

ICD-10

International  
Statistical  
Classification  
of Diseases and  
Related Health  
Problems

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Tenth Revision

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Volume 3



World Health Organization  
Geneva

# ICD-10

## International Statistical Classification of Diseases and Related Health Problems

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### **Tenth Revision**

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**Volume 3**  
**Alphabetical index**



World Health Organization  
Geneva  
1994

<b>Volume 1</b>	Introduction WHO Collaborating Centres for Classification of Diseases Report of the International Conference for the Tenth Revision List of three-character categories Tabular list of inclusions and four-character subcategories Morphology of neoplasms Special tabulation lists for mortality and morbidity Definitions Regulations
<b>Volume 2</b>	Instruction manual
<b>Volume 3</b>	Alphabetical index

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# Introduction

Volume 3 of the *International Statistical Classification of Diseases and Related Health Problems* is an alphabetical index to the Tabular List of Volume 1. Although the Index reflects the provisions of the Tabular List in regard to the notes varying the assignment of a diagnostic term when it is reported with other conditions, or under particular circumstances (e.g. certain conditions complicating pregnancy), it is not possible to express all such variations in the index terms. Volume 1 should therefore be regarded as the primary coding tool. The Alphabetical Index is, however, an essential adjunct to the Tabular List, since it contains a great number of diagnostic terms that do not appear in Volume 1. The two volumes must therefore be used together.

The terms included in a category of the Tabular List are not exhaustive; they serve as examples of the content of the category or as indicators of its extent and limits. The Index, on the other hand, is intended to include most of the diagnostic terms currently in use. Nevertheless, reference should always be made back to the Tabular List and its notes, as well as to the guidelines provided in Volume 2, to ensure that the code given by the Index fits with the information provided by a particular record.

Because of its exhaustive nature, the Index inevitably includes many imprecise and undesirable terms. Since these terms are still occasionally encountered on medical records, coders need an indication of their assignment in the classification, even if this is to a rubric for residual or ill-defined conditions. The presence of a term in this volume, therefore, should not be taken as implying approval of its usage.

## General arrangement of the Index

### *Main sections*

The Alphabetical Index consists of three sections, as follows:

*Section I* is the index of 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. It includes all terms classifiable to categories A00–T98 and Z00–Z99 except drugs and other chemical substances giving rise to poisoning or other adverse effects (these are included in Section III).

*Section II* is the index of external causes of injury. The terms included here are not medical diagnoses but descriptions of the circumstances in which the violence occurred (e.g. fire, explosion, fall, assault, collision, submersion). It includes all terms classifiable to V01–Y98, except drugs and chemicals.

*Section III* is the index of drugs and other chemical substances giving rise to poisoning or other adverse effects (referred to in Sections I and II as the Table of drugs and chemicals). For each substance the Table gives the Chapter XIX code for poisoning (T36–T65) and the external cause (Chapter XX) codes for accidental poisoning by and exposure to noxious substances (X40–X49), intentional self-harm (X60–X69), and poisoning, undetermined whether accidental or intentional (Y10–Y19). For drugs, medicaments and biological substances, it also gives the code for these substances causing adverse effects in therapeutic use (Y40–Y59).

### *Structure*

To avoid unnecessary repetition, the Index is organized in the form of lead terms, which start at the extreme left of a column, and various levels of indentation, which start progressively further right. A complete index term, therefore, may be composed of several lines, sometimes quite widely separated. For example, in the entry:

- Erythroblastosis (fetalis) (newborn) P55.9
  - due to
  - – ABO (antibodies) (incompatibility) (isoimmunization) P55.1
  - – Rh (antibodies) (incompatibility) (isoimmunization) P55.0

the last line stands for “Erythroblastosis due to Rh antibodies, incompatibility or isoimmunization”.

