INTERNATIONAL FEDERATION OF
HEALTH INFORMATION MANAGEMENT ASSOCIATIONS

# ICD-11 Morbidity Coding

## Note to users

This guide provides foundational training support for ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS), 2026-01 release, with a focus on morbidity coding.

ICD-11 is maintained by the World Health Organization (WHO) and is subject to ongoing update and refinement. When using this guide, always confirm codes and coding notes in the ICD-11 Browser and ICD-11 Coding Tool, and apply any relevant national or local coding standards.

This guide draws on authoritative WHO resources, including the ICD-11 Reference Guide, Browser, Coding Tool, and Education Tool. It is designed for ICD-11 students and novice clinical coders, as well as healthcare professionals who are new to ICD-11 concepts.

This guide is organised into three modules:

- Module 1 supplies historical background of ICD and introduces the structure, terminology, and digital design of ICD-11.
- Module 2 outlines the principles and rules for morbidity coding, including main condition selection, postcoordination, and clustering.
- Module 3 presents chapter-by-chapter overviews of the ICD-11 Morbidity and Mortality Statistics (MMS) linearisation, followed by chapter-specific coding exercises

To assist users, the following instructional symbols are used throughout the guide to highlight key information:

 indicates additional reading or reference material that supports learning (for example, relevant sections of the Reference Guide)

 indicates an important point to remember

 indicates that consulting the classification (ICD-11 Browser or Coding Tool) is recommended to complete or understand the task

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# Module 1 Introduction to Clinical Classification & ICD-11

## What is a Clinical Classification System?

The clinical information recorded in a patient's health record is of limited value if it remains stored within the record without a means to be systematically retrieved, analysed and compared. Clinical classification systems provide a standardised method for converting diagnostic statements into coded data that can be used consistently across health care settings, regions and countries.

Clinical classification data are used by a wide range of stakeholders, including:

- Clinicians
- Health information professionals
- Researchers
- Health service planners
- Statisticians
- Funders
- Epidemiologists
- National and international health authorities

These groups often have different information needs. Some require highly detailed clinical data, while others require aggregated information suitable for statistical analysis. International classifications such as ICD are designed to balance these requirements.

## Purpose and Uses of the International Classification of Diseases (ICD)

The World Health Organization (WHO) actively promotes the use of ICD to ensure that health information is recorded consistently across countries and regions. ICD is used internationally for both morbidity and mortality reporting and serves as the foundation for global health statistics.

As the international diagnostic classification standard, ICD defines the universe of diseases, disorders, injuries, and other health-related conditions within a comprehensive and hierarchical structure. This structure supports efficient storage, retrieval, and analysis of health information for the purposes of:

- Systematic counting and reporting of deaths, diseases, injuries, symptoms, reasons for encounter, factors influencing health status, and external causes of injury or disease.
- Evidence-based decision-making
- Sharing and comparing health data between hospitals, health-care settings, regions, and countries
- Comparison of data within the same location across different time periods
- Monitoring the incidence and prevalence of diseases
- Analysing health trends
- Supporting resource allocation and reimbursement systems
- Tracking quality and patient safety initiatives

Through its standardised approach, ICD provides a common language for health information and remains essential for clinical care, research, health system management, and global public health surveillance.

For further information on the purpose and use of morbidity coding, see Section 1.4 of the ICD-11 Reference Guide.
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#main-uses-of-the-icd-morbidity

## Brief History of WHO Classifications

### Diagnosis, Injury and Cause of Death Coding History

In 1891, an international body formed to establish a common system for identifying causes of death that would be applicable to all countries. It became known as the Bertillon Classification. Its roots stem from the London Bills of Mortality (16th century) and William Farr's Classification of Causes of Death (1830s to 1880s).

The World Health Organization (WHO) assumed responsibility for maintaining the classification in 1948, when it was adopted as the *International Statistical Classification of Diseases, Injuries and Causes of Death* (ICD-6). Subsequent revisions published by WHO include ICD-7 (1955), ICD-8 (1965), ICD-9 (1975), ICD-10 (1990) and ICD-11 (endorsed by the World Health Assembly in 2019). Notably, ICD-10 has several country-specific modifications that provide greater detail for morbidity coding at the national level, including:

- ICD-10-AM (Australian modification)
- ICD-10-CA (Canadian modification)
- ICD-10-CM (US modification)

- ICD-10-GM (German modification)

Although the ICD system was originally developed with a strong mortality focus, its use has expanded over time. ICD-11 reflects this evolution and was designed for use in a digital environment. It supports applications in mortality and morbidity statistics, primary care, epidemiology, research, quality and safety monitoring, and case-mix analysis. The expanded scope allows for simpler adaptation across diverse health care system contexts. ICD-11 is accessed primarily through WHO digital tools (the Browser and Coding Tool), rather than printed volumes.

👀 To explore the classification, see the ICD-11 Browser and Coding Tool at https://icd.who.int/en/

## Procedure & Intervention History within the WHO-FIC Framework

In 1978, the WHO published the first international classification of procedures for use with ICD-9 called the *International Classification of Procedures in Medicine* (ICPM). ICPM was developed using existing national systems, including the United States' *Current Procedural Terminology* (CPT), Canada's *Schedule of Unit Values* and *Ontario Medical Association fee lists* and France's *Nomenclature des actes professionels*.

In the years that followed, reaching international consensus on a single classification of procedures and interventions proved challenging. As a result, the WHO did not produce a standardised intervention classification to accompany ICD-10, and countries continued to rely on national or regional procedural coding systems.

To address this gap, the WHO and its Family of International Classifications (WHO-FIC) network developed the International Classification of Health Interventions (ICHI). ICHI was designed to support international comparison, provide an intervention classification for countries without one, and complement national systems that focus primarily on medical and surgical procedures.

At the same time, WHO-FIC emphasizes that health information cannot be fully captured by diagnoses and interventions alone. This is where the International Classification of Functioning, Disability and Health (ICF) plays a critical role. While ICD-11 classifies diseases and health conditions, ICF provides a holistic perspective by describing how those conditions affect body functions and structures, activities and participation, and the influence of environmental factors. This functional and contextual perspective is essential for understanding how people live with their health conditions, particularly in rehabilitation, long-term care, and social policy contexts.

Together, ICD-11, ICF, and ICHI form a complementary system within WHO-FIC:

- ICD-11 captures *what the health condition is*
- ICF captures *how the condition affects functioning and participation*
- ICHI captures *what health intervention is provided*

ICHI covers all parts of the health system and contains a wide range of new material not commonly found in national classifications. It describes health interventions using the three axes of Target, Action and Means—and allows for the optional use of extension codes to record additional detail.

ICHI currently contains approximately 8,000 intervention categories. The Beta-3 version of ICHI, released in October 2020, finalised the components relating to clinical and functioning interventions, while the public health interventions component was finalised in 2023. Like ICD-11, ICHI is freely available under WHO licensing.

 To explore the ICHI browser see https://icd.who.int/dev11/l-ichi/en

 For detailed information on WHO-FIC and how ICD fits within it, see sections 1.1.3 and 1.1.4 in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#icd-in-the-context-of-the-who-family-of-international-classifications-whofic and https://icdcdn.who.int/icd11referenceguide/en/html/index.html#whofic-reference-classifications

## Structure & Organisation of ICD-11

### The Foundation

ICD-11 is built on a core structure called the Foundation. The Foundation is a comprehensive digital knowledge base of ICD entities and their relationships. It supports multiple views of ICD-11 for different purposes and enables digital tools (such as the Browser and Coding Tool) to present ICD content in consistent ways.

From the Foundation, specific versions of ICD-11—called linearisations—are created. One example is the linearisation for Mortality and Morbidity Statistics (ICD-11 MMS). Unlike ICD-10, which was published as printed volumes, ICD-11 is designed for digital use and is primarily accessed through WHO online tools.

When using the ICD-11 Browser or Coding Tool, users are interacting with content derived from the Foundation. The Browser supports exploring the classification and viewing the entity's information, while the Coding Tool supports searching for and selecting codes for coding purposes within a specific linearisation (such as ICD-11 MMS). More detail on ICD-11 tools and linearisations is covered later in this module.

 For more detailed information on the Foundation, see section 1.2.5 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#foundation-component-and-tabular-lists-of-icd11

## Entities & Uniform Resource Identifiers

In ICD-11, an entity is a distinct disease, disorder, injury or other health-related condition represented in the Foundation. Each entity has a unique identity, a clearly defined meaning, and defined relationships to other entities. In ICD-11 documentation, an entity may also be called a concept because it represents a single clinical idea.

Each entity in the Foundation is assigned a Uniform Resource Identifier (URI). A URI is a unique, stable identifier that links to the entity's concept record (the full information held for that entity), including definitions, inclusions and relationships to other entities. URIs support interoperability by allowing ICD-11 concepts to be linked with other health terminologies (for example, SNOMED CT and LOINC).

Unlike ICD-11 codes, URIs are intentionally independent of classification structure. This ensures they remain stable and usable even as classifications change over time. By using URIs, ICD-11 supports structured clinical information rather than relying on a single, flat code.

In the ICD-11 Browser, selecting an entity opens its concept record. While the URI itself may not always be visible to users, the concept record displayed corresponds directly to that entity's URI.

## ICD Taxonomy

A basic understanding of ICD-11 taxonomy helps users navigate the ICD-11 Browser, understand why conditions are grouped in specific ways, and recognize how the Foundation supports multiple purpose-specific linearisations. While in-depth knowledge of taxonomic design is not required, understanding that ICD-11 is a structured, relational system supports accurate code interpretation and effective use of ICD-11 in a digital environment.

ICD-11 uses a hierarchical classification in which diseases and health conditions are organised into chapters, blocks and entities. This structure shows how conditions are related and linked rather than treating them as isolated codes. A key feature of ICD-11 is multiple parenting, meaning an entity may appear in more than one location—for example, classified by anatomical site and by aetiology. This approach supports consistent classification, retrieval and analysis of health information.

In the ICD-11 Browser, the taxonomic structure is visible through hierarchical navigation that shows parent-child relationships. Recognizing these relationships helps users validate code selection and explore related conditions when clinical documentation is incomplete or unclear.

## ICD-11 MMS Linearisation

In ICD-11, the Foundation serves as the core structure, and linearisations are purpose-specific views derived from it. A linearisation is a mutually exclusive, hierarchical view designed to support consistent coding and statistical reporting, similar to the traditional tabular list used in earlier ICD versions. Linearisations simplify the complex Foundation structure into a format suitable for routine coding and analysis.

The primary linearisation—and the focus of this learning—is ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS). ICD-11 MMS includes 26 main chapters, numbered using Arabic numerals (01–26), which contain disease and health condition codes. It also includes two supplementary chapters: Chapter V (Supplementary section for functioning assessment) and Chapter X (Extension codes). These supplementary chapters support coding and data capture but do not classify diseases on their own.

## Main Chapters

ICD has historically used a variable-axis classification system to group diseases into broad categories, such as epidemic diseases, general or systemic conditions, diseases by anatomical site, developmental disorders, and injuries. This organizing principle has been retained in ICD-11 to maintain continuity with earlier versions while allowing flexibility as health information needs continue to evolve.

In the ICD-11 for Mortality and Morbidity Statistics (MMS) linearisation, chapters represent the highest level of organisation. Each chapter contains a defined range of alphanumeric codes that apply to the MMS linearisation (not the Foundation as a whole). For Chapters 01–09, the first character of the ICD-11 code is numeric and mirrors the chapter number (for example, 1A00 for Chapter 01). For Chapters 10–26, an alphabetic first character is used to avoid confusion with double-digit chapter numbers (for example, BA00 for Chapter 11).

When searching for a condition in the ICD-11 Coding Tool, the first character of the resulting stem code can help users quickly identify the chapter in which the condition is classified. This design supports digital use, scalability, and clear, consistent chapter identification.

### Special Groups Chapters

While many ICD-11 chapters are organised by body system, some are designated as special group chapters. These chapters group conditions based on shared clinical or conceptual characteristics rather than anatomical location. This approach supports epidemiological reporting and consistent classification.

When a condition is classified in a special group chapter, that chapter is the correct location for coding, even if the condition also relates to a body system. When there is uncertainty, use the ICD-11 Coding Tool and review the concept record (including any inclusions, exclusions and coding notes) to confirm the correct code for the documented condition.

The ICD-11 special group chapters include:

01 Certain infectious or parasitic diseases

02 Neoplasms

03 Diseases of the blood or blood-forming organs

04 Diseases of the immune system

18 Pregnancy, childbirth, or the puerperium

19 Certain conditions originating in the perinatal period

20 Developmental anomalies

22 Injury, poisoning or certain other consequences of external cause

For further information on the structure of the classification refer to Section 1.2 of the ICD-11 Reference Guide.
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#structure-and-taxonomy-of-the-icd

### Supplementary Chapters

The final two ICD-11 MMS supplementary chapters are Chapter V (Supplementary section for functioning assessment) and Chapter X (Extension codes). Chapter X contains extension codes that are applied using postcoordination (cluster coding) through the ICD-11 Coding Tool. These chapters do not classify diseases on their own.

Supplementary chapters are used alongside stem codes from Chapters 01–26 to add clinical detail and support structured digital health data capture. The Coding Tool assists users in selecting appropriate extension codes and building valid code clusters by combining stem codes with relevant supplementary information. Postcoordination and the use of extension codes are covered in more detail later in this module.

### Block Codes

Within ICD-11 chapters, higher-level groupings of related conditions are called blocks. Blocks organise conditions for classification structure, navigation and aggregated reporting. They are generally not assigned as codes for morbidity coding; instead, coding is performed using the more detailed stem codes within the block.

Blocks typically appear as short codes without decimal extensions and do not represent fully specified conditions. Instead, they group assignable stem codes beneath them.

In the ICD-11 Browser, block titles such as *NC92 Fracture of lower leg, including ankle* are visible within the classification hierarchy. In the ICD-11 Coding Tool, you may be guided from a block title to one of the assignable stem codes within that block (for example, NC92.0–NC92.Z). This reflects the role of blocks in ICD-11: they support classification structure and navigation, while coding is performed using assignable stem codes.

Search for NC92 Fracture of lower leg, including ankle in both the ICD-11 Browser ICD-11 for Mortality and Morbidity Statistics and in the ICD-11 Coding Tool ICD-11 Coding Tool Mortality and Morbidity Statistics (MMS).

## Stem Codes

ICD-11 stem codes (sometimes referred to as categories) are the level at which coding decisions are typically made, whereas blocks provide the structural context in which stem codes sit. Stem codes are alphanumeric.

The structure of stem codes is as follows:

- The initial character indicates the chapter or section in the ICD-11 linearisation. Codes beginning with 'X' denote extension codes which are explained in the subsequent section. The remaining characters provide coding space for detailed categories within chapters and blocks.
- The second character is consistently a letter, providing differentiation from ICD-10 codes. Letters 'O' and 'I' are excluded from codes to prevent confusion with the numerals '0' and '1'.
- Residual categories are used when the documentation does not support a more specific code. In many blocks, 'Y' indicates *other specified* and 'Z' indicates *unspecified*. In some parts of the classification, alternative residual letters, 'F' (*other specified*) and 'G' (*unspecified*) are used due to coding space constraints.

Stem codes may be used alone when a single code fully represents the documented condition, or they may be combined with extension codes (and, where appropriate, additional stem codes) to form a code cluster. Clustering supports more precise representation of clinical concepts while maintaining a consistent structure for statistical reporting.

## Extension Codes, Postcoordination & Precoordination

Extension codes add detail to a stem code and are not assigned as standalone codes for morbidity coding. Extension codes always begin with the letter X and are listed in Chapter X (Extension codes). Not all extension codes are permitted with every stem code; the Coding Tool helps users select compatible extension codes.

Some stem codes are precoordinated, meaning the clinical concept is fully represented by a single code and no additional codes are required.

Postcoordination allows coders to link a stem code with one or more additional codes to capture required or relevant detail (for example, laterality, severity or causal information). The resulting set of linked codes is called a code cluster. Use postcoordination only when supported by the documentation and when permitted by ICD-11 clustering rules (the Coding Tool provides guidance on valid combinations).

## Traditional Medicine

Traditional Medicine (TM) is widely used in healthcare in many countries, and its inclusion in ICD-11 allows TM conditions to be consistently recorded, counted, compared, and monitored over time. Before ICD-11, many countries had their own TM classification systems, but the information was not standardized or comparable globally. ICD-11's TM1 chapter is intended to be used alongside Western medicine ICD-11 chapters, not as a replacement. While TM1 does not evaluate the quality

or effectiveness of TM practices, it provides a common framework that supports communication, research, and evaluation of safety and outcomes.

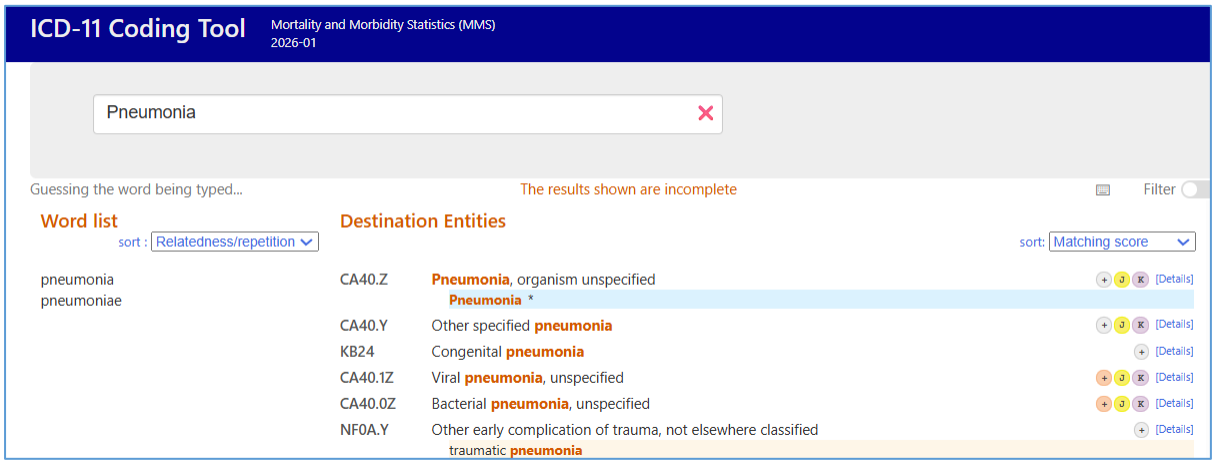
## The Index

In ICD-11, the alphabetical index is not a standalone volume as it was in earlier ICD versions. Instead, ICD-11 uses an integrated digital search function within the ICD-11 Browser and Coding Tool to perform the role traditionally served by an alphabetical index. The Index contains a large number of items and allows users to enter clinical terms, synonyms and alternative expressions to locate the correct entity (concept) in the classification. Search results guide users to the appropriate stem code and, where relevant, highlight inclusion terms, exclusion notes and coding instructions. This approach supports flexible term matching and reduces reliance on memorising index conventions.

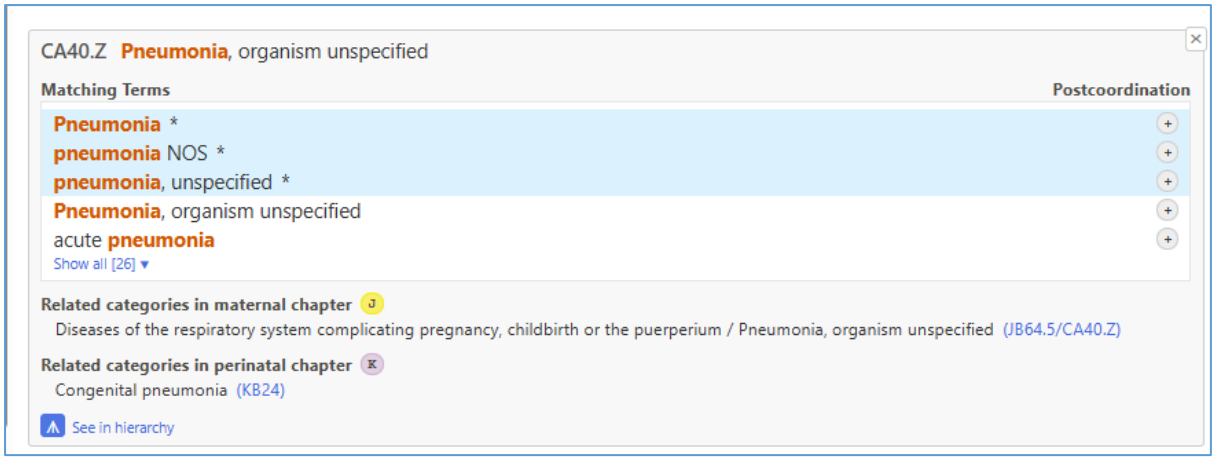
Although ICD-11 does not use a printed alphabetical index, the coding principle remains the same: users should search for the clinical concept first and then verify the code and instructions in the classification. Accurate coding in ICD-11 still depends on reviewing the full concept record, not selecting a code based on search results alone.

## Searching

Search for the clinical term of interest. A list of suggested or related terms will appear and can be used to refine the search. Search results are typically ranked by how closely they match your search text. Select the appropriate result and open the details (concept record) to review definitions, inclusion terms, exclusion notes and any coding notes or instructions before assigning a code.




After navigating to the details view, a list of “Matching Terms” is available. To see the full list of matching terms the view may need to be expanded by selecting “*Show all [ ]*” on the bottom left of the Matching Terms box.




A video demonstration is available in the WHO ICD-11 Training Package: https://icdcdn.who.int/icd11training/How%20to%20use%20the%20ICD-11%20Coding%20Tool%20and%20Browser/story_html5.html#_player.6NN0O6bPRJ2

## Cross References & Annotations

In ICD-11, cross-references and annotations are provided as digital guidance elements rather than printed text boxes or symbols. Instead of margin notes or shading used in earlier ICD versions, ICD-11 delivers guidance through embedded notes, instructions and linked content within the ICD-11 Browser and Coding Tool. Coders should review any relevant notes, instructions and links before assigning a code. This digital approach supports more accurate coding and reflects ICD-11's design as a modern, relational classification system. Below are some of the icons found in the ICD-11 Browser and Coding Tool.

Coding note is available for the entity

Related category in the maternal chapter for the entity

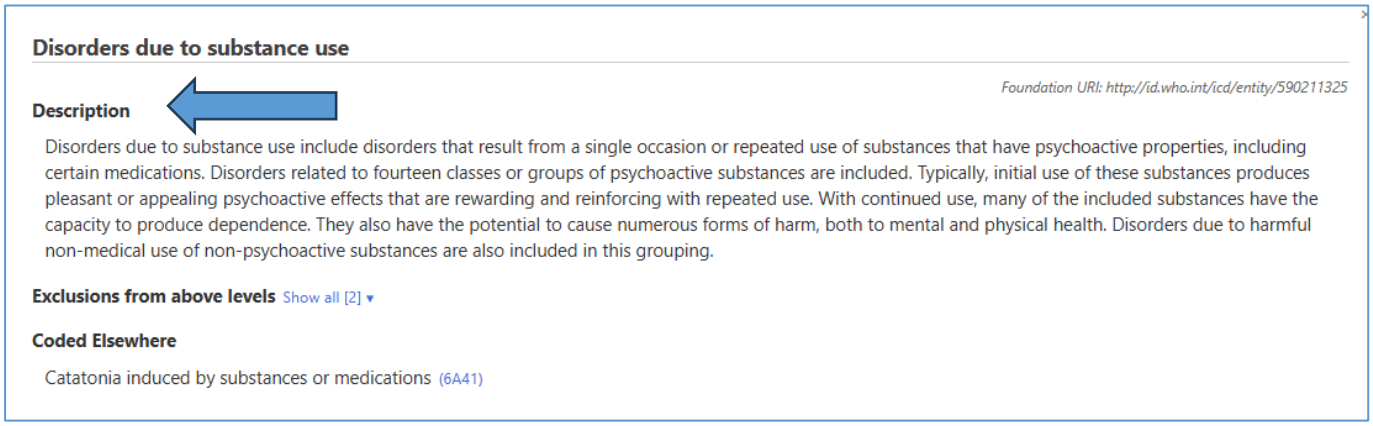
Related category in the perinatal chapter for the entity

## ICD-11 Conventions

ICD-11 conventions are standardised rules and notations that explain how information in ICD-11 is written, interpreted and applied to support consistent coding and accurate reporting. These conventions include the use of abbreviations, punctuation, symbols and instructional terms. The sections below summarise key ICD-11 conventions and provide visual examples where possible. For the full text, see Section 2.7 of the ICD-11 Reference Guide.

