# ICPC-3 International Classification of Primary Care

User Manual and Classification

edited by Kees van Boven and Huib Ten Napel

# ICPC-3





# ICPC-3 INTERNATIONAL CLASSIFICATION OF PRIMARY CARE

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# ICPC-3 INTERNATIONAL CLASSIFICATION OF PRIMARY CARE

# User Manual and Classification

FDITFD BY

Kees van Boven and Huib Ten Napel

Prepared by the ICPC-3 Consortium of WONCA, the World Organization of Family Doctors



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Please note this book is accompanied by a free User Manual to guide readers in the implementation of ICPC-3. This can be downloaded from https://www.routledge.com/ICPC-3-International-Classification-of-Primary-Care-User-Manual-and-Classification/Boven-Napel/p/book/9781032053394

# Foreword by Donald Li

The publication of ICPC-3 is a very welcome development for primary care and family medicine globally. As we strive towards the achievement of the Sustainable Development Goals generally and universal health coverage specifically, we who are working every day in primary care understand that reflecting on our work through a structured coding or classification system is not feasible when based on diagnoses alone. Patient interaction with primary care professionals is not always based on a definitive diagnosis, but is often based on a symptom or a series of symptoms which curtail normal life for the patient.

In primary care, we understand that the most important issue is the reason for the encounter between the patient and the primary care team. The reason for an encounter could relate to illness prevention, to health promotion, to immunisation and vaccination programmes, to a range of signs and symptoms which are worrying the patient, or to ongoing management of a chronic health problem. The skill in primary care is managing the whole patient, rather than their separate diagnoses. Managing uncertainty is a key element of delivering primary care, where a diagnosis can be hard to assign.

ICPC-3 allows patients' health issues to be tracked over time. It shows both the frequency and the distribution of health issues commonly encountered in primary care, and, importantly, it reflects the way the primary care team addresses issues and solves problems. The classification system is easy for practitioners to use. Importantly, the aggregation, collation and analysis of data is useful for primary care research purposes, allowing exchange of information with policymakers, managers, and funding agencies at local, national and global levels.

ICPC-3 allows us to reflect, in a realistic way, what is happening in primary care to address the delivery of comprehensive, coordinated, continuous, community-based care. Used widely, ICPC-3 will not only show what is being done to achieve universal health coverage, but also help us to identify where there are gaps in our primary care systems and contribute to improvements in the delivery of care.

WONCA welcomes the adoption of ICPC-3 as the preferred tool to classify and code primary care activity across the globe. We are proud of our colleagues who have worked on this development so assiduously, skillfully led by Kees van Boven and Huib Ten Napel. We look forward to a near future when what we do on an everyday basis with and for our patients is realistically reflected using a coding and classification system customised to real primary care provision.

**Donald Li**President of WONCA

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# Acronyms

ATC Anatomic Therapeutic Chemical [classification system]

ATCIF Arrêts de Travail en médecine générale à partir de la

Classification Internationale du Fonctionnement, du handicap

et de la santé

CSV Consent Scale Value EoC episode of care

FBV Facilitator or Barrier Value FEV Forced Expiratory Volume

ICD International Classification of Diseases and Related Health

Problems

ICF International Classification of Functioning, Disability

and Health

ICHI International Classification of Health Interventions

ICHPPC International Classification of Health Problems in Primary Care

ICPC International Classification of Primary Care

ID identification number NOS not otherwise specified

OECD Organisation for Economic Co-operation and Development

PCFS Primary Care Functioning Scale

RFE reason for encounter

RFEC Reason for Encounter Classification

SNOMED CT Systematic Nomenclature for Medicine – Clinical Terms

UHC universal health coverage WHO World Health Organization

WHO-DAS 2.0 World Health Organization Disability Assessment Scale 2.0 WHO-FIC World Health Organization Family of International

Classifications

WICC WONCA International Classification Committee

WONCA World Organization of Family Doctors

# Introduction

Welcome to the third version of the International Classification of Primary Care (ICPC).

This manual is intended to give insight into the underlying principles of how and why the ICPC-3 has been built and offers detailed guidance in the use of its contents.

The ICPC-3 is developed in the first place for online electronic application and use. For this purpose, the ICPC-3 is available in an online browser on the ICPC-3 website. The website contains all relevant information on the ICPC-3, including educational material: www.ICPC-3.info.

This manual contains a condensed part of the ICPC-3, without the electronic features offered by the ICPC-3 browser (as explained in Chapter 2).

# **OVERVIEW OF THE ICPC-3**

The content of the classification has changed, and it now has a Framework and contains new chapters.

- The classification has a Framework that underlines the importance of interrelations between all chapters of the ICPC from a person-centred perspective.
- The classification has a systematic list with a new structure for the sequence of chapters:
  - a new chapter entitled Visits for general examination, routine examination, family planning, prevention and other visits, for non-problem-related reasons for encounter and episodes
  - chapters on body/organ systems have new components relating to Symptoms, complaints and abnormal findings, and Diagnoses and diseases
  - a new chapter on Social problems, covering social and environmental factors
  - a chapter headed Interventions and processes, subdivided into Diagnostic and monitoring interventions, Therapeutic and preventive interventions, Programmes related to reported conditions (a new component), Results, Consultation, referral and other reasons for encounter, and Administrative
  - a new chapter entitled Functioning, consisting of Activities and participation, and Functions
  - a new chapter called Functioning related, covering Environmental factors and Personality functions
  - a new chapter entitled Regional extensions, with national or regional classes

- a new chapter entitled Emergency codes, on codes for emergency use with epidemiological importance in relation to risk of (national or international) spreading of infections
- a chapter called Extension codes, covering codes provided as supplementary codes or additional positions to give more detail or meaning to the initial code, if so desired
- The codes have been expanded from three to four digits, giving more scope for additional classes and for corrections of classification of classes. Along with the two new components in the chapters on body/organ systems, this new structure allows for new demands to be addressed in future updates.

# **ACCEPTANCE OF THE ICPC-3**

The Executive response is as follows:

- After consideration of the proposals prepared by the ICPC-3 Consortium members and brought forward by the ICPC-3 Steering Group on the International Classification for Primary Care Third Edition, WONCA executives ACCEPTED and ENDORSED the ICPC-3 on 16 April, 2021.
- The Executive RECOMMENDS the use and implementation of the full ICPC-3 for all primary health care professionals on a global scale.
- The Executive REQUESTS the ICPC-3 Consortium publishes the ICPC-3 manual.

# HISTORY OF THE ICPC

Until the mid-1970s, most morbidity data collected in primary care research were classified using the International Classification of Diseases (ICD).<sup>[1,2]</sup>

This had the important advantage of international recognition, aiding comparability of data from different countries. However, there was the disadvantage that the many symptoms and non-disease conditions that were present in primary care were difficult to code with the ICD, originally designed for application to mortality statistics and with a disease-based structure.

Recognising the problems of the ICD and the need for an internationally recognised classification for general practice, the WONCA Classification Committee designed the International Classification of Health Problems in Primary Care (ICHPPC), first published in 1975<sup>[3]</sup> and with a second edition in 1979<sup>[4]</sup> related to the ninth revision of the ICD. Although this provided a section for the classification of some undiagnosed symptoms, it was still based on the ICD structure and remained inadequate. A third edition in 1983 added to its criteria for the use of most of the classes, <sup>[5]</sup> greatly adding to the reliability with which it could be used but not overcoming its deficiencies for primary care. A new classification was needed for both the patient's reason for encounter (RFE) and the provider's record of the patient's problems.

At the 1978 World Health Organization (WHO) International Conference on Primary Health Care in Alma Ata,<sup>[6]</sup> adequate primary health care was recognised as the key to the goal of 'health for all by the year 2000'. Subsequently, both WHO and WONCA recognised that the building of appropriate primary care systems to

allow the assessment and implementation of health care priorities was only possible if the right information was available to health care planners. This led to the development of new classification systems.

Later in 1978, WHO appointed what became the WHO Working Party for Development of an International Classification of Reasons for Encounter in Primary Care. [7] This group, most of whose members were also members of the WONCA Classification Committee, developed the Reason for Encounter Classification (RFEC),<sup>[7,8,9]</sup> which later became the ICPC.

An RFE is the agreed statement of the reason(s) why a patient enters the health care system, representing the demand for care by that person. This may be symptoms or complaints (e.g. headache or fear of cancer), a known disease (e.g. flu or diabetes), a request for preventive or diagnostic services (e.g. a blood pressure check or an ECG), a request for treatment (e.g. a repeat prescription), to get test results, or an administrative purpose (e.g. to get a medical certificate). These reasons are usually related to one or more underlying problems that the doctor formulates at the end of the encounter as the conditions that have been treated, which may or may not be the same as the RFE.

Disease classifications are designed to allow the health care provider's interpretation of a patient's health care problem to be coded in the form of an illness, disease or injury. In contrast, the RFEC focuses on data elements from the patient's perspective. [7,10,11,12] In this respect, it is patient oriented rather than disease oriented or provider oriented. The RFE, or demand for care, given by the patient has to be clarified by the physician or other primary care health worker before there is an attempt to interpret and assess the patient's health problem in terms of a diagnosis or to make any decision about the process of management and care.

The working group developing the RFEC tested several versions in field trials. In the course of this feasibility testing, it was noted that the RFEC could easily be used to classify simultaneously the RFEs and two other elements of problem-oriented care: the process of care and the health problems diagnosed. Thus, this conceptual framework allowed for the evolution of the RFEC into the ICPC.

Problems in relation to the concurrent development of the ICD-10 prevented WHO from publishing the RFEC. However, WONCA was able to use it to develop the ICPC and published the first edition in 1987. [13] While the ICPC-1 was much more appropriate for primary care than previous classifications based on the ICD framework, it did not provide inclusion criteria for the classes or any cross-referencing. It was, in this respect, less useful than the previous publication, ICHPPC-2-Defined, though it referred to the latter as a source of inclusion criteria.

In 1980 WONCA became a non-government organisation in official relations with WHO, and joint work since then has led to a better understanding of the requirements of primary care for its own information systems and classifications within an overall framework encompassing all health services.

In 1985 a project began in several European countries to use the new classification system to produce morbidity data from general practice for national health information systems. This involved translations of the classification and comparative studies across countries. The results were published in 1993 in a book including an update of the ICPC.[14]

# ICPC-1

The first edition of the ICPC broke new ground in the world of classification when it was published in 1987 by WONCA, the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians, now known as the World Organization of Family Doctors. For the first time, health care providers could classify, using a single classification, three important elements of the health care encounter: RFEs; diagnoses or problems; and process of care. Linkage of elements permitted categorisation from the beginning of an encounter to its conclusion.

The new classification departed from the traditional ICD chapter format in which the axes of several chapters vary from body systems (Chapters III, IV, V, VI, VII, VIII, IX, X, XI, XIII and XIV) to aetiology (Chapters I, II, XVII, XIX, XX) to others (Chapters XV, XVI, XVIII, XXI). This mixture of axes created confusion, since diagnostic entities could, with equal logic, be classified in more than one chapter; for example, influenza could be classified in the infections chapter, the respiratory chapter or both. Instead of conforming to this format, most of the ICPC chapters were based on body systems, following the principle that localisation has precedence over aetiology. Components that were part of each chapter - the RFEs, interventions/processes of care, diagnoses or problems - permitted considerable specificity for all three elements of the encounter, and their symmetrical structure and frequently uniform numbering across all chapters facilitated usage even in manual recording systems. The rational and comprehensive structure of the ICPC was a compelling reason to consider the classification a model for future international classifications. The ICPC was regarded as a biaxial classification or, in medical informatics terms, a second-generation classification.

Since publication, the ICPC has gradually received increasing recognition worldwide as an appropriate classification for general/family practice and primary care, and it has been used extensively in some parts of the world, notably Europe<sup>[14]</sup> and Australia.<sup>[15]</sup>

# ICPC-2<sup>[16]</sup> and ICPC-2-R<sup>[17]</sup>

The second edition of the ICPC was prepared for two main reasons: to relate it to the tenth edition of the ICD (ICD-10), published by WHO in 1992, [2] and to add inclusion criteria and cross-referencing for many of the classes.

In the interests of stability and consistency, very few changes were made to the classification, though many were suggested and were the subject of ongoing work by the WONCA Classification Committee. At the same time, the second edition included information about new developments in the conceptual basis of understanding general/family practice which have arisen in large part from the use of a classification appropriate to the discipline.

Immediately after the publication of the ICPC-2-R, it was agreed that there was a need for a major revision of the ICPC-2. Changes in the way family medicine, and medicine in general, were conceptualised and recorded required more radical revision than yearly updates could reasonably handle, and the very structure of the ICPC-2 needed to be adjusted or changed. Expanding the ICPC with classes on functioning,

next to the need for new classes on non-episode-related information, was an ongoing subject of discussion.

# ICPC-3

In the past 10 to 15 years, the desire to develop the ICPC-3 dominated the agenda for WONCA International Classification Committee (WICC) meetings. A major step forward in 2017 was the creation of a consortium of colleges of family medicine and interested national organisations, in collaboration with WONCA and led by the University of Nijmegen, to fund the work involved. In January 2018 the development project started in the first instance by setting the Framework for the new ICPC-3, based on the most recent principles of classification development and taking into account a variety of user needs. The project was completed within a time frame of 3 years, resulting in the launch of the ICPC-3 by WONCA president Donald Li on 15 December, 2020.

# ICPC and ICD

The ICPC has always been linked with the well-known and widely used ICD, published by WHO. [18] The first edition of the ICPC contained a list of conversion codes to link to the ICD-9. Since then, the ICD-10 was introduced, and the ICPC-2 was carefully mapped to the ICD-10 so that conversion systems could be used. Extensive empirical research has confirmed that the ICPC and the ICD are complementary rather than in competition. The ICPC deals with the complexity of primary health care in all relevant settings in a comprehensive manner. The ICD mainly serves for international comparability of mortality data and for national morbidity data, mainly in hospital settings. The ICPC-3 is the cement or glue between the different health care settings and versions of classifications used. In the ICPC-3, important concepts for primary health care have therefore been linked to the ICD-10 and the ICD-11. From about 9,000 meaningful terms (in the Thesaurus), 2,900 are linked to the ICD-10 and the ICD-11 and 4,560 to terms in the Systematic Nomenclature for Medicine - Clinical Terms (SNOMED CT). The linkages are based on what are important, frequently used and meaningful concepts.

These relations are further explained in Chapter 4.

# **NOTE**

i Part of the history of the ICPC given here is identical to the history in the ICPC-2-R.

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# Basic Principles How the ICPC-3 Was Built

Nowadays, classifications are used for multiple purposes and in different ways. There is a need for electronic formats for use in electronic health records; electronic versions for desktop, tablet and mobile phone use; and paper-based formats, such as books and condensed overviews. The classes must be easy to find, which requires that the content is represented in the format of an interface terminology or thesaurus. In addition, the data encoded with the classification must be interchangeable with other classifications and terminologies.

To achieve this content, the ICPC-3 is:

- based on a unifying Framework to describe the context
- builds on a Content Model, which describes the properties for the content and the maintenance attributes
- subject to a dedicated review process

Before starting the review process, the ICPC-3 Framework and Content Model were developed.

# **ICPC-3 FRAMEWORK**

The new ICPC-3 content is based on a number of user needs:

- the need to capture person-centeredness in registrations in daily practice
- the need to support shared decision-making
- the need to support both comparability of data in a diversity of health care settings and exchange of data
- the need to support capturing of data for research and policy

The first step was to develop a framework for visualising person-centeredness in the components that the ICPC-3 should be built on. In the process of framework development, several schemes were discussed. The traditional biaxial structure used in the ICPC-2 has no flexibility to expand on, as it is meant for coding purposes and not to serve as a guiding framework. Recently, as part of a discussion on how to better depict person-centredness, alternative International Classification of Functioning, Disability and Health (ICF) schemes have been published. [1] One of these schemes

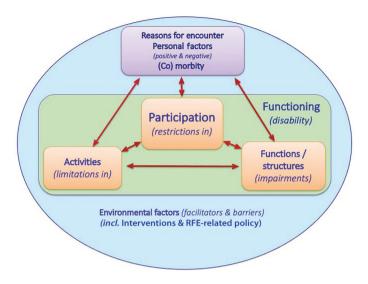


FIGURE 2.1 ICPC-3 Framework.

seemed suitable for the ICPC as well. The scheme has been adapted to capture the core components of the ICPC-3 (as shown in Figure 2.1).

Figure 2.1 is a visual representation of the ICPC-3 with the focus on Functioning and Environmental factors. Functioning (shown in green) is positioned in the centre of the Framework, with Participation as the core of functioning. Environmental factors (in blue) include Interventions and RFE-related policy as well as RFEs, Personal factors and (Co)morbidity (enclosed in violet and positioned at the top of the Framework to indicate their importance).

## **ICPC-3 CONTENT MODEL**

The next step was to design the Content Model in line with the new ICPC-3 Framework. In the third revision of the ICPC, the content is based on the ICPC-2 with additional categories to capture Functioning, Functioning related, Environmental factors, and Personal factors (as presented in Figure 2.2) and a restructuring and expanding of the categories for Prevention.

Also new are the Regional extensions for regional and national use; these are for the African, European and South American regions. These are based on the principle that additions need to be relevant for primary health care and supported by evidence of frequency on international or regional (national) level.

The Content Model is composed of two parts.

One part includes the **descriptive characteristics**:

the name of the class and, within each class, the name of the categories and, if relevant, a textual description, what is included or excluded, index terms and synonyms, a coding hint and a place for a note or mark about the class

### THE ICPC-3 CONTENT MODEL

Any Class/Category in ICPC is represented by:

### **Descriptive characteristics**

### 1. TITLE of Entity: Name of class

- a. Textual description, concise and
- b. Inclusion Exclusion Index terms/ synonyms - Coding hint - Note

# 2. Type of Entity

- a. Non-problem related
  - Prevention
    - Screening
- b. Body/Organ System
  - Symptoms, complaints and abnormal findings
  - · Diagnosis and Health Problems
- c. Social Problems (Z-chapter)
  - Social and Environment
- d. Interventions (patient related) and Processes (administrative)
- e. Functioning
  - Activity and Participation, Functions
- f. Functioning related factors
  - Personal factors, Environmental factors
- g. Regional Extensions
- h. Emergency Codes

### 3. Extension Codes

- a. Severity and/or existing severity scales- ICF scale, stages
- b. Duration, course

## Maintenance attributes

## A. Unique identifier

# B. Attributes (subset, adaptation, and special view flag) for:

- 1. Classes in disease component (congenital, infectious, neoplasm, injury, immunology, life-style, other, unknown)
- 2. Classes in environment component context and contact Reason)
- 3. Country adaptation
- 4. Research
- 5. Special indices (e.g. Primary Health Care Indicators, Public Health Care Indicators, and First aid or Resource Groupings, Case-mix)

### C. Hierarchical relationships

Parents and children in the ICPC structure:

Chapter

Component

Classes/subclasses

### D. Reference relationships

References to classes as in ICPC-1. ICPC-2. ICD-10, ICD-11, ICF, ICHI, GBD, SDG's, UHC, and terms as in SNOMED CT etc.

# E. Other rules

### FIGURE 2.2 ICPC-3 Content Model.

- the type of entity, organised as: Non-problem related; Body/organ system, subdivided into Symptoms, complaints and abnormal findings, and Diagnoses and diseases; Social problems; Interventions and processes; Functioning, subdivided into Activity and participation, and Functions; Functioning related, subdivided into Environmental factors and Personal factors; Regional extensions; and Emergency codes
- if relevant, classes can also be expressed more meaningfully by adding severity scales, stages of processes, duration and course

# The other part covers attributes for maintenance:

- a Unique identifier/class code
- meaningful Attributes (shown in different colours) for classes so as to be able to distinguish and organise classes in terms of symptoms, clinical findings and complaints and concerns in the component for Symptoms, complaints and abnormal findings
- in the component for Diagnoses and diseases, congenital, infectious, neoplasm, injury, immunology, lifestyle, other, and unknown diagnosis
- contact reason as an attribute for all classes in Chapter A1
- process as an attribute for all classes in the Interventions and processes chapter

- context as an attribute for classes in Chapter Z and in Component 2R0 from Chapter 2R Functioning Related
- personal factor as an attribute for all classes in Component 2R3 Personality functions
- in Regional extensions, the regional adaptation is subdivided into Regional chapter and Regional component (the colour attributes in this part are the same as the colour attributes in the core of the ICPC-3)
- hierarchical relationships (parents, children and grandchildren) in the ICPC structure: chapters, components and classes/subclasses
- reference relationships with links to the ICPC-1, the ICPC-2, the ICD-10, the ICD-11, the ICF, the International Classification of Health Intervention (ICHI), universal health coverage (UHC), and SNOMED CT
- attributes for Research and Special indices have been provided in the Content Model for future applications, but these are not used yet

Based on the Content Model, the division of chapters and components has been derived and the structure for the ICPC-3 has been built within an electronic authoring tool, the Classification Manager.

After development of the Framework and the Content Model, a review process was carried out. This was:

- based on a review of ICPC-2 content by primary health care experts
- · informed by registration data from daily practice
- informed by participation of content experts within the WHO Family of International Classifications (WHO-FIC) working group on the ICD-11 for primary care

# **SELECTION OF CLASSES**

The selection of classes, also called categories, is based on the classes in the previous versions of the ICPC and enriched by proposals from WICC and from the Consortium members themselves.

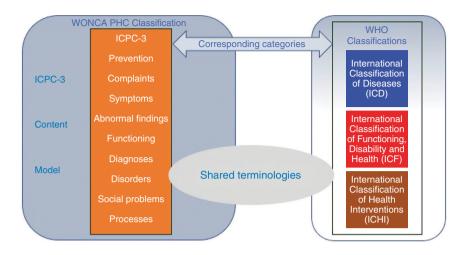
As it has been from the start, the selection of classes is based on frequency of occurrence in daily practice. The classes all have their own code. Less frequently used morbidity concepts are captured as inclusions within the main classes.

# RELATIONS WITHIN INTERNATIONAL CLASSIFICATIONS AND SNOMED CT

An important feature of the ICPC is that it is part of the WHO-FIC. In this context, it fulfils a role as *the* RFE classification.

In Figure 2.3, the ICPC-3 Content Model is visualised in relation to the classifications that make up the WHO-FIC. These classifications are the ICD-11, the ICF and the ICHI, which at this moment are three separate entities.

In Figure 2.3, the Content Model refers to the two parts of the ICPC-3, as explained earlier. The part in the orange box shows the high-level categories of the ICPC-3; the grey area surrounding the orange box represents the underlying structure and attributes for maintenance of the ICPC-3 content (as shown in Figure 2.2).



**FIGURE 2.3** ICPC-3 in relation to the WHO Family of International Classifications.

The categories in the orange box are the parts in a single classification that cover all parts of the registration process in primary care in a structured and integrated manner.

The arrow at the top of the figure represents the principle of correspondence between the ICPC-3 categories (and classes) and the categories in the separate classifications of the WHO-FIC, in which medical terms, terms for functioning and terms for interventions represent the same concepts or meaning. Given the need to compare and exchange data between professionals and systems, this underlines the importance of having references in the ICPC-3 to the ICD, the ICF and the ICHI, but also to other terminologies such as SNOMED CT.

The ICPC-3 also contains specific primary health care terms not present in or not suitable for the WHO classifications and not present in SNOMED CT.

The overlapping oval indicates that the same terms from different sets of terminologies are used; for example, where international standards are available, the Foundational Model of Anatomy for anatomical entities.

The new ICPC-3 is already used by the WHO Primary Health Care department in the context of the UHC Compendium<sup>[2]</sup> as a structuring framework, and it is linked to WHO international classifications. This allows communication between the ICPC-3 and the other classifications and complementary usage. Ongoing cooperation between WONCA and the WHO Primary Health Care and WHO-FIC network exists for the harmonisation of the ICPC-3 with the UHC Compendium and the WHO, ICD-10, ICD-11, ICF and ICHI classifications.

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# The Primary Care Use Case

# PRESENT CLASSIFICATIONS AND USE CASES

The classifications that are used today, in particular the ICD-10 and the ICPC-1 and ICPC-2, are not built to capture person-centredness, such as functions, activities, participation and the personal environment, in a structured and integrated manner and in one classification. [1,2,3,4] WHO and WONCA started a collaborative project in an attempt to derive a primary health care linearization from the ICD-11 and concluded that primary health care data used in daily practice cannot be captured within a classification driven prominently by disease. [5] The emphasis of the ICD is too much on hospital-related diseases and disorders, which requires a different classification. The ICPC-3 includes self-limiting diseases and health problems as presented in primary health care practice, which are lacking in the ICD; for example, shoulder syndrome, neck syndrome and back syndrome. The feasibility of deriving an ICD-11-based linearization for primary health care is still in the explorative phase. [6] The most important use cases that underline the need for a new classification for all of primary health care are presented in the box below.

# Use Case 1: Capture Person-Centred Registration in Daily Practice

There is a desire to be able to broaden the scope of patient contacts and information from a pure medical perspective to a person-centred perspective. In primary health care, the patient is the centre of attention, but this is not reflected in the way data are collected and registered. In most patient cases, medical information is focused on medical diagnoses, and a lot of 'other' valuable information can only be found in notes or in the minds of health professionals. This includes the reasons why patients contact the health care system, how they perceive their health situation and what they expect in terms of results. With the high increase in the number of people ageing, and therefore an increase in comorbidity and possible functioning problems, a broader view of a person will be required to provide adequate care.

# Use Case 2: Shared Decision-Making

In daily practice, there is a desire to involve the patient actively in the decision-making process, thus giving the patient a more prominent role in the provision of information, sharing this information and jointly setting goals for improved functioning, with a focus on participation = being involved in life situations. <sup>[7]</sup> This requires registration of patient-related data in a coherent manner.

# Use Case 3: Comparability; Diversity of Health Care Settings; Interchangeability

Primary health care takes place in many different settings and is provided by different professionals, all using their own sets of tools, terms and classifications to capture patient data. In most health care settings, the same data are registered repeatedly. There is no unified framework or language that could serve as a building block for the diagnostic and therapeutic process. This makes it very difficult to share and compare data.

# Use Case 4: Research and Policy

Policymakers, funders and researchers need to have information about the epidemiology of their communities, and they need to understand what is happening within primary care to improve health services. More and more, the influential political bodies in the world, such as the Organisation for Economic Co-operation and Development (OECD), the United Nations and local governments, are showing interest in the well-being/functioning of the population. [8] Using only diagnoses to describe the health of the population has become too limited, especially in a world where people are more concerned with their participation in society and well-being. Too often and for too long, it seems that highly specialized care has been overvalued rather than there being a focus on what people want to receive in care and how their health situation is presented.

# WHAT ARE THE MAIN CHANGES FROM THE ICPC-2? **Inclusive for All Primary Health Professionals**

The ICPC-3 has been developed with all primary health care providers in mind, not only family doctors or general practitioners.

# **Inclusive for All WONCA World Regions**

The ICPC-1 and ICPC-2 were mainly developed in industrialized countries, and as already mentioned in the ICPC-2-R, modified modules were necessary; for example, for tropical conditions. These classes have been added in the ICPC-3 in the Regional extensions chapter, for regional and national use. Currently, the Regional extensions chapter consists of classes from the African, European and South American regions. These are based on the principle that additions need to be relevant for primary health care and supported by evidence of frequency on an international or regional (national) level.

But it is not just that classes for tropical conditions have been added; new needs have also arisen:

- the need to focus on regions and countries
- the need to better code themes around prevention

- the need to record functioning of patients
- the need for some new classes, for which there was no space in the ICPC-2

Classes that had been incorrectly positioned in the ICPC-2 – such as infections and trauma of the skin in the symptoms/complaints part of the body system Skin – are now in the correct position within the classification. Additional categories for Functioning, Functioning related, Environmental factors and Personal factors are now part of the classification, and a restructuring and expansion of the categories for prevention has been completed.

What has stayed the same is that the granularity is still based on the frequency of what is presented worldwide in primary health care; though local frequencies are taken into account as well. And if more detail is required, the ICPC-3 opens up to other international classifications and a clinical terminology.

The biaxial structure of the ICPC-2 has been integrated in a dynamic and modern classification, supporting new technological requirements to be able to compare and exchange data between systems, a so-called 'interoperability' (see Figure 2.3), and backwards compatibility with previous versions of the ICPC. 'Dynamic' means that updates can and will be incorporated as required. Its prime use is online or on a desktop computer, laptop, tablet or mobile phone. To serve all users, a paper-based desk version is also available. For implementation in electronic health records, or for statistics purposes, several export formats are available, including crosswalks to the ICD-10, the ICD-11, the ICHI, the ICF, SNOMED-CT and several validated questionnaires.

The creation of more space and a different structure has led to a different coding scheme. Chapter 13 presents conversion tables from the ICPC-3 to the ICPC-2.7 and to the ICPC-1.

# **SUMMARY**

Now, RFE, functioning (activities and participation) and personal preferences can be linked to morbidity. The ICPC-3 includes all those classes/concepts in primary care that can lead to better decisions by providers and policymakers. It includes the new approach to health – person-centredness – providing a professional language that is used in daily practice by primary care providers.

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# Description, Inclusion, Exclusion, Coding Hint, Note, Index Terms and Cross References

When reading this chapter, using the browser (https://browser.icpc-3.info/) is recommended. This gives a better insight into the structure of the classification.

Several rubrics are distinguished within each class: description, inclusion, exclusion, coding hint, note, index terms and cross references.

# DESCRIPTION

The description is a short characterisation of the entity (class/component/chapter) that states things that are always true about that entity and necessary to understand the scope of the entity. The description should minimise variability in coding. Where possible and necessary, the classes have a description.

# **Examples**

# Description of Class AS01 General pain in multiple sites:

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Often, pain serves as a symptom warning of a medical condition or injury. In these cases, treatment of the underlying medical condition is crucial and may resolve the pain. However, pain may persist despite successful management of the condition that initially caused it, or because the underlying medical condition cannot be treated successfully. Chronic pain is pain that persists or recurs for longer than 3 months.

# Description of Class FD01 Infectious conjunctivitis:

Presumed or proven infectious inflammation of conjunctiva.

### INCLUSION

Within the classes, there are typically other optional entities. These entities are known as 'inclusions', and they are given, in addition to the title, as examples of issues to be classified to a particular class. They may refer to different conditions. They are as such not intended as a subclass of the category, but can be used within the core classification

and can have a code. The goal of inclusions is to inform the health provider of what falls within classes. The lists of inclusion terms are by no means exhaustive. In principle, inclusions contain terms for conditions that are less frequent.

# Example

# **Inclusion** for Class **FD01 Infectious conjunctivitis**:

bacterial conjunctivitis [with the regional code] FD01.00 conjunctivitis NOS [not otherwise specified] viral conjunctivitis FD01.01

Regional extension codes are explained in Chapter 10.

# **EXCLUSION**

Certain classes have exclusions, a list of conditions which are classified elsewhere. Exclusions serve to guide the user to the relevant code in the classification and as a cross reference in the ICPC to help to delimit the boundaries of a class.

# Example

# **Exclusion** of Class **FD01 Infectious conjunctivitis**:

allergic conjunctivitis with/without rhinorrhoea FD65 flash burn FD37 other eye inflammation or eye infection FD03 trachoma, chlamydia conjunctivitis FD04

# **CODING HINT AND NOTE**

The ICPC-3 makes limited use of coding hints and notes.

A coding hint refers to another class that may better reflect what the coder is looking for.

# Example

# Coding hint for Class AD03 Rubella:

rash generalised SS06 viral exanthems AD13

A **note** serves in most cases as a directive on how the class should be used.

# **Examples**

# Chapter Z, Social problems

In all classes in Chapter Z, it is indicated that the diagnosis of problems requires the patient's agreement on the existence of the problem and desire for help.

# Note for Class **ZC01 Partner relationship problem**:

The diagnosis of problems in the relationship between family partners requires the patient's agreement on the existence of the problem and desire for help.

# Chapter P, Psychological, mental and neurodevelopmental

In classes related to substance abuse – PS12, PS14, PS15 and PS16 – versions of the following are included as notes:

[The class] should take into account the considerable differences between countries and cultures. A doctor can decide to label an episode as '[class]' without the patient's agreement, and consequently also without the patient's willingness to any medical intervention.

# **INDEX TERMS**

Index terms are listed primarily as a guide to the content of the class; they are in addition to the complete description or to illustrate it. The index terms list is selected from ICD-10, ICD-11, ICF, ICHI and SNOMED CT terms.

The search terms, used for indexing the complete ICPC-3, are based on the preferred term (the label of the class), the inclusion terms and the index terms.

The lists of index terms are by no means exhaustive. Synonyms and lay terms can also be included.

In addition, the synonyms used in the ICD-11, SNOMED CT, etc. are sometimes added to the list of index terms. There are two exceptions to this rule:

- 1. the words in the exclusion do not belong to the meaning of the class
- 2. where the references to the ICD, the ICF, SNOMED CT, etc. are too extensive, because there is no exact corresponding class/term available

The index terms are a necessity to be able to build a complete search index for the ICPC-3. This will be used for building the ICPC-3 thesaurus and can serve as a standalone version of the alphabetical index if so required.

# Example

# **Index terms** for class **FD01 Infectious conjunctivitis**:

blepharoconjunctivitis chlamydial conjunctivitis chronic conjunctivitis follicular conjunctivitis Herpes zoster conjunctivitis mucopurulent conjunctivitis parasitic conjunctivitis purulent conjunctivitis

# **CROSS REFERENCES (LINKAGES)**

The ICPC-3 content contains linkages to several standardised classifications, such as the ICD-10, the ICD-11, the ICF, the ICHI, the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, and clinical terminologies such as SNOMED CT, but also to previous versions of the ICPC-1 and the ICPC-2.7 and, where relevant, to the United Nations Sustainable Development Goals.

The linkages to these classifications and terminologies serve as a pathway from and to the ICPC. This is what is generally called a 'telescopic' or 'periscopic' view. Starting with the categories or classes in the ICPC-3, when more detail is needed, it is possible to zoom in to the ICD for diagnostic classes, the ICF for functioning or the ICHI for interventions. The other way around, when detailed data is received, it is possible to zoom out to the relevant ICPC-3 categories/classes.

With these linkages, the ICPC supports the principle of continuity of data within and between health care providers, but it also supports the use of the ICPC, or the ICD within a country, without losing the possibility to collect or exchange information for different purposes, such as direct patient care, research, reimbursement, aggregation of data, disaggregation of data, etc.

For the information exchange process, standardisation is required on a different level. Here, it is necessary to capture the meaning of the content using the same (clinical) terminologies; for example, the use of the Foundational Model of Anatomy throughout all related classifications and clinical terminologies.

In the ICPC-3 online browser, the codes or identification numbers (IDs) behind the terms in the ICD-10, the ICD-11 and SNOMED CT guide the user to the same code within the external classification browsers at WHO and SNOMED CT.

# Example

# Cross references for Class FD01 Infectious conjunctivitis:

- ICPC-1 F70
- ICPC-2 F70
- ICD-10 no exact corresponding class 00
  - Blepharoconjunctivitis H10.5
  - Chlamydial conjunctivitis A74.0
  - Mucopurulent conjunctivitis H10.0
  - Other acute conjunctivitis H10.2
  - Viral conjunctivitis B30
- ICD-11 no exact corresponding class 00
  - Blepharoconjunctivitis 9A60.4
  - Chlamydial conjunctivitis 1C20
  - Follicular conjunctivitis 9A60.1
  - Mucopurulent conjunctivitis 9A60.3
  - Viral conjunctivitis 1D84
- SNOMED CT infective conjunctivitis ID 299699004
  - bacterial conjunctivitis ID 128350005
  - chlamydial conjunctivitis ID 231861005

- chronic conjunctivitis ID 73762008
- follicular conjunctivitis ID 86402005
- herpes zoster conjunctivitis ID 410509003
- parasitic conjunctivitis ID 13816006
- purulent conjunctivitis ID 243321006
- viral conjunctivitis ID 45261009

# ICD REFERENCES

The references to the ICD-10 in the ICPC-3 are based on the ICPC-2 to ICD-10 conversion, meaning that in some cases an exact corresponding class is available but, in addition, other ICD-10 classes are related. In some cases, there is no exact corresponding class, but some 'alike' classes are available. The selection of ICD-11 references is based on existing ICD-10 references as presented in the ICD-11. A high number of class names are unchanged from the ICD-10 to the ICD-11; and in the ICD-11, where more detailed classes have been introduced, an extensive browser search is offered to find similar classes.

# **SNOMED CT REFERENCES**

The selection for SNOMED CT references is based on:

- 1. the existing cross references from SNOMED CT to the ICPC-2, developed and agreed in a collaboration between SNOMED International and WONCA International Classification Committee
- 2. frequency of the used search terms/concepts from the Dutch thesaurus with linkages between the ICPC-2 and the ICD-10
- 3. frequency of the search terms/concepts of the Belgium thesaurus with linkages between the ICPC-2 and the ICD-10
- 4. the index terms of the ICPC-3, regarding the ICD

# Episodes of Care A Central Concept in Primary Health Care

Changes in the need for and use of classifications in primary care have continued since the last publication of the ICPC-2-R in 2005. Then, the main purposes of the classification was seen to be its use in registration data for daily practice by the health care provider, research, and policy formulation. However, its use has widened as research data and practical experiences with the ICPC, as well as the emergence of new concepts in general/family medicine, have resulted in new applications. The most important new applications of the use of the ICPC are:

- describing the construct of care episodes with the ability to relate care episodes to functioning and to have problems in functioning as episodes of care (EoCs). This is very important in order not to fall into the trap of omitting context by not analyzing the outcome of policy at a personal level.
- the use of the ICPC-3 as a dynamic and modern classification, supporting new technological requirements to be able to compare and exchange data between systems, a so-called 'interoperability'. 'Dynamic' means that updates can and will be incorporated as required. Its prime use is online and on a desktop computer, laptop, tablet or mobile phone. To serve all users, a paper-based desk version is also available. For implementation in electronic health records, or statistics purposes, several export formats are available, including crosswalks to the ICD-10, the ICD-11, the ICHI, the ICF, SNOMED CT and several validated questionnaires.

These new applications are closely related and depend on the use of the ICPC as the ordering principle of patient data gathered in primary health care. WHO (Alma Ata 1978) defined primary health care as follows:

Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part of the country's health care system, of which it is the nucleus, and of the overall socio-economic development of the community.

Primary health care can be delivered by primary health care nurses, physicians or health professionals with a shorter medical training ('barefoot doctors', physician assistants). This is quite like WHO and UNICEF's 2021 definition of primary health care:

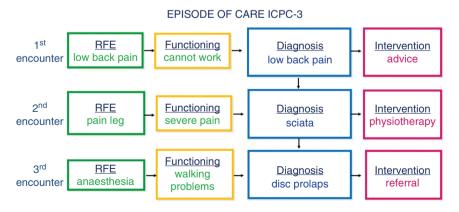
a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.[1]

The WONCA definition of general/family practice refers to 'a physician who provides personal, primary and continuing comprehensive health care to individuals and families'.[2]

# **EPISODE OF CARE**

The EoC allows for grouping of data over time. Health care providers can use these data to improve continuity and coordination of care. [3] The ability to collect data using the EoC also creates more insight into the processes related to certain conditions over time and, thus, to a greater understanding of what is needed and the costs associated with it. EoCs are distinguished from episodes of illness or disease in a population. An EoC refers to a health problem or disease from its first presentation to a health care provider until the completion of the last encounter for that same health problem or disease (Figure 5.1).

RFEs, functioning, health problems, diagnoses, and process of care and interventions shape the core of an EoC consisting of one or more encounters, including changes in their relations over time ('transitions'). An EoC, consequently, refers to all care



**FIGURE 5.1** Episodes of care.

provided for a discerned health problem or disease in a particular patient. The 'large majority of personal health care needs', the 'comprehensiveness', the degree of 'integration, 'accessibility' and 'accountability' can be assessed when EoCs are classified with the ICPC in a computer-based patient record. Also, the concept of RFE proved to be an innovative and practical operationalisation of the patient's perspective and demand for care; the validity of the RFE - as coded by family doctors when compared with the patient's point of view after the encounter – is consistently very high.<sup>[4]</sup>

# **REASON FOR ENCOUNTER**

The RFE connects care providers with the client. [3] That is why it is so important. The RFE contains everything a person seeking help has internalised, her or his personal environment, their past and their views. The RFE enables recording of the problem as expressed by the person, followed by coding of presented problems in terms of symptoms or complaints, limitations in activities of barriers in participation, but also requests (for prescriptions, referrals or investigations) and cognitions, emotions, worries, concerns or fears that bring people to contact health services.

The RFE has been established to be a practical source of patient information, also useful for research and education. This is illustrated by epidemiological data from the FaMe-net project (Family Medicine network, a merger of former the Transition Project and Continuous Morbidity Registration Nijmegen) in standard format (www. famenet.nl/).

Beginning with the RFE allows the determination of the probabilities of any given health problem at the start or during follow-up of the episode per standard sex age group. Therefore, the top 10 problems related to fever at the start of an episode show clinically important differences between children aged 5-14 and adults aged 65 and over (Table 5.1).

The reverse procedure is equally relevant from a clinical point of view: what RFEs were presented at the start of a problem in each standard sex age group? This is given in Table 5.2 for pneumonia.

# HEALTH PROBLEM/DIAGNOSIS IN THE CARE EPISODE

The health problem or diagnosis is central to the EoC. Many health problems are in fact medical diagnoses, but in primary care there are many other conditions such as fear of disease, symptoms and complaints not attributed to a disease (symptom diagnosis), or limitations (in activities) and barriers (in participation). Sometimes there is no apparent health problem involved in an EoC; for example, when it relates to a need for immunisation or screening, family planning, patient preferences or case finding. These contacts can also be related to first contact or request for certification. The ICPC includes all of these. The health problem may be qualified in terms of its status in the encounter and the certainty which the provider assigns to its diagnosis, and by using the extension codes to give more detail or meaning to the health problem. The status of the episode in an encounter can be specified as new to both health professional and patient, new to the health professional but previously treated outside the current provider system, or neither in the case of follow-up. In any environment, electronic or paper based, this can be easily

**TABLE 5.1** Top 10 episode titles starting with fever (AS03) as the reason for encounter (prior probabilities)

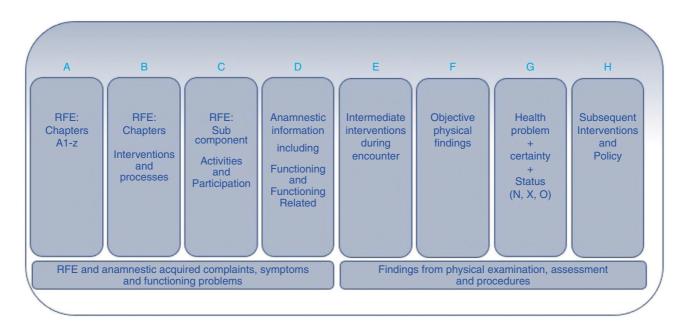
Children 5-14 years old			ICPC-3 code
	N	%	
Upper respiratory infection	800	17.0	RD02
Fever	689	14.6	AS03
Other viral diseases NOS	441	9.4	AD14
Acute otitis media/myringitis	384	8.1	HD02
Tonsillitis acute	352	7.5	RD04
Influenza (proven) without pneumonia	310	6.6	RD07
Pneumonia	304	6.4	RD09
Acute bronchitis/bronchiolitis	251	5.3	RD06
Presumed gastrointestinal infection	159	3.4	DD05
Symptom/complaint throat	91	1.9	RS12
Total top 10	3,781	80.2	
Total	4,716	100.0	
Men and women aged 65+			
	N	%	
Pneumonia	572	17.9	RD09
Fever	440	13.7	AS03
Acute bronchitis/bronchiolitis	393	12.3	RD06
Cystitis/other urine infect NOS	288	9.0	UD02
Influenza (proven) without pneumonia	184	5.7	RD07
Upper respiratory infection	166	5.2	RD02
Other viral diseases NOS	113	3.5	AD14
Emphysema/COPD	95	3.0	RD68
Pyelonephritis/pyelitis acute	82	2.6	UD01
Sinusitis acute/chronic	77	2.4	RD03
Total top 10	2,410	75.3	
Total	3,202	100.0	

solved using 'flags'; for instance, in case of a known patient already diagnosed with diabetes, using an (X), a known patient with a new diagnosis of diabetes, using an (N), and a follow-up contact within the existing episode of diabetes using an (O) (see Figure 5.2, box G). Another aspect of an EoC is the extent to which the health professional is certain that his or her diagnosis is correct; this can be graded from uncertain to certain,

TABLE 5.2 Top 10 reasons for encounter in an episode of pneumonia (RD09)

Children aged 5-14			ICPC-3 code
	N	%	
Cough	297	40.7	RS07
Fever	233	32.0	AS03
Shortness of breath/dyspnoea	39	5.3	RS02
Pneumonia	23	3.2	RD09
Med. examination/health evaluation/ partial	15	2.1	R102
General weakness/tiredness	15	2.1	AS04
Vomiting	10	1.4	DS10
Upper respiratory infection	9	1.2	RD02
Generalised abdominal pain/cramps	9	1.2	DS01
Ear pain/earache	7	1.0	HS01
Total top 10	657	90.2	
Total	729	100.0	
Men and women aged 65+			
	N	%	
Cough	722	25.5	RS07
Shortness of breath/dyspnoea	474	16.7	RS02
Fever	425	15.0	AS03
Pneumonia	147	5.2	RD09
General weakness/tiredness	125	4.4	AS04
Med. examination/health evaluation/ partial	80	2.8	R102
General deterioration	67	2.4	AS06
Provider-initiated episode new/ongoing	54	1.9	R501
Administrative procedure	52	1.8	R601
Medication/prescription/injection	49	1.7	R201
Total top 10	2,195	77.4	
Total	2,834	100.0	

but a standard recording of this grading has not yet been agreed on. The description and inclusion criteria for use of classes in the ICPC-3 will, however, help to ensure that the label chosen for the episode is used consistently by all providers. The qualification of an EoC using the extension codes is discussed in Chapter 10.



**FIGURE 5.2** Structure for describing encounters.

#### INTERVENTIONS: THE PROCESS OF CARE

The specificity of the three-/four-digit ICPC process code to classify interventions is usually adequate for primary care practice. To give more specificity to the process code, the use of the codes in chapters A–Z as a first prefix is recommended. However, when drugs are prescribed, a drug code is needed. Because of the vast number of medications involved, and the idiosyncrasies of national drug availability, no internationally suitable code has yet been produced. The advice is to link the Arrêts de Travail en médecine générale à partir de la Classification Internationale du Fonctionnement, du handicap et de la santé (ATC) coding to the process classes -201 Pharmacotherapy and prescription and -202 Preventive immunisation and medication.

#### FUNCTIONING AND FUNCTIONING RELATED

With these classes, it is possible to describe Functioning and Functioning related aspects of the EoC. The classes acquire meaning when the patient makes a statement about them; for example, if the patient expresses a severe limitation in activity or barrier in participation, or if the patient expresses a level of problem with his/her energy, memory or balance.

#### **ICPC-3 AND PATIENT RECORDS**

The core of a computer-based patient record is data coded with the ICPC, which is language independent: this enhances the use of practice records for a comparison of data from different countries, and it supports the development of general/family practice as an internationally well-developed profession with a well-defined and empirically based frame of reference. The availability of the ICPC-2 in 19 languages and the growing number of translations of the ICD-10 accompanied by alphabetical indexes allow family doctors in many countries to incorporate a detailed language-specific thesaurus in their system, at the same time using the ICPC to systematically structure their records and the database in a more standardised way. The same developments are envisaged for translations of the ICPC-3.

An electronic patient record can be helpful in properly registering the data in an EoC. The system can warn the provider when she or he tries to enter a follow-up encounter for an episode that has not yet been established in the database, or whenever a new one is started even though an episode with the same title already exists. This is, obviously, vital to ensure the quality of daily recording. Pop-up screens can be used to display options at the time of coding in computer-based records and a good data system will be able to display these interrelationships between multiple health problems and provide data on comorbidity.

#### FURTHER DEVELOPMENTS

The original three basic elements of encounters to be coded with the ICPC (RFE, health problem and interventions) enriched with a fourth element, Functioning and Functioning related, have now been extended with eight data entry options (A-H) for computer-based patient records (Figure 5.2). The RFE is recorded in three sections: patient symptoms and complaints; patient requests for interventions;

and patient-expressed limitations in activities and barriers in participation (A-C). RFEs in the form of symptoms, complaints or health problems/diagnoses should be distinguished explicitly from those in the form of requests for interventions such as a prescription, an X-ray, a referral or advice and those in the form of limitations in activities or barriers in participation. Why is this important? Requests for a certain intervention are often followed by this intervention being performed – when patients ask for medication or a blood test, they often receive it. Since patients do actively influence the care provided by health providers, it is important to explicitly document this.

It seems useful for the future to also record the clinical anamnestic findings, including functions and functioning-related information (D), separate from the RFE. All relevant classes can be used for this purpose. It should be noted that the ICPC-3 does not yet include a classification of objective physical findings by the health provider (F).

Both new applications, coding of anamnestic data and objective physical findings, could be included in the encounter and episode structure of a computer-based patient record.

The use of RFEs and anamnestic data to estimate prior probabilities is clearly very useful. The difference between a symptom expressed by the patient as an RFE or elicited by the physician is retained, and the probabilities can be calculated separately if required.

Processes of care are recorded as immediate (those occurring during the encounter, E) or subsequent (interventions after the diagnosis or problem has been identified, H). The difference between what is in fact being done by the health provider at the time of the encounter and what is expected to follow is important for the analysis of utilisation data, inter-health care provider variation and application of guidelines. It also allows better understanding of the shift from prior probabilities in the first encounter of an EoC to the later probabilities during follow-up. For recording more specificity in interventions, not provided in the ICPC-3, a more specific process classification can be used in addition and linked to the ICPC. This could be ATC for -201 and -202, LOINC (Logical Observation Identifiers Names and Codes database) or a locally used list of laboratory tests, etc. It is not feasible to include this level of detail in the ICPC-3. Development of these relations is an ongoing activity.

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# Standard for Use of Reason for Encounter

The ways of coding information using the ICPC vary somewhat according to the type of information being recorded; for example, RFE, health problem or intervention. To promote consistent recording and therefore better comparability of data between centres, the following standards are suggested.

### **REASON FOR ENCOUNTER**

Patients normally start the consultation with a spontaneous verbal statement on why they are visiting the health professional, known as the RFE. It is the beginning of the interaction and precedes interpretation by GPs and patients. The RFE is the literal expression of the reason(s) why a person enters the consultation room, translated into an ICPC code by the health provider. It represents that person's need for care. The RFE can be presented in the form of symptoms and complaints ('abdominal pain, a rash') but also as self-diagnosed diseases ('I've got the flu'), a problem carrying out an activity ('I cannot work') or requests for a particular intervention.

The primary care provider should identify and clarify the RFE as stated by the patient without making any judgments as to the correctness or accuracy of the reason. The patient statement is translated into a classification term and coded. This use of the classification is guided by three principles:

- 1. The RFE should be understood and agreed on between the patient and the provider and should be recognised by the patient as an acceptable description.
- 2. The ICPC class chosen should be as close as possible to the original statement of the reason given by the patient and must represent a minimal or no transformation by the provider. However, clarification of the patient's RFE within the framework of the ICPC is necessary so that the most appropriate class can be applied.
- 3. The description and inclusion criteria listed for classes, for use in recording health, are NOT to be used, since the RFE is to be documented from the patient's point of view, based entirely on the patient's statement of the reason.

Almost all parts of the classification are applicable, as patients can describe their reasons for seeking health care in the form of symptoms or complaints, as requests for services, as activities and participation problems or as health problems.

The way in which a patient expresses his/her RFEs determines which chapter and which (sub)component to use, except the classes that fall under the Functioning related component and the Functions subcomponent. These classes can be used by

the provider to further explore the RFE and EoC for similar concepts in Symptoms and complaints (see Figure 5.2).

#### CHOOSING THE CHAPTER CODE

To code the RFE, it is necessary to first select the appropriate chapter, assign the correct one- or two-digit alpha code, and then assign the two- or three-digit numeric code in the relevant (sub)component, such as a symptom or complaint, a diagnosis, limitations in activities and participations, or an intervention. The search terms in the online ICPC-3 should be used when there is uncertainty about the chapter or (sub)component in which a specific RFE should be placed.

Chapter A1 is used for RFEs that relate to need for immunisation or screening, family planning, patient preferences or case finding. Chapter A is used for RFEs that relate to unspecified or multiple body systems, chapters B-W for RFEs related to body systems, and Chapter Z for RFEs related to social problems. RFEs related to processes of care are found in Chapter I, and RFEs related to limitations in activities and participation are in Chapter II.

When the ICPC is used for recording RFEs, five rules apply for the use of chapters, and there are two rules specific to Chapter I Interventions and processes. Those rules are listed below with examples for the application of those rules.

#### Rule 1

Whenever the patient makes a specific statement, use his/her terminology.

# Example

Jaundice, in the form of a diagnostic descriptive term, can be found in Chapter D (on the digestive system), but the patient may present this symptom as a yellow discoloration of the skin (Chapter S). If the patient expresses the problem as 'jaundice, the ICPC code is DS13 Jaundice. If, however, the patient states 'my skin has gone yellow, the correct code would be SS07 Skin colour change, even though the health care provider is positive that the diagnosis is some form of hepatitis.

#### Rule 2

The RFE should be coded as specifically as possible and may require some clarification by the provider.

# **Example**

Chest pain can be coded as AS12 Chest pain, or as KS01 Pain, pressure, tightness of heart, or as RS01 Pain respiratory system, or as LS04 Musculoskeletal chest symptom or complaint. The decision as to the correct selection is not based on the opinion of the provider as to the type of chest pain but, rather, to the way the patient expresses his/her RFE when clarification is sought by the provider.

'It's all over my chest ...' AS12

'My chest hurts when I cough' RS01

'I have chest pain ... I think it's my heart' KS01

'I have chest pain after falling down stairs' LS04

#### Rule 3

When the patient is unable to describe his/her complaint, the reason given by an accompanying person (e.g., a mother bringing in a child or relatives accompanying an unconscious patient) is accepted as being the reason stated by the patient.

#### Rule 4

If the patient indicates a limitation in activities or a barrier in participation, the degree of limitation must also be assessed using the problem scale value.

#### Rule 5

Any problem whatsoever presented verbally by the patient should be recorded as an RFE. Multiple coding is required if the patient gives more than one reason. Code every reason presented, at whatever stage in the encounter it occurs.

# Example

'I need my asthma tablets. Also, my knee hurts' – R201, LS14.

If afterwards the patients asks, 'What is this lump on my skin?' or says, 'I can't climb stairs', those are also coded as RFEs - SS04 and 2F28 PV.3

# CHOOSING THE (SUB)COMPONENT FROM THE CHAPTERS Symptoms and Complaints in Chapters A-Z

The most common reasons patients report for seeking health care are presented in the form of symptoms and complaints. This implies that the Symptoms and complaints component of chapters A-Z will be used extensively. These symptoms are specific for each chapter; nausea (DS09) is found in the Digestive System chapter, while sneezing (RS09) is in the Respiratory System chapter. While most of the entries in this component are symptoms specific to the chapter in which they are found, some standardisation has been introduced for ease of coding.

# STANDARDISATION OF CLASSES IN SYMPTOMS AND COMPLAINTS IN CHAPTERS A-W

Throughout most of the chapters, except for Chapter A1, Chapter Z, Chapter I and Chapter II, the content within the -S component is organised as follows:

- -S01 to -S49 Symptoms and complaints
- -S50 to -S89 Abnormal results and physical findings
- -S90 to -S98 Concern or fear a disease or condition (cancer included)
- -S99 Other specified symptoms, complaints, or abnormal findings

The first class in every chapter relates to the symptom pain. Examples of these are ear pain or ache (HS01) and headache (NS01).

Code -S50, and sometimes also a few others, is used when the patient indicates an abnormal physical finding in themselves. Examples are:

'I think my blood pressure is low' KS50 'I have underweight' TS50

Code -S90, and sometimes also a few others, is used when the patient expresses concern about or fear of cancer or some other condition or disease. Examples are:

'I'm afraid I have TB' AS90 'I'm worried that I have cancer of the breast' GS93 'I'm scared of venereal disease' GS92

Even if the provider thinks that such an expressed fear is unwarranted or not logical, it constitutes the patient's RFE.

In each chapter, the component and subcomponent code -99 is the residual or 'ragbag' class for that (sub)component. This contains uncommon and unusual classes which do not have a separate class or are not part of the inclusion terms of other classes, and it can also be used for classes which are not clearly stated. The class 'not specified' is avoided, because in all cases it is necessary to be as specific as possible. At all times, the index terms should be consulted for synonymous terms in other classes before using this class.

# Limitations in Activities and Barriers in Participation, Subcomponent 2F0 from Chapter II

Classes 2F01-2F69 should be used when the patient's RFE is expressed in terms of limitations or barriers which affect activities and participation in daily life and social functions. Always use the problem scale value.

# Examples

'I cannot climb stairs because of the cast they have put on my leg for my fractured ankle' 2F28 and PSV.3 and LD36 (Component D, Diagnoses and diseases)

'I can't work in the office because I can't sit for any length of time because of my haemorrhoids' 2F58 PSV.3 and 2F21 PSV.3 and DD84 (Component D, Diagnoses and diseases)

# Components of Interventions and Processes (Diagnostic, Therapeutic and Preventive Interventions, Programmes Related to Reported Conditions, Test Results, Referrals, and Administrative)

The reasons included in this concept are those in which the patient:

a. seeks some sort of procedure, such as 'I'm here to have a blood test' (-105)

Further clarification by the provider is often necessary to identify the most appropriate chapter code.

#### Examples

The patient may request a particular procedure in connection with an expressed problem or as a single demand, such as:

- 'I want the doctor to examine my heart' K102
- 'I think I need to have my urine tested' (-106)
- 'I need a vaccination' (-202)

To select the appropriate alpha code, clarification by the provider is necessary to find out why the patient thinks he or she needs a urine test. If it is because of a possible bladder infection, the code is U106; if it is because of diabetes, the code is T106. If the result of an X-ray which is being requested refers to a barium meal, the code is D401. The code for a request for vaccination against rubella is A202.

# b. requests a treatment or when the patient refers to the physician's instructions to return for specific treatment, procedure or medication as the RFE

Further clarification by the provider is often necessary to identify the most appropriate code.

# Examples

- 'I need my medication' (-201). If the patient expresses the reason why he is taking the medication or the provider knows the reason, select the appropriate alpha code; for example, for a sinus infection, the code would be R201.
- 'I'm here to have my cast removed' (-207). If it is evident that, for instance, the patient had a fracture of the left arm, the correct alpha code would be L.
- 'I was told to come for removal of the stitches today' (-207). Although, at first, one might assume that all suture removal would be in the chapter on skin, the patient might have stitches from eyelid surgery F207 or from a phimosis operation G207.
- c. may request a care programme a care programme consists of a combination of various interventions related to a reported condition

# Example

'I've come for my diabetes programme' T308

# d. is specifically requesting the results of tests previously carried out

This subcomponent should be used when the patient is specifically requesting the results of tests previously carried out. The fact that the results of the test may be negative does not affect the use of this component. Often the patient will request the test result and want to know about its consequences and seek more information on the underlying problem. In that case, also consider using the additional code -203 (Health education, advice and diet).

# Examples

'I've come for the result of an X-ray of my ankle' L401

- 'I need the results of my blood test'. If the test was for anaemia, use code B401, if it was for hypercholesterolemia, use T401, and if the patient cannot specify, use A401.
- 'I am supposed to pick up the result of my urine test and take it to the urologist. I also want to know what he will do and which examinations and treatment I can expect' U401, U203
- 'I want to know the test results done by the specialist' -402. The class -402 should be used when the patient asks the result of an examination or test from another provider.

# e. the RFE is to be referred to another provider

If the patient's RFE is to be referred to another provider, then -505 Referral to another primary care provider, -506 Referral to specialist, clinic or hospital, or -599 Other specified consultations, referrals and reasons for encounter can be used for this purpose. If the patient states his/her RFE is 'being sent by someone else', use -502.

#### f. the RFE for a problem initiated by the provider

When a provider initiates an episode or takes the initiative for the follow-up of an already existing episode of a health problem such as hypertension, obesity, alcoholism or a smoking habit, it is appropriate to code the RFE as -501 Encounter or problem initiated by provider. If the provider has advised the patient to come back for a control visit, this code is not used. Often the use of -102 Partial examination or health evaluation is the appropriate code.

#### Examples

A patient presents with a blocked ear due to earwax, which is removed. The provider measures his blood pressure (not an RFE mentioned by the patient) and finds it to be high, and the patient also receives advice about smoking. The patient's RFE and the related problems and treatment would be recorded as follows:

HS06 Plugged feeling in ear, HD66 Excessive ear wax, H204 (removal of earwax) K501 (provider initiated), KS51 Elevated blood pressure, K102 (checking of blood pressure)

P501 (provider initiated), PS14 Tobacco smoking problem, P203 (advice to stop smoking)

g. administrative RFEs with the health care system include things such as examinations required by a third party (someone other than the patient), insurance forms which require completion, and discussions regarding the transfer of records

# Examples

'I need this medical insurance form completed' (A601)

'My fracture has healed, and I need a certificate to go back to work' (L601)

# Diagnosis and Problems in Chapters A-W

Only when the patient expresses the RFE as a specific diagnosis or disease should it be coded in Component D in chapters A–W.

The RFE for a patient who is known to have diabetes but comes in complaining of weakness should not be coded as diabetes but as the problem expressed: AS04 General weakness or tiredness. However, if the patient states that he has come about his diabetes, the diagnosis 'diabetes' should be coded as the RFE (TD71 Type 1 diabetes mellitus or TD72 Type 2 diabetes mellitus).

If the patient names an RFE in the form of a diagnosis which the provider knows is not correct, the patient's 'wrong' RFE is coded rather than the physicians' 'correct' one; for example, a patient presenting with 'migraine' as the RFE when the provider knows it is a tension headache, or a patient who is known to have nasal polyps presenting with 'hay fever'.

#### Examples

'I am here because of my hypertension' KD73

'I come every month for arthritis in my hip' LD78

#### **GENERAL RULE**

#### Rule

Classes from more than one component, or more than one class from the same component, can be used for the same encounter if more than one reason is presented by the patient.