Usually, the lead term is the name of a disease or pathological condition, while the terms indented beneath it (the “modifiers”) refer either to varieties of the condition, to the anatomical sites affected by it, or to circumstances that affect its coding. The coder should therefore look up the disease or condition as a lead term and then find the variety, anatomical site, etc., indented beneath it. Thus “tuberculosis of hip” is under the letter T and not under H, and stomach ulcer is under U, not under S. Only occasionally are anatomical sites indexed as the lead term. Usually, after the name of the anatomical site there will be a cross-reference to the disease, e.g. Ankle – *see condition*.<sup>1</sup>

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<sup>1</sup> The name of an anatomical site appears as a lead term when it is part of the name of the disease, e.g. “abdomen, acute R10.0”. This does not occur frequently in English, and in the English-language version applies mainly to Latin expressions for some conditions, e.g. “Cor biloculare”.

In some diagnostic statements, the disease condition is expressed in adjectival form. Sometimes, the index lists both forms but often only the noun form will be found and the coder must make the necessary transformation.

Among the indented modifiers, it is not always feasible to include a complete listing of the various combinations of modifiers that could apply to a given term. In such circumstances, some types of modifier tend to have priority in assignment over others. For instance, under the lead term "Abscess" are indented a large number of anatomical sites and their appropriate codes. However, tuberculous abscesses are not classified to these codes but to the codes for tuberculosis of these sites. Instead of inserting an indent "tuberculous" under each anatomical site, the index uses one single indent "tuberculous – see Tuberculosis, abscess" under the lead term "Abscess". In general, the types of modifiers that tend to have priority in Section I are those indicating that a disease or condition is infectious or parasitic, malignant, neoplastic, psychogenic, hysterical, congenital, traumatic, complicating or affecting the management of pregnancy, childbirth or the puerperium, or affecting the fetus or newborn, or that the disease was reported in circumstances where the patient was looking for health advice but was not necessarily sick (codes in Chapter XXI). In Section II, the priority modifiers are those indicating transport accidents, complications of medical and surgical procedures, intentional self-harm, assault, legal intervention, or war operations.

Section I incorporates an index of the categories to be used with Chapter XXI<sup>2</sup> for terms relating to problems or circumstances rather than diseases or injuries. Some special lead terms, or "key" words, are used for these, indicating the type of problem or circumstances. The main key words are "Counseling", "Examination", "History", "Observation", "Pregnancy", "Problem", "Screening", "Status", and "Vaccination".

In both Sections I and II, this key word form of lead term is also used instead of, or in addition to, the standard method for certain conditions or circumstances where terminology is diverse and reported descriptions might not easily be found in the Index, or where the normal method of indexing might be misleading. Some obstetric complications, especially the more common ones, can be found under the specific condition, e.g. Hemorrhage, complicating delivery. More often, however, the complication will be listed under "Labor", "Pregnancy", "Puerperal" or "Maternal condition affecting fetus or newborn". In Section II, key words are "Complication" (for medical and surgical procedures),

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<sup>2</sup> Formerly the supplementary "V" code.

“Sequelae”, “Suicide”, “Assault”, “Legal intervention” and “War operations”. Coders should remember the presence of these special lists whenever they have difficulty locating index entries for the relevant conditions, problems or circumstances; by scrutinizing the indented terms, guidance can be found as to the code numbers of all the relevant categories even if not reported in precisely the same words.

### *Code numbers*

The code numbers that follow the terms in the Index are those of the three- or four-character categories to which the terms are classified. In some cases, the fourth character is replaced by a dash, e.g. Burn, ankle (and foot) T25.—. This indicates that a fourth character exists and should be used, and that it will be found either in a note in the Index (e.g. the fourth-character subdivisions common to many sites of burns are given in a note under the lead term “Burn”) or by reference to Volume 1.

When a set of fourth characters is applicable to a group of categories, the common fourth characters may be presented in a note or, in the case of pregnancies with abortive outcome, in a table in order to facilitate their application to different types of complete or incomplete abortion and to molar pregnancies. In other cases, the complication or main manifestation is listed in the Index with a cross-reference to the entire group of categories, with specification of the fourth character, e.g. Coma, diabetic – *code to* E10–E14 with fourth character .0.

