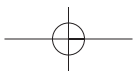




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International Classification of Primary Care



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ICPC-2-R

International Classification of Primary Care

Revised Second Edition

*Prepared by the International Classification Committee of WONCA,
the World Organization of Family Doctors.*

*With a CD-ROM:
ICPC in the Amsterdam Transition Project*

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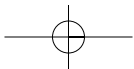
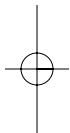
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Contents

<i>The WONCA International Classification Committee (1998)</i>	vii
<i>Foreword</i>	ix
1 Introduction	1
2 The structure of ICPC	8
3 Episode of care: a central concept of general/family practice	11
4 Use of ICPC for recording reason for encounter	19
5 Use of ICPC for recording health problems and process of care (interventions)	25
6 Inclusion criteria in ICPC	30
7 Severity of illness coding	34
8 Functional status assessment: the COOP/WONCA Charts	38
9 References	42
10 International Classification of Primary Care-2-Revised: tabular list	45
11 Conversion codes from ICD-10	147
12 Alphabetical index	167



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Foreword

Increasing health care information needs are being recognized all over the world. In order to deliver optimal health care, professionals need information about the epidemiological situation in their community, diagnostic tools based on patients' reasons for encounters, and best practice information for the diagnosis and the interventions that follow. The amount of information is huge and needs to be ordered in a way that allows intuitive searches.

The International Classification of Primary Care (ICPC) is internationally the most widely used tool for ordering clinical information in primary care and family medicine. ICPC is developed and updated by the Wonca International Classification Committee (WICC) which consists of a group of practicing primary care doctors and academics. This combination of orientation on practical work and research, and the active, open minded attitude of the group is the best guarantee for the continuous development of ICPC.

The co-operation between WONCA and the World Health Organization (WHO) has a long tradition. Although the classification work originally has common roots, because of some disputes around the development of ICD and ICPC, the WHO's International Classification of Diseases in its 10th revision (ICD-10) and the second revision of ICPC (ICPC-2) have been running independently. Therefore, it was a major step forward when the WHO Family of International Classifications (WHO-FIC) network in October 2003 accepted ICPC-2 as a related classification to be used in primary care. The network also decided that a continuous co-operation between WICC and WHO-FIC network is necessary as an integral part of the revision process of ICD towards ICD-11.

WHO has expanded the scope of its classification work in the WHO-FIC system because the backbone of health care information systems is supported by three reference classifications - ICD for health problems, ICF (International Classification of Functioning, Disability and Health) for functional aspects of health, and ICHI for international classification of health care interventions.

ICPC was originally developed as a reason for encounter classification. Since a patient's reason for encounter may be a known disease, a functional health problem, or a request for an intervention, ICPC needs to cover all three reference classifications on the level of a single primary care provider. Therefore, ICPC has codes for functioning and for interventions, although it has been mainly used in the diagnostic area.

The need for coding systems has been questioned by the developers of the terminological systems. For international use one of the main problems is translation. Terms are language specific and, therefore, a detailed classification of concepts tends to be difficult to translate. For primary care, the main information needs are covered by ICPC which is already available in over 20 languages. This creates an international framework that allows international exchange of information.

Most information systems have been developed in and for developed countries. The role of developing countries in this process is important because of the information paradox in world health care: countries with the least information about the population's health face the worst health care problems. Although ICPC has been mainly developed in industrialized countries, the basic principle of a limited number of high frequency problems is applicable for any primary care setting. Modified modules may be necessary, for example for tropical conditions.

This revised edition of ICPC-2 is based on the electronic version of ICPC-2 (ICPC-2-E) which has been continuously updated since ICPC-2 was published as a book (1998). It includes all the corrections made by WICC, while most translations are already based on this version.

The availability of this updated version of the book is therefore an important milestone.

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1 Introduction

Historical background

Until the mid-1970s most morbidity data collected in primary care research were classified using the International Classification of Diseases (ICD).^{1,2} This had the important advantage of international recognition, aiding comparability of data from different countries. However, there was the disadvantage that the many symptoms and non-disease conditions that present in primary care were difficult to code with this classification, originally designed for application to mortality statistics and with a disease-based structure.

The following early references deal with some of the issues, developments and ideas about general practice classifications in the period before and after the formation of the WONCA Classification Committee in 1972:

- Research Committee of Royal College of General Practitioners. A classification of disease. *J. Roy. Coll. Gen. Pract.* 1959; **2**: 140–59.
- Westbury R C, Tarrant M. Classification of disease in general practice: a comparative study. *Can. Med. Assoc. J.* 1969; **101**: 82–7.
- Bentsen B G. Illness and general practice: a survey of medical care in an inland population in South-East Norway. Oslo: Scandinavian University Books, University Press 1970; second edition 1986.
- Hutchinson I M. The Australian morbidity survey 1969–70. *Annals of General Practice* 1971; **16**: 68–72.
- Anderson J E, Leese R E M. Patient morbidity and some patterns of family practice in South-Eastern Ontario. *Can. Med. Assoc. J.* 1975; **113**: 123–6.
- Kjaer P, Mabeck C E, Olsen O M, Pederson P. Testing WONCA's classification of diseases for use in general practice (in Danish). *Ugeskrift Laeger* 1977; **139**: 1614–16.

Recognizing the problems of the ICD, and the need for an internationally recognized classification for general practice, the WONCA Classification Committee designed the International Classification of Health Problems in Primary Care (ICHPPC), first published in 1975,³ with a second edition in 1979⁴ related to the ninth revision of ICD. Although this provided a section for the classification of some undiagnosed symptoms, it was still based on the ICD structure and was still inadequate. A third edition in 1983 had added to it criteria for the use of most of the rubrics⁵ greatly adding to the reliability with which it could be used, but not overcoming its deficiencies for primary care. A new classification was needed for both the patient's reason for encounter and the provider's record of the patients' problems.

At the 1978 World Health Organization (WHO) Conference on Primary Health Care in Alma Ata,⁶ adequate primary health care was recognized as the key to the goal of

'health for all by the year 2000'. Subsequently both WHO and WONCA recognized that the building of appropriate primary care systems to allow the assessment and implementation of health care priorities was only possible if the right information was available to health care planners. This led to the development of new classification systems.

Later in 1978 WHO appointed what became the WHO Working Party for Development of an International Classification of Reasons for Encounter in Primary Care.⁷ This group, a majority of whose members were also members of the WONCA Classification Committee, developed a Reason for Encounter Classification (RFEC)⁷⁻⁹ which later became ICPC.

Reasons for encounter (RFEs) are the agreed statement of the reason(s) why a patient enters the health care system, representing the demand for care by that person. They may be symptoms or complaints (headache or fear of cancer), known diseases (flu or diabetes), requests for preventive or diagnostic services (a blood pressure check or an ECG), a request for treatment (repeat prescription), to get test results, or administrative (a medical certificate). These reasons are usually related to one or more underlying problems which the doctor formulates at the end of the encounter as the conditions that have been treated, which may or may not be the same as the reason for the encounter.

Disease classifications are designed to allow the health care providers' interpretation of a patient's health care problem to be coded in the form of an illness, disease, or injury. In contrast, a Reason for Encounter Classification focuses on data elements from the patient's perspective.^{7,10,11} In this respect, it is patient-oriented rather than disease- or provider-oriented. The reason for encounter, or demand for care, given by the patient has to be clarified by the physician or other health worker before there is an attempt to interpret and assess the patient's health problem in terms of a diagnosis, or to make any decision about the process of management and care.

The working group developing the RFE classification tested its several versions in field trials. The first field trial to test the completeness and reliability of the RFEC was a pilot study carried out in The Netherlands in 1980.⁸ The results obtained from this pilot study prompted further feasibility testing in 1983. This was carried out in nine countries, namely Australia, Brazil, Barbados, Hungary, Malaysia, The Netherlands, Norway, The Philippines, and The United States.^{9,12,13} The entire classification was translated from English into several languages, including French, Hungarian, Norwegian, Portuguese, and Russian. The analysis of more than 90 000 reasons for encounter recorded during over 75 000 individual encounters and the collective experience of the participants resulted in the development of a more comprehensive classification.^{9,12,13}

In the course of this feasibility testing it was noted that the RFEC could easily be used to classify simultaneously the reasons for encounter and two other elements of problem-oriented care, namely the process of care and the health problems diagnosed. Thus this conceptual framework allowed the evolution of the Reason for Encounter Classification into the International Classification of Primary Care.

Problems in relation to the concurrent development of ICD-10 prevented WHO from publishing the RFEC. However, WONCA was able to develop ICPC from it and publish the first edition in 1987. While ICPC-1 was much more appropriate for primary care than previous classifications based on the ICD framework, it did not include inclusion criteria for the rubrics, or any cross-referencing. It was thus in this respect less

useful than the previous publication, ICHPPC-2-defined, though it referred to it as a source of inclusion criteria which could be used.

In 1985 a project began in a number of European countries to use the new classification system to produce morbidity data from general practice for national health information systems. This involved translations of the classification and comparative studies across countries. The results were published in 1993 in a book including an update of ICPC.¹⁴

In 1980 WONCA became a Non-Government Organization (NGO) in official relations with WHO, and joint work together since has led to a better understanding of the requirements of primary care for its own information systems and classifications within an overall framework encompassing all health services.

The International Classification of Primary Care

The International Classification of Primary Care (ICPC[†])¹⁵ broke new ground in the world of classification when it was published in 1987 by WONCA, the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians, now known more briefly as the World Organization of Family Doctors. For the first time health care providers could classify, using a single classification, three important elements of the health care encounter; reasons for encounter (RFE), diagnoses or problems, and process of care. Linkage of elements permits categorization from the beginning of the encounter with RFE to its conclusion.

The new classification departed from the traditional International Classification of Disease (ICD) chapter format where the axes of its several chapters vary, from body systems (Chapters III, IV, V, VI, VII, VIII, IX, X, XI, XIII and XIV) to aetiology (Chapters I, II, XVII, XIX, XX), and to others (Chapters XV, XVI, XVIII, XXI). This mixture of axes creates confusion, since diagnostic entities can with equal logic be classified in more than one chapter, for example influenza in either the infections chapter or the respiratory chapter, or both. Instead of conforming to this format, the ICPC chapters are all based on body systems, following the principle that localization has precedence over aetiology. The components that are part of each chapter permit considerable specificity for all three elements of the encounter, yet their symmetrical structure and frequently uniform numbering across all chapters facilitate usage even in manual recording systems. The rational and comprehensive structure of ICPC is a compelling reason to consider the classification a model for future international classifications.

Since publication, ICPC has gradually received increasing world recognition as an appropriate classification for general/family practice and primary care, and has been used extensively in some parts of the world, notably in Europe¹⁴ and Australia.¹⁶

More recently the WONCA Classification Committee has participated in the international development of further initiatives related to classification, including functional

[†]ICPC was first published in 1987.¹⁴ This is now referred to as ICPC-1. In 1993 it was included in a publication about its use in Europe.¹³ This is referred to as ICPC-E. The 1998 publication is referred to as ICPC-2, and this revision as ICPC-2-R. ICPC is used when referring to the generic classification.

status measures, severity of illness indicators, and an international glossary for general/family practice. Information about these is included in this book.

Classification, nomenclature, and thesaurus

Labelling aspects of general/family practice, such as reasons for encounter and health problems, requires that the available labels reflect the characteristics of the domain: general practice/family medicine. Labels should be derived from a nomenclature or thesaurus. A nomenclature contains all the terms and professional jargon of medicine, and a thesaurus is a storehouse of terms like an encyclopaedia or computer tape with a large index and synonyms.¹⁷

Classification systems provide a structure to order named objects in classes according to established criteria. They do not necessarily contain all terms, and difficulties arise when they are used as a nomenclature and terms are not found within them. Often many terms are included within one rubric, so that the use of coding based on a classification does not provide adequate specificity.¹⁷

ICPC is a classification which reflects the characteristic distribution and content of aspects of primary care. It is not a nomenclature. The richness of medicine at the level of the individual patient needs a nomenclature and thesaurus much more extensive than ICPC, particularly for recording the specific detail required in an individual patient record. The use of ICPC together with ICD-10 and other classification systems, such as the Anatomical-Therapeutic-Chemical classification of medications (ATC), can provide the basis of an adequate nomenclature and thesaurus, but if full coding is required these must be supplemented by even more specific coding systems. However, unless such coding systems are based upon a suitable classification, such as ICPC is for general/family practice, it is not possible to extract coherent data about populations rather than just individuals.¹⁷

Over the years there have been frictions in the relation between the available primary care classifications (ICHPPC and ICPC) and ICD because of conceptual and taxonomical problems. ICD-10, however, now provides a widely recognized nomenclature of diseases and health problems suitable for primary care. Although ICD-10 is not the most appropriate tool for a primary care classification,¹⁸ its use with ICPC as the ordering principle opens a route to good computer-based patient records allowing for the exchange of patient data with other specialists and hospitals.¹⁷

ICPC-2

This second edition of ICPC has been prepared for two main reasons; to relate it to the tenth edition of ICD, ICD-10, published by WHO in 1992,² and to add inclusion criteria and cross-referencing for many of the rubrics. The latter are explained in Chapter 6 and detailed in the tabular list in Chapter 10. In the interests of stability and consistency very few changes to the classification have been made, though many have been suggested, and will be the subject of ongoing work by the WONCA Classification Committee. Feedback from users to assist this process is specially requested.

At the same time this second edition includes information about new developments in the conceptual basis of understanding general/family practice which have arisen

in large part from the use of a classification appropriate to the discipline. These are outlined in Chapters 2–5. The book is based on the use of standard terminology as defined in the international glossary published by the WONCA Classification Committee in 1995.¹⁹

The book also includes information about a number of new initiatives related to classification. The Duke/WONCA Severity of Illness Checklist (DUSOI/WONCA) enables either individual health problems, or the combined health problems of the patient, to be graded in terms of severity (Chapter 7). The COOP/WONCA functional status assessment charts allow assessment of functional status of the patient independent of any particular reason for encounter or health problem (Chapter 8).

The alphabetical index to the tabular list (Chapter 12) is limited to terms from the rubric titles and their inclusion terms. It is not meant to be fully comprehensive (see Chapter 2).

ICPC and ICD

ICPC has always been linked with the widely recognized and used International Classification of Diseases published by the World Health Organization. The first edition contained a list of conversion codes to ICD-9. Since then ICD-10 has been introduced, and ICPC-2 has been carefully mapped to ICD-10 so that conversion systems can be used (Chapter 11). Users who still require a conversion to ICD-9 may obtain a disc from the WONCA Classification Committee. Extensive empirical research has confirmed that ICPC and ICD are complementary rather than in competition.

Translations

WONCA is an international organization and wishes to promote versions of ICPC in languages other than English, which is the working language of the Classification Committee. ICPC has already been translated into 19 languages, and has been published as a book in some of these (Table 1).^{13,20,21} There are already several

Table 1. Availability of ICPC in different languages¹⁷

Basque	Hungarian
Danish ⁺	Italian
Dutch ⁺	Japanese ⁺
English ⁺	Norwegian ⁺
Finnish ⁺	Polish
French ⁺	Portuguese ⁺
German	Russian
Greek ⁺	South African
Hebrew	Spanish ⁺
	Swedish

⁺A separate edition exists in these languages.

6 *WONCA International Classification of Primary Care*

translations of ICPC-2 being undertaken. The committee encourages anyone wishing to promote, assist with, or undertake translations of ICPC-2 to contact them to arrange cooperative work.

The WONCA policy on ICPC-2 translations is:

1. WONCA encourages versions in languages other than English.
2. These must include the whole book, not just the rubrics.
3. There must be no changes to the rubrics. Any extensions must be clearly indicated as such, and approved by the WONCA Classification Committee prior to publication.
4. Translations must be prepared by named translators working in cooperation with the WONCA Classification Committee and to the standards that it sets, particularly in relation to the extent of back translation for checking which may be required.
5. While WONCA will retain the copyright it will usually grant without fee the rights to translating organizations to retain royalties on their versions. This will require a formal agreement between WONCA and the organization or publisher concerned.

Policy on copyright and licensing

The copyright of ICPC, both in hard copy and in electronic form, is owned by WONCA. This policy relates to the electronic version and has the following aims.

Aims

1. To allow the WONCA Classification Committee to promote, distribute, and support ICPC-2, and further develop it as the best classification for primary care.
2. To maintain international comparability of versions of ICPC-2.
3. To obtain feedback and maintain a clearing-house of international experiences with ICPC-2.
4. To achieve recognition of WONCA's initiative and expertise in classification.
5. To promote understanding of appropriate links between ICPC-2 and other classification and coding systems, particularly ICD-10.
6. To encourage use of ICPC-2 rather than inhibit it with restrictions.
7. To obtain financial support to enable achievement of these aims and allow the work of the WONCA Classification Committee to continue and expand.

Policy

1. The electronic version of ICPC-2 should be made available in as many countries as possible.
2. Versions involving additions, translations, or alterations should be made with input from and agreement of the WONCA Classification Committee if they are to be regarded as official WONCA versions.
3. WONCA should license appropriate organizations to promote and distribute electronic versions of ICPC-2 in countries, regions, and language groups.
4. Licence fees may be charged through these organizations to the end users and collected by the distributors for WONCA. The fees will be set by negotiation and may be waived when there are advantages to WONCA by so doing, such as when use is for research or development.

Readers wishing to obtain this book in electronic form, or incorporate electronic versions of ICPC in computer systems, or develop and use ICPC in other ways should contact a local member of the WONCA Classification Committee (see p. vii) or WONCA (see below).

Abbreviations

As far as possible abbreviations have not been used in this book. In a few places abbreviations which are more commonly used in English than the full expansion, and which are clear in the context, are included in the rubrics. However, some have been needed, and these are as follows:

abn	abnormal
dis	disease
complt	complaint
excl	excludes
incl	includes
NOS	not otherwise specified
sympt	symptom
/	or

User feedback

In order to continue to develop ICPC the WONCA Classification Committee would like to have feedback from as many users as possible with suggestions for clarification, alterations, or extensions. Please contact a local member of the committee (see p. vii) or the Chair (see p. viii), or WONCA Executive: ceo@wonca.com.sg.

2 The structure of ICPC

ICPC is based on a simple bi-axial structure: 17 chapters based on body systems on one axis, each with an alpha code, and seven identical components with rubrics bearing a two-digit numeric code as the second axis (Fig. 1 and Table 2).

ICPC has a significant mnemonic quality which facilitates its day-to-day use by physicians, and simplifies the centralized manual coding of data recorded elsewhere.

It is presented as a tabular list (Chapter 10). The rubrics for components 1 and 7 are given in full for each chapter. The rubrics in components 2 to 6 are uniform across all chapters and are set out only once. Each rubric has a three-digit code number, a title of limited length, and the codes of the corresponding ICD-10 rubrics. Most rubrics also have inclusion terms, exclusion terms, and 'consider' terms (see Chapter 6). Abbreviations have been used sparingly, and are listed on p. 6. When the word 'multiple' is used in ICPC this refers to three or more.

The alphabetical index to the tabular list (Chapter 12) contains terms from all the rubric titles and their inclusion terms. It is not meant to be fully comprehensive; the terms included are only those which are common or important in primary care.

CHAPTERS

Components	A	B	D	F	H	K	L	N	P	R	S	T	U	W	X	Y	Z
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	

Fig. 1. The structure of ICPC: 17 chapters and 7 components.

Table 2. ICPC chapters and components

A	General and unspecified
B	Blood, blood-forming organs and immune mechanism (spleen, bone marrow)
D	Digestive
F	Eye
H	Ear (Hearing)
K	Circulatory
L	Musculoskeletal (Locomotion)
N	Neurological
P	Psychological
R	Respiratory
S	Skin
T	Endocrine, metabolic and nutritional
U	Urological
W	Pregnancy, child-bearing, family planning (Women)
X	Female genital (X.-chromosome)
Y	Male genital (Y.-chromosome)
Z	Social problems

Components (standard for each chapter):

1	Complaint and symptom component
2	Diagnostic, screening, and preventive component
3	Medication, treatment, procedures component
4	Test results component
5	Administrative component
6	Referrals and other reasons for encounter
7	Disease component: —infectious diseases —neoplasms —injuries —congenital anomalies —other

A mnemonic alpha code has been used where possible.

Users seeking terms not included could use the ICD-10 index to find the ICD-10 rubric, and then the conversion tables (Chapter 11) to find the ICPC rubric. A fuller thesaurus in electronic form has been developed by some users, but an approved international version is yet to be developed.

While ICPC is comprehensive enough to allow classification of the main elements of primary care, it still has some limitations. The rubrics in components 2 to 6 covering the process of care are very broad and non-specific. A classification of medications and drugs was developed for and is described in the report of the European study,¹⁴ but is not yet formally included. ICPC does not include objective findings found during physical examination or investigations. These are all matters for further development.

Residual rubrics

Residual rubrics ('rag-bags') are found at the end of a section or subsection; their description includes the word 'other'. Clearly, not otherwise specified (NOS) is implied for all of the terms in these rubrics. Knowledge of the boundaries of each section or subsection is required for the best use of the classification. If in doubt, consult the alphabetical index.

The practical use of morbidity/diagnostic data

Until recently classifications were mainly used for the collection of data for health statistics and formulation of policy. The advent of computer-based medical records has led to even more widespread use as a means of organizing and storing data gathered during routine clinical encounters. These data are needed both as part of the patient medical record and for extraction for health statistics. The classification and coding requirements for those two purposes differ; patient medical records require as much specific detail as possible, whereas health statistics require data which are systematically aggregated into categories based on their frequency or their importance for policy. ICPC was developed for the latter purpose, and must be modified for coding clinical data in medical records.

Optional hierarchical expansion

Clearly, no single international classification can fulfil every need for every user; inevitably users will sometimes want to separate certain problems contained in a single rubric. This usually requires expanded codes using the principle of optional hierarchy. A great deal of expansion is usually needed for coding clinical data in medical records.

It is recommended that whenever possible such expansions conform to the usage in ICD-10, or that ICD-10 codes are used as expansion codes, so that maximum comparability between data systems is maintained. Even then provision for including patient-specific text is needed for adequate specificity for patient care records.¹⁷

Severity of illness and functional status

Information about severity of illness and functional status assessment of the patient may be recorded in association with use of ICPC, and means of classifying these are therefore included in this book. The Duke/WONCA Severity of Illness Checklist (DUSOI/WONCA) can be related to ICPC rubrics and may be applied to individual health problems, as well as being summed to indicate the severity of the patient's combined health problems (Chapter 7). The COOP/WONCA functional status assessment charts apply to the patient independent of his/her health problems, and are explained in Chapter 8.

3 Episode of care: a central concept of general/family practice

Changes in the need for and use of classifications in primary care have continued since the publication of ICPC in 1987. The main purpose of the classification was then seen to be its use in gathering data for research and policy formulation. However, its use has now widened as research data and practical experiences with ICPC, as well as the emergence of new concepts in general/family medicine, have resulted in new applications.

The most important new applications of the use of ICPC are in describing the construct of episodes of care and in computer patient records. The two are closely related, and depend upon the use of ICPC as the ordering principle of patient data gathered in general/family practice and primary care.

The WONCA definition of general/family practice refers to 'a physician who provides personal, primary, and continuing comprehensive health care to individuals and families'.¹⁹ This is quite similar to that of primary care in the new Institute of Medicine (IOM) definition: 'Primary care is the provision of integrated accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practising in the context of family and community'.²²

Episode of care

These definitions have been made operational by choosing the 'episode of care' as the appropriate unit of assessment. Episodes of care are distinguished from episodes of illness or disease in a population. An episode of care is a health problem or disease from its first presentation to a health care provider until the completion of the last encounter for that same health problem or disease (Fig. 2).¹⁷

Reasons for encounter, health problems/diagnoses, and process of care/interventions form the core of an episode of care consisting of one or more encounters, including changes in their relations over time ('transitions'). An episode of care, consequently, refers to all care provided for a discrete health problem or disease in a particular patient. The 'large majority of personal health care needs', the 'comprehensiveness', the degree of 'integration', of 'accessibility', and of 'accountability' can be assessed when episodes of care are classified with ICPC in a computer-based patient record.

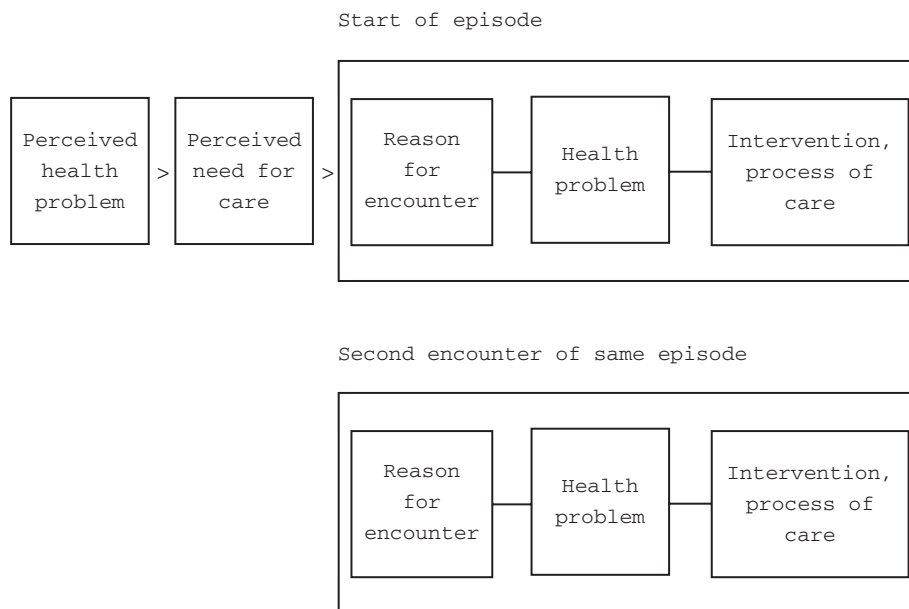


Fig. 2. An episode of care.

The use of the concept of episode of care was demonstrated in the European study using ICPC.¹⁴ In this study, characteristic epidemiological and clinical similarities and differences between the various sites were established. Also, the concept of reason for encounter proved to be an innovative and practical operationalization of the patient's perspective and demand for care; the validity of the reason for encounter as it was coded by family doctors when compared with the patient's point of view after the encounter, was consistently very high.²³

The new International Glossary of Primary Care defines the content of general/family practice and gives rules to structure episodes with ICPC in order to allow epidemiological standard retrievals, and to make them comparable in different countries.¹⁹

Reason for encounter

The reason for encounter (RFE) has been established to be a practical source of patient information, also useful for research and education. This is illustrated by epidemiological data from the Dutch Transition project in the form of standard output, following the rules of the glossary.¹⁷ Beginning with the reason for encounter allows the determination of the probabilities of any given health problem at the start or during follow-up of the episode, per standard sex age group. Thus the top 10 problems related to cough at the start of an episode show clinically important differences between children aged 5–14 and

Table 3. Top 10 episode titles starting with cough (R05) as the reason for encounter (prior probabilities)

RFE R05 Cough (<i>N</i> = 1267)	<i>N</i>	%
R74 URI (head cold)	456	35.6
R78 Acute bronchitis/bronchiolitis	261	20.4
R05 Cough	159	12.4
R77 Acute laryngitis/tracheitis	110	8.6
A77 Other viral diseases NOS	54	4.2
R96 Asthma	40	3.1
R81 Pneumonia	33	2.6
R75 Sinusitis acute/chronic	30	2.3
R80 Influenza without pneumonia	24	1.9
R71 Whooping cough	22	1.7
Total top 10	1189	92.8
Total	1281	100.0
Men aged 65–74 (<i>N</i> = 646)	<i>N</i>	%
R78 Acute bronchitis/bronchiolitis	256	39.1
R74 URI (head cold)	155	23.7
R05 Cough	65	9.9
R77 Acute laryngitis/tracheitis	45	6.9
R75 Sinusitis acute/chronic	22	3.4
K77 Heart failure	15	2.3
R96 Asthma	13	2.0
R91 Chronic bronchitis/bronchiectasis	12	1.8
R81 Pneumonia	10	1.5
R95 Emphysema/COPD	9	1.4
Total top 10	602	92.0
Total	654	100.0

Source: Transition Project, reported in Hofmans-Okkes and Lamberts.¹⁷

men aged 65–74 (Table 3). The reverse procedure is equally relevant from a clinical point of view: what reasons for encounter were presented at the start and during follow-up of a problem in each standard sex age group? This is illustrated for acute bronchitis (Table 4). These tables document the clinical differences in far more detail than has been possible until now.

The health problem/diagnosis

The health problem/diagnosis is central to the episode of care and gives it its name. Many health problems are in fact medical diagnoses, but many in primary care are other conditions such as fear of disease, symptoms, complaints, disabilities, or need for care

Table 4. Top 10 reasons for encounter in an episode of acute bronchitis/bronchiolitis (R78)

Children aged 5–14 (<i>N</i> = 377)	<i>N</i>	%
R05 Cough	321	46.1
A03 Fever	98	14.1
R31 Med exam/health evalua/partial	64	9.2
R02 Shortness of breath/dyspnoea	43	6.2
R74 URI (head cold)	24	3.4
A04 General weakness/tiredness	18	2.6
R03 Wheezing	17	2.4
R64 Provide init episode new/ongoing	17	2.4
R78 Acute bronchitis/bronchiolitis	13	1.9
R21 Sympt/complt throat	9	1.3
Total top 10	624	89.5
Total	697	100.0
Men aged 65–74 (<i>N</i> = 422)	<i>N</i>	%
R05 Cough	324	39.4
R02 Shortness of breath/dyspnoea	133	16.2
R78 Acute bronchitis/bronchiolitis	100	12.2
R31 Med exam/health evalua/partial	79	9.6
A03 Fever	34	4.1
R25 Abnormal sputum/phlegm	23	2.8
R64 Provide init episode new/ongoing	21	2.6
R74 URI (head cold)	14	1.7
A04 General weakness/tiredness	13	1.6
R01 Pain attrib to respir system	8	1.0
Total top 10	749	91.1
Total	822	100.0

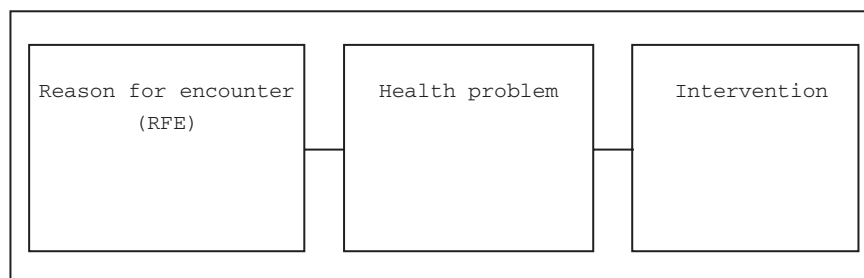
Source: Transition Project, reported in Hofmans-Okkes and Lamberts.¹⁷

such as immunization. ICPC includes all of these. The health problem may be qualified in terms of its status in the encounter, the certainty which the provider assigns to its diagnosis, and its severity.

The status of the episode in an encounter can be specified as new to both doctor and patient, new to doctor but previously treated outside the current provider system, or neither in the case of follow-up encounters (Fig. 3D). A good computer patient record warns the provider when s/he tries to enter a follow-up encounter for an episode that has not yet been established in the database, or whenever a new one is started when an episode with the same title already exists. This is, obviously, vital to ensure the quality of day to day recording.

The extent to which the doctor is certain that his or her diagnosis is correct is another aspect of an episode of care; this can be graded from uncertain to certain, but a standard

The old structure



The new structure

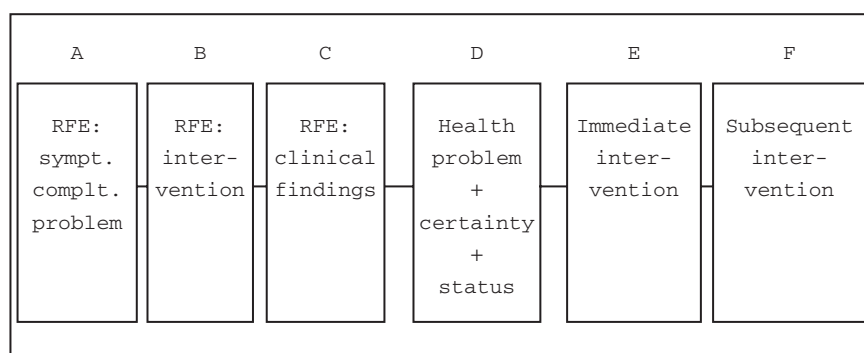


Fig. 3. A new structure for describing encounters.¹⁷

means of doing this has not yet been adopted. The inclusion criteria for use of rubrics in ICPC-2 will, however, help to ensure that the label chosen for the episode is used consistently by all providers. Pop-up screens can be used to display options at the time of coding in computer-based records.

The third qualification of an episode of care, severity, is discussed in Chapter 7.

Patients with multiple health problems and episodes of care are common in primary care. A good data system will be able to display the interrelationships of these, and provide data on comorbidity (Table 5).

Interventions, the process of care

The specificity of the three-digit ICPC process code to classify immediate interventions is limited, but usually adequate. However, when drugs are prescribed a drug code is needed. Because of the vast number of medications involved, and the idiosyncrasies of national drug availabilities, no internationally suitable code has yet been produced.

Table 5. Comorbid episodes for patients with R78, acute bronchitis/bronchiolitis

Children aged 5–14 (<i>N</i> = 329)	<i>N</i>	%	Prev.
R74 URI (head cold)	90	9.6	274
R71 Acute otitis media/myringitis	57	6.1	173
R78 Acute bronchitis/bronchiolitis	48	5.1	146
R96 Asthma	37	3.9	112
R97 No disease	32	3.4	97
S03 Warts	29	3.1	88
A77 Other viral diseases NOS	21	2.2	64
R76 Tonsillitis acute	20	2.1	61
S18 Laceration/cut	20	2.1	61
D73 Presumed GI infection	17	1.8	52
Total top 10	371	39.6	1128
Total	938	100.0	2851

Mean number of comorbid episodes = 2.9

Men aged 65–74 (<i>N</i> = 350)	<i>N</i>	%	Prev.
R78 Acute bronchitis/bronchiolitis	72	4.7	206
A97 No disease	56	3.7	160
R95 Emphysema/COPD	47	3.1	134
K86 Uncomplicated hypertension	46	3.0	131
R74 URI (head cold)	46	3.0	131
K77 Heart failure	35	2.3	100
A85 Adv effect med agent proper dose	30	2.0	86
H81 Excessive ear wax	30	2.0	86
K76 Other/chron ischemic heart dis	30	2.0	86
T90 Diabetes mellitus	25	1.6	71
Total top 10	417	27.4	1191
Total	1521	100.0	4346

Mean number of comorbid episodes = 4.3

Prev. = Number of comorbid episodes per 1000 patients with R78.

Source: Transition Project, reported in Hofmans-Okkes and Lamberts.¹⁷

In Europe an ICPC drug code which is ATC compatible has been valuable and may be suitable for wider adoption.¹³

Patient records

The core of a computer-based patient record is data coded with ICPC which is language independent: this enhances the use of practice records for a comparison of data from

different countries, and it supports the development of general/family practice as an internationally well developed profession with a well defined and empirically based frame of reference. The availability of ICPC in 19 languages and the growing number of translations of ICD-10 accompanied by alphabetical indexes will allow family doctors in many countries to incorporate a detailed language-specific thesaurus in their system, at the same time using ICPC to systematically structure their records and the database in a more standardized way.

Further developments

The original three basic elements of encounters to be coded with ICPC (reason for encounter, health problem, and interventions) (Fig. 2) have now been expanded into six data entry options (A–F) for computer-based patient records (Fig. 3).¹⁷ The reason for encounter is recorded in two sections: the patient's symptoms and complaints, and the patient's requests for interventions. The clinical findings elicited by the physician in the form of symptoms and complaints are coded in addition to those presented as reasons for encounter. Interventions or processes of care are recorded as immediate (those occurring during the encounter) or subsequent (those which will be done subsequently). Work with these, particularly in The Netherlands, has confirmed the usefulness of the concept of reason for encounter, and further refined the concepts of reason for encounter, health problem/diagnosis, and process of care.¹⁴

The use of reasons for encounter to estimate prior probabilities is clearly very useful; it can be even more so if reasons for encounter presented by the patient such as cough, shortness of breath, fever, abnormal sputum, or wheezing (Fig. 3A) are distinguished from clinical findings elicited by the physician during history taking (Fig. 3C). ICPC incorporates over 200 symptoms and complaints serving the classification of reasons for encounter and of clinical findings equally well, though it should be noted that it does not yet include a classification of objective findings. Both applications can be included in the encounter and episode structure of a computer-based patient record (Fig. 3A and C). Together they allow a complete calculation of prior probabilities, while the difference between a symptom expressed by the patient as a reason for encounter or elicited by the physician is retained, and the probabilities can be calculated separately if required.

Reasons for encounter in the form of symptoms, complaints or health problems/diagnoses should be distinguished explicitly from those in the form of requests for interventions such as a prescription, an X-ray, a referral, or advice (Fig. 3A and B). Requests for a certain intervention are often followed by this intervention being performed: when patients ask for medication or a blood test, they often receive it.¹⁷ Since patients do actively influence the care provided by general practitioners/family doctors it is important to explicitly document this, also to obtain a better understanding of compliance.

Recording systems should be able to distinguish between diagnostic and therapeutic interventions during the encounter ('immediate', Fig. 3E) and those that will follow ('subsequent', Fig. 3F). The difference between what is in fact being done by the family

doctor at the time of the encounter and what is expected to follow is important for the analysis of utilization data, interdoctor variation, and compliance. It also allows better understanding of the shift from prior probabilities in the first encounter of an episode of care to the posterior probabilities during follow-up.¹⁷

For recording subsequent interventions a more specific process classification than ICPC provides is needed. Development of this is an ongoing activity of the WONCA Classification Committee.

4 Use of ICPC for recording reason for encounter

Procedures for coding information using ICPC vary somewhat according to the type of information being recorded, for example reason for encounter, health problem, or intervention. In order to promote consistent recording and therefore better comparability of data between centres, the following standards are suggested.

Reason for encounter

The primary care provider should identify and clarify the reason for the encounter (RFE) as stated by the patient without making any judgments as to the correctness or accuracy of the reason. This use of the classification is guided by three principles:

1. The reason for encounter should be understood and agreed upon between the patient and the provider and should be recognized by the patient as an acceptable description.
2. The ICPC rubric chosen should be as close as possible to the original statement of the reason given by the patient and must represent a minimal or no transformation by the provider. However, clarification of the patient's reasons for encounter within the framework of ICPC is necessary so that the most appropriate rubric in the classification can be applied.
3. The inclusion criteria listed for rubrics for use in recording health problems/diagnoses are NOT to be used, since the reason for encounter is to be documented from the patient's point of view, based entirely on the patient's statement of the reason.

The way in which a patient expresses his/her reason(s) for encounter determines which chapter and which component to use (Fig. 1 and Table 2). The entire classification is applicable as patients can describe their reasons for seeking health care in the form of symptoms or complaints, as requests for services, or as health problems.

Choosing the chapter code

To code the RFE it is necessary to first select the appropriate organ system or chapter, assign the correct alpha code, and then the two-digit numeric code in the relevant component such as a symptom or complaint, a diagnosis, or an intervention. The alphabetical index should be used when there is uncertainty about the chapter or component in which a specific reason for encounter should be placed. Chapter A is used for reasons for encounter which relate to unspecified or multiple body systems.

When ICPC is used for recording RFE four rules apply to the use of the chapters, and three rules to the use of components. Those rules are listed below with examples of the application of those rules.

Rule 1

The reason for the encounter should be coded as specifically as possible and may require some clarification by the provider.

Example

Chest pain can be coded as All (chest pain not otherwise specified (NOS)), or as KO1 (pain attributed to heart), or as R01 (pain respiratory), or as L04 (chest symptoms/complaints). The decision as to the correct selection is not based on the opinion of the provider as to the type of chest pain but, rather, to the manner in which the patient expresses his/her reason for encounter when clarification is sought by the provider.

'Its all over my chest ...'	A11
'My chest hurts when I cough'	R01
'I have chest pain ... I think its my heart'	KO1
'I have chest pain after falling down stairs'	L04

Rule 2

Whenever the patient makes a specific statement use his/her terminology.

Example

Jaundice, in the form of a diagnostic descriptive term can be found in Chapter D (digestive) but the patient may present this symptom as a yellow discoloration of the skin (Chapter S). If the patient expresses the problem as 'jaundice', the ICPC code is D13. If, however, the patient states 'my skin has gone yellow' the correct code would be SOS, regardless of the fact that the health care provider is positive that the diagnosis is some form of hepatitis.

Rule 3

When the patient is unable to describe his/her complaint, the reason given by the accompanying person is acceptable as that stated by the patient (e.g. a mother bringing in a child or relatives accompanying an unconscious patient).

Rule 4

Any problem whatsoever presented verbally by the patient should be recorded as a reason for encounter. Multiple coding is required if the patient gives more than one reason. Code every reason presented at whatever stage in the encounter it occurs.

Example

'I need my blood pressure tablets. Also my breasts are tender and sore' —K50, XI8. If later the patients asks 'What is this lump on my skin?' that is also coded as a reason for encounter —S04.

Choosing the component code

1. Symptoms and complaints

The most common reasons patients give for seeking health care are presented in the form of symptoms and complaints.^{14,16,23,24} Therefore, it is expected that Component 1 (symptoms and complaints) will be used extensively. These symptoms are specific for each chapter; nausea is found in the Digestive chapter (D09), while sneezing (R07) is located in the Respiratory chapter. While most of the entries in this component are symptoms specific to the chapter in which they are found, some standardization has been introduced for ease of coding.

Throughout most of the chapters, with the exception of psychological and social, the first rubric(s) relate to the symptom pain. Examples of these are earache (HOI) and headache (N01). There are also four standard Component 1 rubrics in each chapter. They are:

- 26 Fear of cancer
- 27 Fear of having a disease or condition
- 28 Limited function/disability
- 29 Other symptoms/complaints

Codes 26 and 27, and sometimes also a few others, are used when the patient expresses concern about or fear of cancer or some other condition or disease. Examples are:

'I'm afraid I have TB'	A27
'I'm worried that I have cancer of the breast'	X26
'I'm scared of venereal disease'	Y25

Even though the provider thinks that such an expressed fear is unwarranted or illogical, it constitutes the patient's reason for encounter.

Rubric —28 should be used when the patient's reason for encounter is expressed in terms of a disability which affects activities of daily life and social functions.

Examples

'I cannot climb stairs because of the cast they have put on my leg for my fractured ankle' —L28 (Component 1) and L76 (Component 7).

'I can't work in the office because I can't sit for any length of time because of my hemorrhoids' —K28 (Component 1) and K96 (Component 7).

In each chapter the component code 29 is the residual or 'rag-bag' rubric for symptoms/complaints. This contains uncommon and unusual symptoms and complaints which do not have a separate rubric, and is also appropriate for symptoms/complaints which are

not clearly stated. The index should be checked for synonymous terms in other rubrics before using this rubric.

2. Diagnostic, screening and preventive procedures

The reasons included in this concept are those in which the patient seeks some sort of procedure, such as 'I'm here to have a blood test' (—34). The patient may request a particular procedure in connection with an expressed problem or as a single demand, such as

'I want the doctor to examine my heart' K31, or
'I think I need to have my urine tested' (—35), or
'I've come for the result of my X-ray' (—60), or
'I need a vaccination' (—44).

Clarification by the provider is necessary to find out why the patient thinks he or she needs a urine test in order to select the appropriate alpha code. If it is because of a possible bladder infection the code is U35; if because of diabetes T35. If the result of an X-ray which is being requested refers to a barium meal D60. A request for vaccination against rubella A44.

3. Medication, treatment, procedures

These reasons are expressed when the patient requests a treatment or when the patient refers to the physician's instructions to return for specific treatment, procedure, or medication as the reason for encounter. Further clarification by the provider is often necessary in order to identify the most appropriate code.

Examples

'I need my medication' (—50). If the patient expresses the reason why he is taking the medication or the provider knows the reason, select the appropriate alpha code, e.g. for a sinus infection the code would be R50.

'I'm here to have my cast removed' (—54). If it is evident that, for instance, the patient had a fracture of the left arm the correct alpha code to select would be L.

'I was told to come for removal of the stitches today' (—54). Although at first one might assume that all suture removal would be in the Skin chapter, the patient might have stitches from eyelid surgery F54 or from a phimosis operation Y54.

4. Test results

This component should be used when the patient is specifically requesting the results of tests previously carried out. The fact that the results of the test may be negative does not affect the use of this component. Often the patient will request the test result and its consequences and seek more information on the underlying problem. In that case, also consider using the additional code —45 (health education, advice).

Examples

'I need the results of my blood test'. If the test was for anaemia code B60, if for lipids T60, if the patient cannot specify A60.

'I want to know what they found on the X-rays of my stomach that were taken last week' (D60).

'I am supposed to pick up the result of my urine test and take it to the urologist. I also want to know what he will do and which examinations and treatment I can expect' (U60, U45).

5. Administrative

Administrative reasons for encounter with the health care system include such things as examinations required by a third party (someone other than the patient), insurance forms which require completion, and discussions regarding the transfer of records.

Examples

'I need this medical insurance form completed' (A62).

'My fracture is healed and I need a certificate to go back to work' (L62).

6. Referrals and other reasons for encounter

If the patient's reason for encounter is to be referred to another provider —66, —67, and —68 can be used for this purpose. If the patient states his/her reason for the encounter is 'being sent by someone else', use —65.

When a provider initiates a new episode or takes the initiative for the follow-up of an already existing episode of a health problem such as hypertension, obesity, alcoholism, or a smoking habit, it will be appropriate to code the reason for encounter as —64.

Example

A patient presenting with a blocked ear due to earwax, which is removed, has his blood pressure measured and found to be high, and also receives advice about smoking. The patient's reasons for encounter and the related problems and treatment would be recorded as follows:

H13 (blocked feeling in ear), H81 (earwax), H51 (removal of earwax).

K64 (provider initiated), K85 (raised blood pressure), K31 (checking of blood pressure).

P64 (provider initiated), PI7 (tobacco abuse), P45 (advice to stop smoking).

7. Diagnosis/disease

Only when the patient expresses the reason for encounter as a specific diagnosis or disease should it be coded in Component 7. The reason for encounter of a patient who is

known to be a diabetic but comes in complaining of weakness should not be coded to diabetes but to the problem expressed: weakness (A04). However, if the patient states that he has come about his diabetes the diagnosis 'diabetes' should be coded as his reason for encounter (T90).

If the patient names a reason for encounter in the form of a diagnosis which the provider knows is not correct, the 'wrong' RFE of the patient is coded rather than the 'correct' one of the physician; for example a patient presenting with a reason for encounter of 'migraine', when the provider knows it is tension headache, or a patient who is known to have nasal polyps presenting with 'hayfever'.

Examples

'I am here because of my hypertension' (K86).

'I come every month for the arthritis of my hip' (L89).

Rules for components

The following rules for the use of each component will reinforce the description of the components.

Rule 1

Whenever a code is shown preceded by a dash (—), select the chapter code (alpha). Use A when no specific chapter can be selected, or when multiple chapters are involved. All codes must begin with an alpha code to be complete.

Example

Biopsy will be coded —52, for digestive system D52, for skin S52. Medication prescribed will be coded as —50. A patient requesting medication for asthma R50.

Rule 2

Rubrics from more than one component, or more than one rubric from the same component, can be used for the same encounter if more than one reason is presented by the patient.

Example

'I've had abdominal pain since last night and I vomited several times' D01, D10.

'I have some abdominal pain and I think that I may have appendicitis' D06, D88.

5 Use of ICPC for recording health problems and process of care (interventions)

Health problems

ICPC can be used to record the provider's assessment of the patient's health problems. This can be done in terms of symptoms and complaints, or diagnoses, so can be derived from Component 1 or Component 7. The latter is based on the lists of diseases, injuries, and related health problems in the International Classification of Diseases (ICD), but includes as separate rubrics only those that are common or important in primary care.

Many of the health problems which are managed in primary care cannot be designated in terms of disease or injury. They include symptoms and complaints, which are listed in Component 1. Sometimes there is no apparent health problem involved in an episode of care, as when it relates to need for immunization or a Pap smear or advice. These episodes can be labelled using rubrics such as A97 No Disease, or A98 Health Maintenance/Preventive Medicine.

In Components 1 and 7 the corresponding ICD-10 codes are listed for each rubric. Sometimes these are an exact one-to-one match, but more often there are several ICD codes for an ICPC-2 rubric, and sometimes there are several ICPC-2 codes for a single ICD-10 rubric. A full conversion structure is given in Chapter 10.

In order to improve reliability of coding health problems using ICPC-2, many of the rubrics in Component 7 have inclusion criteria specified. These are explained in Chapter 6.

Rubrics in Components 1 and 7 often have additional information as a guide to their use: lists of synonyms and alternative descriptions as inclusion terms; lists of similar conditions which should be coded elsewhere as exclusion terms; and lists of less specific codes which might be considered if the particular patient's condition does not meet the inclusion criteria. There are no such guidelines for rubrics in the process Components 2 to 6.

General rules for coding health problems

Users are encouraged to record during each encounter, the full spectrum of problems managed, including organic, psychological, and social health problems, in the form of episode(s) of care. Recording should be at the highest level of diagnostic refinement for which the user can be confident, and which meets the inclusion criteria for that rubric.

In any data system it is necessary to have clear and specific criteria for the way in which health problems or episodes of care are recorded. This applies particularly to the

relationship between the underlying condition and manifestations when both may be available as rubrics in the classification, and is best illustrated by an example. A patient with ischaemic heart disease may also have atrial fibrillation and resulting anxiety. It should be policy to include as separate episodes of care manifestations which require different management, and in the above example the atrial fibrillation and anxiety would be recorded as additional episodes of care.

Some systems require that problems be coded only from components 1 and 7; others also accept codes from other components, so that if, for example, the patient attends for a tetanus immunization without a current injury, the problem could be coded as N44.

In ICPC localization within a body system takes precedence over aetiology, so that when coding a condition which because of its aetiology can be found in several chapters (for example, trauma) the appropriate chapter should be used. Chapter A (general) should be considered only if the site is not specified or if the disease affects more than two body systems. All chapters provide specific rubrics based on the body system or organ involved in the disease and the aetiology. Conditions accompanying and affecting pregnancy or the puerperium are usually coded to Chapter W, but a condition is not coded to Chapter W merely because the patient is pregnant; it should be coded to the appropriate rubric in the chapter representing the body system involved. All social problems, whether identified as a reason for encounter or as a problem, are listed in the first component of Chapter Z.

Specific rules for coding health problems using inclusion criteria (see also Chapter 6)

1. Coding of diagnoses should occur at the highest level of specificity possible for that patient encounter.
2. Inclusion criteria contain the minimum number of criteria necessary to permit coding with that rubric.
3. Consult the criteria *after* the diagnosis has been formulated. They are NOT guidelines for diagnosis, NOR are they intended to be used as a guide to therapeutic decisions.
4. If the criteria cannot be fulfilled, consult other less specific rubrics suggested by the term 'consider'.
5. For those rubrics without inclusion criteria, consult the list of inclusion terms in the rubric, and take into account any exclusion terms.

Process of care, interventions

ICPC can be used to classify the interventions used in the process of medical care with Components 2, 3, 5, and part of Component 6; however, Component 4 and some rubrics of Component 6, namely, —63, —64, —65, and —69, cannot be used in this way.

These process rubrics are broad and general, rather than specific. For instance, a blood test (—34), even if relating to only one body system (e.g. cardiovascular, K34), may encompass a great variety of different tests such as enzymes, lipids, or electrolytes.

The process codes in Components 2, 3, and 5 follow the major headings to be found in the far more detailed IC-Process-PC, which was developed by the WONCA Classification Committee.²⁵ ICPC and IC-Process-PC are, therefore, compatible one with the other. The details found in IC-Process-PC may be applied to the three-digit ICPC codes by expanding to four or five digits.

In Components 2, 3, 5, and the part of Component 6 which can be used to classify the process of care, the rubric codes are standard throughout the chapters at the two-digit level. The alpha code of the correct chapter has to be added by the provider who is doing the coding. A limited number of rubrics in the first and seventh components of Chapters W, X, and Y also contain procedures such as delivery, abortion, and family planning.

The most important principle in the coding process is to code all those interventions which take place during that particular encounter and which have a logical relation to the episode of care. A fourth or fifth digit may be necessary for increased specificity, as in the following examples:

Example 1

- 54 Repair/fixation/suture/cast/prosthetic device
- L54.1 Application of casts
- L54.2 Removal of casts

Example 2

- 40 Diagnostic endoscopy
- D40 Diagnostic endoscopy of the digestive system
- D40.1 Gastroscopy

More than one process code may be used for each encounter, but it is extremely important to be consistent. For instance, measuring the blood pressure, which is routine for hypertension, can be coded as K31 on every occasion. Routine examinations, complete or partial, both for body systems or for the general chapter must also be coded with consistency. Below are examples of definitions for complete and partial examinations which have been used in one setting. However, it is essential that each country develops a definition of what constitutes a ‘complete examination—general’ and a ‘complete examination—body system’ for that culture and that these definitions are used consistently. This will ensure that what is contained in each ‘partial examination—general’ or ‘partial examination—body system’, in that country will also have consistency.

Complete examination

The term ‘complete examination’ refers to an examination which contains those elements of professional assessment which by consensus of a group of local professionals reflects the usual standard of care. This examination will be complete with regard to either the body system (e.g. eye, Chapter F) or as a complete general examination (Chapter A).

Partial examination

The term ‘partial examination’ in any chapter refers to a partial examination directed to the appropriate specific organ system or function. When more than two systems are involved in a limited or incomplete examination it is designated general (Chapter A). Most encounters will include a partial examination to evaluate acute and simple illnesses or return visits for chronic illnesses. The following are examples:

Complete examination—general, general check-up = A30

Complete neurological examination = N30

Partial examination—general, limited check on several body systems such as respiratory and cardiovascular = A31

Partial examination—body system, measuring blood pressure = K31

The following procedures are regarded by the WONCA Classification Committee as included in routine examinations to be coded in rubrics —30 and —31 rather than coded separately:

- inspection, palpation, percussion, auscultation
- visual acuity and fundoscopy
- otoscopy
- vibration sense (tuning fork examination)
- vestibular function (excluding calorimetric tests)
- digital rectal and vaginal examination
- vaginal speculum examination
- blood pressure recording
- indirect laryngoscopy
- height/weight.

