KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

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REFERENCE MANUAL FOR CLINICAL DIAGNOSIS DOCUMENTATION ACCORDING TO ICD-10

ONLINE EDITION

HOSPITAL MANAGEMENT SERVICES UNIT
MEDICAL DEVELOPMENT DIVISION
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Feedback

Foreword

The Ministry of Health (MOH) currently uses its own Casemix System application, MalaysianDRG, in 27 hospitals and the data collected is gradually becoming representative of the average cost of healthcare for government hospitals in Malaysia. However, strengthening and support is required to improve and maintain quality of our data, and one of the initiatives for this goal was the creation of this quick reference manual.

As clinicians, we are always improving our knowledge and keeping up to date with developments in patient treatment. However, as we move to transform our healthcare system into a more financially sustainable model, we must also equip ourselves with some non-clinical knowledge. We can no longer ignore the fact that what data we record in the treatment of our patients ultimately reflects the hospital output - its statistics as well as its effects on the process of calculating cost of care. With this reference manual, I am confident our doctors would be able to appreciate the necessity of documenting their work completely and accurately. The simplified method of assigning ICD-10 codes which have been agreed upon by the team lead by the Medical Development Division allows our doctors to participate more in the data collection process, as well as empowering them to be stakeholders to their own data.

This reference manual demonstrates the ministry's commitment to continuously improve the quality of our clinical data and I have no doubt that it will be extensively used. Finally, I would like to give my heartfelt thanks and appreciation to everyone involved in the making of this reference manual.

Datuk Dr Noor Hisham Abdullah
Director General of Health
Ministry of Health Malaysia

Preface

The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is an integral part of how Casemix System works. ICD-10 diagnosis codes are required to generate the Diagnosis Related Groups (DRG) using our MalaysianDRG application. However, the ICD-10 manual is primarily meant for use by trained Clinical Coders or Medical Records Officers, and thus not inherently friendly to our clinicians who are not trained.

Rather than training all of our doctors on how to properly use the ICD-10 manual, we have come up with this Reference Manual, developed in collaboration with several of our Specialist Doctors and Medical Records staff.

The intention of this manual is to guide our Doctors on the proper way to write diagnoses on the Admission/Discharge form, while referencing the appropriate ICD-10 codes for the diagnosis. This reduces some of the workload and errors related to transcribing and coding done by the Medical Records Office.

This manual is not meant to be a replacement for the ICD-10 manual itself. Should the Doctor encounter a diagnosis that is not mentioned in this book, he/she should try to document it in a similar manner to other similar diagnoses found within, but without the ICD-10 code.

I would like to congratulate the Medical Development Division, Hospital Management and Services Unit and our Clinical Consultants for their time and unwavering effort in making this manual a reality. I hope this manual's potential will be fully realised as better accuracy in our clinical data in the years to come.

Datuk Dr Jeyainderan Tan Sri Sinnadurai
Deputy Director General of Health (Medical)
Ministry of Health Malaysia

Contributors

MEDICAL DEVELOPMENT DIVISION

Dr Rusilawati Jaudin
Senior Principal Assistant Director

Dr Noradiah Ismail
Senior Principal Assistant Director

Dr Fawzi Zaidan Ali
Principal Assistant Director

Dr Mohd Basil Sulaiman
Senior Assistant Director

En Anuar Zainal
Medical Record Officer

Pn Siti Hanum Ab Mutalib
Medical Record Officer

Pn Faridah Najihah Salim
Medical Record Officer

HOSPITAL KUALA LUMPUR

Dr Azahirafairud Abdul Rahim
Department of General Medicine

Dr Ng Poh Yin
Department of Obstetrics & Gynaecology

Dr Farah Inaz Syed Abdullah
Paediatrics Institute

HOSPITAL TUANKU FAUZIAH, KANGAR

Mr Clement Edward Thaumanavar
Department of General Surgery

HOSPITAL SULTANAH BAHIYAH, ALOR SETAR

Dr Zubaidah Md Sani
Department of Obstetrics & Gynaecology

HOSPITAL RAJA PERMAISURI BAINUN, IPOH

Dr Kong Wai Hong
Department of General Medicine

HOSPITAL TENGKU AMPUAN RAHIMAH, KLANG

Mr Thamilannal Subramaniam
Department of General Surgery

Mr Kamarul Al-Haqq Abdul Ghani
Department of Orthopaedics

HOSPITAL SELAYANG

Dr Charnjeet Kaur Parthaman Singh
Department of Obstetrics & Gynaecology

HOSPITAL SERDANG

Mr Basir Towil
Department of Orthopaedics

HOSPITAL PEKAN

En Wan Rozain Wan Said
Medical Records Unit

HOSPITAL TUANKU JAAFAR, SEREMBAN

Ms Azrina Abu Bakar
Department of General Surgery

HOSPITAL UMUM SARAWAK, KUCHING

Dr Frederick Walter De Rozario
Department of General Medicine

Dr Kok Juan Loong
Department of Paediatrics

Coding Reviewers

Pn Oni Saifura Osman
Medical Record Officer
Hospital Kuala Lumpur

En Azmi Ibrahim
Assistant Medical Record Officer
Hospital Kuala Lumpur

En Mohd Zohari Mat Nasir
Assistant Medical Record Officer
Hospital Kuala Lumpur

Pn Norizan Beram
Assistant Medical Record Officer
Hospital Melaka

Introduction

The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a coding system developed by the WHO and is used worldwide to help healthcare managers to classify diagnoses. It uses alphanumerical categories that are divided into the various body systems, as well as special diseases/conditions. The manual not only provides codes for disease states, but also non-disease states and external causes that contribute to the patient's condition.

Usage of the ICD-10 manual requires following clearly defined rules to determine the appropriate code(s) to be used when analysing a condition statement. This process needs to be taught beforehand and its application can be time consuming.

This reference manual seeks to cut down time for assigning codes to commonly seen cases. The diagnoses listed in this book are non-exhaustive but covers a large proportion of the diagnoses seen in our hospitals. The codes listed for each condition had been vetted by Medical Records Officers as well as clinicians familiar with ICD-10.

When a diagnosis IS NOT FOUND HERE, write that diagnosis in a manner that closely resembles the syntax of a similar diagnosis, but its coding can be omitted (coding will be done later by the Medical Record Officer).

Not all possible combination of diagnoses/conditions can be listed for each discipline without an excessive amount of repetition. **Therefore, always look through other Sections** which may have those diagnoses/conditions listed.

Special instructions

Some codes are listed with an underscore (eg. Acute Coronary Syndrome - **I24.**_). This means that the diagnosis/condition listed for that code is vague or not specific enough. These types of diagnosis/conditions should be avoided. Exception is made for codes that require an additional character (which would be specified in the section) that needs to be assigned for completeness.

Eg. Fracture of vault of skull – **S02.0**_

This requires the addition of either 0 for closed fractures or 1 for open fracture. So, an *Open Fracture Of Vault Of Skull* would be **S02.01**.

Some codes are mentioned in a range (eg. Lung abscess (*specify organism if identified*) – **J85.0-3**). In this instance, the user **only needs to write the diagnosis in full, and coding is not required**, as the code will depend on the full diagnosis, and listing all of the possible combinations would be duplicating the ICD-10 manual itself.

How to select the main condition [1] (Morbidity)

In many situations, there will be more than one diagnosis that was treated when a patient is discharged. However, only one can be the main condition.

The criteria below should be used when selecting a main condition:

1. Condition diagnosed at the end of the episode of health care, primarily responsible for the patient's need for treatment or investigation; or

2. Condition which is most responsible for the greatest use of resources; or

3. If no diagnosis can be made, the main symptom, abnormal finding or problem should be selected. (in decreasing order of preference)

[1] (International Statistical Classification of Diseases and Related Health Problems - 10th revision; Volume 2, 2010, p. 125)

Diagnosis for death cases [2] (Mortality)

When filling in diagnoses for death cases, it is preferred to use the WHO International Form of Medical Certificate of Cause of Death (IFMCD), in addition to writing on the Admit/Discharge form.

This additional form enables the Medical Records Officer to better determine the Underlying Cause of Death (UCOD), using an algorithm developed by WHO. The UCOD is useful to know for cases where death is preventable, as it is the point where the sequence of events can be broken, or to affect a cure.

The following information is required:

1. **Cause of Death**: The condition/diagnosis that directly caused the patient's death.

2. **Antecedent cause(s)**: Sequence of condition/diagnosis that lead to the Cause of Death.

3. **Other significant condition(s)**: Other conditions/diagnosis that contributed to mortality, but not in the sequence leading to the Cause of Death.

4. **Approximate Interval**: The approximate time between the condition/diagnosis and death.
   This helps the coder to differentiate acute/chronic events if necessary. It also helps the user to make sense of the sequence they are documenting

Do not:
1. Use symptoms and modes of dying (eg. Asphyxia or Respiratory Failure)
2. Write more than one condition/diagnosis per line (eg. Hypertension/NIDDM/Dyslipidaemia)
3. Use terms such as *suspected* or *possible* etc

Note:
1. External causes are typically the earliest in the sequence of events (for trauma and poisoning cases)
2. If the sequence is longer than the spaces provided, attach a second page, as long as the original format is maintained

[2] (International Statistical Classification of Diseases and Related Health Problems - 10th revision; Volume 2, 2010, p. 31)

Example of how to write on the form:

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

Cause of death		Approximate interval between onset and death
I Disease or condition directly leading to death*	(a) *Septicaemia*	*3 days*
	due to (or as a consequence of)	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) *Orthostatic Pneumonia*	*7 days*
	due to (or as a consequence of)	
	(c) *Diabetic Foot Ulcer*	*14 days*
	due to (or as a consequence of)	
	(d) *Non Insulin Dependant Diabetes Mellitus*	*5 years*
II Other significant conditions contributing to the death, but not related to the disease or condition causing it	*Old Cerebrovascular Infarct*	*3 years*
	Hypertension	*5 years*
	Bilateral Knee Osteoarthritis	*6 years*

**This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.*

Figure 1: Example of diagnoses written on the IFMCD

Elective admissions [3]

Some patients may have been admitted to undergo specific investigations/ procedures/ treatment regimens (eg. OGDS, MRI, laparoscopic cholecystectomy, chemotherapy etc). For these cases, note down the reason for admission as below:

Elective admission for _____ *(specify investigation/procedure/treatment)*

Some of the relevant codes can be found in the appropriate sections of this manual. If the code is not found, state the condition in the above format without the code.

In these elective cases, record the treated condition/diagnosis as a secondary diagnosis.

Special Instructions for Cancer Cases [4]

Special consideration is given when recording diagnosis related to cancer cases, and the following guides should be used:

1. If the cancer is still present, record the cancer diagnosis as the main condition, and any treated complications, secondary/metastatic cancer or elective investigation/procedure/treatment as secondary conditions.

2. If the cancer has been removed, then any subsequent elective investigation/procedure/treatment should be recorded as the main condition.

3. If the cancer has been removed, but the patient is undergoing elective admission for secondary/metastatic cancer, then the secondary/metastatic cancer would be the main condition and the elective investigation/procedure/treatment is the secondary condition. Record the primary cancer that had been removed as a separate secondary condition, using the terms ***'History of …'*** to identify it as a past condition.

[3] (International Statistical Classification of Diseases and Related Health Problems - 10th revision; Volume 2, 2010, p. 3)
[4] (International Statistical Classification of Diseases and Related Health Problems - 10th revision; Volume 2, 2010, p. 138)

Section 1

CONDITIONS COMMON TO ALL DISCIPLINES

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

These conditions and codes are common to all disciplines, and should be referenced whenever required.

Target organ specific complications should also be recorded as mentioned in other Sections

Eg. Sepsis with acute renal failure – **A41.9, N17.9**

1. SEPSIS

No	Possible diagnosis description	ICD-10 code
1.	**Septicaemia (specify organism if identified)**	A41.9
2.	+ septic shock	R57.2
3.	+ multiorgan failure	R68.8

Note: Septicemia/sepsis should not be used as the main diagnosis as long as a source of infection can be determined.

