Ratified by WHO-FIC Network at the annual meeting in Trieste, October 2007

Volume 1 **TABULAR LIST**

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise code title:	**List of Three-Character Categories** **C79 Secondary malignant neoplasm of other and unspecified sites**	MRG (URC:1066)	October 2007	Major	January 2010
Revise code title:	**List of Three-Character Categories** **Renal failure (N17–N19)** N17 Acute renal failure N18 Chronic ~~renal~~ kidney ~~failure~~ disease N19 Unspecified renal failure	Australia (URC: 1241)	October 2007	Major	January 2010
Revise code title:	**List of Three-Character Categories** **Digestive system disorders of fetus and newborn (P75–P78)** **P75*** Meconium ileus in cystic fibrosis **P76** Other intestinal obstruction of newborn **P77** Necrotizing enterocolitis of fetus and newborn **P78** Other perinatal digestive system disorders	Germany (URC: 1162)	October 2007	Major	January 2010
Revise code title	**A02 Other salmonella infections** A02.0 Salmonella enteritis Salmonellosis A02.1 Salmonella ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Add excludes at block level:	**Tuberculosis (A15-A19)** *Includes:* infections due *Mycobacterium tuberculosis* and *Mycobacterium bovis* *Excludes:* congenital tuberculosis (P37.0) human immunodeficiency [HIV] disease resulting in tuberculosis (B20.0) pneumoconiosis associated with tuberculosis (J65) sequelae of tuberculosis (B90.-) silicotuberculosis (J65)	Netherlands (URC:1194)	October 2007	Minor	January 2009
Revise code title:	**A22 Anthrax** *Includes*: infection du to *Bacillus anthracis* A22.7 Anthrax ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise inclusions:	**A24 Glanders and melioidosis** A24.1 Acute and fulminating melioidosis Melioidosis: • pneumonia ▪ ~~septicemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010

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Revise code title:	**A26 Erysipeloid** A26.7 Erysipelothrix ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code title:	**A32 Listeriosis** A32.7 Listerial ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code titles:	**A40 Streptococcal ~~septicaemia~~ sepsis** *Excludes:* during labour (O75.3) following: • abortion or ectopic or molar pregnancy (O03–O07, O08.0) • immunisation (T88.0) • infusion, transfusion or therapeutic injection(T80.2) neonatal (P36.0–P36.1) postprocedural (T81.4) puerperal (O85) A40.0 ~~Septicaemia~~ Sepsis due to streptococcus, group A A40.1 ~~Septicaemia~~ Sepsis due to streptococcus, group B A40.2 ~~Septicaemia~~ Sepsis due to streptococcus, group D A40.3 ~~Septicaemia~~ Sepsis due to Streptococcus pneumoniae Pneumococcal ~~septicaemia~~sepsis A40.8 Other streptococcal ~~septicaemia~~sepsis A40.9 Streptococcal ~~septicaemia~~ sepsis, unspecified	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code titles and exclusion note:	**A41 Other ~~septicaemia~~ sepsis** *Excludes:* bacteraemia NOS (A49.9) during labour (O75.3) following: • abortion or ectopic or molar pregnancy (O03–O07, O08.0) • immunisation (T88.0) • infusion, transfusion or therapeutic injection (T80.2) ~~septicaemia~~sepsis (due to)(in): • actinomycotic (A42.7) • anthrax (A22.7) • candidal (B37.7) • Erysipelothrix (A26.7) • extraintestinal yersiniosis (A28.2)				

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	• gonococcal (A54.8) • herpesviral (B00.7) • listerial (A32.7) • meningococcal (A39.2–A39.4) • neonatal (P36.-) • postprocedural (T81.4) • puerperal (O85) • streptococcal (A40.-) • tularaemia (A21.7) ~~septicaemic~~septic: • melioidosis (A24.1) • plague (A20.7) toxic shock syndrome (A48.3) A41.0 ~~Septicaemia~~ Sepsis due to Staphylococcus aureus A41.1 ~~Septicaemia~~ Sepsis due to other specified staphylococcus ~~Septicaemia~~Sepsis due to coagulase-negative staphylococcus A41.2 ~~Septicaemia~~ Sepsis due to unspecified staphylococcus A41.3 ~~Septicaemia~~ Sepsis due to Haemophilus influenzae A41.4 ~~Septicaemia~~ Sepsis due to anaerobes *Excludes:* gas gangrene (A48.0) A41.5 ~~Septicaemia~~ Sepsis due to other Gram-negative organisms Gram-negative ~~septicaemia~~ sepsis NOS A41.8 Other specified ~~septicaemia~~sepsis A41.9 ~~Septicaemia~~Sepsis, unspecified Septic shock Septicaemia				
Revise code title:	**A42 Actinomycosis** A42.7 Actinomycotic ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code title and exclusion:	**A48 Other bacterial diseases, not elsewhere classified** **A48.3** Toxic shock syndrome ***Excludes:*** endotoxic shock NOS (**R57.8**) ~~septicaemia~~ sepsis NOS (**A41.9**)	MbRG (URC:1238)	October 2007	Major	January 2010
	A49 Bacterial infection of unspecified site *Excludes*: bacterial agents as the cause of diseases classified to other chapters	Australia (URC:1042)	October 2006	Minor	January 2008

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Revise code titles	(B95-B96) chlamydial infection NOS (A74.9) meningococcal infection NOS (A39.9) rickettsial infection NOS (A79.9) spirochaetal infection NOS (A69.9) A49.0 Staphylococcal infection, unspecified site A49.1 Streptococcal infection, unspecified site A49.2 *Haemophilus influenzae* infection, unspecified site A49.3 Mycoplasma infection, unspecified site A49.8 Other bacterial infections of unspecified site A49.9 Bacterial infection, unspecified Bacteraemia NOS				
Revise inclusion:	**A54.8 Other gonococcal infections** Gonococcal: • brain abscess† (G07*) • endocarditis† (I39.8*) • meningitis† (G01*) • myocarditis† (I41.0*) • pericarditis† (I32.0*) • peritonitis† (K67.1*) • pneumonia† (J17.0*) • ~~septicaemia~~ sepsis • skin lesions	MbRG (URC:1238)	October 2007	Major	January 2010
Revise inclusion:	**B00 Herpesviral (herpes simplex) infections** B00.7 Disseminated herpesviral disease Herpesviral ~~septicaemia~~sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code title:	**B37 Candidiasis** B37.7 Candidal ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise and add text:	**Sequelae of infectious and parasitic diseases** (**B90-B94**) ***Note***: ~~These c~~Categories **B90-B94** are to be used to indicate conditions in categories **A00-B89** as the cause of sequelae, which are themselves classified elsewhere. The "sequelae" include conditions specified as such; they also include late effects of diseases classifiable to the above categories if there is evidence that the disease itself is no longer present. For use of these categories, reference should be made to the morbidity or mortality coding	MRG (URC:1221)	October 2007	Minor	January 2009

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	rules and guidelines in Volume 2. Not to be used for chronic infections. Code current infections to chronic or active infectious disease as appropriate.				
Revise excludes note:	**C76 Malignant neoplasm of other and ill-defined sites** *Excludes:* … • unspecified site (C80.-)	MRG (URC:1066)	October 2007	Major	January 2010
Revise code title:	**C78.7** Secondary malignant neoplasm of liver and intrahepatic bile duct	Germany (URC:1143)	October 2007	Minor	January 2009
Revise category title, add codes and exclusions:	**C79 Secondary malignant neoplasm of other and unspecified sites** C79.8 Secondary malignant neoplasm of other specified sites C79.9 Secondary malignant neoplasm, unspecified site *Excludes*: disseminated malignant neoplasm, no primary indicated (C80.-) Carcinomatosis (secondary) Generalized (secondary): • cancer NOS • malignancy NOS Multiple cancer (secondary) NOS	MRG (URC:1066)	October 2007	Major	January 2010
Delete inclusions at category level, add codes and inclusions	**C80 Malignant neoplasm without specification of site** ~~Cancer~~ ~~Carcinoma~~ ~~Carcinomatosis~~ ~~Generalized:~~ ~~• cancer~~ ~~• malignancy~~ ~~Malignancy~~ ~~Multiple cancer~~ ~~Malignant cachexia~~ ~~Primary site unknown~~ ~~unspecified site (primary)(secondary)~~ C80.0 Malignant neoplasm, primary site unknown, so stated Primary site unknown C80.9 Malignant neoplasm, unspecified Cancer NOS Carcinoma NOS Malignancy NOS	MRG (URC:1066)	October 2007	Major	January 2010

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	Malignant cachexia NOS				
Revise codes and inclusions:	**C81-C96; D10-D36 Leukaemia and Lymphoma** Details of this proposal will follow with 2008 decisions once the index updates have been finalized.	MbRG (URC:1230)	October 2007	Major	January 2010
Add excludes note at code:	**D07 Carcinoma in situ of other and unspecified genital organs** *Excludes*: melanoma in situ (D03.5) D07.5 Prostate *Excludes*: Low grade dysplasia of prostate (N42.3)	Canada (URC:1117)	October 2007	Major	January 2010
Add inclusion:	**D63* Anaemia in chronic diseases classified elsewhere** D63.0* Anaemia in neoplastic disease Conditions in Chapter 2 (C00–D48) D63.8* Anaemia in other chronic diseases classified elsewhere Anaemia in chronic kidney disease ≥ stage 3 (N18.3 – N18.5†)	Australia (URC:1241)	October 2007	Major	January 2010
Add note:	**E64 Sequelae of malnutrition and other nutritional deficiencies** ***Note***: Not to be used for chronic malnutrition or nutritional deficiency. Code these to current malnutrition or nutritional deficiency.	MRG (URC:1221)	October 2007	Minor	January 2009
Add note:	**E68 Sequelae of hyperalimentation** ***Note***: Not to be used for chronic hyperalimentation. Code these to current hyperalimentation.	MRG (URC:1221)	October 2007	Minor	January 2009
Add inclusion:	**E72 Other disorders of amino-acid metabolism** E72.0 Disorders of amino-acid transport Cystine storage disease† (N29.8*) Cystinosis Cystinuria Fanconi(-de Toni)(-Debré) syndrome Hartnup's disease Lowe's syndrome *Excludes*: disorders of tryptophan metabolism (E70.8)	Australia (URC:1241)	October 2007	Major	January 2010
Revise inclusion and exclusion:	**E84.1 Cystic fibrosis with intestinal manifestations** Meconium ileus in cystic fibrosis+ (P75*) ***Excludes***: meconium obstruction (ileus) in cases where cystic fibrosis is known not to be present (P76.0)	Germany (URC:1162)	October 2007	Major	January 2010
Add new code:	**E88.3 Tumour lysis syndrome** Tumour lysis (following antineoplastic drug therapy)(spontaneous)	MRG (URC:1126)	October 2007	Major	January 2010

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Add parentheses and add inclusion	**F02.8* Dementia in other specified diseases classified elsewhere** Dementia (in): • cerebral lipidosis (E75.-†) • epilepsy (G40.-†) • hepatolenticular degeneration (E83.0†) • hypercalcaemia (E83.5†) • hypothyroidism, acquired (E01.-†, E03.-†) • intoxications (T36-T65†) • multiple sclerosis (G35†) • neurosyphilis (A52.1†) • niacin deficiency [pellagra] (E52†) • polyarteritis nodosa (M30.0†) • systemic lupus erythematosus (M32.-†) • trypanosomiasis (B56.-†, B57.-†) • uraemia (N18.5†) • vitamin B 12 deficiency (E53.8†)	Australia (URC:1241)	October 2007	Major	January 2010
Add instructional note:	**Mental and behavioural disorders due to psychoactive substance abuse (F10-F19)** **.6 Amnesic syndrome** … Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified Use additional code, (E51.2† G32.8*), if desired, when associated with Wernicke's disease or syndrome.	MRG (URC:1132)	October 2007	Major	January 2010
Revise and add text:	**G09 Sequelae of inflammatory diseases of central nervous system** ***Note***: ~~This e~~Category **G09** is to be used to indicate conditions whose primary classification is to **G00-G08** (i.e. excluding those marked with an asterisk (*)) as the cause of sequelae, themselves classifiable elsewhere. The "sequelae" include conditions specified as such or as late effects, or those present one year or more after onset of the causal condition. For use of this category reference should be made to the relevant morbidity and mortality coding rules and guidelines in Volume 2.	MRG (URC:1221)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	Not to be used for chronic inflammatory disease of the central nervous system. Code these to current inflammatory disease of the central nervous system.				
Add inclusion term:	**G61.0 Guillain-Barré syndrome** Acute (post-) infective polyneuritis Miller Fisher Syndrome	Canada (URC:1170)	October 2007	Minor	January 2009
Revise code title:	**G73.1* ~~Eaton~~ Lambert-Eaton syndrome (C80†)**	Germany (URC: 1161)	October 2007	Minor	January 2009
Revise dagger code in code title:	**G73.1* Eaton-Lambert syndrome (C80.-†)**	MRG (URC:1066)	October 2007	Major	January 2010
Add inclusion:	**G99.8* Other specified disorders of nervous system in diseases classified elsewhere** Uraemic paralysis (N18.5†)	Australia (URC:1241)	October 2007	Major	January 2010
Add inclusions:	**H32.8*Other chorioretinal disorders in diseases classified elsewhere** Albuminurica retinitis (N18.5†) Renal retinitis (N18.5†)	Australia (URC:1241)	October 2007	Major	January 2010
Revise inclusion:	**I12 Hypertensive renal disease** ***Includes:*** any condition in N18.-, N19, or N26 ~~with any condition in I10~~ due to hypertension arteriosclerosis of kidney arteriosclerotic nephritis (chronic)(interstitial) hypertensive nephropathy nephrosclerosis ***Excludes:*** secondary hypertension (I15.-) **I12.0 Hypertensive renal disease with renal failure** Hypertensive renal failure **I12.9 Hypertensive renal disease without renal failure** Hypertensive renal disease NOS	Australia (URC: 1241)	October 2007	Major	January 2010
	Ischaemic heart diseases (I20–I25) ***Note:*** For morbidity, duration as used in categories **I21–I25** refers to the interval elapsing between onset of the ischaemic episode	MbRG (URC:1227)	October 2007	Major	January 2010

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Revise inclusions and add note:	and admission to care. For mortality, duration refers to the interval elapsing between onset and death. ***Includes:*** with mention of hypertension (**I10–I15**) *Use additional code, if desired, to identify presence of hypertension.* **I22 Subsequent myocardial infarction** ***Includes:*** ~~recurrent~~ myocardial infarction: extension recurrent reinfarction ***Note:*** For morbidity coding, this category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction ***Excludes:*** specified as chronic or with a stated duration of more than 4 weeks (more than 28 days) from onset (**I25.8**)				
Add inclusion:	**I68.8* Other cerebrovascular disorders in diseases classified elsewhere** Uraemic apoplexia in chronic kidney disease (N18.5†)	Australia (URC:1241)	October 2007	Major	January 2010
Revise and add text:	**I69 Sequelae of cerebrovascular disease** ***Note***: ~~This c~~Category **I69** is to be used to indicate previous episodes of conditions in ~~**I60–I67**~~ **I60-I67.1** and **I67.4-I67.9** as the cause of sequelae, themselves classified elsewhere. The "sequelae" include conditions specified as such or as late effects, or those present one year or more after onset of the causal condition. Not to be used for chronic cerebrovascular disease. Code these to **I60-I67**.	MRG (URC: 1221)	October 2007	Minor	January 2009
Revise category title, code titles, add exclusion at category level, and exclusion at code level:	**I72 Other aneurysm and dissection** ***Includes:*** aneurysm (cirsoid)(false)(ruptured) ***Excludes:*** aneurysm (of): • aorta (**I71**.-) • arteriovenous NOS (**Q27.3**) • acquired (**I77.0**) • cerebral (nonruptured) (**I67.1**) • ruptured (**I60**.-) • coronary (**I25.4**) • heart (**I25.3**) • pulmonary artery (**I28.1**)	Germany (URC: 1228)	October 2007	Major	January 2010

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Add new code:	• retinal (**H35.0**) • varicose (**I77.0**) dissection of precerebral artery, congenital (nonruptured) (**Q28.1**) **I72.0 Aneurysm and dissection of carotid artery** **I72.1 Aneurysm and dissection of artery of upper extremity** **I72.2 Aneurysm and dissection of renal artery** **I72.3 Aneurysm and dissection of iliac artery** **I72.4 Aneurysm and dissection of artery of lower extremity** **I72.5 Aneurysm and dissection of other precerebral arteries** ***Excludes:*** Aneurysm and dissection of carotid artery (**I72.0**) **I72.8 Aneurysm and dissection of other specified arteries** **I72.9 Aneurysm and dissection of unspecified site**				
Revise code:	**J44.0** Chronic obstructive pulmonary disease with acute lower respiratory infection ***Excludes***: with influenza (~~**J98**~~**J09**-**J11**)	Germany (URC: 1166)	October 2007	Minor	January 2009
Revise and add codes:	**K35 Acute appendicitis** ~~K35.0 Acute appendicitis with generalized peritonitis~~ ~~Appendicitis (acute) with :~~ • ~~perforation~~ • ~~peritonitis (generalized) (localized) following rupture or perforation~~ • ~~rupture~~ ~~K35.1 Acute appendicitis with peritoneal abscess~~ ~~Abscess of appendix~~ K35.2 Acute appendicitis with generalized peritonitis Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation K35.3 Acute appendicitis with localized peritonitis Acute appendicitis with localized peritonitis with or without rupture or perforation Acute appendicitis with peritoneal abscess	France (URC:1108)	October 2007	Major	January 2010

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	K35.8 Acute appendicitis, other and unspecified Acute appendicitis without mention of localized or generalized peritonitis ~~K35.9 Acute appendicitis, unspecified~~ ~~Acute appendicitis with peritonitis, localized or NOS~~ ~~Acute appendicitis without :~~ • ~~generalized peritonitis~~ • ~~perforation~~ • ~~peritoneal abscess~~ • ~~rupture~~				
Add new inclusion:	**K76.8 Other specified diseases of liver** Simple cyst of liver Focal nodular hyperplasia of liver Hepatoptosis	Norway (URC:1232)	October 2007	Major	January 2010
Revise code title and inclusion:	**L91.0 ~~Keloid scar~~Hypertrophic scar** ~~Hypertrophic~~ Keloid scar *Excludes*: acne keloid (**L73.0**) scar NOS (**L90.5**)	Norway (URC:1231)	October 2007	Minor	January 2009
Add instructional note:	**M10.3 Gout due to impairment of renal function** Use additional code, if desired, to identify impairment of kidney disease (N17-N19)	Australia (URC:1241)	October 2007	Major	January 2010
Delete inclusion:	**M24.8 Other specific joint derangements, not elsewhere classified** ~~Irritable hip~~	Norway (URC:1234)	October 2007	Major	January 2010
Add inclusion:	**M65.8 Other synovitis and tenosynovitis** Irritable hip	Norway (URC:1234)	October 2007	Major	January 2010
Add and revise instructional notes at block	**Glomerular diseases** **N00–N08** Use additional code, if desired, to identify associated chronic kidney disease (N18.-) Use additional code, if desired, to identify external cause (Chapter XX) or	Australia (URC:1241)	October 2007	Major	January 2010

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level:	presence of renal failure, ~~(N17-N19)~~ Acute (N17) or Unspecified (N19) *Excludes*: hypertensive renal disease (I12.-)				
Delete inclusion:	**N03 Chronic nephritic syndrome** [Note: See before N00 for subdivisions] *Includes*: chronic: • glomerular disease • glomerulonephritis • nephritis • ~~renal disease NOS~~ *Excludes*: chronic tubulo-interstitial nephritis (N11.-) diffuse sclerosing glomerulonephritis (N18.-) nephritic syndrome NOS (N05.-)	Australia (URC:1241)	October 2007	Major	January 2010
Revise inclusions:	**N08.0* Glomerular disorders in infectious and parasitic diseases classified elsewhere** Glomerular disorders in: • mumps (**B26.8**†) • Plasmodium malariae malaria (**B52.0**†) • schistosomiasis [bilharziasis] (**B65**.-†) ~~. septicaemia~~ sepsis (**A40**–**A41**†) • strongyloidiasis (**B78**.-†) • syphilis (**A52.7**†)	MbRG (URC:1238)	October 2007	Major	January 2010
Add instructional note:	**RENAL TUBULO-INTERSTITIAL DISEASES (N10–N16)** ***Includes:*** pyelonephritis ***Excludes:*** pyeloureteritis cystica (N28.8) Use additional code, if desired, to identify associated chronic kidney disease (N18.-)	MbRG (URC:1241)	October 2007	Major	January 2010
Revise inclusions:	**N16.0*** Renal tubulo-interstitial disorders in infectious and parasitic diseases classified elsewhere Renal tubulo-interstitial disorders (due to)(in): • brucellosis (A23.-†) • diphtheria (A36.8†) • salmonella infection (A02.2†) ~~. septicaemia~~ sepsis (A40–A41†) • toxoplasmosis (B58.8†)	MbRG (URC:1238)	October 2007	Major	January 2010
Modify category	**N18 Chronic ~~renal failure~~ kidney disease**	Australia	October 2007	Major	January 2010

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title; add instructional notes, codes and inclusions:	*Includes*: chronic uraemia diffuse sclerosing glomerulonephritis *Excludes*: chronic renal failure with hypertension (I12.0) Use additional code, if desired, to identify underlying disease. Use additional code, if desired, to identify presence of hypertension. ~~N18.0 End-stage renal disease~~ N18.1 Chronic kidney disease, stage 1 Kidney damage with normal or increased GFR (> 90 mL/min) N18.2 Chronic kidney disease, stage 2 Kidney damage with mild decreased GFR (60-89 mL/min) N18.3 Chronic kidney disease, stage 3 Kidney damage with moderately decreased GFR (30-59 mL/min) N18.4 Chronic kidney disease, stage 4 Kidney disease with severely decreased GFR (15-29 mL/min) N18.5 Chronic kidney disease, stage 5 Chronic uraemia End stage kidney disease: • in allograft failure • NOS • on dialysis • without dialysis or transplant Renal retinitis†(H32.8*) Uraemic: • apoplexia† (I68.8*) • dementia † (F02.8*) • neuropathy† (G63.8*) • paralysis† (G99.8*) • pericarditis† (I32.8*) ~~N18.8 Other chronic renal failure~~ ~~Uraemic:~~ ~~• neuropathy† (G63.8*)~~ ~~• pericarditis† (I32.8*)~~ N18.9 Chronic ~~renal failure~~ kidney disease, unspecified	(URC: 1241)			