#### Example

'I've had abdominal pain since last night and I vomited several times' DS01, DS10 'I have some abdominal pain and I think that I may have appendicitis' DS06, DD72

# Standard for Use of Health Problems and Non-Disease-Related Care Episodes

#### **HEALTH PROBLEMS**

After anamnesis and physical examination, the health provider makes a diagnosis/assessment that indicates the care episode in which the encounter takes place. The diagnosis/assessment is the health provider's point of view. The episode label can be a symptom, a disease or problem, a problem in activity or participation, or a non-disease-related care episode such as visits related to a need for immunisation, to special screening examination and to public health promotion. The episode title can never be a Process, Intervention, Function, or Function related class.

To improve reliability of coding health problems using ICPC-3, almost all the classes have additional information classes to guide their use: descriptions, inclusion and exclusion terms, index terms and sometimes coding hints and notes. These are explained in Chapter 4.

# GENERAL RULES FOR CODING HEALTH PROBLEMS AND NON-DISEASE-RELATED CARE EPISODES

Users are encouraged to register, during each encounter, the full spectrum of problems and care episodes managed in this encounter, including organic, psychological and social health problems and problems in activities and participation in the form of episode(s) of care (EoCs). Registering should be at the highest level of diagnostic refinement the user can be confident about, and should meet the description or inclusion for that class. In any data system, it is necessary to have clear and specific criteria for the way in which health problems or EoCs are registered. This applies particularly to the relationship between the underlying condition and manifestations when both may be available as classes in the classification. This is best illustrated by an example: A patient with ischemic heart disease may also have atrial fibrillation and resulting anxiety. It should be policy to include these as separate EoC manifestations which require different management. In this example, the atrial fibrillation and anxiety would be recorded as additional EoCs.

Some electronic systems accept that problems are coded with an intervention/process code. **This is not recommended or correct**. Interventions always take place in an

EoC, and as indicated earlier, the care episode can, for example, relate to the need for immunisation or screening. Interventions carried out in these EoCs should be coded with the intervention codes in Chapter I, Interventions and processes, not with the classes in Chapter A1.

In ICPC, *localisation* within a body system takes precedence over *aetiology*, so when coding a condition which because of its aetiology can be found in several chapters (e.g. trauma), the appropriate chapter should be used.

All non-problem-related care episodes (e.g., family planning, prevention, routine examination) are listed in Chapter A1.

Chapter A (general) should be considered only if the site is not specified or if the disease affects more than two body systems.

Chapters B–W provide specific classes based on the body system or organ involved in the disease and the aetiology.

Conditions accompanying and affecting pregnancy, or the puerperium are usually coded to Chapter W, but a condition is not coded to Chapter W merely because the patient is pregnant; it should be coded to the appropriate class in the chapter representing the body system involved.

All social problems, whether identified as an RFE or as a problem, are listed in Component ZC of Chapter Z.

Problems in activities and participation are listed in Subcomponent 2F0 of Chapter II.

# SPECIFIC RULES FOR CODING HEALTH PROBLEMS USING INCLUSION CRITERIA

(See also Chapter 4.)

#### Rule 1

Coding of diagnoses should occur at the highest level of specificity possible for that patient encounter.

#### Rule 2

The description contains the information necessary to permit coding to that class.

#### Rule 3

Consult the description and inclusion after the diagnosis has been formulated. They are **not** guidelines for diagnosis, **nor** are they intended to be used as a guide to therapeutic decisions.

#### Rule 4

If the description and inclusion do not fit, search in the browser by entering the term(s) in the search box.

#### Rule 5

For those classes without a description, consult the list of inclusion and index terms in the class and consider any exclusion terms.

#### **DOUBLE CODING**

Double coding is only advised for a few classes if recording the manifestation or cause is clinically important. For example, in Class FD67 Retinopathy, it is recommended to also code the known causative agent: such as diabetes TD71 Type 1 diabetes mellitus or TD72 Type 2 diabetes mellitus; or hypertension KD73 Hypertension, uncomplicated or KD74 Hypertension, complicated.

The double coding is advised in the *note* of these classes.

In the ICPC-3 browser, there is an option to search and select more than one code, including extensions of specific codes. These codes can be copied to the clipboard and pasted in a document or electronic system.

# Standard for Use of Functioning and Functioning Related

With the Classes from Chapter II, it is possible to describe Functioning and Functioning related aspects of all persons' (first and follow-up) contacts with the health care system in primary and community care settings. The classes acquire meaning when the patient makes a statement about them; for example, if the patient experiences a barrier in participation or a limitation in an activity or if the patient experiences a functioning problem (impairment) in his/her energy, memory or balance.

The classes from Chapter II are person related and do not relate to one EoC specifically. The registration of the Functioning and Functioning related classes can take place both inside and outside the EoC. All registered Functioning classes must always be involved in the analysis of care episodes. Functioning and Functioning related together offer a descriptive 'picture' or 'snapshot' of the person at a certain moment in time. The relation between Functioning and Functioning related and other components can only be understood in the broader context of the ICPC-3 Framework.

#### SELECTION OF CLASSES

The Functioning and Functioning related items are a selected subset of categories from the WHO International Classification of Functioning, Disability and Health (ICF), which provides an overview of a person in a person-in-context approach, at a certain moment in time

Where indicated in the references of the classes, a specific set of items is available in the form of a tool for the assessment of functioning (and disability). These sets can be regarded as implementations of the ICF within a specific use case.

- In the first instance there is the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), which is available at www.psychiatry.org/dsm5. The WHODAS 2.0 is a general tool for the assessment of difficulties due to health/ mental health conditions. This assessment tool is advised for the collection of disability data for adults aged 18 years and older.
- For specific use in primary health care settings, the Primary Care Functioning Scale (PCFS) has been developed and validated for patients of 50 years or older in primary care with chronic morbidity and multi-morbidity. The PCFS is available

in Annex 1. The psychometric properties of the PCFS have been established so it can be used as a valid reliable measurement instrument. Further research with the PCFS is needed to study whether it is also a feasible, efficient and practical instrument for use in the full domain of primary care. [1,2]

In addition, the Arrêts de Travail en médecine générale à partir de la Classification Internationale de Fonctionnement (ATCIF) has been developed for sick leave prescriptions. In many countries, sick leave prescriptions are frequently used in primary health care/general practice. Using the ICPC-3 for sick leave prescriptions, instead of the traditional medical approach, supports and changes the way health professionals and patients communicate in the workrelated context.

The questions from these three questionnaires have been itemised as classes in Chapter II, and their use is encouraged whenever relevant, as separate items or scored with the WHODAS 2.0, the PCFS or the ATCIF.

If greater detail on Functioning and Functioning related aspects is required than that available within the presented selection of items, the WHO ICF should be consulted. Access to the ICF classification is via http://apps.who.int/classifications/ icfbrowser/

#### **FUNCTIONING**

Functioning of a person can be defined by the complexity of components such as the physiological functions of body systems and psychological functions, anatomical features of parts of the body such as organs, limbs and their components, and the execution of tasks or actions by an individual as such or the involvement of a person in a life situation.

Physiological functions of body systems and psychological functions are referred to as body functions (body and body system level).

Anatomical features of parts of the body such as organs, limbs and their components are referred to as body structures (body level).

Anatomical features or anatomical structures as such are not classified in the ICPC-3. In the ICPC-3 anatomical terms are harmonised with the Foundational Model of Anatomy, and therefore have the same terminology as in the ICF and the ICD-11.

Execution of tasks or actions by an individual are referred to as Activities (person level).

The involvement of a person in a life situation is referred to as Participation (person-in-social-context level).

From the primary health care point of view, activities and participation are the core part for shaping a person-centred approach. This means that in the ICPC-3 the Activities and participation subcomponent comes first, followed by the Functions subcomponent.

When the ICPC is used for registering the Functioning component, five rules apply.

#### Rule 1

The classes from the subcomponent Activities and participation can be coded as an RFE, an EoC/problem, information connected to an RFE and EoC, or as part of linked questionnaires. Without the value score, these classes are of little significance in the context of functioning and should not be used to code Functioning. It is necessary to ask about the degree of severity of the problem if the patient does not express it spontaneously.

# Example

'I can't write; I can't hold my pen anymore, 2F25 Fine hand use with the extension PSV.3 complete problem

#### Rule 2

The classes in the Functions subcomponent from the Functioning component can be used to further explore an RFE or complaint, but may not be used as an RFE or EoC. The complaint of dizziness, being tired or being forgetful uttered by the patient is coded with the symptom/complaint classes from the component for organ systems and not with a class from Functioning. Although some class names in Functions overlap with class names in the Symptoms, complaints and abnormal findings component and refer to the same phenomenon, they serve a different purpose or role.

# Example

'I am dizzy', RFE NS09

The provider explores dizziness by asking, 'Is it a heavy sensation of rotating or of tilting?'

The patient says, 'it is more rotating but not all the time', 2F83 Dizziness with the extension PSV.1 MILD/MODERATE problem.

'Dizziness' as an impairment (a problem with a function – 2F83) can be used in a descriptive way to understand to what extent a person experiences dizziness as a problem. Without coding the (level of) impairment, the dizziness is just a textual element, which is difficult to trace. Coding as a function makes the dizziness, and the changes in it, traceable, available for discussion and countable.

#### **FUNCTIONING RELATED**

Functioning related factors describe the context in which functioning takes place and how functioning is executed. They are made up of Environmental factors (the things outside the person) and Personal factors (how one person differs from another

person). Personal factors require the person to express their own perception of their health and the extent to which personal characteristics play a role in the context of their health.

#### Rule 3

The classes from the Functioning related component are only used to further explore an RFE or complaint or an EoC/problem.

# Example

'My daughter has COVID-19; what should I do to avoid becoming infected myself?' RFE AP203

The patient is asking for advice for the EoC/problem, AP50 Contact with and exposure to communicable diseases.

And if the provider wants to register the living conditions in the context of infection prevention, the code 2R04 Housing should be used with a scale.

#### Rule 4

Personality functions should only be used if provided by the person her- or himself and with consent for use or reuse. This is not to be used to express the health provider's opinion about the person.

#### Rule 5

The classes from the Environmental factors subcomponent are not intended to code sociodemographic and contextual data. Of course, it can be important to know whether someone lives alone, his/her profession, whether he/she lives in poverty, etc. However, this is more 'background' information; that is, sociodemographic. It describes the context of the patient and has the same value as, for example, age, gender and country of birth.

# Example

Not having a paid job does not mean that this is a problem for the patient. If it is a problem for the patient, the class code is ZC17 Unemployment problem. To explore the unemployment problem, the Class 2F58 Remunerative employment can be used with the extension scale. If it is not a problem, the ICPC-3 is not used to register this information.

# **Case History**

A 31-year-old woman comes for an unscheduled visit in the evening. The patient says, 'I have pain in my ankle'. The history is that she had trauma in the morning. On examination, she has a swollen ankle due to an extensive hematoma. To rule out a possible malleolar fracture, an X-ray is advised. The patient refuses. She is unemployed, belongs to a low social class, is poorly educated and has no health insurance. Furthermore, she is a single mother with a young daughter, aged 12, to look after. In the end, the patient and her doctor agree to put a simple bandage on her ankle, hoping that this will be enough to solve the problem.

#### **Coding this Encounter**

The RFE is LS15 Ankle symptom or complaint. During the physical examination, code L102, there are findings that indicate a malleolus fracture. The diagnosis is a possible malleolus fracture, LD36 Fracture of tibia or fibula or both, and the policy is not an X-ray as you would expect, but only a bandage, L211. In this context, registration and coding as not being insured – 2R19 Social security, extension FBV.6 FULL barrier – due to lack of money is an important factor that explains the policy.

In this case, the patient's context is extensively reported: single mother, poorly educated, low social class, unemployed, etc. This information is not related to her refusal to have an X-ray taken. What is directly related is that she is uninsured due to lack of money. And this fact is important for the care offered in this care episode. The other personal context – single mother, poorly educated, low social class, unemployed – is not coded.

#### FUNCTIONING ASSESSMENT AND THE ICPC

In earlier versions of the ICPC, a class called Limited function/disability (-28) was a standard rubric in every chapter, but almost never used. Functional status measured with COOP/WONCA charts could be coded in this rubric with the addition of an extra digit. But this approach was experienced as problematic, since functional status relates to the patient as a whole and not to the health problem relevant to one chapter specifically. The relationship became difficult to interpret where there was more than one active problem, because comorbidity complicates interpretation.

The ICPC-3 classes in the Functioning and Functioning related components give the health provider the opportunity to describe functioning and functioning-related aspects of all persons' (first and follow-up) contacts. There are references to questionnaires, such as the PCFS, the WHO-DAS 2.0 and the ATCIF, that can be used outside an encounter with a specific RFE or EoC. For instance, the PCFS can be used for all patients over 50 years with multi-morbidity, the WHO-DAS 2.0 can be used as a general tool for the assessment of difficulties due to health/mental health conditions for adults, and the ATCIF can be used for sick leave prescriptions. They are all different applications of ICF classes in the context of the ICPC-3.

Quality of life or overall well-being is not assessed with the ICPC-3. However, as described above, it is possible to describe a person's health-related functioning outside the EoC. In that way, functioning becomes available during every encounter and can inform decision-making, goal setting and outcome measurement.

#### **REFERENCES**

- Postma SAE., van Boven K, ten Napel H, Gerritsen DL, Assendelft WJJ, Schers H, olde Hartman TC. The development of an ICF-based questionnaire for patients with chronic conditions in primary care. J Clin Epidemiology 2018; 103: 92-100, Elsevier.
- 2. Postma SAE, Schers Henk, Ellis JL, van Boven K, ten Napel H, Stappers Hugo, olde Hartman TC, Gerritsen DL. Primary Care Functioning Scale showed validity and reliability in patients with chronic conditions: a psychometric study, J Clin Epidemiology 2020; 125: 130–137.
- van Weel C, Konig-Zahn C, Touw-Otten FWMM, van Duijn NP, Meyboom-de Jong B. Measuring Functional Health Status with the COOP-WONCA Charts: A Manual. The Hague, CIP-Gegevens Koninklijke Bibiliotheek, 1995.

# Standard for Use of Processes of Care (Interventions)

#### PROCESS OF CARE, INTERVENTIONS

The ICPC can be used to code the interventions used in the process of health care with almost all classes from Chapter I. However, Component -4 Results and some classes of Component -5, Consultation, referral and other reasons for encounter (i.e. -501 Encounter or problem initiated by provider and -502 Encounter or problem initiated by other than patient or provider) cannot be used as an intervention. They can be used as an RFE.

The Process classes are broad and general, rather than specific. For instance, a blood test (-105), even if relating to only one body system (e.g. cardiovascular, K105), may encompass a great variety of different tests, such as of enzymes, lipids or electrolytes.

For components -1, -2 and -6 and the part of Component -5 which can be used to classify the process of care, the class codes are standard throughout the chapters at the three-digit level. The alpha code of the correct chapter must be added by the provider who is doing the coding. Although procedures may not be used as EoCs, there are nevertheless some exceptions, and those are a limited number of rubrics in Chapter W that contain procedures such as delivery and induced abortion.

The following rule for the use of each component of Chapter I reinforces the description of the classes of the components.

#### Rule

Whenever a code is shown preceded by a dash (—), select the chapter code from Chapters A–Z. Use Chapter A when no specific chapter can be selected. All codes must begin with an alpha code to be complete. If the episode is a class from Chapter A1, use the component's two-digit alpha code instead of A1.

The most important principle in the coding process is to code all those interventions that take place during the encounter and which have a logical relation to the EoC. For more specificity, a fifth digit may be introduced; see the examples and linkages to the ICHI.

# **Example 1**

-207 Repair/fixation/suture/cast

L207.1 Application of casts or the ICHI code PZX.LC.AH L207.2 Removal of casts

L stands for the **component Musculoskeletal system** Convention for → 207 stands for Repair/fixation/suture/cast coding: L207.1 ICHI code PZX.LC.AH = Application of cast and splint

# Example 2

- —112 Diagnostic endoscopy
- —D112 Diagnostic endoscopy of the digestive system
- —D112.1 Gastroscopy or the ICHI code KBF.AE.AD

**D** stands for the **Digestive system** Convention for === 112 stands for Diagnostic endoscopy coding: D112.1 .1 stands for Gastroscopy (only) ICHI code → KBF.AE.AD = Gastroscopy

More than one Process code may be used for each encounter, but it is extremely important to be consistent. For instance, measuring blood pressure, which is routine for hypertension, can be coded as K102 on every occasion. Routine examinations, complete or partial, both for body systems and for the general chapter must also be coded with consistency. Below are examples of definitions for complete and partial examinations which have been used in one setting. However, it is essential that each country develops a definition of what constitutes a 'complete examination - general' and a 'complete examination - body system' for that culture and that these definitions are used consistently. This will ensure that what is contained in each 'partial examination – general' or 'partial examination – body system', in that country will also have consistency.

#### COMPLETE EXAMINATION

The term 'complete examination' refers to an examination which contains those elements of professional assessment which, by consensus of a group of local professionals, reflect the usual standard of care. This examination will be complete regarding either the body system (e.g. the eye, Chapter F) or as a complete general examination (Chapter A).

#### PARTIAL EXAMINATION

The term 'partial examination' in any chapter refers to a partial examination directed to the appropriate specific organ system or function. When more than two systems are involved in a limited or incomplete examination, this is designated general (Chapter A). Most encounters will include a partial examination to evaluate acute and simple illnesses or return visits for chronic illnesses. The following are examples:

Complete examination – general, general check-up -A101

Complete neurological examination -N101

Partial examination - general, limited check on several body systems such as respiratory and cardiovascular and neurological -A102

Partial examination – body system, measuring blood pressure -K102

The following procedures are regarded by the WONCA Classification Committee as being included in routine examinations to be coded in rubrics —101 and —102 rather than coded separately:

- inspection, palpation, percussion, auscultation
- visual acuity and fundoscopy
- otoscopy
- vibration sense (tuning fork examination)
- vestibular function (excluding calorimetric tests)
- · digital rectal and vaginal examination
- · vaginal speculum examination
- blood pressure recording
- indirect laryngoscopy
- · height/weight

All other examinations are to be included in other rubrics.

#### **COMPONENT -1 DIAGNOSTIC AND MONITORING INTERVENTIONS**

A diagnostic intervention is a clinical intervention intended to diagnose and monitor a patient's disease, condition or injury.

#### COMPONENT -2 THERAPEUTIC AND PREVENTIVE INTERVENTIONS

Preventive procedures cover a wide range of health care activities, including immunisations, screening, risk appraisal, education, and counselling. Coding of treatment and medications is used to classify those procedures done on site by the primary care provider. It is not intended that this be used to document procedures done by providers to whom the patient has been referred – a much more extensive list of procedures would be required in the latter case.

# **COMPONENT -3 PROGRAMMES RELATED TO REPORTED** CONDITIONS

These care programmes consist of a combination of various interventions, such as asking questions during anamnesis, blood and urine tests, spirometry, advice and policy options, performed in primary care practice.

In general, several health professionals are involved in a 'programme'. This implies that a care plan needs to reflect the integrated approach of all health professionals involved. This could also be referred to as the bio-psycho-social way of working and thinking.

To understand exactly what has been done in the context of the programme, the separate interventions in Component -3 should be coded.

The programmes in Component -3 are already provided with a prefix for the chapters they apply to.

#### **COMPONENT -4 RESULTS**

Component -4 does not relate to Process or Interventions.

# **COMPONENT -5 CONSULTATION, REFERRALS AND OTHER REASONS FOR ENCOUNTER**

Consultations and referrals to other primary care providers, physicians, hospitals, clinics or agencies for therapeutic or counselling purposes are to be coded using this component. Also encounters and problems initiated by the provider -501 or by other than the patient or provider -502 are to be coded with classes from this

For more specificity, a fifth digit or preferable linkages to locally used referral tables could be added; for example:

- -503 Consultation with a primary care provider
  - -503.1 Nurse
  - -503.2 Physiotherapist
- -505 Referral to other primary care provider
  - -505.1 Nurse
  - -505.2 Physiotherapist
- -506 Referral to specialist, clinic, or hospital
  - -506.1 Internist
  - -506.2 Cardiologist

#### **COMPONENT -6 ADMINISTRATIVE**

This component is designed to classify those instances where the provision of a written document or form by the provider for the patient or other agency is warranted by existing regulations, laws or customs. Writing a referral letter is only considered to be an administrative service when it is the sole activity performed during the encounter; otherwise it is included in Component -5. Writing a care plan can be coded here with the rubric code -602.

# Standard for Use of Regional Extensions, Emergency Codes and Extension Codes

# **REGIONAL EXTENSIONS (CHAPTER III)**

Although previously the ICPC had been developed to provide a classification for primary health care on an international level, supplementing or completing required data elements in the WHO suite of international classifications, it is also recognised that regional and national primary health care needs must be met. The ICPC-3 has, therefore, extended its content to cater for national and regional coding needs.

In the same manner, the core ICPC-3 codes are based on international frequency, and the Regional extension codes are based on the frequency of classes and codes in national and regional primary care registrations. In addition, classes and codes from the Global Burden of Disease list – needed to achieve a worldwide coverage of health problems – have been included in the Regional extensions. At the moment, there are Regional extensions for Africa, Europe and South America. Extensions for other regions will be available when indicated by the specific region.

In case a request for a new code for a class is submitted by more than two (large) regions, this class, after a thorough update procedure, can be accepted as a four-digit code in the core classification.

In principle, the national or regional classes/codes are part of the inclusions in core classes (chapters A1–II) of the ICPC-3, where the six-digit code is already presented.

Use of the six-digit code is encouraged whenever the specific inclusion term is used. This will prevent the need to invent national codes for terms already in the ICPC-3, and it will support exchange of data.

# **Examples**

'Lassa fever' AD14.05 in the African extension and visible in the core ICPC as inclusion in AD14 Other specified and unknown viral diseases

'scarlet fever' AD24.09 in the European extension and visible in the core ICPC as inclusion in AD24 Other specified and unknown infectious diseases

'Zika virus disease' AD14.08 in the South American extension and visible in the core ICPC as inclusion in AD14 Other specified and unknown viral diseases

'hepatitis B carrier' AP80.01 in the African and South-American extension and visible in the core ICPC as inclusion in AP80 Asymptomatic carrier

To prevent the same complaints and illnesses from being assigned different codes in the regional extensions, the application for a new regional code is centrally coordinated.

# **EMERGENCY CODES (CHAPTER IV)**

Chapter IV contains classes with codes for new diseases that can be used in emergency situations of epidemiological importance, especially important given the risk of (national or international) spread of infections. These codes are aligned with ICD codes. In the ICPC-3, there are nine empty classes.

#### **EXTENSION CODES (CHAPTER V)**

Extension codes are provided as supplementary codes or additional positions to give more detail or meaning to the initial code if so desired. The extension codes are not to be used without an initial code. In the ICPC-3, there are three categories, of which two apply to specific classes.

#### **SCALE VALUE**

Currently, five categories are used:

- The Consent Scale Value (CSV) is used by a patient or client to express the level of agreement concerning 2R3 Personality functions. Without these values, the Personality functions (psychic stability, confidence, etc.) have no specific meaning.
- The Facilitator or Barrier Value (FBV) is used by a patient or client to express the level of facilitating or acting as a barrier for classes that make up of the environment the person lives in (housing, sanitation, immediate family, etc.).
- The Forced Expiratory Volume (FEV) is a calculated ratio for the indication of the volume of air exhaled under forced conditions in the first second of expiration (FEV1). In persons with Chronic Obstructive Lung Disease, it is called the person's vital capacity.
- The GOLD criteria or severity scale was developed by the Global Initiative for Chronic Obstructive Lung Disease.
- The New York Heart Association Functional Classification is a scale that provides a simple way of classifying the extent of heart failure.
- The Problem Scale value (PSV) in the ICPC-3, no distinction is made between having a problem with a function or a problem with an activity or participation (reading, driving, dressing).

For the Functioning components, the scale values are expressed in terms of the value level of the problem. Using these values at a certain point in time or over a period provides the actual Functioning situation or 'snapshot' of the person. The values can also be used for goal setting and between evaluations of progress.

#### **TEMPORALITY**

When indicating the duration of a disorder, a distinction is made between diseases with an acute, subacute and chronic course. The demarcation between the three categories is not clear. Usually, acute conditions last for a period of 4 weeks (WONCA dictionary: less than 4 weeks), subacute conditions for between 1 and 3-6 months, and chronic conditions for longer than 6 months (WONCA dictionary: an illness or disability lasting 6 months or longer).[1]

#### **CAUSALITY**

These class types are provided here for informative purposes only to address the causality of classes within a component. A number of these class types have been attributed a specific colour, which is shown in the classification. The colouring is also used for the paper-based desk version to increase the informative value. Causality is indicated in terms of:

- infection
- neoplasm
- trauma
- congenital
- other diagnosis

#### REFERENCE

Bentzen N (ed.). An international glossary for general/family practice. Fam Pract 1995; 12: 341-369.

# Desk Version, Update Platform and Updates, Licencing of ICPC-3, Translations

#### **DESK VERSION**

A desk version with all the classes from the ICPC-3 is available for print. The desk version consists of six pages in A4 format. Just click on the link at the Desk webpage on the ICPC-3.info website. Follow the instructions on how to print the document.

#### **UPDATE PLATFORM AND UPDATES**

An update platform is in place for proposed updates. The update platform is part of the ICPC-3 website at the above address. After registration, proposals can be submitted and updates viewed.

After registration and having selected the relevant code, enter the proposal in the lower left window and press 'Add Proposal'. Please make sure to include a reference to the relevant literature supporting the proposal. Alternatively, mail the relevant documentation to info@icpc-3.info.

# HOW DOESTHE UPDATE PLATFORM WORK?

#### Instructions

- 1. Select a four-digit (AA00) class for an update proposal.
- 2. Specify a specific type of proposal.
- 3. Explain the suggestion, and indicate the exact code, class name, and ID if available.
- 4. Specify in detail the motivation for the proposal. Also include a reference to support the update proposal. Without a reference, the update proposal cannot be processed.
- 5. Consider if the proposal has any consequences for other classes in the ICPC-3, and if this is the case, indicate which code(s) is affected.

After completion, submit the update proposal and, if appropriate, continue with a new update proposal. Update proposals submitted by others can also be viewed.

All fully completed proposal will be reviewed by a team consisting of medical content experts and classification experts and processed further in several steps.

The final date for update proposals is the **first of June** each year. If the update proposal is accepted, it will become effective as of the first of January of the following year.

#### **EMERGENCY UPDATES**

The ICPC-3 is a dynamic classification that actively supports primary health care. This means that the ICPC-3 will be updated in a timely manner as needed – in principle, on a yearly basis. If necessary, the ICPC-3 will include classes and codes that are required instantly, such as is the case with pandemics.

#### **TRANSLATIONS**

WONCA is an international organisation and wishes to promote versions of ICPC in languages other than English, which is the working language of the ICPC-3 Foundation and the Classification Committee. The ICPC-1 and the ICPC-2 have already been translated into more than 19 languages.

WONCA encourages anyone wishing to promote, assist with, or undertake translations of the ICPC-3 to contact the ICPC-3 Foundation via the website to arrange cooperative work.

A dedicated tool is available for translations, and this provides different output formats, including a thesaurus in the language translated.

The WONCA policy on ICPC-3 translations of the electronic version is as follows:

- 1. WONCA encourages versions in languages other than English.
- 2. There must be no changes to the classes. Any extensions must be clearly indicated as such and approved by the WONCA ICPC-3 Foundation prior to publication.
- 3. Translations must be prepared by named translators working in cooperation with the WONCA ICPC-3 Foundation and to the standards that it sets, particularly in relation to the extent of back translation for checking which may be required.
- 4. While WONCA will retain the copyright, it will grant without fee the rights to translating organisations to distribute their versions for free. This will require a formal agreement between the WONCA Foundation and the organisation concerned.

#### POLICY ON COPYRIGHT AND LICENCING

The copyright of the ICPC-3, both in electronic form and hard copy, is owned by WONCA. This policy relates to the electronic version and has the following aims.

### **Aims**

- 1. to allow WONCA to promote, distribute and support the ICPC-3 and further develop it as the best classification for primary care
- 2. to maintain international comparability of versions of the ICPC-3
- 3. to obtain feedback and maintain a clearing house of international experiences with the ICPC-3
- 4. to achieve recognition of WONCA's initiative and expertise in classification

- 5. to promote understanding of appropriate links between the ICPC-3 and other classification and coding systems, particularly the ICD-11, the ICD-10, the ICF, and the ICHI
- 6. to encourage use of the ICPC-3 rather than inhibit it with restrictions
- 7. to obtain financial support to enable achievement of these aims and allow the work of WONCA to continue and expand

# **Policy**

- 1. The electronic version of the ICPC-3 should be made available in as many countries as possible. This can be achieved by making it available in the web browser on the ICPC-3 website.
- 2. Versions involving additions, translations or alterations should be made with input from and agreement of WONCA if they are to be regarded as official WONCA versions are integrated in the Regional extensions of ICPC-3.
- 3. WONCA should licence appropriate organisations to promote and distribute electronic versions of the ICPC-3 in countries, regions and language groups.
- 4. Licence fees will be set by negotiation and may be waived when there are advantages to WONCA in so doing, such as when use is for research or development.

Maintenance of the ICPC-3 is made possible by contributions of donors. The members of the earlier ICPC-3 Consortium support future maintenance by annual donations. Licencing the ICPC-3 is a way to expand the services WONCA aims to provide, such as support by translation, implementation, and education.

For more information, consult the ICPC-3.info website.

# Tabular List of ICPC-3 Classes

# A1 VISITS FOR GENERAL EXAMINATION, ROUTINE EXAMINATION, FAMILY PLANNING, PREVENTION AND OTHER VISITS

# **Description**

The classes in this chapter, like the organ and organ system chapters, are meant to define an episode of care (EoC).

Sometimes there is no apparent health problem involved in an EoC, as, for example, when it relates to need for immunisation or screening, family planning, patient preferences or case finding. These contacts can also be related to first contact or certification.

Interventions carried out in these EoCs are to be coded with the Intervention codes in Chapter I, Interventions and processes; not with the classes in Chapter A1!

# AF FAMILY PLANNING AF01 Procreative management

# Description

Encounter for procreative genetic counselling or general procreative counselling, advice on procreation and advice about reversal of previous sterilisation.

#### Inclusion

female wanting children AF01.00 genetic counselling male wanting children AF01.01

# **AF02 Oral contraception**

#### Inclusion

family planning using oral therapy

# AF03 Intrauterine contraception

#### Inclusion

family planning using IUD

# **AF04 Post-coital contraception**

#### Inclusion

emergency contraception post-coital intrauterine device AF04.01 morning after pill AF04.00

# AF05 Other specified contraception

#### Inclusion

contraception NOS contraceptive diaphragm AF05.00 depot contraception AF05.01 sheath contraception, condom AF05.02

#### **AF06 Sterilisation**

#### Inclusion

family planning involving sterilisation

# AF99 Other specified family planning

#### Inclusion

undefined family planning request

# AG GENERAL AND ROUTINE EXAMINATION

# AG01 General examination and investigation of persons without complaint or reported diagnosis

#### Inclusion

general medical examination routine child health examination routine newborn examination

#### **Exclusion**

routine general health check-up of defined subpopulation AG04

# AG02 Other specified general examinations and investigations of persons without complaint or reported diagnosis

#### Inclusion

dental examination examination of eyes or vision examination of ears and hearing examination of blood pressure

# AG03 Examination and encounter for certification purposes

#### Inclusion

determination of paternity examination for driver license examination for participation in sports insurance (life insurance examination) issue of medical certificate pre-employment examination

# AG04 Routine general health check-up of defined subpopulation

#### Inclusion

health check-up of armed forces health check-up of sports teams occupational health examination routine check-up for age 60 years and above

# AG99 Other specified general and routine examinations

#### Inclusion

undefined general examination request undefined routine examination request

# AI INTRODUCTION AND PATIENT TREATMENT PREFERENCES Al01 Introduction to practice and health provider

# Al02 Patient treatment and care preferences

#### Description

Expression or wish to receive or not receive specific treatment or care.

#### Inclusion

preferences about vaccination preferences about blood transfusion preferences about antibiotic treatment preferences about screening

# Alo3 Patient preferences about end of life care

#### Description

Discussion and requests about end of life care encompass more than euthanasia. Other important topics include do-not-resuscitate (DNR) orders, prolonging life with fluids, etc.

# Al99 Other specified introduction and patient treatment preferences

#### Inclusion

blood donor donor of organs and/or tissue receiver of blood and/or organs undefined patient treatment preferences

# AP PREVENTION, SCREENING AND CASE FINDING

#### Description

Episodes of care with a preventive purpose to avoid occurrence or development of a health problem.

# AP01 Special screening examination for neoplasms

#### Inclusion

special screening examination for neoplasm of breast AP01.00 special screening examination for neoplasm of cervix AP01.01 special screening examination for neoplasm of colon and rectum AP01.02 special screening examination for neoplasm of lung AP01.03 special screening examination for neoplasm of prostate AP01.04 special screening examination for neoplasm of skin AP01.05

# AP10 Special screening examination for infectious and parasitic diseases

#### Inclusion

Human Immunodeficiency Virus (HIV) screening Meticilline Resistant Staphylococcus aureus (MRSA) screening special screening for infections with a predominantly sexual mode of transmission special screening for intestinal infectious diseases special screening for tuberculosis

# AP15 Special screening examination for diabetes mellitus AP16 Special screening examination for cardiovascular disorders **AP20 Encounter for immunisation**

#### Exclusion

need for immunisation against influenza AP21 need for immunisation against COVID-19 AP22

# AP21 Encounter for immunisation against influenza

# AP22 Encounter for immunisation against COVID-19

# AP40 Reasons for visit related to lifestyle

#### Inclusion

assessment of lifestyle contact with health services for alcohol use contact with health services for drug use contact with health services for tobacco use dietary counselling or surveillance lifestyle education lifestyle screening physical activity assessment

#### **Exclusion**

persons encountering health services for other counselling and medical advice AP45

# AP45 Persons encountering health services for other counselling and medical advice

#### Inclusion

counselling related to sexual attitudes counselling related to sexual lifestyle counselling related to sexual preference

#### Exclusion

family planning (persons encountering health services in circumstances related to reproduction) AF

# AP50 Contact with and exposure to communicable diseases

#### Inclusion

contact with and exposure to asymptomatic colonisation by MRSA contact with and exposure to carrier of infectious disease agent contact with and exposure to human immunodeficiency virus (HIV) contact with and exposure to infections with a predominantly sexual mode of transmission contact with and exposure to tuberculosis

# AP60 Potential health hazards related to personal history

#### Inclusion

immunisation not carried out personal health surveillance related to personal history personal history of allergy to drugs, medicaments and biological substances personal history of malignant neoplasm

personal history of other diseases and conditions personal history of self-harm personal history of specific resistance to micro-organisms

### **Exclusion**

polypharmacy care A310

# AP65 Potential health hazards related to family history

#### Inclusion

family history of diabetes AP65.00 family history of ischaemic heart disease AP65.01 family history of malignant neoplasm of breast AP65.02 family history of malignant neoplasm of colon or rectum AP65.03 family history of hypercholesterolaemia AP65.04 family history of malignant neoplasm of other organs family history of malignant neoplasm of ovary AP65.05 family history of malignant neoplasm of prostate family history of mental and behavioural disorders use of di-ethylstilbestrol (DES) by mother AP65.06

### AP70 Potential health hazards related to public health

### Inclusion

surveillance for infectious diseases surveillance for any exposure to toxic substances

# **AP80 Asymptomatic carrier**

# Description

A carrier is an individual with no overt disease who harbours an infectious organism or a hereditary chromosome abnormality.

#### Inclusion

carrier of chromosome disorder AP80.00 carrier, risk for environment or children AP80.02 carrier, risk for him- or herself AP80.03 hepatitis B carrier AP80.01

#### Exclusion

asymptomatic HIV-infection BD03

# AP99 Other specified prevention and case finding

#### Inclusion

isolation need for prophylactic surgery preventive screening and visit prophylactic immunotherapy special screening examination for eye and ear disorders special screening examination for mental and behavioural disorders

#### AO PUBLIC HEALTH PROMOTION

### Description

Enabling people to increase control over their health and to improve their health. It covers a wide range of social and environmental aspects.

The purpose of health promotion is to positively influence the health behaviour of individuals and communities as well as the living and working conditions that influence their health.

### AQ01 Health promotion related to reproductive and sexual health

### Description

Guidance and education of individuals and communities related to reproductive and sex-related health behaviour

# AQ02 Health promotion related to growth, development and ageing

### Description

Guidance and education of individuals and communities related to growth, development and ageing.

# AQ03 Health promotion related to prevention of injury

### Description

Guidance and education of individuals and communities related to living and working conditions that influence their health.

# AQ04 Health promotion related to prevention of violence

### Description

Guidance and education of individuals and communities related to living and working conditions to prevent violence-related health problems.

# AQ05 Health promotion related to substance abuse

### Description

Guidance and education of individuals and communities related to prevention of substance abuse, narcotic drug abuse and harmful use of alcohol.

### AQ99 Other specified health promotion

### Inclusion

undefined health promotion request

### AR VISITS FOR OTHER REASONS

### AR01 Encounter related to presence of devices, implants or grafts

#### Inclusion

encounter related to presence of pacemaker or implantable cardioverter defibrillator (ICD)

### AR02 Encounter related to presence of artificial opening

#### Inclusion

living with a stoma AR02.00 artificial opening status

### AR03 Encounter related to presence of transplanted organ or tissue

### Inclusion

status after transplant AR03.00

# AR04 Encounter related to postponement of menstruation

#### Description

Postponement of expected regular menstruation by hormonal treatment.

### AR99 Other specified reasons for visit

#### A GENERAL

# AS GENERAL SYMPTOMS, COMPLAINTS AND ABNORMAL **FINDINGS**

### **AS01 General pain in multiple sites**

### Description

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Often, pain serves as a symptom warning of a medical condition or injury. In these cases, treatment of the underlying medical condition is crucial and may resolve the pain. However, pain may persist despite successful management of the condition that initially caused it, or because the underlying medical condition cannot be treated successfully. Chronic pain is pain that persists or recurs for longer than 3 months.

chronic widespread pain (fibromyalgia) LS18

### **Coding hint**

For coding the problem level, consider Pain functions 2F84.

#### Note

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

### **AS02 Chills**

### Description

The sudden sensation of being cold. It may be accompanied by shivering.

### Inclusion

rigors

shivers

### **Exclusion**

fever AS03

### **AS03 Fever**

### Description

A rise of body temperature above normal.

### Inclusion

pyrexia

#### **Exclusion**

heat exhaustion/stroke AD45 viral exanthem with fever AD13

### AS04 General weakness or tiredness

### Description

A sense of decrease in power and energy.

#### Inclusion

asthenia

exhaustion

fatigue

lassitude

lethargy

### **Exclusion**

drowsiness AS99

heat exhaustion AD45

jetlag AD45 malaise/feeling ill AS06 sleep disturbance PS06

# Codina hint

For coding the problem level, consider Energy level 2F71.

### **AS05 Postviral fatique**

### Description

Postviral fatigue is characterised by persistent or recurrent fatigue, diffuse musculoskeletal pain, sleep disturbances and subjective cognitive impairment of 6 months duration or longer. Symptoms are not caused by ongoing exertion; are not relieved by rest; and result in a substantial reduction of previous levels of occupational, educational, social or personal activities. Minor alterations of immune, neuroendocrine and autonomic function may be associated with postviral fatigue.

Chronic fatigue syndrome: considerable cultural variations occur in the presentation of this problem, and two main types occur, with substantial overlap. In one type, the main feature is a complaint of increased fatigue after mental effort, often associated with some decrease in occupational performance or coping efficiency in daily tasks. The mental fatiguability is typically described as an unpleasant intrusion of distracting associations or recollections, difficulty in concentrating and generally inefficient thinking. In the other type, the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. In both types a variety of other unpleasant physical feelings is common, such as dizziness, tension headaches and feelings of general instability. Worry about decreasing mental and bodily well-being, irritability, anhedonia and varying minor degrees of both depression and anxiety are all common. Sleep is often disturbed in its initial and middle phases but hypersomnia may also be prominent.

#### Inclusion

chronic fatigue syndrome AS05.00

### Exclusion

weakness/tiredness, general AS04

### AS06 Feeling ill

### Description

Not in good health.

#### Inclusion

malaise

#### **Exclusion**

cachexia TS07

feeling old PS22 malnutrition TD73

# **AS07 Fainting**

# Description

A transient loss of consciousness and postural tone caused by diminished blood flow to the brain.

### Inclusion

blackout collapse vasovagal attack

#### **Exclusion**

coma AS53 feeling faint/giddiness/dizziness NS09

# AS09 Swelling and generalised oedema

### Inclusion

lump, mass not specified to a location

### **Exclusion**

enlarged lymph gland BS01 oedema KS04 swelling breast (breast lump/mass female) GS26 swelling joint LS20

# **AS10 Sweating problem**

#### Inclusion

diffuse hyperhydrosis localised hyperhydrosis AS10.00 night sweats AS10.01 perspiration problem

#### Exclusion

sweat gland disease SD73

# **AS11 Bleeding**

#### Exclusion

ecchymosis SD35

# Coding hint

Bleeding, haemorrhage just from one site or organ - code to the specific site or organ system.

### **AS12 Chest pain**

#### Exclusion

pain attributed to chest wall LS04 pain attributed to heart KS01 pain attributed to respiratory system RS01

#### **AS13** Irritable infant

#### Inclusion

excessively crying infant restless infant

### Exclusion

infantile colic DS01 restless child/adult PS04

### AS14 Fall of unknown origin

# AS50 Other specified abnormal result investigation

#### Inclusion

abnormal unexplained hyperglycaemia abnormal unexplained pathology or imaging results elevated blood glucose level AS50.00 abnormal thyroid stimulating hormone (TSH) results subclinical hypothyroidism AS50.01 subclinical hyperthyroidism AS50.02 uraemia

#### **Exclusion**

abnormal cervix smear GS50 abnormal urine test US50 raised erythrocyte sedimentation rate BS52 unexplained abnormal white cells BS51 vitamin/nutritional deficiency TD73

### **AS52 Shock**

# Description

Shock is a life-threatening medical condition. The circulatory system fails to maintain adequate blood flow, sharply curtailing the delivery of oxygen and nutrients to vital organs.

#### Inclusion

cardiogenic shock septic shock toxic shock syndrome

anaphylactic shock AD46 traumatic shock AD37

### **AS53 Coma**

# **Description**

A prolonged state of deep unconsciousness, often caused by severe injury or illness.

### Inclusion

stupor

### **Exclusion**

diabetic coma TD71, TD72 non-diabetic hypoglycaemic coma TD70 syncope AS07

### AS90 Concern or fear of disease

### Description

Concern about/fear of disease in a patient without the disease, until the diagnosis is proven.

#### Inclusion

fear of death fear of dying

# **Coding hint**

If the patient has the disease, code the disease.

#### AS91 Concern or fear of medical treatment

### Inclusion

concern about or fear of the consequences of a drug or medical treatment

### **Exclusion**

adverse effect of drug AD41 complication of medical/surgical treatment AD42

# **AS92 Concern about appearance**

### Inclusion

concerns about height concerns about size concerns about weight

concern about appearance of breasts GS90 concern about appearance of ears HS91 prominent nose RS91

# AS99 Other specified general symptoms, complaints and abnormal findings

#### Inclusion

clumsiness cold extremities (acra) AS99.00 drowsiness drowsy

# AD GENERAL DIAGNOSES AND DISEASES **AD01 Measles**

### Description

Prodrome with infected conjunctivae, fever and cough; plus white specks on a red base in the mucous membranes of the cheek (Koplik's spots), or confluent maculopapular eruption spreading over the face and body, or an atypical exanthem in a partially immune person during an epidemic of measles, or serological evidence of acute 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.

#### Inclusion

complications of measles

### Coding hint

generalised rash SS06 viral exanthema AD13

### **AD02 Chickenpox**

### Description

A vesicular exanthem which appears in successive crops, with the lesions evolving rapidly from superficial papules to vesicles and eventually to scabs.

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.

#### Inclusion

complications of chickenpox

#### **Exclusion**

herpes zoster SD03

#### **AD03 Rubella**

### Description

An acute exanthem with enlarged lymph nodes, most often suboccipital and post-auricular, with a macular rash on the face, spreading to the trunk and proximal portions of the limbs; or serological evidence of rubella infection.

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.

#### Inclusion

complications of rubella

#### **Exclusion**

roseola infantum AD13

# **Coding hint**

generalised rash SS06 viral exanthems AD13

### **AD04 Infectious mononucleosis**

#### Description

Inflammation of the tonsils/pharynx with lymphadenopathy not confined to the anterior cervical nodes, and either atypical lymphocytes on blood smear or splenomegaly; or abnormal heterophile antibody titre or Epstein-Barr virus titre.

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.

#### Inclusion

glandular fever

# Coding hint

For coding the problem level, consider Energy level 2F71.

# AD13 Other specified and unknown viral exanthems

#### Inclusion

cowpox erythema infectiosum (fifth disease) AD13.00 exanthema subitum (sixth disease) AD13.01 fever with rash hand, foot and mouth disease AD13.02 roseola infantum unknown viral exanthems

### **Exclusion**

chickenpox AD02 infectious mononucleosis AD04 measles AD01 rubella AD03

# AD14 Other specified and unknown viral diseases

#### Inclusion

adenovirus
chikungunya fever AD14.00
Coxsackie diseases
dengue fever AD14.01
dengue haemorrhagic fever AD14.02
Ebola virus disease AD14.03
hantavirus disease AD14.04
Lassa fever AD14.05
rabies AD14.06
Ross River fever
unknown viral disease
yellow fever AD14.07
Zika virus disease AD14.08

### **Exclusion**

cowpox AD13 erythema infectiosum (fifth disease) AD13 influenza RD07 other viral exanthem AD13

### **AD15 Tuberculosis**

### Description

Conversion to a positive tuberculin skin test; or demonstration of **Mycobacterium tuberculosis** on microscopy or culture; or characteristic chest X-ray appearance; or characteristic histological appearance on biopsy.

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

### Inclusion

late effect of tuberculosis tuberculosis infection of any body site

#### **AD16 Malaria**

# Description

Intermittent fever with chills and rigors in resident of, or recent visitor to, a malarial region; or demonstration of malarial parasite forms in the peripheral blood.

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.

### Inclusion

complications of malaria

### **AD17 Leishmaniasis**

### Description

Leishmaniasis is due to infection by vector-borne protozoa from the genus Leishmania. Depending on the Leishmania species involved, the resultant disease picture may range from a localised cutaneous ulcer through extensive mucocutaneous destruction to severe systemic disease.

#### Inclusion

cutaneous leishmaniasis AD17.00 mucocutaneous leishmaniasis AD17.01 visceral leishmaniasis AD17.02

### **AD23 Sepsis**

# Description

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

### Inclusion

urosepsis

#### Exclusion

puerperal infection or sepsis WD01 sepsis with shock AS52

### AD24 Other specified and unknown infectious diseases

#### Inclusion

African trypanosomiasis AD24.00

brucellosis

Buruli ulcer

Chagas disease (South American trypanosomiasis) AD24.01

filariasis AD24.02

infection caused by Onchocerca volvulus AD24.03

infection of unspecified site

leprosy (Hansen's disease) AD24.06

leptospirosis

loiasis (loa loa filariasis) AD24.07

Lyme disease AD24.05

lymphatic filariasis AD24.08

mycoplasma

non-intestinal helminthiases

ornithosis

O fever

rickettsial disease

scarlet fever AD24.09

toxoplasmosis

unknown infectious disease

### **Exclusion**

meningococcal meningitis ND02 other infection complicating pregnancy/puerperium WD02 perinatal morbidity AD66 puerperal infection/sepsis WD01 viral exanthem, otherwise specified AD13 viral disease, otherwise specified AD14

### **AD25 Malignancy**

#### Description

Histological evidence of malignancy.

### Inclusion

carcinomatosis when primary site is unknown secondary/metastatic neoplasm when primary site is unknown

### Coding hint

disease/condition of unspecified nature/site AD99

# AD26 Other specified benign, uncertain or in situ neoplasms

# **AD35 Multiple trauma and injuries**

#### Inclusion

multiple internal injuries

#### Note

In this classification 'general' or 'multiple' refers to three or more body sites or systems. Conditions affecting one or two sites should be coded to these sites.

### AD36 Other specified and unknown trauma and injury

#### Inclusion

road traffic accident

#### **Exclusion**

fall of unknown origin AS14 late effect of trauma AD37 multiple trauma AD35

# **AD37 Secondary effect of trauma**

#### Inclusion

deformity or scarring resulting from previous injury old amputation

#### **Exclusion**

post-traumatic stress disorder PD09 psychological effects of trauma/acute stress reaction PS02 scar of skin SD99 wound infection SD07

# **Coding hint**

Code also the nature of the secondary effect of trauma.

# AD40 Poisoning by medical agent

### Description

Toxicity or impairment produced by accidental or deliberate overdose of an agent which has remedial properties in its usual dosage.

#### Inclusion

toxic effect overdose of medical agent

insulin coma TD70 medication abuse PS15 suicide attempt PD14

# Coding hint

Consider coding the manifestation of the clinical problem (for instance, suicide or suicidal attempt PD13).

# AD41 Adverse effect of medical agent

### Description

An adverse effect of a medical agent is an undesired harmful effect resulting from a medication. An adverse effect may be termed a 'side-effect' when judged to be secondary to a main or therapeutic effect.

#### Inclusion

allergy due to medication in proper dose AD41.00 anaphylaxis due to medication in proper dose drug-induced headache AD41.01 side-effect due to medication in proper dose spotting using hormonal contraception AD41.02

### Exclusion

analgesic nephropathy UD65 contact dermatitis SD70 insulin coma TD70 medication abuse PS15 poisoning by medical agent AD40 reaction to immunisation/transfusion AD42

# **Coding hint**

Symptom or complaint attributed to the proper use of medication, rather than due to disease or injury.

#### Note

Consider coding the manifestation of the clinical problem.

# **AD42 Complication of medical treatment**

# Description

An unexpected and undesired effect resulting from surgical or medical or X-ray treatment or other medical management.

#### Inclusion

adverse effect of vaccination AD42.00 anaesthetic shock

dehiscence episiotomy AD.42.01 immunisation or transfusion reaction post-surgical lymphoedema post-operative infection or haemorrhage or wound disruption problems due to radiation for diagnosis or treatment

#### **Exclusion**

adverse effects of medication AD41 dumping syndrome DD99 hypoglycaemia TD70 poisoning by medical agent AD40 post-gastric surgery syndromes DD99 post-surgical malabsorption, not elsewhere classified DD99

# **Coding hint**

Consider coding the manifestation of the clinical problem. In case of Pneumothorax due to surgery, code also RD99.04.

# AD43 Side-effect of prosthetic device

### Description

Discomfort or impairment or pain or limitation resulting from the fitting or wearing of a device for supplying or amending deficiencies.

### Inclusion

side-effect of catheter side-effect of colostomy side-effect of gastrostomy side-effect of heart valve side-effect of joint replacement side-effect of organ transplant side-effect of pacemaker

#### **Exclusion**

effect denture/false teeth (prosthetic device) DS19

# Coding hint

Consider coding the manifestation of the clinical problem.

#### AD44 Toxic effect of non-medicinal substance

### Description

The nature and effects of chemical (non-medicinal substance), physical or biological poisons on living organisms.

#### Inclusion

bee sting
general or local toxic effect of carbon monoxide
general or local toxic effect of industrial materials
general or local toxic effect of lead
general or local toxic effect of poisonous animals or insects or plants or snakes
poisoning caused by venomous snake AD44.00
wasp sting

### **Exclusion**

adverse effect medical agent AD41 chronic or acute alcohol abuse (acute alcohol abuse) PS13 chronic or acute alcohol abuse (chronic alcohol abuse) PS12 contact dermatitis SD70 drug abuse PS16 external chemical burns SD41 medication abuse PS15 non-toxic bites/sting insect SD39 non-toxic bites animal/human SD40 poisoning by medical agent AD40 respiratory toxic effects RD99 tobacco abuse PS14

# **Coding hint**

Consider coding the manifestation of the clinical problem.

# AD45 Adverse effect of physical factor

#### Inclusion

adverse effect of cold or lightning or pressure chilblains AD45.00 drowning heatstroke and sunstroke AD45.01 hypothermia jet lag motion sickness AD45.02

### **Exclusion**

burn due to radiation SD41 effect of alcohol (chronic alcohol abuse) PS12 effect of alcohol (acute alcohol abuse) PS13 effect of medical radiation AD42 effect of tobacco PS14 snow blindness FD36 sunburn SD66

# **Coding hint**

Consider coding the manifestation of the clinical problem.

# AD46 Other specified and unknown allergy or allergic reaction

### Description

Allergy is a hypersensitivity reaction initiated by a proven immunologic mechanism. 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. Also food allergy and angioneurotic oedema.

#### Inclusion

allergic oedema anaphylactic shock AD46.00 anaphylaxis angioneurotic oedema AD46.01 cow's milk protein allergy AD46.02 eggs food allergy peanuts unknown allergy unknown allergic reaction

### **Exclusion**

allergic rhinitis RD65 allergy resulting from medication AD41 food intolerance DD99 urticaria SD78

# AD55 Congenital anomaly, other specified or unknown

#### Inclusion

chromosome abnormality (Down's syndrome, Marfan's syndrome) and systemic congenital anomalies, not otherwise specified complete trisomy 21 syndrome AD55.00 congenital rubella congenital syphilis unknown congenital anomaly

# Coding hint

Anomaly related to a specific body system to be coded to system chapter.

#### AD65 Premature newborn

### Description

Preterm: less than 37 weeks or 259 days gestation.

# AD66 Other specified and unknown perinatal morbidity

### Description

Morbidity originating in utero or within 7 days of birth.

#### Inclusion

neonatal sepsis floppy infant unknown perinatal morbidity

#### **Exclusion**

congenital condition AD55 congenital hydrocephalus ND55 failure to thrive TS08 premature newborn AD65

### **AD95 Perinatal mortality**

# Description

Death in utero or within 7 days of birth.

### Inclusion

newborn death AD95.00 perinatal and neonatal death undelivered in utero foetal death AD95.01

### **AD96 Death**

#### Inclusion

natural death AD96.00 unnatural death AD96.01

### **Exclusion**

perinatal mortality AD95

# AD99 Other specified or unknown general diseases or conditions of unspecified site

### Inclusion

acquired absence of organs multi-organ failure

### B BLOOD, BLOOD-FORMING ORGANS AND IMMUNE SYSTEM

# BS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF **BLOOD, BLOOD-FORMING ORGANS AND IMMUNE SYSTEM** BS01 Lymph gland(s) symptom or complaint

### Description

Enlarged and/or painful lymph nodes.

Enlarged lymph nodes are called lymphadenopathy when there is an abnormal enlargement of lymph nodes.

#### Inclusion

generalised enlarged lymph nodes localised enlarged lymph nodes lymphadenopathy with pain lymphadenopathy without pain

### **Exclusion**

acute lymphadenitis BD01 lymphadenitis, other specified BD02

# **BS50 Splenomegaly**

### Description

Splenomegaly is an enlargement of the spleen beyond its normal size.

#### **Exclusion**

hypersplenism BD99 hepatomegaly with splenomegaly DS50 splenomegaly with hepatomegaly DS50

# BS51 Unexplained changes in white blood cells

### Description

Unexplained changes in, or abnormal count of, white blood cells.

#### Inclusion

persistent or unexplained neutrophilia unexplained agranulocytosis unexplained eosinophilia unexplained leukocytosis unexplained lymphocytosis unexplained neutropenia

#### Exclusion

leukaemia BD25

### BS52 Elevated erythrocyte sedimentation rate

#### Inclusion

red blood cell abnormality

#### Exclusion

unexplained changes in white blood cell BS51

# BS90 Concern or fear of disease of blood, bloodforming organs and immune system

### Description

Concern about or fear of other blood or immune system disease in a patient without actually having the disease, until the diagnosis is proven.

# Coding hint

If the patient has the disease, code the disease.

# BS99 Other specified symptoms, complaints or abnormal findings of blood, blood-forming organs and immune system

#### Exclusion

splenomegaly BS50

# BD DIAGNOSES AND DISEASES OF BLOOD, BLOOD-FORMING ORGANS AND IMMUNE SYSTEM

### **BD01 Lymphadenitis acute**

# Description

One or more inflamed or enlarged and tender or painful lymph nodes in the same anatomical location, of recent onset (less than 6 weeks).

### Inclusion

abscess of lymph node

### Coding hint

enlarged lymph node BS01

# **BD02 Other specified or unknown lymphadenitis**

### Description

Enlarged tender lymph nodes present for more than 6 weeks; or demonstration of enlarged inflamed mesenteric lymph nodes by surgery or sonography or lymphography or otherwise.

#### Inclusion

mesenteric lymphadenitis unknown lymphadenitis

acute lymphadenitis BD01 acute lymphangitis SD16

### Codina hint

enlarged lymph node BS01

### **BD03 Asymptomatic HIV-infection**

### Description

Asymptomatic HIV infection confirmed by laboratory criteria according to country definitions and requirements.

### **BD04 Symptomatic HIV-infection/AIDS**

### Description

HIV infection and symptomatic clinical stage including severe or stage 4 clinical disease, also known as AIDS, confirmed by laboratory criteria according to country definitions and requirements.

# BD25 Malignant neoplasm of blood, blood-forming organs and immune system

# Description

Characteristic histological appearance.

#### Inclusion

Burkitt lymphoma BD25.04 Hodgkin lymphoma BD25.00 leukaemia BD25.02 malignant lymphoma BD25.01 multiple myeloma BD25.03 plasma cell myeloma BD25.03

# BD26 Benign, uncertain or in situ neoplasm of blood, blood-forming organs and immune system

# Description

Characteristic histological appearance.

#### Inclusion

benign neoplasm of blood neoplasm of blood not specified as benign or malignant polycythaemia rubra vera

malignant neoplasm blood, blood-forming organs and immune system BD25

### BD35 Injury of blood, blood-forming organs and immune system

# Description

Lesion due to trauma related to blood, blood-forming organs or immune system.

#### Inclusion

traumatic ruptured spleen BD35.00

# BD55 Congenital anomaly of blood, blood-forming organs and immune system

### Description

A disease or condition caused by determinants arising in the antenatal period.

#### Inclusion

congenital anaemia

#### Exclusion

haemangioma/lymphangioma SD28 haemophilia BD78 hereditary haemolytic anaemia BD65

### **BD65 Hereditary haemolytic anaemia**

#### Description

A disease caused by a genetically inherited mutation.

### Inclusion

haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency BD65.00 sickle cell anaemia

sickle cell disorders or other haemoglobinopathies BD65.01

spherocytosis

thalassaemia BD65.02

### Exclusion

congenital blood, blood-forming organs and immune system BD55

# **BD66 Iron deficiency anaemia**

#### Description

Decrease in haemoglobin or haematocrit below levels appropriate for age and sex; plus evidence of blood loss, or microcytic hypochromic red cells by appearance or indices in the absence of thalassaemia, or decreased serum iron and increased iron-binding capacity, or decreased serum ferritin, or reduced haemosiderin in bone marrow, or good response to iron administration.

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.

### Inclusion

anaemia due to blood loss

#### Exclusion

iron deficiency without anaemia TD74

### Coding hint

other/unspecified anaemia BD77

### BD67 Vitamin B12 anaemia or folate deficiency anaemia

### Description

Macrocytic anaemia by smear/indices plus decreased vitamin B12/folate level/positive Schilling test.

#### Inclusion

folate deficiency anaemia BD67.00 macrocytic anaemia megaloblastic anaemia due to vitamin B12 deficiency BD67.01 pernicious anaemia

#### **Exclusion**

vitamin B12 deficiency without anaemia TD73

# **BD77 Other specified and unknown anaemias**

#### Inclusion

acquired haemolytic anaemia aplastic anaemia blood autoimmune disease megaloblastic anaemia NOS protein deficiency anaemia severe anaemia BD77.00 unknown anaemia

### **Exclusion**

anaemia of pregnancy WD84 iron deficiency anaemia BD66 vitimin B12 anaemia or folate deficiency anaemia BD67

### **BD78 Coagulation defect**

#### Inclusion

abnormal platelets haemophilia hereditary factor VIII deficiency BD78.00 hereditary factor IX deficiency BD78.01 idiopathic thrombocytopenic immune thrombocytopenic purpura BD78.02 purpura thrombocytopenia thrombophilia BD78.03

# BD99 Other specified or unknown blood, blood-forming organs, immune system diagnoses or diseases

#### Inclusion

defects in complement system hypersplenism immunodeficiency disorder BD99.00 other haematological abnormality sarcoidosis BD99.01 secondary polycythaemia

### **Exclusion**

asymptomatic HIV infection BD03 lymphadenitis acute BD01 lymphadenitis chronic/non-specific BD02 lymphoedema KD99 primary inherited erythrocytosis KD99 primary polycythaemia BD26 symptomatic HIV infection BD04

#### **D DIGESTIVE SYSTEM**

# DS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF **DIGESTIVE SYSTEM DS01 General abdominal pain**

#### Inclusion

abdominal colic abdominal cramps abdominal discomfort abdominal pain acute abdomen infant colic

biliary colic DD82 dysmenorrhoea GS05 dyspepsia and/or indigestion DS07 epigastric ache DS02 flatulence/gas/belching DS08 heartburn DS03 other localised abdominal pain DS06 renal colic US09

# **DS02** Epigastric pain

### Inclusion

epigastric discomfort fullness of stomach stomach ache/pain

#### **Exclusion**

dyspepsia and/or indigestion DS07 flatulence/gas/belching DS08

### **DS03 Heartburn**

# Description

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

### Inclusion

acidity waterbrash

### **Exclusion**

dyspepsia and/or indigestion DS07 epigastric pain DS02 gastro-oesophageal reflux disease DD67 oesophagitis DD68

# DS04 Rectal or anal pain

#### Inclusion

anal spasm pain on defaecation proctalgia fugax

#### **Exclusion**

impacted faeces DS12

### **DS05 Perianal itching**

# Description

Perianal itching is irritation of the skin at the anal margin and surrounding perianal skin which results in the desire to scratch.