2. SHOCK

No	Possible diagnosis description	ICD-10 code
1.	Cardiogenic shock *(specify underlying cause and other complications)*	R57.0
2.	Hypovolemic shock *(specify underlying cause and other complications)*	R57.1
3.	Septicaemic shock *(specify underlying cause and other complications)*	A41.9, R57.2
4.	Anaphylactic shock *(specify underlying cause and other complications)*	T78.2

3. FLUID AND ELECTROLYTE IMBALANCES

No	Possible diagnosis description	ICD-10 code
1.	Hyponatremia	E87.1
2.	Hypokalemia	E87.6
3.	Hypocalcemia	E83.5
4.	Hypernatremia	E87.0
5.	Hyperkalemia	E87.5
6.	Hypercalcemia	E83.5
7.	Dehydration *(specify cause if known)*	E86
8.	Fluid overload *(specify cause if known)*	E87.7
9.	Acidosis (metabolic/respiratory)	E87.2
10.	Alkalosis (metabolic/respiratory)	E87.3

4. RESUSCITATION

No	Possible diagnosis description	ICD-10 code
1.	Sudden cardiac death	I46.1
2.	Cardiac arrest	I46.9
3.	Cardiac arrest with successful resuscitation	I46.0

5. CANCELLATION/POSTPONEMENT

No	Possible diagnosis description	ICD-10 code
1.	Procedure/surgery not carried out because of contraindication	Z53.0
2.	Procedure/surgery not carried out because of patient's decision for reasons of belief and group pressure	Z53.1
3.	Procedure/surgery not carried out because of patient's decision for other and unspecified reasons	Z53.2
4.	Procedure/surgery not carried out for other reasons *(specify the reason)* Eg. Op cancelled due to insufficient OT time	Z53.8

6. ADMISSION FOR CONTINUATION OF CARE

No	Possible diagnosis description	ICD-10 code
1.	Continuation of antibiotic treatment *(specify underlying condition as secondary diagnosis)*	Z51.9
2.	Continuation of physiotherapy *(specify underlying condition as secondary diagnosis)*	Z50.1
3.	Continuation of stroke rehabilitation *(specify underlying condition as secondary diagnosis)*	Z50.9

Section 2

GENERAL MEDICINE

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

This section covers a large number of diagnoses seen within General Medicine, some of its sub-specialities, as well as several other specialities. However, not all have been included.

Some diagnoses overlap with one or two other sections, but have been included here, as these cases are commonly seen as part of General Medicine.

As a general guide, do not use eponyms not listed here as less common eponyms are not listed in ICD-10 and make coding difficult.

Note: † denotes the main condition code;
** denotes the secondary condition code that must be recorded as well.*

1. NERVOUS SYSTEM

No	Possible diagnosis description	ICD-10 code
1.	Confusion (only if cause cannot be identified)	R41.0
2.	Generalized epilepsy (+/- breakthrough seizure)	G40.3
3.	Partial epilepsy (+/- breakthrough seizure)	G40.1
4.	Status epilepticus	G41.9
5.	Acute delirium (specify the cause if identified)	F05.9
6.	**Hydrocephalus**	G91._
7.	• Communicating hydrocephalus	G91.0
8.	• Obstructive hydrocephalus	G91.1
9.	• Normal pressure hydrocephalus	G91.2
10.	• Post traumatic hydrocephalus	G91.3
11.	• Other hydrocephalus *(specify type)*	G91.8
12.	Substance abuse *(specify the substances involved)*	F19.1
13.	Alcohol withdrawal syndrome	F10.3
14.	Delirium tremens (DT)	F10.4
15.	Wernicke-Korsakoff encephalopathy	F10.6
16.	Cerebral lupus	M32.8
17.	Cerebral infarct *(specify vessels and etiology if known)*	I63.9
18.	Intracranial haemorrhage *(specify site if known)*	I61.9
19.	Subarachnoid haemorrhage *(specify vessels involved if known)*	I60.9
20.	Transient ischemic attack (TIA)	G45.9
21.	Meningitis *(specify organism if identified)*	G03.9
22.	Meningoencephalitis *(specify organism if identified)*	G04.9
23.	Encephalitis *(specify organism if identified)*	G04.9
24.	Brain abscess *(specify organism if identified)*	G06.0
25.	Multiple sclerosis	G35
26.	Acute Disseminated Encephalomyelitis (ADEM)	G04.0

27.	Acute Transverse Myelitis	G37.3
28.	Bell's palsy	G51.0
29.	Vasovagal syndrome/syncope	R55
30.	Anxiety disorder	F41.9
31.	Neuroleptic Malignant Syndrome (NMS)	G21.0
32.	Myasthenia crisis	G70.9
33.	Hypokaelemic Periodic Paralysis	G72.3

2. CARDIOVASCULAR

No	Possible diagnosis description	ICD-10 code
1.	Dyslipidaemia	E78.5
2.	Hypercholesterolemia	E78.0
3.	Hypertriglyceridemia	E78.1
4.	Familial hyperlipidaemia	E78.4
5.	**Acute coronary syndrome (ACS)**	
6.	Stable angina	I20.9
7.	Unstable angina	I20.0
8.	Non ST elevated MI (NSTEMI)	I21.4
9.	**STEMI (specify the region and complication involved)**	
10.	• anterior wall	I21.0
11.	• inferior wall	I21.1
12.	• other sites	I21.2
13.	Acute myocarditis	I40.9
14.	Acute pericarditis	I30.9
15.	Acute Infective endocarditis	I33.0
16.	Subacute bacterial endocarditis (SBE) (specify organism if identified)	I33.0
17.	Acute rheumatic fever (specify if any cardiac involvement)	I00-I01
18.	Chronic Rheumatic Heart Disease (specify stenosis/insufficiency and valve(s) involved)	I05-I08
19.	• Mitral stenosis	I05.0
20.	• Rheumatic mitral insufficiency	I05.1
21.	• Mitral stenosis with insufficiency	I05.2
22.	• Rheumatic aortic stenosis	I06.0
23.	• Rheumatic aortic insufficiency	I06.1
24.	• Rheumatic aortic with insufficiency	I06.2
25.	• Tricuspid stenosis	I07.0
26.	• Tricuspid insufficiency	I07.1
27.	• Tricuspid stenosis with insufficiency	I07.2
28.	• Both mitral and aortic valves	I08.0
29.	• Both mitral and tricuspid valves	I08.1
30.	• Both aortic and tricuspid valves	I08.2
31.	• Combination of mitral, aortic and tricuspid valves	I08.3
32.	Acute left ventricular failure	I50.1
33.	Atypical chest pain	R07.4

34.	Aortic dissection	I71.0
35.	Decompensated congestive cardiac failure(Acute Heart Failure)	I50.0
36.	Acute pulmonary oedema secondary to heart disease	I50.1
37.	Cardiac tamponade	I31.9
38.	Arrhythmia	I49.9
39.	Sinus tachycardia	R00.0
40.	Sick sinus syndrome	I49.5
41.	Ventricular tachycardia	I47.2
42.	Ventricular fibrillation	I49.0
43.	Atrial fibrillation	I48
44.	Atrial flutter	I48
45.	Wolf Parkinson White (WPW) syndrome	I45.6
46.	**Atrioventricular Block (specify type of AVB)**	
47.	• First degree	I44.0
48.	• Second degree	I44.1
49.	• Complete	I44.2

3. RESPIRATORY

No	Possible diagnosis description	ICD-10 code
1.	Airway obstruction	J98.8
2.	Acute pulmonary oedema	J81
3.	Pleural effusion	J90
4.	Pleural effusion due to *(specify cause)*	J91*
5.	Idiopathic Pulmonary Fibrosis	J84.1
6.	Chronic Obstructive Pulmonary Disease (COPD)	J44.9
7.	**Acute exacerbation of COPD *(specify the cause)***	
8.	• COPD with acute respiratory infection	J44.0
9.	• COPD with acute exacerbation	J44.1
10.	Bronchial asthma	J45.9
11.	Acute exacerbation of bronchial asthma *(specify the cause)*	J45.9
12.	Status asthmaticus *(specify the cause)*	J46
13.	Acute bronchitis *(specify organism if known)*	J20.9
14.	Upper respiratory tract infection (URTI) *(specify infectious agent if known)*	J06.9
15.	Lower respiratory tract infection (LRTI) *(specify infectious agent if known)*	J22
16.	Pneumonia *(specify infectious agent if known)*	J18.9
17.	Community acquired pneumonia *(specify infectious agent if known)*	J18.9
18.	Hospital/ healthcare acquired pneumonia *(specify infectious agent if known)*	J18.9, Y95
19.	Ventilator associated *pneumonia* *(specify infectious agent if known)*	J95.8, T81.4, Y95

20.	Atypical pneumonia *(specify organism if identified)*	J18.9
21.	Aspiration pneumonia	J69.0
22.	Orthostatic pneumonia	J18.2
23.	Bronchopneumonia *(specify organism if identified)*	J18.0
24.	Lobar pneumonia *(specify organism if identified)*	J18.1
25.	Viral pneumonia *(specify organism if identified)*	J12.9
26.	Bacterial pneumonia *(specify organism if identified)*	J15.9
27.	Bronchiectasis *(specify cause of exacerbation)*	J47
28.	Spontaneous pneumothorax	J93.1
29.	Tension pneumothorax	J93.0
30.	Pneumothorax *(specify type)*	J93.9
31.	Pulmonary embolism	I26.9
32.	Pleurisy	R09.1
33.	Lung abscess *(specify organism if identified)*	J85.0-3
34.	Empyema *(specify organism if identified)*	J86.0-9

4. GASTROENTEROLOGY

No	Possible diagnosis description	ICD-10 code
1.	Gastro esophageal reflux disease (GERD)	K21.9
2.	**Gastritis *(specify acute/chronic)***	
3.	• Acute haemorrhagic gastritis	K29.0
4.	• Other acute gastritis	K29.1
5.	• Alcoholic gastritis	K29.2
6.	• Chronic superficial gastritis	K29.3
7.	• Chronic atrophic gastritis	K29.4
8.	**Upper/Lower Gastro intestinal bleed/haemorrhage (UGIB/H) *(specify if hematemesis, malaena or others)***	K92._
9.	• Hematemesis	K92.0
10.	• Malaena	K92.1
11.	• Gastric Haemorrhage	K92.2
12.	• Intestinal haemorrhage	K92.2
13.	**Peptic ulcer *(specify acute/chronic and any haemorrhage/perforation if known)***	K27._
14.	• Acute with haemorrhage	K27.0
15.	• Acute with perforation	K27.1
16.	• Acute with both haemorrhage and perforation	K27.2
17.	• Acute without haemorrhage or perforation	K27.3
18.	• Chronic or unspecified with haemorrhage	K27.4
19.	• Chronic or unspecified with perforation	K27.5
20.	• Chronic or unspecified with both haemorrhage and perforation	K27.6
21.	• Chronic without haemorrhage or perforation	K27.7

22.	**Duodenal ulcer** ***(specify acute/chronic and any haemorrhage/perforation if known)***	K26._
23.	• Acute with haemorrhage	K26.0
24.	• Acute with perforation	K26.1
25.	• Acute with both haemorrhage and perforation	K26.2
26.	• Acute without haemorrhage or perforation	K26.3
27.	• Chronic or unspecified with haemorrhage	K26.4
28.	• Chronic or unspecified with perforation	K26.5
29.	• Chronic or unspecified with both haemorrhage and perforation	K26.6
30.	• Chronic without haemorrhage or perforation	K26.7
31.	**Gastric carcinoma** ***(specify part of organ affected, morphology, behaviour)***	C16._
32.	• Cardia	C16.0
33.	• Fundus of stomach	C16.1
34.	• Body of stomach	C16.2
35.	• Pyloric antrum	C16.3
36.	• Pylorus	C16.4
37.	• Lesser curvature of stomach, unspecified	C16.5
38.	• Greater curvature of stomach, unspecified	C16.6
39.	• Overlapping lesion of stomach	C16.8
40.	Acute variceal bleed	I85.0
41.	Mallory Weiss tear/syndrome	K22.6
42.	**Colonic carcinoma** ***(specify part of organ affected, morphology, behaviour)***	C18._
43.	• Caecum	C18.0
44.	• Appendix	C18.1
45.	• Ascending colon	C18.2
46.	• Hepatic flexure	C18.3
47.	• Transverse colon	C18.4
48.	• Splenic flexure	C18.5
49.	• Descending colon	C18.6
50.	• Sigmoid colon	C18.7
51.	• Overlapping lesion of colon	C18.8
52.	**Haemorrhoid** ***(specify internal/external and complication if known)***	I84._
53.	• Internal thrombosed haemorrhoids	I84.0
54.	• Internal haemorrhoids with other complications	I84.1
55.	• Internal haemorrhoids without complication	I84.2
56.	• External thrombosed haemorrhoids	I84.3
57.	• External haemorrhoids with other complication	I84.4
58.	• External haemorrhoids without complications	I84.5
59.	• Residual haemorrhoids skin tag	I84.6
60.	• Unspecified thrombosed haemorrhoids	I84.7
61.	• Unspecified haemorrhoids with other complications	I84.8

62.	**Inflammatory bowel disease *(specify the type & site)***	K50-51
63.	• Crohn's disease of small intestine	K50.0
64.	• Crohn's disease of large intestine	K50.1
65.	• Other Crohn's disease *(specify)*	K50.8
66.	**Diverticulitis *(specify small/large bowel and any perforation/abscess)***	K57._
67.	• Small intestine with perforation and abscess	K57.0
68.	• Small intestine without perforation and abscess	K57.1
69.	• Large intestine with perforation and abscess	K57.2
70.	• Large intestine without perforation and abscess	K57.3
71.	• Both small and large intestine with perforation and abscess	K57.4
72.	• Both small and large intestine without perforation or abscess	K57.5
73.	**Ischaemic colitis *(specify acute/chronic)***	K55._
74.	• Acute vascular disorders of intestine	K55.0
75.	• Chronic vascular disorders of intestine	K55.1
76.	• Angiodysplasia of colon	K55.2
77.	• Other vascular disorders of intestine *(specify)*	K55.8
78.	Viral hepatitis *(specify the identified virus)*	B19.9
79.	Liver abscess *(specify organism if identified)*	K75.0
80.	Infective acute gastroenteritis (AGE) *(specify organism if identified)*	A09.0
81.	Dysentery *(specify organism if identified)*	A09.0
82.	Typhoid *(specify species if identified)*	A01.0
83.	Paratyphoid *(specify species if identified)*	A01.4
84.	*Cholera (specify species if identified)*	A00.9
85.	Spontaneous bacterial peritonitis (SBP)	K65.0
86.	Elective admission for OGDS	Z01.8
87.	Elective admission for colonoscopy	Z01.8