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Add inclusion, revise code title and exclusion:	**N19 Unspecified ~~renal~~ kidney failure** Renal insufficiency NOS Uraemia NOS *Excludes*: ~~renal~~ kidney failure with hypertension (I12.0) uraemia of newborn (P96.0)	Australia (URC: 1241)	October 2007	Major	January 2010
Add inclusion:	**N29.8* Other disorders of kidney and ureter in other diseases classified elsewhere** Cystine storage disease (E72.0†)	Australia (URC:1241)	October 2007	Major	January 2010
Add new code and inclusion and excludes note:	**N42.3 Dysplasia of prostate** Low grade dysplasia *Excludes*: high grade dysplasia of prostate (D07.5)	Canada (URC:1117)	October 2007	Major	January 2010
Add text:	**Chapter XV** **Pregnancy, childbirth and the puerperium** **(O00-O99)** The codes included in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes) ***Excludes:*** Certain diseases or injuries complicating pregnancy, childbirth and the puerperium classified elsewhere: – external causes (for mortality) (V, W, X,Y) – human immunodeficiency virus [HIV] disease (B20 – B24) – injury, poisoning and certain other consequences of external cause (S00-T88.1, T88.6-T98) – mental and behavioural disorders associated with the puerperium (F53.-) – obstetrical tetanus (A34) – postpartum necrosis of pituitary gland (E23.0) – puerperal osteomalacia (M83.0) Supervision of: – high-risk pregnancy (Z35.-) – normal pregnancy (Z34.-)	MRG (URC:1245)	October 2007	Minor	January 2009
	O08.0 Genital tract and pelvic infection following abortion and ectopic and molar pregnancy Endometritis }	MbRG (URC: 1238)	October 2007	Major	January 2010

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Delete inclusion:	Oophoritis } Parametritis } Pelvic peritonitis} following conditions classifiable to Salpingitis O00–O07 Salpingo-oophoritis Sepsis Septic shock ~~Septicaemia~~ ***Excludes:*** septic or septicopyaemic embolism (O08.2) urinary tract infection (O08.8)				
Add inclusion terms:	**O26.6 Liber disorders in pregnancy, childbirth and the puerperium** Cholestasis (intrahepatic) in pregnancy Obstetric cholestasis *Excludes*: hepatorenal syndrome following labour and delivery (O90.4)	Canada (URC: 1182)	October 2007	Major	January 2010
Add inclusion:	**O62 Abnormalities of forces of labour** O62.0 Primary inadequate contractions Failure of cervical dilatation Primary hypotonic uterine dysfunction Uterine inertia during latent phase of labour O62.1 Secondary uterine inertia Arrested active phase of labour Secondary hypotonic uterine dysfunction	Australia (URC: 1044)	October 2007	Minor	January 2009
Revise inclusion:	**O75.3** Other infection during labour ~~Septicaemia~~ Sepsis during labour	MbRG (URC: 1238)	October 2007	Major	January 2010
Revise inclusion and exclusion:	**O85 Puerperal sepsis** Puerperal: • endometritis • fever • peritonitis • ~~septicaemia~~sepsis Use additional code (**B95**–**B97**), if desired, to identify infectious agent. ***Excludes:*** obstetric pyaemic and septic embolism (**O88.3**) ~~septicaemia~~ sepsis during labour (**O75.3**)	MbRG (URC: 1238)	October 2007	Major	January 2010

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Add inclusion term:	O88.1 Amniotic fluid embolism Anaphylactoid syndrome of pregnancy	MRG (URC: 1120)	October 2007	Major	January 2010
Revise and add text:	**O94 Sequelae of complication of pregnancy, childbirth and the puerperium** Sequelae of complication of pregnancy, childbirth and the puerperium (O94) *Note:* ~~This c~~Category O94 is to be used for morbidity coding only to indicate previous episodes of conditions in categories O00-O75 and O85-O92 as the cause of sequelae ... Not to be used for chronic complications of pregnancy, childbirth and the puerperium. Code these to O00-O75 and O85-O92 .	MRG (URC: 1221)	October 2007	Minor	January 2009
Add codes and revise notes:	**O96 Death from any obstetric cause occurring more than 42 days but less than one year after delivery** Use additional code, if desired, to identify the obstetric cause (direct or indirect) of death. O96.0 Death from direct obstetric cause O96.1 Death from indirect obstetric causes O96.9 Death from unspecified obstetric cause **O97 Death from sequelae of ~~direct~~ obstetric causes** Death from any ~~direct~~ obstetric cause (direct or indirect) occurring one year or more after delivery. Use additional code, if desired to identify the obstetric cause (direct or indirect). O97.0 Death from sequelae of direct obstetric cause O97.1 Death from sequelae of indirect obstetric cause O97.9 Death from sequelae of obstetric cause, unspecified	MRG (URC: 1243)	October 2007	Major	January 2010
Revise code title in list of asterisk codes:	Chapter XVI **Certain conditions originating in the perintatal period (P00-P96)** **.....** **As asterisk category for this chapter is provided as follows:** **P75*** Meconium ileus in cystic fibrosis	Germany (URC: 1162)	October 2007	Major	January 2010
	P08.1 Other heavy for gestational age infants Other fetus or infant heavy- or large-for-dates regardless of period of gestation.	Canada (URC: 1200)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add inclusion term: Add exclusions:	Usually implies a birth weight >90th percentile for gestational age or 4000 g or more at term *Excludes*: syndrome of infant of: - diabetic mother (P70.1) - mother with gestational diabetes (P70.0) – Birth weight of 4500 g or more (P08.0)				
Add inclusion note: Revise inclusion note:	**P70.0 Syndrome of infant of mother with gestational diabetes** Fetus or newborn (with hypoglycaemia) affected by maternal gestational diabetes **P70.1 Syndrome of infant of a diabetic mother** ~~Maternal diabetes mellitus (pre-existing) affecting fetus or newborn (with hypoglycaemia)~~ Fetus or newborn (with hypoglycemia) affected by maternal diabetes mellitus (pre-existing)	Germany (URC: 1197)	October 2007	Minor	January 2009
Revise code title:	**P75* Meconium ileus in cystic fibrosis (E84.1+)**	Germany (URC: 1162)	October 2007	Major	January 2010
Add inclusion:	**P76.0 Meconium plug syndrome** ***Includes:*** meconium ileus in cases where cystic fibrosis is known not to be present	Germany (URC: 1162)	October 2007	Major	January 2010
Revise code in exclusion:	**R64 Cachexia** *Excludes*: HIV disease resulting in wasting syndrome (B22.2) Malignant cachexia (C80.-) Nutritional marasmus (E41)	MRG (URC: 1066)	October 2007	Major	January 2010
Add inclusion:	**R65.1 Systemic Inflammatory Response Syndrome of infectious origin with** **organ failure** Severe sepsis	MbRG (URC: 1239)	October 2007	Minor	January 2010
At chapter heading level, in the preamble, add inclusion terms to the list	**Chapter XIX - Injury, poisoning and certain other consequences of external causes** (**S00-T98**) Injury to muscle, fascia and tendon, including: avulsion	Canada (URC: 1134)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
of types of injuries applicable to muscles, fascia and tendons:	cut laceration strain of muscle, fascia and tendon traumatic rupture				
Add excludes note:	**S37.8 Injury of other pelvic organs** Adrenal gland Prostate Seminal vesicle Vas deferens *Excludes:* Open wound of other and unspecified external genital organs (**S31.5**)	Australia (URC: 1188)	October 2007	Minor	January 2009
Add inclusion term:	**T14.6 Injury of muscles and tendons of unspecified body region** Avulsion Cut Injury Laceration Sprain Strain Traumatic rupture *Excludes*: multiple injuries of tendons and muscles NOS (**T06.4**)	Canada (URC: 1134)	October 2007	Minor	January 2009
Revise inclusion:	**T80.2 Infections following infusion, transfusion and therapeutic injection** Infection Sepsis Septic shock ~~Septicaemia~~ } following infusion, transfusion and therapeutic injection	MbRG (URC: 1238)	October 2007	Major	January 2010
	T81 Complications of procedures, not elsewhere classified *Excludes*: adverse effect of drug NOS (**T88.7**) complication following: immunization (**T88.0**-**T88.1**) infusion, transfusion and therapeutic injection (**T80**.-) specified complications classified elsewhere, such as:	Germany (URC: 1165)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add exclusion:	complications of prosthetic devices, implants and grafts (**T82-T85**) dermatitis due to drugs and medicaments (**L23.3**, **L24.4**, **L25.1**, **L27.0-L27.1**) failure and rejection of transplanted organs and tissues (**T86**) poisoning and toxic effects of drugs and chemicals (**T36-T65**)				
Revise inclusion:	**T81.4** Infection following a procedure, not elsewhere classified Abscess • intra-abdominal • stitch • subphrenic • wound Sepsis ~~Septicaemia~~ } postprocedural	MbRG (URC: 1238)	October 2007	Major	January 2010
Revise code title and delete inclusion:	**T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts** ~~Complication~~ Embolism Fibrosis Haemorrhage Pain Stenosis Thrombosis } due to cardiac and vascular prosthetic devices, implants and grafts	Germany (URC: 1144)	October 2007	Minor	January 2009
Revise inclusion:	**T88.0** Infection following immunization Sepsis ~~Septicaemia~~ } following immunization	MbRG (URC: 1238)	October 2007	Major	January 2010
Revise and add text:	**Sequelae of injuries, of poisoning and of other consequences of external causes (T90-T98)** ***Note***: ~~These c~~Categories **T90-T98** are to be used to indicate conditions in **S00-S99** and **T00-T88** as the cause of late effects, which are themselves classified elsewhere. The "sequelae" include those specified as such, or as late effects, and those present one year or more after the acute injury.	MRG (URC: 1221)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	Not to be used for chronic poisoning and harmful exposure. Code these to current poisoning and harmful exposure.				
Add codes and inclusion:	**X34Victim of earthquake** X34.0 Victim of cataclysmic earth movements caused by earthquake Includes: trapped in or injured by collapsing building or other structure X34.1 Victim of tsunami X34.8 Victim of other specified effects of earthquake X34.9 Victim of unspecified effect of earthquake	MRG (URC: 1016)	October 2007	Major	January 2010
Add exclusion:	**X39 Exposure to other and unspecified forces of nature** **...** **Excludes: ...** exposure NOS (**X59.9**) tsunami (X34.1)	MRG (URC: 1016)	October 2007	Major	January 2010
Revise category title:	**Y07 Other maltreatment ~~syndromes~~**	Canada (URC: 1205)	October 2007	Minor	January 2009
Add text:	**Sequelae of external causes of morbidity and mortality (Y85-Y89)** ***Note***: Categories **Y85-Y89** are to be used to indicate circumstances as the cause of death, impairment or disability from sequelae or "late effects", which are themselves classified elsewhere. The sequelae include conditions reported as such, or occurring as "late effects" one year or more after the originating event. Not to be used for chronic poisoning and harmful exposure. Code these to current poisoning and harmful exposure.	MRG (URC: 1221)	October 2007	Minor	January 2009
Add parentheses:	**Z51.3 Blood transfusion (without reported diagnosis)**	France (URC: 1115)	October 2007	Minor	January 2009
Revise inclusion	**Z80.9 Family history of malignant neoplasm, unspecified** Conditions classifiable to C80.-	MRG (URC: 1066)	October 2007	Major	January 2010
Add code to inclusion:	**Z83.3 Family history of diabetes mellitus** Conditions classifiable to **E10-E14, O24**	Germany (URC: 1197)	October 2007	Minor	January 2009

Instruction	Tabular list entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise inclusion	**Z85.9 Personal history of malignant neoplasm, unspecified** Conditions classifiable to C80.-	MRG (URC: 1066)	October 2007	Major	January 2010
Add inclusion term:	**Z94.8** Other transplanted organ and tissue status Bone marrow Intestine Pancreas Stem cells	France (URC: 1109)	October 2007	Minor	January 2010
Revise title and delete code:	**Coded nomenclature for morphology of neoplasms** **M844-M849 Cystic, mucinous and serous neoplasms** M8480/0 Mucinous adenoma M8480/3 Mucinous adenocarcinoma M8480/6 Mucinous adenocarcinoma, metastatic [Pseudomyxoma peritonei] ~~(**C78.6**)~~	Australia (URC: 1191)	October 2007	Minor	January 2009
Revise text:	**Definitions** **4. Definitions related to maternal mortality** 4.3. ~~***Pregnancy-related death***~~ ***Death occurring during pregnancy, childbirth and puerperium*** A ~~pregnancy-related~~death occurring during pregnancy, childbirth and puerperium is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death (obstetric and non obstetric).	MRG (URC: 1242)	October 2007	Minor	January 2009

Volume 2 **INSTRUCTION MANUAL**

Instruction	Instruction Manual entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Substitute phrase Page iv	**Table of contents** 4.2.2 ~~Interpretation of "highly improbable"~~ Accepted and rejected sequences for the selection of underlying cause of death for mortality statistics	MRG (URC: 1130)	October 2007	Minor	January 2010

Revise text: page 25	**3.1.3 Two codes for certain conditions** (iii) If neither the symbol nor the alternative code appears in the title, the rubric as a whole is not subject to dual classification but individual inclusion terms may be; if so, these terms will be marked with the symbol and their alternative codes given, e.g. A54.8 Other gonococcal infections Gonococcal: ... • peritonitis† (K67.1*) • pneumonia† (J17.0*) • ~~septicaemia~~ sepsis • skin lesions	MbRG (URC:1238)	October 2007	Major	January 2010
page 42 Revise text:	**4.1.7 Examples of the General Principle and selection rules** ***Rule 3*** **If the condition selected by the General Principle or by Rule l or Rule 2 is obviously a direct consequence of another reported condition, whether in Part I or Part II, select this primary condition.** *Assumed direct consequences of another condition* Certain postoperative complications (pneumonia (any type), haemorrhage, thrombophlebitis, embolism, thrombosis, ~~septicaemia~~ sepsis, cardiac arrest, renal failure (acute), aspiration, atelectasis and infarction) should be considered direct consequences of an operation, unless surgery was carried out four weeks or more before death.	MbRG (URC:1238)	October 2007	Major	January 2010
p. 43 Add text:	**4.1.7 Examples of the General Principle and selection rules** ***Rule 3*** Dehydration ~~may be~~ should be considered ~~assumed to be a~~ an obvious consequence of any intestinal infectious disease. Primary atelectasis of newborn (P28.0) should be considered an obvious consequence of congenital kidney conditions (Q60, Q61.0-Q61.1, Q61.3-Q61.9, Q62.1, Q62.3, Q62.4), premature rupture of membranes (P01.1), and oligohydramnios (P01.2). Fetus and newborn affected by premature rupture of membranes or oligohydramnios (P01.1-P01.2) should be assumed to be a direct consequence of congenital kidney conditions (Q60, Q61.0-Q61.1, Q61.3-Q61.9, Q62.1, Q62.3, Q62.4).	MRG (URC: 1122)	October 2007	Minor	January 2009

<table>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr>
<td>Add text:
p. 43

Add text:</td>
<td>4.1.7 Examples of the General Principle and selection rules
Rule 3

Acidosis (E87.2); Other specified metabolic disorders (E88.8); Other mononeuropathies (G58.-); Polyneuropathy, unspecified (G62.9); Other disorders of peripheral nervous system (G64); amyotrophy not otherwise specified in Other primary disorders of muscles (G71.8), Disorder of autonomic nervous system, unspecified (G90.9), and Neuralgia and neuritis, unspecified (M79.2); Iridocyclitis (H20.9); Cataract, unspecified (H26.9); Chorioretinal inflammation, unspecified (H30.9); Retinal vascular occlusions (H34); Background retinopathy and retinal vascular changes (H35.0); Other proliferative retinopathy (H35.2); Retinal haemorrhage (H35.6); Retinal disorder, unspecified (H35.9); Peripheral vascular disease, unspecified (I73.9); Atherosclerosis of arteries of extremities (I70.2); Arthritis, unspecified (M13.9); Nephrotic syndrome (N03- N05); ~~End-stage renal disease (N18.0); Chronic renal failure~~, Chronic kidney disease, ~~unspecified~~ (~~N18.9~~ N18.-)); Unspecified ~~renal~~ kidney failure (N19); Unspecified contracted kidney (N26); renal disease in Disorder of kidney and ureter, unspecified (N28.9) and Persistent proteinuria, unspecified (N39.1); Gangrene, not elsewhere classified (R02); Coma, unspecified (R40.2); and Other specified abnormal findings of blood chemistry (R79.8) for acetonemia, azotemia, and related conditions should be considered an obvious consequence of Diabetes mellitus (E10-E14).</td>
<td>MRG
(URC:1142)</td>
<td>October 2007</td>
<td>Major</td>
<td>January 2010</td>
</tr>
<tr>
<td>Added codes to table</td>
<td>4.1.7 Examples of the General Principle and selection rules
Rule 3

Conditions in the following categories should be considered obvious consequences of the conditions listed in the “wasting and paralyzing diseases” list. Conditions in categories flagged with an ‘M’ (Maybe) should be considered obvious consequences of the conditions listed in the “wasting and paralyzing diseases” list only if they meet the prerequisite for code assignment noted in the final column of the table.
<table>
<tr><th>Code(s)</th><th>Description</th><th>Conditional Response</th><th>Qualifier</th></tr>
<tr><td>E86</td><td>Volume depletion</td><td></td><td></td></tr>
<tr><td>G81-G83</td><td>Other paralytic syndromes</td><td></td><td></td></tr>
<tr><td>I26.0-I26.9</td><td>Pulmonary embolism</td><td></td><td></td></tr>
</table>
</td>
<td>MRG
(URC:1127)</td>
<td>October 2007</td>
<td>Minor</td>
<td>January 2009</td>
</tr>
</table>

I74.2-I74.4	Arterial embolism and thrombosis of extremities		
I80.1-I80.3	Phlebitis and thrombophlebitis of lower extremities		
I80.9	Phlebitis and thrombophlebitis of unspecified site		
I82.9	Embolism and thrombosis of unspecified vein		
K55.0	Acute vascular disorder of intestine	M	The condition in **K55.0** must be specified as an embolism
K56.4	Other impaction of intestine		
K59.0	Constipation		
L89	Decubitus ulcer		
N10-N12	Tubulo-interstitial nephritis	M	Diseases causing paralysis or inability to control bladder
N17, N19	~~Renal failure~~ Kidney disease, acute or unspecified		
N28.0	Ischaemia and infarction of kidney	M	The condition in **N28.0** must be specified as an embolism of the renal artery
N30.0-N30.2	Cystitis, acute, interstitial and other chronic	M	Diseases causing paralysis or inability to control bladder
N30.9	Cystitis, unspecified	M	Diseases causing paralysis or inability to control bladder
N31	Neuromuscular dysfunction of bladder, not elsewhere classified		
N34.0-N34.2	Urethritis	M	Diseases causing paralysis or inability to control bladder
N35.1-N35.9	Urethral stricture (non-traumatic)	M	Diseases causing paralysis or inability to control bladder
N39.0	Urinary tract infection, site not specified	M	Diseases causing paralysis or inability to control bladder

Add text:	**4.1.9 The modification rules**	MRG	October 2007	Minor	January 2009

	Rule B. Trivial conditions Where the selected cause is a trivial condition unlikely to cause death (see Appendix 7.1) and a more serious condition (any condition except an ill-defined or another trivial condition) is reported, reselect the underlying cause as if the trivial condition had not been reported. If the death was the result of an adverse reaction to treatment of the trivial condition, select the adverse reaction.	(URC: 1121)			
Revise code:	**4.1.10 Examples of the modification rules** ***Rule D. Specificity*** *Example 60:* I (a) Pericarditis (b) Uraemia and pneumonia Code to uraemic pericarditis (N18.~~8~~ 5). Uraemia, selected by Rule l (see Example 14), modifies the pericarditis.	Australia (URC:1241)	October 2007	Major	January 2010
Revise text: page 54	**4.1 Mortality: guidelines for certification and rules for coding** **4.1.11 Notes for use in underlying cause mortality coding** The following notes often indicate that if the provisionally selected code, as indicated in the left-hand column, is present with one of the conditions listed below it, the code to be used is the one shown in bold type. There are two types of combination: "with mention of" means that the other condition may appear anywhere on the certificate; "when reported as the originating antecedent cause of" means that the other condition must appear in a correct causal relationship or be otherwise indicated as being "due to" the originating antecedent cause. A40.- Streptococcal ~~septicaemia~~ sepsis A41.- Other ~~septicaemia~~ sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Add text: p. 55 Note – changes from URC#1241 Chronic kidney disease have	**4.1.11 Notes for use in underlying cause mortality coding** **E10-E14** Diabetes mellitus *when reported as the originating antecedent cause of:* **E87.2** (Acidosis), code **E10-E14** with fourth character **.1** **E88.8** (Other specified metabolic disorders), code **E10-E14** with fourth character **.1**	MRG (URC:1142)	October 2007	Major	January 2010

been incorporated where appropriate)	**G58**.- (Other mononeuropathies), code **E10-E14** with fourth character .4 **G62.9** (Polyneuropathy, unspecified), code **E10-E14** with fourth character **.4** **G64** (Other disorders of peripheral nervous system), code **E10-E14** withfourth character **.4** **G70.9** (Myoneural disorder, unspecified), code **E10-E14** with fourth character **.4** **G71.8** (Other primary disorders of muscles), code **E10-E14** with fourth character **.4** **G90.9** (Disorder of autonomic nervous system, unspecified), code **E10-E14** with fourth character **.4** **H20.9** (Iridocyclitis), code **E10-E14** with fourth character **.3** **H26.9** (Cataract, unspecified), code **E10-E14** with fourth character **.3** **H30.9** (Chorioretinal inflammation, unspecified), code **E10-E14** with fourth character **.3** **H34** (Retinal vascular occlusions), code **E10-E14** with fourth character **.3** **H35.0** (Background retinopathy and retinal vascular changes), code **E10-E14** with fourth character **.3** **H35.2** (Other proliferative retinopathy), code **E10-E14** with fourth character **.3** **H35.6** (Retinal haemorrhage), code **E10-E14** with fourth character **.3** **H35.9** (Retinal disorder, unspecified), code **E10-E14** with fourth character **.3** **H49.9** (Paralytic strabismus, unspecified), code **E10-E14** with fourth character **.3** **H54** (Blindness and low vision), code **E10-E14** with fourth character **.3** **I73.9** (Peripheral vascular disease, unspecified), code **E10-E14** with fourth character **.5** **I70.2** (Atherosclerosis of arteries of extremities), code **E10-E14** with fourth character **.5** **I99** (Other and unspecified disorders of circulatory system), if angiopathy, code **E10-E14** with fourth character **.5** **L30.9** (Dermatitis, unspecified), code **E10-E14** with fourth character **.6** **L92.1** (Necrobiosis lipoidica, not elsewhere classified), code **E10-E14** with fourth character **.6** **M13.9** (Arthritis, unspecified), code **E10-E14** with fourth character **.6** **M79.2** (Neuralgia and neuritis, unspecified), code **E10-E14** with fourth character **.6** **M89.9** (Disorder of bone, unspecified), code **E10-E14** with fourth character **.6** **N03- N05** (Nephrotic syndrome), code **E10-E14** with fourth character **.2** ~~**N18.0** (End-stage renal disease), code **E10-E14** with fourth character **.2**~~				