All other examinations are to be included in other rubrics.

Component 2—diagnostic, screening and preventive procedures

Diagnostic and preventive procedures cover a wide range of health care activities including immunizations, screening, risk appraisal, education, and counselling.

Component 3—medications, treatment, procedures

This component is designed to classify those procedures done on site by the primary care provider. It is not intended that it be used to document procedures done by providers to whom the patient has been referred, for which a much more extensive list of procedures would be required. Immunizations are coded in Component 2.

Component 4—test results

Component 4 does not relate to process or interventions.

Component 5—administrative

This component is designed to classify those instances where the provision of a written document or form by the provider for the patient or other agency is warranted by existing regulations, laws, or customs. Writing a referral letter is only considered to be an administrative service when it is the sole activity performed during the encounter, otherwise it is included in Component 6.

Component 6—referrals, and other reasons for encounter

Referrals to other primary care providers, physicians, hospitals, clinics, or agencies for therapeutic or counselling purposes, are to be coded in this component. Referrals for an X-ray or a laboratory investigation should be coded in Component 2.

For more specificity, a fourth digit can be added, for example:

- 66 Referral to other provider/nurse/therapist/social worker.
 - 66.1 Nurse
 - 66.2 Physiotherapist
 - 66.3 Social worker
- 67 Specialist
 - 67.1 Internist
 - 67.2 Cardiologist
 - 67.3 Surgeon.

6 Inclusion criteria in ICPC

Introduction

It has always been clear to the WONCA Classification Committee that an internationally agreed list of rubrics to classify problems met in primary care would not in itself ensure the highest level of statistical comparability. In the International Classification of Health Problems in Primary Care (ICHPPC-2-Defined) published in 1983 inclusion criteria for the use of each rubric were introduced to improve consistency of coding.⁵

Inclusion criteria are not the same as definitions. They should be considered in relation to their purpose, to improve consistency of coding, rather than as definitions for delineating health problems. We have, however, tried to ensure that they are compatible with accepted definitions, such as those in the International Nomenclature of Diseases (IND).

In this publication many of the inclusion criteria originating in ICHPPC-2-Defined have been updated and are directly related to ICPC rubrics. In some instances, new or extensively modified inclusion criteria have been created based on the theoretical framework described in the next section. Although this publication marks an advance in the taxonomy of general/family practice, it is not yet ideal. ICPC is a classification very much in evolution, and experience with the inclusion criteria presented in this volume will undoubtedly lead to further refinement in the years to come. We welcome comments from users.

Theoretical framework for assignment of inclusion criteria

The theoretical framework used to assign inclusion criteria in this classification is based on the presence of four general categories of diagnosis in primary care: aetiological and pathological disease entities, pathophysiological conditions, nosological diagnoses (syndromes), and symptom diagnoses. It was decided to apply different principles to each category based on its characteristics:

- *Aetiological and pathological*: the diagnosis has proven pathology or aetiology; inclusion criteria are based on standard disease definition, with modification where necessary to allow application to general/family practice. Examples: appendicitis, acute myocardial infarction.
- *Pathophysiological*: the diagnosis has a proven pathophysiological substrate; inclusion criteria include symptoms, complaints, and characteristic objective findings. Examples: presbycusis, hypertension.
- *Nosological*: the diagnosis depends on a symptom complex based on consensus between physicians, without a proven pathological or pathophysiological base or

aetiology, and is often called a syndrome; inclusion criteria include only symptoms and complaints. Examples: depression, irritable bowel syndrome.

- *Symptom*: a symptom or complaint is the best medical label for the episode. Examples: fatigue, eye pain.

The criteria

The underlying principle used was to provide THE MOST CONCISE INCLUSION CRITERIA POSSIBLE WHICH WOULD MINIMIZE VARIABILITY IN CODING. Adherence to this principle led to the use of *minimal inclusion criteria* for each rubric. This requires further explanation.

For most diagnostic rubrics, the reader will find one or more criteria which must be fulfilled to code a problem under that title. Sometimes there is a choice of criteria; at other times criteria from a list must be met. When 'or' is used in a list it is with its inclusive meaning, which is the same as 'and/or'. 'Multiple' in this book means three or more.

Attempts were made to specify the *minimum criteria* needed in order to reduce the complexity of coding and thus minimize miscoding. In addition, we have only included those criteria which have sufficient *discriminatory value* to distinguish one rubric from another with which it might be confused. In some cases, the available criteria may be too few to exclude *all* other possible conditions which might be coded mistakenly to a particular rubric, but they will exclude the common ones.

The criteria have whenever possible been based on clinical criteria, rather than requiring the results of tests and investigations. They are as far as possible independent of technology, which varies considerably throughout the world, and is rapidly changing. This makes them appropriate for primary care use throughout the world.

This approach is very different from that seen in classic disease-oriented textbooks, which usually list all signs and symptoms, or all potential criteria, associated with a particular diagnostic title. We believe that in order to maximize the utility of criteria-based problem coding in general practice, brevity must supersede exhaustiveness.

Sometimes the rubric title is itself adequately specific. In these cases, no inclusion criteria are given. To avoid errors, each rubric, with inclusion and exclusion terms, and inclusion criteria, should be read in its entirety.

Attempts were not made to provide criteria for every rubric, particularly residual rubrics, which contain too many disparate diagnoses for useful definition. In these cases, the reader should consult the list of diagnoses included in the rubric title and inclusion terms, or refer to the more complete list given for the relevant rubrics in ICD-10.

Cross-referencing

As well as inclusion criteria, each rubric may have the following information:

- includes: a list of synonyms and alternative descriptions which are included in the rubric

- excludes: a list of similar conditions which should be coded elsewhere, with the appropriate code for each
- consider: a list of rubrics with their codes, usually less specific, which might be considered if the particular patient's condition does not meet the inclusion criteria

Advantages of this framework

The use of this framework results in clear and generally accepted inclusion criteria for problems which are common in general/family practice, and which require inclusion criteria if they are to be coded consistently.

Another major advantage of this framework is that employing minimal inclusion criteria results in coding procedures which are easy to learn and apply in the real world of general/family practice. This will reduce the magnitude of the problem of intercoder variation.

Using inclusion criteria

Inclusion criteria **SHOULD NOT** be used when recording reasons for encounter, since these should be coded in terms of what the doctor understands the patient to say, irrespective of whether or not the patient is 'correct'.

Inclusion criteria **SHOULD** be used when coding the diagnoses or problems the doctor manages. Even when the problem has to be coded only as a symptom or complaint, some guidance may be needed in order to select the most appropriate code. For example, feeling faint (N17) is not coded in the same rubric as actual fainting (A06); and abdominal pain may be generalized (D01), epigastric (D02), or localized in other regions (D06). The options need to be clear to users so that the most appropriate alternative is used.

Applying the criteria at different stages of the problem

The inclusion criteria are primarily designed to code the early presentation of a problem. If the problem is to be coded during a later encounter (after its modification by time or therapy) the coder should consider the historical information (e.g. blood pressure may well be normal at later consultations in a patient with hypertension receiving therapy but the condition would still be coded as hypertension).

Disadvantages of the system

Clearly, this system of inclusion criteria is not without hazard. In order to improve the accuracy and reliability of statistics from general/family practice, hard edges have been put to diagnostic concepts, many of which seem, in reality, to have blurred borders.

Although sharp borders may not be needed for therapy or management, accurate data are needed for purposes of research. The use of hard-edged inclusion criteria may increase the content of residual less specific rubrics, but this is preferred to making most rubrics non-specific. For coding problems which do not fully meet the given criteria, less specific alternatives are suggested following 'Consider:'. These suggestions are in addition to those items which are listed as exclusions in the rubric.

Some possible misconceptions

It is important that the reader clearly understand several things which the criteria are NOT intended to do.

1. *They do not serve as a guide to diagnosis.* The primary purpose of the classification is to reduce chances of miscoding after a diagnosis has been made, and not to eliminate the possibility of diagnostic error. The assumption is that the user will have considered the differential diagnosis prior to the time of coding. In most cases good practice of medicine requires far more information than is given in the inclusion criteria to make accurate diagnoses.
2. *They do not set standards for care.* Although information derived from the use of the classification may change medical concepts and ultimately impact on standards of care, these inclusion criteria are intended solely to improve the quality of data recording.
3. *They do not act as a guide for therapy.* The criteria given for inclusion or exclusion for a condition do not necessarily relate to the criteria for use of various therapies. For example, the practitioner may well decide that therapy for migraine is indicated in a patient whose findings were insufficient to fulfil the criteria listed under that diagnostic title, and whose condition is coded as 'headache'.

Sources

The Committee felt no compulsion to devise new definitions and based inclusion criteria on existing ones, if appropriate for the objectives given above. In fact, few existing definitions did meet those requirements because most had been prepared for research projects rather than for clinical practice and so tended to be rather cumbersome. However, the inclusion criteria included here are compatible with most standard definitions of diseases.

If someone else's work has been used inadvertently without acknowledgement, apologies are given: imitation is the sincerest form of flattery.

7 Severity of illness coding

Development of severity of illness coding

Since 1993 the WONCA Classification Committee has been developing the Duke Severity of Illness Checklist (DUSOI) system²⁶ for international use. The WONCA Severity of Illness Field Trial (WONCA-SIFT) was conducted to test the system in 16 countries.²⁷ The committee recognized that a method is needed to enable doctors to code not only the name of each health problem, but also the level of severity of each problem. This is applicable to problems whether in respect of episode of care, or for each encounter (see Fig. 2).

The ICPC is now unique among international classification systems in that it can be used to classify health problems by their level of severity in the individual patient with the health problem. The severity coding system, the Duke/WONCA Severity of Illness Checklist (DUSOI/WONCA), is an extension that enables the physician or other health worker not only to give the problem a standardized title and classification code, but also a standardized severity code that indicates which patients with the same health problem have the more or less severe problem. Since the severity parameters and criteria of the system are generic, not health problem specific, they can be applied to any health problem. This generic quality also allows comparison of the severity of different health problems based upon the same standards for assessment. The system is feasible for use by family/general practitioners in the clinical setting as demonstrated in the WONCA-SIFT field trial.²⁷

Coding severity of illness

The DUSOI/WONCA severity of illness coding system allows ICPC to be used to classify health problems in terms of severity. To code severity, the health care provider identifies each problem at the time of patient encounter and determines how severe each problem is for that particular patient at that particular time. Severity is based upon the following four generic parameters:

1. *Symptoms* during the past week.
2. *Complications* during the past week.
3. *Prognosis* during the next six months if no treatment were to be given for the health problem.
4. *Treatability*, or the need for treatment and the expected response to treatment by this patient.

An example of a completed form is shown in Fig. 4, in which the provider, John Smith, has listed the current health problems which he addressed during the encounter for

Severity of illness coding

DUKE/WONCA SEVERITY OF ILLNESS CHECKLIST: DUSOI/WONCA* Patient: Mary Jones

Birthdate: Nov. 6, 1925 Female: Male: Provider: John Smith Date of Encounter: Oct. 5, 1995

Health Problems (Addressed during this encounter) Raw Scores (Enter 0-4)** Total Severity Code*** ICPC Code
 (Symptoms Complications Prognosis Treatability) (0-16) (0-4)

EXAMPLE:	Gout	3	1	3	2	2	9	3	T92:3
1. <u>Ischaemic Heart Disease without Angina</u>	2	0	4	2	2	8	2	K76:2	
2. <u>Diabetes Mellitus</u>	0	0	2	2	4	1	T90:1		
3. <u>Acute Bronchitis</u>	3	0	2	2	7	2	R78:2		
4. _____	_____	_____	_____	_____	_____	_____	_____	_____	
5. _____	_____	_____	_____	_____	_____	_____	_____	_____	
6. _____	_____	_____	_____	_____	_____	_____	_____	_____	

(Use additional pages if more than six health problems.)

****RAW SCORES**

1. Symptoms (past week): None Questionable Mild Moderate Major
 0 1 1 2 3 4

2. Complications (past week): 0 1 1 2 3 4

3. Prognosis (next 6 months, without treatment): None Mild Moderate Major Threat to Life
 0 1 2 3 4

4. Treatability: No Questionable IF YES → → Expected Response to Treatment
 0 1 Good Questionable Poor
 2 3 4

***** SEVERITY CODES**

Total Raw Score	Severity Code	Severity
0	= 0	None
1-4	= 1	Mild
5-8	= 2	Intermediate
9-12	= 3	Moderate
13-16	= 4	Maximum

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Fig. 4. Duke/WONCA severity of illness checklist: DUSOI/WONCA.

patient Mary Jones on 5 October 1995. Gout is printed on all forms as an example; it does not apply to this patient. If patient Jones had had gout, the provider would have listed gout again and scored its severity according to its specific effects on Mary Jones. Actually, at this encounter this patient had ischaemic heart disease without angina, diabetes mellitus, and acute bronchitis.

Raw scores

The raw severity scores that are possible for each of the four severity parameters are shown in the large box at the bottom of the DUSOI/WONCA form. In the example of ischaemic heart disease without angina (K76) in Fig. 4, the severity of *symptoms* was rated '2' on a scale of 0 to 4, because the patient was considered to have mild symptoms at that time. Severity in terms of complications was rated '0' because no complications for ischaemic heart disease were evident clinically. For DUSOI/WONCA ratings, the definition of a complication is 'a health problem which is secondary to another health problem, but which is not listed and rated as a separate problem'. If a *complication* is recorded on the form as a separate health problem, the effects of this separately recorded complication should not be included in the severity rating of the health problem of origin, in order to avoid assigning double weight to a complication in the scoring. *Prognosis* for ischaemic heart disease with angina in Fig. 4 was scored '4' because the provider made a clinical judgment that this patient would be expected to die during the next six months following the encounter if no treatment were given, thereby allowing the heart disease to have full effect on the untreated patient. If Dr Smith had predicted that Mary Jones would not die without treatment, but rather would experience major disability, then a rating of '3' for prognosis would have been appropriate. Disability is defined as 'any limitation of a person's ability to function in everyday life'. Major disability (raw score 3) is defined as 'much restriction of usual activity and much care needed from others'. Mild disability (raw score 1) is defined as 'little restriction of usual activities', and moderate disability (raw score 2) is defined as 'much restriction of usual activity but little care needed from others'. *Treatability* was rated '2' in the example because the provider decided that this particular patient needed treatment and would be expected to have a good response to that treatment.

Severity codes

To determine the single-digit DUSOI/WONCA severity code, the raw scores for each health problem are summed, and the total raw score is converted to a severity code using the conversion table in the small box at the bottom of the form. In the example of ischaemic heart disease without angina in Fig. 4, the total raw score = $8(2 + 0 + 4 + 2)$, and the severity code = 2. (The conversion table shows that raw scores of 5 to 8 = a severity code of 2.) The severity code of 2 indicates that ischaemic heart disease without angina in this particular patient at this particular encounter is of intermediate severity, on a scale of 0 to 4 from 'none' to 'maximum' severity.

The severity code can be added to the problem code as an extension, using ':' as the link, a convention which distinguishes the severity extension from other extensions which may be used. Hence the code for the ischaemic heart disease without angina in Fig. 4 is K76:2.

Results of the severity of illness field trial (WOIMCA-SIFT)

The international study was conducted during a two-year period (1993–5) to test the reliability, feasibility, and potential clinical usefulness of the DUSOI/WONCA. Initially 47 general/family practitioners from 16 different countries participated. Of these, 22 practitioners from 9 countries (Belgium, Germany, Hong Kong, Israel, Japan, The Netherlands, Spain, The United Kingdom, and The United States) completed data collection.²⁷

The 22 practitioners performed DUSOI/WONCA ratings on 1191 patients. The study group had a mean age of 59.2 years; 59.6% were females; and they had a total of 2488 health problems. Reliability of the DUSOI/WONCA was estimated from ratings on a series of standardized health problems. The intraclass correlation coefficient (ICC)²⁸ for interrater reliability was 0.45 and the ICC for intrarater reliability ranged from a low of 0.39 for the social problem of partner being ill (ICPC code Z14), to 0.78 for obesity (ICPC code T82) and 0.68 for anxiety (ICPC code P74). Feasibility for use in practice was good, as indicated by an average of only 1.9 minutes required to rate the DUSOI/WONCA on each patient (ranging from less than 1 to 10 minutes). The physicians experienced no difficulty in using the system in 71.1% of patients. They found it quite useful in 14.7% of patients, somewhat useful in 53.6%, and of no use in 31.7%. Usefulness was higher in patients with higher severity of illness scores.

The mean DUSOI/WONCA severity score for all 2488 health problems was 39.1 (scale=0–100 from lowest to highest severity), and the problems were distributed among the five severity classification codes as follows: Code 0 (no severity) = 1.6%, Code 1 (mild severity) = 29.9%, Code 2 (intermediate severity) = 45.9%, Code 3 (moderate severity) = 19.3%, and Code 4 (maximum severity) = 3.3%. Wide variations in severity were shown, both between different diagnoses and within each diagnosis. For example, mean severity for respiratory health problems varied between 26.4 for upper respiratory infection (URI, ICPC code R74) to 53.2 for chronic obstructive pulmonary disease (COPD, ICPC code R95). For URI, the frequency of severity codes ranged from 61.1% for Code 1 to 0% for Code 4, in contrast to COPD with the range from 8.4% for Code 1 to 10.6% with Code 4.

When surveyed at the end of the field trial concerning their future anticipated personal use of the DUSOI/WONCA, 41.2% of the 22 participants reported they might use it in patient care, 71.2% might use it in research, 43.8% in teaching, and 52.9% in practice management.

It was concluded that the DUSOI/WONCA is feasible and potentially useful clinically in family/general practice.²⁷ Although the practitioners were not queried about the usefulness of the system for disease severity classification, the empirical findings of the field trial indicate that it is well suited for this purpose.

8 Functional status assessment: the COOP/WONCA charts

In 1987 the WONCA Classification Committee began to develop a way of classifying and recording the overall functional status of the patient as distinct from the status of severity of their health problem(s).²⁹ Over a number of years this work, later conducted in cooperation with the WONCA Research Committee, resulted in production of the COOP/WONCA Functional Status Assessment Charts.^{30,31}

Functional status is a measure of an individual's overall well-being. It is one of the set of global measures of health status, which also include assessments of clinical status and quality of life. The International Glossary for General/Family Practice defines functional status as 'the ability of a person to perform and adapt to his/her environment, measured both objectively and subjectively over a stated period of time'.¹⁹ Implicit in any definition of functional status is the importance of factors other than disease in the health of patients. As the complexity and chronicity of medical problems increase, general/family practitioners will become more reliant on indicators of functioning as well as disease status to monitor their interventions and measure health outcomes.

Functional status relates to the patient, not to the health problem, disease, or episode of care. It thus relates less directly to the ICPC codes than does severity of illness. However, its importance in general/family practice warrants its inclusion in this book.

For some time general practitioners have recognized the integral importance of health promotion and the measurement of functional status in consultations. These measurements are particularly important in dealing with ageing and those with chronic problems. The addition of functional status measures to the recording of reason for encounter, diagnosis, and therapeutic interventions is a logical step for the process of classification in general/family practice.

Instruments for measuring functional status

One of the first instruments to be recognized by WONCA as a reliable and practical measure of functional status in the family practice setting was the Dartmouth COOP Functional Assessment Charts.³² These charts were modified by the classification committee and promoted for use in conjunction with ICPC. The revised charts are known as the COOP/WONCA charts.

The COOP/WONCA charts, whilst specifically developed for general/family practice, are not the only instruments available for assessing functional status. There are a plethora of indicators currently available. Several have been used in general practice settings.

The Medical Outcomes Trust Short Form 36-item inventory and derivatives of this instrument have been widely used in primary care settings. Similarly, the Duke Health Profile has been used successfully in North American settings.³³ In Europe, several other instruments have been used. The Sickness Impact Profile (SIP) and the Nottingham Health Profile (NHP) are the two most widely cited. Some of these instruments were designed for research not clinical purposes, (e.g. the Sickness Impact Profile³⁴).

To date, the COOP/WONCA charts have been tested most extensively in general/family practice settings.³⁵ Internationally, they have been found to have good face validity and clinical utility in general practice.³⁶ General practitioners have found the charts easy to use within the consultation and helpful as measures of overall patient status and as outcomes of care.

With any measure of functional status, cultural and context issues need to be explored. Some studies of the charts have suggested that they do not exhibit cross-cultural stability. As a research instrument the test-retest reliability will always be an issue for indicators that are global and influenced by so many variables. Several studies have looked at these issues. Standardization of test conditions and assessment of intrarater reliability may improve the results for research projects.

COOP/WONCA charts

The current form of the COOP/WONCA charts was determined through extensive testing in general/family practice settings. There are now six charts: physical fitness; feelings; daily activities; social activities; change in health; and overall health. An example of the Daily Activities Chart is shown in Fig. 5. Additional charts for pain and sleep are under development.

Each chart consists of a lead sentence with five options for response. Pictorial depictions of the five possible responses accompany the text. These drawings have enhanced the applicability of these charts in settings where there is variability of literacy amongst the general practice patient population.

To date the charts have been published in the following languages: Chinese, Danish, Dutch, Finnish, French, German, Hebrew, Italian, Japanese, Korean, Norwegian, Portuguese, Spanish (Catalan, Castilian, and Callego), Slovak, Swedish, and Urdu.³¹

Use of the charts

The charts can be used independently or in groups. When more than one chart is used it is recommended that they are administered in the following order: physical fitness, feelings, daily activities, social activities, change in health, overall health. The preferred method of use of these charts is self-administration. However, one study has shown a correlation between self-assessment and provider assessment.³¹ The average time for completion of the six charts is less than five minutes.

When the charts are used in new cultural settings, it is important to establish that the concepts measured are appropriate and specific to that environment. Appropriate translation is the first step.

Daily activities

During the past 2 weeks...

How much difficulty have you had doing our usual activities or tasks, both inside and outside the house, because of your physical and emotional health?






No difficulty at all	 1
A little bit of difficulty	 2
Some difficulty	 3
Much difficulty	 4
Could not do	 5

Fig. 5. COOP/WONCA Functional Health Status Chart: daily activities.

Measuring functional health status with the COOP/WONCA Charts: a Manual,³¹ provides further information about the development and use of the charts, how to translate the charts, and a contact list for further assistance, including authors of the various translations.

Relationship between ICPC and the COOP/WONCA charts

Together with ICPC the COOP/WONCA charts can be used to explore the relationship between functionality and health problems. For example, Rubric 28 of Component 1 (symptoms and complaints) of all chapters of ICPC refers to limited function and disabilities. Functional status could be coded in this component with the addition of an extra digit. However, since functional status relates to the patient as a whole and not to the health problem, the relationship becomes difficult to interpret when there is more than one active problem, because comorbidity complicates the interpretation. For example, hypertension and diabetes in one patient can both impact on functional status, but their relative importance and effects cannot be determined from routine recording. Even with only one problem, functional status measures go beyond assessing problem status and therefore their relationship to a particular ICPC code may not be straightforward.

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10 International Classification of Primary Care-2-Revised: tabular list

This tabular list consists of details of all the rubrics in ICPC-2-Revised and is a major revision of the tabular list of the ICPC-2, published in 1998.¹ It includes the revisions of ICPC-2 in 2000² and 2002³ and more recent unpublished revisions decided upon in WICC meetings in 2003 and 2004. The editors of this revision are Inge Okkes, Henk Becker, Sibö Oskam, and Henk Lamberts of the Department of Family Practice, University of Amsterdam, The Netherlands.

Chapter 11 includes the revised conversion with ICD-10.

The process components 2–6, which are standard in all chapters, are set out first, followed by components 1 and 7 in which each rubric is specific in each chapter.

1. WONCA International Classification Committee. International Classification for Primary Care, 2nd edn. (ICPC-2). Oxford, Oxford University Press, 1998.
2. Okkes I M, Jamouille M, Lamberts H, Bentzen N. ICPC-2-E. The electronic version of ICPC-2. Differences with the printed version and the consequences. *Fam. Pract.* 2000; **17**: 101–106.
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Standard process components of ICPC: components 2–6

The dash (—) shown in first position must be replaced with the appropriate alpha code for each chapter.

Component 2—Diagnostic and preventive procedures

- 30 Medical examination/health evaluation—complete
- 31 Medical examination/health evaluation—partial
- 32 Sensitivity test
- 33 Microbiological/immunological test
- 34 Blood test
- 35 Urine test

46 *WONCA International Classification of Primary Care*

- 36 Faeces test
- 37 Histological/exfoliative cytology
- 38 Other laboratory test NEC
- 39 Physical function test
- 40 Diagnostic endoscopy
- 41 Diagnostic radiology/imaging
- 42 Electrical tracings
- 43 Other diagnostic procedures
- 44 Preventive immunizations/medications
- 45 Observation/health education/advice/diet
- 46 Consultation with primary care provider
- 47 Consultation with specialist
- 48 Clarification/discussion of patient's RFE/demand
- 49 Other preventive procedures

Component 3—Medication, treatment, therapeutic procedures

- 50 Medication-prescription/request/renewal/injection
- 51 Incision/drainage/flushing/aspiration/removal body fluid (*excl.* catheterization—53)
- 52 Excision/removal tissue/biopsy/destruction/debridement/cauterization
- 53 Instrumentation/catheterization/intubation/dilation
- 54 Repair/fixation—suture/cast/prosthetic device (apply/remove)
- 55 Local injection/infiltration
- 56 Dressing/pressure/compression/tamponade
- 57 Physical medicine/rehabilitation
- 58 Therapeutic counselling/listening
- 59 Other therapeutic procedures/minor surgery, NEC

Component 4—Results

- 60 Results tests/procedures
- 61 Results examination/test/record/letter from other provider

Component 5—Administrative

- 62 Administrative procedure

Component 6—Referrals and other reasons for encounter

- 63 Follow-up encounter unspecified
- 64 Encounter/problem initiated by provider
- 65 Encounter/problem initiated by other than patient/provider
- 66 Referral to other provider/nurse/therapist/social worker (*excl.* medical)
- 67 Referral to physician/specialist/clinic/hospital

- 68 Other referrals NEC
- 69 Other reason for encounter NEC

Layout of rubrics in components 1 and 7

Rubrics are set out in the following format:

Code	Title	<i>ICD-10 code(s)</i>
<i>incl:</i>	<i>terms included</i>	
<i>excl:</i>	<i>terms excluded, with their ICPC codes</i>	
<i>criteria:</i>	<i>criteria for inclusion in this rubric</i>	
<i>consider:</i>	<i>rubrics to be considered if the criteria are not met</i>	

Example:

A73 Malaria	<i>B50 to B54</i>
<i>incl:</i>	complications of malaria
<i>criteria:</i>	intermittent fever with chills and rigors in a resident of, or recent visitor to, a malarial region; or demonstration of malarial parasite forms in the peripheral blood
<i>consider:</i>	fever A03

Summary of main changes to Components 1 and 7 from ICPC-1 to ICPC-2

Only major changes are listed here: additions, change in meaning of the rubric, or transfer or deletion of a rubric. There are many other changes of detail to the titles of the rubrics that do not change the meaning, and are not listed here.

CODE	TITLE ICPC-1 (some abbreviated)	TITLE ICPC-2
A05	GENERAL DETERIORATION	FEELING ILL
A11	(omitted by mistake from ICPC)	CHEST PAIN NOS
A12	ALLERGY/ALLERGIC REACTION	(transferred to A92)
A13	CONCERN ABOUT DRUG REACTION	CONCERN/FEAR ABOUT TREATMENT
A14	INFANTILE COLIC	(deleted, included in D01)
A15	EXCESSIVE CRYING INFANT	(deleted, included in A16)
A17	OTHER GEN SYMPT INFANT	(deleted, included in A16)
A18	(new rubric in ICPC-2)	CONCERN ABOUT APPEARANCE
A21	(new rubric in ICPC-2)	RISK FACTOR FOR MALIGNANCY

48	<i>WONCA International Classification of Primary Care</i>	
A23	(new rubric in ICPC-2)	RISK FACTOR NOS
A92	TOXOPLASMOSIS (deleted, included with A78)	ALLERGY/ALLERGIC REACTION NOS (transferred from A12)
A98	(new rubric in ICPC-2)	HEALTH MAINTENANCE/ PREVENTIVE MEDICINE
B03	OTHER SYMPT LYMPH GLANDS	(deleted, included in B02)
B85	UNEXPLAINED ABNORMAL BLOOD TEST	(deleted, included in A91)
B86	OTHER HAEMATOLOGICAL ABNORMALITY	(deleted, included in B99)
D07	(new rubric in ICPC-2)	DYSPEPSIA/INDIGESTION
D22	WORMS/PINWORMS/OTHER PARASITES	(transferred to D96)
D23	(transferred from D96)	HEPATOMEGALY
D96	HEPATOMEGALY	(transferred to D23)
D96	(changed rubric in ICPC-2)	WORMS/OTHER PARASITES
K22	(new rubric in ICPC-2)	RISK FACTOR FOR CAR- DIOVASCULAR DISEASE
K74	ANGINA PECTORIS	ISCHAEMIC HEART DISEASE WITH ANGINA
K76	OTHER AND CHRONIC ISCHAEMIC HEART	ISCHAEMIC HEART DISEASE, NO ANGINA
K80	ECTOPIC BEATS, ALL TYPES	CARDIAC ARRHYTHMIA NOS
K81	HEART MURMER, NOS	HEART/ARTERIAL MURMER, NOS
K91	ATHEROSCLEROSIS (EXCL. HEART/BRAIN)	(included with K92 in ICPC-2)
K91	(altered rubric in ICPC-2)	CEREBROVASCULAR DISEASE
K92	OTHER ARTERIAL OBSTRUCTION/PER	ATHEROSCLEROSIS/ PERIPH VASC DIS
L05	FLANK SYMPTOMS/ COMPLAINTS	FLANK/AXILLA SYMPTOMS/COMPLAINTS
L06	AXILLA SYMPTOMS/ COMPLAINTS	(deleted, included in L05)
L71	NEOPLASMS	MALIGNANT NEOPLASM
L83	SYNDROMES RELATED TO CERVICAL SPINE	NECK SYNDROME
L84	OSTEOARTHRITIS OF SPINE (ANY R)	BACK SYNDROME WITHOUT RADIATION
L86	LUMBAR DISC LESION, BACK PAIN	DISC LESION/BACK PAIN WITH RADIATION
L87	GANGLION JOINT/ TENDON	BURSITIS/TENDONITIS/ SYNOVITIS NOS

International Classification of Primary Care-2-Revised

49

L97	CHRONIC INTERNAL KNEE DERANGEM (included with L99 IN ICPC-2)	NEOPLASM, BENIGN/ UNCERTAIN (split from L71 in ICPC-2)
N02	TENSION HEADACHE	(transferred to N95)
N08	(new rubric in ICPC-2)	ABNORMAL INVOLUNTARY MOVEMENTS (split from N06)
N80	OTHER HEAD INJURY WITHOUT SKULL FRACTURE	HEAD INJURY, OTHER
N95	(new rubric in ICPC-2)	TENSION HEADACHE (transferred from N02)
P21	OVERACTIVE CHILD, HYPERKINETIC	(transferred to P81)
P75	HYSTERICAL/ HYPOCHONDRIACAL DIS	SOMATIZATION DISORDER
P81	(new rubric in ICPC-2)	HYPERKINETIC DISORDER (transferred from P21)
P82	(new rubric in ICPC-2)	POST-TRAUMATIC STRESS DISORDER (split from P02)
P86	(new rubric in ICPC-2)	ANOREXIA NERVOSA, BULIMIA (transferred from T06)
R22	SYMPTOM/COMPLAINT TONSILS	(deleted, included in R21)
R70	TUBERCULOSIS	(deleted, included in A70)
R72	STREP-THROAT/SCARLET FEVER	STREP THROAT (scarlet fever included in A78)
R79	(new rubric in ICPC-2)	CHRONIC BRONCHITIS (transferred from R91)
R80	INFLUENZA WITHOUT PNEUMONIA	INFLUENZA
R82	PLEURISY	PLEURISY/PLEURAL EFFUSION (includes pleural effusion from R93)
R91	CHRONIC BRONCHITIS	(transferred to R79)
R92	(new rubric in ICPC-2)	NEOPLASM RESPIRATORY, UNCERTAIN NATURE
R93	PLEURAL EFFUSION	(deleted, included in R82)
S11	OTHER LOCALIZED SKIN INFECTION	WOUNDINFECTION, POST-TRAUMATIC
S79	OTHER BENIGN NEOPLASMS OF SKIN	NEOPLASM SKIN, BENIGN/UNCERTAIN
S80	OTHER UNSPECIFIED NEOPLASM SKIN	SOLAR KERATOSIS/SUNBURN
T06	ANOREXIA NERVOSA W/WO BULIMIA	(transferred to P82)
T15	THYROID LUMP/MASS	(deleted, included in T81)
T88	RENAL GLYCOSURIA	(deleted, included in T99)

50	<i>WONCA International Classification of Primary Care</i>	
T89	(new rubric in ICPC-2)	DIABETES, INSULIN DEPENDENT
T90	DIABETES MELLITUS	DIABETES, NON-INSULIN DEPENDENT
U08	(new rubric in ICPC-2)	URINARY RETENTION
W20	OTHER SYMPTOMS/COMPLAINTS OF BREAST	(deleted, included in W19)
W21	(new rubric in ICPC-2)	CONCERN ABOUT BODY IMAGE IN PREGNANCY
W77	OTHER NON-OBSTETRICAL CONDITION	(deleted)
W85	(new rubric in ICPC-2)	GESTATIONAL DIABETES
X22	(new rubric in ICPC-2)	CONCERN ABOUT BREAST APPEARANCE
X92	(new rubric in ICPC-2)	CHLAMYDIA INFECTION, GENITAL

A General and unspecified

Component 1—Symptoms and complaints

Note: In this classification general or multiple refers to three or more body sites or systems. Conditions affecting one or two sites should be coded to the appropriate sites.

A01 Pain, general/multiple sites **R52**

incl: chronic general pain, multiple aches

A02 Chills **R68.8**

incl: rigors, shivers

excl: fever A03

A03 Fever **R50**

incl: pyrexia

excl: fever with rash A76; heat exhaustion/stroke A88

A04 Weakness/tiredness, general **G93.3, R53**

incl: chronic fatigue syndrome, exhaustion, fatigue, lassitude, lethargy, postviral fatigue

excl: malaise/feeling ill A05; drowsy A29; heat exhaustion A88; jetlag A88; somnolence P06

International Classification of Primary Care-2-Revised 51**A05 Feeling ill** **R53***incl:* malaise*excl:* senescence/senility P05; cachexia T08; malnutrition T91**A06 Fainting/syncope** **R55***incl:* blackout, collapse, vasovagal attack*excl:* coma A07; feeling faint/giddiness/dizziness N17**A07 Coma** **R40***incl:* stupor*excl:* syncope A06**A08 Swelling** **R68.8***incl:* lump, mass NOS*excl:* enlarged lymph gland B02; oedema K07; swelling joint L20; swelling breast X19, Y16**A09 Sweating problem** **R61***incl:* hyperhidrosis, night sweats, perspiration problem*excl:* sweat gland disease S92**A10 Bleeding/haemorrhage NOS** **R58****A11 Chest pain NOS** **R07.4***excl:* pain attributed to heart K01; pain attributed to chest wall L04; pain attributed to respiratory system R01**A13 Concern about/fear of medical treatment** **Z71.1***incl:* concern about/fear of the consequences of drug/medical treatment*excl:* adverse effect of drug A85; complication of medical/surgical treatment A87**A16 Irritable infant** **R68.1***incl:* excessively crying/restless infant*excl:* infantile colic D01; restless child/adult P04**A18 Concern about appearance** **R46.8***excl:* concern about appearance of ears H15; concern about appearance in pregnancy W21; concern about appearance of breasts X22

52 *WONCA International Classification of Primary Care***A20 Euthanasia request/discussion** *Z71.8***A21 Risk factor for malignancy** *Z80, Z85**incl:* personal/family history of malignancy, past treatment, other risk factor for malignancy**A23 Risk factor NOS***Z20, Z28, Z72.0 to Z72.5, Z73.2, Z81, Z82.0 to Z82.2, Z82.5 to Z82.8, Z83, Z84, Z86.0 to Z86.6, Z87, Z88, Z91, Z92**incl:* contact with infectious disease, personal/family history, previous episode, other risk factor for other disease*excl:* risk factor for malignancy A21; risk factor for cardiovascular disease K22**A25 Fear of death/dying** *Z71.1***A26 Fear of cancer NOS** *Z71.1**excl:* if the patient has cancer, code the disease*criteria:* concern about/fear of cancer not related to a specific chapter in a patient without the disease/until the diagnosis is proven**A27 Fear of other disease NOS** *Z71.1**excl:* fear of cancer NOS A26; if the patient has the disease, code the disease*criteria:* concern about/fear of an other disease not related to a specific chapter in a patient without the disease/until the diagnosis is proven**A28 Limited function/disability NOS***Z73.6, Z74, Z99.0, Z99.3, Z99.8, Z99.9**excl:* falls A29*criteria:* limitation of function/disability not related to a problem in any other chapter*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**A29 General symptom/complaint, other** *R26.8, R68.0, R68.8**incl:* clumsiness, drowsy, falls**Component 7—diagnoses/diseases****A70 Tuberculosis** *A15 to A19, B90, N74.0, N74.1**incl:* tuberculosis infection of any body site, late effect of tuberculosis*criteria:* conversion to a positive tuberculin skin test; or demonstration of *Mycobacterium tuberculosis* on microscopy or culture; or characteristic
(cont.)

chest X-ray appearance; or characteristic histological appearance on biopsy

consider: fever A03; cough R05

A71 Measles

B05

incl: complications of measles

criteria: prodrome with injected conjunctivae, fever, and cough; plus white specks on a red base in the mucous membranes of the cheek (Koplik's spots), or confluent maculopapular eruption spreading over the face and body, or an atypical exanthem in a partially immune person during an epidemic of measles; or serological evidence of acute measles

consider: fever A03; other viral exanthem A76; generalized rash S07

A72 Chickenpox

B01

incl: complications of chickenpox

excl: herpes zoster S70

criteria: a vesicular exanthem that appears in successive crops, with the lesions evolving rapidly from superficial papules to vesicles and eventually to scabs

consider: fever A03; other viral exanthem A76; generalized rash S07

A73 Malaria

B50 to B54

incl: complications of malaria

criteria: intermittent fever with chills and rigors in resident of/recent visitor to a malarial region; or demonstration of malarial parasite forms in the peripheral blood

consider: fever A03

A74 Rubella

B06

incl: complications of rubella

excl: congenital rubella A94; roseola infantum A76

criteria: an acute exanthem with enlarged lymph nodes, most often suboccipital and post-auricular, with a macular rash on the face, spreading to the trunk and proximal portions of the limbs; or serological evidence of rubella infection

consider: fever A03; other viral exanthem A76; generalized rash S07

A75 Infectious mononucleosis

B27

incl: glandular fever, M. Pfeiffer

criteria: inflammation of the tonsils/pharynx with lymphadenopathy not confined to the anterior cervical nodes, and either atypical lymphocytes on blood smear or splenomegaly; or abnormal heterophile antibody titre or Epstein-Barr virus titre

consider: fever A03; enlarged lymph nodes B02; acute upper respiratory tract infection R74

54 *WONCA International Classification of Primary Care***A76 Viral exanthem, other***A88.0, B03, B04, B08.0, B08.2 to B08.4, B08.8, B09***incl:** cowpox, hand foot and mouth disease, fever with rash, fifth disease, roseola infantum**excl:** measles A71; chickenpox A72; rubella A74; infectious mononucleosis A75**A77 Viral disease, other/NOS***A82, A90 to A96, A98, A99, B00.7, B25, B33.0, B33.1, B33.3, B33.8, B34, B97***incl:** adenovirus, Coxsackie diseases, dengue fever, Ross River fever**excl:** other viral exanthem A76; influenza R80**A78 Infectious disease, other/NOS***A20 to A28, A30, A31, A32, A38, A39.1 to A39.9, A40 to A44, A48.0, A48.2 to A48.4, A48.8, A49, A59.8, A59.9, A64, A68, A69.2, A69.8, A69.9, A70, A74.8, A74.9, A75, A77 to A79, B37.7 to B37.9, B38 to B43, B45 to B49, B55 to B57, B58.8, B58.9, B59, B60, B64, B89, B92, B94.8, B94.9, B95, B96, B99***incl:** brucellosis, infection unspecified site, Lyme disease, mycoplasma, Q fever, rickettsial disease, scarlet fever, sexually transmitted disease NOS, thrush NOS, toxoplasmosis**excl:** meningococcal meningitis N71**A79 Malignancy NOS***C38.1 to C38.3, C38.8, C45.7, C45.9, C46.7 to C46.9, C76, C78 to C80, C97, D09.7, D09.9***incl:** secondary/metastatic neoplasm where primary site is unknown, carcinoma (unknown primary)**criteria:** histological evidence of malignancy**consider:** disease/condition of unspecified nature/site A99**A80 Trauma/injury NOS***S11, S15, S21, S25, S26, S27, S35, S37.9, S38.1, S38.3, S39.0, S39.8, S39.9, S45, S55, S65, S75, S85, S95, T11.4, T13.4, T14.5, T14.7 to T14.9, T28.4, T28.9***incl:** road traffic accident**excl:** multiple trauma A81; late effect of trauma A82**A81 Multiple trauma/injuries***S17.8, S17.9, S18, S19, S28, S29, S31.7, S36.7, S37.7, S37.8, S39, T00 to T05, T06.5, T06.8, T07, T29***incl:** multiple internal injuries NOS**Note:** In this classification 'general' or 'multiple' refers to three or more body sites or systems. Conditions affecting one or two sites should be coded to these sites.

A82 Secondary effect of trauma*T79.0 to T79.2, T79.4, T79.5, T79.7 to T79.9, T90 to T98*

- incl:** deformity/scarring resulting from previous injury, old amputation
- excl:** effects related to specific body systems: code to system chapter; psychological effects of trauma/acute stress reaction P02; post-traumatic stress disorder P82; wound infection S11; scar of skin S99

A84 Poisoning by medical agent*T36 to T50*

- incl:** toxic effect of overdose medical agent
- excl:** medication abuse P18; suicide attempt P77; insulin coma T87
- criteria:** toxicity/impairment produced by accidental/deliberate overdose of an agent that has remedial properties in its usual dosage

A85 Adverse effect medical agent*D61.1, D64.2, G44.4, I95.2, L27.0, L27.1, T88.6, T88.7*

- incl:** side effects/allergy/anaphylaxis due to medication in proper dose
- excl:** poisoning by medical agent A84; reaction to immunization/transfusion A87; parkinsonism N87; medication abuse P18; contact dermatitis S88; insulin coma T87; analgesic nephropathy U88
- criteria:** symptom/complaint attributed to the proper use of medication, rather than due to disease or injury

Note: May also code the nature of the adverse effect.

A86 Toxic effect non-medicinal substance*D61.2, D64.2, T51 to T65*

- incl:** general/local toxic effect carbon monoxide, industrial materials, lead, poisonous animals/insects/plants/snakes
- excl:** poisoning/adverse effect medical agent A84, A85; chronic/acute alcohol abuse P15, P16; tobacco abuse P17; medication abuse P18; drug abuse P19; respiratory toxic effects R99; non-toxic bites S12, S13; external chemical burns S14; contact dermatitis S88

A87 Complication of medical treatment*E89, G97, H59, H95, I97, J95, K91.0, K91.3, M96, N99, O29, O74, O86.0, O89, O90.0 to O90.2, T80, T81, T86, T87, T88.0 to T88.5, T88.8, T88.9*

- incl:** anaesthetic shock, immunization/transfusion reaction, postoperative infection/haemorrhage/wound disruption, problems due to radiation for diagnosis/treatment
- excl:** poisoning by medical agent A84; adverse effects of medication A85; other hernia abdominalis D91; hypoglycaemia T87
- criteria:** an unexpected disorder resulting from surgical/medical/X-ray treatment/other medical management

A88 Adverse effect of physical factor*T33 to T35, T66 to T69, T70.2 to T70.4, T70.8, T70.9, T71, T73, T75, T78.8, T78.9***incl:** adverse effect cold/heat/lightning/motion/pressure/radiation, chilblains, drowning, jetlag**excl:** effect of medical radiation A87; snow blindness F79; effect of alcohol P15, P16; effect of tobacco P17; burn due to radiation S14; sunburn S80**A89 Effect of prosthetic device***K91.4, T82 to T85, Z43 to Z45, Z46.1 to Z46.9, Z93 to Z97***incl:** discomfort/handicap/pain/limitation of function resulting from the fitting/wearing of a device for supplying/amending deficiencies: catheter, colostomy, gastrostomy, heart valve, joint replacement, organ transplant, pacemaker**excl:** effect denture/false teeth D19**A90 Congenital anomaly NOS/multiple***Q85 to Q87, Q89.3, Q89.4, Q89.7, Q89.9, Q90 to Q93, Q95 to Q99***incl:** Down's syndrome, Marfan's syndrome, other chromosome abnormality, neurofibromatosis**excl:** anomaly related to a specific body system to be coded to system chapter; congenital rubella A74**A91 Abnormal result investigation NOS***R73, R74, R76 to R79, R83 to R94***incl:** abnormal unexplained pathology/imaging test, electrolyte disorder, hyperglycaemia**excl:** unexplained abnormal white cells B84; other haematological abnormality B99; vitamin/nutritional deficiency T91; abnormal urine test U98; abnormal cervix smear X86**criteria:** abnormal result not attributed to known disease**A92 Allergy/allergic reaction NOS***T78.0 to T78.4***incl:** allergic oedema, anaphylactic shock, angioneurotic oedema, food allergy**excl:** allergy resulting from medication A85; allergic rhinitis R97; urticaria S98**A93 Premature newborn***P07***criteria:** live birth under 37 weeks' gestation**A94 Perinatal morbidity, other***P00 to P05, P08, P10 to P15, P20 to P29, P35 to P39, P50 to P61, P70 to P72, P74 to P78, P80, P81, P83, P90 to P94, P96***excl:** congenital condition NOS A90; premature newborn A93; failure to thrive T10**criteria:** morbidity originating in utero or within 7 days of birth

International Classification of Primary Care-2-Revised

57

A95 Perinatal mortality**P95, R95***criteria:* death in utero or within 7 days of birth**A96 Death****R95, R96, R98, R99***excl:* perinatal death A95**A97 No disease****Z00, Z02***incl:* no illness/disease dealt with at encounter*excl:* health maintenance/preventive medicine A98

Note: Sometimes a patient has a reason for encounter that the family doctor cannot interpret as a diagnosis within the domain of family practice. In these cases the FP/GP will use the code A97, indicating that the patient's reason for encounter refers to something the FP/GP cannot professionally respond to, except by explaining that this is the case.

