666	Perflubron
XM5TN4	Ultrasound contrast media
XM40N1	Microspheres of human albumin
XM3PF3	Microparticles of galactose
XM7S16	Perflenapent
XM4VR4	Microspheres of phospholipids
XM8169	Sulfur hexafluoride
XM8G80	Perflubutane polymer microspheres

XM9320**Diagnostic radiopharmaceuticals**

Coded Elsewhere: Sodium fluoride (XM1F39)

Thallium (XM63C5)

Chromium (XM9YJ8)

Selenium (XM47M7)

XM8ZM1 Technetium (99mTc) compounds

XM5VK7 Sodium pertechnetate Tc99m

XM9YB1 Iodine (123I) compounds

XM2R88 sodium iodide (131I)

XM6941 Rubidium chloride Rb82

XM3GL6 Gallium citrate

XM8SB4 Gallium (67Ga) citrate

XM3WK3 Fludeoxyglucose (18F)

XM4ML0 Iodocholesterol (131I)

XM6Z69 Xenon (127Xe) gas

XM6EQ3 Xenon (133Xe)

XM39A6 Sodium iodide (124I)

XM9F18 Maternal antibodies

XM3HU5 ferric (59Fe) citrate

XM1899 Sodium iodide (123I)

XM9063 Sodium iodohippurate (123I)

XM60X3 Iobenguane (131I)

XM1QL4 Iobenguane (123I)

XM6UT0 Fluoroethyl-L-tyrosine (18F)

XM80F7 Fluoroestradiol (18F)

XM5G08 Fluciclovine (18F)

XM3LK2 Fluorodopa (18F)

XM1N90 Fluoromethylcholine (18F)

XM5XR7 Fluoroethylcholine (18F)

XM5EC5 Gallium (68Ga) edotreotide

XM7VT3 Cobalt (57Co) cyanocobalamin

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
	<i>Coded Elsewhere:</i> Iobenguane (131I) (XM60X3)
	Phosphoric acid (XM0270)
	Cyanogen chloride (XM1293)
	Chromic phosphate 32P (XM3ZJ5)
	Gold preparations (XM3LE3)
XM6RC9	Sodium iodide I-131 therapeutic
XM01S1	Isoaminile (citrate)
XM9XW5	Antimonic sulfide
XM8Z31	Yttrium (90Y) ferrihydroxide colloid
XM0JJ4	Samarium (153Sm) hydroxyapatite colloid
XM56F9	Dysprosium (165Dy) colloid
XM10B1	Yttrium (90Y) citrate colloid
XM3MD6	Erbium (169Er) citrate colloid
XM5ZE8	Amylene dichloride
XM1WG6	Ethiodized oil (131 i)
XM7MV3	Iodine (131I) omburtamab

Topical agents primarily affecting skin and mucous membrane and ophthalmological, otorhinolaryngological and dental drugs

Antipruritics

XM32B6	b-eucaine
XM79Q0	Benzamine lactate
XM8MM9	Coal tar
XM96H7	Ether-soluble tar distillate
XM6PP6	Juniper tar
XM8YS8	Phenol medicinal
XM96T6	Phenolic preparation
XM8485	Pramoxine
XM6A20	Quinisocaine
XM8W74	Tar distillate
XM8WM2	Tar ointment
XM4543	Tolpropamine
XM2833	Mepyramine topical
XM29P8	Diphenhydramine methylbromide
XM9UN5	Thonzylamine topical
XM7JY5	Thenalidine topical
XM6WM2	Promethazine topical

Camphor

Emollients, demulcents and protectants

Coded Elsewhere: Nutmeg oil (XM6FE5)

XM4B01	Acetic acid with sodium acetate (ointment)
XM7MV6	Acrylic resin
XM8U60	Allylthiourea
XM06X6	Aluminium, aluminum ointment (surgical) (topical)
XM1S82	Aminobenzoic acid (-p)

XM3VB3	Arachis oil
XM8SU9	Barrier cream
XM5L08	Bentonite
XM7D95	Benzophenones
XM6F99	Benzophenone-3
XM4DT5	Benzophenone-4
XM08U7	Betula oil
XM7K00	Calamine (lotion)
XM2EP3	Cellulose nitrates (topical)
XM9ZA9	Chlordiethyl benzamide
XM88R8	Cold cream
XM7033	Corn starch
XM38M3	Cornhusker's lotion
XM8P34	Cottonseed oil
XM5PK1	Demulcent (external)
XM0XB3	Diethyl toluamide medicinal
XM9U76	Dimethyl phthalate
XM8KY4	Flaxseed (medicinal)
XM6694	Homosalate
XM8M74	Hydrophilic lotion
XM8WH4	Lanolin
XM4HE0	Lanolin alcohol
XM7TK2	Mecrilate
XM7VP7	Melanizing agents
XM8EY7	Mexenone
XM9TZ7	Mineral oil topical
XM3214	Octafonium chloride
XM66S8	Oil wintergreen (bitter)
XM9CQ4	Methoxsalen topical

XM0VT0	Padimate
XM9AG3	Para-aminobenzoic acid
XM1U48	Peanut oil topical
XM8PB6	Petrolatum
XM8J96	Plaster dressing
XM9V04	Plastic dressing
XM2BL7	Polyethylene adhesive
XM6J14	Protectant, skin
XM9VE3	Pyroxylin
XM8293	Rose water ointment
XM06Y2	Silicone medicinal
XM9410	Topical sunscreen Preparations, usually in the form of lotions, creams or gels, applied to the skin to protect it from ultraviolet radiation.
XM4YA6	Sulisobenzone
XM7YQ8	Sweet oil (birch)
XM3599	Talcum
XM3MF9	Thiosinamine
XM7Q94	Titanium dioxide
XM6WX7	Titanium oxide
XM5E39	Ultraviolet light protectants
XM4D35	2-(4-Diethylamino-2-hydroxybenzoyl)-benzoic acid hexylester
XM8A13	Methylene-bis-benzotriazolyltetramethylbutylphenol
XM6UT3	Phenylbenzimidazol-5-sulfonic acid
XM65Q8	2,4,6-Trianilino-p-(carbo-2-ethylhexyl-1-oxi)-1,3,5-triazine
XM5PP3	Unna's boot
XM8H46	Zinc gelatin
XM7RG9	Zinc oxide
XM4NT3	Zinc stearate
XM8YJ6	Colophonium

XM1LY7	Sorbitan sesquioleate
XM2M34	Octinoxate
XM2F87	Hyaluronic acid topical
XM90Q0	Cetomacrogol
XM8N69	Etofenamate

Fluoride preparations

XM85Z1	Fluoride medicinal dental use
XM9RB7	Stannous fluoride

Iodine (antiseptic)

XM60N7	Bismuth salts formic iodide
XM0DJ3	Cadexomer
XM12P7	Diiodohydroxypropane
XM8UZ7	Diiodohydroxyquin topical
XM0809	Iodide
XM8C24	Iodide mercury (ointment)
XM3Q63	Iodide methylate
XM6TG8	Iodochlorhydroxyquin topical
XM3X72	Iodoform
XM58X1	Potassium iodate
XM24J7	Povidone iodine