	N18.- (Chronic kidney disease, unspecified), code **E10-E14** with fourth character **.2** **N19** (Unspecified renal failure), code **E10-E14** with fourth character **.2** **N26** (Unspecified contracted kidney), code **E10-E14** with fourth character **.2** **N28.9** (Disorder of kidney and ureter, unspecified), code **E10-E14** with fourth character **.2** **N39.0** (Urinary tract infection, site not specified), code **E10-E14** with fourth character **.6** **N39.1** (Persistent proteinuria, unspecified), code **E10-E14** with fourth character **.2** **R02** (Gangrene, not elsewhere classified), code **E10-E14** with fourthcharacter **.5** **R40.2** (Coma, unspecified), code **E10-E14** with fourth character **.0** **R79.8** (Other specified abnormal findings of blood chemistry), if acetonemia, azotemia, and related conditions, code **E10-E14** with fourth character **.1** Any of above in combination, code **E10-E14** with fourth character **.7**				
Revise code titles in list	**4.1.11 Notes for use in underlying cause mortality coding** I10 Essential (primary) hypertension *with mention of:* N05.- (Unspecified nephritic syndrome), code **N05.-** N18.- (Chronic ~~renal failure~~ kidney disease), code **I12.-** N19 (Unspecified renal failure), code **I12.-** I11.- Hypertensive heart disease *with mention of:* I20-I25 (Ischaemic heart disease), code **I20-I25** N18.- (Chronic ~~renal failure~~ kidney disease), code **I13.-** N19 (Unspecified renal failure), code **I13.-** N00.- Acute nephritic syndrome *when reported as the originating antecedent cause of:*	Australia (URC:1241)	October 2007	Major	January 2010

	N03.- (Chronic nephritic syndrome), code **N03.-** N18.- Chronic ~~renal failure~~ kidney disease N19 Unspecified renal failure				
p. 55 Add codes and text:	**4.1.11 Notes for use in underlying cause mortality coding** F10-F19 Mental and behavioural disorders due to psychoactive substance use *with mention of:* X40-X49 (Accidental poisoning by and exposure to noxious substances), code X40-X49 … Fourth character .0 (Acute intoxication), code X40-X49, X60-X69, X85-X90 or Y10-Y19 Fourth character .5 (Psychotic disorder) *with mention of* Dependence syndrome (.2), code F10-F19 with fourth character .2 F10.- Mental and behavioural disorders due to use of alcohol *with mention of:* E24.4 (Alcohol-induced Cushing's syndrome), code E24.4 … F10.0 Acute intoxication due to use of alcohol *with mention of:* F10.2 (Dependence syndrome due to use of alcohol), code F10.2 F10.2 Dependence syndrome due to use of alcohol *with mention of:* F10.4, F10.6, F10.7 Withdrawal state with delirium, Amnesic syndrome, Residual and late-onset psychotic disorder, code F10.4, F10.6, F10.7	Canada (URC:1133)	October 2007	Minor	January 2009
Add text:	**4.1.11 Notes for underlying cause mortality coding** K71 Toxic liver disease *with mention of:* T51.- (Toxic effect of alcohol), code K70.- K72 Hepatic failure, not elsewhere classified *with mention of*:	MRG (URC:1210)	October 2007	Minor	January 2009

	F10.- (Mental and behavioural disorders due to use of alcohol), code K70.4 T51.- (Toxic effect of alcohol), code K70.4 K73 Chronic hepatitis, not elsewhere classified *with mention of:* F10.- (Mental and behavioural disorders due to use of alcohol), code K70.1 T51.- (Toxic effect of alcohol), code K70.1 K74.0 Hepatic fibrosis *with mention of*: F10.- (Mental and behavioural disorders due to use of alcohol), code K70.2 T51.- (Toxic effect of alcohol), code K70.2 K74.1 Hepatic sclerosis *with mention of*: F10.- (Mental and behavioural disorders due to use of alcohol), code K70.2 T51.- (Toxic effect of alcohol), code K70.2 K74.2 Hepatic fibrosis with hepatic sclerosis *with mention of*: F10.- (Mental and behavioural disorders due to use of alcohol), code K70.2 T51.- (Toxic effect of alcohol), code K70.2 K74.6 Other and unspecified cirrhosis of liver *with mention of:* F10.- (Mental and behavioural disorders due to use of alcohol), code K70.3 T51.- (Toxic effect of alcohol), code K70.3 K75.9 Inflammatory liver disease, unspecified *with mention of:* F10.- (Mental and behavioural disorders due to use of alcohol), code K70.1 T51.- (Toxic effect of alcohol), code K70.1 K76.0 Fatty (change) of liver, not elsewhere classified *with mention of:* F10.- (Mental and behavioural disorders due to use of alcohol), code K70.0 T51.- (Toxic effect of alcohol), code K70.0 K76.9 Liver disease, unspecified *with mention of*:				

	F10.- (Mental and behavioural disorders due to use of alcohol), code K70.9 T51.- (Toxic effect of alcohol), code K70.9				
pp. 54-55 Add text:	**4.1.11 Notes for use in underlying cause mortality coding** **B95-B97** Bacterial, viral and other infectious agents Not to be used for underlying cause mortality coding. **C97** Malignant neoplasms of independent (primary) multiple sites Not to be used for underlying cause mortality coding. When multiple but independent malignant neoplasms are reported on the death certificate, select the underlying cause by applying the Selection and Modification Rules in the normal way. See also section 4.2.7, Malignant neoplasms.	MRG (URC:1066)	October 2007	Major	January 2010
Revise codes:	**4.1.12 Summary of linkages by code number** ***Table 1. Summary of linkages by code number*** Selected cause With mention of: As cause of: Resulting linked code E10-E14 E87.2 E10-14 (E1x.1) E88.8 E10-14 (E1x.1) G58 E10-14 (E1x.4) G62.9 E10-14 (E1x.4) G64 E10-14 (E1x.4) G70.9 E10-14 (E1x.4) G71.8 E10-14 (E1x.4) G90.9 E10-14 (E1x.4) H20.9 E10-14 (E1x.3) H26.9 E10-14 (E1x.3) H30.9 E10-14 (E1x.3) H34 E10-14 (E1x.3) H35.0 E10-14 (E1x.3) H35.2 E10-14 (E1x.3) H35.6 E10-14 (E1x.3) H35.9 E10-14 (E1x.3) H49.9 E10-14 (E1x.3) H54 E10-14 (E1x.3) I73.9 E10-14 (E1x.5)	MRG (URC:1142)	October 2007	Major	January 2010

	I70.2 E10-14 (E1x.5) L30.9 E10-14 (E1x.6) L92.1 E10-14 (E1x.6) M13.9 E10-14 (E1x.6) M79.2 E10-14 (E1x.4) M89.9 E10-14 (E1x.6) N03- N05 E10-14 (E1x.2) N18.- ~~N18.9~~ E10-14 (E1x.2) N19 E10-14 (E1x.2) N26 E10-14 (E1x.2) N28.9 E10-14 (E1x.2) N39.0 E10-14 (E1x.6) N39.1 E10-14 (E1x.2) R02 E10-14 (E1x.5) R40.2 E10-14 (E1x.0)				
p. 70 Add codes:	**4.1.12 Summary of linkages by code number** ***Table 2. Summary of codes not to be used in underlying cause mortality coding*** [a] Codes not to be used for underlying cause mortality coding (code to item in parentheses; if no code is indicated, code to **R99**) B95-B97 C97 E89.- F10.0 (code to X45, X65, X85, or Y15) F11.0 (code to X42, X62, X85, or Y12) Not to be used if the underlying cause is F03-F09 F70-F79 G81.- G82.-	MRG (URC:1066)	October 2007	Major	January 2010
p. 72 Revise text:	**4.2 Notes for interpretation of entries of causes of death** **4.2.2 Interpretation of "highly improbable"** (b) an infectious or parasitic disease (A00-B99) reported as “due to” any disease outside this chapter, except that: • diarrhoea and gastroenteritis of presumed infectious origin (A09) • ~~septicaemia~~ sepsis (A40-A41) • erysipelas (A46) • gas gangrene (A48.0) • Vincent's angina (A69.1)) may be accepted as “due to” any disease	MbRG (URC:1238)	October 2007	Major	January 2010

	• mycoses (B35-B49)) • any infectious disease may be accepted as "due to" immunosuppression by chemicals (chemotherapy) and radiation. Any infectious disease classified to A00-B19 or B25-B64 reported as "due to" a malignant neoplasm will also be an acceptable sequence. • varicella and zoster infections (B01-B02) may be accepted as "due to" diabetes, tuberculosis and lymphoproliferative neoplasms; (f) rheumatic fever (I00-I02) or rheumatic heart disease (I05-I09) reported as "due to" any disease other than scarlet fever (A38), streptococcal ~~septicaemia~~ sepsis (A40), streptococcal sore throat (J02.0) and acute tonsillitis (J03.-);				

Note 4.2.2 Interpretation of "highly" improbable for implementation January 2010 (incorporates URC 0318, 1038, 1130 and 1238)

4.2.2 Accepted and rejected sequences for the selection of underlying cause of death for mortality statistics

This section lists sequences of causes of death that should be accepted or rejected when selecting the underlying cause of death. The purpose of these lists is to produce the most useful mortality statistics possible.[1] Thus, whether a sequence is listed as "rejected" or "accepted" may reflect interests of importance for public health rather than what is acceptable from a purely medical point of view. The following instructions always apply, therefore, whether the relationship is considered medically correct or not.

(j) *Rejected sequences*

When applying the General Principle and the selection rules, the following relationships should be rejected:

(j) Infectious diseases

The following infectious diseases should not be accepted as due to any other disease or condition, except when reported as due to human immunodeficiency virus [HIV] disease, malignant neoplasms and conditions impairing the immune system:

• typhoid and paratyphoid fevers, other salmonella infections, shigellosis (A01-A03)
• tuberculosis (A15-A19)

The following infectious and parasitic diseases should not be accepted as due to any other disease or condition (not even HIV/AIDS, malignant neoplasms or immunosuppression):

[1] The expression "highly improbable" was previously used in the ICD to indicate a causal relationship that was not to be accepted when applying the selection rules.

- cholera (A00)
- botulism (A05.1)
- plague, tularaemia, anthrax, brucellosis (A20-A23)
- leptospirosis (A27)
- tetanus, diphtheria, whooping cough, scarlet fever, meningococcal disease (A33-A39)
- diseases due to Chlamydia psittaci (A70)
- rickettsioses (A75-A79)
- acute poliomyelitis (A80)
- Creutzfeldt-Jakob disease (A81.0)
- subacute sclerosing panencephalitis (A81.1)
- rabies, mosquito-borne viral encephalitis, tick-borne viral encephalitis, unspecified viral encephalitis (A82-A86)
- dengue haemorrhagic and other mosquito-borne viral fevers (A91-A92)
- yellow fever (A95)
- Junin and Machupo haemorrhagic fevers, Lassa fever (A96.0-A96.2)
- other viral haemorrhagic fevers (A98)
- smallpox, monkeypox, measles, rubella (B03-B06)
- acute hepatitis B and C (B16-B17.1)
- mumps (B26)
- malaria, leishmaniasis, Chagas' disease (B50-B57)
- sequelae of tuberculosis (B90)
- sequelae of poliomyelitis (B91)
- sequelae of leprosy (B92)
- sequelae of trachoma (B94.0)
- sequelae of viral encephalitis (B94.1)
- sequelae of viral hepatitis (B94.2)
- other emerging diseases reportable to WHO (e.g., SARS, influenza due to avian influenza virus)

(b) Malignant neoplasms

A malignant neoplasm should not be accepted as due to any other disease, *except* human immunodeficiency virus (HIV) disease.

I Haemophilia

Haemophilia (D66, D67, D68.0-D68.2) should not be accepted as due to any other disease.

(d) Diabetes

Diabetes (E10-E14) should not be accepted as due to any other disease *except* diseases causing damage to the pancreas.

(e) Rheumatic fever

Rheumatic fever (I00-I02) or rheumatic heart disease (I05-I09) should not be accepted as due to any disease *except*:

- scarlet fever (A38)
- streptococcal sepsis (A40.0-)
- streptococcal sore throat (J02.0)
- acute tonsillitis (J03.-)

(f) Hypertension

Hypertensive conditions should not be accepted as due to any neoplasm *except*:

- endocrine neoplasms
- renal neoplasms
- carcinoid tumours

(g) Chronic ischaemic heart disease

Chronic ischaemic heart disease (I20, I25) should not be accepted as due to any neoplasm.

(h) Cerebrovascular disease

(1) Cerebrovascular disease and diseases of the digestive system

Cerebrovascular diseases (I60-I69) should not be accepted as due to a disease of the digestive system (K00-K92), *except* cerebral haemorrhage (I61.-) due to diseases of liver (K70-K76).

(2) Cerebral infarction and endocarditis

The following cerebrovascular conditions should not be accepted as due to endocarditis (I05-I08, I09.1, I33-I38):

- cerebral infarction due to thrombosis of precerebral arteries (I63.0)
- cerebral infarction due to unspecified occlusion of precerebral arteries (I63.2)
- cerebral infarction due to thrombosis of cerebral arteries (I63.3)
- cerebral infarction due to unspecified occlusion of cerebral arteries (I63.5)
- cerebral infarction due to cerebral venous thrombosis, nonpyogenic (I63.6)
- other cerebral infarction (I63.8)
- cerebral infarction, unspecified (I63.9)
- stroke, not specified as haemorrhage or infarction (I64)

- other cerebrovascular diseases (I67)
- sequelae of stroke, not specified as haemorrhage or infarction (I69.4)
- sequelae of other and unspecified cerebrovascular diseases (I69.8)
- occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction (I65), *except* embolism
- occlusion and stenosis of cerebral arteries, not resulting in cerebral
- infarction (I66), *except* embolism
- sequelae of cerebral infarction (I69.3), *except* embolism

(i) Atherlosclerosis

Any condition described as arteriosclerotic [atherosclerotic] should not be accepted as due to any neoplasm.

(j) Influenza

Influenza (J09-J11) should not be accepted as due to any other disease.

(k) Congenital anomalies

A congenital anomaly (Q00-Q99) should not be accepted as due to any other disease of the individual, including immaturity, *except*:

- a congenital anomaly should be accepted as due to a chromosome abnormality or a congenital malformation syndrome
- pulmonary hypoplasia should be accepted as due to a congenital anomaly

(l) Conflicting durations

A condition of stated date of onset "X" should not be accepted as due to a condition of stated date of onset "Y", when "X" predates "Y" (but see also Example 5 in section 4.1.6).

(m) Accidents

Accidents (V01-X59) should not be accepted as due to any other cause outside this chapter, *except*:

- any accident (V01-X59) should be accepted as due to epilepsy (G40-G41)
- a fall (W00-W19) should be accepted as due to a disorder of bone density (M80-M85)
- a fall (W00-W19) should be accepted as due to a (pathological) fracture caused by a disorder of bone density
- asphyxia caused by aspiration of mucus, blood (W80) or vomitus (W78) should be accepted as due to disease conditions
- aspiration of food (liquid or solid) of any kind (W79) should be accepted as due to a disease which affects the ability to swallow

(n) Suicide

Suicide (X60-X84) should not be accepted as due to any other cause.

The above list does not cover all sequences that should be rejected, but in other cases, the General Principle should be followed unless otherwise indicated.

B. Acceptable sequences

When applying the General Principle and the selection rules, the following relationships should be accepted:

(j) Infectious diseases due to other conditions

Infectious diseases other than those noted in 4.2.2 A.(a) should be accepted as due to other conditions.

(b) Infectious diseases due to HIV

The following infectious diseases should be accepted as due to human immunodeficiency virus [HIV] disease, malignant neoplasms and conditions impairing the immune system:

- typhoid and paratyphoid fevers, other salmonella infections, shigellosis (A01-A03)
- tuberculosis (A15-A19)

I Malignancies and HIV

A malignant neoplasm should be accepted as due to human immunodeficiency virus (HIV) disease.

(d) Diabetes

Diabetes (E10-E14) should be accepted as due to diseases causing damage to the pancreas.

(e) Rheumatic fever

Rheumatic fever (I00-I02) or rheumatic heart disease (I05-I09) should be accepted as due to

- scarlet fever (A38)
- streptococcal sepsis (A40.0-)
- streptococcal sore throat (J02.0)
- acute tonsillitis (J03.-)

(f) Hypertension

Any hypertensive condition should be accepted as due to:

- endocrine neoplasms
- renal neoplasms
- carcinoid tumours

(g) Cerebrovascular diseases

- cerebral haemorrhage (I61.-) should be accepted as due to diseases of liver (K70-K76)

Embolism causing:

- occlusion and stenosis of precerebral arteries (I65)
- occlusion and stenosis of cerebral arteries (I66)
- sequelae of cerebral infarction (I69.3)

should be accepted as due to endocarditis (I05-I08, I09.1, I33-I38).

(h) Congenital anomalies

- a congenital anomaly should be accepted as due to a chromosome abnormality or a congenital malformation syndrome
- pulmonary hypoplasia should be accepted as due to a congenital anomaly

(j) Accidents

- any accident (V01-X59) should be accepted as due to epilepsy (G40-G41)
- a fall (W00-W19) should be accepted as due to a disorder of bone density (M80-M85)
- a fall (W00-W19) should be accepted as due to a (pathological) fracture caused by a disorder of bone density
- asphyxia caused by aspiration of mucus, blood (W80) or vomitus (W78) should be accepted as due to disease conditions,
- aspiration of food (liquid or solid) of any kind (W79) should be accepted as due to a disease which affects the ability to swallow;

(j) Acute or terminal circulatory diseases

Acute or terminal circulatory diseases reported as due to malignant neoplasm, diabetes or asthma should be accepted as possible sequences in Part I of the certificate. The following conditions are regarded as acute or terminal circulatory diseases:

- acute and subsequent myocardial infarction (I21-I22)
- other acute ischaemic heart diseases (I24)
- pulmonary embolism (I26)
- acute pericarditis (I30)
- acute and subacute endocarditis (I33)
- acute myocarditis (I40)
- atrioventricular and left bundle-branch block (I44)
- other conduction disorders (I45)
- cardiac arrest (I46)
- paroxysmal tachycardia (I47)
- atrial fibrillation and flutter (I48)
- other cardiac arrhythmias (I49)
- heart failure (I50)
- other ill-defined heart diseases (I51.8)
- cerebrovascular diseases in I60-I66, I676-I67.8 and I69

p 87 Modify text:	**4.2.6 Operations** If an operation appears ... unless there is a mention of a therapeutic misadventure classifiable to **O74**, **O75.4** or **Y60-Y84** or a postoperative complication. ... If there is a mention of a misadventure at the time of the procedure, code to **O74**, **O75.4** or **Y60-Y69**. If there is a mention of an abnormal reaction of the patient, whithout mention of misadventure at the time of the procedure, code to **O74**, **O75.4** or **Y83-Y84**. Whenever a complication of a procedure is not indexed or is not a synonym of an inclusion orindexed term, code early complications and mechanical complications to **T80-T88**. Code late complications and functional complications to the appropriate system chapter.	MbRG (URC:1222)	October 2007	Minor	January 2009
The following strikes out the current section for 4.2.7 and provides the suggested replac ement.	**4.2.7 Malignant neoplasms** ~~When a malignant neoplasm is considered to be the underlying cause of death, it is most important to determine the primary site. Morphology and behaviour should also be taken into consideration. Cancer is a generic term and may be used for any morphological group, although it is rarely applied to malignant neoplasms of lymphatic, haematopoietic and related tissues. Carcinoma is sometimes used incorrectly as a synonym for cancer. Some~~	MRG (URC:1131)	October 2007	Major	January 2010

	~~death certificates may be ambiguous if there was doubt about the site of the primary or imprecision in drafting the certificate. In these circumstances, if possible, the certifier should be asked to give clarification. Failing this, the guidelines given below should be observed.~~ ~~The morphological types of tumours classified in on pp. 1179-1204 of Volume 1 can be found in the Alphabetical Index with their morphology code and with an indication as to the coding by site.~~ ~~***A. Implication of malignancy***~~ ~~Mention on the certificate that a neoplasm has produced metastases (secondaries) means that it must be coded as malignant, even though this neoplasm without mention of metastases would be classified to some other section of Chapter II.~~ ~~*Example 1:* I (a) Metastatic involvement of lymph nodes~~ ~~(b) Carcinoma in situ of breast~~ ~~Code to malignant neoplasm of breast (**C50.9**).~~ ~~*B. Sites with prefixes or imprecise definitions*~~ ~~Neoplasms of sites prefixed by "peri", "para", "pre", "supra", "infra", etc. or described as in the "area" or "region" of a site, unless these terms are specifically indexed, should be coded as follows: for morphological types classifiable to one of the categories **C40**, **C41** (bone and articular cartilage), **C43** (malignant melanoma of skin), **C44** (other malignant neoplasms of skin), **C45** (mesothelioma), **C47** (peripheral nerves and autonomic nervous system), **C49** (connective and soft tissue), **C70** (meninges), **C71** (brain) and **C72** (other parts of central nervous system), code to the appropriate subdivision of that category; otherwise code to the appropriate subdivision of **C76** (other and ill-defined sites).~~ ~~*Example 2:* I (a) Fibrosarcoma in the region of the leg~~ ~~Code to malignant neoplasm of connective and soft tissue of lower limb (**C49.2**).~~ ~~***C. Malignant neoplasms of unspecified site with other reported conditions***~~ ~~When the site of a primary malignant neoplasm is not specified, no assumption of the site should be made from the location of other reported conditions such as perforation, obstruction, or haemorrhage. These conditions may arise in sites unrelated to the neoplasm, e.g. intestinal obstruction may be~~				

	caused by the spread of an ovarian malignancy. *Example 3:* I (a) Obstruction of intestine (b) Carcinoma Code to malignant neoplasm without specification of site (C80). ***D. Malignant neoplasms with primary site indicated*** If a particular site is indicated as primary, it should be selected, regardless of the position on the certificate or whether in Part I or Part II. If the primary site is stated to be unknown, see E below. The primary site may be indicated in one of the following ways: (a) The specification of one site as primary in either Part I or II. *Example 4:* I (a) Carcinoma of bladder II Primary in kidney Code to malignant neoplasm of kidney (C64). (b) The specification of other sites as "secondary", "metastases", "spread" or "carcinomatosis". *Example 5:* I (a) Carcinoma of breast (b) Secondaries in brain Code to malignant neoplasm of breast (C50.9), since Rule 2 applies (c) Morphology indicates a primary malignant neoplasm. If a morphological type implies a primary site, such as hepatoma, consider this as if the word "primary" had been included. *Example 6:* I (a) Metastatic carcinoma (b) Pseudomucinous adenocarcinoma Code to malignant neoplasm of ovary (C56), since pseudomucinous adenocarcinoma of unspecified site is assigned to the ovary in the Alphabetical Index. If two or more primary sites or morphologies are indicated, these should be coded according to sections F, G and H, below. ***E. Primary site unknown*** If the statement, "primary site unknown", or its equivalent, appears anywhere on a certificate, code to the category for unspecified site for the morphological type involved (e.g. adenocarcinoma C80, fibrosarcoma C49.9, osteosarcoma C41.9), regardless of the site(s) mentioned elsewhere on the				

