

MODULE 2

Volume 1 Tabular List

Module 2: Volume 1 - Tabular List

Important points regarding the Tabular List

- Most chapters are associated with particular body systems, special diseases or external factors. There is, however, one exception which is Chapter XVIII “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified”.
- The number of categories assigned to a chapter is influenced by the number of diseases and conditions that fall within the scope of the chapter.
- Fourteen of the chapters have a single letter assigned to them and use most of the 100 categories available. For example, Chapter XI contains codes ranging from K00 to K93. The codes K94 to K99 have not been used at this stage and have been left vacant for future additions to the classification.
- Three chapters have a smaller range of categories assigned to them and share letters.
- Four chapters use more than one letter in defining categories. e.g. Chapter II contains codes beginning with C and D.

Exercise 1:

1. What is the range of 3-character categories used in Chapter III?
2. Two letters are split between a multiple chapters. Which are they?
3. How many letters does Chapter XX use?

Chapters using more than one letter:

Chapter I	Certain infectious and parasitic diseases	A,B
Chapter II	Neoplasms	C,D
Chapter XIX	Injury, poisoning and certain other consequences of external causes	S,T
Chapter XX	External causes of morbidity and mortality	V,W,X,Y

Chapters using same letter
Chapters II & III – ‘D’ ; Chapters VII & VIII – ‘H’

Look at titles of the chapters of the ICD-10. The chapter titles indicate that the conditions included are wide ranging, therefore a large number of codes are required to cover all the conditions. Using an alpha character at the beginning of the code has allowed for 2,600 available 3-character codes. This in turn allows for a large number of 4 character subcategories. Each 3-character code can have up to 10 subcategories.

Blocks

Each chapter has been divided into blocks of related conditions. The blocks are then divided into three, four and five digit categories.

Three character categories or rubrics

Some blocks have three character categories for single conditions. Other blocks contain groups of diseases.

Four character categories or rubrics

These are not mandatory for reporting at international level but the use of fourth characters adds detail and specificity to the coded data. The use of fourth characters allows up to ten subcategories. The fourth character ‘8 is generally used for “ other” conditions belonging to the three character

category, and '9 conveys similar meaning as the three character category title, without adding any additional information.

Conventions

The ICD-10 Tabular List (Volume I) makes use of certain abbreviations, punctuations, symbols and instructional terms which must be clearly understood. These are referred to as the coding **conventions**.

Inclusion Terms

Within the three and four character rubrics there are usually listed a number of other diagnostic terms in addition to the code title. These are known as "inclusion terms" and are given as examples of diagnostic statements to be classified to that rubric. They may refer to different conditions or be synonyms. They are not a subclassification of the rubric. They are to be used as a guide to the content of the rubric, keeping in mind that the list is not exhaustive.

e.g. **G91** *Hydrocephalus* **includes** acquired hydrocephalus

Exercise 2:

1. Does the code L03.0 *Cellulitis of finger and toe* include paronychia?

Exclusion Terms

Certain rubrics contain lists of conditions preceded by the word "Excludes". These terms are to be coded elsewhere, not within this category as the code may suggest. The correct code that should be assigned is in parentheses following the term.

e.g. **Q74** *Other congenital malformations of limb(s)* **excludes** polydactyly (Q69.-), reduction defect of limb (Q71-Q73), syndactyly (Q70.-)

Exercise 3:

1. Should reduction defects of the feet be coded within the 3-character category Q66?
If not, where should they be coded?

Glossary descriptions

Chapter V Mental and Behavioural Disorders, uses glossary descriptions to indicate the content of rubrics. This device is used because the terminology of mental disorders varies greatly, particularly between different countries and the same name may be used to describe quite different conditions. The glossary is not intended for use by coding staff to make a diagnosis but is intended as a guide for clinicians to indicate the content of the rubric.

Dagger and Asterisk convention

The dual coding system of creating combinations of codes through attachment of daggers (†) and asterisks (*) has been used in ICD-10, thus allowing the description of a condition in terms of its **underlying cause or aetiology** (†) and **current manifestation** (*). This enables a better description of the medical care provided and resources used in its treatment to be given.

Using this convention, two codes are assigned for diagnostic statements that contain information about both an underlying generalised disease and a manifestation in a particular organ or site, which is a clinical problem in its own right.

The primary code is for the underlying disease and is marked with a dagger (†). An optional code for the manifestation is marked with an asterisk (*).

It is a basic principle of the ICD that the **dagger code is the primary code** and must always be used for single condition coding. An **asterisk code** should **never** be used alone. When coding underlying cause of death for mortality purposes, the dagger code should be used, never an asterisk code.

Dagger and asterisk codes convey different meanings in combinations depending upon the circumstances of placing the signs.

'+' with * mark in heading denotes same code used for the conditions listed below it.

e.g. A 170+ Tuberculosis meningitis (meningeal) (spinal)
tuberculosis meningitis

+ without * in the heading but mentioned in codes in parentheses below it denotes that different codes are available for the conditions following the diagnosis in the heading

e.g. A 18.1 + Tuberculosis of genitourinary system
Tuberculosis of:
Bladder (N 53.0*)
Cervix (or 54.0*)

None of the symbols '+' & * present in title/heading indicates that there are individual terms with alternative codes.

e.g. A 54.8 other gonococcal infections
Gonococcal:

Peritonitis + (K 67.1*)
Pneumonia + (J17.0*)
Septicemia

There are 83 asterisk categories in ICD-10 (listed at the start of relevant chapters) which may be used in conjunction with a dagger code, but must not be used alone. Asterisk categories are listed at the beginning of each chapter, block and rubric where appropriate.