5. NEPHRO/UROGENITAL

No	Possible diagnosis description	ICD-10 code
1.	Acute kidney injury *(specify cause)*	N17.9
2.	Acute on chronic kidney disease *(specify cause)*	N17.9
3.	**Chronic kidney disease (specify the cause, specify the stage)**	
4.	• CKD stage 1	N18.1
5.	• CKD stage 2	N18.2
6.	• CKD stage 3	N18.3
7.	• CKD stage 4	N18.4
8.	• CKD stage 5	N18.5
9.	End stage renal failure *(specify cause if first diagnosed)*	N18.5
10.	Acute tubular necrosis (ATN)	N17.0

11.	Acute tubulo-interstitial nephritis (AIN)	N10
12.	Acute glomerulonephritis *(specify type)*	N00._
13.	Chronic glomerulonephritis *(specify type)*	N03._
14.	Nephrotic syndrome *(specify cause)*	N04._
15.	Acute Nephritic syndrome *(specify cause)*	N00._
16.	Urinary tract infection (UTI)/ urosepsis	N39.0
17.	Pyelonephritis	N12
18.	Cystitis	N30.9
19.	Perinephric abscess	N15.1
20.	Elective admission for initiation dialysis *(specify type of dialysis)*	Z49.0
21.	Elective admission for CAPD training	Z49.2

6. SKIN, MUSCLES & CONNECTIVE TISSUES

No	Possible diagnosis description	ICD-10 code
1.	Acute flare of Rheumatoid Arthritis *(specify site)*	M06.9_
2.	Acute flare of Gouty Arthritis *(specify site)*	M10.0_
3.	Psoriatic arthritis *(specify site)*	L40.5†, M07.3_*
4.	Steven-Johnson Syndrome	L51.1
5.	Toxic Epidermal Necrosis	L51.2
6.	Acute flare of Systemic Lupus Erythematosus (SLE) *(specify any organ involvement)*	M32.9
7.	**Elective admission for chemotherapy *(specify drug/treatment and underlying disease)***	
8.	• Radiotherapy session	Z51.0
9.	• Other chemotherapy	Z51.2
10.	Pemphigus *(specify type)*	L10.9
11.	Pemphigoid *(specify type)*	L12.9
12.	Psoriasis *(specify type)*	L40.9
13.	Dermatitis *(specify type and cause if known)*	L30.9
14.	Crystal arthopathy*(Pseudogout) (specify site)*	M11.9_
15.	Thrombophlebitis *(specify if complication of a procedure)*	I80.9
16.	**Cellulitis *(specify body part and organism if identified)***	
17.	• Finger and toe	L03.0
18.	• Other parts of limb	L03.1
19.	• Face (any part except eye, ear & nose)	L03.2
20.	• Trunk	L03.3
21.	• Other sites	L03.8

7. HAEMATOLOGY

No	Possible diagnosis description	ICD-10 code
1.	Symptomatic anaemia *(specify the type of anaemia if known)*	D64.9
2.	Acute Myeloid Leukemia *(specify the subtype if known)*	C92.0
3.	Acute Lymphocytic Leukemia	C91.0
4.	Chronic Myeloid Leukemia	C92.1
5.	Elective admission for blood transfusion *(specify underlying disease)*	Z51.3
6.	Elective admission for chemotherapy *(specify underlying disease)*	Z51.1
7.	**Hodgkin's Lymphoma *(specify cellular type if known)***	C81.0-9
8.	• Nodular Lymphocyte predominance	C81.0
9.	• Nodular sclerosis classical	C81.1
10.	• Mixed cellularity classical	C81.2
11.	• Lymphocyte depleted classical	C81.3
12.	• Other classical	C81.7
13.	**Non-Hodgkin's Lymphoma *(specify histopathology if known)***	C82-C85
14.	• Follicular lymphoma grade I	C82.0
15.	• Follicular lymphoma grade II	C82.1
16.	• Follicular lymphoma grade III, unspecified	C82.2
17.	• Follicular lymphoma grade IIIa	C82.3
18.	• Follicular lymphoma grade IIIb	C82.4
19.	• Diffuse follicle centre lymphoma	C82.5
20.	• Cutaneous follicle centre lymphoma	C82.6
21.	• Other types of follicular lymphoma	C82.7
22.	**Non-follicular lymphoma *(specify histopathology if known)***	
23.	• Small cell-B cell lymphoma	C83.0
24.	• Mantle cell lymphoma	C83.1
25.	• diffuse large B-cell lymphoma	C83.3
26.	• Lymphoblastic (diffuse) lymphoma	C83.5
27.	• Burkitt lymphoma	C83.7
28.	• Other non-follicular lymphoma	C83.8
29.	**Mature T/NK-cell lymphomas**	
30.	• Mycosis fungoides	C84.0
31.	• Sézary disease	C84.1
32.	• Peripheral T-cell lymphoma, not classified	C84.4
33.	• Other mature T/NK-cell lymphomas	C84.5
34.	• Anaplastic large cell lymphoma, ALK-negative	C84.7
35.	**Other and unspecified types of non-Hodgkin lymphoma**	
36.	• B-cell lymphoma, unspecified	C85.1

37.	• Mediastinal (thymic) large B-cell lymphoma	C85.2
38.	• Other specified types of non Hodgkin lymphoma	C85.7
39.	• Non-Hodgkin lymphoma, unspecified	C85.9
40.	**Myelodysplastic Syndrome *(specify type if known)***	D46.0-9
41.	• Refractory anaemia without ringed sideroblasts, so stated	D46.0
42.	• Refractory anaemia with ringed sideroblasts, so stated	D46.1
43.	• Refractory anaemia with excess of blasts	D46.2
44.	• Refractory anaemia with excess of blasts with transformation	C92.0
45.	• Refractory anaemia, unspecified	D46.4
46.	• Other myelodysplastic syndrome	D46.7
47.	Multiple Myeloma	C90.0
48.	Idiopathic Thrombocytopenic Purpura	D69.3
49.	Thrombotic Thrombocytopenic Purpura	M31.1
50.	Pancytopenia (only if cause is not known)	D61.9
51.	Anaemia *(specify type)*	D64.9
52.	**Hemophilia**	
53.	- A	D66
54.	- B	D67
55.	- C	D68.1
56.	Deep Vein Thrombosis (DVT)	I80.2

8. INFECTIOUS DISEASES

No	Possible diagnosis description	ICD-10 code
1.	Dengue Fever	A90
2.	Dengue Hemorrhagic Fever	A91
3.	Dengue Fever with warning sign	A90
4.	Dengue Fever without warning sign	A90
5.	**Severe dengue, specify end organ complication eg.**	A90
6.	+Dengue myocarditis	I40.0, B97.8
7.	+Dengue hepatitis	B19.9
8.	+Dengue encephalopathy	A85.2
9.	+Acute renal failure	N17.9
10.	Dengue Shock Syndrome	A91, R57.9
11.	Dengue with multiorgan failure	A90, R68.8
12.	Asymptomatic Human immunodeficiency virus (HIV)/ HIV positive	Z21
	HIV resulting in infectious and parasitic diseases *(specify infectious agent if known)* eg	
13.	+ mycobacterial infection	B20.0
14.	+ other bacterial infection	B20.1
15.	+ cytomegalovirus disease	B20.2
16.	+ other viral infections	B20.3
17.	+ candidiasis	B20.4

18.	+ other mycoses (cryptococcal)	B20.5
19.	+ Pneumocyctiscarinii pneumonia (PCP)	B20.6
20.	+ multiple infections	B20.7
21.	+ Cerebral toxoplasmosis	B20.8
	HIV resulting in malignant neoplasm eg.	
22.	+ Kaposi's sarcoma	B21.0
23.	+ Burkitt's lymphoma	B21.1
24.	+ non-Hodgkin's lymphoma	B21.2
25.	+ other malignant neoplasms of lymphoid, haematopoietic and related tissue	B21.3
26.	+ multiple malignant neoplasms	B21.7
	HIV resulting in other specified diseases eg.	
27.	+ encephalopathy	B22.0
28.	+ lymphoid interstitial pneumonitis	B22.1
29.	+ wasting syndrome	B22.2
	HIV resulting in other conditons eg.	
30.	+ Acute HIV infection syndrome	B23.0
31.	+ (persistent) generalised lympadenopathy	B23.1
32.	+ haematological and immunological abnormalities	B23.2
	Respiratory tuberculosis	
33.	Pulmonary tuberculosis – smear positive	A15.0
34.	Pulmonary tuberculosis – smear negative	A16.0
	Non pulmonary tuberculosis *(specify the organ/system involved)*	
35.	- Meningitis	A17.0†, G01*
36.	- Pericarditis	A18.8†, I32.0*
37.	- TB pleura	A16.5
38.	- GIT	A18.3†, K93.0
39.	- Urinary tract	A18.1
40.	- Lymphadenitis	A18.2
41.	- Skin	A18.4
42.	Miliary tuberculosis *(specify acute/chronic)*	A19.0-9
43.	Malaria *(specify the species identified and complications)*	B50- B54
44.	Leptospirosis *(specify species if identified)*	A27.0-9
45.	Melioidosis *(specify acute/chronic)*	A24.0-4
46.	Pyrexia of unknown origin (PUO)	R50.9
47.	Neutropenic sepsis *(specify organism if identified)*	D70

9. ENDOCRINOLOGY

No	Possible diagnosis description	ICD-10 code
1.	Uncontrolled hypertension *(specify type and specify complications)*	I10
2.	Hypertensive crisis	I10
3.	Hypertensive urgency	I10
4.	Hypertensive emergency *(specify the target organ damage)*	I10

5.	**Insulin Dependent Diabetes mellitus *(specify complications)***	
6.	+ Hyperglycemic hyperosmolar syndrome (HHS)	E10.0
7.	+ Neuroglycopenia coma	E10.0
8.	+ Hypoglycemic coma	E10.0
9.	+ Coma with/without ketoacidosis	E10.0
10.	+ Diabetic ketoacidosis (DKA)	E10.1
11.	+ Renal complications *(specify)*	
12.	• Diabetic nephropathy	E10.2†, N08.3*
13.	• Intracapillary glomerulonephrosis	E10.2†, N08.3*
14.	• Kimmelstiel-Wilson syndrome	E10.2†, N08.3*
15.	+ Ophthalmic complications *(specify*)	
16.	• cataract	E10.3†, H28.0*
17.	• retinopathy	E10.3†, H36.0*
18.	+ Neurological complications *(specify)*	
19.	• amyotrophy	E10.4†, G73.0*
20.	• autonomic neuropathy	E10.4† , G99.0*
21.	• mononeuropathy	E10.4† , G59.0*
22.	• polyneuropathy	E10.4† , G63.2*
23.	• autonomic	E10.4† , G99.0*
24.	+ Peripheral circulatory complications	
25.	• gangrene	E10.5
26.	• peripheral angiopathy	E10.5†, I79.2*
27.	• ulcer	E10.5
28.	+ Other specified complications	
29.	• diabetic arthropathy	E10.6†, M14.2*
30.	• neuropathic	E10.6†, M14.6*
31.	+ Without complications	E10.9
32.	**Non-insulin Dependent Diabetes mellitus *(specify complications)***	
33.	+ Hyperglycemic hyperosmolar syndrome (HHS)	E11.0
34.	+ Neuroglycopenia coma	E11.0
35.	+ Hypoglycemic coma	E11.0
36.	+ Coma with/without ketoacidosis	E11.0
37.	+ Diabetic ketoacidosis (DKA)	E11.1
38.	+ Renal complications *(specify)*	
39.	• Diabetic nephropathy	E11.2†, N08.3*
40.	• Intracapillary glomerulonephrosis	E11.2†, N08.3*
41.	• Kimmelstiel-Wilson syndrome	E11.2†, N08.3*
42.	+ Ophthalmic complications *(specify)*	
43.	• cataract	E11.3†, H28.0*
44.	• retinopathy	E11.3†, H36.0*
45.	+ Neurological complications *(specify)*	
46.	• amyotrophy	E11.4†, G73.0*
47.	• autonomic neuropathy	E11.4†, G99.0*
48.	• mononeuropathy	E11.4†, G59.0*
49.	• polyneuropathy	E11.4†, G63.2*
50.	• autonomic	E11.4†, G99.0*
51.	+ Peripheral circulatory complications	

52.	• gangrene	E11.5
53.	• peripheral angiopathy	E11.5†, I79.2*
54.	• ulcer	E11.5
55.	+ Other specified complications	
56.	• Diabetic arthropathy	E11.6†, M14.2*
57.	• neuropathic	E11.6†, M14.6*
58.	+ Without complications	E11.9
59.	Addisonian crisis	E27.2
60.	Myxoedema coma	E03.5
61.	Thyrotoxicosis	E05.9
62.	Hyperthyroidism	E05.9
63.	Thyroid storm	E05.5

10. POISONING/TOXIC EFFECT

No	Possible diagnosis description		ICD-10 code
1.	Drug poisoning	*Specify type*	T50.9
2.	Salicylate poisoning		T39.0
3.	Toxic effect of snake bite		T63.0
4.	Toxic effect of wasp/bee sting		T63.4

Section 3

GENERAL SURGERY

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

Similar to Section 2, this section also includes some diagnoses seen in other sections of this manual.