Where an index term is one of the diagnostic statements for which there is a dual classification according to etiology and manifestation (see Volume 2, pages 20–21), both codes are given, the first followed by a dagger (†) and the second by an asterisk (\*), e.g. Pott’s disease A18.0† M49.0\*.

### *Multiple diagnoses*

The Tabular List includes a number of categories for the classification of two or more conditions jointly reported, e.g. “Influenza with pneumonia” (J11.0), “Acute appendicitis with generalized peritonitis” (K35.0). Such combinations of conditions, which are specifically classified in the Tabular List, also appear in the Index. Classification rules for certain other combinations appear in Volume 2 in the section “Mortality: guidelines for certification and rules for coding” under the heading “Notes for use in underlying cause mortality coding” (page 50), e.g. “Atherosclerosis”



should not be coded when it is reported with conditions in I60–I69 (cerebrovascular diseases). These provisions, since they are not inherent in the classification itself, are not indexed.

### *Spelling*

In order to avoid repetitions caused by the differences between American and British spelling, the American form has been used in the Index. Users familiar with the British form should remember that the first letter of the vowel combinations *ae* and *oe* and the *u* in words ending in *-our* have been dropped, and the “*re*” reversed to “*er*” in words ending thus. It is only when the initial letters are affected that any great displacement in alphabetical order is caused, and in this case, the word is usually also listed with the British spelling and a reference given to the American spelling, thus: “*Oedema, oedematous – see Edema*”.

## **Conventions used in the Index**

### *Parentheses*

In the Index, as in the Tabular List, parentheses have a special meaning which the coder must bear in mind. A 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 (embolic) (infective) (metastatic) (multiple) (pyogenic)  
(septic)  
– brain (any part) G06.0

Brain abscess is classified to G06.0 regardless of the part of the organ affected and whether or not the abscess is described as embolic, infective, metastatic, multiple, pyogenic, or septic.

### *Cross-references*

Some categories, particularly those subject to notes linking them with other 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:

Inflammation  
– bone – *see* Osteomyelitis

This indicates that the term “Inflammation, bone” is to be coded in the same way as the term “Osteomyelitis”. On looking up the latter term,

the coder will find listed various forms of osteomyelitis: acute, acute hematogenous, chronic, etc.

When a term has a number of modifiers which might be listed beneath more than one term, the cross-reference (*see also* . . .) is used.

### Paralysis

- shaking (*see also* Parkinsonism) G20

The coder is told that if the term “shaking paralysis” is the only term on the medical record, the code number is G20, but that if any other information is present which is not found indented below, he or she should look up “Parkinsonism”. There alternative codes will be found for the condition if further or otherwise qualified as, for example, due to drugs or syphilitic.

### Enlargement, enlarged – *see also* Hypertrophy

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

Bladder – *see condition*

Hereditary – *see condition*

As stated previously, anatomical sites and very general adjectival modifiers are not usually used as lead terms in the Index and the coder is instructed to look up the disease or injury reported on the medical record and under that term to find the site or adjectival modifier.

### Abdomen, abdominal – *see also condition*

- acute R10.0
- convulsive equivalent G40.8
- muscle deficiency syndrome Q79.4.

The term “acute abdomen” is coded to R10.0; “abdominal convulsive equivalent” is coded to G40.8; and “abdominal muscle deficiency syndrome” is coded to Q79.4. For other abdominal conditions, the coder should look up the disease or injury reported.

### 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. If the medical record includes more precise information the coding should be modified accordingly, e.g.

Anomaly, anomalous (congenital) (unspecified type) Q89.9  
– aorta (arch) NEC Q25.4

The term “anomaly of aorta” is classified to Q25.4 only if no more precise description appears on the medical record. If a more precise term, e.g. atresia of aorta, is recorded, this term should be looked up for the appropriate code.