## Description

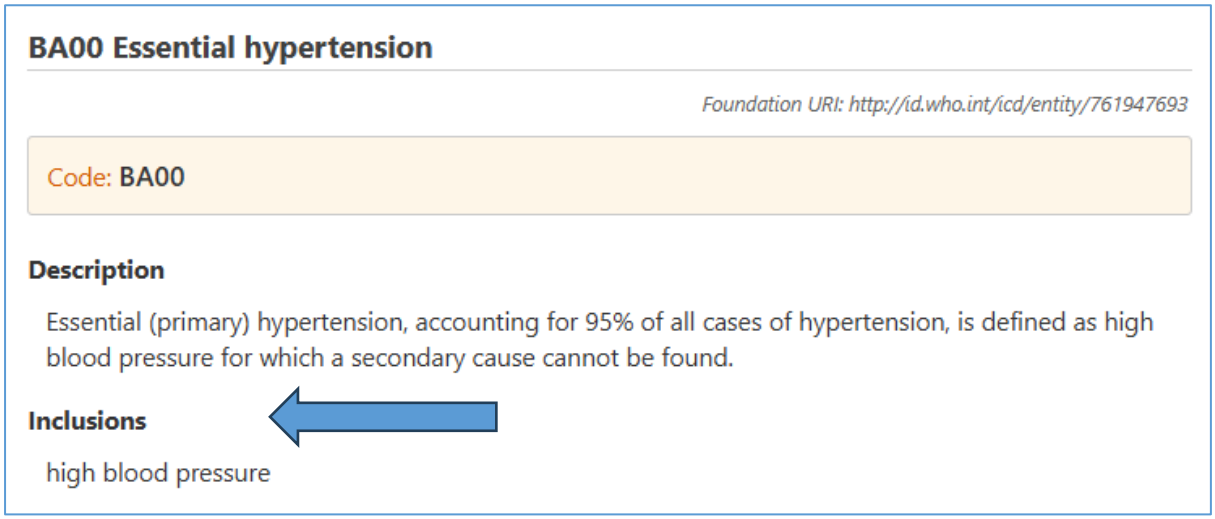
Entities commonly have descriptions to assist with user understanding of clinical concepts.




## Inclusion Terms

Within the coded categories there are usually other diagnostic term examples that can be classified to that category; these are known as inclusion terms. Inclusion terms may refer to different conditions or be synonyms to be used as a guide to the content of the category. They are not a subclassification of the category. Inclusion terms are not exhaustive.

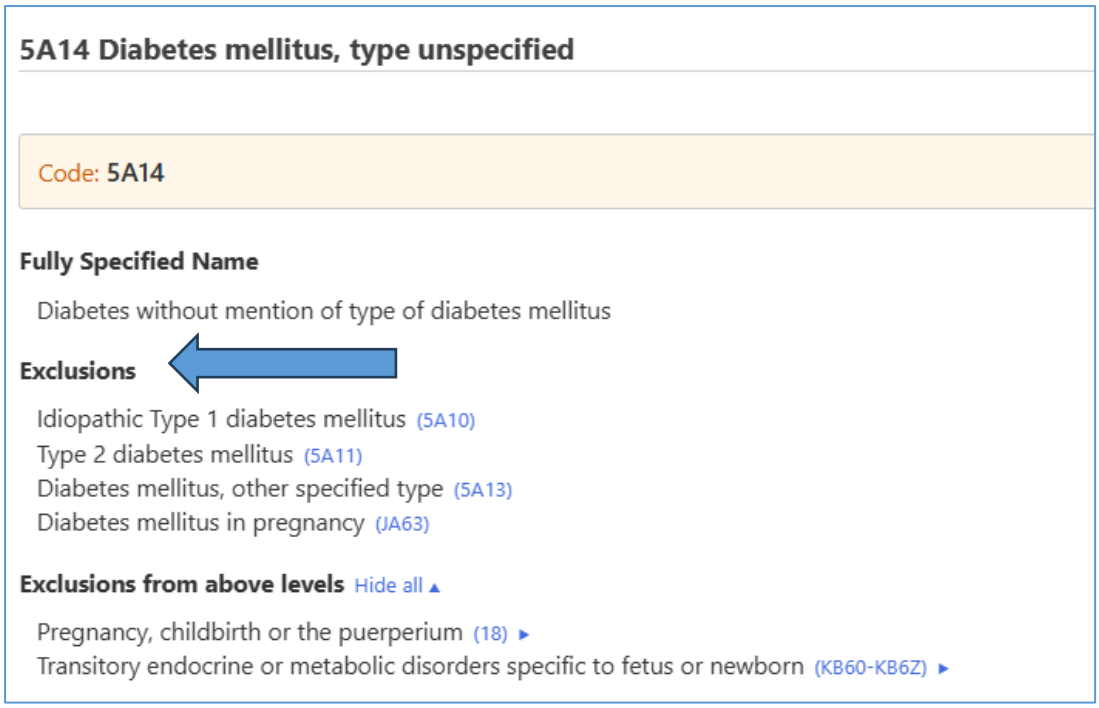
Example: Stem code BA00 Essential hypertension has an inclusion term of high blood pressure. This means that diagnostic term of high blood pressure should be classified under BA00.




## Exclusion Terms

Certain categories contain lists of conditions under Exclusions. Exclusions tell you when you must NOT use a code, even if the title looks like it might fit. These terms are to be classified elsewhere, not within this category as the code may suggest. The correct code that should be assigned is in parentheses following the term. In ICD-11, exclusions exist to prevent incorrect or less-specific coding when better information is available.

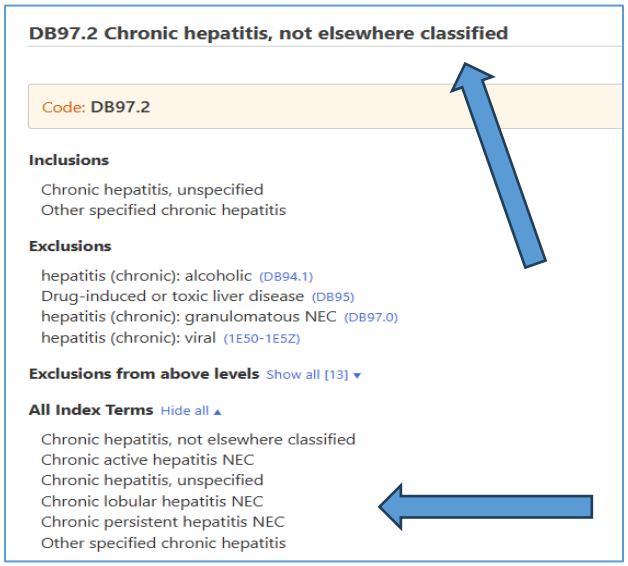
Example: 5A14 Diabetes mellitus, type unspecified excludes the below codes that are more specific and recommends the stem code in parentheses. Exclusions from multiple levels are included.




## NEC - Not elsewhere classified

NEC stands for *not elsewhere classified*. NEC is used when the clinical documentation is specific, but ICD-11 does not provide a more specific category for that condition.

Example: DB97.2 Chronic hepatitis, not elsewhere classified. Use of this code indicates that a specific type of chronic hepatitis is documented, but it does not meet the criteria for any of the more specific chronic hepatitis categories available in ICD-11.

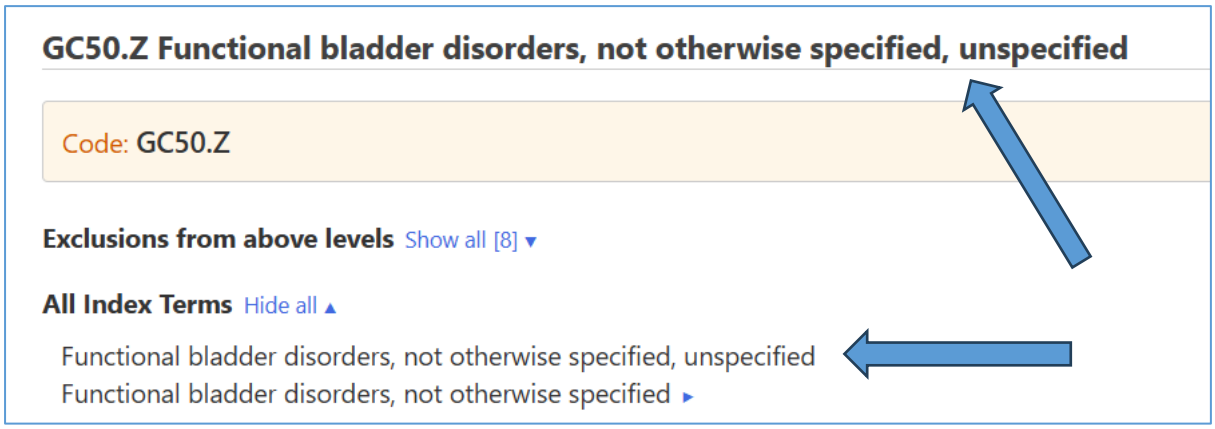


## NOS - Not otherwise specified

NOS stands for “not otherwise specified” and indicates that the clinical documentation does not provide enough detail to assign a more specific ICD-11 category. An NOS code is therefore considered “unspecified” or “unqualified.”

Coders should not assume a condition is unspecified if additional information might reasonably be available in the medical record. NOS reflects a documentation limitation, not a limitation of the ICD-11 classification system.

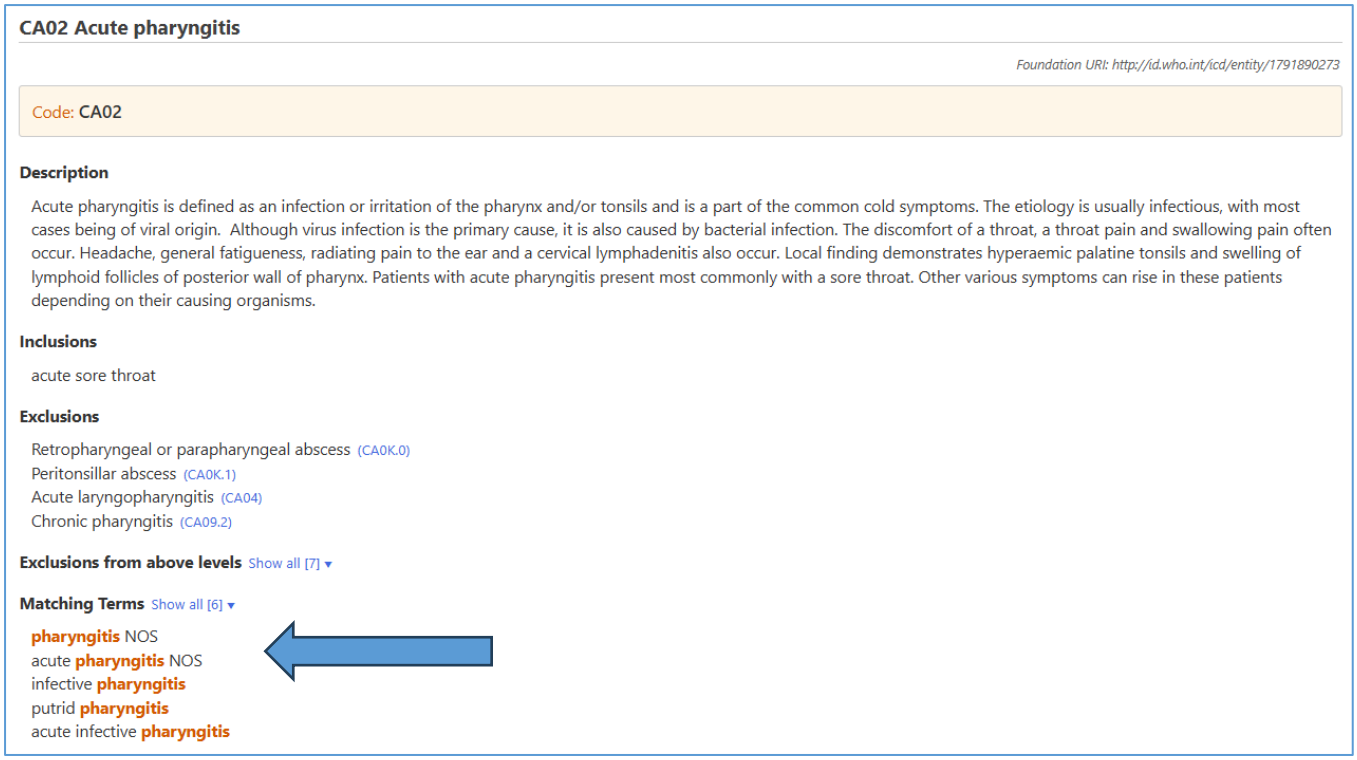
Example: GC50.Z Functional bladder disorders, not otherwise specified, unspecified, is used when a functional disorder of the bladder is documented, but no specific type, cause, or further detail is described in the medical record.




***Important note:***

Sometimes, an unqualified term is classified to a more specific type of condition. This occurs because, in medical terminology, the most common form of a condition is often referred to by the general name, while less common forms are explicitly qualified. These built-in assumptions are reflected in ICD-11 to support accurate and consistent classification.

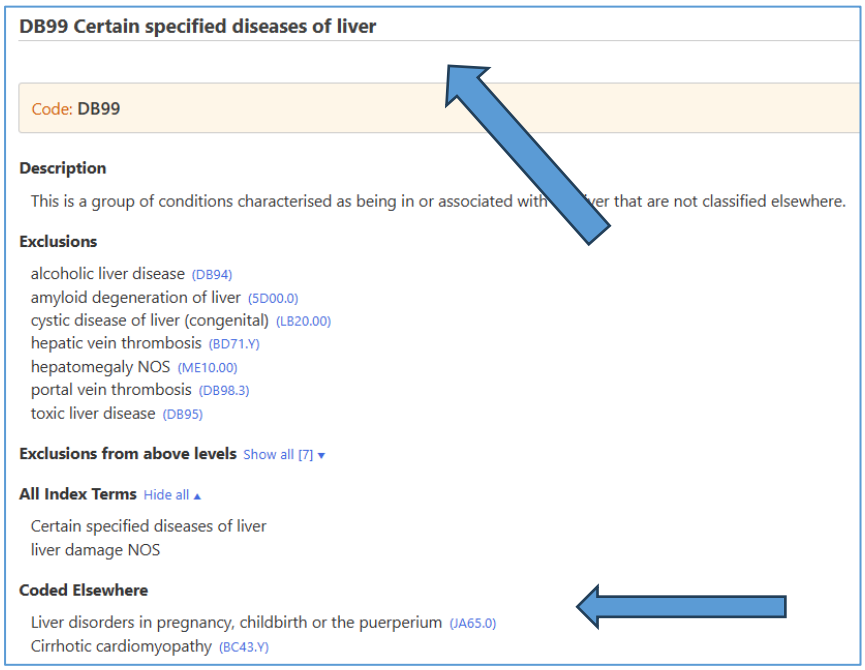
Example: CA02 Acute pharyngitis is coded, unless otherwise specified, for the term “pharyngitis” as it is most used to mean acute pharyngitis.




## Certain

The term ‘certain’ is used where select entities that could be grouped in one part of the classification are grouped outside of the current chapter or block.

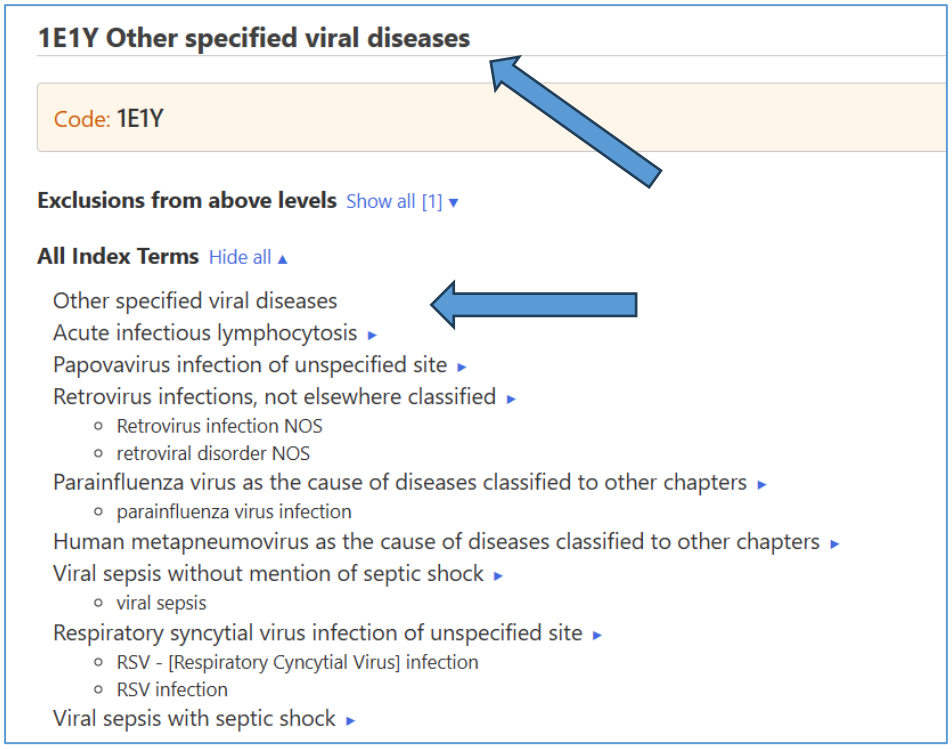
Example: DB99 Certain specified diseases of the liver means that only some specified liver diseases are coded here, whereas other specific types are elsewhere in the classification.



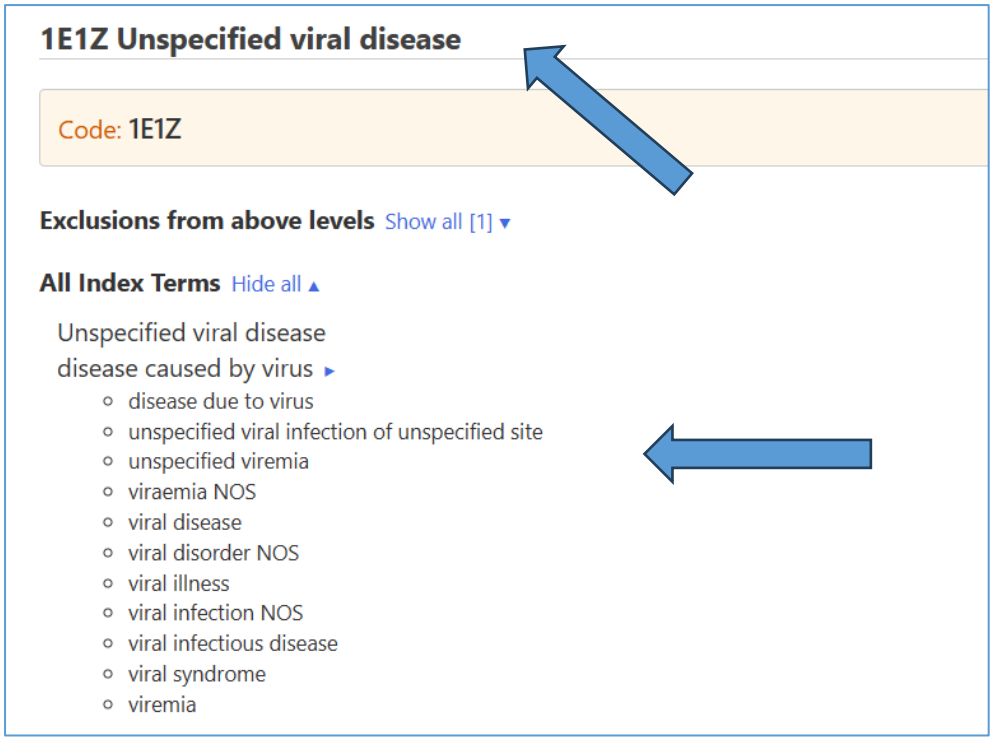
## ‘Other’ & ‘Unspecified’

ICD-11 includes categories titled ‘other’ and ‘unspecified’ for situations where selection of the most specific level of detail with one or more codes is not possible. ‘Unspecified’ may be used when documentation does not include the necessary level of detail. Conversely, if the documentation is very specific, but the tabular does not match the level of specificity, ‘other’ may be used.

Example: 1E1Y Other specified viral diseases is used when a viral infection is clearly documented, but the condition does not have its own specific ICD-11 stem code or does not meet the criteria for a more precisely named viral disease in the classification.



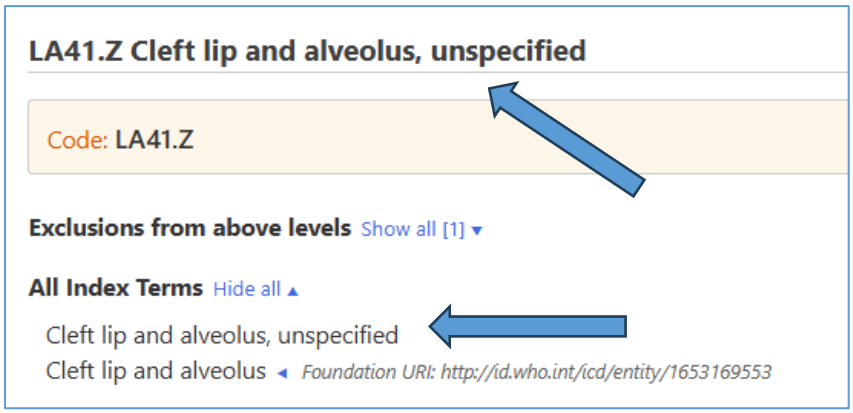

Example: 1E1Z Unspecified viral disease is used when a viral illness is suspected or stated, but the clinical documentation does not provide enough detail to identify a specific virus or a more precisely defined viral condition.




**'And' & 'Or'**

In ICD-11, the words "and" and "or" are used in a precise, logical way, not casually. "And" means that both conditions must be present. If a category states "A and B", may be assigned only when both A and B are documented in the clinical record.