For Part 10 – Trauma, the ICD-10 codes have an additional character (eg. S02.00). The last character is specific for the type of injury (eg. Open or Closed fractures).

Codes that require the additional character have an underscore (eg. S02.0_)

1. NECK SWELLINGS (THYROID/ CERVICAL LYMPH NODE)

No	Possible diagnosis description	ICD-10 code
1.	Diffuse goitre	E04.0
2.	Solitary thyroid nodule	E04.1
3.	Cystic thyroid nodule	E04.1
4.	Multinodular goitre	E04.2
5.	Graves disease	E05.0
6.	Toxic nodular goitre	E05.2
7.	Toxic multinodular goitre	E05.2
8.	Thyroglossal cyst	Q89.2
9.	Localized swelling, mass and lump, neck	R22.1
10.	Localized enlarged lymph nodes	R59.0
11.	Generalized enlarged lymph nodes	R59.1
12.	Lymphadenopathy	R59.1
13.	Branchial cyst	Q18.0
14.	Branchial fistula	Q18.0
15.	Branchial sinus	Q18.0

2. ACUTE ABDOMEN

No	Possible diagnosis description	ICD-10 code
1.	Acute Appendicitis	K35.8
2.	Acute Appendicitis with General Peritonitis	K35.2
3.	Acute Appendicitis with Localized Peritonitis	K35.3
4.	Appendicular Abscess	K35.3
5.	Appendicular Mass/Tumour	D37.3
6.	Perforated Appendicitis	K35.3
7.	Suppurative appendicitis	K35.8
8.	White appendix/Uninflammed appendix	Z71.1
9.	Appendicular Faecolith	K38.1
10.	Appendicitis with Pelvic Abscess *F – Female, M – Male*	K37, N73.9(F)/K65.0(M)

11.	Perforated Peptic Ulcer	K27.5
12.	PGU(Perforated Gastric Ulcer) *(identify drug, if drug-induced)*	K25.5
13.	PDU(Perforated Duodenal Ulcer) *(identify drug, if drug-induced)*	K26.5
14.	Sealed PGU	K25.5
15.	Perforated Gastric Ulcer with Peritonitis	K25.5, K65.9
16.	Gastric Ulcer with haemorrhage and perforation	K25.6
17.	Duodenal Ulcer with haemorrhage and perforation *(identify drug, if drug-induced)*	K26.6
18.	Acute Cholecystitis	K81.0
19.	Empyema Gallbladder	K81.0
20.	Chronic Cholecystitis	K81.1
21.	Gangrenous Cholecystitis	K81.0
22.	Cholecystitis with Perforation	K82.2
23.	Mucocoele of Gallbladder	K82.1
24.	Acute Pancreatitis	K85.9
25.	Acute Necrotising pancreatitis	K85.9
26.	Acute Haemorrhagic pancreatitis	K85.9
27.	Pancreatic abscess	K85.9
28.	Peripancreatic Abscess	K85.9
29.	Pancreatic Pseudocyst	K86.3
30.	Pancreatic Phlegmon/ Necroma	K85.9
31.	Intestinal obstruction	K56.6
32.	Adhesion Band with Intestinal Obstruction	K56.5
33.	Intussusception with Intestinal Obstruction	K56.1
34.	Sigmoid volvulus	K56.2
35.	Gallstone ileus	K56.3
36.	Paralytic illeus	K56.0
37.	Pseudo-obstruction of colon	K56.6
38.	Meckel's Diverticulitis	Q43.0

3. UPPER GI: DYSPEPSIA (PUD/NON ULCER DYSPEPSIA/GERD)

No	Possible diagnosis description	ICD-10 code
1.	Dyspepsia	K30
2.	Gastritis	K29.7
3.	Duodentitis	K29.8
4.	Chronic atrophic gastritis	K29.4
5.	Chronic gastritis	K29.5
6.	Antral Gastritis	K29.7
7.	Fundal Gastritis	K29.7
8.	Pangastritis	K29.7
9.	Acute haemorrhagic gastritis	K29.0
10.	Acute erosive gastritis	K29.0

11.	Alcoholic gastritis	K29.1
12.	Gastroduodenitis	K29.9
13.	Gastro-oesophageal reflux disease without oesophagitis	K21.9
14.	Gastro-oesophageal reflux disease with oesophagitis	K21.0
15.	Achalasia cardia	K22.0
16.	Candidal oesophagitis	K20
17.	Oesophagitis	K20
18.	Mallory-Weiss tear	K22.6
19.	Oesophageal Stricture	K22.2
20.	Perforation of oesophagus	K22.3
21.	Boerhaave syndrome	K22.3
22.	Oesophageal diverticulum	K22.5
23.	Barrett oesophagus	K22.7
24.	Oesophageal varices with bleeding	I85.0
25.	Oesophageal varices without bleeding	I85.9
26.	Gastric Ulcer	K25.9
27.	Gastric Ulcer with haemorrhage	K25.4
28.	Gastric Ulcer (Forrest 1)	K25.4
29.	Gastric Ulcer (Forrest 2)	K25.9
30.	Gastric Ulcer (Forrest 3)	K25.9
31.	Gastric Ulcer with perforation	K25.5
32.	Gastric Ulcer with both haemorrhage and perforation	K25.6
33.	Dieulofoy lesion	K25.0
34.	Duodenal Ulcer	K26.9
35.	Duodenal Ulcer (Forrest 1)	K26.4
36.	Duodenal Ulcer (Forrest 2)	K26.9
37.	Duodenal Ulcer (Forrest 3)	K26.9
38.	Duodenal Ulcer with haemorrhage	K26.4
39.	Duodenal Ulcer with perforation	K26.5
40.	Duodenal Ulcer with both haemorrhage and perforation	K26.6

4. GASTROINTESTINAL BLEEDING/ VASCULAR DISORDERS

No	Possible diagnosis description	ICD-10 code
1.	***For Oesophageal and peptic ulcer see 3***	
2.	Vascular disorders of intestine	K55.9
3.	Small bowel infarction	K55.0
4.	Ischaemic colitis	K55.0
5.	Mesentric artery thrombosis	K55.9
6.	Acute ischaemic colitis	K55.0
7.	Subacute ischaemic colitis	K55.0

8.	Radiation colitis	K52.0
9.	Radiation proctitis	K62.7
10.	Radiation enteritis	K52.0
11.	Angiodysplasia of colon	K55.2
12.	Angiodysplasia of small bowel	K55.8

5. COLORECTAL: CANCER AND BENIGN CONDITIONS

No	Possible diagnosis description	ICD-10 code
1.	Carcinoma of Caecum	C18.0
2.	Appendicular Tumour	D37.3
3.	Ascending Colon Carcinoma	C18.2
4.	Hepatic Flexure Carcinoma	C18.3
5.	Transverse colon Carcinoma	C18.4
6.	Splenic Flexure Carcinoma	C18.5
7.	Descending Colon Carcinoma	C18.6
8.	Sigmoid Colon Carcinoma	C18.7
9.	Rectosigmoid Carcinoma	C19
10.	Carcinoma of Rectum	C20
11.	Anal Carcinoma	C21.0
12.	Anorectal Carcinoma	C21.8
13.	Diverticulitis	K57.9
14.	Diverticular abscess	K57.8
15.	Diverticulitis with Perforation	K57.8
16.	Bleeding Diverticular disease	K57.9
17.	Anal fissure	K60.2
18.	Fissure in-ano	K60.2
19.	Fistula in-ano	K60.3
20.	Anorectal fistula	K60.5
21.	Recto vaginal fistula	N82.3
22.	Rectovesical fistula	N32.1
23.	Haemorrhoids	I84.9
24.	External thrombosed haemorrhoids	I84.3
25.	Perianal haematoma	I84.3
26.	Bleeding external haemorrhoids	I84.4
27.	Prolapsed external haemorrhoids	I84.4
28.	Ulcerated external haemorrhoids	I84.4
29.	Strangulated external haemorrhoids	I84.4
30.	Bleeding Internal Haemorrhoids	I84.1
31.	Anal Skin Tag	I84.6
32.	Perianal abscess	K61.0
33.	Ischiorectal abscess	K61.3

34.	Rectal prolapsed	K62.3
35.	Solitary rectal ulcer	K62.6
36.	Radiation proctitis	K62.7

6. HEPATOPANCREATOBILIARY: JAUNDICE & GALLSTONE DISEASE

No	Possible diagnosis description	ICD-10 code
1.	Acute cholangitis	K83.0
2.	Choledocholithiasis	K80.5
3.	Mirizzi syndrome	K83.1
4.	Cholangiocarcinoma	C22.1
5.	Gallbladder carcinoma	C23
6.	Pancreatic carcinoma	C25.9
7.	Ampullary carcinoma	C24.1
8.	Duodenal Carcinoma	C17.0
9.	Choledochal cyst	Q44.4

7. HERNIAS

No	Possible diagnosis description	ICD-10 code
1.	Indirect Inguinal hernia	K40.9
2.	Direct inguinal hernia	K40.9
3.	Incarcerated Inguinal hernia	K40.3
4.	Irreducible Inguinal Hernia	K40.3
5.	Inguinal hernia with obstruction	K40.3
6.	Inguinal hernia with strangulation	K40.3
7.	Inguinal hernia with gangrene	K40.4
8.	Pantaloon hernia	K40.9
9.	Sliding inguinal hernia	K40.9
10.	Bilateral Indirect Inguinal hernia	K40.2
11.	Bilateral Direct inguinal hernia	K40.2
12.	Bilateral Inguinal hernia with obstruction	K40.0
13.	Bilateral Inguinal hernia with gangrene	K40.1
14.	Femoral hernia	K41.9
15.	Femoral hernia with obstruction	K41.3
16.	Femoral hernia with gangrene	K41.4
17.	Femoral hernia with strangulation	K41.3
18.	Irreducible Femoral hernia	K41.3
19.	Umbilical hernia	K42.9
20.	Umbilical hernia with obstruction	K42.0
21.	Umbilical hernia with strangulated	K42.0
22.	Umbilical hernia with gangrene	K42.1

23.	Incisional hernia	K43.9
24.	Incisional Hernia with Intestinal Obstruction	K43.0
25.	Epigastric hernia	K43.9
26.	Epigastric hernia with obstruction	K43.0
27.	Epigastric hernia with strangulated	K43.0
28.	Epigastric hernia with gangrene	K43.1
29.	Diaphragmatic hernia	K44.9
30.	Hiatus hernia	K44.9
31.	Diaphragmatic hernia with obstruction	K44.0
32.	Diaphragmatic hernia with strangulation	K44.0
33.	Diaphragmatic hernia with gangrene	K44.1
34.	Internal Herniation with Intestinal Obstruction	K46.0

8. BREAST: BENIGN & MALIGNANT CONDITIONS

No	Possible diagnosis description		ICD-10 code
	General	Specific diagnosis	
	Benign Neoplasms		
1.		Fibroadenoma	D24
2.		Fibrocystic disease	N60.1
3.		Duct Papilloma	D24
	Disorders of the Breast		
4.		Breast Abscess	N61
5.		Mastitis	N61
6.		Chronic Granulomatous mastitis	N61
7.		Fibroadenosis	N60.2
8.		Mammary duct ectasia	N60.4
9.		Gynaecomastia	N62
10.		Galactocoele	N64.8
11.		Lactating breast abscess	O91.1
	Indeterminate breast lesion		
12.		Phyllodes tumour	D48.6
13.	Ductal Carcinoma in situ		D05.1
14.	Lobular Carcinoma in situ		D05.0
15.	Infiltrating Ductal Carcinoma		C50.9
16.	Breast Carcinoma	Central	C50.1
17.		Upper inner	C50.2
18.		Lower inner	C50.3
19.		Upper outer	C50.4
20.		Lower outer	C50.5
21.		Axillary tail	C50.6

22.		Overlapping lesion	C50.8
23.		Unspecified	C50.9
24.		Nipple and areola	C50.0
25.	Paget's disease of the breast		C50.0