Keratolytics, keratoplastics, and other hair treatment drugs and preparations

Coded Elsewhere: p-Phenylenediamine (XM0AK0)

XM9ZS1	Allantoin
XM7H25	Alum (medicinal)
XM2GV6	Ammonium ichthyosulfonate
XM8RR9	Ammonium persulfate
XM8HL4	Anthralin

XM8SX1	Antiseborrheics
XM8GU1	Butantrone
XM4FV2	Cade oil
XM2ST0	Cadmium sulfide (medicinal)
XM9TT3	Capsicum
XM4AW0	Carbon dioxide snow
XM01Q7	Chlorothymol
XM92H5	Chloroxine
XM7HY4	Chrysarobin
XM3P37	Coal tar medicinal (ointment)
XM3LD7	Collagenase topical
XM7PM1	Corn cures
XM5W78	Depilatory
XM95C8	Diachylon plaster
XM64V2	Dimethyl sulfoxide medicinal
XM26P0	Dimethylamine sulfate
XM8RS8	Dithranol
XM17Y7	Enzyme proteolytic
XM3JC8	Ethyl chloride local
XM4P92	Ethyl fumarate
XM7WC9	Euresol
XM7VL9	Hair dye
XM8GV4	Hemostyptic
XM7KM8	Isopropyl alcohol medicinal
XM6ES1	Keratolytic drug anthracene
XM23V5	Keratolytic drug
XM4KL1	Keratoplastic
XM76E0	Lassar's paste
XM1VX5	Methyl nicotinate

XM8N27	Monobenzene
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	Triacetoxanthracene
XM6U21	Trichloroacetic acid medicinal
XM2V83	Vleminckx's solution
XM6T99	White lotion (keratolytic)
XM25J6	Xenysalate
XM7AM5	Glyceryl monothioglycolate
XM5L79	p-Toluenediamine

Ophthalmological drugs and preparations

Coded Elsewhere:	Bendazac (XM0P54)
	Neomycin topical (XM7D13)
	Inosine (XM8BH0)
	Nitrofurazone (XM71W2)
	Povidone iodine (XM24J7)
	Resorcin, resorcinol medicinal (XM4549)
	Neomycin ophthalmic preparation (XM7D13)
XM75W8	Adrenal ophthalmic preparation

XM6H73	Ammonium acid tartrate
XM6G79	Anti-infective ophthalmic preparation
XM5568	Anticholinesterase reversible ophthalmological
XM5T83	Befunolol
XM6NB7	Bibrocathol
XM32H1	Chymotrypsin ophthalmic preparation
XM6E41	Colistin sulfate (eye preparation)
XM1WZ1	Contact lens solution
XM3X79	Copper sulfate cupric medicinal eye
XM3918	Cycloplegic drug
XM8S71	Demecarium bromide
XM1X30	Dendrid
XM0L12	Dipivefrine
XM17P1	Echothiophate
XM7K14	Ecothiopate iodide
XM09W6	Edoxudine
XM8PJ6	Eucatropine
XM45L3	Fluorphenylalanine
XM1783	Herplex
XM9EN3	Hydroxyamphetamine
XM9E72	Hypromellose
XM0PE3	Lachesine
XM8098	Levobunolol
XM4QZ9	Methylparaben (ophthalmic)
XM0YH4	Metipranolol
XM2JE0	Miotic drug
XM4DY8	Mycitracin ophthalmic preparation
XM5PU9	Mydriatic drug
XM28C3	Neosporin ophthalmic preparation

XM4PY4	Phospholine
XM4605	Physostigmine
XM9N59	Polymyxin E sulfate (eye preparation)
XM2WK3	Propylparaben (ophthalmic)
XM56H1	Silver protein
XM7AV0	Sodium borate cleanser eye
XM6Q18	Stoxil
XM8A14	Sulfisoxazole ophthalmic preparation
XM9PG5	Sulfonamide eye
XM61C9	Tear solution
XM5RC2	Tetrahydrozoline
XM31C8	Visine
XM9X81	Acetazolamide
XM4LU1	Dichlorphenamide
XM4DH5	Ethoxzolamide
XM8P33	Methazolamide
XM3ZJ4	Pemirolast
XM2JR8	Picloxydine
XM6JB1	Fluostigmine
XM3BT0	Dorzolamide
XM9GB8	Brinzolamide
XM5130	Latanoprost
XM5ZG4	Unoprostone
XM6E95	Bimatoprost
XM9BS0	Travoprost
XM3UC8	Tafluprost
XM6PD6	Dapiprazole
XM8469	Netarsudil
XM0GK6	Pegaptanib

XM95Y7	Ranibizumab
XM42E0	Iodoheparinate
XM67C4	Lifitegrast
XM57P1	Cenegermin
XM2RM5	Ocriplasmin
XM0YQ8	Autologous limbal stem cells
XM2GK8	Artificial tears and other indifferent preparations
XM3PF8	Anecortave
XM7CE4	Guaiazulen
XM0ST2	Olopatadine
XM49V8	Azidamfenicol
XM3G39	Sulfadicramide
XM13T1	Sulfafenazol
XM4F24	Interferon ophthalmic preparation
XM0C71	Fomivirsen
XM1A96	Besifloxacin
XM7415	Mercury compounds
XM9KL6	Loteprednol
XM6GF5	Formocortal
XM9166	Pranoprofen
XM4GZ0	Nepafenac
XM0QS2	Bromfenac
XM14H0	Brimonidine ophthalmic preparation
XM9KS5	Acetylcholine ophthalmic preparation
XM32J7	Levocabastine
XM9L65	Lodoxamide
XM1CM1	Emedastine
XM4JE3	Alcaftadine
XM7SY2	Sodium chloride, hypertonic (ophthalmic)

XM2LQ4	Sodium edetate ophthalmic preparation
XM3ZG3	Ciclosporin ophthalmic preparation
XM7UH0	Nandrolone ophthalmic preparation
XM3XE4	Apraclonidine
XM2Y24	Verteporfin
XM63C9	Spaglumatic 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	Olafur
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	Phenoxide
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	Pyrogalllic acid
XM8BE0	Pyrogallol
XM97F8	Quaternary ammonium anti-infective
XM2SR9	Retinoic acid
XM9773	Salicylhydroxamic acid
XM5GX7	Sodium hypochlorite medicinal (anti-infective) (external)
XM5372	Sodium hyposulfite
XM7Z80	Sodium perborate medicinal
XM4PL5	Bacimycin
XM7EV2	Sodium propionate
XM1VV3	Sporostacin
XM38S1	Staphisagria or stavesacre (pediculicide)
XM8HC5	Steroid topical
XM2237	Sulbentine
XM2CH0	Sulfacetamide
XM06Y3	Sulfiram
XM4XY4	Sulfur ointment
XM9ST9	Synalar
XM33Y9	Terconazole
XM00V5	Bacitracin zinc
XM2GG6	Tetramethylthiuram medicinal
XM9ZY9	Thimerosal
XM7W47	Thymol
XM3C36	Ticlatone
XM9HG1	Tioconazole
XM9SF6	Tolciclate