A98 Health maintenance/preventive medicine**Z01, Z10 to Z13, Z23 to Z27, Z29, Z31.5, Z40, Z70***incl:* medical procedure/counselling with a preventive purpose, including genetic counselling*excl:* no disease A97**A99 Disease/condition of unspecified nature/site**

**D15.7, D15.9, D36.7, D36.9, D48.9, R69, Z03, Z04, Z08, Z09, Z22,
Z41, Z42, Z47 to Z54, Z71.0, Z71.2 to Z71.9, Z76.0 to Z76.4,
Z76.8, Z76.9, Z90.0, Z90.8, Z98.8**

incl: disease carrier NOS, surveillance of ongoing problem NOS

B Blood, blood-forming organs, and immune mechanism

Component 1—Symptoms and complaints

B02 Lymph gland(s) enlarged/painful**R59***incl:* lymphadenopathy with/without pain/tenderness, other symptom/complaint lymph gland(s)*excl:* acute lymphadenitis B70; chronic/non-specific lymphadenitis B71**B04 Blood symptom/complaint****R68.8***excl:* anaemia B82; pallor S08

B25 Fear of AIDS/HIV**Z71.1***excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of AIDS/HIV in a patient without the disease/until the diagnosis is proven**B26 Fear of cancer blood/lymph****Z71.1***excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of blood/lymph cancer in a patient without the disease/until the diagnosis is proven**B27 Fear of blood/lymph disease, other****Z71.1***excl:* fear of cancer blood/lymph B26; if the patient has the disease, code the disease*criteria:* concern about/fear of other blood/lymph disease in a patient without the disease/until the diagnosis is proven**B28 Limited function/disability (B)****Z73.6***incl:* disability due to bleeding disorders*criteria:* limitation of function/disability due to a problem of blood/blood-forming organs/immune mechanism*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**B29 Lymph/immune mechanism symptom/complaint, other****R68.8***excl:* splenomegaly B87**Component 7—Diagnoses/diseases****B70 Lymphadenitis, acute****L04***incl:* abscess of lymph node*excl:* chronic/non-specific/mesenteric lymphadenitis B71; acute lymphangitis S76*criteria:* one/more inflamed/enlarged and tender/painful lymph nodes in the same anatomical location, of recent onset (less than 6 weeks) and with unknown primary source of infection*consider:* enlarged lymph node B02**B71 Lymphadenitis, chronic/non-specific****I88***incl:* mesenteric lymphadenitis*excl:* acute lymphadenitis B70; acute lymphangitis S76*(cont.)*

criteria: enlarged tender lymph nodes present for more than 6 weeks; or demonstration of enlarged inflamed mesenteric lymph nodes by surgery/sonography/lymphography/otherwise

consider: enlarged lymph node B02

B72 Hodgkin's disease/lymphoma

C81 to C85

criteria: characteristic histological appearance

consider: other malignant neoplasm blood/lymph B74; benign/unspecified neoplasm blood/lymph B75

B73 Leukaemia

C91 to C95

incl: all types of leukaemia

criteria: characteristic histological appearance

consider: benign/unspecified neoplasm blood/lymph B75

B74 Malignant neoplasm blood, other

C37, C46.3, C77, C88, C90, C96

incl: myeloproliferative disease, multiple myeloma

excl: Hodgkin's disease/lymphoma B72

B75 Neoplasm blood, benign/unspecified

D15.0, D36.0, D45, D47

incl: benign neoplasm blood, neoplasm blood not specified as benign or malignant/when test is not available, polycythaemia rubra vera

B76 Ruptured spleen traumatic

S36.0

B77 Injury blood/lymph/spleen, other

T14.9

excl: ruptured spleen traumatic B76

B78 Hereditary haemolytic anaemia

D56 to D58

incl: sickle cell anaemia, sickle cell trait, spherocytosis, thalassaemia

criteria: characteristic findings by test such as haemoglobin electrophoresis, blood smear, or increased osmotic fragility of red cells

consider: other congenital anomaly blood/lymph B79

B79 Congenital anomaly blood/lymph, other

D61.0, D64.0, D64.4, Q89.0, Q89.8

incl: congenital anaemia

excl: hereditary haemolytic anaemia B78; haemophilia B83; haemangioma/lymphangioma S81

B80 Iron deficiency anaemia**D50****incl:** anaemia due to blood loss**excl:** iron deficiency without anaemia T91**criteria:** decrease in haemoglobin or haematocrit below levels appropriate for age and sex; plus evidence of blood loss, or microcytic hypochromic red cells by appearance or indices in the absence of thalassaemia, or decreased serum iron and increased iron-binding capacity, or decreased serum ferritin, or reduced haemosiderin in bone marrow, or good response to iron administration**consider:** other/unspecified anaemia B82**B81 Anaemia, vitamin B12/folate deficiency****D51, D52****incl:** macrocytic anaemia, pernicious anaemia**excl:** vit B12 deficiency without anaemia T91**criteria:** macrocytic anaemia by smear/indices plus decreased vit B12/folate level/positive Schilling test**B82 Anaemia other/unspecified****D46, D53, D55, D59, D60, D61.3, D61.8, D61.9, D62, D63, D64.1, D64.3, D64.8, D64.9****incl:** acquired haemolytic anaemia, aplastic anaemia, blood autoimmune disease, megaloblastic anaemia NOS, protein deficiency anaemia**excl:** iron deficiency anaemia B80; vit B12/folate deficiency anaemia B81; anaemia of pregnancy W84**B83 Purpura/coagulation defect****D65 to D69****incl:** abnormal platelets, haemophilia, thrombocytopenia**B84 Unexplained abnormal white cells****D70 to D72, R72****incl:** unexplained agranulocytosis, unexplained eosinophilia, unexplained leukocytosis, unexplained lymphocytosis, unexplained neutropenia**excl:** leukaemia B73**B87 Splenomegaly****R16.1, R16.2****excl:** hypersplenism B99**B90 HIV infection/AIDS****B20 to B24, R75, Z21****criteria:** HIV infection proven in serological test in a patient with/without symptoms

B99 Blood/lymph/spleen disease, other*D73 to D77, D80 to D84, D86, D89, I89.1 to I89.9, R70, R71*

incl: complement defect, hypersplenism, immunodeficiency disorder, other/unspecified haematological abnormality, raised ESR, red cell abnormality, sarcoidosis, secondary polycythaemia

excl: lymphadenitis B70, B71; primary polycythemia B75; HIV/AIDS B90; lymphoedema K99

D—Digestive**Component 1—Symptoms and complaints****D01 Abdominal pain/cramps, general***R10.0, R10.4*

incl: abdominal colic, abdominal cramps/discomfort/pain NOS, infant colic

excl: epigastric ache D02; heartburn D03; other localized abdominal pain D06; dyspepsia/indigestion D07; flatulence/gas/belching D08; biliary colic D98; renal colic U14; dysmenorrhoea X02

D02 Abdominal pain, epigastric*R10.1*

incl: epigastric discomfort, fullness, stomach ache/pain

excl: dyspepsia/indigestion D07; flatulence/gas/belching D08

D03 Heartburn*R12*

incl: acidity, waterbrash

excl: epigastric pain D02; dyspepsia/indigestion D07; oesophagitis/reflux D84

D04 Rectal/anal pain*K59.4, K62.8, R10.2, R10.3*

incl: anal spasm, proctalgia fugax

excl: impacted faeces D12

D05 Perianal itching*L29.0, L29.3*

incl: perianal pruritus

excl: pruritus vulvae X16

D06 Abdominal pain, localized, other*R10.1 to R10.3*

incl: colonic pain

excl: generalized abdominal pain D01; epigastric pain D02; heartburn D03; dyspepsia/indigestion D07; flatulence/gas/belching D08; irritable bowel syndrome D93; biliary colic D98; renal colic U14; dysmenorrhoea X02

62 *WONCA International Classification of Primary Care***D07 Dyspepsia/indigestion** *K30*

excl: epigastric pain D02; heartburn D03; flatulence/gas/belching D08

D08 Flatulence/gas/belching *R14*

incl: bloating, eructation, gas pains, gaseous distension, passing wind

excl: dyspepsia/indigestion D07; change in abdominal size D25

D09 Nausea *R11*

excl: feelings of over-eating D02; vomiting D10; alcohol-induced nausea P16; loss of appetite T03; nausea in pregnancy W05

Note: Code for nausea and vomiting as a diagnosis: D10

D10 Vomiting *F50.5, R11*

incl: emesis, hyperemesis, retching

excl: haematemesis D14; vomiting in pregnancy W05

Note: Code for diarrhoea and vomiting as a diagnosis: D11

D11 Diarrhoea *K52.9, K59.1*

incl: frequent/loose bowel movements, watery stools

excl: melaena D15; change in faeces/bowel movements D18

D12 Constipation *K56.4, K59.0*

incl: faecal impaction

excl: ileus D99

D13 Jaundice *R17*

incl: icterus

D14 Haematemesis/vomiting blood *K92.0*

excl: haemoptysis R24

D15 Melaena *K92.1*

incl: black/tarry stools

excl: fresh blood in stool D16

D16 Rectal bleeding *K62.5*

incl: fresh blood in stool

excl: melaena D15

International Classification of Primary Care-2-Revised **63**

D17 Incontinence of bowel **R15**

incl: faecal incontinence

excl: encopresis P13

D18 Change in faeces/bowel movements **R19.4, R19.5**

excl: diarrhoea D11; constipation D12; incontinence of bowel D17

D19 Teeth/gum symptom/complaint **K00.7, K08.8**

incl: denture problem, gingival inflammation/bleeding, teething, toothache

excl: caries D82

D20 Mouth/tongue/lip symptom/complaint **K13.1, K13.7, K14.5 to K14.9, R19.6, R68.2**

incl: bad breath, coated tongue, cracked lips, dribbling, dry mouth, halitosis, sore mouth, swollen lips

excl: dental/gum problem D19; cheilosis D83; disturbance of taste N16; dehydration T11

D21 Swallowing problem **R13**

incl: choking feeling, dysphagia

D23 Hepatomegaly **R16.0, R16.2**

D24 Abdominal mass NOS **R19.0**

incl: lump abdomen

excl: splenomegaly B87; hepatomegaly D23; renal mass U14

D25 Abdominal distension **R19.0**

incl: abdominal swelling without mass

excl: flatulence/gas/belching D08; abdominal mass D24; ascites D29

D26 Fear of cancer of digestive system **Z71.1**

excl: if the patient has the disease, code the disease

criteria: concern about/fear of cancer of digestive system in a patient without the disease/until the diagnosis is proven

D27 Fear of digestive disease, other **Z71.1**

excl: fear of cancer of digestive system D26; if the patient has the disease, code the disease *(cont.)*

64

WONCA International Classification of Primary Care

criteria: concern about/fear of other digestive disease in a patient without the disease/until the diagnosis is proven

D28 Limited function/disability (D)**Z73.6**

excl: colostomy/gastrostomy A89; post-surgery disorder D99; dumping syndrome D99

criteria: limitation of function/disability due to a digestive problem

Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

D29 Digestive symptom/complaint, other**K03.8, R11, R18, R19.1 to R19.3, R19.8**

incl: ascites, teeth grinding

Component 7—Diagnosis/diseases**D70 Gastrointestinal infection****A00 to A08**

incl: gastrointestinal infection/dysentery with specified organisms including campylobacter, giardia, salmonella, shigella, typhoid, cholera

excl: contact with/carrier of infective/parasitic disease A99; gastroenteritis presumed infection D73

criteria: a symptomatic patient with isolation or serological evidence of pathogenic bacterium, virus, or protozoan from either the stool or from food ingested

consider: gastroenteritis presumed infection D73

D71 Mumps**B26**

incl: mumps meningitis/orchitis/pancreatitis

criteria: acute non-suppurative, non-erythematous, diffuse tender inflammation of one or more salivary glands; or acute mumps infection demonstrated by culture or serology; or orchitis in a person exposed to mumps following appropriate incubation period

consider: swelling A08

D72 Viral hepatitis**B15 to B19**

incl: all hepatitis presumed viral, chronic active hepatitis

excl: hepatitis NOS D97

criteria: evidence of viral infection with inflammation of the liver with/without jaundice; or serological evidence of an infection with a hepatitis virus

consider: jaundice D13; hepatomegaly D23

D73 Gastroenteritis, presumed infection**A09**

incl: diarrhoea/vomiting presumed to be infective, dysentery NOS, food poisoning, gastric flu

excl: irritable bowel syndrome D93; non-infective enteritis and gastroenteritis D94, D99

D74 Malignant neoplasm stomach**C16**

incl: carcinoma stomach

criteria: characteristic histological appearance

consider: other malignant digestive neoplasm (when primary site is unknown) D77; benign/unspecified digestive neoplasm D78

D75 Malignant neoplasm colon/rectum**C18 to C21**

criteria: characteristic histological appearance

consider: other digestive malignant neoplasm (when primary site is unknown) D77; benign/unspecified digestive neoplasm D78

D76 Malignant neoplasm pancreas**C25**

incl: carcinoma pancreas

criteria: characteristic histological appearance

consider: other malignant digestive neoplasm (when primary site is unknown) D77; benign/unspecified digestive neoplasm D78

D77 Malignant digestive neoplasm, other/NOS**C00 to C08, C14.8, C15, C17, C22 to C24, C26, C45.1, C46.2, C48**

incl: all other primary malignancies of digestive system, gallbladder cancer, liver cancer

excl: malignancy of stomach, colon/rectum, pancreas D74–D76; secondary malignancy of known site (code to site); secondary malignancy of unknown site A79

consider: benign/unspecified digestive neoplasm D78

D78 Neoplasm digestive system, benign/unspecified**D00, D01, D10 to D13, D20, D37, D48.3, D48.4, K31.7, K62.0, K62.1**

incl: benign digestive neoplasm, digestive neoplasm not specified as benign or malignant/when histology is not available, polyp of stomach, duodenum, colon, rectum

D79 Foreign body digestive system**T18**

incl: foreign body swallowed/in digestive tract, including mouth, oesophagus, rectum

excl: foreign body in throat/inhaled R87

D80 Injury digestive system, other

*S00.5, S01.5, S02.5, S03.2, S09.9, S10.0, S36.1 to S36.6, S36.8, S36.9,
T28.0 to T28.2, T28.5 to T28.7*

incl: injury to abdominal organ, teeth, tongue

excl: multiple organ injuries A81; injury pelvic organs X82, Y80

D81 Congenital anomaly digestive system

Q18, Q35 to Q45

incl: biliary anomaly, cleft lip/palate, Meckel's diverticulum, megacolon, Hirschsprung's disease, oesophageal atresia, pyloric stenosis, tongue-tie

excl: haemangioma/lymphangioma S81; congenital metabolic disorder T80

D82 Teeth/gum disease

K00.0 to K00.6, K00.8, K00.9, K01 to K10

incl: caries, dental abscess, gingivitis, malocclusion, temporomandibular joint disorder

excl: teething/denture problem D19; injury to teeth/gum D80; Vincent's angina D83

D83 Mouth/tongue/lip disease

A69.0, A69.1, B37.0, K11, K12, K13.0, K13.2 to K13.7, K14.0 to K14.4, K14.8, K14.9

incl: aphthous ulcer, cheilosis, glossitis, mucocoele, oral thrush, parotitis, salivary calculus, stomatitis, Vincent's angina

excl: mumps D71; other injury digestive system D80; herpes simplex S71

D84 Oesophagus disease

K20 to K23

incl: achalasia, oesophageal diverticulum, Mallory–Weiss syndrome, oesophagitis, oesophagus ulceration, reflux

excl: cancer of oesophagus D77; hiatus hernia D90; oesophageal varices K99

D85 Duodenal ulcer

K26

incl: bleeding/obstructing/perforated ulcer

criteria: characteristic imaging findings; or characteristic endoscopy findings; or exacerbation of symptoms in a patient with a previously proven duodenal ulcer

consider: heartburn D03; dyspepsia/indigestion D07

D86 Peptic ulcer, other

E16.4, K25, K27, K28

incl: gastric/gastrojejunal/marginal ulcer, acute erosion, Zollinger–Ellison syndrome

excl: oesophageal ulcer D84; duodenal ulcer D85

criteria: characteristic imaging/endoscopy findings; or exacerbation of symptoms in a patient with a previously proven ulcer

consider: heartburn D03; dyspepsia/indigestion D07

D87 Stomach function disorder**K29, K31.0 to K31.6, K31.8, K31.9**

- incl:** acute dilatation stomach, duodenitis, gastritis
excl: gastrointestinal infection D70; gastroenteritis presumed infection D73
criteria: disorder of stomach function proven by investigation
consider: abdominal pain D01, D06; epigastric pain D02; heartburn D03; indigestion/dyspepsia D07; gas problems (wind) D08; nausea D09; vomiting D10; oesophagitis D84

D88 Appendicitis**K35 to K37**

- incl:** appendix abscess/perforation
criteria: objective evidence of inflammation of the appendix, such as demonstrated at operation or pathological examination
consider: abdominal pain D01, D06; vomiting D10

D89 Inguinal hernia**K40**

- excl:** femoral hernia D91
criteria: swelling in the inguinal region and transmitted impulse with cough, or enlargement on straining, or swelling reducible into the abdomen, or intestinal obstruction
consider: abdominal mass D24

D90 Hiatus hernia**K44**

- incl:** diaphragmatic hernia
excl: oesophagitis/reflux D84
criteria: characteristic findings on imaging/endoscopy/intraluminal pressure studies/surgery
consider: epigastric pain D02; heartburn D03; dyspepsia/indigestion D07

D91 Abdominal hernia, other**K41 to K43, K45, K46**

- incl:** femoral/umbilical/ventral hernia
excl: post-surgical hernia A87; hiatus inguinalis D89; hiatus hernia D90
criteria: demonstration at surgery; or swelling in the specified area and transmitted impulse with cough, or enlargement on straining, or reducible into the abdomen, or intestinal obstruction
consider: abdominal mass D24

D92 Diverticular disease**K57**

- incl:** diverticulitis/diverticulosis of intestine
excl: Meckel's diverticulum D81; oesophageal diverticulum D84
criteria: imaging demonstration of diverticula; or demonstration of diverticula at surgery; or acute abdominal pain with fever and palpable tender descending/sigmoid colon
consider: abdominal pain D01, D06

D93 Irritable bowel syndrome**K58****incl:** mucous colitis, spastic colon**excl:** gastrointestinal infection D70; gastroenteritis presumed infection D73; regional enteritis D94; vascular insufficiency of gut, allergic/dietetic/toxic gastroenteritis/colitis D99; psychogenic diarrhoea P75**criteria:** continuous/intermittent abdominal pain and variable bowel pattern over a period of time; and increased gas, or tender and palpable colon, or history of mucous without blood in stool**consider:** abdominal pain D01, D06; flatulence D08; diarrhoea D11; constipation D12**D94 Chronic enteritis/ulcerative colitis****K50, K51, K52.0****incl:** Crohn's disease, regional enteritis, ulcerative colitis**criteria:** characteristic endoscopic/imaging/histological findings**consider:** abdominal pain D01, D06; diarrhoea D11; mucous colitis D93**D95 Anal fissure/perianal abscess****K60, K61****incl:** anal fistula, ischiorectal abscess**excl:** pilonidal abscess S85**D96 Worms/other parasites****B65 to B83****incl:** cestodes, creeping eruption, intestinal parasites unspecified, trichiniasis, hydatid disease**criteria:** either demonstration of helminth in adult form, larvae, or ova; or positive skin tests; or positive serology**D97 Liver disease NOS****B58.1, B94.2, K70 to K77****incl:** alcohol hepatitis, cirrhosis, fatty liver, hepatitis NOS, liver failure, portal hypertension**excl:** viral hepatitis D72; hydatid disease D96**D98 Cholecystitis/cholelithiasis****K80 to K83, K87.0****incl:** biliary colic, cholangitis, gallstones**criteria:** *cholecystitis:* demonstration of typical pathology by ultrasonography or surgery; or localized right upper quadrant tenderness and jaundice or fever or history of gallstones;*cholelithiasis:* imaging or surgical demonstration of gallstones;*acute biliary colic:* acute colicky right upper quadrant abdominal pain without fever; and jaundice or right upper quadrant abdominal tenderness, or history of gallstones**consider:** localized abdominal pain D06

D99 Disease digestive system, other

K38, K52.1, K52.2, K52.8, K52.9, K55, K56.0 to K56.3, K56.5 to K56.7, K59.2, K59.3, K59.8, K59.9, K62.2 to K62.4, K62.6 to K62.9, K63, K65 to K67, K85, K86, K87.1, K90, K91.1, K91.2, K91.5 to K91.9, K92.2, K92.8, K92.9, K93, Z90.3, Z90.4, Z98.0

incl: abdominal adhesions, coeliac disease, dumping syndrome, food intolerance, allergic/toxic/dietetic gastroenteropathy, ileus, intestinal obstruction, intussusception, lactose intolerance, malabsorption syndrome, mesenteric vascular disease, pancreatic disease, peritonitis, secondary megacolon, sprue

excl: antibiotic-associated colitis A85; malignancy digestive system D74–D77

F Eye**Component 1—Symptoms and complaints****F01 Eye pain***H57.1*

excl: abnormal eye sensations F13

F02 Red eye*H57.8*

incl: bloodshot/inflamed eye

F03 Eye discharge*H04.2*

incl: lacrimation, purulent discharge, watery eye

F04 Visual floaters/spots*H53.1*

incl: fixed/floating spots in the visual field

excl: other visual disturbance F05

F05 Visual disturbance, other*H53.1 to H53.3, H53.8, H53.9, H54.7*

incl: blurred vision, difficulty reading, diplopia, eye strain, photophobia, scotoma and dazzle when symptoms confined to eyes, temporary blindness NOS, visual loss, weak eyes

excl: blindness one eye F28; snow blindness F79; refractive errors F91; permanent blindness F94; colour/night blindness F99

F13 Eye sensation abnormal*H57.8*

incl: burning/dry/itchy eye

excl: eye pain F01

70 *WONCA International Classification of Primary Care***F14 Eye movements abnormal** *H55*

- incl:* abnormal blinking, lazy eye, nystagmus
excl: squint F95; twitching N08; tic of eye P10

F15 Eye appearance abnormal *H57.8*

- incl:* change eye colour, swollen eye
excl: red eye F02

F16 Eyelid symptom/complaint *H02.2 to H02.9*

- incl:* ptosis eyelid
excl: inflamed eyelid F72

F17 Glasses symptom/complaint *Z46.0*

- incl:* problems due to spectacles affecting structure, function, or sensations of eye(s)
excl: contact lens symptom/complaint F18

F18 Contact lens symptom/complaint *Z46.0*

- incl:* problems due to contact lens affecting structure, function, or sensations of eye(s)

F27 Fear of eye disease *Z71.1*

- incl:* fear of blindness
excl: if the patient has the disease, code the disease
criteria: concern about/fear of eye disease in a patient without the disease/until the diagnosis is proven

F28 Limited function/disability (F) *H54.4 to H54.6, Z73.6*

- incl:* blindness one eye
excl: blindness F94
criteria: limitation of function/disability due to a problem with vision/eye(s)
Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

F29 Eye symptom/complaint, other *H57.9***Component 7—Diagnosis/diseases****F70 Conjunctivitis, infectious***A74.0, B30, H10.0, H10.2 to H10.5, H10.8, H10.9, H13*

- incl:* bacterial/viral conjunctivitis, conjunctivitis NOS *(cont.)*

International Classification of Primary Care-2-Revised

71

excl: allergic conjunctivitis with/without rhinorrhoea F71; flash burn F79; trachoma F86

criteria: presumed or proven infectious inflammation of conjunctiva

F71 Conjunctivitis, allergic*H10.1*

incl: allergic conjunctivitis with/without rhinorrhoea

excl: bacterial/viral conjunctivitis F70; flashburn F79; trachoma F86

criteria: presumed or proven hyperaemia of conjunctiva, excess watering of eyes, itching/oedema of conjunctiva

F72 Blepharitis/stye/chalazion*H00, H01*

incl: dermatitis/dermatosis of eyelids, eyelid infection, hordeolum, meibomian cyst, tarsal cyst

excl: dacryocystitis F73

criteria: generalized/localized inflammation/swelling of eyelid/tarsal gland

F73 Eye infection/inflammation, other

B00.5, B58.0, H03, H04.3, H04.4, H05.0, H05.1, H16.1 to H16.4, H16.8, H16.9, H20 to H22, H30, H32

incl: dacryocystitis, herpes simplex of eye without corneal ulcer, inflammation of the orbit, iritis, iridocyclitis, keratitis

excl: measles keratitis A71; corneal ulcer (herpes) F85; trachoma F86; herpes zoster S70

F74 Neoplasm of eye/adnexa*C69, D09.2, D31, D48.7*

incl: benign/malignant neoplasm of eye/adnexa

F75 Contusion/haemorrhage, eye*H11.3, H57.8, S00.1, S05.1*

incl: black eye, hyphaema, subconjunctival haemorrhage

excl: corneal ulcer F85

F76 Foreign body in eye*T15*

excl: corneal abrasion F79

F79 Injury eye, other

H16.1, H44.6, H44.7, S00.2, S01.1, S05.0, S05.2 to S05.9, S09.9, T26

incl: corneal abrasion, flash burn, snow blindness

excl: contusion/haemorrhage eye F75; foreign body in eye F76

F80 Blocked lacrimal duct of infant*Q10.5*

excl: dacryocystitis F73; blocked lacrimal duct in older person F99

criteria: overflow of tears without crying, beginning before the age of 3 months

72

WONCA International Classification of Primary Care

F81 Congenital anomaly eye, other *Q10.0 to Q10.4, Q10.6, Q10.7, Q11 to Q15*

F82 Detached retina *H33*

F83 Retinopathy *H35.0 to H35.2, H35.4, H36*

incl: diabetic/hypertensive retinopathy

Note: Double code known causative disease, e.g. diabetes T89, T90 or hypertension K87.

F84 Macular degeneration *H35.3*

excl: retinopathy F83

F85 Corneal ulcer *H16.0, H19*

incl: dendritic ulcer, viral keratitis

excl: corneal abrasion/other eye injury F79

F86 Trachoma *A71, B94.0*

criteria: either proven infection with *Chlamydia trachomatis*, or typical clinical features including chronic inflammation and hypertrophy of the conjunctiva with formation of yellowish/greyish granules

consider: red eye F02; discharge from eye F03

F91 Refractive error *H52*

incl: astigmatism, hypermetropia, long-sightedness, myopia, presbyopia, short-sightedness

excl: partial/complete blindness F94

criteria: visual deficit correctible with an appropriate lens

F92 Cataract *H25, H26, H28*

excl: congenital cataract F81

criteria: opacity of part/all of the optic lens that reduces/impairs vision

F93 Glaucoma *H40, H42*

incl: raised intraocular pressure

excl: congenital glaucoma F81

F94 Blindness *H54.0 to H54.3*

incl: partial/complete blindness of both eyes

excl: blurred vision/temporary blindness F05; blindness one eye F28; snow blindness F79; refractive errors F91; colour/night blindness F99

F95 Strabismus**H49 to H51****incl:** cross-eye, squint**criteria:** lack of parallelism of visual axis of the eyes demonstrated at medical examination**consider:** abnormal eye movement F14**F99 Eye/adnexa disease, other**

H02.0, H02.1, H02.8, H02.9, H04.0, H04.1, H04.5 to H04.9, H05.2 to H05.5, H05.8, H05.9, H06, H11.0 to H11.2, H11.4, H11.8, H11.9, H15, H17, H18, H27, H31, H34, H35.5 to H35.9, H43, H44.0 to H44.5, H44.8, H44.9, H45 to H48, H53.0, H53.4 to H53.6, H53.8, H57.0, H57.8, H58

incl: amblyopia, arcus senilis, colour blindness, corneal opacity, disorder of orbit, ectropion, entropion, episcleritis, ingrowing eyelash, night blindness, papilloedema, pterygium, scleritis

H Ear**Component 1—Symptoms and complaints****H01 Ear pain/earache** **H92.0****H02 Hearing complaint** **H93.2****excl:** deafness one ear H86; deafness both ears H86**H03 Tinnitus, ringing/buzzing ear** **H93.1****incl:** echo in ear**excl:** ears crackling/popping H29**H04 Ear discharge** **H92.1****excl:** blood in/from ear H05**H05 Bleeding ear** **H92.2****incl:** blood in/from ear**H13 Plugged feeling ear** **H93.8****incl:** blocked ear**excl:** excessive ear wax H81

H15 Concern with appearance of ears **R46.8***excl:* bat ears/congenital anomaly ear H80**H27 Fear of ear disease** **Z71.1***incl:* fear of deafness*excl:* in a patient with the disease, code the disease*criteria:* concern about/fear of ear disease/deafness in a patient without the disease/until the diagnosis is proven**H28 Limited function/disability (H)** **Z73.6***incl:* temporary deafness*excl:* presbycusis H84; acoustic trauma H85; deafness H86; dizziness/vertigo N17*criteria:* limitation of function/disability due to a problem with ear/hearing*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**H29 Ear symptom/complaint, other** **H93.9***incl:* ears crackling/popping, itchy ears, pulling at ears*excl:* dizziness/loss of balance/vertigo N17**Component 7—Diagnosis/diseases****H70 Otitis externa** **H60, H62***incl:* abscess/eczema/furuncle external auditory meatus, swimmer's ear*criteria:* inflammation/desquamation of the external auditory canal**H71 Acute otitis media/myringitis****H66.0, H66.4, H66.9, H67, H70.0, H73.0***incl:* acute suppurative otitis media, otitis media NOS, acute mastoiditis, acute tympanitis*excl:* serous otitis media H72; chronic otitis media H74*criteria:* recent perforation of the tympanic membrane discharging pus; or inflamed and bulging tympanic membrane; or one ear drum more red than the other; or red tympanic membrane, with ear pain; or bullae on the tympanic membrane*consider:* ear pain H01; ear discharge H04**H72 Serous otitis media** **H65***incl:* glue ear, otitis media with effusion (OME) **(cont.)**

International Classification of Primary Care-2-Revised

75

- excl:** acute otitis media H71; chronic otitis media H74
criteria: visible fluid behind the tympanic membrane, without inflammation; or dullness of the tympanic membrane with either retracting, bulging, or with related impairment of hearing
consider: plugged feeling ear H13; eustachian salpingitis/block H73

H73 Eustachian salpingitis*H68, H69*

- incl:** eustachian block/catarrh/dysfunction
excl: serous otitis media H72
consider: plugged feeling ear H13

H74 Chronic otitis media*H66.1 to H66.3, H70.1 to H70.9, H71, H73.1, H75*

- incl:** cholesteatoma, chronic suppurative otitis media, chronic mastoiditis
excl: serous otitis media H72

H75 Neoplasm of ear*C30.1, D14.0, D38.5, D48.1, D48.5*

- incl:** benign/malignant neoplasm of ear
excl: polyp ear H99; acoustic neuroma N75

H76 Foreign body in ear*T16***H77 Perforation, ear drum***H72*

- excl:** perforation ear drum with infection H71, H74; traumatic/pressure rupture ear drum H79

H78 Superficial injury of ear*S00.4*

- incl:** external meatus/pinna injury
excl: injury of tympanic membrane H79

H79 Ear injury, other*S01.3, S07.0, S08.1, S09.2, S09.8, S09.9, T70.0*

- incl:** traumatic/pressure rupture of ear drum

H80 Congenital anomaly of ear*Q16, Q17*

- incl:** accessory auricle, bat ears
excl: congenital deafness H86

H81 Excessive ear wax*H61.2*

- criteria:** symptom/complaint due to wax in ear canal

H82 Vertiginous syndrome*A88.1, H81, H82, H83.0*

incl: benign paroxysmal/positional vertigo, labyrinthitis, Ménière's disease, vestibular neuronitis

criteria: true rotational vertigo

consider: vertigo/giddiness/dizziness N17

H83 Otosclerosis*H80***H84 Presbycusis***H91.1*

excl: deafness H86

criteria: gradual onset with ageing of symmetrical, bilateral deafness, particularly involving high-frequency sounds

consider: hearing impairment H28

H85 Acoustic trauma*H83.3*

incl: noise deafness

excl: perforation of ear drum H77

criteria: deafness in the high-frequency range with a definite history of exposure to loud noise

consider: hearing impairment H28; deafness H86

H86 Deafness*H90, H91.0, H91.2 to H91.9*

incl: congenital deafness, deafness one ear, partial/complete deafness both ears

excl: temporary deafness H28; otosclerosis H83; presbycusis H84; noise deafness H85

H99 Ear/mastoid disease, other

H61.0, H61.1, H61.3 to H61.9, H73.8, H73.9, H74, H83.1, H83.2, H83.8, H83.9, H93.0, H93.3, H93.8, H94

incl: polyp of middle ear

excl: mastoiditis H74

K Circulatory**Component 1—Symptoms and complaints****K01 Heart pain***R07.2*

incl: pain attributed to the heart

excl: chest pain NOS A11; fear of heart attack K24; angina pectoris K74; chest tightness R29

International Classification of Primary Care-2-Revised

77

K02 Pressure/tightness of heart**R07.2***incl:* heaviness of heart*excl:* chest pain NOS A11; fear of heart attack K24; angina pectoris K74; shortness of breath/dyspnoea R02**K03 Cardiovascular pain NOS****R09.8***excl:* pain attributed to the heart K01; claudication K92; migraine N89**K04 Palpitations/awareness of heart****R00.0 to R00.2***incl:* tachycardia*excl:* paroxysmal tachycardia K79**K05 Irregular heartbeat, other****R00.8***excl:* palpitations K04**K06 Prominent veins****I78.1, I87.8***incl:* unusually prominent veins, spider naevus*excl:* varicose veins K95; haemangioma S81**K07 Swollen ankles/oedema****R60***incl:* dropsy, fluid retention, swollen feet/legs*excl:* ankle symptom L16; localized swelling S04**K22 Risk factor for cardiovascular disease****Z82.3, Z82.4, Z86.7***incl:* personal/family history, previous episode, other risk factor for cardiovascular disease**K24 Fear of heart disease****Z71.1***incl:* fear of heart attack*excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of heart attack/disease in a patient without the disease/ until the diagnosis is proven**K25 Fear of hypertension****Z71.1***excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of hypertension in a patient without the disease/until the diagnosis is proven

K27 Fear of cardiovascular disease, other**Z71.1**

excl: fear of cardiovascular diseases K24, K25; if the patient has the disease, code the disease

criteria: concern about/fear of other disease of the circulatory system in a patient without the disease/until the diagnosis is proven

K28 Limited function/disability (K)**Z73.6**

criteria: limitation of function/disability due to a cardiovascular problem

Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

K29 Cardiovascular symptom/complaint, other**R03.1, R09.8**

incl: heart trouble, low blood pressure, weak heart

excl: fluid in chest R82; cyanosis S08

Component 7—Diagnosis/diseases**K70 Infection of circulatory system****A39.5, B33.2, B37.6, I30, I32, I33, I38 to I41**

incl: acute/subacute endocarditis, bacterial endocarditis, myocarditis, pericarditis (other than rheumatic)

excl: rheumatic heart disease K71; phlebitis/thrombophlebitis K94; arteritis K99

K71 Rheumatic fever/heart disease**I00 to I02, I05 to I09**

incl: chorea, mitral stenosis

criteria: *Acute rheumatic fever:* two major, or one major, and two minor manifestations, plus evidence of preceding streptococcal infection;

Major manifestations: migratory polyarthritides; carditis; chorea; erythema marginatum; subcutaneous nodules of recent onset;

Minor manifestations: fever; arthralgia; raised ESR or positive C-reactive protein; prolonged P-R interval on ECG;

Chronic rheumatic heart disease: either physical findings consistent with a valve lesion of the heart in a patient with a history of rheumatic fever; or physical findings consistent with mitral stenosis, even in the absence of a history of rheumatic fever, but without any other demonstrable cause

consider: heart valve disease K83; other heart disease K84

K72 Neoplasm cardiovascular**C38.0, C45.2, D15.1, D15.2, D48.7**

incl: benign/malignant cardiovascular neoplasm

excl: haemangioma S81

K73 Congenital anomaly cardiovascular*I42.4, Q20 to Q28*

- incl:* atrial/ventricular septal defect, Fallot's tetralogy, patent ductus arteriosus
excl: haemangioma S81

K74 Ischaemic heart disease with angina*I20, I24.0, I24.8, I24.9*

- incl:* angina of effort, angina pectoris, angina with spasm, ischaemic chest pain, unstable angina
excl: ischaemic heart disease without angina K76
criteria: history plus ECG or imaging evidence of old myocardial infarction; or demonstration of myocardial ischaemia by resting or exercise ECG; or investigatory evidence of coronary artery narrowing or ventricular aneurysm
consider: heart pain K01

K75 Acute myocardial infarction*I21 to I23, I24.1*

- incl:* myocardial infarction specified as acute or within 4 weeks (28 days) of onset
excl: old/healed myocardial infarction K74, K76
criteria: chest pain characteristic of myocardial ischaemia, lasting more than 15 min, and/or abnormal ST-T changes or new Q waves in electrocardiogram or raised blood cardiac enzymes
consider: heart pain K01; angina pectoris K74; chronic ischaemic heart disease K76
Note: Double code K74 or K76 as well.

K76 Ischaemic heart disease without angina*I25*

- incl:* aneurysm of heart, arteriosclerotic/atherosclerotic heart disease, coronary artery disease, ischaemic cardiomyopathy, old myocardial infarction, silent myocardial ischaemia
excl: ischaemic heart disease with angina K74
criteria: history plus ECG, or imaging evidence of old myocardial infarction; or demonstration of myocardial ischaemia by resting or exercise ECG; or investigation evidence of coronary artery narrowing; or ventricular aneurysm

K77 Heart failure*I50*

- incl:* cardiac asthma, congestive heart failure, heart failure NOS, left ventricular failure, pulmonary oedema, right ventricular failure
excl: cor pulmonale K82
criteria: multiple signs including dependent oedema, raised jugular venous pressure, hepatomegaly in the absence of liver disease, pulmonary congestion, pleural effusion, enlarged heart

K78 Atrial fibrillation/flutter*I48*

- excl:* paroxysmal tachycardia K79 *(cont.)*

80 *WONCA International Classification of Primary Care*

criteria: characteristic findings on electrocardiogram; or totally irregular heart rate with a pulse deficit

consider: palpitations K04; abnormal irregular heartbeat K05

K79 Paroxysmal tachycardia 147

incl: supraventricular/ventricular tachycardia

excl: tachycardia NOS K04; atrial fibrillation K78

criteria: history of recurrent episodes of rapid heart rate (over 140/min) with both abrupt onset and termination

consider: palpitations K04; abnormal irregular heartbeat K05

K80 Cardiac arrhythmia NOS 149

incl: atrial/junctional/ventricular premature beats, bradycardia, bigeminy, ectopic beats, extrasystoles, premature beats, sick sinus syndrome, ventricular fibrillation/flutter

excl: paroxysmal tachycardia K79

criteria: one or more heart beats that occur at times other than the regular beats of the underlying rhythm

consider: palpitations K04, abnormal irregular heartbeat K05

K81 Heart/arterial murmur NOS R01, R09.8

incl: cardiac/carotid/renal artery bruit, innocent murmur of childhood

excl: rheumatic heart disease K71; valve disease K83; cerebrovascular disease K90

K82 Pulmonary heart disease 127, 128

incl: chronic cor pulmonale, disease of pulmonary vessels, primary pulmonary hypertension

excl: pulmonary embolism K93

criteria: presence of a chronic disease of the lungs, pulmonary vasculature, or respiratory gas exchange; plus presence of right ventricular enlargement or right heart failure

consider: right heart failure K77

K83 Heart valve disease NOS 134 to 137

incl: chronic endocarditis, mitral valve prolapse, non-rheumatic aortic/mitral/pulmonary/tricuspid valve disorder

excl: rheumatic valve disease K71

criteria: absence of criteria for chronic rheumatic heart disease K71; plus evidence of valvular dysfunction by either characteristic heart murmur, or by imaging/echocardiographic evidence of abnormal valve

consider: hypertensive heart disease K87; cardiac murmur NOS K81

K84 Heart disease, other *I31, I42.0 to I42.3, I42.5 to I42.9, I43 to I46, I51, I52, O90.3*

incl: bundle branch block, cardiac arrest, cardiomegaly, disease of pericardium, cardiomyopathy, heart block, left bundle-branch block, other conduction disorders

excl: cardiac arrhythmia K80

K85 Elevated blood pressure*R03.0*

incl: elevated blood pressure not meeting criteria for K86 and K87, transient/labile hypertension

K86 Hypertension, uncomplicated*I10*

incl: essential hypertension, hypertension NOS, idiopathic hypertension

excl: hypertension with complications K87; hypertension in pregnancy W81

criteria: either two or more readings per encounter, taken at two or more encounters, with blood pressures that average over 95 mmHg diastolic or over 160 mmHg systolic in adult patients; or two or more readings at a single encounter with an average diastolic blood pressure of 120 mmHg or more; plus absence of evidence of secondary involvement of heart, kidney, eye, or brain

consider: elevated blood pressure K85

Notes: (1) For children, consult appropriate paediatric blood pressure tables. (2) If secondary hypertension, code also the underlying cause.

K87 Hypertension, complicated*I11 to I13, I15, I67.4*

incl: malignant hypertension

excl: uncomplicated hypertension K86

criteria: either two or more readings per encounter, taken at two or more encounters, with blood pressures that average over 95 mmHg diastolic or over 160 mmHg systolic in adult patients; or two or more readings at a single encounter with an average diastolic blood pressure of 120 mmHg or more; plus evidence of abnormalities of the heart (enlargement, failure), kidney (albuminuria, azotaemia), eye, or brain attributed to hypertension

Note: (1) For children, consult appropriate paediatric blood pressure tables. (2) If secondary hypertension, code also the underlying cause.

K88 Postural hypotension*I95.0, I95.1, I95.8, I95.9*

incl: idiopathic/orthostatic hypotension

excl: hypotension due to drugs A85

criteria: signs or symptoms of cerebrovascular insufficiency (dizziness, syncope) on changing from the supine to the upright position; and a fall in mean blood pressure of 15 mmHg on two or more occasions when changing from the supine to the upright position

consider: low blood pressure K29

K89 Transient cerebral ischaemia**G45**

incl: basilar insufficiency, drop attacks, transient ischaemic attack (TIA), transient global amnesia

excl: carotid bruit K81; cerebrovascular accident K90; migraine N89

criteria: symptoms of transient (less than 24 h) hypofunction of the brain, with sudden onset, presumed of vascular origin, without sequelae, and with exclusion of migraine/migraine equivalent/epilepsy

consider: fainting/syncope A06

Note: Double code with K91.

K90 Stroke/cerebrovascular accident**G46, I60 to I64**

incl: apoplexy, cerebral embolism/infarction/thrombosis/occlusion/stenosis/haemorrhage, cerebrovascular accident (CVA), subarachnoid haemorrhage

excl: transient cerebral ischaemia K89; traumatic intracranial haemorrhage N80

criteria: signs and symptoms of a disturbance of cerebral function, presumed of vascular origin, lasting more than 24 h or causing death, and within 4 weeks (28 days) of onset

Note: Double code with K91.

K91 Cerebrovascular disease**I65, I66, I67.0 to I67.3, I67.5 to I67.9, I68, I69**

incl: cerebral aneurysm, sequelae of stroke

criteria: previous transient cerebral ischaemia/stroke; or investigation evidence of cerebrovascular disease

K92 Atherosclerosis/peripheral vascular disease**I70, I73, I74, R02**

incl: arteriosclerosis, arterial embolism/thrombosis/stenosis, atheroma, endarteritis, gangrene, intermittent claudication, limb ischaemia, Raynaud's syndrome, vasospasm

excl: mesenteric atherosclerosis D99; ophthalmic/retinal atherosclerosis F99; coronary atherosclerosis K74 to K76; pulmonary atherosclerosis K82; cerebral atherosclerosis K89, K90; aneurysm K99; renal atherosclerosis U99

K93 Pulmonary embolism**I26**

incl: pulmonary (artery/vein) infarction, thromboembolism, thrombosis

criteria: sudden onset of dyspnoea/tachypnoea and either clinical or imaging evidence of pulmonary infarction, or ECG evidence of acute right ventricular strain

consider: dyspnoea R02

K94 Phlebitis/thrombophlebitis**I80 to I82, I87.0, I87.8**

incl: superficial/deep vein thrombosis, phlebothrombosis, portal thrombosis

excl: cerebral thrombosis K89, K90

K95 Varicose veins of leg*I83.1, I83.9, I87.2**incl:* varicose eczema, venous insufficiency, venous stasis*excl:* varicose ulcer S97*criteria:* presence of dilated superficial veins in lower extremities; or demonstration of valve incompetence of veins*consider:* prominent veins K06**K96 Haemorrhoids***I84**incl:* internal haemorrhoids with/without complications, perianal haematoma, piles, residual haemorrhoidal skin tag, thrombosed external haemorrhoids, varicose veins of anus/rectum*criteria:* visualization of varicosities of the venous plexus of the anus or canal; or tender, painful, blue-coloured localized swelling of acute onset, in the perianal area; or skin tags in the perianal area*consider:* anal pain D04; rectal bleeding D16; anal lump D29**K99 Cardiovascular disease, other***I71, I72, I77, I78.0, I78.8, I78.9, I79, I85, I86, I87.1, I87.9, I89.0, I98, I99, M30, M31, R57, T06.3**incl:* aortic aneurysm, arteriovenous fistula, arteritis, lymphoedema, oesophageal varices, other aneurysm, polyarteritis nodosa, vasculitis, varicose veins of sites other than lower extremities*excl:* chronic/non-specific lymphadenitis B71; cerebral aneurysm K91; gangrene K92**L Musculoskeletal****Component 1—Symptoms and complaints****L01 Neck symptom/complaint***M54.0, M54.2**incl:* pain attributed to cervical spine/musculoskeletal system*excl:* headache N01; pain in face N03**L02 Back symptom/complaint***M54.0, M54.6, M54.8, M54.9**incl:* backache NOS, thoracic back pain*excl:* low back pain L03**L03 Low back symptom/complaint***M53.3, M54.0, M54.5**incl:* back pain (lumbar/sacroiliac), coccydynia, lumbago, lumbalgia*excl:* thoracic back pain L02; sciatica L86

84 *WONCA International Classification of Primary Care***L04 Chest symptom/complaint** *R07.3, R29.8*

- incl:* chest pain attributed to musculoskeletal system
excl: chest pain NOS A11; pain attributed to the heart K01; painful respiration/
 pleuritic pain/pleurodynia R01

L05 Flank/axilla symptom/complaint *R29.8*

- incl:* loin pain
excl: kidney symptom U14

L07 Jaw symptom/complaint *K07.6, R25.2, R29.8*

- incl:* temporomandibular joint symptom
excl: teeth/gum symptom/complaint D19

L08 Shoulder symptom/complaint *M25.4 to M25.6***L09 Arm symptom/complaint** *M79.6, R25.2, R29.8*

- excl:* muscle pain/myalgia L18

L10 Elbow symptom/complaint *M25.4 to M25.6***L11 Wrist symptom/complaint** *M25.4 to M25.6***L12 Hand/finger symptom/complaint** *M25.4 to M25.6, M79.6, R25.2, R29.8***L13 Hip symptom/complaint** *M25.4 to M25.6, R29.4***L14 Leg/thigh symptom/complaint** *M79.6, R25.2, R29.8*

- incl:* leg cramps
excl: muscle pain/myalgia L18; restless legs N04

L15 Knee symptom/complaint *M25.4 to M25.6***L16 Ankle symptom/complaint** *M25.4 to M25.6***L17 Foot/toe symptom/complaint** *M25.4 to M25.6, M77.4, M77.5, M79.6, R25.2, R29.8*

- incl:* metatarsalgia

L18 Muscle pain *M60.1, M60.2, M60.8, M60.9, M79.0, M79.1, M79.3, M79.6, R25.2*

- incl:* fibromyalgia, fibrositis, myalgia, panniculitis, rheumatism
excl: pain in spine L01, L02, L03; leg cramps L14

L19 Muscle symptom/complaint NOS*M62.5, M62.6, M79.9**incl:* atrophy/wasting/weakness of muscle, muscle stiffness/strain*excl:* pain in spine L01, L02, L03; leg cramps L14; 'growing pains' in child L29; restless legs N04**L20 Joint symptom/complaint NOS***M25.4 to M25.6, M25.8, M25.9**incl:* arthralgia, effusion/swelling of joint, pain/stiffness/weakness in joint*excl:* symptoms/complaints specified in L07, L08, L10–13, L15–17**L26 Fear of cancer, musculoskeletal***Z71.1**excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of cancer of musculoskeletal system in a patient without cancer/until the diagnosis is proven**L27 Fear of musculoskeletal disease, other***Z71.1**excl:* fear of musculoskeletal cancer L26; if the patient has the disease, code the disease*criteria:* concern about/fear of a musculoskeletal disease in a patient without the disease/until the diagnosis is proven**L28 Limited function/disability (L)***Z73.6**excl:* falls A29; limping/walking difficulties/gait problems N29*criteria:* limitation of function/disability due to a musculoskeletal problem*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**L29 Musculoskeletal symptom/complaint, other***R26.8, R29.3, R29.8**incl:* 'growing pains' in a child*excl:* clubbing of fingernails S22**Component 7—Diagnosis/disease****L70 Infection of musculoskeletal system***M00, M01, M46.2 to M46.5, M60.0, M65.0, M65.1, M71.0, M71.1, M86**incl:* infective tenosynovitis, osteomyelitis, pyogenic arthritis*excl:* Reiter's disease L99; late effect of polio N70*criteria:* infection localized in musculoskeletal system

L71 Malignant neoplasm musculoskeletal*C40, C41, C46.1, C49**incl:* fibrosarcoma, osteosarcoma*excl:* secondary neoplasms (code to original site), benign/unspecified musculoskeletal neoplasm L97*criteria:* characteristic histological appearance**L72 Fracture: radius/ulna***S52**incl:* Colles' fracture*excl:* pathological fracture L95, L99; non-union L99*criteria:* imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone*consider:* arm symptom L09; musculoskeletal injury NOS L81**L73 Fracture: tibia/fibula***S82.1 to S82.9**incl:* Pott's fracture*excl:* fracture patella L76; pathological fracture L95, L99; non-union L99*criteria:* imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone*consider:* leg symptom L14; ankle symptom L16; musculoskeletal injury NOS L81**L74 Fracture: hand/foot bone***S62, S92**incl:* fracture carpal/metacarpal bone, fracture phalange hand/foot, fracture tarsal/metatarsal bone*excl:* pathological fracture L95, L99; non-union L99*criteria:* imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone*consider:* arm symptom L09; leg symptom L14; musculoskeletal injury NOS L81**L75 Fracture: femur***S72**incl:* fracture neck of femur*excl:* pathological fracture L95, L99; non-union L99*criteria:* imaging evidence of a fracture; or trauma plus visible/palpable deformity or crepitus involving the bone*consider:* leg symptom L14; musculoskeletal injury NOS L81**L76 Fracture: other***S02.2 to S02.4, S02.6 to S02.9, S12, S22, S32, S42, S82.0, T08, T10, T12, T14.2**excl:* fractures specified in L72, L73, L74, and L75; pathological fracture L95, L99; non-union L99; skull fracture N80*criteria:* imaging evidence of a fracture; or trauma plus visible/palpable displacement of the bone surface*consider:* symptoms in Component 1

L77 Sprain/strain of ankle**S93.4**

criteria: stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure

consider: ankle symptom L16

L78 Sprain/strain of knee**S83.4, S83.6**

excl: acute damage of meniscus/internal ligament of knee L96

criteria: stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure

L79 Sprain/strain of joint NOS

S03.4, S03.5, S13.4 to S13.6, S23.3 to S23.5, S33.6, S43.4 to S43.7, S53.2 to S53.4, S63.3 to S63.7, S73.1, S93.2, S93.5, S93.6, T09.2, T11.2, T13.2, T14.3

incl: sprain/strain of other joint/ligament, whiplash

excl: sprain/strain ankle L77; sprain/strain knee L78; back strain L84

criteria: stretch injury of the affected part plus pain aggravated by stretching or tensing the affected structure

consider: symptoms in Component 1

L80 Dislocation/subluxation

M22.0, M22.1, S03.0, S03.3, S13.0 to S13.3, S23.0 to S23.2, S33.0 to S33.3, S43.0 to S43.3, S53.0, S53.1, S63.0 to S63.2, S73.0, S83.0, S83.1, S93.0, S93.1, S93.3, T09.2, T11.2, T13.2, T14.3

incl: dislocation/subluxation any site, including spine

criteria: trauma to the joint plus either imaging evidence of a dislocation/subluxation, or palpable/visible dislocation deformity

consider: symptoms in Component 1

Note: Code fracture dislocations to the fracture.

L81 Injury musculoskeletal NOS

M79.5, S09.1, S09.9, S16, S20.2, S30.0, S30.1, S33.4, S39.0, S39.8, S39.9, S40.0, S46 to S49, S50.0, S50.1, S56 to S59, S60.0 to S60.2, S66 to S69, S70.0, S70.1, S76 to S79, S80.0, S80.1, S86 to S89, S90.0 to S90.3, S96 to S99, T06.4, T09.0, T09.5 to T09.9, T11.0, T11.5 to T11.9, T13.0, T13.5 to T13.9, T14.6, T14.7

incl: deep foreign body, haemarthrosis, traumatic amputation

excl: internal injury of chest/abdomen/pelvis, multiple trauma A81; late effect trauma/deformity/disability/scarring A82; injury teeth D80; injury eardrum H77; traumatic arthropathy L91; non/mal-union of fracture L99; head injury/concussion/intracranial injury/skull fracture N80; laceration/other injury to nerve N81; insect bite/sting S12; animal bite S13; bruise/contusion S16; laceration/open wound S18

L82 Congenital anomaly musculoskeletal*Q65 to Q79*

- incl:** bow leg, clubfoot (talipes), congenital dislocation of hip, genu recurvatum, congenital malformation of skull and face, other congenital deformity of the foot
- excl:** scoliosis L85; pes planus (acquired) L98; spina bifida N85

L83 Neck syndrome

M43.0, M43.1, M43.3 to M43.6, M46.0, M47.1, M47.2, M47.8, M47.9, M48, M50, M53.0, M53.1, M53.8, M53.9

- incl:** syndromes with/without radiation of pain: cervical disc lesion, cervicobrachial syndrome, cervicogenic headache, osteoarthritis of neck, radicular syndrome of upper limbs, spondylosis, torticollis

L84 Back syndrome without radiating pain

M43.0, M43.1, M43.5, M46.0, M46.1, M46.8, M46.9, M47.0, M47.8, M47.9, M48, M51.2 to M51.9, M53.2 to M53.9, S33.5, S33.7

- incl:** back strain, collapsed vertebra NOS, facet joint degeneration, osteoarthrosis/osteoarthritis of spine, spondylolisthesis, spondylosis
- excl:** coccydynia L03; syndrome related to the neck L83; back pain with radiation/sciatica L86; psychogenic backache P75
- criteria:** back pain without radiation plus limitation of movement confirmed at medical examination
- consider:** symptom/complaint back L02; symptom/complaint low back L03

L85 Acquired deformity of spine*M40, M41, M43.8, M43.9*

- incl:** kyphoscoliosis, kyphosis, lordosis, scoliosis
- excl:** congenital deformity L82; ankylosing spondylitis L88; spondylolisthesis L84

L86 Back syndrome with radiating pain*M47.1, M47.2, M51, M54.3, M54.4*

- incl:** disc prolapse/degeneration, sciatica
- excl:** cervical disc lesion L83; spondylolisthesis L84; recent back strain L84
- criteria:** pain in the lumbar/thoracic region of the spine, accompanied by pain radiating to, or a neurological deficit of an appropriate area; or sciatica, pain radiating down the back of the leg, aggravated by coughing, movement, or posture; or demonstration of a prolapsed lumbar or thoracic disc by appropriate imaging technique, or at surgery
- consider:** back pain L02; low back pain L03
- Note:** Exclude referred pain that is diffuse.

L87 Bursitis/tendinitis/synovitis NOS

M65.2 to M65.4, M65.8, M65.9, M67.3, M67.4, M70, M71.2 to M71.9, M72, M76, M77.0, M77.2, M77.3, M77.8, M77.9

- incl:** bone spurs, calcified tendon, Dupuytren's contracture, fasciitis, ganglion, synovial cysts, tenosynovitis, trigger finger *(cont.)*

excl: bursitis/tendinitis/synovitis of shoulder L92; tennis elbow/lateral epicondylitis L93

L88 Rheumatoid/seropositive arthritis *M05, M06, M08, M45*

incl: allied conditions: ankylosing spondylitis, juvenile arthritis

excl: psoriatic arthropathy L99

L89 Osteoarthritis of hip *M16*

incl: osteoarthritis of hip secondary to dysplasia/trauma

criteria: either characteristic imaging appearance; or joint disorder of at least 3 months' duration, with no constitutional symptoms and three or more of the following: intermittent swelling; crepitation; stiffness/limitation of movement; normal ESR, rheumatoid tests, and uric acid; over 40 years of age

consider: joint symptom L20; arthritis NOS L91

L90 Osteoarthritis of knee *M17*

incl: osteoarthritis of knee secondary to dysplasia/trauma

criteria: either characteristic imaging appearance; or joint disorder of at least 3 months' duration, with no constitutional symptoms and three or more of the following: intermittent swelling; crepitation; stiffness/limitation of movement; normal ESR, rheumatoid tests, and uric acid; over 40 years of age

consider: joint symptom L20; arthritis NOS L91

L91 Osteoarthritis, other *M13, M15, M18, M19*

incl: arthritis NOS, osteoarthritis, traumatic arthropathy

excl: osteoarthritis of neck L83; osteoarthritis of spine L84; osteoarthritis of hip L89; osteoarthritis of knee L90; osteoarthritis of shoulder L92

criteria: characteristic imaging appearance; or Heberden's nodes or joint disorder of at least 3 months' duration, with no constitutional symptoms and three or more of the following: intermittent swelling; crepitation; stiffness/limitation of movement; normal ESR, rheumatoid tests, and uric acid; over 40 years of age

consider: joint symptom L20

L92 Shoulder syndrome *M19, M75*

incl: bursitis of shoulder, frozen shoulder, osteoarthritis/synovitis of shoulder, rotator cuff syndrome, tendinitis around shoulder

criteria: shoulder pain with limitation of movement/local tenderness/crepitus; or periarticular calcification on imaging

L93 Tennis elbow *M77.1*

incl: lateral epicondylitis

excl: other tendinitis L87

90

*WONCA International Classification of Primary Care***L94 Osteochondrosis***M42, M91 to M93*

incl: Legg–Calvé–Perthes disease, Osgood–Schlatter disease, osteochondritis dissecans, Scheuermann’s disease, slipped femoral epiphysis

L95 Osteoporosis*M80 to M82*

incl: pathological fracture due to osteoporosis

criteria: characteristic imaging appearance

L96 Acute internal damage knee*S83.2, S83.3, S83.5, S83.7*

incl: acute damage to meniscus/cruciate ligaments

excl: acute damage to collateral ligaments L78; dislocation of patella L80; chronic internal damage to knee L99

criteria: an initial injury that occurred no longer than 1 month previously and demonstration of ligament/meniscus tear by surgery/arthroscopy/imaging, or by locking/giving way, pain, and swelling of knee

consider: knee symptom L15; sprain of knee L78

L97 Neoplasm musculoskeletal benign/unspecified*D16, D21, D48.0, D48.1*

incl: benign musculoskeletal neoplasm, musculoskeletal neoplasm not specified as benign or malignant/when histology is not available

excl: malignant musculoskeletal neoplasm L71

L98 Acquired deformity of limb*M20, M21*

incl: bunion, genu valgum-varum, hallux valgus/varus, mallet finger, pes planus (flatfoot)

excl: general congenital deformity/anomaly A90; musculoskeletal genital deformity/anomaly L82

L99 Musculoskeletal disease, other

M02, M03, M07, M09, M12, M14, M22.2 to M22.9, M23, M24, M25.0 to M25.3, M25.7 to M25.9, M32 to M36, M43.2, M49, M54.1, M61, M62.0 to M62.4, M62.8, M62.9, M63, M66, M67.0 to M67.2, M67.8, M67.9, M68, M73, M79.4, M79.8, M84, M85, M87 to M90, M94, M95, M99, T79.6, Z89, Z98.1

incl: arthrodesis, chronic internal derangement of knee, contractures, costochondritis, dermatomyositis, disorder of patella, mal-union/non-union of fracture, myositis, Paget’s disease of bone, pathological fracture NOS, polymyalgia rheumatica, psoriatic arthritis (code also S91), Reiter’s disease, scleroderma, Sjögren’s syndrome, spontaneous rupture tendon, systemic lupus erythematosus

excl: hyperuricaemia A91; pathological fracture due to osteoporosis L95; post-polio paralysis N70; post-stroke paralysis N81; gout T92; pseudogout/crystal arthropathy, osteomalacia T99

N Neurological

Component 1—Symptoms and complaints

N01 Headache

G44.3, G44.8, R51

incl: post-traumatic headache

excl: cervicogenic headache L83; face pain N03; migraine N89; cluster headache N90; tension headache N95; atypical facial neuralgia N99; sinus pain R09; post-herpetic pain S70

N03 Pain, face

G50.1, R51

excl: toothache D19; headache N01; migraine N89; trigeminal neuralgia N92; sinus pain R09; post-herpetic pain S70

N04 Restless legs

G25.8

excl: leg cramps L14; intermittent claudication K92

N05 Tingling fingers/feet/toes

R20.2

incl: burning sensation, prickly feeling fingers/feet/toes, paraesthesia

excl: pain/tenderness of skin S01

N06 Sensation disturbance, other

R20.0, R20.1, R20.3, R20.8

incl: anaesthesia, numbness

excl: tingling fingers/feet/toes N05; pain/tenderness of skin S01

N07 Convulsion/seizure

R56

incl: febrile convulsion, fit

excl: fainting A06; transient ischaemic attack K89

N08 Abnormal involuntary movements

G25, R25.0, R25.1, R25.3, R25.8, R29.0

incl: dystonic movements, jerking, myoclonus, shaking, tetany, tremor, twitching

excl: chorea K71; cramps/spasm L07, L09, L12, L14, L17, L18; restless legs N04; convulsion N07; tic douloureux N92; dystonia/organic tic N99; psychogenic tic P10

N16 Disturbance of smell/taste

R43

incl: anosmia

excl: halitosis D20

92 *WONCA International Classification of Primary Care***N17 Vertigo/dizziness** *R42*

incl: giddiness, feeling faint/lightheaded, loss of balance, woozy
excl: syncope/blackout A06; motion sickness A88; specific vertiginous syndrome H82

N18 Paralysis/weakness *G98*

incl: paresis
excl: general weakness A04

N19 Speech disorder *R47*

incl: aphasia, dysphasia, dysarthria, slurred speech
excl: stammering/stuttering P10; speech delay P22; hoarseness R23

N26 Fear of cancer of neurological system *Z71.1*

excl: if the patient has the disease, code the disease
criteria: concern about/fear of neurological cancer in a patient without the disease/
 until the diagnosis is proven

N27 Fear of neurological disease, other *Z71.1*

excl: fear of neurological cancer N26; if the patient has the disease, code the disease
criteria: concern about/fear of other neurological disease in a patient without the
 disease/until the diagnosis is proven

N28 Limited function/disability (N) *Z73.6*

incl: disability due to neurological diseases and disorders
criteria: limitation of function/disability due to a neurological problem
Note: The COOP/WONCA Charts are suitable for documenting the patient's functional
 status (see Chapter 8).