9. UROLOGICAL CONDITIONS

No	Possible diagnosis description	ICD-10 code
1.	Renal stone	N20.0
2.	Staghorn calculus	N20.0
3.	Nephrolithiasis	N20.0
4.	PUJ stone	N20.0
5.	Ureteric stone	N20.1
6.	VUJ stone	N20.1
7.	Bladder stone	N21.0
8.	Urethral stone	N21.1
9.	Renal colic	N23
10.	Hydronephrosis with PUJ obstruction	N13.0
11.	Hydronephrosis with renal and ureteral calculous obstruction	N13.2
12.	Pyoneprosis	N13.6
13.	Obstructive uropathy with infection	N13.6
14.	Acute cystitis *(specify infectious agent or external agent)*	N30.0
15.	Irradiation cystitis *(specify infectious agent or external agent)*	N30.4
16.	Neurogenic bladder	N31.9
17.	Bladder-neck obstruction	N32.0
18.	Vesicointestinal fistula	N32.1
19.	Diverticulum of bladder	N32.3
20.	Post-traumatic urethral stricture	N35.0
21.	Stress incontinence	N39.3
22.	Urinary tract infection *(specify infectious agent)*	N39.0
23.	Urinary incontinence	R32
24.	Urge incontinence	N39.4
25.	BPH	N40
26.	Hydrocoele	N43.3
27.	Torsion of testis	N44
28.	Orchitis *(specify infectious agent)*	N45.9
29.	Epididymitis *(specify infectious agent)*	N45.9
30.	Epididymo-orchitis *(specify infectious agent)*	N45.9
31.	Redundant prepuce	N47
32.	Phimosis	N47
33.	Paraphimosis	N47
34.	Balanoposthitis*(specify infectious agent)*	N48.1
35.	Balanitis *(specify infectious agent)*	N48.1
36.	Fournier's Gangrene *(specify infectious agent)*	N49.8(M)

		N76.8(F)
37.	Scrotal Abscess *(specify infectious agent)*	N49.2
38.	Retention of urine	R33

10. TRAUMA

No	Possible diagnosis description	ICD-10 code
Specify - ***without open intracranial wound (0) or*** - ***with open intracranial wound(1)***		
1.	Cerebral Concussion	S06.0_
2.	Cerebral oedema	S06.1_
3.	Diffuse axonal injury	S06.2_
4.	Cerebral contusion	S06.2_
5.	Cerebral laceration	S06.2_
6.	Cerebral haemorrhage	S06.2_
7.	Extradural haemorrhage	S06.4_
8.	Subdural haemorrhage	S06.5_
9.	Subarachnoid haemorrhage	S06.6_
10.	Intracranial injury with prolonged coma	S06.7_
11.	Intracranial injury with poor neurological outcome	S06.7_
12.	Intracranial injury with poor GCS	S06.7_
13.	Cerebellar haemorrhage	S06.8_
14.	Avulsion injury of scalp	S08.0
Specify either closed(0) or open(1)		
15.	Fracture of vault of skull	S02.0_
	Depressed skull fracture	S02.9_
	Fracture of base of skull	S02.1_
	Fracture of nasal bones	S02.2_
	Fractures of orbit	S02.8_
	Fracture of malar and maxillary bones	S02.4_
	Fracture of mandible	S02.6_
	Fracture of tooth	S02.5_
Specify - ***without open wound into cavity(0) or*** - ***with open wound into cavity(1)***		
16.	Injury of spleen	S36.0_
	Injury of the liver	S36.1_
	Injury of the gallbladder	S36.1_
	Injury of the bile duct	S36.1_
	Injury of pancreas	S36.2_
	Injury of stomach	S36.3_
	Injury of small intestine	S36.4_
	Injury of the duodenum	S36.4_
	Injury of colon	S36.5_

	Injury of rectum	S36.6_
	Injury of multiple intra-abdominal organs	S36.7_
	Retroperitoneum injury	S36.8_
	Injury to mesentery	S36.8_
Specify - ***without open wound into cavity(0) or*** - ***with open wound into cavity(1)***		
17.	Injury of kidney	S37.0_
	Injury of ureter	S37.1_
	Injury of bladder	S37.2_
	Injury of urethra	S37.3_
	Injury to adrenal gland	S37.8_
	Injury to prostate	S37.8_
18.	Open wound to testis	S31.3
19.	Open wound to scrotum	S31.3
20.	Open wound to penis	S31.2
Specify either closed(0) or open(1)		
21.	Rib Fracture	S22.3_
	Multiple rib fractures	S22.4_
	Fracture of sternum	S22.2_
	Flail chest	S22.5_
	Fracture clavicle	S42.0_
	Fracture Scapula	S42.1_
Specify - ***without open wound into thoracic cavity(0) or*** - ***with open wound into throcic cavity(1)***		
22.	Cardiac contusion	S26.8_
	Injury to heart with hemopericardium	S26.0_
	Injury to heart with hemopericardium without openwound	S26.0_
	Other injuries of heart	S26.8_
	Traumatic rupture of the heart	S26.8_
Specify - ***without open wound into thoracic cavity(0) or*** - ***with open wound into thoracic cavity(1)***		
23.	Traumatic pneumothorax	S27.0_
24.	Traumatic haemothorax	S27.1_
25.	Traumatic haemopneumothorax	S27.2_
26.	Injury of bronchus	S27.4_
27.	Injury of thoracic trachea	S27.5_
28.	Injury of pleura	S27.6_
29.	Diaphragmatic injury	S27.8_
30.	Oesophageal injury	S27.8_

11. BURNS AND CORROSION INJURY

The diagnosis must specify (1) the degree of burn/corrosion injury, followed by (2) the body part affected. Different body parts should be mentioned as separate diagnosis.

Overlapping (eg. Palm and dorsum of hand) body parts of the same region should be one diagnosis.

Between Body Surface Area and Degree of Injury, Degree of Injury is preferred for documentation of diagnosis as the codes are more specific.

No	Affected Body Part	Severity of Burn Injury			
		Unspecified Degree	First Degree	Second Degree	Third Degree
1.	Head and Neck	T20.0	T20.1	T20.2	T20.3
2.	Trunk	T21.0	T21.1	T21.2	T21.3
3.	Abdominal Wall	T21.0	T21.1	T21.2	T21.3
4.	Chest wall	T21.0	T21.1	T21.2	T21.3
5.	Genitalia	T21.0	T21.1	T21.2	T21.3
6.	Back	T21.0	T21.1	T21.2	T21.3
7.	Buttock	T21.0	T21.1	T21.2	T21.3
8.	Shoulder	T22.0	T22.1	T22.2	T22.3
9.	Arm	T22.0	T22.1	T22.2	T22.3
10.	Forearm	T22.0	T22.1	T22.2	T22.3
11.	Wrist	T23.0	T23.1	T23.2	T23.3
12.	Hand	T23.0	T23.1	T23.2	T23.3
13.	Fingers	T23.0	T23.1	T23.2	T23.3
14.	Hip	T24.0	T24.1	T24.2	T24.3
15.	Thigh	T24.0	T24.1	T24.2	T24.3
16.	Leg	T24.0	T24.1	T24.2	T24.3
17.	Ankle	T25.0	T25.1	T25.2	T25.3
18.	Foot	T25.0	T25.1	T25.2	T25.3
19.	Toes	T25.0	T25.1	T25.2	T25.3
20.	Multiple regions	T29.0	T29.1	T29.2	T29.3

Example of diagnosis description	ICD-10 code
Inhalational burns	T27.3
Second degree burns over left arm, thigh and leg	T29.2, T22.2, T24.2
9% First degree burns over face and 18% second degree burns over chest	T29.2, T20.1, T21.2

No	Affected Body Part	Severity of Corrosion Injury			
		Unspecified Degree	First Degree	Second Degree	Third Degree
21.	Head and Neck	T20.4	T20.5	T20.6	T20.7
22.	Trunk	T21.4	T21.5	T21.6	T21.7
23.	Abdominal Wall	T21.4	T21.5	T21.6	T21.7
24.	Chest wall	T21.4	T21.5	T21.6	T21.7
25.	Genitalia	T21.4	T21.5	T21.6	T21.7
26.	Back	T21.4	T21.5	T21.6	T21.7
27.	Buttock	T21.4	T21.5	T21.6	T21.7
28.	Shoulder	T22.4	T22.5	T22.6	T22.7
29.	Arm	T22.4	T22.5	T22.6	T22.7
30.	Forearm	T22.4	T22.5	T22.6	T22.7
31.	Wrist	T23.4	T23.5	T23.6	T23.7
32.	Hand	T23.4	T23.5	T23.6	T23.7
33.	Fingers	T23.4	T23.5	T23.6	T23.7
34.	Hip	T24.4	T24.5	T24.6	T24.7
35.	Thigh	T24.4	T24.5	T24.6	T24.7
36.	Leg	T24.4	T24.5	T24.6	T24.7
37.	Ankle	T25.4	T25.5	T25.6	T25.7
38.	Foot	T25.4	T25.5	T25.6	T25.7
39.	Toes	T25.4	T25.5	T25.6	T25.7
40.	Multiple regions	T29.4	T29.5	T29.6	T29.7

Example of diagnosis description	ICD-10 code
9% acid corrosion of right arm	T22.4, T32.0
Alkali corrosion over 20% body	T32.2
Third degree corrosion over right hand	T23.7

12. WOUNDS

No	Type of wound	Severity of wound	Location of wound
	Eg. Abrasion, Laceration, Puncture, Stab, Contusion etc	Specify Superficial Or Deep, Open Or Penetrating Into Cavity/ Joint	Specify Limb Or Joint and Side Affected

Example of possible diagnosis description	ICD-10 code
Superficial laceration wound of right cheek	S01.4

13. CONDITIONS RELATED TO PROCEDURES

No	Possible diagnosis description	ICD-10 code
1.	Elective admission for surgery for cancer (*specify cancer diagnosis as other condition*)	Z40.0
2.	Elective admission for surgery for non-malignant diseases (*specify disease as other condition*)	Z40.8
3.	Routine/ritual circumcision	Z41.2
4.	**Attention to artificial orifice**	
5.	• Care and/or Closure of colostomy	Z43.3
6.	• Care and/or Closure of ileostomy	Z43.2
7.	• Care and/or Closure of cystostomy	Z43.5
8.	• Care and/or Closure of tracheostomy	Z43.0
9.	• Care and/or closure of nephrostomy/ ureterostomy	Z43.6
10.	• Care and/or Closure of gastrostomy	Z43.1
11.	Change of urinary catheter	Z46.6
12.	Change and care of PEG tube	Z46.5
13.	Change of dressings	Z48.0
14.	Removal of sutures	Z48.0
15.	Radiotherapy session	Z51.0
16.	Chemotherapy session for neoplasm	Z51.1
17.	Palliative care	Z51.5

Section 4

OBSTETRICS & GYNAECOLOGY

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

For Obstetrics cases, the gestation period of the pregnancy should be recorded as well to indicate the diagnosis is related to pregnancy.

Eg. G3P2@32w5d with gestational diabetes mellitus – **O24.4**
Para 4 (day 14) with endometritis – **O85**

In general there are 3 conditions that need to be recorded when writing an obstetrics case that resulted in delivery:

1. The gravidity of the mother with the main diagnosis
2. The mode of delivery
3. The outcome of the delivery

For example:

Main diagnosis	**G3P2@38w6d with gestational hyperension –** O13
Secondary diagnosis	Spontaneous Vertex Delivery – **O80.0**
	Healthy baby boy – **Z37.0**

If the mother comes in with an uncomplicated pregnancy and delivery, then the mode of delivery can be the main diagnosis, for example:

Main diagnosis	**G1P0@39w2d with Spontaneous Vertex Delivery –** O80.0
Secondary diagnosis	Healthy baby boy – **Z37.0**

Note: † denotes the main condition code;
** denotes the secondary condition code that must be recorded as well.*

For conditions related to HIV, please use the relevant codes from Section 2.