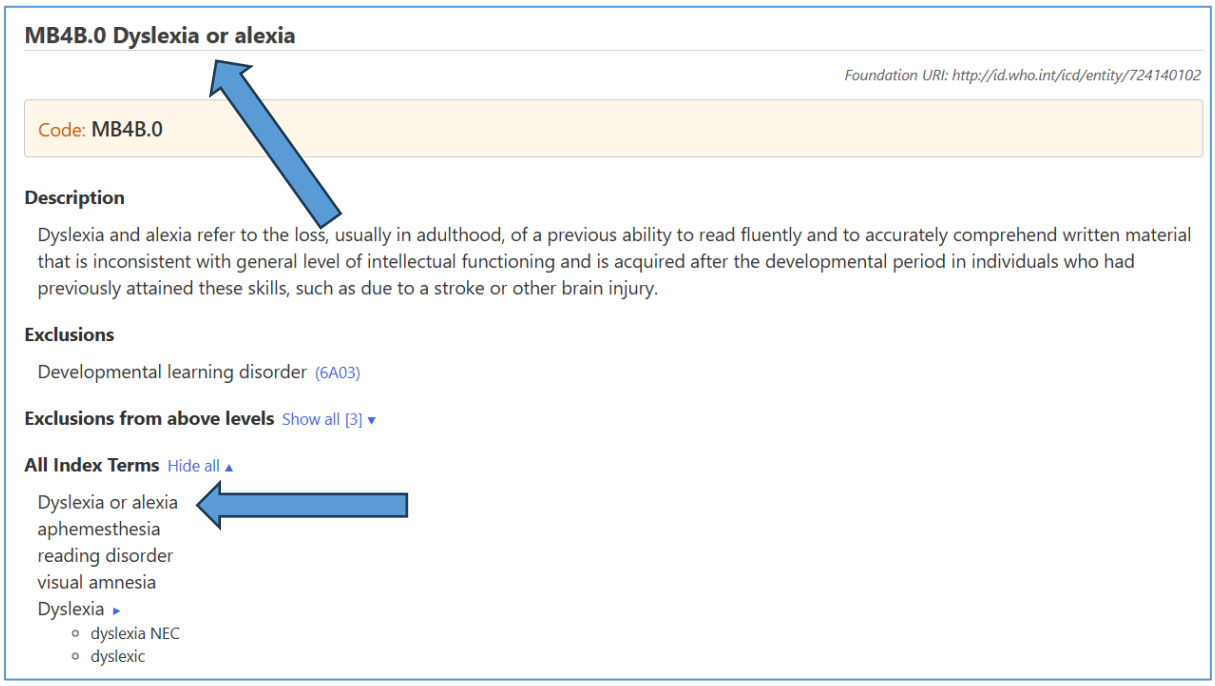
Example: LA41.Z Cleft lip and alveolus, unspecified is used when a cleft-type embryologic malformation is present that involves both the upper lip *and* alveolar ridge, but the extent or laterality of the cleft is not specified in the documentation.




"Or" means either condition is sufficient. If a category states "A or B", the code may be used when A is documented, B is documented, or both are documented.

Example: **MB4B.0 Dyslexia or alexia** applies when either condition is documented as described below, because ICD-11 groups these as alternative descriptions of the same *acquired* reading

impairment. Per the exclusion note, this code *does not* apply to developmental or lifelong learning disorders.




## Spelling, parentheses, grammar and other conventions

ICD-11 generally follows British English spelling, with some adjustments based on World Health Organization (WHO) rules. To keep the terminology consistent and easy to use, ICD-11 follows these conventions:

- Singular terms are generally used, except when the singular does not make sense.
  Examples: 'Superficial injury of scalp', 'Multiple injuries of head'

  Eponyms (conditions named after people) generally do not use apostrophes.
  Example: 'Hodgkin lymphoma' not 'Hodgkin's lymphoma'Entity descriptions use natural medical language.
  Example: 'myocardial infarction' not 'infarction, myocardial'.Abbreviations may appear in upper case, with the explanation shown in square brackets [ ].
  Example: 'MI [myocardial infarction]'
- In the tabular list, parentheses may be used in exclusion notes to show the code where an excluded condition is classified.
  Example: 9A01.3 Infectious blepharitis. Exclusions: Blepharoconjunctivitis (9A60.4)

## ICD-11 Browser & Coding Tool

The World Health Organization (WHO) provides dedicated digital tools, available in multiple languages, to support ICD-11 coding. The ICD-11 Browser and the ICD-11 Coding Tool are available free of charge via the WHO website https://icd.who.int.

 A video tutorial for using the online Coding Tool and Browser can be found on the ICD11 training site: https://icdcdn.who.int/icd11training/How%20to%20use%20the%20ICD-11%20Coding%20Tool%20and%20Browser/story_html5.html

## How to assign a code using ICD-11

The WHO web-based ICD-11 Training Package is available free of charge for those wishing to undertake training in ICD-11. The package is designed for self-learning and classroom use and includes modules on the Education Tool, the Coding Tool and Browser, and chapter-specific learning. The modular structure of the ICD-11 training package also allows course providers to tailor learning pathways for different audiences, where appropriate.

 For in depth learning modules on how to code using the ICD-11 online resources see: https://icdcdn.who.int/icd11training/index.html

## Basic coding instructions

ICD-11 is designed as a fully digital classification system. Instead of separate printed volumes, ICD-11 uses an integrated online Browser and Coding Tool, which combine search, index functionality, and classification content in a single environment. Accurate coding requires review of the full concept record, not selection of a code based on search results alone.

Before attempting to classify a clinical concept, the coder must understand the principles of classification and coding and should have undertaken appropriate training in ICD-11. The following guide is intended to assist the occasional user of ICD-11.

1. **Identify the clinical concept** to be classified, based on the diagnostic statement documented in the health record.

2. **Search for the concept**. ICD-11 uses an integrated digital search function that replaces the traditional alphabetical index and allows searching by clinical terms, synonyms, and alternative expressions. For consistency and efficiency, start with search in the Coding Tool, then use the hierarchy (browse) to confirm context and review related concepts when needed.

3. **Review the concept record carefully**, including the fully specified name, description, inclusions, exclusions, and any available coding notes or instructions.

4. **Confirm the appropriate stem code**. Stem codes represent the core diagnostic concepts in ICD-11 and may be used alone or combined with other codes as part of a cluster.

5. **Apply postcoordination when required** by adding permitted extension codes (and, where appropriate, additional stem codes) to capture additional clinical detail such as laterality, severity, timing, causal information, or other qualifying information. Extension codes are not used alone and must be linked to a stem code.

6. **Follow instructional notes and guidance**, including exclusions, inclusions, and coding notes displayed within the Browser or Coding Tool. Review any linked guidance that is relevant to the concept you are coding.

7. **Check that the code cluster is valid**, ensuring that any extension codes you add are permitted with the selected stem code and that the cluster syntax is correct.

8. **Assign the final code or code cluster** that best represents the documented clinical concept, based on the information available in the health record.

## Module 1 REVIEW EXERCISES

**EXERCISE 1**

Expand the following abbreviations.

1. ICD _____
2. WHO _____
3. MMS _____
4. URI _____
5. NOS _____
6. NEC _____

**EXERCISE 2**

Select the correct answer for each item.

1. Which statement best describes an ICD-11 block?
    a. a billable code used for morbidity and mortality reporting
    b. a grouping of related conditions used for organisation, not for coding
    c. an extension code used to add clinical detail
    d. a synonym list used in the ICD-11 Index
2. Clinical information in a health record is of limited value if it cannot be:
    a. encrypted
    b. systematically retrieved, analysed, and compared
    c. handwritten
    d. printed and filed
3. Which organisation maintains and promotes the ICD internationally?
    a. CDC
    b. WHO
    c. AMA
    d. UNICEF
4. ICD supports all of the following *except*:
    a. monitoring incidence and prevalence
    b. sharing and comparing health data
    c. resource allocation and reimbursement systems

d. prescribing medications

5. ICD-11 is built on a core structure called:
    a. the Index
    b. the Foundation
    c. the Linear List
    d. the Tabular Volume
6. A URI in ICD-11 is best described as:
    a. a billing code for insurance claims
    b. a globally unique identifier linked to the concept record
    c. a chapter label used in the tabular list
    d. a synonym for an extension code
7. ICD-11 taxonomy helps users primarily by:
    a. replacing the need for clinical documentation
    b. supporting navigation and understanding how conditions are grouped
    c. removing the need for postcoordination
    d. turning stem codes into extension codes
8. ICD-11 MMS has ____ main chapters.
    a. 10
    b. 18
    c. 26
    d. 30
9. “Special group chapters” are used mainly to:
    a. group conditions by shared characteristics for epidemiological convenience
    b. store the alphabetical index
    c. list only procedures
    d. provide hospital billing rules
10. In ICD-11, a block is:
    a. a level used to organise related conditions, generally not assignable for coding
    b. an extension code
    c. a patient identifier
    d. a synonym list

11. Extension codes usually:
    a. can be used alone as the main condition
    b. must be linked to a stem code
    c. replace the need for stem codes
    d. are the same thing as blocks
12. A diagnosis fully described by one code with no added detail needed is:
    a. postcoordinated
    b. precoordinated
    c. excluded
    d. unspecified
13. In ICD-11, the “Index” function is primarily provided by:
    a. a separate printed volume
    b. digital search within the Browser/Coding Tool
    c. insurance claims software
    d. a hospital policy manual
14. In ICD-11, cross references and annotations are mainly delivered as:
    a. margin notes in printed books
    b. embedded notes/instructions and links in the digital tools
    c. handwritten symbols in charts
    d. separate PDF appendices
15. Exclusion terms are used to:
    a. show when a code must *not* be used and direct you elsewhere
    b. list preferred abbreviations
    c. identify hospital departments
    d. indicate that a code is billable
16. In ICD-11 wording, “and” means:
    a. either condition is enough
    b. both conditions must be present
    c. the coder chooses the more serious condition
    d. the terms are synonyms
17. In ICD-11 wording, “or” means:

a. both conditions must be present

b. either condition is sufficient (or both)

c. neither condition is present

d. the diagnosis is uncertain

**EXERCISE 3**

Fill in the blank.

1. In ICD-11, an entity may also be referred to as a _____.
2. A purpose-specific subset view derived from the Foundation is called a _____.
3. Chapter X in ICD-11 contains _____ codes.
4. Linking codes together to add detail is called _____.
5. Inclusion terms are examples/synonyms and are not _____.

# MODULE 2 INTRODUCTION TO ICD 11 MORBIDITY CODING

## Sources of clinical data for morbidity coding

The health-care practitioner responsible for the patient's care should document the main condition, as well as any other conditions relevant to the episode of health care. This information should be organised systematically using standard documentation practices. A properly completed health record is essential for good patient management and is a valuable source of epidemiological and other statistical data on morbidity and health-care utilisation.

Each diagnostic statement should be as informative as possible to support accurate classification using ICD-11. ICD-11 allows conditions to be represented using a stem code, with additional clinical detail captured through postcoordination and extension codes where required. Examples of informative diagnostic statements include:

- transitional cell carcinoma of trigone of bladder
- acute appendicitis with perforation
- diabetic cataract, type 1
- meningococcal pericarditis
- antenatal care for pregnancy-induced hypertension
- diplopia due to allergic reaction to antihistamine taken as prescribed
- osteoarthritis of hip due to an old hip fracture
- fracture of neck of femur following a fall at home
- third-degree burn of palm of hand.

The coding function is composed of two related activities:

- analysis of the health record to identify the clinical concepts to be classified, and
- assignment of the appropriate ICD-11 code or code cluster.

These activities are interdependent, as a thorough review of the health record is required to identify documentation that may affect code selection and postcoordination.

**Which sections of the health record are analysed by the coder?**

As a minimum:

- front sheet
- discharge summary
- progress notes
- operation report
- histopathology report for any tissue removed

Additional useful sources include:

- pathology reports (e.g. to identify infectious agents)
- imaging reports (e.g. to specify site or extent of injury)
- progress notes clarifying the main condition
- previous admissions to support specificity (e.g. diabetes type, neoplasm morphology)

**How many codes should be assigned?**

The level of detail captured, and the number of codes assigned vary by country, jurisdiction and facility, based on local reporting requirements and intended use of the data. Large teaching hospitals often require more detailed coding for research, education, and case-mix or reimbursement purposes, while smaller facilities may limit coding to the main condition.

At a minimum, the main condition should be coded. Many facilities also code other conditions that are treated, investigated, or that affect patient management during the episode of care (for example, comorbidities, complications, and conditions arising during care), in accordance with local or national ICD-11 coding standards.

## Morbidity Coding Rules, Guidelines & Process for Coders

### Guidelines for coding 'main condition' and 'other conditions'

The main condition is defined as the condition, diagnosed at the end of the episode of health care, which is primarily responsible for the patient's need for treatment or investigation.

A patient may be admitted to hospital with more than one condition, and several problems may contribute to the admission. Even so, only one condition is selected as the main condition for reporting. The main condition is the problem judged, based on the documentation, to be primarily responsible for the patient's need for hospital care, although other conditions may also be present and managed.

In addition to the main condition, the record should also list separately other conditions or problems dealt with during the episode of health care, whenever possible. Other conditions (additional diagnoses) are those that coexist with or develop during the episode and affect patient

management. Conditions related to an earlier episode that have no bearing on the current episode should not be recorded.

Limiting analysis to a single condition for each episode may result in loss of useful information. Therefore, where practicable, multiple-condition coding is recommended to supplement routine morbidity data. This should be done in accordance with local or national ICD-11 coding guidelines, as no single international rule set governs reporting depth.

## Rules for reselection of main condition

The main condition and any other relevant conditions are usually identified by the health-care practitioner, so coding is normally straightforward. Coders should accept the recorded main condition unless it is clearly incorrect or inconsistent. If the documentation appears wrong, it should be clarified with the practitioner whenever possible. If clarification cannot be obtained, the coder may apply reselection rules to determine the most appropriate main condition for reporting.

**MB1 - Several conditions recorded as 'main condition'**
If several conditions that cannot be classified to a single stem code are recorded as the 'main condition', and other details on the record point to one of them as the main condition for which the patient received care, select that condition. Otherwise, select the condition first mentioned in the record.

Where national or local data requirements include reporting alternative diagnosis perspectives (for example, the condition that used the most resources or the original reason for admission), this information may be captured using applicable diagnosis type descriptor extension codes (Chapter X), if implemented in the local coding standard.

Example:
A patient is admitted to the hospital with staphylococcal meningitis and a known history of ischemic heart disease. After evaluation, heart disease is noted to be stable. The patient is hospitalized for 3 weeks and treated with intravenous antibiotics for the meningitis.

Two main conditions are recorded as ischemic heart disease and staphylococcal meningitis and querying the healthcare provider is not possible.

Decision: The details in the record point to staphylococcal meningitis as being the reason for admission. Staphylococcal meningitis should be re-selected as the main condition.

**MB2 - Condition recorded as 'main condition' is a symptom, sign, or reason for encounter of a diagnosed, treated condition**
If a symptom or sign (often classified in Chapter 21: Symptoms, signs or clinical findings, not elsewhere classified) or a reason for encounter or other health-care contact factor (often classified in Chapter 24: Factors influencing health status or contact with health services) is recorded as the main condition, but care was provided for an underlying diagnosed condition, the diagnosed condition should be selected as the main condition.

Example:
A patient is admitted under urology with haematuria. Further assessment identifies a papilloma in the posterior wall of the bladder, while varicose veins of the legs are noted as an unrelated condition. The patient undergoes diathermy excision of the papilloma.

The main condition has been recorded as haematuria.

Decision: The details in the record indicate that the underlying diagnosed condition (papilloma of the posterior wall of the bladder) caused the haematuria. Papilloma of the posterior wall of the bladder should be re-selected as the main condition.

**MB3 - Signs and symptoms recorded as 'main condition' with alternative conditions recorded as the cause**

Where a symptom or sign is recorded as the 'main condition', with an indication that it may be due to either one condition or another, select the symptom as the 'main condition'.

Example:
Main condition has been recorded as headache due to either stress and tension or acute sinusitis.

Decision: Select Headache as the 'main condition'.

 Refer to the ICD-11 Reference Guide section 2.23.6 for additional information and examples of the MB rules. https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coder-guidelines-for-selecting-main-condition-and-other-conditions-for-coding-purposes

## Extension Codes

After selecting a stem code, extension codes can be applied to capture additional clinical detail. Extension codes are not a classification on their own and must be linked to a stem code for statistical reporting. They must not appear in the first position of a code cluster. Multiple extension codes may be linked when required to accurately describe a condition, following ICD-11 clustering rules and any local coding standards.

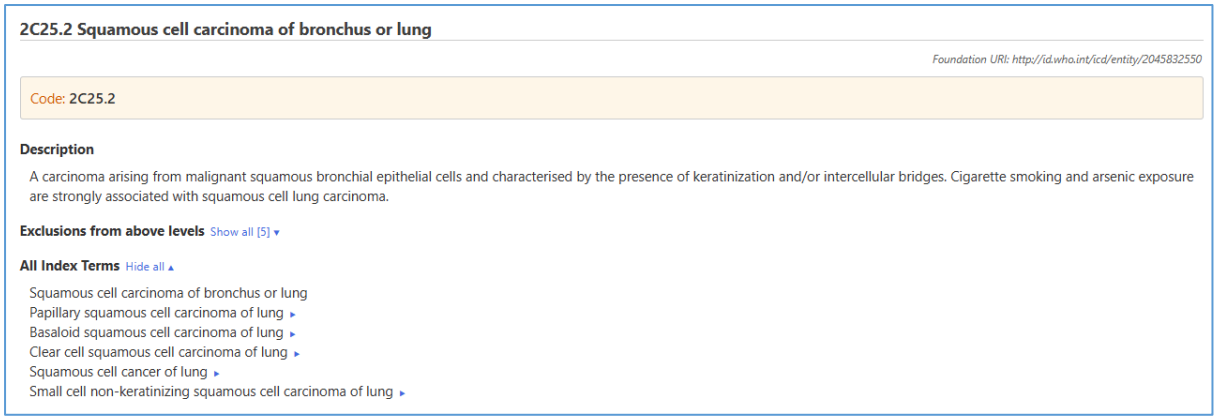
There are two main types of extension codes. Type 1 extension codes add detail to a stem code (for example, severity, temporality, anatomy, histopathology, substances, or medical devices). Type 2 extension codes are diagnosis code descriptor extension codes, which indicate how a diagnosis is to be used and/or interpreted for reporting purposes (for example, diagnosis timing or diagnosis certainty), where supported by the local coding standard.

**Overview of Extension Codes**

| Type 1 | Type 2 - Diagnosis Code Descriptors |
|---|---|
| Severity scale value | Discharge diagnosis types |
| Temporality (course of the condition) | Diagnosis timing |
| Aetiology | Diagnosis timing in relation to surgical procedure |
| Topology Scale Value | Diagnosis method of confirmation |
| Anatomy and topography | Diagnosis certainty |
| Histopathology | Obstetrical diagnosis timing |
| Dimensions of injury | Encounter descriptors |
| Dimensions of external causes | Capacity or context |
| Consciousness | |
| Substances | |
| ICD-O | |
| Health Devices, Equipment and Supplies | |

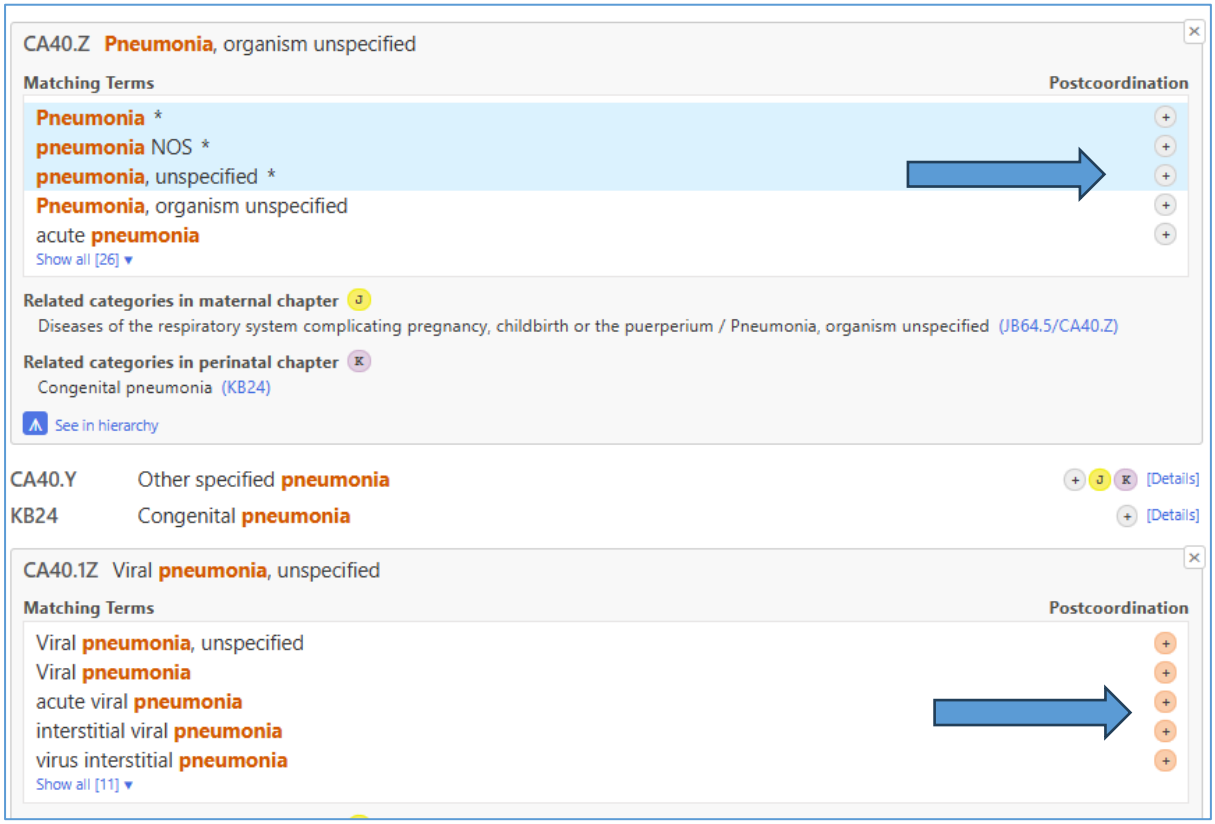
## Precoordination & postcoordination in morbidity coding

Precoordination means that all pertinent information about a clinical condition is represented in a single, precombined stem code.



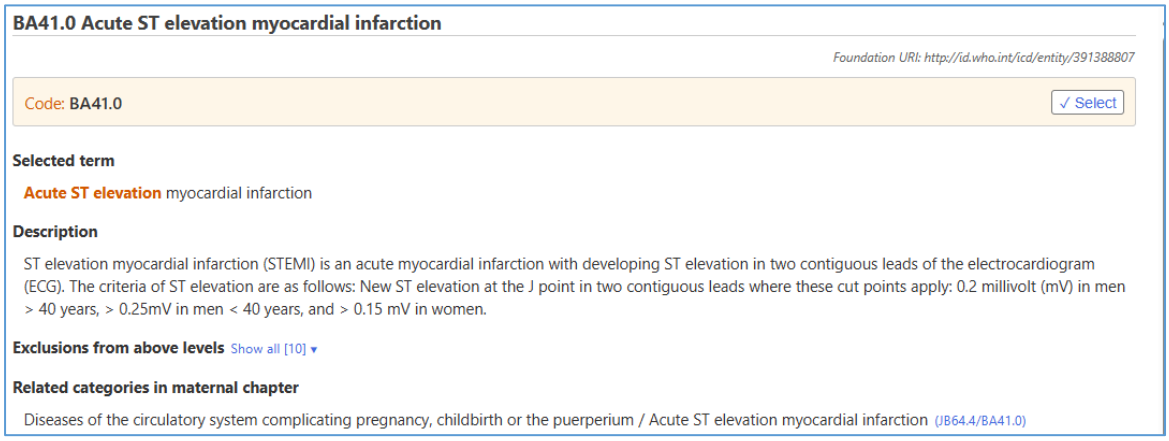

Postcoordination (cluster coding) links a stem code with one or more additional codes to describe a specific clinical concept in greater detail. The resulting set of linked codes is called a code cluster. Postcoordination is used when supported by the documentation and when permitted by ICD-11 clustering rules (the Coding Tool provides guidance on valid combinations).