N29 Neurological symptom/complaint, other
M79.2, R26, R27, R29.0 to R29.2, R29.8

incl: ataxia, gait abnormality, limping, meningism

Component 7—Diagnosis/diseases**N70 Poliomyelitis** *A80, A85.0, B91*

incl: late effect of poliomyelitis, post-polio syndrome, other neurological
 enterovirus infection

N71 Meningitis/encephalitis

A32.1, A39.0, A83, A84, A85.1, A85.2, A85.8, A86, A87, B00.3, B00.4, B37.5, B58.2, B94.1, G00 to G05

criteria: an acute febrile illness with abnormal findings in the cerebrospinal fluid

consider: fever A03; meningism N29

N72 Tetanus

A33 to A35

excl: tetany N08

criteria: rigidity, hypertonic contractions or tetanic spasticity and a history of preceding injury

N73 Neurological infection, other

A81, A88.8, A89, G06 to G09

incl: cerebral abscess, slow virus infection

excl: poliomyelitis N70; meningitis/encephalitis N71; acute polyneuritis N94

N74 Malignant neoplasm nervous system

C47, C70 to C72

criteria: characteristic histological appearance

consider: unspecified neoplasm nervous system N76

N75 Benign neoplasm nervous system

D32, D33, D36.1

incl: acoustic neuroma, meningioma

N76 Neoplasm nervous system, unspecified

D42, D43, D48.2

incl: neoplasm nervous system not specified as benign or malignant/when histology is not available

excl: neurofibromatosis A90

N79 Concussion

S06.0

incl: late effect of concussion

excl: psychological effect of concussion P02

criteria: trauma to the head with a temporary loss of consciousness and/or neurological sequela

consider: other head injury N80

N80 Head injury, other

S02.0, S02.1, S02.9, S06.1 to S06.9, S07, S08.0, S08.8, S08.9, S09.0, S09.7 to S09.9

incl: cerebral contusion, cerebral injury with/without skull fracture, extradural haematoma, subdural haematoma, traumatic intracranial haemorrhage (*cont.*)

94 *WONCA International Classification of Primary Care**excl:* concussion N79*criteria:* trauma to the head, complicated by cerebral damage**N81 Injury nervous system, other***S04, S09.9, S14, S24, S34, S44, S54, S64, S74, S84, S94, T06.0 to T06.2, T09.3, T09.4, T11.3, T13.3, T14.4**incl:* nerve injury, spinal cord injury**N85 Congenital anomaly neurological***Q00 to Q07**incl:* hydrocephalus, spina bifida**N86 Multiple sclerosis***G35**incl:* disseminated sclerosis*criteria:* exacerbations/remissions of multiple neurological manifestation with deficits/derangements disseminated in both time and site (any combination of neurological signs and symptoms is possible)*consider:* other neurological symptom N29**N87 Parkinsonism***G20 to G22**incl:* drug-induced parkinsonism, paralysis agitans, Parkinson's disease*criteria:* poverty and slowness of voluntary movements, resting tremor improving with active purposeful movement, and muscular rigidity*consider:* abnormal involuntary movements N08; disorder of speech N19**N88 Epilepsy***G40, G41**incl:* all types of epilepsy: focal seizures, generalized seizures, grand mal, petit mal, status epilepticus*criteria:* recurrent episodes of sudden altered consciousness, with/without tonic/clonic movements/seizure, plus either eyewitness account of the attack, or characteristic abnormality of electroencephalogram (EEG)*consider:* convulsion N07; other neurological symptom N29**N89 Migraine***G43, G44.1**incl:* vascular headache with/without aura*excl:* cervicogenic headache L83; cluster headache N90; tension headache N95*criteria:* recurrent episodes of headache with three or more of the following: unilateral headache; nausea/vomiting; aura; other neurological symptoms; family history of migraine*consider:* headache N01

N90 Cluster headache**G44.0****excl:** migraine N89**criteria:** attacks of severe, often excruciating unilateral pain peri-orbitally and/or temporally, occurring up to eight times a day, sometimes associated with conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, sweating, miosis, ptosis, or eyelid oedema. Attacks occur in cluster periods lasting weeks/months separated by remissions lasting months/years**N91 Facial paralysis/Bell's palsy****G51, G53****criteria:** acute onset of unilateral paralysis of muscles of facial expression without sensory loss**consider:** paralysis/weakness N18**N92 Trigeminal neuralgia****G50.0, G50.8, G50.9****incl:** tic douloureux**excl:** post-herpetic neuralgia S70**criteria:** unilateral paroxysms of burning facial pain aggravated by touching trigger-points, blowing nose or yawning, without sensory or motor paralysis**consider:** neuralgia NOS N99**N93 Carpal tunnel syndrome****G56.0****criteria:** loss/impairment of superficial sensation affecting the thumb, index and middle finger, that may or may not split the ring finger. Dysaesthesia and pain worsen usually during the night, and may radiate to the forearm**consider:** sensation disturbance N06**N94 Peripheral neuritis/neuropathy****G54, G55, G56.1 to G56.4, G56.8, G56.9, G57 to G64, M79.2****incl:** acute infective polyneuropathy, diabetic neuropathy (double code with T89, T90), Guillain-Barré syndrome, nerve lesion, neuropathy, phantom limb**excl:** post-herpetic neuropathy S70**criteria:** sensory, reflex and motor changes confined to the territory of individual nerves, sometimes without apparent cause, sometimes secondary to a specific disease, e.g. diabetes**N95 Tension headache****G44.2****excl:** migraine N89; cluster headache N90**criteria:** pressing, generalized headache associated with stress and muscle tension with/without increased tenderness of pericranial muscles**consider:** headache N01

N99 Neurological disease, other

E51.2, G10 to G13, G23, G24, G26, G31.0, G31.1, G31.8, G31.9, G32, G36, G37, G52, G70 to G73, G80 to G83, G90 to G92, G93.0 to G93.2, G93.4 to G93.9, G94 to G96, G98, G99, M79.2, Z98.2

incl: cerebral palsy, dystonia, motor neuron disease, myasthenia gravis, neuralgia NOS

excl: sleep apnoea P06

P Psychological**Component 1—Symptoms and complaints****P01 Feeling anxious/nervous/tense****R45.0**

incl: anxiety NOS, feeling frightened

excl: anxiety disorder P74

criteria: feelings reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder. A gradual transition exists from feelings that are unwelcome, but quite normal, and feelings that are so troublesome to the patient that professional help is sought

P02 Acute stress reaction**F43.0, F43.2, F43.8, F43.9**

incl: adjustment disorder, culture shock, feeling stressed/grief/homesick, immediate post-traumatic stress, shock (psychic)

excl: feeling depressed P03; depressive disorder P76; post-traumatic stress disorder P82

criteria: a reaction to a stressful life event or significant life change requiring a major adjustment, either as an expected response to the event or as a maladaptive response interfering with daily coping and resulting in impaired social functioning, with recovery within a limited period of time

P03 Feeling depressed**R45.2, R45.3**

incl: feeling inadequate, unhappy, worried

excl: low self-esteem P28; depressive disorder P76

criteria: feelings reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder. A gradual transition exists from feelings that are unwelcome, but quite normal, and feelings that are so troublesome to the patient that professional help is sought

P04 Feeling/behaving irritable/angry**R45.1, R45.4 to R45.6**

incl: agitation NOS, restlessness NOS

excl: overactive child P22; irritability in partner Z13

(cont.)

criteria: feelings reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder, or behaviour indicating irritability or anger. A gradual transition exists from feelings or behaviour that are unwelcome, but quite normal, to those that are so troublesome that professional help is sought

P05 Senility, feeling/behaving old

R54

incl: concern with aging, senescence

excl: dementia P70

criteria: feelings reported by the patient as an emotional or psychological experience not attributed to the presence of a mental disorder. A gradual transition exists from feelings that are unwelcome, but quite normal, to feelings that are so troublesome to the patient that professional help is sought

P06 Sleep disturbance

F51, G47

incl: insomnia, nightmares, sleep apnoea, sleepwalking, somnolence

excl: jetlag A88

criteria: sleep disturbance as a diagnosis requires that the sleeping problem forms a major complaint that, according to both patient and doctor, is not caused by another disorder but is a condition in its own right. Insomnia requires a quantitative or qualitative deficiency of sleep that is unsatisfactory, in the patient's opinion, over a considerable period of time. In hypersomnia excessive daytime sleepiness and sleep attacks exist that limit the patient's performance

P07 Sexual desire reduced

F52.0

incl: frigidity, loss of libido

excl: non-organic impotence/loss of sexual fulfilment P08; concern with sexual preference P09

criteria: sexual problems with regard to desire not caused by any organic disorder or disease, but a reflection of the inability of a patient to participate in the sexual relationship s/he wants because of lack of desire, failure of genital response or function

P08 Sexual fulfilment reduced

F52.1 to F52.9

incl: non-organic impotence or dyspareunia, premature ejaculation, vaginismus of psychogenic origin

excl: sexual problems with desire P07; concern with sexual preference P09; vaginismus NOS X04; organic impotence/sexual problems Y07

criteria: sexual problems with regard to fulfilment not caused by any organic disorder or disease, but a reflection of the inability of a patient to participate in the sexual relationship s/he wants because of failure of genital response or function, or problems with sexual development

P09 Sexual preference concern**F64 to F66**

- excl:** reduced sexual desire P07; reduced sexual fulfilment P08
- criteria:** sexual problems with regard to preference not caused by any organic disorder or disease, but a reflection of the inability of a patient to participate in the sexual relationship s/he wants because of problems with sexual identity, preference or orientation

P10 Stammering/stuttering/tic**F95, F98.4 to F98.6**

- excl:** tic douloureux N92
- criteria:** stammering and stuttering: disorder of speech characterized by frequent repetitions/prolongations of sounds, or by frequent hesitations/pauses disrupting speech

P11 Eating problem in child**F98.2, F98.3**

- incl:** feeding problem, problem with eating behaviour of child
- excl:** anorexia nervosa P86; eating problem in adult T05
- Note:* Behavioural problems in children are particularly difficult to classify, as illustrated by the fact that they are distributed over four chapters of ICPC. Whether or not parents present these problems to a GP will reflect their ideas about the gradual differences between normal (though perhaps annoying) behaviour and behaviour that is considered worrying or 'pathological'.

P12 Bedwetting/enuresis**F98.0**

- excl:** bedwetting due to organic disorder U04
- criteria:** involuntary voiding of urine by day/night not determined to be related to any organic disorder
- Note:* Behavioural problems in children are particularly difficult to classify, as illustrated by the fact that they are distributed over four chapters of ICPC. Whether or not parents present these problems to a GP will reflect their ideas about the gradual differences between normal (though perhaps annoying) behaviour and behaviour that is considered worrying or 'pathological'.

P13 Encopresis/bowel training problem**F98.1**

- criteria:** encopresis requires repeated passage of usually well formed faeces in inappropriate places, considered abnormal in relation to age, and not caused by constipation/sphincter control disorder/another disease

P15 Chronic alcohol abuse**F10.1 to F10.9, G31.2**

- incl:** alcohol brain syndrome, alcohol psychosis, alcoholism, delirium tremens
- criteria:** a disorder due to the use of alcohol resulting in one or more of the following: harmful use with clinically important damage to health; dependence syndrome; withdrawal state; psychotic disorder (cont.)

Note: Substance abuse problem definitions should take into account the considerable differences between countries and cultures. A doctor can decide to label an episode as 'chronic alcohol abuse' without the patient's agreement, and consequently also without the patient's willingness to agree to any medical intervention.

P16 Acute alcohol abuse

F10.0

incl: drunk

criteria: a disorder due to the use of alcohol resulting in acute intoxication, with/without a background of chronic abuse

Note: A doctor can decide to label an episode as 'acute alcohol abuse' without the patient's agreement, and consequently also without the patient's willingness to agree to any medical intervention.

P17 Tobacco abuse

F17

incl: smoking problem

criteria: a disorder due to the use of tobacco resulting in one or more of the following: acute intoxication; harmful use with clinically important damage to health; dependence syndrome; withdrawal state

consider: risk factor NOS A23

Note: Substance abuse problem definitions should take into account the considerable differences between countries and cultures. An alcohol-dependent or heroin-addicted patient needs medical attention, but the definitions of 'tobacco abuse' are controversial. A physician can decide to label an episode as 'tobacco abuse' without the patient's agreement, and consequently also without the patient's willingness to agree to any medical intervention.

P18 Medication abuse

F13, F19, F55

incl: abuse of any prescribed drug

Note: Substance abuse problem definitions should take into account the considerable differences between countries and cultures. Some patients request and use tranquillizers, sleeping tablets, anorectics, or laxatives inappropriately and for too long. In these cases physicians can decide to label the episode as 'medicine abuse' without the patient's agreement, and consequently also without the patient's willingness to agree to any medical intervention.

P19 Drug abuse

F11 to F16, F18, F19

incl: addiction to drug, drug withdrawal

criteria: a disorder due to the use of a dependence-producing psychoactive substance, resulting in one or more of the following conditions:

acute intoxication;

harmful use with clinically important damage to health;

dependence syndrome;

(cont.)

100 *WONCA International Classification of Primary Care*

withdrawal state;
psychotic disorder;

Note: Substance abuse problem definitions should take into account the considerable differences between countries and cultures. An alcohol-dependent or heroin-addicted patient needs medical attention, but the definitions of 'use of hashish' are controversial. Doctors can decide to label an episode as 'drug abuse' without the patient's agreement, and consequently also without the patient's willingness to agree to any medical intervention.

P20 Memory disturbance *R41*

incl: amnesia, disorientation, disturbance of concentration

P22 Child behaviour symptom/complaint *F91 to F94, F98.8, F98.9, R62.0*

incl: delayed milestones, jealousy, overactive child, speech delay, temper tantrum
excl: behaviour symptom/complaint adolescent, adult P23, P80; concern about physical development/growth delay T10

P23 Adolescent behaviour symptom/complaint *F91, F92, F94, F98.8, F98.9*

incl: delinquency
excl: behaviour symptom/complaint child, adult P22, P80, P81

P24 Specific learning problem *F80 to F83, R48*

incl: dyslexia
excl: attention deficit disorder P81; mental retardation P85
criteria: specific speech, language and learning problems with onset in childhood, together with an impairment of functions related to biological maturation of the central nervous system, and a steady course over time without spontaneous remissions or relapses, although the deficit may diminish as the child grows older

P25 Phase of life problem, adult *Z60.0*

incl: empty nest syndrome, mid-life crisis, retirement problem
excl: senility, feeling/behaving old P05; menopause X11

P27 Fear of mental disorder *Z71.1*

incl: concern about mental disease, fear of attempting suicide
excl: if the patient has the disease, code the disease
criteria: concern about/fear of mental disease in a patient without the disease/until the diagnosis is proven

P28 Limited function/disability (P)**Z73.6****incl:** low self-esteem**criteria:** limitation of function/disability due to a psychological problem**Note:** The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**P29 Psychological symptom/complaint, other****F50.8, F50.9, F63.3, F98.8, F98.9, R44, R45.7, R45.8, R46
Z64.2, Z64.3, Z73.0, Z73.1, Z73.3****incl:** delusions, eating disorders NOS, hallucinations, multiple psychological symptoms/complaints, poor hygiene, strange behaviour, suspiciousness**excl:** tension headache N95**Component 7—Diagnosis/diseases****Note:** A mental disorder is a clinically significant psychological syndrome or pattern, with or without an association with stressors (such as disability, increased risk, or an important loss), that cannot be considered an expected response to a particular event, but rather a manifestation of a behavioural, psychological, or biological dysfunction.**P70 Dementia****F00 to F03, G30****incl:** Alzheimer's disease, senile dementia**criteria:** a syndrome due to a disease of the brain, usually of a chronic and/or progressive nature, with clinically significant disturbance of multiple higher cortical functions (memory, thinking, orientation, comprehension), together with intact consciousness**consider:** senility P05; other psychological symptoms P29**P71 Organic psychosis, other****F04 to F07, F09****incl:** delirium**excl:** psychosis caused by alcohol P15; psychosis NOS P98**criteria:** organic psychiatric disorders as a diagnosis require psychological syndromes, patterns or behaviour due to organic disease**P72 Schizophrenia****F20 to F22, F24, F25, F28****incl:** all types of schizophrenia, paranoia**excl:** acute/transient psychosis P98**criteria:** fundamental and characteristic distortions of thinking, perception, and affect that are inappropriate or blunted (e.g. thought-echo, -insertion, -withdrawal,
(cont.)

102 *WONCA International Classification of Primary Care*

delusional perceptions, hallucinatory voices, delusions of control), together with a clear consciousness and unaffected intellectual capacity

consider: psychosis NOS P98

P73 Affective psychosis*F30, F31, F34.0*

incl: bipolar disorder, hypomania, mania, manic depression

excl: depression P76

criteria: a fundamental disturbance in affect and mood, alternately being elated and depressed (with/without associated anxiety). In manic disorder mood, energy, and activity are simultaneously elevated. In bipolar disease, at least two periods of disturbed mood, shifting from elevated to lowered, are observed

consider: psychosis NOS P98

P74 Anxiety disorder/anxiety state*F41.0, F41.1, F41.3 to F41.9*

incl: anxiety neurosis, panic disorder

excl: anxiety with depression P76; anxiety NOS P01

criteria: clinically significant anxiety that is not restricted to any particular environmental situation. It manifests as a panic disorder (recurrent attacks of severe anxiety not restricted to any particular situation, with/without physical symptoms) or as a disorder in which generalized and persistent anxiety, not related to any particular situation, occurs with variable physical symptoms

consider: feeling anxious/nervous/tense P01

P75 Somatization disorder*F44, F45.0 to F45.2*

incl: conversion disorder, hypochondriacal disorder, hysteria, pseudocyesis

criteria: somatization disorder is characterized by a preoccupation with and repeated presentations of physical symptoms and complaints together with persistent requests for medical investigations in spite of repeated negative findings and reassurances by doctors. For this diagnosis, the presentation of multiple, recurrent, and frequently changing physical symptoms presented to the family physician over a period of at least 1 year is required. Hypochondriacal disorder requires a persistent preoccupation with either the physical appearance or with the possibility of having a serious disease, together with persistent somatic complaints over a period of at least 1 year, in spite of repeated negative findings and reassurances by doctors

Note: Somatization is the repeated presentation of physical symptoms and complaints suggesting physical disorders for which no demonstrable organic findings or physiological mechanisms are responsible, and for which there is positive evidence that they are linked to psychological factors, while the patient does not experience a sense of controlling the production of these symptoms in dealing with the psychological factors. Physical symptoms and complaints including pain that are presented as if they were due to a physical disorder of a system/organ under autonomic nervous control, or that consist of persistent, severe/distressing pain that cannot be explained by a physiological

(*cont.*)

process/disorder, are coded with a symptom/complaint diagnosis representing the physical aspect, and—if possible—with a code representing the emotional or psychosocial problem with which it is associated.

The definition of somatization disorder in ICD-10 (a minimum of 2 years) is too stringent for use in general practice.

P76 Depressive disorder *F32, F33, F34.1, F34.8, F34.9, F38, F39, F41.2, F53.0*

incl: depressive neurosis/psychosis, mixed anxiety and depression, reactive depression, puerperal/postnatal depression

excl: acute stress reaction P02

criteria: fundamental disturbance in affect and mood towards depression. Mood, energy and activity are simultaneously lowered, together with an impaired capacity for enjoyment, interest, and concentration. Sleep and appetite are usually disturbed, and self-esteem and confidence are decreased

consider: feeling depressed P03

P77 Suicide/suicide attempt *Z91.5*

incl: suicide gesture, successful attempt (double code with A96)

excl: fear of committing suicide P27

P78 Neuraesthesia, surmenage *F48.0*

criteria: increased fatigability with unpleasant associations, difficulties in concentration, and a persistent decrease in performance and coping efficiency; the feeling of physical weakness and exhaustion after mental effort or after a minimal physical effort is often accompanied by muscular pain and an inability to relax

consider: fatigue/postviral fatigue/chronic fatigue syndrome A04

P79 Phobia/compulsive disorder *F40, F42*

criteria: phobic anxiety disorder requires outspoken anxiety, evoked only in well defined situations that are not generally considered dangerous; the patient tries to avoid these situations, or endures them with dread.

Obsessive compulsive disorder requires distressing and recurrent obsessional thoughts/acts recognized by the patient as his/her own; compulsive stereotyped behaviours are repeated again and again, intended to prevent some objective, unlikely event and recognized by the patient as pointless and ineffective

P80 Personality disorder *F60 to F62, F63.0 to F63.2, F63.8, F63.9, F68, F69*

incl: psychopathy, compensation neurosis, Munchausen's syndrome, adult behaviour disorder

criteria: persistent and clinically important conditions and behaviour patterns in an individual's lifestyle and mode of relating to him/herself and others, reflecting
(*cont.*)

104 *WONCA International Classification of Primary Care*

significant/extreme deviations from the way an average individual in a given culture perceives, feels, and behaves. This pattern is deeply ingrained and longlasting

P81 Hyperkinetic disorder *F90*

- incl:** attention deficit disorder (ADD), hyperactivity
excl: hyperkinetic disorder with adolescent onset P23; learning disorder P24
criteria: early onset of a lack of persistence in activities requiring cognitive involvement, with a tendency to move from one activity to another without completing any one, with disorganized and ill regulated behaviour, and excessive activity
consider: overactive child P22

P82 Post-traumatic stress disorder *F43.1*

- incl:** persistent adjustment disorder
criteria: a stressful event followed by a major state of distress and disturbance, with a delayed or protracted reaction, flashbacks, nightmares, emotional blunting, and anhedonia interfering with social functioning and performance, and including depressed mood, anxiety, worry, and feeling unable to cope, persistent over time
consider: feeling anxious P01; acute stress reaction P02; feeling depressed P03

P85 Mental retardation *F70 to F73, F78, F79*

- excl:** mental retardation due to congenital anomaly A90
criteria: arrested/incomplete development of the mind with impairment of skills during the developmental period, and a low overall level of intelligence, with/without impairment of behaviour

P86 Anorexia nervosa/bulimia *F50.0 to F50.4*

- criteria:** *Anorexia nervosa:* deliberate weight loss induced and sustained by the patient, associated with an intensive and overvalued dread of fatness and flabbiness of body contours;
Bulimia: repeated bouts of overeating and an excessive preoccupation with bodyweight, leading to a pattern of overeating followed by induced vomiting or use of purgatives
consider: eating disorder, food refusal P11, P29; feeding problem T04, T05

P98 Psychosis NOS, other *F23, F29, F53.1*

- incl:** acute/transient/reactive/puerperal psychosis

P99 Psychological disorders, other
F48.1, F48.8, F48.9, F53.8, F53.9, F54, F59, F84, F88, F89, F99

- incl:** autism, neurosis NOS

R Respiratory

Component 1—Symptoms and complaints

R01 Pain, respiratory system

R07.1

incl: painful respiration, pleuritic pain, pleurodynia

excl: chest pain A11; musculoskeletal chest pain L04; nose pain R08; sinus pain R09; sore throat R21; chest tightness R29; pleurisy R82

R02 Shortness of breath/dyspnoea

R06.0

incl: orthopnoea

excl: wheezing R03; stridor R04; hyperventilation R98

R03 Wheezing

R06.2

incl: inspiratory wheeze, rhonchi

excl: dyspnoea R02; stridor R04; hyperventilation R98

R04 Breathing problem, other

R06.1, R06.3, R06.5, R06.8

incl: abnormal breathing, apnoea, holding breath, respiratory distress, snoring, stridor, tachypnoea

excl: sleep apnoea P06; respiratory pain R01; dyspnoea R02; wheezing R03; cough R05; hyperventilation R98

R05 Cough

R05

incl: cough (dry or moist)

excl: abnormal sputum/phlegm R25

R06 Nose bleed/epistaxis

R04.0

R07 Sneezing/nasal congestion

J34.8, R06.7

incl: blocked nose, rhinorrhoea, running nose

R08 Nose symptom/complaint, other

J34.8

incl: pain in nose, postnasal drip, prominent nose, red nose

excl: anosmia N16; epistaxis R06; blocked nose/sneezing R07; complaints of sinuses R09; rhinophyma S99

R09 Sinus symptom/complaint

J34.8

incl: blocked sinus, congested sinus, pain/pressure in sinus

excl: headache N01; face pain N03; nasal congestion R07

106 *WONCA International Classification of Primary Care***R21 Throat symptom/complaint** *R07.0, R09.8**incl:* dry/inflamed/red/sore throat, large tonsils, lump in throat, tonsillar pain*excl:* voice symptom R23; tonsillar hypertrophy R90**R23 Voice symptom/complaint** *R49**incl:* absence of voice, aphonia, hoarseness*excl:* neurological disorder of speech N19; stammering/stuttering/tic P10; sore throat R21**R24 Haemoptysis** *R04.2**incl:* coughing blood**R25 Sputum/phlegm abnormal** *R09.3**excl:* cough with sputum R05; haemoptysis R24**R26 Fear of cancer of respiratory system** *Z71.1**excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of cancer of respiratory system in a patient without the disease/until the diagnosis is proven**R27 Fear of respiratory disease, other** *Z71.1**excl:* fear of respiratory cancer R26; if the patient has the disease, code the disease*criteria:* concern about/fear of other respiratory disease in a patient without the disease/until the diagnosis is proven**R28 Limited function/disability (R)** *Z73.6, Z99.1**incl:* disability due to hypoxia, hypercapnia, reduced lung function, respiratory disease, disease of nose/larynx/throat*excl:* dyspnoea R02; wheezing R03*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**R29 Respiratory symptom/complaint, other**
*R04.1, R04.8, R04.9, R06.6, R09.0, R09.2, R09.8**incl:* chest tightness, fluid on lung, hiccough, lung congestion

Component 7—Diagnosis/diseases

R71 Whooping cough

A37

incl: parapertussis, pertussis

excl: croup R77

criteria: respiratory infection with a characteristic staccato paroxysmal cough ending with a high-pitched inspiratory whoop; or respiratory infection with cough of at least 3 weeks' duration in contact with known pertussis; or demonstration of *Bordetella pertussis* or *parapertussis*

consider: cough R05; upper respiratory infection R74

R72 Strep throat

J02.0, J03.0

incl: proven streptococcal pharyngitis/tonsillitis

excl: scarlet fever A78; erysipelas/strep skin infection S76

criteria: acute inflammation of the throat, plus demonstration of beta-haemolytic streptococci

consider: tonsillitis R76

R73 Boil/abscess nose

J34.0

incl: localized nose infection

excl: acute sinusitis R75

R74 Upper respiratory infection, acute

B00.2, B08.5, J00, J02.8, J02.9, J06

incl: acute rhinitis, coryza, head cold, nasopharyngitis, pharyngitis, URTI/URI

excl: measles A71; infectious mononucleosis A75; viral pharyngoconjunctivitis F70; sinusitis R75; tonsillitis/quinsy R76; laryngitis/croup R77; influenza R80; chronic pharyngitis R83; allergic rhinitis R97

criteria: evidence of acute inflammation of nasal or pharyngeal mucosa with absence of criteria for more specifically defined acute respiratory infection classified in this section

R75 Sinusitis acute/chronic

J01, J32

incl: sinusitis affecting any paranasal sinus

criteria: purulent nasal/postnasal discharge, or previous medically treated episodes of sinusitis, plus tenderness over one/more sinuses, or deep-seated aching facial pain aggravated by dependency of head, or opacity on transillumination; or imaging evidence of sinusitis; or pus obtained from the sinus

consider: headache N01; face pain N03; upper respiratory tract infection R74

108 *WONCA International Classification of Primary Care***R76 Tonsillitis, acute***J03.8, J03.9, J36*

- incl:** peritonsillar abscess, quinsy
excl: infectious mononucleosis A75; strep throat R72; diphtheria R83; hypertrophy/chronic infection of tonsils R90
criteria: sore throat or fever with reddening of tonsil(s) more than the posterior pharyngeal wall, and either pus on swollen tonsil(s) or enlarged tender regional lymph nodes
consider: acute upper respiratory tract infection R74

R77 Laryngitis/tracheitis, acute*J04, J05.0*

- incl:** croup
excl: laryngotracheobronchitis R78; epiglottitis R83
criteria: hoarseness/stridor with/without respiratory distress, or deep dry painful cough (barking in children), and normal chest signs
consider: upper respiratory tract infection R74

R78 Acute bronchitis/bronchiolitis*J20 to J22, J40*

- incl:** acute lower respiratory infection NOS, bronchitis NOS, chest infection NOS, laryngotracheobronchitis, tracheobronchitis
excl: influenza R80; chronic bronchitis R79; allergic bronchitis R96
criteria: in children and adults: cough and fever with scattered or generalized abnormal chest signs: wheeze, coarse rales, rhonchi or moist sounds; in infants (bronchiolitis): dyspnoea and hyperinflation
consider: wheezing R03; cough R05; upper respiratory tract infection R74

R79 Chronic bronchitis*J41, J42*

- excl:** emphysema/chronic obstructive pulmonary (lung, airways) disease R95; bronchiectasis R99
criteria: cough with sputum on most days for at least 3 months in each of at least 2 years; and scattered rales/rhonchi on auscultation of the chest during these episodes
consider: cough R05; abnormal sputum/phlegm R25; bronchitis NOS R78

R80 Influenza*J10.1, J10.8, J11.1, J11.8*

- incl:** influenza-like illness, para-influenza
excl: gastric flu D70; influenza pneumonia R81
criteria: myalgia and cough without abnormal respiratory physical signs other than inflammation of nasal mucous membrane and throat, plus three or more of the following: sudden onset (within 12 h); rigors/chills/fever; prostration and weakness; influenza in close contacts; influenza epidemic; or viral culture/serological evidence of influenza virus infection
consider: fever A03; virus infection NOS A77; upper respiratory tract infection R74

R81 Pneumonia*A48.1, J10.0, J11.0, J12 to J18*

- incl:** bacterial/viral pneumonia, bronchopneumonia, influenzal pneumonia, Legionnaire's disease, pneumonitis
- excl:** aspiration pneumonia R99
- criteria:** evidence of pulmonary consolidation
- consider:** cough R05; acute bronchitis R78

R82 Pleurisy/pleural effusion*J90, J91, J94, R09.1*

- incl:** pleural inflammatory exudate, pleuritis
- excl:** tuberculosis R70; pneumonia R81; malignant effusion to be coded to origin of malignancy
- criteria:** clinical evidence of pleural exudate; or pleuritic pain accompanied by pleural friction rub; or investigative evidence of inflammatory pleural exudate
- consider:** pleuritic pain R01

R83 Respiratory infection, other*A36, B37.1, B44, B58.3, J05.1, J31, J37, J85, J86*

- incl:** chronic nasopharyngitis, chronic pharyngitis, chronic rhinitis NOS, diphtheria, empyema, epiglottitis, fungal respiratory infection, lung abscess, protozoal infection (without pneumonia)
- excl:** cystic fibrosis T99

R84 Malignant neoplasm bronchus/lung*C33, C34*

- incl:** malignancy of trachea/bronchus/lung
- excl:** malignancy of unknown site A79; a secondary malignancy from known site to be coded to site
- criteria:** characteristic histological appearance
- consider:** unspecified respiratory neoplasm R92

R85 Malignant neoplasm respiratory, other*C09 to C13, C14.0, C14.2, C30.0, C31, C32, C38.4, C39, C45.0*

- incl:** malignancy of larynx/mediastinum/nose/pharynx/pleura/sinus, mesothelioma
- excl:** Hodgkin's disease B72; malignancy of trachea/bronchus/lung R84
- criteria:** characteristic histological appearance
- consider:** unspecified respiratory neoplasm R92

R86 Benign neoplasm respiratory*D14, D19*

- excl:** unspecified respiratory neoplasm R92; nasal polyp R99
- criteria:** characteristic clinical or histological appearance

110 *WONCA International Classification of Primary Care***R87 Foreign body nose/larynx/bronchus** *T17*

- incl:* foreign body in lung
excl: drowning A88; foreign body lodged in oesophagus D79; foreign body in ear H76; aspiration pneumonia R99
criteria: visualization of foreign body directly/endoscopically/using imaging
consider: other complaint of respiratory system R29

R88 Injury respiratory, other*S00.3, S01.2, S03.1, S09.9, S10.0, S17.0, S19.8, S27, T27, T70.1*

- incl:* injury/trauma to nose/respiratory system
excl: drowning A88; fractured nose L76; foreign body in respiratory system R87

R89 Congenital anomaly respiratory *Q30 to Q34*

- incl:* congenital abnormality of nose/pharynx/trachea/larynx/bronchi/lungs/pleura
excl: cleft lip/palate D81; cystic fibrosis T99

R90 Hypertrophy tonsils/adenoids *J34.8, J35*

- incl:* chronic tonsillitis
excl: acute tonsillitis R76; allergic rhinitis R97

R92 Neoplasm respiratory, unspecified *D02, D38*

- incl:* respiratory neoplasm unspecified as benign or malignant/when histology is not available
excl: secondary neoplasm unknown site A79; malignant respiratory neoplasm R84, R85; benign respiratory neoplasm R86

R95 Chronic obstructive pulmonary disease *J43, J44*

- incl:* chronic obstructive airways (COAD), lung (COLD), pulmonary (COPD) disease, chronic airways limitation (CAL), emphysema
excl: chronic bronchitis R79; asthma R96; bronchiectasis R99; cystic fibrosis T99
criteria: objective evidence of airway obstruction, not/only partially relieved by bronchodilators
consider: other breathing problem R04

R96 Asthma *J45, J46*

- incl:* reactive airways disease, wheezy bronchitis
excl: bronchiolitis R78; chronic bronchitis R79; emphysema R95
criteria: recurrent episodes of reversible acute bronchial obstruction with wheeze/dry cough; or diagnostic test meeting currently accepted criteria for asthma
consider: wheezing R03; cough R05

International Classification of Primary Care-2-Revised 111**R97 Allergic rhinitis** *J30**incl:* hay fever, nasal allergy, vasomotor rhinitis*excl:* upper respiratory tract infection R74; chronic rhinitis NOS R83**R98 Hyperventilation syndrome** *R06.4**criteria:* symptoms related to hyperventilation and relieved by rebreathing expired air*consider:* other breathing problem R04**R99 Respiratory disease, other***J33, J34.1 to J34.3, J34.8, J38, J39, J47, J60 to J70, J80 to J82, J84, J92, J93, J96, J98, J99, Z90.2**incl:* aspiration pneumonia, bronchiectasis, deviated nasal septum, lung complication of other disease, mediastinal disease, nasal polyp, other disease of larynx; pneumoconiosis, pneumothorax, pneumonitis due to allergy/chemicals/dust/fumes/mould, pulmonary collapse, respiratory failure**S Skin****Component 1—Symptoms and complaints****S01 Pain/tenderness of skin** *R20.8**incl:* burning sensation, painful lesion or rash, soreness*excl:* tingling fingers/feet/toes N05; other sensation disturbance N06**S02 Pruritus** *L29.8, L29.9**incl:* skin irritation*excl:* anogenital pruritus D05; dermatitis artefacta S99; vulval pruritus X16; nipple pruritus X20**S03 Warts** *B07**incl:* verrucae*excl:* molluscum contagiosum S95; genital warts X91, Y76**S04 Lump/swelling, localized** *R22.0 to R22.4, R22.9, R23.8**incl:* papule*excl:* insect bite S12; breast lump X19, Y16**S05 Lumps/swellings, generalized** *R22.7, R23.8**incl:* papules/lumps/swellings in multiple sites*excl:* swollen ankles/oedema K07

112 *WONCA International Classification of Primary Care***S06 Rash localized** *L53.9, R21*

incl: blotch, erythema, redness
excl: localized lump/swelling S05

S07 Rash generalized *L53.9, R21*

incl: blotches/erythema/redness occurring in multiple sites
excl: other viral exanthem A76; generalized lumps/swellings skin S05

S08 Skin colour change *L81.0 to L81.3, R23.0 to R23.2, R23.8*

incl: 'circles under eyes', cyanosis, flushing, freckles, pallor
excl: bruise S16; vitiligo S99

S09 Infected finger/toe *L03.0*

incl: paronychia
excl: post-traumatic infection finger/toe S11; tinea S74; monilia/candida S75

S10 Boil/carbuncle *L02*

incl: abscess, furuncle
excl: lymphadenitis B70; perianal boil D95; external auditory meatus H70; boil of nose R73; infected finger/toe, S09; wound infection S11; erysipelas S76; pilonidal abscess S85; hydradenitis S92; boil female external genitalia X99; boil male external genitalia Y99

S11 Skin infection, post-traumatic *T79.3*

incl: infected post-traumatic wound/bite
excl: surgical wound infection A87; erysipelas pyoderma S76; impetigo S84

S12 Insect bite/sting
S00.0, S00.2 to S00.9, S10.1 to S10.9, S20.1, S20.3 to S20.8, S30.7 to S30.9, S40.7, S40.8, S50.7, S50.8, S60.7, S60.8, S70.7, S70.8, S80.7, S80.8, S90.7, S90.8, T09.0, T11.0, T13.0, T14.0

excl: toxic effects non-medical substance A86; infected bite S11; scabies S72; pediculosis S73

S13 Animal/human bite *T14.1*

excl: toxic effects non-medical substance A86; infected bite S11

S14 Burn/scald *T20 to T25, T30 to T32*

incl: burn/scald of all degrees; external chemical burn
excl: sunburn S80

S15 Foreign body in skin

S00.0, S00.2 to S00.9, S10.1 to S10.9, S20.1, S20.3 to S20.8, S30.7 to S30.9, S40.7, S40.8, S50.7, S50.8, S60.7, S60.8, S70.7, S70.8, S80.7, S80.8, S90.7, S90.8, T09.0, T11.0, T13.0, T14.0, T14.1

incl: foreign body under nail

S16 Bruise/contusion

S00.0, S00.8, S00.9, S10.0, S10.8, S10.9, S20.0, S20.2, S30.0, S30.1, S40.0, S50.0, S50.1, S60.0 to S60.2, S70.0, S70.1, S80.0, S80.1, S90.0 to S90.3, T09.0, T11.0, T13.0, T14.0

incl: ecchymosis, haematoma

excl: bruise/contusion with broken skin S17

criteria: bruise/contusion with intact skin surface

S17 Abrasion/scratch/blister

S00.0, S00.7 to S00.9, S10.1 to S10.9, S20.1, S20.3 to S20.8, S30.7 to S30.9, S40.7, S40.8, S50.7, S50.8, S60.7, S60.8, S70.7, S70.8, S80.7, S80.8, S90.7, S90.8, T09.0, T11.0, T13.0, T14.0

incl: bruise with broken skin, graze

S18 Laceration/cut

S01.0, S01.2, S01.4, S01.7 to S01.9, S11, S21, S31.0, S31.1, S31.8, S41, S51, S61, S71, S81, S91, T09.1, T11.1, T13.1, T14.1

incl: laceration/cut of skin/subcutaneous tissues

excl: bite S13; bruise with broken skin S17

S19 Skin injury, other

S00.0, S00.7 to S00.9, S10.1 to S10.9, S20.1, S20.3 to S20.8, S30.7 to S30.9, S40.7 to S40.9, S50.7 to S50.9, S60.7 to S60.9, S70.7 to S70.9, S80.7 to S80.9, S90.7 to S90.9, T09.0, T11.0, T13.0, T14.0, T14.1

incl: avulsion nail, needle stick, puncture

excl: bite S13

S20 Corn/callosity*L84*

excl: hyperkeratosis S80

S21 Skin texture symptom/complaint*R23.4*

incl: dry skin, peeling, scaling, wrinkles

excl: sweating problem A09; scalp symptom/complaint S24; ichthyosis S83; sweat gland disease S92; vulval symptom/complaint X16

114 *WONCA International Classification of Primary Care***S22 Nail symptom/complaint** *L60.1, L60.4, L60.5, L60.9, L62, R68.3*

incl: clubbing
excl: paronychia S09; ingrowing nail S94

S23 Hair loss/baldness *L63 to L66*

incl: alopecia

S24 Hair/scalp symptom/complaint, other *L67, L68*

incl: dry scalp, hirsutism
excl: tricotillomania P29; folliculitis S10; hair loss/baldness S23; dandruff S86

S26 Fear of cancer of skin *Z71.1*

excl: if the patient has the disease, code the disease
criteria: concern about/fear of cancer of skin in a patient without the disease/until the diagnosis is proven

S27 Fear of skin disease, other *Z71.1*

excl: fear of cancer of skin S26; if the patient has the disease, code the disease
criteria: concern about/fear of having other skin disease in a patient without the disease/until the diagnosis is proven

S28 Limited function/disability (S) *Z73.6*

criteria: limitation of function/disability due to a skin problem
Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

S29 Skin symptom/complaint, other *R23.3, R23.8*

incl: cellulite, petechiae, problems with umbilicus, sore(s)
excl: scar S99

Component 7—Diagnosis/diseases**S70 Herpes zoster** *B02*

incl: post-herpetic neuralgia, shingles, herpes zoster ophthalmicus
criteria: grouped vesicular eruptions, unilateral distribution, over area of a single dermatome
consider: skin pain S01; localized rash S06

S71 Herpes simplex**B00.0, B00.1, B00.2, B00.8, B00.9****incl:** cold sore, fever blister**excl:** herpes simplex of eye without corneal ulcer F73; genital herpes X90, Y72**criteria:** vesicles with erythematous base in localized area(s); plus past history of similar lesions, or virological or serological evidence**consider:** localized rash S06**S72 Scabies/other acariasis****B86, B88.0, B88.2****criteria:** intensely pruritic skin lesions plus arrays of burrows on sides of palms, fingers, penis, or skin folds; or demonstration of parasites or ova in lesions**consider:** pruritus S02**S73 Pediculosis/skin infestation, other****B85, B87, B88.1, B88.3, B88.8, B88.9****incl:** fleas, lice, mites, ticks**excl:** infected insect bites S11; insect bites S12**criteria:** demonstration of nits on hair shafts or insects on skin/clothes**consider:** pruritus S02; localized rash S06**S74 Dermatophytosis****B35, B36****incl:** fungal skin infection, onychomycosis, pityriasis versicolor, ringworm, tinea**excl:** monilia/candida S75**criteria:** pruritic scaly lesions with central clearing and small vesicles at border; or demonstration of fungus**S75 Moniliasis/candidiasis skin****B37.2****incl:** monilial intertrigo, thrush involving nails/perianal region/skin**excl:** oral thrush D83; genital candidiasis X72, Y75**S76 Skin infection, other****A46, A66, A67, L03.1 to L03.3, L03.8, L03.9, L08, L98.0****incl:** cellulitis, erysipelas, pyoderma, strep skin infection**excl:** boil/carbuncle S10; other localized skin infection S11; impetigo S84; molluscum contagiosum S95; acne S96**S77 Malignant neoplasm of skin****C43, C44, C46.0****incl:** basal cell carcinoma, malignant melanoma, rodent ulcer, squamous cell carcinoma of skin**excl:** premalignant lesion of skin S79*(cont.)*

116 *WONCA International Classification of Primary Care***criteria:** characteristic histological appearance**consider:** other malignant neoplasm (when primary site is uncertain) A79; neoplasm of skin unspecified as benign or malignant/when histology is not available S79**S78 Lipoma***D17***S79 Neoplasm skin, benign/unspecified***D03, D04, D23, D48.5***incl:** benign skin neoplasm, skin neoplasm not specified as benign or malignant/when histology is not available, dermoid cyst, premalignant lesion**excl:** residual haemorrhoidal skin tag K96; solar keratosis S80; haemangioma S81; mole/pigmented naevus S82; keloid, hyperkeratosis, seborrhoeic/senile warts S99**S80 Solar keratosis/sunburn***L55 to L59***incl:** photosensitivity, radiation skin damage, senile keratosis, solar hyperkeratosis, polymorphous light eruption**excl:** skin damage due to human-made radiation A87, A88**S81 Haemangioma/lymphangioma***D18***incl:** angiomatous birthmark, portwine stain**criteria:** vascular or lymphatic tumour, elevated above skin and emptying on pressure**consider:** localized swelling S04**S82 Naevus/mole***D22***S83 Congenital skin anomaly, other***Q80 to Q82, Q84***incl:** birthmark, ichthyosis**excl:** haemangioma/lymphangioma S81**S84 Impetigo***L00, L01***incl:** impetigo secondary to other dermatosis**criteria:** spreading skin lesion consisting of macules, vesicles, pustules, or crust with underlying raw area**consider:** other localized skin infection S11**S85 Pilonidal cyst/fistula***L05***incl:** pilonidal abscess**excl:** dermoid cyst S79**S86 Dermatitis, seborrhoeic***L21***incl:** cradle cap, dandruff*(cont.)*

- excl:** seborrhoeic warts S99
- criteria:** greasy, scaly lesions with underlying erythema on one or more areas of scalp, face, sternum, interscapular areas, around umbilicus and in body folds, not attributable to other skin disease
- consider:** localized rash S06; generalized rash S07

S87 Dermatitis, atopic eczema**L20**

- incl:** flexural dermatitis, infantile eczema
- excl:** dermatitis/atopic eczema affecting external auditory meatus only H70; allergic dermatitis S88; diaper rash S89
- criteria:** pruritic exudative lesions with/without lichenification over face and neck, wrists and hands, chest, back of knees, and front of elbow
- consider:** pruritus S02; localized rash S06; generalized rash S07

S88 Dermatitis, contact/allergic**L23 to L25, L27.2, L27.8, L27.9, L30.0, L30.3, L30.4, L30.8, L30.9**

- incl:** allergic dermatitis, chemical dermatitis, dermatitis NOS, eczema NOS, intertrigo, plant sting, skin allergy
- excl:** allergy/allergic reaction unspecified A92; contact/other dermatitis of eyelid F72; contact/other dermatitis of external auditory meatus H70; atopic eczema S87; diaper rash S89; urticaria S98; dermatitis artefacta/neurodermatitis S99
- criteria:** pruritic erythematous lesions related to exposure to chemical substance
- consider:** pruritus S02; localized rash S06; generalized rash S07

S89 Diaper rash**L22**

- criteria:** dermatitis, primarily of the diaper area and sparing creases

S90 Pityriasis rosea**L42**

- criteria:** oval, scaly eruptions along skin tension lines of trunk, with a history of a solitary lesion preceding presenting rash
- consider:** localized rash S06; generalized rash S07

S91 Psoriasis**L40**

- criteria:** plaques with silvery scales on knees, elbows, or scalp and/or stippled/pitted nails
- Note:** Double code psoriatic arthritis L99.

S92 Sweat gland disease**L30.1, L73.2, L74, L75**

- incl:** dyshidrosis, heat rash, hydradenitis, miliaria, pompholyx, prickly heat, sweat rash
- excl:** hyperhidrosis A09

- 118 *WONCA International Classification of Primary Care*
- S93 Sebaceous cyst** *L72.1*
- incl:* wen
- S94 Ingrowing nail** *L60.0*
- excl:* paronychia S09
- S95 Molluscum contagiosum** *B08.1*
- S96 Acne** *L70*
- incl:* blackheads, comedones, pimples
- excl:* acne due to medication A85
- S97 Chronic ulcer skin** *183.0, 183.2, L89, L97, L98.4*
- incl:* bedsore, decubitus ulcer, pressure sore, varicose ulcer
- excl:* gangrene K92
- S98 Urticaria** *L50*
- incl:* hives, weals
- excl:* drug allergy A85; angioedema/allergic oedema A92
- S99 Skin disease, other**
- L10 to L14, L26, L28, L30.2, L30.5, L41, L43 to L45, L51, L52, L53.0 to L53.3, L53.8, L54, L60.2, L60.3, L60.8, L71, L72.0, L72.2, L72.8, L72.9, L73.0, L73.1, L73.8, L73.9, L80, L81.4 to L81.9, L82, L83, L85 to L88, L90 to L95, L98.1 to L98.3, L98.5 to L98.9, L99*
- incl:* dermatitis artefacta, discoid lupus erythematosus, erythema multiforme, erythema nodosum, folliculitis, granuloma, granuloma annulare, hyperkeratosis NOS, keloid, keratoacanthoma, lichen planus, neurodermatitis, onychogryphosis, rosacea, pigmentation, rhinophyma, scar, seborrhoeic or senile warts, striae atrophicae, vitiligo

T Endocrine, metabolic and nutritional

Component—Symptoms and complaints

- T01 Excessive thirst** *R63.1*
- incl:* polydipsia

International Classification of Primary Care-2-Revised 119

T02 Excessive appetite **R63.2**

incl: overeating, polyphagia

excl: bulimia P86

T03 Loss of appetite **R63.0**

incl: anorexia

excl: anorexia nervosa P86

T04 Feeding problem of infant/child **R63.3**

incl: problem of what and how to eat/feed infant/child

excl: food allergy A92; food intolerance D99; feeding problem/eating disorders with psychological cause P11

T05 Feeding problem of adult **R63.3**

incl: problem of what and how to eat/feed adult

excl: food allergy A92; dysphagia D21; food intolerance D99; psychological eating disorders/food refusal P29; anorexia/bulimia nervosa P86; loss of appetite T03

T07 Weight gain **R63.5**

excl: obesity T82; overweight T83

T08 Weight loss **R63.4, R64**

incl: cachexia

excl: anorexia nervosa P86

T10 Growth delay **E34.3, R62.8, R62.9**

incl: failure to thrive, physiological delay growth

excl: delayed milestones P22; learning disorder P24; mental retardation P85; delayed puberty T99

T11 Dehydration **E86**

incl: water depletion

excl: salt depletion/electrolyte disturbance T99

T26 Fear of cancer of endocrine system **Z71.1**

excl: if the patient has the disease, code the disease

criteria: concern about/fear of cancer of endocrine system in a patient without the disease/until the diagnosis is proven

120 *WONCA International Classification of Primary Care***T27 Fear of endocrine/metabolic disease, other** *Z71.1**incl:* fear of diabetes*excl:* fear of cancer of endocrine system T26; if the patient has the disease, code the disease*criteria:* concern about/fear of other endocrine/metabolic/nutritional disease in a patient without the disease/until the diagnosis is proven**T28 Limited function/disability (T)** *Z73.6**criteria:* limited function/disability due to a problem of the endocrine/metabolic/nutritional system*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**T29 Endocrine/metabolic/nutritional symptom/complaint, other** *R63.8**incl:* specific food craving, underweight*excl:* hyperglycaemia A91; fluid retention K07**Component 7—Diagnosis/diseases****T70 Endocrine infection** *E06.0**excl:* thyroiditis T99**T71 Malignant neoplasm thyroid** *C73**criteria:* characteristic histological appearance*consider:* other/unspecified endocrine neoplasm T73; goitre T81**T72 Benign neoplasm thyroid** *D34**excl:* other/unspecified endocrine neoplasm T73; goitre T81**T73 Neoplasm endocrine, other/unspecified** *C74, C75, D09.3, D35, D44***T78 Thyroglossal duct/cyst** *Q89.2**excl:* goitre T81**T80 Congenital anomaly endocrine/metabolic** *E00, Q89.1, Q89.2**incl:* cretinism, dwarfism*excl:* thyroglossal duct (cyst) T78

International Classification of Primary Care-2-Revised 121

T81 Goitre **E04**

- incl:* non-toxic goitre, thyroid nodule
excl: neoplasm of thyroid gland T71–T73; thyroglossal cyst T78; toxic goitre T85; hypothyroidism T86

T82 Obesity **E66**

- excl:* overweight T83
criteria: a body mass index greater than 30

T83 Overweight **E66**

- excl:* obesity T82
criteria: a body mass index greater than 25 but less than 30

T85 Hyperthyroidism/thyrotoxicosis **E05**

- incl:* Graves' disease, toxic goitre
excl: non-toxic goitre T81
criteria: laboratory evidence of excessive thyroid hormone; or thyroid nodule or goitre plus tremor, weight loss, and rapid pulse (over 100/min at rest) or eye signs (exophthalmos, lid lag, or ophthalmoplegia)

T86 Hypothyroidism/myxoedema **E01 to E03**

- excl:* cretinism T80
criteria: laboratory evidence of diminished thyroid hormone activity and excessive thyroid stimulating hormone; or four or more of the following: weakness/tiredness; mental changes: apathy, poor memory, slowing; voice changes: coarser, deeper slower speech; undue sensitivity to cold; constipation; coarse puffy facial features; cool dry, sallow skin, decreased sweating; peripheral oedema
consider: other complaint of metabolism T29

T87 Hypoglycaemia **E15, E16.0 to E16.3, E16.9**

- incl:* hyperinsulism, insulin coma
criteria: hypoglycaemia demonstrated by biochemical testing, or characteristic symptoms in a diabetic patient relieved by ingestion or injection of sugar

T89 Diabetes, insulin dependent **E10**

- incl:* juvenile-onset diabetes, type 1 diabetes
excl: drug-induced hyperglycaemia A85; hyperglycaemia as isolated finding A91; non-insulin dependent diabetes T90; gestational diabetes W85

(cont.)

criteria: patient requiring regular ongoing treatment with insulin after diagnosis confirmed by one of the following:

- (a) the classic symptoms of diabetes, such as polyuria, polydipsia, and rapid weight loss, together with unequivocal elevation of plasma glucose
- (b) fasting blood glucose levels of 8 mmol/L (140 mg/dL) or more on two or more occasions
- (c) random blood glucose levels of 11 mmol/L (200 mg/dL) or more on two or more occasions
- (d) an oral glucose tolerance test (75 g glucose) with one value of plasma glucose concentration at between 1 and 2 h of 11 mmol/L (200 mg/dL) or more, and plasma glucose level at 2 h of 11 mol/L (200 mg/dL) or more; these WHO criteria may change over time; also, criteria differences may exist between national health care systems

Note: (1) Double code complications such as retinopathy F83, nephropathy U88; (2) in pregnancy, double code with W84.