	~~certificate.~~ ~~Example 7: I (a) Secondary carcinoma of liver~~ ~~(b) Primary site unknown~~ ~~(c) ? Stomach ? Colon~~ ~~Code to carcinoma without specification of site (C80).~~ ~~Example 8: I (a) Generalized metastases~~ ~~(b) Melanoma of back~~ ~~(c) Primary site unknown~~ ~~Code to malignant melanoma of unspecified site (C43.9).~~ ~~***F. Independent (primary) multiple sites (C97)***~~ ~~The presence of more than one primary neoplasm could be indicated by mention of two different anatomical sites or two distinct morphological types (e.g. hypernephroma and intraductal carcinoma), or by a mix of a morphological type that implies a specific site, plus a second site. It is highly improbable that one primary would be due to another primary malignant neoplasm except for the group of malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96), within which one form of malignancy may terminate in another (e.g. leukaemia may follow non-Hodgkin's lymphoma).~~ ~~If two or more sites mentioned in Part I are in the same organ system, see section H. If the sites are not in the same organ system and there is no indication that any is primary or secondary, code to malignant neoplasms of independent (primary) multiple sites (C97), unless all are classifiable to C81-C96, or one of the sites mentioned is a common site of metastases or the lung (see G below).~~ ~~Example 9: I (a) Cancer of stomach~~ ~~(b) Cancer of breast~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (C97), since two different anatomical sites are mentioned and it is unlikely that one primary malignant neoplasm would be due to another.~~ ~~Example 10: I (a) Hodgkin's disease~~ ~~(b) Carcinoma of bladder~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (C97), since two distinct morphological types are mentioned.~~ ~~Example 11: I (a) Acute lymphocytic leukaemia~~ ~~(b) Non-Hodgkin's lymphoma~~ ~~Code to non-Hodgkin's lymphoma (C85.9), since both are classifiable to C81-C96 and the sequence is acceptable.~~				

	~~Example 12: I (a) Leukaemia~~ ~~(b) Non-Hodgkin's lymphoma~~ ~~(c) Carcinoma of ovary~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (C97), since, although two of the neoplasms are classifiable to C81-C96, there is mention of a site elsewhere.~~ ~~Example 13: I (a) Leukaemia~~ ~~II Carcinoma of breast~~ ~~Code to leukaemia (C95.9) because the carcinoma of breast is in Part II.~~ ~~When dealing with multiple sites, only sites in Part I of the certificate should be considered (see H).~~ ~~***G. Metastatic neoplasms***~~ ~~When a malignant neoplasm spreads or metastasizes it generally retains the same morphology even though it may become less differentiated. Some metastases have such a characteristic microscopic appearance that the pathologist can infer the primary site with confidence, e.g. thyroid.~~ ~~Widespread metastasis of a carcinoma is often called carcinomatosis.If an unqualified nonspecific term such as carcinoma or sarcoma appears with a term describing a more specific histology of the same broad group, code to the site of the more specific morphology, assuming the other to be metastatic.~~ ~~Although malignant cells can metastasize anywhere in the body, certain sites are more common than others and must be treated differently (see below).~~ ~~However, if one of these sites appears alone on a death certificate and is not qualified by the word "metastatic", it should be considered primary.~~ ~~*Common sites of metastases*~~ ~~Bone Mediastinum~~ ~~Brain Meninges~~ ~~Diaphragm Peritoneum~~ ~~Heart Pleura~~ ~~Liver Retroperitoneum~~ ~~Lung Spinal cord~~ ~~Lymph nodes~~ ~~Ill-defined sites (sites classifiable to C76)~~ ~~· The lung poses special problems in that it is a common site for both metastases and primary malignant neoplasms. Lung should be considered as a common site of metastases whenever it appears with sites not on this list.~~ ~~However, when the bronchus or bronchogenic cancer is mentioned this~~				

	neoplasm should be considered primary. If lung is mentioned and the only other sites are on the list of common sites of metastases, consider lung primary. · Malignant neoplasm of lymph nodes not specified as primary should be assumed to be secondary. - - Example 14: I (a) Cancer of brain Code to malignant neoplasm of brain (C71.9). Example 15: I (a) Cancer of bone (b) Metastatic carcinoma of lung Code to malignant neoplasm of lung (C34.9), since bone is on the list of common sites of metastases and lung can therefore be assumed to be primary. The adjective "metastatic" is used in two ways – sometimes meaning a secondary from a primary elsewhere and sometimes denoting a primary that has given rise to metastases. In order to avoid confusion, the following guidelines are proposed: (a) Malignant neoplasm described as "metastatic from" a specified site should be interpreted as primary of that site. Example 16: I (a) Metastatic teratoma from ovary Code to malignant neoplasm of ovary (C56). (b) Malignant neoplasm described as "metastatic to" a site should be interpreted as secondary of that site unless the morphology indicates a specific primary site. *Example 17:* I (a) Metastatic carcinoma to the rectum Code to secondary malignant neoplasm of rectum (C78.5). The word "to" clearly indicates rectum as secondary. *Example 18:* I (a) Metastatic osteosarcoma to brain Code to malignant neoplasm of bone (C41.9), since this is the unspecified site of osteosarcoma. (c) A single malignant neoplasm described as "metastatic (of)". The terms "metastatic" and "metastatic of" should be interpreted as follows: (i) If one site is mentioned and this is qualified as metastatic, code to malignant primary of that particular site if no morphological type is mentioned and it is not a common metastatic site (see list of common sites of metastases given above). *Example 19:* I (a) Cervical cancer, metastatic Code to malignant neoplasm of cervix (C53.9). (ii) If no site is reported but the morphological type is qualified as metastatic, code as for primary site unspecified of the particular				

	~~morphological type involved.~~ ~~*Example 20:* I (a) Metastatic oat cell carcinoma~~ ~~Code to malignant neoplasm of lung (C34.9).~~ ~~(iii) If a single morphological type and a site, other than a common metastatic site (see list given above), are mentioned as metastatic, code to the specific category for the morphological type and site involved.~~ ~~*Example 21:* I (a) Metastatic melanoma of arm~~ ~~Code to malignant melanoma of skin of arm (C43.6), since in the case the ill-defined site of arm is a specific site for melanoma, not a common site of metastases classifiable to C76.~~ ~~(iv) If a single morphological type is mentioned as metastatic and the site mentioned is one of the common sites of metastases except lung, code to "unspecified site" for the morphological type, unless the unspecified site is classified to~~ **~~C80~~** ~~(malignant neoplasm without specification of site), in which case code to secondary malignant neoplasm of the site mentioned.~~ ~~*Example 22:* I (a) Metastatic osteosarcoma of brain~~ ~~Code to malignant neoplasm of bone, unspecified (C41.9), since brain is on the list of common sites of metastases.~~ ~~(v) If one of the common sites of metastases, except lung, is described as metastatic and no other site or morphology is mentioned, code to secondary neoplasm of the site (C77–C79).~~ ~~*Example 23:* I (a) Metastatic brain cancer~~ ~~Code to secondary malignant neoplasm of brain (C79.3).~~ ~~*Example 24:* I (a) Metastatic carcinoma of lung~~ ~~Code to malignant neoplasm of lung (C34.9).~~ ~~(d) More than one malignant neoplasm qualified as metastatic.~~ ~~(i) If two or more sites with the same morphology, not on the list of common sites of metastases, are reported and all are qualified as "metastatic", code as for primary site unspecified of the anatomical system and of the morphological type involved.~~ ~~*Example 25:* I (a) Metastatic carcinoma of prostate~~ ~~(b) Metastatic carcinoma of skin~~ ~~Code to malignant neoplasm without specification of site (C80), since metastatic carcinoma of prostate is not likely to be due to metastatic carcinoma of skin; both are probably due to spread from a malignant neoplasm of unknown primary site, which should have been entered on line (c).~~ ~~*Example 26:* I (a) Metastatic carcinoma of stomach~~				

	~~(b) Metastatic carcinoma of breast~~ ~~(c) Metastatic carcinoma of lung~~ ~~Code to malignant neoplasm without specification of site (C80), since breast and stomach do not belong to the same anatomical system and lung is on the list of common sites of metastases.~~ ~~(ii) If two or more morphological types of different histological groups are qualified as metastatic, code to malignant neoplasms of independent (primary) multiple sites (C97) (see F).~~ ~~*Example 27:* I (a) Bowel obstruction~~ ~~(b) Metastatic adenocarcinoma of bowel~~ ~~(c) Metastatic sarcoma of uterus~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (C97).~~ ~~(iii) If a morphology implying site and an independent anatomical site are both qualified as metastatic, code to malignant neoplasm without specification of site (C80).~~ ~~*Example 28:* I (a) Metastatic colonic and renal cell carcinoma~~ ~~Code to malignant neoplasm without specification of site (C80).~~ ~~(iv) If more than one site with the same morphology is mentioned and all but one are qualified as metastatic or appear on the list of common sites of metastases, code to the site that is not qualified as metastatic, irrespective of the order of entry or whether it is in Part I or Part II. If all sites are qualified as metastatic or on the list of common sites of metastases, including lung, code to malignant neoplasm without specification of site (C80).~~ ~~*Example 29:* I (a) Metastatic carcinoma of stomach~~ ~~(b) Carcinoma of gallbladder~~ ~~(c) Metastatic carcinoma of colon~~ ~~Code to malignant neoplasm of gallbladder (C23).~~ ~~*Example 30:* I (a) Metastatic carcinoma of ovary~~ ~~(b) Carcinoma of lung~~ ~~(c) Metastatic cervical carcinoma~~ ~~Code to malignant neoplasm without specification of site (C80).~~ ~~*Example 31:* I (a) Metastatic carcinoma of stomach~~ ~~(b) Metastatic carcinoma of lung~~ ~~II Carcinoma of colon~~ ~~Code to malignant neoplasm of colon (C18.9), since this is the only diagnosis not qualified as metastatic, even though it is in Part II.~~ ~~(v) If all sites mentioned are on the list of common sites of metastases,~~				

	~~code to unknown primary site of the morphological type involved, unless lung is mentioned, in which case code to malignant neoplasm of lung (C34.).~~ ~~*Example 32:* I (a) Cancer of liver~~ ~~(b) Cancer of abdomen~~ ~~Code to malignant neoplasm without specification of site (C80), since both are on the list of common sites of metastases. (Abdomen is one of the ill-defined sites included in C76.-.)~~ ~~*Example 33:* I (a) Cancer of brain~~ ~~(b) Cancer of lung~~ ~~Code to cancer of lung (C34.9), since lung in this case is considered to be primary, because brain, the only other site mentioned, is on the list of common sites of metastases.~~ ~~(vi) If only one of the sites mentioned is on the list of common sites of metastases or lung, code to the site not on the list.~~ ~~*Example 34:* I (a) Cancer of lung~~ ~~(b) Cancer of breast~~ ~~Code to malignant neoplasm of breast (C50.9), since lung in this case is considered to be a metastatic site, because breast is not on the list of common sites of metastases.~~ ~~(vii) If one or more of the sites mentioned is a common site of metastases (see list given above) but two or more sites or different morphological types are also mentioned, code to malignant neoplasms of independent (primary) multiple sites (C97) (see F above).~~ ~~*Example 35:* I (a) Cancer of liver~~ ~~(b) Cancer of bladder~~ ~~(c) Cancer of colon~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (**C97**), since liver is on the list of common sites of metastases and there are still two other independent sites.~~ ~~(viii) If there is a mixture of several sites qualified as metastatic and several other sites are mentioned, refer to the rules for multiple sites (see F above and H below).~~ ~~***H. Multiple sites***~~ ~~When dealing with multiple sites, only sites in Part I of the certificate should be considered.~~ ~~If malignant neoplasms of more than one site are entered on the certificate,~~				

	~~the site listed as primary or not indicated whether primary or secondary should be selected (see D, E and F above).~~ ~~*Multiple sites with none specified as primary*~~ ~~(a) Notwithstanding the provisions of Rule H to consider only sites in Part I, if one of the common sites of metastases, excluding lung, and another site or morphological type are mentioned anywhere on the certificate, code to the other site. If, however, a malignant neoplasm of lymphatic, haematopoietic, or related tissue appears in Part II, only Part I should be considered.~~ ~~*Example 36:* I (a) Cancer of stomach~~ ~~(b) Cancer of liver~~ ~~Code to malignant neoplasm of stomach (C16.9). Although the sequence suggests that the liver was the primary site, metastasis from liver - a common site of metastases - to stomach is improbable and it is assumed that the stomach cancer metastasized to the liver.~~ ~~*Example 37:* I (a) Peritoneal cancer~~ ~~II Mammary carcinoma~~ ~~Code to malignant neoplasm of breast (C50.9), since the peritoneal cancer is presumed secondary because it is on the list of common sites of metastases.~~ ~~(b) Malignant neoplasms described as one site "or" another, or if "or" is implied, should be coded to the category that embraces both sites. If no appropriate category exists, code to the unspecified site of the morphological type involved. This rule applies to all sites whether they are on the list of common sites of metastases or not.~~ ~~*Example 38:* I (a) Carcinoma of ascending or descending colon~~ ~~Code to malignant neoplasm of colon, unspecified (C18.9).~~ ~~*Example 39:* I (a) Osteosarcoma of lumbar vertebrae or sacrum~~ ~~Code to malignant neoplasm of bone, unspecified (C41.9).~~ ~~(c) If two or more morphological types of malignant neoplasm occur in lymphoid, haematopoietic or related tissue (C81-C96), code according to the sequence given since these neoplasms sometimes terminate as another entity within C81-C96. Acute exacerbation of, or blastic crisis in, chronic leukaemia should be coded to the chronic form.~~ ~~*Example 40:* I (a) Acute lymphocytic leukaemia~~ ~~(b) Non-Hodgkin's lymphoma~~ ~~Code to non-Hodgkin's lymphoma (C85.9).~~ ~~*Example 41:* I (a) Acute and chronic lymphocytic leukaemia~~ ~~Code to chronic lymphocytic leukaemia (C91.1).~~				

	~~*Multiple sites in the same organ system*~~ ~~If the sites mentioned are in the same organ system and are contiguous, the .8 subcategories, including those listed in on p. 183 of Volume 1, should be used. This applies when the certificate describes the sites as one site "and" another or if the sites are mentioned on separate lines. Code to the .8 subcategory that embraces both sites. If there is any doubt about the contiguity of the sites mentioned, code to the unspecified site of the organ mentioned.~~ ~~(a) If there is mention of two contiguous subsites in the same site, code to the .8 subcategory of that three-character category.~~ ~~*Example 42:* I (a) Carcinoma of descending colon and sigmoid~~ ~~Code to overlapping malignant neoplasm of colon (C18.8).~~ ~~(b) If the subsites are not contiguous, code to the .9 subcategory of that three-character category.~~ ~~*Example 43:* I (a) Carcinoma of head of pancreas~~ ~~(b) Carcinoma of tail of pancreas~~ ~~Code to malignant neoplasm of pancreas, unspecified (C25.9).~~ ~~(c) If there is mention of two contiguous sites classified to separate three-character categories within the same body system, code to the .8 subcategory of that general body system (see list in Note 5 in the introduction to Chapter II of Volume 1, p. 183).~~ ~~*Example 44:* I (a) Carcinoma of vagina and cervix~~ ~~Code to malignant neoplasm of overlapping sites of female genital organs (C57.8).~~ ~~(d) If two sites are mentioned on the certificate and both are in the same organ system and have the same morphological type, code to the .9 subcategory of that organ system, as in the following list:~~ ~~C26.9 Ill-defined sites within the digestive system~~ ~~C39.9 Ill-defined sites within the respiratory system~~ ~~C41.9 Bone and articular cartilage, unspecified~~ ~~C49.9 Connective and soft tissue, unspecified~~ ~~C57.9 Female genital organ, unspecifie~~ ~~C63.9 Male genital organ, unspecified~~ ~~C68.9 Urinary organ, unspecified~~ ~~C72.9 Central nervous system, unspecified~~ ~~*Example 45:* I (a) Pulmonary embolism~~ ~~(b) Cancer of stomach~~ ~~(c) Cancer of gallbladder~~				

	~~Code to ill-defined sites within the digestive system (C26.9).~~ ~~(e) If there is no available .8 or .9 subcategory, code to malignant neoplasms of independent (primary) multiple sites (C97).~~ ~~*Example 46:* I (a) Cardiac arrest~~ ~~(b) Carcinoma of prostate and bladder~~ ~~Code to malignant neoplasms of independent (primary) multiple sites (~~**C97**~~), since there is no available .8 subcategory.~~ ~~***I. Infectious diseases and malignant neoplasms***~~ ~~(a) Owing to the effect of chemotherapy on the immune system, some cancer patients become prone to infectious diseases and die of them. Therefore, any infectious disease classified to A00-B19 or B25-~~**B64** ~~reported as "due to" cancer will be an acceptable sequence whether in Part I or II.~~ ~~*Example 47:* I (a) Zoster~~ ~~(b) Chronic lymphocytic leukaemia~~ ~~Code to chronic lymphocytic leukaemia (C91.1).~~ ~~(b) Except for human immunodeficiency virus [HIV] disease, no infectious or parasitic disease will be accepted as causing a malignant neoplasm.~~ ~~*Example 48:* I (a) Hepatocellular carcinoma~~ ~~(b) Hepatitis B virus~~ ~~Code to hepatocellular carcinoma (C22.0).~~ ~~*Example 49:* I (a) Burkitt's tumour~~ ~~(b) Epstein-Barr virus~~ ~~Code to Burkitt's tumour (C83.7).~~ ~~*Example 50:* I (a) Cholangiocarcinoma of liver~~ ~~(b) Clonorchiasis~~ ~~Code to malignant neoplasm of intrahepatic bile duct (C22.1).~~ ~~***J. Malignant neoplasms and circulatory disease***~~ ~~The following acute or fatal circulatory diseases will be accepted in Part I as due to malignant neoplasms:~~ **4.2.7.1 Introduction** Coding malignant neoplasms is no different from coding other conditions.				

	The selection and modification rules should be applied as usual to death certificates mentioning malignant neoplasms, and as in all mortality coding, the coder has to take all information given on the Death Certificate into account when assigning ICD codes. For neoplasms, it is especially important to consider information on behaviour, morphology and site. When behaviour, morphology and site are well described by the physician, the coder will have no difficulty in finding the correct code for the term in Volume 3. However, the terms stated on the death certificate are not always complete or clear enough. These instructions will help coders to assign codes in such cases. They also show that the same selection and modification rules apply to death certificates mentioning malignant neoplasms as to deaths from other causes. *(a) Behaviour, morphology and site* Behaviour, morphology and site must all be considered when coding neoplasms. The *behaviour* of a neoplasm is the way it acts within the body, i.e., how a tumour is likely to develop. The following ICD grouping refers to behaviour: C00-C96 Malignant (invades surrounding tissue or disseminates from its point of origin and begins to grow at another site) D00-D09 In situ (malignant but still confined to the tissue in which it originated) D10-D36 Benign (grows in place without the potential for spread) D37-D48 Uncertain or unknown behaviour (undetermined whether benign or malignant) *Morphology* describes the type and structure of cells or tissues and the behaviour of neoplasms. The ICD provides for classification of several major morphological groups including the following: Carcinomas, including squamous cell carcinoma and adenocarcinoma Sarcomas and other soft tissue tumours, including mesotheliomas Site-specific types that indicate the site of the primary neoplasm, such as hepatoma (C22.0) Lymphomas, including Hodgkin's lymphoma and non-Hodgkin's lymphoma Leukaemias Other specified morphological groups, such as malignant melanoma				

	(C43.-) The ICD categories will give the *site* of the neoplasm, and also distinguish between the different behaviours of the neoplasms. The categories are: C00-C75 Malignant neoplasms, stated or presumed to be primary, of specified sites and in different types of tissue, except lymphoid, haematopoietic, and related tissue C76 Malignant neoplasms of other and ill-defined sites C77-C79 Malignant secondary neoplasms, stated or presumed to be spread from another site, regardless of morphological type of neoplasm Note: these categories (C77-C79) are not to be used for underlying cause of death C80 Malignant neoplasm of unspecified site C81-C96 Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic, and related tissue *(b) Using the Alphabetical Index* The entry "Neoplasm" in the Volume 3 Alphabetical Index gives guidance notes, listing of sites, and up to five codes depending on the behaviour of the neoplasm. However, it is important to look up the morphological type in the Alphabetical Index before referring to the listing under "Neoplasm" for the site. The entry for the morphological type will either state a code to use, or direct you to the correct entry under the main term "Neoplasm". Not all combinations of prefixes in compound morphological terms are indexed. For example, the term chondrofibrosarcoma does not appear in the Alphabetical Index, but fibrochondrosarcoma does. Since the two terms have the same prefixes, though in a different order, code the chondrofibrosarcoma the same as fibrochondrosarcoma. Unless it is specifically indexed, code a morphological term ending in "osis" in the same way as the tumour name to which "osis" has been added. For example, code neuroblastomatosis in the same way as neuroblastoma. However, do not code hemangiomatosis, which is specifically indexed to a different category, in the same way as hemangioma. Widespread metastasis of a carcinoma is often called carcinomatosis. See Sections 4.2.7.5 and 4.2.7.6 for more detailed coding instructions on metastasizing neoplasms.				