XM23C3	Tolnaftate
XM6848	Triacetin
XM4873	Triamcinolone hexacetonide
XM5KU0	Triclobisonium chloride
XM6Y48	Bacitracin zinc with neomycin
XM74T6	Triclocarban
XM5WW5	Triclosan
XM93J3	Tridesilon
XM84C7	Undecenoic acid
XM5GQ1	Undecoylium
XM1TP6	Undecylenic acid (derivatives)
XM81Z1	Urea peroxide
XM2VU7	Valisone
XM0GR5	Vioform topical
XM2B18	Zinc anti-infectives
XM7E88	Basic fuchsin
XM6KL1	Zinc peroxide
XM8SM1	Zinc sulfate topical
XM5L28	Zinc undecylenate
XM71H0	Cloponone
XM0BF3	Acriflavine
XM1KZ4	Nifuraldezone
XM4DT4	Tibezonium iodide
XM5U34	Eosin
XM24W5	Propanol
XM5DR7	Isopropanol
XM2ZR2	Benisone
XM2Q40	Pecilocin
XM6UW2	Pyrrolnitrin

XM8S89	Polihexanide
XM0SV3	Policresulen
XM80T0	Biphenylol
XM68P2	Didecyldimethylammonium chloride
XM5LX3	Mercury, metallic
XM53J8	Decamethoxine
XM2UH3	Euflavine
XM7KH0	Sodium chlorite
XM2VS1	Benzalkonium chloride
XM7022	Nadifloxacin
XM8BY6	Clindamycin topical
XM6AC5	Chlormidazole
XM2NB3	Sulconazole
XM8B91	Bifonazole
XM4J78	Fenticonazole
XM0072	Omoconazole
XM9U15	Sertaconazole
XM49Z6	Flutrimazole
XM5XM5	Eberconazole
XM1QH3	Benzethonium chloride
XM6H72	Luliconazole
XM7CT0	Bromochlorosalicylanilide
XM89W5	Tribromometacresol
XM8JJ2	2-(4-chlorphenoxy)-ethanol
XM67B0	Ethyl hydroxybenzoate
XM6474	Amorolfine
XM2L70	Butenafine
XM3PR6	Tavaborole
XM20T9	Efinaconazole

XM0CH6	Imiquimod
XM7SQ2	Benzoic acid with salicylic acid
XM8BH0	Inosine
XM4BA3	Docosanol
XM2CA6	Sinecatechins
XM0N01	Mercuric iodide
XM4796	Benzododecinium
XM2PS8	Aluminium acetotartrate
XM0P54	Bendazac
XM3J77	Bioallethrin
XM7MQ0	Copper oleinate
XM73B3	Decamethrin
XM9JZ6	Benzoic acid
XM4KG9	Dibutylsuccinate
XM84S5	Dibutylphthalate
XM1BB3	Dimethylcarbate
XM74X3	Dimethylphthalate
XM4UE1	Ethacridine lactate
XM2Y03	Etohexadiol
XM8XZ0	Felbinac
XM6XJ9	Oxyquinoline
XM4PX0	Potassium polysulfide
XM9R96	Quassia
XM63Y9	Benzoxonium chloride
XM0GR6	Tyrothricin
XM0FD5	Fidaxomicin
XM1071	Nifuroxazide
XM5BH0	Nifurzide
XM7MF9	Balsalazide

XM0JJ7	Dimeticone topical
XM6XD8	Streptomycin topical
XM4KV4	Acetic acid medicinal
XM7014	Terbinafine topical
XM0K16	Idoxuridine topical
XM43M3	Benzoyl peroxide
XM9X60	Penciclovir topical
XM3SK7	Famciclovir topical
XM7A63	Ganciclovir topical
XM1P27	Lomefloxacin topical
XM3CL3	Levofloxacin topical
XM92Q3	Gatifloxacin topical
XM6VX8	Moxifloxacin topical
XM1HU5	Loxoprofen
XM8TB9	Abametapir
XM7QG0	Benzyl benzoate
XM0GX2	Benzyl Benzoic acid
XM9208	BHC (medicinal)
XM7S48	Bismuth salts glycolylarsenate
XM5RT8	Boric acid
XM84D8	Bromosalicylchloranitide
XM0YT9	Buclosamide
XM6862	Butoconazole (nitrate)
XM7VA5	Calomel
XM2AV1	Candididin
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	Chloroxylonol
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	Dibromopropamide isethionate
XM0UE0	Dibromopropamide
XM06U7	Dicophane
XM2355	Diethyltoluamide
XM4A13	Dimazole
XM42D3	Dixanthogen
XM3JL3	Dodacin
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	Elastase
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
	<i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> 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	Ferrovandium
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
	<i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> 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 <i>Coded Elsewhere:</i> Arsenic trioxide (XM2HS5)
XM00Z1	Arsine
XM0DR1	Cacodyl
XM6C50	Cacodylic acid
XM1BL4	Chlorovinylchloroarsine
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
	<i>Coded Elsewhere:</i> Lead chromate (XM91V9)
XM95L9	Chromic acid
XM79V9	Chromyl chloride
XM0QY9	Potassium dichromate
XM34P0	Chromium VI compounds
XM1NV2	Cobalt
XM5KH2	Copper
	<i>Coded Elsewhere:</i> 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
	<i>Coded Elsewhere:</i> Lead arsenate (XM8LC6)
	Lead arsenite (XM3M96)

XM5071	Lead acetate nonmedicinal
XM17Q5	Lead alkyl
XM2PV9	Lead antimonate
XM9WK6	Lead azide
XM3Y96	Lead carbonate
XM91V9	Lead chromate
XM59W8	Lead dioxide
XM4EW1	Lead iodide
XM7LD9	Lead monoxide
XM2R16	Lead oxide
XM3ZU1	Lead sulfide
XM0891	Lead paint, not elsewhere classified
XM4AM4	Lithium nonmedicinal
XM1FG4	Mercury
XM8JX9	Ethyl mercuric chloride
XM90P2	Methoxyethyl mercuric chloride
XM9524	Mercuric chloride nonmedicinal
XM39J4	Mercuric cyanide nonmedicinal
XM5X38	Mercuric oxide nonmedicinal
XM8HV3	Mercuric sulfate nonmedicinal
XM4WJ1	Mercury fulminate
XM3W50	Mercury thiocyanate
XM5DJ5	Methyl mercury
XM2Z22	Phenylmercury acetate
XM7UW8	Mercury pesticide, not elsewhere classified
XM4E11	Nickel
XM9P91	Nickel carbonyl
XM7K88	Nickel sulphate
XM5F09	Nickelocene
XM9359	Silver nonmedicinal