T90 Diabetes, non-insulin dependent

E11 to E14

incl: diabetes NOS, late-onset diabetes, type 2 diabetes

excl: drug-induced hyperglycaemia A85; hyperglycaemia as isolated finding A91; insulin-dependent diabetes T89; gestational diabetes W85

criteria: patient not requiring regular ongoing treatment with insulin after diagnosis confirmed by one of the following:

- (a) the classical symptoms of diabetes, such as polyuria, polydipsia, and rapid weight loss, together with unequivocal increase in plasma glucose concentration
- (b) fasting blood glucose level of 8 mmol/L (140 mg/dL) or more on two or more occasions
- (c) random blood glucose level of 11 mmol/L (200 mg/dL) or more on two or more occasions
- (d) an oral glucose tolerance test (75 g glucose) one value of plasma glucose concentration at between 1 and 2 h of 11 mmol/L (200 mg/dL) or more and plasma glucose level at 2 h of 11 mol/L (200 mg/dL) or more; these WHO criteria may change over time; also, criteria differences may exist between national health care systems

Note: (1) Double code complications such as retinopathy F83, nephropathy U88; (2) in pregnancy, double code with W84.

T91 Vitamin/nutritional deficiency

*E40 to E46, E50, E51.1, E51.8, E51.9, E52 to E56,
E58 to E61, E63, E64*

incl: beri-beri, dietary mineral deficiency, iron deficiency without anaemia, malnutrition, marasmus, scurvy *(cont.)*

excl: iron deficiency anaemia B80; pernicious anaemia B81; malabsorption syndrome/sprue D99

T92 Gout

M10

excl: drug-induced gout A85; raised uric acid A91; pseudo-gout/other crystal arthropathy T99

T93 Lipid disorder

E78

incl: abnormality of lipoprotein level, hyperlipidaemia, raised level of cholesterol/triglycerides, xanthoma

T99 Endocrine/metabolic/nutritional disease, other

E06.1 to E06.5, E06.9, E07, E16.8, E20 to E32, E34.0 to E34.2, E34.4 to E34.9, E35, E65, E67, E68, E70 to E77, E79, E80, E83 to E85, E87, E88, E90, M11, M83

incl: acromegaly, adrenal/ovarian/pituitary/parathyroid/testicular/other endocrine dysfunction, amyloidosis, crystal arthropathy, Cushing's syndrome, cystic fibrosis, diabetes insipidus, Gilbert's syndrome, hyperaldosteronism, osteomalacia, porphyria, precocious/delayed puberty, pseudo-gout, renal glycosuria, thyroiditis

excl: food allergy A92; food intolerance D99; osteoporosis L95

U Urinary system

Component 1—Symptoms and complaints

U01 Dysuria/painful urination

R30

incl: burning urination

excl: frequent/urgent urination U02; urethritis U72

U02 Urinary frequency/urgency

R35

incl: nocturia, polyuria

U04 Incontinence urine

N39.3, N39.4, R32

incl: enuresis of organic origin, involuntary urination, stress incontinence

excl: urine incontinence of psychogenic origin P12

U05 Urination problems, other

R34, R39.1

incl: anuria, dribbling urine, oliguria

excl: urinary retention U08

124 *WONCA International Classification of Primary Care***U06 Haematuria***N02, R31**incl:* blood in urine*criteria:* blood in urine proven by macroscopic/microscopic/chemical test**U07 Urine symptom/complaint, other***R39.8**incl:* bad odour of urine, dark urine*excl:* abnormal urine test U98**U08 Urinary retention***R33***U13 Bladder symptom/complaint, other***R39.0, R39.8**incl:* bladder pain, irritable bladder**U14 Kidney symptom/complaint***N23**incl:* kidney pain, kidney trouble, renal colic*excl:* loin/flank pain L05**U26 Fear of cancer of urinary system***Z71.1**excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of urinary cancer in a patient without the disease/until the diagnosis is proven**U27 Fear of urinary disease, other***Z71.1**excl:* fear of cancer of urinary system U26; if the patient has the disease, code the disease*criteria:* concern about/fear of other urinary disease in a patient without the disease/until the diagnosis is proven**U28 Limited function/disability (U)***Z73.6, Z99.2**incl:* renal transplant, slow stream*excl:* urinary incontinence U04*criteria:* limitation of function/disability due to a urinary problem*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**U29 Urinary symptom/complaint, other***R39.8**excl:* irritable bladder/bladder pain U13; kidney symptom/complaint U14

Component 7—Diagnosis/diseases

U70 Pyelonephritis/pyelitis

N10 to N12, N15.1, N15.9

- incl:** infection of kidney, renal/perinephric abscess
criteria: two or more of the following: flank pain, renal tenderness, investigation evidence of chronic renal damage; plus clinical or laboratory evidence of urinary tract infection
consider: cystitis/other urinary infection U71

U71 Cystitis/urinary infection, other

N30, N39.0

- incl:** acute/chronic cystitis (non-venereal), asymptomatic bacteriuria, lower urinary tract infection, urinary tract infection NOS
excl: pyelonephritis U70; urethritis U72; vaginitis X84; balanitis Y75
Note: In pregnancy, also code W84.

U72 Urethritis

A56.0, A56.2, A59.0, B37.4, N34

- incl:** chlamydial urethritis in man, non-specific urethritis, urethral syndrome, meatitis
excl: gonococcal urethritis female X71; urethritis chlamydial female X92; urethritis trichomonal female X73; gonococcal urethritis male Y71
criteria: urethral discharge with frequency, burning, pain or urgency on urination without bacteruria by microscopy or culture; or inflammation of external urinary meatus
consider: painful urination U01; frequent/urgent urination U02; irritable bladder U13; urethral discharge X29, Y03

U75 Malignant neoplasm kidney

C64, C65

- criteria:** characteristic histological appearance
consider: neoplasm urinary tract NOS U79

U76 Malignant neoplasm bladder

C67

- criteria:** characteristic histological appearance
consider: neoplasm urinary tract NOS U79

U77 Malignant neoplasm urinary, other

C66, C68

- incl:** malignant neoplasm ureter, malignant neoplasm urethra
excl: malignant neoplasm prostate Y77
criteria: characteristic histological appearance
consider: neoplasm urinary tract NOS U79

126 *WONCA International Classification of Primary Care***U78 Benign neoplasm urinary tract****D30**

- incl:** bladder papilloma, polyp of urinary tract
excl: prostatic hypertrophy Y85
criteria: characteristic histological appearance
consider: neoplasm urinary tract NOS U79

U79 Neoplasm urinary tract, unspecified**D09.0, D09.1, D41**

- incl:** neoplasm of bladder/kidney/ureter/urethra not specified as benign or malignant/when histology is not available
excl: malignant neoplasm kidney U75; malignant neoplasm bladder U76; other malignant urinary neoplasm U77; benign urinary neoplasm U78

U80 Injury urinary tract**S37.0 to S37.3, T19.0, T19.1, T28.3, T28.8**

- incl:** contusion kidney, foreign body in urinary tract

U85 Congenital anomaly urinary tract**Q60 to Q64**

- incl:** duplex kidney/ureter, congenital polycystic kidney

U88 Glomerulonephritis/nephrosis**N00, N01, N03 to N05, N07, N08, N14, N15.0, N15.8, N16**

- incl:** acute glomerulonephritis, analgesic nephropathy, chronic glomerulonephritis, nephritis, nephropathy, nephrosclerosis, nephrotic syndrome
excl: renal failure U99
criteria: three or more of the following: haematuria, proteinuria, renal salt and water retention, decreased renal function, persistent urinary sediment abnormalities; or renal biopsy evidence
consider: abnormal urine test result U98; kidney symptom/complaint U14

U90 Orthostatic albuminuria/proteinuria**N39.2**

- incl:** postural proteinuria
criteria: albuminuria following ambulation, no albuminuria following overnight recumbency and no evidence of renal disease
consider: proteinuria NOS U98

U95 Urinary calculus**N20 to N22**

- incl:** calculus/stone in bladder/kidney/ureter, urolithiasis
criteria: colicky pain and either haematuria or history of urinary stone in the past; or passage of calculus; or imaging evidence of calculus
consider: blood in urine U06; renal colic U14; other urinary symptom U29; abnormal urine test U98

U98 Abnormal urine test NOS*N39.1, R80 to R82**incl:* glycosuria, proteinuria, pus in urine, pyuria*excl:* haematuria/blood in urine U06; orthostatic albuminuria/proteinuria U90**U99 Urinary disease, other***N06, N13, N17 to N19, N25 to N29, N31 to N33, N35 to N37, N39.8, N39.9, R39.2, T19.8, T19.9, Z90.5, Z90.6**incl:* bladder diverticulum, hydronephrosis, hypertrophic kidney, obstruction bladder neck, renal failure, urethral caruncle, urethral stricture, ureteric reflux, uraemia**W Pregnancy, childbearing, family planning****Component 1—Symptoms and complaints****W01 Question of pregnancy***Z32.0**incl:* delayed menstruation, symptoms suggestive of pregnancy*excl:* fear of pregnancy W02; pregnancy confirmed W78, W79**W02 Fear of pregnancy***Z71.1**incl:* concern about possibility of unwanted pregnancy*excl:* concern/fear if unwanted pregnancy confirmed W79**W03 Antepartum bleeding***O20, O46***W05 Pregnancy vomiting/nausea***O21**incl:* hyperemesis, morning sickness in confirmed pregnancy**W10 Contraception, post-coital***Z30.3**incl:* morning after pill**W11 Contraception, oral***Z30.4**incl:* family planning in woman using oral hormonal therapy**W12 Contraception, intrauterine***Z30.1, Z30.5**incl:* family planning using IUD**W13 Sterilization female***Z30.2**incl:* family planning involving female sterilization

128 *WONCA International Classification of Primary Care***W14 Contraception female, other** *Z30.0, Z30.8, Z30.9*

- incl:* contraception NOS, family planning NOS
excl: genetic counselling A98; oral contraception W11; IUD W12; family planning by female sterilization W13

W15 Infertility/subfertility female *N97, Z31.0 to Z31.4, Z31.6 to Z31.9*

- incl:* sterility, primary and secondary
criteria: failure to conceive after 2 years of trying
consider: other symptom/complaint about pregnancy W29

W17 Post-partum bleeding *O72*

- criteria:* heavy bleeding at or within 6 weeks of parturition
consider: other post-partum complaints W18

W18 Post-partum symptom/complaint, other *O90.9*

- excl:* puerperal depression P76; post-partum bleeding W17; lactation complaints W19; complications of puerperium W96
criteria: complaints related to and within 6 weeks of parturition

W19 Breast/lactation symptom/complaint *O92.5 to O92.7*

- incl:* galactorrhoea, suppression of lactation, weaning
excl: puerperal mastitis W94; cracked nipples W95

W21 Concern about body image related to pregnancy *R46.8***W27 Fear of complications of pregnancy** *Z71.1*

- incl:* fear of congenital anomaly in baby
excl: if the patient has the complication, code the complication
criteria: concern about/fear of complications in a patient without them/until they are proven

W28 Limited function/disability (W) *Z73.6*

- incl:* pelvic instability
criteria: limitation of function/disability due to or related to pregnancy
Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

W29 Pregnancy symptom/complaint, other *O26*

- incl:* family planning symptom/complaint, other

Component 7—Diagnoses

W70 Puerperal infection/sepsis

O85, O86.1, O86.3

excl: obstetric tetanus N72

criteria: infection of birth canal or reproductive organs within 6 weeks of parturition

W71 Other infection complicating pregnancy/puerperium

O23, O41.1, O75.2, O75.3, O86.2, O86.4, O86.8, O98

excl: puerperal infection W70; puerperal mastitis W94

W72 Malignant neoplasm related to pregnancy

C58

incl: chorioepithelioma, choriocarcinoma

W73 Benign/unspecified neoplasm related to pregnancy

O01

incl: benign neoplasm related to pregnancy, neoplasm related to pregnancy not specified as benign or malignant/when histology is not available, hydatidiform mole

W75 Injury complicating pregnancy

T14.9

incl: results of injury interfering with pregnancy

excl: new injury caused by childbirth W92, W93

W76 Congenital anomaly complicating pregnancy

O99.8

incl: maternal anomaly that could affect pregnancy/childbirth

W78 Pregnancy

Z32.1, Z33, Z34, Z36

incl: pregnancy confirmed

excl: unwanted pregnancy W79; ectopic pregnancy W80; high risk pregnancy W84

W79 Unwanted pregnancy

Z32.1, Z64.0

W80 Ectopic pregnancy

O00

criteria: confirmation by ultrasonography, laparoscopy, culdoscopy or surgery

consider: antepartum bleeding W03, other symptom/complaint in pregnancy W29

W81 Toxaemia of pregnancy

O10 to O16

incl: eclampsia, hypertension, oedema and proteinuria in pregnancy, pre-eclampsia

consider: other symptom/complaint in pregnancy W29

130 *WONCA International Classification of Primary Care***W82 Abortion, spontaneous** *O02, O03, O05, O06*

- incl:* abortion threatened/complete/incomplete/missed/habitual, miscarriage
excl: ante-partum bleeding W03; induced abortion W83; premature contractions after the 28th week of pregnancy W92; fetal death/stillbirth after the 28th week of pregnancy W93

W83 Abortion, induced *O04, Z30.3*

- incl:* termination of pregnancy, all complications

W84 Pregnancy high risk

O24.0 to O24.3, O24.9, O25, O30 to O36, O40, O43, O44, O99.0 to O99.7, Z35

- incl:* aged primipara, anaemia of pregnancy, diabetes/other pre-existing chronic disease affecting pregnancy, disproportion, hydramnios, malpresentation, multiple pregnancy, placenta praevia, previous caesarian section, premature labour, small fetus for age
excl: infections complicating pregnancy W71; ectopic pregnancy W80; toxemia of pregnancy W81; gestational diabetes W85

W85 Gestational diabetes *O24.4*

- incl:* diabetes manifested during pregnancy
excl: pre-existing diabetes T89, T90
criteria: fasting plasma glucose level over 5.5 mmol/L and/or plasma glucose level greater than 8.0 mmol/L 2 h after a 75-g oral glucose tolerance test
consider: hyperglycaemia A91

W90 Uncomplicated labour/delivery, livebirth *O80, Z37.0, Z37.9, Z38, Z39***W91 Uncomplicated labour/delivery, stillbirth** *Z37.1, Z37.9***W92 Complicated labour/delivery, livebirth**

O42, O45, O60 to O71, O73, O75.0, O75.1, O75.4 to O75.9, O81 to O84, Z37.2, Z37.5, Z37.9, Z38, Z39

- incl:* livebirth after complicated delivery: assisted extraction, breech delivery, caesarian section, dystocia, induction of labour, injuries caused by child-birth, placenta praevia in delivery, version
excl: post-partum haemorrhage W17; eclampsia W81

W93 Complicated labour/delivery, stillbirth

O42, O45, O60 to O71, O73, O75.0, O75.1, O75.4 to O75.9, O81 to O84, Z37.1, Z37.3, Z37.4, Z37.6, Z37.7, Z37.9

- incl:* stillbirth after complicated delivery: assisted extraction, breech delivery, caesarian section, dystocia, induction of labour, injuries caused by child-birth, placenta praevia in delivery, version
excl: post-partum haemorrhage W17; eclampsia W81

International Classification of Primary Care-2-Revised 131**W94 Puerperal mastitis** 091*incl:* breast abscess*criteria:* pain, inflammation of breast within 6 weeks of parturition or while lactating*consider:* disorders of lactation W19**W95 Breast disorder in pregnancy/puerperium, other** 092.0 to 092.4*incl:* breast disorder in puerperium, cracked nipple*excl:* disorders of lactation W19; mastitis W94; breast problem not related to pregnancy/lactation X21**W96 Complications of puerperium, other** 087, 090.4, 090.8, 090.9*excl:* puerperal depression P76; puerperal psychosis P98; puerperal infection W70; toxæmia of pregnancy W81; breast disorder in pregnancy W95**W99 Disorder of pregnancy/delivery, other**
007, 008, 022, 026, 028, 041.0, 041.8, 041.9, 047, 048,
088, 090.5, 095 to 097*excl:* pseudocyesis P75**X Female genital system (including breast)****Component 1—Symptoms and complaints****X01 Genital pain female** N94.8*incl:* pelvic pain, vulval pain*excl:* menstrual pain X02; dyspareunia female X04; breast pain female X18**X02 Menstrual pain** N94.4 to N94.6*incl:* dysmenorrhoea**X03 Intermenstrual pain** N94.0*incl:* Mittelschmerz, ovulation pain**X04 Painful intercourse female** N94.1, N94.2*incl:* female dyspareunia, vaginismus NOS*excl:* psychogenic sexual problems P07, P08**X05 Menstruation absent/scanty** N91*incl:* amenorrhoea, delayed/late menses, oligomenorrhoea*excl:* question of pregnancy W01; fear of pregnancy W02

132 *WONCA International Classification of Primary Care***X06 Menstruation excessive** *N92.0, N92.2, N92.4**incl:* menorrhagia, pubertal bleeding**X07 Menstruation irregular/frequent** *N92.0, N92.1, N92.5, N92.6**incl:* polymenorrhoea*excl:* menorrhagia/pubertal bleeding X06**X08 Intermenstrual bleeding** *N92.3, N93.8, N93.9**incl:* breakthrough bleeding, dysfunctional uterine bleeding, metrorrhagia, ovulation bleeding, spotting*excl:* post-menopausal bleeding X12; post-coital bleeding X13**X09 Premenstrual symptom/complaint** *N94.8, N94.9**excl:* premenstrual tension syndrome X89**X10 Postponement of menstruation** *Z30.9**criteria:* postponement of the expected regular menstruation by hormonal treatment**X11 Menopausal symptom/complaint** *N95.1 to N95.3, N95.8, N95.9**incl:* atrophic vaginitis, menopause syndrome, symptom/complaint related to menopause, senile vaginitis*excl:* post-menopausal bleeding X12**X12 Post-menopausal bleeding** *N95.0**criteria:* vaginal bleeding following either at least 6 months' amenorrhoea or demonstration of menopause by appropriate laboratory test*consider:* irregular menstruation X07**X13 Post-coital bleeding** *N93.0**incl:* contact bleeding**X14 Vaginal discharge** *N89.8**incl:* fluor vaginalis, leukorrhoea*excl:* vaginal bleeding X06, X07, X08; atrophic vaginitis X11; gonorrhoea female X71; urogenital candidiasis female X72; urogenital trichomoniasis female X73; chlamydia genital female X92

X15 Vaginal symptom/complaint, other**N89.8, N89.9***incl:* vaginal dryness*excl:* female genital pain X01; organic vaginismus X04; atrophic vaginitis X11**X16 Vulval symptom/complaint****L29.2, N90.9***incl:* vulval pruritus, vulval dryness*excl:* vulval pain X01; abscess vulva X99**X17 Pelvis symptom/complaint female****N94.8, N94.9***excl:* genital pain female X01**X18 Breast pain female****N64.4***incl:* mastodynia*excl:* breast pain in pregnancy/lactation W19**X19 Breast lump/mass female****N63***incl:* lumpy breasts**X20 Nipple symptom/complaint female****N64.0, N64.5***incl:* nipple discharge, nipple fissure, nipple pain/pruritus, nipple retraction*excl:* nipple symptom/complaint in pregnancy/lactation W19**X21 Breast symptom/complaint female, other****N61, N62, N64.3, N64.5, N64.8, N64.9***incl:* mastitis (non-lactating), mastopathy, galactorrhoea*excl:* mastitis (lactating) W94**X22 Concern about breast appearance female****R46.8****X23 Fear of sexually transmitted disease female****Z71.1***excl:* fear of HIV/AIDS B25; if the patient has the disease, code the disease*criteria:* concern about/fear of sexually transmitted disease in a patient without the disease/until the diagnosis is proven**X24 Fear of sexual dysfunction female****Z71.1***excl:* sexual dysfunction P07, P08*criteria:* concern about/fear of sexual dysfunction in a patient without sexual dysfunction

134 *WONCA International Classification of Primary Care***X25 Fear of genital cancer female** *Z71.1**excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of female genital cancer in a patient without the disease/ until the diagnosis is proven**X26 Fear of breast cancer female** *Z71.1**excl:* if the patient has the disease, code the disease*criteria:* concern about/fear of female breast cancer in a patient without the disease/until the diagnosis is proven**X27 Fear genital/breast disease female, other** *Z71.1**excl:* fear of female genital cancer X25; fear of female breast cancer X26; if the patient has the disease, code the disease*criteria:* concern about/fear of other female genital/breast disease in a patient without the disease/until the diagnosis is proven**X28 Limited function/disability (X)** *Z73.6, Z90.7**excl:* sexual dysfunction P07, P08; painful intercourse female/vaginismus X04*criteria:* limitation of function/disability due to a problem of the female genital system (including breast)*Note:* The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**X29 Genital symptom/complaint female, other** *N94.8, N94.9, R36**incl:* urethral discharge in female**Component 7—Diagnosis/diseases****X70 Syphilis female** *A50 to A53, A65, N74.2**incl:* syphilis any site*criteria:* demonstration of *Treponema pallidum* on microscopy, or positive serological test for syphilis**X71 Gonorrhoea female** *A54, N74.3**incl:* gonorrhoea any site*criteria:* purulent vaginal discharge in a patient after a contact with a proven case; or Gram-negative intracellular diplococci demonstrated in discharge; or culture of *Neisseria gonorrhoea**consider:* urethritis U72; urethral discharge female X29

X72 Genital candidiasis female**B37.3, B37.4**

- incl:** monilial infection of vagina/cervix, thrush
criteria: inflamed urogenital mucosa or skin with characteristic white adherent exudate; or demonstration of candida
consider: vaginal discharge X14; vaginitis X84

X73 Genital trichomoniasis female**A59.0**

- criteria:** characteristic foul-smelling discharge; or demonstration of trichomonads on microscopy
consider: vaginal discharge X14; vaginitis X84

X74 Pelvic inflammatory disease**N70, N71, N73, N74.8**

- incl:** endometritis, oophoritis, salpingitis
excl: sexually transmitted diseases female X70–X73; chlamydia infection female X92
criteria: lower abdominal pain with marked tenderness of uterus or adnexa by palpation, plus other evidence of inflammation
consider: pelvic congestion syndrome X99

X75 Malignant neoplasm cervix**C53**

- excl:** carcinoma-in-situ cervix X81; cervical intraepithelial neoplasia (CIN) grade 3 X81; abnormal cervix smear (CIN) grades 1 and 2 X86
criteria: characteristic histological appearance

X76 Malignant neoplasm breast female**C50**

- incl:** intraductal carcinoma
excl: carcinoma-in-situ X81
criteria: characteristic histological appearance
consider: breast lump X19

X77 Malignant neoplasm genital female, other**C51, C52, C54 to C57**

- incl:** malignancy of adnexae, ovaries, uterus, vagina, vulva
excl: carcinoma in-situ X81
criteria: characteristic histological appearance
consider: other/unspecified female genital neoplasm X81

X78 Fibromyoma uterus**D25**

- incl:** fibroid uterus, fibromyoma of cervix, myoma
criteria: enlargement of the uterus not due to pregnancy or malignancy, with single or multiple firm tumours of the uterus

136 *WONCA International Classification of Primary Care***X79 Benign neoplasm breast female** *D24*

- incl:* fibroadenoma
excl: cystic disease of breast X88
criteria: characteristic histological appearance
consider: lump in female breast X19

X80 Benign neoplasm female, genital *D26 to D28*

- excl:* polyp of cervix X85; physiological cyst of ovary X99

X81 Genital neoplasm female, other/unspecified *D05, D06, D07.0 to D07.3, D39, D48.6*

- incl:* carcinoma-in-situ, biopsy-proven cervical intraepithelial neoplasia (CIN) grade 3, female genital neoplasm not specified as benign or malignant/when histology is not available
excl: endometrial polyp X99

X82 Injury genital female *S30.2, S31.4, S31.5, S37.4 to S37.6, S38.0, S38.2, S39.8, S39.9, T19.2, T19.3, T28.3, T28.8*

- incl:* foreign body in vagina, female circumcision
excl: genital injury due to childbirth W92, W93

X83 Congenital anomaly genital female *Q50 to Q52, Q56, Q83*

- incl:* hermaphroditism, imperforate hymen
excl: other genetic syndrome A90

X84 Vaginitis/vulvitis NOS *N76, N77*

- incl:* vaginosis, gardnerella
excl: atrophic vaginitis X11; genital candidiasis female X72; genital trichomoniasis female X73

X85 Cervical disease NOS *N72, N84.1, N86, N88*

- incl:* cervical erosion, cervical leukoplakia, cervicitis, mucous cervical polyp, old laceration of cervix
excl: abnormality of cervix in pregnancy/childbirth/puerperium W76; abnormal cervix smear X86

X86 Abnormal cervix smear *N87, R87*

- incl:* cervical intraepithelial neoplasia (CIN) grades 1 and 2, cervical dysplasia
excl: cervical intraepithelial neoplasia (CIN) grade 3 X81

International Classification of Primary Care-2-Revised

137

X87 Uterovaginal prolapse**N81***incl:* cystocele, procidentia, rectocele*excl:* stress incontinence U04**X88 Fibrocystic disease breast****N60, N64.8, N64.9***incl:* chronic cystic disease of breast, cystic fibroadenosis of breast, dysplasia of breast, solitary cyst of breast**X89 Premenstrual tension syndrome****N94.3***criteria:* cyclic occurrence in the menstrual cycle of two or more of the following: oedema; breast tenderness/swelling; headache; irritability; mood changes*consider:* premenstrual symptom X09**X90 Genital herpes female****A60***incl:* anogenital herpes simplex*criteria:* small vesicles with characteristic appearance and location that evolve to painful ulcers and scabs**X91 Condylomata acuminata female****A63.0***incl:* venereal warts, human papilloma virus infection*criteria:* characteristic appearance of lesions, or characteristic histological appearance**X92 Chlamydia infection, genital female****A56.0 to A56.4, A56.8, N74.4***criteria:* proven chlamydial infection**X99 Genital disease female, other****A55, A57, A58, A63.8, N61, N64.1, N64.2, N64.8, N64.9, N75, N80, N82, N83, N84.0, N84.2, N84.3, N84.8, N84.9, N85, N89.0 to N89.7, N90.0 to N90.8, N94.8, N94.9, N96, N98, Z90.1, Z90.7***incl:* Bartholin cyst/abscess, endometriosis, genital tract fistula female, pelvic congestion syndrome, physiological ovarian cyst*excl:* sexually transmitted disease NOS A78**Y Male genital system****Component 1—Symptoms and complaints****Y01 Pain in penis****N48.8***excl:* priapism/painful erection Y08

- 138 *WONCA International Classification of Primary Care*
- Y02 Pain in testis/scrotum** *R10.2, N50.8*
- incl:* pain perineum, pain pelvis
- Y03 Urethral discharge male** *R36*
- Y04 Penis symptom/complaint, other** *N48.8, N48.9*
- incl:* foreskin symptom/complaint
excl: pain in penis Y01; painful erection/priapism Y08
- Y05 Scrotum/testis symptom/complaint, other** *L29.1, N50.8, N50.9*
- incl:* lump in testis
excl: pain in testis/scrotum Y02
- Y06 Prostate symptom/complaint** *N42.8, N42.9*
- incl:* prostatism
excl: urinary frequency/urgency U02; urinary retention U08
- Y07 Impotence NOS** *N48.4*
- incl:* impotence of organic origin
excl: reduced sexual desire P07; psychogenic impotence/reduced sexual fulfilment P08
- Y08 Sexual function symptom/complaint male** *N48.3, N48.8*
- incl:* painful erection, priapism
excl: reduced sexual desire P07; psychogenic impotence/reduced sexual fulfilment P08; impotence of organic origin Y07
- Y10 Infertility/subfertility male** *N46, Z31.0, Z31.4 to Z31.9*
- criteria:* failure of conception after 2 years of trying
- Y13 Sterilization male** *Z30.2*
- incl:* family planning involving male sterilization
- Y14 Family planning male, other** *Z30.0, Z30.8, Z30.9*
- incl:* contraception NOS, family planning NOS
excl: genetic counselling A98
- Y16 Breast symptom/complaint male** *N62, N63, N64.5*
- incl:* gynaecomastia, lump breast
excl: disease of male breast Y99

Y24 Fear of sexual dysfunction male**Z71.1****excl:** if the patient has sexual dysfunction, code the condition**criteria:** concern about/fear of sexual dysfunction in a patient without the condition**Y25 Fear of sexually transmitted disease male****Z71.1****excl:** fear of HIV/AIDS B25; in a patient with the disease, code the disease**criteria:** concern about/fear of venereal disease in a patient without the disease/until the diagnosis is proven**Y26 Fear of genital cancer male****Z71.1****excl:** in a patient with the disease, code the disease**criteria:** concern about/fear of cancer in a patient without the disease/until the diagnosis is proven**Y27 Fear of genital disease male, other****Z71.1****excl:** fear of sexually transmitted disease Y25; fear of male genital cancer Y26; in a patient with the disease, code the disease**criteria:** concern about/fear of other genital disease in a patient without the disease/until the diagnosis is proven**Y28 Limited function/disability (Y)****Z73.6, Z90.7****excl:** sexual dysfunction P07, P08; impotence NOS Y07**criteria:** limitation of function/disability due to a problem of the male genital system (including breast)**Note:** The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).**Y29 Genital symptom/complaint male, other****N50.8, N50.9****Component 7—Diagnosis/diseases****Y70 Syphilis male****A50 to A53, A65****incl:** syphilis any site**criteria:** demonstration of *Treponema pallidum* on microscopy; or positive serological test for syphilis**Y71 Gonorrhoea male****A54****incl:** gonorrhoea any site**(cont.)**

140 *WONCA International Classification of Primary Care*

criteria: urethral or rectal discharge with Gram-negative intracellular diplococci demonstrated in a patient after a contact with a proven case, or *Neisseria gonorrhoea* cultured

consider: urethritis U72; urethral discharge Y03

Y72 Genital herpes male *A60*

incl: anogenital herpes

criteria: small vesicles with characteristic appearance and location that evolve to painful ulcers and scabs

Y73 Prostatitis/seminal vesiculitis *A59.0, N41, N49.0*

criteria: tenderness of prostate/seminal vesicles to palpation, and indications of inflammation in urine test

Y74 Orchitis/epididymitis *A56.1, N45*

excl: tuberculosis A70; mumps D71; gonococcal orchitis Y71; torsion of testis Y99

criteria: both swelling and tenderness of testes/epididymis, and absence of a specific aetiology (mumps, gonococcal, tuberculosis, trauma, or torsion)

consider: symptom of testis Y05

Y75 Balanitis *A63.8, B37.4, N48.1*

incl: candidiasis glans penis

excl: scabies S72; male syphilis Y70; male gonorrhoea Y71; male genital herpes Y72

criteria: signs of inflammation of the prepuce/glans penis

Y76 Condylomata acuminata male *A63.0*

incl: venereal warts, human papilloma virus infection

criteria: characteristic appearance of lesions, or characteristic histological appearance

Y77 Malignant neoplasm prostate *C61*

criteria: characteristic histological appearance

consider: benign/unspecified neoplasm male genital Y79

Y78 Malignant neoplasm male genital, other *C50, C60, C62, C63*

incl: carcinoma testis/seminoma, carcinoma breast

excl: carcinoma-in-situ Y79

criteria: characteristic histological appearance

consider: benign/unspecified neoplasm male genital Y79

Y79 Benign/unspecified neoplasm male genital*D05, D07.4 to D07.6, D24, D29, D40, D48.6*

incl: benign genital neoplasm, genital neoplasm not specified as benign or malignant/when histology is not available, benign neoplasm male breast, carcinoma-in-situ

excl: prostatic hypertrophy Y85

Y80 Injury male genital*S30.2, S31.2, S31.3, S31.5, S38.0, S38.2, S39.8, S39.9, T28.3, T28.8*

incl: circumcision

Y81 Phimosi/s/redundant prepuce*N47*

incl: paraphimosis

criteria: for redundant prepuce: excessive length of prepuce, with inability to retract over the glans penis; for phimosi/s: tightness of prepuce which prevents retraction over the glans penis

Y82 Hypospadias*Q54***Y83 Undescended testicle***Q53*

incl: cryptorchidism

excl: retractile testis Y84

criteria: the testicle has never been observed in the scrotum, and the testicle cannot be manipulated into the scrotum

Y84 Congenital genital anomaly male, other*Q55, Q56, Q83*

incl: hermaphroditism, retractile testis

Y85 Benign prostatic hypertrophy*N40*

incl: fibroma, hyperplasia, median bar of prostate, prostatic obstruction, prostatomegaly

criteria: enlarged, smooth, firm prostate demonstrated by palpation/cystoscopy/imaging, with no evidence of prostatic carcinoma

consider: symptom/complaint about urination U01, U02, U03, U04, U05; retention of urine U08

Y86 Hydrocoele*N43.0 to N43.3*

criteria: non-tender fluctuant swelling surrounding testis or spermatic cord with transillumination of the swelling or imaging evidence

consider: symptom/complaint of scrotum/testis other Y05

142 *WONCA International Classification of Primary Care***Y99 Genital disease male, other**

A55, A56.1, A56.3 to A56.8, A57, A58, A63.8, N42.0 to N42.2, N42.8, N42.9, N43.4, N44, N48.0, N48.2, N48.5, N48.6, N48.8, N48.9, N49.1, N49.2, N49.8, N49.9, N50.0, N50.1, N50.8, N50.9, N51, N64.8, N64.9, Z90.7

incl: other disease of male breast, epididymal cyst, spermatocele, torsion of the testis
excl: sexually transmitted disease NOS A78; gynaecomastia Y16; carcinoma male breast Y78

Z Social problems**Component 1—Symptoms and complaints****Z01 Poverty/financial problem***Z59.5 to Z59.9*

Note: Problems with living conditions essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective living conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in living conditions, as well as the individual's perception.

Z02 Food/water problem*Z58.6, Z59.4*

Note: Problems with living conditions essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective living conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in living conditions, as well as the individual's perception.

Z03 Housing/neighbourhood problem*Z59.0 to Z59.3, Z59.8, Z59.9*

Note: Problems with living conditions essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective living conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in living conditions, as well as the individual's perception.

Z04 Social cultural problem*Z60.1 to Z60.9*

incl: illegitimate pregnancy
excl: unwanted pregnancy W79

Note: Problems with living conditions essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective living conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in living conditions, as well as the individual's perception.

Z05 Work problem**Z56.1 to Z56.7, Z57**

Note: Problems with working conditions essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective working conditions, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in working conditions, as well as the individual's perception.

Z06 Unemployment problem**Z56.0**

excl: retirement problem P25

Note: Problems with unemployment essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective nature of the unemployment, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in unemployment, as well as the individual's perception.

Z07 Education problem**Z55**

incl: illiteracy

Note: Problems with education essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective education status, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in education, as well as the individual's perception.

Z08 Social welfare problem**Z59.7**

Note: Problems with social welfare essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective social welfare situation, patients can consider this as a problem. Labelling these problems requires acknowledgement of absolute differences in social welfare, as well as the individual's perception.

Z09 Legal problem**Z65.0 to Z65.3**

Note: Problems with legal issues essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective legal issues, patients can consider these as a problem. Labelling these problems requires acknowledgement of absolute differences in legal issues as well as the individual's perception.

Z10 Health care system problem**Z64.4, Z75**

Note: Problems with the health care system essentially require the patient's expression of concern about them, with agreement about the existence of the problem and desire for help. Whatever the objective health care system, patients can consider this as a problem.

144 *WONCA International Classification of Primary Care*

Labelling these problems requires acknowledgement of absolute differences in the health care system as well as the individual's perception.

Z11 Compliance/being ill problem *Z75*

incl: poor compliance

Note: The diagnosis of social problems arising due to being ill requires the patient's agreement on the existence of the problem and desire for help.

Z12 Relationship problem with partner *T74.0, T74.3, Z63.0*

incl: emotional abuse

excl: physical abuse Z25

Note: The diagnosis of problems in the relationship between family partners requires the patient's agreement on the existence of the problem and desire for help.

Z13 Partner's behaviour problem *Z63.0*

incl: infidelity, physical abuse

Note: The diagnosis of problems arising from the behaviour of a family partner requires the patient's agreement on the existence of the problem and desire for help.

Z14 Partner illness problem *Z63.6*

Note: The diagnosis of problems arising from one or both family partners being ill requires the patient's agreement on the existence of the problem and desire for help.

Z15 Loss/death of partner problem *Z63.4, Z63.5*

incl: bereavement, divorce, separation

Note: The diagnosis of problems arising from the loss or death of a family partner requires the patient's agreement on the existence of the problem and desire for help.

Z16 Relationship problem with child *T74.0, T74.3, Z61, Z62, Z63.8*

incl: child abuse (emotional)

excl: physical abuse Z25

Note: The diagnosis of problems in the relationship with a child requires the patient's agreement on the existence of the problem and desire for help.

Z18 Illness problem with child *Z63.6*

Note: The diagnosis of problems arising due to a child being ill requires the patient's agreement on the existence of the problem and desire for help.

Z19 Loss/death of child problem**Z63.4**

Note: The diagnosis of problems arising from the loss or death of a child in the family requires the patient's agreement on the existence of the problem and desire for help.

Z20 Relationship problem, parent/family**T74.0, Z63.1, Z63.8**

incl: relationship problem with parent/adult sibling/other family member

excl: relationship problem with partner Z12; relationship problem with child Z16; relationship problem with friend Z24

Note: The diagnosis of problems in the relationship between family members requires the patient's agreement on the existence of the problem and desire for help.

Z21 Behaviour problem, parent/family**Z63.1, Z63.9**

excl: symptom/complaint behaviour of child P22; symptom/complaint behaviour adolescent P23; problem with behaviour partner Z13

Note: The diagnosis of problems arising from the behaviour of a family member requires the patient's agreement on the existence of the problem and desire for help.

Z22 Illness problem, parent/family**Z63.6, Z63.7**

excl: problem with partner being ill Z14

Note: The diagnosis of problems arising from the illness of a family member requires the patient's agreement on the existence of the problem and desire for help.

Z23 Loss/death of parent/family member problem**Z63.4**

excl: loss of partner Z15; loss of child Z19

Note: The diagnosis of problems arising from the loss or death of a family member requires the patient's agreement on the existence of the problem and desire for help.

Z24 Relationship problem, friend**Z63.9**

excl: relationship problem with family member Z20

Note: The diagnosis of problems in the relationship with friends requires the patient's agreement on the existence of the problem and desire for help.

Z25 Assault/harmful event problem**T74.1, T74.2, T74.8, T74.9, Z65.4, Z65.5**

incl: victim of physical abuse, rape, sexual attack

excl: partner emotional abuse Z12; partner physical abuse Z13; child emotional abuse Z16; physical problems to be coded in appropriate rubric(s) in other Chapters; psychological problems to be coded in Chapter P.

Note: The diagnosis of social problems arising from assaults and other harmful events requires the patient's agreement on the existence of the problem and desire for help.

146 *WONCA International Classification of Primary Care*

Z27 fear of a social problem

Z71.1

- incl:* concern about/fear of having a social problem
excl: if the patient has a social problem, code the problem
criteria: fear of a social problem in a patient without the problem

Z28 Limited function/disability (Z)

Z73.4, Z73.6

- criteria:* limitation of function/disability caused by social problems, including isolation/
living alone/loneliness

Note: The COOP/WONCA Charts are suitable for documenting the patient's functional status (see Chapter 8).

Z29 Social problem NOS

*Z58.0 to Z58.5, Z58.8, Z58.9, Z63.2, Z63.3, Z63.7, Z63.8, Z63.9, Z64.1,
Z65.8, Z65.9, Z72.6, Z72.8, Z72.9, Z73.5, Z73.8, Z73.9, Z76.5*

- incl:* environmental problems, malingering

11 Conversion codes from ICD-10

The relationship between ICPC and ICD-10 is complex. There are some concepts in both that are not represented exactly in the other.¹⁸ However, for most rubrics in each classification one or more corresponding rubrics in the other can be mapped. This has been done in both directions in this book.

Because of these complexities, the conversion of a code from one classification to the other and then re-conversion back again will not necessarily lead back to the same original code, because in each direction there may be several codes to choose from. Exact choices can be made only if the title of the condition is used with the help of a thesaurus. The point of having the code conversions in this book is simply to indicate where the contents of rubrics in each classification overlap.

ICPC-2 to ICD-10

In the tabular list of ICPC-2 rubrics (Chapter 10) each rubric includes all the ICD-10 rubrics to which it relates. Where it relates to all of the three-digit ICD-10 code, this is given; where it relates to only part of the three-digit ICD-10 code, all the relevant four-digit ICD-10 codes are given. However, this does not imply that the ICD-10 codes listed relate only to the ICPC-2 rubric, because some ICD-10 rubrics relate to more than one ICPC-2 rubric, as can be seen by perusing the list of conversion codes from ICD-10 to ICPC-2 in this chapter.

ICD-10 to ICPC-2

In this chapter conversion codes are listed for all ICD-10 three-digit codes, and where not all of a three-digit code maps to the same ICPC-2 code, the conversions for all the four-digit ICD-10 codes are given. Not included are rubrics in Chapter XX of ICD-10, External Causes of Morbidity and Mortality, as ICPC is in general not based on aetiology.

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
A00	D70	A06	D70	A17	A70	A23	A78
A01	D70	A07	D70	A18	A70	A24	A78
A02	D70	A08	D70	A19	A70	A25	A78
A03	D70	A09	D73	A20	A78	A26	A78
A04	D70	A15	A70	A21	A78	A27	A78
A05	D70	A16	A70	A22	A78	A28	A78

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
A30	A78	A55	Y99	A75	A78	B08.1	S95
A31	A78	A56.0	U72	A77	A78	B08.2	A76
A32.0	A78	A56.0	X92	A78	A78	B08.3	A76
A32.1	A78	A56.1	X92	A79	A78	B08.4	A76
A32.1	N71	A56.1	Y74	A80	N70	B08.5	R74
A32.7	A78	A56.1	Y99	A81	N73	B08.8	A76
A32.8	A78	A56.2	U72	A82	A77	B09	A76
A32.9	A78	A56.2	X92	A83	N71	B15	D72
A33	N72	A56.3	X92	A84	N71	B16	D72
A34	N72	A56.3	Y99	A85.0	N70	B17	D72
A35	N72	A56.4	X92	A85.1	N71	B18	D72
A36	R83	A56.4	Y99	A85.2	N71	B19	D72
A37	R71	A56.8	X92	A85.8	N71	B20	B90
A38	A78	A56.8	Y99	A86	N71	B21	B90
A39.0	N71	A57	X99	A87	N71	B22	B90
A39.1	A78	A57	Y99	A88.0	A76	B23	B90
A39.2	A78	A58	X99	A88.1	H82	B24	B90
A39.3	A78	A58	Y99	A88.8	N73	B25	A77
A39.4	A78	A59.0	U72	A89	N73	B26	D71
A39.5	K70	A59.0	X73	A90	A77	B27	A75
A39.8	A78	A59.0	Y73	A91	A77	B30	F70
A39.9	A78	A59.8	A78	A92	A77	B33.0	A77
A40	A78	A59.9	A78	A93	A77	B33.1	A77
A41	A78	A60	X90	A94	A77	B33.2	K70
A42	A78	A60	Y72	A95	A77	B33.3	A77
A43	A78	A63.0	X91	A96	A77	B33.8	A77
A44	A78	A63.0	Y76	A98	A77	B34	A77
A46	S76	A63.8	X99	A99	A77	B35	S74
A48.0	A78	A63.8	Y75	B00.0	S71	B36	S74
A48.1	R81	A63.8	Y99	B00.1	S71	B37.0	D83
A48.2	A78	A64	A78	B00.2	R74	B37.1	R83
A48.3	A78	A65	X70	B00.2	S71	B37.2	S75
A48.4	A78	A65	Y70	B00.3	N71	B37.3	X72
A48.8	A78	A66	S76	B00.4	N71	B37.4	U72
A49	A78	A67	S76	B00.5	F73	B37.4	X72
A50	X70	A68	A78	B00.7	A77	B37.4	Y75
A50	Y70	A69.0	D83	B00.8	S71	B37.5	N71
A51	X70	A69.1	D83	B00.9	S71	B37.6	K70
A51	Y70	A69.2	A78	B01	A72	B37.7	A78
A52	X70	A69.8	A78	B02	S70	B37.8	A78
A52	Y70	A69.9	A78	B03	A76	B37.9	A78
A53	X70	A70	A78	B04	A76	B38	A78
A53	Y70	A71	F86	B05	A71	B39	A78
A54	X71	A74.0	F70	B06	A74	B40	A78
A54	Y71	A74.8	A78	B07	S03	B41	A78
A55	X99	A74.9	A78	B08.0	A76	B42	A78

Conversion codes from ICD-10

149

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
B43	A78	B88.0	S72	C25	D76	C61	Y77
B44	R83	B88.1	S73	C26	D77	C62	Y78
B45	A78	B88.2	S72	C30.0	R85	C63	Y78
B46	A78	B88.3	S73	C30.1	H75	C64	U75
B47	A78	B88.8	S73	C31	R85	C65	U75
B48	A78	B88.9	S73	C32	R85	C66	U77
B49	A78	B89	A78	C33	R84	C67	U76
B50	A73	B90	A70	C34	R84	C68	U77
B51	A73	B91	N70	C37	B74	C69	F74
B52	A73	B92	A78	C38.0	K72	C70	N74
B53	A73	B94.0	F86	C38.1	A79	C71	N74
B54	A73	B94.1	N71	C38.2	A79	C72	N74
B55	A78	B94.2	D97	C38.3	A79	C73	T71
B56	A78	B94.8	A78	C38.4	R85	C74	T73
B57	A78	B94.9	A78	C38.8	A79	C75	T73
B58.0	F73	B95	A78	C39	R85	C76	A79
B58.1	D97	B96	A78	C40	L71	C77	B74
B58.2	N71	B97	A77	C41	L71	C78	A79
B58.3	R83	B99	A78	C43	S77	C79	A79
B58.8	A78	C00	D77	C44	S77	C80	A79
B58.9	A78	C01	D77	C45.0	R85	C81	B72
B59	A78	C02	D77	C45.1	D77	C82	B72
B60	A78	C03	D77	C45.2	K72	C83	B72
B64	A78	C04	D77	C45.7	A79	C84	B72
B65	D96	C05	D77	C45.9	A79	C85	B72
B66	D96	C06	D77	C46.0	S77	C88	B74
B67	D96	C07	D77	C46.1	L71	C90	B74
B68	D96	C08	D77	C46.2	D77	C91	B73
B69	D96	C09	R85	C46.3	B74	C92	B73
B70	D96	C10	R85	C46.7	A79	C93	B73
B71	D96	C11	R85	C46.8	A79	C94	B73
B72	D96	C12	R85	C46.9	A79	C95	B73
B73	D96	C13	R85	C47	N74	C96	B74
B74	D96	C14.0	R85	C48	D77	C97	A79
B75	D96	C14.2	R85	C49	L71	D00	D78
B76	D96	C14.8	D77	C50	X76	D01	D78
B77	D96	C15	D77	C50	Y78	D02	R92
B78	D96	C16	D74	C51	X77	D03	S79
B79	D96	C17	D77	C52	X77	D04	S79
B80	D96	C18	D75	C53	X75	D05	X81
B81	D96	C19	D75	C54	X77	D05	Y79
B82	D96	C20	D75	C55	X77	D06	X81
B83	D96	C21	D75	C56	X77	D07.0	X81
B85	S73	C22	D77	C57	X77	D07.1	X81
B86	S72	C23	D77	C58	W72	D07.2	X81
B87	S73	C24	D77	C60	Y78	D07.3	X81

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>D07.4</i>	Y79	<i>D36.1</i>	N75	<i>D61.2</i>	A86	<i>E06.9</i>	T99
<i>D07.5</i>	Y79	<i>D36.7</i>	A99	<i>D61.3</i>	B82	<i>E07</i>	T99
<i>D07.6</i>	Y79	<i>D36.9</i>	A99	<i>D61.8</i>	B82	<i>E10</i>	T89
<i>D09.0</i>	U79	<i>D37</i>	D78	<i>D61.9</i>	B82	<i>E11</i>	T90
<i>D09.1</i>	U79	<i>D38.0</i>	R92	<i>D62</i>	B82	<i>E12</i>	T90
<i>D09.2</i>	F74	<i>D38.1</i>	R92	<i>D63</i>	B82	<i>E13</i>	T90
<i>D09.3</i>	T73	<i>D38.2</i>	R92	<i>D64.0</i>	B79	<i>E14</i>	T90
<i>D09.7</i>	A79	<i>D38.3</i>	R92	<i>D64.1</i>	B82	<i>E15</i>	T87
<i>D09.9</i>	A79	<i>D38.4</i>	R92	<i>D64.2</i>	A85	<i>E16.0</i>	T87
<i>D10</i>	D78	<i>D38.5</i>	H75	<i>D64.2</i>	A86	<i>E16.1</i>	T87
<i>D11</i>	D78	<i>D38.5</i>	R92	<i>D64.3</i>	B82	<i>E16.2</i>	T87
<i>D12</i>	D78	<i>D38.6</i>	R92	<i>D64.4</i>	B79	<i>E16.3</i>	T87
<i>D13</i>	D78	<i>D39</i>	X81	<i>D64.8</i>	B82	<i>E16.4</i>	D86
<i>D14.0</i>	H75	<i>D40</i>	Y79	<i>D64.9</i>	B82	<i>E16.8</i>	T99
<i>D14.0</i>	R86	<i>D41</i>	U79	<i>D65</i>	B83	<i>E16.9</i>	T87
<i>D14.1</i>	R86	<i>D42</i>	N76	<i>D66</i>	B83	<i>E20</i>	T99
<i>D14.2</i>	R86	<i>D43</i>	N76	<i>D67</i>	B83	<i>E21</i>	T99
<i>D14.3</i>	R86	<i>D44</i>	T73	<i>D68</i>	B83	<i>E22</i>	T99
<i>D14.4</i>	R86	<i>D45</i>	B75	<i>D69</i>	B83	<i>E23</i>	T99
<i>D15.0</i>	B75	<i>D46</i>	B82	<i>D70</i>	B84	<i>E24</i>	T99
<i>D15.1</i>	K72	<i>D47</i>	B75	<i>D71</i>	B84	<i>E25</i>	T99
<i>D15.2</i>	K72	<i>D48.0</i>	L97	<i>D72</i>	B84	<i>E26</i>	T99
<i>D15.7</i>	A99	<i>D48.1</i>	H75	<i>D73</i>	B99	<i>E27</i>	T99
<i>D15.9</i>	A99	<i>D48.1</i>	L97	<i>D74</i>	B99	<i>E28</i>	T99
<i>D16</i>	L97	<i>D48.2</i>	N76	<i>D75</i>	B99	<i>E29</i>	T99
<i>D17</i>	S78	<i>D48.3</i>	D78	<i>D76</i>	B99	<i>E30</i>	T99
<i>D18</i>	S81	<i>D48.4</i>	D78	<i>D77</i>	B99	<i>E31</i>	T99
<i>D19</i>	R86	<i>D48.5</i>	H75	<i>D80</i>	B99	<i>E32</i>	T99
<i>D20</i>	D78	<i>D48.5</i>	S79	<i>D81</i>	B99	<i>E34.0</i>	T99
<i>D21</i>	L97	<i>D48.6</i>	X81	<i>D82</i>	B99	<i>E34.1</i>	T99
<i>D22</i>	S82	<i>D48.6</i>	Y79	<i>D83</i>	B99	<i>E34.2</i>	T99
<i>D23</i>	S79	<i>D48.7</i>	F74	<i>D84</i>	B99	<i>E34.3</i>	T10
<i>D24</i>	X79	<i>D48.7</i>	K72	<i>D86</i>	B99	<i>E34.4</i>	T99
<i>D24</i>	Y79	<i>D48.9</i>	A99	<i>D89</i>	B99	<i>E34.5</i>	T99
<i>D25</i>	X78	<i>D50</i>	B80	<i>E00</i>	T80	<i>E34.8</i>	T99
<i>D26</i>	X80	<i>D51</i>	B81	<i>E01</i>	T86	<i>E34.9</i>	T99
<i>D27</i>	X80	<i>D52</i>	B81	<i>E02</i>	T86	<i>E35</i>	T99
<i>D28</i>	X80	<i>D53</i>	B82	<i>E03</i>	T86	<i>E40</i>	T91
<i>D29</i>	Y79	<i>D55</i>	B82	<i>E04</i>	T81	<i>E41</i>	T91
<i>D30</i>	U78	<i>D56</i>	B78	<i>E05</i>	T85	<i>E42</i>	T91
<i>D31</i>	F74	<i>D57</i>	B78	<i>E06.0</i>	T70	<i>E43</i>	T91
<i>D32</i>	N75	<i>D58</i>	B78	<i>E06.1</i>	T99	<i>E44</i>	T91
<i>D33</i>	N75	<i>D59</i>	B82	<i>E06.2</i>	T99	<i>E45</i>	T91
<i>D34</i>	T72	<i>D60</i>	B82	<i>E06.3</i>	T99	<i>E46</i>	T91
<i>D35</i>	T73	<i>D61.0</i>	B79	<i>E06.4</i>	T99	<i>E50</i>	T91
<i>D36.0</i>	B75	<i>D61.1</i>	A85	<i>E06.5</i>	T99	<i>E51.1</i>	T91