	If an unqualified nonspecific term such as carcinoma or sarcoma appears with a term describing a more specific histology of the same broad group, code to the site of the more specific morphology, assuming the nonspecific to be metastatic. *(c) Selection rules* Note that a malignant neoplasm does not automatically take precedence over other causes of death mentioned on the death certificate. A death should be assigned to a malignant neoplasm only if the selection rules, strictly applied, lead to the selection of the neoplasm as the underlying cause of death. *Example 1:* I (a) Liver cirrhosis (b) Viral hepatitis II Hepatocellular carcinoma Code to viral hepatitis (B19.9). Viral hepatitis is selected by the General Principle. It is not an obvious consequence of hepatocellular carcinoma, which should not be selected as the underlying cause of death. *Example 2:* I (a) Renal failure (b) Nephropathy (c) Diabetes mellitus (d) Malignant neoplasm of breast Code to diabetes with renal complications (E14.2). According to the instruction on causes of diabetes in section 4.2.2, malignant neoplasm of breast is rejected as a cause of diabetes. Diabetes is selected as the underlying cause by Rule 1. ***4.2.7.2 Implication of malignancy*** A mention anywhere on the certificate that a neoplasm has produced secondaries means that the neoplasm must be coded as malignant, even though the neoplasm without mention of metastases would be classified differently. *Example 3*: I (a) Brain metastasis				

	(b) Lung tumour Code to malignant lung cancer (C34.9). The lung tumour is considered malignant since it has produced brain metastases. The General Principle applies. *Example 4:* I (a) Metastatic involvement of chest wall (b) Carcinoma in situ of breast Code to malignant carcinoma of breast (C50.9). Since the breast tumour has spread to the chest wall it is no longer *in situ*, and it is considered malignant. The General Principle applies. This also applies to other types of growths that are not indexed to Chapter II, for example certain polyps. If they are reported as the cause of metastases or secondary tumours, they should be considered malignant and coded as malignant neoplasms. *Example 5:* I (a) Secondary malignant neoplasm of lung (b) Polyp of stomach Code to primary malignant neoplasm of stomach (C16.9). Since the polyp is reported as the cause of secondary spread it is considered malignant. The General Principle applies. ***4.2.7.3 Primary site*** When a malignant neoplasm is considered to be the underlying cause of death, it is most important to determine the primary site. When the death certificate is ambiguous as to the primary site, every effort should be made to obtain clarification from the certifier. The following instructions in Sections 4.2.7.3 - 4.2.7.9 should be applied only when clarification cannot be obtained. ***A. Primary site indicated*** *(a) A neoplasm specified as primary* If one malignant neoplasm is specified as primary, and other neoplasms are mentioned but not described as primary, then consider these other neoplasms				

	as secondary. Also consider them as an obvious consequence of the neoplasm specified as primary. *Example 6:* I (a) Transitional cell carcinoma of bladder II Transitional cell carcinoma, primary in kidney The transitional cell bladder carcinoma on I (a), selected by the General Principle, is not specified as primary. There is a neoplasm described as primary reported in Part II. Therefore, Rule 3 applies, and the transitional cell bladder carcinoma on I (a) is considered an obvious consequence of the primary kidney tumour reported in Part II. Code to malignant neoplasm of kidney (C64). This does not apply if the neoplasms have different morphology. *Example 7:* I (a) Transitional cell carcinoma of bladder II Osteosarcoma, primary in knee The transitional cell bladder carcinoma on I (a) is not specified as primary. Use the General Principle to select transitional cell carcinoma of bladder as the temporary underlying cause of death. The malignant neoplasm reported in Part II is of a different morphology. Since a transitional cell carcinoma is not a consequence of an osteosarcoma, Rule 3 does not apply. Code to malignant neoplasm of bladder (C67.9). For further instructions on certificates with more than one neoplasm specified as primary, see Section C below. *(b) Other neoplasms specified as secondary* Secondary malignant neoplasms should be accepted as due to other malignant neoplasms. Also, malignant neoplasms on the list of common sites of metastases (see Section 4.2.7.5 Table 3), should be accepted as due to other malignant neoplasms. *Example 8*: I (a) Secondaries in lung, pleura, brain and liver (b) Carcinoma of breast				

	A carcinoma of breast may cause secondaries in pleura, brain, and liver. The General Principle applies. Select malignant neoplasm of breast (C50.9) as the underlying cause of death. A malignant neoplasm specified as secondary should be considered an obvious consequence of a neoplasm specified as primary. *Example 9:* I (a) Secondary carcinoma of lung II Primary in kidney First, use the General Principle to select secondary carcinoma of lung as the temporary underlying cause. However, the secondary neoplasm is an obvious consequence of the primary kidney tumour. Rule 3 applies, and malignant neoplasm of kidney (C64) is selected as underlying cause of death. Also, if all sites but one are specified as secondary, consider the site not specified as secondary as the primary one. Consequently, Rule 3 applies. *Example10*: I (a) Secondaries in lymph nodes, vertebrae and peritoneum II Prostate cancer All sites mentioned in Part I are specified as secondary. There is one site reported that is not specified as secondary, namely prostate. First, apply Rule 2 to select the secondary neoplasm in lymph nodes as the temporary underlying cause. Then apply Rule 3, since the secondary spread is an obvious consequence of prostate cancer reported in Part II. Select malignant neoplasm of prostate (C61) as the underlying cause of death. *(c) A neoplasm reported as due to a disease that increases the risk of malignancy* When a malignant neoplasm is reported as caused by a condition generally considered to increase the risk of a malignancy of that site, code the neoplasm as primary. This applies even if the site is on the list of common sites of metastases (see Table 3 in Section 4.2.7.5). *Example 11:* I (a) Cancer of liver and lung (b) Chronic hepatitis				

	Code to unspecified malignant neoplasm of liver (C22.9), since chronic hepatitis increases the risk of primary liver cancer. *Example 12*: I (a) Cancer of lung (b) Cancer of liver (c) Prolonged exposure to vinyl chloride Code to unspecified malignant neoplasm of liver (C22.9), since vinyl chloride increases the risk of primary liver cancer. Using section 4.2.7.5, the cancer of lung is regarded as secondary. *Example 13:* I (a) Cancer of chest wall (b) Cancer of lung (c) Smoking Code to malignant neoplasm of bronchus or lung, unspecified (C34.9). Tobacco increases the risk of primary lung cancer. Using section 4.2.7.5, the cancer of chest wall is considered secondary. *Example 14:* I (a) Mesothelioma of pleura and lymph nodes (b) Prolonged inhalation of asbestos dust Code to mesothelioma of pleura (C45.0). Exposure to asbestos increases the risk of pleural mesothelioma, which is considered primary. The malignant neoplasm of lymph nodes is considered secondary (see Section 4.2.7.5 D). *Example 15:* I (a) Malignant neoplasm of mediastinum and liver (b) Prolonged inhalation of asbestos dust Code to malignant neoplasm of mediastinum (C38.3). Exposure to asbestos increases the risk of cancer in the mediastinum, and the liver neoplasm is considered secondary. For further information on conditions considered to increase the risk of malignancy, please refer to the WHO website on ICD-10 in classification of mortality. *(d) Site-specific morphology*				

	Note that the Alphabetical Index assigns some morphologies to a specific primary site: *Example 16:* I (a) Generalised metastatic spread (b) Pseudomucinous adenocarcinoma Select pseudomucinous adenocarcinoma using the General Principle. Code to malignant neoplasm of ovary (C56), since pseudomucinous adenocarcinoma of unspecified site is assigned to the ovary in the Alphabetical Index. If two or more morphologies are indicated, code according to Section 4.2.7.3 C. *(e) Durations do not indicate primary site* Durations should not be used to establish the primary site, since the same patient could develop several primary malignant neoplasms. Also, stated duration may refer to the date of diagnosis rather than the duration of the disease. *Example 17:* I (a) Malignant neoplasm of throat 8 months II Malignant neoplasm of breast 12 years A condition selected by the General Principle or Rules 1 or 2 should be considered an obvious consequence of a condition reported elsewhere on the certificate only if there is no doubt about the relationship. In this case, the different durations do not necessarily indicate that the malignant neoplasm of throat is a metastatic spread from the breast malignancy, since the patient may have developed two independent primary malignancies. Consequently, Rule 3 does not apply. Code to malignant neoplasm of throat (C14.0) selected by the General Principle. *Example 18:* I (a) Malignant neoplasm of kidney (7 months) and of prostate (5 years) As in Example 15, the different durations do not necessarily indicate that the more recent neoplasm is a metastatic spread from the one with longer				

	duration. Rule 3 does not apply. Both malignant neoplasms are considered primary. Code to malignant neoplasm of kidney (C64), selected by Rule 2. ***B. Primary site unknown*** If the certificate states that the primary site is unknown, code to the category for unspecified site for the morphological type involved. For example, code adenocarcinoma to C80.0, fibrosarcoma to C49.9, and osteosarcoma to C41.9. Disregard any other sites mentioned elsewhere on the certificate. *Example 19:* I (a) Secondary carcinoma of liver (b) Primary site unknown (c) ? stomach ? colon The certificate states that the primary site is unknown. Disregard stomach and colon mentioned on line I (c), and code to carcinoma without specification of site (C80.0). *Example 20:* I (a) Generalized metastases (b) Melanoma (c) Primary site unknown Code to malignant melanoma of unspecified site (C43.9). If the morphological type is not indicated, code to unspecified malignant neoplasm (C80.9): *Example 21:* I (a) Metastases of liver The certificate does not specify the primary site. If possible, clarification should be sought from the certifier. If this is not possible, code to malignant neoplasm of unspecified site (C80.9). ***C. More than one primary neoplasm*** The presence of more than one primary neoplasm could be indicated in several ways, for example:				

	• mention of two or more different anatomical sites • two or more distinct morphological types • by a mix of a morphological type that implies a specific site, plus another site When a death certificate mentions more than one primary malignant neoplasm, the certifier should be asked to specify one of the malignant neoplasms as the underlying cause of death. If no clarification can be obtained, the selection rules should be applied in the usual way. *(a) Two or more different anatomical sites* A primary malignant neoplasm of one site should not be accepted as due to a primary neoplasm of another site. *Example 22:* I (a) Cancer of stomach (b) Cancer of breast Stomach is not on the list of common sites of metastases (see Section 4.2.7.5 Table 3) and both cancer of stomach and cancer of breast are regarded as primary. However, one primary malignant neoplasm is not accepted as due to another. Rule 2 applies, and cancer of stomach (C16.9) is selected as the underlying cause. *Example 23:* I (a) Cancer of prostate II Cancer of stomach Two different primary neoplasms are mentioned, stomach cancer and cancer of prostate. Use the General Principle to select cancer of prostate (**C61**), which is mentioned in Part I. *Example 24:* I (a) Cancer II Cancer of prostate Use the General Principle to select unspecified cancer (C80.9) as the				

	temporary underlying cause. Then apply Rule D, Specificity, to select the more specific term "cancer of prostate" (**C61**), reported in Part II. *(b) Two or more different morphologies* A malignant neoplasm of a specific morphology should not be accpted as due to a neoplasm of a different morphology. *Example 25:* I (a) Hypernephroma (b) Oat cell carcinoma Hypernephroma and oat cell carcinoma are different morphologies. Therefore, hypernephroma is not accepted as due to oat cell carcinoma. Use Rule 2 to select hypernephroma (**C64**) as underlying cause of death. Do not regard the term "cancer" as a specific morphology. It is often used as a synonym of "malignant neoplasm". *Example 26:* I (a) Liver cancer (b) Malignant melanoma of colon Do not regard "liver cancer" and "malignant melanoma" as different morphologies. Use the General Principle to select malignant melanoma of colon, and code to malignant neoplasm of colon (**C18.9**). Consider the liver cancer secondary. However, a neoplasm in lymphoid, haematopoietic or related tissue (C81-C96) may develop into another type of neoplasm in lymphoid, haematopoietic or related tissue. Therefore, if the certificate reports a sequence of such neoplasms, the sequence is accepted. *Example 27:* I (a) Acute lymphocytic leukaemia (b) Non-Hodgkin's lymphoma A non-Hodgkin lymphoma may develop into an acute lymphocytic leukemia. The sequence is accepted, and non-Hodgkin's lymphoma (C85.9) is selected as underlying cause according to the General Principle.				

	Acute exacerbation of, or blastic crisis (acute) in, chronic leukaemia is considered an obvious consequence of the chronic form. *Example 28:* I (a) Acute and chronic lymphocytic leukaemia The acute lymphocytic leukemia, mentioned first on line I (a), is selected as the temporary underlying cause according to Rule 2. However, it is an obvious consequence of the chronic lymphocytic leukaemia. Rule 3 also applies, and chronic lymphocytic leukaemia (C911) is selected as the underlying cause of death. *(c) Site-specific morphology reported with other sites* Some morphologies are specific for a particular site or type of tissue (see the Alphabetical Index). A malignant neoplasm of a particular site or tissue should not be accepted as due to a neoplasm of another site or type of tissue. Apply the selection rules in the usual way, if a site-specific morphology is reported with a malignant neoplasm of another site. *Example 29:* I (a) Hodgkin's disease (b) Carcinoma of bladder Two different morphological types are mentioned, which indicates the presence of two different primary neoplasms, Hodgkin's disease and bladder carcinoma. One primary malignant neoplasm should not be accepted as due to another. Therefore, Rule 2 applies, and Hodgkin's disease (C81.9) is selected as the underlying cause. *Example 30:* I (a) Hepatoma (b) Cancer of breast The morphology "hepatoma" indicates a primary malignant neoplasm of liver. A primary malignant neoplasm of liver should not be accepted as due to cancer of breast, since both the hepatoma and the breast cancer are considered primary. Code to hepatoma (**C22.0**), using Rule 2. ***4.2.7.4 Malignant neoplasms of overlapping sites***				

	The introduction to Chapter II in Volume 1 (Notes, Section 5) describe the contents and the intended use of subcategory .8, malignant neoplasms of overlapping sites. In mortality coding, however, the codes for malignant neoplasms of overlapping sites should be used only if the lesion has been expressly described as overlapping, or if the anatomical term used on the death certificate indicates an overlapping site. Do not use the codes for overlapping lesions if a malignant neoplasm has spread from one part of an organ or organ system to another part of the same organ or organ system. *Example 31:* I (a) Overlapping malignant neoplasm of tongue and floor of mouth Code to C14.8, overlapping lesion of lip, oral cavity and pharynx. The neoplasm is described as overlapping. *Example 32:* I (a) Malignant neoplasm of rectosigmoid colon Code to C19, malignant neoplasm of rectosigmoid junction. The term "rectosigmoid" indicates an overlapping site. It is not sufficient that the certificate enumerates contiguous sites. In that case, select the underlying cause by applying the selection and modification rules in the normal way. *Example 33:* I (a) Malignant neoplasm of colon and gallbladder There is no statement that the "colon and gallbladder" refers to an overlapping neoplasm. Therefore, they are considered as two independent primary sites. Malignant neoplasm of colon (**C18.9**) is selected as underlying cause of death according to Rule 2, since it is mentioned first on the certificate. ***4.2.7.5. Common sites of metastases*** ***A. List of common sites of metastases*** Although malignant cells can metastasize anywhere in the body, certain sites are more common than others and must be treated differently. These sites are listed in Table 3 below.				

	…… …… **Table 3. Common sites of metastases** Bone Brain Diaphragm Ill-defined sites (sites classifiable to C76) Liver Lung *(see special instruction)* Lymph nodes *(see special instruction)* Mediastinum Meninges Peritoneum Pleura Retroperitoneum Spinal cord ***B. Common sites of metastases: how to use the list*** *(a) A common site of metastases reported with other sites* If several sites are reported on the death certificate and the primary site is not indicated, consider neoplasms of sites in Table 3 as secondary, and those not in Table 3 as primary. Then select the underlying cause by applying the selection rules in the usual way. *Example 34:* I (a) Brain cancer (b) Cancer of breast Breast is not in Table 3 and is, therefore, considered primary. Brain is in Table 3 and is considered secondary. A secondary malignancy could, of course, be due to a primary one. Breast cancer (C50.9) is selected as the underlying cause according to the General Principle. *Example 35:* I (a) Peritoneal cancer II Cancer of breast Peritoneum is in Table 3 and is considered secondary. Breast is not in Table 3 and is considered primary. First, apply the General Principle to select peritoneal cancer as the temporary underlying cause. However, the (secondary) peritoneal cancer is an obvious consequence of the (primary) cancer of breast, see Section 4.2.7.3 A (b). Therefore, apply Rule 3 and select cancer of breast (C50.9) as the underlying cause of death.				

	Example 36: I (a) Cancer of liver (b) Cancer of colon (c) Cancer of bladder Liver is in Table 3 and is considered secondary. Colon and bladder are not in Table 3 and are both assumed to be primary. However, a primary cancer of colon should not be accepted as due to a primary cancer of bladder. There is still an acceptable sequence on the certificate, namely (secondary) liver cancer due to (primary) cancer of colon. Use Rule 1 to select malignant neoplasm of colon (C18.9) as underlying cause of death. Note: 1) A neoplasm of a site listed in Table 3 is considered primary when it is reported as due to a condition that increases the risk of a malignancy of that site or tissue, see Section 4.2.7.3 A (c). 2) When a malignant neoplasm of one of the sites listed in Table 3 is the only malignant neoplasm mentioned on a death certificate, and it is not qualified as "metastatic", it is also considered primary. *(b) A common site of metastases reported with other morphological types* If a neoplasm of a site in Table 3 is reported together with a neoplasm of a different morphology, consider the neoplasm in Table 3 as secondary, and those of a different morphology as primary. Then select the underlying cause by applying the selection rules in the usual way. *Example 37:* I (a) Liver cancer (b) Adenocarcinoma of colon (c) Malignant melanoma of skin of thigh Liver is in Table 3 and is considered secondary. Colon and skin are not in Table 3 and are both assumed to be primary. However, the colon and skin malignancies are of different morphology. Consequently, adenocarcinoma of colon is not accepted as due to malignant melanoma of intestine. A (secondary) liver cancer, however, can be due to adenocarcinoma of colon, so there is a sequence ending with the liver cancer reported on line I (a). Malignant neoplasm of colon is selected as underlying cause according to				

	Rule 1. Do not regard "liver cancer" as a separate morphology, see Section 4.2.7.3 C (b). *(c) All reported sites are on the list of common sites of metastases* If all reported sites are in Table 3, they should all be considered secondary. This means that no primary tumour is reported, and the case should be coded to malignant neoplasm of unspecified site (C80.9). *Example 38:* I (a) Cancer of brain, ribs, pleura, and peritoneum The sites mentioned are all in Table 3 and are all considered secondary. Code the case to malignant neoplasm of unspecified site (C80.9). Note that special instructions apply to cases where lung is reported with other sites listed in Table 3. See Section 4.2.7.5 C. ***C. Special instruction: lung*** The lung poses special problems in that it is a common site for both metastases and primary malignant neoplasms. It is considered primary or secondary, depending on other neoplasms reported on the certificate, if any. *(a) Lung considered a primary neoplasm* If lung is the only site mentioned on the certificate, it is considered primary. *Example 39:* I (a) Lung cancer Lung is the only site mentioned, and therefore lung is considered primary. The General Principle applies and carcinoma of lung (C34.9) is selected as the underlying cause of death. Also, if all other sites are in Table 3, lung is considered primary.				

	Example 40: I (a) Cancer of liver (b) Carcinoma of lung Liver is in Table 3, and therefore lung is considered primary. The General Principle applies and carcinoma of lung (**C34.9**) is selected as the underlying cause of death. When a malignant neoplasm of bronchus or bronchogenic cancer is mentioned, this neoplasm should also be considered primary. *Example 41:* I (a) Carcinoma of bronchus (b) Carcinoma of breast Neither bronchus nor breast are in Table 3, and therefore both are considered primary. One primary neoplasm is not accepted as due to another, and therefore Rule 2 applies. Select malignant neoplasm of bronchus (C34.9) as underlying cause of death. Note: A neoplasm of lung is considered primary when it is reported as due to a condition that increases the risk of lung cancer, see Section 4.2.7.3 A (c). *(b) Lung considered a secondary neoplasm* If an unspecified malignant neoplasm of lung is reported as due to another malignant neoplasm, the lung neoplasm is considered secondary and the sequence accepted. *Example 42:* I (a) Lung cancer (b) Stomach cancer Stomach cancer is selected by the General Principle, since (secondary) lung cancer is accepted as due to the stomach cancer. Lung should also be considered secondary whenever it appears in Part I with sites that are not mentioned in Table 3. *Example 43:* I (a) Carcinoma of lung and breast Lung carcinoma is considered secondary since it is reported with breast,				

	which is not in Table 3. Rule 3 applies, and the secondary lung carcinoma is considered an obvious consequence of the carcinoma of breast. Code to malignant neoplasm of breast (C50.9). Note: A neoplasm of lung is considered primary when it is reported as due to a condition that increases the risk of lung cancer, see Section 4.2.7.3 A (c). An unspecified malignant neoplasm of lung should not be considered an obvious consequence of a malignant neoplasm reported elsewhere on the death certificate. *Example 44:* I (a) Lung cancer II Stomach cancer The lung cancer is not specified as either secondary or metastatic. Therefore, it is not considered an obvious consequence of stomach cancer reported in Part II, and Rule 3 does not apply. Select lung cancer (C34.9) as underlying cause of death, according to the General Principle. ***D. Special instruction: lymph node*** Malignant neoplasm of lymph nodes not specified as primary should be assumed to be secondary. *Example 45:* I (a) Cancer of cervical lymph nodes Code to malignant neoplasm of unspecified site, (C80.9). The cancer of cervical lymph nodes is considered secondary to an unspecified primary malignant neoplasm. ***4.2.7.6 Metastatic cancer*** *Note: The expression "metastatic" is a problem mainly in the English language. Other countries should translate only as much as needed of Section 4.2.7.6.* Neoplasms qualified as metastatic are **always** malignant, either primary or secondary.				

	However, the adjective "metastatic" is used in two ways, sometimes meaning a secondary from a primary elsewhere and sometimes denoting a primary that has given rise to metastases. *(a) Malignant neoplasm "metastatic from"* If a malignant neoplasm is described as "metastatic from" a specified site, that site should be considered primary. *Example 46:* I (a) Metastatic teratoma from ovary The expression "metastaticteratoma from ovary" implies that the neoplasm originated in the ovary. Code to malignant neoplasm of ovary (**C56**). This also applies to sites on the list of common sites of metastases. *Example 47:* I (a) Metastatic mesothelioma from peritoneum A "metastatic mesothelioma from peritoneum" is primary in the peritoneum, although peritoneum is one of the sites listed in Table 3. Code to malignant mesothelioma of peritoneum (C45.1). *(b) Malignant neoplasm "metastatic to"* A malignant neoplasm described as "metastatic to" a specified site should be interpreted as a secondary neoplasm of the specified site, whether the site is on the list of common sites of metastases or not. Code to malignant neoplasm of unknown primary site (C80.9) if no primary site is indicated. *Example 48:* I (a) Metastatic carcinoma to the rectum The expression "metastatic to" indicates that rectum is a secondary site. Code malignant neoplasm of unknown primary site (C80.9) as underlying cause of death, since no primary site is indicated If a morphology classifiable to C40-C47, C49, or C70-C72 is reported, code to the "unspecified site" subcategory of that morphological type.				

	Example 49: I (a) Metastatic osteosarcoma to brain The expression "metastatic to brain" indicates that brain is a secondary site. However, the osteosarcoma is indexed to malignant neoplasm of bone in the Alphabetical Index. Code unspecified malignant neoplasm of bone (**C41.9**) as underlying cause of death. *(c) Malignant neoplasm metastatic of site A to site B* A malignant neoplasm described as metastatic of site A to site B should be interpreted as primary of site A and secondary of site B. *Example 50:* I (a) Metastatic cancer of liver to brain II Oesophageal cancer The expression "metastatic of liver to brain" indicates that the malignancy originated in the liver and spread to the brain. When selecting the underlying cause of death, code to primary cancer of liver (**C22.9**). Since there is an indication that liver is the primary site, the instructions in Section 4.2.7.5 B (a) on sites in Table 3 reported with other sites do not apply. Liver is still considered the primary site, even though oesophageal cancer is also mentioned. *(d) "Metastatic" malignant neoplasm on the list of common sites of metastases* A "metastatic" neoplasm is considered secondary if the site is on the list of common sites of metastases. *Example 51:* I (a) Bowel obstruction (b) Metastatic cancer of peritoneum (c) Sarcoma of uterus Metastatic cancer of peritoneum is considered secondary, since peritoneum is in Table 3. Sarcoma of uterus (**C55**) is selected as underlying cause by the General Principle.				