In the ICD-11 Coding Tool, coloured indicators show whether postcoordination is available ( ) or required ( ) for a selected stem code. Where postcoordination is mandatory, the code cluster is incomplete until the required additional code(s) are added.




General rules for postcoordination

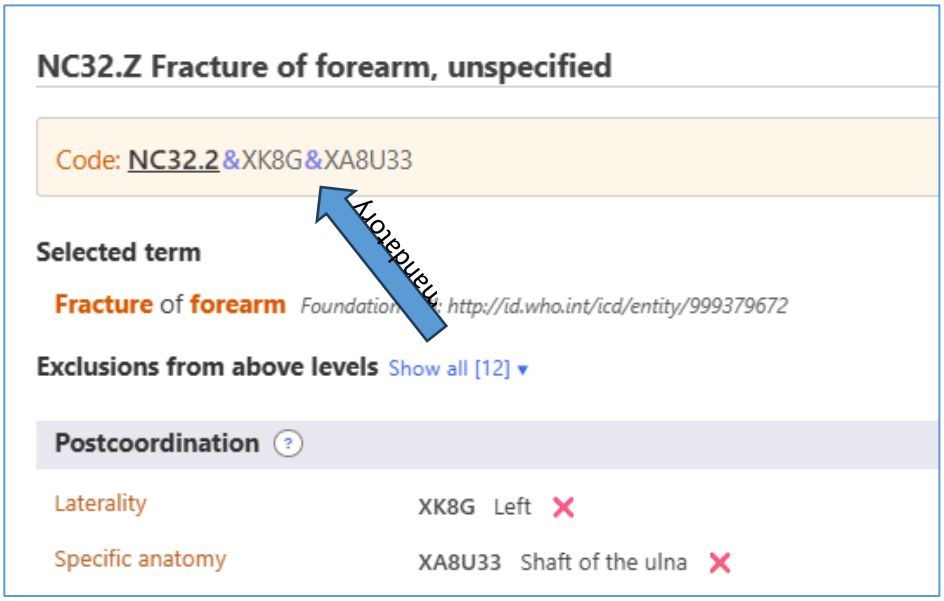
1. If only one stem code is assigned, clustering syntax is not required. However, coders must still follow any applicable coding notes and postcoordination requirements for that stem code.
   Example:
   Condition: Acute ST elevation myocardial infarction. Code: BA41.0



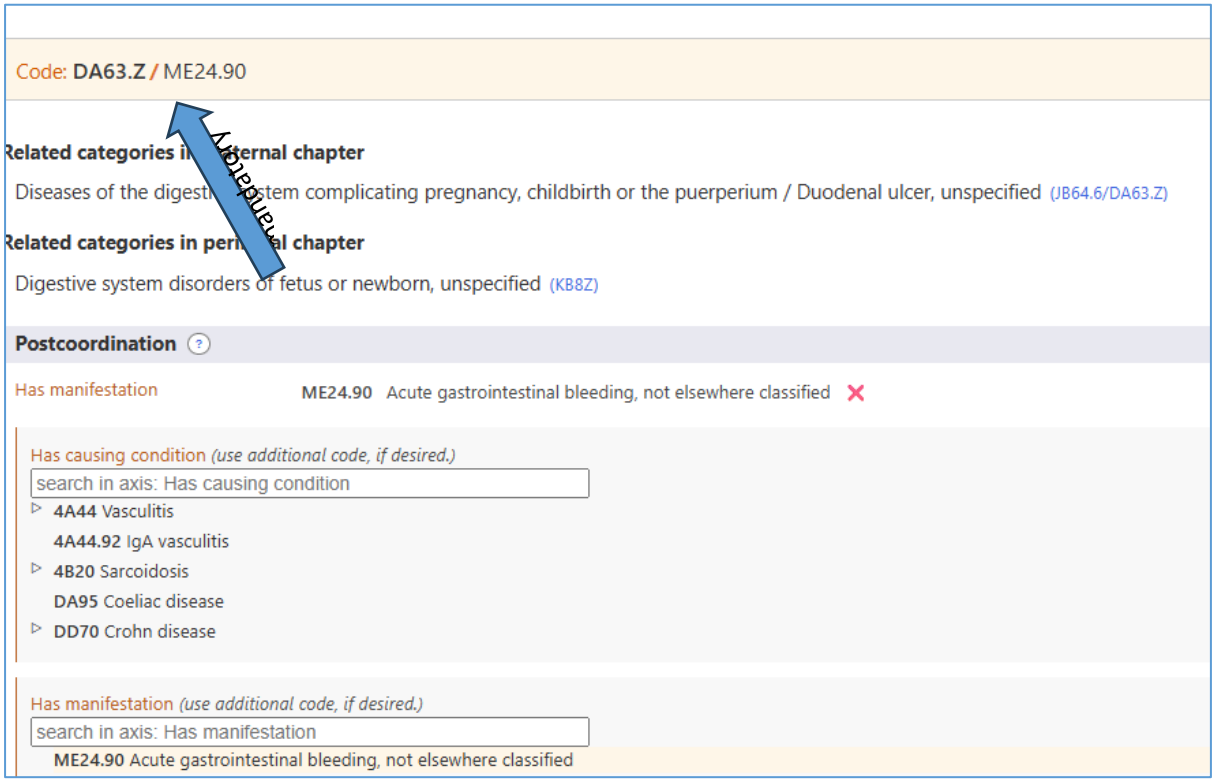

2. When forming a cluster using a stem code with one or more extension codes, the stem code is listed before the extension code(s).

3. If a stem code is postcoordinated with one or more extension codes, the combining syntax used is the ampersand (&). Stem code&extension code(s)

Example:
Condition: Fracture of left ulnar shaft. Cluster: NC32.2&XK8G&XA8U33




4. If a stem code is postcoordinated with another stem code, the codes are joined by use of a forward slash (/). Stem code/stem code(s)
Example:
Condition: Acute bleeding duodenal ulcer. Cluster: DA63.Z/ME24.90



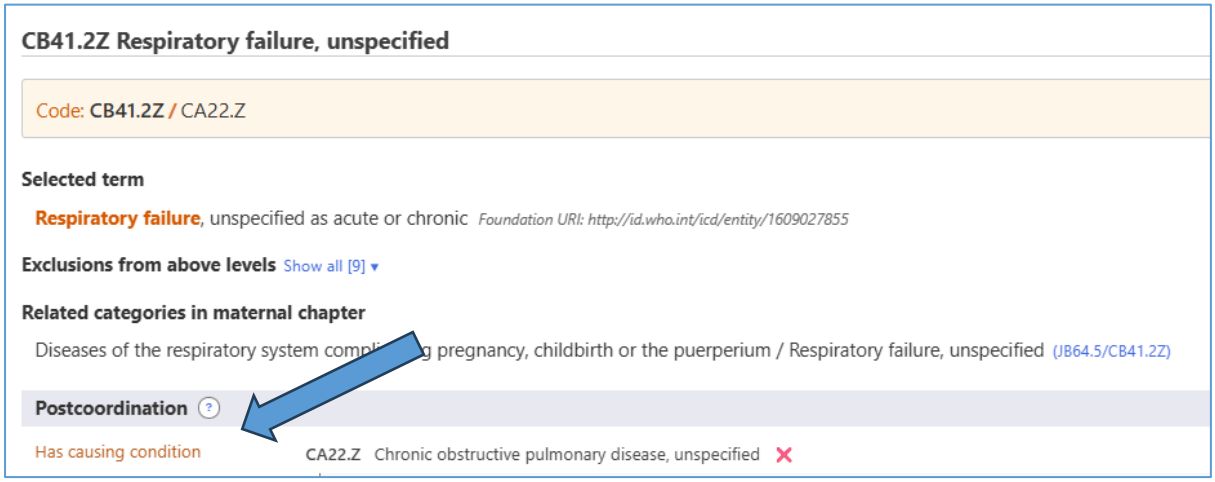

## Coding of conditions with causal relationships

ICD-11 represents causal and manifestation relationships through code clustering, rather than the dagger and asterisk system used in ICD-10. Specific wording is expected to indicate whether two conditions are causally related or simply associated. Understanding this wording is essential for accurate coding and correct interpretation of clinical data.

When documentation indicates a cause-and-effect relationship, both conditions should be coded and linked together in a cluster, using appropriate stem and extension codes where required. Acceptable phrases that indicate a cause-and-effect relationship include:

- due to
- caused by
- attributed to
- secondary to
- arising from
- resulting in

Example: Respiratory failure due to COPD




If conditions are documented with connecting terms that are ambiguous such as ‘with’, ‘after’, ‘in’, or ‘following’, both conditions should still be coded. They may be captured together as a cluster when appropriate, but they are not coded as a causal sequence.

For example, “diabetes mellitus associated with obesity” indicates that the conditions are related, but it does not state that obesity caused diabetes (or vice versa).

## Coding of suspected conditions, symptoms and abnormal findings and non-illness situations

If the episode of health care was for an inpatient, the coder should be cautious about classifying the main condition to Chapters 21 and 24. If a more specific diagnosis has not been made by the end of the inpatient stay, or if there was truly no codable current illness or injury, then codes from the above chapters are permissible. The categories can be used in the normal way for other episodes of contact with health services.

If, after an episode of health care, the main condition is still documented as 'suspected', 'probable', 'questionable', etc., and there is no further information or clarification, classify the suspected diagnosis as if established, unless the documentation clearly indicates that the condition was ruled out.

Example 1:
Main condition: Suspected acute cholecystitis
If there is no further information available that indicates that a definitive diagnosis was reached, code to acute cholecystitis, unspecified (DC12.0Z) as 'main condition'.

Example 2:
Main condition: Severe epistaxis. Patient in hospital one day. No procedures or investigations reported. Code to epistaxis (MD20). Although epistaxis is a sign/symptom, it is acceptable since the patient was obviously admitted to deal with the immediate emergency only.

## Coding using combination categories

The ICD provides certain categories where two conditions or a condition and an associated secondary process can be represented by a single code (i.e. precoordinated concept).

Such combination categories should be assigned as the main condition where appropriate information is recorded.

Example: Glaucoma secondary to eye inflammation. Code to *9C61.24 Glaucoma due to eye inflammation*

 Read additional examples in Section 2.23.10 of the ICD-11 Reference Guide here: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coding-using-combination-categories

## Coding of external causes of morbidity

For injuries and other conditions due to external causes, both the nature of the condition and the circumstances of the external cause should be classified. The preferred 'main condition' code should be that describing the nature of the condition. This will usually, but not always, be classifiable to Chapter 22 (Injury, poisoning or certain other consequences of external causes). The code from Chapter 23 (External causes of morbidity or mortality) indicating the external cause is assigned as an additional code and postcoordinated with the nature of the condition as it may be regarded as a modifier.

Example:
Main condition: Hip fracture from fall
Other condition: Severe hypothermia resulting from exposure to the cold weather

Main condition cluster: Code to *NC72.2Z Fracture of neck of femur, unspecified* as 'main condition' and postcoordinate the external cause code for *PA6Z Unintentional fall from unspecified height*. NC72.2Z /PA6Z

Other condition cluster: Code as hypothermia (NF02) and postcoordinate the external cause code PB16. NF02/PB16

 For detailed information on coding intent of external causes see 2.21.8.8 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#intent-of-external-causes

### Coding of acute and chronic conditions as main condition

Where the main condition is recorded as being both acute (or subacute) and chronic, and the ICD provides separate categories or subcategories for each, but not for the combination, the category for the acute condition should be assigned as the preferred main condition. When an appropriate combination code is provided for both the acute and chronic condition, assign the combination code as the main condition.

Example:
Main condition: Acute and chronic cholecystitis
Code *DC12.00 Acute on chronic cholecystitis* as the 'main condition'. This is an example of combination code for both the acute and chronic condition in ICD-11.

 See Section 2.23.12 of the ICD-11 Reference guide for an additional example. https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coding-of-acute-and-chronic-conditions-recorded-as-main-condition

### Coding of chronic postprocedural conditions

Most body system chapters also contain categories for conditions that occur either as a consequence of specific procedures and techniques or as a result of the removal of an organ, e.g. postmastectomy lymphoedema syndrome, post-irradiation hypothyroidism. Immediate or acute conditions that occur as a consequence of a procedure may require coding with the 3-part quality and safety model. The categories of postprocedural conditions do not have residual codes (i.e. other and unspecified). This is intentional so as to prevent users inadvertently classifying conditions to these categories that should, in fact, be classified elsewhere.

 See Section 2.23.20.1 Overview of code-set in ICD–11 for quality and patient safety for Coding of injuries or harm arising from surgical or medical care and Coding of adverse events and circumstances in health care that do not cause actual injury or harm.

https://icdcdn.who.int/icd11referenceguide/en/html/index.html#overview-of-codeset-in-icd11-for-quality-and-patient-safety

## Coding 'History of' and 'Family history of'

Chapter 24 'Factors influencing health status or contact with health services' of the classification includes a number of codes that describe both a personal history of various conditions, and a family history of various conditions. The classification of this documented concept may be coded in one of two ways:

- Option 1: Assign the applicable stem code from Chapter 24 'history of' (or 'family history of') by itself.
- Option 2: Assign the applicable stem code from Chapter 24 clustered with a code from another chapter to add specificity as to what the previous 'disease' was. The order of stem codes in the cluster is always the 'history of' stem code first, followed by any other codes that may be added for detail.

Example 1:
A patient has history of sigmoid colon cancer that was curatively resected.
Code: QC40.0/2B90.3Z (Personal history of malignant neoplasm of digestive organs /Malignant neoplasm of sigmoid colon, unspecified)Explanation: It is acceptable to code only QC40.0 as the code simply captures the notion that the patient has a personal history of cancer of the digestive organs. However, the documented clinical concept (history sigmoid colon cancer) is fully described through use of the clustering mechanism and linking of stem codes QC40.0/2B90.3Z.

Example 2:
A patient has a family history of macular degeneration.
Code: QC66/9B78.3Z (Family history of eye or ear disorders /Degeneration of macula or posterior pole, unspecified)

## Coding a "ruled out" condition

Many health care encounters are undertaken to evaluate patients for suspected conditions, to then determine after investigations that the patient does not have the condition in question. In medical documentation, such scenarios often use the term "ruled out". It is essential for health information systems to have an ability to report on such encounters.

ICD-11 includes a number of codes that can be used to describe encounters where a suspected condition has been "ruled out". These appear in Chapter 24 as children of QA02 Medical observation or evaluation for suspected diseases or conditions, ruled out. Some of these codes specify the suspected condition in question:

- Observation for suspected malignant neoplasm, ruled out
- Observation for suspected tuberculosis, ruled out
- Observation for suspected allergy or hypersensitivity, ruled out

In many other common scenarios, there is no code for a specified suspected condition. In that case,

QA02.Y Medical observation or evaluation for other suspected diseases or conditions, ruled out, is used. Postcoordination can then be used to specify the suspected condition that was ruled out. The classification of a documented “ruled out” concept may be coded in one of two ways:

- Option 1: Assign the applicable code from QA02 Medical observation or evaluation for suspected diseases or conditions, ruled out, by itself.

- Option 2: Assign the applicable code from QA02 Medical observation or evaluation for suspected diseases or conditions, ruled out, clustered with a code from another chapter to add specificity as to what was the suspected disease that was ruled out. The order of stem codes in the cluster is always the QA02 stem code first.

Example 1:
Admitted for suspected deep vein thrombosis of leg, which after investigation is ruled out and no follow-up is necessary.
Main condition: Medical observation or evaluation for suspected disease, ruled out (deep vein thrombosis).
Code cluster: QA02.Y/BD71.4
Explanation: QA02.Y indicates that another specified suspected condition was ruled out, and the second stem code specifies the suspected condition.

Example 2:
A child is found playing with an empty acetaminophen bottle. The mother is uncertain if there were any tablets in the bottle. The child is brought to the hospital and following investigation, it is determined that the child did not ingest any pills.
Main condition: Ruled out unintentional ingestion of acetaminophen.
Code: QA02.5 Observation for suspected toxic effect from ingested substance, ruled out.
Explanation: In this example, QA02.5 specifies the condition that was ruled out.

## Coding of conditions documented as sequelae (late effect)

‘Sequelae’ include residual effects of diseases or disorders, injuries or poisonings documented as such, or described as late effect of, arrested, cured, healed, inactive, old or quiescent condition (unless there is evidence of active disease). Conditions documented as sequelae (late effects) are typically classified using code clustering to link the residual condition with the prior condition.

The cluster should contain:

- first, a stem code identifying the specific manifestation (i.e. nature of the effect), and
- second, a stem code designating ‘late effect of’ (either a code from the body system chapters or a code from Chapter 24 Factors influencing health status or contact with health services)
- third, if required, a stem code representing the prior condition causing the sequelae

Note: Coding of sequelae of an injury with all detail will require four codes in the cluster, the fourth code being the external cause code.

Example 1:
Joint contracture present as a late effect of a prior burn.
Code cluster: *FA34.3 Contracture of joint QC50 Late effect of prior health problem, not elsewhere classified NE11 Burn of unspecified body region/PB1Z Unintentional exposure to unspecified thermal mechanism*

Example 2:
Hemiplegia present as a late effect of old cerebral ischemic stroke.
Code cluster: *MB53.Z Hemiplegia, unspecified / 8B25.0 Late effects of cerebral ischemic stroke*
Explanation: In this example, the concept of late effect and underlying cause is already precoordinated in the stem code 8B25.0.

## Coding of injury events

The World Health Organization (WHO) defines an injury as damage to the body resulting from acute exposure to physical agents—such as mechanical energy, heat, electricity, chemicals, or ionizing radiation—at a level or rate that exceeds human tolerance. In some circumstances, injuries occur due to the sudden absence of essential agents, such as oxygen (e.g., drowning) or heat (e.g., frostbite).

Injuries can be classified in several ways. However, for analytical purposes and for identifying prevention and intervention strategies, it is particularly useful to categorise injuries based on intent—that is, whether the injury was inflicted deliberately and, if so, by whom. Commonly used intent categories include:

- Unintentional (accidental injuries)
- Intentional (deliberate injuries), including:
    - Interpersonal violence (e.g., assault, homicide)
    - Self-harm (e.g., substance misuse, self-injury, suicide)
    - Legal intervention (e.g., actions taken by police or other law enforcement personnel)
    - War, civil insurrection, and disturbances (e.g., armed conflict, riots, demonstrations)
- Undetermined intent

 For detailed information injury event coding see the following sections of the ICD-11 Reference Guide:

2.21.8.8 Intent of external causes:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#intent-of-external-causes

2.21.8.9 Coding of transport injury events:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coding-of-transport-injury-events

2.23.19 Standards and coding instructions for injury events & subsections:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#standards-and-coding-instructions-for-injury-events

## Conceptual model for quality and patient safety

Exposure to health care interventions can sometimes lead to unintended and undesirable outcomes. Health care delivery is inherently complex, involving diverse clinical activities, patient populations, and potential complications. Fully representing this complexity in an information system is challenging and is generally not feasible in routine administrative systems that use ICD.

The quality and safety use case builds on established analytical frameworks and indicators, such as comorbidity indices, patient safety indicators, and hospital mortality metrics, while applying standardized coding rules to improve data comparability across hospitals and jurisdictions. These rules address key issues such as identification of the main condition, limits on the number of codes per record, clustering mechanisms, and the use of diagnosis timing indicators to distinguish conditions present on admission from those arising during care.

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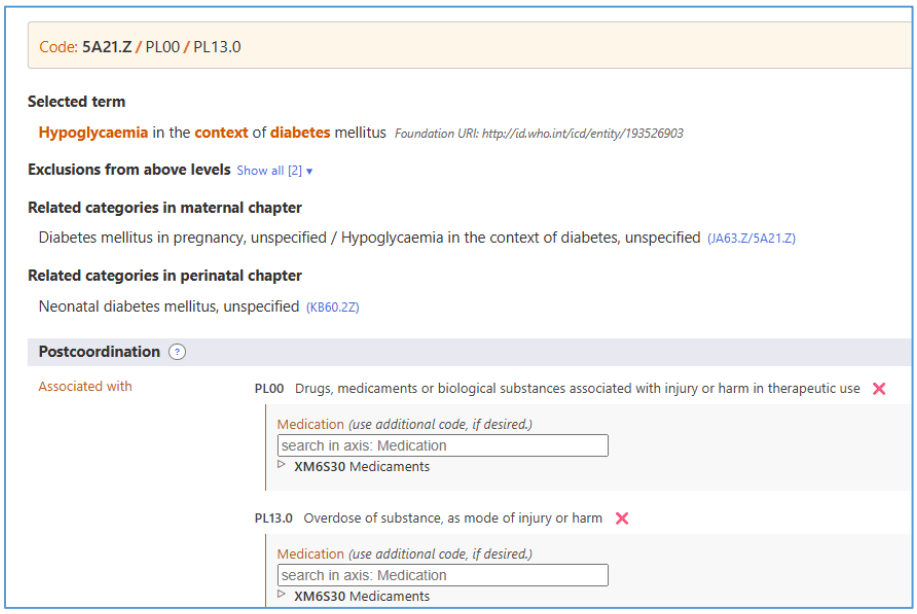
1. Harm to the patient – What was the primary adverse outcome or impact on the patient's health? Harm is usually represented a standard ICD-11 diagnosis code from the appropriate chapter. A dedicated set of codes is available for harms arising from medical or surgical care when no suitable diagnosis code is available.
2. Cause (source) of harm – What health care activity, intervention, or circumstance led to the harm? Causes of health-care–related harm are classified using ICD-11 external cause codes and fall into four main groups: substances (such as drugs), procedures, medical devices, and other health-care–related causes.
3. Mode (mechanism) of harm – How did the source of harm lead to the adverse outcome? The Mode or Mechanism describes how the cause resulted in harm and is used only when there is sufficient evidence of a causal link.

Correct application of this model relies heavily on clinical documentation to establish causation. Explicit linking terms (e.g., "due to," "caused by," "as a result of") indicate a causal relationship and support use of the three-part model. Other terms (e.g., "associated with," "postoperative") may indicate only temporal relationship and should be used cautiously. In some situations—such as failed devices, postprocedural bleeding, or wound infections— the clinical context may clearly indicate

causation even without explicit linking language. ICD-11 also distinguishes true adverse events from health-care-related circumstances without documented harm; circumstances without documented harm are coded using Chapter 24 rather than the Quality and Safety harm model.

Example:
A woman has been admitted to hospital for stabilization of diabetes. She is erroneously prescribed three times the usual dose of an antidiabetic medication. The dose is administered and the patient experiences a hypoglycemic episode.




For more in-depth information on quality and safety in ICD-11, see Section 2.23.20 and its subsections in the ICD-11 Reference Guide.
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#conceptual-model-for-quality-and-patient-safety

### Health care events without injury or harm

Sometimes, events occur during health care that do not result in injury or harm to the patient and do not become a medical condition. Even though no harm occurs, these events may still need to be coded.