#### **Exclusion**

itching SS02 scrotum/testis symptom/complaint GS21

# DS06 Other specified localised abdominal pain

#### Inclusion

colonic pain

#### Exclusion

abdominal pain, general DS01 biliary colic DD82 dysmenorrhoea GS05 dyspepsia and/or indigestion DS07 epigastric pain DS02 flatulence/gas/belching DS08 heartburn DS03 irritable bowel syndrome DD78 renal colic US09

# DS07 Dyspepsia and/or indigestion

# Description

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.

#### Exclusion

epigastric pain DS02 flatulence/gas/belching DS08 gastro-oesophageal reflux disease DD67 heartburn DS03

# DS08 Flatulence, gas and belching

# Description

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.

### Inclusion

bloating eructation gas pains gaseous distension passing wind

### **Exclusion**

change in abdominal size DS51 dyspepsia/indigestion DS07

#### DS09 Nausea

### **Exclusion**

alcohol-induced nausea PS13 feelings of overeating DS02 loss of appetite TS03 nausea in pregnancy WS02 vomiting DS10

#### Note

code for nausea and vomiting as a diagnosis: DS10

# **DS10 Vomiting**

#### Inclusion

emesis hyperemesis retching

#### **Exclusion**

haematemesis DS14 vomiting in pregnancy WS02

#### Note

code for vomiting and diarrhoea as a diagnosis, DS11.

### **DS11 Diarrhoea**

# Description

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 is described other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases.

#### Inclusion

frequent or loose bowel movements watery stools

### **Exclusion**

change in faeces or bowel movements DS18 melaena DS15

# **DS12 Constipation**

# Description

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 is described other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases.

#### Inclusion

faecal impaction

#### **Exclusion**

ileus DD99

#### **DS13 Jaundice**

# Description

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

#### Inclusion

icterus vellow sclera

### **Exclusion**

hematogenous icterus BD77 hemolytic icterus congenital BD65

#### **DS14 Haematemesis**

### Description

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.

#### Inclusion

vomiting of blood

### **Exclusion**

haemoptysis RS14

#### **DS15 Melaena**

### Description

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 or maroon-coloured stools that contain degraded blood.

#### Inclusion

black stools tarry stools

### **Exclusion**

fresh blood in stool DS16

### **DS16 Rectal bleeding**

# Description

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

### Inclusion

anal bleeding fresh blood in stool

### **Exclusion**

bleeding/haemorrhage AS11 melaena DS15 positive faeces benzidine test AD23

#### **DS17 Incontinence of bowel**

### Description

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

#### Inclusion

faecal incontinence

### **Exclusion**

encopresis PS11

### DS18 Change in faeces and bowel movements

### Description

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. For example, abnormal stool colour, mucous stool or fat in stool.

constipation DS12 diarrhoea DS11 incontinence of bowel DS17 occult blood in stool AD23

# DS19 Teeth, gum symptom or complaint

#### Inclusion

accretions denture problem deposits gingival bleeding teeth grinding teething toothache

### **Exclusion**

caries DD65 teeth and/or gum disease DD65

# DS20 Mouth, tongue, lip symptom or complaint

#### Inclusion

bad breath coated tongue cracked lips dribbling dry mouth halitosis sore mouth swollen lips

#### **Exclusion**

dental/gum problem DS19 cheilosis DD66 disturbance of taste NS08 dehydration TS09

# **DS21 Swallowing problem**

# Description

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.

#### Inclusion

choking feeling dysphagia

### **DS50 Hepatomegaly**

#### Inclusion

hepatomegaly with splenomegaly

#### DS51 Abdominal distension or abdominal mass or both

### Description

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 the abdomen.

#### Inclusion

abdominal swelling without mass ascites DS51.00 lump abdomen

#### Exclusion

flatulence/gas/belching DS08 hepatomegaly DS50 renal mass US09 splenomegaly BS50

### DS90 Concern or fear of disease of digestive system

### Description

Concern about/fear of disease in a patient without the disease, until the diagnosis is proven.

### **Coding hint**

If the patient has the disease, code the disease.

# DS99 Other specified or unknown symptoms, complaints, abnormal findings of digestive system

#### Inclusion

bruxism

# DD DIAGNOSES AND DISEASES OF DIGESTIVE SYSTEM **DD01 Gastrointestinal infection**

### Inclusion

gastrointestinal infection or dysentery due to amoebiasis DD01.00 gastrointestinal infection or dysentery due to Campylobacter DD01.01 gastrointestinal infection or dysentery due to cholera DD01.07 gastrointestinal infection or dysentery due to Clostridium difficile gastrointestinal infection or dysentery due to crytosporidiosis DD01.08 gastrointestinal infection or dysentery due to Giardia DD01.02 gastrointestinal infection or dysentery due to norovirus gastrointestinal infection or dysentery due to rotavirus gastrointestinal infection or dysentery due to Salmonella DD01.03 gastrointestinal infection or dysentery due to Shigella DD01.04 gastrointestinal infection or dysentery due to typhoid DD01.05 gastrointestinal infection or dysentery due to Yersinia enterocolitica DD01.06

#### Exclusion

contact with or carrier of infective or parasitic disease AD99 gastroenteritis presumed infection DD05

### **DD02 Mumps**

# Description

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. It is an acute non-suppurative, nonerythematous, diffuse tender inflammation of one or more salivary glands; or acute mumps infection demonstrated by culture or serology; or orchitis in a person exposed to mumps following appropriate incubation period.

#### Inclusion

mumps meningitis mumps orchitis mumps pancreatitis

# Coding hint

swelling AS09

### **DD03 Viral hepatitis**

# Description

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 or hepatitis E virus. Acute infection is defined as recent and present for less than 6 months. Chronic infection is defined as present for more than 6 months, 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.

#### Inclusion

acute viral hepatitis A DD03.00 acute viral hepatitis B DD03.01 acute viral hepatitis C DD03.02 acute viral hepatitis D acute viral hepatitis E chronic viral hepatitis B DD03.03 chronic viral hepatitis C DD03.04 chronic viral hepatitis D DD03.05 chronic viral hepatitis E all viral hepatitis

# **Exclusion**

carrier of hepatitis virus AP80 other hepatitis DD81

# **Coding hint**

hepatomegaly DS50; jaundice DS13

# **DD05 Gastroenteritis presumed infection**

#### Inclusion

diarrhoeal disease DD05.00 diarrhoea or vomiting presumed to be infective dysentery NOS food poisoning gastric flu

#### Exclusion

other specified and unknown diagnoses or diseases of digestive system DD99 irritable bowel syndrome DD78 non-infective enteritis and gastroenteritis (chronic enteritis/ulcerative colitis) DD79

### **DD06 Perianal abscess**

### Description

A condition of the anal or 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.

### Inclusion

ischiorectal abscess

#### Exclusion

pilonidal abscess SD67

#### **DD07 Intestinal helminths**

# Description

Either demonstration of helminth in adult form, larvae or ova; or positive skin tests; or positive serology.

### Inclusion

ascariasis DD07.00 cyclosporiasis DD07.04 hookworm disease DD07.07 oxyuriasis DD07.01 schistosomiasis DD07.05 strongyloidiasis DD07.06 taeniasis DD07.02

# Coding hint

Consider classifying parasitic diseases with the main manifestation outside the digestive system in the other organ chapters.

# DD25 Malignant neoplasm of stomach

### Description

Characteristic histological appearance.

### Inclusion

carcinoma of stomach

# Coding hint

other malignant digestive neoplasm (when primary site is uncertain) DD28 benign/unspecified digestive neoplasm DD29

# **DD26 Malignant neoplasm of large intestine**

### Description

Characteristic histological appearance.

#### Inclusion

malignant neoplasm of colon malignant neoplasm of rectum malignant neoplasm of anus

familial adenomatous polyposis, DD29 when the histology is not cancer

### Coding hint

benign/unspecified digestive neoplasm DD29 other digestive malignant neoplasm (when primary site is uncertain) DD28

### **DD27 Malignant neoplasm of pancreas**

### Description

Characteristic histological appearance.

#### Inclusion

carcinoma of pancreas

### **Coding hint**

benign/unspecified digestive neoplasm DD29 other digestive malignant neoplasm (when primary site is uncertain) DD28

# DD28 Other specified or unknown malignant digestive neoplasm

### Description

Characteristic histological appearance.

#### Inclusion

malignant neoplasm of gallbladder/bile ducts DD28.01 malignant neoplasm of lip/mouth/tongue DD28.00 malignant neoplasm of liver DD28.01 malignant neoplasm of oesophagus DD28.02 malignant neoplasm of oral cavity malignant neoplasm of salivary glands DD28.03 malignant tumour of oropharynx other specified primary malignancies of digestive system unknown malignant digestive neoplasm

### **Exclusion**

malignant neoplasm stomach DD25
malignant neoplasm colon/rectum DD26
malignant neoplasm pancreas DD27
secondary malignancy of known site (code to site)
secondary malignancy of unknown site AD25

# **Coding hint**

benign/unspecified digestive neoplasm DD29

## DD29 Benign or uncertain neoplasm or carcinoma in situ neoplasm of digestive system

## Description

Characteristic histological appearance.

#### Inclusion

benign digestive neoplasm digestive neoplasm not specified as benign or malignant when histology is not available familial polyposis syndrome DD29.00 polyp of colon polyp of duodenum polyp of rectum polyp of stomach

## DD35 Injury of digestive system

#### Inclusion

injury to abdominal organ injury to teeth injury to tongue

#### **Exclusion**

injury male genital GD35 injury pelvic organs female GD35 laceration skin and/or subcutis SD37 multiple organ injuries AD35

## DD36 Foreign body in digestive system

## Inclusion

foreign body in digestive tract foreign body in mouth foreign body in oesophagus foreign body in rectum foreign body swallowed

## **Exclusion**

foreign body in throat/inhaled RD36

## **DD55 Congenital anomaly of digestive system**

## Inclusion

biliary anomaly cleft lip/gum/palate DD55.00 congenital pyloric stenosis DD55.01 Hirschsprung's disease

Meckel's diverticulum DD55.02 Megacolon oesophageal atresia tongue-tie DD55.03

#### **Exclusion**

congenital metabolic disorder TD56 haemangioma/lymphangioma SD28

## DD65 Teeth or gum disease or both

## Inclusion

caries dental abscess gingivitis DD65.00 malocclusion temporomandibular joint disorder or syndrome DD65.01

## **Exclusion**

teething and/or denture problem DS19 injury to teeth/gum DD35 Vincent's angina DD66

## DD66 Mouth, tongue or lip diseases

## Inclusion

angular stomatitis DD66.00 aphthous ulcer candidiasis of mouth, oral sprue DD66.01 cheilosis glossitis mucocele oral aphthae DD66.02 oral thrush parotitis salivary stone DD66.03 stomatitis Vincent's angina

## **Exclusion**

herpes simplex SD04 mumps DD02 other injury digestive system DD35

## DD67 Gastro-oesophageal reflux disease

## Description

A condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications.

#### Inclusion

gastro-oesophageal reflux disease with oesophagitis DD67.0 gastro-oesophageal reflux disease without oesophagitis DD67.01

#### Exclusion

oesophagus disease, other specified DD68

## DD68 Other specified or unknown oesophagus disease

#### Inclusion

achalasia Barrett's oesophagitis DD68.00 benign esophageal stricture DD68.01 Mallory-Weiss syndrome oesophageal diverticulum DD68.02 oesophagitis oesophageal ulceration unknown oesophageal disease Zenker's diverticulum DD68.03

#### **Exclusion**

cancer of oesophagus DD28 gastro-oesophageal reflux disease DD67 hiatus hernia DD74 oesophageal varices KD99

#### DD69 Duodenal ulcer

## Description

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.

#### Inclusion

bleeding ulcer duodenal erosion obstructing ulcer perforated ulcer

## **Coding hint**

dyspepsia or indigestion DS07 heartburn DS03

## DD70 Other specified or unknown peptic ulcer

## **Description**

Characteristic imaging or endoscopy findings, or exacerbation of symptoms in a patient with a previously proven ulcer.

#### Inclusion

acute erosion gastric ulcer gastrojejunal ulcer ulcus ventriculi DD70.00 unknown peptic ulcer Zollinger-Ellison syndrome

#### **Exclusion**

duodenal ulcer DD69 oesophageal ulcer DD68

## Coding hint

dyspepsia/indigestion DS07 heartburn DS03

#### DD71 Gastritis or duodenitis or both

## Description

Gastritis and duodenitis are injuries of mucosa involving epithelial damage, mucosal inflammation and epithelial cell regeneration. This does not include any epithelial defect. Gastritis and duodenitis are caused by various factors such as high acid secretion, infectious agents, drugs, chemical agents or autoimmune reaction. Helicobacter pylori can colonise on epithelium and induce gastritis or duodenitis or both.

#### Inclusion

acute dilatation of stomach duodenitis gastritis

## Exclusion

gastroenteritis presumed infection DD05 gastrointestinal infection DD01

## **Coding hint**

general abdominal pain DS01 localised abdominal pain DS06 duodenal ulcer DD69

epigastric pain DS02 flatulence/belching DS08 heartburn DS03 indigestion/dyspepsia DS07 nausea DS09 oesophagitis DD67 other specified or unknown peptic ulcer DD70 vomiting DS10

## **DD72 Appendicitis**

## Description

Appendicitis is a condition characterised by inflammation of the vermiform appendix.

#### Inclusion

appendix abscess appendix perforation

## **DD73 Inguinal hernia**

## Description

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.

#### Inclusion

inguinal hernia with incarceration scrotal hernia

#### **Exclusion**

femoral hernia DD76 hydrocele GD71

## **Coding hint**

abdominal mass DS51

#### **DD74 Hiatus hernia**

## Description

A hernia that occurs through the foramen in the diaphragm.

## Inclusion

diaphragmatic hernia

## **Exclusion**

gastro-oesophageal reflux disease DD67 oesophagitis DD68

## **Coding hint**

dyspepsia/indigestion DS07 epigastric pain DS02 heartburn DS03

## **DD75 Umbilical hernia**

## Description

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 (bellybutton). Small hernias usually close spontaneously without treatment by age 1 or 2. Umbilical hernias are usually painless and are common in infants.

## DD76 Other specified or unknown abdominal hernia

## Description

Demonstration of swelling in the specified area and transmitted impulse with cough, or enlargement on straining, or reducible into the abdomen, or intestinal obstruction.

#### Inclusion

femoral hernia DD76.00 incisional hernia DD76.01 unknown abdominal hernia ventral hernia

#### **Exclusion**

hiatus hernia DD74 inguinal hernia DD73 umbilical hernia DD75

## **Coding hint**

abdominal mass DS51

#### **DD77 Diverticular disease**

## Description

Diverticula are a major burden of illness in an ageing 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.

#### Inclusion

diverticulitis of intestine diverticulosis of intestine

#### Exclusion

Meckel's diverticulum DD55 oesophageal diverticulum DD67

## Codina hint

abdominal pain DS01 other localised abdominal pain DS06

## **DD78** Irritable bowel syndrome

## Description

Irritable bowel syndrome (IBS) is a functional bowel disorder in which abdominal pain or discomfort is associated with defaecation or a change in bowel habit and with features of disordered defaecation. The pain can be continuous or an intermittent abdominal pain; and variable bowel pattern over a period of time; and increased gas, or tender and palpable colon, or history of mucous without blood in stool.

#### Inclusion

spastic colon

#### Exclusion

allergic/dietetic/toxic gastroenteritis/colitis DD99 gastroenteritis presumed infection DD05 gastrointestinal infection DD01 psychogenic diarrhoea PD10 regional enteritis DD79 vascular insufficiency of gut DD99

## Coding hint

abdominal pain DS01 constipation DS12 diarrhoea DS11 flatulence DS08 other localised abdominal pain DS06

## DD79 Inflammatory bowel disease

## Description

Inflammatory bowel disease is a group of inflammatory conditions of the intestine of unknown aetiology. The pathogenesis is hypothesised that the mucosal immune system shows an aberrant response towards luminal antigens such as dietary factors and commensal microbiota in genetically susceptible individuals.

#### Inclusion

Crohn's disease (regional enteritis) DD79.00 ulcerative colitis DD79.01

## **Exclusion**

non-ulcerative proctitis DD99

## **Coding hint**

abdominal pain DS01 diarrhoea DS11 mucus colitis DD78

#### DD80 Anal fissure or anal fistula or both

## Description

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 defaecation and typically cause pain and bright red anal bleeding. 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. It is usually associated with anorectal abscesses, and they are thought to be a chronic condition after an abscess evacuation.

## Inclusion

anal fissure DD80.00 fistula ani DD80.01 rectal fistula

#### **Exclusion**

perianal abscess DD06

## DD81 Other specified or unknown liver diseases

#### Inclusion

alcohol hepatitis autoimmune liver disease cirrhosis of liver DD81.00 fatty liver hepatitis NOS liver failure portal hypertension steatosis of liver DD81.01 unknown liver diseases

## **Exclusion**

acute viral hepatitis DD03 chronic viral hepatitis DD03 hydatid disease (echinococcosis) DD07

## DD82 Cholecystitis or cholelithiasis or both

## Description

Inflammation of gallbladder wall by infection of various organism and/or unspecified disorders. 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.

#### Inclusion

biliary colic cholangitis DD82.00 cholecystitis DD82.01 cholelithiasis DD82.02 gallstones

#### Exclusion

primary biliary cholangitis DD81 primary sclerosing cholangitis DD81

#### **DD83 Coeliac disease**

## Description

Coeliac disease is a permanent intolerance to gluten proteins that are 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.

#### **DD84 Haemorrhoids**

## Description

Visualisation of varicosities of the venous plexus of the anus or canal, or tender painful blue-coloured localised swelling of acute onset in the perianal area or skin tags in the perianal area.

## Inclusion

internal haemorrhoids with or without complications perianal haematoma piles residual haemorrhoidal skin tag thrombosed external haemorrhoids varicose veins of anus/rectum

## Coding hint

anal lump DS99 anal pain DS04 rectal bleeding DS16

## DD99 Other specified or unknown diagnoses or diseases of digestive system

## Inclusion

abdominal adhesions allergic gastroenteropathy dietetic gastroenteropathy dumping syndrome entrapment of intestine in abdominal adhesions DD99.00 food intolerance ileus DD99.01 intestinal intussusception DD99.02 intestinal obstruction DD99.01 malabsorption syndrome mesenteric vascular disease pancreatic disease pancreatitis DD99.03 peritonitis DD99.04 secondary megacolon sprue toxic gastroenteropathy

#### **Exclusion**

antibiotic-associated colitis AD41 coeliac disease (non-tropical sprue) DD83 inflammatory bowel disease DD79

#### **FEYE**

## FS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF EYE FS01 Eye pain

## **Exclusion**

abnormal eye sensations FS07

## FS02 Red eye

## Inclusion

bloodshot

## FS03 Eye discharge

## Description

Epiphora 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.

#### Inclusion

epiphora lacrimation purulent discharge watery eye FS03.00

## **FS04 Visual floaters or spots**

## Description

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

#### Inclusion

fixed/floating spots in the visual field

## FS05 Decreased visual acuity

## Description

A decreased vision for sensing form and contour, distant or near, for one or both eyes.

#### Inclusion

blurred vision difficulty reading reduced vision visual loss weak eyes

## **Exclusion**

blindness one eye FD72 night blindness FD99 permanent blindness FD72 refractive errors FD69 snow blindness FD36

## **FS06 Other specified visual disturbances**

#### Inclusion

diplopia
eye strain
photophobia
scotoma and dazzle when symptoms confined to eyes
temporary blindness NOS

#### **Exclusion**

night blindness FD99 permanent blindness FD72 refractive errors FD69 snow blindness FD36

## FS07 Dry eye or other abnormal eye sensations

## Inclusion

burning eye dry eye (syndrome) FS07.00 itchy eye

#### **Exclusion**

eye pain FS01

## FS08 Abnormal eye appearance

#### Inclusion

changed eye colour iris swollen eye

#### **Exclusion**

red eve FS02

## FS09 Eyelid symptoms or complaints

## Inclusion

abnormal blinking blepharochalasis FS09.00 ptosis eyelid xanthelasma palpebrarum FS09.01

#### **Exclusion**

inflamed eyelid FD02

## FS10 Glasses or contact lenses symptoms or complaints

## Inclusion

problems due to spectacles and/or contact lens affecting structure, function or sensations of eye(s)

## FS90 Concern or ear of eye disease

## Description

Concern about/fear of eye disease in a patient without the disease, until the diagnosis is proven.

## Coding hint

If the patient has the disease, code the disease.

## FS99 Other specified symptoms, complaints, abnormal findings of eye

## Inclusion

abnormal eye movements nystagmus

## FD DIAGNOSES AND DISEASES OF EYE FD01 Infectious conjunctivitis

## Description

Presumed or proven infectious inflammation of conjunctiva.

#### Inclusion

bacterial conjunctivitis FD01.00 conjunctivitis NOS viral conjunctivitis FD01.01

## **Exclusion**

allergic conjunctivitis with/without rhinorrhoea FD65 flash burn FD37 other eye inflammation or eye infection FD03 trachoma, chlamydia conjunctivitis FD04

## FD02 Blepharitis or stye or chalazion

## Description

Generalised and/or localised inflammation and/or swelling of eyelid and/or tarsal gland.

## Inclusion

blepharitis FD02.00 chalazion FD02.01 dermatitis of eyelids dermatosis of eyelids evelid infection hordeolum FD02.02 meibomian cyst tarsal cyst

## **Exclusion**

dacryocystitis FD03

## FD03 Other specified or unknown eye infections or inflammations

#### Inclusion

dacryocystitis FD03.00 eye infection of unknown cause eye inflammation of unknown cause herpes simplex of eye without corneal ulcer inflammation of orbit iridocyclitis FD03.01 iritis keratitis FD03.02

#### **Exclusion**

corneal ulcer (herpes) FD05 herpes zoster ophthalmicus SD03 measles keratitis AD01 trachoma FD04

#### FD04 Trachoma

## Description

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 vascularisation 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

#### **Exclusion**

infectious conjunctivitis FD01 other eye infection or inflammation FD03

## Coding hint

discharge from eye FS03 red eye FS02

#### FD05 Corneal ulcer

## Description

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.

#### Inclusion

dendritic ulcer herpes simplex keratitis dendritic FD05.00 viral keratitis

#### **Exclusion**

corneal abrasion/other eye injury FD36

## FD25 Neoplasm of eye or adnexa

#### Inclusion

benign neoplasm of eye/adnexa FD25.00 malignant neoplasm of eye/adnexa FD25.01 uncertain neoplasm of eye/adnexa FD25.02

## FD35 Contusion or haemorrhage eye or both

#### Inclusion

black eye FD35.00 hyphaema subconjunctival haemorrhage FD35.01

## FD36 Other specified and unknown injury of eye

#### Inclusion

corneal abrasion FD36.00 flash burn snow blindness FD36.01 unknown injury of eye

#### Exclusion

contusion or haemorrhage eye FD35 foreign body in eye FD37

## FD37 Foreign body in eye

#### **Exclusion**

corneal abrasion FD36 congenital stenosis or stricture of lacrimal duct FD55

## FD55 Congenital stenosis or stricture of lacrimal duct

## Description

This is a condition in which a tear duct has failed to open at the time of birth with an overflow of tears without crying, beginning before the age of 3 months.

#### Inclusion

congenital dacryostenosis

#### Exclusion

blocked lacrimal duct in older person FD99 dacryocystitis FD03

## FD56 Other specified or unknown congenital anomaly of eye

#### Inclusion

coloboma unknown congenital anomaly of eye

#### **Exclusion**

congenital stenosis or stricture of lacrimal duct FD55

## FD65 Allergic conjunctivitis

## Description

Allergic conjunctivitis is an IgE-mediated response due to the exposure of seasonal or perennial allergens in sensitised 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).

#### Inclusion

acute atopic conjunctivitis allergic conjunctivitis with rhinorrhoea allergic conjunctivitis without rhinorrhoea

#### Exclusion

bacterial/viral conjunctivitis FD01 flash burn FD36 trachoma FD04

#### FD66 Detached retina

#### Description

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.

## FD67 Retinopathy

#### Description

Any damage to the retina which may cause visual impairment.

#### Inclusion

arteriosclerotic retinopathy FD67.00 diabetic retinopathy FD67.01 hypertensive retinopathy

## **Exclusion**

macular degeneration FD68

#### Note

Double code known causative disease, e.g. diabetes (TD71, TD72) or hypertension (KD73 or KD74).

## FD68 Macular degeneration

## Description

Degenerative changes in the retina, usually of older adults, which results in a loss of vision in the centre of the visual field (the macula lutea) because of damage to the retina. It occurs in dry and wet forms.

## **Exclusion**

detached retina FD66

## FD69 Disorders of refraction and accommodation

## Description

Visual deficit correctible with an appropriate lens.

#### Inclusion

astigmatism FD69.00 hypermetropia FD69.01 long sightedness myopia FD69.02 presbyopia FD69.03 short sightedness

#### **Exclusion**

partial or complete blindness FD72

#### **FD70 Cataract**

## Description

Cataract is a 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.

#### Inclusion

senile cataract FD70.00

#### **Exclusion**

congenital cataract FD56

#### FD71 Glaucoma

## Description

An ocular disease, occurring in many forms, having as its primary characteristics an unstable or a sustained increase in the intraocular pressure which the eye cannot withstand without damage to its structure or impairment of its function.

#### Inclusion

narrow-angle glaucoma FD71.00 open-angle glaucoma FD71.01 raised intraocular pressure FD71.02 secondary glaucoma FD71.03

## **Exclusion**

congenital glaucoma FD56

#### FD72 Blindness

#### Inclusion

partial or complete blindness of both eyes

#### **Exclusion**

blurred vision or temporary blindness FS05 colour or night blindness FD99 refractive errors FD69 snow blindness FD36 severe visual impairment

#### FD73 Strabismus

## Description

Lack of parallelism of visual axis of the eyes demonstrated at medical examination.

#### Inclusion

cross-eye squint

## **Coding hint**

abnormal eye movement FS99

## FD74 Pterygium

#### Description

Pterygium is a benign growth of the conjunctiva extending onto cornea that is characterised by elastotic degeneration of collagen (actinic elastosis) and fibrovascular proliferation.

## FD99 Other specified or unknown diagnosis or diseases of eye and adnexa

## Inclusion

amblyopia arcus senilis blindness one eye colour blindness corneal opacity disorder of orbit ectropion FD99.00 entropion FD99.01 episcleritis FD99.02 ingrowing eyelash lazy eye night blindness papilloedema scleritis FD99.03

## **G GENITAL SYSTEM**

# GS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF GENITAL SYSTEM GS01 Pain in penis

## **Exclusion**

priapism or painful erection GS20

#### **GS02** Pain in testis

## Inclusion

pain in perineum pain in scrotum

## GS03 Other specified genital pain

## Inclusion

pelvic pain perineal pain pubic pain vaginal pain vulval pain vulvodynia

## **Exclusion**

breast pain female GS04 dyspareunia female GS23 menstrual pain GS05

#### **GS04 Pain in breast**

#### Inclusion

mastalgia mastodynia tenderness of breast

#### Exclusion

painful breasts in pregnancy or lactation period WS06

## **GS05** Menstrual pain

#### Inclusion

dysmenorrhoea menstrual cramps menstruation pain

## **Coding hint**

For coding the problem level, consider Pain functions 2F84.

## **GS06 Intermenstrual pain**

#### Inclusion

mittelschmerz ovulation pain

## **GS07** Absent or scanty menstruation

## Inclusion

amenorrhoea GS07.00 amenorrhoea primary or secondary delayed menses hypomenorrhoea GS07.01 late menses oligomenorrhoea GS07.02

#### **Exclusion**

fear of pregnancy WS90 question of pregnancy WS01

## **GS08** Excessive menstruation

#### Inclusion

hypermenorrhoea menorrhagia pubertal bleeding

## **GS09** Irregular or frequent menstruation

## Inclusion

frequent menstruation irregular menstruation irregular periods GS09.00 metrorrhagia polymenorrhea GS09.01

#### Exclusion

menorrhagia or pubertal bleeding GS08

## **GS10** Intermenstrual bleeding

#### Inclusion

breakthrough bleeding dysfunctional uterine bleeding ovulation bleeding GS10.00 spotting

## **Exclusion**

post-coital bleeding GS15 post-menopausal bleeding GS14

## **GS11 Premenstrual symptoms or complaints**

## Description

Symptoms or complaints 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.

#### **Exclusion**

premenstrual tension syndrome GD68

## **GS12 Postponement of menstruation**

## Description

Postponement of expected regular menstruation by hormonal treatment.

## **GS13** Menopausal symptoms or complaints

## Inclusion

atrophic vaginitis GS13.00 menopausal flushing GS13.01 menopausal tension menopause syndrome senile vaginitis

#### **Exclusion**

postmenopausal bleeding GS14

## **GS14 Postmenopausal bleeding**

## Description

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.

## **GS15 Postcoital bleeding**

## Inclusion

contact bleeding

## **GS16 Vaginal discharge**

#### Inclusion

leucorrhoea

#### **Exclusion**

atrophic vaginitis GS13 chlamydia genital female GD06 gonorrhoea female GD02 intermenstrual bleeding GS10 urogenital candidiasis female GD06 urogenital trichomoniasis female GD04 vaginal bleeding (menstruation excessive) GS08 vaginal bleeding (menstruation irregular/frequent) GS09

## **GS17 Other specified vaginal symptoms or complaints**

## Inclusion

burning in vagina vaginal dryness vaginal irritation vaginal itching vaginal lesion

vaginal odour vaginal pruritis

## **Exclusion**

atrophic vaginitis GS13 female genital pain GS03 organic vaginismus GS23

## **GS18 Vulval symptoms or complaints**

## Inclusion

labial burning vulval burning vulval dryness vulval itching vulval irritation

#### **Exclusion**

abscess vulva GD69 vulval pain GS03

## **GS19 Pelvis symptoms or complaints**

#### **Exclusion**

genital pain female GS03

## **GS20 Penis symptoms or complaints**

## Inclusion

foreskin complaint foreskin symptom painful erection priapism

#### **Exclusion**

pain in penis GS01 painful ejaculation GS25

## **GS21 Scrotum or testis symptoms or complaints**

#### Inclusion

lump in testis swelling of scrotum swelling of testis GS21.00

## **Exclusion**

pain in testis/scrotum GS02

## **GS22 Prostate symptoms or complaints**

#### Inclusion

prostatism

#### **Exclusion**

urinary frequency and/or urgency US02 urinary retention US04

#### GS23 Painful intercourse

#### Inclusion

female dyspareunia vaginismus

#### Exclusion

psychogenic sexual problems (sexual desire reduced) PS07 psychogenic sexual problems (sexual fulfilment reduced) PS07

## Coding hint

For coding the problem level, consider Sexual functions 2F86.

## **GS24** Impotence or erectile dysfunction

## Description

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 of at least several months and is associated with clinically significant distress.

#### Inclusion

impotence of organic origin erectile dysfunction

#### Exclusion

psychogenic impotence or reduced sexual fulfilment PS07 reduced sexual desire PS07

#### Codina hint

For coding the problem level, consider Sexual functions 2F86.

## **GS25** Other specified sexual function symptoms or complaints

#### Inclusion

painful ejaculation

## **GS26** Lump or mass in breast

#### Inclusion

lumpy breasts

## **GS27 Nipple symptoms or complaints**

#### Inclusion

nipple bleeding nipple cracked nipple discharge GS27.00 nipple fissure nipple inversion nipple pain nipple pruritus nipple retraction

## **Exclusion**

nipple symptom or complaint in pregnancy or lactation WS06

## **GS28** Other specified breast symptoms or complaints

## Inclusion

galactorrhoea gynaecomastia GS28.00 mastopathy

## **Exclusion**

mastitis (lactating) WD03

## **GS29 Infertility or subfertility**

## Description

Failure to conceive after 1 year of trying to get pregnant.

## Inclusion

primary infertility secondary sterility

## Coding hint

pregnancy symptom or complaint, other WS99

#### **GS50** Abnormal cervix smear

## Inclusion

cervical dysplasia cervical intraepithelial neoplasia (CIN) grade 1 cervical intraepithelial neoplasia (CIN) grade 2

#### Exclusion

cervical intraepithelial neoplasia (CIN) grade 3 GD32

## **GS90** Concern about breast appearance

#### Inclusion

concern about shape of breast concern about size of breast dissatisfied with breast appearance

## **GS91 Concern or fear of sexual dysfunction**

## Description

Concern about or fear of sexual dysfunction in a patient without sexual dysfunction.

#### **Exclusion**

Sexual disfunction PS07

## GS92 Concern or fear of sexually transmitted infection

## Description

Concern about/fear of sexually transmitted disease in a patient without the disease, until the diagnosis is proven.

#### **Exclusion**

fear of HIV/AIDS BS90

## **Coding hint**

If the patient has the disease, code the disease.

## GS93 Concern or fear of breast cancer

## **Description**

Concern about/fear of breast cancer in a patient without the disease, until the diagnosis is proven.

## Coding hint

If patient has the disease, code the disease.

## GS94 Other specified concern or fear of disease of genital system

## Description

Concern about/fear of disease in a patient without the disease, until the diagnosis is proven.

#### Inclusion

fear of prostate cancer GS94.00

#### **Exclusion**

concern/fear of breast cancer female GS93 concern/fear of sexual transmitted infection GS92

## **Coding hint**

If the patient has the disease, code the disease.

## GS99 Other specified symptoms, complaints and abnormal findings of genital system

#### Inclusion

haematospermia

#### Exclusion

urethral discharge US10

## **GD DIAGNOSES AND DISEASES OF GENITAL SYSTEM GD01 Syphilis**

## Description

Demonstration of Treponema pallidum on microscopy or positive serological test for syphilis.

## Inclusion

condyloma latum lues syphilis of any site urogenital syphilis

#### **GD02** Gonorrhoea

## Description

Gonorrhoea is characterised by purulent vaginal, urethral or rectal discharge with Gram-negative intracellular diplococci demonstrated in a patient after a contact with a proven case, or Neisseria gonorrhoea cultured.

#### Inclusion

gonorrhoea of any site

## **Coding hint**

female urethral discharge US10 urethritis UD03

## **GD03 Genital herpes**

## Description

Genital herpes is characterised by small vesicles with characteristic appearance and location that evolve into painful ulcers and scabs.

#### Inclusion

anogenital herpes simplex

#### GD04 Genital trichomoniasis

## Description

Trichomoniasis is a common sexually transmitted infection caused by a parasite. In women, trichomoniasis can cause a foul-smelling vaginal discharge, genital itching and painful urination. Men who have trichomoniasis typically have no symptoms. Pregnant women who have trichomoniasis might be at higher risk of delivering their babies prematurely.

#### Inclusion

trichomonal vaginitis

## Coding hint

vaginal discharge GS16 vaginitis GD12

## GD05 Genital human papilloma virus infection

#### Inclusion

condylomata acuminata human papilloma virus infection venereal warts

## **GD06 Genital Chlamydia infection**

## Description

An infection with the Gram-negative bacteria Chlamydia trachomatis. This infection may be asymptomatic. In females, it may be characterised by fever, painful urination, urinary urgency, dyspareunia, vaginal bleeding or discharge, and pain in the abdomen. In males, it may be characterised 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.

#### Inclusion

cervicitis caused by **Chlamydia** GD06.00 Chlamydia-infection male GD06.03 pelvic inflammatory disease by Chlamydia GD06.01 vaginitis caused by **Chlamydia** GD06.02

## GD07 Other specified or unknown sexual transmitted disease

## Inclusion

lymphogranuloma venerum GD07.00

## **GD08** Genital candidiasis or balanitis

#### Inclusion

candida balanitis GD08.00 candidiasis of penis monilial infection of vagina/cervix thrush

## **Exclusion**

vaginal discharge GS16 vaginitis GD12

## **GD09 Pelvic inflammatory disease**

## Description

Pelvic inflammatory disease is characterised by lower abdominal pain with marked tenderness of uterus or adnexa by palpation, plus other evidence of inflammation.

## Inclusion

endometritis oophoritis salpingitis

#### Exclusion

chlamydia infection genital female GD06 genital candidiasis female GD08 genital trichomoniasis female GD04 gonorrhoea female GD02 syphilis female GD01

## Coding hint

pelvic congestion syndrome GD69

## GD10 Prostatitis or seminal vesiculitis or both

## Description

Prostatitis/seminal vesiculitis is characterised by tenderness of prostate/seminal vesicles to palpation and indications of inflammation in urine test.

## **GD11 Orchitis or epididymitis**

## Description

Orchitis/epididymitis is characterised by both swelling and tenderness of testes/ epididymis and absence of a specific aetiology (mumps, gonoccocal, tuberculosis, trauma, torsion).

#### Inclusion

epididymitis GD11.00 orchitis GD11.01

## **Exclusion**

gonococcal orchitis GD02 mumps DD02 torsion of testis GD99 tuberculosis AD15

## **GD12 Vaginitis or vulvitis**

#### Inclusion

gardnerella vaginosis (bacterial) GD12.00

#### **Exclusion**

atrophic vaginitis GS13 genital candidiasis female GD08 genital trichomoniasis female GD10 trichomoniasis vaginitis GD04

## **GD25** Malignant neoplasms of cervix

#### Description

Characteristic histological appearance.

## **Exclusion**

abnormal cervix smear (CIN) grades 1 and 2 GS50 carcinoma-in-situ cervix GD32 cervical intraepithelial neoplasia (CIN) grade 3 GD32

## **GD26 Malignant neoplasms of prostate**

## Description

Characteristic histological appearance.

## **GD27 Malignant neoplasms of breast**

## Description

Characteristic histological appearance.

#### Inclusion

adenocarcinoma mammae GD27.00

#### **Exclusion**

carcinoma in situ GD32

## GD28 Other specified or unknown malignant genital neoplasms

## Description

Characteristic histological appearance.

#### Inclusion

adenocarcinoma of endometrium GD28.00 carcinoma of testis/seminoma malignant neoplasm of penis GD28.02 malignant neoplasm of testis GD28.03 malignant neoplasm of adnexae malignant neoplasm of ovaries GD28.01 malignant neoplasm of uterus malignant neoplasm of vagina malignant neoplasm of vulva unknown malignant genital neoplasm

#### Exclusion

carcinoma in situ GD32

## GD29 Fibromyoma of uterus or cervix or both

## Description

Fibromyoma of uterus is characterised by enlargement of the uterus not due to pregnancy or malignancy, with single or multiple firm tumours of the uterus/cervix.

#### Inclusion

fibroid of uterus fibromyoma of cervix leiomyoma myoma of uterus GD29.00

## **GD30** Benign neoplasms of breast

## Description

Characteristic histological appearance.

## Inclusion

fibroadenoma of breast

#### Exclusion

cystic disease of breast GD67

## GD31 Benign neoplasms of genital system

## Description

Characteristic histological appearance.

#### **Exclusion**

benign prostate hypertrophy GD70 physiological cyst of ovary GD69 polyp of cervix GD65

## GD32 Genital neoplasm, in situ or uncertain

#### Inclusion

other carcinoma-in-situ

other genital neoplasm not specified as benign or malignant when histology is not available

#### **Exclusion**

benign prostatic hypertrophy GD70 endometrial polyp DD29

## **GD35 Genital injuries**

## Inclusion

circumcision corpus alienum genital tract GD35.00 female genital mutilation foreign body in vagina

## **Exclusion**

genital injury due to childbirth (complicated labour/delivery livebirth) WD82 genital injury due to childbirth (Complicated labour/delivery stillbirth) WD83

## GD55 Congenital anomaly of genital system

## Inclusion

hermaphroditism imperforate hymen GD55.00 retractile testis GD55.01

## **GD56 Hypospadias**

## **GD57 Undescended testicle**

## Description

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.

#### Inclusion

cryptorchidism bilateral undescended testicles unilateral undescended testicle

#### **Exclusion**

retractile testis GD55

#### GD65 Cervical disease

#### Inclusion

cervical erosion GD65.00 cervical leucoplakia cervicitis cervical polyp GD65.01 old laceration of cervix

#### **Exclusion**

abnormality of cervix in pregnancy/childbirth/puerperium WD55 abnormal cervix smear GS50

## **GD66 Uterovaginal prolapse**

## Description

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.

#### Inclusion

cystocele GD66.00 procidentia rectocele GD66.01

#### **Exclusion**

stress incontinence US03

## **GD67 Fibrocystic disease breast**

## Description

A condition characterised by changes to the breast tissue leading to benign, non-cancerous lesions in the breast. This condition 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 worsens prior to menstruation or may be asymptomatic. Confirmation is by clinical breast exam, followed by mammography or ultrasonography to identify abnormal tissue.

#### Inclusion

chronic cystic disease of breast cystic fibroadenosis of breast dysplasia of breast solitary cyst of breast

## **GD68 Premenstrual tension syndrome**

## Description

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.

## Coding hint

premenstrual symptom GS11

#### **GD69 Endometriosis**

## Description

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 of endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, non-menstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.

## **Coding hint**

For coding the problem level, consider Pain functions 2F84.

## **GD70** Benign prostatic hypertrophy

## Description

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.

## Inclusion

hyperplasia of prostate median bar of prostate prostatic obstruction prostatomegaly

## Coding hint

dysuria and painful urination US01 incontinence urine US03 other specified urinary problems US05 retention of urine US04 urinary frequency or urgency US02

## GD71 Hydrocele or spermatocele or both

## Description

A condition characterised by an accumulation of serous fluid (a non-tender fluctuant swelling) 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.

## Inclusion

hydrocele GD71.00 spermatocele GD71.01

## Coding hint

symptom/complaint of scrotum/testis other GS21

## **GD72 Phimosis or paraphimosis**

## Description

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.

## GD99 Other specified and unknown diagnoses and diseases of genital system

#### Inclusion

Bartholin's cyst/abscess GD99.00 epididymal cyst genital tract fistula female mastitis (non-lactating) GD99.01 ovarian cyst GD99.02 pelvic congestion syndrome physiological ovarian cyst torsion of testis GD99.03

#### Exclusion

gynaecomastia GS28 mastitis WD03

#### **HEAR**

## HS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF EAR **HS01** Ear pain or ache

#### Inclusion

otalgia

## **HS02 Hearing complaint**

#### Inclusion

diplacusis feeling of hearing loss hyperacusis hypoacusis

## **Exclusion**

deafness one ear HD69 deafness both ears HD69 tinnitus HS03

## HS03 Tinnitus, ringing or buzzing ear

## Description

A non-specific 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.

## Inclusion

echo in ear

## **Exclusion**

ears crackling/popping HS99

## **HS04** Ear discharge

## Inclusion

otorrhoea

#### **Exclusion**

blood in/from ear HS05

## **HS05** Bleeding ear

#### Inclusion

blood from ear blood in ear

hemorrhage from the ear otorrhagia

# **HS06** Plugged feeling in ear

### Inclusion

blocked ear

#### **Exclusion**

excessive ear wax HD66

### HS90 Concern or fear of ear disease

### Description

Concern about/fear of ear disease or deafness in a patient without the disease, until the diagnosis is proven.

#### Inclusion

fear of deafness

### Coding hint

In a patient with the disease, code the disease.

# **HS91 Concern about appearance of ears**

### **Exclusion**

bat ears/congenital anomaly ear HD55

# HS99 Other specified symptoms, complaints, abnormal findings of ear

#### Inclusion

ears crackling ears popping itchy ears pulling at ears

### **HD DIAGNOSES AND DISEASES OF EAR**

#### **HD01 Otitis externa**

# Description

Inflammation and/or desquamation of the outer ear including the external ear canal.

### Inclusion

abscess of external auditory meatus eczema of external auditory meatus

furuncle of external auditory meatus abscess and/or eczema and/or furuncle of external auditory meatus

# HD02 Acute otitis media or myringitis

### Description

Recent perforation of the tympanic membrane discharging pus; or inflamed and bulging tympanic membrane; or one ear drum more red than the other; or red tympanic membrane, with ear pain; or bullae on the tympanic membrane.

#### Inclusion

acute mastoiditis acute suppurative otitis media acute tympanitis otitis media NOS

### **Exclusion**

chronic otitis media HD05 serous otitis media HD03

# Coding hint

ear discharge HS04 ear pain HS01

#### HD03 Serous otitis media

### Description

Visible fluid behind the tympanic membrane, without inflammation; or dullness of the tympanic membrane with either retracting, bulging or with related impairment of hearing.

#### Inclusion

glue ear otitis media with effusion (OME)

#### **Exclusion**

acute otitis media HD02 chronic otitis media HD05

### **Coding hint**

Eustachian salpingitis/block HD04 plugged feeling ear HS06

# **HD04 Eustachian salpingitis**

#### Inclusion

Eustachian block Eustachian catarrh Eustachian dysfunction Eustachian tube dysfunction otosalpingitis tubotympanitis

#### **Exclusion**

serous otitis media HD03

### Coding hint

plugged feeling ear HS06

#### HD05 Chronic otitis media

#### Inclusion

cholesteatoma HD05.00 chronic mastoiditis chronic otitis media HD05.01 chronic suppurative otitis media mastoiditis HD05.02

#### **Exclusion**

serous otitis media HD03

# **HD25 Neoplasm of ear**

### Inclusion

benign neoplasm of ear HD25.00 malignant neoplasm of ear HD25.01 uncertain neoplasm of ear HD25.02

### **Exclusion**

acoustic neuroma ND25.01 polyp ear HD99

### **HD35 Acoustic trauma**

# Description

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. Deafness in the high-frequency range with a definite history of exposure to loud noise.

#### Inclusion

noise deafness

# Exclusion

perforation of ear drum HD65 other ear injury HD37

### **Coding hint**

deafness HD69 hearing impairment 2F81

# HD36 Foreign body in ear

# HD37 Other specified or unknown ear injury

#### Inclusion

external meatus/pinna injury traumatic/pressure rupture of ear drum unknown ear injury

# **HD55 Congenital anomaly of ear**

#### Inclusion

accessory auricle bat ears HD55.00 outstanding ears

#### **Exclusion**

congenital deafness HD69

#### HD65 Perforation of ear drum

#### Inclusion

non-traumatic ruptured ear drum

#### Exclusion

perforation ear drum with infection (acute otitis media/myringitis) HD02 perforation ear drum with infection (chronic otitis media) HD05 traumatic/pressure rupture ear drum HD37

#### **HD66 Excessive ear wax**

### Description

Symptom or complaint due to wax in ear canal.

#### Inclusion

impacted cerumen

### **HD67 Vestibular syndrome**

### Description

Syndromes with true rotational vertigo.

### Inclusion

benign paroxysmal positional vertigo HD67.00 labyrinthitis HD67.01 Ménière's disease HD67.02 vestibular neuronitis

# **Coding hint**

vertigo/giddiness/dizziness NS09

# **HD68 Presbycusis**

### Description

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. Gradual onset with ageing of symmetrical, bilateral deafness, particularly involving high-frequency sounds.

#### **Exclusion**

deafness HD69

#### **HD69 Deafness**

### Inclusion

complete deafness both ears congenital deafness deafness one ear partial deafness both ears

#### Exclusion

noise deafness HD35 otosclerosis HD99 presbyacusis HD68 temporary deafness H28

# HD99 Other specified or unknown diagnoses or diseases of ear and mastoid

#### Inclusion

constricted external canal narrow external canal otosclerosis polyp of middle ear stenosis external canal

#### **Exclusion**

mastoiditis HD05

### K CIRCULATORY SYSTEM

# KS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF **CIRCULATORY SYSTEM**

# KS01 Pain, pressure, tightness of heart

#### Inclusion

heaviness of heart pain attributed to the heart

### **Exclusion**

angina pectoris KD65 chest pain NOS AS12 chest pain attributed to the musculoskeletal system LS04 chest tightness RS99 fear of heart attack KS90 shortness of breath, dyspnoea RS02

# KS02 Palpitations, awareness of heart

#### Inclusion

bradycardia tachycardia

#### **Exclusion**

paroxysmal tachycardia KD69

### KS03 Irregular heartbeat

### **Exclusion**

palpitations, awareness of heart KS02

### KS04 Ankle oedema

# Description

Nearly painless swelling of ankles, usually on both sides, but not always symmetrical.

### Inclusion

swollen feet swollen legs

### **Exclusion**

anasarca/generalised oedema AS09 ankle symptom LS15 localised swelling SS03

### KS50 Low blood pressure

#### Inclusion

idiopathic hypotension

### Exclusion

postural hypotension KD75

# **KS51 Elevated blood pressure**

#### Inclusion

labile hypertension transient hypertension white coat hypertension

#### **Exclusion**

hypertension, uncomplicated KD73 hypertension, complicated KD74

#### KS52 Heart murmur or arterial murmur or both

#### Inclusion

cardiac artery bruit carotid artery bruit renal artery bruit innocent murmur of childhood

#### **Exclusion**

cerebrovascular disease ND70 rheumatic heart disease KD02 valve disease KD71

# KS90 Concern or fear of disease of circulatory system

# Description

Concern about/fear of heart attack or disease in a patient without the disease, until the diagnosis is proven.

# Inclusion

fear of heart attack fear of heart disease fear of hypertension

# **Coding hint**

If patient has the disease, code the disease.

# KS99 Other specified symptoms, complaints, abnormal findings of circulatory system

### Inclusion

cardiovascular pain prominent veins spider naevus telangiectasis

#### **Exclusion**

cyanosis SS07

#### KD DIAGNOSES AND DISEASES OF CIRCULATORY SYSTEM

### KD01 Infection of circulatory system

#### Inclusion

acute endocarditis bacterial endocarditis chronic endocarditis myocarditis pericarditis subacute endocarditis

#### **Exclusion**

arteritis KD99 chronic endocarditis KD71 phlebitis and thrombophlebitis KD78 rheumatic heart disease KD02

#### **KD02 Rheumatic heart disease**

### Description

For acute rheumatic fever: two major, or one major and two minor manifestations, plus evidence of preceding streptococcal infection; major manifestations: migratory polyarthritis; carditis; chorea; erythema marginatum; subcutaneous nodules of recent onset - minor manifestations: fever; arthralgia; elevated ESR or positive Creactive protein; prolonged P-R interval on ECG. For chronic rheumatic heart disease: either physical findings consistent with a valve lesion of the heart in a patient with a history of rheumatic fever or physical findings consistent with mitral stenosis, even in the absence of a history of rheumatic fever, but without any other demonstrable cause.

#### Inclusion

acute rheumatic fever with heart disease KD02.00 acute rheumatic fever without heart disease KD02.01 chorea

# Coding hint

heart valve disease KD71 heart disease, other specified KD72

### **KD25 Neoplasms circulatory system**

### Inclusion

benign cardiovascular neoplasm KD25.00 malignant cardiovascular neoplasm KD25.01 uncertain cardiovascular neoplasm KD25.02

### **Exclusion**

haemangioma SD28

# **KD35 Injury of circulatory system**

#### Inclusion

injury of blood vessels

# KD55 Congenital anomaly of circulatory system

#### Inclusion

congenital anomaly of atrial septum KD55.00 Fallot's tetralogy patent ductus arteriosus ventricular septal defect KD55.01

#### **Exclusion**

haemangioma SD28

# **KD65 Acute coronary syndrome**

### Description

Acute coronary syndrome (ACS) is a syndrome, a set of signs and symptoms, due to decreased blood flow in the coronary arteries such that part of the heart muscle is unable to function properly or dies. The most common symptom is chest pain, often radiating to the left shoulder or angle of the jaw, crushing, central and associated with nausea and sweating.

#### Inclusion

acute myocardial infarction KD65.00 unstable angina pectoris KD65.01

# **Coding hint**

heart pain KS01

#### Note

double code with KD66

#### KD66 Chronic ischaemic heart disease

### **Description**

Chronic heart disease is seen due to the atherosclerosis of coronary arteries.

#### Inclusion

aneurysm of heart arteriosclerotic heart disease atherosclerotic heart disease coronary artery disease coronary sclerosis KD66.00 ischaemic cardiomyopathy old myocardial infarction KD66.01 silent myocardial ischaemia stable angina pectoris KD66.02

#### **Exclusion**

acute ischaemic heart disease KD65

### **KD67 Heart failure**

### Description

Multiple signs including dependent oedema, raised jugular venous pressure, hepatomegaly in the absence of liver disease, pulmonary congestion, pleural effusion, enlarged heart.

#### Inclusion

acute heart failure KD67.00 cardiac asthma chronic heart failure KD67.01 congestive heart failure diastolic heart failure left ventricular heart failure right ventricular heart failure systolic heart failure

### **Exclusion**

cor pulmonale KD99 pulmonary oedema without heart disease/heart failure RD99

### Coding hint

For coding the problem level, consider Energy level 2F71.

#### **KD68 Atrial fibrillation or flutter**

# Description

Atrial fibrillation is an abnormal cardiac rhythm that is characterised by rapid, uncoordinated firing of electrical impulses in the upper chambers of the heart. As a result, blood cannot be effectively pumped into the lower chambers of the heart. As in atrial fibrillation, patients with atrial flutter cannot effectively pump blood into the lower chambers of the heart.

Rapid, irregular atrial contractions caused by a block of electrical impulse conduction in the right atrium and a re-entrant wave front travelling up the inter-atrial septum and down the right atrial free wall or vice versa. Unlike atrial fibrillation, which is caused by abnormal impulse generation, typical atrial flutter is caused by abnormal impulse conduction.

### Exclusion

paroxysmal tachycardia KD69

# Coding hint

abnormal irregular heartbeat KS03 palpitations KS02 paroxysmal atrial fibrillation

# KD69 Paroxysmal tachycardia

# Description

History of recurrent episodes of rapid heart rate (over 140 beats per minute) with both abrupt onset and termination.

#### Inclusion

re-entry tachycardia supraventricular tachycardia KD69.00 ventricular tachycardia KD69.01

#### **Exclusion**

tachycardia NOS KS02 atrial fibrillation KD68

### Coding hint

abnormal irregular heartbeat KS03 palpitations KS02

# KD70 Cardiac arrhythmia or conduction disorder or both

# Description

One or more heartbeats which occur at times other than the regular beats of the underlying rhythm.

#### Inclusion

atrial premature beats atrioventricular block KD70.00 bigeminy bundle branch block cardiac arrhythmia conduction disorder ectopic beats extrasystoles heart block junctional premature beats left bundle-branch block long Q-T syndrome KD70.01 other conduction disorders premature beats right bundle branch block sick-sinus syndrome KD70.02 supraventricular extrasystoles KD70.03 ventricular extrasystoles KD70.04 ventricular fibrillation/flutter ventricular premature beats Wolff-Parkinson-White syndrome KD70.05

### **Exclusion**

paroxysmal tachycardia KD69

# **Coding hint**

abnormal irregular heartbeat KS03 palpitations KS02

#### KD71 Heart valve disease

### Description

Evidence of valvular dysfunction by either characteristic heart murmur or by imaging/ echocardiographic evidence of abnormal valve.

### Inclusion

cardiac valve prolapse KD71.00 mitral valve insufficiency or incompetence or mitral regurgitation KD71.01 mitral valve prolapse non-rheumatic aortic/mitral/pulmonary/tricuspid valve disorder stenosed aortic valve KD71.02

#### **Exclusion**

rheumatic valve disease KD02

### Coding hint

cardiac murmur NOS KS52 hypertensive heart disease KD74

### KD72 Other specified and unknown heart disease

### Inclusion

cardiac arrest KD72.00 cardiac arrest with successful resuscitation KD72.01 cardiomegaly cardiomyopathy KD72.02 non-infectious disease of pericardium non-infectious myocarditis unknown heart disease

# KD73 Hypertension, uncomplicated

# Description

Although a continuous association exists between higher blood pressure and increased cardiovascular disease risk, it is useful to categorise blood pressure levels for clinical and public health decision-making. Look at the guidelines for the criteria. The complications of uncontrolled or prolonged hypertension include damage to the blood vessels, heart, kidneys and brain.

#### Inclusion

essential hypertension idiopathic hypertension

#### Exclusion

hypertension with complications KD74 hypertension in pregnancy WD70

# Coding hint

elevated blood pressure KS51

For children, consult appropriate paediatric blood pressure tables.

# **KD74** Hypertension, complicated

# Description

The complications of uncontrolled or prolonged hypertension include damage to the blood vessels, heart, kidneys and brain.

#### Inclusion

hypertensive heart disease hypertensive renal disease

malignant hypertension secondary hypertension

#### **Exclusion**

uncomplicated hypertension KD73

#### Note

- 1. For children, consult appropriate paediatric blood pressure tables.
- 2. If secondary hypertension, code also the underlying cause.

# **KD75 Postural hypotension**

### Description

Signs or symptoms of cerebrovascular insufficiency (dizziness, syncope) on changing from the supine to the upright position; and a fall in mean blood pressure of 15 mmHg on two or more occasions when changing from the supine to the upright position.

#### Inclusion

orthostatic hypotension

### **Exclusion**

hypotension due to drugs AD41 low blood pressure KS50 ideopathic hypotension KS50

# Coding hint

low blood pressure KS99

# KD76 Atherosclerosis or peripheral vascular disease

#### Inclusion

arterial embolism arterial thrombosis arterial stenosis arteriosclerosis atherosclerosis atheroma Buerger's disease endarteritis gangrene intermittent claudication KD76.00 limb ischaemia Raynaud's syndrome KD76.01 thromboangiitis obliterans KD76.02 vasospasm

#### Exclusion

acute myocardial infarction KD65 aneurysm KD99 cerebral atherosclerosis (transient cerebral ischaemia) ND68 cerebral atherosclerosis ND70 ischaemic heart disease with angina KD65 ischaemic heart disease without angina KD66 mesenteric atherosclerosis DD99 ophthalmic/retinal atherosclerosis FD99 pulmonary atherosclerosis KD77 stroke/cerebrovascular accident ND69 renal atherosclerosis UD99

### **KD77 Pulmonary embolism**

# Description

This is a blockage of the main artery of the lung or one of its branches by a substance that has travelled from elsewhere in the body through the bloodstream (embolism) with a sudden onset of dyspnoea/tachypnoea and either clinical or imaging evidence of pulmonary infarction or ECG evidence of acute right ventricular strain.

### Inclusion

pulmonary (artery/vein) infarction pulmonary thromboembolism pulmonary thrombosis

# Coding hint

chest pain AS12 dyspnoea RS02

# KD78 Thrombosis or phlebitis or thrombophlebitis

#### Inclusion

deep vein thrombosis KD78.00 phlebothrombosis portal thrombosis superficial vein thrombophlebitis KD78.01 superficial vein thrombosis

#### **Exclusion**

cerebral thrombosis ND69, ND70

#### **KD79 Varicose veins**

# Description

Presence of dilated superficial veins or demonstration of valve incompetence of veins.

#### Inclusion

scrotal varices/varicocele KD79.00 varicose eczema varicose veins of sites other than lower extremities varicocele venous insufficiency KD79.01 venous stasis

### **Exclusion**

oesophageal varices KD99 varicose ulcer SD77 varicose veins of anus/rectum DD84

### **Coding hint**

prominent veins KS99

# KD99 Other specified and unknown diagnoses and diseases of the circulatory system

#### Inclusion

aortic aneurysm or dissection KD99.00 arteriovenous fistula arteritis arteritis temporalis KD99.03 diabetic peripheral angiopathy KD99.01 lymphoedema KD99.04 oesophageal varices KD99.02 other aneurysm polyarteritis nodosa vasculitis

### **Exclusion**

atherosclerotic arterial stricture/stenosis KD76 cerebral aneurysm ND70 chronic/non-specific lymphadenitis BD02 gangrene KD76

### L MUSCULOSKELETAL SYSTEM

# LS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF MUSCULOSKELETAL SYSTEM LS01 Neck symptom or complaint

#### Inclusion

cervicalgia neck symptom pain attributed to cervical spine neck stiffness

### **Coding hint**

Consider the syndrome LD65.

For coding the problem level, consider Pain functions 2F84.

Use the extension codes for distinguishing between acute and chronic.

# LS02 Back symptom or complaint

#### Inclusion

backache dorsalgia thoracic back pain

#### **Exclusion**

low back pain LS03

# Coding hint

Consider the syndrome LD66 or LD67.

For coding the problem level, consider Pain functions 2F84.

Use the extension codes for distinguishing between acute and chronic.

# LS03 Low back symptom or complaint

#### Inclusion

coccydynia lumbago lumbalgia lumbar and sacroiliac back pain

#### **Exclusion**

sciatica LD67 thoracic back pain LS02

# **Coding hint**

Consider the syndrome LD66 or LD67.

For coding the problem level, consider Pain functions 2F84.

Use the extension codes for distinguishing between acute and chronic.

# LS04 Musculoskeletal chest symptom or complaint

#### Inclusion

chest pain attributed to musculoskeletal system intercostal pain swelling on chest

### **Exclusion**

chest pain AS12 intercostal neuralgia ND77 pain attributed to the heart KS01 painful respiration/pleuritic pain/pleurodynia RS01

### LS05 Flank or axilla symptom or complaint

#### Inclusion

flank pain loin pain pain in axilla

### **Exclusion**

kidney symptom US07

### LS06 Jaw symptom or complaint

#### Inclusion

temporomandibular joint symptom

### **Exclusion**

teeth/gum symptom/complaint DS19 temporomandibular joint disorder DD65

# **Coding hint**

Consider the syndrome DD65.

### LS07 Shoulder symptom or complaint

### **Coding hint**

Consider the syndrome LD68.

### LS08 Arm symptom or complaint

### **Exclusion**

muscle pain/myalgia LS17

### LS09 Elbow symptom or complaint

### LS10 Wrist symptom or complaint

LS11 Hand or finger (or both) symptom or complaint

### Inclusion

cramp in hands pain in joint of hand or finger pain in fingers pain in hand

### LS12 Hip symptom or complaint

# LS13 Leg or thigh (or both) symptom or complaint

#### Inclusion

buttock pain leg cramps leg weakness

### **Exclusion**

growing pain LS99 muscle pain/myalgia LS17 restless legs NS03

# LS14 Knee symptom or complaint

#### Inclusion

effusion or swollen knee

# LS15 Ankle symptom or complaint

#### **Exclusion**

ankle oedema KS04

# LS16 Foot or toe (or both) symptom or complaint

#### Inclusion

foot/feet cramp heel pain metatarsalgia LS16.00

# LS17 Muscle pain

#### Inclusion

abdominal wall pain myalgia rheumatism

### **Exclusion**

pain in neck LS01 pain in back LS02 pain in lower back LS03 leg cramps LS13

# LS18 Chronic widespread pain

### Description

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) and 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 those regions and there are features consistent with nociplastic pain and identified psychological and social contributors. Other chronic pain diagnoses to be considered are chronic cancer pain, chronic postsurgical or post-traumatic pain, chronic neuropathic pain, chronic visceral pain and chronic musculoskeletal pain.