	Use Rule 3 if applicable. *Example 52:* I (a) Metastatic cancer of pleura II Cancer of stomach The pleura cancer is described as metastatic and is considered secondary. Stomach cancer is also reported and is considered primary (see Section 4.2.7.3 A (b)). First, apply the General Principle to select the pleural cancer as the temporary underlying cause. However, (secondary) pleura cancer is considered an obvious consequence of (primary) stomach cancer, according to Rule 3. Stomach cancer (**C16.9**) is selected as underlying cause of death. A neoplasm of a site in Table 3 is considered secondary, even if no other neoplasm is mentioned on the certificate. Note that a secondary malignant neoplasm should not be selected as the underlying cause of death. If no primary tumour is reported, code the case to malignant neoplasm of unspecified site (C80.9). *Example 53:* I (a) Metastatic brain cancer Brain is one of the sites in Table 3, and the "metastatic" brain cancer is considered secondary. There is no primary neoplasm reported. Therefore, code to malignant neoplasm of unknown primary site (C80.9). Note: A neoplasm of a site listed in Table 3 is considered primary when it is reported as due to a condition that increases the risk of a malignancy of that site or tissue, see Section 4.2.7.3 A (c). *(e) "Metastatic" malignant neoplasm not on the list of common sites of metastases* If a site that is not on the list of common sites of metastases is qualified as "metastatic" or "metastatic of", consider it primary and code to malignant primary of that particular site. *Example 54:* I (a) Cervix cancer, metastatic Cervix is not in Table 3, and the "metastatic" cervix cancer is therefore				

	considered primary. Code to malignant neoplasm of cervix (C53.9). Apply the selection rules in the usual way. *Example 55:* I (a) Metastatic adenocarcinoma of prostate (b) Metastatic adenocarcinoma of colon Prostate and colon are not in Table 3, and both neoplasms are considered primary. One primary neoplasm is not accepted as due to another. Rule 2 applies, and malignant neoplasm of prostate (C61) is selected as underlying cause. *(f) "Metastatic" cancer of lung* If the only malignancy mentioned is "metastatic" neoplasm of lung, code to primary malignant neoplasm of lung. *Example 56:* I (a) Metastatic carcinoma of lung Code to primary malignant neoplasm of lung (**C34.9**) since no other site is mentioned. Also consider a "metastatic" neoplasm of lung primary, if all other neoplasm sites reported on the death certificate are on the list of common sites of metastases. *Example 57:* I (a) Metastatic cancer of lung II Cancer of pleura, liver and brain "Metastatic cancer of lung" is considered primary, since pleura, liver, and brain are all in Table 3. Select malignant neoplasm of lung (C34.9) as underlying cause of death. If another malignancy is mentioned that is not on the list of common sites of metastases, consider lung secondary. *Example 58:* I (a) Metastatic cancer of lung II Stomach cancer				

	Since stomach cancer is also mentioned, “metastatic cancer of lung” is considered secondary. First use the General Principle to select the (secondary) lung cancer as the temporary underlying cause. Then apply Rule 3, and consider (secondary) cancer of lung an obvious consequence of the stomach cancer mentioned in Part II. Select stomach cancer (C16.9) as the underlying cause of death. Note: A neoplasm of lung is considered primary when it is reported as due to a condition that increases the risk of lung cancer, see Section 4.2.7.3 A (c). *(g) “Metastatic” neoplasm of a specific morphology* If the morphological type is classifiable to C40-C47, C49, or C70-C72 and the site reported on the certificate indicates the same type of tissue, code to the appropriate subcategory for the morphological type. *Example 59:* I (a) Metastatic osteosarcoma of femur Code to malignant neoplasm of long bones of lower limb (C40.2). If the morphological type is classifiable to C40-C47, C49, or C70-C72 and the site reported on the certificate indicates a different type of tissue, code to the unspecified site for the morphological type. *Example 60:* I (a) Metastatic rhabdomyosarcoma (b) of hilar lymph nodes Code to unspecified site for rhabdomyosarcoma (C49.9). ***4.2.7.8 Sites with prefixes or imprecise definitions*** Neoplasms of sites prefixed by "peri," "para," "pre," "supra," "infra," etc. or described as in the "area" or "region" of a site, unless these terms are specifically indexed, should be coded as follows: For malignant neoplasms classifiable to one of the categories - C40, C41 (bone and articular cartilage), - C43 (malignant melanoma of skin),				

	- C44 (other malignant neoplasms of skin), - C45 (mesothelioma), - C46 (Kaposi's sarcoma) - C47 (peripheral nerves and autonomic nervous system), - C49 (connective and soft tissue), - C70 (meninges), - C71 (brain), - C72 (other parts of central nervous system), code to the appropriate subdivision of that category *Example 61:* I (a) Fibrosarcoma in the region of the pancreas Code to malignant neoplasm of connective and soft tissue of abdomen (C49.4). *Example 62:* I (a) Peridiaphragmatic angiomyosarcoma Code to malignant neoplasm of connective and soft tissue of thorax (C49.3). For other morphological types code to the appropriate subdivision of C76 (other and ill-defined sites). *Example 63:* I (a) Carcinoma in the lung area Code to malignant neoplasm of other and ill-defined sites within the thorax. (C76.1) *Example 64:* I (a) Paravertrebral carcinoma Code to malignant neoplasm of other ill-defined sites (C76.7). *Example 65:* I (a) Malignant neoplasm, infradiaphragmal Code to malignant neoplasm of abdomen (C76.2). ***4.2.7.9 Malignant neoplasms of unspecified site with other reported conditions*** When the site of a primary malignant neoplasm is not specified, no				

	assumption of the site should be made from the location of other reported conditions such as perforation, obstruction, or haemorrhage. These conditions may arise in sites unrelated to the neoplasm, e.g. intestinal obstruction may be caused by the spread of an ovarian malignancy. *Example 66:* I (a) Obstruction of intestine (b) Carcinoma Code to malignant neoplasm without specification of site (C80.9). *Example 67:* I (a) Respiratory insufficiency (b) Obstruction of trachea (c) Malignancy Code to malignant neoplasm without specification of site (C80.9). ***4.2.7.10 Infectious diseases and malignant neoplasms*** *(a) Infections due to malignant neoplasm* Owing to the effect of chemotherapy on the immune system, some cancer patients become prone to infectious diseases and die of them. Therefore, any infectious disease classified to A00-B19 or B25-B64 reported as "due to" cancer will be an acceptable sequence. *Example 68:* I (a) Zoster (b) Chronic lymphocytic leukaemia Chronic lymphocytic leukaemia could cause a zoster infection. The sequence is accepted, and chronic lymphocytic leukaemia (C91.1) is selected as the underlying cause of death. *(b) Malignant neoplasm due to infections* There is evidence for strong aetiological links between some infections and particular cancers, e.g., human papilloma virus and cervical cancer, or chronic hepatitis C viral infection and liver cancer. However, reporting of such risk factors on death certificates is incomplete. For purposes of vital statistics and public health it is regarded as important to be able to count all				

	the deaths due to particular cancers, whatever their causal factors. Therefore, except for human immunodeficiency virus [HIV] disease, no infectious or parasitic disease should be accepted as causing a malignant neoplasm. *Example 69:* I (a) Hepatocellular carcinoma (b) Hepatitis B virus Hepatitis B increases the risk of liver cancer. However, it is considered more important to register the number of liver cancer deaths, and the sequence is not accepted. Use Rule 2 to select hepatocellular carcinoma (C22.0) as underlying cause of death. *Example 70:* I (a) Kaposi's sarcoma (b) HIV HIV is accepted as causing malignant neoplasms. First, use the General Principle to select HIV as the temporary underlying cause. Then use Rule C (Linkage) to code HIV disease resulting in Kaposi's sarcoma (**B21.0**) as underlying cause of death. ***4.2.7.11 Malignant neoplasms and circulatory disease*** The following acute or fatal circulatory diseases will be accepted as due to malignant neoplasms, if certified in a "due to" sequence in Part I: I21-I22 Acute myocardial infarction I24.- Other acute ischaemic heart diseases I26.- Pulmonary embolism I30.- Acute pericarditis I33.- Acute and subacute endocarditis I40.- Acute myocarditis I44.- Atrioventricular and left bundle-branch block I45.- Other conduction disorders I46.- Cardiac arrest I47.- Paroxysmal tachycardia I48 Atrial fibrillation and flutter I49.- Other cardiac arrhythmias I50.- Heart failure I51.8 Other ill-defined heart diseases				

	I60-I69 Cerebrovascular diseases, except I67.0-I67.5, I67.9, I69.- The following circulatory diseases will not be accepted as due to malignant neoplasms: I00-I09 Rheumatic fever and rheumatic heart disease I10-I15 Hypertensive disease (except when reported as due to endocrine neoplasms, renal neoplasms and carcinoid tumours) I20.- Angina pectoris I25.- Chronic ischaemic heart disease I70.- Atherosclerosis				
p. 94 Add text:	4.2 Notes for interpretation of entries of causes of death **4.2.1 Assumption of intervening cause** **4.2.2 Interpretation of "highly improbable"** **4.2.3 Effect of duration on classification** . . **4.2.15 Death due to maternal (obstetric) causes** a) It is often difficult to identify a maternal death, particularly in cases of indirect obstetric causes. If there is any doubt that the cause of death is obstetrical, for example if the conditions entered in Part I are not obstetrical but there is a mention of pregnancy or delivery in Part II, additional information should be sought from the certifier. This is particularly important in countries where maternal mortality rate is high. If no additional information can be found, deaths with a mention of pregnancy and delivery in Part I should be considered obstetrical, but not deaths where pregnancy or delivery is mentioned in Part II only. b) Note that when calculating maternal mortality rates, certain cases not coded to Chapter XV (O codes) should be included, provided that they meet the specifications outlined in section 4.2.15 a) for indirect obstetric causes. These cases are listed in the "Exclusion Note" at the beginning of Chapter XV. c) There are cases of death due to obstetric causes that are not included in the calculation of the maternal death rate. These are those cases in which death occurs more than 42 days after delivery (see definition of "Maternal death" on page 134, Volume 2, ICD-10).	MRG (URC:1244)	October 2007	Minor	January 2009

page 141 Revise text:	**5.8.1 – Definitions** **Maternal death** … **Late maternal death** … ~~**Pregnancy related death**~~ **Death occurring during pregnancy, childbirth and puerperium** A ~~pregnancy related~~ death occurring during pregnancy, childbirth and puerperium is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death (obstetric and non obstetric).	MRG (URC:1242)	October 2007	Minor	January 2009
p. 142 Revise text:	**5.8.3 Published maternal mortality rates** ~~It should be noted that maternal deaths from HIV disease (B20-B24) and obstetrical tetanus (**A34**) are coded to Chapter I. Care must be taken to include such cases in the maternal mortality rate.~~ Note that when calculating maternal mortality rates, cases not coded to Chapter XV (O codes) should be included. These include those categories presented in the "Exclusion Note" at the beginning of Chapter XV, provided that they meet the specifications outlined in section 4.2.15 a) for indirect obstetric causes.	MRG (URC: 1244)	October 2007	Minor	January 2009
p. 143 Revise title:	**5.8.4 Denominators for maternal mortality** ~~**Pregnancy related mortality**~~ **Ratio for death occurring during pregnancy, childbirth and puerperium** ~~Pregnancy related d~~ Deaths ~~-~~occurring during pregnancy, childbirth and puerperium x *k* ---------- Live births	MRG (URC:1242)	October 2007	Minor	January 2009
Revise text: ~p. 162	**7. Appendices** 7.1 List of conditions unlikely to cause death (see 4.1.9, Rule B) **Code** **Category or subcategory** … F69 Unspecified disorder of adult personality and behaviour F80-F89 Disorders of psychological development	MRG (URC:1121)	October 2007	Minor	January 2009

	F95.0–F95.9 Tic disorders				
p. 171-177 Add and revise terms in the index:	**Index** Accepted sequences for coding 71 ~~"Highly improbable" relationships 71~~ Rejected sequences for coding 71	MRG (URC:1130)	October 2007	Minor	January 2010
p. 172 Add and revise terms:	**Index** Death occurring during pregnancy, childbirth and puerperium 141 p. 176 ~~Pregnancy related death 141~~ ~~Pregnancy related mortality ratio 143~~ Ratio for death occurring during pregnancy, childbirth and puerperium 143	MRG (URC:1242)	October 2007	Minor	January 2009

Volume 3 ALPHABETIC INDEX

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add subterm:	**Abnormal, abnormality, abnormalities** — *see also* Anomaly … - karyotype R89.8 - kidney function test R94.4 - labour NEC O75.8	Australia (URC:1241)	October 2007	Major	January 2010
Revise subterm:	**Abortion(complete) (incomplete)** O06.- - attempted (failed) (induced) (nonmedical) O07.9 - - complicated by - - - ~~- septicaemia~~ sepsis O07.5 - - - septic shock O07.5 **Abortion** -see list of fourth characters to be used with categories O03-O06 - complicated (by)	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - sepsis .5 .0 .0 - - septic shock .5 .0 .0 ~~- - septicemia .5 .0 .0~~				
Add subterm:	**Adenocarcinoma** (M8140/3) — *see also* Neoplasm, malignant - mucinous (M8480/3) - - metastatic (M8480/6) - *see* Neoplasm, secondary	Australia (URC:1191)	October 2007	Minor	January 2009
Delete subterm	**Alcohol, alcoholic, alcohol- induced** - intoxication (acute) F10.0 - - with - - - delirium F10.0 ~~- - - dependence F10.2~~	Canada (URC:1133)	October 2007	Minor	January 2009
Add lead term and add code:	**Anaphylactoid shock or reaction** – *see* Shock, anaphylactic **Anaphylactoid syndrome of pregnancy** O88.1 **Anaphylaxis** T78.2	MRG (URC:1120)	October 2007	Major	January 2010
Revise and add subterms:	**Anemia** D64.9 … - in ~~neoplastic disease NEC (M8000/1) *(see also* Neoplasm*)* D48.9† D63.0*~~ - - chronic kidney disease - - - stage 3 N18.3† D63.8* - - - stage 4 N18.4† D63.8* - - - stage 5 N18.5† D63.8 - - - unspecified N18.9† D63.8* - - neoplastic disease NEC (M8000/1) *(see also* Neoplasm*)* D48.9† D63.0* - infantile D64.9	Australia (URC:1241)	October 2007	Major	January 2010
Revise and add and subterms:	**Aneurysm (anastomotic) (artery) (cirsoid) (diffuse) (false) (fusiform) (multiple) (saccular)** I72.9 - arteriovenous (congenital)(peripheral) Q27.3 - - acquired I77.0 - - - brain I67.1 - - - pulmonary I28.0 - - brain Q28.2 - - - ruptured I60.8 - - precerebral vessels (nonruptured) Q28.0 - - - ruptured I72.5 - - specified site NEC Q27.3 - - - acquired I77.0	Germany (URC:1228)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - traumatic (complication)(early) T14.5 ... - dissecting (*see also* Dissection, artery) I72.9 - - aorta (any part)(ruptured) I71.0 - - syphilitic A52.0† I79.0* ... - precerebral ~~congenital (nonruptured) Q28.1~~ NEC I72.5 - - acquired (ruptured) I72.5 - - - carotid (internal) I72.0 - - - vertebral I72.5 - - congenital (nonruptured) Q28.1 - pulmonary I28.1				
Revise subterm:	**Anthrax** A22.9 - respiratory A22.1 - ~~- septicaemia~~ sepsis A22.7 - specified manifestation NEC A22.8	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code:	**Apoplexia, apoplexy, apoplectic** I64 ... - uremic N18.~~8~~5† I68.8*	Australia (URC:1241)	October 2007	Major	January 2010
Revise subterms:	**Appendicitis** K37 - with ~~- perforation or rupture K35.0~~ - - peritoneal abscess ~~K35.1~~ K35.3 - - peritonitis, generalized K35.2 - - - with mention of perforation or rupture K35.2 - - peritonitis, localized ~~K35.9~~ K35.3 - - - with mention of perforation or rupture ~~K35.0~~ K35.3 ~~- generalized K35.0~~ - acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocecal) (suppurative) ~~K35.9~~ K35.8 - - with ~~- perforation or rupture~~ K35.0 - - - peritoneal abscess ~~K35.1~~ K35.3 - - - peritonitis, generalized K35.2 - - - - with mention of perforation or rupture K35.2	France (URC:1108)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - - peritonitis, localized ~~K35.9~~ K35.3 - - - - with mention of perforation or rupture ~~K35.0~~ K35.3 ~~generalized~~ K35.0 - amebic A06.8				
Add subterms and revise modifiers:	**Arthritis, arthritic (acute) (chronic) (subacute)** M13.9 - in (due to) - - infection M00.9 - - - spine M46.5 - infectious or infective *(see also* Arthritis, in*)* M00.9 - - spine M46.5 - purulent (any site, except spine) M00.9 - - spine M46.5 - pyogenic or pyemic (any site, except spine) M00.9 - - spine M46.5 - septic (any site, except spine) M00.9 - - spine M46.5	Australia (URC: 1208	October 2007	Minor	January 2009
Revise subterm:	**Bacteremia** A49.9 -with sepsis — *see* ~~Septicaemia~~ Sepsis	MbRg (URC:1238)	October 2007	Major	January 2010
Add subterm:	**Barrett's** - disease K22.7 - esophagus K22.7 - - malignant - *see* Neoplasm, esophagus, malignant - syndrome K22.7 - ulcer K22.1	MRG (URC:1124)	October 2007	Major	January 2010
Add non-essential modifier and code:	**Blood** - transfusion (session) Z51.3 - - reaction or complication -see Complications, transfusion - - without reported diagnosis Z51.3	France (URC:1115)	October 2007	Minor	January 2009
	Brucella, brucellosis (infection) A23.9	MbRG	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise subterms:	- mixed A23.8 - ~~septicaemia~~ sepsis A23.9 - - melitensis A23.0 - - specified NEC A23.8	(URC:1238)			
Revise codes :	**Cachexia** R64 – cancerous (M8000/3) ~~C80~~C80.- . . . – malignant (M8000/3) ~~C80~~C80.-	MRG (URC:1066)	October 2007	Major	January 2010
Revise subterm:	**Candidiasis, candidal** B37.9 - resulting from HIV disease B20 ~~- septicemia~~ sepsis B37.7	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code:	**Carcinoid (tumor)** (M8240/3) – *see also* Neoplasm, malignant . . . – goblet cell (M8243/3) ~~C80~~C80.-	MRG (URC:1066)	October 2007	Major	January 2010
Revise code and add subterms:	**Carcinomatosis** . . . – unspecified site (M8010/6) ~~C80~~C79.9 – – primary site not indicated C80.9 – – primary site unknown, so stated C80.0	MRG (URC:1066)	October 2007	Major	January 2010
Revise subterms:	**Charley-horse (quadriceps)** S76.1 - muscle, except quadriceps ~~(*see* Sprain)~~ - - traumatic (*see* Injury, muscle) - - non traumatic (*see* Cramp(s))	Canada (URC:1135)	October 2007	Minor	January 2009
Revise subterm:	**Chill(s)** R68.8 - with fever R50.8 -septic — *see* ~~Septicaemia~~ Sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Add index subterms:	**Cholestasis NEC** K83.1 - complicating pregnancy, childbirth or the puerperium (intrahepatic) O26.6	Canada (URC:1182)	October 2007	Major	January 2010
Add subterm:	**Chondrodysplasia** Q78.9 - metaphyseal (Jansen's) (McKusick's) (Schmid's) Q78.5	Canada (URC:1137)	October 2007	Minor	January 2009
	Complications (from)(of)	MbRG	October 2007	Minor	January 2009