- A fall in a health care setting without injury
- An incorrect drug given without harm
- A drug given to the wrong patient without harm
- A delay in treatment without affecting the patient's outcome
- Failure of sterile technique without infection
- Dislodged orthopaedic device without symptoms or problems

- Accidental needle stick without injury or other harm

When no injury or harm is documented, select codes from Chapter 24: Factors influencing health status or contact with health services, specifically the section: Health care related circumstances influencing the episode of care, without documented injury or harm. These codes are organized using the same four categories seen in Chapter 23 (External causes)—drugs, devices, procedures, and other health care–related causes—but with one key difference: the event did NOT cause harm to the patient

 For additional information, coding examples and the algorithm for codability see Section 2.23.20.4 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#adverse-events-and-circumstances-in-health-care-that-do-not-cause-actual-injury-or-harm

# Module 3: ICD-11 CHAPTER-BY-CHAPTER OVERVIEW AND MORBIDITY CODING EXERCISES

This module highlights key information about the organisation of individual ICD-11 chapters. It explains chapter structure, the rationale for that structure, major changes compared to earlier ICD versions, and relevant chapter-specific notes to support practical application. ICD-11 is organised using a consistent hierarchical structure across chapters, progressing from chapters to blocks, categories, and postcoordination to ensure standardised classification and navigation. This common structure covers the majority of coding rules and conventions. Chapter-specific notes in the ICD-11 Reference Guide therefore focus only on outliers—exceptions or nuances where a chapter departs from the generic structure or requires additional clarification

While the general coding guidelines govern ICD-11 coding overall, chapter-specific notes provide additional coder guidance where selecting the main condition may be challenging. These notes are available in the ICD-11 Reference Guide under “Chapter-specific notes”.

 Chapter-specific notes are accessible in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapterspecific-notes.

Each chapter overview below is followed by a coding exercise based on the ICD-11 MMS 2026-01 release. “Please classify the following conditions” means:

(1) select the most appropriate ICD-11 MMS stem code for the documented condition; and
(2) when the documentation includes additional required or relevant detail (for example, laterality, severity, timing, causal information, external cause, or other qualifiers), apply postcoordination by adding the appropriate extension codes and/or additional stem codes as instructed in the chapter content. If an exercise requires a stem code only (or requires specific additional codes), this will be stated in the exercise instructions.

## CHAPTER 01: CERTAIN INFECTIOUS OR PARASITIC DISEASES

Chapter 01 groups infectious diseases using a clinical and public health–focused structure rather than strictly by body system. Conditions are arranged first by clinical syndrome (how the disease presents), then by mode of transmission, and finally by causative agent. Some infections with high public health importance are positioned at the same hierarchical level to improve visibility and support surveillance and reporting.

The word “certain” in the chapter title is intentional. It indicates that not all infectious diseases are classified in Chapter 01. Some infections appear in other chapters when they are more appropriately grouped by organ system (for example, organ-specific infections). ICD-11 also supports alternate

groupings (such as by causative agent) for analysis and reporting, but routine morbidity coding should follow the ICD-11 MMS hierarchy and any applicable coding notes.

When coding localized infections, the appropriate chapter depends on how the infection is best characterized and understood:

- Systemic or primarily pathogen-driven infections are typically classified in Chapter 1.
- Infections localized to a specific organ are classified in the relevant organ system chapter.

This arrangement supports continuity with earlier ICD versions and helps maintain comparability of longitudinal statistics. It also supports reporting of common infectious syndromes (such as diarrhoea) when a specific causative agent is not identified in the documentation.

Some conditions illustrate how these principles are applied:

- Influenza is classified in Chapter 1 because it is a multisystem illness and a major public health concern, even though it primarily presents with respiratory symptoms.
- Prion diseases remain classified in the neurology chapter because they are rare, often genetic or spontaneous, and exclusively affect the nervous system.

***Antimicrobial resistance (AMR)***

ICD-11 includes dedicated components for antimicrobial resistance (AMR) to support global surveillance and analysis. These include extension codes that can capture resistance patterns or antimicrobial susceptibility when documented and relevant to the reporting context. The framework focuses on priority pathogen–antimicrobial combinations aligned with the Global Antimicrobial Resistance Surveillance System (GLASS).

AMR is not coded as a standalone condition for morbidity coding. Instead, it is captured by adding the appropriate extension code(s) to the underlying infectious disease code, in accordance with ICD-11 clustering rules and applicable local coding standards.

For reporting and tabulation, AMR codes should be linked to the infectious disease:

- For reporting, ensure the infectious disease is coded and that any AMR detail is linked to it in the same code cluster when required.
- Where AMR surveillance is required, reporting systems typically analyse the subset of infections with documented resistance patterns in addition to overall infection counts.

 For more information on the structure of Chapter 1 see section 3.2.1 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-structure-of-icd11

***Human immunodeficiency virus [HIV] disease***

Patients with HIV disease may have a compromised immune system and may be treated for more than one HIV-associated condition during the same episode of care (for example, mycobacterial

infection and cytomegalovirus infection). HIV infection is classified by clinical stage, which is determined by the presence or absence and severity of the manifestations.

In this block, only HIV disease associated with tuberculosis and malaria is precoordinated.


***Coding Note:*** When an HIV-related condition (manifestation) is documented, assign the appropriate HIV disease clinical stage and postcoordinate it with the documented HIV-related condition, following ICD-11 clustering rules and the medical record documentation.


Review Chapter 01 specific notes and examples in section 2.23.21.1
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-1-infectious-and-parasitic-diseases

**CHAPTER 01 REVIEW EXCEPTION**

Please classify the following conditions.

| | |
|---|---|
| Functional diarrhoea | |
| Tuberculous pneumonia (Tubercle bacilli found in sputum by microscopy) | |
| Murray Valley encephalitis | |
| Streptococcal sepsis | |
| Malaria | |
| Acute gastroenteritis | |
| Rotaviral enteritis | |
| Typhoid Fever | |
| Viral hepatitis chronic type C | |
| Pulmonary actinomycosis | |
| Urinary tract infection. Midstream specimen of urine positive for pseudomonas. | |
| Congenital staphylococcal pneumonia | |

## CHAPTER 02: NEOPLASMS

Accurate neoplasm coding depends on correctly identifying whether a malignant neoplasm is *primary* (the site of origin) or *secondary* (metastatic spread). This distinction is essential for consistent reporting and analysis of cancer incidence, stage, extent and outcomes. Clear identification of primary versus metastatic disease supports cancer registries, public health agencies, and researchers to produce reliable data for monitoring trends, identifying populations at higher risk, planning and allocating health-care resources, and evaluating prevention and treatment programmes.

Compared with ICD-10, ICD-11 provides greater clinical detail for neoplasms through more granular anatomical site categories, incorporation of morphology-based groupings, and additional precoordinated stem codes. These design features support international morbidity and mortality reporting, cancer registry requirements, and clinical reporting—improving consistency and comparability of cancer data worldwide.

Where additional detail is needed beyond what is captured in a stem code (for example, morphology or other qualifying information), ICD-11 supports postcoordination using Chapter X extension codes, where permitted and implemented in the local coding standard.

All neoplasm entities have a primary placement in Chapter 02 (Neoplasms) within the ICD-11 MMS linearisation. These entities may also appear, through multiple parenting, under the relevant organ or body system chapters.

For coding and reporting, the assigned stem is selected from ICD-11 MMS. The Coding Tool displays the full concept record, including any additional parents and coding notes, inclusion terms, and coding notes that support accurate code assignment.

Chapter 02 is organised into the following eight broad sections:

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

There are some exceptions, but where appropriate these sections follow a hierarchical design:

Level 1 - Behaviour (malignant, in situ, benign, uncertain, unknown)

Level 2 - Broad sites or systems

Level 3 - Specific site

Level 4 - Morphological (histological) type (previously found in ICD-10, Appendix A)

 For additional information on the structure of Chapter 2 Neoplasms and the rationale behind it see Section 3.2.2 in the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-02-neoplasms

 For more about ICD-10 and ICD-11 differences for Chapter 2 and for code comparison examples, see section 3.15.2 in the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#differences-between-icd10-and-icd11-in-chapter-02

To assign correct codes for a neoplasm, the coder must first determine the behaviour of each neoplasm documented (malignant, in situ, benign, uncertain, or unknown). If the neoplasm is malignant, the coder must also determine whether it represents:

- a primary malignant neoplasm (site of origin);
- a secondary malignant neoplasm (a metastasis at a specified site); or
- a malignant neoplasm of unknown primary or ill-defined/unspecified site (use only when the documentation supports this).

Metastases is a noun that clearly refers to secondary tumour sites, but the adjective “metastatic” can be ambiguous unless the documentation specifies the direction of spread. Use the following documentation cues:

- **“Metastatic from”** a specified site: code the specified site as the **primary** malignant neoplasm and code any documented metastatic site(s) as **secondary** malignant neoplasms.
- **“Metastatic to”** a specified site: code the specified site as a **secondary** malignant neoplasm and code the primary site if it is documented.

Example: Ewing’s sarcoma of the femur, metastatic to the liver and inguinal lymph nodes
Primary site = femur
Secondary sites = liver and inguinal lymph nodes.

When using postcoordination, follow the Coding Tool’s guidance for required and permitted qualifiers, and build the code cluster in the required syntax. When more than one extension code is used, order the codes according to ICD-11 clustering rules and any tool prompts (for example, topography/site and laterality are commonly added early in a cluster when applicable).

 ***Coding Notes: Neoplasm main condition rules***

When the main condition is a *primary* malignant neoplasm and another documented condition is a secondary malignant neoplasm (metastasis), code each neoplasm separately. Do **not** create a stem-code cluster that links a primary malignant neoplasm stem code to a secondary malignant neoplasm stem code (i.e., do not postcoordinate primary with metastasis using stem-code clustering).

When the main condition is a *secondary* malignant neoplasm and the primary malignant neoplasm is no longer present (for example, previously excised) or is not being treated in the current episode, code the secondary malignant neoplasm as the main condition. Then, where supported by the documentation and local reporting requirements, assign an additional stem code for the relevant 'personal history of malignant neoplasm'. Do **not** postcoordinate a secondary malignant neoplasm with a 'personal history of' code.

 Refer to section 2.23.16 in the ICD-11 Reference Guide for more information on coding 'History of'. https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coding-history-of-and-family-history-of

When the main condition is "Follow-up examination" (classifiable to Chapter 24) and the other condition is 'personal history of', code each separately; do not postcoordinate.

Use the stem code for malignant neoplasm of independent (primary) multiple sites only when the record indicates two or more independent primary malignant neoplasms and no single site predominates for reporting. Add extension codes as applicable and permitted (for example, to identify specific sites) according to the Coding Tool and local coding standards.

Use unspecified malignant neoplasm of ill-defined or unspecified site only when the documentation supports an unknown primary site or an unspecified malignancy that is being treated as primary and no further detail is available in the record.

Use the code for malignant neoplasm metastases, unspecified, only when the documentation clearly indicates disseminated metastatic disease (for example, "disseminated metastases" or "metastatic carcinoma") but no metastatic site(s) are documented.

 For more information on Chapter 2 main condition selection and examples, refer to section 2.23.21.2 of the ICD-11 Reference Guide.
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-2-neoplasms

**CHAPTER 02 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes only when the diagnostic statement provides the required detail).

| | |
|---|---|
| Acute erythroleukaemia | |
| Oat cell carcinoma, left lower lobe of lung | |
| Astrocytoma, frontal lobe of the brain | |
| Lipoma, spermatic cord | |
| Chronic myeloid leukaemia | |
| Malignant hydatidiform mole | |
| Bowen's disease of face | |
| Nevus, neck | |
| Benign insulinoma of pancreas | |
| Paget's disease of nipple | |
| Papilloma of bladder | |

| | |
|---|---|
| Nodular lymphocyte predominant Hodgkin lymphoma of the face, stage II | |
| Malignant melanoma, calf | |
| Osteoma of the tibia | |
| Carcinomatosis peritonei | |
| Brain tumour | |
| Secondary cancer of the rectum | |
| Diffuse large B cell lymphoma | |
| Squamous cell carcinoma of the upper third of the oesophagus | |
| Giant cell glioblastoma of the frontal and temporal lobe of the brain | |
| Transitional cell papilloma of the bladder | |
| Alveolar adenocarcinoma of the left upper lobe lung, stage 2 | |

## CHAPTER 03: DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS

In ICD-11, Chapter 03 includes conditions affecting the blood and blood-forming organs. Unlike ICD-10, disorders of the immune system are no longer included in this chapter. Immune-related conditions previously classified in ICD-10 Chapter III have been moved to Chapter 04: Diseases of the immune system, reflecting clearer clinical and biological distinctions.

Chapter 03 is organised into three main sections:

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

In ICD-11, anaemias are now grouped together under one section, *Anaemias or other erythrocyte disorders*, with further subdivision by aetiology and clinical type where applicable. The other sections are organised into clinically meaningful groupings of disorders (for example, by the affected blood component and by the type of disorder), with further subdivision where applicable.

All Anaemias are now consolidated into a single grouping. The remaining blocks are further organised to reflect an aetiological view of diseases of the blood and a clinical view of diseases of the blood and spleen.

Some conditions in this chapter may be due to drugs or other external causes. When this is documented and required for local reporting, assign an additional code from Chapter 23 (External causes of morbidity or mortality) and link it to the relevant diagnosis according to ICD-11 clustering rules.

**CHAPTER 03 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes only when the diagnostic statement provides the required detail).

| | |
|---|---|
| Iron deficiency anaemia | |
| Major thalassaemia | |
| Vitamin B12 deficiency anaemia | |
| Splenic cyst | |
| Haemophilia B | |
| Sickle-cell anaemia | |
| Anaemia in CKD stage 3a | |
| Sclerosing angiomatoid nodular transformation | |
| Pancytopenia | |

## CHAPTER 04: DISEASES OF THE IMMUNE SYSTEM

Chapter 04 is a new, expanded chapter that replaces immune-related content previously found in ICD-10 Chapter III. It reorganises immune system conditions with a clearer structure and greater clinical detail. Conditions are grouped primarily by clinical syndrome, with additional groupings for disorders involving specific immune cell lineages.

Top-level sections in Chapter 04 include:

- Primary immunodeficiencies
- Acquired immunodeficiencies
- Nonorganic specific systemic autoimmune disorders
- Autoinflammatory disorders
- Allergic or hypersensitivity conditions
- Immune system disorders involving the immune system
- Certain disorders involving the immune system
- Diseases of the thymus

The sections follow the below hierarchical design, with levels 2 through 4 being present where appropriate:

Level 1 - Main groupings (listed above)

Level 2 - Broad disorder or disease type

Level 3 - Specific disorder or disease type

Level 4 - Further specificity of the disorder or disease

There are no chapter-specific notes for Chapter 04.

### CHAPTER 04 REVIEW EXERCISE

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes only when the diagnostic statement provides the required detail).

| | |
|---|---|
| Hypogammaglobulinemia | |
| Neutropenia | |
| Allergic purpura | |
| Sarcoidosis of the lung | |
| Allergic eosinophilia | |
| Severe Combined Immunodeficiency (SCID) | |
| Food-induced eosinophilic oesophagitis with intermittent, severe chronic visceral pain | |
| Acute graft-versus-host disease, transplanted liver | |
| Clozapine-induced neutropenia | |
| Hyperplasia of thymus | |

## CHAPTER 05: ENDOCRINE, NUTRITIONAL OR METABOLIC DISEASES

Chapter 05 includes endocrine, nutritional and metabolic diseases. In ICD-11 MMS, these conditions are organised into more granular groupings and updated terminology is used for a number of endocrine and metabolic disorders to support consistent international reporting.

The four top-level sections are:

- **Endocrine diseases:** organised first by the affected gland or hormone system, then by specific disorders.
- **Nutritional disorders:** grouped into broad categories (for example, deficiencies and excesses), with further subdivision into specific nutritional conditions.
- **Metabolic disorders:** classified into three main groupings by aetiology (for example, inborn errors of metabolism; disorders of metabolite absorption or transport; and disorders of fluid, electrolyte and acid–base balance), then by specific disorder.
- **Postprocedural endocrine or metabolic disorders:** classified by the specific disorder and its relationship to a procedure.

Neoplasms of endocrine glands are primarily classified in Chapter 02 (Neoplasms). Symptoms, signs or clinical findings are generally classified in Chapter 21 when they are documented without a confirmed endocrine, nutritional or metabolic diagnosis.

Some conditions in this chapter may be documented as due to drugs, medical care, or other external causes. Where this level of detail is required or permitted for reporting, assign the appropriate code(s) from Chapter 23 (External causes of morbidity or mortality) and link them to the diagnosis according to ICD-11 clustering rules and the local coding standard.

***Diabetes mellitus***

Diabetes mellitus and intermediate hyperglycaemia have been expanded in ICD-11 to align with current WHO terminology. Diabetes is classified in Chapter 05; however, many diabetes-related complications are classified in the relevant body system chapters. Where the documentation indicates a diabetes–complication relationship, codes are linked through clustering (for example,

using ‘due to’/‘associated with’ guidance and any ‘code also’ instructions shown in the concept record).

 ***Coding Note:*** When a condition is documented as due to diabetes (or when the ICD-11 concept record indicates a required diabetes linkage), code the complication and link it to the appropriate diabetes stem code using ICD-11 clustering rules. If more than one distinct complication is documented as due to diabetes, code each complication and link it to diabetes as required for reporting and by the Coding Tool (this may result in diabetes appearing in more than one cluster).

 For diabetes examples, see Chapter-specific notes (Section 2.23.21.4) of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-5-endocrine-nutritional-or-metabolic-diseases

 ***Coding Note:*** When a carcinoid neoplasm is documented, the neoplasm is usually the preferred main condition. Use the code for carcinoid syndrome as the main condition only when the episode of care is primarily for evaluation or management of the endocrine syndrome itself and this is supported by the documentation and applicable main condition selection rules.

**CHAPTER 05 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Cushing's syndrome | |
| Severe malnutrition | |
| Morbid obesity in adults | |
| Adult-onset diabetes | |
| Diabetic nephropathy with known juvenile-onset diabetes | |
| Hypokalaemia | |
| Glycogen storage disease due to GLUT2 deficiency | |
| Sequelae of rickets with bilateral genu varum | |
| Hypothyroidism post-radioactive iodine ablation | |
| Familial hypercholesterolaemia | |
| Dehydration with mild acute kidney failure, stage 1 | |
| Polycystic ovary syndrome (PCOS) | |
| Addisonian crisis | |
| Lactose intolerance | |
| Multinodular goitre | |

## CHAPTER 06: MENTAL, BEHAVIOURAL AND NEURODEVELOPMENTAL DISORDERS

Chapter 06 classifies mental, behavioural and neurodevelopmental disorders. It is organised to reflect current scientific evidence about relationships among these disorders and to support clinical utility for documentation, coding and reporting. Historical concepts that are no longer well supported (such as “neurosis”) have been removed to improve clarity and consistency.

In ICD-10, some groupings were shaped more by the constraints of the coding structure than by clinical usefulness. ICD-11 updates the organisation and terminology to better reflect contemporary practice and to improve navigation within the digital tools.

1. The ICD-11 linear structure reflects 3 major strands of development, including: Scientific evidence reviews conducted by ICD-11 expert working groups.
2. Clinical field studies evaluating how useful and usable the structure is in practice.
3. Alignment with other international diagnostic frameworks, like DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition), where appropriate to support comparability

At the top level, Chapter 06 includes (among others): neurodevelopmental disorders; schizophrenia or other primary psychotic disorders; mood disorders; anxiety or fear-related disorders; disorders specifically associated with stress; feeding or eating disorders; disorders due to substance use or addictive behaviours; and neurocognitive disorders.

 For detailed background and further reference material on the current structure of this chapter and the principles and research behind it, please see the ICD-11 Reference Guide section 3.2.6: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-06-mental-behavioural-or-neurodevelopmental-disorders

 ***Coding Note:*** When dementia or another neurocognitive disorder is documented, assign the code for the specific type of dementia or neurocognitive disorder. When an underlying cause is documented (for example, Alzheimer disease, cerebrovascular disease, Parkinson disease, or another condition), also assign a code for the underlying cause and link the codes using ICD-11 clustering conventions.

**CHAPTER 06 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Use of tobacco | |
| Non-alcoholic Korsakov’s (Korsacoff) psychosis related to vitamin B12 deficiency | |
| Acute alcohol intoxication | |

| | |
|---|---|
| Severe disorder of intellectual development | |
| Multi-infarct dementia due to cerebral ischemic stroke | |
| Paranoid schizophrenia | |
| Opioid dependence with withdrawal | |
| Heller's syndrome | |
| Developmental dyslexia | |
| Attention deficit hyperactivity disorder, predominantly impulsive | |
| Dementia in epilepsy | |
| Generalised anxiety with panic attacks | |
| Anorexia nervosa | |
| Reactive depression | |
| Autism spectrum disorder (unspecified) | |
| Asperger's syndrome | |
| Methamphetamine induced psychosis | |

## CHAPTER 07: SLEEP-WAKE DISORDERS

Chapter 07 is a new chapter in ICD-11 that classifies sleep-wake disorders. In earlier ICD editions, sleep-related conditions were distributed across different chapters (for example, mental, behavioural and neurodevelopmental disorders; diseases of the nervous system; and diseases of the respiratory system). ICD-11 brings sleep-wake disorders together into one chapter to reflect their shared clinical features and to support more consistent coding and reporting.

Chapter 07 is organised into clinically meaningful groupings, including insomnia disorders, hypersomnolence disorders, sleep-related breathing disorders, parasomnias, sleep-related movement disorders, and circadian sleep-wake disorders. This structure improves clinical utility by grouping disorders primarily according to sleep-wake phenomena and current scientific evidence, rather than by the specialty context in which the patient is assessed.

**Illustrative comparison of ICD-10 vs ICD-11 organisation**

| ICD-10 previous chapter location | ICD-11 Chapter 07 category |
|---|---|
| Mental health and nervous system | Insomnia disorders |
| Mental health and nervous system | Hypersomnolence disorders |
| Neurology and endocrine | Sleep-related breathing disorders |
| Neurology | Circadian rhythm sleep-wake disorders |
| Various locations | Sleep-related movement disorders |
| Mental health | Parasomnia disorders |

**CHAPTER 07 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the

necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Hypersomnia due to therapeutic use of lorazepam | |
| Nightmare disorder | |
| Obesity hypoventilation syndrome | |
| Insomnia, 4 nights per week for 6 months | |
| Circadian rhythm disruption due to shift work | |
| Mild obstructive sleep apnoea | |
| Severe sleep-related teeth grinding | |
| Klein-Levin syndrome | |

## CHAPTER 08: DISEASES OF THE NERVOUS SYSTEM

Chapter 08 in ICD-11 has been extensively reorganised to improve clinical coherence and to reflect advances in neuroscience. In ICD-10, structural constraints contributed to some groupings that were less clinically intuitive (for example, classifying a wide range of conditions together under broad "other" categories). In ICD-11, conditions are reorganised into clearer, clinically meaningful blocks, with prominent groupings for epilepsy or seizures, headache disorders and cerebrovascular diseases. Sleep-wake disorders have been moved to their own chapter (Chapter 07).

