

APPLICATION
OF THE INTERNATIONAL
CLASSIFICATION OF DISEASES
TO DENTISTRY
AND STOMATOLOGY

ICD-DA



WORLD HEALTH ORGANIZATION

GENEVA

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INTRODUCTION

When any substantial volume of data has to be recorded, a system of classification and coding is necessary, and coding is especially important if the data are to be retrieved or analysed by mechanical or electronic means.

The Application of the International Classification of Diseases to Dentistry and Stomatology (ICD-DA) is intended to provide a basis for such classification and coding. Within the framework of the International Classification of Diseases (ICD), with which it is designed to be compatible, the ICD-DA aims at providing a convenient coding method for use by those concerned with oral and dental disorders. ICD-DA is a direct extract from the Eighth Revision of the ICD^{1,2} of diseases and conditions that occur in, have manifestations in, or have associations with the oral cavity and adjacent structures. Classifications and terminology used in the ICD (Eighth Revision) have been subdivided or expanded and in the few cases where there is disagreement, this is indicated by a footnote. In general, data from the ICA-DA can be reassembled into ICD categories by simple addition. It is recommended that the ICD-DA be used with the Eighth Revision of the ICD available for reference where necessary. The reasons for not using the ICD alone are:

(1) that the diseases and conditions of interest to dentists and stomatologists are insufficiently subdivided, and

(2) that such diseases and conditions are scattered throughout the ICD, which imposes difficulties on its use by the dentist or stomatologist.

The ICD-DA has been prepared with the aim of being as inclusive as possible, so as to provide the dental profession with a comprehensive and

¹ World Health Organization (1967) *International classification of diseases*, vol. 1, tabular list, eighth revision 1965, Geneva.

² World Health Organization (1969) *International classification of diseases*, vol. 2, alphabetical index, eighth revision 1965, Geneva.

consistent classification of oral diseases and oral manifestations of other diseases encountered in hospital dental departments, dental schools, public dental health services, and, later, general dental practice. It is hoped that the system may eventually facilitate the collection of epidemiological data on the rarer oral diseases.

ICD-DA is of value to a great variety of users, ranging from governments concerned with the collection of data under a relatively few main headings to individual lecturers requiring a convenient basis for the indexing of their teaching material. Thus, it is capable of contraction to a few broad categories, or of further expansion in areas in which the user may have a special interest. Finally, ICD-DA provides a method of classification that facilitates international collaboration and exchange of information.

MANUAL OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH (ICD)

The Eighth Revision of the ICD should be referred to for the general principles, historical and recent background, and description of the ICD classification. The following description presents only those features essential to use of the ICD-DA.

The ICD is a systematic classification of diseases, subject to agreement by governments. It is widely used for national mortality and morbidity statistics and is revised decennially in the years ending in "5" so that the revisions can be applied in years ending in "8". The Eighth Revision of the ICD is in two volumes. The first includes an explanatory text and a tabular (numerical) presentation of the classification. The second lists all items of the classification alphabetically. The taxonomic philosophy of the ICD is somewhat eclectic, as no strictly systematic classification is really possible, because of different national practices of disease classification and terminology. The classification is arranged in 17 main sections, the first 3 dealing with infective and parasitic diseases, neoplasms, and endocrine, nutritional and metabolic diseases. Most of the remaining diseases are arranged according to their principal anatomical site, with special sections for mental diseases, complications of pregnancy and childbirth, certain diseases of early infancy, and symptoms and ill-defined conditions. The last section is devoted to accidents, poisoning, and violence, which may be classified either according to external cause of injury or by the nature of the lesion produced. Relevant numbers are given a prefix "E" for the former type of classification and "N" for the latter.

Not every condition receives a particular rubric or number, but there is a category in which every condition can be placed, and this has been achieved by the method of selective grouping. The principles of determining what conditions should be specified as definite categories are based on the frequency, importance, and clarity of characterization of the condition.

A decimal system of numbering has been adopted in which the detailed categories of the classification are designated by 3-digit numbers. In many instances, the first 2 digits of the 3-digit number designate important or summary groups that are significant. The third digit divides each group into categories that represent specific disease entities or a classification of the disease or condition according to some significant aspect, such as anatomical site. Further, the detailed or 3-digit categories have not been numbered consecutively, but numbers have been omitted in order that the summary character of the first two digits could be preserved wherever it is meaningful. No additional 3-digit categories may be introduced in the classification, except when the list is revised by international agreement.