Exercise 4:

1. How many asterisk categories are there in Chapter IX, Diseases of the Circulatory System?

Parentheses ()

Parentheses are used in four ways in Volume 1:

1. To enclose supplementary words, which may follow a diagnostic term without affecting the code number to which the words outside the parentheses would be assigned.

e.g. **G11.1** *Early-onset cerebellar ataxia*
Friedrich's ataxia (autosomal recessive)

2. To enclose the code to which an exclusion term refers.
e.g. **B25** *Cytomegaloviral disease* **excludes** congenital cytomegalovirus infection (P35.1)

3. To enclose the three-character codes of categories in a particular block.
e.g. Diseases of peritoneum (**K65-K67**)

4. To enclose the dagger code in an asterisk category or the asterisk code in a dagger term.
e.g. **K77.0*** *Liver disorders in infectious and parasitic diseases classified elsewhere*
Hepatitis
- cytomegaloviral (B25.1†)

Exercise 5:

1. Is N13.0 the correct code for Hydronephrosis with ureteropelvic junction obstruction and infection? If not, what is the correct code?

Square brackets []

Square brackets are used:

For enclosing synonyms, alternative words or explanatory phrases.

e.g. **A84.0** *Far Eastern tick-borne encephalitis* [Russian spring-summer encephalitis]

2. For referring to notes.

e.g. **C21.8** *Overlapping lesion of rectum, anus and anal canal*
[see note 5 on page 182]

3. For referring to a previously stated set of fourth character subdivisions common to a number of categories.

e.g. **F10.-** *Mental and behavioural disorders due to use of alcohol* [see pages 321-323 for subdivisions]

Exercise 6:

1. What does the note in [] tell us for codes in the M79 rubric?

Colon :

The colon [:] is used in listings of inclusion and exclusion terms when the words that precede it are not complete terms for assignment of the diagnosis to that rubric.

In other words, the words require one or more of the modifying or qualifying words indented under the lead term before the diagnosis can be assigned to the rubric.

e.g. **G71.0** *Muscular dystrophy:*

 autosomal recessive

 benign

 distal

 ...

Brace }

A brace is used in listings of inclusion and exclusion terms to indicate that neither the words that precede it nor the words after it are complete terms. In other words, one or more of the terms that follow the brace should be part of the diagnosis, to qualify any of the terms before the brace.

e.g. **E10.1** *Insulin dependent diabetes mellitus with ketoacidosis*

 See the brace under the entry for the relevant fourth character

1. With ketoacidosis

 Diabetic:

 Acidosis

 Ketoacidosis

 } without mention of coma

 }

Not Otherwise Specified (NOS)

NOS is an abbreviation for 'not otherwise specified', implying 'unspecified' or 'unqualified'. Coders should be careful not to code a term as unqualified unless it is quite clear that no other information is available that would permit a more specific code assignment from elsewhere in the classification.

e.g. **K14.9** *Disease of tongue, unspecified*
Glossopathy NOS

Not elsewhere classified (NEC)

NEC stands for not elsewhere classified. When used in a three-character category title, NEC serves as a warning that certain specified types of the listed conditions may appear in other parts of the classification.

e.g. **K73** *Chronic hepatitis, not elsewhere classified*

"And" in code titles

In Volume 1 of ICD-10, "and" stands for "and/or".

e.g. **S49.9** *Unspecified injury of shoulder and upper arm* means Unspecified injury of shoulder or unspecified injury of upper arm or unspecified injury of shoulder and upper arm.

Point dash .-

When used as a replacement for the fourth character of a subcategory, a point dash [-] indicates to the coder that a fourth character exists and should be sought in the appropriate category in the Tabular list.

e.g. **D59.1** *Other autoimmune haemolytic anaemias*
Excludes haemolytic disease of fetus and newborn (P55.-)

Corrections:

There have been some corrections to the Tabular list which have been included in a corrigendum at the back of volume 3..

As noted earlier, as part of the updating process for ICD-10, addenda of changes and updates to the classification are also released. A copy of the updates made to the classification since 1996 are included as an appendix to this manual or is available at <http://www3.fhs.usyd.edu.au/ncchwww/site/3.2.htm#10>

Coders should ensure that the changes outlined in the corrigenda and the addenda are made before commencing coding. This will assist in maintaining comparability with statistical reporting in other countries, and will ensure that the classification reflects current clinical practice.

MODULE 2 - ANSWERS

Volume 1 Tabular List

Exercise 1

1. What is the range of 3-character categories used in Chapter III?

D50 to D89. Only some of the codes are used however - have a look through the chapter. Now look at other chapters and compare them.

2. Two letters are split between multiple chapters - which are they?

D is used in chapters 2 and 3; H is used in chapters 7 and 8.

3. How many letters does Chapter XX use?

4 letters - V, W, X, Y

Exercise 2

1. Does the code L03.0, *Cellulitis of finger and toe* include paronychia?

Yes - it is listed as an inclusion term.

Exercise 3

1. Should reduction defects of the feet be coded within the three-character category Q66?

No - the exclusion note directs the coder to Q72.-

Exercise 4

1. How many asterisk categories are there in Chapter IX?

8 - they are listed at the beginning of the chapter.

Exercise 5

1. Is N13.0 the correct code for *Hydronephrosis with ureteropelvic junction obstruction and infection*? If not, what is the correct code?

No - the exclusion note under N13.0 excludes hydronephrosis that occurs with infection. The correct code is N13.6.

Exercise 6

1. What does the note in [] tell us for codes in the M79 category?

The coder should refer to pages 628 - 629 for site codes for this category.