XM0XQ4	Tellurium
XM63C5	Thallium
XM9YD2	Thallium sulfate
XM1NS5	Tin
XM9KC4	Tin chloride
XM0K92	Tin oxide
XM7B62	Titanium
XM4WJ2	Titanium tetrachloride
XM89Q2	Titanocene
XM0907	Vanadium
XM7UJ7	Amalgam
XM0FY1	Palladium chloride
XM6NP0	Metal, not elsewhere classified
XM3AW0	Hard metal dust
XM1UC6	Osmium
XM0JD9	Tungsten
XM5H13	Methyl acrylate
XM34R5	Monosodium glutamate
XM5490	Mycotoxin
XM7U84	Aflatoxin
XM0232	Citreoviridin
XM4UE5	Citrinin
XM3NK1	Cyclopiazonic acid
XM3G74	Fusarium toxin
XM2BE5	Ergot alkaloid mycotoxin
XM9C09	Fumonisin
XM9GV7	Moniliformin
XM6X33	Trichothecenes
XM4E53	Zearalenone
XM9F85	3-Nitropropionic acid

XM5WG7	Ochratoxin
XM9C47	Patulin
XM28H1	Penitrem
XM77Q2	Satratoxin
XM6VH6	Sterigmatocystin
XM1PM8	Tenuazonic acid
XM6PE4	Naphthylamine

Organic solvent

XM50A4	Acetal
XM4LM8	Acetaldehyde
XM5Q94	Acetaldehyde vapor
XM6QH4	Acetic acid ester
XM2KF5	Amyl acetate
XM1JM2	Amyl acetate vapor
XM5AK0	Benzyl acetate
XM3RG6	Butyl acetate
XM3AP0	Cyclohexyl acetate
XM00H9	Ethyl acetate
XM3MD8	Isobutyl acetate
XM1EQ5	Isopropyl acetate
XM27U4	Methyl cyclohexyl acetate
XM6XW9	Acetonitrile
XM5HX1	Amyl formate
XM0QY7	Benzene
XM2738	Benzene homologue <i>Coded Elsewhere:</i> 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	Isophoronediiisocyanate
XM58V1	Isophoronediamine
XM38W0	Isopropyl ether
XM9UX0	Ketones
	<i>Coded Elsewhere:</i> Chloroacetone (XM2N89)
XM7U59	Acetone
XM0ES5	Nail polish remover
XM0AM0	Acetophenone
XM1L02	Cyclohexanone
XM9F73	Diacetone alcohol
XM7KB7	Hexanone
XM5E65	Hydroxymethylpentanone
XM12H2	Methyl acetate
XM9LD3	Methyl acetone
XM5H65	Methyl isobutyl ketone
XM5LH2	N-Hexane and Methyl n-butyl ketone solvent
XM4GN3	Benzoquinone
XM6UK4	Methyl benzoate
XM4513	Methyl cyclohexane
XM91A0	Methyl cyclohexanone
XM5BM9	Methyl sulfate
XM5Y11	Methyl sulfate fumes
XM5CA9	Nitropropane
XM0TB3	Petroleum
XM7MJ9	Petroleum product
XM27Z5	Automobile fuel
XM7CM2	Automobile fuel vapor
XM4RN1	Gas oil
XM9A95	Diesel fuel
XM8WE9	Gasoline

XM52C5	Gasohol
XM0FK9	Gasoline vapor
XM81T5	Coal tar fumes
XM6U93	Coal tar naphtha
XM2CE3	Coal tar nonmedicinal
XM16M2	Pitch
XM7WM1	Anthracene
XM2Q78	Kerosene
XM3QU8	Kerosine vapor
XM3SU8	Mineral oil nonmedicinal
XM4NT9	Lubricating oil
XM7CX7	Mineral spirits
XM2E62	Mineral spirits fumes
XM8PX9	Paraffin wax
XM3ZG5	Petrolatum nonmedicinal
XM9WJ0	Solid petroleum Coded Elsewhere: Bitumen (XE7CA)
XM4C94	Tar
XM5LE8	Tar fumes
XM8AA6	Petroleum pesticide, not elsewhere classified
XM0B41	Petroleum vapor
XM02T2	Phosphate solvent
XM5FS3	Tricresyl phosphate
XM2NF0	Pyridine
XM7TE7	Pyridine vapor
XM5XP8	Tetrahydrofuran
XM2GY2	Tetralin
XM0W28	Organic solvents, not elsewhere classified
XM3U55	Glue
XM0R56	Lighter fluid

XM9B14	Paint stripper
XM0KG9	Polishing compound
XM39J1	Car polish
XM1545	Floor polish
XM2BC0	Furniture polish
XM1J33	Metal polish
XM5J78	Silver polish
XM1P52	Porcelain polish
XM3JF2	Polyester resin hardener
XM3EF0	Polyester resin hardener fumes
XM1762	Ethylene glycol
XM0WA9	Ethylene glycol dinitrate
XM8BF5	Ethylene glycol monobutyl ether
XM4E62	Ethylene glycol monoethyl ether
XM0C04	Ethylene glycol monomethyl ether
XM55M8	Diethylene glycol
XM3834	Diethylene glycol monoacetate
XM1A56	Diethylene glycol monobutyl ether
XM8XU3	Diethylene glycol monoethyl ether
XM99B7	Brake fluid, not elsewhere classified
XM8TE5	Brake fluid vapor

Paint or dye

Coded Elsewhere: Aniline (XM76E2)
Auramine (XM0MT5)
Cadmium selenide (XM4YU7)
Cadmium sulfide nonmedicinal (XM5YV2)
Copper arsenic complex (XM8SC0)
Dinitrophenol (XM73Y7)
Lead antimonate (XM2PV9)
Lead carbonate (XM3Y96)
Lead chromate (XM91V9)
Lead iodide (XM4EW1)
Lead monoxide (XM7LD9)
Lead oxide (XM2R16)
Tellurium (XM0XQ4)
Lead paint, not elsewhere classified (XM0891)

XM9UE9	Acridine
XM2QW2	Acridine vapor
XM4UG8	Disperse dye
XM5C83	Lacquer
XM8B47	Nitrocellulose lacquer
XM2FV2	Prussian blue nonmedicinal
XM9WW6	Whitewash
XM6HZ8	Ink, not elsewhere classified
XM1XL9	Paint fumes, not elsewhere classified
XM8H37	Dye, not elsewhere classified
XM3K54	Cochineal extract
XM7U05	Paratertiary butylphenol formaldehyde resin
XM5B21	Phthalate
XM75C9	Diethylhexyl phthalate
XM34N7	Dimethyl phthalate nonmedicinal
XM9HC2	Di-n-butyl phthalate
XM74S8	Poisonous mushroom
XM0366	Agaricus xanthodermus mushroom