The revised chapter also reflects advances in genetics, molecular biology, immunology and ageing research. New or expanded blocks (for example, autoimmune disorders of the nervous system and human prion diseases) support more specific coding and reduce reliance on residual categories. ICD-11 also supports multiple parenting for conditions that have important neurological manifestations but also belong to other clinical groupings. For example, some mitochondrial or metabolic disorders with neuromuscular involvement may be visible in both neurology and metabolic chapters. Cerebrovascular diseases are now primarily located in Chapter 08 (Diseases of the nervous system), while also being visible under the circulatory system chapter through multiple parenting. Transient ischaemic attack (TIA) is classified under cerebrovascular diseases.

 For more detailed information on the structure and rationale behind chapter 08, as well as examples, see section 3.2.8 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-08-diseases-of-the-nervous-system

Some neurological conditions may be documented as due to drugs, medical devices, medical care, or other external causes. Where this level of detail is required or permitted for reporting, assign the appropriate code(s) from Chapter 23 (External causes of morbidity or mortality) and link them to the diagnosis according to ICD-11 clustering rules and the local coding standard.

 ***Coding Note:*** Use codes for *late effects of cerebrovascular disease* only when there are documented residual (persisting) symptoms or signs after a previous cerebrovascular event. When the specific residual problem is documented (for example, hemiplegia, aphasia, or cognitive

impairment), code the residual condition first and then add the applicable late-effects cerebrovascular code in the same cluster, following ICD-11 sequela (late-effect) coding rules.

 Refer to Section 2.23.18 of the ICD-11 Reference Guide for further information on sequela coding: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#coding-of-conditions-documented-as-sequela-late-effect

 ***Coding Note:*** Codes for paralytic symptoms should not be selected as the main condition when a current underlying cause (for example, stroke, spinal cord injury, or another neurological disease) is identified and is the focus of care. Paralysis codes may be used as the main condition when the episode of care is primarily for evaluation or management of the paralysis itself and this is supported by the documentation and applicable main condition selection rules.

 The official chapter specific notes, with examples, can be found in the ICD-11 Reference Guide, section 2.23.21.6: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-8-diseases-of-the-nervous-system

**CHAPTER 08 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Acquired communicating hydrocephalus | |
| Anoxic brain damage | |
| Charcot-Marie-Tooth disease | |
| Ataxic cerebral palsy | |
| Secondary Parkinsonism due to antiepileptic drugs | |
| Myasthenia gravis | |
| Multiple sclerosis | |
| Classical migraine | |
| Bell's palsy | |
| Carpal tunnel syndrome | |
| Motor neuron disease | |
| TIA (transient ischaemic attack) | |
| Guillain–Barré syndrome | |

## CHAPTER 09 DISEASES OF THE VISUAL SYSTEM

Chapter 09 is organised primarily by anatomy first, followed by disease type. The hierarchy progresses from broad anatomical regions of the visual system to specific anatomical structures, then to broad disease categories, and finally to more detailed disease subtypes. This layered approach allows for more precise and clinically logical representation of eye conditions and is a

major structural and hierarchical change from ICD-10. A separation of anterior and posterior segment disorders of the eyeball has created clearer groupings for glaucoma, disorders of the visual pathways or centres, disorders of refraction or accommodation, and vision impairment. Disorders that were previously collected under “other disorders of the eye” have been reassigned to more specific groupings, reducing ambiguity and improving coding accuracy.


***Coding note:*** Codes for vision impairment, including blindness, should generally not be used as the preferred main condition when an underlying cause is documented and is the focus of care. Use a vision impairment code as the main condition when the episode of care is primarily for assessment or management of the vision impairment itself, and this is supported by the documentation and applicable main condition selection rules.


For a detailed list of ICD-10 to ICD-11 changes see section 3.15.9 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#differences-between-icd10-and-icd11-in-chapter-09

**CHAPTER 09 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Blindness, left eye | |
| Bilateral juvenile cataracts | |
| Myopia, bilateral | |
| Right oculomotor nerve palsy | |
| Unilateral retinal haemorrhage | |
| Vertical strabismus, bilateral | |
| Open-angle glaucoma | |
| Ulcer of right cornea | |
| Dacryolith | |
| Diabetic cataract | |
| Ectropion left upper lid | |
| Acute bilateral conjunctivitis | |
| Retinal detachment | |
| Macular degeneration, right | |

## CHAPTER 10: DISEASES OF THE EAR AND MASTOID PROCESS

Chapter 10 classifies diseases of the ear and mastoid process. Compared with some other ICD-11 chapters, the overall structure is broadly similar to ICD-10, with targeted updates to improve clarity, reduce reliance on residual categories, and support digital navigation.

Major sections include diseases of the external ear; diseases of the middle ear or mastoid; diseases of the inner ear; disorders with hearing impairment; disorders of the ear not elsewhere classified; and postprocedural disorders of the ear or mastoid process.

The chapter remains organised around key anatomical groupings (external ear; middle ear and mastoid; inner ear), with additional groupings for hearing impairment, postprocedural disorders, and other specified/unspecified ear conditions. This improves usability without major conceptual redesign.

 ***Coding note:*** Use acquired hearing impairment codes when hearing loss is the primary focus of care (for example, assessment, rehabilitation, or audiology management), or when no specific underlying ear disorder or cause is documented. When a specific cause is documented and is the focus of care, code the cause as the main condition and add a hearing impairment code only when required or helpful for reporting, following ICD-11 clustering rules and local standards.

**CHAPTER 10 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Glue ear, right | |
| Bilateral cerumen impaction | |
| Chronic purulent otitis media, left ear with perforated tympanic membrane | |
| Acute viral mastoiditis, left side | |
| Stenosis of right eustachian tube | |
| Bilateral obliterative otosclerosis involving the oval window | |
| Bilateral ototoxic hearing loss secondary to gentamicin therapy | |
| Benign paroxysmal positional vertigo | |
| Bilateral sensorineural hearing loss | |
| Cholesteatoma of left ear canal | |
| Cholesteatoma of middle ear | |
| Perforation of ear drum | |
| Meniere's disease | |
| Noise-induced hearing loss | |

## CHAPTER 11: DISEASES OF THE CIRCULATORY SYSTEM

Chapter 11 classifies diseases of the circulatory system. The circulatory system circulates blood and lymph throughout the body to deliver nutrients, gases, hormones and blood cells, and to support immune function, temperature and pH regulation, and homeostasis.

The chapter uses two main hierarchy types to organise cardiovascular diseases in ways that reflect how clinicians think about heart disease in practice—by condition and by anatomy.

Hierarchy type 1 – Disease-based

Level 1: Broad category of disease or disorder

Level 2: Specific disease or disorder type

Level 3: Further clinical detail or specificity

Hierarchy type 2 – Anatomy-based

Level 1: Broad anatomic area

Level 2: Specific anatomic structure

Level 3: Specific disease or disorder affecting that structure

Since ICD-10 was published more than 20 years ago, cardiovascular care has changed significantly. Advances in diagnostic methods, procedures, and long-term survival mean that the ICD-10 chapter structure no longer reflects modern cardiology practice. ICD-11 updates Chapter 11 to better represent today's clinical reality.

Key drivers of change include:

- Expanded disease classification: Improved understanding and management of cardiovascular conditions led to more disease entities and updated terminology.
- Shift in diagnostic focus: Conditions such as valve disease are now classified by valve type, pathology, and cause rather than older paradigms.
- Recognition of major clinical areas: Previously broad categories now include distinct sections for myocardium diseases and cardiac arrhythmias, including genetic and device-related conditions.
- Reclassification across chapters: Conditions mainly managed outside cardiology were moved to more appropriate body-system chapters.
- Growth of post-procedural conditions: Increased survival after cardiac procedures resulted in expanded recognition of procedure-related complications.
- Updated pulmonary hypertension classification: A new subsection reflects international clinical consensus and guidelines.
- Expanded congenital heart disease detail: Paediatric cardiology standards were adopted, greatly increasing diagnostic specificity.

 ***Coding note:*** When a specific cause of secondary hypertension is documented and is the focus of care, the cause is usually selected as the preferred main condition. In such cases, code secondary hypertension as an additional diagnosis (in the same cluster) when it is clinically relevant to the episode of care and required or permitted for reporting, following ICD-11 clustering rules and local standards.

 Full notes on the chapter restructure can be found in section 3.2.11 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#part-0-chapter-11-diseases-of-the-circulatory-system

**CHAPTER 11 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add

extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Aortic stenosis | |
| Mitral regurgitation | |
| Secondary hypertension | |
| Bilateral Pulmonary embolism | |
| Cor pulmonale | |
| Alcoholic cardiomyopathy | |
| Arteriosclerotic cardiovascular disease | |
| Myocardial ischaemia | |
| Myocardial disease | |
| Nephrosclerosis with acute kidney failure | |
| Thrombosis of iliac artery | |
| Mesenteric adenitis | |

## CHAPTER 12: DISEASES OF THE RESPIRATORY SYSTEM

Chapter 12 classifies diseases and disorders of the respiratory system using two main hierarchies: by disorder type and by anatomy. This approach supports a clinically relevant framework by organising respiratory conditions according to cause, anatomy and management considerations.

In ICD-11, some respiratory-related conditions are classified outside Chapter 12 when their primary clinical nature aligns better with another chapter. For example, many infectious diseases (including several systemic infections that affect the lungs) are classified in Chapter 01, neoplasms are classified in Chapter 02, and developmental anomalies are classified in Chapter 20. Chapter 12 still includes a dedicated block for *lung infections* to capture respiratory infections that are appropriately classified within the respiratory chapter.

 Additional notes about the Chapter restructure can be found in section 3.2.12 in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-12-diseases-of-the-respiratory-system

The main content of Chapter 12 is organised into the following key blocks:

- Upper respiratory tract disorders
  Includes non-infectious diseases of the upper airway. Infectious conditions affecting this region are classified in the infectious disease chapter.
- Certain lower respiratory tract diseases
  Includes chronic obstructive pulmonary disease (COPD) and other specified lower respiratory tract diseases. Cystic fibrosis is included here and is also visible under metabolic disorders through multiple parenting to reflect its multisystem nature.
- Lung infections
  Includes pneumonia and other respiratory infections that are classified within Chapter 12.

- Lung diseases due to external agents
  Includes inhalation-related, occupational, and environmental lung diseases. This section was developed with input from the WHO Occupational Health Division.
- Respiratory diseases principally affecting the lung interstitium
  Idiopathic interstitial pneumonitis is an independent category based on international consensus, and a separate category for interstitial lung diseases specific to infancy and childhood was created following recommendations from paediatric experts.
- Pleural, diaphragm or mediastinal disorders
  Mediastinal and diaphragm disorders are grouped with pleural and mediastinal conditions to reflect anatomical and clinical relationships.
- Certain diseases of the respiratory system
  Includes specific respiratory conditions that do not fall neatly into other blocks.
- Respiratory failure
  Classified as a distinct block to reflect its clinical importance and management considerations.

Chapter 12 includes special instruction coding rules for certain *tentative underlying cause* scenarios. When the documentation presents particular combinations of conditions, these instructions guide main condition selection to support consistent morbidity reporting. Always follow the ICD-11 Coding Tool prompts and the applicable guidance in the ICD-11 Reference Guide for these scenarios.

See the ICD-11 Reference Guide section 2.19.3.12 for the full Special instructions on Chapter 12 Diseases of the respiratory system:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#special-instructions-on-chapter-12-diseases-of-the-respiratory-system

**CHAPTER 12 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Chronic obstructive lung disease | |
| Compensatory emphysema | |
| Shock lung | |
| Croup | |
| Asthmatic bronchitis | |
| Chronic respiratory disease | |
| Pleural effusion, right lung | |
| Fibrosis of bilateral lungs following radiation | |
| Aspiration pneumonia | |
| Farmer's lung | |
| Acute type I respiratory failure | |
| Peritonsillar abscess | |
| Nasal polyp | |

## CHAPTER 13: DISEASES OF THE DIGESTIVE SYSTEM

Chapter 13 classifies diseases of the digestive system using an anatomy-first hierarchy, followed by disease type and additional clinical specificity. ICD-11 expands and strengthens the classification of the orofacial complex, recognising that oral health includes conditions beyond teeth (for example, orofacial pain, soft-tissue lesions, cancers, developmental anomalies, and oral manifestations of systemic disease). This supports consistent coding and analysis across care settings.

The chapter organises digestive diseases from rostral to caudal (mouth to anus), with distinct groupings for functional gastrointestinal disorders and inflammatory bowel diseases. Common conditions—such as gastro-oesophageal reflux disease, inflammatory bowel disease, diverticular disease and malabsorption syndromes—have dedicated categories. Liver disease classification has been expanded (including metabolic, autoimmune, vascular and fatty liver diseases). Where chronic liver disease is documented with cirrhosis and an underlying cause, coding typically uses clustering to represent cirrhosis and the cause. Separate sections for gallbladder or biliary tract diseases and pancreatic diseases provide greater diagnostic specificity, and vascular digestive disorders (such as oesophageal varices and haemorrhoids) are classified within Chapter 13.

Chapter 13 includes special coding instructions for certain *tentative underlying cause* scenarios. When the documentation presents particular combinations of conditions, these instructions guide the selection of the most clinically relevant main condition for consistent reporting. Follow the ICD-11 Coding Tool prompts and the ICD-11 Reference Guide for these scenarios.

 For the full Chapter 13 Special coding instructions, see the ICD-11 Reference Guide section 2.19.3.13: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#special-instructions-on-chapter-13-diseases-of-the-digestive-system

**CHAPTER 13 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Mesenteric thrombosis | |
| Incarcerated inguinal hernia | |
| Gastric ulcer with haemorrhage | |
| Calculus of bile duct, acute cholecystitis | |
| Alcoholic liver disease | |
| Malfunction of colostomy | |
| Coeliac disease | |
| Cholangitis | |
| Ulcer of oesophagus due to therapeutic use of aspirin | |
| Oral mucositis | |
| Dental caries | |
| Acute appendicitis | |
| Paralytic ileus | |

| | |
|---|---|
| Ulcerative colitis | |

## CHAPTER 14: DISEASES OF THE SKIN

Chapter 14 is organised using a three-level hierarchy, beginning with a broad disease or disorder category, followed by a more specific disease type that may include anatomical site, and then additional clinical detail. Significant updates were made to increase clinical detail and support consistent international dermatology coding and reporting.

Top-level blocks include:

- Certain skin disorders attributable to infection or infestation
- Inflammatory dermatoses
- Metabolic or nutritional disorders affecting the skin
- Genetic or developmental disorders affecting the skin
- Sensory or psychological disorders affecting the skin
- Skin disorders involving specific cutaneous structures
- Skin disorders involving certain specific body regions
- Skin disorders associated with pregnancy, the neonatal period or infancy
- Adverse cutaneous reactions to medication
- Skin disorders provoked by external factors
- Benign proliferations, neoplasms and cysts of the skin
- Disorders of the skin of uncertain or unpredictable malignant potential
- Cutaneous markers of internal disorders
- Postprocedural disorders of the skin

Because many skin conditions have overlapping features or causes, Chapter 14 groups disorders by their most clinically relevant characteristic. Additional clinical detail (for example, extent, distribution or severity) may be captured using postcoordination where appropriate and permitted by the Coding Tool. There are no chapter-specific notes for Chapter 14.

**CHAPTER 14 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Alopecia | |
| Diaper rash | |

| | |
|---|---|
| Discoid lupus erythematosus | |
| Pemphigus vulgaris | |
| Poison ivy allergic dermatitis | |
| Acne rosacea | |
| Mild plaque psoriasis | |
| Stage I decubitus ulcer, right buttock | |
| Keloid scar of ear lobe | |
| Pilonidal cyst | |

## CHAPTER 15: DISEASES OF THE MUSCULOSKELETAL SYSTEM OR CONNECTIVE TISSUE

The organisation of Chapter 15 is guided by current international clinical standards and expert consensus groups to reflect contemporary rheumatologic practice. For selected conditions (for example, rheumatoid arthritis and vasculitis), the ICD-11 content model aligns with widely used international classification and nomenclature frameworks, like the American Academy of Rheumatology (ACR), the European Alliance of Associations for Rheumatology (EULAR), and the Chapel Hill International Consensus Conference to support comparability and clinical utility.

 More information on the structure and rationale of Chapter 15 can be found in section 3.2.15 of the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-15-structure-of-chapter-15

Top level blocks include:

- Arthropathies
- Conditions associated with the spine.
- Soft tissue disorders
- Osteopathies or chondropathies

Many musculoskeletal conditions are treated without a confirmed underlying disease. In such cases, code only the documented musculoskeletal condition.

 See the Arthropathies block in the ICD-11 Browser for notes on Osteoarthritis (https://icd.who.int/browse/2026-01/mms/en#558562409) and Infection related arthropathies (https://icd.who.int/browse/2026-01/mms/en#471986432)

**CHAPTER 15 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Rheumatoid arthritis of left knee | |
| Gout of great toe | |
| Ankylosing spondylitis thoracolumbar spine | |
| Sciatica due to displacement of lumbar disc | |
| Osteoarthritis right hip | |
| Bursitis, trochanteral region, bilateral | |
| Osteolysis | |
| Juvenile osteochondrosis of calcaneum, 4-year-old patient | |

## CHAPTER 16: DISEASES OF THE GENITOURINARY SYSTEM

ICD-11 Chapter 16 was comprehensively reorganised to improve clinical usability, international consistency and alignment with current scientific evidence. The chapter is structured into clearly defined top-level blocks including:

- Diseases of the female genital system
- Diseases of the male genital system
- Disorders of the breast
- Diseases of the urinary system
- Other conditions of the genitourinary system
- Postprocedural disorders of the genitourinary system

This structure reflects how clinicians evaluate and document genitourinary conditions and incorporates internationally agreed upon terminology and definitions developed in collaboration with expert organisations such as the WHO Department of Reproductive Health and Research, the International Federation of Gynaecology and Obstetrics (FIGO), the National Kidney Foundation and Kidney Disease: Improving Global Outcomes (KDIGO).

A major improvement in ICD-11 is the re-architecture of the female and male genital system hierarchies. Conditions are first divided into non-inflammatory and inflammatory disorders, then organised by anatomical region in the order followed during gynaecological and obstetric examinations—from external to internal genitalia. Where appropriate, these groupings are further subdivided into congenital and acquired conditions. Greater diagnostic specificity has been introduced for several areas, including amenorrhoea, ovarian dysfunction, female pelvic pain, endometriosis, adenomyosis, infertility, early pregnancy loss and pregnancy outcomes, allowing for more accurate clinical representation.

All kidney diseases are now consistently classified under *Diseases of the urinary system*, which is an important conceptual clarification. Acute kidney failure and chronic kidney disease have been revised to align with current KDIGO definitions and the KDIGO staging system. Glomerular diseases are now organised by clinical syndromes rather than purely structural concepts, reflecting real-world nephrology practice. In addition, a new block for cystic and dysplastic kidney diseases groups related conditions together based on contemporary international guidance.

ICD-11 also reinforces clear “code elsewhere” principles. Neoplasms of the urinary system are classified in Chapter 02, structural developmental anomalies in Chapter 20, and symptoms or clinical findings in Chapter 21. For chronic kidney disease, code the most advanced documented stage. Where kidney disease is documented in association with essential hypertension, use the appropriate hypertensive renal disease code rather than coding the conditions separately (unless your national or local standards instruct otherwise). Overall, Chapter 16 prioritises clinical logic, standardised definitions and clarity in coding, making it easier for coders and clinicians to navigate and apply correctly.

 Special instructions for Chapter 16 coding can be found in section 2.19.3.16 of the ICD-11 Reference Guide. https://icdcdn.who.int/icd11referenceguide/en/html/index.html#special-instructions-on-chapter-16-diseases-of-the-genitourinary-system

**CHAPTER 16 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code. Add extension codes and/or additional stem codes only when the diagnostic statement provides the required detail and the Coding Tool indicates that postcoordination is available or required).

| | |
|---|---|
| Tubular necrosis | |
| Nephrogenic diabetes insipidus | |
| Cyst of Bartholin's gland | |
| Acute proliferative glomerulonephritis | |
| Uraemia | |
| Cervicitis | |
| Nephropathy | |
| Lipoid nephrosis | |
| Stage 2 acute renal failure | |
| Cystic breast, bilateral | |
| Chronic kidney disease - stage 4 | |
| Endometriosis of right ovary | |
| Urethral stricture | |
| Bladder calculus | |
| Female rectocele | |

## CHAPTER 17: CONDITIONS RELATED TO SEXUAL HEALTH

Chapter 17 is new in ICD-11 and has been designed to consolidate conditions related to sexual health. This structure supports classification of gender identity–related health conditions in a non-stigmatising way, while maintaining recognition that health services and interventions may be required and should be supported within the health system.

The major sections include:

- Sexual dysfunctions
- Sexual pain disorders
- Aetiological considerations in sexual dysfunctions and sexual pain disorders
- Gender incongruence

 For a comparison of ICD-10 and ICD-11 block structure for Chapter 17, see section 3.15.17 of the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-17-is-a-new-addition-to-icd11-and-was-not-found-in-past-editions

**CHAPTER 17 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code. Add extension codes and/or additional stem codes only when the diagnostic statement provides the required detail and the Coding Tool indicates that postcoordination is available or required).

| | |
|---|---|
| Acquired generalised genito-pelvic penetration disorder | |
| Gender incongruence in a 32-year-old | |
| Erectile dysfunction | |
| Hypoactive sexual desire dysfunction | |
| Sexual anhedonia | |
| Traumatic amputation of testicle related to fall on fence | |
| Situational female arousal dysfunction | |
| Medication related anorgasmia | |

## CHAPTER 18: PREGNANCY, CHILDBIRTH OR THE PUERPERIUM

ICD-11 Chapter 18 is one of the *special group chapters* and includes conditions related to, or aggravated by, pregnancy, childbirth or the puerperium (maternal or obstetric causes). The puerperium is the period after childbirth during which the mother's reproductive system and physiology return to the non-pregnant state.

The chapter follows a hierarchical structure that incorporates internationally agreed upon terminology and definitions developed in collaboration with expert organisations such as the WHO Department of Reproductive Health and Research (RHR), the International Federation of Gynaecology and Obstetrics (FIGO), and the International Committee for Monitoring Assisted Reproductive Technologies (ICMART). While the overall content remains similar to ICD-10, the chapter has been reorganised and refined to improve clinical clarity. Updates were made to sections addressing maternal care related to the foetus and amniotic cavity, possible delivery problems, and complications of labour and delivery. Greater detail has been added for early pregnancy loss, and a new *Obstetric haemorrhage* section groups all pregnancy-related haemorrhage conditions together.

This chapter is divided into the following blocks:

- Abortive outcome of pregnancy
- Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth or the puerperium
- Obstetric haemorrhage
- Certain specified maternal disorders predominantly related to pregnancy
- Maternal care related to the foetus, amniotic cavity or possible delivery problems
- Complications of labour or delivery
- Delivery
- Complications predominantly related to the puerperium
- Certain obstetric conditions, not elsewhere classified

 ***Coding Notes*:**

- When a maternal condition is classified outside Chapter 18 but is documented as complicating pregnancy, childbirth or the puerperium, code the appropriate Chapter 18 subcategory as the main condition. This applies when the condition affected the pregnancy, was worsened by pregnancy, or was the reason for obstetric care. Codes from other ICD-11 chapters may be added as optional additional codes to specify the underlying disease. When additional codes are used, apply postcoordination in line with the Coding Tool and any national or local standards.
- JA05 (Complications following abortion, ectopic or molar pregnancy) codes are not used as the main condition unless the encounter is solely to treat a complication of a previous abortion, ectopic pregnancy or molar pregnancy. Otherwise, they may be used as optional additional codes alongside *Abortive outcome of pregnancy* codes.
- Delivery codes should be used as the main condition only when the record contains nothing more than a statement of delivery or method of delivery. They may also be used as additional codes to specify the method of delivery when no separate data element or procedure classification captures that information.