1. DIABETES IN PREGNANCY

No	Possible diagnosis description	ICD-10 code
1.	Pre-existing Insulin Dependent Diabetes Mellitus	O24.0
2.	Pre-existing Non Insulin Dependent Diabetes Mellitus	O24.1
3.	Gestational Diabetes Mellitus	O24.4

2. HYPERTENSIVE DISORDER IN PREGNANCY

No	Possible diagnosis description	ICD-10 code
1.	Gestational (Pregnancy Induced) Hypertensive without proteinuria	O13
2.	Pre-eclampsia – moderate	O14.0
	Pre-eclampsia – severe	O14.1
3.	Eclampsia – antenatal	O15.0
	Eclampsia – intrapartum	O15.1
	Eclampsia – post partum	O15.2
4.	Hypertension Complicating Pregnancy, secondary to :	
	Essential hypertension	O10.0
	Hypertensive heart disease	O10.1
	Hypertensive renal disease	O10.2
	Hypertensive heart and renal disease	O10.3
	Secondary hypetension (please specify)	O10.4

3. OTHER MEDICAL DISORDERS IN PREGNANCY

No	Possible diagnosis description	ICD-10 code
1.	Heart Disease in Pregnancy- specified heart disease condition	O99.4
2.	Bronchial Asthma complicating pregnancy	O99.5
3.	Thyrotoxicosis complicating pregnancy – specified thyrotoxic condition	O99.2
4.	Anaemia complicating pregnancy *(specify cause/type of anaemia)*	O99.0
5.	Renal disease complicating pregnancy *(specify renal condition)*	O99.8
6.	Rhesus negative Maternal care for rhesus isoimmunisation with/without hydrops	O36.0
7.	**HIV complicating pregnancy/ childbirth/ puerperium**	O98.7
	+HIV resulting in infectious and parasitic disease	B20._
	+HIV resulting in malignant neoplasm	B21._
	+HIV resulting in other specified disease *(specify the disease)*	B22._
8.	Other specified diseases complicating pregnancy (autoimmune), e.g:	
	Systemic Lupus Erythematosus	O99.8
	Anti-Phospholipid Syndrome	O99.1
	Autoimmune arthritis	O99.8

4. OBSTETRIC EMERGENCIES

No	Possible diagnosis description	ICD-10 code
1.	**Post-Partum Haemorrhage, secondary to:**	
	Retained placenta	O72.0
	Retained Product of Conception	O72.2
	Uterine atony	O72.1
	Coagulation defect	O72.3

	Other obstetric trauma *(specify)*:	
	Rupture uterus before onset of labour	O71.0
	Rupture uterus during labour	O71.1
	Obstetric laceration of cervix (cervical tear)	O71.3
	Obstetric high vagina laceration alone	O71.4
	First degree perineal laceration during delivery	O70.0
	Second degree perineal laceration during delivery	O70.1
	Third degree perineal laceration during delivery	O70.2
	Fourth degree perineal laceration during delivery	O70.3
2.	Eclampsia – antenatal	O15.0
	Eclampsia – intrapartum	O15.1
	Eclampsia – post partum	O15.2
3.	Uterine Inversion	O71.2
4.	Cord prolapse	O69.0
5.	Shoulder Dystocia	O66.0
6.	Amniotic Fluid Embolism	O88.1
7.	Thromboembolism	O88.2
8.	Septic embolism	O88.3

5. EARLY PREGNANCY COMPLICATIONS

No	Possible diagnosis description	ICD-10 code
1.	**Ectopic pregnancy**	
	Tubal pregnancy	O00.1
	Ovarian pregnancy	O00.2
	Abdominal pregnancy	O00.0
	Other ectopic pregnancy *(specify)*	O00.8
2.	**Hydatidiform mole**	
	Complete Mole	O01.0
	Incomplete and partial Mole	O01.1
	Other Gestational Trophoblastic Disease *(specify)*	O01.9
	Spontaneous Miscarriages	
3.	Recurrent miscarriage (Habitual miscarriage)	N96
4.	Missed miscarriage without formed foetus (Blighted Ovum)	O02.0
	Missed miscarriage with foetus	O02.1
5.	Incomplete miscarriage without complication	O03.4
	Incomplete miscarriage with genital tract and pelvic infection	O03.0
	Incomplete miscarriage with delayed and excessive haemorrhage	O03.1
	Incomplete miscarriage with other complication *(specify)*	O03.3
6.	Complete miscarriage without complication	O03.9
	Complete miscarriage with genital tract and pelvic infection	O03.5
	Complete miscarriage with delayed and excessive haemorrhage	O03.6
	Complete miscarriage with other complication *(specify)*	O03.8
	Induced Miscarriage (Medical Abortion)	
7.	Incomplete miscarriage without complication	O04.2
	Incomplete miscarriage with genital tract and pelvic infection	O04.0

	Incomplete miscarriage with delayed and excessive haemorrhage	O04.4
	Incomplete miscarriage with other complication *(specify)*	O04.3
8.	Complete miscarriage without complication	O04.9
	Complete miscarriage with genital tract and pelvic infection	O04.5
	Complete miscarriage with delayed and excessive haemorrhage	O04.6
	Complete miscarriage with other complication *(specify)*	O04.8
9.	Excessive vomiting in pregnancy	O21.9
	Mild hyperemesis gravidarum	O21.0
	hyperemesis gravidarum in metabolic disturbance	O21.1
	Vomiting in late pregnancy	O21.2
	Other causes vomiting in pregnancy *(specify)*	O21.8

6. ANTEPARTUM HAEMORRHAGE

No	Possible diagnosis description	ICD-10 code
1.	Placenta praevia with haemorrhage	O44.1
2.	Placenta praevia without haemorrhage	O44.0
3.	Abruptio placenta	O45.9
4.	Abruptio placenta with coagulation defect	O45.0
5.	Antepartum haemorrhage with coagulation defect	O46.0
6.	Other antepartum haemorrhage *(specify)*	O46.8

7. PREMATURE PRELABOUR RUPTURE OF MEMBRANE/ PRELABOUR RUPTURE OF MEMBRANE, PRETERM LABOUR

No	Possible diagnosis description	ICD-10 code
1.	**Premature rupture of membrane**	
	Onset on labour within 24 hours	O42.0
	Onset on labour after 24 hours	O42.1
	Labour delayed by therapy	O42.2
2.	Prelabour Rupture Of Membrane	O42.9
3.	Preterm labour	
	Without delivery	O60.0
	Preterm delivery	O60.1
	With term delivery	O60.2

8. NORMAL AND ABNORMAL LABOUR

No	Possible diagnosis description	ICD-10 code
1.	**Spontaneous Vertex Delivery**	O80.0
	Single live birth	Z37.0
	Single stillbirth	Z37.1
2.	**Twin delivery**	
	Both Spontaneous Vertex Delivery	O84.0
	Spontaneous Vertex Delivery + Assisted Breech Delivery	O84.8
	Spontaneous Vertex Delivery + Forceps Delivery	O84.8
	Spontaneous Vertex Delivery + Ventouse Delivery	O84.8
	Spontaneous Vertex Delivery + Emergency caesarean section	O84.8
	Elective C-section	O84.2
	Emergency C-section	084.2
	Both live birth	Z37.2
	Both stillbirth	Z37.4
	One live birth, one stillbirth	Z37.3
3.	**Pregnancy higher order (more than 2 foetuses)**	
	All Spontaneous Vertex Delivery	O84.0
	Spontaneous Vertex Delivery + Assisted Breech Delivery	O84.8
	Spontaneous Vertex Delivery + Instrumental delivery (specify)	O84.8
	Spontaneous Vertex Delivery + Emergency caesarean section	O84.8
	Elective C-section	O84.2
	Emergency C-section	O84.2
	All live birth	Z37.5
	All stillbirth	Z37.7
	Some live birth, some stillbirth	Z37.6
4.	**Breech**	O32.1
	Assisted Vaginal Delivery	O83.1
	Elective C-section	O82.0
	Emergency C-section	O82.1
	Singleton live birth	Z37.0
	Singleton stillbirth	Z37.1
5.	**Transverse / Oblique lie**	O32.2
	Elective C-section	O82.0
	Emergency C-section	O82.1
	Spontaneous Vertex Delivery	O80.0
	Assisted Breech Delivery	O83.1
	Singleton live birth	Z37.0
	Singleton stillbirth	Z37.1
6.	**Face presentation**	O64.2
	Elective C-section	O82.0
	Emergency C-section	O82.1
	Spontaneous Vertex Delivery	O80.0
	Singleton live birth	Z37.0
	Singleton stillbirth	Z37.1
7.	**Brow presentation**	O64.3
	Elective C-section	O82.0
	Emergency C-section	O82.1
	Spontaneous Vertex Delivery	O80.0
	Singleton live birth	Z37.0

	Singleton stillbirth	Z37.1
8.	**Compound presentation** Elective C-section Emergency C-section Spontaneous Vertex Delivery Singleton live birth Singleton stillbirth	O64.5 O82.0 O82.1 O80.0 Z37.0 Z37.1
9.	**Other malpresentaion (specify)** Elective C-section Emergency C-section Spontaneous Vertex Delivery Assisted Breech Delivery Singleton live birth Singleton stillbirth	 O82.0 O82.1 O80.0 083.1 Z37.0 Z37.1
10.	**Forceps Delivery** Low Cavity Forceps Singleton live birth Singleton stillbirth Mid Cavity Forceps Singleton live birth Singleton stillbirth	 O81.0 Z37.0 Z37.1 O81.1 Z37.0 Z37.1
11.	**Ventouse Delivery** Singleton live birth Singleton stillbirth	O81.4 Z37.0 Z37.1
12.	Combined Ventouse and forceps delivery	O81.5
13.	**Caesarean Section** Elective Singleton live birth Singleton stillbirth Emergency Singleton live birth Singleton stillbirth	 O82.0 Z37.0 Z37.1 082.1 Z37.0 Z37.1
14.	**False Labour** Before 37 completed weeks After 37 completed weeks	 O47.0 O47.1
15.	**Prolong Labour** Prolong 1st stage Prolong 2nd stage	 O63.0 O63.1
16.	**Prolong Pregnancy** Post Date Post term	 O48 O48
17.	**Failed induction of labour** Failed medical induction labour (prostaglandin E/ oxytocin) Failed surgical induction of labour (amniotomy, Laminaria Tent, Dilapan/ Catheter	 O61.0 O61.1
18.	Failed trial of labour	O66.4
19.	Failed instrumental delivery	O66.5

9. ASSISTED INSTRUMENTAL DELIVERY/ CAESARIAN SECTION (INDICATION)

No	Possible diagnosis description	ICD-10 code
1.	Fetal distress (abnormal fetal heart with clear liquor)	O68.0
2.	Fetal distress (meconium stained liquor)	O68.1
3.	Fetal distress (abnormal fetal heart with meconium stained liquor)	O68.2
4.	Fetal distress (fetalacidaemia)	O68.3
5.	Fetal distress (abnormal Umbilical Artery Resistance Index)	O68.8
6.	Macrosomic baby	O66.2
7.	Fetopelvic Disproportion	O65.4
8.	Breech presentation	O64.1
9.	Brow presentation	O64.3
10.	Face presentation	O64.2
11.	Other malposition (specify)	O64.8
12.	Failed trial of labour	O66.4
13.	Cord prolapse	O69.0
14.	Maternal choice	Z53.2

10. PUERPERIUM CONDITIONS

No	Possible diagnosis description	ICD-10 code
1.	Puerperal sepsis/maternal pyrexia/endometritis	O85
2.	Perineum wound infection	O86.0
3.	C-section wound infection	O86.0
4.	Cervicitis/vaginitis	O86.1
5.	UTI following delivery	O86.2
6.	Pyrexia of Unknown Origin	O86.4
7.	Superficial thrombophlebitis in puerperium	O87.0
8.	DVT postpartum/pelvic thrombophlebitis postpartum	O87.1
9.	C-section wound breakdown	O90.0
10.	Perineal wound breakdown	O90.1
11.	Haematoma Obstetric	O90.2
12.	Cardiomyopathy in puerperium *(specify cardiac condition)*	O90.3, I42._
13.	Acute renal failure following labour	O90.4

11. BENIGN GYNAECOLOGICAL CONDITIONS

No	Possible diagnosis description	ICD-10 code
1.	**Benign ovarian cyst**	
	Follicular cyst	N83.0
	Corpus luteal cyst	N83.1
	Other ovarian cyst *(specify)*	N83.2
	Torsion ovarian cyst	N83.5
2.	**Benign Uterine Tumour**	

	Submucosa leiomyoma of the uterus	D25.0
	Intramural leiomyoma of the uterus	D25.1
	Subserosal leiomyoma of the uterus	D25.2
	Pedunculated leiomyoma of the uterus	D25.9
	Polyp of corpus uterus	N84.0
	Polyp of cervix uterus	N84.1
	Asherman Syndrome (Intra uterine synechiae)	N85.6
	Haematometra	N85.7
3.	Haematosalpinx	N83.6
4.	Haematoma of broad ligament	N83.7
5.	Other non inflammatory disorder of ovary, fallopian tube and broad ligament	N83.8
6.	Polyp of vulva	N84.3
	Polyp of vagina	N84.2
	Bartholin's cyst	N75.0
	Bartholin's abscess	N75.1
	Leukoplakia of vagina	N89.4
	Stricture and atresia of vagina	N89.5
	Imperforate hymen	Q52.3
	Haematocolpus	N89.7
	Vulvar cyst	N90.7

12. PELVIC INFLAMMATORY DISEASE

No	Possible diagnosis description	ICD-10 code
1.	Acute Salphingitis and oophoritis	N70.0
2.	Chronic Salphingitis and oophoritis	N70.1
3.	Acute Endometritis, pyometra,	N71.0
4.	Chronic Endometritis, pyometra,	N71.1
5.	Vaginal candidiasis	B37.3†, N77.1*
6.	Herpes simplex infection of vulva	A60.0†, N77.0*

13. ENDOMETRIOSIS

No	Possible diagnosis description	ICD-10 code
1.	Adenomyosis	N80.0
2.	Endometriosis of fallopian tube	N80.2
3.	Endometriosis of ovary	N80.1
4.	Endometriosis of pelvic peritoneum	N80.3
5.	Endometriosis of uterus rectovaginal septum and vagina	N80.4
6.	Endometriosis of other site *(specify)*	N80.8