XM7P94	Amanita mushroom
XM82H0	Amanita bisporigera mushroom
XM5911	Amanita hygroskopica mushroom
XM91N3	Amanita muscaria mushroom
XM8MF4	Amanita ocreata mushroom
XM6HP7	Amanita phalloides mushroom
XM4NS6	Amanita pantherina mushroom
XM23X2	Amanita pseudoporphyria hongo mushroom
XM2HH5	Amanita suballiacea mushroom
XM3VN8	Amanita smithiana mushroom
XM5039	Amanita tenuifolia mushroom
XM0G40	Amanita verna mushroom
XM1DV5	Amanita virosa mushroom
XM2FU2	Clitocybe mushroom
XM2BD5	Clitocybe rivulosa mushroom
XM9BX0	Conocybe filaris mushroom
XM4CB0	Cortinarius mushroom
XM85A8	Cortinarius rubellus mushroom
XM9TZ1	Cortinarius orellanus mushroom
XM2BB9	Cortinarius speciosissimus mushroom
XM1LD8	Galerina mushroom
XM6W91	Galerina fasciculata mushroom
XM7NR0	Galerina marginata mushroom
XM24L3	Galerina sulcipes mushroom
XM78T5	Galerina venenata mushroom
XM0M17	Gyromitra mushroom
XM0BM0	Gyromitra ambigua mushroom
XM76X5	Gyromitra esculenta mushroom
XM3LC5	Gyromitra infula mushroom
XM1PK2	Hapalopilus rutilans mushroom

XM87D0	Hebeloma crustuliniforme mushroom
XM9B73	Inocybe mushroom
XM2BC2	Lepiota mushroom
XM7K06	Lepiota brunneoincarnata mushroom
XM4L76	Lepiota brunneolilacea mushroom
XM0FJ0	Lepiota chlorophyllum mushroom
XM6882	Lepiota fulvella mushroom
XM1UJ5	Lepiota helveola mushroom
XM8R10	Lepiota josserandii mushroom
XM95E9	Omphalotus mushroom
XM8VV0	Omphalotus nidiformis mushroom
XM7RG5	Omphalotus illudens mushroom
XM1M89	Panaeolus mushroom
XM3NJ2	Panaeolus papilionaceus mushroom
XM0B62	Panaeolus sphinctrinus mushroom
XM27Y3	Panaeolus subbalteatus mushroom
XM44P3	Pleurocybella porrigens mushroom
XM3CK7	Podostroma cornu-damae mushroom
XM4321	Psilocybe semilanceata mushroom
XM36C7	Russula subnigricans mushroom
XM0QR2	Tricholoma equestre mushroom
XM9KE6	Silicone
XM3DP9	Silicon dioxide

Substance of plant origin

Coded Elsewhere: Rotenone (XM1S21)

XM98Y1	Abrus precatorius plant
XM99Y1	Aconitum plant
XM2WR7	Aconitine
XM3VB6	Aconitum ferox plant
XM7BA0	Actaea plant

XM3QE1	Actaea spicata
XM55K4	Aethusa cynapium plant
XM3AF3	Anamirta cocculus plant
XM6KR6	Picrotoxin
XM8SE2	Antiaris toxicaria plant
XM2X16	Arum maculatum plant
XM1EY0	Atropa belladonna plant
XM17F2	Azadirachta plant
XM5W16	Bergamot oil
XM1GJ1	Bitter almond
XM4XS8	Diallyl disulfide
XM6A31	Sesquiterpene lactones
XM4W45	Citronellol
XM9CQ1	Citral
XM6CP3	Eugenol
XM9CZ8	Evernia prunastri extract
XM5AM5	Isoeugenol
XM88U7	Abietic acid
XM9L39	Turpentine oil
XM3B42	Atranorin
XM4BW2	Blighia sapida plant
XM6635	Evernic acid
XM26G6	Usnic acid
XM3XH8	Grains and flours
XM21W4	Plant or herbal extracted compounds
XM7CA8	Folium stramoniae
XM1D48	Ephedra
XM82G2	Benzoin (tincture)
XM9GX9	Menthol

XM8UA9	Cianidanol
XM4Y73	Gelsemine
XM2YX0	Palm kernel oil
XM1PQ5	Tragacanth
XM8VJ2	Datura stramonium plant
XM8MB5	Rubber
XM0XN7	Cotton plant
XM1KF1	Sisal
XM2BX6	Brucea javanica plant
XM9B82	Caladium plant
XM1021	Caladium bicolor
XM0BS2	Caladium seguinum
XM9S25	Cannabis (natural; phytocannabinoids)
XM08L6	Afghanistan black
XM5WR8	Indian hemp
XM3R78	Lebanese red
XM8PV1	Marijuana
XM0WA6	Celastrus scandens plant
XM5L03	Cerbera plant <i>Coded Elsewhere:</i> 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 gossypifolia 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
	<i>Coded Elsewhere:</i> Nicotine (XM6BN2)
XM33X3	Nux vomica plant
XM7134	Brucine
XM5421	Strychnine

XM9JS2	Strychnine rodenticide
XM7JG0	Physostigma venenosum plant
XM61M4	Phytolacca decandra plant
XM19G9	Pine oil
XM1XZ4	Piper cubeba plant
XM21J6	Poison oak plant
XM4882	Poison sumak plant
XM95D5	Primula plant
XM9HN7	Primula obconica plant
XM07P7	Primin
XM4TX6	Primula officinalis plant
XM19S7	Primula veris plant
XM3QL7	Prunus plant
XM01R5	Amygdalin
XM0PX4	Apricot kernel
XM5MK6	Cherry kernel
XM7B39	Peach kernel
XM52C3	Plum kernel
XM6Z57	Psoralea corylifolia plant
XM1MV4	Psoralen nonmedicinal
XM03C0	Pulsatilla plant
XM3PV6	Pyrrolizidine alkaloids
XM0NB5	Ranunculus plant
XM0PR3	Ricinus communis plant
XM2VG9	Ricin
XM4AC2	Ruta graveolens plant
XM7BE0	Sambucus plant
XM9W70	Sanguinaria canadensis plant
XM0EH6	Schoenocaulon officinale plant

XM4BY7	Sabadilla insecticide
XM8YX9	Senecio vulgaris plant
XM4TE3	Solanum plant
XM56G1	Solanum dulcamara plant
XM1AE1	Solanum nigrum plant
XM0QV6	Solanum pseudocapsicum plant
XM9588	Solanine
XM4UE4	Spartium junceum plant
XM9834	Strophanthus gratus plant
XM9QZ9	Strophanthin-k
XM58G8	Tanacetum plant
XM7EL5	Tartaric acid
XM5YT6	Taxus plant
XM6WF4	Thevetia peruviana plant
XM40N4	Toxicodendron radicans plant
XM46N0	Urginea maritima plant
XM0SG7	Scilliroside
XM84R4	Urtica plant
XM5KR7	Veratrum plant
XM86L8	Veratrum album plant
XM9Z08	Veratrum viride plant
XM43H5	Wisteria plant
XM29R2	Wisteria floribunda plant
XM8ZH3	Wisteria sinensis plant
XM6076	Zygadenus plant
XM8PU3	Plant derived pesticide, not elsewhere classified
XM98M9	Poisonous plant berries, not elsewhere classified
XM7MT6	Poisonous plant flowers, not elsewhere classified
XM6LL5	Poisonous plant fruits, not elsewhere classified