#### Inclusion

fibromyalgia fibromyositis primary fibromyalgia syndrome LS18.00

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

# LS19 Muscle symptom or complaint

#### Inclusion

atrophy of muscle muscle stiffness muscle strain wasting of muscle weakness of muscle

#### **Exclusion**

'growing pains' in child LS99 leg cramps LS13 muscle pain LS17 pain in neck LS01 pain in back LS02 pain in lower back LS03 restless legs NS03

# LS20 Other specified joint symptoms or complaints

#### Inclusion

arthralgia effusion of other specified joint multiple joint symptoms or complaints pain in joint stiffness in joint swelling of joint weakness in joint

#### Exclusion

ankle symptom/complaint LS15 elbow symptom/complaint LS09 foot/toe symptom/complaint LS16 hand/finger symptom/complaint LS11 hip symptom/complaint LS12 jaw symptom/complaint LS06 knee symptom/complaint LS14 shoulder symptom/complaint LS07 wrist symptom/complaint LS10

# LS90 Concern or fear of disease of musculoskeletal system

### Description

Concern about/fear of disease of musculoskeletal system in a patient without the disease, until the diagnosis is proven.

# Coding hint

If the patient has the disease, code the disease.

# LS99 Other specified symptoms, complaints and abnormal findings of musculoskeletal system

#### Inclusion

abnormal posture 'growing pains' in a child

### **Exclusion**

clubbing of fingernails SS09

# LD DIAGNOSES AND DISEASES OF MUSCULOSKELETAL SYSTEM LD01 Infection of musculoskeletal system

### Description

Infection localised in musculoskeletal system.

#### Inclusion

bacterial (septic) arthritis LD01.00 infective tenosynovitis osteomyelitis LD01.01 pyogenic arthritis

#### **Exclusion**

Reiter's disease LD99 late effect of polio ND01

### LD25 Malignant neoplasm musculoskeletal system

### Description

Characteristic histological appearance.

#### Inclusion

fibrosarcoma osteosarcoma

#### **Exclusion**

benign/unspecified musculoskeletal neoplasm LD26 secondary neoplasms (code to original site)

# LD26 Benign, uncertain or carcinoma in situ musculoskeletal

#### Inclusion

benign musculoskeletal neoplasm muscoloskeletal neoplasm in situ musculoskeletal neoplasm not specified as benign or malignant when histology is not available

### Exclusion

osteochondroma

malignant musculoskeletal neoplasm LD25

#### LD35 Fracture of radius or ulna or both

# Description

Imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone.

### Inclusion

Colles' fracture elbow fracture

#### **Exclusion**

non-union LD99

#### Coding hint

If it is a pathological fracture, code also the underlying disease.

### LD36 Fracture of tibia or fibula or both

#### Description

Imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone.

#### Inclusion

Pott's fracture

#### Exclusion

fracture patella LD39 non-union LD99

### Codina hint

If it is a pathological fracture, code also the underlying disease.

### LD37 Fracture of hand or foot bone or both

### Description

Imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone.

#### Inclusion

fracture of carpal bone fracture of metacarpal bone fracture of phalanx hand LD37.00 fracture of phalanx foot LD37.01 fracture of tarsal bone fracture of metatarsal bone

#### **Exclusion**

non-union LD99

# Coding hint

If it is a pathological fracture, code also the underlying disease.

#### LD38 Fracture of femur

### Description

Imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone.

#### Inclusion

fracture of neck of femur LD38.00

#### Exclusion

non-union LD99

# **Coding hint**

If it is a pathological fracture, code also the underlying disease.

## LD39 Other specified and unknown fracture

### Description

Imaging evidence of a fracture; or trauma plus visible/palpable displacement of the bone surface.

### Inclusion

fracture of clavicle LD39.01 fracture of humerus LD39.02 fracture of nasal bones LD39.00 fracture of pelvis LD39.05 fracture of patella LD39.06 fracture of rib LD39.03 fracture of skull LD39.07 fracture of vertebral column LD39.04 unknown fracture

### **Exclusion**

fractures in radius/ulna LD35 fractures in tibia/fibula LD36 fractures in hand/foot bone LD37 fractures in femur LD38 fractured skull with cerebral injury ND36 non-union LD99

# Codina hint

If it is a pathological fracture, code also the underlying disease.

# LD45 Injury to multiple structures of knee

# Description

An initial injury which occurred no longer than 1 month previously and demonstration of ligament/meniscus tear by surgery/arthroscopy/imaging, or by locking/ giving way, pain and swelling of knee. Or a stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure.

### Inclusion

acute damage to meniscus/cruciate ligaments acute damage to collateral ligaments of knee acute (traumatic) derangement of knee LD45.00 rupture of cruciate ligaments LD45.01 sprain of cruciate ligaments of knee LD45.01 sprain of lateral collateral ligament of knee LD45.02 sprain of medial collateral ligament of knee LD45.02 tear of meniscus of knee LD45.03

### **Exclusion**

chronic internal damage to knee LD99 dislocation of patella LD48

### LD46 Sprain or strain of ankle

# Description

A stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure.

### LD47 Other specified and unknown sprain or strain of joint

# Description

A stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure.

#### Inclusion

sprain/strain of other joint/ligament unknown sprain or strain of joint whiplash injury of neck LD47.00

### **Exclusion**

sprain/strain ankle LD46 sprain/strain knee LD45 back strain LD66 cervical neck sprain LD65

### LD48 Dislocation or subluxation

# Description

A trauma to the joint plus either imaging evidence of a dislocation/subluxation or visible/palpable dislocation deformity.

### Inclusion

closed subluxation of jaw LD48.00 dislocation acromioclavicular of joint LD48.01 dislocation of any site, including spine dislocation of finger LD48.02 dislocation of shoulder joint LD48.03 open dislocation of jaw LD48.00 subluxation acromioclavicular of joint LD48.01 subluxation of any site, including spine subluxation of finger LD48.02 subluxation of radial head LD48.04 subluxation of shoulder joint LD48.03

# Coding hint

Code fracture dislocations to the fracture.

# LD49 Other specified musculoskeletal injury

### Inclusion

contusion of rib LD49.00 deep foreign body tear musculus gastrocnemius LD49.01 traumatic amputation traumatic haemarthrosis

#### **Exclusion**

animal bite SD40 bruise/contusion SD35 head injury/concussion/intracranial injury/skull fracture ND36 injury teeth DD35 injury eardrum HD65 insect bite/sting SD39 internal injury of chest/abdomen/pelvis, multiple trauma AD35 laceration/open wound SD37 laceration/other injury to nerve ND37 late effect trauma/deformity/disability/scarring AD37 non-/mal-union of fracture LD99 traumatic arthropathy LD80

# LD55 Congenital anomaly of musculoskeletal system

#### Inclusion

bow leg cervical rib LD55.00 clubfoot (talipes) congenital dislocation of hip LD55.01 congenital hip dysplasia LD55.01 congenital malformation of skull and face genu recurvatum other congenital deformity of the foot spina bifida occulta LD55.02 talipes equinovarus LD55.03

#### **Exclusion**

pes planus (acquired) LD71 scoliosis LD70 spina bifida ND55

# LD65 Neck syndrome

# Description

Cervical pain from the neck, with or without radiation.

# Inclusion

cervical disc lesion with/without radiation of pain cervical herniation of nucleus pulposus LD65.00 cervicobrachial syndrome with/without radiation of pain cervicogenic headache with/without radiation of pain osteoarthritis of neck with/without radiation of pain radicular syndrome of upper limbs with/without radiation of pain spondylosis with/without radiation of pain torticollis with/without radiation of pain

#### **Exclusion**

whiplash injury of neck LD47

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

# LD66 Back syndrome without radiating pain

### Description

Back pain without radiation plus limitation of movement confirmed at medical examination

#### Inclusion

back strain collapsed vertebra facet joint degeneration osteoarthrosis or osteoarthritis of spine spondylolisthesis LD66.01 spondylosis LD66.00 spondylolysis LD66.01

#### **Exclusion**

back pain with radiation/sciatica LD67 coccydynia LS03 syndrome related to the neck LD65

### Coding hint

For coding the problem level, consider Pain functions 2F84.

symptom or complaint back LS02 symptom or complaint low back LS03

# LD67 Back syndrome with radiating pain

# Description

Pain in the lumbar/thoracic region of the spine, accompanied by pain radiating to, or a neurological deficit of, an appropriate area; or sciatica, pain radiating down the

back of the leg, aggravated by coughing, movement, or posture; or demonstration of a prolapsed lumbar or thoracic disc by appropriate imaging technique, or during surgery.

### Inclusion

disc prolapse/degeneration lumbar disc prolapse with radiculopathy LD67.00 sciatica thoracic disc prolapse with radiculopathy LD67.00

### **Exclusion**

cervical disc lesion LD65 recent back strain LD66 spondylolisthesis LD66

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

back pain LS02 low back pain LS03

#### Note

Exclude referred pain which is diffuse.

# LD68 Shoulder syndrome

### Description

Shoulder pain with limitation of movement/local tenderness/crepitus; or periarticular calcification on imaging.

#### Inclusion

adhesive capsulitis (frozen shoulder) bursitis of shoulder osteoarthrosis of shoulder rotator cuff syndrome synovitis of shoulder tendinitis around shoulder

### LD69 Patella disorder

#### Inclusion

recurrent instability of patella retropatellar chondromalacia LD69.00

### **Exclusion**

dislocation/subluxation due to an injury LD48

### Coding hint

knee symptom LS14; sprain of knee LD45

### LD70 Acquired deformity of spine

#### Inclusion

kyphoscoliosis kyphosis lordosis scoliosis deformity of spine LD70.00

#### **Exclusion**

ankylosing spondylitis LD74 congenital deformity LD55 spondylolisthesis LD66

# LD71 Acquired deformity of limb

#### Inclusion

acquired unequal limb length LD71.00 bunion genu valgum-varum hallux valgus/varus LD71.01 hammer toe LD71.02 mallet finger LD71.03 talipes (pes) planus (flatfoot) LD71.04

### Exclusion

general congenital deformity/anomaly AD55 musculoskeletal genital deformity/anomaly LD55

# LD72 Other specified and unknown bursitis, tendinitis, synovitis

### Inclusion

acquired trigger finger LD72.00 bone spurs bursitis LD72.01 calcaneus spur LD72.02 calcified tendon Dupuytren's contracture LD72.03 fasciitis ganglion medial epicondylitis of elbow joint LD72.04 synovial cysts tendinitis/tenosynovitis LD72.05 unknown bursitis, tendinitis, synovitis

#### **Exclusion**

bursitis/tendinitis/synovitis of shoulder LD68 sprain or strain of knee LD45 tennis elbow/lateral epicondylitis LD73

#### LD73 Tennis elbow

# Description

A condition characterised by pain in or near the lateral humeral epicondyle or in the forearm extensor muscle mass as result of unusual strain.

#### Inclusion

lateral epicondylitis

#### **Exclusion**

other tendinitis LD72

#### LD74 Rheumatoid arthritis and related conditions

### Description

- 1. Rheumatoid arthritis (RA) is persistent and/or erosive disease that is defined as the confirmed presence of synovitis in at least one 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 four domains: number and site of involved joints, serologic abnormality, elevated acute-phase response and symptom duration.
- 2. 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.
- 3. 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, enthesitisrelated arthritis (spondylarthropathies) and the juvenile form of psoriatic arthritis.
- 4. Ankylosing spondylitis is a chronic inflammatory condition affecting the axial joints, such as the sacroiliac joint and other intervertebral or costovertebral joints. It occurs predominantly in young males and is characterised by pain and stiffness of joints (ankylosis) with inflammation at tendon insertions.

### Inclusion

adult-onset Still's disease ankylosing spondylitis LD74.00 iuvenile arthritis rheumatoid arthritis LD74.01

#### Exclusion

gout LD75 other crystalarthropathies LD99 polymaylagia rheumatica LD75 psoriatic arthropathy LD99

# Coding hint

For coding the problem level, consider Pain functions 2F84.

#### LD75 Gout

### Description

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.

#### **Exclusion**

hyperuricemia TD99 pseudo-gout/other crystal arthropathy LD99

#### Note

Gout is a term applied to a heterogeneous group of genetic and acquired diseases manifested by hyperuricemia and a characteristic acute inflammatory arthritis induced by crystals of monosodium urate monohydrate. Some patients develop aggregated deposits of these crystals (tophi) in and around the joints of the extremities that can lead to severe crippling. Many patients develop a chronic interstitial nephropathy. In addition, uric acid urolithiasis is common in gout. These manifestations of gout can occur in different combinations. However, essential hyperuricemia alone, even when complicated by uric acid lithiasis, should not be called gout; gout signifies inflammatory arthritis or tophaceous disease.

# LD76 Polymyalgia rheumatica

# Description

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.

# **Coding hint**

If also giant cell arteriitis (often together with polymyalgia), code KD99.

#### LD77 Osteochondrosis

### Description

Any of a group of bone disorders involving one or more ossification centres (epiphyses). It is characterised by degeneration or necrosis followed by revascularisation and reossification. Osteochondrosis often occurs in children causing varying degrees of discomfort or pain. There are many eponymic types for specific affected areas, such as tarsal navicular (Kohler disease) and tibial tuberosity (Osgood-Schlatter disease).

#### Inclusion

apophysitis of calcaneus (Sevr's disease) Legg-Calvé-Perthes disease LD77.00 Osgood-Schlatter disease LD77.01 osteochondritis dissecans LD77.02 Scheuermann's disease slipped upper femoral epiphysis LD77.03 spinal endplate defects

#### 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.

# LD78 Osteoarthrosis of hip

# Description

OA is the most common joint disease in persons 65 years of age and above. Its aetiology 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. Osteoarthrosis means degeneration of the joint, and osteoarthritis means inflammation of the joint.

#### Inclusion

osteoarthritis of hip secondary to dysplasia/trauma

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

arthritis NOS LD80 joint symptom LS20

#### LD79 Osteoarthrosis of knee

# Description

A progressive, degenerative joint disease, the most common form of arthritis, especially in older persons. The disease is thought to result not from the ageing process but from biochemical changes and biomechanical stresses affecting articular cartilage. In the foreign literature, it is often called osteoarthrosis deformans.

### Inclusion

osteoarthritis of knee secondary to dysplasia/trauma

# Coding hint

For coding the problem level, consider Pain functions 2F84.

arthritis NOS LD80 joint symptom LS20

### LD80 Other specified and unknown osteoarthrosis

# Description

OA is the most common joint disease in persons 65 years of age and above. Its aetiology 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. Osteoarthrosis means degeneration of the joint, and osteoarthritis means inflammation of the joint.

#### Inclusion

arthritis NOS osteoarthritis traumatic arthropathy unknown osteoarthrosis

#### Exclusion

osteoarthosis of hip LD78 osteoarthrosis of knee LD79 osteoarthrosis of neck LD65 osteoarthrosis of shoulder LD68 osteoarthrosis of spine LD66

# LD81 Osteoporosis

# Description

Reduction of bone mass without alteration in the composition of bone, leading to fractures.

#### Inclusion

osteopenia LD81.00

### **Coding hint**

For coding the problem level, consider Pain functions 2F84.

#### Note

Double code the pathological fracture due to osteoporosis.

# LD99 Other specified diagnoses and diseases of musculoskeletal system

### Inclusion

chronic internal derangement of knee contractures costochondritis crystal arthropathy dermatomyositis hypermobility syndrome LD99.00 instability knee LD99.01 loose body in joint LD99.02 malunion of fracture non-union of fracture (pseudoarthrosis) LD99.03 non-traumatic derangement of knee LD99.07 old meniscus injury LD99.04 osteomalacia Paget's disease of bone pathological fracture NOS pseudo-gout psoriatic arthritis LD99.05 Reiter's disease; scleroderma Sjögren's syndrome spontaneous rupture tendon systemic lupus erythematosus Tietze's disease LD99.06

#### **Exclusion**

gout LD75 hyperuricaemia TD99 post-polio paralysis ND01 post-stroke paralysis NS10

### Coding hint

psoriatic arthritis (code also SD72)

#### N NEUROLOGICAL SYSTEM

# NS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF **NEUROLOGICAL SYSTEM**

#### **NS01** Headache

### Inclusion

post-traumatic headache

#### Exclusion

atypical facial neuralgia ND99 cervicogenic headache LD65 cluster headache ND72 face pain NS02 migraine ND71 post-herpetic pain SD03 sinus pain RS11 tension headache ND73

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

### **NS02** Pain, face

### **Exclusion**

headache NS01 migraine ND71 post-herpetic pain SD03 sinus pain RS11 toothache DS19 trigeminal neuralgia ND74

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

### **NS03** Restless legs

### Description

A phenomenon characterised by aching or burning sensations in the lower and rarely the upper extremities that occur prior to sleep or may awaken the patient from sleep.

#### Inclusion

Sleep-related leg cramps

# **Exclusion**

adverse effect medical agent AD40 intermittent claudication KD76 leg cramps LS13

# **Coding hint**

For coding the problem level, consider Pain functions 2F84. For coding the problem level, consider Sleep functions 2F72.

# NS04Tingling fingers, feet, toes

### Inclusion

paraesthesia prickly feeling fingers prickly feeling feet prickly feeling toes

#### **Exclusion**

pain or tenderness of skin SS01

#### **NS05 Sensation disturbances**

#### Inclusion

anaesthesia burning sensation numbness

### **Exclusion**

pain/tenderness of skin SS01 tingling fingers, feet, toes NS04

### **NS06 Convulsion or seizure**

# Description

Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive and disorganised discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena.

#### Inclusion

febrile convulsion febrile seizures NS06.00 fit

#### **Exclusion**

fainting AS07 transient ischaemic attack ND68

### **NS07** Abnormal involuntary movements

### Inclusion

dystonic movements jerking myoclonus shaking tetany tremor twitching

### **Exclusion**

chorea KD02 convulsion NS06 cramps/spasm jaw LS06 cramps/spasm arm LS08 cramps/spasm hand/finger LS11 cramps/spasm leg/thigh LS13 cramps/spasm foot/toe LS16 cramps/spasm muscle LS17 dystonic disorder ND99 organic tic ND99 psychogenic tic ND99 restless legs NS03 tic douloureux ND74

### NS08 Disturbance of smell, taste or both

#### Inclusion

anosmia

#### **Exclusion**

halitosis DS20

# **NS09 Vertigo or dizziness**

### Inclusion

giddiness lightheaded NS09.00 loss of balance rotatory vertigo NS09.01 woozy

#### Exclusion

motion sickness AD45 specific vertiginous syndrome HD67 syncope or blackout AS07

### **NS10 Paralysis and weakness**

### Inclusion

muscle weakness palsy paralysis paralytic symptoms paresis

#### **Exclusion**

general weakness AS04

### **NS11 Speech problem**

# Inclusion

aphasia dysarthria dysphasia slurred speech stammering or stuttering NS11.00

#### **Exclusion**

hoarseness RS13 speech delay PS18

## NS90 Concern or fear of neurological disease

### Description

Concern about/fear of neurological cancer in a patient without the disease, until the diagnosis is proven.

### **Coding hint**

If the patient has the disease, code the disease.

# NS99 Other specified symptoms, complaints and abnormal findings of neurological system

### Inclusion

ataxia gait abnormality gait pattern problem limping meningism transient global amnesia walking problem

# ND DIAGNOSES AND DISEASES OF NEUROLOGICAL SYSTEM **ND01 Poliomvelitis**

### Description

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.

#### Inclusion

acute poliomyelitis ND01.00 late effect of poliomyelitis other neurological enterovirus infection post-polio syndrome

### ND02 Meningitis, encephalitis or both

### Description

An acute febrile illness with abnormal findings in the cerebrospinal fluid.

#### Inclusion

bacterial meningitis ND02.00 encephalitis ND02.01 myelitis ND02.02 viral meningitis ND02.03

### Coding hint

meningism NS99

#### ND03 Tetanus

### Description

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.

# ND04 Other specified and unknown neurological infection

#### Inclusion

cerebral abscess slow virus infection ND04.00 unknown neurological infection

### Exclusion

acute polyneuritis ND01 meningitis/encephalitis ND02 poliomyelitis ND01

# ND25 Neoplasm nervous system

### Description

A benign, malignant or a neoplasm with uncertain behaviour that affects the brain, meninges, spinal cord, peripheral nerves or autonomic nervous system. Representative examples of primary neoplasms include astrocytoma, oligodendroglioma, ependymoma and meningioma.

### Inclusion

benign neoplasm nervous system ND25.00 malignant neoplasm nervous system ND25.01 neoplasm of uncertain behaviour nervous system ND25.02

### **Exclusion**

neurofibromatosis A90

### **Coding hint**

unspecified neoplasm nervous system ND25.02

#### **ND35 Concussion**

# Description

Concussion is a non-specific term used to describe transient alteration or loss of consciousness following closed head injury. The duration of unconsciousness generally lasts a few seconds, but may persist for several hours.

#### Inclusion

late effect of concussion

#### **Exclusion**

post-traumatic headache NS01

### **Coding hint**

other head injury ND35 psychological effects of concussion PS02

# ND36 Other specified and unknown head injury

### Description

Trauma to the head, complicated by cerebral damage.

#### Inclusion

cerebral contusion ND36.00 cerebral injury with skull fracture cerebral injury without skull fracture epidural intracranial haematoma ND36.01 extradural haematoma subdural haematoma

traumatic intracranial haemorrhage ND36.02 traumatic subdural intracranial haemorrhage ND36.03 unknown head injury

### **Exclusion**

concussion ND35

### ND37 Other specified and unknown injury neurological system

#### Inclusion

nerve injury spinal cord injury unknown injury neurological system

### ND55 Congenital anomaly of neurological system

#### Inclusion

congenital hydrocephalus ND55.00 spina bifida ND55.01

### **ND65 Multiple sclerosis**

# Description

Multiple Sclerosis is a chronic, inflammatory demyelinating disease of the central nervous system. Three categories of multiple sclerosis have been outlined: relapsing/remitting, secondary progressive and primary progressive multiple sclerosis. Multiple sclerosis is characterised by exacerbations/remissions of multiple neurological manifestation with deficits/derangements disseminated in both time and site (any combination of neurological signs and symptoms is possible).

#### Inclusion

disseminated sclerosis

# Coding hint

For coding the problem level, consider Energy level 2F71.

#### ND66 Parkinsonism

### Description

Parkinsonism is characterised by poverty and slowness of voluntary movements, resting tremor improving with active purposeful movement and muscular rigidity.

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's 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.

#### Inclusion

drug-induced Parkinsonism paralysis agitans Parkinson's disease ND66.00

### ND67 Epilepsy

### Description

Epilepsy is characterised by recurrent episodes of sudden altered consciousness, with or without tonic-clonic movements or seizure, plus either eyewitness account of the attack or characteristic abnormality of electroencephalogram (EEG).

#### Inclusion

focal seizures generalised seizures grand mal seizures petit mal seizures status epilepticus

# **Coding hint**

convulsion NS05

#### ND68 Transient cerebral ischaemia

### Description

Transient cerebral ischaemia is characterised by symptoms of transient (less than 24 hours) hypofunction of the brain, with sudden onset, presumed of vascular origin, without sequelae and with exclusion of migraine/migraine equivalent/epilepsy.

### Inclusion

basilar insufficiency drop attacks transient ischaemic attack (TIA)

#### **Exclusion**

carotid bruit KS52 cerebrovascular accident ND69 migraine ND71 transient global amnesia NS99

#### Note

Double code with ND70.

#### ND69 Stroke or cerebrovascular accident

# Description

Stroke is characterised by an acute neurological dysfunction caused by a focal infarction, presumed of vascular origin, lasting more than 24 hours or causing death, and within 4 weeks (28 days) of onset.

#### Inclusion

apoplexy cerebral embolism cerebral haemorrhage cerebral infarction ND69.00 cerebral occlusion cerebral stenosis cerebral thrombosis cerebrovascular accident CVA

non-traumatic intracranial haemorrhage ND69.01 subarachnoid intracranial haemorrhage ND69.02

### Exclusion

transient cerebral ischaemia ND68 traumatic intracranial haemorrhage ND36

#### Note

Double code with ND70.

### ND70 Cerebrovascular disease

### Description

This is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. The criteria for this rubric is a previous transient cerebral ischaemia or stroke or investigation evidence of cerebrovascular disease.

### Inclusion

cerebral aneurysm sequelae of stroke

### **Exclusion**

stroke or cerebrovascular accident ND69 transient cerebral ischaemia ND68

### **ND71 Migraine**

### Description

Migraine is characterised by recurrent episodes of headache with three or more of the following: unilateral headache; nausea/vomiting; aura; other neurological symptoms; family history of migraine.

vascular headache with aura vascular headache without aura

### **Exclusion**

cervicogenic headache LD65 cluster headache ND72 tension headache ND73

# Codina hint

For coding the problem level, consider Pain functions 2F84.

### ND72 Cluster headache

### Description

Cluster headache is characterised by attacks of severe, often excruciating unilateral pain peri-orbitally and/or temporally, occurring up to eight times a day, sometimes associated with conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, sweating, miosis, ptosis or eyelid oedema. Attacks occur in cluster periods lasting weeks or months, separated by remissions lasting months or years.

# **Coding hint**

For coding the problem level, consider Pain functions 2F84.

### ND73 Tension headache

### Description

Tension headache is characterised by a pressing, generalised headache associated with stress and muscle tension with or without increased tenderness of pericranial muscles.

### **Exclusion**

cluster headache ND72 migraine ND71

### Coding hint

For coding the problem level, consider Pain functions 2F84.

# ND74 Trigeminal neuralgia

### Description

Trigeminal neuralgia is characterised by unilateral paroxysms of burning facial pain aggravated by touching trigger points, blowing nose or yawning, without sensory or motor paralysis.

#### Inclusion

tic douloureux

### **Exclusion**

post-herpetic neuralgia SD03

### **Coding hint**

For coding the problem level, consider Pain functions 2F84. neuralgia NOS ND99

### **ND75 Facial paralysis**

### Description

Facial paralysis is characterised by an acute onset of unilateral paralysis of muscles of facial expression without sensory loss. Facial nerve dysfunction at the stylomastoid foramen leads to ipsilateral upper and lower facial weakness, manifested by an asymmetric smile, poor eyebrow elevation, decreased forehead wrinkling, widened palpebral fissure, weak eye closure, deviation of eye upward and laterally with attempted eye closure (Bell's phenomenon) and flattening of the nasolabial fold. Sagging of the lower eyelid causes tears to spill over the cheek, and saliva may also dribble from the corner of mouth. Although there may be subjective feelings of heaviness or numbness in the face, sensory loss is rarely demonstrable and taste is intact. If the lesion is in the middle ear portion proximal to the stylomastoid foramen, taste is lost over the anterior two-thirds of the tongue on same side. If the nerve to the stapedius is interrupted, there is hyperacusis (increased sensitivity to loud sounds).

#### Inclusion

Bell's palsy

### ND76 Carpal tunnel syndrome

# Description

Loss/impairment of superficial sensation affecting the thumb, index and middle finger, that may or may not split the ring finger. Dysaesthesia and pain worsen usually during the night and may radiate to the forearm.

# ND77 Peripheral neuritis, neuropathy or both

# Description

Sensory, reflex and motor changes confined to the territory of individual nerves, sometimes without apparent cause, sometimes secondary to a specific disease, e.g. diabetes.

#### Inclusion

acute infective polyneuropathy common peroneal neuropathy ND77.00 diabetic neuropathy ND77.01 Guillain-Barré syndrome ND77.02 meralgia paresthetica ND77.03 Morton's neuroma ND77.04 neuritis nerve lesion phantom limb phantom pain ND77.05 thoracic outlet syndrome ND77.06

#### **Exclusion**

post-herpetic neuropathy SD03

#### Note

Double code diabetic neuropathy with TD71, TD72.

# ND99 Other specified and unknown diagnoses and diseases of neurological system

#### Inclusion

amyotrophic lateral sclerosis ND99.00 cerebral palsy combined disorder of muscle and peripheral nerve ND99.01 motor neuron disease myasthenia gravis ND99.02 neuralgia NOS tic disorders ND99.03

#### Exclusion

sleep apnoea PS06

### P PSYCHOLOGICAL, MENTAL AND NEURODEVELOPMENTAL

# PS PSYCHOLOGICAL, MENTAL AND NEURODEVELOPMENTAL SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS PS01 Feeling anxious or nervous or tense

### Description

Feelings of being anxious, nervous or tense, reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder. A gradual transition exists from feelings that are unwelcome - but quite normal - and feelings that are so troublesome to the patient that professional help is sought.

### Inclusion

anxiety NOS feeling frightened

#### **Exclusion**

anxiety disorder PD06

#### **PS02 Acute stress reaction**

# Description

A reaction to a stressful life event or significant life change requiring a major adjustment, either as an expected response to the event or as a maladaptive response interfering with daily coping and resulting in impaired social functioning, with recovery within a limited period of time.

### Inclusion

acute adjustment problem culture shock feeling grief feeling homesick feeling stressed immediate post-traumatic stress shock (psychic)

#### **Exclusion**

depressive disorder PD12 feeling depressed PS03 post-traumatic stress disorder PD09

### **PS03 Feeling sad**

# Description

Feelings of sadness reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder. A gradual transition exists from feelings that are unwelcome – but quite normal – and feelings that are so troublesome to the patient that professional help is sought.

#### Inclusion

feeling inadequate unhappy

### **Exclusion**

depressive disorder PD12 low self-esteem PS99

# PS04 Feeling or being irritable or angry

# Description

Feelings reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder, or behaviour indicating irritability or anger. A gradual transition exists from feelings or behaviour that are unwelcome – but quite normal – and those that are so troublesome that professional help is sought.

agitation NOS restlessness NOS

### **Exclusion**

adolescent behaviour symptom/complaint PS19 child behaviour symptom/complaint PS18 irritability in partner ZC30 overactive child PS18

### **PS05 Suicidal ideation**

# Description

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

#### **Exclusion**

suicide attempt PD14

### **PS06 Sleep disturbance**

# Description

Sleep disturbance as a diagnosis requires that the sleeping problem forms a major complaint, which, according to both patient and doctor, is not caused by another disorder but is a condition in its own right. Insomnia requires a quantitative or qualitative deficiency of sleep which is unsatisfactory in the patients' opinion, over a considerable period of time. In hypersomnia, excessive daytime sleepiness and sleep attacks exist which limit the patient's performance.

#### Inclusion

insomnia nightmares sleepwalking

### **Exclusion**

jet lag AD45 sleep apnoea RS06 somnolence AS99

# Coding hint

For coding the problem level, consider Sleep functions 2F72.

### **PS07 Sexual desire and fulfilment problem**

# Description

Sexual problems with regard to desire or to fulfilment not caused by any organic disorder or disease, but a reflection of the inability of a patient to participate in the sexual relationship she/he wants because of lack of desire, failure of genital response or function, or problems with sexual development.

#### Inclusion

frigidity loss of libido non-organic impotence or dyspareunia premature ejaculation PS07.00 primary erectile dysfunction PS07.01 vaginismus of psychogenic origin PS07.02

#### Exclusion

concern with sexual preference PS08 organic impotence/sexual problems GS24 organic vaginismus GS23

# Coding hint

For coding the problem level, consider Sexual functions 2F86.

# PS08 Gender incongruence problem

# Description

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.

# **PS09** Eating problem in child

# Description

Problem with eating behaviour of child.

### Inclusion

feeding problem food refusal

#### Exclusion

anorexia nervosa PD17 bulemia PD17 eating problem of infant/child TS04

#### Note

Problems with behaviour of children are particularly difficult to classify, which is illustrated by the fact that they are distributed over four chapters of the ICPC. Whether or not parents present these problems to a GP will reflect their ideas about the gradual differences between normal - though maybe annoying - behaviour and behaviour that is considered worrying or 'pathological'.

### **PS10** Bedwetting or enuresis

### Description

Bedwetting is characterised by involuntary voiding of urine by day/night not determined to be related to any organic disorder.

#### **Exclusion**

bedwetting due to organic disorder US03

#### Note

Problems with behaviour of children are particularly difficult to classify, which is illustrated by the fact that they are distributed over four chapters of the ICPC. Whether or not parents present these problems to a GP will reflect their ideas about the gradual differences between normal - though maybe annoying - behaviour and behaviour that is considered worrying or 'pathological'.

### **PS11 Encopresis**

### Description

Encopresis is the repeated production of usually well-formed faeces in inappropriate places like the floor or inside clothing, instead of on toilet or potty. In general the term 'encopresis' is used for children of at least 4 years of age and older, and not caused by constipation/sphincter control disorder/another disease.

### PS12 Chronic alcohol problem

### Description

A problem due to the use of alcohol resulting in one or more of the following: harmful use with clinically important damage to health; dependence syndrome; withdrawal state; psychotic disorder.

#### Inclusion

alcohol brain syndrome alcohol dependence PS12.00 alcohol psychosis alcohol withdrawal delirium PS12.01 alcoholism PS12.02 binge drinker PS12.03 delirium tremens Korsakoff's psychosis PS12.04

#### Note

Substance abuse problem definitions should take into account the considerable differences between countries and cultures. A doctor can decide to label an episode as 'chronic alcohol abuse' without the patient's agreement and consequently also without the patient's willingness to any medical intervention.

#### PS13 Acute alcohol intoxication

### Description

A problem due to the use of alcohol resulting in one or more of the following: acute intoxication; harmful use with clinically important damage to health; dependence syndrome; withdrawal state.

#### Inclusion

drunk

### Note

A doctor can decide to label an episode as 'acute alcohol abuse' without the patient's agreement and consequently also without the patient's willingness to agree to any medical intervention.

### PS14 Tobacco smoking problem

# Description

A problem due to the use of tobacco resulting in one or more of the following: harmful use with clinically important damage to health; dependence syndrome; withdrawal state.

#### Inclusion

smoking problem

#### Note

Tobacco abuse/problem definitions should take into account the considerable differences between countries and cultures. An alcohol-dependent or heroin-addicted patient needs medical attention, but the definitions of 'tobacco abuse' are controversial. A physician can decide to label an episode as 'tobacco abuse' without the patient's agreement and consequently also without the patient's willingness to agree to any medical intervention.

### **PS15 Medication abuse**

# Description

Abuse of any prescribed medication.

#### Note

Substance abuse problem definitions should take into account the considerable differences between countries and cultures. Some patient's request and use tranquillizers, sleeping tablets, anorectics or laxatives inappropriately and for too long. In these cases physicians can decide to label the episode as 'medicine abuse' without the patients' agreement and consequently also without the patient's willingness to agree to any medical intervention.

### **PS16 Drug abuse**

### Description

A problem due to the use of a dependence-producing psychoactive substance, resulting in one or more of the following conditions: acute intoxication; harmful use with clinically important damage to health; dependence syndrome; withdrawal state; psychotic disorder.

#### Inclusion

addiction to drug drug withdrawal abuse or addiction hard drugs PS16.00 abuse or addiction soft drugs PS16.01

### Note

Substance abuse problem definitions should take into account the considerable differences between countries and cultures. An alcohol-dependent or heroin-addicted patient needs medical attention, but the definitions of 'use of hashish' are controversial. Doctors can decide to label an episode as 'drug abuse' without the patient's agreement and consequently also without the patient's willingness to agree to any medical intervention.

### **PS17 Memory or attention problem**

#### Inclusion

amnesia disorientation disturbance of concentration

### PS18 Child behaviour symptom or complaint

#### Inclusion

delayed milestones jealousy of child overactive child speech delay temper tantrum

#### **Exclusion**

behaviour symptom/complaint adolescent PS19 behaviour symptom/complaint adult PD15 concern about physical development/growth delay TS08

### PS19 Adolescent behaviour symptom or complaint

#### Inclusion

delinquency

#### Exclusion

behaviour symptom/complaint child PS18

### **PS20 Specific learning problems**

### Description

Specific speech, language and learning problems with onset in childhood, together with an impairment of functions related to biological maturation of the central nervous system, and a steady course over time without spontaneous remissions or relapses, although the deficit may diminish as the child grows older.

#### Inclusion

developmental disorder of motor function PS20.00 developmental language disorder PS20.01 developmental speech disorder PS20.02 dyslexia PS20.03

### **Exclusion**

attention deficit disorder PD16 mental retardation PD18

# **PS21 Own illness problem**

#### Inclusion

dependence on others PS21.00 problems related to adherence to medical advice

# PS22 Phase of life problem

#### Inclusion

empty-nest problem PS22.00 feeling old old age retirement problem PS22.01 senescence

### PS90 Concern, fear of mental disorder or problem

# Description

Concern about/fear of mental disease in a patient without the disease, until the diagnosis is proven.

concern about mental disease fear of committing suicide

### Codina hint

If the patient has the disease, code the disease.

# PS99 Other specified psychological/mental symptom/ complaint/abnormal finding

#### Inclusion

delusions eating disorders NOS hallucinations hyperactivity multiple psychological symptoms/complaints poor hygiene strange behaviour suspiciousness

# PD PSYCHOLOGICAL, MENTAL AND NEURODEVELOPMENTAL **DIAGNOSES AND DISEASES**

#### PD01 Dementia

### Description

Dementia is a syndrome due to a disease of the brain, usually of a chronic and/or progressive nature, with clinically significant disturbance of multiple higher cortical functions (memory, thinking, orientation, comprehension), together with intact consciousness.

#### Inclusion

Alzheimer's disease PD01.00 multi-infarct dementia PD01.01 senile dementia

# Coding hint

other psychological symptoms PS99 phase of life problem ZC02

# PD02 Other specified and unknown organic mental disorder

# Description

Organic mental disorders as a diagnosis require psychological syndromes, patterns or behaviour due to organic disease.

delirium PD02.00 unknown organic mental disorder

### Exclusion

psychosis caused by alcohol PS12 other specified psychosis PD05

### PD03 Schizophrenia

# Description

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 1 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).

#### Inclusion

all types of paranoia all types of schizophrenia

### Exclusion

acute/transient psychosis PD05

### PD04 Affective psychosis

# Description

A fundamental disturbance in affect and mood (with/without associated anxiety). In manic disorder mood, energy and activity are simultaneously elevated. In bipolar disease, at least two periods of disturbed mood, shifting from elevated to lowered are observed.

#### Inclusion

bipolar disorder PD04.00 hypomania mania manic depression

#### Exclusion

depression PD12

### Coding hint

psychosis NOS PD05

### PD05 Other specified or unknown psychosis

#### Inclusion

acute psychosis puerperal psychosis reactive psychosis transient psychosis unknown psychosis

### PD06 Anxiety disorder or anxiety state

### Description

Clinically significant anxiety that is not restricted to any particular environmental situation. It manifests as a panic disorder (recurrent attacks of severe anxiety not restricted to any particular situation, with or without physical symptoms) or as a disorder in which generalised and persistent anxiety, not related to any particular situation, occurs with variable physical symptoms.

#### Inclusion

generalised anxiety disorder PD06.00 panic disorder PD06.01 phobia PD06.02

#### Exclusion

anxiety NOS PS01 anxiety with depression PD12

### **Coding hint**

feeling anxious/nervous/tense PS01

# PD07 Obsessive-compulsive or related disorder

### Description

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.

#### Inclusion

hoarding disorder hypochondriasis

### **PD08 Adjustment disorders**

# Description

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.

#### Inclusion

persistent adjustment disorder prolonged grief disorder

### **Exclusion**

acute stress reaction PS02

### PD09 Post-traumatic stress disorder

# Description

A stressful event followed by a major state of distress and disturbance, with a delayed or protracted reaction, flashbacks, nightmares, emotional blunting and anhedonia interfering with social functioning and performance, and including depressed mood, anxiety, worry and feeling unable to cope, persistent over time.

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 problems in affect regulation; beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 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.

### Inclusion

complex post-traumatic stress syndrome

# **Coding hint**

feeling anxious PS01 acute stress reaction PS02 feeling depressed PS03 enduring personality change after catastrophic experience PD15 For coding the problem level, consider Sleep function 2F72.

### PD10 Bodily distress or somatisation disorder

### Description

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.

#### Inclusion

somatisation disorder

#### Note

Consider using a symptom diagnosis instead of labelling bodily distress as a disorder. Bodily distress is linked to the 'old' concepts of somatisation and somatoform disorders and to new 'concepts' as 'somatic symptom disorder or medically unexplained symptoms. In primary care the use of symptom diagnoses without a 'psychogenic' connotation is advised instead of somatic symptom disorder or medically unexplained symptoms.

#### PD11 Burn-out

## Description

Burn-out is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: a) feelings of energy depletion or exhaustion; b) increased mental distance from one's job or feelings of negativism or cynicism related to one's job; and c) reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Because burn-out is not only related to workplace stress, the description for neurasthenia is also presented here: burn-out is characterised by increased fatiguability with unpleasant associations, difficulties in concentration and a persistent decrease in performance and coping efficiency; the feeling of physical weakness and exhaustion after mental effort or after a minimal physical effort is often accompanied by muscular pain and an inability to relax.

### Inclusion

neurasthenia surmenage

#### **Exclusion**

chronic fatigue syndrome AS04

# Coding hint

For coding the problem level, consider Sleep functions 2F72 and Energy level 2F71.

### **PD12 Depressive disorder**

# Description

A depressive disorder is characterised by fundamental disturbance in affect and mood towards depression (continuum with feeling sad/depressed and diagnosis depression). Mood, energy and activity are simultaneously lowered, together with an impaired capacity for enjoyment, interest and concentration. Sleep and appetite are usually disturbed and self-esteem and confidence are decreased.

#### Inclusion

depressive psychosis dysthymia PD12.00 postpartum depression PD12.01 puerperal depression reactive depression

#### Exclusion

feeling sad PS03 mixed anxiety depression disorder PD13

### Coding hint

For coding the problem level, consider Sleep functions 2F72 and Energy level 2F71.

### PD13 Mixed depressive and anxiety disorder

### Description

Mixed depressive and anxiety disorder is characterised by symptoms of both anxiety and depression more days than not for a period of 2 weeks or more. Neither set of symptoms, considered separately, is sufficiently severe, numerous or persistent to justify a diagnosis of a depressive episode, dysthymia or an anxiety- and fear-related disorder. Depressed mood or diminished interest in activities must be present accompanied by additional depressive symptoms as well as multiple symptoms of anxiety. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There have never been any prior manic, hypomanic or mixed episodes, which would indicate the presence of a bipolar disorder.

#### Inclusion

mixed anxiety and depression

#### Exclusion

depressive disorder PD12

# Coding hint

For coding the problem level, consider Sleep functions 2F72 and Energy level 2F71.

# PD14 Suicide or suicide attempt

# Description

A successful ending of one's life or self-harming behaviour undertaken with the intention of ending one's life.

### Inclusion

successful attempt suicide PD14.01 suicide attempt PD14.00 suicide gesture

#### **Exclusion**

afraid of committing suicide PS90 suicidal ideation PS05

#### Note

In case of suicide, double code with AD96.

# PD15 Personality disorder

### Description

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 characterising 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.

### Inclusion

adult behaviour disorder borderline personality disorder PD15.00

### PD16 Attention deficit hyperactivity disorder

# Description

Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity, with onset during the developmental period, typically early to mid childhood. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning and significantly interferes with academic, occupational or social 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 hyperactiveimpulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis of disorder, the behaviour pattern must be clearly observable in more than one setting.

### Inclusion

attention deficit disorder (ADD) hyperkinetic disorder

#### Exclusion

adolescent behaviour symptom/complaint PS19 learning disorder PS20

### PD17 Eating disorder

### Description

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 include abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

#### Inclusion

anorexia nervosa PD17.00 bulimia PD17.01 binge eating pica

### Coding hint

eating problem in child, food refusal PS09 feeding problem infant/child TS04 feeding problem adult TS05

# PD18 Disorders of intellectual development

# Description

Arrested/incomplete development of the mind with impairment of skills during the developmental period and a low overall level of intelligence, with/without impairment of behaviour.

### **Exclusion**

mental retardation due to congenital anomaly AD55

### PD19 Autism spectrum disorders

### Description

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 and interests. 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.

Asperger syndrome autistic disorder PD19.00

# PD99 Other specified or unknown psychological or mental diagnoses or diseases

#### Inclusion

compulsive gambling PD99.00 Munchausen's syndrome neurosis

### R RESPIRATORY SYSTEM

# RS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF RESPIRATORY SYSTEM **RS01 Pain respiratory system**

### Inclusion

painful respiration pleuritic pain pleurodynia

### **Exclusion**

chest pain AS12 musculoskeletal chest pain LS04 nose pain RS10 sinus pain RS11 sore throat RS12 chest tightness RS99 pleurisy RS50

### **RS02 Shortness of breath**

### Inclusion

orthopnoea

#### **Exclusion**

hyperventilation RS04 stridor RS04 wheezing RS03

### **RS03 Wheezing**

### Description

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

#### Inclusion

expiratory wheeze rhonchi

### **Exclusion**

dyspnoea RS02 hyperventilation RS04 stridor RS04

# RS04 Other specified breathing problem

#### Inclusion

abnormal breathing apnoea holding breath hyperventilation inspiratory wheeze respiratory distress stridor tachypnoea

### **RS05 Snoring**

# RS06 Sleep-related breathing problems

#### Inclusion

central sleep apnoea obstructive sleep apnoea sleep apnoea RS06.00

### **RS07 Cough**

### Description

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.

### Inclusion

dry cough moist cough

### **Exclusion**

abnormal sputum/phlegm RS15

# **RS08** Nose bleed or epistaxis

### **RS09 Sneezing or nasal congestion**

### Inclusion

blocked nose rhinorrhea running nose

# **RS10 Nose symptoms or complaints**

### Inclusion

pain in nose

### **Exclusion**

anosmia NS08 blocked nose/sneezing RS09 complaint of sinuses RS11 concern with appearance of nose RS91 epistaxis RS08 rhinophyma SD99

# **RS11 Sinus symptoms or complaints**

### Inclusion

blocked sinus congested sinus pain/pressure in sinus post-nasal drip

#### **Exclusion**

headache NS01 face pain NS02 nasal congestion RS09

# **RS12Throat symptoms or complaints**

### Inclusion

dry throat inflamed throat red throat sore throat large tonsils lump in throat pain in throat RS12.00 tonsillar pain

### **Exclusion**

tonsillar hypertrophy RD66 voice symptom RS13

### **RS13 Voice symptoms or complaints**

### Inclusion

absence of voice aphonia hoarseness

### **Exclusion**

neurological disorder of speech NS11 stammering/stuttering NS11 sore throat RS12

# RS14 Haemoptysis or coughing blood

### RS15 Abnormal sputum or phlegm

### **Exclusion**

cough with sputum RS07 haemoptysis RS14

# **RS50 Pleurisy or pleural effusion**

### Description

To classify pleurisy/pleural effusion, there should be clinical evidence of pleural exudate or pleuritic pain accompanied by pleural friction rub or investigative evidence of inflammatory pleural exudate.

### Inclusion

pleural inflammatory exudate pleuritis

#### **Exclusion**

pneumonia RD09 tuberculosis AD15

# **Coding hint**

pleuritic pain RS01

#### Note

malignant effusion to be coded to origin of malignancy

### RS90 Concern or fear of disease respiratory system

### Description

Concern about/fear of disease in a patient without the disease, until the diagnosis is proven.

#### Note

If patient has the disease, code the disease.

### RS91 Concern about appearance of nose

#### Inclusion

red nose prominent nose

# RS99 Other specified respiratory symptoms, complaints and abnormal findings

### Inclusion

chest tightness fluid on lung hiccough RS99.00 irritable airways RS99.01 lung congestion

# RD DIAGNOSES AND DISEASES OF RESPIRATORY SYSTEM RD01 Pertussis

### Description

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.

#### Inclusion

parapertussis

### RD02 Acute upper respiratory infection

### Description

Upper respiratory infection (URI) is characterised by evidence of acute inflammation of nasal or pharyngeal mucosa with absence of criteria for more specifically defined acute respiratory infection classified in this section.

acute pharyngitis RD02.00 acute rhinitis common cold RD02.01 corvza head cold nasopharyngitis pharyngitis URI URTI

### **Exclusion**

allergic rhinitis RD65 chronic pharyngitis RD10 infectious mononucleosis AD04 influenza RD07 laryngitis/croup RD05 measles AD01 sinusitis RD03 tonsillitis/quinsy RD04 viral pharyngoconjunctivitis FD01

#### **RD03** Acute or chronic rhinosinusitis

# Description

Rhinosinusitis is characterised by purulent nasal/post-nasal discharge, or previous medically treated episodes of sinusitis, plus tenderness over one/more sinuses, or deep-seated aching facial pain aggravated by dependency of head, or opacity on transillumination; or imaging evidence of sinusitis; or pus obtained from the sinus.

#### Inclusion

acute sinusitis RD03.00 chronic sinusitis RD03.01 sinusitis affecting any paranasal sinus

# Coding hint

face pain NS02 headache NS01 upper respiratory tract infection RD02

#### **RD04 Acute tonsillitis**

# Description

Acute tonsillitis is characterised by sore throat or fever with reddening of tonsil(s) more than the posterior pharyngeal wall, and either pus on swollen tonsil(s) or enlarged tender regional lymph node. Strep throat is an acute inflammation of the throat, plus demonstration of beta-haemolytic streptococci.

peritonsillar abscess RD04.00 streptococcal throat RD04.01

### Exclusion

diphtheria RD10 erysipelas/strep skin infection SD16 hypertrophy/chronic infection of tonsils RD66 infectious mononucleosis AD04 scarlet fever AD24

### RD05 Acute (obstructive) laryngitis or tracheitis or both

### Description

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. Acute obstructive laryngitis (croup) is 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.

#### Inclusion

acute subglottis laryngitis RD05.00 croup

#### Exclusion

epiglottitis RD10 false croup/pseudocroup (laryngeal spasm) RD99

### Coding hint

upper respiratory tract infection RD02

### RD06 Acute bronchitis or bronchiolitis or both

### Description

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. Bronchiolitis is 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. In children and adults the disease is characterised by cough and fever with scattered or generalised abnormal chest signs: wheeze, coarse rales, rhonchi or moist sounds; in infants (bronchiolitis): dyspnoea and hyperinflation.

acute lower respiratory infection NOS bronchitis NOS chest infection NOS tracheobronchitis

#### **Exclusion**

allergic bronchitis RD69 chronic bronchitis RD67 influenza RD07

# **Coding hint**

cough RS07 upper respiratory tract infection RD02 wheezing RS03

### **RD07 Influenza**

### Description

Influenza is characterised by myalgia and cough without abnormal respiratory physical signs other than inflammation of nasal mucous membrane and throat, plus three or more of the following: sudden onset (within 12 hours); rigors/chills/fever; prostration and weakness; influenza in close contacts; influenza epidemic; or viral culture/ serological evidence of influenza virus infection.

#### Inclusion

influenza-like illness para-influenza

### **Exclusion**

gastric flu DD05 influenza pneumonia RD09

# Coding hint

fever AS03 upper respiratory tract infection RD02 virus infection NOS AD14

# RD08 Coronavirus disease 2019 (COVID-19)

# **Coding hint**

For coding the problem level, consider Energy level 2F71.

#### **RD09 Pneumonia**

### Description

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.

#### Inclusion

bacterial pneumonia bronchopneumonia influenzal pneumonia legionella pneumonia RD09.00 viral pneumonia

#### **Exclusion**

aspiration pneumonia RD99

### **Coding hint**

acute bronchitis RD06 cough RS07

# RD10 Other specified or unknown respiratory infection

#### Inclusion

chronic nasopharyngitis chronic pharyngitis chronic rhinitis NOS diphtheria RD10.00 empyema epiglottitis RD10.01 fungal respiratory infection lung abscess protozoal infection (without pneumonia) severe acute respiratory syndrome (SARS) RD10.02 unknown respiratory infection

# RD25 Malignant neoplasm bronchus and lung

# Description

A characteristic histological appearance of a primary or metastatic malignant neoplasm in the lung.

#### Inclusion

malignancy of bronchus malignancy of lung malignancy of trachea

# **Coding hint**

uncertain or carcinoma in situ respiratory neoplasm RD28

### RD26 Other specified or unknown respiratory malignant neoplasm

# Description

Characteristic histological appearance.

### Inclusion

malignancy of larynx mediastinum pharynx pleura sinus: mesothelioma unknown respiratory malignant neoplasm

#### **Exclusion**

Hodgkin's disease BD25 malignancy of trachea/bronchus/lung RD25

# Coding hint

unspecified respiratory neoplasm RD28

# **RD27 Benign neoplasm respiratory**

### Description

Characteristic clinical or histological appearance.

#### Exclusion

nasal polyp RD99 unspecified respiratory neoplasm RD28

### RD28 Uncertain or carcinoma in situ neoplasm of respiratory system

#### Inclusion

respiratory neoplasm not specified as benign or malignant when histology is not available

### **Exclusion**

benign respiratory neoplasm RD27 malignant neoplasm bronchus/lung RD25 malignant neoplasm respiratory, other RD26 secondary neoplasm unknown site AD25

## **RD35 Injury respiratory system**

#### Inclusion

trauma to nose trauma to respiratory system

#### Exclusion

drowning AD45 fractured nose LD39 foreign body in respiratory system RD36

## Coding hint

In case of pneumothorax due to injury, code also RD99.04.

## RD36 Foreign body in nose, larynx, bronchus

#### Inclusion

foreign body in lung

## **Exclusion**

aspiration pneumonia RD99 drowning AD45 foreign body lodged in oesophagus DD36 foreign body in ear HD36

## Coding hint

other complaint of respiratory system RS99

## RD55 Congenital anomaly of respiratory system

#### Inclusion

congenital abnormality of bronchi congenital abnormality of larynx congenital abnormality of lungs congenital abnormality of nose congenital abnormality of pharynx congenital abnormality of pleura congenital abnormality of trachea

#### **Exclusion**

cleft lip/palate DD55 cystic fibrosis TD99

## **RD65 Allergic rhinitis**

## Description

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 sensitised.

#### Inclusion

allergic hay fever nasal allergy pollen seasonal vasomotor rhinitis

#### **Exclusion**

chronic rhinitis NOS RD10 upper respiratory tract infection RD02

## RD66 Hypertrophy tonsils or adenoids or both

## Description

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) resulting in enlargement of the tonsils or adenoids or both. (ICD-11)

#### Inclusion

chronic tonsillitis

#### **Exclusion**

acute tonsillitis RD04 allergic rhinitis RD65

#### **RD67 Chronic bronchitis**

## Description

Chronic bronchitis is an unspecified chronic inflammation of the bronchi (mediumsize airways) in the lungs, causing a persistent cough that produces sputum (phlegm) and mucus for at least 3 months per year in 2 consecutive years.

#### **Exclusion**

emphysema/chronic obstructive pulmonary (lung, airways) disease RD68 bronchiectasis RD99

## Coding hint

abnormal sputum/phlegm RS15 acute bronchitis RD06 cough RS07

## RD68 Chronic obstructive pulmonary disease and emphysema

## Description

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. 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.

#### Inclusion

chronic airways limitation (CAL) chronic obstructive airways disease (COAD) chronic obstructive lung disease (COLD) chronic obstructive pulmonary disease (COPD) emphysema

#### **Exclusion**

asthma RD69 bronchiectasis RD99 chronic bronchitis RD67 cystic fibrosis RD99

## Coding hint

For coding the problem level, consider Energy level 2F71.

#### **RD69 Asthma**

## Description

Asthma is characterised by recurrent episodes of reversible acute bronchial obstruction with wheeze/dry cough or diagnostic test meeting currently accepted criteria for asthma.

#### Inclusion

allergic asthma RD69.00 reactive airways disease wheezy bronchitis

#### **Exclusion**

bronchiolitis RD06 chronic bronchitis RD67 emphysema RD68

## **Coding hint**

cough RS07 wheezing RS03

## RD70 Lung disease related to external agents

#### Inclusion

pneumoconiosis RD70.00 pneumonitis due to allergy pneumonitis due to chemicals pneumonitis due to dust pneumonitis due to fumes pneumonitis due to mould vaping-related disorder RD70.01

#### **Exclusion**

air pollution AD45

## RD99 Other specified or unknown diagnoses and diseases of respiratory system

#### Inclusion

aspiration pneumonia RD99.00 bronchiectasis RD99.01 cystic fibrosis RD99.02 deviated nasal septum RD99.03 interstitial lung disease RD99.08 lung complication of other disease mediastinal disease other disease of larynx pneumothorax RD99.04 polyp of nasal cavity RD99.05 polyp of vocal cord RD99.06 pulmonary collapse pulmonary oedema without heart disease/heart failure respiratory failure RD99.07

#### **S SKIN**

## SS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF SKIN SS01 Pain or tenderness of skin

#### Inclusion

painful lesion or rash soreness

#### **Exclusion**

other sensation disturbance NS05 tingling fingers, feet, toes NS04

## **SS02 Pruritus**

#### Inclusion

skin irritation

## **Exclusion**

dermatitis artefacta SD99 nipple pruritus GS27 perianal itching DS05 scrotal pruritus GS21 vulval pruritus GS18

## SS03 Lump or swelling of skin localised

#### Inclusion

papule

## Exclusion

breast lump GS26 insect bite SD39 swelling AS09

## SS04 Lump or swelling of skin generalised

#### Inclusion

lumps in multiple sites papules in multiple sites swellings in multiple sites

#### **Exclusion**

ankle oedema KS04 swelling AS09

## SS05 Rash localised

#### Inclusion

blotch erythema redness

## **Exclusion**

localised lump or swelling of skin SS03

## SS06 Rash generalised

#### Inclusion

blotches occurring in multiple sites erythema occurring in multiple sites redness occurring in multiple sites

#### **Exclusion**

generalised lumps/swellings skin SS04 other viral exanthem AD13

## SS07 Skin colour change

#### Inclusion

circles under eyes cyanosis SS07.00 flushing freckles livedo reticularis pallor

#### **Exclusion**

bruise SD35 hot flushes GS13 jaundice DS13 vitiligo SD99

## SS08 Skin texture symptom or complaint

#### Inclusion

dry skin SS08.00 induration of skin SS08.01 fissura skin peeling scaling wrinkles

#### **Exclusion**

ichthyosis SD55 scalp symptom/complaint SS11 sweating problem AS10 sweat gland disease SD73 vulval symptom/complaint GS18

## SS09 Nail symptom or complaint

#### Inclusion

clubbing

#### **Exclusion**

ingrowing nail SD75 paronychia SD05

## SS10 Hair loss or baldness

## SS11 Other specified hair or scalp symptom or complaint

#### Inclusion

change in hair colour SS11.00 dry scalp hirsutism SS11.01

#### **Exclusion**

dandruff SD68 folliculitis SD06 hair loss/baldness SS10 trichotillomania PS99

## SS90 Concern or fear of disease of skin

## Description

Concern about/fear of disease of skin in a patient without the disease, until the diagnosis is proven.

## **Coding hint**

If the patient has the disease, code the disease.

## SS99 Other specified symptoms, complaints and abnormal findings of skin

#### Inclusion

cellulite petechiae problems with umbilicus sore(s) spontaneous ecchymosis

#### Exclusion

chronic ulcer skin/pressure sore SD77 scar SD99

#### SD DIAGNOSES AND DISEASES OF SKIN

#### SD01 Warts

## Description

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.

#### Inclusion

plane wart verrucae

#### **Exclusion**

genital warts GD05 molluscum contagiosum SD02

## SD02 Molluscum contagiosum

## **Description**

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.

#### **Exclusion**

warts SD01

## SD03 Herpes zoster

## Description

Grouped vesicular eruptions, unilateral distribution, normally over area of a single dermatome caused by the reactivation of a latent infection with varicella zoster virus. This disease commonly presents with a rash, cutaneous hyperaesthesia or fever.

#### Inclusion

herpes zoster SD03.00 post-herpetic neuralgia SD03.01 shingles

## **Coding hint**

For coding the problem level, consider Pain functions 2F84.

rash localised SS05 skin pain SS01

## **SD04 Herpes simplex**

## Description

Vesicles with erythematous base in localised area(s); plus past history of similar lesions, or virological or serological evidence.

#### Inclusion

cold sore fever blister herpes (simplex) labialis SD04.00

#### **Exclusion**

genital herpes GD03 herpes simplex of eye without corneal ulcer FD03

## **Coding hint**

rash localised SS05

## SD05 Infected finger or toe

#### Inclusion

paronychia SD05.00 pulp space infection of finger/thumb SD05.01 pulp space infection of toe SD05.02 whitlow

#### **Exclusion**

dermatophytosis SD08 monilia/candida SD10 post-traumatic infection finger/toe SD07

#### SD06 Boil or carbuncle

## Description

Single or multiple focal infections of skin and soft tissues most commonly centred on the hair follicle and most commonly due to **Staphylococcus aureus**.

#### Inclusion

abscess boil abscess nose furuncle SD06.00 furunculosis SD06.01

#### **Exclusion**

boil external auditory meatus HD01 boil female external genitalia GD69 boil male external genitalia GD99 erysipelas SD16 folliculitis SD99 folliculitis barbae SD08 hydradenitis SD73 lymphadenitis BD01 perianal boil DD07 pilonidal abscess SD67 superficial pustular folliculitis SD15

#### SD07 Post-traumatic skin infection

#### Inclusion

infected post-traumatic bite infected post-traumatic wound

#### **Exclusion**

ervsipelas, pyoderma SD16 impetigo SD15 surgical wound infection AD42

## **SD08 Dermatophytosis**

## Description

Pruritic scaly lesions with central clearing and small vesicles at border; or demonstration of fungus.

#### Inclusion

fungal skin infection ringworm tinea tinea pedis SD08.00

#### **Exclusion**

bacterial folliculitis SD06 folliculitis SD99 pityriais versicolor SD09 moniliasis/candidiasis SD11 onychomycosis SD10 superficial pustular folliculitis SD15

## **SD09 Pityriasis versicolor**

#### Description

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

## SD10 Onychomycosis

## Description

Fungal infection of fingernails and/or toenails due most commonly to dermatophytes tinea unguium or yeast.

#### Exclusion

moniliais/candidiasis skin SD11

#### SD11 Candidiasis skin

## Description

Candidiasis is an infection caused by yeasts of the genus **Candida**. Superficial infections of the mucous membranes and skin are common.