Conversion codes from ICD-10

151

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>E51.2</i>	N99	<i>F09</i>	P71	<i>F41.9</i>	P74	<i>F63.2</i>	P80
<i>E51.8</i>	T91	<i>F10.0</i>	P16	<i>F42</i>	P79	<i>F63.3</i>	P29
<i>E51.9</i>	T91	<i>F10.1</i>	P15	<i>F43.0</i>	P02	<i>F63.8</i>	P80
<i>E52</i>	T91	<i>F10.2</i>	P15	<i>F43.1</i>	P82	<i>F63.9</i>	P80
<i>E53</i>	T91	<i>F10.3</i>	P15	<i>F43.2</i>	P02	<i>F64</i>	P09
<i>E54</i>	T91	<i>F10.4</i>	P15	<i>F43.8</i>	P02	<i>F65</i>	P09
<i>E55</i>	T91	<i>F10.5</i>	P15	<i>F43.9</i>	P02	<i>F66</i>	P09
<i>E56</i>	T91	<i>F10.6</i>	P15	<i>F44</i>	P75	<i>F68</i>	P80
<i>E58</i>	T91	<i>F10.7</i>	P15	<i>F45.0</i>	P75	<i>F69</i>	P80
<i>E59</i>	T91	<i>F10.8</i>	P15	<i>F45.1</i>	P75	<i>F70</i>	P85
<i>E60</i>	T91	<i>F10.9</i>	P15	<i>F45.2</i>	P75	<i>F71</i>	P85
<i>E61</i>	T91	<i>F11</i>	P19	<i>F48.0</i>	P78	<i>F72</i>	P85
<i>E63</i>	T91	<i>F12</i>	P19	<i>F48.1</i>	P99	<i>F73</i>	P85
<i>E64</i>	T91	<i>F13</i>	P18	<i>F48.8</i>	P99	<i>F78</i>	P85
<i>E65</i>	T99	<i>F13</i>	P19	<i>F48.9</i>	P99	<i>F79</i>	P85
<i>E66</i>	T82	<i>F14</i>	P19	<i>F50.0</i>	P86	<i>F80</i>	P24
<i>E66</i>	T83	<i>F15</i>	P19	<i>F50.1</i>	P86	<i>F81</i>	P24
<i>E67</i>	T99	<i>F16</i>	P19	<i>F50.2</i>	P86	<i>F82</i>	P24
<i>E68</i>	T99	<i>F17</i>	P17	<i>F50.3</i>	P86	<i>F83</i>	P24
<i>E70</i>	T99	<i>F18</i>	P19	<i>F50.4</i>	P86	<i>F84</i>	P99
<i>E71</i>	T99	<i>F19</i>	P18	<i>F50.5</i>	D10	<i>F88</i>	P99
<i>E72</i>	T99	<i>F19</i>	P19	<i>F50.8</i>	P29	<i>F89</i>	P99
<i>E73</i>	T99	<i>F20</i>	P72	<i>F50.9</i>	P29	<i>F90</i>	P81
<i>E74</i>	T99	<i>F21</i>	P72	<i>F51</i>	P06	<i>F91</i>	P22
<i>E75</i>	T99	<i>F22</i>	P72	<i>F52.0</i>	P07	<i>F91</i>	P23
<i>E76</i>	T99	<i>F23</i>	P98	<i>F52.1</i>	P08	<i>F92</i>	P22
<i>E77</i>	T99	<i>F24</i>	P72	<i>F52.2</i>	P08	<i>F92</i>	P23
<i>E78</i>	T93	<i>F25</i>	P72	<i>F52.3</i>	P08	<i>F93</i>	P22
<i>E79</i>	T99	<i>F28</i>	P72	<i>F52.4</i>	P08	<i>F94</i>	P22
<i>E80</i>	T99	<i>F29</i>	P98	<i>F52.5</i>	P08	<i>F94</i>	P23
<i>E83</i>	T99	<i>F30</i>	P73	<i>F52.6</i>	P08	<i>F95</i>	P10
<i>E84</i>	T99	<i>F31</i>	P73	<i>F52.7</i>	P08	<i>F98.0</i>	P12
<i>E85</i>	T99	<i>F32</i>	P76	<i>F52.8</i>	P08	<i>F98.1</i>	P13
<i>E86</i>	T11	<i>F33</i>	P76	<i>F52.9</i>	P08	<i>F98.2</i>	P11
<i>E87</i>	T99	<i>F34.0</i>	P73	<i>F53.0</i>	P76	<i>F98.3</i>	P11
<i>E88</i>	T99	<i>F34.1</i>	P76	<i>F53.1</i>	P98	<i>F98.4</i>	P10
<i>E89</i>	A87	<i>F34.8</i>	P76	<i>F53.8</i>	P99	<i>F98.5</i>	P10
<i>E90</i>	T99	<i>F34.9</i>	P76	<i>F53.9</i>	P99	<i>F98.6</i>	P10
<i>F00</i>	P70	<i>F38</i>	P76	<i>F54</i>	P99	<i>F98.8</i>	P22
<i>F01</i>	P70	<i>F39</i>	P76	<i>F55</i>	P18	<i>F98.8</i>	P23
<i>F02</i>	P70	<i>F40</i>	P79	<i>F59</i>	P99	<i>F98.8</i>	P29
<i>F03</i>	P70	<i>F41.0</i>	P74	<i>F60</i>	P80	<i>F98.9</i>	P22
<i>F04</i>	P71	<i>F41.1</i>	P74	<i>F61</i>	P80	<i>F98.9</i>	P23
<i>F05</i>	P71	<i>F41.2</i>	P76	<i>F62</i>	P80	<i>F98.9</i>	P29
<i>F06</i>	P71	<i>F41.3</i>	P74	<i>F63.0</i>	P80	<i>F99</i>	P99
<i>F07</i>	P71	<i>F41.8</i>	P74	<i>F63.1</i>	P80	<i>G00</i>	N71

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>G01</i>	N71	<i>G44.4</i>	A85	<i>G93.6</i>	N99	<i>H10.2</i>	F70
<i>G02</i>	N71	<i>G44.8</i>	N01	<i>G93.7</i>	N99	<i>H10.3</i>	F70
<i>G03</i>	N71	<i>G45</i>	K89	<i>G93.8</i>	N99	<i>H10.4</i>	F70
<i>G04</i>	N71	<i>G46</i>	K90	<i>G93.9</i>	N99	<i>H10.5</i>	F70
<i>G05</i>	N71	<i>G47</i>	P06	<i>G94</i>	N99	<i>H10.8</i>	F70
<i>G06</i>	N73	<i>G50.0</i>	N92	<i>G95</i>	N99	<i>H10.9</i>	F70
<i>G07</i>	N73	<i>G50.1</i>	N03	<i>G96</i>	N99	<i>H11.0</i>	F99
<i>G08</i>	N73	<i>G50.8</i>	N92	<i>G97</i>	A87	<i>H11.1</i>	F99
<i>G09</i>	N73	<i>G50.9</i>	N92	<i>G98</i>	N18	<i>H11.2</i>	F99
<i>G10</i>	N99	<i>G51</i>	N91	<i>G98</i>	N99	<i>H11.3</i>	F75
<i>G11</i>	N99	<i>G52</i>	N99	<i>G99</i>	N99	<i>H11.4</i>	F99
<i>G12</i>	N99	<i>G53</i>	N91	<i>H00</i>	F72	<i>H11.8</i>	F99
<i>G13</i>	N99	<i>G54</i>	N94	<i>H01</i>	F72	<i>H11.9</i>	F99
<i>G20</i>	N87	<i>G55</i>	N94	<i>H02.0</i>	F99	<i>H13</i>	F70
<i>G21</i>	N87	<i>G56.0</i>	N93	<i>H02.1</i>	F99	<i>H15</i>	F99
<i>G22</i>	N87	<i>G56.1</i>	N94	<i>H02.2</i>	F16	<i>H16.0</i>	F85
<i>G23</i>	N99	<i>G56.2</i>	N94	<i>H02.3</i>	F16	<i>H16.1</i>	F73
<i>G24</i>	N99	<i>G56.3</i>	N94	<i>H02.4</i>	F16	<i>H16.1</i>	F79
<i>G25.0</i>	N08	<i>G56.4</i>	N94	<i>H02.5</i>	F16	<i>H16.2</i>	F73
<i>G25.1</i>	N08	<i>G56.8</i>	N94	<i>H02.6</i>	F16	<i>H16.3</i>	F73
<i>G25.2</i>	N08	<i>G56.9</i>	N94	<i>H02.7</i>	F16	<i>H16.4</i>	F73
<i>G25.3</i>	N08	<i>G57</i>	N94	<i>H02.8</i>	F16	<i>H16.8</i>	F73
<i>G25.4</i>	N08	<i>G58</i>	N94	<i>H02.8</i>	F99	<i>H16.9</i>	F73
<i>G25.5</i>	N08	<i>G59</i>	N94	<i>H02.9</i>	F16	<i>H17</i>	F99
<i>G25.6</i>	N08	<i>G60</i>	N94	<i>H02.9</i>	F99	<i>H18</i>	F99
<i>G25.8</i>	N04	<i>G61</i>	N94	<i>H03</i>	F73	<i>H19</i>	F85
<i>G25.8</i>	N08	<i>G62</i>	N94	<i>H04.0</i>	F99	<i>H20</i>	F73
<i>G25.9</i>	N08	<i>G63</i>	N94	<i>H04.1</i>	F99	<i>H21</i>	F73
<i>G26</i>	N99	<i>G64</i>	N94	<i>H04.2</i>	F03	<i>H22</i>	F73
<i>G30</i>	P70	<i>G70</i>	N99	<i>H04.3</i>	F73	<i>H25</i>	F92
<i>G31.0</i>	N99	<i>G71</i>	N99	<i>H04.4</i>	F73	<i>H26</i>	F92
<i>G31.1</i>	N99	<i>G72</i>	N99	<i>H04.5</i>	F99	<i>H27</i>	F99
<i>G31.2</i>	P15	<i>G73</i>	N99	<i>H04.6</i>	F99	<i>H28</i>	F92
<i>G31.8</i>	N99	<i>G80</i>	N99	<i>H04.8</i>	F99	<i>H30</i>	F73
<i>G31.9</i>	N99	<i>G81</i>	N99	<i>H04.9</i>	F99	<i>H31</i>	F99
<i>G32</i>	N99	<i>G82</i>	N99	<i>H05.0</i>	F73	<i>H32</i>	F73
<i>G35</i>	N86	<i>G83</i>	N99	<i>H05.1</i>	F73	<i>H33</i>	F82
<i>G36</i>	N99	<i>G90</i>	N99	<i>H05.2</i>	F99	<i>H34</i>	F99
<i>G37</i>	N99	<i>G91</i>	N99	<i>H05.3</i>	F99	<i>H35.0</i>	F83
<i>G40</i>	N88	<i>G92</i>	N99	<i>H05.4</i>	F99	<i>H35.1</i>	F83
<i>G41</i>	N88	<i>G93.0</i>	N99	<i>H05.5</i>	F99	<i>H35.2</i>	F83
<i>G43</i>	N89	<i>G93.1</i>	N99	<i>H05.8</i>	F99	<i>H35.3</i>	F84
<i>G44.0</i>	N90	<i>G93.2</i>	N99	<i>H05.9</i>	F99	<i>H35.4</i>	F83
<i>G44.1</i>	N89	<i>G93.3</i>	A04	<i>H06</i>	F99	<i>H35.5</i>	F99
<i>G44.2</i>	N95	<i>G93.4</i>	N99	<i>H10.0</i>	F70	<i>H35.6</i>	F99
<i>G44.3</i>	N01	<i>G93.5</i>	N99	<i>H10.1</i>	F71	<i>H35.7</i>	F99

Conversion codes from ICD-10

153

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>H35.8</i>	F99	<i>H57.8</i>	F02	<i>H83.8</i>	H99	<i>I30</i>	K70
<i>H35.9</i>	F99	<i>H57.8</i>	F13	<i>H83.9</i>	H99	<i>I31</i>	K84
<i>H36</i>	F83	<i>H57.8</i>	F15	<i>H90</i>	H86	<i>I32</i>	K70
<i>H40</i>	F93	<i>H57.8</i>	F75	<i>H91.0</i>	H86	<i>I33</i>	K70
<i>H42</i>	F93	<i>H57.8</i>	F99	<i>H91.1</i>	H84	<i>I34</i>	K83
<i>H43</i>	F99	<i>H57.9</i>	F29	<i>H91.2</i>	H86	<i>I35</i>	K83
<i>H44.0</i>	F99	<i>H58</i>	F99	<i>H91.3</i>	H86	<i>I36</i>	K83
<i>H44.1</i>	F99	<i>H59</i>	A87	<i>H91.8</i>	H86	<i>I37</i>	K83
<i>H44.2</i>	F99	<i>H60</i>	H70	<i>H91.9</i>	H86	<i>I38</i>	K70
<i>H44.3</i>	F99	<i>H61.0</i>	H99	<i>H92.0</i>	H01	<i>I39</i>	K70
<i>H44.4</i>	F99	<i>H61.1</i>	H99	<i>H92.1</i>	H04	<i>I40</i>	K70
<i>H44.5</i>	F99	<i>H61.2</i>	H81	<i>H92.2</i>	H05	<i>I41</i>	K70
<i>H44.6</i>	F79	<i>H61.3</i>	H99	<i>H93.0</i>	H99	<i>I42.0</i>	K84
<i>H44.7</i>	F79	<i>H61.8</i>	H99	<i>H93.1</i>	H03	<i>I42.1</i>	K84
<i>H44.8</i>	F99	<i>H61.9</i>	H99	<i>H93.2</i>	H02	<i>I42.2</i>	K84
<i>H44.9</i>	F99	<i>H62</i>	H70	<i>H93.3</i>	H99	<i>I42.3</i>	K84
<i>H45</i>	F99	<i>H65</i>	H72	<i>H93.8</i>	H13	<i>I42.4</i>	K73
<i>H46</i>	F99	<i>H66.0</i>	H71	<i>H93.8</i>	H99	<i>I42.5</i>	K84
<i>H47</i>	F99	<i>H66.1</i>	H74	<i>H93.9</i>	H29	<i>I42.6</i>	K84
<i>H48</i>	F99	<i>H66.2</i>	H74	<i>H94</i>	H99	<i>I42.7</i>	K84
<i>H49</i>	F95	<i>H66.3</i>	H74	<i>H95</i>	A87	<i>I42.8</i>	K84
<i>H50</i>	F95	<i>H66.4</i>	H71	<i>I00</i>	K71	<i>I42.9</i>	K84
<i>H51</i>	F95	<i>H66.9</i>	H71	<i>I01</i>	K71	<i>I43</i>	K84
<i>H52</i>	F91	<i>H67</i>	H71	<i>I02</i>	K71	<i>I44</i>	K84
<i>H53.0</i>	F99	<i>H68</i>	H73	<i>I05</i>	K71	<i>I45</i>	K84
<i>H53.1</i>	F04	<i>H69</i>	H73	<i>I06</i>	K71	<i>I46</i>	K84
<i>H53.1</i>	F05	<i>H70.0</i>	H71	<i>I07</i>	K71	<i>I47</i>	K79
<i>H53.2</i>	F05	<i>H70.1</i>	H74	<i>I08</i>	K71	<i>I48</i>	K78
<i>H53.3</i>	F05	<i>H70.2</i>	H74	<i>I09</i>	K71	<i>I49</i>	K80
<i>H53.4</i>	F99	<i>H70.8</i>	H74	<i>I10</i>	K86	<i>I50</i>	K77
<i>H53.5</i>	F99	<i>H70.9</i>	H74	<i>I11</i>	K87	<i>I51</i>	K84
<i>H53.6</i>	F99	<i>H71</i>	H74	<i>I12</i>	K87	<i>I52</i>	K84
<i>H53.8</i>	F05	<i>H72</i>	H77	<i>I13</i>	K87	<i>I60</i>	K90
<i>H53.8</i>	F99	<i>H73.0</i>	H71	<i>I15</i>	K87	<i>I61</i>	K90
<i>H53.9</i>	F05	<i>H73.1</i>	H74	<i>I20</i>	K74	<i>I62</i>	K90
<i>H54.0</i>	F94	<i>H73.8</i>	H99	<i>I21</i>	K75	<i>I63</i>	K90
<i>H54.1</i>	F94	<i>H73.9</i>	H99	<i>I22</i>	K75	<i>I64</i>	K90
<i>H54.2</i>	F94	<i>H74</i>	H99	<i>I23</i>	K75	<i>I65</i>	K91
<i>H54.3</i>	F94	<i>H75</i>	H74	<i>I24.0</i>	K74	<i>I66</i>	K91
<i>H54.4</i>	F28	<i>H80</i>	H83	<i>I24.1</i>	K75	<i>I67.0</i>	K91
<i>H54.5</i>	F28	<i>H81</i>	H82	<i>I24.8</i>	K74	<i>I67.1</i>	K91
<i>H54.6</i>	F28	<i>H82</i>	H82	<i>I24.9</i>	K74	<i>I67.2</i>	K91
<i>H54.7</i>	F05	<i>H83.0</i>	H82	<i>I25</i>	K76	<i>I67.3</i>	K91
<i>H55</i>	F14	<i>H83.1</i>	H99	<i>I26</i>	K93	<i>I67.4</i>	K87
<i>H57.0</i>	F99	<i>H83.2</i>	H99	<i>I27</i>	K82	<i>I67.5</i>	K91
<i>H57.1</i>	F01	<i>H83.3</i>	H85	<i>I28</i>	K82	<i>I67.6</i>	K91

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>I67.7</i>	K91	<i>J01</i>	R75	<i>J41</i>	R79	<i>K03.1</i>	D82
<i>I67.8</i>	K91	<i>J02.0</i>	R72	<i>J42</i>	R79	<i>K03.2</i>	D82
<i>I67.9</i>	K91	<i>J02.8</i>	R74	<i>J43</i>	R95	<i>K03.3</i>	D82
<i>I68</i>	K91	<i>J02.9</i>	R74	<i>J44</i>	R95	<i>K03.4</i>	D82
<i>I69</i>	K91	<i>J03.0</i>	R72	<i>J45</i>	R96	<i>K03.5</i>	D82
<i>I70</i>	K92	<i>J03.8</i>	R76	<i>J46</i>	R96	<i>K03.6</i>	D82
<i>I71</i>	K99	<i>J03.9</i>	R76	<i>J47</i>	R99	<i>K03.7</i>	D82
<i>I72</i>	K99	<i>J04</i>	R77	<i>J60</i>	R99	<i>K03.8</i>	D29
<i>I73</i>	K92	<i>J05.0</i>	R77	<i>J61</i>	R99	<i>K03.8</i>	D82
<i>I74</i>	K92	<i>J05.1</i>	R83	<i>J62</i>	R99	<i>K03.9</i>	D82
<i>I77</i>	K99	<i>J06</i>	R74	<i>J63</i>	R99	<i>K04</i>	D82
<i>I78.0</i>	K99	<i>J10.0</i>	R81	<i>J64</i>	R99	<i>K05</i>	D82
<i>I78.1</i>	K06	<i>J10.1</i>	R80	<i>J65</i>	R99	<i>K06</i>	D82
<i>I78.8</i>	K99	<i>J10.8</i>	R80	<i>J66</i>	R99	<i>K07.0</i>	D82
<i>I78.9</i>	K99	<i>J11.0</i>	R81	<i>J67</i>	R99	<i>K07.1</i>	D82
<i>I79</i>	K99	<i>J11.1</i>	R80	<i>J68</i>	R99	<i>K07.2</i>	D82
<i>I80</i>	K94	<i>J11.8</i>	R80	<i>J69</i>	R99	<i>K07.3</i>	D82
<i>I81</i>	K94	<i>J12</i>	R81	<i>J70</i>	R99	<i>K07.4</i>	D82
<i>I82</i>	K94	<i>J13</i>	R81	<i>J80</i>	R99	<i>K07.5</i>	D82
<i>I83.0</i>	S97	<i>J14</i>	R81	<i>J81</i>	R99	<i>K07.6</i>	D82
<i>I83.1</i>	K95	<i>J15</i>	R81	<i>J82</i>	R99	<i>K07.6</i>	L07
<i>I83.2</i>	S97	<i>J16</i>	R81	<i>J84</i>	R99	<i>K07.8</i>	D82
<i>I83.9</i>	K95	<i>J17</i>	R81	<i>J85</i>	R83	<i>K07.9</i>	D82
<i>I84</i>	K96	<i>J18</i>	R81	<i>J86</i>	R83	<i>K08.0</i>	D82
<i>I85</i>	K99	<i>J20</i>	R78	<i>J90</i>	R82	<i>K08.1</i>	D82
<i>I86</i>	K99	<i>J21</i>	R78	<i>J91</i>	R82	<i>K08.2</i>	D82
<i>I87.0</i>	K94	<i>J22</i>	R78	<i>J92</i>	R99	<i>K08.3</i>	D82
<i>I87.1</i>	K99	<i>J30</i>	R97	<i>J93</i>	R99	<i>K08.8</i>	D19
<i>I87.2</i>	K95	<i>J31</i>	R83	<i>J94</i>	R82	<i>K08.8</i>	D82
<i>I87.8</i>	K06	<i>J32</i>	R75	<i>J95</i>	A87	<i>K08.9</i>	D82
<i>I87.8</i>	K94	<i>J33</i>	R99	<i>J96</i>	R99	<i>K09</i>	D82
<i>I87.9</i>	K99	<i>J34.0</i>	R73	<i>J98</i>	R99	<i>K10</i>	D82
<i>I88</i>	B71	<i>J34.1</i>	R99	<i>J99</i>	R99	<i>K11</i>	D83
<i>I89.0</i>	K99	<i>J34.2</i>	R99	<i>K00.0</i>	D82	<i>K12</i>	D83
<i>I89.1</i>	B99	<i>J34.3</i>	R99	<i>K00.1</i>	D82	<i>K13.0</i>	D83
<i>I89.8</i>	B99	<i>J34.8</i>	R07	<i>K00.2</i>	D82	<i>K13.1</i>	D20
<i>I89.9</i>	B99	<i>J34.8</i>	R08	<i>K00.3</i>	D82	<i>K13.2</i>	D83
<i>I95.0</i>	K88	<i>J34.8</i>	R09	<i>K00.4</i>	D82	<i>K13.3</i>	D83
<i>I95.1</i>	K88	<i>J34.8</i>	R90	<i>K00.5</i>	D82	<i>K13.4</i>	D83
<i>I95.2</i>	A85	<i>J34.8</i>	R99	<i>K00.6</i>	D82	<i>K13.5</i>	D83
<i>I95.8</i>	K88	<i>J35</i>	R90	<i>K00.7</i>	D19	<i>K13.6</i>	D83
<i>I95.9</i>	K88	<i>J36</i>	R76	<i>K00.8</i>	D82	<i>K13.7</i>	D20
<i>I97</i>	A87	<i>J37</i>	R83	<i>K00.9</i>	D82	<i>K13.7</i>	D83
<i>I98</i>	K99	<i>J38</i>	R99	<i>K01</i>	D82	<i>K14.0</i>	D83
<i>I99</i>	K99	<i>J39</i>	R99	<i>K02</i>	D82	<i>K14.1</i>	D83
<i>J00</i>	R74	<i>J40</i>	R78	<i>K03.0</i>	D82	<i>K14.2</i>	D83

Conversion codes from ICD-10

155

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>K14.3</i>	D83	<i>K52.9</i>	D99	<i>K82</i>	D98	<i>L27.1</i>	A85
<i>K14.4</i>	D83	<i>K55</i>	D99	<i>K83</i>	D98	<i>L27.2</i>	S88
<i>K14.5</i>	D20	<i>K56.0</i>	D99	<i>K85</i>	D99	<i>L27.8</i>	S88
<i>K14.6</i>	D20	<i>K56.1</i>	D99	<i>K86</i>	D99	<i>L27.9</i>	S88
<i>K14.8</i>	D20	<i>K56.2</i>	D99	<i>K87.0</i>	D98	<i>L28</i>	S99
<i>K14.8</i>	D83	<i>K56.3</i>	D99	<i>K87.1</i>	D99	<i>L29.0</i>	D05
<i>K14.9</i>	D20	<i>K56.4</i>	D12	<i>K90</i>	D99	<i>L29.1</i>	Y05
<i>K14.9</i>	D83	<i>K56.5</i>	D99	<i>K91.0</i>	A87	<i>L29.2</i>	X16
<i>K20</i>	D84	<i>K56.6</i>	D99	<i>K91.1</i>	D99	<i>L29.3</i>	D05
<i>K21</i>	D84	<i>K56.7</i>	D99	<i>K91.2</i>	D99	<i>L29.8</i>	S02
<i>K22</i>	D84	<i>K57</i>	D92	<i>K91.3</i>	A87	<i>L29.9</i>	S02
<i>K23</i>	D84	<i>K58</i>	D93	<i>K91.4</i>	A89	<i>L30.0</i>	S88
<i>K25</i>	D86	<i>K59.0</i>	D12	<i>K91.5</i>	D99	<i>L30.1</i>	S92
<i>K26</i>	D85	<i>K59.1</i>	D11	<i>K91.8</i>	D99	<i>L30.2</i>	S99
<i>K27</i>	D86	<i>K59.2</i>	D99	<i>K91.9</i>	D99	<i>L30.3</i>	S88
<i>K28</i>	D86	<i>K59.3</i>	D99	<i>K92.0</i>	D14	<i>L30.4</i>	S88
<i>K29</i>	D87	<i>K59.4</i>	D04	<i>K92.1</i>	D15	<i>L30.5</i>	S99
<i>K30</i>	D07	<i>K59.8</i>	D99	<i>K92.2</i>	D99	<i>L30.8</i>	S88
<i>K31.0</i>	D87	<i>K59.9</i>	D99	<i>K92.8</i>	D99	<i>L30.9</i>	S88
<i>K31.1</i>	D87	<i>K60</i>	D95	<i>K92.9</i>	D99	<i>L40</i>	S91
<i>K31.2</i>	D87	<i>K61</i>	D95	<i>K93</i>	D99	<i>L41</i>	S99
<i>K31.3</i>	D87	<i>K62.0</i>	D78	<i>L00</i>	S84	<i>L42</i>	S90
<i>K31.4</i>	D87	<i>K62.1</i>	D78	<i>L01</i>	S84	<i>L43</i>	S99
<i>K31.5</i>	D87	<i>K62.2</i>	D99	<i>L02</i>	S10	<i>L44</i>	S99
<i>K31.6</i>	D87	<i>K62.3</i>	D99	<i>L03.0</i>	S09	<i>L45</i>	S99
<i>K31.7</i>	D78	<i>K62.4</i>	D99	<i>L03.1</i>	S76	<i>L50</i>	S98
<i>K31.8</i>	D87	<i>K62.5</i>	D16	<i>L03.2</i>	S76	<i>L51</i>	S99
<i>K31.9</i>	D87	<i>K62.6</i>	D99	<i>L03.3</i>	S76	<i>L52</i>	S99
<i>K35</i>	D88	<i>K62.7</i>	D99	<i>L03.8</i>	S76	<i>L53.0</i>	S99
<i>K36</i>	D88	<i>K62.8</i>	D04	<i>L03.9</i>	S76	<i>L53.1</i>	S99
<i>K37</i>	D88	<i>K62.8</i>	D99	<i>L04</i>	B70	<i>L53.2</i>	S99
<i>K38</i>	D99	<i>K62.9</i>	D99	<i>L05</i>	S85	<i>L53.3</i>	S99
<i>K40</i>	D89	<i>K63</i>	D99	<i>L08</i>	S76	<i>L53.8</i>	S99
<i>K41</i>	D91	<i>K65</i>	D99	<i>L10</i>	S99	<i>L53.9</i>	S06
<i>K42</i>	D91	<i>K66</i>	D99	<i>L11</i>	S99	<i>L53.9</i>	S07
<i>K43</i>	D91	<i>K67</i>	D99	<i>L12</i>	S99	<i>L54</i>	S99
<i>K44</i>	D90	<i>K70</i>	D97	<i>L13</i>	S99	<i>L55</i>	S80
<i>K45</i>	D91	<i>K71</i>	D97	<i>L14</i>	S99	<i>L56</i>	S80
<i>K46</i>	D91	<i>K72</i>	D97	<i>L20</i>	S87	<i>L57</i>	S80
<i>K50</i>	D94	<i>K73</i>	D97	<i>L21</i>	S86	<i>L58</i>	S80
<i>K51</i>	D94	<i>K74</i>	D97	<i>L22</i>	S89	<i>L59</i>	S80
<i>K52.0</i>	D94	<i>K75</i>	D97	<i>L23</i>	S88	<i>L60.0</i>	S94
<i>K52.1</i>	D99	<i>K76</i>	D97	<i>L24</i>	S88	<i>L60.1</i>	S22
<i>K52.2</i>	D99	<i>K77</i>	D97	<i>L25</i>	S88	<i>L60.2</i>	S99
<i>K52.8</i>	D99	<i>K80</i>	D98	<i>L26</i>	S99	<i>L60.3</i>	S99
<i>K52.9</i>	D11	<i>K81</i>	D98	<i>L27.0</i>	A85	<i>L60.4</i>	S22

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>L60.5</i>	S22	<i>L93</i>	S99	<i>M25.1</i>	L99	<i>M43.0</i>	L84
<i>L60.8</i>	S99	<i>L94</i>	S99	<i>M25.2</i>	L99	<i>M43.1</i>	L83
<i>L60.9</i>	S22	<i>L95</i>	S99	<i>M25.3</i>	L99	<i>M43.1</i>	L84
<i>L62</i>	S22	<i>L97</i>	S97	<i>M25.4</i>	L08	<i>M43.2</i>	L99
<i>L63</i>	S23	<i>L98.0</i>	S76	<i>M25.4</i>	L10	<i>M43.3</i>	L83
<i>L64</i>	S23	<i>L98.1</i>	S99	<i>M25.4</i>	L11	<i>M43.4</i>	L83
<i>L65</i>	S23	<i>L98.2</i>	S99	<i>M25.4</i>	L12	<i>M43.5</i>	L83
<i>L66</i>	S23	<i>L98.3</i>	S99	<i>M25.4</i>	L13	<i>M43.5</i>	L84
<i>L67</i>	S24	<i>L98.4</i>	S97	<i>M25.4</i>	L15	<i>M43.6</i>	L83
<i>L68</i>	S24	<i>L98.5</i>	S99	<i>M25.4</i>	L16	<i>M43.8</i>	L85
<i>L70</i>	S96	<i>L98.6</i>	S99	<i>M25.4</i>	L17	<i>M43.9</i>	L85
<i>L71</i>	S99	<i>L98.8</i>	S99	<i>M25.4</i>	L20	<i>M45</i>	L88
<i>L72.0</i>	S99	<i>L98.9</i>	S99	<i>M25.5</i>	L08	<i>M46.0</i>	L83
<i>L72.1</i>	S93	<i>L99</i>	S99	<i>M25.5</i>	L10	<i>M46.0</i>	L84
<i>L72.2</i>	S99	<i>M00</i>	L70	<i>M25.5</i>	L11	<i>M46.1</i>	L84
<i>L72.8</i>	S99	<i>M01</i>	L70	<i>M25.5</i>	L12	<i>M46.2</i>	L70
<i>L72.9</i>	S99	<i>M02</i>	L99	<i>M25.5</i>	L13	<i>M46.3</i>	L70
<i>L73.0</i>	S99	<i>M03</i>	L99	<i>M25.5</i>	L15	<i>M46.4</i>	L70
<i>L73.1</i>	S99	<i>M05</i>	L88	<i>M25.5</i>	L16	<i>M46.5</i>	L70
<i>L73.2</i>	S92	<i>M06</i>	L88	<i>M25.5</i>	L17	<i>M46.8</i>	L84
<i>L73.8</i>	S99	<i>M07</i>	L99	<i>M25.5</i>	L20	<i>M46.9</i>	L84
<i>L73.9</i>	S99	<i>M08</i>	L88	<i>M25.6</i>	L08	<i>M47.0</i>	L84
<i>L74</i>	S92	<i>M09</i>	L99	<i>M25.6</i>	L10	<i>M47.1</i>	L83
<i>L75</i>	S92	<i>M10</i>	T92	<i>M25.6</i>	L11	<i>M47.1</i>	L86
<i>L80</i>	S99	<i>M11</i>	T99	<i>M25.6</i>	L12	<i>M47.2</i>	L83
<i>L81.0</i>	S08	<i>M12</i>	L99	<i>M25.6</i>	L13	<i>M47.2</i>	L86
<i>L81.1</i>	S08	<i>M13</i>	L91	<i>M25.6</i>	L15	<i>M47.8</i>	L83
<i>L81.2</i>	S08	<i>M14</i>	L99	<i>M25.6</i>	L16	<i>M47.8</i>	L84
<i>L81.3</i>	S08	<i>M15</i>	L91	<i>M25.6</i>	L17	<i>M47.9</i>	L83
<i>L81.4</i>	S99	<i>M16</i>	L89	<i>M25.6</i>	L20	<i>M47.9</i>	L84
<i>L81.5</i>	S99	<i>M17</i>	L90	<i>M25.7</i>	L99	<i>M48</i>	L83
<i>L81.6</i>	S99	<i>M18</i>	L91	<i>M25.8</i>	L20	<i>M48</i>	L84
<i>L81.7</i>	S99	<i>M19</i>	L91	<i>M25.8</i>	L99	<i>M49</i>	L99
<i>L81.8</i>	S99	<i>M19</i>	L92	<i>M25.9</i>	L20	<i>M50</i>	L83
<i>L81.9</i>	S99	<i>M20</i>	L98	<i>M25.9</i>	L99	<i>M51.0</i>	L86
<i>L82</i>	S99	<i>M21</i>	L98	<i>M30</i>	K99	<i>M51.1</i>	L86
<i>L83</i>	S99	<i>M22.0</i>	L80	<i>M31</i>	K99	<i>M51.2</i>	L84
<i>L84</i>	S20	<i>M22.1</i>	L80	<i>M32</i>	L99	<i>M51.2</i>	L86
<i>L85</i>	S99	<i>M22.2</i>	L99	<i>M33</i>	L99	<i>M51.3</i>	L84
<i>L86</i>	S99	<i>M22.3</i>	L99	<i>M34</i>	L99	<i>M51.3</i>	L86
<i>L87</i>	S99	<i>M22.4</i>	L99	<i>M35</i>	L99	<i>M51.4</i>	L84
<i>L88</i>	S99	<i>M22.8</i>	L99	<i>M36</i>	L99	<i>M51.4</i>	L86
<i>L89</i>	S97	<i>M22.9</i>	L99	<i>M40</i>	L85	<i>M51.8</i>	L84
<i>L90</i>	S99	<i>M23</i>	L99	<i>M41</i>	L85	<i>M51.8</i>	L86
<i>L91</i>	S99	<i>M24</i>	L99	<i>M42</i>	L94	<i>M51.9</i>	L84
<i>L92</i>	S99	<i>M25.0</i>	L99	<i>M43.0</i>	L83	<i>M51.9</i>	L86

Conversion codes from ICD-10

157

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>M53.0</i>	L83	<i>M67.2</i>	L99	<i>M84</i>	L99	<i>N31</i>	U99
<i>M53.1</i>	L83	<i>M67.3</i>	L87	<i>M85</i>	L99	<i>N32</i>	U99
<i>M53.2</i>	L84	<i>M67.4</i>	L87	<i>M86</i>	L70	<i>N33</i>	U99
<i>M53.3</i>	L03	<i>M67.8</i>	L99	<i>M87</i>	L99	<i>N34</i>	U72
<i>M53.3</i>	L84	<i>M67.9</i>	L99	<i>M88</i>	L99	<i>N35</i>	U99
<i>M53.8</i>	L83	<i>M68</i>	L99	<i>M89</i>	L99	<i>N36</i>	U99
<i>M53.8</i>	L84	<i>M70</i>	L87	<i>M90</i>	L99	<i>N37</i>	U99
<i>M53.9</i>	L83	<i>M71.0</i>	L70	<i>M91</i>	L94	<i>N39.0</i>	U71
<i>M53.9</i>	L84	<i>M71.1</i>	L70	<i>M92</i>	L94	<i>N39.1</i>	U98
<i>M54.0</i>	L01	<i>M71.2</i>	L87	<i>M93</i>	L94	<i>N39.2</i>	U90
<i>M54.0</i>	L02	<i>M71.3</i>	L87	<i>M94</i>	L99	<i>N39.3</i>	U04
<i>M54.0</i>	L03	<i>M71.4</i>	L87	<i>M95</i>	L99	<i>N39.4</i>	U04
<i>M54.1</i>	L99	<i>M71.5</i>	L87	<i>M96</i>	A87	<i>N39.8</i>	U99
<i>M54.2</i>	L01	<i>M71.8</i>	L87	<i>M99</i>	L99	<i>N39.9</i>	U99
<i>M54.3</i>	L86	<i>M71.9</i>	L87	<i>N00</i>	U88	<i>N40</i>	Y85
<i>M54.4</i>	L86	<i>M72</i>	L87	<i>N01</i>	U88	<i>N41</i>	Y73
<i>M54.5</i>	L03	<i>M73</i>	L99	<i>N02</i>	U06	<i>N42.0</i>	Y99
<i>M54.6</i>	L02	<i>M75</i>	L92	<i>N03</i>	U88	<i>N42.1</i>	Y99
<i>M54.8</i>	L02	<i>M76</i>	L87	<i>N04</i>	U88	<i>N42.2</i>	Y99
<i>M54.9</i>	L02	<i>M77.0</i>	L87	<i>N05</i>	U88	<i>N42.8</i>	Y06
<i>M60.0</i>	L70	<i>M77.1</i>	L93	<i>N06</i>	U99	<i>N42.8</i>	Y99
<i>M60.1</i>	L18	<i>M77.2</i>	L87	<i>N07</i>	U88	<i>N42.9</i>	Y06
<i>M60.2</i>	L18	<i>M77.3</i>	L87	<i>N08</i>	U88	<i>N42.9</i>	Y99
<i>M60.8</i>	L18	<i>M77.4</i>	L17	<i>N10</i>	U70	<i>N43.0</i>	Y86
<i>M60.9</i>	L18	<i>M77.5</i>	L17	<i>N11</i>	U70	<i>N43.1</i>	Y86
<i>M61</i>	L99	<i>M77.8</i>	L87	<i>N12</i>	U70	<i>N43.2</i>	Y86
<i>M62.0</i>	L99	<i>M77.9</i>	L87	<i>N13</i>	U99	<i>N43.3</i>	Y86
<i>M62.1</i>	L99	<i>M79.0</i>	L18	<i>N14</i>	U88	<i>N43.4</i>	Y99
<i>M62.2</i>	L99	<i>M79.1</i>	L18	<i>N15.0</i>	U88	<i>N44</i>	Y99
<i>M62.3</i>	L99	<i>M79.2</i>	N29	<i>N15.1</i>	U70	<i>N45</i>	Y74
<i>M62.4</i>	L99	<i>M79.2</i>	N94	<i>N15.8</i>	U88	<i>N46</i>	Y10
<i>M62.5</i>	L19	<i>M79.2</i>	N99	<i>N15.9</i>	U70	<i>N47</i>	Y81
<i>M62.6</i>	L19	<i>M79.3</i>	L18	<i>N16</i>	U88	<i>N48.0</i>	Y99
<i>M62.8</i>	L99	<i>M79.4</i>	L99	<i>N17</i>	U99	<i>N48.1</i>	Y75
<i>M62.9</i>	L99	<i>M79.5</i>	L81	<i>N18</i>	U99	<i>N48.2</i>	Y99
<i>M63</i>	L99	<i>M79.6</i>	L09	<i>N19</i>	U99	<i>N48.3</i>	Y08
<i>M65.0</i>	L70	<i>M79.6</i>	L12	<i>N20</i>	U95	<i>N48.4</i>	Y07
<i>M65.1</i>	L70	<i>M79.6</i>	L14	<i>N21</i>	U95	<i>N48.5</i>	Y99
<i>M65.2</i>	L87	<i>M79.6</i>	L17	<i>N22</i>	U95	<i>N48.6</i>	Y99
<i>M65.3</i>	L87	<i>M79.6</i>	L18	<i>N23</i>	U14	<i>N48.8</i>	Y01
<i>M65.4</i>	L87	<i>M79.8</i>	L99	<i>N25</i>	U99	<i>N48.8</i>	Y04
<i>M65.8</i>	L87	<i>M79.9</i>	L19	<i>N26</i>	U99	<i>N48.8</i>	Y08
<i>M65.9</i>	L87	<i>M80</i>	L95	<i>N27</i>	U99	<i>N48.8</i>	Y99
<i>M66</i>	L99	<i>M81</i>	L95	<i>N28</i>	U99	<i>N48.9</i>	Y04
<i>M67.0</i>	L99	<i>M82</i>	L95	<i>N29</i>	U99	<i>N48.9</i>	Y99
<i>M67.1</i>	L99	<i>M83</i>	T99	<i>N30</i>	U71	<i>N49.0</i>	Y73

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>N49.1</i>	Y99	<i>N74.8</i>	X74	<i>N92.5</i>	X07	<i>O16</i>	W81
<i>N49.2</i>	Y99	<i>N75</i>	X99	<i>N92.6</i>	X07	<i>O20</i>	W03
<i>N49.8</i>	Y99	<i>N76</i>	X84	<i>N93.0</i>	X13	<i>O21</i>	W05
<i>N49.9</i>	Y99	<i>N77</i>	X84	<i>N93.8</i>	X08	<i>O22</i>	W99
<i>N50.0</i>	Y99	<i>N80</i>	X99	<i>N93.9</i>	X08	<i>O23</i>	W71
<i>N50.1</i>	Y99	<i>N81</i>	X87	<i>N94.0</i>	X03	<i>O24.0</i>	W84
<i>N50.8</i>	Y02	<i>N82</i>	X99	<i>N94.1</i>	X04	<i>O24.1</i>	W84
<i>N50.8</i>	Y05	<i>N83</i>	X99	<i>N94.2</i>	X04	<i>O24.2</i>	W84
<i>N50.8</i>	Y29	<i>N84.0</i>	X99	<i>N94.3</i>	X89	<i>O24.3</i>	W84
<i>N50.8</i>	Y99	<i>N84.1</i>	X85	<i>N94.4</i>	X02	<i>O24.4</i>	W85
<i>N50.9</i>	Y05	<i>N84.2</i>	X99	<i>N94.5</i>	X02	<i>O24.9</i>	W84
<i>N50.9</i>	Y29	<i>N84.3</i>	X99	<i>N94.6</i>	X02	<i>O25</i>	W84
<i>N50.9</i>	Y99	<i>N84.8</i>	X99	<i>N94.8</i>	X01	<i>O26</i>	W29
<i>N51</i>	Y99	<i>N84.9</i>	X99	<i>N94.8</i>	X09	<i>O26</i>	W99
<i>N60</i>	X88	<i>N85</i>	X99	<i>N94.8</i>	X17	<i>O28</i>	W99
<i>N61</i>	X21	<i>N86</i>	X85	<i>N94.8</i>	X29	<i>O29</i>	A87
<i>N61</i>	X99	<i>N87</i>	X86	<i>N94.8</i>	X99	<i>O30</i>	W84
<i>N62</i>	X21	<i>N88</i>	X85	<i>N94.9</i>	X09	<i>O31</i>	W84
<i>N62</i>	Y16	<i>N89.0</i>	X99	<i>N94.9</i>	X17	<i>O32</i>	W84
<i>N63</i>	X19	<i>N89.1</i>	X99	<i>N94.9</i>	X29	<i>O33</i>	W84
<i>N63</i>	Y16	<i>N89.2</i>	X99	<i>N94.9</i>	X99	<i>O34</i>	W84
<i>N64.0</i>	X20	<i>N89.3</i>	X99	<i>N95.0</i>	X12	<i>O35</i>	W84
<i>N64.1</i>	X99	<i>N89.4</i>	X99	<i>N95.1</i>	X11	<i>O36</i>	W84
<i>N64.2</i>	X99	<i>N89.5</i>	X99	<i>N95.2</i>	X11	<i>O40</i>	W84
<i>N64.3</i>	X21	<i>N89.6</i>	X99	<i>N95.3</i>	X11	<i>O41.0</i>	W99
<i>N64.4</i>	X18	<i>N89.7</i>	X99	<i>N95.8</i>	X11	<i>O41.1</i>	W71
<i>N64.5</i>	X20	<i>N89.8</i>	X14	<i>N95.9</i>	X11	<i>O41.8</i>	W99
<i>N64.5</i>	X21	<i>N89.8</i>	X15	<i>N96</i>	X99	<i>O41.9</i>	W99
<i>N64.5</i>	Y16	<i>N89.9</i>	X15	<i>N97</i>	W15	<i>O42</i>	W92
<i>N64.8</i>	X21	<i>N90.0</i>	X99	<i>N98</i>	X99	<i>O42</i>	W93
<i>N64.8</i>	X88	<i>N90.1</i>	X99	<i>N99</i>	A87	<i>O43</i>	W84
<i>N64.8</i>	X99	<i>N90.2</i>	X99	<i>O00</i>	W80	<i>O44</i>	W84
<i>N64.8</i>	Y99	<i>N90.3</i>	X99	<i>O01</i>	W73	<i>O45</i>	W92
<i>N64.9</i>	X21	<i>N90.4</i>	X99	<i>O02</i>	W82	<i>O45</i>	W93
<i>N64.9</i>	X88	<i>N90.5</i>	X99	<i>O03</i>	W82	<i>O46</i>	W03
<i>N64.9</i>	X99	<i>N90.6</i>	X99	<i>O04</i>	W83	<i>O47</i>	W99
<i>N64.9</i>	Y99	<i>N90.7</i>	X99	<i>O05</i>	W82	<i>O48</i>	W99
<i>N70</i>	X74	<i>N90.8</i>	X99	<i>O06</i>	W82	<i>O60</i>	W92
<i>N71</i>	X74	<i>N90.9</i>	X16	<i>O07</i>	W99	<i>O60</i>	W93
<i>N72</i>	X85	<i>N91</i>	X05	<i>O08</i>	W99	<i>O61</i>	W92
<i>N73</i>	X74	<i>N92.0</i>	X06	<i>O10</i>	W81	<i>O61</i>	W93
<i>N74.0</i>	A70	<i>N92.0</i>	X07	<i>O11</i>	W81	<i>O62</i>	W92
<i>N74.1</i>	A70	<i>N92.1</i>	X07	<i>O12</i>	W81	<i>O62</i>	W93
<i>N74.2</i>	X70	<i>N92.2</i>	X06	<i>O13</i>	W81	<i>O63</i>	W92
<i>N74.3</i>	X71	<i>N92.3</i>	X08	<i>O14</i>	W81	<i>O63</i>	W93
<i>N74.4</i>	X92	<i>N92.4</i>	X06	<i>O15</i>	W81	<i>O64</i>	W92

Conversion codes from ICD-10

159

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>O64</i>	W93	<i>O85</i>	W70	<i>P05</i>	A94	<i>P83</i>	A94
<i>O65</i>	W92	<i>O86.0</i>	A87	<i>P07</i>	A93	<i>P90</i>	A94
<i>O65</i>	W93	<i>O86.1</i>	W70	<i>P08</i>	A94	<i>P91</i>	A94
<i>O66</i>	W92	<i>O86.2</i>	W71	<i>P10</i>	A94	<i>P92</i>	A94
<i>O66</i>	W93	<i>O86.3</i>	W70	<i>P11</i>	A94	<i>P93</i>	A94
<i>O67</i>	W92	<i>O86.4</i>	W71	<i>P12</i>	A94	<i>P94</i>	A94
<i>O67</i>	W93	<i>O86.8</i>	W71	<i>P13</i>	A94	<i>P95</i>	A95
<i>O68</i>	W92	<i>O87</i>	W96	<i>P14</i>	A94	<i>P96</i>	A94
<i>O68</i>	W93	<i>O88</i>	W99	<i>P15</i>	A94	<i>Q00</i>	N85
<i>O69</i>	W92	<i>O89</i>	A87	<i>P20</i>	A94	<i>Q01</i>	N85
<i>O69</i>	W93	<i>O90.0</i>	A87	<i>P21</i>	A94	<i>Q02</i>	N85
<i>O70</i>	W92	<i>O90.1</i>	A87	<i>P22</i>	A94	<i>Q03</i>	N85
<i>O70</i>	W93	<i>O90.2</i>	A87	<i>P23</i>	A94	<i>Q04</i>	N85
<i>O71</i>	W92	<i>O90.3</i>	K84	<i>P24</i>	A94	<i>Q05</i>	N85
<i>O71</i>	W93	<i>O90.4</i>	W96	<i>P25</i>	A94	<i>Q06</i>	N85
<i>O72</i>	W17	<i>O90.5</i>	W99	<i>P26</i>	A94	<i>Q07</i>	N85
<i>O73</i>	W92	<i>O90.8</i>	W96	<i>P27</i>	A94	<i>Q10.0</i>	F81
<i>O73</i>	W93	<i>O90.9</i>	W18	<i>P28</i>	A94	<i>Q10.1</i>	F81
<i>O74</i>	A87	<i>O90.9</i>	W96	<i>P29</i>	A94	<i>Q10.2</i>	F81
<i>O75.0</i>	W92	<i>O91</i>	W94	<i>P35</i>	A94	<i>Q10.3</i>	F81
<i>O75.0</i>	W93	<i>O92.0</i>	W95	<i>P36</i>	A94	<i>Q10.4</i>	F81
<i>O75.1</i>	W92	<i>O92.1</i>	W95	<i>P37</i>	A94	<i>Q10.5</i>	F80
<i>O75.1</i>	W93	<i>O92.2</i>	W95	<i>P38</i>	A94	<i>Q10.6</i>	F81
<i>O75.2</i>	W71	<i>O92.3</i>	W95	<i>P39</i>	A94	<i>Q10.7</i>	F81
<i>O75.3</i>	W71	<i>O92.4</i>	W95	<i>P50</i>	A94	<i>Q11</i>	F81
<i>O75.4</i>	W92	<i>O92.5</i>	W19	<i>P51</i>	A94	<i>Q12</i>	F81
<i>O75.4</i>	W93	<i>O92.6</i>	W19	<i>P52</i>	A94	<i>Q13</i>	F81
<i>O75.5</i>	W92	<i>O92.7</i>	W19	<i>P53</i>	A94	<i>Q14</i>	F81
<i>O75.5</i>	W93	<i>O95</i>	W99	<i>P54</i>	A94	<i>Q15</i>	F81
<i>O75.6</i>	W92	<i>O96</i>	W99	<i>P55</i>	A94	<i>Q16</i>	H80
<i>O75.6</i>	W93	<i>O97</i>	W99	<i>P56</i>	A94	<i>Q17</i>	H80
<i>O75.7</i>	W92	<i>O98</i>	W71	<i>P57</i>	A94	<i>Q18</i>	D81
<i>O75.7</i>	W93	<i>O99.0</i>	W84	<i>P58</i>	A94	<i>Q20</i>	K73
<i>O75.8</i>	W92	<i>O99.1</i>	W84	<i>P59</i>	A94	<i>Q21</i>	K73
<i>O75.8</i>	W93	<i>O99.2</i>	W84	<i>P60</i>	A94	<i>Q22</i>	K73
<i>O75.9</i>	W92	<i>O99.3</i>	W84	<i>P61</i>	A94	<i>Q23</i>	K73
<i>O75.9</i>	W93	<i>O99.4</i>	W84	<i>P70</i>	A94	<i>Q24</i>	K73
<i>O80</i>	W90	<i>O99.5</i>	W84	<i>P71</i>	A94	<i>Q25</i>	K73
<i>O81</i>	W92	<i>O99.6</i>	W84	<i>P72</i>	A94	<i>Q26</i>	K73
<i>O81</i>	W93	<i>O99.7</i>	W84	<i>P74</i>	A94	<i>Q27</i>	K73
<i>O82</i>	W92	<i>O99.8</i>	W76	<i>P75</i>	A94	<i>Q28</i>	K73
<i>O82</i>	W93	<i>P00</i>	A94	<i>P76</i>	A94	<i>Q30</i>	R89
<i>O83</i>	W92	<i>P01</i>	A94	<i>P77</i>	A94	<i>Q31</i>	R89
<i>O83</i>	W93	<i>P02</i>	A94	<i>P78</i>	A94	<i>Q32</i>	R89
<i>O84</i>	W92	<i>P03</i>	A94	<i>P80</i>	A94	<i>Q33</i>	R89
<i>O84</i>	W93	<i>P04</i>	A94	<i>P81</i>	A94	<i>Q34</i>	R89