XM2BH3	Poisonous plant leaves, not elsewhere classified
XM0GB3	Poisonous plant roots, not elsewhere classified
XM2CE0	Poisonous plant sap, not elsewhere classified
XM7JK8	Poisonous plant seeds, not elsewhere classified
XM7KY1	Poisonous plant stem, not elsewhere classified
XM56V2	Poisonous plant thorns, not elsewhere classified
XM5NH2	Substance of marine plant origin, not elsewhere classified
XM8A62	Plant protein
XM7A46	American beech wood dust
XM4M03	Oak wood dust
XM6VG6	European ash wood dust
XM1K52	Apple
XM07U6	Banana
XM77D3	Grape
XM4TY6	Kiwifruit
XM6AW1	Mango
XM0DF7	Melon
XM2Q13	Olive
XM2XN1	Orange
XM9UT8	Paprika
XM7S13	Cabbage
XM5J64	Grapefruit
XM5733	Black pepper
XM9BG0	Green bean
XM25M2	Spinach
XM3EW6	Mexican firebush
XM3XQ1	Rice
XM9135	Pecan or hickory nut
XM5S85	Peach
XM4GG6	Pear

XM5ZK9	Strawberry
XM6E89	Pineapple
XM9MB5	Barley
XM47Z9	Bahia grass
XM5ZN2	Bermuda grass
XM13D1	Buckwheat
XM3GC8	Corn
XM56U7	Gluten
XM9898	Japanese hop
XM39Y3	Johnson grass
XM0D79	Kentucky blue grass
XM8X04	Oat
XM6JA2	Rye
XM01D6	Perennial rye grass
XM8M82	Cultivated rye
XM4BW3	Salt grass
XM13U2	Sweet vernal grass
XM94M9	Timothy
XM63G5	Avocado
XM1E00	Baker yeast
XM9S46	Carrot
XM1PN2	Celery
XM5TW0	Cocksfoot
XM9SJ1	Cocoa
XM9DZ5	Common pigweed
XM5V61	Common ragweed
XM3KE2	English plantain
XM40Y5	Garlic
XM4GX7	Goosefoot
XM1X29	Giant ragweed

XM45L6	Lentils
XM6798	Lettuce
XM0L96	Mugwort
XM7GY3	Mustard
XM8F26	Nettle
XM9KB5	Onion
XM56E2	Pea
XM9J59	Potato
XM3VS0	Rough pigweed
XM72E8	Sheep sorrel
XM3TW1	Soybean
XM72C5	Tomato
XM3LL8	Wall pellitory
XM42C5	Western ragweed
XM0GA2	White bean
XM9S45	Wormwood
XM60Q8	Almond
XM1304	American beech
XM5TH6	Arizona cypress
XM3ES3	Brazil nut
XM9GG3	Cedar elm
XM36B2	Coastal maple
XM6MF9	Coconut
XM9JG2	Cottonwood
XM2044	English walnut pollen
XM2EQ3	Cashew nut
XM7QD6	Grey alder
XM7L19	Hazelnut
XM4WW3	Italian cypress
XM3940	Japanese cedar

XM8QG1	Japanese cypress
XM9AZ7	Macadamia
XM0QL5	Mesquite
XM7G21	Mountain juniper
XM8K37	Paper mulberry
XM6Q82	Peanut
XM1QN3	Pecan or hickory tree
XM7833	Pine nut
XM2B46	Pistachio
XM34T8	Red maple
XM03B3	Red mulberry
XM1L09	Sesame seed
XM30J5	Silver birch
XM3DB3	Walnut
XM5VB3	Wattle
XM3ZG1	Western white pine
XM3DL1	White ash
XM3VX2	White birch
XM6V15	White hickory
XM5AD4	White mulberry
XM4YR5	Willow
XM8SV5	Red top grass
XM6SX5	Pacific squid
XM7AS2	Lemon
XM2YD2	Sunflower seed
XM2XV2	Chick pea
XM1FG7	Sweet gum
XM1A07	Gum-tree
XM0885	Cherry

Substance of human origin

Coded Elsewhere: Blood plasma (XM04N3)

XM0RZ0	Human seminal plasma
XM7FG4	Toluidine
XM7S87	Toluidine vapor
XM5NA2	Triorthocresyl phosphate
XM90U0	Triphenyl phosphate
XM3FJ3	Vinyl acetate
XM6A87	Vinyl bromide

Adhesive, not elsewhere classified

XM23X0	Epoxy resin, not elsewhere classified
XM9MV5	Butylglycidylether

Chemical compounds not elsewhere classified

XM87D3	Chromium sesquioxide
XM83G3	Borate buffer
XM1FY5	Cyclamate
XM7CN5	Saccharin
XM5567	Sodium propyl hydroxybenzoate
XM16M4	Sodium barbiturate
XM6DJ2	Iminostilbene

Chemicals used as process regulators

Includes: Accelerators, activators, oxidation agents, reducing agent

XM45E1	N-Cyclohexylbenzothiazyl sulphenamide
XM90X8	Dibenzothiazyl disulphide
XM2RH1	Dipentamethylenethiuram disulphide
XM3BY9	Tetramethylthiuram monosulphide
XM1A88	Morpholinylmercaptobenzothiazole

Cleaning agent, not elsewhere classified

XM0XA8	Detergent nonmedicinal, not elsewhere classified
XM7DD6	Disinfectant, not elsewhere classified
XM5151	Scouring powder, not elsewhere classified
XM8VR0	Shampoo, not elsewhere classified
XM8B44	Soap, not elsewhere classified
XM5FV8	Window cleaning fluid, not elsewhere classified

Food additives not elsewhere classified

XM6PY1	Paratertiary butylphenol
XM6000	6-Methylcoumarin

Organic compounds not elsewhere classified

XM2EK8	4,4'-Diaminodiphenyl methane
XM7N15	Hydroxyisohexyl 3-cyclohexene carboxaldehyde
XM2TV3	Farnesol
XM3MM6	Bisphenol A-glycidyl methacrylate
XM0BY4	2-Hydroxyethylmethacrylate
XM90H5	Diurethane dimethacrylate
XM49C3	Methyl methacrylate
XM58E5	Diethanolamine
XM0L39	Diethylenetriamine
XM2TA7	Hexamethylenetetramine
XM7QN7	Triethylenetetramine
XM1GH9	Bisphenol A
XM7AX9	Cresylglycidylether
XM1AH4	2-Bromo-2-nitropropane-1,3-diol
XM3TN8	Mercaptobenzothiazole <i>Coded Elsewhere:</i> Mercaptobenzothiazole salts (XM7FY5)
XM2ZT3	Ethylhexyl methoxycinnamate

XM63U8	Octocrylene
XM3YZ8	Octyltriazone
XM8VV3	Aminoethylisothiourium
XM7W63	Sodium cacodylate (nonmedicinal)
XM6GU7	Butylated hydroxyanisole
XM2YA2	Coenzyme A
XM4S70	Cogalactoisomerase
XM1X04	Lactose (as excipient)
XM82Y6	Methylethyl cellulose
XM39E8	Pentane