#### Inclusion

candida intertrigo SD11.00 candidiasis of nails SD11.01 diaper candidiasis SD11.02 monilial intertrigo thrush involving nails thrush perianal region thrush skin

#### **Exclusion**

oral thrush DD66 genital candidiasis GD08 onychomycosis SD10

#### **SD12 Pityriasis rosea**

#### Description

Oval, scaly eruptions along skin tension lines of trunk, with a history of a solitary lesion preceding presenting rash.

## **Coding hint**

rash generalised SS06 rash localised SS05

#### SD13 Scabies and other acariasis

## Description

Scabies: Intense pruritic skin lesions plus arrays of burrows on sides of palms, fingers, penis or skin folds; or demonstration of parasites or ova in lesions. A highly contagious infestation of the skin by the mite **Sarcoptes scabiei** var. **hominis**. It may result in epidemics when introduced into institutions such as schools and nursing homes. The mites burrow into the skin, favouring the extremities, genitalia and, in infants, the axillae. The characteristic widespread intensely pruritic papulovesicular rash results

largely from the host response rather than directly to burrowing by mites. Where such a response is absent as in immunosuppressed or debilitated patients, unchecked proliferation of mites results in crusted scabies. Sarcoptic mites from other mammals such as dogs may cause a transient pruritic eruption.

## **Coding hint**

pruritus SS02

#### SD14 Pediculosis and other skin infestation

## Description

Pediculosis refers to parasitic skin diseases caused by animals such as arthropods (i.e. mites, ticks and lice) and worms, but excluding (except) conditions caused by protozoa, fungi, bacteria and viruses, which are called infections.

Six epidermal parasitic skin diseases (EPSD) are of particular importance: scabies, pediculosis (head lice, body lice and pubic lice infestation), tungiasis (sand flea disease) and hookworm-related cutaneous larva migrans (HrCLM). They are either prevalent in resource-poor settings or are associated with important morbidity.

#### Inclusion

fleas head lice SD14.00 mites pediculosis pubis SD14.01

#### **Exclusion**

cutaneous larva migrans DD07 infected insect bites SD07 insect bites SD39

## Coding hint

pruritus SS02 localised rash SS05

## SD15 Impetigo

## Description

Spreading skin lesion consisting of macules, vesicles, pustules or crust with underlying raw area.

#### Inclusion

impetigo secondary to other dermatosis

#### **Exclusion**

bacterial folliculitis SD16 folliculitis SD99 folliculitis barbae SD08

## **Coding hint**

post-traumatic skin infection SD07

## SD16 Other specified or unknown skin infection

#### Inclusion

acute bacterial lymphangitis bacterial folliculitis SD16.05 cellulitis SD16.00 erysipelas SD16.01 erythrasma SD16.02 granuloma pyogenic SD16.03 granuloma teleangiectaticum SD16.04 pyoderma strep skin infection unknown skin infection

#### **Exclusion**

boil/carbuncle SD06 Buruli ulcer AD24 post-traumatic skin infection SD07 impetigo SD15 molluscum contagiosum SD02 acne SD76

## SD25 Malignant neoplasm of skin

## Description

Characteristic histological appearance.

#### Inclusion

basal cell carcinoma of skin SD25.00 Kaposi's sarcoma of skin SD25.01 malignant melanoma SD25.02 rodent ulcer squamous cell carcinoma of skin SD25.03

#### **Exclusion**

premalignant lesion of skin SD29

## **Coding hint**

neoplasm of skin unspecified as benign or malignant when histology is not available SD29

other malignant neoplasm (when primary site is uncertain) AD25

## SD26 Lipoma

## Description

A benign tumour composed of adipose (fatty) tissue.

## SD27 Benign melanocytic naevus

#### Description

A naevus containing melanin.

#### Exclusion

congenital skin anomaly SD55 spider naevus KS99 strawberry naevus SD28

## SD28 Haemangioma or lymphangioma

## Description

Vascular or lymphatic tumour, elevated above skin and emptying on pressure. Neoplastic hemangioma are benign localised vascular neoplasm usually occurring in infancy and childhood. It is characterised by the formation of capillary-sized or cavernous vascular channels. The majority of cases are congenital.

#### Inclusion

angiomatous birthmark

#### **Exclusion**

congenital skin anomaly SD55

## Coding hint

swelling localised SS03

## SD29 Benign, uncertain or carcinoma in situ neoplasms of skin

## Inclusion

benign skin neoplasm dermatofibroma SD29.00 dermoid cyst dysplastic naevus SD29.01 keratoacanthoma SD29.02 premalignant lesion skin neoplasm not specified as benign or malignant when histology is not available skin tags

#### Exclusion

haemangioma SD28 keloid, hyperkeratosis SD99 mole or pigmented nevus SD27 residual haemorrhoidal skin tag DD84 seborrhoeic/senile warts SD68 solar keratosis SD66

## **SD35 Bruise or contusion**

## Description

Superficial bruise/contusion with intact skin surface.

#### Inclusion

ecchymosis haematoma subungual haematoma SD35.00

#### **Exclusion**

bruise with broken skin SD36

## SD36 Abrasion, scratch, blister

## Description

An abrasion is a partial thickness wound caused by damage to the skin and can be superficial, involving only the epidermis, to deep, involving the deep dermis.

#### Inclusion

bruise if skin broken graze

#### SD37 Laceration or cut

#### Description

A cut is typically thought of like a wound caused by a sharp object (such as a knife or a shard of glass). The term laceration implies a torn or jagged wound.

#### Inclusion

laceration cut of skin/subcutaneous tissues

#### Exclusion

bite SD40 bruise with broken skin SD36

## SD38 Other specified or unknown skin injury

#### Inclusion

avulsion of fingernail SD38.00 avulsion of toenail SD38.01 needle stick puncture unknown skin injury

## **Exclusion**

animal or human bite SD40

## SD39 Insect bite or sting

## **Description**

When an insect bites, it releases saliva that can cause the skin around the bite to become red, swollen and itchy. The venom from a sting often also causes a swollen, itchy, red mark (a weal) to form on the skin.

#### Inclusion

non-toxic spider bite tick bite SD39.00

#### **Exclusion**

bee sting AD44 infected bite SD07 pediculosis SD14 scabies SD13 toxic effects non-medical substance AD44 wasp sting AD44

## SD40 Animal or human bite

## Inclusion

non-toxic snake bite

#### **Exclusion**

toxic effects non-medical substance AD44 infected bite or sting SD39

#### SD41 Burn or scald

#### Inclusion

burn of all degrees external chemical burn scald of all degrees

#### **Exclusion**

sunburn SD66

## SD42 Foreign body in skin

#### Inclusion

foreign body under nail

## SD55 Congenital anomaly of skin

#### Inclusion

birthmark ichthyosis port wine stain of skin SD55.00 strawberry nevus of skin SD55.01

#### Exclusion

haemangioma/lymphangioma SD28

## SD65 Corn or callosity

## Description

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.

#### Inclusion

clavus

## **Exclusion**

hyperkeratosis SD99 solar hyperkeratosis SD66

#### SD66 Solar keratosis or sunburn

#### Inclusion

actinic keratosis SD66.00 allergy to sunlight SD66.01 idiopathic photodermatosis SD66.02 photodermatitis SD66.03 photosensitivity polymorphous light eruption senile keratosis solar hyperkeratosis

#### **Exclusion**

senile warts/seborrhoeic keratosis SD80 skin problems due to radiation or medical treatment AD42

## SD67 Pilonidal cyst or fistula or both

## Description

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacrococcygeal area which tend to recur. It is found predominantly in white males in their second and third decades and is thought to result from penetration of hair into the tissues with the formation of sinuses and a foreign-body granulomatous response. Risk factors for pilonidal disease include male gender, Caucasian ethnicity, sitting occupations, obesity, a deep natal cleft and presence of hair within the natal cleft.

#### Inclusion

pilonidal abscess

#### Exclusion

dermoid cyst SD29

#### SD68 Seborrhoeic dermatitis

## **Description**

Greasy, scaly lesions with underlying erythema on one or more areas of scalp, face, sternum, interscapular areas, around umbilicus and in body folds, not attributable to other skin disease.

#### Inclusion

cradle cap SD68.00 dandruff SD68 01

#### **Exclusion**

seborrhoeic keratosis/warts SD80

#### Coding hint

rash generalised SS06 rash localised SS05

#### SD69 Atopic eczema, dermatitis

#### Description

Pruritic exudative lesions with/without lichenification over face and neck, wrists and hands, chest, back of knees and front of elbow.

#### Inclusion

flexural dermatitis infantile eczema

## Exclusion

allergic dermatitis SD70 dermatitis/atopic eczema affecting external auditory meatus HD01 diaper rash SD71

## **Coding hint**

infected atopic eczema SD15

## SD70 Contact or allergic dermatitis

## Description

Pruritic erythematous lesions related to exposure to chemical substance, friction and unknown causes.

#### Inclusion

allergic dermatitis chemical dermatitis contact dermatitis SD70.00 dermatitis NOS eczema NOS ingestion dermatitis due to drugs SD70.01 intertrigo plant sting skin allergy

#### **Exclusion**

allergy/allergic reaction unspecified AD46 atopic eczema SD69 contact and other dermatitis of eyelid FD02 contact/other dermatitis of external auditory meatus HD01 dermatitis artefacta/neurodermatitis SD99 diaper rash SD71 urticaria SD78

## Coding hint

rash generalised SS06 rash localised SS05 pruritus SS02

## SD71 Diaper rash

## Description

Dermatitis, primarily of the diaper area and sparing creases.

#### **SD72 Psoriasis**

## Description

Plaques with silvery scales on knees, elbows, or scalp and/or stippled/pitted nails. Psoriasis is a common, chronic, relapsing, inflammatory skin disorder characterised by abnormal epidermal keratinisation 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).

#### Note

Double code psoriatic arthritis LD99.

## SD73 Sweat gland disease

#### Inclusion

anhidrosis SD73.00 dyshidrosis dyshidrotic eczema SD73.01 heat rash hydradenitis SD73.02 miliaria pompholyx prickly heat sweat rash

#### **Exclusion**

hyperhidrosis AS10

## SD74 Sebaceous cyst

#### Description

Intradermal or subcutaneous sac-like structure, the wall of which is stratified epithelium containing keratohyalin granules.

#### Inclusion

atheroma cyst SD74.00 epidermoid cyst epithelial cyst SD74.01 pilar cyst trichilemmal cyst

#### **Exclusion**

other cutaneous cyst SD99

## SD75 Ingrowing nail

#### Inclusion

ingrowing nail with infection

#### **Exclusion**

paronychia SD05

#### SD76 Acne

## Description

A group of related disorders characterised by follicular occlusion and inflammation.

#### Inclusion

acne conglobata SD76.00 acne vulgaris SD76.01 blackheads comedones pimples

#### Exclusion

acne due to medication AD41

#### SD77 Chronic ulcer of skin

#### Description

A skin ulcer is an open wound that develops on the skin as a result of injury, poor circulation or pressure. Skin ulcers can take a very long time to heal.

#### Inclusion

bedsore diabetic foot ulcer SD77.02 decubitus ulcer pressure sore SD77.00 varicose ulcer venous ulcer of leg SD77.01

#### **Exclusion**

gangrene KD67

#### SD78 Urticaria

#### Description

A vascular reaction of the skin characterised by erythema and wheal formation due to localised increase of vascular permeability. The causative mechanism may be allergy, infection or stress.

#### Inclusion

hives weals

#### **Exclusion**

angioedema/allergic oedema AD46 drug allergy AD41

#### SD80 Seborrhoeic keratosis

## **Description**

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.

#### SD81 Rosacea

## Description

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.

#### Inclusion

perioral dermatitis rhinophyma

## SD82 Alopecia

#### Inclusion

alopecia areata SD82.00 androgenic alopecia SD82.01

## SD99 Other specified or unknown diagnoses and diseases of skin

#### Inclusion

dermatitis artefacta discoid lupus erythematosus SD99.00 erythema multiforme ervthema nodosum SD99.01 folliculitis granulomatosis granuloma annulare hyperkeratosis NOS keloid SD99.02 lichen planus SD99.03 lichen sclerosus SD99.04

neurodermatitis onychogryphosis SD99.05 pemphigus pigmentation scar striae atrophicae SD99.06 vitiligo SD99.07

#### **Exclusion**

bacterial folliculitis SD06 folliculitis barbae SD08 superficial pustular folliculitis SD15

#### T ENDOCRINE, METABOLIC AND NUTRITIONAL SYSTEM

# TS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF ENDOCRINE, METABOLIC AND NUTRITIONAL SYSTEM TS01 Excessive thirst

## Description

A thirst that a person cannot quench by drinking.

#### Inclusion

polydipsia

## **Coding hint**

For coding the problem level, consider Drinking 2F39.

## **TS02 Excessive appetite**

### Description

Intermittent or persistent increased drive (urge) or desire to eat food as compared to what is typical for the individual.

#### Inclusion

overeating polyphagia

#### **Exclusion**

bulimia PD17

## **Coding hint**

For coding the problem level, consider Eating 2F38.

## TS03 Loss of appetite

## Description

Intermittent or persistent decreased motivation or desire to eat food as compared to what is typical for the individual. Anorexia is a pathological lack or loss of appetite.

#### Inclusion

anorexia

#### **Exclusion**

anorexia nervosa PD17 cachexia TS07

## Coding hint

For coding the problem level, consider Eating 2F38.

## TS04 Feeding problem of infant or child

#### Inclusion

problem of how to feed infant or child

## **Exclusion**

breast feeding problems WS06 feeding problem/eating disorders with psychological cause PS09 food allergy AD46 food intolerance DD99

## TS05 Feeding problem of adult

#### Inclusion

problem of what and how to eat/feed adult

#### **Exclusion**

anorexia/bulimia nervosa PD17 dysphagia DS21 food allergy AD46 food intolerance DD99 loss of appetite TS03 psychological eating disorders/ food refusal PS99

## **Coding hint**

For coding the problem level, consider Eating 2F38.

## TS06 Weight gain

## Description

An increase in body weight.

#### Exclusion

obesity TD66 overweight TS51

## **TS07 Weight loss**

## Description

A decrease in body weight.

#### Inclusion

cachexia

#### **Exclusion**

anorexia nervosa PD17

## TS08 Growth delay

## Description

Delay of expected physiological development includes delayed milestone of development as normal within the appropriate cultural environment including gross and fine motor development, language, social/cultural milestones.

#### Inclusion

failure to thrive physiological delay growth

#### **Exclusion**

delayed milestones PS18 delayed puberty TD99 learning disorder PS20 mental retardation PD18

## **TS09 Dehydration**

## Description

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.

#### Inclusion

water depletion

#### **Exclusion**

salt depletion/electrolyte disturbance TD99

## TS50 Underweight

## Description

A weight below a weight considered normal or desirable.

## **TS51 Overweight**

## **Description**

Overweight is a condition characterised by excess weight relative to height. Overweight is assessed by the body mass index (BMI). The BMI is a measure of body mass relative to height, 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 is defined by a BMI ranging from 25.00 to 29.99 kg/m<sup>2</sup>.

#### **Exclusion**

obesity TD66

## TS90 Concern or fear of disease of endocrine, metabolic and nutritional system

## Description

Concern about/fear of other endocrine, metabolic or nutritional disease in a patient without the disease, until the diagnosis is proven.

#### Inclusion

concern of diabetes concern of cancer of the endocrine, metabolic system fear of diabetes fear of cancer of the endocrine, metabolic system

## Coding hint

If the patient has the disease, code the disease.

## TS99 Other specified endocrine, metabolic, nutritional symptoms, complaints, abnormal findings

#### Inclusion

specific food craving

#### **Exclusion**

hyperglycemia AD23 fluid retention KS04

## TD DIAGNOSES AND DISEASES OF ENDOCRINE, METABOLIC AND **NUTRITIONAL SYSTEM**

#### **TD01 Endocrine infection**

#### Exclusion

auto-immune thyroiditis TD99 drug-induced thyroiditis TD99 subacute thyroiditis TD99

## TD25 Malignant neoplasm of thyroid

## Description

Characteristic histological appearance.

## TD26 Benign neoplasm of thyroid

#### **Exclusion**

endocrine neoplasm, other specified TD27 goitre TD65

## TD27 Other specified or unknown endocrine neoplasm

#### Inclusion

in situ endocrine neoplasm of endocrine system neoplasm of unknown or uncertain behaviour of endocrine system TD27.00 other benign endocrine neoplasm of endocrine system TD27.01 other malignant endocrine neoplasm of endocrine system TD27.02

#### **Exclusion**

malignant neoplasm of thyroid TD25 benine neoplasm of thyroid TD26

## TD55 Thyroglossal duct or cyst

## Description

A cyst or duct in the neck caused by persistence of portions of, or by lack of closure of, the primitive thyroglossal duct.

## **Exclusion**

goitre TD65

## TD56 Congenital anomaly of endocrine or metabolic system

#### Inclusion

cretinism dwarfism

#### Exclusion

thyroglossal duct (cyst) TD55

#### **TD65 Goitre**

## Description

Enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis.

#### Inclusion

non-toxic goitre thyroid nodule

#### Exclusion

benign neoplasm thyroid TD26 hypothyroidism TD69 malignant neoplasm thyroid TD25 neoplasm endocrine other/unspecified TD27 thyroglossal cyst TD55 toxic goitre TD68

## **TD66 Obesity**

## Description

Obesity is defined as a body mass index (BMI) greater than or equal to 30.00 kg/m<sup>2</sup>. There are three levels of severity in recognition of different management options.

#### Exclusion

overweight TS51

#### Note

There are 3 classes BMI 30.00–34.9 obesity class 1 (low risk), obesity class 2 (moderate risk) 35.00–39.99 and third class (high risk) greater or equal 40.00 = morbid obesity.

## TD68 Hyperthyroidism or thyrotoxicosis

## Description

A hypermetabolic condition associated with elevated levels of free thyroxine and/or free triiodothyronine resulting in excess synthesis and secretion of thyroid hormone.

#### Inclusion

Graves' disease toxic goitre

#### **Exclusion**

non-toxic goitre TD65 Hashimoto's thyrotoxicosis TD99

## Coding hint

For coding the problem level, consider Energy level 2F71.

## TD69 Hypothyroidism or myxoedema

## Description

Laboratory evidence of diminished thyroid hormone activity and excessive thyroid stimulating hormone; or four or more of the following: weakness/tiredness; mental changes: apathy, poor memory, slowing; voice changes: coarser, deeper slower speech; undue sensitivity to cold; constipation; coarse puffy facial features; cool, dry, sallow skin, decreased sweating; peripheral oedema.

#### Exclusion

cretinism TD56

## Coding hint

other complaint of metabolism TS99 For coding the problem level, consider Energy level 2F71.

## TD70 Hypoglycaemia

## Description

Hypoglycaemia demonstrated by biochemical testing, or characteristic symptoms in a diabetic patient relieved by ingestion or injection of sugar.

#### Inclusion

hyperinsulinism insulin coma

## **TD71 Type 1 diabetes mellitus**

## Description

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.

#### Exclusion

drug-induced hyperglycaemia AD41 hyperglycaemia as isolated finding AD23 type 2 diabetes TD72 gestational diabetes WD72

- 1. Double code complications such as retinopathy FD67, nephropathy UD65.
- 2. In pregnancy, double code with WD71.

## TD72 Type 2 diabetes mellitus

## Description

Diabetes mellitus type 2 (formerly non-insulin-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.

#### Inclusion

diabetes NOS

#### **Exclusion**

drug-induced hyperglycaemia AD41 hyperglycaemia as isolated finding AD23 type 2 diabetes TD71 gestational diabetes WD72

#### Note

- 1. Double code complications such as retinopathy FD67, nephropathy UD65.
- 2. In pregnancy, double code with WD71.

## **TD73 Vitamin deficiency**

#### Inclusion

beriberi/vitamin B1 deficiency scurvy vitamin D deficiency with rickets vitamin D deficiency without rickets

#### **Exclusion**

anaemia vit B12/folate deficiency BD67

## TD74 Mineral and nutritional deficiency

#### Inclusion

dietary mineral deficiency iron deficiency without anaemia kwashiorkor TD74.00 marasmus TD74.01 malnutrition

#### **Exclusion**

iron deficiency anaemia BD66 malabsorption syndrome/sprue DD99 pernicious anaemia BD67

## **TD75 Lipid disorder**

#### Inclusion

abnormality of lipoprotein level hypercholesterolaemia TD75.00 hypertriglyceridaemia TD75.01 mixed hyperlipidaemia TD75.02 primary hypercholesterolaemia TD75.03 raised level of cholesterol/triglycerides xanthoma

## TD99 Other specified or unknown endocrine, metabolic, nutritional diagnoses and diseases

## Inclusion

acromegaly Addison's disease TD99.00 adrenal/ovarian/pituitary/parathyroid/testicular/other endocrine dysfunction adrenocortical insufficiency TD99.01 adrenogenital disorder TD99.02 amyloidosis Cushing's syndrome TD99.03 diabetes insipidus Gilbert's syndrome hyperaldosteronism hyperhomocysteinemia TD99.04 lactose intolerance TD99.05 polycystic ovary syndrome TD99.06 porphyria TD99.07 precocious/delayed puberty premature menopause TD99.08 pubertas praecox TD99.09 raised uric acid renal glycosuria thyroiditis TD99.10

#### **Exclusion**

food allergy AD46 food intolerance DD99 infectious thyroiditis TD01 osteoporosis LD81

#### **U URINARY SYSTEM**

## US SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS OF URINARY SYSTEM

## US01 Dysuria or painful urination or both

## Description

Dysuria is characterised by painful urination.

#### Inclusion

burning urination strangury vesical tenesmus

#### **Exclusion**

frequent/urgent urination US02 urethritis UD03

## **US02** Urinary frequency or urgency

## Description

Urinary frequency is the need to urinate many times during the day, at night (nocturia) or both but in normal or less-than-normal volumes. Frequency may be accompanied by a sensation of an urgent need to void (urinary urgency).

Polyuria: Polyuria has generally been defined as a urine output exceeding 3 L/day in adults and 2 L/m<sup>2</sup> in children. It must be differentiated from the more common complaints of frequency or nocturia, which may not be associated with an increase in the total urine output.

#### Inclusion

nocturia polyuria

#### **US03** Urine incontinence

#### Description

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.

#### Inclusion

enuresis of organic origin genuine stress incontinence US03.00 involuntary urination mixed incontinence US03.01 stress incontinence

urge incontinence US03.02

#### Exclusion

urine incontinence of psychogenic origin PS10

## **US04 Urinary retention**

## Description

Incomplete emptying of the bladder.

## **US05** Other specified urination problems

#### Inclusion

anuria US05.00 dribbling urine oliguria US05.00

#### **Exclusion**

urinary retention US04

#### **US06 Haematuria**

## Description

Haematuria is characterised by the presence of red blood cells (RBCs) in the urine.

#### Inclusion

blood in urin microscopic haematuria

#### **Exclusion**

abnormal urine test US50

## US07 Other specified urine symptom or complaint

## Inclusion

dark urine malodorous urine

#### **Exclusion**

abnormal urine test US50

## US08 Other specified bladder symptom or complaint

## Inclusion

bladder pain irritable bladder

## **US09** Kidney symptom or complaint

#### Inclusion

kidney pain kidney trouble renal colic US09.00

#### **Exclusion**

loin/flank pain LS05

## **US10** Urethral discharge

## **Description**

Urethral discharge is any type of discharge or liquid, besides urine or semen, that comes out of the opening of the urethra.

## **US50 Abnormal urine test**

#### Inclusion

asymptomatic bacteriuria glycosuria US50.01 orthostatic albuminuria US50.00 proteinuria US50.02 pus in urine pyuria

#### **Exclusion**

haematuria/blood in urine US06

#### US90 Concern or fear of disease of urinary system

#### Description

Concern about/fear of other urinary disease in a patient without the disease, until the diagnosis is proven.

## **Coding hint**

If the patient has the disease, code the disease.

## US99 Other specified symptom, complaint and abnormal finding of urinary system

#### **Exclusion**

irritable bladder/bladder pain US08 kidney symptom/complaint US09

#### UD DIAGNOSES AND DISEASES OF URINARY SYSTEM

## **UD01 Pyelonephritis or pyelitis**

## Description

Acute pyelonephritis is characterised by an inflammation of the renal pelvis and parenchyma due to bacterial infection. Symptoms include fever, loin (kidney) pain, nausea and vomiting. Concurrently, symptoms of acute cystitis with dysuria, frequency and haematuria may occur.

#### Inclusion

infection of kidney renal or perinephric abscess tubulo-interstitial nephritis

## Coding hint

cystitis/other urinary infection UD02

## **UD02 Cystitis**

## Description

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.

#### Inclusion

acute cystitis (non-veneral) UD02.00 chronic cystitis (non-veneral) interstitial (chronic) cystitis

#### **Exclusion**

balanitis GD08 prostatitis GD10 pyelonephritis UD01 urethritis UD03 vaginitis GD12

## Coding hint

Consider US01 and US02. In pregnancy, also code WD71.

## UD03 Urethritis and urethral syndrome

## Description

A condition characterised by inflammation or irritation of the urethra.

#### Inclusion

meatitis non-specific urethritis

#### **Exclusion**

gonococcal urethritis female GD02 gonococcal urethritis male GD02 Reiter disease; urethrotrigonitis UD02 urethritis trichomonal female GD04 urethritis chlamydial female GD06

## Coding hint

frequent/urgent urination US02 irritable bladder US08 painful urination US0 urethral discharge US10

## UD04 Other specified or unknown urinary infection

## **Description**

An infection of the kidney, ureter or urethra caused by microbes.

#### Inclusion

lower urinary tract infection urinary tract infection NOS UD04.00

## **UD25 Malignant neoplasm of kidney**

## Description

Characteristic histological appearance.

## **Coding hint**

uncertain or carcinoma in situ neoplasm of urinary tract UD29

## **UD26 Malignant neoplasm of bladder**

## Description

Characteristic histological appearance.

## **Coding hint**

uncertain or carcinoma in situ neoplasm of urinary tract UD29

## UD27 Other specified and unknown malignant neoplasm urinary tract

#### Description

Characteristic histological appearance.

#### Inclusion

malignant neoplasm ureter malignant neoplasm urethra unknown malignant neoplasm urinary tract

#### Exclusion

malignant neoplasm prostate GD26

# Coding hint

uncertain or carcinoma in situ neoplasm of urinary tract UD29

# **UD28 Benign neoplasm of urinary tract**

# Description

Characteristic histological appearance.

#### Inclusion

polyp of urinary tract polyp of urine bladder UD28.00

#### **Exclusion**

prostatic hypertrophy GD70

# Coding hint

uncertain or carcinoma in situ neoplasm of urinary tract UD29

# UD29 Uncertain or carcinoma in situ neoplasm of urinary system

# **UD35 Injury to urinary tract**

### Inclusion

contusion of kidney UD35.00 foreign body in urinary tract UD35.01

# UD55 Congenital anomaly of urinary system

### Inclusion

congenital polycystic kidney disease UD55.00 congenital single renal cyst congenital urethral valves duplex kidney/ureter

# **UD65 Nephrosis**

# Description

A non-inflammatory disease of the kidneys chiefly affecting function of the nephrons.

#### Inclusion

analgesic nephropathy glomerulonephritis nephritis nephropathy nephrosclerosis

nephrotic syndrome

#### **Exclusion**

renal failure UD99

# **Coding hint**

Consider abnormal urine test US50.

#### Note

Double code diabetic nephropathy with TD71 and TD72.

# **UD66 Chronic kidney disease**

# Description

Glomerular filtration rate (GFR) less than 60 or presence of kidney damage that is present for more than 3 months.

#### Inclusion

chronic renal failure chronic renal insufficiency UD66.00

#### **Exclusion**

acute kidney failure UD99

# **Coding hint**

For coding the problem level, consider Energy level 2F71.

#### Note

Double code known causative disease.

# **UD67 Urinary calculus**

### Description

Urinary calculus is characterised by colicky pain and either haematuria or history of urinary stone in the past, or passage of calculus or imaging evidence of calculus.

#### Inclusion

stone in bladder stone in kidney stone in ureter urolithiasis

#### **Codina** hint

abnormal urine test US50 blood in urine US06 other urinary symptom US99 renal colic US09

# UD99 Other specified or unknown diagnoses and diseases of urinary tract

#### Inclusion

acute renal failure bladder diverticulum contracted kidney UD99.00 hydronephrosis hypertrophic kidney obstruction in bladder neck obstructive vesicoureteric reflux UD99.01 ureteric reflux urethral caruncle urethral stricture UD99.02

### W PREGNANCY AND CHILDBEARING

# WS SYMPTOMS, COMPLAINTS AND ABNORMAL FINDINGS **DURING PREGNANCY, DELIVERY AND PUERPERIUM** WS01 Suspicion of pregnancy

### Inclusion

delayed menstruation symptoms suggestive of pregnancy

#### **Exclusion**

fear of pregnancy WS90 pregnancy confirmed WD67 unwanted pregnancy WD68

# WS02 Pregnancy vomiting and nausea

# Inclusion

hyperemesis gravidarum WS02.00 morning sickness in confirmed pregnancy

# WS03 Bleeding first 20 weeks of pregnancy

### Description

Bleeding during pregnancy before 21 weeks of pregnancy.

### Inclusion

bleeding first trimester WS03.00 implantation bleeding, a minimal haemorrhage seen at the time of implantation of the egg

# Exclusion

antepartum haemorrhage WS04

# **Coding hint**

spontaneous abortion WD65

# WS04 Antepartum haemorrhage

# **Description**

Bleeding from the uterus during a pregnancy after the 20th week.

#### Inclusion

bleeding second/third trimester WS04.00

# WS05 Post-partum bleeding

# Description

Heavy bleeding at or within 6 weeks of parturition.

# WS06 Breast or lactation symptom or complaint

# Inclusion

galactorrhoea associated with childbirth lactation problem WS06.00 suppressed lactation suppression of lactation weaning

### **Exclusion**

cracked nipples WD84 puerperal mastitis WD03

# WS39 Other specified post-partum symptom or complaint

# Description

Complaints related to and within 6 weeks of parturition.

#### Inclusion

abnormal lochia WS39.00

#### **Exclusion**

lactation complaints WS06 complications of puerperium WD85 puerperal depression PD12 post-partum bleeding WS05

# WS50 Abnormal findings on antenatal screening of mother

# WS90 Concern or fear of being pregnant

### Description

Concerns about or fear of being pregnant without the pregnancy being proven.

#### Inclusion

concern about possibility of unwanted pregnancy

### **Exclusion**

concern/fear if unwanted pregnancy confirmed WD68

# WS91 Fear about complications of pregnancy

### Description

Concern about/fear of complications in a patient without them, until they are proven.

#### Inclusion

fear of congenital anomaly in baby

# **Coding hint**

If the patient has the complication, code the complication.

# WS99 Other specified symptoms, complaints and abnormal findings during pregnancy, delivery and puerperium

#### Inclusion

concern about appearance during pregnancy feeling fewer movements of fetus WS99.00 pelvic instability WS99.01

# WD DIAGNOSES DURING PREGNANCY, DELIVERY AND **PUERPERIUM**

# WD01 Puerperal infection or sepsis

### Description

Infection of birth canal or reproductive organs within 6 weeks of parturition.

#### Inclusion

puerpural endometritis WD01.01 infection of caesarean section wound infection of perineal wound WD01.00

#### Exclusion

obstetric tetanus ND03

# WD02 Other specified and unknown infection complicating pregnancy, delivery and puerperium

### Inclusion

genitourinary tract infection in pregnancy WD02.00

#### **Exclusion**

puerperal infection WD01 puerperal mastitis WD03

# **WD03 Puerperal mastitis**

# **Description**

Pain, inflammation of breast within 6 weeks of parturition or while lactating.

#### Inclusion

breast abscess

#### **Exclusion**

inflammatory disorders breast GD99

### **Coding hint**

disorders of lactation WS06

# WD25 Malignant neoplasms related to pregnancy

### Description

Characteristic histological appearance.

#### Inclusion

choriocarcinoma chorioepithelioma

# WD26 Benign, in situ or uncertain neoplasms related to pregnancy

# Description

Benign, in situ or uncertain neoplasm related to pregnancy; hydatidiform mole; neoplasm related to pregnancy not specified as benign or malignant when histology is not available

#### Inclusion

hydatidiform mole

### WD35 Injury complicating pregnancy

#### Inclusion

results of injury interfering with pregnancy

#### Exclusion

new injury caused by childbirth (complicated labour/delivery livebirth) WD82 new injury caused by childbirth (complicated labour/delivery stillbirth) WD83

# Coding hint

Consider coding the manifestation of the injury.

# WD55 Congenital anomaly complicating pregnancy

### Inclusion

maternal anomaly which could affect pregnancy/childbirth

### **Exclusion**

foetal anomaly affecting pregnancy and childbirth WD71

# **WD65 Spontaneous abortion**

# Description

Miscarriage, also known as spontaneous abortion and pregnancy loss, is characterised by non-induced embryonic or foetal death or passage of products of conception prior to 20 weeks gestation or weighing less than 500 grams.

# Inclusion

complete abortion habitual abortion WD65.00 incomplete abortion miscarriage missed abortion recurrent abortion

### **Exclusion**

antepartum bleeding WS03 and WS04 foetal death/stillbirth after the 28th week of pregnancy WD83 induced abortion WD66

#### WD66 Induced abortion

### Inclusion

termination of pregnancy, with or without complications

#### Exclusion

Abortion, spontaneous WD65

#### Note

Contrary with complications of a pregnancy and delivery that are coded separately, complications of an induced abortion are included in this class.

# WD67 Pregnancy

#### Inclusion

confirmed pregnancy

### **Exclusion**

ectopic pregnancy WD69 high-risk pregnancy WD71 unwanted pregnancy WD68

# WD68 Unwanted pregnancy

# Description

Unwanted pregnancy is a pregnancy that is not desired.

# **WD69 Ectopic pregnancy**

# Description

Pregnancy in a place other than inside the uterus. Confirmation by ultrasound, laparoscopy, culdoscopy or surgery.

# WD70 Pre-eclampsia or eclampsia

#### Inclusion

haemolysis elevated liver enzymes low platelet count syndrome WD70.00 pregnancy-induced hypertension complicating pregnancy, childbirth or the puerperium WD70.01 proteinuria and oedema in pregnancy toxaemia/(pre) eclampsia in pregnancy WD70.02

### **Exclusion**

pre-existing hypertension KD73

# **Coding hint**

Pregnancy symptom/complaint, other WS99

# WD71 Pregnancy, high risk

#### Description

A 'high-risk' pregnancy means a woman has one or more risk factors that raise her – or her baby's – chances for health problems or preterm (early) delivery.

#### Inclusion

abnormal foetal presentation WD71.00 aged primipara anaemia of pregnancy cervical insufficiency/incompetence WD71.01 foetal-maternal disproportion WD71.02

foetal growth retardation WD71.03 history of recurrent miscarriages malpresentation multiple gestation multiple pregnancy placenta praevia polyhydramnios pre-existing diabetes mellitus in pregnancy WD71.04 pre-existing hypertension WD71.05 premature labour previous caesarean section rhesus antibody present WD71.06 small foetus for age

#### Exclusion

infections complicating pregnancy WD02 ectopic pregnancy WD69 gestational diabetes WD72 pre-eclampsia/eclampsia WD70

#### WD72 Gestational diabetes

# Description

Diabetes mellitus arising or diagnosed in pregnancy (per WHO criteria or other national criteria). 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.

#### Inclusion

diabetes manifested during pregnancy

#### Exclusion

pre-existing diabetes (type 1 diabetes melitus) TD71 pre-existing diabetes (type 2 diabetes melitus) TD72

# Coding hint

hyperglycaemia AD23

# WD80 Uncomplicated labour, delivery livebirth

# Description

Definition of normal labour encompasses features such as spontaneous onset, low risk at the start and remaining so throughout the process. The neonate is born spontaneously in the vertex presentation between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good condition.

For the intervention, use code -215.

# WD81 Uncomplicated labour, delivery stillbirth

# Description

The delivery of a foetus that has died in the womb (strictly, after having survived through at least the first 20 weeks of pregnancy, earlier instances being regarded as abortion or miscarriage).

#### Note

For the intervention, use code -215.

# WD82 Complicated labour, delivery livebirth

#### Inclusion

assisted extraction of livebirth breech delivery livebirth caesarean section of livebirth WD82.00 delivery by vacuum extraction of livebirth WD82.02 dystocia livebirth forceps delivery of livebirth WD82.04 induction of labour of livebirth injuries caused by childbirth livebirth after complicated delivery placenta praevia in delivery of livebirth

# **Exclusion**

antepartum haemorrhage WS04 post-partum haemorrhage WS05 pre-eclampsia/eclampsia WD70

#### Note

For the intervention, use code -215.

# WD83 Complicated labour, delivery stillbirth

#### Inclusion

assisted extraction of stillbirth breech delivery stillbirth caesarean section of stillbirth WD83.00 delivery by vacuum extraction of stillbirth WD83.01 dystocia stillbirth forceps delivery of stillbirth WD83.02 induction of labour stillbirth injuries caused by childbirth placenta praevia in delivery stillbirth stillbirth after complicated delivery

#### Exclusion

post-partum haemorrhage WS05 pre-eclampsia/eclampsia WD70

#### Note

For the intervention, use code -215.

# WD84 Other specified and unknown breast disorder in pregnancy or puerperium

### Inclusion

breast disorder in puerperium cracked nipple WD84.00 unknown breast disorder in pregnancy or puerperium

### **Exclusion**

breast/lactation symptom/complaint WS06 puerperal mastitis WD03

# WD85 Other specified complications of puerperium

### Inclusion

haemorrhoids in puerperium WD85.00 sub-involution of uterus WD85.01 thrombosis complicating pregnancy and/or puerperium WD85.02

#### **Exclusion**

puerperal depression PD12
puerperal psychosis PD06
puerperal infection WD01
pre-eclampsia/eclampsia WD69
breast disorder in pregnancy WD84
disruption of episiotomy wound in the puerperium AD42

# WD99 Other specified and unknown diagnoses and diseases or health conditions in pregnancy, delivery and puerperium

#### Inclusion

deep venous thrombosis in pregnancy WD99.02 false labour WD99.00 haemorrhoids in pregnancy WD99.03 prolonged pregnancy WD99.01 varicose veins in pregnancy WD99.04

#### **Exclusion**

pseudocyesis PD99

#### Z SOCIAL PROBLEMS

# Description

Classes 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'.

### **ZC SOCIAL PROBLEMS INFLUENCING HEALTH STATUS**

# Description

A social problem is an issue within the personal environment or society that makes it difficult for people to achieve their full potential. Poverty, unemployment, unequal opportunity, racism and malnutrition are examples of social problems. So are substandard housing, employment discrimination, and child abuse and neglect.

# ZC01 Partner relationship problem

# Description

Partner relationship problems related to the way in which partners feel and behave towards each other.

### Inclusion

emotional abuse

### **Exclusion**

physical abuse by partner ZC30 victim of physical abuse ZC35

#### Note

The diagnosis of problems in the relationship between family partners requires the patient's agreement on the existence of the problem and desire for help.

# ZC02 Child relationship problem

### Description

Child relationship problems are problems in the way in which a parent and his/her child feel and behave towards each other.

#### Inclusion

emotional child abuse neglected child ZC02.00

#### **Exclusion**

physical abuse ZC35

#### Note

The diagnosis of problems in the relationship with a child requires the patient's agreement on the existence of the problem and desire for help.

# **ZC03** Parent or family member relationship problem

# Description

Parent and family relationship problems are problems in the way in which a person and parents or other family feel and behave towards each other (Cambridge dictionary).

#### Inclusion

relationship problem with adult relationship problem with parent relationship problem with sibling relationship problem with other family member

#### Exclusion

relationship problem with partner ZC01 relationship problem with child ZC02 relationship problem with friend ZC09

#### Note

The diagnosis of problems in the relationship between family members requires the patient's agreement on the existence of the problem and desire for help.

# ZC04 Health care provider relationship problem

# Description

Health care provider relationship problems are problems in the way in which a person and health care providers behave towards each other.

#### Inclusion

doctor/patient problems

### Note

The diagnosis of problems in the relationship with a health provider requires the patient's agreement on the existence of the problem and desire for help.

# ZC09 Other specified relationship problem

# Description

Other relationship problems are problems in the way in which two or more people feel and behave towards each other.

#### Inclusion

relationship problems with friends neighbours' quarrel/noise ZC09.00 relationship problems with neighbours

### **Exclusion**

relationship problem with family member ZC03

# **Coding hint**

For qualifying the level of the problem, use 2F53 in addition.

#### Note

The diagnosis of problems in the relationship with friends requires the patient's agreement on the existence of the problem and desire for help.

# ZC10 Loss or death of partner problem

### Description

Problem related to loss or death of partner.

### Inclusion

bereavement divorce from partner ZC10.00 death of partner ZC10.01

#### Note

The diagnosis of problems arising from the loss or death of a partner requires the patient's agreement on the existence of the problem and desire for help.

# ZC11 Loss or death of child problem

# Description

Problem related to loss or death of child.

#### Note

The diagnosis of problems arising from the loss or death of a child in the family requires the patient's agreement on the existence of the problem and desire for help.

# ZC12 Loss or death of parent or family member problem

# Description

Problem related to loss or death of parent or family member.

### **Exclusion**

loss of child ZC11 loss of partner ZC10

#### Note

The diagnosis of problems arising from the loss or death of a family member requires the patient's agreement on the existence of the problem and desire for help.

### ZC13 Problems associated with finances

#### Inclusion

financial problem poverty

The diagnosis of problems associated with finances requires acknowledgement of existence of the problem and desire for help.

# **ZC15 Education problem**

# Description

Problem related to education and literacy.

#### Inclusion

illiteracy ZC15.00 failed exams ZC15.01 low literacy poor educational progress ZC15.02

#### Note

The diagnosis of problems with education essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective education status, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in education, as well as the individual's perception.

# **ZC16 Work problem**

# Description

Problems related to employment.

#### Inclusion

discord in workplace ZC16.00 occupational exposure to toxic agents ZC16.01 occupational noise exposure ZC16.02 stressful work schedule ZC16.03 threat of dismissal ZC16.04

### Note

The diagnosis of problems with working conditions essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective working conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in working conditions, as well as the individual's perception.

# **ZC17 Unemployment problem**

# Description

Problems related to unemployment

#### Exclusion

problems related to employment ZC16

The diagnosis of problems with unemployment essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective nature of the unemployment, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in unemployment, as well as the individual's perception.

# ZC20 Food or water problem

# Description

Problems related to food and water.

#### Note

The diagnosis of problems with food/water conditions essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective or nature of food/water conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in food/water conditions, as well as the individual's perception.

# ZC25 Illness of partner problem

# Description

Problems related to an illness in the patient's partner.

#### Note

The diagnosis of problems arising from a partner being ill requires the patient's agreement on the existence of the problem and desire for help.

# ZC26 Illness of child problem

# Description

Problems related to the illness of a child.

#### Note

The diagnosis of problems arising due to a child being ill requires the patient's agreement on the existence of the problem and desire for help.

# ZC27 Illness of parents or family member problem

# Description

Problems related to illness of parents or other family.

#### Exclusion

problem with partner being ill ZC25

The diagnosis of problems arising from the illness of a family member requires the patient's agreement on the existence of the problem and desire for help.

# ZC30 Partner's behaviour problem

# Description

Problem with the way a partner conducts him/herself or behaves.

#### Inclusion

addiction of partner ZC30.00 aggressive behaviour of partner ZC30.01 infidelity of partner ZC30.02

#### **Exclusion**

victim of physical abuse ZC35

#### Note

The diagnosis of problems arising from the behaviour of a partner requires the patient's agreement on the existence of the problem and desire for help.

# ZC31 Parent or family behaviour problem

# Description

Problem with the way a parent/family member conducts him/herself or behaves.

#### Inclusion

addiction of parent or family ZC31.00 aggression of parent or family ZC31.01

#### Exclusion

problem with behaviour partner ZC30

#### Note

The diagnosis of problems arising from the behaviour of a family member requires the patient's agreement on the existence of the problem and desire for help.

# **ZC35 Violence problem**

# Description

Victim of physical abuse, violence, rape, sexual attack.

#### Inclusion

maltreatment/sexual abuse of child ZC35.00 maltreatment/sexual abuse by partner ZC35.01 problems related to assault/rape ZC35.02

victim of physical abuse victim of rape victim of sexual attack

### **Exclusion**

child emotional abuse ZC02 partner emotional abuse ZC01 partner physical abuse ZC30 physical problems to be coded in appropriate rubric(s) in other chapters psychological problems to be coded in Chapter P

#### Note

The diagnosis of social problems arising from assaults and other harmful events requires the patient's agreement on the existence of the problem and desire for help.

# ZC36 Housing problem

# Description

Problems related to housing conditions.

#### Inclusion

accommodation unsuitable homeless ZC36.00 housing unsuited to needs ZC36.01 inadequate housing

### Note

The diagnosis of problems with housing conditions essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective housing conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in housing conditions, as well as the individual's perception.

# ZC37 Legal problem

# Description

Problems concerning the legislation and other law of a country.

#### Inclusion

arrest incarceration imprisonment ZC37.00 prosecution problems related to release from prison problems with guardianship ZC37.01

The diagnosis of problems with legal issues essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective legal issues, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in legal issues as well as the individual's perception.

# ZC38 Social welfare problem

# Description

Problems related to social insurance and (the lack of) welfare care by the government.

#### Inclusion

sickness and disability law problem ZC38.00 social assistance law problem ZC38.01

#### Note

The diagnosis of problems with social welfare essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective social welfare situation, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in social welfare, as well as the individual's perception.

# ZC39 Health care system-related problem

# Description

Problems related to the health care system.

#### Inclusion

person awaiting admission to elderly/nursing home ZC39.00 waiting period for investigation and treatment ZC39.01

#### Note

The diagnosis of problems with the health care system essentially requires the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective health care system, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in the health care system as well as the individual's perception.

# ZC90 Concern or fear of having a social problem

# Description

Concern about or fear of having a social problem in a patient without a proven social problem.

#### Exclusion

If the patient has a social problem, code the social problem.

# ZC99 Other specified social problems influencing health status

#### Inclusion

discrimination race/religion/gender ZC99.00 feeling lonely ZC99.01 problem illegal stay ZC99.02

### **Exclusion**

air pollution AD45 all the other ZC classes

### I INTERVENTIONS AND PROCESSES

#### Note

The principle in Interventions and processes is the core of health treatment closely related to quaternary prevention.

Quaternary prevention: action taken to protect individuals (persons or patients) from medical interventions that are likely to cause more harm than good.

### -1 DIAGNOSTIC AND MONITORING INTERVENTIONS

# Description

A clinical intervention intended to diagnose and monitor a patient's disease, condition or injury.

# -101 Complete examination or health evaluation

# Description

Complete examination of one body system or the whole body including mental and social problem-related examination, performed in own practice.

#### **Exclusion**

diagnostic questionnaires -111

#### -102 Partial examination or health evaluation

# Description

An examination of a specific part of a body system or specific mental functions, or social problem related, performed in own practice.

#### Inclusion

auscultation blood pressure measurement body temperature measurement dermatoscopy diagnostic questionnaires gynaecological internal examination opthalmoscopy (fundoscopy) oximetry palpitation pelvic examination percussion rectal examination visual inspection

### **Exclusion**

pregnancy care W309

# -103 Sensitivity test

# Description

Performing a test or requesting a test to detect/exclude allergy.

### Inclusion

food sensitivity test Mantoux test methacholine challenge test patch test radioallergosorbent test (RAST) test skin prick test

#### **Exclusion**

desensitisation -202

# -104 Microbiological or immunological test

# Description

Performing a test or requesting a test to detect/exclude microorganisms/immunological mechanisms.

#### Inclusion

antibody test

**CRP** 

cultures test

DNA/RNA test for the detection of the causative agent

**HPV-DNA** test

serological/immunological tests

#### -105 Blood test

# Description

Performing a test or requesting a test for all determinations in blood.

### Inclusion

blood group test clinical chemistry tests in blood coagulation tests haematology tests measurement of creatinine clearance

#### Exclusion

microbiological/serological and immunonological test in blood sample -104 sensitivity test in a blood sample (RAST/allergy) -103

### -106 Urine test

# Description

Performing a test or requesting a test for all determinations in urine.

#### Inclusion

albumin/creatinine ratio in urine

#### **Exclusion**

microbiological/serological and immunological test in urine sample -104 urine cytology -108

#### -107 Faeces test

### Description

Performing a test or requesting a test for all determinations in faeces.

#### Inclusion

parasite faeces test

### **Exclusion**

microbiological/serological and immunological test in faeces sample -104

# -108 Histological and exfoliative cytology

### Description

Performing a test or requesting a test to examine the structure of tissues and cells under a (electronic)microscope.

#### Inclusion

anatomical pathology

biopsy of skin

histological or cytological examination of tissue or fluid retrieved by puncture or biopsy or excision or swabbing or collecting urine cytology

#### **Exclusion**

semen analysis -109 sputum analysis -109 trichomonas vaginalis test -109

# -109 Other specified laboratory test

#### Inclusion

CSF (cerebralspinal fluid) test DNA/genetic/chromosome test Helicobacter pylori breath test pH fluorine test semen analysis sputum analysis without culture sweat test trichomonas vaginalis test

### Exclusion

sputum culture -104

# -110 Specific physical function test

### Description

Measuring physical function of ear, eye, lungs, etc. using a specific device.

### Inclusion

audiometry spirometry tonometry tympanometry

### **Exclusion**

electrical tracing tests as EKG/Holter -114 vision test; colour test; visual field test; calorimetric test; reflex test - all -102

# -111 Standard mental, cognitive, physical functioning tests and questionnaires

# Description

Performing a test or questionnaire or request for a test or questionnaire for assessment of mental, cognitive or physical functioning.

#### Inclusion

anxiety test dementia test depression test intelligence test

# -112 Diagnostic endoscopy

# Description

Performing a scopy inside the body by using an endoscope.

#### Inclusion

anoscopy arthroscopy bronchoscopy colonoscopy colposcopy gastroscopy hysteroscopy laparoscopy laryngoscopy mediastinoscopy pharyngoscopy rectoscopy rhinoscopy sigmoidoscopy tracheoscopy

#### **Exclusion**

dermatoscopy -102 fundoscopy -102 ophtalmoscopy -102

# -113 Diagnostic imaging and radiology

# Description

Diagnostic radiology refers to the field of medicine that uses non-invasive imaging scans for diagnosing a problem. The tests and equipment used sometimes involves low doses of radiation to create highly detailed images of an area. In some parts of the world the primary care physician has the possibility to do X-ray and ultrasound investigations in their own practice.

### Inclusion

computerised tomography (CT) -113.00 magnetic resonance imaging (MRI) -113.01 ultrasound for foetal growth measurement ultrasound of foetal structure

ultrasound imaging -113.02 X-ray -113.03

### -114 Electrical tracing

# Description

A test used to measure the electrical activity of an organ (e.g. heart, nerve, brain, muscle).

### Inclusion

electrocardiogram electroencephalogram (EEG) electromyogram (EMG) electronystagmography (ENG) exercise electrocardiogram Holter monitoring

# -199 Other specified diagnostic interventions

### Inclusion

diagnostic laparotomy skin photo tourniquet test

#### -2 THERAPEUTIC AND PREVENTIVE INTERVENTIONS

# Description

The classes presented here are to be used for interventions performed by the provider him or herself.

# -201 Pharmacotherapy and prescription

#### Inclusion

administration of medication prescribing of injectable drug prescribing of medication renewal of medication

#### **Exclusion**

injection of medication with local effect -210 preventive immunisation/medication -202

#### -202 Preventive immunisation and medication

#### Inclusion

routine vaccination, children vaccination

# **Coding hint**

If contraceptive medication is prescribed for medical reasons, use the code for medication -201.

### -203 Observation, health education, advice and diet

# Description

Monitoring of health problems and advice on healthy behaviour.

### Inclusion

advice on healthy behaviour advice on prevention of health problems advice on pregnancy and family planning advice on prevention of injury advice on prevention of violence advice regarding the use of health services advice regarding occupational health/social problems monitoring of medication use watchful waiting

#### **Exclusion**

therapeutic counselling/listening -212

# -204 Incision, drainage, flushing, aspiration and removal body fluid

#### Inclusion

ascitic fluid puncture incision of abscess irrigation of ear/eye paracentesis puncture/aspiration of bursa puncture/aspiration of cyst puncture/aspiration of ganglion puncture/aspiration of haematoma puncture/aspiration of joint puncture/aspiration of lungs puncture/aspiration of urinary bladder

# -205 Excision, removal of tissue, destruction, debridement and cauterisation

#### Inclusion

autolytic debridement burning cauterisation chemical cauterisation chemical debridement cold cauterisation

electric cauterisation excision or removal of nail excision or removal of tissue extraction of tooth laser cauterisation mechanical debridement removal of foreign body surgical debridement

### -206 Instrumentation, catheterisation, intubation and dilation

#### Inclusion

catheterisation endotracheal intubation enema intravenous cannulation lacrimal dilatation tracheostomy tympanostomy tube insertion

#### **Exclusion**

implantation of a hormone or long-acting drug -209 incision/drainage/flushing/aspiration/removal body fluid -204

# -207 Repair-suture or cast

# Description

Applying and removing cast, sutures, stitches, surgical glue and strip-plaster.

# Inclusion

repair of perineum repair of vulva strip-plaster surgical glue suture/stitches

# -208 Taping or strapping

# Description

Application of adhesive bandages or tape (depending on the area), used to secure or stabilise an injured or painful joint.

### Inclusion

strapping for sprains treatment of luxation or dislocation

# -209 Application or removal of devices

# Description

Any device intended to be used for medical purposes.

### Inclusion

brace(s) hernia support insertion of an implant containing hormones or a long-acting drug orthopaedic prosthetic(s) orthose(s) pacemaker sling vaginal pessary/IUD

# -210 Local injection and infiltration

# Description

Administering an injection for local effect.

# Inclusion

bursa injection intra-articular injection sclerosing injection for varices tendon sheath injection

# -211 Dressing, pressure, compression and tamponade

#### Inclusion

application of eye pad pressure bandage tamponade (blockage to stop bleeding) wound dressing

# -212 Therapeutic counselling

# Description

A process of consultation and discussion in which the provider (the counsellor) listens and offers guidance or advice to the patient who is experiencing difficulties.

### Inclusion

counselling for a specific disease motivational interview supportive psychotherapy

# -215 Delivery-related interventions

#### Inclusion

artificial rupture of the amniotic membranes assisted vaginal delivery delivery by caesarean section episiotomy external version of foetus manual removal of retained placenta medical induction of labour per orifice

### Exclusion

pregnancy care W309 repair of perineum -207 repair of vulva -207

# -299 Other specified treatment and therapeutic and preventive interventions

#### Inclusion

cardiopulmonary resuscitation oxygen therapy physical medicine/rehabilitation and acupuncture done in own practice, without a referral to another provider uterine curettage

#### -3 PROGRAMMES RELATED TO REPORTED CONDITIONS

### Description

These care programmes consist of a combination of various interventions such as asking questions during anamnesis, blood and urine tests, spirometry, advice and policy options, performed in primary care practice.

In general several health professionals are involved in a 'programme'. This implies that a care plan needs to reflect the integrated approach of all health professionals involved. This could also be referred to as the bio-psycho-social way of working and thinking.

# Coding hint

In order to understand exactly what has been done in the context of the programme, the separate interventions in Component -2 should/must be coded.

### Note

The programmes are directly connected to specific Chapters. The codes therefore contain the prefix of these chapters instead of a dash.

K301 Cardiovascular programme

K302 Heart failure programme

P303 Dementia (management) programme

P304 Depression (management) programme

P305 Other specified mental programme

R306 Asthma programme

R307 COPD programme

T308 Diabetes programme

W309 Pregnancy care

#### Inclusion

pregnancy check-up pregnancy surveillance

# A310 Polypharmacy care

# Description

Personal health surveillance related to polypharmacy.

# A350 Complex and integral care programme

# Description

Integral care is an organising principle for care delivery with the aim of achieving improved patient care through better coordination of services provided. Integration is the combined set of methods, processes and models that seek to bring about this improved coordination of care. It is care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes.

#### **Exclusion**

frailty elderly programme A351

### A351 Frailty elderly programme

# Description

Specific programme for frailty people. Frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital or the need for long-term care.

#### A352 Palliative care and end of life care

### Description

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illnesses, 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.

# X399 Other specified programmes related to reported conditions

#### -4 RESULTS

# -401 Result of test or procedure requested by own provider

# Description

Results from tests or procedures ordered/performed by the health care provider: blood, imaging, electrical tracing or other.

#### Note

This code can only be used to classify a reason for encounter.

# -402 Result of an examination or test from another provider

# Description

Results from tests or procedures ordered/performed by other health care providers.

#### Note

This code can only be used to classify a reason for encounter.

# -5 CONSULTATION, REFERRAL AND OTHER REASONS FOR **ENCOUNTER**

# -501 Encounter or problem initiated by provider

# Description

The provider asks about a health problem that is not put forward by the patient.

#### Inclusion

problem managed by the provider, that was not on the patient's agenda

#### Exclusion

encounter/problem initiated by other than patient/provider -502

#### Note

This code can only be used to classify a reason for encounter.

### -502 Encounter or problem initiated by other than patient or provider

### Description

Encounter requested by a third party.

#### Exclusion

encounter/problem initiated by provider -501

This code can only be used to classify a reason for encounter. If the patient is unable to state the reason for encounter, use the reason stated by the accompanying person.

# -503 Consultation with primary care provider

#### Inclusion

telemedicine consultation with primary care provider

### **Exclusion**

consultation with specialist -504 referral to another provider -505 referral to physician/specialist/clinic/hospital -506 other referral -599

### Note

Treatment responsibility remains with the original primary care provider.

# -504 Consultation with specialist

#### Inclusion

telemedicine consultation with specialist

### **Exclusion**

consultation with primary care provider -503 other referral -599 referral to another provider -505 referral to physician/specialist/clinic/hospital -506

#### Note

Treatment responsibility remains with the original primary care provider.

# -505 Referral to other primary care provider

#### Inclusion

referral to chiropodist referral to chiropractor referral to dentist referral to dietician referral to home health worker referral to midwife referral to occupational therapist referral to orthodontist referral to optician referral to other GP or FP referral to psychologist referral to physiotherapist referral to nurse referral to social worker

### Exclusion

referral to specialist -506 referral to institution for rehabilitation -599

# -506 Referral to specialist, clinic or hospital

#### Inclusion

referral to specialist referral to disease-specific out-/inpatient clinics

#### Exclusion

referral to institution for rehabilitation -599

# -599 Other specified consultations, referrals and reasons for encounter

#### Inclusion

advice to contact a service outside the regular health service (e.g. patient associations, unemployment services) referral to a nursing home or hospice

referral to a service for rehabilitation

#### **Exclusion**

referral to other provider, nurse, therapist, social worker -505 referral to specialist, clinic or hospital -506

#### Note

This code can only be used to classify a reason for encounter. If the patient is unable to state the reason for encounter, use the reason stated by the accompanying person.

#### -6 ADMINISTRATIVE

# -601 Administrative procedure

# Description

This code is designed to classify those instances where provision of a written document or form by the provider for the patient or agency is warranted by existing regulations, laws or customs.

#### Inclusion

billing issues certificates (e.g. sick leave/driver's licence/death) filling in documents or forms health record issues request for information

#### Exclusion

medical examination/health evaluation complete -101 medical examination/health evaluation partial -102 standard mental/cognitive/physical functioning tests and questionnaires -111

# -602 Formulation of plan for care, management, treatment or intervention

#### **Exclusion**

execution of programmes related to reported conditions -3

#### II FUNCTIONING AND FUNCTIONING RELATED

# Description

This chapter allows for the description of Functioning and Functioning related aspects of all persons (first and follow-up) contacts with the health care system in primary and community care settings. The Functioning and Functioning Related items are a selected subset of items from the WHO International Classification of Functioning, Disability and Health (ICF), which provides an overview of a person in a person-incontext approach, at a certain moment in time.

Where indicated in the references of the classes, a specific set of items is available in the form of self-administered tools for the assessment of functioning (and disability). These sets can be regarded as implementations of ICF within a specific use case.

In the first instance there is the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) from WHO, which is available at www.psychiatry.org/ dsm5

- The WHODAS 2.0 is a general tool for the assessment of difficulties due to health/ mental health conditions. This assessment tool is advised to be used for the collection of disability data for adults aged 18 years and older.
- For specific use in primary health care settings the Primary Care Functioning Scale (PCFS) has been developed with an intended population age group 50+ with multimorbidity. The PCFS needs further testing.
- In addition, the 'Arrèts de Travail en médecine générale à partir de la Classification Internationale de Fonctionnement' (ATCIF) has been developed for sick-leave prescription. In many countries sick-leave prescriptions are frequently used in primary health care/general practices. Using the ICF for sick-leave prescription, instead of the traditional medical approach, supports and changes the way health professionals and patients communicate in the work-related context.

The questions from these questionnaires have been itemised in Chapter II, and their use is encouraged whenever relevant, as separate items or scored with the WHODAS 2.0, the PCFS or the ATCIF.

If greater detail on Functioning and Functioning related aspects is required than that available within the presented selection of items, the WHO ICF should be consulted.

Access to ICF classification: http://apps.who.int/classifications/icfbrowser/

### **2F FUNCTIONING**

# Description

Functioning of a person can be defined by the complexity of components such as the physiological functions of body systems and psychological functions, anatomical features of parts of the body such as organs, limbs and their components and the execution of tasks or actions by an individual as such or the involvement of a person in a life situation.

Physiological functions of body systems and psychological functions are referred to as body functions (body and body system level).

Anatomical features of parts of the body such as organs, limbs and their components are referred to as body structures (body level). Not as such classified in the ICPC-3. In the ICPC-3 anatomical terms are harmonised with the Foundational Model of Anatomy, like the ICD-11.

Execution of tasks or actions by an individual are referred to as Activities (person level).

The involvement of a person in a life situation is referred to as Participation (person in social context level).

From the primary health care point of view, activities and participation are the core part for shaping a person-centred approach. This means that in the ICPC-3 the Activities and participation chapter comes first, followed by the Functions chapter.