The ICD also contains a fourth digit designed for more comprehensive studies of the causes of illness and disability. An attempt has been made to show most of the diagnostic terms given in the standard or official nomenclatures, as well as terms commonly used in different countries; these terms have been called "inclusion terms". Where there is a reasonable risk that a condition will be wrongly classified, cross-reference to relevant categories is achieved by "exclusion terms". The last two numbers of the fourth digit (.8 and .9) very often carry the connotation "other" and "unspecified" respectively. Often the abbreviations NOS (not otherwise specified) and NEC (not elsewhere classified) are used in these subdivisions and occasionally in other parts of the classification.

THE ICD-DA

The ICD-DA, like the ICD, has a tabular (numerical) section and a comprehensive alphabetical list. Liberal use has been made of inclusion and exclusion terms in the tabular section, the latter being provided with classification numbers, so that the user will have as much assistance as possible in finding the correct category for any condition diagnosed. A number of "favourite" titles appear only in the index, in which every item is followed by its classification number or numbers, or, where relevant, by a page number or cross-reference.

Numbering system of the ICD-DA

Each main numerical heading in the ICD-DA is an ICD number at the 3-digit level. Titles for each of these numbers and for numerical groups and main sections remain exactly the same as those given by the ICD, except for minor changes intended to clarify and not to change the meaning of the title.

Examples

ICD title "Malignant neoplasm of buccal cavity and pharynx", which refers to numbers 140-149 (inclusive), becomes "*Primary* malignant neoplasm of *oral* cavity and pharynx" in the ICD-DA.

ICD 213 "Benign neoplasm of bone and cartilage" becomes "Benign neoplasm and *tumour-like conditions* of bone, cartilage, and teeth" in the ICD-DA.

However, the whole of the ICD-DA is based on 5-digit code numbers related to ICD 3- and 4-digit codes in the following way:

The first 3 or 4 digits of any ICD-DA number are those of the ICD, the fifth digit being exclusive to the ICD-DA. Where the number relates to a 3-digit ICD category having no fourth digit subdivisions, a dummy digit "X" is used as the fourth digit in ICD-DA. A few instances occur where an ICD fourth digit exists but is irrelevant to ICD-DA; in these cases it is replaced by the dummy fourth digit "V". The fifth digit identifies ICD-DA subdivisions of the ICD category; where the ICD-DA identifies a complete ICD category without further subdivisions, the dummy digit "X" is used in the fifth digit. The table below summarizes the position.

Digit

1	0-9	} - ICD 3-digit category
2	0-9	
3	0-9	
4	0-9	ICD fourth digit
	X	ICD fourth digit does not exist
	V	ICD fourth digit exists but is not used in ICD-DA
5	0-9	ICD-DA fifth digit
	X	ICD-DA fifth digit does not exist

N.B. ICD-DA subdivision at the fifth digit often consists of an 0 category, which denotes oral manifestations of the ICD three or four-digit category,

The purpose of this numbering system is to enable the relationship between the ICD-DA category and the parent category in the ICD to be established from the code itself, and thus to facilitate comparisons between statistics compiled according to the ICD-DA and, say, national morbidity statistics compiled according to the ICD. Suppose, for example, that a table gave frequencies of consultations for the following ICD-DA categories:

1	142.OX	Malignant neoplasm, parotid gland
2	461.X0	Acute sinusitis, maxillary
3	461.X1	Acute sinusitis, frontal
4	461.X8	Acute sinusitis, other
5	461.X9	Acute sinusitis, unspecified
6	500.XX	Hypertrophy of tonsils and adenoids
7	520.00	Anodontia, partial
8	520.01	Anodontia, total
9	520.09	Anodontia, unspecified
10	788.V0	Halitosis (syn. fetor oris)
11	788.V9	Oral manifestations, unspecified

It would be evident that line 1 would be comparable with ICD category 142.0, that the total of lines 2-5 would be comparable with ICD category 461, that line 6 would be comparable with ICD category 500, that the total of lines 7-9 would be comparable with ICD 520.0, and that the addition of lines 10 and 11 would provide a return for all oral manifestations of ICD category 788, irrespective of ICD fourth digit subdivision.