Preservative nonmedicinal, not elsewhere classified

XM2RB2	Benzisothiazolinone
XM6XV7	Methylene-bis(methyloxazolidine)
XM88M1	DMDM hydantoin
XM8DV5	Methylchloroisothiazolinone and methylisothiazolinone (3:1)
XM87J0	Methylisothiazolinone
XM9NB7	Methyldibromo glutaronitrile and phenoxyethanol
XM04A1	Methyl parahydroxybenzoate
XM1CG8	Ethyl parahydroxybenzoate
XM0XV1	Propyl parahydroxybenzoate
XM38K5	Butyl parahydroxybenzoate
XM51H6	Diazolidinyl urea
XM5TQ9	Imidazolidinyl urea
XM0562	Fentichlor
XM6F66	Soldering fluid, not elsewhere classified

Substance eaten as food, nonbacterial, not elsewhere classified

XM44A4	Bone meal
XM77G6	Fungus eaten in food, not elsewhere classified

XM00E5	Claviceps purpurea
XM4L77	Noxious meat, non bacterial, not elsewhere classified
XM3825	Animal protein

Fowl or egg

XM9Y41	Chicken
XM4500	Chicken feather
XM66A9	Cockatiel droppings
XM9LW5	Cockatiel feather
XM9JZ2	Cockatiel serum
XM6AD6	Egg white
XM2E06	Whole egg
XM9CD1	Egg yolk
XM2PB2	Goose feather
XM3LH5	Duck feather

Fish or seafood

XM95M8	Fish
XM6BL6	Codfish
XM8Q65	Salmon
XM3QU9	Tuna
XM31E6	Halibut
XM8Y82	Sardine
XM64N8	Trout
XM5MB3	Crab
XM9JT3	Lobster
XM7E84	Shrimp
XM55Z4	Oyster
XM66P3	Octopus

Insect or arthropod

XM6ZC1	Blomia tropicalis
XM5AK3	American house dust mite
XM8BV4	Dermatophagoides pteronyssinus
XM99T8	Mite dust
XM0B91	Mosquito
XM95T4	Aedes
XM7VF0	Anopheles
XM0ZZ8	Culex
XM3WD1	Moth
XM0K01	Cockroach
XM27E1	American cockroach

Milk or dairy

XM8RU4	Milk
XM6RB2	Cow milk
XM4Y68	Goat milk
XM4JV9	Cheese
XM5GA5	Cheese cheddar type
XM3FK1	Cheese mold type

Synthetic fragrances not elsewhere classified

XM5T39	Ethylenediamine dihydrochloride
XM15W5	Varnish, not elsewhere classified
XM6MC4	Soot, not elsewhere classified
XM4VX8	Aromatic amine
XM6ZV1	Antiseptic, not elsewhere classified
XM60L2	Beta-naphthylamine
XM76S9	House dust
XM7XM0	Wheat dust

Diagnosis code descriptors

Discharge diagnosis types

XY0Y	Main condition Reason for encounter or admission after study at the end of the episode.
XY7B	Main resource condition
XY6E	Initial reason for encounter or admission

Diagnosis timing

XY6M	Present on admission
XY69	Developed after admission
XY85	Uncertain timing of onset relative to admission

Diagnosis timing in relation to surgical procedure

XY9U	Preoperative
XY9N	Intraoperative
XY7V	Postoperative

Diagnosis method of confirmation

XY3B	Diagnosis confirmed by laboratory examination
XY0E	Diagnosis confirmed by serology
XY9Q	Diagnosis confirmed by histology
XY8K	Diagnosis confirmed by genetics
XY9R	Diagnosis confirmed by imaging
XY19	Diagnosis confirmed by microscopy
XY0K	Diagnosis confirmed by culture

Diagnosis certainty

XY7Z	Provisional diagnosis
XY75	Differential diagnosis

Obstetrical diagnosis timing

XY3K	Delivered with or without mention of antepartum condition
XY8Q	Delivered, with mention of postpartum condition
XY8U	Antepartum condition or complication
XY9P	Postpartum condition or complication
XY9S	Unspecified as to episode of care, or not applicable

Encounter descriptors

XY18	Initial encounter
XY8S	Subsequent encounter

Capacity or context

XX2QG9	Condition of the fetus and newborn reported in the context of the mother This code is intended to flag that an additional code from the perinatal section is used to identify the outcome of delivery on the mother's record.

Biological sex

XX2V25	Female
XX2UQ8	Male
XX45B7	Intersex
XX2PX3	Biological sex not specified

Health Devices, Equipment and Supplies

Devices for administration, collecting and picking

Hematology and hemotransfusion devices

Cardiocirculatory devices

XD7FF9	Central venous catheters
XD4ZY0	Stethoscopes
XD8DB0	Stethoscopes, Binaural

XD04L8 Stethoscopes, MRI

Disinfectants, antiseptics and proteolytics for medical devices (D. Lgs. 46/97)

Dialysis devices

XD8V84	Dialysis filters
XD8DD4	Haemodialysis, hemofiltration, haemodiafiltration filters
XD2KJ5	Dialyzers - UHF < 18 ml/h/mmHg
XD2N29	Dialyzers - UHF < 18 ml/h/mmHg, cellulose membranes
XD6QR4	Dialyzers - UHF < 18 ml/h/mmHg, substituted cellulose membranes
XD5S48	Dialyzers - UHF < 18 ml/h/mmHg, synthetic membranes
XD2DL2	Dialyzers - UHF < 18 ml/h/mmHg - others
XD4WX5	Dialyzers - UHF = 18 - 35 ml/h/mmHg
XD9RP1	Dialyzers - UHF = 18 - 35 ml/h/mmHg, cellulose membranes
XD0XB0	Dialyzers - UHF = 18 - 35 ml/h/mmHg, substituted cellulose membranes
XD2KD5	Dialyzers - UHF = 18 - 35 ml/h/mmHg, synthetic membranes
XD7ZP1	Dialyzers - UHF = 18 - 35 ml/h/mmHg - others
XD1904	Dialyzers - UHF > 35 ml/h/mmHg
XD2T66	Dialyzers - UHF > 35 ml/h/mmHg, cellulose membranes
XD4S95	Dialyzers - UHF > 35 ml/h/mmHg, substituted cellulose membranes
XD4379	Dialyzers - UHF > 35 ml/h/mmHg, synthetic membranes
XD8UZ1	Dialyzers - UHF > 35 ml/h/mmHg - others
XD8VS0	Dialyzers for special hemodiafiltration and other therapies
XD1V74	Hemoperfusion filters
XD27T5	Hemoperfusion carbon filters
XD2RV2	Hemoperfusion resin filters
XD9GN2	Hemoperfusion filters - others
XD5TA3	Absorption filters and columns
XD8NE7	Immunoabsorption filters and columns
XD0TG6	Immunoabsorption filters
XD6RX5	Immunoabsorption columns