 For additional information and examples of the chapter-specific coding notes, see section 2.23.21.11 of the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-18-pregnancy-childbirth-or-the-puerperium

There are also a number of coding notes relating to the tentative underlying cause of death (TUC).

 For a complete list of TUC rules, see section 2.19.3.18 of the ICD-11 Reference Guide:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html#special-instructions-on-chapter-18-pregnancy-childbirth-or-the-puerperium

**CHAPTER 18 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code. Add extension codes and/or additional stem codes only when the diagnostic statement provides the required detail and the Coding Tool indicates that postcoordination is available or required).

| | |
|---|---|
| Antepartum haemorrhage | |
| Ruptured tubal pregnancy | |
| Deterioration during pregnancy of longstanding mitral insufficiency. | |
| Therapeutic abortion | |
| Threatened abortion, 8 weeks gestation | |
| Retained placenta without haemorrhage | |
| Hyperemesis gravidarum leading to dehydration | |
| Cervical incompetence, removal of Shirodkar suture. Discharged to await onset of labour | |
| Readmitted for haemorrhage following a previous admission for legal termination of pregnancy | |
| Obstructed labour due to an inlet contraction of the pelvis | |
| Foetal bradycardia during labour | |
| Spontaneous vaginal delivery, liveborn infant | |
| Spontaneous abortion 12 weeks gestation | |
| Failed oxytocin induction of labour | |
| Liveborn triplets delivered by caesarean section | |
| HELLP syndrome | |
| Partial hydatidiform mole | |
| Placenta praevia without haemorrhage | |
| Severe preeclampsia, significant protein in urine | |

## CHAPTER 19: CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

The perinatal period starts at the 28th week of pregnancy and continues to the end of the first week of life. Chapter 19 classifies conditions which arise during this period because of the foetal environment, birth process or the infant's taking time to adjust to the extrauterine environment. Often these are transitory or sometimes congenital conditions. Codes in this chapter apply to neonatal records. If a condition starts around the time of birth, it should be coded to Chapter 19, even if the baby becomes sick or dies later. Chapter 19 takes priority over body-system chapters. For babies younger than 28 days, assume the condition began in the perinatal period unless the record clearly says it started after the first 7 days of life.

 The Coding Note for the perinatal period can be found in the ICD-11 Browser and Coding Tool: https://icd.who.int/browse/2026-01/mms/en#1306203631

The chapter has 14 main blocks and follows a hierarchical structure designed to support classification of conditions originating in the perinatal period, including disorders related to the length of gestation and foetal growth, birth trauma, infections specific to the perinatal period and other neonatal conditions.

The revisions to Chapter 19 focus on improving clinical utility, clarity, and international standardisation. The chapter incorporates scientifically accurate and internationally agreed-upon terminology developed through collaboration with global experts, including the WHO Department of Reproductive Health and Research (RHR), the International Federation of Gynaecology and Obstetrics (FIGO), and the International Committee for Monitoring Assisted Reproductive Technologies (ICMART). While the overall scope remains similar to ICD-10, the content has been refined to better reflect contemporary clinical practice, including expanded detail for early pregnancy loss.

There are no chapter-specific notes in the ICD-11 Reference Guide for Chapter 19.

**CHAPTER 19 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Premature infant (34 weeks) | |
| Neonatal conjunctivitis | |
| Jaundice of newborn | |
| Hyaline membrane disease of newborn | |
| Anaemia due to prematurity | |
| Cephalhematoma noted on newborn examination | |
| Bacterial sepsis in newborn | |
| Neonatal pseudomenses | |
| Neonatal difficulty in feeding at breast | |
| Congenital hydrocele | |
| Newborn with moderate hypoxic ischaemic encephalopathy, asphyxia with 5-minute Apgar score was 6. | |
| Meconium aspiration | |
| Necrotising enterocolitis, stage 3B | |
| Very low birth weight, 1200g | |
| Patent ductus arteriosus in prematurity | |

## CHAPTER 20: DEVELOPMENTAL ANOMALIES

In earlier versions of ICD, the organisation of developmental anomalies was not always clear, particularly when distinguishing between genetic conditions and structural malformations. To reduce this uncertainty in ICD-11, genetic syndromes without structural abnormalities are no longer classified in the developmental anomalies chapter. Instead, they are classified in the chapter related to the affected body system or, where appropriate, across the relevant body systems.

Codes from the Developmental Anomalies chapter may be assigned to adult patients as well as newborns, since congenital conditions can continue to affect individuals throughout life. Chapter 20 is organised into four main blocks, each grouping conditions with shared characteristics:

Structural developmental anomalies primarily affecting one body system

- Organised by body system
- Codes are multi-parented to the relevant body system chapter

Multiple developmental anomalies or syndromes

- Conditions affecting multiple locations within one body system
- Conditions affecting multiple body systems simultaneously
- Conditions affecting multiple body systems with no single system predominating are located at the end of this section
- Dysplasia syndromes due to inborn errors of metabolism are included here, but are primarily classified in the Metabolic Disorders block in Chapter 05

Chromosomal anomalies, excluding gene mutations

- Organized by genetic or chromosomal (cytogenetic) cause, rather than clinical features
- Designed to be updated over time as new chromosomal conditions are identified

Conditions with disorders of intellectual development as a relevant clinical feature

 See section 3.2.20.2 in the ICD-11 Reference Guide for more detailed information on the structure of Chapter 20: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-20-structure-of-chapter-20

Chapter 20 does not have chapter-specific notes in the ICD-11 Reference Guide.

**CHAPTER 20 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Bat ear, bilateral | |
| Ankyloglossia | |
| Congenital Malrotation of the colon | |
| Prader-Willi syndrome | |
| Congenital tracheomalacia | |
| Trisomy 21 | |
| Cleft palate with cleft lip, right side | |
| Oesophageal atresia | |
| Tetralogy of Fallot | |
| Congenital hiatus hernia | |
| Webbed fingers, right hand | |

| | |
|---|---|
| Spina bifida occulta | |
| Thrombocytopenia with absent radius (TAR) syndrome | |
| Conjoined twins | |

## CHAPTER 21: SYMPTOMS, SIGNS OR CLINICAL FINDINGS, NOT ELSEWHERE CLASSIFIED

Chapter 21 is used to classify symptoms, signs and clinical findings when a definitive diagnosis has not been established, the symptom, sign or finding is the main focus of care, and the condition cannot be classified to a more specific disease chapter. This chapter supports provisional coding when clinicians document what is observed rather than a confirmed disease. Codes from Chapter 21 should not be used once an explanatory diagnosis is known.

For the chapter 21 description, see the ICD-11 Browser and Coding Tool.
https://icd.who.int/browse/2026-01/mms/en#1843895818

Chapter 21 is organised primarily by body system, which helps users locate symptoms and signs within a specific clinical area. Within each body system, conditions are grouped from general symptoms to more specific clinical findings.

***Coding Note:*** Codes from this chapter may be assigned as the main condition only when the symptom, sign, or clinical finding was the primary focus of care. When an explanatory diagnosis is established during the episode of care, symptom-based codes should not be used.

### CHAPTER 21 REVIEW EXERCISE

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Gangrene of foot | |
| Hepatomegaly | |
| Ascites | |
| Excessive blood level of alcohol | |
| Excessive thirst | |
| Senility | |
| Benign heart murmur | |
| Extravasation of urine | |
| Cachexia | |
| Sudden infant death syndrome | |
| Abnormal glucose tolerance test | |
| Chest pain | |
| Rash | |
| Syncope | |

## CHAPTER 22: INJURY, POISONING OR CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

Chapter 22 classifies the *nature of injury or harm*—such as fractures, burns, toxic effects, and complications affecting the body—that result from exposure to physical agents, including mechanical force, heat, electricity, chemicals, radiation, or extreme pressure. Injuries may also result from the absence of vital elements, such as oxygen (for example, drowning or asphyxia). This chapter also includes poisoning and toxic effects of substances, as well as harm or damage associated with implanted or other medical devices.

Chapter 22 is organised largely by body region for traumatic injuries (for example, head, thorax, upper limb, and lower limb), with additional sections for burns, frostbite, harmful effects of substances, and injury or harm arising from medical or surgical care. In morbidity coding, Chapter 22 codes typically represent the condition being treated. Use postcoordination to capture details such as injury site, type and laterality. When an external cause is relevant, add Chapter 23 external cause codes and link them using ICD-11 clustering rules.

 For a detailed explanation of the Chapter 22 structure, see section 3.2.22.2 in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-22-structure-of-chapter-22

At a high level, Chapter 22 has undergone minimal structural change between ICD-10 and ICD-11. Most updates focus on increased detail at lower code levels, including more specific injury types and body locations. Burns and corrosions are now classified together, with additional detail—such as laterality or burn depth—captured using Chapter X extension codes. Significant revisions have also been made to conditions related to medical and surgical care, including reclassification of mechanical device complications as external causes of harm rather than injury types.

 For a comparison of the block structure between ICD-10 and ICD-11, see section 3.15.22 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#differences-between-icd10-and-icd11-in-chapter-22

 ***Coding note:*** When an injury is due to an external cause, the *main condition* is usually coded from Chapter 22. Add one or more Chapter 23 codes to describe the external cause and link them using ICD-11 clustering rules. Because codes from Chapters 22 and 23 are often assigned together, the review exercise is combined and follows the section on Chapter 23.

## CHAPTER 23: EXTERNAL CAUSES OF MORBIDITY OR MORTALITY

Chapter 23 provides the framework for classifying external causes of injury and other health conditions, such as falls, assaults, transport events, exposure to environmental forces, and health care–related causes. Unlike Chapter 22, which describes the nature of injury or harm, Chapter 23

explains how the event occurred and captures information about intent (for example, unintentional injury, self-harm, assault, undetermined intent, or intent pending).

ICD-11 updates to Chapter 23 focus on a more uniform and flexible coding structure while maintaining strong compatibility with ICD-10. Revisions simplify code selection—particularly for transport- and traffic-related injuries—by refining definitions, expanding vehicle types, and improving identification of emerging modes of transport. The structure continues to support detailed reporting of transport injuries while making it easier to determine whether an event occurred in traffic and the role of the injured person.

The section on operations of war and armed conflict has also been expanded to better reflect modern conflict scenarios, including distinctions between civilian and military injuries. This supports coding of injuries from a range of armed conflicts, rather than limiting use to formally declared wars.

A major enhancement in ICD-11 is the introduction of a single hierarchical list of noxious substances that is used consistently across both the Injury and External Causes chapters. This improves clarity, supports emerging substances, and allows updates over time as patterns of substance use change. Concepts such as poisoning, toxic effects, corrosion, and envenomation are included within a unified framework for harmful effects.

Chapter 23 also reflects important changes related to patient safety and quality of care. Injuries resulting from mechanical complications of medical devices are now classified as external causes of harm, rather than injury types. Complications of medical and surgical care are coded using a clustered approach that captures the resulting harm, the cause, and the mechanism of harm, supporting more accurate safety reporting and analysis.

In morbidity coding, Chapter 23 codes are usually assigned in addition to the condition code—most often from Chapter 22—and linked using ICD-11 clustering rules. In general, select the injury or condition being treated as the main condition, and add the external cause to support prevention, surveillance, research, and patient safety monitoring.

 ***Coding note:*** When an external cause is documented, assign an appropriate Chapter 23 code and link it to the injury or condition code. Use the ICD-11 Browser and Coding Tool notes to confirm intent and category and to check whether a more specific external cause code is available. Chapter 23 codes are not used as main condition codes.

 For extensive notes on Chapter 23 structure and changes see sections 3.2.23.2 and 3.15.23 in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-23-rationale-for-chapter-23 and https://icdcdn.who.int/icd11referenceguide/en/html/index.html#differences-between-icd10-and-icd11-in-chapter-23

**Late effects (sequelae) in Chapter 22 and Chapter 23**

Late effects refer to conditions that occur a year or more after an acute injury or the original external event. This includes late effects of:

- Injury, poisoning, or certain other consequences of external causes (Chapter 22)
- External causes of morbidity or mortality (Chapter 23)

***Coding note:*** When coding late effects, assign a code for the originating injury/condition or external cause. Add XT9C within the code cluster to indicate that the condition is being reported as a late effect. Late effects may involve codes from both Chapter 22 and Chapter 23, depending on the clinical scenario

**CHAPTER 22 & 23 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Laceration of chest. Attacked by man with a knife. | |
| Insect bite on right eyelid | |
| First degree burn of forehead secondary to unintentional firework explosion | |
| Chilblains, bilateral toes following prolonged cold exposure while hunting for leisure | |
| Crushing injury to left thigh involving a tractor on a farm | |
| Open fracture of right tibia. Pedestrian hit by car | |
| Sprained ankle. Tripped over a dog | |
| Dislocated jaw. Patient was involved in a brawl | |
| Sustained concussion during a landslide | |
| Traumatic pneumothorax. Passenger on train which collided with another train | |
| Three-year-old child with nasal foreign body (disc battery) | |
| Fracture of left clavicle, fell down icy stairs | |
| Digoxin toxicity. Digoxin has been prescribed. | |
| Sewing needle in sole of left foot after accidentally stepping on it. | |
| Sustained an accidental chemical burn to the right cornea after chlorine bleach splashed into the eye. | |
| Suffering from hypothermia after accidental fall into lake | |

## CHAPTER 24: FACTORS INFLUENCING HEALTH STATUS OR CONTACT WITH HEALTH SERVICES

Chapter 24 is used when circumstances other than a current disease or injury are documented as the reason for the encounter, or as a factor affecting the person's health status. This includes contacts

for services such as follow-up care, screening, counselling, immunisation, or observation for a suspected condition that is later ruled out.

The chapter is broadly organised into two sections:

- Reasons for contact with the health services, where the encounter is for a service or evaluation
- Factors influencing health status, where social, behavioural, environmental, or other circumstances affect care

In inpatient settings, Chapter 24 codes are used as the main condition only when documentation confirms there is no current illness or injury responsible for the admission.

 For background on the process behind organising Chapter 24 see section 3.2.24.2 in the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-24-rationale-for-chapter-24

 ***Coding note:*** Some Chapter 24 concepts (for example, *history of*, *family history of*, or *observation for suspected condition, ruled out*) may be used alone or clustered with codes from other chapters to add context. Follow Coding Tool prompts and concept record instructions to confirm when clustering is permitted.

**CHAPTER 24 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Complete medical exam for insurance purposes - no abnormality detected | |
| Removal of internal fixation device from healed fracture | |
| Typhoid carrier admitted for testing | |
| Healthy baby staying with mother during mother's admission (boarder) | |
| Elective vasectomy for family planning purposes | |
| Admitted for peritoneal dialysis | |
| Colostomy care | |
| Removal of plaster cast from healed fracture of right tibia and fibula | |
| Routine follow-up post prostatectomy for malignancy | |
| Admitted for intensive physiotherapy (previous multiple fractures now healed) | |

## CHAPTER 25: CODES FOR SPECIAL PURPOSES

Chapter 25 contains codes reserved for special purposes, primarily for the provisional assignment of new diseases of uncertain aetiology and for emergency use. These codes support rapid, consistent international reporting when a new condition emerges, and a permanent classification position is not yet established.

The former ICD-10 block *Resistance to antimicrobial and antineoplastic drugs* has been moved to Chapter 21 under *Finding of microorganism resistance to antimicrobial drugs*.

***Coding note:*** Chapter 25 codes are not used for routine diagnosis coding. Assign them only when directed by official national or international guidance for outbreak or emergency reporting. For current use, consult ICD-11 Browser/Coding Tool release notes and any local policy.

**CHAPTER 25 REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| COVID-19 with associated pneumonia (PCR positive) | |
| Post COVID-19 infection thyroiditis | |
| Vaping associated lung injury | |

## CHAPTER 26: SUPPLEMENTARY CHAPTER—TRADITIONAL MEDICINE CONDITIONS

Chapter 26 is a supplementary chapter in ICD-11 that may be used optionally to support the documentation and reporting of Traditional Medicine (TM) health services and encounters. Its primary purpose is to allow Traditional Medicine practice to be counted, compared and analysed nationally and internationally using a standardised framework. This chapter does not replace Western Medicine codes and is designed to be used alongside other ICD-11 chapters when appropriate.

The chapter provides shared terminology and a common structure developed through international collaboration among Traditional Medicine clinicians, researchers and classification experts. This standardisation supports consistent documentation and enables comparable morbidity data collection across countries, while still allowing flexibility for national use and research.

The chapter currently includes Traditional Medicine Module 1 (TM1), which reflects diagnostic concepts originating from Traditional Chinese Medicine and is harmonised with national classifications used in China, Japan, and Korea. Additional modules may be added in future to represent other Traditional Medicine systems.

***Coding note:*** Chapter 26 is intended only for morbidity recording and reporting and must not be used for mortality coding.

Unlike Western Medicine chapters, which are organised by diseases and syndromes, Chapter 26 is structured around two distinct Traditional Medicine concepts:

- Traditional Medicine *disorders* (TM1)—represent relatively stable clinical pictures of dysfunction based on Traditional Medicine theory, symptom patterns, and response to treatment.
- Traditional Medicine *patterns* (TM1)—reflect the patient's overall condition at a specific point in time, including symptoms, physical findings (such as pulse or tongue examination), and individual constitution. Patterns are typically temporary and variable, even among patients with the same disorder.

Because some Traditional Medicine terms use wording similar to Western Medicine but have different definitions, all diagnostic concepts in this chapter are clearly labelled with (TM1) to distinguish them from Western Medicine concepts in other ICD-11 chapters.

 For additional detail on the characteristics of Traditional Medicine see section 3.2.26 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-26-supplementary-chapter-traditional-medicine-conditions-module-1

A generic coding scheme and more detailed coding guidance for Traditional Medicine are provided in the ICD-11 Reference Guide. However, local coding practices, national guidance, and the training of practitioners and clinical coders should be considered before integrating Western and Traditional Medicine codes.

## SECTION V: SUPPLEMENTARY SECTION FOR FUNCTIONING ASSESSMENT

The Supplementary Section for Functioning Assessment (Section V) is a new addition to ICD-11 that supports the assessment and scoring of functioning associated with health conditions. It enables users to not only document the presence of a health condition, but also how that condition affects day-to-day functioning and participation in life activities, when such information is relevant as described in the ICD-11 Reference Guide.

Section V is aligned with the International Classification of Functioning, Disability and Health (ICF) and is designed to be used jointly with ICD-11 rather than a standalone classification. The ICF conceptual framework considers functioning across four main components:

- Body functions and structures
- Activities
- Participation
- Environmental factors

Section V includes 47 functioning entities, selected for their high explanatory value and suitability for standardised assessment and scoring. These entities form a standard set for documenting

functioning consistently in clinical and administrative contexts and do not represent the full range of ICF domains.

Using Section V, ICD-11 users can create functioning profiles and overall functioning scores that describe and quantify levels of functioning associated with health conditions. Section V codes may be recorded alongside diagnosis codes to support a more complete description of health status. This information may support clinical evaluation, needs assessment (for example, rehabilitation or long-term care), outcome evaluation, and administrative purposes such as benefits determination or reimbursement, depending on national implementation.

Section V consists of three main sections derived from established health, functioning, and disability assessments:

- WHO Disability Assessment Schedule (WHO-DAS 2.0 36-item version)
- Brief Model Disability Survey (MDS)
- Generic functioning domains

**WHO Disability Assessment Schedule (WHO-DAS 2.0)**
WHO-DAS 2.0 measures functioning in six major domains: cognition, mobility, self-care, getting along, life activities and participation in society. Each WHO-DAS 2.0 question (item) is represented in ICD-11 by a unique item, which begins with "VD" and corresponds to a specific functioning concept. assessed.
To record a WHO-DAS 2.0 item in ICD-11:

1. Select the appropriate WHO-DAS code that matches the functioning issue being assessed.
2. Record the associated score using the five-point WHO-DAS response scale, which reflects the level of difficulty experienced (1=no difficulty, 2=mild difficulty, 3=moderate difficulty, 4=severe difficulty, 5=complete difficulty).
3. Record the associated score using the standard five-point WHO-DAS response scale, which reflects the level of difficulty experienced (1 = no difficulty, 2 = mild difficulty, 3 = moderate difficulty, 4 = severe difficulty, 5 = complete difficulty).

Example: A patient is admitted for symptomatic systemic lupus erythematosus with lung involvement. A WHO-DAS 2.0 assessment indicates moderate difficulty carrying out daily routines in the past 30 days.
Code cluster: 4A40.0Y/VD23.3
Explanation: Assign 4A40.0Y Other specified systemic lupus erythematosus. Record the relevant WHO-DAS item (VD23 Carrying out daily routine) with a documented score of 3 (moderate difficulty) to describe associated functional impact.

**Brief Model Disability Survey (MDS)**

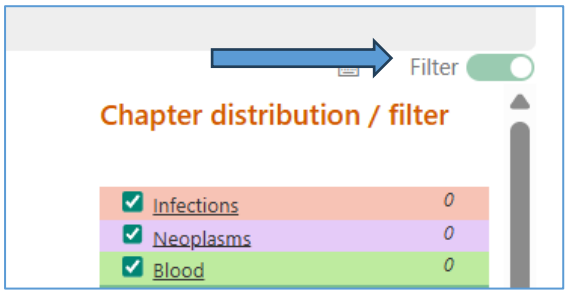
In ICD-11 Section V, the MDS supports standardised recording and comparison of functioning information at an aggregate level, rather than detailed clinical assessment at the individual level. It is aligned with the ICF framework and is used when the aim is to measure, monitor, or compare functioning across populations or systems, alongside ICD-11 diagnosis data.

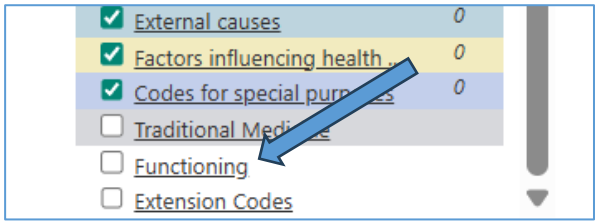
**Generic functioning domains**

The generic functioning domains are a set of functioning categories, derived from ICF Annex 9, that have high explanatory value. In ICD-11 Section V, these domains support the creation of a coded functioning profile that summarises key aspects of functioning associated with a health condition. This profile can assist with goal setting, monitoring change over time, and communication across the continuum of care, when used alongside ICD-11 diagnosis codes.

For more detailed information on Section V, see section 2.11 of the ICD-11 Reference Guide: https://icdcdn.who.int/icd11referenceguide/en/html/index.html#functioning-section

There are no chapter-specific coding notes for Section V. Use of Section V codes may require manual postcoordination. When searching for Section V codes in the ICD-11 Coding Tool, it may be necessary to enable the appropriate filters.