### *Special signs*

The following special signs will be found attached to certain code numbers or index terms:

†/\* Used to designate the etiology code and the manifestation code respectively, for terms subject to dual classification. See under “Code numbers”, page 4.

#/◇ Attached to certain terms in the list of sites under “Neoplasm” to refer the coder to Notes 2 and 3, respectively, at the start of that list.



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SECTION I

**Alphabetical index to diseases and  
nature of injury**



## A

**Aarskog's syndrome** Q87.1

**Abandonment** T74.0

**Abasia(-astasia) (hysterical)** F44.4

**Abdomen, abdominal** – *see also* condition

– acute R10.0

– convulsive equivalent G40.8

– muscle deficiency syndrome Q79.4

**Abdominalgia** R10.4

**Abduction contracture, hip or other joint** –  
– *see* Contraction, joint

**Aberrant (congenital)** – *see also*

Malposition, congenital

– adrenal gland Q89.1

– artery (peripheral) NEC Q27.8

– breast Q83.8

– endocrine gland NEC Q89.2

– hepatic duct Q44.5

– pancreas Q45.3

– parathyroid gland Q89.2

– pituitary gland Q89.2

– sebaceous glands, mucous membrane,

mouth, congenital Q38.6

– spleen Q89.0

– subclavian artery Q27.8

– thymus (gland) Q89.2

– thyroid gland Q89.2

– vein (peripheral) NEC Q27.8

**Aberration, mental** F99

**Abetalipoproteinemia** E78.6

**Abiotrophy** R68.8

**Ablatio, ablation**

– placenta (*see also* Abruptio placenta) Q45.9

– – affecting fetus or newborn P02.1

– retinae (*see also* Detachment, retina) H33.2

– uterus Z90.7

**Ablepharia, ablepharon** Q10.3

**Abnormal, abnormality, abnormalities** –  
– *see also* Anomaly

– acid-base balance (mixed) E87.4

– – fetus – *see* Distress, fetal

– albumin R77.0

– alphafetoprotein R77.2

– amnion, amniotic fluid O41.9

– – affecting fetus or newborn P02.9

– apertures, congenital, diaphragm Q79.0

– auditory perception NEC H93.2

– autosomes NEC Q99.9

– – fragile site Q95.5

– basal metabolic rate R94.8

– biosynthesis, testicular androgen E29.1

**Abnormal, abnormality—continued**

– blood level (of)