# 2F0 Activities and participation

# Description

Execution of tasks or actions by an individual are referred to as Activities (person

The involvement of a person in a life situation is referred to as Participation (person in social context level).

# 2F01 Watching

# Description

Using the sense of seeing intentionally to experience visual stimuli.

#### Inclusion

visually tracking an object watching a sporting event watching people watching children playing

# 2F02 Listening

# Description

Using the sense of hearing intentionally to experience auditory stimuli.

### Inclusion

listening to a radio listening to the human voice listening to music listening to a lecture listening to a story told

# 2F03 Basic learning

# **Description**

Basic learning is a broad concept for developing competencies.

#### Inclusion

actions with objects acquiring concepts and information acquiring language acquiring skills imitating or mimicking others learning to read learning to write learning to calculate rehearsing

# 2F04 Focusing attention

# Description

Intentionally focusing on specific stimuli.

#### Inclusion

filtering out distracting noises

### 2F05 Thinking

#### Description

Formulating and manipulating ideas, concepts and images, whether goal-oriented or not, either alone or with others.

#### Inclusion

creating fiction proving a theorem playing with ideas brainstorming

meditating pondering speculating reflecting

# 2F06 Reading

## Description

Performing activities involved in the comprehension and interpretation of written language (e.g. books, instructions or newspapers in text or Braille), for the purpose of obtaining general knowledge or specific information.

## 2F07 Calculating

## Description

Performing computations by applying mathematical principles to solve problems that are described in words and producing or displaying the results.

#### Inclusion

computing the sum of three numbers finding the result of dividing one number by another

# 2F08 Solving problems

# Description

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.

#### Inclusion

resolving a dispute between two people

#### 2F09 Making decisions

#### Description

Making a choice among options, implementing the choice and evaluating the effects of the choices that need to be done.

#### Inclusion

deciding to undertake a task selecting and purchasing a specific item undertaking one task from among several tasks

# 2F10 Undertaking a single task

# Description

Carrying out simple or complex and coordinated actions related to the mental and physical components of a single task.

carrying out, completing and sustaining a task initiating a task organising time, space and materials for a task pacing task performance

## 2F11 Undertaking multiple tasks

## Description

Carrying out simple or complex and coordinated actions as components of multiple, integrated and complex tasks in sequence or simultaneously (ICF).

## 2F12 Carrying out daily routine

## Description

Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties.

#### Inclusion

budgeting time making plans for separate activities throughout the day

# 2F13 Handling stress

## Description

Carrying out simple or complex and coordinated actions to cope with pressure, emergencies or stress associated with task performance (ICF).

#### Inclusion

coping with emergencies coping with pressure coping with stress

# 2F14 Communicating with – receiving – spoken messages

# Description

Comprehending literal and implied meanings of messages in spoken language.

# 2F15 Speaking

#### Description

Producing words, phrases and longer passages in spoken messages with literal and implied meaning.

#### Inclusion

expressing a fact telling a story in oral language

## 2F16 Conversing

## Description

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 (ICF).

## **2F17 Discussing**

## Description

Starting, sustaining and ending an examination of a matter, with arguments for or against, or debate carried out by means of spoken, written, sign or other forms of language, with one or more people one knows or who are strangers, in formal or casual settings (ICF).

## 2F18 Using communication devices and techniques

## Description

Using devices, techniques and other means for the purposes of communicating.

#### Inclusion

calling a friend on the telephone

# 2F20 Changing basic body position

# Description

Getting into and out of a body position and moving from one location to another.

#### Inclusion

getting into and out of position of sitting getting into and out of position of standing getting into and out of position of kneeling getting into and out of position of squatting getting up out of a chair to lie down on a bed

# 2F21 Maintaining a body position

# Description

Staying in the same body position as required, such as remaining seated or remaining standing for carrying out a task, in play, work or school (ICF).

# 2F22 Transferring oneself

# Description

Moving from one surface to another without changing body position.

moving from a bed to a chair sliding along a bench

## 2F23 Lifting and carrying object

## Description

Raising up an object or taking something from one place to another.

#### Inclusion

carrying a box carrying a child from one room to another lifting a cup lifting a toy

#### 2F25 Fine hand use

## Description

Performing the coordinated actions of handling objects such as required to lift coins off a table or turn a dial or knob.

#### Inclusion

handling objects picking up objects using one's hand, fingers and thumb manipulating objects using one's hand, fingers and thumb releasing objects using one's hand, fingers and thumb

#### 2F26 Hand and arm use

## Description

Performing the coordinated actions required to move objects with hands and arms.

#### Inclusion

manipulating objects by using hands and arms moving objects by using hands and arms throwing or catching an object turning door handles

# 2F27 Walking long distances and short distances

## Description

Walking for more or less than a kilometre, such as walking around rooms or hallways, within a building or for short distances outside, or walking for more than a kilometre, such as across a village or town, between villages or across open areas (ICF).

## 2F28 Climbing (steps)

# Description

Moving the whole body upwards or downwards, over surfaces or objects.

#### Inclusion

climbing curbs climbing ladders climbing rocks climbing stairs climbing steps

## 2F29 Moving around within the home

## Description

Walking and moving around in one's home, within a room, between rooms and around the whole residence or living area (ICF).

## 2F30 Moving around outside the home and other buildings

## Description

Walking and moving around close to or far from one's home and other buildings, without the use of transportation, public or private, such as walking for short or long distances around a town or village (ICF).

#### 2F31 Moving around using equipment

## Description

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.

#### Inclusion

using a walker using scuba equipment using skates using skis using a walking stick using a wheelchair

#### 2F32 Using transportation

# Description

Using transportation to move around as a passenger.

#### Inclusion

being driven in a boat being driven in a bus

being driven in a car being driven in a jitney being driven in a pram being driven in a private or public taxi being driven in a stroller being driven in a rickshaw being driven in a train being driven in a tram being driven in a wheelchair being driven in an aircraft being driven in an animal-powered vehicle being driven by subway using humans for transportation

## 2F33 Driving

## Description

Being in control of and moving a vehicle or the animal that draws it, travelling under one's own direction or having at one's disposal any form of transportation appropriate for age.

## Inclusion

driving a bicycle driving a boat driving a car driving a motorcycle driving an animal-powered vehicle

## 2F34 Washing oneself

#### Description

Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods.

#### Inclusion

bathing showering washing hands and feet washing face and hair drying with a towel

# 2F35 Caring for body parts

# Description

Looking after those parts of the body that require more than washing and drying.

looking after genitals looking after face looking after nails looking after scalp looking after skin looking after teeth

## 2F36 Toileting

# Description

Planning and carrying out the elimination of human waste and cleaning oneself afterwards

#### Inclusion

carrying out the elimination of human waste of defaecation carrying out the elimination of human waste of menstruation carrying out the elimination of human waste of urination cleaning oneself after defaecation cleaning oneself after menstruation cleaning oneself after urination

## 2F37 Dressing

# Description

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.

#### Inclusion

putting on and taking off clothes and footwear in correct sequence putting on, adjusting and removing a shirt putting on, adjusting and removing a skirt putting on, adjusting and removing a blouse putting on, adjusting and removing pants putting on, adjusting and removing undergarments putting on, adjusting and removing a sari putting on, adjusting and removing a kimono putting on, adjusting and removing tights putting on, adjusting and removing a hat putting on, adjusting and removing gloves putting on, adjusting and removing a coat putting on, adjusting and removing shoes putting on, adjusting and removing boots putting on, adjusting and removing sandals putting on, adjusting and removing slippers

## 2F38 Eating

## Description

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 (ICF).

## 2F39 Drinking

# Description

Taking hold of a drink, bringing it to the mouth and consuming the drink in culturally acceptable ways, mixing, stirring and pouring liquids for drinking, opening bottles and cans

#### Inclusion

drinking from a breast drinking running water from a tap drinking running water from a spring drinking through a straw

# 2F40 Looking after one's health

# Description

Ensuring physical comfort, health and physical and mental well-being.

#### Inclusion

avoiding harms to health following safe sex practices getting immunisations getting regular physical examinations keeping warm or cool maintaining a balanced diet maintaining an appropriate level of physical activity using condoms

# **Coding hint**

In case a patient indicates experiencing a problem in managing one's lifestyle related to specified habits, code to AP40 Problems related to lifestyle, or PS13, PS14, PS15, PS16, TD66, TS51.

#### Note

The inclusions in this class are intended for general registration purposes to be informed about the person's health-related habits.

## 2F45 Doing housework

## Description

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 (ICF).

# **2F46 Assisting others**

## Description

Assisting household members and others with their learning, communicating, selfcare, movement, within the house or outside; being concerned about the well-being of household members and others (ICF).

#### Inclusion

assisting others with self-care assisting others in movement assisting others in communication assisting others in interpersonal relations assisting others in nutrition assisting others in health maintenance

# **2F49 Basic interpersonal interactions**

# Description

Interacting with people in a contextually and socially appropriate manner.

#### Inclusion

responding to the feelings of others showing consideration and esteem when appropriate

# 2F50 Complex interpersonal interactions

# Description

Maintaining and managing interactions with other people, in a contextually and socially appropriate manner, when, for example, playing, studying or working with others.

#### Inclusion

acting in accordance with social rules and conventions acting independently in social interactions controlling verbal and physical aggression regulating emotions and impulses

## 2F51 Relating with strangers

## Description

Engaging in temporary contacts and links with strangers for specific purposes.

#### Inclusion

asking for directions asking for information making a purchase

## 2F52 Formal relationships

## Description

Creating and maintaining specific relationships in formal settings.

## 2F53 Informal social relationships

## Description

Entering into relationships with others, such as casual relationships with people living in the same community or residence, or with co-workers, students, playmates, people with similar backgrounds or professions (ICF).

## 2F54 Family relationships

# Description

Creating and maintaining kinship relationships, such as those with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians (ICF).

## 2F55 Intimate relationships

#### Description

Creating and maintaining close or romantic relationships between individuals.

#### Inclusion

maintaining a close relationship between husband and wife maintaining a close relationship between lovers maintaining a close relationship between sexual partners

#### 2F56 Education and school

#### Description

Gaining admission to school, higher education and vocational training, engaging in all school-related responsibilities and privileges, and learning the course material, subjects and other curriculum requirements in all education programmes.

attending school regularly working cooperatively with other students taking directions from teachers organising, studying and completing assigned tasks and projects advancing to other stages of education higher education school education vocational training

## 2F57 Acquiring, keeping and terminating a job

## Description

Seeking, finding and choosing employment, being hired and accepting employment, maintaining and advancing through a job, trade, occupation or profession, and leaving a job in an appropriate manner (ICF).

## 2F58 Remunerative employment

## Description

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 (ICF).

#### Inclusion

working full time working part time

#### 2F59 Non-remunerative employment

## Description

Engaging in all aspects of work in which pay is not provided, full time or part time, including organised work activities, 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.

#### Inclusion

doing charity work doing volunteer work working for a community or religious group without remuneration working around the home without remuneration

## 2F60 Community life

## Description

Engaging in aspects of community social life, such as engaging in charitable organisations, services clubs or professional social organisations (ICF).

#### 2F61 Recreation and leisure

## Description

Engaging in any form of play, recreational or leisure activity.

#### Inclusion

engaging in crafts or hobbies engaging in informal or organised play and sports engaging in programmes of physical fitness engaging in relaxation, amusement or diversion going to art galleries, museums, cinemas or theatres playing musical instruments reading for enjoyment sightseeing, tourism and travelling for pleasure

# 2F69 Other specified activities and participation

# Description

For other specified activities and participation, not presented in this section, please consult the ICF for more detail.

#### **2F7 Functions**

#### Description

Physiological functions of body systems and psychological functions are referred to as body functions (body and body system levels).

#### Note

In the subcomponent Functions, the classes and codes can be used to assess the 'problem level', i.e. the level of impairment of the specified function, not to address a RFE or an episode of care. Describing the nature and assessing the severity of the problem offers the possibility of the follow-up of care and addressing changes over time, such as a decrease or an increase of the impairment/problem.

Some of the class names in Functions overlap with class names in the Symptoms, complaints and abnormal findings component. These class names, such as 'dizziness', refer to the same phenomenon, but serve a different purpose or role.

E.g. 'Dizziness' as an impairment (problem in a function – 2F83) can be used in a descriptive way in order to understand to what extent a person experiences dizziness

as a problem. Without coding the (level of) impairment, the dizziness is just a textual element, that is difficult to trace. Coding as a Function makes the dizziness, and the changes in it, traceable, available for discussion and countable.

Symptoms, complaints and abnormal findings are to be classified and coded at the level of the relevant body system chapters. In a situation where a person expresses that they experience 'dizziness' as the RFE, the class/code to be used for dizziness is in Neurological system - NS09 Vertigo or dizziness, with no further possibility for expression of detail. There it is meant to classify the symptom, complaint or abnormal finding.

## 2F71 Energy level

# Description

Mental and physical functions that produce vigour and stamina (ICF).

# **2F72 Sleep functions**

# Description

General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes (ICF).

#### **2F73 Attention functions**

# Description

Specific mental functions of focusing on an external stimulus or internal experience for the required period of time (ICF).

# **2F74 Memory functions**

# Description

Specific mental functions of registering and storing information and retrieving it as needed (ICF).

#### 2F75 Emotional functions

## Description

Specific mental functions related to the feeling and affective components of the processes of the mind (ICF).

# 2F80 Seeing functions

# Description

Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli (ICF).

## 2F81 Hearing functions

## Description

Sensory functions relating to sensing the presence of sounds and discriminating the location, pitch, loudness and quality of sounds (ICF).

#### 2F82 Balance

## Description

Sensory functions of the inner ear related to determining the balance of the body (ICF).

#### 2F83 Dizziness

## Description

Sensation of motion involving either oneself or one's environment.

#### Inclusion

sensation of rotating sensation of swaying sensation of tilting

#### **2F84 Pain functions**

# Description

Sensation of unpleasant feeling indicating potential or actual damage to some body structure (ICF).

# **2F85 Exercise tolerance functions**

#### Description

Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion (ICF).

#### 2F86 Sexual functions

# Description

Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages (ICF).

#### Inclusion

functions of sexual arousal preparatory, orgasmic and resolution phase functions related to sexual interest sexual performance penile erection clitoral erection vaginal lubrication

ejaculation orgasm

## **2F90 Mobility of joint functions**

# Description

Functions related to the range and ease of movement of a joint (ICF).

# **2F91 Muscle power functions**

## Description

Functions related to the force generated by the contraction of a muscle or muscle groups (ICF).

## **2F99 Other specified functions**

## Description

For other specified functions, not presented in this section, please consult the ICF for more detail.

#### **2R FUNCTIONING RELATED**

## Description

Functioning related factors describe the context in which functioning takes place and how functioning is executed. They are made up by the environmental factors the person lives in (the things outside the person) and the personal characteristics in which one person differs from another person.

#### 2R0 Environmental factors

#### Description

Environmental factors are made up of the environment the person lives in (the things outside the person).

#### 2R01 Food

#### Description

Any natural or human-made object or substance gathered, processed or manufactured to be consumed.

#### Inclusion

breast milk herbs liquids of different consistencies minerals (vitamin and other supplements) prepared food

processed food raw food

## 2R02 Drinking water

# **Description**

Water suitable and safe for personal consumption.

# 2R03 Drugs (medication)

#### Description

Any natural or human-made object or substance gathered, processed or manufactured for medicinal purposes.

#### Inclusion

allopathic medication naturopathic medication

## 2R04 Housing

## Description

The availability of a house or shelter for persons to live in.

#### Inclusion

shelter

#### 2R05 Sanitation

#### Description

The availability of, or access to, means for safe water for drinking and washing, and adequate treatment and disposal of human excreta and sewerage.

# 2R06 Assistive products and technology for personal indoor and outdoor mobility and transportation

#### Description

Adapted or specially designed equipment, products and technologies that assist people to move inside and outside buildings.

#### Inclusion

adaptations to vehicles scooters special cars and vans transfer devices walking devices (such as canes or crutches) wheelchairs

# 2R07 Natural environment and human-made changes to environment

## Description

This class is about animate and inanimate elements of the natural or physical environment, and components of that environment that have been modified by people, as well as characteristics of human populations within that environment (ICF).

## 2R08 Immediate family

# Description

Individuals related by birth, marriage or other relationship recognised by the culture as immediate family.

#### Inclusion

adoptive parents children foster parents grandparents parents partners siblings spouses support by immediate family

#### 2R09 Friends

## Description

Individuals who are close and ongoing participants in relationships characterised by trust and mutual support (ICF).

#### Inclusion

support by friends

# 2R10 Acquaintances, peers, colleagues, neighbours and community members

# Description

Individuals who are familiar to each other as acquaintances, peers, colleagues, neighbours and community members, in situations of work, school, recreation or other aspects of life and who share demographic features such as age, gender, religious creed or ethnicity or pursue common interests (ICF).

#### Inclusion

support by acquaintances support by peers support by colleagues support by neighbours support by community members

## 2R16 Health professionals

## Description

All service providers working within the context of the health system.

#### Inclusion

audiologists doctors medical social workers medical specialists nurses occupational therapists orthotist-prosthetists physiotherapists speech therapists

## 2R17 Individual attitudes of immediate family members

## Description

General or specific opinions and beliefs of immediate family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions (ICF).

# 2R18 Individual attitudes of health professionals

# Description

General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions (ICF).

# 2R19 Social security

#### Description

Services, systems and policies aimed at providing income support to people who, because of age, poverty, unemployment, health condition or disability, require public assistance that is funded either by general tax revenues or contributory schemes (ICF).

#### 2R20 Home health services

## Description

Individuals who provide services to support individuals in their daily activities and maintenance of performance at work, education or other life situation, provided either through public or private funds, or else on a voluntary basis.

Nannies paid help personal assistants primary caregivers providers of support for home-making and maintenance transport assistants

## 2R29 Other specified external factors

# Description

For other specified external factors, not presented in this section, it is advised to consult the ICF for more detail.

#### **2R3 PERSONALITY FUNCTIONS**

# Description

Personality functions are personal characteristics in which one person differs from another person.

Personality functions require the persons own perception and expression of, and to what extent a personal characteristic plays a role in, the context of the person's health.

Personality functions should only be used if provided by the person her- or himself and with consent for use or re-use. It is not to express the health provider's opinion about the person.

#### 2R30 Extraversion

# Description

Mental functions that produce a personal disposition that is outgoing, sociable and demonstrative.

#### Inclusion

being demonstrative being outgoing being sociable

## 2R31 Agreeableness

## Description

Mental functions that produce a personal disposition that is cooperative, amicable and accommodating.

#### Inclusion

being accommodating being amicable being cooperative

## 2R32 Conscientiousness

## Description

Mental functions that produce a personal disposition such as in being hard-working, methodical and scrupulous.

#### Inclusion

being hard-working being methodical being scrupulous

# 2R33 Psychic stability

# Description

Mental functions that produce a personal disposition that is even-tempered, calm and composed.

#### Inclusion

being calm being composed being even-tempered

## 2R34 Openness to experience

# Description

Mental functions that produce a personal disposition that is curious, imaginative, inquisitive and experience-seeking.

#### Inclusion

being curious being experience-seeking being imaginative being inquisitive

# 2R35 Optimism

# Description

Mental functions that produce a personal disposition that is cheerful, buoyant and hopeful.

#### Inclusion

being buoyant being cheerful being hopeful

#### 2R36 Confidence

## Description

Mental functions that produce a personal disposition that is self-assured, bold and assertive.

#### Inclusion

being assertive being bold being self-assured

#### 2R37 Trustworthiness

# Description

Mental functions that produce a personal disposition that is dependable and principled.

#### Inclusion

being dependable being principled

# **2R39 Other specified Personality functions**

# Description

For other specified personality functions, not presented in this section, please consult the ICF for more detail.

#### IV EMERGENCY CODES

# Description

The EM-codes are for emergency use with epidemiological importance for risk of (national or international) spreading of infections.

EM01 Code for emergency use

EM02 Code for emergency use

EM03 Code for emergency use

EM04 Code for emergency use

EM05 Code for emergency use

EM06 Code for emergency use

EM07 Code for emergency use

EM08 Code for emergency use

EM09 Code for emergency use

#### **V EXTENSION CODES**

## Description

Extension codes are provided as supplementary codes or additional positions to give more detail or meaning to the initial code, if so desired. The Extension codes are not to be used without an initial code.

# SV SCALE VALUE **PSV Problem Scale Value**

## Description

In the ICPC-3 no distinction is made between having a problem with a function or an activity or participation. For the Functioning components, the scale values are expressed in terms of the value level of the problem. Using these values at a certain point in time or over a period of time informs about actual Functioning situation or gives a 'snapshot' of the person. The values can also be used for goal setting.

The correspondence between the ICPC-3 and the severity scales (qualifiers) from the ICF is as follows:

PSV.0 NO problem	xxx.0 NO impairment/difficulty
PSV.1 MILD/MODERATE problem	xxx.1 MILD impairment/difficulty and xxx.2 MODERATE impairment/difficulty
PSV.2 SEVERE problem	xxx.3 SEVERE impairment/difficulty
PSV.3 COMPLETE problem	xxx.4 COMPLETE impairment/difficulty
PSV.9 NOT applicable	xxx.9 not applicable

In daily practice, health professionals and patients or clients find it difficult to differentiate between MILD or MODERATE. For this reason, MILD and MODERATE are merged into one value.

# **PSV.0 NO problem**

There is no problem. The problem is absent or experienced as negligible.

#### **PSV.1 MILD/MODERATE problem**

The problem is experienced as slight, low, medium or fair.

## **PSV.2 SEVERE problem**

The problem is experienced as high or extreme.

## **PSV.3 COMPLETE problem**

The problem is experienced as total or complete.

#### **PSV.9 NOT applicable**

#### **FBV Facilitator or Barrier value**

#### Description

The correspondence between the Facilitator or Barrier values from the ICPC-3 and the barrier or facilitator from the ICF is as follows:

FBV.0 NO facilitator/NO barrier	xxx+0 NO facilitator and xxx.0 NO barrier
FBV.1 FULL facilitator	xxx+4 COMPLETE facilitator
FBV.2 STRONG facilitator	xxx+3 SUBSTANTIAL facilitator
FBV.3 MODERATE/MILD facilitator	xxx+2 MODERATE facilitator and xxx+1 MILD facilitator
FBV.4 MILD/MODERATE barrier	xxx.1 MILD barrier and xxx.2 MODERATE barrier
FBV.5 STRONG barrier	xxx.3 SEVERE barrier
FBV.6 FULL barrier	xxx.4 COMPLETE barrier
FBV.9 NOT applicable	xxx.9 not applicable

In daily practice, health professionals and patients or clients find it difficult to differentiate between MILD or MODERATE. For this purpose MILD and MODERATE are merged into one value.

FBV.0 NO facilitator/NO barrier FBV.1 FULL facilitator FBV.2 STRONG facilitator

FBV.3 MODERATE/MILD facilitator

FBV.4 MILD/MODERATE barrier

FBV.5 STRONG barrier

FBV.6 FULL barrier

FBV.9 NOT applicable

#### **CSV Consent Scale Value**

#### Description

The Consent Scale Value (CSV) is used by a patient or client to express the level of agreement concerning Personality functions (2R3). Without these values, the Personality functions have no specific meaning.

CSV.2+ COMPLETELY agree CSV.1+ MODERATELY agree CSV.0 NEUTRAL CSV.1 MODERATELY disagree CSV.2 COMPLETELY disagree

# **FEV Forced Expiratory Volume**

# Description

Forced Expiratory Volume (FEV) is a calculated ratio for the indication of the volume of air exhaled under forced conditions in the first second of expiration (FEV1). It is also called the person's vital capacity in persons with Chronic Obstructive Lung Disease.

The GOLD criteria or severity scale was developed by the Global Initiative for Chronic Obstructive Lung Disease.

GOL.1 GOLD 1 = mild: FEV1 is more than or equal to 80% predicted

GOL.2 GOLD 2 = moderate: between 50% to 80% FEV1 predicted

GOL.3 GOLD 3 = severe: between 30% to 50% FEV1 predicted

GOL.4GOLD 4 = very severe: less than 30% FEV1 predicted

GOL.5 GOLD not specified

#### NYHA New York Heart Association Functional Classification

#### NYH.1 NYHA Class I

No symptoms and no limitations in ordinary physical activity; e.g. shortness of breath when walking, climbing stairs, etc.

#### NYH.2 NYHA Class II

Mild symptoms (mild shortness of breath and/or angina) and slight limitations during ordinary activity.

#### NYH.3 NYHA Class III

Marked limitation in activity due to symptoms, even during 'less-than-ordinary activity' e.g. walking short distances (20-100 metres). Comfortable only at rest.

#### NYH.4 NYHA Class IV

Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.

#### NYH.9 NYHA Class IX

No NYHA class listed or unable to determine.

# **TEM Temporality**

COU.0 Subacute

COU.1 Acute

COU.2 Chronic

# **CAU Causality**

These Class attributes are provided here for informative purposes only to address the causality of classes within a component. A number of these class attributes have been assigned with a specific colour, which is shown in the classification browser. The colouring is also used for the desk version to increase the informative value of the sheet.

CAU.0 Congenital

CAU.1 Hereditary

**CAU.2** Infectious

CAU.3 Neoplasm

CAU.4 Injury

CAU.5 Lifestyle

CAU.6 Immunology

CAU.8 Other

CAU.9 Unknown

# Conversion from ICPC-3 to ICPC-2 and ICPC-1

ICPC-3	ICPC-2	ICPC-1
AF01	A98	A97
AF02	W11	W11
AF03	W12	W12
AF04	W10	W10
AF05	W14,Y14	W14,Y14
AF06	W13,Y13	W13,Y13
AG01	A97	A97
AG02	A97	A97
AG03	A97	A97
AG04	A97	A97
AG99		
Al01		
Al02		
Al03	A20	A20
Al99		
AP01	A98	A97
AP10	A98	A97
AP20	A98	A97
AP21	A98	A97
AP22		
AP40	A99	A97
AP45	A98, P09	A97, P09
AP50	A23	
AP60	A21, A23, A99, K22	A99
AP65	A21, A23, K22	
AP70		

ICPC-3	ICPC-2	ICPC-1
AP80	A99	A99
AP99	A98	A97
AQ01		
AQ02		
AQ03		
AQ04		
AQ99		
AR01		
AR02		
AR03		
AR99	A99	A99
AS01	A01	A01
AS02	A02	A02
AS03	A03	A03
AS04	A04	A04
AS05	A04	A04
AS06	A05	A05
AS07	A06	A06
AS09	A08	A08
AS10	A09	A09
AS11	A10	A10
AS12	A11	L04
AS13	A16	A15, A16, A17
AS14	A29	A29
AS50	A91	A91, B85
AS52	A99	A99
AS53	A07	A07
AS90	A25, A26, A27	A25, A26, A27
AS91	A13	A13
AS92	A18, W21	
AS99	A29	A29
AD01	A71	A71
AD02	A72	A72
AD03	A74	A74
AD04	A75	A75

ICPC-3	ICPC-2	ICPC-1
AD13	A76	A76
AD14	A77	A77
AD15	A70	A70, R70
AD16	A73	A73
AD17	A78	A78
AD23	A78, U71	A78, U71
AD24	A78	A78, A92
AD25	A79	A79
AD26	A99	A99
AD35	A81	A81
AD36	A80	A80
AD37	A82	A82
AD40	A84	A84
AD41	A85	A85
AD42	A87	A87
AD43	A89	A89
AD44	A86	A86
AD45	A88	A88
AD46	A92	A12
AD55	A90	A90
AD65	A93	A93
AD66	A94	A94
AD95	A95	A95
AD96	A96	A96
AD99	A99	A99
BS01	B02	B02, B03
BS50	B87	B87
BS51	B84, B99	B84, B86
BS52	B99	B99
BS90	B25, B26, B27	B25, B26, B27
BS99	B04, B29	B29, B04
BD01	B70	B70
BD02	B71	B71
BD03	B90	B90
BD04	B90	B90

ICPC-3	ICPC-2	ICPC-1
BD25	B72, B73, B74	B72, B73, B74
BD26	B75	B75
BD35	B77, B76	B77, B76
BD55	B79	B79
BD65	B78	B78
BD66	B80	B80
BD67	B81	B81
BD77	B82	B82
BD78	B83	B83
BD99	B99	B99
DS01	D01	A14, D01
DS02	D02	D02
DS03	D03	D03
DS04	D04	D04
DS05	D05	D05
DS06	D06	D06
DS07	D07	D02
DS08	D08	D08
DS09	D09	D09
DS10	D10	D10
DS11	D11	D11
DS12	D12	D12
DS13	D13	D13
DS14	D14	D14
DS15	D15	D15
DS16	D16	D16
DS17	D17	D17
DS18	D18	D18
DS19	D19, D29	D19, D29
DS20	D20	D20
DS21	D21	D21
DS50	D23	D96
DS51	D24, D25, D29	D24, D25, D29
DS90	D26, D27	D26, D27
DS99	D29	D29

ICPC-3	ICPC-2	ICPC-1	
DD01	D70	D70	
DD02	D71	D71	
DD03	D72	D72	
DD05	D73	D73	
DD06	D95	D95	
DD07	D96	D22	
DD25	D74	D74	
DD26	D75	D75	
DD27	D76	D76	
DD28	D77	D77	
DD29	D78	D78	
DD35	D80	D80	
DD36	D79	D79	
DD55	D81	D81	
DD65	D82	D82	
DD66	D83	D83	
DD67	D84	D84	
DD68	D84	D84	
DD69	D85	D85	
DD70	D86	D86	
DD71	D87	D87	
DD72	D88	D88	
DD73	D89	D89	
DD74	D90	D90	
DD75	D91	D91	
DD76	D91	D91	
DD77	D92	D92	
DD78	D93	D93	
DD79	D94	D94	
DD81	D97	D97	
DD82	D98	D98	
DD83	D99	D99	
DD84	K96	K96	
DD99	D99	D99	
FS01	F01	F01	

ICPC-3	ICPC-2	ICPC-1
FS02	F02	F02
FS03	F03	F03
FS04	F04	F04
FS05	F05	F05
FS06	F05	F05
FS07	F13	F13
FS08	F15	F15
FS09	F16	F16
FS10	F17, F18	F17, F18
FS90	F27	F27
FS99	F14, F29, F99	F14, F29, F99
FD01	F70	F70
FD02	F72	F72
FD03	F73	F73
FD04	F86	F86
FD05	F85	F85
FD25	F74	F74
FD35	F75	F75
FD36	F79	F79
FD37	F76	F76
FD55	F80	F80
FD56	F81	F81
FD65	F71	F71
FD66	F82	F82
FD67	F83	F83
FD68	F84	F84
FD69	F91	F91
FD70	F92	F92
FD71	F93	F93
FD72	F94	F94
FD73	F95	F95
FD74	F99	F99
FD99	F99	F99
GS01	Y01	Y01
GS02	Y02	Y02

ICPC-3	ICPC-2	ICPC-1
GS03	X01,Y02	X01,Y02
GS04	X18, Y16	X18,Y16
GS05	X02	X02
GS06	X03	X03
GS07	X05	X05
GS08	X06	X06
GS09	X07	X07
GS10	X08	X08
GS11	X09	X09
GS12	X10	X10
GS13	X11	X11
GS14	X12	X12
GS15	X13	X13
GS16	X14	X14
GS17	X15	X15
GS18	X16	X16
GS19	X17	X17
GS20	Y04	Y04
GS21	Y05	Y05
GS22	Y06	Y06
GS23	X04	X04
GS24	Y07	Y07
GS25	Y08	Y08
GS26	X19	X19
GS27	X20	X20
GS28	X21,Y16	X21,Y16
GS29	W15,Y10	W15,Y10
GS50	X86	X86
GS90	X21, X22	X21
GS91	X24, Y24	X24,Y24
GS92	X23,Y25	X23,Y25
GS93	X26	X26
GS94	X25, X27, Y26, Y27	X25, X27, Y26, Y27
GS99	X29,Y29	X29,Y29
GD01	X70,Y70	X70,Y70

ICPC-3	ICPC-2	ICPC-1
GD02	X71,Y71	X71,Y71
GD03	X90,Y72	X90, Y72
GD04	X73,Y99	X73,Y99
GD05	X91,Y76	X91,Y76
GD06	X74, X92	X74, X99
GD07	A78	A78
GD08	X72,Y75	X72,Y75
GD09	X74	X74
GD10	Y73	Y73
GD11	Y74	Y74
GD12	X84	X84
GD25	X75	X75
GD26	Y77	Y77
GD27	X76, Y78	X76,Y78
GD28	X77, Y78	X77
GD29	X78	X78
GD30	X79,Y79	X79,Y79
GD31	X80,Y79	X80,Y79
GD32	X81,Y79	X81,Y79
GD35	X82,Y80	X82,Y80
GD55	X83,Y84	X83,Y84
GD56	Y82	Y82
GD57	Y83	Y83
GD65	X85	X85
GD66	X87	X87
GD67	X88	X88
GD68	X89	X89
GD69	X99	X99
GD70	Y85	Y85
GD71	Y86,Y99	Y86,Y99
GD72	Y81	Y81
GD99	X99,Y99	X99,Y99
HS01	H01	H01
HS02	H02	H02
HS03	H03	H03

ICPC-3	ICPC-2	ICPC-1
HS04	H04	H04
HS05	H05	H05
HS06	H13	H13
HS90	H27	H27
HS91	H15	H15
HS99	H29	H29
HD01	H70	H70
HD02	H71	H71
HD03	H72	H72
HD04	H73	H73
HD05	H74	H74
HD25	H75	H75
HD35	H85	H85
HD36	H76	H76
HD37	H78, H79	H78, H79
HD55	H80	H80
HD65	H77	H77
HD66	H81	H81
HD67	H82	H82
HD68	H84	H84
HD69	H86	H86
HD99	H99, H83	H99, H83
KS01	K01, K02	K01, K02
KS02	K04	K04
KS03	K05	K05
KS04	K07	K07
KS50	K29	K29
KS51	K85	K85
KS52	K81	K81
KS90	K24, K25, K27	K24, K25, K27
KS99	K03, K06, K29	K03, K06, K29
KD01	K70	K70
KD02	K71	K71
KD25	K72	K72
KD35	A80	A80

ICPC-3	ICPC-2	ICPC-1
KD55	K73	K73
KD65	K74, K75	K74, K75
KD66	K76	K76
KD67	K77	K77
KD68	K78	K78
KD69	K79	K79
KD70	K80, K84	K80, K84
KD71	K83	K83
KD72	K84	K84
KD73	K86	K86
KD74	K87	K87
KD75	K88	K88
KD76	K92	K91, K92
KD77	K93	K93
KD78	K94	K94
KD79	K95	K95
KD99	K82, K99	K82, K99
LS01	L01	L01
LS02	L02	L02
LS03	L03	L03
LS04	L04	L04
LS05	L05	L05, L06
LS06	L07	L07
LS07	L08	L08
LS08	L09	L09
LS09	L10	L10
LS10	L11	L11
LS11	L12	L12
LS12	L13	L13
LS13	L14	L14
LS14	L15	L15
LS15	L16	L16
LS16	L17	L17
LS17	L18	L18
LS18	L18	L18

ICPC-3	ICPC-2	ICPC-1		
PD11	P78	P78		
PD12	P76	P76		
PD13	P76	P76		
PD14	P77	P77		
PD15	P80	P80		
PD16	P81	P21		
PD17	P86	T06		
PD18	P85	P85		
PD19	P99	P99		
PD99	P99	P99		
RS01	R01	R01		
RS02	R02	R02		
RS03	R03	R03		
RS04	R04, R98	R04, R98		
RS05	R04	R04		
RS06	P06	P06		
RS07	R05	R05		
RS08	R06	R06		
RS09	R07	R07		
RS10	R08	R08		
RS11	R09	R09		
RS12	R21	R21, R22		
RS13	R23	R23		
RS14	R24	R24		
RS15	R25	R25		
RS50	R82	R82, R93		
RS90	R26, R27	R26, R27		
RS91	A18			
RS99	R29	R29		
RD01	R71	R71		
RD02	R74	R74		
RD03	R75	R75		
RD04	R72, R76	R72, R76		
RD05	R77	R77		

ICPC-3	ICPC-2	ICPC-1		
RD06	R78	R78		
RD07	R80	R80		
RD08				
RD09	R81	R81		
RD10	R83	R83		
RD25	R84	R84		
RD26	R85	R85		
RD27	R86	R86		
RD28	R92	R92		
RD35	R88	R88		
RD36	R87	R87		
RD55	R89	R89		
RD65	R97	R97		
RD66	R90	R90		
RD67	R79	R91		
RD68	R95	R95		
RD69	R96	R96		
RD70	R99	R99		
RD99	R99,T99	R99		
SS01	S01	S01		
SS02	S02	S02		
SS03	S04	S04		
SS04	S05	S05		
SS05	S06	S06		
SS06	S07	S07		
SS07	S08	S08		
SS08	S21	S21		
SS09	S22	S22		
SS10	S23	S23		
SS11	S24	S24		
SS90	S26, S27	S26, S27		
SS99	S29	S29		
SD01	S03	S03		
SD02	S95	S95		

ICPC-3	ICPC-2	ICPC-1		
SD03	S70	S70		
SD04	S71	S71		
SD05	S09	S09		
SD06	S10, R73	S10, R73		
SD07	S11	S11		
SD08	S74	S74		
SD09	S74	S74		
SD10	S74	S74		
SD11	S75	S75		
SD12	S90	S90		
SD13	S72	S72		
SD14	S73	S73		
SD15	S84	S84		
SD16	S76	S76		
SD25	S77	S77		
SD26	S78	S78		
SD27	S82	S82		
SD28	S81	S81		
SD29	S79, S99	S79, S99		
SD35	S16	S16		
SD36	S17	S17		
SD37	S18	S18		
SD38	S19	S19		
SD39	S12	S12		
SD40	S13	S13		
SD41	S14	S14		
SD42	S15	S15		
SD55	S83	S83		
SD65	S20	S20		
SD66	S80	S80		
SD67	S85	S85		
SD68	S86	S86		
SD69	S87	S87		
SD70	S88	S88		
SD71	S89	S89		

ICPC-3	ICPC-2	ICPC-1		
SD72	S91	S91		
SD73	S92	S92		
SD74	S93	S93		
SD75	S94	S94		
SD76	S96	S96		
SD77	S97	S97		
SD78	S98	S98		
SD80	S99	S99		
SD81	S99	S99		
SD82	S23	S23		
SD99	S99	S99		
TS01	T01	T01		
TS02	T02	T02		
TS03	T03	T03		
TS04	T04	T04		
TS05	T05	T05		
TS06	T07	T07		
TS07	T08	T08		
TS08	T10	T10		
TS09	T11	T11		
TS50	T29	T29		
TS51	T83	T83		
TS90	T26, T27	T26,T27		
TS99	T29	T29		
TD01	T70	T70		
TD25	T71	T71		
TD26	T72	T72		
TD27	T73	T73		
TD55	T78	T78		
TD56	T80	T80		
TD65	T81	T15,T81		
TD66	T82	T82		
TD68	T85	T85		
TD69	T86	T86		
TD70	T87	T87		

ICPC-3	ICPC-2	ICPC-1			
TD71	T89	Т90			
TD72	T90	T90			
TD73	T91	T91			
TD74	T91	T91			
TD75	T93	T93			
TD99	T99	T88,T99			
US01	U01	U01			
US02	U02	U02			
US03	U04	U04			
US05	U05	U05			
US06	U06	U06			
US07	U07	U07			
US08	U13	U13			
US09	U14	U14			
US10	X29,Y03	X29,Y03			
US50	U71, U90, U98	U71, U90, U98			
US90	U26, U27	U26, U27			
US99	U29	U29			
UD01	U70	U70			
UD02	U71	U71			
UD03	U72	U72			
UD04	U71	U71			
UD25	U75	U75			
UD26	U76	U76			
UD27	U77	U77			
UD28	U78	U78			
UD29	U79	U79			
UD35	U80	U80			
UD55	U85	U85			
UD65	U88	U88			
UD66	U99	U99			
UD67	U95	U95			
UD99	U99	U99			
WS01	W01	W01			
WS02	W05	W05			

ICPC-3	ICPC-2	ICPC-1
WS03	W03	W03
WS04	W03	W03
WS05	W17	W17
WS06	W19	W19
WS39	W18	W18
WS50	W99	W99
WS90	W02	W02
WS91	W27	W27
WS99	W29	W20, W29
WD01	W70	W70
WD02	W71	W71
WD03	W94	W94
WD25	W72	W72
WD26	W73	W73
WD35	W75	W75
WD55	W76	W76
WD65	W82	W82
WD66	W83	W83
WD67	W78	W78
WD68	W79	W79
WD69	W80	W80
WD70	W81	W81
WD71	W84	W84
WD72	W85	W84
WD80	W90	W90
WD81	W91	W91
WD82	W92	W92
WD83	W93	W93
WD84	W95	W95, W96
WD85	W96	W77, W96
WD99	W99	W77, W99
ZC01	Z12	Z12
ZC02	Z16	Z16
ZC03	Z20	Z20
ZC04	Z10	Z10

ICPC-3	ICPC-2	ICPC-1
ZC09	Z24	Z24
ZC10	Z15	Z15
ZC11	Z19	Z19
ZC12	Z23	Z23
ZC13	Z01	Z01
ZC15	Z07	<b>Z</b> 07
ZC16	Z05	Z05
ZC17	Z06	Z06
ZC20	Z02	Z02
ZC25	Z14	Z14
ZC26	Z18	Z18
ZC27	Z22	Z22
ZC30	Z13	Z13
ZC31	Z21	Z21
ZC35	Z25, Z13	Z25, Z13
ZC36	Z03	Z03
ZC37	Z09	<b>Z</b> 09
ZC38	Z08	Z08
ZC39	Z10	Z10
ZC90	<b>Z</b> 27	<b>Z</b> 27
ZC99	Z04, Z29	Z04, Z29
-101	-30	-30
-102	-31	-31
-103	-32	-32
-104	-33	-33
-105	-34	-34
-106	-35	-35
-107	-36	-36
-108	-37	-37
-109	-38	-38
-110	-39	-39
-111		
-112	-40	-40
-113	-41	-41

ICPC-3	ICPC-2	ICPC-1	
-114	-42	-42	
-199	-43	-43	
-201	-50	-50	
-202	-44	-44	
-203	-45	-45	
-204	-51	-51	
-205	-52	-52	
-206	-53	-53	
-207	-54	-54	
-208	-54	-54	
-209	-54	-54	
-210	-55	-55	
-211	-56	-56	
-212	-58	-58	
-215			
-299	-165	-165	
K301			
K302			
P303			
P304			
P305			
R306			
R307			
T308			
W309			
A310			
A350			
A351			
A352			
X399			
-401	-60	-60	
-402	-61	-61	
-501	-64	-64	
-502	-65	-65	

ICPC-3	ICPC-2	ICPC-1	
-503	-46	-46	
-504	-47	-47	
-505	-66	-66	
-506	-67	-67	
-599	-200	-200	
-601	-62	-62	
-602			

# Primary Care Functioning Scale (PCFS)

## **Primary Care Functioning Scale**

Radboudumc

Department of Primary and Community

Care

Nijmegen, the Netherlands

## Radboudumc

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#### Instructions

Information about this questionnaire

This questionnaire is about your functioning in daily life. Can you perform activities that are important to you? Are you not or less able to perform activities which you would like to perform better?

#### Instructions for filling in the questionnaire

PCFS Questionnaire:

- Choose one answer for each question. Choose the answer that best describes your situation.
- Answer the questions by putting a cross in the box corresponding with the answer of your choice.
- After each question, you are asked whether you are satisfied. Choose one answer which best describes your situation.

The questions are <u>about your current situation and about how you are now.</u>

There are no right or wrong answers. It is about your experience and your personal situation. Good luck with filling in the questionnaire!

# **PCFS**

## **MULTIPLE CHOICE QUESTIONS**

Date of completion of the questionnaire: (please fill in the date)

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#### PHYSICAL AND MENTAL FUNCTIONS

• For each of the following questions, indicate the extent to which you experience problems (choose one answer for each question: NO problem, MILD problem, MODERATE problem, SEVERE problem, COMPLETE problem)

•	For each of the following questions, indicate whether you are satisfied with this
	(choose one answer: Yes, Neutral or No)

		NO problem
		MILD problem
1.	Feeling energetic	MODERATE problem
		SEVERE problem
		COMPLETE problem
1.a	Are you satisfied with this? Yes ☐ Neutral ☐	No 🗌
	•	
		NO problem
		MILD problem
2.	Sleeping	MODERATE problem
		SEVERE problem
		COMPLETE problem
2.a	Are you satisfied with this? Yes Neutral	No□
		☐ No problem
		MILD problem
3.	Feeling emotionally stable	MODERATE problem
		SEVERE problem
		COMPLETE problem
3.a	Are you satisfied with this? Yes Neutral	No 🗌
		☐ No problem
		MILD problem
4.	Having generalized pain or pain in a body part	MODERATE problem
		SEVERE problem
		COMPLETE problem
4.a	Are you satisfied with this? Yes ☐ Neutral ☐	No∏

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		NO problem
		MILD problem
5.	Seeing	MODERATE problem
	_	SEVERE problem
		COMPLETE problem
5.a	Are you satisfied with this? Yes ☐ Neutral ☐	No□
		☐ NO problem
		MILD problem
6.	Hearing	MODERATE problem
	_	SEVERE problem
		COMPLETE problem
6.a	Are you satisfied with this? Yes ☐ Neutral ☐	No□
		NO problem
		MILD problem
7.	Keeping focus and attention on a task	MODERATE problem
		SEVERE problem
		COMPLETE problem
7.a	Are you satisfied with this? Yes Neutral	No□
		NO problem
		MILD problem
8.	Remembering new information (memory)	MODERATE problem
		SEVERE problem
		COMPLETE problem
8.a	Are you satisfied with this? Yes ☐ Neutral ☐	No□

	PHYSICAL AND MENTAL FUNCTIONS			
			NO problem	
			MILD problem	
9.	Having some exercise tolerance		MODERATE problem	
			SEVERE problem	
			COMPLETE problem	
9.a	Are you satisfied with this? Yes ☐ Neutral ☐	No		
			NO problem	
			MILD problem	
10.	Having a smooth joint mobility		MODERATE problem	
			SEVERE problem	
			COMPLETE problem	
<b>10.</b> a	Are you satisfied with this? Yes ☐ Neutral [	] N	•□	
			NO problem	
			MILD problem	
11.	Being able to use some muscle power		MODERATE problem	
			SEVERE problem	
			COMPLETE problem	

Yes 🗌

Neutral

No 🗌

11.a Are you satisfied with this?

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#### **ACTIVITIES**

• For each of the following questions, indicate the extent to which you experience problems (choose one answer for each question: NO problem, MILD problem, MODERATE problem, SEVERE problem, COMPLETE problem or NOT APPLICABLE)

· For each of the following questions, indicate whether you are satisfied with this (choose one answer: Yes. Neutral or No)

			O problem
			ILD problem
12.	Solving problems	ШМ	ODERATE problem
		☐ SE	VERE problem
			OMPLETE problem
<b>12.</b> a	Are you satisfied with this? Yes Neutral	No 🗌	
		□ NO	O problem
			ILD problem
13.	Planning and carrying out daily tasks and activities	ШМ	ODERATE problem
		☐ SE	VERE problem
			OMPLETE problem
13.a	Are you satisfied with this? Yes Neutral	No 🗌	
			O problem
			ILD problem
14.	Handling stress		ODERATE problem
		☐ SE	VERE problem
			OMPLETE problem
14.a	Are you satisfied with this? Yes Neutral	No 🗌	
			O problem
			ILD problem
15.	Looking after your health		ODERATE problem
		☐ SE	VERE problem
		□ cc	OMPLETE problem
15.a	Are you satisfied with this? Yes ☐ Neutral ☐	No □	

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			NO problem
16.	Changing basic body position, e.g. standing up from		MILD problem
	a chair or bending to pick something up from the		MODERATE problem
	floor		SEVERE problem
			COMPLETE problem
16.a	Are you satisfied with this? Yes Neutral	No	
			NO problem
			MILD problem
17.	Lifting and carrying objects		MODERATE problem
			SEVERE problem
			COMPLETE problem
<b>17.</b> a	Are you satisfied with this? Yes Neutral	No 🗆	
			NO problem
			MILD problem
		ш	-
18.	Hand and arm use, e.g. pulling, pushing, reaching		MODERATE problem
18.	Hand and arm use, e.g. pulling, pushing, reaching and turning		MODERATE problem SEVERE problem
18.			
18.	and turning		SEVERE problem
18. 18.a			SEVERE problem
	and turning		SEVERE problem
	and turning		SEVERE problem
	and turning		SEVERE problem  COMPLETE problem
	and turning		SEVERE problem  COMPLETE problem  NO problem
18.a	and turning  Are you satisfied with this? Yes □Neutral No□		SEVERE problem  COMPLETE problem  NO problem  MILD problem
18.a	and turning  Are you satisfied with this? Yes □Neutral No□		SEVERE problem  COMPLETE problem  NO problem  MILD problem  MODERATE problem
18.a	and turning  Are you satisfied with this? Yes □Neutral No□		SEVERE problem  COMPLETE problem  NO problem  MILD problem  MODERATE problem  SEVERE problem

ACTIVITIES				
20.	Climbing up and down the stairs	NO problem MILD problem MODERATE problem SEVERE problem COMPLETE problem		
<b>20.</b> a	Are you satisfied with this? Yes Neutral	No 🗌		
21.	Driving a car or another vehicle, riding a bicycle	NO problem MILD problem MODERATE problem SEVERE problem COMPLETE problem NOT APPLICABLE		
<b>21.</b> a	Are you satisfied with this? Yes Neutral	No 🗆		

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	ACTIVITIES	
		NO problem
		MILD problem
22.	Self-toileting	MODERATE problem
		SEVERE problem
		COMPLETE problem
<b>22.</b> a	Are you satisfied with this? Yes Neutral	No 🗌
		NO problem
		MILD problem
23.	Washing yourself	MODERATE problem
		SEVERE problem
		COMPLETE problem
22 -	Are you setisfied with this? Yes D. Newtrel D.	No El
<b>23.</b> a	Are you satisfied with this? Yes Neutral	No 🗌
		I— I
		NO problem
		MILD problem
24.	Caring for your body parts without assistance (e.g.	MODERATE problem
	teeth, hair, fingernails and toenails)	SEVERE problem
		COMPLETE problem
24.a	Are you satisfied with this? Yes ☐ Neutral ☐	No 🗆
Z4.a	Are you satisfied with this: Tes   Neutral	140 🗆
		NO problem
		MILD problem
25.	Self-dressing	MODERATE problem
25.	Jen-uressing	SEVERE problem
		COMPLETE problem
25.a	Are you satisfied with this? Yes ☐ Neutral ☐	No 🗌

	ACTIVITIES		
			NO problem
			MILD problem
26.	Eating without assistance		MODERATE problem
			SEVERE problem
			COMPLETE problem
<b>26.</b> a	Are you satisfied with this? Yes Neutral	No	<b>□</b>
			NO problem
			MILD problem
27.	Doing household chores such as washing and		MODERATE problem
	drying clothes and garments, cleaning your living		SEVERE problem
	area		COMPLETE problem
<b>27.</b> a	Are you satisfied with this? Yes ☐ Neutral ☐	No	∘ <b>□</b>
	, , , , , , , , , , , , , , , , , , ,		

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#### **PARTICIPATION**

- For each of the following questions, indicate the extent to which you experience problems (choose one answer for each question: NO problem, MILD problem, MODERATE problem, SEVERE problem, COMPLETE problem or NOT APPLICABLE)
- · For each of the following questions, indicate whether you are satisfied with this (choose one answer: Yes, Neutral or No)

		NO problem
28.	Maintaining relationships with your	MODERATE problem
	immediate family members	SEVERE problem
		COMPLETE problem
		☐ I have NO immediate family
<b>28.</b> a	Are you satisfied with this? Yes ☐ No	eutral 🔲 No 🗌
29.	Maintaining relationships with friends, neighbours or acquaintances	MODERATE problem
		SEVERE problem
		COMPLETE problem
		☐ I have NO contact with others
29.a	Are you satisfied with this? Yes Ne	eutral No
		NO problem
		MILD problem
30.	Maintaining your relationship with your	MODERATE problem
	partner	SEVERE problem
		COMPLETE problem
		☐ I have NO partner
30.a	Are you satisfied with this? Yes \( \backslash	eutral No

PARTICIPATION					
31.	Carrying out remunerative work (full-time, part-time or self-employed)	NO problem MILD problem MODERATE problem SEVERE problem COMPLETE problem I have NO work			
31.a	Are you satisfied with this? Yes ☐ Neutra	I No			
32.	Carrying out non-remunerative work (voluntary work or charity work)	MILD problem MODERATE problem SEVERE problem COMPLETE problem I DON'T carry out non-remunerative work			
<b>32.</b> a	Are you satisfied with this? Yes ☐ Neutra	I No 🗆			
33.	Acquiring a job, profession or work	MILD problem MODERATE problem SEVERE problem COMPLETE problem I am NOT looking for work			
<b>33.</b> a	33.a Are you satisfied with this? Yes Neutral No				
34.	Carrying out hobbies or activities (recreation and leisure)	NO problem MILD problem MODERATE problem SEVERE problem COMPLETE problem I have NO hobbies			
34.a	Are you satisfied with this? Yes ☐ Neutra	I No 🗆			

#### YOUR ENVIRONMENT

• For each of the following questions, indicate the extent to which an environmental factor is a facilitator, neutral, a barrier, or not applicable to your situation. Choose one of the answers.

For each of the following questions, indicate whether you are satisfied with this				
(cho	(choose one answer: Yes, Neutral or No)			
			I DON'T use any medicines	
			A COMPLETE facilitator	
35.	The medicines that I use are for me		A MODERATE facilitator	
			NO facilitator/NO barrier	
			A MODERATE barrier	
			A COMPLETE barrier	
<b>35.</b> a	Are you satisfied with this? Yes	Neu	tral 🔲 No 🗌	
			I DON'T use any aids	
			A COMPLETE facilitator	
36.	The aids that I use (e.g. a rollator, a		A MODERATE facilitator	
	walking stick, a wheelchair or a scoot		NO facilitator/NO barrier	
	mobile) are for me		A MODERATE barrier	
			A COMPLETE barrier	
		•		
36.a	Are you satisfied with this? Yes Neutral No			
	•			
			I have NO social security benefits	
			A COMPLETE facilitator	
37.	The social security benefits that I have		A MODERATE facilitator	
	(e.g. a sickness benefit, a retirement		NO facilitator/NO barrier	
	benefit) are for me		A MODERATE barrier	
			A COMPLETE barrier	
37.a	Are you satisfied with this? Yes	Neu	tral No	
	•			
			I DON'T receive any care or help	
			A COMPLETE facilitator	
38.	The home care or domestic help		A MODERATE facilitator	
	that I receive is for me		NO facilitator/NO barrier	
			A MODERATE barrier	
			A COMPLETE barrier	
			•	
38.a	Are you satisfied with this? Yes	]	Neutral No No	

No 🗌

YOUR ENVIRONMENT			
39.	My immediate family members are for me	☐ I have NO immediate family members ☐ A COMPLETE facilitator ☐ A MODERATE facilitator ☐ NO facilitator/NO barrier ☐ A MODERATE barrier ☐ A COMPLETE barrier	
39.a	Are you satisfied with this? Yes	Neutral No No	
40.	My friends are for me	☐ I have NO friends ☐ A COMPLETE facilitator ☐ A MODERATE facilitator ☐ NO facilitator/NO barrier ☐ A MODERATE barrier ☐ A COMPLETE barrier	
40.a	Are you satisfied with this? Yes	Neutral No No	
41.	My neighbours, acquaintances or colleagues are for me	I have NO contact with others  A COMPLETE facilitator  A MODERATE facilitator  NO facilitator/NO barrier  A MODERATE barrier  A COMPLETE barrier	
41.a	Are you satisfied with this? Yes	Neutral No	
42.	My general practitioner (GP) is for me	☐ I have NO contact with my GP ☐ A COMPLETE facilitator ☐ A MODERATE facilitator ☐ NO facilitator/NO barrier ☐ A MODERATE barrier ☐ A COMPLETE barrier	
<b>42.</b> a	Are you satisfied with this? Yes	Neutral No No	

	YOUR ENVIRO	DNMENT
43.	The views and attitudes of my immediate family members are for me	I have NO immediate family members  A COMPLETE facilitator  A MODERATE facilitator  NO facilitator/NO barrier  A MODERATE barrier  A COMPLETE barrier
<b>43.</b> a	Are you satisfied with this? Yes	Neutral No No
44.	The views and attitudes of my general practitioner (GP) are for me	I have NO contact with my GP  A COMPLETE facilitator  A MODERATE facilitator  NO facilitator/NO barrier  A MODERATE barrier  A COMPLETE barrier
44.a	Are you satisfied with this? Yes	Neutral No No

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#### PERSONAL CHARACTERISTICS

· For each of the following questions, indicate to what extent you agree or disagree (choose one of the answers: COMPLETELY agree, MODERATELY AGREE, NEUTRAL, MODERATELY DISAGREE OR COMPLETELY DISAGREE)

· For each of the following questions, indicate whether you are satisfied with this (choose one answer: Yes, Neutral or No)

		COMPLETELY agree
		MODERATELY agree
45.	I consider myself as an extravert person who	□ NEUTRAL
	likes to communicate with others	MODERATELY disagree
		COMPLETELY disagree
		-
45.a	Are you satisfied with this? Yes ☐ Neutral	□ No □
		COMPLETELY agree
		MODERATELY agree
46.	I consider myself to be flexible, obliging and	□ NEUTRAL
	agreeable	MODERATELY disagree
		COMPLETELY disagree
46.a	Are you satisfied with this? Yes \( \Boxed{\square} \) Neutral	□ No □
		COMPLETELY agree
		MODERATELY agree
47.	I consider myself to be conscientious, precise	□ NEUTRAL
	and careful	MODERATELY disagree
		COMPLETELY disagree
47.a	Are you satisfied with this? Yes Neutral	□ No□
		COMPLETELY agree
		MODERATELY agree
48.	I consider myself to be even-tempered, calm	□ NEUTRAL
	and composed	MODERATELY disagree
		COMPLETELY disagree

	PERSONAL CHARACTERISTICS
49.	I consider myself to be imaginative, interested and open to experience  COMPLETELY agree  MODERATELY agree  NEUTRAL  MODERATELY disagree  COMPLETELY disagree
49.a	Are you satisfied with this? Yes ☐ Neutral ☐ No ☐
50.	I consider myself to be cheerful, in good spirits and optimistic  COMPLETELY agree  MODERATELY agree  NEUTRAL  MODERATELY disagree  COMPLETELY disagree
50.a	Are you satisfied with this? Yes ☐ Neutral ☐ No ☐
51.	I consider myself to be confident, brave and assertive  COMPLETELY agree  MODERATELY agree  NEUTRAL  MODERATELY disagree  COMPLETELY disagree
<b>51.</b> a	Are you satisfied with this? Yes ☐ Neutral ☐ No ☐
52.	COMPLETELY agree   MODERATELY agree   MODERATELY agree   NEUTRAL   MODERATELY disagree   COMPLETELY disagree   COMPLETELY disagree   COMPLETELY disagree   MODERATELY disagree   COMPLETELY disagree   COMPLETELY disagree
52.a	Are you satisfied with this? Yes ☐ Neutral ☐ No ☐

### THANK YOU FOR FILLING IN OUR QUESTIONNAIRE!

# Alphabetical index

This index is not meant to be comprehensive, nor to be a nomenclature. It is a list only of the titles of rubrics and of inclusion terms in the rubrics. A number of inclusion show a 6-digit code for the Regional extension, and in addition show the code of the class they belong to. These comprise the synonyms and terms most commonly used in general and family practice. Users requiring a more extensive index or nomenclature can do so by using the ICPC-3 Workbench on the ICPC-3.info website. In order to maintain consistency, this should be done in cooperation with the WONCA ICPC-3 Foundation.