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>Q35</i>	D81	<i>Q86</i>	A90	<i>R07.2</i>	K02	<i>R20.3</i>	N06
<i>Q36</i>	D81	<i>Q87</i>	A90	<i>R07.3</i>	L04	<i>R20.8</i>	N06
<i>Q37</i>	D81	<i>Q89.0</i>	B79	<i>R07.4</i>	A11	<i>R20.8</i>	S01
<i>Q38</i>	D81	<i>Q89.1</i>	T80	<i>R09.0</i>	R29	<i>R21</i>	S06
<i>Q39</i>	D81	<i>Q89.2</i>	T78	<i>R09.1</i>	R82	<i>R21</i>	S07
<i>Q40</i>	D81	<i>Q89.2</i>	T80	<i>R09.2</i>	R29	<i>R22.0</i>	S04
<i>Q41</i>	D81	<i>Q89.3</i>	A90	<i>R09.3</i>	R25	<i>R22.1</i>	S04
<i>Q42</i>	D81	<i>Q89.4</i>	A90	<i>R09.8</i>	K03	<i>R22.2</i>	S04
<i>Q43</i>	D81	<i>Q89.7</i>	A90	<i>R09.8</i>	K29	<i>R22.3</i>	S04
<i>Q44</i>	D81	<i>Q89.8</i>	B79	<i>R09.8</i>	K81	<i>R22.4</i>	S04
<i>Q45</i>	D81	<i>Q89.9</i>	A90	<i>R09.8</i>	R21	<i>R22.7</i>	S05
<i>Q50</i>	X83	<i>Q90</i>	A90	<i>R09.8</i>	R29	<i>R22.9</i>	S04
<i>Q51</i>	X83	<i>Q91</i>	A90	<i>R10.0</i>	D01	<i>R23.0</i>	S08
<i>Q52</i>	X83	<i>Q92</i>	A90	<i>R10.1</i>	D02	<i>R23.1</i>	S08
<i>Q53</i>	Y83	<i>Q93</i>	A90	<i>R10.1</i>	D06	<i>R23.2</i>	S08
<i>Q54</i>	Y82	<i>Q95</i>	A90	<i>R10.2</i>	D04	<i>R23.3</i>	S29
<i>Q55</i>	Y84	<i>Q96</i>	A90	<i>R10.2</i>	D06	<i>R23.4</i>	S21
<i>Q56</i>	X83	<i>Q97</i>	A90	<i>R10.2</i>	Y02	<i>R23.8</i>	S04
<i>Q56</i>	Y84	<i>Q98</i>	A90	<i>R10.3</i>	D04	<i>R23.8</i>	S05
<i>Q60</i>	U85	<i>Q99</i>	A90	<i>R10.3</i>	D06	<i>R23.8</i>	S08
<i>Q61</i>	U85	<i>R00.0</i>	K04	<i>R10.4</i>	D01	<i>R23.8</i>	S29
<i>Q62</i>	U85	<i>R00.1</i>	K04	<i>R11</i>	D09	<i>R25.0</i>	N08
<i>Q63</i>	U85	<i>R00.2</i>	K04	<i>R11</i>	D10	<i>R25.1</i>	N08
<i>Q64</i>	U85	<i>R00.8</i>	K05	<i>R11</i>	D29	<i>R25.2</i>	L07
<i>Q65</i>	L82	<i>R01</i>	K81	<i>R12</i>	D03	<i>R25.2</i>	L09
<i>Q66</i>	L82	<i>R02</i>	K92	<i>R13</i>	D21	<i>R25.2</i>	L12
<i>Q67</i>	L82	<i>R03.0</i>	K85	<i>R14</i>	D08	<i>R25.2</i>	L14
<i>Q68</i>	L82	<i>R03.1</i>	K29	<i>R15</i>	D17	<i>R25.2</i>	L17
<i>Q69</i>	L82	<i>R04.0</i>	R06	<i>R16.0</i>	D23	<i>R25.2</i>	L18
<i>Q70</i>	L82	<i>R04.1</i>	R29	<i>R16.1</i>	B87	<i>R25.3</i>	N08
<i>Q71</i>	L82	<i>R04.2</i>	R24	<i>R16.2</i>	B87	<i>R25.8</i>	N08
<i>Q72</i>	L82	<i>R04.8</i>	R29	<i>R16.2</i>	D23	<i>R26.0</i>	N29
<i>Q73</i>	L82	<i>R04.9</i>	R29	<i>R17</i>	D13	<i>R26.1</i>	N29
<i>Q74</i>	L82	<i>R05</i>	R05	<i>R18</i>	D29	<i>R26.2</i>	N29
<i>Q75</i>	L82	<i>R06.0</i>	R02	<i>R19.0</i>	D24	<i>R26.8</i>	A29
<i>Q76</i>	L82	<i>R06.1</i>	R04	<i>R19.0</i>	D25	<i>R26.8</i>	L29
<i>Q77</i>	L82	<i>R06.2</i>	R03	<i>R19.1</i>	D29	<i>R26.8</i>	N29
<i>Q78</i>	L82	<i>R06.3</i>	R04	<i>R19.2</i>	D29	<i>R27</i>	N29
<i>Q79</i>	L82	<i>R06.4</i>	R98	<i>R19.3</i>	D29	<i>R29.0</i>	N08
<i>Q80</i>	S83	<i>R06.5</i>	R04	<i>R19.4</i>	D18	<i>R29.0</i>	N29
<i>Q81</i>	S83	<i>R06.6</i>	R29	<i>R19.5</i>	D18	<i>R29.1</i>	N29
<i>Q82</i>	S83	<i>R06.7</i>	R07	<i>R19.6</i>	D20	<i>R29.2</i>	N29
<i>Q83</i>	X83	<i>R06.8</i>	R04	<i>R19.8</i>	D29	<i>R29.3</i>	L29
<i>Q83</i>	Y84	<i>R07.0</i>	R21	<i>R20.0</i>	N06	<i>R29.4</i>	L13
<i>Q84</i>	S83	<i>R07.1</i>	R01	<i>R20.1</i>	N06	<i>R29.8</i>	L04
<i>Q85</i>	A90	<i>R07.2</i>	K01	<i>R20.2</i>	N05	<i>R29.8</i>	L05

Conversion codes from ICD-10

161

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
R29.8	L07	R46.8	W21	R75	B90	S00.7	S19
R29.8	L09	R46.8	X22	R76	A91	S00.8	S12
R29.8	L12	R47	N19	R77	A91	S00.8	S15
R29.8	L14	R48	P24	R78	A91	S00.8	S16
R29.8	L17	R49	R23	R79	A91	S00.8	S17
R29.8	L29	R50	A03	R80	U98	S00.8	S19
R29.8	N29	R51	N01	R81	U98	S00.9	S12
R30	U01	R51	N03	R82	U98	S00.9	S15
R31	U06	R52	A01	R83	A91	S00.9	S16
R32	U04	R53	A04	R84	A91	S00.9	S17
R33	U08	R53	A05	R85	A91	S00.9	S19
R34	U05	R54	P05	R86	A91	S01.0	S18
R35	U02	R55	A06	R87	A91	S01.1	F79
R36	X29	R56	N07	R87	X86	S01.2	R88
R36	Y03	R57	K99	R89	A91	S01.2	S18
R39.0	U13	R58	A10	R90	A91	S01.3	H79
R39.1	U05	R59	B02	R91	A91	S01.4	S18
R39.2	U99	R60	K07	R92	A91	S01.5	D80
R39.8	U07	R61	A09	R93	A91	S01.7	S18
R39.8	U13	R62.0	P22	R94	A91	S01.8	S18
R39.8	U29	R62.8	T10	R95	A95	S01.9	S18
R40	A07	R62.9	T10	R95	A96	S02.0	N80
R41	P20	R63.0	T03	R96	A96	S02.1	N80
R42	N17	R63.1	T01	R98	A96	S02.2	L76
R43	N16	R63.2	T02	R99	A96	S02.3	L76
R44	P29	R63.3	T04	S00.0	S12	S02.4	L76
R45.0	P01	R63.3	T05	S00.0	S15	S02.5	D80
R45.1	P04	R63.4	T08	S00.0	S16	S02.6	L76
R45.2	P03	R63.5	T07	S00.0	S17	S02.7	L76
R45.3	P03	R63.8	T29	S00.0	S19	S02.8	L76
R45.4	P04	R64	T08	S00.1	F75	S02.9	L76
R45.5	P04	R68.0	A29	S00.2	F79	S02.9	N80
R45.6	P04	R68.1	A16	S00.2	S12	S03.0	L80
R45.7	P29	R68.2	D20	S00.2	S15	S03.1	R88
R45.8	P29	R68.3	S22	S00.3	R88	S03.2	D80
R46.0	P29	R68.8	A02	S00.3	S12	S03.3	L80
R46.1	P29	R68.8	A08	S00.3	S15	S03.4	L79
R46.2	P29	R68.8	A29	S00.4	H78	S03.5	L79
R46.3	P29	R68.8	B04	S00.4	S12	S04	N81
R46.4	P29	R68.8	B29	S00.4	S15	S05.0	F79
R46.5	P29	R69	A99	S00.5	D80	S05.1	F75
R46.6	P29	R70	B99	S00.5	S12	S05.2	F79
R46.7	P29	R71	B99	S00.5	S15	S05.3	F79
R46.8	A18	R72	B84	S00.7	S12	S05.4	F79
R46.8	H15	R73	A91	S00.7	S15	S05.5	F79
R46.8	P29	R74	A91	S00.7	S17	S05.6	F79

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>S05.7</i>	F79	<i>S10.8</i>	S12	<i>S20.7</i>	S12	<i>S31.4</i>	X82
<i>S05.8</i>	F79	<i>S10.8</i>	S15	<i>S20.7</i>	S15	<i>S31.5</i>	X82
<i>S05.9</i>	F79	<i>S10.8</i>	S16	<i>S20.7</i>	S17	<i>S31.5</i>	Y80
<i>S06.0</i>	N79	<i>S10.8</i>	S17	<i>S20.7</i>	S19	<i>S31.7</i>	A81
<i>S06.1</i>	N80	<i>S10.8</i>	S19	<i>S20.8</i>	S12	<i>S31.8</i>	S18
<i>S06.2</i>	N80	<i>S10.9</i>	S12	<i>S20.8</i>	S15	<i>S32</i>	L76
<i>S06.3</i>	N80	<i>S10.9</i>	S15	<i>S20.8</i>	S17	<i>S33.0</i>	L80
<i>S06.4</i>	N80	<i>S10.9</i>	S16	<i>S20.8</i>	S19	<i>S33.1</i>	L80
<i>S06.5</i>	N80	<i>S10.9</i>	S17	<i>S21</i>	A80	<i>S33.2</i>	L80
<i>S06.6</i>	N80	<i>S10.9</i>	S19	<i>S21</i>	S18	<i>S33.3</i>	L80
<i>S06.7</i>	N80	<i>S11</i>	A80	<i>S22</i>	L76	<i>S33.4</i>	L81
<i>S06.8</i>	N80	<i>S11</i>	S18	<i>S23.0</i>	L80	<i>S33.5</i>	L84
<i>S06.9</i>	N80	<i>S12</i>	L76	<i>S23.1</i>	L80	<i>S33.6</i>	L79
<i>S07.0</i>	H79	<i>S13.0</i>	L80	<i>S23.2</i>	L80	<i>S33.7</i>	L84
<i>S07.0</i>	N80	<i>S13.1</i>	L80	<i>S23.3</i>	L79	<i>S34</i>	N81
<i>S07.1</i>	N80	<i>S13.2</i>	L80	<i>S23.4</i>	L79	<i>S35</i>	A80
<i>S07.8</i>	N80	<i>S13.3</i>	L80	<i>S23.5</i>	L79	<i>S36.0</i>	B76
<i>S07.9</i>	N80	<i>S13.4</i>	L79	<i>S24</i>	N81	<i>S36.1</i>	D80
<i>S08.0</i>	N80	<i>S13.5</i>	L79	<i>S25</i>	A80	<i>S36.2</i>	D80
<i>S08.1</i>	H79	<i>S13.6</i>	L79	<i>S26</i>	A80	<i>S36.3</i>	D80
<i>S08.8</i>	N80	<i>S14</i>	N81	<i>S27</i>	A80	<i>S36.4</i>	D80
<i>S08.9</i>	N80	<i>S15</i>	A80	<i>S27</i>	R88	<i>S36.5</i>	D80
<i>S09.0</i>	N80	<i>S16</i>	L81	<i>S28</i>	A81	<i>S36.6</i>	D80
<i>S09.1</i>	L81	<i>S17.0</i>	R88	<i>S29</i>	A81	<i>S36.7</i>	A81
<i>S09.2</i>	H79	<i>S17.8</i>	A81	<i>S30.0</i>	L81	<i>S36.8</i>	D80
<i>S09.7</i>	N80	<i>S17.9</i>	A81	<i>S30.0</i>	S16	<i>S36.9</i>	D80
<i>S09.8</i>	H79	<i>S18</i>	A81	<i>S30.1</i>	L81	<i>S37.0</i>	U80
<i>S09.8</i>	N80	<i>S19.7</i>	A81	<i>S30.1</i>	S16	<i>S37.1</i>	U80
<i>S09.9</i>	D80	<i>S19.8</i>	A81	<i>S30.2</i>	X82	<i>S37.2</i>	U80
<i>S09.9</i>	F79	<i>S19.8</i>	R88	<i>S30.2</i>	Y80	<i>S37.3</i>	U80
<i>S09.9</i>	H79	<i>S19.9</i>	A81	<i>S30.7</i>	S12	<i>S37.4</i>	X82
<i>S09.9</i>	L81	<i>S20.0</i>	S16	<i>S30.7</i>	S15	<i>S37.5</i>	X82
<i>S09.9</i>	N80	<i>S20.1</i>	S12	<i>S30.7</i>	S17	<i>S37.6</i>	X82
<i>S09.9</i>	N81	<i>S20.1</i>	S15	<i>S30.7</i>	S19	<i>S37.7</i>	A81
<i>S09.9</i>	R88	<i>S20.1</i>	S17	<i>S30.8</i>	S12	<i>S37.8</i>	A81
<i>S10.0</i>	D80	<i>S20.1</i>	S19	<i>S30.8</i>	S15	<i>S37.9</i>	A80
<i>S10.0</i>	R88	<i>S20.2</i>	L81	<i>S30.8</i>	S17	<i>S38.0</i>	X82
<i>S10.0</i>	S16	<i>S20.2</i>	S16	<i>S30.8</i>	S19	<i>S38.0</i>	Y80
<i>S10.1</i>	S12	<i>S20.3</i>	S12	<i>S30.9</i>	S12	<i>S38.1</i>	A80
<i>S10.1</i>	S15	<i>S20.3</i>	S15	<i>S30.9</i>	S15	<i>S38.2</i>	X82
<i>S10.1</i>	S17	<i>S20.3</i>	S17	<i>S30.9</i>	S17	<i>S38.2</i>	Y80
<i>S10.1</i>	S19	<i>S20.3</i>	S19	<i>S30.9</i>	S19	<i>S38.3</i>	A80
<i>S10.7</i>	S12	<i>S20.4</i>	S12	<i>S31.0</i>	S18	<i>S39.0</i>	A80
<i>S10.7</i>	S15	<i>S20.4</i>	S15	<i>S31.1</i>	S18	<i>S39.0</i>	A81
<i>S10.7</i>	S17	<i>S20.4</i>	S17	<i>S31.2</i>	Y80	<i>S39.0</i>	L81
<i>S10.7</i>	S19	<i>S20.4</i>	S19	<i>S31.3</i>	Y80	<i>S39.6</i>	A81

Conversion codes from ICD-10

163

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>S39.7</i>	A81	<i>S50.8</i>	S12	<i>S67</i>	L81	<i>S82.6</i>	L73
<i>S39.8</i>	A80	<i>S50.8</i>	S15	<i>S68</i>	L81	<i>S82.7</i>	L73
<i>S39.8</i>	A81	<i>S50.8</i>	S17	<i>S69</i>	L81	<i>S82.8</i>	L73
<i>S39.8</i>	L81	<i>S50.8</i>	S19	<i>S70.0</i>	L81	<i>S82.9</i>	L73
<i>S39.8</i>	X82	<i>S50.9</i>	S19	<i>S70.0</i>	S16	<i>S83.0</i>	L80
<i>S39.8</i>	Y80	<i>S51</i>	S18	<i>S70.1</i>	L81	<i>S83.1</i>	L80
<i>S39.9</i>	A80	<i>S52</i>	L72	<i>S70.1</i>	S16	<i>S83.2</i>	L96
<i>S39.9</i>	A81	<i>S53.0</i>	L80	<i>S70.7</i>	S12	<i>S83.3</i>	L96
<i>S39.9</i>	L81	<i>S53.1</i>	L80	<i>S70.7</i>	S15	<i>S83.4</i>	L78
<i>S39.9</i>	X82	<i>S53.2</i>	L79	<i>S70.7</i>	S17	<i>S83.5</i>	L96
<i>S39.9</i>	Y80	<i>S53.3</i>	L79	<i>S70.7</i>	S19	<i>S83.6</i>	L78
<i>S40.0</i>	L81	<i>S53.4</i>	L79	<i>S70.8</i>	S12	<i>S83.7</i>	L96
<i>S40.0</i>	S16	<i>S54</i>	N81	<i>S70.8</i>	S15	<i>S84</i>	N81
<i>S40.7</i>	S12	<i>S55</i>	A80	<i>S70.8</i>	S17	<i>S85</i>	A80
<i>S40.7</i>	S15	<i>S56</i>	L81	<i>S70.8</i>	S19	<i>S86</i>	L81
<i>S40.7</i>	S17	<i>S57</i>	L81	<i>S70.9</i>	S19	<i>S87</i>	L81
<i>S40.7</i>	S19	<i>S58</i>	L81	<i>S71</i>	S18	<i>S88</i>	L81
<i>S40.8</i>	S12	<i>S59</i>	L81	<i>S72</i>	L75	<i>S89</i>	L81
<i>S40.8</i>	S15	<i>S60.0</i>	L81	<i>S73.0</i>	L80	<i>S90.0</i>	L81
<i>S40.8</i>	S17	<i>S60.0</i>	S16	<i>S73.1</i>	L79	<i>S90.0</i>	S16
<i>S40.8</i>	S19	<i>S60.1</i>	L81	<i>S74</i>	N81	<i>S90.1</i>	L81
<i>S40.9</i>	S19	<i>S60.1</i>	S16	<i>S75</i>	A80	<i>S90.1</i>	S16
<i>S41</i>	S18	<i>S60.2</i>	L81	<i>S76</i>	L81	<i>S90.2</i>	L81
<i>S42</i>	L76	<i>S60.2</i>	S16	<i>S77</i>	L81	<i>S90.2</i>	S16
<i>S43.0</i>	L80	<i>S60.7</i>	S12	<i>S78</i>	L81	<i>S90.3</i>	L81
<i>S43.1</i>	L80	<i>S60.7</i>	S15	<i>S79</i>	L81	<i>S90.3</i>	S16
<i>S43.2</i>	L80	<i>S60.7</i>	S17	<i>S80.0</i>	L81	<i>S90.7</i>	S12
<i>S43.3</i>	L80	<i>S60.7</i>	S19	<i>S80.0</i>	S16	<i>S90.7</i>	S15
<i>S43.4</i>	L79	<i>S60.8</i>	S12	<i>S80.1</i>	L81	<i>S90.7</i>	S17
<i>S43.5</i>	L79	<i>S60.8</i>	S15	<i>S80.1</i>	S16	<i>S90.7</i>	S19
<i>S43.6</i>	L79	<i>S60.8</i>	S17	<i>S80.7</i>	S12	<i>S90.8</i>	S12
<i>S43.7</i>	L79	<i>S60.8</i>	S19	<i>S80.7</i>	S15	<i>S90.8</i>	S15
<i>S44</i>	N81	<i>S60.9</i>	S19	<i>S80.7</i>	S17	<i>S90.8</i>	S17
<i>S45</i>	A80	<i>S61</i>	S18	<i>S80.7</i>	S19	<i>S90.8</i>	S19
<i>S46</i>	L81	<i>S62</i>	L74	<i>S80.8</i>	S12	<i>S90.9</i>	S19
<i>S47</i>	L81	<i>S63.0</i>	L80	<i>S80.8</i>	S15	<i>S91</i>	S18
<i>S48</i>	L81	<i>S63.1</i>	L80	<i>S80.8</i>	S17	<i>S92</i>	L74
<i>S49</i>	L81	<i>S63.2</i>	L80	<i>S80.8</i>	S19	<i>S93.0</i>	L80
<i>S50.0</i>	L81	<i>S63.3</i>	L79	<i>S80.9</i>	S19	<i>S93.1</i>	L80
<i>S50.0</i>	S16	<i>S63.4</i>	L79	<i>S81</i>	S18	<i>S93.2</i>	L79
<i>S50.1</i>	L81	<i>S63.5</i>	L79	<i>S82.0</i>	L76	<i>S93.3</i>	L80
<i>S50.1</i>	S16	<i>S63.6</i>	L79	<i>S82.1</i>	L73	<i>S93.4</i>	L77
<i>S50.7</i>	S12	<i>S63.7</i>	L79	<i>S82.2</i>	L73	<i>S93.5</i>	L79
<i>S50.7</i>	S15	<i>S64</i>	N81	<i>S82.3</i>	L73	<i>S93.6</i>	L79
<i>S50.7</i>	S17	<i>S65</i>	A80	<i>S82.4</i>	L73	<i>S94</i>	N81
<i>S50.7</i>	S19	<i>S66</i>	L81	<i>S82.5</i>	L73	<i>S95</i>	A80

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
<i>S96</i>	L81	<i>T11.5</i>	L81	<i>T19.1</i>	U80	<i>T48</i>	A84
<i>S97</i>	L81	<i>T11.6</i>	L81	<i>T19.2</i>	X82	<i>T49</i>	A84
<i>S98</i>	L81	<i>T11.8</i>	L81	<i>T19.3</i>	X82	<i>T50</i>	A84
<i>S99</i>	L81	<i>T11.9</i>	L81	<i>T19.8</i>	U99	<i>T51</i>	A86
<i>T00</i>	A81	<i>T12</i>	L76	<i>T19.9</i>	U99	<i>T52</i>	A86
<i>T01</i>	A81	<i>T13.0</i>	L81	<i>T20</i>	S14	<i>T53</i>	A86
<i>T02</i>	A81	<i>T13.0</i>	S12	<i>T21</i>	S14	<i>T54</i>	A86
<i>T03</i>	A81	<i>T13.0</i>	S15	<i>T22</i>	S14	<i>T55</i>	A86
<i>T04</i>	A81	<i>T13.0</i>	S16	<i>T23</i>	S14	<i>T56</i>	A86
<i>T05</i>	A81	<i>T13.0</i>	S17	<i>T24</i>	S14	<i>T57</i>	A86
<i>T06.0</i>	N81	<i>T13.0</i>	S19	<i>T25</i>	S14	<i>T58</i>	A86
<i>T06.1</i>	N81	<i>T13.1</i>	S18	<i>T26</i>	F79	<i>T59</i>	A86
<i>T06.2</i>	N81	<i>T13.2</i>	L79	<i>T27</i>	R88	<i>T60</i>	A86
<i>T06.3</i>	K99	<i>T13.2</i>	L80	<i>T28.0</i>	D80	<i>T61</i>	A86
<i>T06.4</i>	L81	<i>T13.3</i>	N81	<i>T28.1</i>	D80	<i>T62</i>	A86
<i>T06.5</i>	A81	<i>T13.4</i>	A80	<i>T28.2</i>	D80	<i>T63</i>	A86
<i>T06.8</i>	A81	<i>T13.5</i>	L81	<i>T28.3</i>	U80	<i>T64</i>	A86
<i>T07</i>	A81	<i>T13.6</i>	L81	<i>T28.3</i>	X82	<i>T65</i>	A86
<i>T08</i>	L76	<i>T13.8</i>	L81	<i>T28.3</i>	Y80	<i>T66</i>	A88
<i>T09.0</i>	L81	<i>T13.9</i>	L81	<i>T28.4</i>	A80	<i>T67</i>	A88
<i>T09.0</i>	S12	<i>T14.0</i>	S12	<i>T28.5</i>	D80	<i>T68</i>	A88
<i>T09.0</i>	S15	<i>T14.0</i>	S15	<i>T28.6</i>	D80	<i>T69</i>	A88
<i>T09.0</i>	S16	<i>T14.0</i>	S16	<i>T28.7</i>	D80	<i>T70.0</i>	H79
<i>T09.0</i>	S17	<i>T14.0</i>	S17	<i>T28.8</i>	U80	<i>T70.1</i>	R88
<i>T09.0</i>	S19	<i>T14.0</i>	S19	<i>T28.8</i>	X82	<i>T70.2</i>	A88
<i>T09.1</i>	S18	<i>T14.1</i>	S13	<i>T28.8</i>	Y80	<i>T70.3</i>	A88
<i>T09.2</i>	L79	<i>T14.1</i>	S15	<i>T28.9</i>	A80	<i>T70.4</i>	A88
<i>T09.2</i>	L80	<i>T14.1</i>	S18	<i>T29</i>	A81	<i>T70.8</i>	A88
<i>T09.3</i>	N81	<i>T14.1</i>	S19	<i>T30</i>	S14	<i>T70.9</i>	A88
<i>T09.4</i>	N81	<i>T14.2</i>	L76	<i>T31</i>	S14	<i>T71</i>	A88
<i>T09.5</i>	L81	<i>T14.3</i>	L79	<i>T32</i>	S14	<i>T73</i>	A88
<i>T09.6</i>	L81	<i>T14.3</i>	L80	<i>T33</i>	A88	<i>T74.0</i>	Z12
<i>T09.8</i>	L81	<i>T14.4</i>	N81	<i>T34</i>	A88	<i>T74.0</i>	Z16
<i>T09.9</i>	L81	<i>T14.5</i>	A80	<i>T35</i>	A88	<i>T74.0</i>	Z20
<i>T10</i>	L76	<i>T14.6</i>	L81	<i>T36</i>	A84	<i>T74.1</i>	Z25
<i>T11.0</i>	L81	<i>T14.7</i>	A80	<i>T37</i>	A84	<i>T74.2</i>	Z25
<i>T11.0</i>	S12	<i>T14.7</i>	L81	<i>T38</i>	A84	<i>T74.3</i>	Z12
<i>T11.0</i>	S15	<i>T14.8</i>	A80	<i>T39</i>	A84	<i>T74.3</i>	Z16
<i>T11.0</i>	S16	<i>T14.9</i>	A80	<i>T40</i>	A84	<i>T74.8</i>	Z25
<i>T11.0</i>	S17	<i>T14.9</i>	B77	<i>T41</i>	A84	<i>T74.9</i>	Z25
<i>T11.0</i>	S19	<i>T14.9</i>	W75	<i>T42</i>	A84	<i>T75</i>	A88
<i>T11.1</i>	S18	<i>T15</i>	F76	<i>T43</i>	A84	<i>T78.0</i>	A92
<i>T11.2</i>	L79	<i>T16</i>	H76	<i>T44</i>	A84	<i>T78.1</i>	A92
<i>T11.2</i>	L80	<i>T17</i>	R87	<i>T45</i>	A84	<i>T78.2</i>	A92
<i>T11.3</i>	N81	<i>T18</i>	D79	<i>T46</i>	A84	<i>T78.3</i>	A92
<i>T11.4</i>	A80	<i>T19.0</i>	U80	<i>T47</i>	A84	<i>T78.4</i>	A92

Conversion codes from ICD-10

165

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
T78.8	A88	Z10	A98	Z34	W78	Z56.0	Z06
T78.9	A88	Z11	A98	Z35	W84	Z56.1	Z05
T79.0	A82	Z12	A98	Z36	W78	Z56.2	Z05
T79.1	A82	Z13	A98	Z37.0	W90	Z56.3	Z05
T79.2	A82	Z20	A23	Z37.1	W91	Z56.4	Z05
T79.3	S11	Z21	B90	Z37.1	W93	Z56.5	Z05
T79.4	A82	Z22	A99	Z37.2	W92	Z56.6	Z05
T79.5	A82	Z23	A98	Z37.3	W93	Z56.7	Z05
T79.6	L99	Z24	A98	Z37.4	W93	Z57	Z05
T79.7	A82	Z25	A98	Z37.5	W92	Z58.0	Z29
T79.8	A82	Z26	A98	Z37.6	W93	Z58.1	Z29
T79.9	A82	Z27	A98	Z37.7	W93	Z58.2	Z29
T80	A87	Z28	A23	Z37.9	W90	Z58.3	Z29
T81	A87	Z29	A98	Z37.9	W91	Z58.4	Z29
T82	A89	Z30.0	W14	Z37.9	W92	Z58.5	Z29
T83	A89	Z30.0	Y14	Z37.9	W93	Z58.6	Z02
T84	A89	Z30.1	W12	Z38	W90	Z58.8	Z29
T85	A89	Z30.2	W13	Z38	W92	Z58.9	Z29
T86	A87	Z30.2	Y13	Z39	W90	Z59.0	Z03
T87	A87	Z30.3	W10	Z39	W92	Z59.1	Z03
T88.0	A87	Z30.3	W83	Z40	A98	Z59.2	Z03
T88.1	A87	Z30.4	W11	Z41	A99	Z59.3	Z03
T88.2	A87	Z30.5	W12	Z42	A99	Z59.4	Z02
T88.3	A87	Z30.8	W14	Z43	A89	Z59.5	Z01
T88.4	A87	Z30.8	Y14	Z44	A89	Z59.6	Z01
T88.5	A87	Z30.9	W14	Z45	A89	Z59.7	Z01
T88.6	A85	Z30.9	X10	Z46.0	F17	Z59.7	Z08
T88.7	A85	Z30.9	Y14	Z46.0	F18	Z59.8	Z01
T88.8	A87	Z31.0	W15	Z46.1	A89	Z59.8	Z03
T88.9	A87	Z31.0	Y10	Z46.2	A89	Z59.9	Z01
T90	A82	Z31.1	W15	Z46.3	A89	Z59.9	Z03
T91	A82	Z31.2	W15	Z46.4	A89	Z60.0	P25
T92	A82	Z31.3	W15	Z46.5	A89	Z60.1	Z04
T93	A82	Z31.4	W15	Z46.6	A89	Z60.2	Z04
T94	A82	Z31.4	Y10	Z46.7	A89	Z60.3	Z04
T95	A82	Z31.5	A98	Z46.8	A89	Z60.4	Z04
T96	A82	Z31.6	W15	Z46.9	A89	Z60.5	Z04
T97	A82	Z31.6	Y10	Z47	A99	Z60.8	Z04
T98	A82	Z31.8	W15	Z48	A99	Z60.9	Z04
Z00	A97	Z31.8	Y10	Z49	A99	Z61	Z16
Z01	A98	Z31.9	W15	Z50	A99	Z62	Z16
Z02	A97	Z31.9	Y10	Z51	A99	Z63.0	Z12
Z03	A99	Z32.0	W01	Z52	A99	Z63.0	Z13
Z04	A99	Z32.1	W78	Z53	A99	Z63.1	Z20
Z08	A99	Z32.1	W79	Z54	A99	Z63.1	Z21
Z09	A99	Z33	W78	Z55	Z07	Z63.2	Z29

<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>	<i>ICD-10</i>	<i>ICPC-2</i>
Z63.3	Z29	Z71.1	N26	Z73.6	A28	Z86.3	A23
Z63.4	Z15	Z71.1	N27	Z73.6	B28	Z86.4	A23
Z63.4	Z19	Z71.1	P27	Z73.6	D28	Z86.5	A23
Z63.4	Z23	Z71.1	R26	Z73.6	F28	Z86.6	A23
Z63.5	Z15	Z71.1	R27	Z73.6	H28	Z86.7	K22
Z63.6	Z14	Z71.1	S26	Z73.6	K28	Z87	A23
Z63.6	Z18	Z71.1	S27	Z73.6	L28	Z88	A23
Z63.6	Z22	Z71.1	T26	Z73.6	N28	Z89	L99
Z63.7	Z22	Z71.1	T27	Z73.6	P28	Z90.0	A99
Z63.7	Z29	Z71.1	U26	Z73.6	R28	Z90.1	X99
Z63.8	Z16	Z71.1	U27	Z73.6	S28	Z90.2	R99
Z63.8	Z20	Z71.1	W02	Z73.6	T28	Z90.3	D99
Z63.8	Z29	Z71.1	W27	Z73.6	U28	Z90.4	D99
Z63.9	Z21	Z71.1	X23	Z73.6	W28	Z90.5	U99
Z63.9	Z24	Z71.1	X24	Z73.6	X28	Z90.6	U99
Z63.9	Z29	Z71.1	X25	Z73.6	Y28	Z90.7	X28
Z64.0	W79	Z71.1	X26	Z73.6	Z28	Z90.7	X99
Z64.1	Z29	Z71.1	X27	Z73.8	Z29	Z90.7	Y28
Z64.2	P29	Z71.1	Y24	Z73.9	Z29	Z90.7	Y99
Z64.3	P29	Z71.1	Y25	Z74	A28	Z90.8	A99
Z64.4	Z10	Z71.1	Y26	Z75	Z10	Z91.0	A23
Z65.0	Z09	Z71.1	Y27	Z75	Z11	Z91.1	A23
Z65.1	Z09	Z71.1	Z27	Z76.0	A99	Z91.2	A23
Z65.2	Z09	Z71.2	A99	Z76.1	A99	Z91.3	A23
Z65.3	Z09	Z71.3	A99	Z76.2	A99	Z91.4	A23
Z65.4	Z25	Z71.4	A99	Z76.3	A99	Z91.5	A23
Z65.5	Z25	Z71.5	A99	Z76.4	A99	Z91.5	P77
Z65.8	Z29	Z71.6	A99	Z76.5	Z29	Z91.6	A23
Z65.9	Z29	Z71.7	A99	Z76.8	A99	Z91.8	A23
Z70	A98	Z71.8	A20	Z76.9	A99	Z92	A23
Z71.0	A99	Z71.8	A99	Z80	A21	Z93	A89
Z71.1	A13	Z71.9	A99	Z81	A23	Z94	A89
Z71.1	A25	Z72.0	A23	Z82.0	A23	Z95	A89
Z71.1	A26	Z72.1	A23	Z82.1	A23	Z96	A89
Z71.1	A27	Z72.2	A23	Z82.2	A23	Z97	A89
Z71.1	B25	Z72.3	A23	Z82.3	K22	Z98.0	D99
Z71.1	B26	Z72.4	A23	Z82.4	K22	Z98.1	L99
Z71.1	B27	Z72.5	A23	Z82.5	A23	Z98.2	N99
Z71.1	D26	Z72.6	Z29	Z82.6	A23	Z98.8	A99
Z71.1	D27	Z72.8	Z29	Z82.7	A23	Z99.0	A28
Z71.1	F27	Z72.9	Z29	Z82.8	A23	Z99.1	R28
Z71.1	H27	Z73.0	P29	Z83	A23	Z99.2	U28
Z71.1	K24	Z73.1	P29	Z84	A23	Z99.3	A28
Z71.1	K25	Z73.2	A23	Z85	A21	Z99.8	A28
Z71.1	K27	Z73.3	P29	Z86.0	A23	Z99.9	A28
Z71.1	L26	Z73.4	Z28	Z86.1	A23		
Z71.1	L27	Z73.5	Z29	Z86.2	A23		

12 Alphabetical index

This index is not meant to be comprehensive, nor to be a nomenclature (see Chapter 1). It is a list only of the titles of rubrics (in upper case) and of inclusion terms in the rubrics (in lower case). These comprise the synonyms and terms most commonly used in general/family practice. Users requiring a more extensive index or nomenclature will need to develop their own or use ones already available in countries such as Australia, Canada, The Netherlands, and some Scandinavian countries. In order to maintain consistency, this should be done in cooperation with the WONCA Classification Committee.

Abbreviations are not included in this index, except the following:

complt = complaint

/ = or

sympt = symptom

NOS = not otherwise specified in this classification

abdominal adhesion	D99	ABUSE, ALCOHOL, CHRONIC	P15
abnormal blinking	F14	abuse, child, emotional	Z16
abnormal breathing	R04	abuse, child, physical	Z25
abnormal chromosome	A90	ABUSE, DRUG	P19
abnormal imaging test	A91	ABUSE, MEDICATION	P18
ABNORMAL PAP SMEAR	X86	abuse, partner, emotional	Z12
abnormal platelets	B83	abuse, physical	Z25
abnormal red cells	B99	ABUSE, TOBACCO	P17
abnormal taste	N16	accessory auricle	H80
abnormal test result	A91	achalasia	D84
ABNORMAL WHITE CELLS	B84	ache, stomach	D02
abortion, complete	W82	aches, multiple	A01
abortion, habitual	W82	acidity	D03
abortion, incomplete	W82	ACNE	S96
ABORTION, INDUCED	W83	acoustic neuroma	N75
abortion, missed	W82	acromegaly	T99
ABORTION, SPONTANEOUS	W82	addiction to drug	P19
abortion, threatened	W82	adenovims disease	A77
ABRASION	S17	adjustment disorder, acute	P02
abscess, breast, puerperal	W94	adjustment disorder, persistent	P82
abscess, ischiorectal	D95	adverse effect cold	A88
ABSCESS, NOSE	R73	ADVERSE EFFECT	
ABSCESS, PERIANAL	D95	MEDICATION	A85
abscess, perinephric	U70	adverse effect pressure	A88
abscess, skin	S10	adverse effect treatment	A87
ABUSE, ALCOHOL, ACUTE	P16	ADVERSE EFFECT, PHYSICAL	A88

168 *WONCA International Classification of Primary Care*

AFFECTIVE PSYCHOSIS NOS	P73	analgesic nephropathy	U88
agitation	P04	anaphylactic shock	A92
agranulocytosis	B84	anaphylaxis, medication	A85
AIDS	B90	aneurysm, aortic	K99
AIDS, FEAR OF	B25	aneurysm, cerebral	K91
albuminuria	U90	aneurysm, heart	K76
ALCOHOL ABUSE, ACUTE	P16	aneurysm, other	K99
ALCOHOL ABUSE, CHRONIC	P15	angina pectoris	K74
alcohol brain syndrome	P15	angiomatic birthmark	S81
alcohol hepatitis	D97	angioneurotic oedema	A92
alcohol psychosis	P15	ANGRY FEELING	P04
alcoholic gastritis	D87	ANKLE SYMPT/COMPLT	L16
alcoholism	P15	ankylosing spondylitis	L88
allergic dermatitis	S88	anorexia	T03
allergic gastroenteropathy	D99	ANOREXIA NERVOSA	P86
allergic oedema	A92	anosmia, disturbance of smell/taste	N16
ALLERGIC RHINITIS	R97	ANTEPARTUM BLEEDING	W03
allergy to medication	A85	anuria	U05
ALLERGY/ALLERGIC REACTION	A92	anxiety NOS	P01
alopecia	S23	anxiety and depression	P76
Alzheimer's disease	P70	ANXIETY DISORDER/STATE	P74
amblyopia	F99	anxiety neurosis	P74
amenorrhoea	X05	anxious feeling	P01
amnesia	P20	aortic valve disease	K83
amputation, old	A82	aphasia	N19
amputation, traumatic, recent	L81	aphonia	R23
amyloidosis	T99	apnoea	R04
anaemia, aplastic	B82	apnoea, sleep	P06
anaemia, blood loss	B80	apoplexy	K90
ANAEMIA, FOLATE DEFICIENCY	B81	APPENDICITIS	D88
anaemia, haemolytic, acquired	B82	APPETITE, EXCESSIVE	T02
ANAEMIA, HEREDITARY	B82	arcus senilis	F99
ANAEMIA, IRON DEFICIENCY	B80	ARM SYMPT/COMPLT	L09
anaemia, macrocytic	B81	ARRHYTHMIA, CARDIAC	K80
anaemia, megaloblastic	B81	arterial embolism	K92
ANAEMIA, OTHER/ UNSPECIFIED	B82	arterial stenosis	K92
anaemia, pernicious	B81	arteriosclerosis	K92
anaemia, of pregnancy	W84	arteritis	K99
anaemia, protein deficiency	B82	arthralgia	L20
ANAEMIA, VIT B12 DEFICIENCY	B81	arthritis NOS	L91
anaesthesia	N06	arthritis, osteo: see osteoarthritis	
anaesthetic shock	A87	arthritis, psoriatic	S91
anal spasm	D04	arthritis, pyogenic	L70
		ARTHRITIS, RHEUMATOID	L88
		arthrodesis	L99
		arthropathy, crystal	T99

Alphabetical index

169

arthrosis, osteo: see osteoarthritis		BEHAVIOUR PROBLEM,	
ascites	D29	PARENT	Z21
ASSAULT	Z25	BEHAVIOUR PROBLEM,	
ASTHMA	R96	PARTNER	Z13
astigmatism	F91	behaviour strange	P29
ataxia	N29	BELCHING	D08
atheroma	K92	BELL'S PALSY	N91
ATHEROSCLEROSIS	K92	benign paroxysmal vertigo	H82
atherosclerotic heart disease	K76	BENIGN PROSTATIC	
ATRIAL FIBRILLATION	K78	HYPERTROPHY	Y85
ATRIAL FLUTTER	K78	BENIGN: see NEOPLASM,	
atrial septal defect	K73	BENIGN	
atrophy, muscle	L19	bereavement: see LOSS	
attention deficit disorder	P81	beri-beri	T91
autism	P99	bigeminy	K80
autoimmune disease, blood	B99	biliary anomaly	D81
avulsion, nail	S19	biliary colic	D98
AXILLA SYMPT/COMPLT	L05	bipolar disorder	P73
back pain NOS	L02	birthmark	S83
BACK PAIN SYNDROME,		birthmark, angiomatous	S81
WITH RADIATION	L86	BITE, ANIMAL/HUMAN	S13
BACK PAIN SYNDROME,		BITE, INSECT	S12
WITHOUT RADIATION	L84	black eye	F75
back pain, lumbar	L03	blackhead	S96
BACK SYMPT/COMPLT	L02	blackout	A06
backache NOS	L02	bladder diverticulum	U99
backache, low	L03	bladder neck obstruction	U99
backache, thoracic	L02	BLADDER SYMPT/COMPLT	U13
bacterial endocarditis	K70	BLEEDING NOS	A10
bacteriuria, asymptomatic	U71	BLEEDING, ANTEPARTUM	W03
bad breath	D20	bleeding, breakthrough	X08
BALANITIS	Y75	bleeding, duodenal ulcer	D85
BALDNESS	S23	BLEEDING, EAR	H05
Bartholin's cyst/abscess	X99	BLEEDING,	
basal cell carcinoma	S77	INTERMENSTRUAL	X08
basilar insufficiency	K89	BLEEDING, POST-COITAL	X13
bat ear	H80	BLEEDING,	
bedsore	S97	POST-MENOPAUSAL	X12
BEDWETTING	P12	BLEEDING, POST-PARTUM	W17
BEHAVING IRRITABLE/ANGRY	P04	BLEEDING, RECTAL	D16
behaviour disorder, adult	P80	bleeding, skin	S29
BEHAVIOUR PROBLEM,		BLEPHARITIS	F72
ADOLESCENT	P23	BLINDNESS	F94
BEHAVIOUR PROBLEM, CHILD	P22	blindness, one eye	F28
BEHAVIOUR PROBLEM,		blindness, temporary	F05
FAMILY	Z21	BLISTER	S17

170 *WONCA International Classification of Primary Care*

bloating	D08	bunion	L98
blocked ear	H13	BURN	S14
BLOCKED LACRIMAL DUCT, INFANT	F80	burn, chemical	S14
blocked lacrimal duct, not infant	F99	burning eye	F13
blocked nose	R07	burning feet	N05
blocked sinuses	R09	burning sensation skin	S01
BLOOD DISEASE, OTHER	B99	burning urination	U01
blood in/from ear	H05	BURSITIS	L87
blood in stool	D16	bursitis of shoulder	L92
blood in urine	U06	cachexia	T08
BLOOD PRESSURE, ELEVATED	K85	caesarian section	W92/W93
BLOOD SYMPT/COMPLT	B04	calcified tendon	L87
bloodshot eye	F02	calculus, urinary	U95
blotches, generalized	S07	CALLOSITIES	S20
blotch, localized	S06	CAMPYLOBACTER ENTERITIS	D70
BOIL	S10	cancer phobia	P79
BOIL, NOSE	R73	cancer: see NEOPLASM, MALIGNANT	
bow leg	L82	CANDIDIASIS, FEMALE GENITAL	X72
BOWEL MOVEMENTS CHANGED	D18	candidiasis, oral	D83
BOWEL TRAINING PROBLEM	P13	candidiasis, penis	Y75
Bowen's disease	S79	candidiasis, perianal	S75
bradycardia	K80	CANDIDIASIS, SKIN	S75
brain syndrome, chronic	P98	carbon monoxide toxicity	A86
breakthrough bleeding	X08	CARBUNCLE	S10
BREAST DISORDER, OTHER, IN PREGNANCY/ PUERPERIUM	W95	carcinoma-in-situ, breast	X81
BREAST SYMPT/COMPLT, FEMALE	X21	carcinoma-in-situ, cervix	X81
BREAST SYMPT/COMPLT, MALE	Y16	carcinoma-in-situ: see neoplasm, unspecified/uncertain carcino- matosis, unknown primary	A79
breath holding	R04	cardiac arrest	K84
BREATHING PROBLEM	R04	cardiac asthma	K77
bronchiectasis	R99	cardiac bruit	K81
BRONCHIOLITIS, ACUTE	R78	cardiomegaly	K84
bronchitis NOS	R78	cardiomyopathy	K84
BRONCHITIS, ACUTE	R78	CARDIOVASCULAR DISEASE, OTHER	K99
BRONCHITIS, CHRONIC	R79	CARDIOVASCULAR RISK FACTOR	K22
bronchitis, wheezy	R96	CARDIOVASCULAR SYMPT/COMPLT	K29
bronchopneumonia	R81	caries	D82
brucellosis	A78	carotid bruit	K81
BRUISE	S16	CARPAL TUNNEL SYNDROME	N93
BULIMIA	P86		
bundle branch block	K84		

Alphabetical index

171

carrier of disease	A99	CHOLELITHIASIS	D98
CATARACT	F92	cholera	D70
cellulite	S29	cholesteatoma	H74
cellulitis	S76	chorea	K71
cerebral abscess	N73	choriocarcinoma	W72
cerebral contusion	N80	chromosome abnormality	A90
cerebral embolism	K90	chronic airways limitation	R95
cerebral haemorrhage	K90	chronic fatigue syndrome	A04
cerebral haemorrhage, traumatic	N80	chronic obstructive airway disease	R95
cerebral infarction	K90	circumcision, female	X82
cerebral injury	N80	circumcision, male	Y80
cerebral palsy	N99	cirrhosis	D97
cerebral thrombosis	K90	claudication, intermittent	K92
cerebrovascular accident	K90	cleft lip and palate	D81
CEREBROVASCULAR DISEASE	K91	clubbing of nail	S22
cervical disc lesion	L83	clubfoot (talipes)	L82
CERVICAL EROSION	X85	clumsiness	A29
cervical intraepithelial neoplasia, grade 3	X81/X86	COAGULATION DEFECT	B83
cervical intraepithelial neoplasia, grades 1 and 2	X85/X86	coccydynia	L03
cervical spine sympt/complt	L01	coeliac disease	D99
cervical spine syndrome	L83	cold in head	R74
CERVICAL DISEASE NOS	X85	cold sore	S71
cervicitis	X85	colic, abdominal	D01
cervicobrachial syndrome	L83	colic, infant	D01
cestodes	D96	collapse	A06
CHALAZION	F72	collapse, lung	R99
cheilosis	D83	collapsed vertebra NOS	L84
chemical dermatitis	S88	Colic's fracture	L72
chest infection	R78	colostomy	A89
CHEST SYMPT/COMPLT	L04	colour blindness	F99
chest tightness	R29	COMA	A07
CHICKENPOX	A72	comedones	S96
chilblains	A88	compensation neurosis	P80
child abuse, emotional	Z16	complement defect	B99
child abuse, physical	Z25	COMPLIANCE PROBLEM	Z11
CHILLS	A02	COMPLICATED DELIVERY, LIVEBIRTH	W92
CHLAMYDIA INFECTION, GENITAL, FEMALE	X92	COMPLICATED DELIVERY, STILLBIRTH	W93
chlamydial urethritis	U72	COMPLICATION OF PUERPERIUM	W96
choking feeling	D21	complication of rubella	A74
cholangitis	D98	COMPLICATION OF TREATMENT	A87
CHOLECYSTITIS	D98	COMPULSIVE DISORDER	P79
		concern about aging	P05

172 *WONCA International Classification of Primary Care*

CONCERN ABOUT APPEARANCE	A18	CONGENITAL ANOMALY, RESPIRATORY	R89
CONCERN ABOUT APPEARANCE, BREAST	X22	CONGENITAL ANOMALY, SKIN	S83
CONCERN ABOUT APPEARANCE, EAR	H15	CONGENITAL ANOMALY, URINARY TRACT	U85
concern about body image	A18	congenital deafness	H86
CONCERN ABOUT BODY IMAGE RELATED TO PREGNANCY	W21	congenital deformity, foot	L82
concern about: see also FEAR OF CONCERN ABOUT TREATMENT	A13	congenital dislocation, hip	L82
CONCUSSION	N79	congenital metabolic disorder	T80
conduction disorders, heart	K84	congenital rubella	A74
CONDYLOMATA ACUMINATA, FEMALE	X91	CONGESTION, NASAL	R07
CONDYLOMATA ACUMINATA, MALE	Y76	congestion, sinuses	R09
CONGENITAL ANOMALY NOS	A90	congestive heart failure	K77
CONGENITAL ANOMALY, BLOOD	B79	CONJUNCTIVITIS, ALLERGIC	F71
CONGENITAL ANOMALY, CARDIOVASCULAR	K73	CONJUNCTIVITIS, INFECTIOUS	F70
CONGENITAL ANOMALY, COMPLICATING PREGNANCY	W76	CONSTIPATION	D12
CONGENITAL ANOMALY, DIGESTIVE	D81	contact bleeding cervix	XI3
CONGENITAL ANOMALY, EAR	H80	CONTACT LENS SYMPT/COMPLT	F18
CONGENITAL ANOMALY, ENDOCRINE/METABOLIC	T80	contact of infectious disease	A23
CONGENITAL ANOMALY, EYE	F81	CONTRACEPTION NOS	W14
CONGENITAL ANOMALY, FEMALE GENITAL	X83	CONTRACEPTION, INTRAUTERINE	W12
CONGENITAL ANOMALY, LYMPH	B79	contraception, male	Y14
CONGENITAL ANOMALY, MALE GENITAL	Y84	CONTRACEPTION, ORAL	W11
CONGENITAL ANOMALY, MULTIPLE	A90	CONTRACEPTION, POST-COITAL	W10
CONGENITAL ANOMALY, MUSCULOSKELETAL	L82	contractures	L99
CONGENITAL ANOMALY, NEUROLOGICAL	N85	CONTUSION	S16
congenital anomaly, nose	R89	CONTUSION, EYE	F75
		contusion, kidney	U80
		conversion disorder	P75
		CONVULSION	N07
		cor pulmonale	K82
		CORN	S20
		corneal abrasion	F79
		corneal opacity	F99
		CORNEAL ULCER	F85
		coronary artery disease	K76
		coryza	R74
		costochondritis	L99
		COUGH	R05
		coughing blood	R24
		cowpox	A77

Alphabetical index

173

Coxsackie disease	A77	DEGENERATION, MACULAR	F84
cracked lip	D20	DEHYDRATION	T11
cracked nipple in puerperium	W95	delay in speech	P22
crackling in ear	H29	delayed menses, suggestive of pregnancy	W01
cradle cap	S86	delayed milestones	P22
CRAMP, ABDOMINAL	D01	delayed puberty	T99
cramp, leg	L14	delinquency, adolescent	P23
creeping eruption	D96	delirium	P71
cretinism	T80	delirium tremens	P15
Crohn's disease	D94	delivery, assisted, livebirth	W92
cross-eye	F95	delivery, assisted, stillbirth	W93
croup	R77	delivery, breech, livebirth	W92
cruciate ligament damage	L96	delivery, breech, stillbirth	W93
crying infant	A16	DELIVERY, COMPLICATED, LIVEBIRTH	W92
cryptorchidism	Y83	DELIVERY, COMPLICATED, STILLBIRTH	W93
culture shock	P02	DELIVERY, UNCOMPLICATED, LIVEBIRTH	W90
Cushing's syndrome	T99	DELIVERY, UNCOMPLICATED, STILLBIRTH	W91
cyanosis	S08	delusions	P29
CYST, PILONIDAL	S85	DEMENTIA	P70
CYST, SEBACEOUS	S93	dendritic ulcer	F85
CYSTIC DISEASE, BREAST	X88	dengue fever	A77
cystic fibroadenosis	X88	dental abscess	D82
cystic fibrosis	T99	denture problem	D19
CYSTITIS	U71	DEPRESSIVE DISORDER	P76
cystocele	X87	dermatitis NOS	S88
dacrocystitis	F73	dermatitis artefacta	S99
DAMAGE KNEE, ACUTE INTERNAL	L96	DERMATITIS, ALLERGIC	S88
dandruff	S86	DERMATITIS, ATOPIC ECZEMA	S87
dark urine	U07	dermatitis, chemical	S88
DEAFNESS	H86	DERMATITIS, CONTACT	S88
deafness one ear	H28	dermatitis, eyelid	F72
DEATH	A96	DERMATITIS, SEBORRHOEIC	S86
DEATH OF CHILD	Z19	dermatomycosis	S74
DEATH OF FAMILY MEMBER	Z23	dermatomyositis	L99
DEATH OF PARENT	Z23	DERMATOPHYTOSIS	S74
DEATH OF PARTNER	Z15	dermoid cyst	S79
decubitus ulcer	S97	DETACHED RETINA	F82
deep vein thrombosis	K94	deviated nasal septum	R99
DEFORMITY OF LIMB, ACQUIRED	L98	diabetes NOS	T90
DEFORMITY OF SPINE, ACQUIRED	L85		
deformity, post-traumatic	A82		
degeneration, facet joint	L84		