14. MENSTRUAL DISORDER/ ABNORMAL PER VAGINAL BLEEDING

No	Possible diagnosis description	ICD-10 code
1.	Primary amenorrhoea	N91.0
2.	Secondary amenorrhoea	N91.1
3.	Oligomenorrhoea	N91.5
4.	Menorrhagia	N92.0
5.	Excessive and frequent menstruation with irregular cycle	N92.1
6.	Excessive menstruation at puberty (anovulatory cycle)	N92.2
7.	Intermenstrual bleeding	N92.3
8.	Perimenopausal bleeding	N92.4
9.	Postcoital bleeding	N93.0
10.	Dysfunctional uterine bleeding	N93.8
11.	Postmenopausal bleeding	N95.0

15. PAIN AND OTHER CONDITION ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE

No	Possible diagnosis description	ICD-10 code
1.	Mittelschmerz	N94.0
2.	Dyspareunia	N94.1
3.	Vaginismus	N94.2
4.	Premenstrual Tension Syndrome	N94.3
5.	Primary dysmenorrhoea	N94.4
6.	Secondary dysmenorrhoea	N94.5

16. UV PROLAPSE/ URINARY INCONTINENCE

No	Possible diagnosis description	ICD-10 code
1.	Urethrocele	N81.0
2.	Cystocele	N81.1
3.	Uterovaginal prolapse I - II	N81.2
4.	Uterovaginal prolapse III - IV, Procidentia	N81.3
5.	Enterocele	N81.5
6.	Rectocele	N81.6
7.	Others female genital prolapse *(specify)*	N81.8
8.	Vesicovaginal fistula	N82.0
9.	Urinary tract infection - specify agent	N39.0
10.	Acute Cystitis	N30.0
11.	Interstitial cystitis	N30.1
12.	Irradiation cystitis	N30.4
13.	Stress incontinence	N39.3
14.	Overactive Bladder	N32.8
15.	Other incontinence (overflow, reflex, urge)	N39.4

17. PRE INVASIVE AND MALIGNANT GYNAECOLOGICAL CONDITIONS

No	Possible diagnosis description	ICD-10 code
1.	Carcinoma of the ovary *(specify morphology and site of metastasis if any)*	C56
2.	Carcinoma of fallopian tube *(specify morphology and site of metastasis if any)*	C57.0
3.	Carcinoma of corpus uterine *(specify morphology and site of metastasis if any)*	C54
4.	Carcinoma of cervix uterine *(specify morphology and site of metastasis if any)*	C53
5.	Carcinoma of vagina *(specify morphology and site of metastasis if any)*	C52
6.	Carcinoma of vulva *(specify morphology and site of metastasis if any)*	C51
7.	Endometrium hyperplasia without atypia	N85.0
8.	Endometrium hyperplasia with atypia	N85.1
9.	Cervical Intraepithlial Neoplasm (CIN) I, II, ASCUS, HSIL, LSIL	N87._
10.	Vagina Intraepithlial Neoplasm (VAIN)	N89._
11.	Vulva Intraepithlial Neoplasm (VIN)	N90._
12.	CIN III, CIS (endocervix/exocervix)	D06.0/ D06.1
13.	VIN III	D07.1
14.	VAIN III	D07.2
15.	Chemotherapy for *(specify cancer)*	Z51.1
16.	Lodger while awaiting for transfer to other facility	Z75.1
17.	Admission for *procedure/investigations (specify)*	Z75.2

18. COMPLICATION ASSOCIATED WITH ARTIFICIAL FERTILISATION

No	Possible diagnosis description	ICD-10 code
1.	Bilateral tubal ligation, Bilateral salphingectomy	Z30.2
2.	Ovarian Hyperstimulation Syndrome	N98.1
3.	Complication of attempted introduction of fertilized ovum following in vitro fertilization	N98.2
4.	Complication of attempted introduction of embryo in embryo transfer	N98.3
5.	Other complication associated with artificial fertilization	N98.8

19. SURGICAL MANAGEMENT OF CONTRACEPTION

No	Possible diagnosis description	ICD-10 code
1.	Bilateral tubal ligation, Bilateral salphingectomy	Z30.2

Section 5

PAEDIATRICS

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

Some conditions are similar to those in General Medicine, General Surgery and Orthopaedics. Please refer to Section 2, 3 and 6 for conditions not listed here.

Please note that codes that begin with **Pxx._** should only be used for **NEWBORN** babies less than 29 days old, as these codes are specific to the neonatal period only. Once the baby is older than 28 days, the organ specific codes should be used instead.

Note: † denotes the main condition code;
** denotes the secondary condition code that must be recorded as well.*

1. NERVOUS SYSTEM

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	**Bacterial Meningitis**		
	• Hemophilus meningitis		G00.0
	• Pneumococcol meningitis		G00.1
	• Meningococcal meningitis		A39.0†, G01*
	• Streptococcal meningitis		G00.2
	• Staphylococcal meningitis		G00.3
	• Other bacterial meningitis		G00.8
	• Bacterial meningitis, unspecified		G00.9
2.	**Encephalitis, myelitis and encephalomyelitis**		
	• Acute disseminated encephalomyelitis (ADEM)		G04.0
	• Acute necrotizing encephalopathy (ANEC)		G04.8
	• Other encephalitis, myelitis and encephalomyelitis		G04.8
	• Encephalitis		G04.9
	• Encephalomyelitis		G04.9
3.	**Specific viral meningitis /encephalitis**		
	• Viral meningitis		A87.9
	• Herpes viral encephalitis		B00.4†, G05.1*
	• Varicella meningitis		B01.0†, G02.0*
	• Varicella encephalitis, myelitis, encephalomyelitis		B01.1†, G05.1*
	• Measles encephalitis		B05.0†, G05.1*
4.	**Tuberculosis of nervous system**		
	• Tuberculous meningitis		A17.0†, G01*
	• Tuberculoma of brain and spinal cord		A17.8†, G07*

5.	**Intracranial and intraspinal abscess**		
	• Intracranial abscess and granuloma	*Specify infectious agent*	G06.0
	• Intraspinal abscess and granuloma		G06.1
	• Extradural and subdural abscess, unspecified		G06.2
6.	**Systemic atrophies primarily affecting the CNS**		
	• Hereditary ataxia		G11.9
7.	**Spinal muscular atrophy and related syndromes**		
	• Infantile spinal muscular atrophy, Type 1		G12.0
	• Other inherited spinal muscular atrophy	*Specify type*	G12.1
8.	**Extrapyramidal and movement disorders**		
	• Secondary parkinsonism		G21.9
	• Other degenerative diseases of basal ganglia	*Specify type*	G23.8
	• Dystonia		G24.9
	• Other extrapyramidal and movement disorders		
	o Myoclonus		G25.3
	o Drug-induced chorea		G25.4
	o Other chorea		G25.5
	o Rheumatic chorea	With cardiac	I02.0
		W/out cardiac	I02.9
	o Tic disorder		F95.9
	o Tourette's disorder		F95.2
9.	**Demyelinating disease of CNS**		
	• Multiple sclerosis		G35
	• Other acute disseminated demyelination		G36.9
	o Neuromyelitisoptica (Devic)		G36.0
	• Other demyelinating diseases of CNS		G37.9
	o Central pontinemyelinolysis		G37.2
	o Acute transverse myelitis		G37.3
10.	Optic neuritis		H46
11.	Other disorders of optic nerve and visual pathways		H47.7
12.	**Epilepsy and recurrent seizures ('Breakthrough seizures')**		
	• Idiopathic focal epilepsy, Benign Rolandic epilepsy		G40.0
	• Symptomatic focal epilepsy, simplex partial seizures		G40.1

	• Symptomatic focal epilepsy, complex partial seizures		G40.2
	• Generalized idiopathic epilepsy / epileptic syndromes		G40.3
	• Other / Symptomatic generalized epilepsy		G40.4
	• Special epileptic syndromes		G40.5
	• Other epilepsy and seizures		G40.8
13.	**Status Epilepticus**		G41.9
	• Grand mal status epilepticus		G41.0
	• Petit mal status epilepticus		G41.1
	• Complex partial status epilepticus		G41.2
14.	**Migraine**		
	• Migraine without aura		G43.0
	• Migraine with aura		G43.1
	• Complicated migraine		G43.3
	• Opthalmoplegic migraine		G43.8
15.	**Other Headache syndromes**	*Specify type*	G44.8
	• Cluster headache		G44.0
	• Tension-type headache		G44.2
	• Chronic Post-traumatic headache		G44.3
16.	Transient cerebral ischaemic attacks and related syndromes		G45.8
17.	**Vascular syndromes of brain in cerebrovascular diseases**		
	• Middle cerebral artery syndrome		I66.0†, G46.0*
	• Anterior cerebral artery syndrome		I66.1†, G46.1*
	• Posterior cerebral artery syndrome		I66.2†, G46.2*
	• Brain stem stroke syndrome		I60-I67†, G46.3*
	• Cerebellar stroke syndrome		I60-I67†, G46.4*
	• Pure motor lacunar syndrome		I60-I67†, G46.5*
	• Pure sensory lacunar syndrome		I60-I67†, G46.6*
18.	**Sleep disorders**		
	• Insomnia		G47.0
	• Hypersomnia		G47.1
	• Circadian rhythm sleep disorders		G47.2
	• Sleep apnea		
	o Obstructive sleep apnea	Exclude Pickwickian Syndrome	G47.3
	o Congenital central alveolar hypoventilation		G47.3
	•Parasomnia		G47.8
19.	**Nerve, nerve root and plexus disorders**		
	• Facial nerve disorders		G51.9
	• Bell's palsy		G51.0

	• Hemifacial spasm (clonic)		G51.3
	• Disorders of other cranial nerves		G54.8
	• Nerve root and plexus disorders		G54.9
	• Mononeuropathies of upper limb		G56.8
	• Mononeuropathies of lower limb		G57.8
20.	**Polyneuropathies and other disorders of peripheral NS**		
	• Inflammatory polyneuropathy		G61.9
	o Guillain-Barre syndrome		G61.0
	o Chronic inflammatory demyelinating polyneuritis		G61.8
21.	Myasthenia gravis		G70.0
22.	**Primary disorders of muscles**		
	• Muscular dystrophy		G71.0
	• Myotonic disorders		G71.1
	o Myotonic muscular dystrophy		
	o Congenital Myotonia		
	• Congenital myopathies		G71.2
	• Mitochondrial myopathy, not elsewhere classified		G71.3
23.	**Other and unspecified myopathies**		
	• Drug-induced myopathy		G72.0
	• Myopathy due to other toxic agents		G72.2
	• Periodic paralysis		G72.3
	• Inflammatory and immune myopathies, not elsewhere classified		G72.4
24.	Juvenile dermatopolymyositis		M33.0
25.	**Cerebral palsy**		
	• Spastic quadriplegic CP		G80.0
	• Spastic diplegic CP		G80.1
	• Spastic hemiplegic CP		G80.2
	• Athetoid CP		G80.3
	• Ataxic CP		G80.4
	• Other CP		G80.8
26.	Hemiplegia/hemiparesis		G81.9
27.	Paraplegia and quadriplegia		G82
28.	Other paralytic syndromes		G83
29.	**Other disorders of nervous system**		
	• Disorders of autonomic nervous system	*State type*	G90
	• Hydrocephalus		G91.__
	• Toxic encephalopathy		G92
	• Other disorders of brain		G93
	o Cerebral cysts		G93.0
	o Anoxic brain damage, not elsewhere classified		G93.1

	o Benign intracranial hypertension		G93.2
	o Unspecified encephalopathy		G93.4
	o Alcoholic encephalopathy		G31.2
	o Toxic encephalopathy		G92
	o Cerebral oedema		G93.6
	o Reye's syndrome		G93.7
30.	**Other and unspecified diseases of spinal cord**		
	• Syringomyelia and syringobulbia		G95.0
	• Vascular myelopathies		G95.1
	• Unspecified cord compression		G95.2
	• Other specified diseases of spinal cord		G95.8
31.	**Intracranial injury**		
	• Concussion	*Specify:* *0- without open intracranial wound* *1- with open intracranial wound*	S06.0_
	• Diffuse traumatic brain injury		S06.2
	• Focal traumatic brain injury		S06.3
	• Epidural hemorrhage		S06.4
	• Traumatic subdural hemorrhage		S06.5
32.	Malignant neoplasm of brain		C71
33.	Benign neoplasm of brain and other parts of CNS		D33
34.	**Metabolic disorders**		
	• MELAS syndrome		G31.8
35.	**Other congenital malformation of brain**		
	• Holoprosencephaly		Q04.2
	• Septo-optic dysplasia		Q04.4
	• Megalencephaly		Q04.5
	• Congenital cerebral cysts		Q04.6
36.	Spina bifida		Q05
37.	**Other congenital malformations of skin**		
	• Incontinentiapigmenti		Q82.3
	• Phakomatoses, not elsewhere classified		Q85
	o Neurofibromatosis		Q85.0
	o Tuberous sclerosis		Q85.1
38.	**Chromosomal abnormalities**		
	• Down syndrome		Q90