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Delete note:	- accidental puncture or laceration during procedure T81.2 .... - procedure (surgical or medical care) T88.9 ~~*Note:* Whenever a complication of a procedure is not indexed or is not a synonym of an inclusion or indexed term, proceed as follows:~~ ~~*Code to* T80–T88:~~ • ~~early complications;~~ • ~~mechanical complications~~ ~~*Code to* appropriate system chapter:~~ • ~~late complications~~ • ~~functional complications;~~ - prosthetic device, graft or implant T85.9	(URC:1222)			
Revise code and add subterm:	**Compression** - laryngeal nerve, recurrent ~~J38.7~~G52.2 - - with paralysis of vocal cords and larynx J38.0	Germany (URC:1150)	October 2007	Major	January 2010
Revise code:	**Conditions arising in the perinatal period** - depression - - respiration, respiratory, newborn ~~P28.8~~P28.5	Canada (URC:1136)	October 2007	Minor	January 2009
Revise code:	**Constriction** — *see also* Stricture - larynx J38.6 - - congenital Q31.~~9~~8	Germany (URC:1153)	October 2007	Minor	January 2009
Revise code:	**Contraction, contracture, contracted** - finger NEC M20.0 - - congenital Q68.~~8~~1	Germany (URC:1151)	October 2007	Minor	January 2009
Revise subterm:	**Cyst (colloid)(mucous)(retention)(simple)** - liver (idiopathic) K76.8 - - congenital Q44.7	Norway (URC:1232)	October 2007	Major	January 2010
Revise codes:	**Death** – obstetric (cause unknown) O95 – – affecting fetus or newborn P01.6 – – between 42 days and one year after delivery O96.-	MRG (URC:1243)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	– – one year or more after delivery O97.-				
Revise codes:	**Deformity** Q89.9 - finger (acquired) M20.0 - - congenital Q68.~~8~~1 - thumb (acquired) M20.0 - - congenital NEC Q68.~~8~~1	Germany (URC:1151)	October 2007	Minor	January 2009
Add subterm:	**Delay, delayed** - development R62.9 - - global F89 - - intellectual (specific) F81.9	Canada (URC:1140)	October 2007	Major	January 2010
Add code:	**Delirium, delirious (acute or subacute) (not alcohol- or drug-induced)** F05.9 - traumatic (*see also* Injury, intracranial) S06.9	Germany (URC:1198)	October 2007	Minor	January 2009
Revise and add subterms:	**Delivery** (single) O80.9 - complicated (by) O75.9 - - cervical dystocia ~~(hypotonic)~~(failure of cervical dilatation) O62.0 - - - due to - - - - abnormality of cervix O65.5	Australia (URC:1044)	October 2007	Minor	January 2009
Revise code:	**Dementia (persisting)** F03 … - uremic N18.~~8~~5† F02.8*	Australia (URC:1241)	October 2007	Major	January 2010
Add subterm:	**Depression** F32.9 -recurrent (*see also* Disorder, depressive, recurrent) F33.9 - respiration, respiratory, newborn P28.5 - respiratory centre G93.8	Canada (URC:1136)	October 2007	Minor	January 2009
Revise subterms and codes:	**Dermatitis** L30.9 …… - fungus G36.9 - - specified type NEC B36.8 – gangrenosa, gangrenous ~~L88~~ infantum L08.0 ~~infantum R02~~	Germany (URC:1156)	October 2007	Major	January 2010
Revise code:	**Dermatofibrosarcoma** (M8832/3) – *see also* Neoplasm, skin, malignant . . . – – pigmented (M8833/3) ~~C80~~ C80.-	MRG (URC:1066)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise codes and add subterms:	**Disease, diseased**—*continued* . . . – neoplastic (malignant), generalized (M8000/6) ~~C80~~ C79.9 – – primary site not indicated C80.9 – – primary site unknown, so stated C80.0	MRG (URC:1066)	October 2007	Major	January 2010
Revise subterms and codes: Add note and subterms:	**Disease, diseased** — *see also* Syndrome … - end-stage ~~renal~~ kidney ~~N18.0~~ N18.5 - endocrine glands or system NEC E34.9 - endomyocardial (eosinophilic) I42.3 … … - glomerular *(see also* Glomerulonephritis) N05.- - - with edema — *see* Nephrosis - - chronic N03.- ….. - kidney (functional) (pelvis) ~~*(see also* Disease, renal)~~ N28.9 ***Note:*** Where a term is indexed only at the three-character level, e.g. N01.-, reference should be made to the list of fourth-character subdivisions in Volume 1 at N00-N08. - - with - - - edema – *see* Nephrosis - - - glomerular lesion – *see* Glomerulonephritis - - - - with edema – *see* Nephrosis - - - interstitial nephritis N12 - - acute — *see* Nephritis, acute - - chronic N18.9 - - - end-stage N18.5 - - - stage 1 N18.1 - - - stage 2 N18.2 - - - stage 3 N18.3 - - - stage 4 N18.4 - - - stage 5 N18.5 - - cystic (congenital) Q61.9 - - end-stage (failure) N18.5 - - fibrocystic (congenital) Q61.8	Australia (URC:1241)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Delete note and subterms:	- - hypertensive *(see also* Hypertension, kidney*)* I12.9 - - - end-stage (failure) I12.0 - - in (due to) schistosomiasis (bilharziasis) B65.-† N29.1* - - rapidly progressive N01.- - - tubular *(see also* Nephritis, tubulo-interstitial*)* N12 - kissing B27.9 - renal ~~(functional) (pelvis)~~ *See* Disease, kidney ~~N28.9~~ ~~***Note:*** Where a term is indexed only at the three-character level, e.g. N01. , reference should be made to the list of fourth-character subdivisions in Volume 1 at N00-N08.~~ ~~- with~~ ~~- edema - *see* Nephrosis~~ ~~- glomerular lesion - see Glomerulonephritis~~ ~~- with edema - *see* Nephrosis~~ ~~- - interstitial nephritis N12~~ ~~- acute - *see* Nephritis, acute~~ ~~- chronic N18.9~~ ~~- end-stage N18.5~~ ~~- stage 1 N18.1~~ ~~- stage 2 N18.2~~ ~~- - stage 3 N18.3~~ ~~- stage 4 N18.4~~ ~~- stage 5 N18.5~~ ~~- cystic, congenital Q61.9~~ ~~- end-stage (failure) N18.5~~ ~~- fibrocystic (congenital) Q61.8~~ ~~- hypertensive *(see also* Hypertension, kidney*)* I12.9~~ ~~- end-stage (failure) I12.0~~ ~~- in (due to) schistosomiasis (bilharziasis) B65.-† N29.1*~~ ~~- rapidly progressive N01.-~~ ~~- tubular *(see also* Nephritis, tubulo-interstitial*)* N12~~				
	Disease, diseased - *see also* Syndrome - sickle cell D57.1	Australia (URC:1186)	October 2007	Minor	January 2009

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise code:	- - thalassaemia ~~D56.8~~ D57.2				
Add non-essential modifier:	**Disorder (of)**-*see also* Disease - developmental (global delay) F89	Canada (URC:1140)	October 2007	Major	January 2010
Add subterms:	**Dissection** - aorta (any part)(ruptured) I71.0 - artery NEC I72.9 - - carotid I72.0 - - cerebral (nonruptured) I67.0 - - - ruptured (*see also* Hemorrhage, subarachnoid) I60.7 - - iliac (ruptured) I72.3 - - limb (ruptured) - - - lower I72.4 - - - upper I72.1 - - precerebral NEC I72.5 - - - acquired (ruptured) I72.5 - - - - carotid I72.0 - - - - vertebral I72.5 - - - congenital (nonruptured) Q28.1 - - renal (ruptured) I72.2 - - specified (ruptured) NEC I72.8 -traumatic (complication)(early), specified site - *see* Injury, blood vessel, vascular - vascular ~~I99~~ NEC I72.9 - wound - *see* Wound, open	Germany (URC:1228)	October 2007	Major	January 2010
Revise code:	**Dysfunction** - sexual (due to) - - alcohol F10.8 …. - - opioid ~~F11.0~~ F11.8	Canada (URC:1141)	October 2007	Minor	January 2009
Add lead term and subterms:	**Dyslexia** R48.0 - developmental F81.0 **Dyslipidemia** E78.- - depressed HDL cholesterol E78.6 - elevated fasting triglycerides E78.1	Canada (URC:1167)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise subterm:	**Dysplasia** - *see also* Anomaly - metaphyseal (Jansen's)(McKusick's)(Schmid's) Q78.5	Canada (URC:1137)	October 2007	Minor	January 2009
Add subterms:	**Dysplasia** - see also Anomaly .... - polyostotic fibrous Q78.1 - prostate (low grade) N42.3 - - high grade D07.5 - renal Q61.4	Canada (URC:1117)	October 2007	Major	January 2010
Add non-essential modifier and revise subterms:	**Dystocia** O66.9 - affecting fetus or newborn P03.1 - cervical ~~(hypotonic)~~(failure of cervical dilatation) O62.~~2~~0 - - affecting fetus or newborn P03.6 - - due to - - - abnormality of cervix O65.5 ~~- - primary O62.0~~ ~~- - secondary O62.1~~	Australia (URC:1044)	October 2007	Minor	January 2009
Revise code:	**Eaton-Lambert syndrome** ~~C80~~C80.-† G73.1*	MRG (URC:1066)	October 2007	Major	January 2010
Revise code:	**Ecthyma** L08.0 – gangrenosum ~~L88~~L08.0	Germany (URC:1156)	October 2007	Major	January 2010
Revise subterms:	**Embolism** (septic) I74.9 - pyaemic (multiple) *(see also* ~~Septicaemia~~ Sepsis*)* A41.9 - septicaemic — *see* ~~Septicaemia~~ Sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Add non-essential modifier and delete subterm:	**Failure, failed**--*continued* - heart (acute) (sudden) (senile) I50.9 - ~~- senile R54~~	Germany (URC:1145)	October 2007	Minor	January 2009
Delete cross reference and add subterms:	**Failure, failed** - kidney ~~— see Failure, renal~~ N19 - - with - - - hypertension (*see also* Hypertension, kidney) I12.0 - - - hypertensive - - - - heart disease (conditions in I11) I13.1 - - - - - with heart failure (congestive) I13.2 - - - - kidney disease *(see also* Hypertension, kidney*)* I12.0	Australia (URC:1241)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Delete code, add cross reference and delete subterms:	- - - tubular necrosis (acute) N17.0 - - acute N17.9 - - - with - - - - cortical necrosis N17.1 - - - - medullary necrosis N17.2 - - - - tubular necrosis N17.0 - - - following labour and delivery O90.4 - - - specified NEC N17.8 - - chronic N18.9 - - - end-stage N18.5 - - - hypertensive *(see also* Hypertension, kidney) I12.0 - - - stage 1 N18.1 - - - stage 2 N18.2 - - - stage 3 N18.3 - - - stage 4 N18.4 - - - stage 5 N18.5 - - congenital P96.0 - - end-stage (chronic) N18.5 - - following - - - abortion (subsequent episode) O08.4 - - - - current episode — *see Abortion* - - - crushing T79.5 - - - ectopic or molar pregnancy O08.4 - - - labour and delivery (acute) O90.4 - - hypertensive *(see also* Hypertension, kidney) I12.0 - - postprocedural N99.0 … - renal ~~N19~~ - *see* Failure, kidney ~~- - with~~ ~~- - - hypertension *(see also* Hypertension, kidney) I12.0~~ ~~- - - hypertensive heart disease (conditions in I11) I13.1~~ ~~- - - - with heart failure (congestive) I13.2~~ ~~- - - tubular necrosis (acute) N17.0~~ ~~- - acute N17.9~~ ~~- - - with~~ ~~- - - - cortical necrosis N17.1~~ ~~- - - - medullary necrosis N17.2~~					

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise cross-reference:	~~- - tubular necrosis N17.0~~ ~~- specified NEC N17.8~~ ~~- chronic N18.9~~ ~~- - - end stage renal disease N18.0~~ ~~- hypertensive *(see also Hypertension, kidney)* I12.0~~ ~~- congenital P96.0~~ ~~- end stage (chronic) N18.0~~ ~~- following~~ ~~- abortion (subsequent episode) O08.4~~ ~~- - current episode — *see Abortion*~~ ~~- crushing T79.5~~ ~~- ectopic or molar pregnancy O08.4~~ ~~- labor and delivery (acute) O90.4~~ ~~- hypertensive *(see also Hypertension, kidney)* I12.0~~ ~~- postprocedural N99.0~~ … - trial of labor (with subsequent caesarean section) O66.4 - - affecting fetus or newborn P03.1 - urinary — *see* Failure, ~~renal~~ kidney				
Revise cross reference:	**Fever R50.9** - putrid — *see* ~~Septicaemia~~ Sepsis - pyemic — *see* ~~Septicaemia~~ Sepsis - septic — *see* ~~Septicaemia~~ Sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Add subterms:	**Fistula** L98.8 - arteriovenous (acquired) (nonruptured) I77.0 - - coronary I25.4 - - - congenital Q24.5 .... - congenital, site not listed - *see* Anomaly, by site - coronary, arteriovenous I25.4 - - congenital Q24.5	Canada (URC:1168)	October 2007	Major	January 2010
Add optional modifiers, subterm and	**Forestier's disease** ~~M48.1~~ (rhizomelic pseudopolyarthritis) M35.3 - ankylosing hyperostosis M48.1	Canada (URC:1204)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
code:					
Revise subterms:	**Gangrene, gangrenous (dry) (moist) (skin) (ulcer)** (*see also* Necrosis) R02 …. - appendix ~~K35.9~~ K35.8 - - with ~~- - - perforation or rupture~~ K35.0 - - - peritoneal abscess ~~K35.1~~ K35.3 - - - peritonitis, generalized K35.2 - - - - with mention of perforation or rupture K35.2 - - - peritonitis, localized ~~K35.9~~ K35.3 - - - - with mention of perforation or rupture ~~K35.0~~ K35.3 ~~- - - - generalized K35.0~~	France (URC:1108)	October 2007	Major	January 2010
Revise subterms:	**Glomerulonephritis** *(see also* Nephritis*)* N05.- - in (due to) - - schistosomiasis B65.-† N08.0* - - ~~septicemia~~ sepsis A41.-† N08.0*	MbRG (URC:1238)	October 2007	Major	January 2010
Add dagger/asterisk combination:	**Glomerulonephritis** (*see also* Nephritis) N05 - in (due to) - - septicemia A41.- N08.0* - - - streptococcal A40.-† N08.0*	Canada (URC:1171)	October 2007	Minor	January 2009 (will need to be updated in 2010 as per #1238))
Revise cross reference and add code:	**Glottitis** ~~- *see Glossitis*~~*(see also* Laryngitis)J04.0	Australia (URC:1185)	October 2007	Major	January 2010
Revise code and add subterm	**Gumboil** K04.~~6~~7 - with sinus K04.6	Germany (URC:1157)	October 2007	Minor	January 2009
Revise code:	**Hemoglobinopathy (mixed) NEC** D58.2 - with thalassemia D56.9 - sickle-cell D57.1 - - with thalassemia ~~D56.8~~ D57.2	Australia (URC:1186)	October 2007	Minor	January 2009
Add non-essential modifier and	**Herpes, herpetic** B00.9 - conjunctivitis (simplex) B00.5† H13.1* - - zoster B02.3† H13.1*	Australia (URC:1192)	October 2007	Minor	January 2009

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
codes, and add subterms:	- simplex B00.9 - - complicated NEC B00.8 - - congenital P35.2 - - conjunctivitis B00.5† H13.1* - - external ear B00.1† H62.1* … - zoster *(see also condition)* B02.9 - - auricularis B02.2† H94.0* - - complicated NEC B02.8 - - conjunctivitis B02.3† H13.1 - - disseminated B02.7				
Revise subterm:	**Herpes, herpetic** B00.9 - scrotum A60.0† N51.8* - ~~septicemia~~ sepsis B00.7	MbRG (URC:1238)	October 2007	Major	January 2010
Add subterm:	**Hypoplasia, hypoplastic** - carpus Q71.8 - cartilage-hair (*see* Dysplasia, metaphyseal)	Canada (URC:1137)	October 2007	Minor	January 2009
Revise subterms:	**Ileus (bowel) (colon) (inhibitory) (intestine) (neurogenic)** K56.7 – meconium (with cystic fibrosis) E84.1+ P75* – – meaning meconium plug ~~(without cystic fibrosis)~~ P76.0 – – without cystic fibrosis P76.0 – newborn – – due to meconium (with cystic fibrosis) E84.1+ P75* – – – meaning meconium plug ~~(without cystic fibrosis)~~ P76.0 – – – without cystic fibrosis P76.0 – – transitory P76.1	Germany (URC:1162)	October 2007	Major	January 2010
Revise cross reference and add subterms:	**Impaired, impairment (function)** … - kidney (*see also* Failure, ~~renal~~ kidney) N19 - - acute N17.- - - chronic N18.9 - - - end-stage N18.5 - - - stage 1 N18.1 - - - stage 2 N18.2	Australia (URC:1241)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise cross reference and add subterms:	- - - stage 3 N18.3 - - - stage 4 N18.4 - - - stage 5 N18.5 - - end-stage N18.5 - - tubular function disorder N25.9 - - neonatal, transient P74.8 - liver K72.9 ... - renal (*see* ~~*also*~~ ~~Failure renal~~ Impaired, impairment, kidney) ~~N19 — disorder resulting from N25.9~~ - tolerance, glucose R73.0				
Add non-essential modifiers:	**Infarct, infarction** (of) - myocardium, myocardial (acute or with a stated duration of 4 weeks or less) I21.9 - - chronic or with a stated duration of over 4 weeks I25.8 - - healed or old I25.2 - - nontransmural I21.4 - - past (diagnosed on ECG or other special investigation, but currently presenting no symptoms) I25.2 - - subsequent (extension) (recurrent) (reinfarction) I22.9 - - - anterior (wall) I22.0	MbRG (URC:1227)	October 2007	Major	January 2010
Add subterm and revise code:	**Infection, infection** - *continued* - Cestodes – *see* Infestation, cestodes - chest J22 - Chilomastix (intestinal) A07.8 ……. - lung (*see also* Pneumonia) ~~J98.4~~ J18.9	MRG (URC:1119)	October 2007	Major	January 2010
Revise subterms:	**Infection, infected (opportunistic)** B99 -bloodstream — *see* ~~Septicaemia~~ Sepsis - Clostridium, clostridium - - difficile - - - ~~septicemia~~ sepsis A41.4 - - gas-forming NEC A48.0	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - perfringens - - - as cause of disease classified elsewhere B96.7 - - - foodborne (disease) A05.2 - - - gas gangrene A48.0 - - - ~~septicaemia~~ sepsis A41.4 - generalised NEC *(see also* ~~Septicaemia~~ Sepsis*)* A41.9 -pyemic — *see* ~~Septicaemia~~ Sepsis - Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.9 - - with - - - (gastro)enteritis A02.0 - - - ~~septicemia~~ sepsis A02.1 - - - specified manifestation NEC A02.8 - septic --generalised — *see* ~~Septicaemia~~ Sepsis - - localised, skin *(see also* Abscess*)* L02.9 -septicemic — *see* ~~Septicaemia~~ Sepsis -systemic — *see* ~~Septicaemia~~ Sepsis				
Add non-essential modifiers and subterm:	**Injury** *(see also* specified injury type*)* T14.9 - cord - - spermatic (pelvic region) S37.8 - - - scrotal region S39.8 - spermatic cord (~~scrotal~~ pelvic region) ~~S39.9~~ S37.8 - - ~~pelvic~~ scrotal region ~~S37.8~~ S39.8	Australia (URC:1188)	October 2007	Minor	January 2009
Revise subterms:	**Intoxication** - foodborne A05.9 - - due to - - - salmonella A02.9 - - - - with - - - - - (gastro)enteritis A02.0 - - - - - localised infection(s) A02.2 - - - - - ~~septicemia~~ sepsis A02.1 - - - - - specified manifestation NEC A02.8	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise code:	**Irritable, irritability R45.4** ... - heart (psychogenic) F45.3 - hip ~~M24.8~~ M65.8 - ileum K59.8	Norway (URC:1234)	October 2007	Major	January 2010
Add lead term:	**Jerks, myoclonic** G25.3 **Jervell and Lange-Nielsen syndrome** I45.8 **Jeune's disease** Q77.2	MRG (URC:1123)	October 2007	Minor	January 2009
Revise code:	**Lambert-Eaton syndrome** ~~C80~~C80.-† G73.1*	MRG (URC:1066)	October 2007	Major	January 2010
Add lead term and subterm:	**Lipochondrodystrophy** E76.0 **Lipodermatosclerosis** I83.1 - ulcerated I83.2	Canada (URC:1181)	October 2007	Major	January 2010
Revise code:	**Malposition** - congenital - - aorta Q25.4 - - arterial trunk ~~Q20.4~~ Q20.0	Germany (URC:1152)	October 2007	Minor	January 2009
Add non-essential modifiers and add subterms:	**Meconium** – ileus (with cystic fibrosis), fetus or newborn E84.1+ P75* – – meaning meconium plug P76.0 – – without cystic fibrosis P76.0 – obstruction, fetus or newborn P76.0 – – in mucoviscidosis E84.1+ P75* – plug syndrome (newborn) NEC P76.0	Germany (URC:1162)	October 2007	Major	January 2010
Revise code:	**Melanoma**—*continued* – metastatic – – specified site NEC (M8720/6) C79.8 – – unspecified site (M8720/6) ~~C80~~C79.9	MRG (URC:1066)	October 2007	Major	January 2010
Revise	**Melioidosis** A24.4 … - pulmonary (chronic) A24.2 - - acute A24.1 - - subacute A24.2 - ~~septicemia~~ sepsis A24.1	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
subterms:					
Revise code:	**Meningitis (basal) (cerebral) (spinal)** G03.9 .... – sterile G03.~~9~~0	Germany (URC:1149)	October 2007	Minor	January 2009
Revise code:	**Metastasis, metastatic** . . . – cancer or neoplasm (M8000/6) ~~C80~~C79.9	MRG (URC:1066)	October 2007	Major	January 2010
Add index lead term:	**Millar's asthma** J38.5 **Miller Fisher Syndrome** G61.0	Canada (URC:1170)	October 2007	Minor	January 2009
Revise code:	**Myasthenia, myasthenic** G70.9 . . . – – malignant neoplasm NEC (M8000/3) (*see also* Neoplasm, malignant) ~~C80~~C80.-† G73.2*	MRG (URC:1066)	October 2007	Major	January 2010
Revise code:	**Myopathy**—*continued* . . . - in (due to) – – malignant neoplasm NEC (M8000/3) (*see also* Neoplasm, malignant) ~~C80~~C80.-† M63.8*	MRG (URC:1066)	October 2007	Major	January 2010
Revise code and add subterm:	**Neoplasm, neoplastic** - bone - - vomer ~~C40.0~~ C41.0 C79.5 - D16.4 D48.0 - vomer C41.0 C79.5 - D16.4 D48.0	Australia (URC:1184)	October 2007	Major	January 2010
Revise code:	**Neoplasm, neoplastic** - gall duct (extrahepatic) C24.0 C78.8 D01.5 D13.5 D37.6 - - intrahepatic C22.1 C78.~~8~~7 D01.5 D13.4 D37.6 - gallbladder C23 C78.8 D01.5 D13.5 D37.6	Germany (URC:1143)	October 2007	Minor	January 2009
	Malignant / Primary / Secondary / In situ / Benign / Uncertain or unknown behavior **Neoplasm, neoplastic** ~~C80~~C80.9 ~~C80~~C79.9 D09.9 D36.9 D48.9 p. 412 – disease, generalized ~~C80~~	MRG (URC:1066)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - primary site not indicated C80.9 C79.9 - - primary site unknown, so stated C80.0 C79.9				
Add subterms and codes:	**Neoplasm, neoplastic**—continued – disseminated ~~C80~~ – – primary site not indicated C80.9 C79.9 – – primary site unknown, so stated C80.0 C79.9 – generalized ~~C80~~ – – primary site not indicated C80.9 C79.9 – – primary site unknown, so stated C80.0 C79.9 – metastatic, ~~primary site unknown~~ (multiple) – – primary site not indicated C80.9 C79.9 – – primary site unknown, so stated C80.0 C79.9 - primary site unknown, so stated C80.0 C79.9 - unknown site so stated C80.0 C79.9	MRG (URC:1066)	October 2007	Major	January 2010
Revise cross reference:	**Nephritis, nephritic** N05.- ….. - with - - glomerular lesion - - - diffuse sclerosing *(see also* ~~Failure, renal~~, Disease, kidney, chronic*)* N18.9 - - - hypocomplementemic — *see* Nephritis, membranoproliferative - degenerative — *see* Nephrosis - diffuse sclerosing *(see also* ~~Failure, renal~~, Disease, kidney, chronic*)* N18.9 … - sclerosing, diffuse *(see also* ~~Failure, renal~~ Disease, kidney, chronic*)* N18.9	Australia (URC:1241)	October 2007	Major	January 2010
	Nephropathy *(see also* Nephritis*)* N28.9 **Note:** Where a term is indexed only at the three character level, eg N07.-, reference should be made to the list of fourth character subdivisions in Volume 1 at N00-N08. - chemical — *see* Nephropathy, toxic - diabetic (*see also* E10-E14 with fourth character .2) E14.2† N08.3* - drug-induced N14.2 - - specified NEC N14.1	Australia (URC:1241)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add subterms:	- focal and segmental hyalinosis or sclerosis N02.1 - heavy metal-induced N14.3 - hereditary NEC N07.- - hypertensive *(see also* Hypertension, kidney*)* I12.9 - - end-stage (failure) I12.0 - IgA N02.8 - - with glomerular lesion N02.- … - - - specified pathology NEC N02.8 - lead N14.3 - membranoproliferative (diffuse) N02.5 - membranous (diffuse) N02.2 - mesangial (IgA/IgG) — see Nephropathy, IgA - - proliferative (diffuse) N02.3 - mesangiocapillary (diffuse) N02.5 - obstructive N13.8				
Revise code:	**Neuritis** M79.2 ….. - progressive hypertrophic interstitial G60.0 – puerperal, postpartum ~~O26.8~~ O90.8 - retrobulbar H46	Germany (URC:1148)	October 2007	Major	January 2010
Revise code :	**Neuropathy, neuropathic**—*continued* … – carcinomatous ~~C80~~C80.-† G13.0*	MRG (URC:1066)	October 2007	Major	January 2010
Revise code:	**Paralysis, paralytic (complete) (incomplete)** (*see also* Paresis) G83.9 … - uremic N18.~~8~~5† G99.8*	Australia (URC:1241)	October 2007	Major	January 2010
Revise subterm:	**Parkinsonism (idiopathic) (primary)** G20 - with neurogenic orthostatic hypotension (~~idiopathic~~) (symptomatic) G90.3	Australia (URC:1193)	October 2007	Minor	January 2009
Revise code and add subterm:	**Parulis** K04.~~6~~7 - with sinus K04.6	Germany (URC:1157)	October 2007	Minor	January 2009
Revise code and	**Perforation, perforated (nontraumatic)** - accidental during procedure (blood vessel) (nerve) (organ) T81.2 - appendix ~~K35.0~~	France (URC:1108)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
add subterms:	- - with - - - peritonitis, generalized K35.2 - - - peritonitis, localized K35.3 - bile duct (common) (hepatic) K83.2				
Revise code:	**Pericarditis (with decompensation) (with effusion)** I31.9 - uremic N18.~~85~~† I32.8*	Australia (URC:1241)	October 2007	Major	January 2010
Revise code and add subterms:	**Peritonitis (adhesive) (fibrinous) (with effusion)** K65.9 - with or following - - abscess K65.0 - - appendicitis K35.9 - - - generalized K35.2 - - - - with mention of perforation or rupture ~~K35.0~~ K35.2 - - - localized K35.3 - - - - with mention of perforation or rupture K35.3 - - diverticular disease (intestine) K57.8	France (URC:1108)	October 2007	Major	January 2010
Revise subterms:	**Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved)** J18.9 - in (due to) - - schistosomiasis B65.-† J17.3* - - ~~septicemia~~ sepsis A41.-† J17.0*	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code:	**Polyneuropathy**—*continued* – in—*continued* . . . – – malignant neoplasm NEC (M8000/3) (*see also* Neoplasm, malignant) ~~C80~~C80.-† G63.1*	MRG (URC:1066)	October 2007	Major	January 2010
Add subterm:	**Pregnancy**- *continued* - complicated by – continued - - amnionitis O41.1 - - anaphylactoid syndrome of pregnancy O88.1 - - anemia (conditions in D50-D64) O99.0 …. - - superfetation O30.8 - - syndrome - - - anaphylactoid of pregnancy O88.1 - - syphilis (conditions in A50-A53) O98.1	MRG (URC:1120)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add subterm:	**Pregnancy (single)(uterine)** - complicated by - - chloasma (gravidarum) O26.8 - - cholestasis (intrahepatic) O26.6	Canada (URC:1182)	October 2007	Major	January 2010
Revise code:	**Pregnancy (single)(uterine)** - complicated by (*see also* Pregnancy, management affected by) - - conditions in - - - A00-A07, O98.8 - - - A08, O98.5 ..... - - - A65-A79,O98.8 - - - A80-B09, ~~O98.8~~ O98.5	Canada (URC:1233)	October 2007	Minor	January 2009
Revise subterms:	**Pregnancy (single) (uterine)** -complicated by *(see also* Pregnancy, management, affected by*)* - - salpingo-oophoritis O23.5 - - ~~septicemia~~ sepsis (conditions in A40.-, A41.-) O98.8	MbRG (URC:1238)	October 2007	Major	January 2010
Revise code and add subterm:	**Puerperal, puerperium** - hemiplegia, cerebral ~~O99.4~~ O99.3 - - due to cerebral vascular disorder O99.4	Germany (URC:1158)	October 2007	Minor	January 2009
Revise subterms:	**Pyelonephritis** *(see also* Nephritis, tubulo-interstitial*)* N12 - in (due to) - - sarcoidosis D86.8† N16.2* - - ~~septicemia~~ sepsis NEC A41.-† N16.0*	MbRG (URC:1238)	October 2007	Major	January 2010
Revise cross reference:	**Pyemia, pyemic (purulent)** *(see also* ~~Septicaemia~~ Sepsis*)* A41.9	MbRG (URC:1238)	October 2007	Major	January 2010
Revise cross reference:	**Pyosepticemia** — *see* ~~Septicaemia~~ Sepsis	MbRG (URC:1238)	October 2007	Major	January 2010
Revise codes:	**Retinitis** *(see also Chorioretinitis)* H30.9 - albuminurica N18.~~8~~5† H32.8* …	Australia (URC:1241)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- renal N18.~~8~~5† H32.8*				
Add lead term:	**Rokitansky-Aschoff sinuses (gallbladder)** K82.8 **Romano-Ward syndrome** I45.8 **Romberg's disease or syndrome** G51.8	MRG (URC:1123)	October 2007	Minor	January 2010 Because this is related to 1027 which is major and will now be implemented in 2010. It would have originally been in the 2009 minor update year.
Add lead term:	**Rotation** - anomalous, incomplete or insufficient, intestine Q43.3 …. **Rotes Quérol disease or syndrome** M48.1 **Roth(-Bernhardt) disease or syndrome (meralgia paraesthetica)** G57.1	Canada (URC:1204)	October 2007	Major	January 2010
Revise code and add subterms:	**Rupture, ruptured** … - appendix ~~(with peritonitis) K35.0~~ - - with - - - peritonitis, generalized K35.2 - - - peritonitis, localized K35.3	France (URC:1108)	October 2007	Major	January 2010
Revise code and add subterms:	**Sarcomatosis** . . . – unspecified site (M8800/6) ~~C80~~C79.9 – – primary site not indicated C80.9 – – primary site unknown, so stated C80.0	MRG (URC:1066)	October 2007	Major	January 2010
Revise cross reference and revise subterms:	**Sepsis (generalised)** *(see also* ~~Septicaemia~~ Infection*)* A41.9 - actinomycotic A42.7 - adrenal haemorrhage syndrome (meningococcal) A39.1+ E35.1* - anaerobic A41.4 - Bacillus anthracis A22.7 - bacterial, newborn P36.9 - - due to - - - anaerobes NEC P36.5 - - - Escherichia coli P36.4 - - - Staphylococcus NEC P36.3	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - - - aureus P36.2 - - - streptococcus NEC P36.1 - - - - group B P36.0 - - specified type NEC P36.8 - Brucella (*see also* Brucellosis) A23.9 - candidal B37.7 - cryptogenic A41.9 - due to device, implant or graft *(see also Complications, by site and type, infection or inflammation)* T85.7 …… - - specified NEC T85.7 - -- urinary NEC T83.5 - - vascular NEC T82.7 - - ventricular intracranial shunt T85.7 - during labour O75.3 - Erysipelothrix (erysipeloid) (rhusiopathiae) A26.7 - Escherichia coli A41.51 - extraintestinal yersiniosis A28.2 - following - - abortion (subsequent episode) O08.0 ---current episode — *see* Abortion - - ectopic or molar pregnancy O08.0 - - immunization T88.0 - - infusion, therapeutic injection or transfusion T80.2 - gangrenous A41.9 - gonococcal A54.8 - Gram-negative (organism) A41.5 - - anaerobic A41.4 - Haemophilus influenzae A41.3 - herpesviral B00.7 - intraocular H44.0 - Listeria monocytogenes A32.7 - localised, in operation wound T81.4 (*see* Infection) - meliodosis A24.1 - meningeal – *see* Meningitis - meningococcal A39.4 - - acute A39.2				