– – cobalt R79.0

– – copper R79.0

– – iron R79.0

– – lithium R78.8

– – magnesium R79.0

– – mineral NEC R79.0

– – zinc R79.0

– blood-gas level R79.8

– bowel sounds R19.1

– breathing NEC R06.8

– caloric test R94.1

– cervix NEC (acquired) (congenital), in pregnancy or childbirth O34.4

– – causing obstructed labor O65.5

– – – affecting fetus or newborn P03.1

– chemistry, blood R79.9

– – specified NEC R79.8

– chest sounds (friction) (rales) R09.8

– chorion O41.9

– – affecting fetus or newborn P02.9

– chromosome, chromosomal Q99.9

– – analysis result R89.8

– – dicentric replacement Q93.2

– – female with more than three X chromosomes Q97.1

– – fetal (suspected), affecting management of pregnancy O35.1

– – ring replacement Q93.2

– – sex Q99.8

– – – female phenotype Q97.9

– – – specified NEC Q97.8

– – – male phenotype Q98.9

– – – specified NEC Q98.8

– – – structural, male Q98.6

– – specified NEC Q99.8

– clinical findings NEC R68.8

– coagulation D68.9

– – newborn, transient P61.6

– communication – *see* Fistula

– course, eustachian tube Q17.8

– diagnostic imaging

– – abdomen, abdominal region NEC R93.5

– – biliary tract R93.2

– – breast R92

– – central nervous system NEC R90.8

– – coronary circulation R93.1

– – digestive tract NEC R93.3

– – gastrointestinal (tract) R93.3

– – genitourinary organs R93.8

– – head R93.0

## INTERNATIONAL CLASSIFICATION OF DISEASES

### Abnormal, abnormality—continued

- diagnostic imaging—continued
  - - heart R93.1
  - - intrathoracic organs NEC R93.8
  - - limbs R93.6
  - - liver R93.2
  - - lung (field) R91
  - - musculoskeletal system NEC R93.7
  - - retroperitoneum R93.5
  - - sites specified NEC R93.8
  - - skin and subcutaneous tissue R93.8
  - - skull R93.0
  - - urinary organs R93.4
- ear ossicles, acquired NEC H74.3
- echocardiogram R93.1
- echoencephalogram R90.8
- echogram - *see* Abnormal, diagnostic imaging
- electrocardiogram (ECG) (EKG) R94.3
- electroencephalogram (EEG) R94.0
- electrolyte (*see also* Imbalance, electrolyte) E87.8
- electromyogram (EMG) R94.1
- electro-oculogram (EOG) R94.1
- electrophysiological intracardiac studies R94.3
- electroretinogram (ERG) R94.1
- feces (color) (contents) (mucus) R19.5
- fetus, fetal
  - - acid-base balance, complicating labor and delivery O68.3
  - - affecting management of pregnancy O35.9
  - - causing disproportion O33.7
  - - - with obstructed labor O66.3
  - - - affecting fetus or newborn P03.1
  - - heart rate - *see* Distress, fetal
  - - finding
    - - - antenatal screening, mother O28.9
    - - - biochemical NEC O28.1
    - - - chromosomal NEC O28.5
    - - - cytological NEC O28.2
    - - - genetic NEC O28.5
    - - - hematological NEC O28.0
    - - - radiological NEC O28.4
    - - - specified NEC O28.8
    - - - ultrasonic O28.3
  - - specimen - *see* Abnormal, specimen
- fluid
  - - amniotic R89.-
  - - cerebrospinal R83.-
  - - peritoneal R85.-
  - - pleural R84.-
  - - respiratory organs (bronchial washings) (nasal secretions) (pleural fluid) (sputum) (throat scrapings) R84.-
  - - synovial R89.-
  - - thorax (bronchial washings) (pleural fluid) R84.-

### Abnormal, abnormality—continued

- fluid—continued
  - - vaginal R87.-
- forces of labor O62.9
- - affecting fetus or newborn P03.6
- - specified type NEC O62.8
- form
  - - teeth K00.2
- - uterus - *see* Anomaly, uterus
- function studies
  - - bladder R94.8
  - - brain R94.0
  - - cardiovascular R94.3
  - - endocrine NEC R94.7
  - - kidney R94.4
  - - liver R94.5
  - - nervous system
    - - - central R94.0
    - - - peripheral R94.1
  - - pulmonary R94.2
  - - special senses R94.1
  - - spleen R94.8
  - - thyroid R94.6
- gait (*see also* Gait) R26.8
- - hysterical F44.4
- globulin R77.1
- - cortisol-binding E27.8
- - thyroid-binding E07.8
- glomerular, minor - *code to* N00-N07 with fourth character .0
- glucose tolerance (test) R73.0
- - in pregnancy, childbirth or puerperium O99.8
- gravitational (G) forces or states (effect of) T75.8
- hair (color) (shaft) L67.9
- - specified NEC L67.8
- hard tissue formation in pulp (dental) K04.3
- head movement R25.0
- heart
  - - rate I49.9
  - - - fetus - *see* Distress, fetal
- - shadow R93.1
- - sounds NEC R01.2
- hematological NEC, resulting from HIV disease B23.2
- hemoglobin (disease) (*see also* Disease, hemoglobin) D58.2
- - trait - *see* Trait, hemoglobin, abnormal
- histology NEC R89.7
- immunological findings R89.4
- - in serum R76.9
- - - specified NEC R76.8
- - resulting from HIV disease B23.2
- involuntary movement R25.8
- jaw closure K07.5
- karyotype R89.8