XD3RD1	Endotoxin removal filters and columns
XD5SV0	Endotoxin removal filters
XD6KC0	Endotoxin removal columns
XD5DX9	Haemodialysis filters - others
XD6F86	Dialysis lines
XD12J0	Dialysis lines - haemodialysis-haemofiltration-haemodiafiltration
XD5BR1	Artero-venous dialysis lines, one needle
XD0B51	Artero-venous dialysis lines, two needles
XD5ED6	Reinfusion dialysis lines
XD8QE4	Artero-venous dialysis lines - accessories
XD0270	Artero-venous dialysis lines - others
XD65W3	Peritoneal dialysis lines
XD51F1	Permanent peritoneal dialysis lines
XD65K8	Permanent peritoneal dialysis lines, one bag (CAPD)
XD6QD1	Permanent peritoneal dialysis lines, two bags (CAPD)
XD0DE3	Permanent peritoneal dialysis lines - others
XD8H28	Temporary peritoneal dialysis lines
XD6606	Temporary peritoneal dialysis lines, gravimetric (APD)
XD89M1	Temporary peritoneal dialysis lines, with pump (APD)
XD2M70	Temporary peritoneal dialysis lines - others
XD4SJ0	Peritoneal dialysis lines - accessories
XD2WX9	Peritoneal dialysis lines - others
XD0ZQ3	Dialysis lines - others
XD83M2	Dialysis sets
XD0KV9	Haemofiltration-haemodiafiltration sets
XD0R67	Biofiltration sets
XD6TC6	Haemodialysis sets
XD80S8	Dialysis, washing/filling sets
XD2QE7	Hemoperfusion sets
XD7QD7	Continuous dialysis sets

XD5KR3	Ultrafiltration sets
XD9Z50	Dialysis sets - others
XD5C20	Dialysates
XD62N1	Dialysates, acid solutions
XD3V66	Dialysates, acid solutions, non-sterile
XD1KF2	Dialysates, acid solutions, sterile
XD0UL9	Dialysates, basic solutions
XD2JY9	Dialysates, basic solutions, powder
XD5240	Dialysates, basic solutions, liquid
XD6LX2	Dialysates, without acetate buffer
XD9594	Dialysates, without acetate buffer - AFB
XD6W13	Dialysates, without acetate buffer - other treatments
XD7157	Dialysis procedures, salts
XD67E6	Dialysates - others
XD8VC9	Dialysis devices - various
XD18U5	Peritoneal dialysis devices (not in other groups)
XD7RE0	Peritoneal dialysis, catheters
XD47T0	Peritoneal dialysis - others
XD8689	Vascular access devices (only for haemodialysis)
XD9YY6	Temporary haemodialysis, catheters
XD3AU4	Permanent haemodialysis, catheters
XD3297	Vascular access devices (only for haemodialysis) - others
XD2EM7	Dialysis, adaptors
XD8Q72	Haemodialysis, adaptors
XD39M3	Peritoneal dialysis, adaptors
XD25C5	Dialysate tanks, collection and reinfusion
XD6LH4	Dialysate tanks, collection
XD6MC0	Haemodialysate tanks, collection
XD22A9	Peritoneal dialysate tanks, collection
XD1ZR7	Dialysate tanks, reinfusion

XD8A37	Extracorporeal dialysis devices
XD9KW0	Dialysis devices - other accessories
XD46Z0	Dialysis devices - others

Gastrointestinal devices

XD53A5	Naso-gastric tube

Suture devices

Active-implantable devices

Endotherapy and electrosurgical devices

Reusable surgical instruments

Devices for generic and specialistic medication

Devices for nervous and medullary systems

Implantable prosthetic devices and osteosynthesis devices

Dental, ophthalmologic and ear, nose and throat devices

Respiratory and anaesthesia devices

XD9246	Nasopharyngeal tubes
XD2M69	Airway guedel tubes
XD78N3	Laryngeal masks
XD0T92	Endotracheal tubes, without cuff
XD37X2	Endotracheal tubes, with cuff
XD3UM6	Endotracheal tubes - accessories
XD2MG6	Tracheolaryngostomy cannulas and kits, with cuff
XD7EB1	Bipap/CPAP circuits
XD5GF6	Respiratory masks and balloons, single-use and reusable

XD3W67	Air/oxygen masks and nasal cannulas
XD0VQ3	Air/oxygen masks
XD5RM4	Venturi masks
XD61Z5	Air/oxygen nasal cannulas
XD5AL4	Oxygen administration tubings
XD51T0	Hand-operated ventilation balloons
XD9AF0	Ventilation filters, antibacterial and antiviral, moisturizer
XD35D5	Respiratory suction, probes and systems
XD76M0	Humidifying systems, oxygen administration

Sterilization devices

Protection devices and incontinence aids (D. Lgs. 46/97)

XD3ZH8	Examination / treatment gloves, nitrile
XD3LV8	Surgical drapes
XD4E80	Surgical gowns, standard
XD9LJ2	Standard surgical face masks

Medical devices, urogenital apparatus

XD1ZP3	Urological catheters, self-retained

Medical devices - various

XD2AJ4	Electronic thermometers and end caps
XD97L1	Clinical trays and bowls

In vitro diagnostic devices (D. Lgs. 332/2000)

XD5GV0	C-REACTIVE PROTEIN
XD9YL7	Transport media
XD9S44	Coronavirus-NA Reagents
XD9N16	Coronavirus (diagnostic)
XD7M68	Other Virology - RT & POC

XD1C76	Reagents for DNA and/or RNA extraction and preparation : bacteria and/or virus
XD6EG0	Blood gas portable analysers
XD80L4	Samples transport containers - other

Supports or technical aids for disabled persons

Medical equipment and related accessories and materials

XD6EX8	Ultrasound Scanners
XD89G9	Ultrasound Scanners, Mobile
XD7FU9	Ultrasound Scanners, Portable
XD4T57	Ultrasound Scanners, Hand-held
XD8DR8	Bulk steam sterilizing units
XD0U91	Laryngoscopes
XD3JX1	Videolaryngoscopes
XD7EC8	Continuous positive airway pressure units (CPAP)
XD60Z6	Transportable ventilators
XD3SM4	Intensive care ventilators
XD4KU3	Portable multi-parameter patient monitors
XD66D8	Pulse Oximeters
XD8QN4	Pulse Oximeters, Tabletop
XD4U89	Pulse Oximeters, Hand-held
XD5QV8	Pulse Oximeters, Spot-check
XD8QY1	Infusion Pumps
XD4CT3	Infusion Pumps, Volumetric
XD52M6	Infusion Pumps, Volumetric, Nuclear Magnetic Resonance
XD8DH3	Infusion Pumps, Enteral nutrition
XD36Q1	Infusion Pumps, Syringe
XD1N14	Infusion Pumps, Syringe, Nuclear Magnetic Resonance
XD80Z7	Medical/medicinal gas systems and relative accessories
XD4U38	General purpose electrocardiographs

XD6UU3

Oxygen Concentrators