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - chronic A39.3 - newborn NEC P36.9 - - due to - - - anaerobes NEC P36.5 - - - Escherichia coli P36.4 - - - Staphylococcus P36.3 - - - - aureus P36.2 - - - streptococcus P36.1 - - - - group B P36.0 - - specified NEC P36.8 - Pasteurella multocida A28.0 - pelvic, puerperal, postpartum, childbirth O85 - pneumococcal A40.3 - puerperal, postpartum, childbirth (pelvic) O85 - Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.1 - Shigella (*see also Dysentery, bacillary*) A03.9 - specified organism NEC A41.8 - Staphylococcus, staphylococcal A41.2 - - aureus A41.0 - - coagulase-negative A41.1 - - specified NEC A41.1 - Streptococcus, streptococcal A40.9 - - agalactiae A40.1 - - group - - - A A40.0 - - - B A40.1 - - - D A40.2 - - neonatal P36.1 - - pneumoniae A40.3 - - pyogenes A40.0 - - specified NEC A40.8 - tracheostomy stoma J95.0 - tularemic A21.7 - umbilical (newborn) (organism unspecified) P38 - - tetanus A33 - urinary N39.0 - Yersinia pestis A20.7				

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Add subterm:	**Sepsis** (generalized) *(see also* Septicemia*)* A41.9 - puerperal, postpartum, childbirth (pelvic) O85 - Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.1 - severe, as a result of disease classified elsewhere R65.1 - Shigella (*see also* Dystentery, bacillary) A03.9	MbRG (URC:1239)		Major	January 2010
Revise cross reference and delete subterms:	**Septicemia, septicemic (generalised) (suppurative)**~~A41.9~~ *see* Sepsis ~~- actinomycotic A42.7~~ ~~- adrenal haemorrhage syndrome (meningococcal) A39.1† E35.1*~~ ~~- anaerobic A41.4~~ ~~- Bacillus anthracis A22.7~~ ~~- Brucella (see also Brucella) A23.9~~ ~~- candidal B37.7~~ ~~- cryptogenic A41.9~~ ~~- due to infusion, therapeutic injection or transfusion T80.2~~ ~~- during labour O75.3~~ ~~- Erysipelothrix (erysipeloid) (rhusiopathiae) A26.7~~ ~~- Escherichia coli A41.51~~ ~~- extraintestinal yersiniosis A28.2~~ ~~- following~~ ~~- - abortion (subsequent episode) O08.0~~ ~~- - current episode — see Abortion~~ ~~- - ectopic or molar pregnancy O08.0~~ ~~- - immunisation T88.0~~ ~~- - infusion, therapeutic injection or transfusion T80.2~~ ~~- gangrenous A41.9~~ ~~- gonococcal A54.8~~ ~~- Gram-negative (organism) A41.5~~ ~~- - anaerobic A41.4~~ ~~- Haemophilus influenzae A41.3~~ ~~- herpesviral B00.7~~ ~~- Listeria monocytogenes A32.7~~ ~~- melioidosis A24.1~~ ~~- meningeal — see Meningitis~~ ~~- meningococcal A39.4~~ ~~- - acute A39.2~~	MbRG (URC:1238)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	~~– – chronic A39.3~~ ~~– newborn NEC (see also Sepsis, newborn) P36.9~~ ~~– Pasteurella multocida A28.0~~ ~~– pneumococcal A40.3~~ ~~– postprocedural T81.4~~ ~~– puerperal, postpartum O85~~ ~~– Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.1~~ ~~– Shigella (see also Dysentery, bacillary) A03.9~~ ~~– specified organism NEC A41.8~~ ~~– Staphylococcus, staphylococcal A41.2~~ ~~– – aureus A41.0~~ ~~– – coagulase-negative A41.1~~ ~~– – specified NEC A41.1~~ ~~– Streptococcus, streptococcal A40.9~~ ~~– – agalactiae A40.1~~ ~~– – group~~ ~~– – – A A40.0~~ ~~– – – B A40.1~~ ~~– – – D A40.2~~ ~~– – neonatal P36.1~~ ~~– – pneumoniae A40.3~~ ~~– – pyogenes A40.0~~ ~~– – specified NEC A40.8~~ ~~– tularaemic A21.7~~ ~~– Yersinia pestis A20.7~~				
Revise codes:	**Sequelae** – childbirth complication O94 – – resulting in death (one year or more after delivery) O97.- – – – between 42 days and one year after delivery O96.- … – delivery complication O94 – – resulting in death (one year or more after delivery) O97.- – – – between 42 days and one year after delivery O96.- … – pregnancy complication(s) O94 – – resulting in death (one year or more after delivery) O97.- – – – between 42 days and one year after delivery O96.-	MRG (URC:1243)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	. . . – puerperium complication(s) O94 – – resulting in death (one year or more after delivery) O97.- – – – between 42 days and one year after delivery O96.-				
Add subterm:	**Strain** -*see also* Sprain - muscle M62.6 - - traumatic (*see* Injury, muscle, by site)	Canada (URC:1134)	October 2007	Minor	January 2009
Revise cross reference:	**Streptococcemia** *(see also* ~~Septicaemia~~ Sepsis, streptococcal) A40.9	MbRg (URC:1238)	October 2007	Major	January 2010
Add lead term:	**Swollen –** *see* Swelling **Swyer's syndrome** Q99.1 **Sycosis** L73.8	Germany (URC:1146)	October 2007	Major	January 2010
Revise code and add subterms:	**Syndrome**—*continued* … – generalized, neoplastic (malignant) ~~C80~~C79.9 – – primary site not indicated C80.9 – – primary site unknown, so stated C80.0	MRG (URC:1066)	October 2007	Major	January 2010
Add subterm	**Syndrome**- *see also* Disease - amyostatic (Wilson's disease) **E83.0** - anaphylactoid, of pregnancy **O88.1** - androgen resistance **E34.5**	MRG (URC:1120)	October 2007	Major	January 2010
Add subterm:	**Syndrome - *see also* Disease** ... - lobotomy **F07.0** - long QT **I45.8** - low	MRG (URC:1123)	October 2007	Minor Because this is related to 1027 which is major and will now be impleme nted in 2010. It would have	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
				originally been in the 2009 major update year.	
Add index subterm:	**Syndrome** - *see also* Disease ... - milk-alkali **E83.5** - Miller Fisher **G61.0** - monofixation **H50.4**	Canada (URC:1170)	October 2007	Minor	January 2009
Add subterm:	**Syndrome** —*continued* **...** – trisomy NEC Q92.9 … – – 22 Q92.8 - tumor lysis (following antineoplastic drug therapy)(spontaneous) NEC E88.3 – twin (to twin) transfusion	MRG (URC:1126)	October 2007	Major	January 2010
Revise subterms:	**Syndrome –** *see also* Disease - systemic inflammatory response as a result of disease classified elsewhere R65.9 - - infectious origin - - - with organ failure (severe sepsis) R65.1 - - - without organ failureR65.0 - - non-infectious origin - - - with organ failure R65.3 - - - without organ failure R65.2 - - unspecified origin, as a result of disease classified elsewhere R65.9	MbRG (URC:1239)	October 2007	Minor	January 2010
Revise cross reference:	**Syndrome** — *see also* Disease ... - uremia, chronic *(see also* ~~Failure, renal~~ Disease, kidney, chronic*)* N18.9	Australia (URC:1241)	October 2007	Major	January 2010
Revise code:	**Thrombosis, thrombotic (multiple) (progressive) (septic) (vein) (vessel)** I82.9 - appendix, septic ~~K35.9~~ K35.8	France (URC:1108)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise cross reference:	**Toxemia** R68.8 -bacterial — *see* ~~Septicaemia~~ Sepsis - pre-eclamptic *(see also* Pre-eclampsia*)* O14.9 - septic *(see also* ~~Septicaemia~~ Sepsis*)* A41.9	MbRG (URC:1238)	October 2007	Major	January 2010
Add non-essential modifier and code:	**Transfusion** - blood (session) Z51.3 - - reaction or complication -see Complications, transfusion - - without reported diagnosis Z51.3	France (URC:1115)	October 2007	Minor	January 2009
Add subterm:	**Transplant(ed)(status)** Z94.9 .... - pancreas Z94.8 - skin Z94.5 - stem cells Z94.8 - social Z60.3 -specified organ or tissue NEC Z94.8	France (URC:1109)	October 2007	Minor	January 2009
Revise subterms:	**Tularemia** A21.9 - pneumonia (any), pneumonic A21.2† J17.0* - ~~septicemia~~ sepsis A21.7 - specified NEC A21.8	MbRG (URC:1238)	October 2007	Major	January 2010
Revise codes:	**Tumor**(M8000/1)-*see* Neoplasm, uncertain behavior . . . – germ cell (M9064/3) – *see also* Neoplasm, malignant – – mixed (M9085/3) ~~C80~~C80.- . . . – malignant (M8000/3) – *see also* Neoplasm, malignant – – fusiform cell (type) (M8004/3) ~~C80~~C80.- – – giant cell (type) (M8003/3) ~~C80~~C80.- – – mixed NEC (M8940/3) ~~C80~~C80.- – – small cell (type) (M8002/3) ~~C80~~C80.- – – spindle cell (type) (M8004/3) ~~C80~~C80.- – – unclassified (M8000/3) ~~C80~~C80.-	MRG (URC:1066)	October 2007	Major	January 2010
Add subterms:	**Tumour**- *continued* - sternomastoid (congenital) Q68.0 - stromal - - gastrointestinal (GIST) D37.9 - - benign (M8936/0) – see Neoplasm, benign - - colon D37.4	MRG (URC:1211)	October 2007	Major	January 2010

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - esophagus D37.7 - - malignant (M8936/3) – see Neoplasm, malignant - - peritoneum D48.4 - - rectum D37.5 - - small intestine D37.2 - - specified site NEC – see Neoplasm, uncertain behaviour - - stomach D37.1 - sweat gland (M8400/1)- *see also*…				
Add non-essential modifier and subterms:	**Ulcer, ulcerated, ulcerating, ulceration, ulcerative** L98.4 - foot (indolent) *(see also* Ulcer, lower limb*)* L97 - - varicose (venous) I83.0 - - - inflamed or infected I83.2 - - venous NEC I83.0 - - - due to venous insufficiency I87.2 - - - inflamed or infected I83.2 - - - postphlebitic (infected) (inflamed) (postthrombotic) I87.0 - lower limb (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) (tropical) L97 - - varicose (venous) I83.0 - - - inflamed or infected I83.2 - - venous NEC I83.0 - - - due to venous insufficiency I87.2 - - - inflamed or infected I83.2 - - - postphlebitic (infected) (inflamed) (postthrombotic) I87.0 - stasis (venous) I83.0 - - inflamed or infected I83.2 - varicose (lower limb, any part) (venous) I83.0 - - inflamed or infected I83.2 - venous NEC I83.0 - - due to venous insufficiency I87.2	Australia (URC:1074)	October 2007	Minor	January 2009

Instruction	Alphabetic Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
	- - inflamed or infected I83.2 - - postphlebitic (infected) (inflamed) (postthrombotic) I87.0				
Revise cross reference:	**Uremia, uraemic (coma)** N19 - chronic *(see also* ~~Failure, renal~~ Disease, kidney, chronic N18.9	Australia (URC:1241)	October 2007	Major	January 2010
Add non-essential modifier	**Varicose** - phlebitis — *see Varicose vein, inflamed* - ulcer (lower limb, any part) (venous) I83.0 - - inflamed or infected I83.2 - vein (lower limb) (ruptured) I83.9 - - inflamed or infected I83.1 - - - with ulcer (venous) I83.2 - - ulcerated I83.0 - - - inflamed or infected I83.2	Australia (URC:1074)	October 2007	Minor	January 2009
Add non-essential modifier:	**Varix** (lower limb) (ruptured) I83.9 - with - - inflammation or infection I83.1 - - - with ulcer (venous) I83.2 - - stasis dermatitis I83.1 - - - with ulcer I83.2 - - ulcer (venous) I83.0 - - - with inflammation or infection I83.2 - inflamed or infected I83.1 - - ulcerated I83.2 - ulcerated I83.0 - - inflamed or infected I83.2	Australia (URC:1074)	October 2007	Minor	January 2009
Add subterm:	**Wegener's granulomatosis or syndrome** M31.3 - with kidney involvement M31.3† N08.5* - with lung involvement M31.3† J99.1*	Canada (URC:1203)	October 2007	Minor	January 2009
Add cross reference:	**Wernicke-Korsakov syndrome** – *see also* Korsakov's disease, psychosis or syndrome (alcoholic) F10.6	MRG (URC:1132)	October 2007	Major	January 2010

EXTERNAL CAUSES OF INJURY INDEX

Instruction	External Causes of Injury Index entries	Source	Date approved	Major/ Minor update	Suggested implementation date
Revise code at lead term and add subterms:	**Earthquake (any injury)** X34.~~9~~- - cataclysmic earth movements X34.0 - specified effect NEC X34.8 - tsunami X34.1	MRG (URC:1016)	October 2007	Major	January 2010
Add subterms:	**Trapped (accidentally)** - between - - buildings (collapsing) in earthquake X34.0 - - objects (moving) (stationary and moving) (see also Caught) W23.-	MRG (URC:1016)	October 2007	Major	January 2010
Add lead term:	**Tsunami (any injury) NEC** X34.1	MRG (URC:1016)	October 2007	Major	January 2010
Revise code and add subterms:	**Victim (of)** - avalanche X36.- - earth movement NEC X36.- - earthquake ~~X34.-~~ X34.9 - - cataclysmic earth movements X34.0 - - specified effect NEC X34.8 - - tsunami X34.1	MRG (URC:1016)	October 2007	Major	January 2010

TABLE OF DRUGS AND CHEMICALS

Instruction	Table of Drugs and Chemicals entries						Source	Date approved	Major/ Minor update	Suggested implementation date
Revise code:	**A** Antianxiety drug NEC	T43.5	X41.-	X61.-	Y11.-	~~Y49.5~~Y47.9	Australia (URC:1190)	October 2007	Major	January 2010
Add entries to index	Substance	Chapter XIX	Poisoning Accidental	Intentional self-harm	Undetermined intent	Adverse effect in therapeutic use	MRG (URC:1128)	October 2007	Major	January 2010
	S									
	Shellfish, noxious, nonbacterial	T61.2	X49	X69	Y19					
	Sildenafil	T46.7	X44	X64	Y14	Y52.7				
	Silibinin	T50.9	X44	X64	Y14	Y57.1				
	Silicone NEC	T65.8	X49	X69	Y19					
	– medicinal	T49.3	X44	X64	Y14	Y56.3				
	Substance	Chapter XIX	Poisoning Accidental	Intentional self-harm	Undetermined intent	Adverse effect in therapeutic use				
	T									
	Tacrine	T44.0	X43.-	X63.-	Y13.-	Y51.0				
	Tadalafil	T46.7	X44	X64	Y14	Y52.7				
	Talampicillin	T36.0	X44.-	X64.-	Y14.-	Y40.0				
	Substance	Chapter XIX	Poisoning Accidental	Intentional self-harm	Undetermined intent	Adverse effect in therapeutic use				

Instruction	Table of Drugs and Chemicals entries					Source	Date approved	Major/ Minor update	Suggested implementation date
	V								
	Vapor (*see also* Gas)	T59.9	X47	X67	Y17				
	– kiln (carbon monoxide)	T58	X47	X67	Y17				
	– lead – *see* Lead								
	– specified source NEC	T59.8	X47	X67	Y17				
	Vardenafil	T46.7	X44	X64	Y14	Y52.7			
	Varicose reduction drug	T46.8	X44	X64	Y14	Y52.8			