**Abnormal, abnormality—continued**

- labor NEC O62.9
- - affecting fetus or newborn P03.6
- leukocyte (cell) (differential) NEC R72
- loss of weight R63.4
- Mantoux test R76.1
- membranes (fetal)
- - affecting fetus or newborn P02.9
- - complicating pregnancy O41.9
- - specified type NEC, affecting fetus or newborn P02.8
- movement (disorder) (*see also* Disorder, movement) G25.9
- - head R25.0
- - involuntary R25.8
- myoglobin (Aberdeen) (Annapolis) R89.-
- organs or tissues of pelvis NEC
- - in pregnancy or childbirth O34.9
- - - affecting fetus or newborn P03.8
- - - causing obstructed labor O65.5
- - - - affecting fetus or newborn P03.1
- palmar creases Q82.8
- Papanicolaou (smear)
- - cervix R87.6
- - sites NEC R89.6
- parturition
- - affecting fetus or newborn P03.9
- - mother - *see* Delivery, complicated
- pelvis (bony) - *see* Deformity, pelvis
- percussion, chest (tympany) R09.8
- periods (grossly) (*see also* Menstruation) N92.6
- phonocardiogram R94.3
- placenta NEC (*see also* Placenta, abnormal) O43.1
- plasma
- - protein R77.9
- - - specified NEC R77.8
- - viscosity R70.1
- pleural (folds) Q34.0
- position - *see* Malposition
- posture R29.3
- presentation (fetus) (*see also* Presentation, fetal, abnormal) O32.9
- - before labor, affecting fetus or newborn P01.7
- product of conception O02.9
- - specified type NEC O02.8
- pulmonary
- - artery, congenital Q25.7
- - function, newborn P28.8
- - test results R94.2
- - ventilation, newborn P28.8
- pupillary function (reaction) (reflex) H57.0
- radiological examination - *see* Abnormal, diagnostic imaging
- red blood cell(s) (morphology) (volume) R71

**Abnormal, abnormality—continued**

- reflex NEC (*see also* Reflex) R29.2
- renal function test R94.4
- response to nerve stimulation R94.1
- retinal correspondence H53.3
- rhythm, heart (*see also* Arrhythmia) I49.9
- - fetus - *see* Distress, fetal
- saliva R85.-
- secretion
- - gastrin E16.8
- - glucagon E16.3
- semen, seminal fluid R86.-
- serum level (of)
- - acid phosphatase R74.8
- - alkaline phosphatase R74.8
- - amylase R74.8
- - enzymes R74.9
- - - specified NEC R74.8
- - lipase R74.8
- - triacylglycerol lipase R74.8
- shape, gravid uterus - *see* Anomaly, uterus
- sinus venosus Q21.1
- size, tooth, teeth K00.2
- spacing, tooth, teeth K07.3
- specimen
- - cervix uteri R87.-
- - digestive organs (peritoneal fluid) (saliva) R85.-
- - female genital organs (secretions) (smears) R87.-
- - male genital organs (prostatic secretions) (semen) R86.-
- - nipple discharge R89.-
- - respiratory organs (bronchial washings) (nasal secretions) (pleural fluid) (sputum) (throat scrapings) R84.-
- - specified organ, system or tissue NEC R89.-
- - synovial fluid R89.-
- - thorax (bronchial washings) (pleural fluids) R84.-
- - vagina (secretion) (smear) R87.-
- - vulva (secretion) (smear) R87.-
- - wound secretion R89.-
- spermatozoa R86.-
- sputum (amount) (color) (odor) R09.3
- stool (color) (contents) (mucus) R19.5
- sychondrosis Q78.8
- thermography - *see* Abnormal, diagnostic imaging
- thyroid-binding globulin E07.8
- tooth, teeth (form) (size) K00.2
- toxicology (findings) R78.9
- transport protein E88.0
- ultrasound results - *see* Abnormal, diagnostic imaging