

*INTERNATIONAL CLASSIFICATION OF DISEASES  
NINTH REVISION*

**BASIC TABULATION LIST  
WITH  
ALPHABETICAL INDEX**



**WORLD HEALTH ORGANIZATION**

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WORLD HEALTH ORGANIZATION  
GENEVA

1978

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

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

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

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

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

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## **INTRODUCTION**



## INTRODUCTION

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

List A of the Eighth Revision has been replaced in the Ninth Revision<sup>1</sup> by the Basic Tabulation List. For the convenience of countries where morbidity and mortality data will be coded directly to this list, it is reproduced in the present volume along with a specially prepared index.

### **Alphabetical Index**

#### *Content*

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

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

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

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

### *Structure*

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

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

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

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

### *Code numbers*

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

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

For example:

- Mumps 049
- encephalitis 049 † 229\*

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

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

### *Spelling*

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

### *Parentheses*

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

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

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

### *Cross-references*

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

## Paralysis, paralytic

- cerebral
- – spastic infantile – see Palsy, cerebral

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

## Inflammation, inflamed, inflammatory (with exudation)

- cornea (see also Keratitis) 239

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

## Enlargement, enlarged – see also Hypertrophy

- apertures of diaphragm (congenital) 447
- blind spot, visual field 239
- etc.

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

*“Not listed below”*

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

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

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

## Lichen (type not listed below) 429

- scrofulosus (primary) 029
- spinulosus 449
- – mycotic 071

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

*Abbreviation NEC*

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

Battered baby or child (syndrome) NEC 559

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