Additional learning resources are available in the ICD-11 Education Tool: https://icdcdn.who.int/icd11training/ICD-11%20Education%20Tool%20Unit%2012/story_html5.html#_player.5gl4ejvBF8p.5wka5tVQJil

**SECTION V REVIEW EXERCISE**

Please classify the following conditions (assign the most appropriate ICD-11 MMS stem code and add extension codes and/or additional stem codes only when the diagnostic statement provides the necessary detail and the Coding Tool indicates postcoordination is available or required).

| | |
|---|---|
| Congestive heart failure. A WHO-DAS 2.0 score revealed severe difficulty doing housework | |
| Heller syndrome. Generic functioning domains indicate limitation in learning and applying knowledge. | |
| Patient with known post-traumatic stress disorder (PTSD). Aggregate functioning information derived from the Brief Model Disability Survey indicates reduced functioning related to sleep functions. | |

## CHAPTER X: EXTENSION CODES

Chapter X is a new part of ICD-11 that contains extension codes. Extension codes add detail to stem codes through postcoordination and cannot be used on their own.

Use of extension codes is optional. They are used more often in morbidity coding than in mortality coding, depending on national requirements and the purpose of the data. In practice, start with the stem code, then use the Coding Tool prompts to add only the extension codes that are permitted for that diagnosis.

Visit the ICD-11 Browser to see the types of extension codes that are currently available: https://icd.who.int/browse/2026-01/mms/en#979408586

# References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# Appendix A: Module 1 Answer Keys

**EXERCISE 1**

1. International Statistical Classification of Diseases
2. World Health Organization
3. Mortality and Morbidity Statistics
4. Uniform Resource Identifier
5. Not Otherwise Specified
6. Not Elsewhere Classified

**EXERCISE 2**

1. b
2. b
3. b
4. d
5. b
6. b
7. b
8. c
9. a
10. a
11. b
12. a
13. b
14. b
15. a
16. b
17. b

**EXERCISE 3**

1. concept
2. linearisation
3. extension
4. postcoordination
5. all inclusive

# Appendix B: Module 3 Answer Keys

**CHAPTER 01 REVIEW EXERCISE**

| | |
|---|---|
| Functional diarrhoea | DD91.2 |
| Tuberculous pneumonia (Tubercle bacilli found in sputum by microscopy) | 1B10.0&XY19 |
| Murray Valley encephalitis | 1C88 |
| Streptococcal sepsis | 1B5Z&XN3NM |
| Malaria | 1F4Z |
| Acute gastroenteritis | 1A40.Z&XA9607&XT5R |
| Rotaviral enteritis | 1A22 |
| Typhoid Fever | 1A07.Z |
| Viral hepatitis chronic type C | 1E51.1 |
| Pulmonary actinomycosis | 1C10.0 |
| Urinary tract infection. Midstream specimen positive for pseudomonas | GC08.Y&XN022 |
| Congenital staphylococcal pneumonia | KB24&XN9ZG |

**CHAPTER 02 REVIEW EXERCISE**

| | |
|---|---|
| Acute erythroleukaemia | 2A60.35 |
| Oat cell carcinoma, left lower lobe of lung | 2C25.1&XK8G&XA7L34 |
| Astrocytoma, frontal lobe of the brain | 2A00.0Y&XA2NT0 |
| Lipoma, spermatic cord | 2E80.01&XA9235 |
| Chronic myeloid leukaemia | 2B33.2 |
| Malignant hydatidiform mole | 2F76&XA90F8 |
| Bowen's disease of face | 2E64.00&XA86S4 |
| Nevus, neck | 2F20.Z&XA7AA6 |
| Benign insulinoma of pancreas | 2E92.9 |
| Paget's disease of nipple | 2E65.5 |
| Papilloma of bladder | 2F98&XA77K2 |
| Nodular lymphocyte predominant Hodgkin lymphoma of the face, stage II | 2B30.0&XS4P&XS0E |
| Malignant melanoma, calf | 2C30.Z&XA4K86 |
| Carcinomatosis peritonei | 2D91&XH8D74 |
| Brain tumour | 2A00.5 |
| Secondary cancer of the rectum | 2D85&XA4KU2 |
| Diffuse large B cell lymphoma | 2A81.Z |
| Squamous cell carcinoma of the upper third of the oesophagus | 2B70.1&XA1180 |
| Giant cell glioblastoma of the frontal and temporal lobe of the brain | 2A00.00&XA2NT0&XA97T4 |
| Transitional cell papilloma of the bladder | 2F98&XA77K2 |
| Alveolar adenocarcinoma at the left upper lobe lung, stage 2 | 2C25.0&XK8G&XA9HN5&XH07X3&XS4P |

**CHAPTER 03 REVIEW EXERCISE**

| | |
|---|---|
| Iron deficiency anaemia | 3A00.Z |
| Major thalassaemia | 3A50.2 |

| | |
|---|---|
| B12 deficiency anaemia | 3A01.Z |
| Splenic cyst | 3B81.5Z |
| Haemophilia type B | 3B11.0 |
| Sickle-cell anaemia | 3A51.1 |
| Anaemia in CKD stage 3a | 3A71.2/GB61.2 |
| Sclerosing angiomatoid nodular transformation | 3B81.0 |
| Pancytopaenia | 3A70.Z |

**CHAPTER 04 REVIEW EXERCISE**

| | |
|---|---|
| Hypogammaglobulinaemia | 4A01.01 |
| Neutropaenia | 4B00.0Z |
| Allergic purpura | 4A44.92 |
| Sarcoidosis of the lung | 4B20.0 |
| Allergic eosinophilia | 4B03.1 |
| Severe Combined Immunodeficiency (SCID) | 4A01.10 |
| Food-induced eosinophilic oesophagitis with intermittent, severe chronic visceral pain | 4A83.1/MG30.42&XS2E&XT5G |
| Acute graft-versus-host disease, transplanted liver | 4B24.0/QB63.3 |
| Clozapine induced neutropaenia | 4B00.01/PL00&XM8UG6 |
| Hyperplasia of thymus gland | 4B40.0 |

**CHAPTER 05 REVIEW EXERCISE**

| | |
|---|---|
| Cushing's syndrome | 5A70.Z |
| Severe malnutrition | 5B7Z |
| Morbid obesity in adults | 5B81.01&XS2B |
| Adult-onset diabetes | 5A11 |
| Diabetic nephropathy with known juvenile onset diabetes | GB61.Z/5A10 |
| Hypokalaemia | 5C77 |
| Glycogen storage disease due to GLUT2 deficiency | 5C51.3 |
| Sequelae of rickets with bilateral genu varum | 5B63/FA31.1&XK9J |
| Hypothyroidism post radioactive iodine ablation | 5D40.00 |
| Familial hypercholesterolaemia | 5C80.00 |
| Dehydration with mild acute kidney failure, stage 1 | 5C70.0/GB60.0&XS5W |
| PCOS | 5A80.1 |
| Addisonian crisis | 5A74.1 |
| Lactose intolerance | 5C61.6Z |
| Multinodular goitre | 5A01.2 |

**CHAPTER 06 REVIEW EXERCISE**

| | |
|---|---|
| Use of tobacco | QE13 |
| Non-alcoholic Korsakov's (Korsacoff) psychosis related to vitamin B12 deficiency | 6D72.0/5B5F |
| Acute alcohol intoxication | 6C40.3 |
| Severe mental retardation | 6A00.2 |
| Multi-infarct dementia due to cerebral ischaemic stroke | 6D81/8B11 |

| | |
|---|---|
| Paranoid schizophrenia | 6A20.Z |
| Opioid dependence with withdrawal | 6C43.4/6C43.2Z |
| Heller's syndrome | 6A02.3 |
| Developmental dyslexia | 6A03.0 |
| Attention deficit hyperactivity disorder, predominantly impulsive | 6A05.1 |
| Dementia in epilepsy | 6D8Z/8A6Z |
| Generalised anxiety with panic attacks | 6B00/MB23.H |
| Anorexia nervosa | 6B80.Z |
| Reactive depression | 6A70.Z |
| Autism | 6A02.Z |
| Asperger's syndrome | 6A02.0 |
| Methamphetamine induced psychosis | 6C46.6Z&XM5B49 |

**CHAPTER 07 REVIEW EXERCISE**

| | |
|---|---|
| Hypersomnia due to prescribed lorazepam | 7A24/PL00&XM85H7 |
| Nightmare disorder | 7B01.2 |
| Obesity hypoventilation syndrome | 7A42.0 |
| Insomnia, 4 nights per week for 6 months | 7A00 |
| Circadian rhythm disruption due to shift work | 7A64 |
| Mild obstructive sleep apnoea | 7A41&XS5W |
| Severe sleep related teeth grinding | 7A83&XS25 |
| Klein-Levin syndrome | 7A22 |

**CHAPTER 08 REVIEW EXERCISE**

| | |
|---|---|
| Acquired communicating hydrocephalus | 8D64.0Z |
| Anoxic brain damage | 8B24.0 |
| Charcot-Marie-Tooth disease | 8C21.Z |
| Ataxic cerebral palsy | 8D22 |
| Secondary Parkinsonism due to antiepileptic drugs | 8A00.24/PB27&XM63D6 |
| Myasthenia gravis | 8C60.Z |
| Multiple sclerosis | 8A40.Z |
| Classical migraine | 8A80.1Z |
| Bell's palsy | 8B88.0 |
| Carpal tunnel syndrome | 8C10.0 |
| Motor neuron disease | 8B60.Z |
| TIA (Transient ischaemic attack) | 8B10.Z |
| Guillain-Barre syndrome | 8C01.0 |

**CHAPTER 09 REVIEW EXERCISE**

| | |
|---|---|
| Blindness, left eye | 9D90.6&XK8G |
| Bilateral juvenile cataracts | 9B10.1Z&XK9J |
| Myopia, bilateral | 9D00.0&XK9J |
| Right oculomotor nerve palsy | 9C81.0Z&XK9K |
| Unilateral retinal haemorrhage | 9B78.5&XK70 |
| Vertical strabismus, bilateral | 9C80.2&XK9J |

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|---|---|
| Open-angle glaucoma | 9C61.0Z |
| Ulcer of right cornea | 9A76&XK9K |
| Dacryolith | 9A11.6 |
| Diabetic cataract | 9B10.21/5A14 |
| Ectropion left upper lid | 9A03.2Z&XK8G&XA9K79 |
| Acute bilateral conjunctivitis | 9A60.Z&XK9J |
| Retinal detachment | 9B73.3 |
| Macular degeneration, right | 9B78.3Z&XK9K |

**CHAPTER 10 REVIEW EXERCISE**

| | |
|---|---|
| Glue ear, right | AA82&XK9K |
| Bilateral cerumen impaction | AA42&XK9J |
| Chronic purulent otitis media, left ear with perforated tympanic membrane | AA91.Z&XK8G/AB13.Z |
| Acute viral mastoiditis, left side | AB11.0&XK8G&XN3BH |
| Stenosis of right eustachian tube | AB10.3&XK9K |
| Bilateral obliterative otosclerosis involving the oval window | AB33&XK9J |
| Bilateral ototoxic hearing loss secondary to gentamicin therapy | AB53&XK9J/PL00&XM3YS5 |
| Benign paroxysmal positional vertigo | AB31.2 |
| Bilateral sensorineural hearing loss | AB51.1&XK9J |
| Cholesteatoma of left ear canal | AA40.2&XK8G |
| Cholesteatoma of middle ear | AB12 |
| Perforation of ear drum | AB13.Z |
| Meniere's disease | AB31.0 |
| Noise-induced hearing loss | AB37 |

**CHAPTER 11 REVIEW EXERCISE**

| | |
|---|---|
| Aortic stenosis | BB70.Z |
| Mitral regurgitation | BB61.Z |
| Secondary hypertension | BA04.Z |
| Bilateral Pulmonary embolism | BB00.Z&XK9J |
| Cor pulmonale | BB01.5 |
| Alcoholic cardiomyopathy | BC43.01 |
| Arteriosclerotic cardiovascular disease | BA5Y |
| Myocardial ischaemia | BA6Z |
| Myocardial disease | BC43.Z |
| Nephrosclerosis with acute kidney failure | BA02/GB60 |
| Thrombosis of iliac artery | BD30.11&XA83D6 |
| Mesenteric adenitis | BD90.1 |

**CHAPTER 12 REVIEW EXERCISE**

| | |
|---|---|
| Chronic obstructive lung disease | CA22.Z |
| Compensatory emphysema | CB40.4 |
| Shock lung | CB00 |
| Croup | CA06.0 |

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|---|---|
| Asthmatic bronchitis | CA23.32 |
| Chronic respiratory disease | CB7Z |
| Pleural effusion, right lung | CB27&XK9K |
| Fibrosis of bilateral lungs following radiation | CA82.1&XK9J |
| Aspiration pneumonia | CA71.0 |
| Farmer's lung | CA70.0 |
| Acute type I respiratory failure | CB41.00 |
| Peritonsillar abscess | CA0K.1 |
| Nasal polyp | CA0J.Z |

**CHAPTER 13 REVIEW EXERCISE**

| | |
|---|---|
| Mesenteric thrombosis | DD30.0 |
| Incarcerated inguinal hernia | DD51/ME24.2 |
| Gastric ulcer with haemorrhage | DA60.Z/ME24.9 |
| Calculus of bile duct, acute cholecystitis | DC11.5&XT5R |
| Alcoholic liver disease | DB94.Z |
| Malfunction of colostomy | DE12.0 |
| Celiac disease | DA95 |
| Cholangitis | DC13 |
| Ulcer of oesophagus due to therapeutic use of aspirin | DA25.31/PL00&XM4G06 |
| Oral mucositis | DA01.11 |
| Dental caries | DA08.0 |
| Acute appendicitis | DB10.0 |
| Paralytic ileus | DA93.0 |
| Ulcerative colitis | DD71.Z |

**CHAPTER 14 REVIEW EXERCISE**

| | |
|---|---|
| Alopecia | ED70.Z |
| Diaper rash | EH40.10 |
| Discoid lupus erythematosus | EB51.0 |
| Pemphigus vulgaris | EB40.0Z |
| Poison ivy allergic dermatitis | EK00.7 |
| Acne rosacea | ED90.0Z |
| Mild plaque psoriasis | EA90.0&XS5W |
| Stage I decubitus ulcer, right buttock | EH90.0&XK9K&XA3VA7 |
| Keloid scar of ear lobe | EE60.00 |
| Pilonidal cyst | EG63.1 |

**CHAPTER 15 REVIEW EXERCISE**

| | |
|---|---|
| Rheumatoid arthritis of left knee | FA20.Z&XK8G&XA8RL1 |
| Gout of great toe | FA25.2Z&XA87P9 |
| Ankylosing spondylitis thoracolumbar spine | FA92.0Z&XA6E88&XA0D60 |
| Sciatica due to displacement of lumbar disc | FB1Y&XA54S5 |
| Osteoarthritis right hip | FA00.Z&XK9K |
| Bursitis, trochanteral region, bilateral | FB50.1&XK9J&XA4TQ2 |

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|---|---|
| Osteolysis | FB86.2 |
| Juvenile osteochondrosis of calcaneum, 4 year old patient | FB82.1&XT4X&XA5LU2 |

**CHAPTER 16 REVIEW EXERCISE**

| | |
|---|---|
| Tubular necrosis | GB52 |
| Nephrogenic diabetes insipidus | GB90.4A |
| Cyst of Bartholin's gland | GA03.1 |
| Acute proliferative glomerulonephritis | GB40 |
| Uraemia | GB6Z |
| Cervicitis | GA04 |
| Nephropathy | GC2Z&XA6KU8 |
| Lipoid nephrosis | GB41 |
| Stage 2 acute renal failure | GB60.1 |
| Cystic breast, bilateral | GB20.0&XK9J |
| Chronic kidney disease - stage 4 | GB61.4 |
| Endometriosis of right ovary | GA10.B4&XK9K |
| Urethral stricture | GC03 |
| Bladder calculus | GB71.0 |
| Female rectocele | GC40.1Z |

**CHAPTER 17 REVIEW EXERCISE**

| | |
|---|---|
| Acquired generalized genito-pelvic penetration disorder | HA20.2 |
| Gender incongruence in a 32-year-old | HA60 |
| Erectile dysfunction | HA01.1Z |
| Hypoactive sexual desire dysfunction | HA00.Z |
| Sexual anhedonia | HA0Y |
| Traumatic amputation of testicle related to fall on fence | NB93.22&XA4947/PA6Z&XE3BP |
| Situational female arousal dysfunction | HA01.03 |
| Medication related anorgasmia | HA02.02/HA40.2 |

**CHAPTER 18 REVIEW EXERCISE**

| | |
|---|---|
| Antepartum haemorrhage | JA41.Z |
| Ruptured tubal pregnancy | JA01.1 |
| Deterioration during pregnancy of longstanding mitral insufficiency. | JB64.4/BB61.Z&XT8W |
| Therapeutic abortion | JA00.1 |
| Threatened abortion, 8 weeks gestation | JA40.0&XT7R |
| Retained placenta without haemorrhage | JB0B.0 |
| Hyperemesis gravidarum leading to dehydration | JA60.1 |
| Cervical incompetence, removal of Shirodkar suture. Discharged to await onset of labour | JA84.3 |

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|---|---|
| Re-admitted for haemorrhage following a previous admission for legal termination of pregnancy | JA05.1 |
| Obstructed labour due to an inlet contraction of the pelvis | JB05.2 |
| Foetal bradycardia during labour | JB07.0 |
| Spontaneous vaginal delivery, liveborn infant | JB20.Z/QA46.0 |
| Spontaneous abortion 12 weeks gestation | JA00.09&XT72 |
| Failed oxytocin induction of labour | JB01.0 |
| Liveborn triplets delivered by caesarean section | JB24.2/QA46.5 |
| HELLP syndrome | JA24.2 |
| Partial hydatidiform mole | JA02.1 |
| Placenta praevia no haemorrhage | JA8B.0 |
| Severe Preeclampsia, significant protein in urine | JA24.Z&XS25 |

**CHAPTER 19 REVIEW EXERCISE**

| | |
|---|---|
| Premature infant (34 weeks) | KA21.46 |
| Neonatal conjunctivitis | KA65.0 |
| Jaundice of newborn | KA87.Z |
| Hyaline membrane disease of newborn | KB23.0Y |
| Anaemia due to prematurity | KA8B |
| Cephalhematoma noted on newborn examination | KA42.1 |
| Bacterial sepsis in newborn | KA60&XN74M |
| Neonatal pseudomenses | KA83.9 |
| Neonatal difficulty in feeding at breast | KD32.3 |
| Congenital hydrocele | KC00 |
| Newborn with moderate hypoxic ischaemic encephalopathy, asphyxia with 5-minute Apgar score was 6. | KB04&XS0T/KB21.1 |
| Meconium aspiration | KB26.0 |
| Necrotising enterocolitis, stage 3B | KB88.3 |
| Very low birth weight, 1200g | KA21.10 |
| Patent ductus arteriosus in prematurity | KB48 |

**CHAPTER 20 REVIEW EXERCISE**

| | |
|---|---|
| Bat ear, bilateral | LA21.1&XK9J |
| Ankyloglossia | LA31.2 |
| Congenital Malrotation of the colon | LB18&XA03U9 |
| Prader-Willi syndrome | LD90.3 |
| Congenital tracheomalacia | LA73.1 |
| Trisomy 21 | LD40.0 |
| Cleft palate with cleft lip, right side | LA42.Z/LA40&XK9K |
| Oesophageal atresia | LB12.1Z |
| Tetralogy of Fallot | LA88.2Z |
| Congenital hiatus hernia | LB13.1 |
| Webbed fingers, right hand | LB79.1&XK9K |
| Spina bifida occulta | LB73.0 |
| Thrombocytopenia with absent radius (TAR) syndrome | LD2F.1Y |
| Conjoined twins | LD2G |

**CHAPTER 21 REVIEW EXERCISE**

| | |
|---|---|
| Gangrene of foot | MC85&XA47V8 |
| Hepatomegaly | ME10.00 |
| Ascites | ME04.Z |
| Excessive blood level of alcohol | MA13.1 |
| Excessive thirst | MG43.0 |
| Senility | MG2A |
| Benign heart murmur | MC83.0 |
| Extravasation of urine | MF50.5 |
| Cachexia | MG20.Z |
| Sudden infant death syndrome | MH11.Z |
| Abnormal glucose tolerance test | MA18.00 |
| Chest pain | MD30.Z |
| Rash | ME66.6Z |
| Syncope | MG45.Z |

**CHAPTER 22 & 23 REVIEW EXERCISE**

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|---|---|
| Laceration of chest. Attacked by man with a knife. | NA81.0&XA5D93/PE30 |
| Insect bite on right eyelid | NA00.1Y&XJ69A&XK9K |
| First degree burn of forehead secondary to unintentional firework explosion | ND91.0&XA6TR8/PB55.1&XE6KQ |
| Chilblains, bilateral toes following prolonged cold exposure while hunting for leisure | NF03.0&XK9J&XA4LC9/PB16&XE5C9 |
| Crushing injury to left thigh involving a tractor on a farm | NC77.1&XK8G/PA1A&XE9CS |
| Open fracture of right tibia. Pedestrian hit by car | NC92.2&XK9K&XJ7YM/PF40 |
| Sprained ankle. Tripped over a dog | ND14.7Z/PA60&XE33Q |
| Dislocated jaw. Patient was involved in a brawl | NA03.0/PE10 |
| Sustained concussion during a landslide | NA07.0Z/PJ05 |
| Traumatic pneumothorax. Passenger on train which collided with another train | NB32.0/PA30 |
| Three-year-old child with nasal foreign body (disc battery) | ND72.1/PH70&XE8H0 |
| Fracture of left clavicle, fell down icy stairs | NC12.0Z&XK8G/PA60&XE3LV |
| Digoxin toxicity. Digoxin has been prescribed. | NE60/PL00&XM8VJ6 |
| Sewing needle in sole of left foot after accidentally stepping on it. | ND12.2&XK8G&XA47V8/PA83.2&XE8D1 |
| Sustained an accidental chemical burn to the right cornea after chlorine bleach splashed into the eye. | NE00&XK9K&XA4C02/PB34&XM2A78 |
| Suffering from hypothermia after accidental fall into lake | NF02/PA91 |

**CHAPTER 24 REVIEW EXERCISE**

| | |
|---|---|
| Complete medical exam for insurance purposes - no abnormality detected | QA01.6 |
| Removal of internal fixation device from healed fracture | QB84 |
| Typhoid carrier admitted for testing | QD00 |
| Healthy baby staying with mother during mother's admission (boarder) | QC21 |
| Elective vasectomy for family planning purposes | QA21.3 |
| Admitted for peritoneal dialysis | QB94.2 |
| Colostomy care | QB30.Y |
| Removal of plaster cast from healed fracture of right tibia and fibula | QB31.1&XK9K |
| Routine follow up post prostatectomy for malignancy | QA06 |
| Admitted for intensive physiotherapy (previous multiple fractures now healed) | QB95.1 |

**CHAPTER 25 REVIEW EXERCISE**

| | |
|---|---|
| COVID-19 with associated pneumonia (PCR positive) | RA01.0/CA40.1Z |
| Post COVID-19 infection thyroiditis | RA02/5A03.Z |
| Vaping associated lung injury | RA00.0 |

**SECTION V REVIEW EXERCISE**

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|---|---|
| Congestive heart failure. A WHO-DAS 2.0 score revealed severe difficulty doing housework | BD10/VD42.Z.4 |
| Heller syndrome. Generic functioning domains indicate limitation in learning and applying knowledge. | 6A02.3/VV8Z |
| Patient with known post-traumatic stress disorder (PTSD). Aggregate functioning information derived from the Brief Model Disability Survey indicates reduced functioning related to sleep functions. | 6B40/VE11 |