In the last example and in cases with only oral manifestations of a general disease category (e.g., 115.X0 Oral manifestations of histoplasmosis) returns would give statistics on oral manifestations of these diseases. They would not be added to national returns for particular diseases because these diseases would presumably have been recorded in non-dental institutions and services. The term "oral manifestations" is used in the broadest sense, and refers both to conditions that may be observed on clinical inspection, e.g. oral manifestations of herpes zoster (053.X0) and to conditions not readily observed, e.g., oral manifestations of calculus of pancreas (577.90), which will affect the parotid gland, or of Albright's syndrome (756.60), affecting the jaws.

The numerical classification has been set out with increasing standard margins for 3-, 4-, and 5-digit numbers (see Example 1). Where they are superfluous, 4-digit sub-headings have been omitted, but the 5-digit margin remains the same (see Example 2).

*Example 1***520 Disorders of tooth development and eruption**

- 520.0 *Anodontia*
 - 520.00 Partial anodontia
 - 520.01 Total anodontia
 - 520.09 Unspecified
- 520.1 Supernumerary teeth
 - Includes: supplemental
 - 520.10 Incisor and canine regions
 - Includes: mesiodens
 - 520.11 Premolar region
 - 520.12 Molar region
 - 520.19 Unspecified

*Example 2***054 Herpes simplex**

- 054.X0 Herpes labialis
- 054.X1 Herpetic gingivostomatitis
- 054.X2 Kaposi's varicelliform eruption
- 054.X9 Unspecified

Neoplasm section

The section on neoplasms, both malignant and benign, in the ICD-DA is primarily and as far as possible classified according to topography. Every effort has been made to have malignant and benign classifications parallel and, where this has been impossible, e.g., in the case of histological titles such as 214 Lipoma, it is hoped to remedy the situation, together with other inconsistencies, at the next review of the ICD in 1975. As far as possible, distinction has been made between neoplasms and hyperplasias that are reactive or inflammatory.

Both malignant and benign sections are preceded by a list of relevant histological terms, including synonyms but excluding types not known to occur in the oral cavity.

The publications of the WHO International Reference Centres for the Histological Classification of Tumours have also been utilized. The classifications of interest to dentistry published so far concern oral and oro-

pharyngeal tumours; ¹ odontogenic tumours, jaw cysts, and allied lesions; ² and salivary gland tumours. ³ These classifications appear as Annexes 1, 2, and 3 in this book (see pages 110–114). Throughout the main text of the ICD–DA footnotes indicate that a disease has been classified by one of the International Reference Centres for the Histological Classification of Tumours. It can then be found in one of the annexes.

Accidents, poisoning, and violence

For numbers 800–899, the ICD provides for classification according to nature of injury (prefix “N”) or external cause (prefix “E”). The latter is omitted in the ICD–DA but can be used by recourse to the ICD.

American adaptation

There is an American adaptation of the ICD ⁴ and the ICD–DA subdivisions of 461 Acute sinusitis and 503 Chronic sinusitis extra to those of the ICD correspond with the American adaptation.

RECOMMENDED USE OF THE ICD–DA

This system may be used at national, regional, institutional, or individual practice level. The recommended procedure is as follows:

(1) All diagnoses must be recorded as 5-digit numbers with 3 whole numbers (0.5–999) and 2 decimal places (.00–.99, X0–X9, V0–V9, 0X–9X, VX, or XX). The exception to the 5-figure rule is that where the interim histological classification is being used, diagnoses are recorded as 7-digit numbers with 4 decimal places.

Age	ICD–DA Numbers	000 to 999	000 to 499	500 to 529	530 to 999	Margin for excess
All ages		16	5	12	8	3
0–5		10	3	6	5	3
6–18		12	3	8	8	3
19–39		16	5	12	8	3
40 and over		16	5	12	5	3

¹ Wahi, P. N., Cohen, B. & Torloni, H. (1971) *Histological typing of oral and oropharyngeal tumours*, Geneva, WHO (*International histological classification of tumours*, No. 4).

² Pindborg, J. J., Kramer, I. R. H. & Torloni, H. (1971) *histological typing of odontogenic tumours, jaw cysts, and allied lesions*, Geneva, WHO (*International histological classification of tumours*, No. 5).

³ Thackray, A. C. & Sobin, L. H. (1972) *Histological typing of salivary gland tumours*, Geneva, WHO (*International histological classification of tumours*, No. 7).

⁴ United States Department of Health, Education and Welfare, Public Health Service, National Center for Health Statistics (1967) *Eighth revision international classification of diseases, adapted for use in the United States*, vol. 1, tabular list, Washington, D.C. (*Public Health Service Publication*, No. 1693).