174 *WONCA International Classification of Primary Care*

diabetes insipidus	T99	DISCHARGE, VAGINAL	X14
diabetes, affecting pregnancy	W84	discoid lupus erythematosus	S99
DIABETES, GESTATIONAL	W85	discomfort, abdominal	D01
DIABETES, INSULIN		discomfort, epigastric	D02
DEPENDENT	T89	disease NOS	A99
DIABETES, NON-INSULIN		DISEASE ABSENT	A97
DEPENDENT	T90	disease, adenovirus	A77
diabetes, type 1	T89	DISEASE, BLOOD, OTHER	B99
diabetes, type 2	T90	DISEASE, CARDIOVASCULAR,	
diabetic neuropathy	N94	OTHER	K99
diabetic retinopathy	F83	disease carrier	A99
diaphragmatic hernia	D90	disease, coeliac	D99
DIARRHOEA	D11	DISEASE, DIGESTIVE	
diarrhoea, presumed infective	D73	SYSTEM, OTHER	D99
dietary deficiency	T91	DISEASE, DIVERTICULAR	D92
DIGESTIVE SYMPT/COMPLT	D29	DISEASE, EAR, OTHER	H99
diphtheria	R83	DISEASE, ENDOCRINE,	
diplopia	F05	OTHER	T99
DISABILITY, BLOOD/ LYMPH/SPLEEN	B28	DISEASE, EYE, OTHER	F99
DISABILITY, CIRCULATORY	K28	DISEASE, FEMALE	
DISABILITY, DIGESTIVE	D28	GENITAL, OTHER	X99
DISABILITY, EAR	H28	DISEASE, GENERAL, OTHER	A99
DISABILITY, ENDOCRINE	T28	DISEASE, HEART VALVE	K83
DISABILITY, EYE	F28	disease, heart, atherosclerotic	K76
DISABILITY, FEMALE		DISEASE, HEART, OTHER	K84
GENITAL	X28	DISEASE, HODGKIN'S	B72
DISABILITY, GENERAL	A28	DISEASE, INFECTIOUS,	
DISABILITY, MALE GENITAL	Y28	OTHER	A78
DISABILITY, METABOLIC	T28	DISEASE, LIVER	D97
DISABILITY,		DISEASE, LYMPH, OTHER	B99
MUSCULOSKELETAL	L28	DISEASE, MALE GENITAL,	
DISABILITY,		OTHER	Y99
NEUROLOGICAL	N28	disease, male breast	Y99
DISABILITY, NUTRITIONAL	T28	DISEASE, MASTOID	H99
DISABILITY, PREGNANCY	W28	DISEASE, MOUTH/ TONGUE/LIP	D83
DISABILITY,		DISEASE, MUSCULO-	
PSYCHOLOGICAL	P28	SKELETAL, OTHER	L99
DISABILITY, RESPIRATORY	R28	DISEASE, NEUROLOGICAL,	
DISABILITY, SKIN	S28	OTHER	N99
DISABILITY, URINARY	U28	DISEASE, OESOPHAGUS	D84
disc degeneration/prolapse	L86	DISEASE, PELVIC	
DISCHARGE, EAR	H04	INFLAMMATORY	X74
DISCHARGE, EYE	F03	disease, pericardium	K84
discharge, nipple	X20	DISEASE, RESPIRATORY,	
DISCHARGE, URETHRAL	Y03	OTHER	R99

Alphabetical index

175

DISEASE, SKIN, OTHER	S99	dysfunction, adrenal	T99
DISEASE, SPLEEN, OTHER	B99	dysfunctional uterine bleeding	X08
DISEASE, SWEAT GLAND	S92	dyshidrosis	S92
disease, unspecified nature or site	A99	dyslexia	P24
DISEASE, URINARY, OTHER	U99	dysmenorrhoea	X02
DISEASE, VIRAL, OTHER	A77	dyspareunia, non-organic	P08
DISLOCATION	L80	dyspareunia, organic	X04
DISORDER, SPEECH	N19	DYSPEPSIA	D07
DISORDER, STOMACH		dysphagia	D21
FUNCTION	D87	dysphasia	N19
disorientation	P20	dysplasia, breast	X88
disproportion	W84	dysplasia, cervical	X85/X86
disseminated sclerosis	N86	DYSPNOEA	R02
distress, respiratory	R04	dystocia	W92/W93
disturbance of concentration	P20	dystonia	N08
DISTURBANCE SMELL/TASTE	N16	DYSURIA	U01
DISTURBANCE, SLEEP	P06	EAR INJURY	H79
diverticulitis, intestine	D92	EAR SYMPT/COMPLT,	
diverticulosis, intestine	D92	OTHER	H29
diverticulum, bladder	U99	EAR WAX, EXCESSIVE	H81
diverticulum, oesophagus	D84	EAR, BUZZING	H03
divorce	Z15	EAR, PLUGGED FEELING	H13
Down's syndrome	A90	EAR, RINGING	H03
dribbling	D20	EARACHE	H01
dribbling urine	U05	eating disorder NOS	P29
drop attack	K89	EATING PROBLEM	
dropsy	K07	IN CHILD	P11
drowning	A88	ecchymosis	S16
drowsy	A29	echo in ear	H03
DRUG ABUSE	P19	eclampsia	W81
drunk	P16	ectopic beat	K80
dry eye	F13	ECTOPIC PREGNANCY	W80
dry mouth	D20	ectropion	F99
dry scalp	S24	eczema NOS	S88
dry skin	S21	ECZEMA, ATOPIC	S87
dry throat	R21	eczema, external auditory	
dry vagina	X15	meatus	H70
dry vulva	X16	EDUCATION PROBLEM	Z07
dumping syndrome	D99	EFFECT OF PROSTHETIC	
duodenitis	D87	DEVICE	A89
duplex kidney/ureter	U85	effusion of joint	L20
Dupuytren's contracture	L87	ELBOW SYMPT/COMPLT	L10
dwarfism	T80	electrolyte disorder	A91
dysarthria	N19	emesis	D10
dysentery NOS	D73	emotional abuse, partner	Z12
dysentery, specified organism	D70	emphysema	R95

176 *WONCA International Classification of Primary Care*

empty nest syndrome	P25	EYE MOVEMENTS	
empyema	R83	ABNORMAL	F14
ENCEPHALITIS	N71	EYE SENSATIONS ABNORMAL	F13
ENCOPRESIS	P13	eye strain	F05
endarteritis	K92	EYE SYMPT/COMPLT, OTHER	F29
endocarditis, acute/subacute	K70	EYE, RED	F02
endocarditis, chronic	K83	EYELID SYMPT/COMPLT	F16
ENDOCRINE DISEASE NOS	T99	faecal impaction	D12
ENDOCRINE SYMPT/ COMPLT, OTHER	T29	faecal incontinence	D17
endometrial polyp	X99	FAECES, CHANGE	D18
endometriosis	X99	failure to thrive	T10
endometritis	X74	FAINTING	A06
ENTERITIS, CHRONIC	D94	Fallet's tetralogy	K73
entropion	F99	falls	A29
ENURESIS	P12	false teeth problem	D19
enuresis, organic	U04	family history of cardiovascular disease	K22
environmental problem	Z29	family history of disease NOS	A23
eosinophilia	B84	family history of malignancy	A21
epicondylitis, lateral	L93	family history of family planning NOS	W14
epididymal cyst	Y99	family planning, IUD	W12
EPIDIDYMITIS	Y74	family planning, male	Y14
epiglottitis	R83	family planning sympt/compl	W29
EPILEPSY	N88	family planning, oral	W11
episcleritis	F99	FAMILY PLANNING, OTHER	Y14
EPISTAXIS	R06	FAMILY RELATIONSHIP PROBLEM	Z20
eructation	D08	fasciitis	L87
erysipelas	S76	fatigue	A04
erythema multiforme	S99	fatty liver	D97
erythema nodosum	S99	FEAR OF AIDS	B25
erythema, generalized	S07	fear of attempting suicide	P27
erythema, localized	S06	fear of blindness	F27
ESR raised	B99	FEAR OF BREAST CANCER, FEMALE	X26
essential hypertension	K86	FEAR OF CANCER NOS	A26
eustachian block	H73	FEAR OF CANCER OF BLOOD/LYMPH SYSTEM	B26
EUSTACHIAN SALPINGITIS	H73	FEAR OF CANCER OF BREAST FEMALE	X26
EUTHANASIA, REQUEST/ DISCUSSION	A20	FEAR OF CANCER OF DIGESTIVE SYSTEM	D26
exhaustion	A04	FEAR OF CANCER OF ENDOCRINE SYSTEM	T26
extrasystoles	K80	FEAR OF CANCER OF GENITAL SYSTEM, FEMALE	X25
EYE APPEARANCE ABNORMAL	F15		
eye, circle under	S08		
eye colour change	F15		
EYE INFECTION/ INFLAMMATION, OTHER	F73		

Alphabetical index

177

FEAR OF CANCER OF GENITAL SYSTEM, MALE	Y26	FEAR OF MENTAL DISORDER	P27
FEAR OF CANCER OF MUSCULOSKELETAL SYSTEM	L26	FEAR OF METABOLIC DISEASE	T27
FEAR OF CANCER OF NEUROLOGICAL SYSTEM	N26	FEAR OF PREGNANCY	W02
FEAR OF CANCER OF RESPIRATORY SYSTEM	R26	FEAR OF SEXUAL DYSFUNCTION, FEMALE	X24
FEAR OF CANCER OF SKIN	S26	FEAR OF SEXUAL DYSFUNCTION, MALE	Y24
FEAR OF CANCER OF URINARY SYSTEM	U26	FEAR OF SEXUALLY TRANSMITTED DISEASE, FEMALE	X23
FEAR OF COMPLICATIONS OF PREGNANCY	W27	FEAR OF SEXUALLY TRANSMITTED DISEASE, MALE	Y25
fear of congenital anomaly of baby	W27	FEAR OF SOCIAL PROBLEM	Z27
fear of deafness	H27	fear of suicide attempt	P27
FEAR OF DEATH/DYING	A25	FEAR OF TREATMENT	A13
fear of diabetes	T27	febrile convulsion	N07
FEAR OF DISEASE NOS	A27	feeding behaviour problem, child	P11
FEAR OF DISEASE OF BLOOD/LYMPH SYSTEM	B27	FEEDING PROBLEM, ADULT	T05
FEAR OF DISEASE OF CARDIOVASCULAR SYSTEM	K27	FEEDING PROBLEM, CHILD	T04
FEAR OF DISEASE OF DIGESTIVE SYSTEM	D27	FEEDING PROBLEM, INFANT	T04
FEAR OF DISEASE OF EAR	H27	FEELING ANXIOUS	P01
FEAR OF DISEASE OF ENDOCRINE SYSTEM	T27	FEELING DEPRESSED	P03
FEAR OF DISEASE OF EYE	F27	feeling faint	N17
FEAR OF DISEASE OF GENITAL SYSTEM, FEMALE	X27	feeling frightened	P01
FEAR OF DISEASE OF GENITAL SYSTEM, MALE	Y27	FEELING ILL	A05
FEAR OF DISEASE OF HEART	K24	feeling inadequate	P03
FEAR OF DISEASE OF MUSCULOSKELETAL SYSTEM	L27	FEELING IRRITABLE/ANGRY	P04
FEAR OF DISEASE OF NEUROLOGICAL SYSTEM	N27	FEELING NERVOUS	P01
FEAR OF DISEASE OF RESPIRATORY SYSTEM	R27	FEELING TENSE	P01
FEAR OF DISEASE OF SKIN	S27	FEELING/BEHAVING OLD	P05
FEAR OF DISEASE OF URINARY SYSTEM	U27	female circumcision	X82
fear of heart attack	K24	FEVER	A03
FEAR OF HYPERTENSION	K25	fever blister	S71
		fever with rash	A76
		fever, dengue	A77
		fever, glandular	A75
		FEVER, RHEUMATIC	K71
		fever, Ross River	A77
		fever, scarlet	A78
		fever, typhoid	D70
		FIBRILLATION, ATRIAL	K78
		fibroadenoma	X79
		FIBROCYSTIC DISEASE BREAST	X88

fibroid uterus	X78	FOREIGN BODY, LARYNX	R87
fibromyalgia	L18	foreign body, mouth	D79
fibromyoma of cervix	X78	FOREIGN BODY, NOSE	R87
FIBROMYOMA UTERUS	X78	foreign body, oesophagus	D79
fibrosarcoma	L71	foreign body, rectum	D79
fibrositis	L18	FOREIGN BODY, SKIN	S15
fifth disease	A76	foreign body, urinary tract	U80
FINANCIAL PROBLEM	Z01	foreign body, vagina	X82
FINGER SYMPT/COMPLT	L12	foreskin sympt/compl't	Y04
fissure of nipple	X20	FRACTURE NOS	L76
FISSURE, ANAL	D95	fracture due to osteoporosis	L95
fistula, anal	D95	fracture, carpal bone	L74
fistula, arteriovenous	K99	FRACTURE, FEMUR	L75
FISTULA, PILONIDAL	S85	FRACTURE, FIBULA	L73
fit (seizure)	N07	FRACTURE, HAND/FOOT BONE	L74
FLANK SYMPT/COMPLT	L05	fracture, malunion or non-union	L99
flash burn	F79	fracture, metatarsal bone	L74
flatfoot	L98	fracture, neck of femur	L75
FLATULENCE	D08	fracture, phalange	L74
flea infestation	S73	FRACTURE, RADIUS	L72
flexural dermatitis	S87	fracture, tarsal bone	L74
floating spots in vision	F04	FRACTURE, TIBIA	L73
fluid on lung	R29	FRACTURE, ULNA	L72
fluid retention	K07	freckles	S08
fluor vaginalis	X14	frigidity	P07
flushing	S08	frozen shoulder	L92
FLUTTER, ATRIAL	K78	fullness, epigastric	D02
focal seizure	N88	fungal respiratory infection	R83
foetus small for age	W84	fungal skin infection	S74
folliculitis	S10	furuncle	S10
food allergy	A92	furuncle, external auditory meatus	H70
FOOD AND WATER PROBLEM	Z02	gait abnormality	N29
food craving	T29	galactorrhoea, lactating	W19
food intolerance	D99	galactorrhoea, non-lactating	X21
food poisoning	D73	gallstone	D98
FOOT AND TOE SYMPT/ COMPLT	L17	ganglion	L87
foreign body swallowed	D79	gangrene	K92
foreign body under nail	S15	gardnerella vaginitis	X84
FOREIGN BODY, BRONCHUS	R87	gas pain	D08
foreign body, deep	L81	gaseous distension	D08
FOREIGN BODY, DIGESTIVE SYSTEM	D79	gastric erosion, acute	D86
FOREIGN BODY, EAR	H76	gastric flu	D73
FOREIGN BODY, EYE	F76	gastric ulcer	D86
FOREIGN BODY, INHALED	R87	gastritis (incl alcoholic)	D87
		GASTROENTERITIS, PRESUMED INFECTION	D73

Alphabetical index

179

GASTROINTESTINAL		Guillain–Barre syndrome	N94
INFECTION, SPECIFIED		gynaecomastia	Y16
ORGANISM	D70	HAEMANGIOMA	S81
GASTROINTESTINAL		haemarthrosis	L81
DISEASE, OTHER	D99	HAEMATEMESIS	D14
gastrojejunal ulcer	D86	haematological abnormality NOS	B99
gastrostomy	A89	haematoma	S16
GENERAL SYMPT/COMPLT,		haematoma, extradural	N80
OTHER	A29	HAEMATURIA	U06
generalized seizure	N88	HAEMOLYTIC ANAEMIA	B78
genetic counselling, female	W14	haemophilia	B83
genetic counselling, male	Y14	HAEMOPTYSIS	R24
GENITAL HERPES, FEMALE	X90	HAEMORRHAGE NOS	A10
GENITAL HERPES, MALE	Y72	haemorrhage in pregnancy	W03
GENITAL SYMPT/COMPLT,		HAEMORRHAGE, EYE	F75
FEMALE, OTHER	X29	haemorrhage, post-partum	W17
GENITAL SYMPT/COMPLT,		haemorrhage, post-operative	A87
MALE, OTHER	Y29	HAEMORRHOID	K96
genital tract fistula	X99	HAIR LOSS	S23
GENITAL TRICHOMONIASIS	X73	HAIR SYMPT/COMPLT,	
genu recurvatum	L82	OTHERS	S24
genu valgum/varum	L98	halitosis	D20
giardia enteritis	D70	hallucination	P29
giddiness	N17	hallux valgus/varus	L98
Gilberts syndrome	T99	HAND SYMPT/COMPLT	LI2
gingivitis	D82	hand, foot, mouth disease	A77
glandular fever	A75	HARMFUL EVENT	Z25
GLASSES SYMPT/COMPLT	F17	hay fever	R97
GLAUCOMA	F93	head cold	R74
GLOMERULONEPHRITIS	U88	HEAD INJURY	N80
glomerulonephritis, acute	U88	HEADACHE	N01
glossitis	D83	HEADACHE, CLUSTER	N90
glue ear	H72	HEADACHE, TENSION	N95
glycosuria	U98	HEALTH CARE PROBLEM	Z10
GOITRE	T81	HEALTH MAINTENANCE	A98
GONORRHOEA, FEMALE	X71	HEARING COMPLAINT	H02
GONORRHOEA, MALE	Y71	heart block	K84
GOUT	T92	heart disease NOS	K84
grand mal	N88	heart disease, arteriosclerotic	K76
granuloma	S99	HEART FAILURE	K77
granuloma annulare	S99	heart murmur	K81
Graves disease	T85	HEART PRESSURE	K02
graze	S17	heart trouble	K29
grief	P02	heart valve prosthesis problem	A89
growing pains in child	L29	HEART, AWARENESS OF	K04
GROWTH DELAY	T10	HEARTBURN	D03

180 *WONCA International Classification of Primary Care*

heat rash	S92	hyperaldosteronism	T99
heat stroke	A88	hyperemesis	D10
Heberden's nodes	L91	hyperemesis of pregnancy	W05
hepatitis NOS	D97	hyperglycaemia	A91
hepatitis, chronic active	D72	hyperhidrosis	A09
HEPATITIS, VIRAL	D72	hyperinsulism	T87
HEPATOMEGALY	D23	hyperkeratosis NOS	S99
hermaphroditism	X83	hyperkeratosis, solar	S80
hermaphroditism	Y84	HYPERKINETIC DISORDER	P81
HERNIA, ABDOMINAL OTHER	D91	hyperlipidaemia	T93
hernia, femoral	D91	hypermetropia	F91
HERNIA, HIATUS	D90	hyperplasia of prostate	Y85
hernia, incisional	D91	hypersplenism	B99
HERNIA, INGUINAL	D89	HYPERTENSION, COMPLICATED	K87
hernia, umbilical	D91	hypertension, essential	K86
hernia, ventral	D91	hypertension, labile	K85
HERPES GENITAL, FEMALE	X90	hypertension of pregnancy	W81
HERPES GENITAL, MALE	Y72	hypertension, pulmonary	K82
HERPES SIMPLEX	S71	hypertension, transient	K85
herpes simplex, eye, without corneal ulcer	F73	HYPERTENSION, UNCOMPLICATED	K86
HERPES ZOSTER	S70	hypertensive encephalopathy	K87
herpes zoster, ophthalmic	F73	hypertensive heart failure	K87
herpes, anogenital, female	X90	hypertensive nephrosclerosis	K87
herpes, anogenital, male	Y72	hypertensive renal disease	K87
hiccough	R29	hypertensive retinopathy	F83
HIP SYMPT/COMPLT	L13	HYPERTHYROIDISM	T85
Hirschprung's disease	D81	hypertrophy, kidney	U99
hirsutism	S24	HYPERTROPHY, TONSILS/ ADENOIDS	R90
HIV INFECTION	B90	HYPERVENTILATION SYNDROME	R98
hives	S98	hyphaema	F75
hoarseness	R23	hypochondriacal disorder	P75
HODGKIN'S DISEASE	B72	HYPOGLYCAEMIA	T87
homesick	P02	hypomania	P73
hordeolum	F72	HYPOSPADIAS	Y82
HOUSING PROBLEM	Z03	HYPOTENSION, POSTURAL	K88
human papilloma virus infection	X91	HYPOTHYROIDISM	T86
hydatid disease	D96	hysteria	P75
hydatidiform mole	W73	ichthyosis	S83
hydradenitis	S92	icterus	D13
hydramnios	W84	idiopathic hypertension	K86
hydrocephalus	N85	ileus	D99
HYDROCOELE	Y86	illegitimate pregnancy	Z04
hydronephrosis	U99		
hygiene poor	P29		
hyperactivity	P81		

Alphabetical index

181

illiteracy	Z07	INFECTIOUS DISEASE, OTHER	A78
ILLNESS PROBLEM	Z11	INFECTIOUS	
ILLNESS PROBLEM, CHILD	Z18	MONONUCLEOSIS	A75
ILLNESS PROBLEM, FAMILY	Z22	infective tenosynovitis	L70
ILLNESS PROBLEM, PARENT	Z22	INFERTILITY, FEMALE	W15
ILLNESS PROBLEM, PARTNER	Z14	INFERTILITY, MALE	Y10
immunization reaction	A87	INFESTATION, SKIN	S73
immunodeficiency disorder	B99	infidelity	Z13
imperforate hymen	X83	inflamed eye	F02
IMPETIGO	S84	inflamed throat	R21
IMPOTENCE, ORGANIC	Y07	INFLAMMATION OF EYE	F73
impotence, psychogenic	P08	INFLUENZA	R80
INCONTINENCE BOWEL	D17	influenzal pneumonia	R81
INCONTINENCE URINE	U04	ingrowing eyelash	F99
INDIGESTION	D07	INJURY NOS	A80
induction of labour	W92/W93	injury, knee, acute internal	L96
infantile eczema	S87	injury, abdominal organ	D80
INFECTED FINGER/TOE	S09	INJURY BLOOD/LYMPH/ SPLEEN, OTHER	B77
infected post-traumatic wound/bite	S11	injury, childbirth	W92/W93
infection, chest	R78	INJURY, COMPLICATING PREGNANCY	W75
INFECTION, CIRCULA- TORY SYSTEM	K70	INJURY, DIGESTIVE SYSTEM	D80
INFECTION, COMPLICATING PREGNANCY	W71	INJURY, EAR, DEEP	H79
infection, complication of treatment	A87	injury, ear, external	H78
INFECTION, ENDOCRINE	T70	INJURY, EYE	F79
INFECTION, EYE NOS	F73	INJURY, GENITAL, FEMALE	X82
infection, eyelid	F72	INJURY, GENITAL, MALE	Y80
infection, lower urinary	U71	INJURY, HEAD	N80
INFECTION, MUSCULOSKELETAL	L70	INJURY, MULTIPLE	A81
INFECTION, NEUROLOGICAL, OTHER	N73	INJURY, MUSCULO- SKELETAL, NOS	L81
infection, nose, localized	R73	INJURY, NERVOUS SYSTEM, OTHER	N81
infection, post-operative	A87	injury, pinna	H78
INFECTION, RESPIRATORY, OTHER	R83	INJURY, RESPIRATORY	R88
infection, skin fungus	S74	INJURY, SKIN, OTHER	S19
INFECTION, SKIN, OTHER	S76	injury, teeth	D80
INFECTION, SKIN, POST-TRAUMATIC	S11	injury, tongue	D80
infectious disease, contact of	A23	INJURY, URINARY TRACT	U80
		insect toxicity	A86
		insomnia	P06
		insulin coma	T87
		intermittent claudication	K92

182 *WONCA International Classification of Primary Care*

internal derangement of knee	L99	kyphoscoliosis	L85
internal injury	A81	kyphosis	L85
intertrigo	S88	labile hypertension	K85
intestinal obstruction	D99	labour	W90/W91
intestinal parasite	D96	labour, complicated	W92/W93
intolerance of food	D99	labyrinthitis	H82
intraocular pressure raised	F93	LACERATION/CUT	S18
intussuception	D99	laceration, cervix, old	X85
INVESTIGATION ABNORMAL	A91	LACRIMAL DUCT	
iritidocyclitis	F73	BLOCKED, INFANT	F80
iritis	F73	lacrimation	F03
iron deficient, no anaemia	T91	LACTATION SYMPT/ COMPLT	W19
IRON DEFICIENCY ANAEMIA	B80	lactose intolerance	T99
IRREGULAR HEARTBEAT	K05	large tonsils	R21
irritable bladder	U13	LARYNGITIS, ACUTE	R77
IRRITABLE BOWEL SYNDROME	D93	laryngotracheobronchitis	R78
IRRITABLE INFANT	A16	lassitude	A04
ischaemia, limb	K92	late onset diabetes	T90
ISCHAEMIA, TRANSIENT CEREBRAL	K89	lazy eye	F14
ISCHAEMIC HEART DISEASE, WITH ANGINA	K74	lead poisoning	A86
ISCHAEMIC HEART DISEASE, WITHOUT ANGINA	K76	LEARNING PROBLEM, SPECIFIC	P24
ITCH	S02	left bundle branch block	K84
itch, ear	H29	left ventricular failure	K77
itch, eye	F13	leg cramp	L14
ITCH, PERIANAL	D02	LEG SYMPT/COMPLT	L14
JAUNDICE	D13	LEGAL PROBLEM	Z09
JAW SYMPT/COMPLT	L07	Legg–Calve–Perthes disease	L94
jealousy, child	P22	Legionnaire's disease	R81
jerking	N08	lesion of skin	S29
jetlag	A88	lethargy	A04
joint replacement problem	A89	LEUKAEMIA	B73
JOINT SYMPT/COMPLT NOS	L20	leukocytosis	B84
juvenile arthritis	L88	leukoplakia, cervical	X85
juvenile onset diabetes	T89	leukorrhoea	X14
keloid	S99	lice infestation	S73
keratitis	F73	lichen planus	S99
keratoacanthoma	S99	lightheaded	N17
KERATOSIS, SOLAR	S80	lightning strike	A88
KIDNEY SYMPT/COMPLT	U14	limping	N29
knee damage, chronic internal	L99	LIP SYMPT/COMPLT	D20
knee meniscus damage, acute	L96	LIPID DISORDER	T93
KNEE SYMPT/COMPLT	L15	LIPOMA	S78
		liver failure	D97
		living alone	Z28

Alphabetical index

183

loin pain	L05	LYMPHOMA	B72
lonely	P03	MACULAR DEGENERATION	F84
long sighted	F91	malabsorption syndrome	D99
lordosis	L85	malaise	A05
LOSS OF APPETITE	T03	MALARIA	A73
loss of balance	N17	malformations skull/face	L82
loss of libido	P07	MALIGNANCY NOS	A79
loss of voice	R23	malignant hypertension	K87
LOSS/DEATH OF CHILD	Z19	malignant: see NEOPLASM,	
LOSS/DEATH OF FAMILY		MALIGNANT	
MEMBER	Z23	malinering	Z29
LOSS/DEATH OF PARENT	Z23	malnutrition	T91
LOSS/DEATH OF PARTNER	Z15	mallet finger	L98
LOW BACK SYMPT/COMPLT	L03	Mallory–Weiss syndrome	D84
low blood pressure	K29	malocclusion	D82
low self-esteem	P28	malpresentation	W84
lumbago	L03	malunion of fracture	L99
lumbalgia	L03	mania	P73
lump NOS	A08	manic depression	P73
lump, abdomen	D24	marasmus	T91
lump, testis	Y05	Marfan's syndrome	A90
lump, throat	R21	marginal peptic ulcer	D86
LUMP, BREAST, FEMALE	X19	marital problem	Z12
lump, breast, male	Y16	mass: see lump mastitis (lactating)	W94
LUMP/SWELLING,		mastitis (non-lactating)	X21
GENERALIZED	S05	mastodynia	X18
LUMP/SWELLING,		mastoiditis	H74
LOCALIZED	S04	mastopathy	X21
LUMPS/SWELLINGS,		MEASLES	A71
multiple sites	S05	meatitis	U72
lung abscess	R83	Meckel's diverticulum	D81
lung congestion	R29	median bar of prostate	Y85
lyme disease	A78	mediastinal disease	R99
LYMPH DISEASE, OTHER	B99	MEDICATION ABUSE	P18
LYMPH GLAND(S)		meibomian cyst	F72
ENLARGED/PAINFUL	B02	MELAENA	D15
LYMPH/SPLEEN SYMPT/		melanoma, malignant	S77
COMPLT, OTHER	B29	MEMORY DISTURBANCE	P20
LYMPHADENITIS, ACUTE	B70	Meniere's disease	H82
LYMPHADENITIS, CHRONIC		meningioma	N75
NON-SPECIFIC	B71	meningism	N29
lymphadenopathy	B02	MENINGITIS	N71
LYMPH ANGIOMA	S81	meningococcal infection	A78
lymphangitis, acute	S76	MENOPAUSAL SYMPT/	
lymphocytosis	B84	COMPLT	X11
lymphoedema	K99	menorrhagia	X06

184 *WONCA International Classification of Primary Care*

MENSTRUATION ABSENT/ SCANTY	X05	MURMUR, ARTERIAL/HEART	K81
MENSTRUATION EXCESSIVE	X06	muscle stiffness	L19
MENSTRUATION POSTPONEMENT	X10	muscle strain	L19
MENSTRUATION, IRREGULAR/FREQUENT	X07	MUSCLE SYMPT/COMPLT	L19
mental illness NOS	P99	MUSCULOSKELETAL SYMPT/COMPLT, OTHER	L29
MENTAL RETARDATION	P85	myalgia	L18
mesenteric lymphadenitis	B71	myasthenia gravis	N99
mesenteric vascular disease	D99	mycoplasma	A78
mesothelioma	R85	myeloproliferative disease	B74
METABOLIC DISEASE, OTHER	T99	MYOCARDIAL INFARCTION, ACUTE	K75
METABOLIC SYMPT/ COMPLT, OTHER	T29	myocardial infarction, old	K76
metastatic malignancy NOS	A79	myocardial ischaemia	K76
metatarsalgia	L17	myocarditis	K70
metrorrhagia	X08	myoclonus	N08
mid-life crisis	P25	myoma uterus	X78
MIGRAINE	N89	myopia	F91
miliaria	S92	myositis	L99
miscarriage	W82	MYRINGITIS, ACUTE	H71
mite infestation	S73	MYXOEDEMA	T86
mitral stenosis	K71	NAEVUS	S82
mitral valve disease	K83	NAIL SYMPT/COMPLT	S22
mittelschmerz	X03	NAIL, INGROWING	S94
MOLE	S82	napkin rash	S89
MOLLUSCUM CONTAGIOSUM	S95	nasal congestion	R07
MONILIASIS: see CANDIDIASIS		nasal polyp	R99
morning after pill	W10	nasopharyngitis, acute	R74
morning sickness, pregnancy	W05	nasopharyngitis, chronic	R83
motion sickness	A88	NAUSEA	D09
motor neurone disease	N99	nausea of pregnancy	W05
MOUTH SYMPT/COMPLT	D20	NECK SYMPT/COMPLT	L01
MOVEMENTS ABNORMAL	N08	NECK SYNDROME	L83
mucocoele lip, mouth	D83	needle stick injury	S19
mucous colitis	D93	NEIGHBOURHOOD PROBLEM	Z03
mucous polyp, cervical	X85	NEOPLASM, CARDIOVASCULAR	K72
multiple myeloma	B74	NEOPLASM, EAR	H75
multiple pregnancy	W84	NEOPLASM, ENDOCRINE, OTHER	T73
MULTIPLE SCLEROSIS	N86	NEOPLASM, EYE/ADNEXA	F74
MUMPS	D71	NEOPLASM, GENITAL OTHER/UNCERTAIN	X81
Munchhausen's syndrome	P80	NEOPLASM, UNCERTAIN NATURE, NERVOUS SYSTEM	N76

Alphabetical index

185

NEOPLASM, UNCERTAIN NATURE, RESPIRATORY	R92	NEOPLASM MALIGNANT, DIGESTIVE, OTHER	D77
NEOPLASM, URINARY TRACT NOS	U79	NEOPLASM MALIGNANT, GENITAL, FEMALE	X77
NEOPLASM BENIGN, BREAST	X79	NEOPLASM MALIGNANT, GENITAL, MALE	Y78
neoplasm benign, breast, male	Y79	NEOPLASM MALIGNANT, KIDNEY	U75
NEOPLASM BENIGN, GENITAL, FEMALE	X80	neoplasm malignant, liver	D77
NEOPLASM BENIGN, NERVOUS SYSTEM	N75	NEOPLASM MALIGNANT, LUNG	R84
NEOPLASM BENIGN, RELATED TO PREGNANCY	W73	NEOPLASM MALIGNANT, MUSCULOSKELETAL	L71
NEOPLASM BENIGN, RESPIRATORY	R86	NEOPLASM MALIGNANT, NERVOUS SYSTEM	N74
NEOPLASM BENIGN, THYROID	T72	NEOPLASM MALIGNANT, PANCREAS	D76
NEOPLASM BENIGN, URINARY TRACT	U78	NEOPLASM MALIGNANT, PROSTATE	Y77
NEOPLASM BENIGN/ UNCERTAIN, BLOOD/ LYMPH/SPLEEN	B75	NEOPLASM MALIGNANT, RELATED TO PREGNANCY	W72
NEOPLASM BENIGN/ UNCERTAIN, DIGESTIVE	D78	NEOPLASM MALIGNANT, RESPIRATORY, OTHER	R85
NEOPLASM BENIGN/ UNCERTAIN, MALE GENITAL	Y79	NEOPLASM MALIGNANT, SKIN	S77
NEOPLASM BENIGN/UNCERTAIN, MUSCULOSKELETAL	L97	NEOPLASM MALIGNANT, STOMACH	D74
NEOPLASM BENIGN/ UNCERTAIN, RELATED TO PREGNANCY	W73	ovulation bleeding	X08
NEOPLASM BENIGN/ UNCERTAIN, SKIN	S79	ovulation pain	X03
NEOPLASM MALIGNANT, BLADDER	U76	Paget's disease of bone	L99
NEOPLASM MALIGNANT, BLOOD, OTHER	B74	pain NOS	A29
NEOPLASM MALIGNANT, BREAST, FEMALE	X76	PAIN, ABDOMINAL, GENERAL	D01
neoplasm malignant, breast, male	Y78	PAIN, ABDOMINAL, LOCALIZED	D06
NEOPLASM MALIGNANT, BRONCHUS	R84	PAIN, BACK NOS	L02
NEOPLASM MALIGNANT, CERVIX	X75	PAIN, BREAST, FEMALE	X18
NEOPLASM MALIGNANT, COLON/RECTUM	D75	PAIN, CARDIOVASCULAR NOS	K03
		PAIN, CHEST NOS	A11
		pain, chest, musculoskeletal	L04
		pain, colon	D06
		PAIN, EAR	H01
		PAIN, EPIGASTRIC	D02
		PAIN, EYE	F01
		PAIN, FACE	N03

186 *WONCA International Classification of Primary Care*

PAIN, GENERAL	A01	PARTNER RELATIONSHIP	
PAIN, GENITAL, FEMALE	X01	PROBLEM	Z12
pain, head	N01	passing wind	D08
PAIN, HEART	K01	past history of malignancy	A21
PAIN, INTERMENSTRUAL	X03	patella disorder	L99
pain, joint	L20	patent ductus arteriosa	K73
PAIN, LYMPH GLAND(S)	B02	pathological fracture NOS	L99
PAIN, MENSTRUAL	X02	PEDICULOSIS	S73
PAIN, MUSCLE	L18	peeling skin	S21
pain, nose	R08	pelvic congestion syndrome	X99
PAIN, PENIS	Y01	PELVIC INFLAMMATORY	
PAIN, RECTAL/ANAL	D04	DISEASE	X74
PAIN, RESPIRATORY SYSTEM	R01	pelvic instability	W28
pain, sinuses	R09	pelvic pain, female	X01
PAIN, SKIN TENDERNESS	S01	pelvic pain, male	Y02
PAIN, TESTIS/SCROTUM	Y02	PELVIS SYMPT/COMPLT,	
PAINFUL INTERCOURSE	X04	FEMALE	X17
painful lesion or rash	S01	PENIS SYMPT/COMPLT	Y04
painful respiration	R01	peptic ulcer	D86
PAINFUL URINATION	U01	perforated duodenal ulcer	D85
pallor	S08	PERFORATION, EAR DRUM	H77
PALPITATIONS OF HEART	K04	perianal haematoma	K96
pancreatic diseases	D99	perianal pruritis	D05
panic disorder	P74	pericarditis	K70
panniculitis	L18	PERINATAL MORBIDITY	A94
PAP SMEAR ABNORMAL	X86	PERINATAL MORTALITY	A95
papilloedema	F99	perineal pain, male	Y02
papilloma, bladder	U78	perinephric abscess	U70
papule	S04	peripheral neuropathy	N94
papules	S05	PERIPHERAL VASCULAR	
para-influenza	R80	DISEASE	K92
paraesthesia	N06	peritonitis	D99
PARALYSIS	N18	peritonsillar abscess	R76
paralysis agitans	N87	PERSONALITY DISORDER	P80
PARALYSIS, FACIAL	N91	perspiration problem	A09
paranoia	P72	pertussis	R71
parapertussis	R71	pes planus	L98
paraphimosis	Y81	petechiae	S29
parathyroid dysfunction	T99	petit mal	N88
paresis	N18	phantom limb	N94
Parkinson's disease	N87	pharyngitis, acute	R74
PARKINSONISM	N87	pharyngitis, chronic	R83
paronychia	S09	PHASE OF LIFE PROBLEM,	
parotitis	D83	ADULT	P25
partner abuse, emotional	Z12	PHIMOSIS	Y81
partner abuse, physical	Z25	PHLEBITIS	K94

Alphabetical index

187

phlebothrombosis	K94	polyp, endometrial	X99
PHOBIA	P79	polyp of rectum	D78
photophobia	F05	polyp of urinary tract	U78
photosensitivity	S80	polyphagia	T02
physical abuse, partner	Z25	polyuria	U02
physiological delay	T10	pompholyx	S92
pigmentation skin	S08	poor compliance	Z11
piles	K96	popping ear	H29
pilonidal abscess	S85	porphyria	T99
pimple	S96	portal hypertension	D97
pituitary dysfunction	T99	portal thrombosis	K94
PITYRIASIS ROSEA	S90	portwine stain	S81
pityriasis versicolor	S74	post-concussion effect	N79
placenta praevia, in pregnancy	W84	post-herpetic neuralgia	S70
placenta praevia, in delivery	W92/W93	post-nasal drip	R08
plant sting	S88	post-natal depression	P76
plant toxicity	A86	post-partum haemorrhage	W17
PLEURISY/PLEURAL		POST-PARTUM SYMPT/	
EFFUSION	R82	COMPLT	W18
pleuritic pain	R01	post-polio syndrome	N70
pleurodynia	R01	post-traumatic headache	N01
pneumoconiosis	R99	post-traumatic stress, acute	P02
PNEUMONIA	R81	POST-TRAUMATIC STRESS	
pneumonia, aspiration	R99	DISORDER	P82
pneumonitis, allergic	R99	post-viral fatigue	A04
pneumonitis, chemical	R99	postural vertigo	H82
pneumonitis, infective	R81	Pott's fracture	L73
pneumonitis, mould	R99	POVERTY	Z01
pneumothorax	R99	pyoderma	S76
poisoning by		pyogenic arthritis	L70
animal/insect/plant	A86	pyrexia	A03
POISONING BY		pyuria	U98
MEDICATION	A84	Q fever	A78
POLIOMYELITIS	N70	query pregnant	W01
pollution of environment	Z29	quinsy	R76
polyarteritis nodosa	K99	radiation complication	A87
polycystic kidney, congenital	U85	radiation skin damage	S80
polycythaemia rubra vera	B75	radicular syndrome of upper limb	L83
polycythaemia, secondary	B99	raised cholesterol/triglyceride	T93
polydipsia	T01	rape	Z25
polymenorrhoea	X07	RASH, DIAPER	S89
polymorphous light eruption	S80	RASH, GENERALIZED	S07
polymyalgia rheumatica	L99	RASH, LOCALIZED	S06
polyp of colon	D78	Raynaud's syndrome	K92
polyp of duodenum	D78	reaction to immunization	A87
polyp of ear	H99	reaction to transfusion	A87

reactive airways disease	R96	RHEUMATIC HEART DISEASE	K71
reactive depression	P76	rheumatism	L18
reactive psychosis	P98	rhinitis, acute	R74
reading difficulty	F05	rhinitis, allergic	R97
rectocele	X87	rhinitis, chronic	R83
RED EYE	F02	rhinitis, vasomotor	R97
red nose	R08	rhinophyma	S99
red throat	R21	rhinorrhea	R07
redness, skin, localized	S06	rickettsial disease	A78
redness, skin, multiple sites	S07	right bundle branch block	K84
reduced lung function	R28	right ventricular failure	K77
REDUNDANT PREPUCE	Y81	rigor	A02
reflux	D84	ringworm	S74
REFRACTIVE ERROR	F91	RISK FACTOR NOS	A23
regional enteritis	D94	RISK FACTOR,	
Reiter's disease	L99	CARDIOVASCULAR	
RELATIONSHIP PROBLEM,		DISEASE	K22
CHILD	Z16	RISK FACTOR, MALIGNANCY	A21
RELATIONSHIP PROBLEM,		road traffic accident	A80
FRIEND	Z24	rodent ulcer	S77
RELATIONSHIP PROBLEM,		rosacea	S99
PARENT/FAMILY	Z20	roseola infantum	A76
RELATIONSHIP PROBLEM,		Ross River fever	A77
PARTNER	Z12	rotator cuff syndrome	L92
renal artery bruit	K81	RUBELLA	A74
renal calculus	U95	running nose	R07
renal colic	U14	rupture of ear drum	H79
renal failure	U99	rupture tendon, spontaneous	L99
renal glycosuria	T99	salivary calculus	D83
renal transplant	U28	salmonella enteritis	D70
residual haemorrhoidal skin tag	K96	salpingitis	X74
respiratory distress	R04	sarcoidosis	B99
respiratory failure	R99	SCABIES AND OTHER	
respiratory infection, acute lower	R78	ACARIASES	S72
respiratory infection, acute upper	R74	SCALD	S14
RESPIRATORY SYMPT/		scaling skin	S21
COMPLT, OTHER	R29	SCALP SYMPT/COMPLT	S24
restless infant	A16	scar	S99
RESTLESS LEGS	N04	scarlet fever	A78
restlessness	P04	Scheuermann's disease	L94
retching	D10	SCHIZOPHRENIA	P72
RETINOPATHY	F83	sciatica	L86
retirement problem	P25	scleritis	F99
retractile testis	Y84	scleroderma	L99
retraction of nipple	X20	scoliosis	L85
RHEUMATIC FEVER	K71	scotoma	F05

Alphabetical index

189

SCRATCH	S17	skin allergy	S88
SCROTUM SYMPT/COMPLT	Y05	SKIN COLOUR CHANGE	S08
scurvy	T91	skin irritation	S02
SEBORRHOEIC DERMATITIS	S86	skin laceration	S18
seborrhoeic wart	S99	skin lesion	S29
secondary megacolon	D99	SKIN SYMPT/COMPLT, OTHER	S29
SEIZURE	N07	SKIN TEXTURE SYMPT/ COMPLT	S21
seizure, epileptic	N88	sleep apnoea	P06
self-esteem low	P28	sleep problem	P06
SEMINAL VESICULITIS	Y73	sleepwalking	P06
seminoma	Y78	slipped femoral epiphysis	L94
senescence	P05	slow urinary stream	U28
senile dementia	P70	slow virus infection	N73
senile keratosis	S80	slurred speech	N19
senile vaginitis	X11	SMELL DISTURBANCE	N16
senile wart	S99	smoking problem	PI7
SENILITY	P05	snake venom toxicity	A86
SENSATION DISTURBANCE	N06	SNEEZING	R07
separation of partners	Z15	snoring	R04
sexual attack	Z25	snowblindness	F79
SEXUAL DESIRE REDUCED	P07	SOCIAL HANDICAP	Z28
SEXUAL FULFILMENT REDUCED	P08	social isolation	Z28
SEXUAL FUNCTION SYMPT/ COMPLT, MALE	Y08	SOCIAL PROBLEM NOS	Z29
SEXUAL PREFERENCE CONCERN	P09	SOCIAL WELFARE PROBLEM SOCIAL/CULTURAL PROBLEM	Z08 Z04
sexually transmitted disease NOS	A78	SOLAR KERATOSIS	S80
shaking	N08	SOMATIZATION DISORDER	P75
shigella enteritis	D70	somnolence	P06
shingles	S70	sore mouth	D20
shiver	A02	sore throat	R21
shock, anaesthetic	A87	sore(s) on skin	S29
shock, cardiovascular	K99	soreness, skin	S01
shock, psychic	P02	spasm, muscle	N08
short sight	F91	spastic colon	D93
SHORTNESS OF BREATH	R02	SPECIFIC LEARNING PROBLEM	P24
SHOULDER SYMPT/COMPLT	L08	speech delay	P22
SHOULDER SYNDROME	L92	SPEECH DISORDER	N19
sick sinus syndrome	K80	spermatocoele	Y99
sickle-cell anaemia	B78	spherocytosis	B78
sickle-cell trait	B78	spider naevus	K06
side effect medication	A85	spina bifida	N85
SINUS SYMPT/COMPLT	R09	spinal cord injury	N81
SINUSITIS ACUTE/CHRONIC	R75	SPLEEN DISEASE, OTHER	B99
Sjogren's syndrome	L99		

190 *WONCA International Classification of Primary Care*

SPLEEN, RUPTURED	B76	STYE	F72
SPLENOMEGALY	B87	subarachnoid haemorrhage	K90
spondylolisthesis	L84	subconjunctival haemorrhage	F75
spondylosis	L84	subdural haematoma	N80
spondylosis, cervical	L83	SUBLUXATION	L80
spotting, vaginal	X08	SUICIDE/SUICIDE ATTEMPT	P77
SPRAIN/STRAIN, ANKLE	L77	SUNBURN	S80
sprain/strain, back	L84	suppression of lactation	W19
SPRAIN/STRAIN, JOINT, OTHER	L79	surgical emphysema	R88
SPRAIN/STRAIN, KNEE	L78	suspiciousness	P29
sprain/strain, neck	L83	sweat rash	S92
sprue	D99	SWELLING NOS	A08
spur, bone	L87	swelling of joint	L20
SPUTUM/PHLEGM		SWELLING, GENERALIZED	S05
ABNORMAL	R25	SWELLING, LOCALIZED	S04
squamous cell carcinoma	S77	swimmer's ear	H70
squint	F95	SWOLLEN ANKLE	K07
STAMMERING	P10	swollen eye	F15
status epilepticus	N88	swollen feet/legs	K07
sterility	W15	swollen lip	D20
STERILIZATION, FEMALE	W13	SYMPT/COMPLT:	
STERILIZATION, MALE	Y13	see appropriate body system	
stiffness, joint	L20	SYNCOPE	A06
stiffness, muscle	L19	syndrome: see appropriate title	
stillbirth	W91/W93	synovial cyst	L87
STING, INSECT	S12	SYNOVITIS	L87
sting, plant	S88	synovitis of shoulder	L92
stomach dilatation, acute	D87	SYPHILIS, FEMALE	X70
stomatitis	D83	SYPHILIS, MALE	Y70
STRABISMUS	F95	systemic lupus erythematosus	L99
strain: see sprain/strain		tachycardia NOS	K04
STREP THROAT	R72	TACHYCARDIA, PAROXYSMAL	K79
stress incontinence	U04	tachypnoea	R04
STRESS DISORDER, CHRONIC	P82	tarsal cyst	F72
STRESS REACTION, ACUTE	P02	TASTE DISTURBANCE	N16
stretch marks	S99	teeth grinding	D29
striae atrophicae	S99	TEETH/GUM DISEASE	D82
stridor	R04	TEETH/GUM SYMPT/COMPLT	D19
STROKE	K90	teething	D19
stroke sequelae	K91	temper tantrum, child	P22
stupor	A07	temporomandibular joint disorder	D82
STUTTERING	P10	temporomandibular joint sympt/complt	L07
		tendinitis, shoulder	L92

Alphabetical index

191

tendon rupture, spontaneous	L99	TOXIC EFFECT, NON-	
TENDONITIS	L87	MEDICINAL SUBSTANCE	A86
TENNIS ELBOW	L93	toxic gastroenteropathy	D99
tenosynovitis	L87	toxic goitre	T85
TENSE FEELING	P01	toxoplasmosis	A78
termination of pregnancy	W83	TRACHEITIS, ACUTE	R77
testicular dysfunction	T99	tracheobronchitis	R78
TESTIS SYMPT/COMPLT	Y05	TRACHOMA	F86
TETANUS	N72	transfusion reaction	A87
tetany	N08	TRANSIENT CEREBRAL	
thalassaemia	B78	ISCHAEMIA	K89
THIGH SYMPT/COMPLT	L14	transient global amnesia	K89
THIRST, EXCESSIVE	T01	transient ischaemic attack	K89
THROAT SYMPT/COMPLT	R21	TRAUMA NOS	A80
thrombocytopenia	B83	TRAUMA, ACOUSTIC	H85
THROMBOPHLEBITIS	K94	TRAUMA, MULTIPLE	A81
thrombosed external		TRAUMA, SECONDARY	
haemorrhoid	K96	EFFECT	A82
thrombosis, vein	K94	traumatic amputation	L81
thrush NOS	A78	traumatic arthropathy	L91
thrush, female genital	X72	tremor	N08
thrush, mouth	D83	trichiniasis	D96
thrush, skin, nail	S75	bicuspid valve disease	K83
THYROGLOSSAL DUCT/CYST	T78	trigger finger	L87
thyroid nodule	T81	TUBERCULOSIS	A70
thyroiditis	T99	twitching eye	F14
THYROTOXICOSIS	T85	tympanitis, acute	H71
TIC	P10	typhoid fever	D70
tic douloureux	N92	ulcer, aphthous	D83
tick infestation	S73	ULCER, CORNEAL	F85
tinea	S74	ULCER, DUODENAL	D85
TINGLING FINGERS/TOES	N05	ulcer, oesophageal	D84
TINNITUS EAR	H03	ULCER, PEPTIC	D86
TIREDNESS	A04	ULCER, SKIN, CHRONIC	S97
TOBACCO ABUSE	P17	ULCERATIVE COLITIS	D94
TONGUE SYMPT/COMPLT	D20	umbilicus problem	S29
tongue, coated	D20	underweight	T29
tongue-tie	D81	UNDESCENDED TESTICLE	Y83
tonsillar pain	R21	UNEMPLOYMENT PROBLEM	Z06
TONSILLITIS ACUTE	R76	unhappy	P03
tonsillitis, chronic	R90	unstable angina	K74
toothache	D19	UPPER RESPIRATORY	
torsion of testis	Y99	INFECTION	R74
torticollis	L83	uraemia	U99
TOXAEMIA OF PREGNANCY	W81	ureteric reflux	U99

192 *WONCA International Classification of Primary Care*

urethral caruncle	U99	venous stasis	K95
urethral discharge, female	X29	ventricular fibrillation	K80
urethral discharge, male	Y03	ventricular flutter	K80
urethral stricture	U99	ventricular septal defect	K73
urethral syndrome	U72	verrucae	S03
URETHRITIS	U72	version	W92/W93
URI	R74	VERTIGINOUS	
URINARY CALCULUS	U95	SYNDROME	H82
URINARY FREQUENCY/ URGENCY	U02	VERTIGO/DIZZINESS	N17
urinary infection NOS	U71	vestibular neuronitis	H82
URINARY SYMPT/COMPLT, OTHER	U29	Vincent's angina	D83
URINATION PROBLEM, OTHER	U05	VIRAL DISEASE, OTHER/NOS	A77
URINE TEST ABNORMAL	U98	VIRAL EXANTHEMS	A76
urine, bad odour of	U07	viral keratitis	F85
URINE, COMPLAINT	U07	vision, blurred	F05
urine, dark	U07	VISUAL DISTURBANCE	F05
urine, dribbling	U05	VISUAL FLOATER/SPOT	F04
URINE, RETENTION	U08	visual loss	F05
urolithiasis	U95	VITAMIN DEFICIENCY	T91
URTICARIA	S98	vitiligo	S99
UTEROVAGINAL		VOICE SYMPT/COMPLT	R23
PROLAPSE	X87	VOMITING DIG	
VAGINAL DISCHARGE	X14	VOMITING BLOOD	D14
VAGINAL SYMPT/COMPLT	X15	vomiting, presumed infective	D73
vaginismus NOS	X04	vulval pain	X01
vaginismus, psychogenic	P08	VULVAL SYMPT/COMPLT	X16
vaginitis, atrophic	X11	WART	S03
VAGINITIS/VULVITIS	X84	wart, seborrheic/senile	S99
vaginitis	X84	wasting of muscle	L19
varices, oesophageal	K99	water depletion	T11
varicose eczema	K95	waterbrash	D03
varicose ulcer	S97	watery eye	F03
VARICOSE VEIN, LEG	K95	weak eye	F05
varicose veins, other than leg	K99	weak heart	K29
vascular headache	N89	weak joint	L20
vasculitis	K99	weak muscle	L19
vasectomy	Y13	WEAKNESS, GENERAL	A04
vasospasm	K92	WEAKNESS, localized	N18
vasovagal attack	A06	weal	S98
venereal wart, female	X91	weaning	W19
venereal wart, male	Y76	WEIGHT GAIN	T07
venous insufficiency	K95	WEIGHT LOSS	T08
		wen	S93
		WHEEZING	R03

Alphabetical index

193

whiplash, neck	L83	worried	P03
WHITE CELLS ABNORMAL	B84	wound infection/disruption, post-operative	A87
WHOOPING COUGH	R71	wound infection, post-traumatic	S11
withdrawal, drug	P19	wrinkle	S21
woozy	N17	WRIST SYMPT/COMPLT	L11
WORK PROBLEM	Z05	xanthoma	T93
WORMS/OTHER PARASITES	D96		