Abbreviations are not included in this index.

abdominal adhesions	DD99	abnormal unexplained	
abdominal colic	DS01	pathology or imaging results	AS50
abdominal cramps	DS01	abnormal urine test	US50
abdominal discomfort	DS01	abnormality of lipoprotein	
abdominal distension or		level	TD75
abdominal mass or both	DS51	abrasion, scratch, blister	SD36
abdominal pain	DS01	abscess	SD06
abdominal swelling without		abscess and/or eczema and/or	
mass	DS51	furuncle of external auditory	
abdominal wall pain	LS17	meatus	HD01
abnormal blinking	FS09	abscess of external auditory	
abnormal breathing	RS04	meatus	HD01
abnormal cervix smear	GS50	abscess of lymph node	BD01
abnormal eye appearance	FS08	absence of voice	RS13
abnormal eye movements	FS99	absent or scanty	
abnormal findings on antenatal		menstruation	GS07
screening of mother	WS50	abuse or addiction hard drugs	
abnormal foetal presentation		PS16.00	PS16
WD71.00	WD71	abuse or addiction soft drugs	
abnormal involuntary		PS16.01	PS16
movements	NS07	accessory auricle	HD55
abnormal lochia WS39.00	WS39	accommodation unsuitable	ZC36
abnormal platelets	BD78	accretions	DS19
abnormal posture	LS99	achalasia	DD68
abnormal sputum or phlegm	RS15	acidity	DS03
abnormal thyroid stimulating		acne	SD76
hormone (TSH) results	AS50	acne conglobata SD76.00	SD76
abnormal unexplained		acne vulgaris SD76.01	SD76
hyperglycaemia	AS50	acoustic trauma	HD35

acquaintances, peers, colleagues,		acute infective polyneuropathy	ND77
neighbours and community		acute lower respiratory infection	
members	2R10	NOS	RD06
acquired absence of organs	AD99	acute mastoiditis	HD02
acquired deformity of limb	LD71	acute myocardial infarction	
acquired deformity of spine	LD70	KD65.00	KD65
acquired haemolytic anaemia	BD77	acute or chronic rhinosinusitis	RD03
acquired trigger finger LD72.00	LD72	acute otitis media or myringitis	HD02
acquired unequal limb length		acute pharyngitis RD02.00	RD02
LD71.00	LD71	acute poliomyelitis ND01.00	ND01
acquiring, keeping and		acute psychosis	PD05
terminating a job	2F57	acute renal failure	UD99
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information	2F03	disease KD02.00	KD02
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acquiring skills	2F03	heart disease KD02.01	KD02
acromegaly	TD99	acute rhinitis	RD02
acting in accordance with social		acute sinusitis RD03.00	RD03
rules and conventions	2F50	acute stress reaction	PS02
acting independently in social		acute subglottis laryngitis	
interactions	2F50	RD05.00	RD05
actinic keratosis SD66.00	SD66	acute suppurative otitis media	HD02
actions with objects	2F03	acute tonsillitis	RD04
activities and participation	2F0	acute tympanitis	HD02
acute (obstructive) laryngitis or		acute upper respiratory infection	RD02
tracheitis or both	RD05	acute viral hepatitis A DD03.00	DD03
acute (traumatic) derangement		acute viral hepatitis B DD03.01	DD03
of knee LD45.00	LD45	acute viral hepatitis C DD03.02	DD03
acute abdomen	DS01	acute viral hepatitis D	DD03
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or both	RD06	addiction to drug	PS16
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UD02.00	UD02	GD27.00	GD27
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ligaments of knee	LD45	endometrium GD28.00	GD28
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adrenocortical insufficiency		alcoholism PS12.02	PS12
TD99.01	TD99	all types of paranoia	PD03
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adverse effect of physical factor	AD45	rhinorrhoea	FD65
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African trypanosomiasis		anaemia due to blood loss	BD66
AD24.00	AD24	anaemia of pregnancy	WD71
aged primipara	WD71	anaesthesia	NS05
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ZC31.01	ZC31	anal bleeding	DS16
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ZC30.01	ZC30	anal fissure or anal fistula or	
agitation NOS	PS04	both	DD80
agreeableness	2R31	anal spasm	DS04
U		1	

analgesic nephropathy         UD65         arrest         ZC37           anaphylactic shock AD46.00         AD46         arterial embolism         KD76           anaphylaxis         AD46         arterial stenosis         KD76           anaphylaxis due to medication in proper dose         AD41         arteriosclerotic heart disease         KD76           androgenic alopecia SD82.01         SD82         arteriosclerotic heart disease         KD66           androgenic alopecia SD82.01         SD82         arteriosclerotic retinopathy         FD67           angiomatous birthmark         SD28         arteritis         KD99           angioneurotic oedema AD46.01         AD46         arteritis temporalis KD99.03         KD99           anilar or human bite         SD40         arteritis temporalis KD99.03         KD99           anikle oedema         ES04         arthristis NOS         LD80           ankle symptom or complaint         LS15         artificial opening status         AR02           anogenital herpes simplex         GD03         artificial rupture of the amniotic         artificial rupture of the amniotic           anosexia nervosa PD17.00         PD17         ascites DS51.00         DD73           anosexia nervosa PD17.00         PD17         ascitic fluid puncture         2P51 <th>analgesic nephropathy</th> <th>UD65</th> <th>arrest</th> <th>7027</th>	analgesic nephropathy	UD65	arrest	7027
anaphylaxis         AD46         arterial stenosis         KD76           anaphylaxis due to medication         arteriol thrombosis         KD76           in proper dose         AD41         arteriosclerotic heart disease         KD76           androgenic alopecia SD82.01         SD82         arteriosclerotic retinopathy         KD66           anguar stomatitis beream AD46.01         AD46         arteriovenous fistula         KD99           angular stomatitis DD66.00         DD66         arteritis temporalis KD99.03         KD99           animal or human bite         SD40         arthritis NOS         LD80           ankle symptom or complaint anogenital herpes simplex         KS04         artificial opening status         AR02           anosenital herpes simplex         GD03         arteritis rupture of the amniotic anorexia nervosa PD17.00         LD74         artificial rupture of the amniotic anorexia nervosa PD17.00         PD17         ascitic fluid puncture of the amniotic anorexia nervosa PD17.00         PD17         ascitic fluid puncture         -215           anosemia         NS08         asking for directions         2F51           antibody test         -104         Asperger syndrome         PD19           anxiety disorder or anxiety state anxiety disorder or anxiety state anxiety disorder or anxiety state aphasia         RS11         assisted	0 1 1 ,			
anaphylaxis due to medication in proper dose natomical pathology         AD41 arteriosclerosis         KD76 anatomical pathology         -108 arteriosclerosic heart disease and cogenic alopecia SD82.01         KD66 arteriosclerotic heart disease arteriosclerotic heart disease arteriosclerotic retinopathy         KD66 arteriosclerotic retinopathy           androgenic alopecia SD82.01         KD66 FD67.00         FD67 angiomatous birthmark         SD28 arteriovenous fistula         KD99 arteritis kD99.03         KD99 arteritis kD066.00         AD46 arteritis temporalis KD99.03         KD99 arteritis kD99.03         KD99 arteritis kD96.00         SD93 arthralgia         LS20 anhidrosis SD73.00         SD73 arthralgia         LS20 anhidrosis SD73.00         SD73 arthralgia         LS20 anhidrosis SD73.00         SD73 arthralgia         LS20 anhidrosis SD99.03         LD80 arthritis NOS         LD80 ankle symptom or complaint ankylosing spondylitis LD74.00         LD74 artificial opening status         AR02 arthriticial rupture of the amniotic anoyenital herpes simplex         GD03 artificial rupture of the amniotic anoexia nervosa PD17.00         MD07 ascites DS51.00         DD07 DD07 DD07 DD07 DD07 DD07 DD07 DD07				
in proper dose         AD41         arteriosclerosis         KD76           anatomical pathology         -108         arteriosclerotic heart disease         KD66           androgenic alopecia SD82.01         SD82         arteriosclerotic retinopathy           aneurysm of heart         KD66         FD67.00         FD67           angiomatous birthmark         SD28         arteriovenous fistula         KD99           angular stomatitis DD66.00         DD66         arteritis temporalis KD99.03         KD99           anhidrosis SD73.00         SD73         arthridagia         LS20           animal or human bite         SD40         arthritis NOS         LD80           ankle oedema         KS04         arthroscopy         -112           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LS15         artificial pupture of the amniotic         anoscipus         artificial rupture of the amniotic         anoscipus         artificial pupture of the amniotic         anoscipus         artificial pupture of the amniotic         anoscipus         artificial pupture of the amniotic         anoscipus         anoscipus         artificial pupture of the amniotic         ascites DS1.00         DD07         anoscita in upture of the amniotic         ascites DS1.00 <td>- •</td> <td>AD40</td> <td></td> <td></td>	- •	AD40		
anatomical pathology-108arteriosclerotic heart diseaseKD66androgenic alopecia SD82.01SD82arteriosclerotic retinopathyaneurysm of heartKD66FD67.00FD67angiomatous birthmarkSD28arteriovenous fistulaKD99angionatourotic oedema AD46.01AD46arteritisKD99.03KD99anidal or human biteSD73arthralgiaLS20animal or human biteSD40arthroscopy-112ankle oedemaKS04arthroscopy-112ankle symptom or complaintLS15artificial opening statusAR02anylasing spondylitis LD74.00LD74artificial rupture of the amnioticAR02anogenital herpes simplexGD03membranes-215anorexiaTS03ascariasis DD07.00DD07anorexia nervosa PD17.00PD17ascites DS51.00DS51anoscopy-112ascitic fluid puncture-204anosmiaNS08asking for directions2F51antipatrum haemorrhageWS04asking for information2F51antipatrum haemorrhageWS04asking for information2F51antipatruty disorder or anxiety statePD06assisted extraction of lifestyleAP40anxiety NOSPS01assisted extraction of lifestyleAP40anxiety test-104assisted extraction of stillbirthWD82anylasiaNS11assisting others in healthWD82aphasiaNS11assisting others in healthThe ph		A D41		
androgenic alopecia SD82.01         SD82         arteriosclerotic retinopathy         FD67           aneuryrsm of heart         KD66         FD67.00         FD67           angiomatous birthmark         SD28         arteriovenous fistula         KD99           angioneurotic oedema AD46.00         DD66         arteritis temporalis KD99.03         KD99           anhidrosis SD73.00         SD73         arthralgia         LS20           anikle oedema         KS04         arthroscopy         -112           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LS15         artificial rupture of the amniotic         AR02           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LS15         artificial opening status         AR02           ankle symptom or complaint         LD74         artificial opening status         AR02           ankle symptom or complaint         LD74         ascites DS51.00         DB07				
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	arm symptom or complaint	LS08	asthma programme	R306

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astigmatism FD69.00	FD69	bacterial meningitis ND02.00	ND02
asymptomatic bacteriuria	US50	bacterial pneumonia bad breath	RD09
asymptomatic carrier	AP80		DS20
asymptomatic HIV-infection	BD03	balance	2F82
ataxia	NS99	Barrett's oesophagitis DD68.00	DD68
atheroma	KD76	Bartholin's cyst/abscess	CD00
atheroma cyst SD74.00	SD74	GD99.00	GD99
atherosclerosis	KD76	basal cell carcinoma of skin	0D
atherosclerosis or peripheral		SD25.00	SD25
vascular disease	KD76	basic interpersonal interactions	2F49
atherosclerotic heart disease	KD66	basic learning	2F03
atopic eczema, dermatitis	SD69	basilar insufficiency	ND68
atrial fibrillation or flutter	KD68	bat ears HD55.00	HD55
atrial premature beats	KD70	bathing	2F34
atrioventricular block KD70.00	KD70	bedsore	SD77
atrophic vaginitis GS13.00	GS13	bedwetting or enuresis	PS10
atrophy of muscle	LS19	bee sting	AD44
attending school regularly	2F56	being accommodating	2R31
attention deficit disorder (ADD)	PD16	being amicable	2R31
attention deficit hyperactivity		being assertive	2R36
disorder	PD16	being bold	2R36
attention functions	2F73	being buoyant	2R35
audiologists	2R16	being calm	2R33
audiometry	-110	being cheerful	2R35
auscultation	-102	being composed	2R33
autism spectrum disorders	PD19	being cooperative	2R31
autistic disorder PD19.00	PD19	being curious	2R34
autoimmune liver disease	DD81	being demonstrative	2R30
autolytic debridement	-205	being dependable	2R37
avoiding harms to health	2F40	being driven by subway	2F32
avulsion of fingernail SD38.00	SD38	being driven in a boat	2F32
avulsion of toenail SD38.01	SD38	being driven in a bus	2F32
		being driven in a car	2F32
back strain	LD66	being driven in a jitney	2F32
back symptom or complaint	LS02	being driven in a pram	2F32
back syndrome with radiating		being driven in a private or	
pain	LD67	public taxi	2F32
back syndrome without		being driven in a rickshaw	2F32
radiating pain	LD66	being driven in a stroller	2F32
backache	LS02	being driven in a train	2F32
bacterial (septic) arthritis	2002	being driven in a tram	2F32
LD01.00	LD01	being driven in a wheelchair	2F32
bacterial conjunctivitis FD01.00	FD01	being driven in an aircraft	2F32
bacterial endocarditis	KD01	being driven in an animal-	21 72
bacterial folliculitis SD16.05	SD16	powered vehicle	2F32
vacteriai ioineuntis 3D 10.03	3110	powered ventere	41.74

being even-tempered	2R33	benign or uncertain neoplasm	
being experience-seeking	2R34	or carcinoma in situ	
being hard-working	2R32	neoplasm of digestive system	DD29
being hopeful	2R35	benign paroxysmal positional	
being imaginative	2R34	vertigo HD67.00	HD67
being inquisitive	2R34	benign prostatic hypertrophy	GD70
being methodical	2R32	benign skin neoplasm	SD29
being outgoing	2R30	bereavement	ZC10
being principled	2R37	beriberi/vitamin B1 deficiency	TD73
being scrupulous	2R32	bigeminy	KD70
being self-assured	2R36	bilateral undescended testicles	GD57
being sociable	2R30	biliary anomaly	DD55
Bell's palsy	ND75	biliary colic	DD82
benign, in situ or uncertain		billing issues	-601
neoplasms related to		binge drinker PS12.03	PS12
pregnancy	WD26	binge eating	PD17
benign, uncertain or carcinoma		biopsy of skin	-108
in situ musculoskeletal	LD26	bipolar disorder PD04.00	PD04
benign, uncertain or carcinoma		birthmark	SD55
in situ neoplasms of skin	SD29	black eye FD35.00	FD35
benign, uncertain or in situ		black stools	DS15
neoplasm of blood, blood-		blackheads	SD76
forming organs and immune		blackout	AS07
system	BD26	bladder diverticulum	UD99
benign cardiovascular neoplasm		bladder pain	US08
KD25.00	KD25	bleeding	AS11
benign digestive neoplasm	DD29	bleeding ear	HS05
benign esophageal stricture		bleeding first 20 weeks of	
DD68.01	DD68	pregnancy	WS03
benign melanocytic naevus	SD27	bleeding first trimester WS03.00	WS03
benign musculoskeletal		bleeding second/third trimester	
neoplasm	LD26	WS04.00	WS04
benign neoplasm nervous		bleeding ulcer	DD69
system ND25.00	ND25	blepharitis FD02.00	FD02
benign neoplasm of blood	BD26	blepharitis or stye or chalazion	FD02
benign neoplasm of ear		blepharochalasis FS09.00	FS09
HD25.00	HD25	blindness	FD72
benign neoplasm of eye/adnexa		blindness one eye	FD99
FD25.00	FD25	bloating	DS08
benign neoplasm of thyroid	TD26	blocked ear	HS06
benign neoplasm of urinary tract	UD28	blocked nose	RS09
benign neoplasm respiratory	RD27	blocked sinus	RS11
benign neoplasms of breast	GD30	blood, blood-forming organs	
benign neoplasms of genital		and immune system	В
system	GD31	blood autoimmune disease	BD77

blood from ear	HS05	burn of all degrees	SD41
blood group test	-105	burn or scald	SD41
blood in ear	HS05	burning cauterisation	-205
blood in urine	US06	burning eye	FS07
blood pressure measurement	-102	burning sensation	NS05
blood test	-102	burning urination	US01
bloodshot	FS02	burn-out	PD11
blotch	SS05	bursa injection	-210
	3303	bursitis LD72.01	LD72
blotches occurring in multiple sites	SS06	bursitis of shoulder	LD/2
blurred vision	FS05	buruli ulcer	AD24
	F303		LS13
bodily distress or somatisation disorder	PD10	buttock pain	L313
		as also series	TC07
body temperature measurement boil abscess nose	-102	cachexia caesarean section of livebirth	TS07
	SD06		MD02
boil or carbuncle	SD06	WD82.00	WD82
bone spurs	LD72	caesarean section of stillbirth	MD02
borderline personality disorder	DD15	WD83.00	WD83
PD15.00	PD15	calcaneus spur LD72.02	LD72
bow leg	LD55	calcified tendon	LD72
brace(s)	-209	calculating	2F07
bradycardia	KS02	calling a friend on the telephone	2F18
brainstorming	2F05	candida balanitis GD08.00	GD08
breakthrough bleeding	GS10	candida intertrigo SD11.00	SD11
breast abscess	WD03	candidiasis of mouth, oral sprue	DD.
breast disorder in puerperium	WD84	DD66.01	DD66
breast milk	2R01	candidiasis of nails SD11.01	SD11
breast or lactation symptom or		candidiasis of penis	GD08
complaint	WS06	candidiasis skin	SD11
breech delivery livebirth	WD82	carcinoma of pancreas	DD27
breech delivery stillbirth	WD83	carcinoma of stomach	DD25
bronchiectasis RD99.01	RD99	carcinoma of testis/seminoma	GD28
bronchitis NOS	RD06	carcinomatosis when primary	
bronchopneumonia	RD09	site is unknown	AD25
bronchoscopy	-112	cardiac arrest KD72.00	KD72
brucellosis	AD24	cardiac arrest with successful	
bruise if skin broken	SD36	resuscitation KD72.01	KD72
bruise or contusion	SD35	cardiac arrhythmia	KD70
bruxism	DS99	cardiac arrhythmia or	
budgeting time	2F12	conduction disorder or both	KD70
Buerger's disease	KD76	cardiac artery bruit	KS52
bulimia PD17.01	PD17	cardiac asthma	KD67
bundle branch block	KD70	cardiac valve prolapse KD71.00	KD71
bunion	LD71	cardiogenic shock	AS52
Burkitt lymphoma BD25.04	BD25	cardiomegaly	KD72

cardiomyonathy VD72 02	KD72	cerebrovascular accident	ND69
cardiomyopathy KD72.02 cardiopulmonary resuscitation	-299	cerebrovascular disease	ND70
	-299 KS99	certificates (e.g. sick leave/	ND/0
cardiovascular pain	K399	driver's licence/death)	-601
cardiovascular programme	DD65	cervical disc lesion with/without	-001
			I Des
caring for body parts	2F35	radiation of pain	LD65
carotid artery bruit	KS52	cervical disease	GD65
carpal tunnel syndrome	ND76	cervical dysplasia	GS50
carrier, risk for environment or	4 D00	cervical erosion GD65.00	GD65
children AP80.02	AP80	cervical herniation of nucleus	I Des
carrier, risk for him-or herself	4 D00	pulposus LD65.00	LD65
AP80.03	AP80	cervical insufficiency/	MDEI
carrier of chromosome disorder	4 D00	incompetence WD71.01	WD71
AP80.00	AP80	cervical intraepithelial neoplasia	0050
carrying a box	2F23	(CIN) grade 1	GS50
carrying a child from one room		cervical intraepithelial neoplasia	00=0
to another	2F23	(CIN) grade 2	GS50
carrying out, completing and		cervical leucoplakia cervicitis	GD65
sustaining a task	2F10	cervical polyp GD65.01	GD65
carrying out daily routine	2F12	cervical rib LD55.00	LD55
carrying out the elimination of		cervicalgia	LS
human waste of defaecation	2F36	cervicitis caused by chlamydia	
carrying out the elimination of		GD06.00	GD06
human waste of menstruation	2F36	cervicobrachial syndrome with/	
carrying out the elimination of		without radiation of pain	LD65
human waste of urination	2F36	cervicogenic headache with/	
cataract	FD70	without radiation of pain	LD65
catheterisation	-206	Chagas disease (South	
cellulite	SS99	American trypanosomiasis)	
cellulitis SD16.00	SD16	AD24.01	AD24
central sleep apnoea	RS06	chalazion FD02.01	FD02
cerebral abscess	ND04	change in faeces and bowel	
cerebral aneurysm	ND70	movements	DS18
cerebral contusion ND36.00	ND36	change in hair colour SS11.00	SS11
cerebral embolism	ND69	changed eye colour iris	FS08
cerebral haemorrhage	ND69	changing basic body position	2F20
cerebral infarction ND69.00	ND69	cheilosis	DD66
cerebral injury with skull		chemical cauterisation	-205
fracture	ND36	chemical debridement	-205
cerebral injury without skull		chemical dermatitis	SD70
fracture	ND36	chest infection NOS	RD06
cerebral occlusion	ND69	chest pain	AS12
cerebral palsy	ND99	chest pain attributed to	
cerebral stenosis	ND69	musculoskeletal system	LS04
cerebral thrombosis	ND69	chest tightness	RS99
		· ·	

chickenpox	AD02	chronic obstructive pulmonary	
chikungunya fever AD14.00	AD14	disease and emphysema	RD68
chilblains AD45.00	AD45	chronic obstructive pulmonary	
child behaviour symptom or		disease (COPD)	RD68
complaint	PS18	chronic otitis media	HD05
child relationship problem	ZC02	chronic otitis media HD05.01	HD05
children	2R08	chronic pharyngitis	RD10
chills	AS02	chronic renal failure	UD66
chlamydia-infection male		chronic renal insufficiency	
GD06.03	GD06	UD66.00	UD66
choking feeling	DS21	chronic rhinitis NOS	RD10
cholangitis DD82.00	DD82	chronic sinusitis RD03.01	RD03
cholecystitis DD82.01	DD82	chronic suppurative otitis media	HD05
cholecystitis or cholelithiasis or		chronic tonsillitis	RD66
both	DD82	chronic ulcer of skin	SD77
cholelithiasis DD82.02	DD82	chronic viral hepatitis B	
cholesteatoma HD05.00	HD05	DD03.03	DD03
chorea	KD02	chronic viral hepatitis C	
choriocarcinoma	WD25	DD03.04	DD03
chorioepithelioma	WD25	chronic viral hepatitis D	
chromosome abnormality		DD03.05	DD03
(Down's syndrome, Marfan's		chronic viral hepatitis E	DD03
syndrome) and systemic		chronic widespread pain	LS18
congenital anomalies, not		circles under eyes	SS07
otherwise specified	AD55	circulatory system	K
chronic airways limitation		circumcision	GD35
(CAL)	RD68	cirrhosis of liver DD81.00	DD81
chronic alcohol problem	PS12	clavus	SD65
chronic bronchitis	RD67	cleaning oneself after	
chronic cystic disease of breast	GD67	defaecation	2F36
chronic cystitis (non-veneral)	UD02	cleaning oneself after	
chronic endocarditis	KD01	menstruation	2F36
chronic fatigue syndrome		cleaning oneself after urination	2F36
AS05.00	AS05	cleft lip/gum/palate DD55.00	DD55
chronic heart failure KD67.01	KD67	climbing (steps)	2F28
chronic internal derangement		climbing curbs	2F28
of knee	LD99	climbing ladders	2F28
chronic ischaemic heart disease	KD66	climbing rocks	2F28
chronic kidney disease	UD66	climbing stairs	2F28
chronic mastoiditis	HD05	climbing steps	2F28
chronic nasopharyngitis	RD10	clinical chemistry tests in blood	-105
chronic obstructive airways		clitoral erection	2F86
disease (COAD)	RD68	closed subluxation of jaw	
chronic obstructive lung disease		LD48.00	LD48
(COLD)	RD68	clubbing	SS09

clubfoot (talipes)	LD55	complication of medical	
clumsiness	AS99	treatment	AD42
cluster headache	ND72	complications of chickenpox	AD02
coagulation defect	BD78	complications of malaria	AD16
coagulation tests	-105	complications of measles	AD01
coated tongue	DS20	complications of rubella	AD03
coccydynia	LS03	compulsive gambling PD99.00	PD99
coeliac disease	DD83	computerised tomography (CT)	
cold cauterisation	-205	-113.00	-113
cold extremities (acra) AS99.00	AS99	computing the sum of three	
cold sore	SD04	numbers	2F07
collapse	AS07	concern, fear of mental disorder	
collapsed vertebra	LD66	or problem	PS90
Colles' fracture	LD35	concern about appearance	AS92
coloboma	FD56	concern about appearance	
colonic pain	DS06	during pregnancy	WS99
colonoscopy	-112	concern about appearance of	
colour blindness	FD99	ears	HS91
colposcopy	-112	concern about appearance of	
coma	AS53	nose	RS91
combined disorder of muscle		concern about breast appearance	GS90
and peripheral nerve nd99.01	ND99	concern about mental disease	PS90
comedones	SD76	concern about or fear of the	
common cold RD02.01	RD02	consequences of a drug or	
common peroneal neuropathy		medical treatment	AS91
ND77.00	ND77	concern about possibility of	
communicating with -		unwanted pregnancy	WS90
receiving - spoken messages	2F14	concern about shape of breast	GS90
community life	2F60	concern about size of breast	GS90
complete abortion	WD65	concern of cancer of the	
complete deafness both ears	HD69	endocrine, metabolic system	TS90
complete examination or health		concern of diabetes	TS90
evaluation	-101	concern or fear of being pregnant	WS90
complete trisomy 21 syndrome		concern or fear of breast cancer	GS93
AD55.00	AD55	concern or fear of disease	AS90
complex and integral care		concern or fear of disease of	
programme	A350	blood, blood-forming organs	
complex interpersonal		and immune system	BS90
interactions	2F50	concern or fear of disease of	
complex post-traumatic stress		circulatory system	KS90
syndrome	PD09	concern or fear of disease of	
complicated labour, delivery		digestive system	DS90
livebirth	WD82	concern or fear of disease of	
complicated labour, delivery		endocrine, metabolic and	
stillbirth	WD83	nutritional system	TS90

concern or fear of disease of		congenital anomaly of blood,	
musculoskeletal system	LS90	blood-forming organs and	
concern or fear of disease of		immune system	BD55
skin	SS90	congenital anomaly of	
concern or fear of disease of		circulatory system	KD55
urinary system	US90	congenital anomaly of digestive	
concern or fear of disease		system	DD55
respiratory system	RS90	congenital anomaly of ear	HD55
concern or fear of ear disease	HS90	congenital anomaly of	
concern or fear of eye disease	FS90	endocrine or metabolic	
concern or fear of having a		system	TD56
social problem	ZC90	congenital anomaly of genital	
concern or fear of medical		system	GD55
treatment	AS91	congenital anomaly of	
concern or fear of neurological		musculoskeletal system	LD55
disease	NS90	congenital anomaly of	
concern or fear of sexual		neurological system	ND55
dysfunction	GS91	congenital anomaly of	
concern or fear of sexually		respiratory system	RD55
transmitted infection	GS92	congenital anomaly of skin	SD55
concerns about height	AS92	congenital anomaly of urinary	
concerns about size	AS92	system	UD55
concerns about weight	AS92	congenital anomaly, other	
concussion	ND35	specified or unknown	AD55
conduction disorder	KD70	congenital dacryostenosis	FD55
condyloma latum	GD01	congenital deafness	HD69
condylomata acuminata	GD05	congenital dislocation of hip	
confidence	2R36	LD55.01	LD55
confirmed pregnancy	WD67	congenital hip dysplasia LD55.01	LD55
congenital abnormality of		congenital hydrocephalus	
bronchi	RD55	ND55.00	ND55
congenital abnormality of		congenital malformation of	
larynx	RD55	skull and face	LD55
congenital abnormality of lungs	RD55	congenital polycystic kidney	2200
congenital abnormality of nose	RD55	disease UD55.00	UD55
congenital abnormality of	RDSS	congenital pyloric stenosis	ODSS
pharynx	RD55	DD55.01	DD55
congenital abnormality of pleura	RD55	congenital rubella	AD55
congenital abnormality of picura	RDSS	congenital single renal cyst	UD55
trachea	RD55	congenital stenosis or stricture	01000
congenital anaemia	BD55	of lacrimal duct	FD55
congenital anomaly	ככעם	congenital syphilis	AD55
complicating pregnancy	WD55	congenital urethral valves	UD55
complicating pregnancy	VV 1733	congested sinus	RS11
	VD55	C	
septum KD55.00	KD55	congestive heart failure	KD67

agnium ativitis NOS	ED01		2F16
conjunctivitis NOS conscientiousness	FD01 2R32	conversing convulsion or seizure	
			NS06
constipation constricted external canal	DS12	COPD programme	R307 2F13
consultation, referral and other	HD99	coping with emergencies	2F13
reasons for encounter	_	coping with pressure	
	-5	coping with stress	2F13
consultation with primary care	502	corn or callosity	SD65
provider	-503	corneal abrasion FD36.00	FD36
consultation with specialist	-504	corneal opacity	FD99
contact bleeding	GS15	corneal ulcer	FD05
contact dermatitis SD70.00	SD70	coronary artery disease	KD66
contact or allergic dermatitis	SD70	coronary sclerosis KD66.00	KD66
contact with and exposure to		coronavirus disease 2019	DDoo
asymptomatic colonisation by	4 D50	(COVID-19)	RD08
MRSA	AP50	corpus alienum genital tract	CD45
contact with and exposure to		GD35.00	GD35
carrier of infectious disease	4 D=0	coryza	RD02
agent	AP50	costochondritis	LD99
contact with and exposure to	4 D = 0	cough	RS07
communicable diseases	AP50	counselling for a specific disease	-212
contact with and exposure to		counselling related to sexual	
human immunodeficiency		attitudes	AP45
virus (HIV)	AP50	counselling related to sexual	
contact with and exposure		lifestyle	AP45
to infections with a		counselling related to sexual	
predominantly sexual mode		preference	AP45
of transmission	AP50	cowpox	AD13
contact with and exposure to		cow's milk protein allergy	
tuberculosis	AP50	AD46.02	AD46
contact with health services for		Coxsackie diseases	AD14
alcohol use	AP40	cracked lips	DS20
contact with health services for		cracked nipple WD84.00	WD84
drug use	AP40	cradle cap SD68.00	SD68
contact with health services for		cramp in hands	LS11
tobacco use	AP40	creating fiction	2F05
contraception NOS	AF05	cretinism	TD56
contraceptive diaphragm AF05.00	AF05	Crohn's disease (regional	
contracted kidney UD99.00	UD99	enteritis) DD79.00	DD79
contractures	LD99	cross-eye	FD73
controlling verbal and physical		croup	RD05
aggression	2F50	CRP	-104
contusion of kidney UD35.00	UD35	cryptorchidism	GD57
contusion of rib LD49.00	LD49	crystal arthropathy	LD99
contusion or haemorrhage eye		CSF (cerebralspinal fluid) test	-109
or both	FD35	culture shock	PS02

cultures test	-104	dementia	PD01
Cushing's syndrome TD99.03	TD99	dementia (management)	
cut of skin/subcutaneous tissues	SD37	programme	P303
cutaneous leishmaniasis		dementia test	-111
AD17.00	AD17	dendritic ulcer	FD05
CVA	ND69	dengue fever AD14.01	AD14
cyanosis SS07.00	SS07	dengue haemorrhagic fever	
cyclosporiasis DD07.04	DD07	AD14.02	AD14
cystic fibroadenosis of breast	GD67	dental abscess	DD65
cystic fibrosis RD99.02	RD99	dental examination	AG02
cystitis	UD02	denture problem	DS19
cystocele GD66.00	GD66	dependence on others PS21.00	PS21
		deposits	DS19
dacryocystitis FD03.00	FD03	depot contraception AF05.01	AF05
dandruff SD68.01	SD68	depression (management)	
dark urine	US07	programme	P304
deafness	HD69	depression test	-111
deafness one ear	HD69	depressive disorder	PD12
death	AD96	depressive psychosis	PD12
death of partner ZC10.01	ZC10	dermatitis artefacta	SD99
deciding to undertake a task	2F09	dermatitis NOS	SD70
decreased visual acuity	FS05	dermatitis of eyelids	FD02
decubitus ulcer	SD77	dermatofibroma SD29.00	SD29
deep foreign body	LD49	dermatomyositis	LD99
deep vein thrombosis KD78.00	KD78	dermatophytosis	SD08
deep venous thrombosis in		dermatoscopy	-102
pregnancy WD99.02	WD99	dermatosis of eyelids	FD02
defects in complement system	BD99	dermoid cyst	SD29
deformity or scarring resulting		detached retina	FD66
from previous injury	AD37	determination of paternity	AG03
dehiscence episiotomy AD42.01	AD42	developmental disorder of	
dehydration	TS09	motor function PS20.00	PS20
delayed menses	GS07	developmental language	
delayed menstruation	WS01	disorder PS20.01	PS20
delayed milestones	PS18	developmental speech disorder	
delinquency	PS19	PS20.02	PS20
delirium PD02.00	PD02	deviated nasal septum	
delirium tremens	PS12	RD99.03	RD99
delivery by caesarean section	-215	diabetes insipidus	TD99
delivery by vacuum extraction		diabetes manifested during	
of livebirth WD82.02	WD82	pregnancy	WD72
delivery by vacuum extraction		diabetes NOS	TD72
of stillbirth WD83.01	WD83	diabetes programme	T308
delivery-related interventions	-215	diabetic foot ulcer SD77.02	SD77
delusions	PS99	diabetic neuropathy ND77.01	ND77
		1 /	

diabetic peripheral angiopathy KD99.01	KD99	dietary mineral deficiency	TD74 DD99
	FD67	dietetic gastroenteropathy difficulty reading	FS05
diabetic retinopathy FD67.01	FD07		F303
diagnoses and diseases of blood,		digestive neoplasm not specified	
blood-forming organs and	DD	as benign or malignant when	DD20
immune system	BD	histology is not available	DD29
diagnoses and diseases of	I/D	digestive system	D
circulatory system	KD	diphtheria RD10.00	RD10
diagnoses and diseases of	DD	diplacusis	HS02
digestive system	DD	diplopia	FS06
diagnoses and diseases of ear	HD	disc prolapse/degeneration	LD67
diagnoses and diseases of		discoid lupus erythematosus	
endocrine, metabolic and		SD99.00	SD99
nutritional system	TD	discord in workplace ZC16.00	ZC16
diagnoses and diseases of eye	FD	discrimination race/religion/	
diagnoses and diseases of		gender ZC99.00	ZC99
genital system	GD	discussing	2F17
diagnoses and diseases of		dislocation acromioclavicular of	
musculoskeletal system	LD	joint LD48.01	LD48
diagnoses and diseases of		dislocation of any site, including	
neurological system	ND	spine	LD48
diagnoses and diseases of		dislocation of finger LD48.02	LD48
respiratory system	RD	dislocation of shoulder joint	
diagnoses and diseases of skin	SD	LD48.03	LD48
diagnoses and diseases of		dislocation or subluxation	LD48
urinary system	UD	disorder of orbit	FD99
diagnoses during pregnancy,		disorders of intellectual	
delivery and puerperium	WD	development	PD18
diagnostic and monitoring		disorders of refraction and	
interventions	-1	accommodation	FD69
diagnostic endoscopy	-112	disorientation	PS17
diagnostic imaging and		dissatisfi ed with breast	
radiology	-113	appearance	GS90
diagnostic laparotomy	-199	disseminated sclerosis	ND65
diagnostic questionnaires	-102	disturbance of concentration	PS17
diaper candidiasis SD11.02	SD11	disturbance of smell, taste or	
diaper rash	SD71	both	NS08
diaphragmatic hernia	DD74	diverticular disease	DD77
diarrhoea	DS11	diverticulitis of intestine	DD77
diarrhoea or vomiting presumed		diverticulosis of intestine	DD77
to be infective	DD05	divorce from partner ZC10.00	ZC10
diarrhoeal disease DD05.00	DD05	dizziness	2F83
diastolic heart failure	KD67	DNA/genetic/chromosome test	-109
dietary counselling or	11201	DNA/RNA test for the detection	107
surveillance	AP40	of the causative agent	-104
	111 10	or the cambatte agent	101

doctor/patient problems	ZC04	dry throat	RS12
doctors doctors	2R16	dry throat drying with a towel	2F34
doing charity work	2F59	dumping syndrome	DD99
doing housework	2F45	duodenal erosion	DD69
doing volunteer work	2F59	duodenal ulcer	DD69
donor of organs and/or tissue	AI99	duodenitis	DD09
dorsalgia	LS02	duplex kidney/ureter	UD55
dressing	2F37	Dupuytren's contracture LD72.03	LD72
dressing, pressure, compression	21'37	dwarfism	TD56
and tamponade	-211	dysarthria	NS11
dribbling	DS20	dysentery NOS	DD05
dribbling urine	US05	dysfunctional uterine bleeding	GS10
drinking	2F39	dyshidrosis	SD73
drinking from a breast	2F39	dyshidrotic eczema SD73.01	SD73
drinking running water from a	21 37	dyslexia PS20.03	PS20
spring	2F39	dysmenorrhoea	GS05
drinking running water from	21 37	dyspepsia and/or indigestion	DS07
a tap	2F39	dysphagia	DS21
drinking through a straw	2F39	dysphasia	NS11
drinking unrough a straw	2R02	dysplasia of breast	GD67
driving	2F33	dysplastic naevus SD29.01	SD29
driving a bicycle	2F33	dysthymia PD12.00	PD12
driving a boat	2F33	dystocia livebirth	WD82
driving a car	2F33	dystocia stillbirth	WD83
driving a motorcycle	2F33	dystonic movements	NS07
driving a motoreyered driving an animal-powered	2133	dysuria or painful urination or	11007
vehicle	2F33	both	US01
drop attacks	ND68	oon	0001
drowning	AD45	ear discharge	HS04
drowsiness	AS99	ear pain or ache	HS01
drowsy	AS99	ears crackling	HS99
drug abuse	PS16	ears popping	HS99
drug withdrawal	PS16	eating	2F38
drug-induced headache		eating disorder	PD17
AD41.01	AD41	eating disorders NOS	PS99
drug-induced Parkinsonism	ND66	eating problem in child	PS09
drugs (medication)	2R03	Ebola virus disease AD14.03	AD14
drunk	PS13	ecchymosis	SD35
dry cough	RS07	echo in ear	HS03
dry eye or other abnormal eye		ectopic beats	KD70
sensations	FS07	ectopic pregnancy	WD69
dry eye (syndrome) FS07.00	FS07	ectropion FD99.00	FD99
dry mouth	DS20	eczema NOS	SD70
dry scalp	SS11	eczema of external auditory	
dry skin SS08.00	SS08	meatus	HD01

education and school education problem	2F56 ZC15	encounter related to presence of devices, implants or grafts	AR01
effusion of other specified joint	LS20	encounter related to presence	
effusion or swollen knee	LS14	of pacemaker or implantable	1.70.4
eggs	AD46	cardioverter defibrillator (icd)	AR01
ejaculation	2F86	encounter related to presence of	
elbow fracture	LD35	transplanted organ or tissue	AR03
elbow symptom or complaint	LS09	endarteritis	KD76
electric cauterisation	-205	endocrine, metabolic and	
electrical tracing	-114	nutritional system	T
electrocardiogram	-114	endocrine infection	TD01
electroencephalogram (EEG)	-114	endometriosis	GD69
electromyogram (EMG)	-114	endometritis	GD09
electronystagmography (ENG)	-114	endotracheal intubation	-206
elevated blood glucose level		enema	-206
AS50.00	AS50	energy level	2F71
elevated blood pressure	KS51	engaging in crafts or hobbies	2F61
elevated erythrocyte		engaging in informal or	
sedimentation rate	BS52	organised play and sports	2F61
emergency codes	IV	engaging in programmes of	
emergency contraception	AF04	physical fitness	2F61
emesis	DS10	engaging in relaxation,	
emotional abuse	ZC01	amusement or diversion	2F61
emotional child abuse	ZC02	entrapment of intestine in	
emotional functions	2F75	abdominal adhesions	
emphysema	RD68	DD99.00	DD99
empty-nest problem PS22.00	PS22	entropion FD99.01	FD99
empyema	RD10	enuresis of organic origin	US03
encephalitis ND02.01	ND02	environmental factors	2R0
encopresis	PS11	epidermoid cyst	SD74
encounter for immunisation	AP20	epididymal cyst	GD99
encounter for immunisation		epididymitis GD11.00	GD11
against COVID-19	AP22	epidural intracranial	
encounter for immunisation		haematoma ND36.01	ND36
against influenza	AP21	epigastric discomfort	DS02
encounter or problem initiated		epigastric pain	DS02
by other than patient or		epiglottitis RD10.01	RD10
provider	-502	epilepsy	ND67
encounter or problem initiated		epiphora	FS03
by provider	-501	episcleritis FD99.02	FD99
encounter related to		episiotomy	-215
postponement of		epithelial cyst SD74.01	SD74
menstruation	AR04	erectile dysfunction	GS24
encounter related to presence of		eructation	DS08
artificial opening	AR02	erysipelas SD16.01	SD16

erythema	SS05	extrasystoles	KD70
erythema infectiosum	0000	extraversion	2R30
(fifth disease) AD13.00	AD13	eye discharge	FS03
erythema multiforme	SD99	eye infection of unknown	
erythema nodosum SD99.01	SD99	cause	FD03
erythema occurring in multiple		eye inflammation of unknown	
sites	SS06	cause	FD03
erythrasma SD16.02	SD16	eye pain	FS01
essential hypertension	KD73	eye strain	FS06
eustachian block	HD04	eyelid infection	FD02
eustachian catarrh	HD04	eyelid symptoms or complaints	FS09
eustachian dysfunction	HD04		
eustachian salpingitis	HD04	facet joint degeneration	LD66
eustachian tube dysfunction	HD04	facial paralysis	ND75
examination and encounter for		faecal impaction	DS12
certification purposes	AG03	faecal incontinence	DS17
examination for driver license	AG03	faeces test	-107
examination for participation in		failed exams ZC15.01	ZC15
sports	AG03	failure to thrive	TS08
examination of blood pressure	AG02	fainting	AS07
examination of ears and hearing	AG02	fall of unknown origin	AS14
examination of eyes or vision	AG02	Fallot's tetralogy	KD55
exanthema subitum (sixth		false labour WD99.00	WD99
disease) AD13.01	AD13	familial polyposis syndrome	
excessive appetite	TS02	DD29.00	DD29
excessive ear wax	HD66	family history of diabetes	
excessive menstruation	GS08	AP65.00	AP65
excessive thirst	TS01	family history of hypercholes-	
excessively crying infant	AS13	terolaemia AP65.04	AP65
excision, removal of tissue,		family history of ischaemic	
destruction, debridement and		heart disease AP65.01	AP65
cauterisation	-205	family history of malignant	
excision or removal of nail	-205	neoplasm of breast AP65.02	AP65
excision or removal of tissue	-205	family history of malignant	
exercise electrocardiogram	-114	neoplasm of colon or rectum	
exercise tolerance functions	2F85	AP65.03	AP65
exhaustion	AS04	family history of malignant	
expiratory wheeze	RS03	neoplasm of other organs	AP65
expressing a fact	2F15	family history of malignant	
extension codes	V	neoplasm of ovary AP65.05	AP65
external chemical burn	SD41	family history of malignant	
external meatus/pinna injury	HD37	neoplasm of prostate	AP65
external version of foetus	-215	family history of mental and	A D < =
extraction of tooth	-205	behavioural disorders	AP65
extradural haematoma	ND36	family planning	AF

family planning involving		female genital mutilation	GD35
sterilisation	AF06	female wanting children AF01.00	AF01
family planning using iud	AF03	femoral hernia DD76.00	DD76
family planning using oral		fever	AS03
therapy	AF02	fever blister	SD04
family relationships	2F54	fever with rash	AD13
fasciitis	LD72	fibroadenoma of breast	GD30
fatigue	AS04	fibrocystic disease breast	GD67
fatty liver	DD81	fibroid of uterus	GD29
fear about complications of		fibromyalgia	LS18
pregnancy	WS91	fibromyoma of cervix	GD29
fear of cancer of the endocrine,		fibromyoma of uterus or	
metabolic system	TS90	cervix or both	GD29
fear of committing suicide	PS90	fibromyositis	LS18
fear of congenital anomaly in		fibrosarcoma	LD25
baby	WS91	filariasis AD24.02	AD24
fear of deafness	HS90	filling in documents or forms	-601
fear of death	AS90	filtering out distracting noises	2F04
fear of diabetes	TS90	financial problem	ZC13
fear of dying	AS90	finding the result of dividing	
fear of heart attack	KS90	one number by another	2F07
fear of heart disease	KS90	fine hand use	2F25
fear of hypertension	KS90	fissura skin	SS08
fear of prostate cancer gs94.00	GS94	fistula ani DD80.01	DD80
febrile convulsion	NS06	fit	NS06
febrile seizures NS06.00	NS06	fixed/floating spots in the visual	
feeding problem	PS09	field	FS04
feeding problem of adult	TS05	flank or axilla symptom or	
feeding problem of infant or child	TS04	complaint	LS05
feeling anxious or nervous or		flank pain	LS05
tense	PS01	flash burn	FD36
feeling fewer movements of		flatulence, gas and belching	DS08
fetus WS99.00	WS99	fleas	SD14
feeling frightened	PS01	flexural dermatitis	SD69
feeling grief	PS02	floppy infant	AD66
feeling homesick	PS02	fluid on lung	RS99
feeling ill	AS06	flushing	SS07
feeling inadequate	PS03	focal seizures	ND67
feeling lonely ZC99.01	ZC99	focusing attention	2F04
feeling of hearing loss	HS02	foetal growth retardation	
feeling old	PS22	WD71.03	WD71
feeling or being irritable or angry	PS04	foetal-maternal disproportion	
feeling sad	PS03	WD71.02	WD71
feeling stressed	PS02	folate deficiency anaemia	
female dyspareunia	GS23	BD67.00	BD67

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folliculitis	SD99	fracture of metacarpal bone	LD37
following safe sex practices	2F40	fracture of metatarsal bone	LD37
food	2R01	fracture of nasal bones LD39.00	LD39
food allergy	AD46	fracture of neck of femur	I D.20
food intolerance	DD99	LD38.00	LD38
food or water problem	ZC20	fracture of patella LD39.06	LD39
food poisoning	DD05	fracture of pelvis LD39.05	LD39
food refusal	PS09	fracture of phalanx foot	
food sensitivity test	-103	LD37.01	LD37
foot or toe (or both) symptom		fracture of phalanx hand	
or complaint	LS16	LD37.00	LD37
forced expiratory volume	FEV	fracture of radius or ulna or	
forceps delivery of livebirth		both	LD35
WD82.04	WD82	fracture of rib LD39.03	LD39
forceps delivery of stillbirth		fracture of skull LD39.07	LD39
WD83.02	WD83	fracture of tarsal bone	LD37
foreign body in digestive system	DD36	fracture of tibia or fibula or	
foreign body in digestive tract	DD36	both	LD36
foreign body in ear	HD36	fracture of vertebral column	
foreign body in eye	FD37	LD39.04	LD39
foreign body in lung	RD36	frailty elderly programme	A351
foreign body in mouth	DD36	freckles	SS07
foreign body in nose, larynx,		frequent menstruation	GS09
bronchus	RD36	frequent or loose bowel	
foreign body in oesophagus	DD36	movements	DS11
foreign body in rectum	DD36	fresh blood in stool	DS16
foreign body in skin	SD42	friends	2R09
foreign body in urinary tract		frigidity	PS07
UD35.01	UD35	fullness of stomach	DS02
foreign body in vagina	GD35	functioning	2F
foreign body swallowed	DD36	functioning related	2R
foreign body under nail	SD42	functions	2F7
foreskin complaint	GS20	functions of sexual arousal	2F86
foreskin symptom	GS20	functions related to sexual	
formal relationships	2F52	interest	2F86
formulation of plan for care,		fungal respiratory infection	RD10
management, treatment or		fungal skin infection	SD08
intervention	-602	furuncle of external auditory	
foster parents	2R08	meatus	HD01
fracture of carpal bone	LD37	furuncle SD06.00	SD06
fracture of clavicle LD39.01	LD39	furunculosis SD06.01	SD06
fracture of femur	LD38		
fracture of hand or foot bone or		gait abnormality	NS99
both	LD37	gait pattern problem	NS99
fracture of humerus LD39.02	LD39	galactorrhoea	GS28
		0	

galactorrhoea associated with		gastrointestinal infection or	
childbirth	WS06	dysentery due to Yersinia	DD 04
gallstones	DD82	enterocolitica DD01.06	DD01
ganglion	LD72	gastrojejunal ulcer	DD70
gangrene	KD76	gastro-oesophageal reflux	
gardnerella	GD12	disease	DD67
gas pains	DS08	gastro-oesophageal reflux	
gaseous distension	DS08	disease with oesophagitis	
gastric flu	DD05	DD67.0	DD67
gastric ulcer	DD70	gastro-oesophageal reflux	
gastritis	DD71	disease without oesophagitis	
gastritis or duodenitis or both	DD71	DD67.01	DD67
gastroenteritis presumed infection	DD05	gastroscopy	-112
gastrointestinal infection	DD01	gender incongruence problem	PS08
gastrointestinal infection or		general abdominal pain	DS01
dysentery due to amoebiasis		general and routine examination	AG
DD01.00	DD01	general diagnoses and diseases	AD
gastrointestinal infection		general examination and	
or dysentery due to		investigation of persons	
campylobacter DD01.01	DD01	without complaint or reported	
gastrointestinal infection or		diagnosis	AG01
dysentery due to cholera		general medical examination	AG01
DD01.07	DD01	general or local toxic effect of	
gastrointestinal infection or		carbon monoxide	AD44
dysentery due to Clostridium		general or local toxic effect of	
difficile	DD01	industrial materials	AD44
gastrointestinal infection		general or local toxic effect of	
or dysentery due to		lead	AD44
crytosporidiosis DD01.08	DD01	general or local toxic effect of	
gastrointestinal infection or		poisonous animals or insects	
dysentery due to Giardia		or plants or snakes	AD44
DD01.02	DD01	general pain in multiple sites	AS01
gastrointestinal infection or		general symptoms, complaints	
dysentery due to norovirus	DD01	and abnormal findings	AS
gastrointestinal infection or		general weakness or tiredness	AS04
dysentery due to rotavirus	DD01	generalised anxiety disorder	
gastrointestinal infection or		PD06.00	PD06
dysentery due to salmonella		generalised enlarged lymph nodes	BS01
DD01.03	DD01	generalised seizures	ND67
gastrointestinal infection or		genetic counselling	AF01
dysentery due to shigella		genital candidiasis or balanitis	GD08
DD01.04	DD01	genital chlamydia infection	GD06
gastrointestinal infection or		genital herpes	GD03
dysentery due to typhoid		genital human papilloma virus	
DD01.05	DD01	infection	GD05

genital injuries	GD35	grandparents	2R08
genital injuries genital neoplasm, in situ or	GD33	granuloma annulare	SD99
uncertain	GD32	granuloma pyogenic SD16.03	SD16
genital system	GD32	granuloma teleangiectaticum	3D10
genital tract fistula female	GD99	SD16.04	SD16
genital trichomoniasis	GD04	granulomatosis	SD10
genitourinary tract infection in	GD01	Graves' disease	TD68
pregnancy WD02.00	WD02	graze	SD36
genu recurvatum	LD55	'growing pains' in a child	LS99
genu valgum-varum	LD33	growth delay	TS08
genuine stress incontinence	LD/1	Guillain-Barré syndrome	1000
US03.00	US03	nd77.02	ND77
gestational diabetes	WD72	gynaecological internal	110//
getting immunisations	2F40	examination	-102
getting into and out of position	21 10	gynaecomastia GS28.00	GS28
of kneeling	2F20	gymaccomastia Gozo.co	G020
getting into and out of position		habitual abortion WD65.00	WD65
of sitting	2F20	haemangioma or lymphangioma	SD28
getting into and out of position		haematemesis	DS14
of squatting	2F20	haematology tests	-105
getting into and out of position		haematoma	SD35
of standing	2F20	haematospermia	GS99
getting regular physical		haematuria	US06
examinations	2F40	haemolysis elevated liver	
getting up out of a chair to lie		enzymes low platelet count	
down on a bed	2F20	syndrome WD70.00	WD70
giddiness	NS09	haemolytic anaemia due	
gilbert's syndrome	TD99	to glucose-6-phosphate	
gingival bleeding	DS19	dehydrogenase deficiency	
gingivitis DD65.00	DD65	BD65.00	BD65
glandular fever	AD04	haemophilia	BD78
glasses or contact lenses		haemoptysis or coughing blood	RS14
symptoms or complaints	FS10	haemorrhoids	DD84
glaucoma	FD71	haemorrhoids in pregnancy	
glomerulonephritis	UD65	WD99.03	WD99
glossitis	DD66	haemorrhoids in puerperium	
glue ear	HD03	WD85.00	WD85
glycosuria US50.01	US50	hair loss or baldness	SS10
going to art galleries, museums,		halitosis	DS20
cinemas or theatres	2F61	hallucinations	PS99
goitre	TD65	hallux valgus/varus LD71.01	LD71
gonorrhoea	GD02	hammer toe LD71.02	LD71
gonorrhoea of any site	GD02	hand, foot and mouth disease	
gout	LD75	AD13.02	AD13
grand mal seizures	ND67	hand and arm use	2F26

hand or finger (or both)		hepatitis B carrier AP80.01	AP80
symptom or complaint	LS11	hepatitis NOS	DD81
handling objects	2F25	hepatomegaly	DS50
handling stress	2F13	hepatomegaly with	D330
hantavirus disease AD14.04	AD14	splenomegaly	DS50
	RD65	herbs	2R01
hay fever head cold			2K01
	RD02	hereditary factor IX deficiency	DD70
head lice SD14.00	SD14	BD78.01	BD78
headache	NS01	hereditary factor VIII deficiency	DD70
health care provider relationship	7.004	BD78.00	BD78
problem	ZC04	hereditary haemolytic anaemia	BD65
health care system-related	7.020	hermaphroditism	GD55
problem	ZC39	hernia support	-209
health check-up of armed forces	AG04	herpes (simplex) labialis	CD04
health check-up of sports teams	AG04	SD04.00	SD04
health professionals	2R16	herpes simplex	SD04
health promotion related to		herpes simplex keratitis	EDAF
growth, development and	4.000	dendritic FD05.00	FD05
ageing	AQ02	herpes simplex of eye without	EDOO
health promotion related to	4.000	corneal ulcer	FD03
prevention of injury	AQ03	herpes zoster	SD03
health promotion related to		herpes zoster SD03.00	SD03
prevention of violence	AQ04	hiatus hernia	DD74
health promotion related to		hiccough RS99.00	RS99
reproductive and sexual		higher education	2F56
health	AQ01	hip symptom or complaint	LS12
health promotion related to		Hirschsprung's disease	DD55
substance abuse	AQ05	hirsutism SS11.01	SS11
health record issues	-601	histological and exfoliative	
health services	2R20	cytology	-108
hearing complaint	HS02	histological or cytological	
hearing functions	2F81	examination of tissue or	
heart block	KD70	fluid retrieved by puncture	
heart failure	KD67	or biopsy or excision or	
heart failure programme	K302	swabbing or collecting	-108
heart murmur or arterial		history of recurrent	
murmur or both	KS52	miscarriages	WD71
heart valve disease	KD71	hives	SD78
heartburn	DS03	hoarding disorder	PD07
heat rash	SD73	hoarseness	RS13
heatstroke and sunstroke		Hodgkin lymphoma BD25.00	BD25
AD45.01	AD45	holding breath	RS04
heaviness of heart	KS01	Holter monitoring	-114
Helicobacter pylori breath test	-109	homeless ZC36.00	ZC36
hemorrhage from the ear	HS05	hookworm disease DD07.07	DD07
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hordeolum FD02.02	FD02	hyphaema	FD35
housing	2R04	hypoacusis	HS02
housing problem	ZC36	hypochondriasis	PD07
housing unsuited to needs	2000	hypoglycaemia	TD70
ZC36.01	ZC36	hypomania	PD04
HPV-DNA test	-104	hypomenorrhoea GS07.01	GS07
human immunodeficiency virus		hypospadias	GD56
(HIV) screening	AP10	hypothermia	AD45
human papilloma virus		hypothyroidism or myxoedema	TD69
infection	GD05	hysteroscopy	-112
hydatidiform mole	WD26	7	
hydradenitis SD73.02	SD73	ichthyosis	SD55
hydrocele GD71.00	GD71	icterus	DS13
hydrocele or spermatocele or		idiopathic hypertension	KD73
both	GD71	idiopathic hypotension	KS50
hydronephrosis	UD99	idiopathic photodermatosis	
hyperactivity	PS99	SD66.02	SD66
hyperacusis	HS02	idiopathic thrombocytopenic	BD78
hyperaldosteronism	TD99	ileus DD99.01	DD99
hypercholesterolaemia TD75.00	TD75	illiteracy ZC15.00	ZC15
hyperemesis	DS10	illness of child problem	ZC26
hyperemesis gravidarum		illness of parents or family	
WS02.00	WS02	member problem	ZC27
hyperhomocysteinemia		illness of partner problem	ZC25
TD99.04	TD99	imitating or mimicking others	2F03
hyperinsulinism	TD70	immediate family	2R08
hyperkeratosis NOS	SD99	immediate post-traumatic stress	PS02
hyperkinetic disorder	PD16	immune thrombocytopenic	
hypermenorrhoea	GS08	purpura BD78.02	BD78
hypermetropia FD69.01	FD69	immunisation not carried out	AP60
hypermobility syndrome LD99.00	LD99	immunisation or transfusion	
hyperplasia of prostate	GD70	reaction	AD42
hypersplenism	BD99	immunodeficiency disorder	
hypertension, complicated	KD74	BD99.00	BD99
hypertension, uncomplicated	KD73	impacted cerumen	HD66
hypertensive heart disease	KD74	imperforate hymen GD55.00	GD55
hypertensive renal disease	KD74	impetigo	SD15
hypertensive retinopathy	FD67	impetigo secondary to other	
hyperthyroidism or		dermatosis	SD15
thyrotoxicosis	TD68	implantation bleeding, a minimal	
hypertriglyceridaemia TD75.01	TD75	haemorrhage seen at the time	
hypertrophic kidney	UD99	of implantation of the egg	WS03
hypertrophy tonsils or adenoids		impotence of organic origin	GS24
or both	RD66	impotence or erectile	_
hyperventilation	RS04	dysfunction	GS24

imprisonment ZC37.00	ZC37	inflammatory bowel disease	DD79
in situ endocrine neoplasm of	2037	influenza	RD07
endocrine system	TD27	influenzal pneumonia	RD07
inadequate housing	ZC36	influenza-like illness	RD07
incarceration	ZC37	informal social relationships	2F53
incision, drainage, flushing,	2037	ingestion dermatitis due to	21 33
aspiration and removal body		drugs SD70.01	SD70
fluid	-204	ingrowing eyelash	FD99
incision of abscess	-204	ingrowing nail	SD75
incisional hernia DD76.01	DD76	ingrowing nail with infection	SD75
including spine subluxation of	DD70	inguinal hernia	DD73
finger LD48.02	LD48	inguinal hernia with incarceration	DD73
incomplete abortion	WD65	initiating a task	2F10
incontinence of bowel	DS17	injuries caused by childbirth	WD82,
individual attitudes of health	2017	injuries caused by childen in	WD83
professionals	2R18	injury complicating pregnancy	WD35
individual attitudes of		injury of blood, blood-forming	
immediate family members	2R17	organs and immune system	BD35
induced abortion	WD66	injury of blood vessels	KD35
induction of labour of livebirth	WD82	injury of circulatory system	KD35
induction of labour stillbirth	WD83	injury of digestive system	DD35
induration of skin SS08.01	SS08	injury respiratory system	RD35
infant colic	DS01	injury to abdominal organ	DD35
infantile eczema	SD69	injury to multiple structures of	
infected finger or toe	SD05	knee	LD45
infected post-traumatic bite	SD07	injury to teeth	DD35
infected post-traumatic wound	SD07	injury to tongue	DD35
infection caused by onchocerca		injury to urinary tract	UD35
volvulus AD24.03	AD24	innocent murmur of childhood	KS52
infection of caesarean section		insect bite or sting	SD39
wound	WD01	insertion of an implant	
infection of circulatory system	KD01	containing hormones or a	
infection of kidney	UD01	long-acting drug	-209
infection of musculoskeletal		insomnia	PS06
system	LD01	inspiratory wheeze	RS04
infection of perineal wound		instability knee LD99.01	LD99
WD01.00	WD01	instrumentation,	
infection of unspecified site	AD24	catheterisation, intubation	
infectious conjunctivitis	FD01	and dilation	-206
infectious mononucleosis	AD04	insulin coma	TD70
infective tenosynovitis	LD01	insurance (life insurance	
infertility or subfertility	GS29	examination)	AG03
infidelity of partner ZC30.02	ZC30	intelligence test	-111
inflamed throat	RS12	intercostal pain	LS04
inflammation of orbit	FD03	intermenstrual bleeding	GS10

intermenstrual pain	GS06	jealousy of child	PS18
intermittent claudication	Good	jerking	NS07
KD76.00	KD76	jet lag	AD45
internal haemorrhoids with or	RD/0	junctional premature beats	KD70
without complications	DD84	juvenile arthritis	LD74
interstitial (chronic) cystitis	UD02	javenne artificis	DD/ I
interstitial lung disease RD99.08	RD99	Kaposi's sarcoma of skin	
intertrigo	SD70	SD25.01	SD25
interventions and processes	I	keeping warm or cool	2F40
intestinal helminths	DD07	keloid SD99.02	SD99
intestinal intussusception	220,	keratitis FD03.02	FD03
DD99.02	DD99	keratoacanthoma SD29/02	SD29
intestinal obstruction DD99.01	DD99	kidney pain	US09
intimate relationships	2F55	kidney symptom or complaint	US09
intra-articular injection	-210	kidney trouble	US09
intrauterine contraception	AF03	knee symptom or complaint	LS14
intravenous cannulation	-206	Korsakoff's psychosis PS12.04	PS12
introduction and patient		kwashiorkor TD74.00	TD74
treatment preferences	AI	kyphoscoliosis	LD70
introduction to practice and		kyphosis	LD70
health provider	AI01	**	
involuntary urination	US03	labial burning	GS18
iridocyclitis FD03.01	FD03	labile hypertension	KS51
iritis	FD03	labyrinthitis HD67.01	HD67
iron deficiency anaemia	BD66	laceration	SD37
iron deficiency without anaemia	TD74	laceration or cut	SD37
irregular heartbeat	KS03	lacrimal dilatation	-206
irregular menstruation	GS09	lacrimation	FS03
irregular or frequent		lactation problem WS06.00	WS06
menstruation	GS09	lactose intolerance TD99.05	TD99
irregular periods GS09.00	GS09	laparoscopy	-112
irrigation of ear/eye	-204	large tonsils	RS12
irritable airways RS99.01	RS99	laryngoscopy	-112
irritable bladder	US08	laser cauterisation	-205
irritable bowel syndrome	DD78	lassa fever AD14.05	AD14
irritable infant	AS13	lassitude	AS04
ischaemic cardiomyopathy	KD66	late effect of concussion	ND35
ischiorectal abscess	DD06	late effect of poliomyelitis	ND01
isolation	AP99	late effect of tuberculosis	AD15
issue of medical certificate	AG03	late menses	GS07
itchy ears	HS99	lateral epicondylitis	LD73
itchy eye	FS07	lazy eye	FD99
		learning to calculate	2F03
jaundice	DS13	learning to read	2F03
jaw symptom or complaint	LS06	learning to write	2F03

left bundle-branch block	KD70	loiasis (loa loa filariasis)	
left ventricular heart failure	KD67	AD24.07	AD24
leg cramps	LS13	loin pain	LS05
leg or thigh (or both) symptom		long Q-T syndrome KD70.01	KD70
or complaint	LS13	long sightedness	FD69
leg weakness	LS13	looking after face	2F35
legal problem	ZC37	looking after genitals	2F35
Legg-Calvé-Perthes disease		looking after nails	2F35
LD77.00	LD77	looking after one's health	2F40
legionella pneumonia RD09.00	RD09	looking after scalp	2F35
leiomyoma	GD29	looking after skin	2F35
leishmaniasis	AD17	looking after teeth	2F35
leprosy (Hansen's disease)		loose body in joint LD99.02	LD99
AD24.06	AD24	lordosis	LD70
leptospirosis	AD24	loss of appetite	TS03
lethargy	AS04	loss of balance	NS09
leucorrhoea	GS16	loss of libido	PS07
leukaemia BD25.02	BD25	loss or death of child problem	ZC11
lichen planus SD99.03	SD99	loss or death of parent or family	
lichen sclerosus SD99.04	SD99	member problem	ZC12
lifestyle education	AP40	loss or death of partner problem	ZC10
lifestyle screening	AP40	low back symptom or	
lifting a cup	2F23	complaint	LS03
lifting a toy	2F23	low blood pressure	KS50
lifting and carrying object	2F23	low literacy	ZC15
lightheaded NS09.00	NS09	lower urinary tract infection	UD04
limb ischaemia	KD76	lues	GD01
limping	NS99	lumbago	LS03
lipid disorder	TD75	lumbalgia	LS03
lipoma	SD26	lumbar and sacroiliac back pain	LS03
liquids of different		lumbar disc prolapse with	
consistencies	2R01	radiculopathy LD67.00	LD67
listening	2F02	lump, mass not specified to a	
listening to a lecture	2F02	location	AS09
listening to a radio	2F02	lump abdomen	DS51
listening to a story told	2F02	lump in testis	GS21
listening to music	2F02	lump in throat	RS12
listening to the human voice	2F02	lump or mass in breast	GS26
livebirth after complicated	THE	lump or swelling of skin	0004
delivery	WD82	generalised	SS04
livedo reticularis	SS07	lump or swelling of skin	0000
liver failure	DD81	localised	SS03
living with a stoma AR02.00	AR02	lumps in multiple sites	SS04
local injection and infiltration	-210	lumpy breasts	GS26
localised enlarged lymph nodes	BS01	lung abscess	RD10

lung complication of other		malignant hypertension	KD74
disease	RD99	malignant lymphoma BD25.01	BD25
lung congestion	RS99	malignant melanoma SD25.02	SD25
lung disease related to external		malignant neoplasm bronchus	
agents	RD70	and lung	RD25
Lyme disease AD24.05	AD24	malignant neoplasm	
lymph gland(s) symptom or		musculoskeletal system	LD25
complaint	BS01	malignant neoplasm nervous	
lymphadenitis acute	BD01	system ND25.01	ND25
lymphadenopathy with pain	BS01	malignant neoplasm of adnexae	GD28
lymphadenopathy without pain	BS01	malignant neoplasm of bladder	UD26
lymphatic filariasis AD24.08	AD24	malignant neoplasm of blood,	
lymphoedema KD99.04	KD99	blood-forming organs and	
lymphogranuloma venerum		immune system	BD25
GD07.00	GD07	malignant neoplasm of colon,	
		malignant neoplasm of	
macrocytic anaemia	BD67	rectum, malignant neoplasm	
macular degeneration	FD68	of anus	DD26
magnetic resonance imaging		malignant neoplasm of ear	
(MRI) -113.01	-113	HD25.01	HD25
maintaining a balanced diet	2F40	malignant neoplasm of eye/	
maintaining a body position	2F21	adnexa FD25.01	FD25
maintaining a close relationship		malignant neoplasm of	
between husband and wife	2F55	gallbladder/bile ducts	
maintaining a close relationship		DD28.01	DD28
between lovers	2F55	malignant neoplasm of kidney	UD25
maintaining a close relationship		malignant neoplasm of large	
between sexual partners	2F55	intestine	DD26
maintaining an appropriate level		malignant neoplasm of lip/	
of physical activity	2F40	mouth/tongue DD28.00	DD28
making a purchase	2F51	malignant neoplasm of liver	
making decisions	2F09	DD28.01	DD28
making plans for separate		malignant neoplasm of	
activities throughout the day	2F12	oesophagus DD28.02	DD28
malabsorption syndrome	DD99	malignant neoplasm of oral	
malaise	AS06	cavity	DD28
malaria	AD16	malignant neoplasm of ovaries	
male wanting children AF01.01	AF01	GD28.01	GD28
malignancy	AD25	malignant neoplasm of pancreas	DD27
malignancy of bronchus	RD25	malignant neoplasm of penis	
malignancy of larynx	RD26	GD28.02	GD28
malignancy of lung	RD25	malignant neoplasm of salivary	
malignancy of trachea	RD25	glands DD28.03	DD28
malignant cardiovascular		malignant neoplasm of skin	SD25
neoplasm KD25.01	KD25	malignant neoplasm of stomach	DD25

1			11000
malignant neoplasm of testis	CD20	meatitis	UD03
GD28.03	GD28	mechanical debridement	-205
malignant neoplasm of thyroid	TD25	Meckel's diverticulum DD55.02	DD55
malignant neoplasm of uterus	GD28	medial epicondylitis of elbow	I D = 0
malignant neoplasm of vagina	GD28	joint ld72.04	LD72
malignant neoplasm of vulva	GD28	median bar of prostate	GD70
malignant neoplasm ureter	UD27	mediastinal disease	RD99
malignant neoplasm urethra	UD27	mediastinoscopy	-112
malignant neoplasms of breast	GD27	mediastinum	RD26
malignant neoplasms of cervix	GD25	medical induction of labour per	
malignant neoplasms of prostate	GD26	orifice	-215
malignant neoplasms related to		medical social workers	2R16
pregnancy	WD25	medical specialists	2R16
malignant tumour of		medication abuse	PS15
oropharynx	DD28	meditating	2F05
mallet finger LD71.03	LD71	megacolon	DD55
Mallory-Weiss syndrome	DD68	megaloblastic anaemia due	
malnutrition	TD74	to vitamin B12 deficiency	
malocclusion	DD65	BD67.01	BD67
malodorous urine	US07	megaloblastic anaemia NOS	BD77
malpresentation	WD71	meibomian cyst	FD02
maltreatment/sexual abuse by		melaena	DS15
partner ZC35.01	ZC35	memory functions	2F74
maltreatment/sexual abuse of		memory or attention problem	PS17
child ZC35.00	ZC35	Ménière's disease HD67.02	HD67
malunion of fracture	LD99	meningism	NS99
mania	PD04	meningitis, encephalitis or both	ND02
manic depression	PD04	menopausal flushing GS13.01	GS13
manipulating objects by using		menopausal symptoms or	
hands and arms	2F26	complaints	GS13
manipulating objects using one's		menopausal tension	GS13
hand, fingers and thumb	2F25	menopause syndrome	GS13
mantoux test	-103	menorrhagia	GS08
manual removal of retained		menstrual cramps	GS05
placenta	-215	menstrual pain	GS05
marasmus TD74.01	TD74	menstruation pain	GS05
mastalgia	GS04	meralgia paresthetica ND77.03	ND77
mastitis (non-lactating) GD99.01	GD99	mesenteric lymphadenitis	BD02
mastodynia	GS04	mesenteric vascular disease	DD99
mastoiditis HD05.02	HD05	methacholine challenge test	-103
mastopathy	GS28	meticilline resistant	
maternal anomaly which could		staphylococcus aureus	
affect pregnancy/childbirth	WD55	(MRSA) screening	AP10
measles	AD01	metrorrhagia	GS09
measurement of creatinine		microbiological or	
clearance	-105	immunological test	-104
	100		101

microscopic haematuria	US06	mucocele	DD66
migraine	ND71	mucocutaneous leishmaniasis	
miliaria	SD73	AD17.01	AD17
mineral and nutritional		multi-infarct dementia PD01.01	PD01
deficiency	TD74	multi-organ failure	AD99
minerals (vitamin and other		multiple gestation	WD71
supplements)	2R01	multiple internal injuries	AD35
miscarriage	WD65	multiple joint symptoms or	
missed abortion	WD65	complaints	LS20
mites	SD14	multiple myeloma BD25.03	BD25
mitral valve insufficiency or		multiple pregnancy	WD71
incompetence or mitral		multiple psychological	
regurgitation KD71.01	KD71	symptoms/complaints	PS99
mitral valve prolapse	KD71	multiple sclerosis	ND65
mittelschmerz	GS06	multiple trauma and injuries	AD35
mixed anxiety and depression	PD13	mumps	DD02
mixed depressive and anxiety		mumps meningitis	DD02
disorder	PD13	mumps orchitis	DD02
mixed hyperlipidaemia TD75.02	TD75	mumps pancreatitis	DD02
mixed incontinence US03.01	US03	munchausen's syndrome	PD99
mobility of joint functions	2F90	muscle pain	LS17
moist cough	RS07	muscle power functions	2F91
molluscum contagiosum	SD02	muscle stiffness	LS19
monilial infection of vagina/		muscle strain	LS19
cervix	GD08	muscle symptom or complaint	LS19
monilial intertrigo	SD11	muscle weakness	NS10
monitoring of medication use	-203	muscoloskeletal neoplasm in	
morning after pill AF04.00	AF04	situ	LD26
morning sickness in confirmed		musculoskeletal chest symptom	
pregnancy	WS02	or complaint	LS04
morton's neuroma ND77.04	ND77	musculoskeletal neoplasm	
motion sickness AD45.02	AD45	not specified as benign or	
motivational interview	-212	malignant when histology is	
motor neuron disease	ND99	not available	LD26
mouth, tongue, lip symptom or		musculoskeletal system	L
complaint	DS20	myalgia	LS17
mouth, tongue or lip diseases	DD66	myasthenia gravis ND99.02	ND99
moving around outside the		mycoplasma	AD24
home and other buildings	2F30	myelitis ND02.02	ND02
moving around using		myocarditis	KD01
equipment	2F31	myoclonus	NS07
moving around within the home	2F29	myoma of uterus GD29.00	GD29
moving from a bed to a chair	2F22	myopia FD69.02	FD69
moving objects by using hands			
and arms	2F26	nail symptom or complaint	SS09

nannies	2R20	neurodermatitis	SD99
narrow external canal	HD99	neurological system	N
narrow-angle glaucoma		neurosis	PD99
FD71.00	FD71	newborn death AD95.00	AD95
nasal allergy	RD65	night blindness	FD99
nasopharyngitis	RD02	nightmares	PS06
natural death AD96.00	AD96	nipple bleeding	GS27
natural environment and		nipple cracked	GS27
human-made changes to		nipple discharge GS27.00	GS27
environment	2R07	nipple fissure	GS27
naturopathic medication	2R03	nipple inversion	GS27
nausea	DS09	nipple pain	GS27
neck stiffness	LS	nipple pruritus	GS27
neck symptom	LS	nipple retraction	GS27
neck syndrome	LD65	nipple symptoms or complaints	GS27
need for prophylactic surgery	AP99	nocturia	US02
needle stick	SD38	noise deafness	HD35
neglected child ZC02.00	ZC02	non-infectious disease of	
neighbours' quarrel/noise		pericardium	KD72
ZC09.00	ZC09	non-infectious myocarditis	KD72
neonatal sepsis	AD66	non-intestinal helminthiases	AD24
neoplasm nervous system	ND25	non-organic impotence or	
neoplasm of blood not	11220	dyspareunia	PS07
specified as benign or		non-remunerative employment	2F59
malignant	BD26	non-rheumatic aortic/mitral/	
neoplasm of ear	HD25	pulmonary/tricuspid valve	
neoplasm of eye or adnexa	FD25	disorder	KD71
neoplasm of uncertain	1220	non-specific urethritis	UD03
behaviour nervous system		non-toxic goitre	TD65
ND25.02	ND25	non-toxic snake bite	SD40
neoplasm of unknown	11223	non-toxic spider bite	SD39
or uncertain behaviour		non-traumatic derangement of	020)
of endocrine system		knee LD99.07	LD99
TD27.00	TD27	non-traumatic intracranial	LD
neoplasms circulatory system	KD25	haemorrhage ND69.01	ND69
nephritis	UD65	non-traumatic ruptured ear	11207
nephropathy	UD65	drum	HD65
nephrosclerosis	UD65	non-union of fracture	11200
nephrosis	UD65	(pseudoarthrosis) LD99.03	LD99
nephrotic syndrome	UD65	nose	RD26
nerve injury	ND37	nose bleed or epistaxis	RS08
nerve lesion	ND77	nose symptoms or complaints	RS10
neuralgia NOS	ND99	numbness	NS05
neurasthenia	PD11	nurses	2R16
neuritis	ND77	nvstagmus	FS99
110 011 1010	112//	11,0000011100	10//

obesity	TD66	organising, studying and	
observation, health education,		completing assigned tasks	
advice and diet	-203	and projects	2F56
obsessive-compulsive or related		organising time, space and	
disorder	PD07	materials for a task	2F10
obstructing ulcer	DD69	orgasm	2F86
obstruction in bladder neck	UD99	ornithosis	AD24
obstructive sleep apnoea	RS06	orthopaedic prosthetic(s)	-209
obstructive vesicoureteric reflux		orthopnoea	RS02
UD99.01	UD99	orthose(s)	-209
occupational exposure to toxic		orthostatic albuminuria	
agents ZC16.01	ZC16	US50.00	US50
occupational health	2010	orthostatic hypotension	KD75
examination	AG04	orthotist-prosthetists	2R16
occupational noise exposure	11001	Osgood-Schlatter disease	-1110
ZC16.02	ZC16	LD77.01	LD77
occupational therapists	2R16	osteoarthritis	LD80
oesophageal atresia	DD55	osteoarthritis of hip secondary	LDOO
oesophageal diverticulum	DDOO	to dysplasia/trauma	LD78
DD68.02	DD68	osteoarthritis of knee secondary	LD/0
oesophageal ulceration	DD68	to dysplasia/trauma	LD79
oesophageal varices KD99.02	KD99	osteoarthritis of neck with/	LD//
oesophagitis	DD68	without radiation of pain	LD65
old age	PS22	osteoarthrosis of hip	LD78
old amputation	AD37	osteoarthrosis of knee	LD79
old laceration of cervix	GD65	osteoarthrosis of shoulder	LD68
old meniscus injury LD99.04	LD99	osteoarthrosis or osteoarthritis	LD00
old myocardial infarction	LD	of spine	LD66
KD66.01	KD66	osteochondritis dissecans	LD00
oligomenorrhoea GS07.02	GS07	LD77.02	LD77
oliguria US05.00	US05	osteochondroma	LD77
onychogryphosis SD99.05	SD99	osteochondrosis	LD20
onychomycosis	SD10	osteomalacia	LD77
oophoritis	GD09	osteomyelitis LD01.01	LD99
open dislocation of jaw	GD07	osteopenia LD81.00	LD01
LD48.00	LD48	osteoporosis	LD81
open-angle glaucoma FD71.01	FD71	osteosarcoma	LD01
openness to experience	2R34	otalgia	HS01
opthalmoscopy (fundoscopy)	-102	other aneurysm polyarteritis	11501
optimism	2R35	nodosa	KD99
•	DD66	other benign endocrine	KD99
oral aphthae DD66.02	AF02		
oral contraception oral thrush	DD66	neoplasm of endocrine	TD27
orchitis GD11.01	GD11	system TD27.01 other carcinoma-in-situ	
		other carcinoma-m-situ other conduction disorders	GD32 KD70
orchitis or epididymitis	GD11	other conduction disorders	KD/U

other congenital deformity of the foot	IDEE	other specified and unknown	KD72
	LD55	heart disease	KD72
other disease of larynx	RD99	other specified and unknown	
other genital neoplasm not		infection complicating	
specified as benign or		pregnancy, delivery and	MDoa
malignant when histology is	CD22	puerperium	WD02
not available	GD32	other specified and unknown	4 D24
other haematological	DDOO	infectious diseases	AD24
abnormality	BD99	other specified and unknown	NIDar
other malignant endocrine		injury neurological system	ND37
neoplasm of endocrine	ED 05	other specified and unknown	EDAG
system TD27.02	TD27	injury of eye	FD36
other neurological enterovirus	3.TD 0.4	other specified and unknown	
infection	ND01	malignant neoplasm urinary	
other specified abnormal result	4.0=0	tract	UD27
investigation	AS50	other specified and unknown	
other specified activities and		neurological infection	ND04
participation	2F69	other specified and unknown	
other specified and unknown		organic mental disorder	PD02
allergy or allergic reaction	AD46	other specified and unknown	
other specified and unknown		osteoarthrosis	LD80
anaemias	BD77	other specified and unknown	
other specified and unknown		perinatal morbidity	AD66
breast disorder in pregnancy		other specified and unknown	
or puerperium	WD84	sprain or strain of joint	LD47
other specified and unknown		other specified and unknown	
bursitis, tendinitis, synovitis	LD72	trauma and injury	AD36
other specified and unknown		other specified and unknown	
diagnoses and diseases of		viral diseases	AD14
genital system	GD99	other specified and unknown	
other specified and unknown		viral exanthems	AD13
diagnoses and diseases of		other specified benign,	
neurological system	ND99	uncertain or in situ neoplasms	AD26
other specified and unknown		other specified bladder	
diagnoses and diseases of the		symptom or complaint	US08
circulatory system	KD99	other specified breast symptoms	
other specified and unknown		or complaints	GS28
diagnoses and diseases		other specified breathing problem	RS04
or health conditions in		other specified complications of	
pregnancy, delivery and		puerperium	WD85
puerperium	WD99	other specified concern or fear	
other specified and unknown		of disease of genital system	GS94
fracture	LD39	other specified consultations,	
other specified and unknown		referrals and reasons for	
head injury	ND36	encounter	-599

other specified contraception other specified diagnoses and	AF05	other specified or unknown congenital anomaly of eye	FD56
diseases of musculoskeletal		other specified or unknown	
system	LD99	diagnoses and diseases of	
other specified diagnostic		respiratory system	RD99
interventions	-199	other specified or unknown	
other specified endocrine,	1,7,7	diagnoses and diseases of	
metabolic, nutritional		skin	SD99
symptoms, complaints,		other specified or unknown	02,,
abnormal findings	TS99	diagnoses and diseases of	
other specified external factors	2R29	urinary tract	UD99
other specified family planning	AF99	other specified or unknown	ODJJ
other specified functions	2F99	diagnoses or diseases of	
other specified general and	21.33	•	DD99
routine examinations	AG99	digestive system	DD
	AG99	other specified or unknown	
other specified general examinations and		diagnoses or diseases of ear and mastoid	HD00
		***************************************	HD99
investigations of persons		other specified or unknown	
without complaint or reported	1.002	diagnosis or diseases of eye	EDOO
diagnosis	AG02	and adnexa	FD99
other specified general		other specified or unknown ear	IIDan
symptoms, complaints and		injury	HD37
abnormal findings	AS99	other specified or unknown	
other specified genital pain	GS03	endocrine, metabolic,	
other specified hair or scalp		nutritional diagnoses and	
symptom or complaint	SS11	diseases	TD99
other specified health		other specified or unknown	
promotion	AQ99	endocrine neoplasm	TD27
other specified introduction and		other specified or unknown eye	
patient treatment preferences	AI99	infections or inflammations	FD03
other specified joint symptoms		other specified or unknown	
or complaints	LS20	general diseases or conditions	
other specified laboratory test	-109	of unspecified site	AD99
other specified localised		other specified or unknown	
abdominal pain	DS06	liver diseases	DD81
other specified mental		other specified or unknown	
programme	P305	lymphadenitis	BD02
other specified musculoskeletal		other specified or unknown	
injury	LD49	malignant digestive neoplasm	DD28
other specified or unknown		other specified or unknown	
abdominal hernia	DD76	malignant genital neoplasms	GD28
other specified or unknown		other specified or unknown	
blood, blood-forming organs,		oesophagus disease	DD68
immune system diagnoses or		other specified or unknown	
diseases	BD99	peptic ulcer	DD70

other specified or unknown		other specified symptom,	
psychological or mental		complaint and abnormal	
diagnoses or diseases	PD99	finding of urinary system	US99
other specified or unknown		other specified symptoms,	
psychosis	PD05	complaints, abnormal	
other specified or unknown		findings of circulatory system	KS99
respiratory infection	RD10	other specified symptoms,	
other specified or unknown		complaints, abnormal	
respiratory malignant		findings of ear	HS99
neoplasm	RD26	other specified symptoms,	
other specified or unknown		complaints, abnormal	
sexual transmitted disease	GD07	findings of eye	FS99
other specified or unknown skin		other specified symptoms,	
infection	SD16	complaints and abnormal	
other specified or unknown skin		findings during pregnancy,	
injury	SD38	delivery and puerperium	WS99
other specified or unknown		other specified symptoms,	
symptoms, complaints,		complaints and	
abnormal findings of		abnormal findings of	
digestive system	DS99	genital system	GS99
other specified or unknown		other specified symptoms,	
urinary infection	UD04	complaints and abnormal	
other specified personal		findings of musculoskeletal	
functions	2R39	system	LS99
other specified post-partum		other specified symptoms,	
symptom or complaint	WS39	complaints and abnormal	
other specified prevention and		findings of neurological	
case finding	AP99	system	NS99
other specified primary malig-		other specified symptoms,	
nancies of digestive system	DD28	complaints and abnormal	
other specified programmes		findings of skin	SS99
related to reported conditions	X399	other specified symptoms,	
other specified psychological/		complaints or abnormal	
mental symptom/complaint/		findings of blood, blood-	
abnormal finding	PS99	forming organs and immune	
other specified reasons for visit	AR99	system	BS99
other specified relationship		other specified treatment and	
problem	ZC09	therapeutic and preventive	
other specified respiratory		interventions	-299
symptoms, complaints and		other specified urination	
abnormal findings	RS99	problems	US05
other specified sexual function		other specified urine symptom	
symptoms or complaints	GS25	or complaint	US07
other specified social problems		other specified vaginal	
influencing health status	ZC99	symptoms or complaints	GS17

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other specified visual	ECOC	painful ejaculation	GS25
disturbances	FS06	painful erection	GS20
otitis externa	HD01	painful intercourse	GS23
otitis media NOS	HD02	painful lesion or rash	SS01
otitis media with effusion	LIDO2	painful respiration	RS01
(OME)	HD03	pain/pressure in sinus	RS11
otorrhagia	HS05	palliative care and end of life	
otorrhoea	HS04	care	A352
otosalpingitis	HD04	pallor	SS07
otosclerosis	HD99	palpitation	-102
outstanding ears	HD55	palpitations, awareness of heart	KS02
ovarian cyst GD99.02	GD99	palsy	NS10
overactive child	PS18	pancreatic disease	DD99
overeating	TS02	pancreatitis DD99.03	DD99
overweight	TS51	panic disorder PD06.01	PD06
ovulation bleeding GS10.00	GS10	papilloedema	FD99
ovulation pain	GS06	papule	SS03
own illness problem	PS21	papules in multiple sites	SS04
oximetry	-102	paracentesis	-204
oxygen therapy	-299	paraesthesia	NS04
oxyuriasis DD07.01	DD07	para-influenza	RD07
•		paralysis	NS10
pacemaker	-209	paralysis agitans	ND66
pacing task performance	2F10	paralysis and weakness	NS10
Paget's disease of bone	LD99	paralytic symptoms	NS10
paid help	2R20	parapertussis	RD01
pain, face	NS02	parasite faeces test	-107
pain, pressure, tightness of heart	KS01	parent or family behaviour	
pain attributed to cervical spine	LS	problem	ZC31
pain attributed to the heart	KS01	parent or family member	
pain in axilla	LS05	relationship problem	ZC03
pain in breast	GS04	parents	2R08
pain in fingers	LS11	paresis	NS10
pain in hand	LS11	Parkinsonism	ND66
pain in joint	LS20	Parkinson's disease ND66.00	ND66
pain in joint of hand or finger	LS11	paronychia SD05.00	SD05
pain in nose	RS10	parotitis	DD66
pain in penis	GS01	paroxysmal tachycardia	KD69
pain in perineum	GS02	partial deafness both ears	HD69
pain in scrotum	GS02	partial examination or health	111007
pain in testis	GS02	evaluation	-102
-			-102
pain in throat RS12.00	RS12 DS04	partial or complete blindness of	FD72
pain on defaecation	SS01	both eyes	ZC01
pain or tenderness of skin		partner relationship problem	
pain respiratory system	RS01	partners	2R08

partner's behaviour problem	ZC30	person awaiting admission	
passing wind	DS08	to elderly/nursing home	
patch test	-103	ZC39.00	ZC39
patella disorder	LD69	personal assistants	2R20
patent ductus arteriosus	KD55	personal health surveillance	
pathological fracture NOS	LD99	related to personal history	AP60
patient preferences about end of	22,,	personal history of allergy to	111 00
life care	AI03	drugs, medicaments and	
patient treatment and care	11100	biological substances	AP60
preferences	AI02	personal history of malignant	111 00
peanuts	AD46	neoplasm	AP60
pediculosis and other skin	112 10	personal history of other	111 00
infestation	SD14	diseases and conditions	AP60
pediculosis pubis SD14.01	SD14	personal history of self-harm	AP60
peeling	SS08	personal history of specific	711 00
pelvic congestion syndrome	GD99	resistance to micro-organisms	AP60
pelvic examination	-102	personality disorder	PD15
pelvic examination pelvic inflammatory disease	GD09	personality functions	2R3
pelvic inflammatory disease by	GD07	persons encountering health	21(3
chlamydia GD06.01	GD06	services for other counselling	
pelvic instability WS99.01	WS99	and medical advice	AP45
pelvic mstability w399.01	GS03	pertussis	RD01
pelvic pain pelvis symptoms or complaints	GS19	petechiae	SS99
pemphigus	SD99	petit mal seizures	ND67
penile erection	2F86	pH fluorine test	-109
penis symptoms or complaints	GS20	phantom limb	-109 ND77
percussion	-102	phantom pain ND77.05	ND77
perforated ulcer	DD69	pharmacotherapy and	ND//
perforation of ear drum	HD65		-201
perianal abscess	DD06	prescription	RD02
perianal haematoma	DD06	pharyngistis	-112
-	DS05	pharyngoscopy	-112 RD26
perianal itching	KD01	pharynx phase of life problem	PS22
pericarditis perinatal and neonatal death	AD95	phimosis or paraphimosis	GD72
1	AD95	philiposis of paraphiniosis phlebothrombosis	KD78
perinatal mortality	GS03	phobia PD06.02	PD06
perineal pain perioral dermatitis,	G303	photodermatitis SD66.03	SD66
1	SD81	1	
rhinophyma	3D01	photophobia	FS06 SD66
peripheral neuritis, neuropathy	NID77	photosensitivity	
or both	ND77	physical activity assessment	AP40
peritonitis DD99.04	DD99	physical medicine/rehabilitation	
peritonsillar abscess RD04.00	RD04	and acupuncture done in own	
pernicious anaemia	BD67	practice, without a referral to	200
persistent adjustment disorder	PD08	another provider	-299
persistent or unexplained	DCE1	physiological delay growth	TS08
neutrophilia	BS51	physiological ovarian cyst	GD99

physiotherapists	2R16	polydipsia	TS01
pica	PD17	polyhydramnios	WD71
picking up objects using one's	121,	polymenorrhea GS09.01	GS09
hand, fingers and thumb	2F25	polymorphous light eruption	SD66
pigmentation	SD99	polymyalgia rheumatica	LD76
pilar cyst	SD74	polyp of colon	DD29
piles	DD84	polyp of duodenum	DD29
pilonidal abscess	SD67	polyp of middle ear	HD99
pilonidal cyst or fistula or both	SD67	polyp of masal cavity rd99.05	RD99
pimples	SD76	polyp of rectum	DD29
pityriasis rosea	SD12	polyp of stomach	DD29
pityriasis rosed pityriasis versicolor	SD09	polyp of urinary tract	UD28
placenta praevia	WD71	polyp of urine bladder UD28.00	UD28
placenta praevia in delivery of	11 11 11	polyp of vocal cord RD99.06	RD99
livebirth	WD82	polyphagia	TS02
placenta praevia in delivery	11 D02	polypharmacy care	A310
stillbirth	WD83	polyuria	US02
plane wart	SD01	pompholyx	SD73
plant sting	SD70	pondering	2F05
plasma cell myeloma BD25.03	BD25	poor educational progress	21 03
playing musical instruments	2F61	ZC15.02	ZC15
playing with ideas	2F05	poor hygiene	PS99
pleura	RD26	porphyria TD99.07	TD99
pleural inflammatory exudate	RS50	port wine stain of skin SD55.00	SD55
pleurisy or pleural effusion	RS50	portal hypertension	DD81
pleuritic pain	RS01	portal thrombosis	KD78
pleuritis	RS50	postcoital bleeding	GS15
pleurodynia	RS01	post-coital contraception	AF04
plugged feeling in ear	HS06	post-coital intrauterine device	111 0 1
pneumoconiosis RD70.00	RD70	AF04.01	AF04
pneumonia	RD09	post-herpetic neuralgia SD03.01	SD03
pneumonitis due to allergy	RD70	postmenopausal bleeding	GS14
pneumonitis due to chemicals	RD70	post-nasal drip	RS11
pneumonitis due to dust	RD70	post-operative infection or	
pneumonitis due to fumes	RD70	haemorrhage or wound	
pneumonitis due to mould	RD70	disruption	AD42
pneumothorax RD99.04	RD99	post-partum bleeding	WS05
poisoning by medical agent	AD40	postpartum depression PD12.01	PD12
poisoning caused by venomous		post-polio syndrome	ND01
snake AD44.00	AD44	postponement of menstruation	GS12
poliomyelitis	ND01	post-surgical lymphoedema	AD42
pollen	RD65	post-traumatic headache	NS01
polycystic ovary syndrome		post-traumatic skin infection	SD07
TD99.06	TD99	post-traumatic stress disorder	PD09
polycythaemia rubra vera	BD26	postural hypotension	KD75
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postviral fatigue	AS05	presbycusis	HD68
potential health hazards related		presbyopia FD69.03	FD69
to family history	AP65	prescribing of injectable drug	-201
potential health hazards related		prescribing of medication	-201
to personal history	AP60	pressure bandage	-211
potential health hazards related		pressure sore SD77.00	SD77
to public health	AP70	prevention, screening and case	
Pott's fracture	LD36	finding	AP
poverty	ZC13	preventive immunisation and	
precocious/delayed puberty	TD99	medication	-202
pre-eclampsia or eclampsia	WD70	preventive screening and visit	AP99
pre-employment examination	AG03	previous caesarean section	WD71
pre-existing diabetes mellitus in		priapism	GS20
pregnancy WD71.04	WD71	prickly feeling feet	NS04
pre-existing hypertension		prickly feeling fingers	NS04
WD71.05	WD71	prickly feeling toes	NS04
preferences about antibiotic		prickly heat	SD73
treatment	AI02	primary caregivers	2R20
preferences about blood		primary erectile dysfunction	
transfusion	AI02	PS07.01	PS07
preferences about screening	AI02	primary fibromyalgia syndrome	
preferences about vaccination	AI02	LS18.00	LS18
pregnancy	WD67	primary hypercholesterolaemia	
pregnancy, high risk	WD71	TD75.03	TD75
pregnancy and childbearing	W	primary infertility	GS29
pregnancy care	W309	problem illegal stay ZC99.02	ZC99
pregnancy check-up	W309	problem managed by the	
pregnancy surveillance	W309	provider, that was not on the	
pregnancy vomiting and nausea	WS02	patient's agenda	-501
pregnancy-induced		problem of how to feed infant	
hypertension complicating		or child	TS04
pregnancy, childbirth or the		problem of what and how to eat/	
puerperium wd70.01	WD70	feed adult	TS05
premalignant lesion	SD29	problems associated with	
premature beats	KD70	finances	ZC13
premature ejaculation PS07.00	PS07	problems due to radiation for	
premature labour	WD71	diagnosis or treatment	AD42
premature menopause TD99.08	TD99	problems due to spectacles	
premature newborn	AD65	and/or contact lens affecting	
premenstrual symptoms or		structure, function or	
complaints	GS11	sensations of eye(s)	FS10
premenstrual tension syndrome	GD68	problems related to adherence	
preparatory, orgasmic and		to medical advice	PS21
resolution phase	2F86	problems related to assault/rape	
prepared food	2R01	ZC35.02	ZC35

problems related to release from		pterygium	FD74
prison	ZC37	ptosis eyelid	FS09
problems with guardianship		pubertal bleeding	GS08
ZC37.01	ZC37	pubertas praecox TD99.09	TD99
problems with umbilicus	SS99	pubic pain	GS03
processed food	2R01	public health promotion	AQ
procidentia	GD66	puerperal depression	PD12
procreative management	AF01	puerperal infection or sepsis	WD01
proctalgia fugax	DS04	puerperal mastitis	WD03
programmes related to reported		puerperal psychosis	PD05
conditions	-3	puerpural endometritis	
prolonged grief disorder	PD08	WD01.01	WD01
prolonged pregnancy WD99.01	WD99	pulling at ears	HS99
prominent nose	RS91	pulmonary (artery/vein)	
prominent veins	KS99	infarction	KD77
prophylactic immunotherapy	AP99	pulmonary collapse	RD99
prosecution	ZC37	pulmonary embolism	KD77
prostate symptoms or complaints	GS22	pulmonary oedema without	
prostatic obstruction	GD70	heart disease/heart failure	RD99
prostatism	GS22	pulmonary thromboembolism	KD77
prostatitis or seminal vesiculitis		pulmonary thrombosis	KD77
or both	GD10	pulp space infection of finger/	
prostatomegaly	GD70	thumb SD05.01	SD05
protein deficiency anaemia	BD77	pulp space infection of toe	
proteinuria and oedema in		SD05.02	SD05
pregnancy	WD70	puncture	SD38
proteinuria US50.02	US50	puncture/aspiration of bursa	-204
protozoal infection (without		puncture/aspiration of cyst	-204
pneumonia)	RD10	puncture/aspiration of ganglion	-204
providers of support for home-		puncture/aspiration of	
making and maintenance	2R20	haematoma	-204
proving a theorem	2F05	puncture/aspiration of joint	-204
pruritus	SS02	puncture/aspiration of lungs	-204
pseudo-gout	LD99	puncture/aspiration of urinary	
psoriasis	SD72	bladder	-204
psoriatic arthritis LD99.05	LD99	purpura	BD78
psychic stability	2R33	purulent discharge	FS03
psychological, mental and		pus in urine	US50
neurodevelopmental	P	putting on, adjusting and	
psychological, mental and		removing a blouse	2F37
neurodevelopmental		putting on, adjusting and	
diagnoses and diseases	PD	removing a coat	2F37
psychological, mental and		putting on, adjusting and	
neurodevelopmental		removing a hat	2F37
symptoms, complaints and		putting on, adjusting and	
abnormal findings	PS	removing a kimono	2F37

putting on, adjusting and		rash localised	SS05
removing a sari	2F37	raw food	2R01
putting on, adjusting and		Raynaud's syndrome KD76.01	KD76
removing a shirt	2F37	reactive airways disease	RD69
putting on, adjusting and		reactive depression	PD12
removing a skirt	2F37	reactive psychosis	PD05
putting on, adjusting and		reading	2F06
removing boots	2F37	reading for enjoyment	2F61
putting on, adjusting and		reasons for visit related to	
removing gloves	2F37	lifestyle	AP40
putting on, adjusting and		receiver of blood and/or organs	AI99
removing pants	2F37	recreation and leisure	2F61
putting on, adjusting and		rectal bleeding	DS16
removing sandals	2F37	rectal examination	-102
putting on, adjusting and		rectal fistula	DD80
removing shoes	2F37	rectal or anal pain	DS04
putting on, adjusting and		rectocele GD66.01	GD66
removing slippers	2F37	rectoscopy	-112
putting on, adjusting and		recurrent abortion	WD65
removing tights	2F37	recurrent instability of patella	LD69
putting on, adjusting and		red blood cell abnormality	BS52
removing undergarments	2F37	red eye	FS02
putting on and taking off clothes		red nose	RS91
and footwear in correct		red throat	RS12
sequence	2F37	redness	SS05
pyelonephritis or pyelitis	UD01	redness occurring in multiple	
pyoderma	SD16	sites	SS06
pyogenic arthritis	LD01	reduced vision	FS05
pyrexia	AS03	re-entry tachycardia	KD69
pyuria	US50	referral to a nursing home or hospice	-599
Q fever	AD24	referral to a service for	-377
Q level	11021	rehabilitation	-599
rabies AD14.06	AD14	referral to chiropodist	-505
radicular syndrome of upper	11011	referral to chiropractor	-505
limbs with/without radiation		referral to dentist	-505
of pain	LD65	referral to dietician	-505
radioallergosorbent test (RAST)	LD03	referral to disease-specific out-/	303
test	-103	inpatient clinics	-506
raised intraocular pressure	103	referral to home health worker	-505
FD71.02	FD71	referral to midwife	-505
raised level of cholesterol/	12,1	referral to nurse	-505
triglycerides	TD75	referral to occupational	200
raised uric acid	TD99	therapist	-505
rash generalised	SS06	referral to optician	-505

referral to orthodontist	-505	respiratory neoplasm not	
referral to other GP or FP	-505	specified as benign or	
referral to other primary care	-303	malignant when histology is	
provider	-505	not available	RD28
referral to physiotherapist	-505	respiratory system	R
referral to psychologist	-505	responding to the feelings of	10
referral to social worker	-505	others	2F49
referral to specialist	-506	restless infant	AS13
referral to specialist, clinic or	200	restless legs	NS03
hospital	-506	restlessness NOS	PS04
reflecting	2F05	result of an examination or test	1001
regulating emotions and		from another provider	-402
impulses	2F50	result of test or procedure	
rehearsing	2F03	requested by own provider	-401
Reiter's disease; scleroderma	LD99	results	-4
relating with strangers	2F51	results of injury interfering with	
relationship problem with adult	ZC03	pregnancy	WD35
relationship problem with other		retching	DS10
family member	ZC03	retinopathy	FD67
relationship problem with		retirement problem PS22.01	PS22
parent	ZC03	retractile testis GD55.01	GD55
relationship problem with		retropatellar chondromalacia	
sibling	ZC03	LD69.00	LD69
relationship problems with		rhesus antibody present	
friends	ZC09	WD71.06	WD71
relationship problems with		rheumatic heart disease	KD02
neighbours	ZC09	rheumatism	LS17
releasing objects using one's		rheumatoid arthritis and related	
hand, fingers and thumb	2F25	conditions	LD74
removal of foreign body	-205	rheumatoid arthritis LD74.01	LD74
remunerative employment	2F58	rhinorrhea	RS09
renal artery bruit	KS52	rhinoscopy	-112
renal colic US09.00	US09	rhonchi	RS03
renal glycosuria	TD99	rickettsial disease	AD24
renal or perinephric abscess	UD01	right bundle branch block	KD70
renewal of medication	-201	right ventricular heart failure	KD67
repair of perineum	-207	rigors	AS02
repair of vulva	-207	ringworm	SD08
repair-suture or cast	-207	road traffic accident	AD36
request for information	-601	rodent ulcer	SD25
residual haemorrhoidal skin tag	DD84	rosacea	SD81
resolving a dispute between two		roseola infantum	AD13
people	2F08	ross river fever	AD14
respiratory distress	RS04	rotator cuff syndrome	LD68
respiratory failure RD99.07	RD99	rotatory vertigo NS09.01	NS09

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routine check-up for age	1.001	secondary glaucoma FD71.03	FD71
60 years and above	AG04	secondary hypertension	KD74
routine child health	A C 0 1	secondary megacolon	DD99
examination	AG01	secondary polycythaemia	BD99
routine general health check-up	1.004	secondary sterility	GS29
of defined subpopulation	AG04	secondary/metastatic neoplasm	
routine newborn examination	AG01	when primary site is	4 D.a.F.
routine vaccination, children	-202	unknown	AD25
rubella	AD03	seeing functions	2F80
running nose	RS09	selecting and purchasing a	• = = = =
rupture of cruciate ligaments		specific item	2F09
LD45.01	LD45	semen analysis	-109
		senescence	PS22
salivary stone DD66.03	DD66	senile cataract FD70.00	FD70
salpingitis	GD09	senile dementia	PD01
sanitation	2R05	senile keratosis	SD66
sarcoidosis BD99.01	BD99	senile vaginitis	GS13
scabies and other acariasis	SD13	sensation disturbances	NS05
scald of all degrees	SD41	sensation of rotating	2F83
scaling	SS08	sensation of swaying	2F83
scar	SD99	sensation of tilting	2F83
scarlet fever AD24.09	AD24	sensitivity test	-103
Scheuermann's disease	LD77	sepsis	AD23
schistosomiasis DD07.05	DD07	septic shock	AS52
schizophrenia	PD03	sequelae of stroke	ND70
school education	2F56	serological/immunological	
sciatica	LD67	tests	-104
scleritis FD99.03	FD99	serous otitis media	HD03
sclerosing injection for varices	-210	severe acute respiratory	
scoliosis deformity of spine		syndrome (SARS) RD10.02	RD10
LD70.00	LD70	severe anaemia BD77.00	BD77
scooters	2R06	sexual desire and fulfilment	
scotoma and dazzle when		problem	PS07
symptoms confined to eyes	FS06	sexual functions	2F86
scrotal hernia	DD73	sexual performance	2F86
scrotal varices/varicocele		shaking	NS07
KD79.00	KD79	sheath contraception, condom	
scrotum or testis symptoms or		AF05.02	AF05
complaints	GS21	shelter	2R04
scurvy	TD73	shingles	SD03
seasonal	RD65	shivers	AS02
sebaceous cyst	SD74	shock	AS52
seborrhoeic dermatitis	SD68	shock (psychic)	PS02
seborrhoeic keratosis	SD80	short sightedness	FD69
secondary effect of trauma	AD37	shortness of breath	RS02
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shoulder symptom or complaint	LS07	sleep disturbance	PS06
shoulder syndrome	LD68	sleep functions	2F72
showering	2F34	sleep-related breathing	21 / 2
showing consideration and	2134	problems	RS06
esteem when appropriate	2F49	sleep-related leg cramps	NS03
siblings	2R08	sleepwalking	PS06
sickle cell anaemia	BD65	sliding along a bench	2F22
sickle cell disorders or other	DD03	sling	-209
haemoglobinopathies		slipped upper femoral epiphysis	207
BD65.01	BD65	LD77.03	LD77
sickness and disability law	DD03	slow virus infection ND04.00	ND04
problem ZC38.00	ZC38	slurred speech	NS11
sick-sinus syndrome KD70.02	KD70	small foetus for age	WD71
side-effect due to medication in	RD/0	smoking problem	PS14
proper dose	AD41	sneezing or nasal congestion	RS09
side-effect of catheter	AD43	snoring	RS05
side-effect of colostomy	AD43	snow blindness FD36.01	FD36
side-effect of gastrostomy	AD43	social assistance law problem	1200
side-effect of heart valve	AD43	ZC38.01	ZC38
side-effect of joint replacement	AD43	social problems	Z
side-effect of organ transplant	AD43	social problems influencing	_
side-effect of pacemaker	AD43	health status	ZC
side-effect of prosthetic device	AD43	social security	2R19
sightseeing, tourism and		social welfare problem	ZC38
travelling for pleasure	2F61	solar hyperkeratosis	SD66
sigmoidoscopy	-112	solar keratosis or sunburn	SD66
silent myocardial ischaemia	KD66	solitary cyst of breast	GD67
sinus; mesothelioma	RD26	solving problems	2F08
sinus symptoms or complaints	RS11	somatisation disorder	PD10
sinusitis affecting any paranasal		sore mouth	DS20
sinus	RD03	sore throat	RS12
Sjögren's syndrome	LD99	soreness	SS01
skin	S	sore(s)	SS99
skin allergy	SD70	spastic colon	DD78
skin colour change	SS07	speaking	2F15
skin irritation	SS02	special cars and vans	2R06
skin neoplasm not specified as		special screening examination	
benign or malignant when		for cardiovascular disorders	AP16
histology is not available	SD29	special screening examination	
skin photo	-199	for diabetes mellitus	AP15
skin prick test	-103	special screening examination	
skin tags	SD29	for eye and ear disorders	AP99
skin texture symptom or		special screening examination	
complaint	SS08	for infectious and parasitic	
sleep apnoea RS06.00	RS06	diseases	AP10

special screening examination		spondylolysis LD66.01	LD66
for mental and behavioural		spondylosis LD66.00	LD66
disorders	AP99	spondylosis with/without	2200
special screening examination		radiation of pain	LD65
for neoplasm of breast		spontaneous abortion	WD65
AP01.00	AP01	spontaneous ecchymosis	SS99
special screening examination	111 01	spontaneous rupture tendon	LD99
for neoplasm of cervix		spotting	GS10
AP01.01	AP01	spotting using hormonal	0010
special screening examination	111 01	contraception AD41.02	AD41
for neoplasm of colon and		spouses	2R08
rectum AP01.02	AP01	sprain of cruciate ligaments of	
special screening examination		knee LD45.01	LD45
for neoplasm of lung AP01.03	AP01	sprain of lateral collateral	
special screening examination		ligament of knee LD45.02	LD45
for neoplasm of prostate		sprain of medial collateral	
AP01.04	AP01	ligament of knee LD45.02	LD45
special screening examination		sprain or strain of ankle	LD46
for neoplasm of skin AP01.05	AP01	sprain/strain of other joint/	
special screening examination		ligament	LD47
for neoplasms	AP01	sprue	DD99
special screening for infections		sputum analysis without culture	-109
with a predominantly sexual		squamous cell carcinoma of skin	
mode of transmission	AP10	SD25.03	SD25
special screening for intestinal		squint	FD73
infectious diseases	AP10	stable angina pectoris KD66.02	KD66
special screening for		stammering or stuttering	
tuberculosis	AP10	NS11.00	NS11
specific food craving	TS99	standard mental, cognitive,	
specific learning problems	PS20	physical functioning tests and	
specific physical function test	-110	questionnaires, 1	-111
speculating	2F05	status after transplant AR03.00	AR03
speech delay	PS18	status epilepticus	ND67
speech problem	NS11	steatosis of liver DD81.01	DD81
speech therapists	2R16	stenosed aortic valve KD71.02	KD71
spermatocele GD71.01	GD71	stenosis external canal	HD99
spherocytosis	BD65	sterilisation	AF06
spider naevus	KS99	stiffness in joint	LS20
spina bifida ND55.01	ND55	stillbirth after complicated	
spina bifida occulta LD55.02	LD55	delivery	WD83
spinal cord injury	ND37	stomach ache/pain	DS02
spinal endplate defects	LD77	stomatitis	DD66
spirometry	-110	stone in bladder	UD67
splenomegaly	BS50	stone in kidney	UD67
spondylolisthesis LD66.01	LD66	stone in ureter	UD67

strabismus	FD73	superficial vein thrombosis	KD78
strange behaviour	PS99	support by acquaintances	2R10
strangury	US01	support by colleagues	2R10
strapping for sprains	-208	support by community	
strawberry nevus of skin		members	2R10
SD55.01	SD55	support by friends	2R09
strep skin infection	SD16	support by immediate family	2R08
streptococcal throat RD04.01	RD04	support by neighbours	2R10
stress incontinence	US03	support by peers	2R10
stressful work schedule ZC16.03	ZC16	supportive psychotherapy	-212
striae atrophicae SD99.06	SD99	suppressed lactation	WS06
stridor	RS04	suppression of lactation	WS06
strip-plaster	-207	supraventricular extrasystoles	
stroke or cerebrovascular		KD70.03	KD70
accident	ND69	supraventricular tachycardia	
strongyloidiasis DD07.06	DD07	KD69.00	KD69
stupor	AS53	surgical debridement	-205
subacute endocarditis	KD01	surgical glue	-207
subarachnoid intracranial		surmenage	PD11
haemorrhage ND69.02	ND69	surveillance for any exposure	
subclinical hyperthyroidism		to toxic substances	AP70
AS50.02	AS50	surveillance for infectious	
subclinical hypothyroidism		diseases	AP70
AS50.01	AS50	suspicion of pregnancy	WS01
subconjunctival haemorrhage		suspiciousness	PS99
FD35.01	FD35	suture/stitches	-207
subdural haematoma	ND36	swallowing problem	DS21
sub-involution of uterus		sweat gland disease	SD73
WD85.01	WD85	sweat rash	SD73
subluxation acromioclavicular		sweat test	-109
of joint LD48.01	LD48	sweating problem	AS10
subluxation of any site	LD48	swelling and generalised	
subluxation of radial head		oedema	AS09
LD48.04	LD48	swelling of joint	LS20
subluxation of shoulder joint		swelling of scrotum	GS21
LD48.03	LD48	swelling of testis GS21.00	GS21
subungual haematoma SD35.00	SD35	swelling on chest	LS04
successful attempt	PD14	swellings in multiple sites	SS04
suicidal ideation	PS05	swollen eye	FS08
suicide attempt PD14.00	PD14	swollen feet	KS04
suicide gesture	PD14	swollen legs	KS04
suicide or suicide attempt	PD14	swollen lips	DS20
suicide PD14.01	PD14	symptomatic HIV-infection/	
superficial vein		AIDS	BD04
thrombophlebitis KD78.01	KD78		

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symptoms, complaints and		systemic lupus erythematosus	LD99
abnormal findings during		systolic heart failure	KD67
pregnancy, delivery and	1470	. 1 1:	77000
puerperium	WS	tachycardia	KS02
symptoms, complaints and		tachypnoea	RS04
abnormal findings of blood,		taeniasis DD07.02	DD07
blood-forming organs and		taking directions from	
immune system	BS	teachers	2F56
symptoms, complaints and		talipes (pes) planus (flatfoot)	
abnormal findings of		LD71.04	LD71
circulatory system	KS	talipes equinovarus LD55.03	LD55
symptoms, complaints and		tamponade (blockage to stop	
abnormal findings of		bleeding)	-211
digestive system	DS	taping or strapping	-208
symptoms, complaints and		tarry stools	DS15
abnormal findings of ear	HS	tarsal cyst	FD02
symptoms, complaints and		tear musculus gastrocnemius	
abnormal findings of		LD49.01	LD49
endocrine, metabolic and		tear of meniscus of knee	
nutritional system	TS	LD45.03	LD45
symptoms, complaints and		teeth, gum symptom or	
abnormal findings of eye	FS	complaint	DS19
symptoms, complaints and		teeth grinding	DS19
abnormal findings of genital		teeth or gum disease or both	DD65
system	GS	teething	DS19
symptoms, complaints and		telangiectasis	KS99
abnormal findings of		telemedicine consultation with	
musculoskeletal system	LS	primary care provider	-503
symptoms, complaints and		telemedicine consultation with	
abnormal findings of		specialist	-504
neurological system	NS	telling a story in oral language	2F15
symptoms, complaints and		temper tantrum	PS18
abnormal findings of		temporary blindness NOS	FS06
respiratory system	RS	temporomandibular joint	
symptoms, complaints and		disorder or syndrome	
abnormal findings of skin	SS	DD65.01	DD65
symptoms, complaints and		temporomandibular joint	
abnormal findings of urinary		symptom	LS06
system	US	tenderness of breast	GS04
symptoms suggestive of		tendinitis around shoulder	LD68
pregnancy	WS01	tendinitis/tenosynovitis	
synovial cysts	LD72	LD72.05	LD72
synovitis of shoulder	LD68	tendon sheath injection	-210
syphilis	GD01	tennis elbow	LD73
syphilis of any site	GD01	tension headache	ND73
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termination of pregnancy, with	WDCC	tongue-tie DD55.03	DD55
or without complications	WD66 ND03	tonometry	-110
tetanus		tonsillar pain toothache	RS12
thelegan amia RD65 02	NS07	torsion of testis GD99.03	DS19
thalassaemia BD65.02	BD65		GD99
therapeutic and preventive	2	torticollis with/without	I Des
interventions	-2	radiation of pain	LD65
therapeutic counselling	-212	tourniquet test	-199
thinking	2F05	toxaemia/(pre) eclampsia in	MDEO
thoracic back pain	LS02	pregnancy WD70.02	WD70
thoracic disc prolapse with		toxic effect of non-medicinal	
radiculopathy LD67.00	LD67	substance	AD44
thoracic outlet syndrome		toxic effect overdose of medical	
ND77.06	ND77	agent	AD40
threat of dismissal ZC16.04	ZC16	toxic gastroenteropathy	DD99
throat symptoms or complaints	RS12	toxic goitre	TD68
thromboangiitis obliterans		toxic shock syndrome	AS52
KD76.02	KD76	toxoplasmosis	AD24
thrombocytopenia	BD78	tracheobronchitis	RD06
thrombophilia BD78.03	BD78	tracheoscopy	-112
thrombosed external		tracheostomy	-206
haemorrhoids	DD84	trachoma	FD04
thrombosis complicating		transfer devices	2R06
pregnancy and/or		transferring oneself	2F22
puerperium WD85.02	WD85	transient cerebral ischaemia	ND68
thrombosis or phlebitis or		transient global amnesia	NS99
thrombophlebitis	KD78	transient hypertension	KS51
throwing or catching an object	2F26	transient ischaemic attack (TIA)	ND68
thrush	GD08	transient psychosis	PD05
thrush involving nails	SD11	transport assistants	2R20
thrush perianal region	SD11	trauma to nose	RD35
thrush skin	SD11	trauma to respiratory system	RD35
thyroglossal duct or cyst	TD55	traumatic amputation	LD49
thyroid nodule	TD65	traumatic arthropathy	LD80
thyroiditis TD99.10	TD99	traumatic haemarthrosis	LD49
tic disorders ND99.03	ND99	traumatic intracranial	
tic douloureux	ND74	haemorrhage ND36.02	ND36
tick bite SD39.00	SD39	traumatic ruptured spleen	
Tietze's disease LD99.06	LD99	BD35.00	BD35
tinea	SD08	traumatic subdural intracranial	2200
tinea pedis SD08.00	SD08	haemorrhage ND36.03	ND36
tingling fingers, feet, toes	NS04	traumatic/pressure rupture of	11200
tinnitus, ringing or buzzing ear	HS03	ear drum	HD37
tobacco smoking problem	PS14	treatment of luxation or	11237
toileting	2F36	dislocation	-208
tonethig	21.30	GISIOCATIOII	-200

tremor	NS07	undefined routine examination	
trichilemmal cyst	SD74	request	AG99
trichomonal vaginitis	GD04	undelivered in utero foetal	110,7
trichomonas vaginalis test	-109	death AD95.01	AD95
trigeminal neuralgia	ND74	undertaking a single task	2F10
trustworthiness	2R37	undertaking multiple tasks	2F11
tuberculosis	AD15	undertaking one task from	
tuberculosis infection of any		among several tasks	2F09
body site	AD15	underweight	TS50
tubotympanitis	HD04	undescended testicle	GD57
tubulo-interstitial nephritis	UD01	unemployment problem	ZC17
turning door handles	2F26	unexplained agranulocytosis	BS51
twitching	NS07	unexplained changes in white	
tympanometry	-110	blood cells	BS51
tympanostomy tube insertion	-206	unexplained eosinophilia	BS51
type 1 diabetes mellitus	TD71	unexplained leukocytosis	BS51
type 2 diabetes mellitus	TD72	unexplained lymphocytosis	BS51
71		unexplained neutropenia	BS51
ulcerative colitis DD79.01	DD79	unhappy	PS03
ulcus ventriculi DD70.00	DD70	unilateral undescended testicle	GD57
ultrasound for foetal growth		unknown abdominal hernia	DD76
measurement	-113	unknown allergic reaction	AD46
ultrasound imaging -113.02	-113	unknown allergy	AD46
ultrasound of foetal structure	-113	unknown anaemia	BD77
umbilical hernia	DD75	unknown breast disorder in	
uncertain cardiovascular		pregnancy or puerperium	WD84
neoplasm KD25.02	KD25	unknown bursitis, tendinitis,	
uncertain neoplasm of ear		synovitis	LD72
HD25.02	HD25	unknown congenital anomaly	AD55
uncertain neoplasm of eye/		unknown congenital anomaly	
adnexa FD25.02	FD25	of eye	FD56
uncertain or carcinoma in situ		unknown ear injury	HD37
neoplasm of respiratory system	RD28	unknown fracture	LD39
uncertain or carcinoma in situ		unknown head injury	ND36
neoplasm of urinary system	UD29	unknown heart disease	KD72
uncomplicated labour, delivery		unknown infectious disease	AD24
livebirth	WD80	unknown injury neurological	
uncomplicated labour, delivery		system	ND37
stillbirth	WD81	unknown injury of eye	FD36
undefined family planning		unknown liver diseases	DD81
request	AF99	unknown lymphadenitis	BD02
undefined general examination		unknown malignant digestive	
request	AG99	neoplasm	DD28
undefined patient treatment		unknown malignant genital	
preferences	AI99	neoplasm	GD28

unknown malignant neoplasm		urti	RD02
urinary tract	UD27	urticaria	SD78
unknown neurological	01027	use of di-ethylstilbestrol (DES)	3D70
infection	ND04	by mother AP65.06	AP65
unknown oesophageal disease	DD68	using a walker	2F31
unknown organic mental	DDoo	using a walking stick	2F31
disorder	PD02	using a wheelchair	2F31
unknown osteoarthrosis	LD80	using communication devices	2131
unknown peptic ulcer	DD70	and techniques	2F18
unknown perinatal morbidity	AD66	using condoms	2F40
unknown psychosis	PD05	using humans for transportation	2F32
unknown respiratory infection	RD10	using scuba equipment	2F31
unknown respiratory malignant	100	using skates	2F31
neoplasm	RD26	using skis	2F31
unknown skin infection	SD16	using transportation	2F32
unknown skin injury	SD38	uterine curettage	-299
unknown sprain or strain of	0200	uterovaginal prolapse	GD66
joint	LD47	are regime prompte	0200
unknown viral disease	AD14	vaccination	-202
unknown viral exanthems	AD13	vaginal discharge	GS16
unnatural death AD96.01	AD96	vaginal dryness	GS17
unstable angina pectoris		vaginal irritation	GS17
KD65.01	KD65	vaginal itching	GS17
unwanted pregnancy	WD68	vaginal lesion	GS17
uraemia	AS50	vaginal lubrication	2F86
ureteric reflux	UD99	vaginal odour	GS17
urethral caruncle	UD99	vaginal pain	GS03
urethral discharge	US10	vaginal pessary/iud	-209
urethral stricture UD99.02	UD99	vaginismus	GS23
urethritis and urethral		vaginismus of psychogenic	
syndrome	UD03	origin PS07.02	PS07
urge incontinence US03.02	US03	vaginitis caused by chlamydia	
uri	RD02	GD06.02	GD06
urinary calculus	UD67	vaginitis or vulvitis	GD12
urinary frequency or urgency	US02	vaginosis (bacterial) GD12.00	GD12
urinary retention	US04	vaping-related disorder RD70.01	RD70
urinary system	U	varicocele	KD79
urinary tract infection NOS		varicose eczema	KD79
UD04.00	UD04	varicose ulcer	SD77
urine cytology	-108	varicose veins	KD79
urine incontinence	US03	varicose veins in pregnancy	
urine test	-106	WD99.04	WD99
urogenital syphilis	GD01	varicose veins of anus/rectum	DD84
urolithiasis	UD67	varicose veins of sites other than	
urosepsis	AD23	lower extremities	KD79

vascular headache with aura	ND71	vocational training	2F56
vascular headache without aura	ND71	voice symptoms or complaints	RS13
vasculitis	KD99	vomiting	DS10
vasomotor rhinitis	RD65	vomiting of blood	DS14
vasospasm	KD76	vulval burning	GS18
vasovagal attack	AS07	vulval dryness	GS18
venereal warts	GD05	vulval irritation	GS18
venous insufficiency KD79.01	KD79	vulval itching	GS18
venous stasis	KD79	vulval pain	GS03
venous ulcer of leg SD77.01	SD77	vulval symptoms or complaints	GS18
ventral hernia	DD76	vulvodynia	GS03
ventricular extrasystoles		waiting period for	
KD70.04	KD70	investigation and	
ventricular fibrillation/flutter	KD70	treatment ZC39.01	ZC39
ventricular premature beats	KD70	walking devices (such as canes	
ventricular septal defect KD55.01	KD55	or crutches)	2R06
ventricular tachycardia KD69.01	KD69	walking long distances and	
verrucae	SD01	short distances	2F27
vertigo or dizziness	NS09	walking problem	NS99
vesical tenesmus	US01	warts	SD01
vestibular neuronitis	HD67	washing face and hair	2F34
vestibular syndrome	HD67	washing hands and feet	2F34
victim of physical abuse	ZC35	washing oneself	2F34
victim of rape	ZC35	wasp sting	AD44
victim of sexual attack	ZC35	wasting of muscle	LS19
vincent's angina	DD66	watchful waiting	-203
violence problem	ZC35	watching	2F01
viral conjunctivitis FD01.01	FD01	watching a sporting event	2F01
viral hepatitis	DD03	watching children playing	2F01
viral keratitis	FD05	watching people	2F01
viral meningitis ND02.03	ND02	water depletion	TS09
viral pneumonia	RD09	waterbrash	DS03
visceral leishmaniasis AD17.02	AD17	watery eye FS03.00	FS03
visits for other reasons	AR	watery stools	DS11
visual floaters or spots	FS04	weak eyes	FS05
visual inspection	-102	weakness in joint	LS20
visual loss	FS05	weakness of muscle	LS19
visually tracking an object	2F01	weals	SD78
vitamin B12 anaemia or folate		weaning	WS06
deficiency anaemia	BD67	weight gain	TS06
vitamin D deficiency with	220,	weight loss	TS07
rickets	TD73	wheelchairs	2R06
vitamin D deficiency without	1075	wheezing	RS03
rickets	TD73	wheezy bronchitis	RD69
vitamin deficiency	TD73	whiplash injury of neck	KD09
vitaliini deficiency vitiligo SD99.07	SD99	LD47.00	LD47
vitiligo objosov	3177	DDT/ .00	LD4/

white coat hypertension	KS51	wrinkles	SS08
whitlow	SD05	wrist symptom or complaint	LS10
Wolff-Parkinson-White			
syndrome KD70.05	KD70	xanthelasma palpebrarum	
woozy	NS09	FS09.01	FS09
work problem	ZC16	xanthoma	TD75
working around the home		X-ray -113.03	-113
without remuneration	2F59		
working cooperatively with		yellow fever AD14.07	AD14
other students	2F56	yellow sclera	DS13
working for a community or			
religious group without		Zenker's diverticulum	
remuneration	2F59	DD68.03	DD68
working full time	2F58	Zika virus disease	
working part time	2F58	AD14.08	AD14
wound dressing	-211	Zollinger-Ellison syndrome	DD70



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