2. CARDIOVASCULAR

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Acute pericarditis		I30
2.	Acute myocarditis		I40
3.	Acute rheumatic fever	With no heart involvement	I00
4.	Acute rheumatic fever	With heart involvement	I01._
5.	Bacterial endocarditis		I33.0
6.	Cardiac murmur		R01
7.	Cardiomyopathy		
		DCM	I42.0
		HOCM	I42.1
		Hypertrophic non-obstructive cardiomyopathy	I42.2
8.	Chronic rheumatic heart disease	Rheumatic MV disease *(specify type)*	I05._
		Rheumatic AV disease *(specify type)*	I06._
		Multiple valve disease *(specify type)*	I08._
		Other rheumatic heart disease	I09._
9.	Heart failure	*Specify type*	I50
10.	Kawasaki disease		M30.3
11.		MV prolapse	I34.1
12.	ASD		Q21.1
13.	Atrioventricular septal defects		Q21.2
14.	Coarctation of aorta		Q25.1
15.	DORV Taussig-Bing Syndrome		Q20.1
16.	PDA		Q25.0
17.	Tetralogy of Fallot		Q21.3
18.	Transposition of great arteries		Q20.3
19.	Truncus arteriosus		Q20.0
20.	Congenital cyanotic Heart Disease		Q24.9
21.	Congenital aortic valve stenosis		Q23.0
22.	Congenital pulmonary valve stenosis		Q22.1
23.	Supraventricular tachycardia		I47.1
24.	Ventricular septal defect		Q21.0

3. RESPIRATORY

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Acute nasopharyngitis/ URTI	Common cold	J00
2.	Acute pharyngitis	*Specify organism if possible*	J02._
		Streptococcal pharyngitis	J02.0
3.	Acute pharyngotonsillitis		J06.8
4.	Acute tonsillitis	*Specify organism if possible*	J03._
		Streptococcal tonsillitis	J03.0
5.	Acute bronchiolitis	*Specify organism if possible*	J21._
		due to RSV	J21.0
6.	Asthma	*State trigger*	J45.0
		Acute severe / status asthmaticus	J46
7.	Virus induced wheeze/ associated wheeze		J22, B97.8
8.	Allergic rhinitis	*Specify vasomotor, trigger type*	J30._
9.	Acute laryngotracheobronchitis /Croup	*Specify organism if possible*	J05._
		epiglotititis	J05.1
10.	Bronchiectasis		J47
11.	Empyema	With/without fistula *Specify organism if possible*	J43._
12.	Foreign body in respiratory tract	*Specify site* eg trachea, bronchus	T17._
13.	Laryngomalacia		Q31.5
14.	Tracheomalacia	Congenital/ acquired	Q32.1/ J39.8
15.	Pleural effusion	*Primary cause must be stated*	J91*
		Pleurisy with effusion	J90
16.	Pneumonia / bronchopneumonia	*Specify organism and site*	
		Bronchopneumonia	J18.0
		Lobar pneumonia	J18.1
		Pneumonia	J18.9
		Streptococcus	J13
		Viral	J12._
		- RSV	J12.1
		- Adenovirus	J12.0
		- Mycoplasma	J15.7
17.		Aspiration pneumonia state agent eg food, chemical	J69._
18.	Pneumothorax	*State spontaneous/ tension*	J93._
19.	Scoliosis	*Specify cause/ site*	M41._
20.	Sleep apnoea	central / obstructive	G47.3
21.	Subglottic stenosis	congenital	Q31.1
		acquired	J95.5

22.	Tonsillar and adenoid hypertrophy	Tonsillar hypertrophy	J35.1
		adenoid hypertrophy	J35.2
		adenotonsillar hypertrophy	J35.3
23.	Tracheostomy	Malfunction – obstructed, bleeding, sepsis, fistula	J95.0
24.	Attention to artificial openings eg tracheostomy tube change/ toiletting		Z43.0

4. GASTROENTEROLOGY

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Abdominal pain	Non specific Infantile colic	R10.4
2.	Constipation		K59.0
3.	Crohn's disease	Specify site of involvement	K50
4.	Cyclical vomiting		R11
5.	Duodenal ulcer		K26._
		Helicobacter pylori as the cause	B98.0
6.	Gastric ulcer		K25._
		Helicobacter pylori as the cause	B98.0
7.	Gastritis	acute gastritis	K29.1
		acute haemorrhagic gastritis	K29.0
8.	GERD		K21.9
9.	Hematemesis		K92.0
10.	Hepatic/Liver failure	*Specify acute/chronic and cause*	K72._
11.	Hepatitis (Non infective)	*Specify cause if possible* eg autoimmune	K75.9
12.	Intestinal malabsorption	*Specify cause if possible*	K90
13.	Intestinal obstruction	*Specify cause if possible*	K56._
		Intussusception	K56.1
14.	Irritable bowel syndrome	*State with or without diarrhoea*	K58._
15.	Malaena		K92.1
16.	Oesophageal varices	With/ without bleeding	I85._
17.	Rampant caries		K02
18.	Stomatitis	*State type* eg recurrent aphthous ulcer	K12._
19.	Ulcerative colitis	*Specify site of involvement*	K51._

5. NEPHRO/UROGENITAL

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Acute glomerulonephritis	Post streptococcal	N00._
2.	Acute pyelonephritis	*Specify infectious agent if identified*	N10
3.	Acute renal failure	*Specify morphology if biopsy done*	N17._
4.	Chronic nephritis	*Specify morphology if biopsy done*	N03._
5.	Chronic renal failure	*Specify stage (according to GFR)*	N18._
6.	Acute Cystitis	*Specify infectious agent/external agent if identified*	N30.0
7.	Hematuria		R31
		Recurrent or persistent *Specify morphology if biopsy done*	N02._
8.	Nephrotic syndrome	*Specify morphology if biopsy done*	N04._
9.	UTI	Site not specified *Specify infectious agent if identified*	N39.0

6. DERMATOLOGY

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Atopic Eczema		L20
2.	Infected eczema		L30.9
3.	Behcet Syndrome		M35.2
4.	Bullous Impetigo		L01.0
5.	Congenital ichthyosis		Q80.9
6.	Contact dermatitis	*Specify irritant*	L23._
7.	Dermatitits	*Specify type*	L30._
8.	Epidermolysis Bullosa		Q81.9
9.	Erythema Multiforme	Bullous	L51.1
		Non bullous	L51.0
		TEN	L51.2
10.	Hemangioma		D18.0
11.	KlippelTrenauney Weber syndrome		Q87.2
12.	Leprosy		A30._
13.	Molluscumcontagiosum		B08.1
14.	Psoriasis	*Specify type*	L40._
15.	Scabies		B86

16.	Seborrheic dermatitis	*Specify capitis or infantile*	L21._
17.	Diaper rash		L22
18.	Steven Johnson Syndrome		L51.1
19.	Tineacorporis		B35.4
20.	Tineacapitis		B35.0
21.	Tineaversicolor		B36.0
22.	Urticaria		L50._
23.	Viral warts		B07
24.	Vitiligo		L80
25.	Cutaneous abscess	*Specify site*	L02._

7. RHEUMATOLOGY

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Systemic lupus erythematosus	*Specify organ involvement*	M32._
2.	Juvenile Idiopathic Arthritis	*Specify type and site*	M08._

8. INFECTIOUS DISEASES

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Acute otitis media	Serous	H65.0
		Suppurative	H66.0
2.	Chronic otitis media	*Specify type*	H65._
3.	Acute viral hepatitis	*State type* eg A,B,C, others *and complications, if any*	B15 - B17
4.	Chronic viral hepatitis	*State type*	B18._
5.	Conjunctivitis	*State acute/chronic*	H10._
6.	CMV hepatitis		B25.1†, K77.0*
7.	Diarrhea and gastroenteritis	Presumed infectious origin *Specify organism if known*	A09.9
8.	Food Poisoning	*Specify causative agent if possible* Non specified agent	A05.9
9.	Herpes Simplex	*Specify site*	B00._
10.	Herpes zoster (shingles)		B02.9
11.	Varicella	chicken pox, *state complications if any*	B01._
12.	HFMD		B08.4
13.	Infectious Mononucleosis		B27.9
14.	Leptospirosis		A27.0
15.	Measles	*state complications if any*	B05._

16.	Mumps	*state complications if any*	B26._
17.	Otitis externa	unspecified	H60.9
18.	Parapertussis		A37.1
19.	Pertussis (whooping cough)		A37.0
20.	Asymptomatic Human immunodeficiency virus (HIV)/HIV positive		Z21
21.	HIV resulting in infectious and parasitic diseases (specify infectious agent if known)	+ mycobacterial infection	B20.0
		+ other bacterial infection	B20.1
		+ cytomegalovirus disease	B20.2
		+ other viral infections	B20.3
		+ candidiasis	B20.4
		+ other mycoses (cryptococcal) + Pneumocyctiscarinii pneumonia (PCP)	B20.5 B20.6
		+ multiple infections	B20.7
		+ Cerebral toxoplasmosis	B20.8
22.	HIV resulting in malignant neoplasm	+ Kaposi's sarcoma	B21.0
		+ Burkitt's lymphoma	B21.1
		+ non-Hodgkin's lymphoma	B21.2
		+ other malignant neoplasms of lymphoid, haematopoietic and related tissue	B21.3
		+ multiple malignant neoplasms	B21.7
23.	HIV resulting in other specified diseases	+encephalopathy	B22.0
		+ lymphoid interstitial pneumonitis	B22.1
		+ wasting syndrome	B22.2
24.	HIV resulting in other conditons	+ Acute HIV infection syndrome	B23.0
		+ (persistent) generalized lympadenopathy	B23.1
		+ haematological and immunological abnormalities	B23.2
25.	Rotavirus enteritis		A08.0
26.	Scabies		B86
27.	Scalded skin syndrome		L00
28.	Septicemi	*Specify organism if identified*	A41._
29.	Streptococcal septicemia	Specify strain if identified	A40._
30.	Pulmonary tuberculosis	bacteriologically or histologically confirmed	A15._

31.	Streptococcal septicemia	not confirmed bacteriologically or histologically	A16._
32.	Tuberculosis	Meningitis/CNS	A17._
		Miliary	A19._
		Tuberculosis of intestines, peritoneum and mesenteric glands	A18.3
33.	Thyphoid	Thyphoid fever	A01.0
		Parathyphoid fever	A01.4
34.	Viral fever/infection	unspecified site	B34.9
35.	PUO		R50.9

9. ENDOCRINOLOGY/NUTRITION

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Diabetes	Insulin-dependent	E10._
		Non-insulin dependent	E11._
		With ketoacidosis	E10.1 / E11.1
		State other complications if any	E10 – E14._
2.	Adrenogenital disorders	Congenital adrenal hyperplasia	E25.0
3.	Hypofunction	hypopituitarism	E23.0
		testicular hypofunction/ hypogonadism	E29.1
		postprocedural	E89.5
4.	Pubertal disorders	Delayed puberty	E30.0
		Precocious puberty	E30.1
		Premature thelarche	E30.8
5.	Hypoglycemia	spontaneous	E16.2
		Diabetic non coma	E14.6
		Due to drugs, *specify drug*	E16.0
6.	Hypoplasia	Adrenal congenital	Q89.1
		Pituitary congenital	Q89.2
		Congenital hypothyroidism	E03.1
		Micropenis	Q55.6
7.	Hypoparathyroidism	*Specify type*	E20._
8.	Obesity	Nutritional cause	E66.0
		Pickwickian syndrome	E66.2
9.	Short stature	Includes constitutional, non-specified	E34.3

10. HAEMATOLOGY

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Anemia	Nutritional Anemia specify type eg folate deficiency, vit B12 deficiency	D50 – D53
		Iron Deficiency Anemia	D50.0
		Aplastic Anemia specify type	D60 – D61
		Pure Red Cell Aplasia	D60._
		Congenital Dyserythropoietic Anemia	P61.4, D64.4
2.	Haemolytic Anemia	AIHA	D59.1
		G6PD deficiency	D55.0
		Hereditary Spherocytosis	D58.0
		Sickle Cell Anemia specify with/without crisis	D57._
3.	Thalassaemia	Thalassaemia Alpha	D56.0
		Thalassaemia Beta	D56.1
		HbE Beta Thalassaemia	D56.8
		HbE Thalassaemia	D56.8
		Thalassaemia trait	D56.3
4.	Haemophilia A		D66
	Haemophilia B		D67
	Von Willebrand's disease		D68.0
	Haemorrhagic disease of newborn		P53
5.	Purpura	HSP/ Vasculitis	D69.0
		Idiopathic / Immune Thrombocytopenic purpura	D69.3

11. METABOLIC DISORDERS

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Glycogen storage disease		E74.0
2.	Lesch-Nyhan syndrome		E79.1
3.	Maple-syrup urine disease		E71.0
4.	Methylmalonicacidemias		E71.1
5.	Mucopolysaccharidoses		E76.3
6.	Phenylketonuria		E70.0
7.	Urea cycle defects		E72.2
8.	Lysosomal storage disease		E77.0

12. PAEDIATRIC SURGERY

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Acute appendicitis	*State with/without perforation*	K35._
2.	Anorectal anomaly	*Specify with/without fistula*	Q42._
3.	Biliary atresia		Q44.2
4.	Hirschsprung disease		Q43.1
5.	Hydrocele	unspecified	N43.3
6.	Hypospadias	*specify type*	Q54._
7.	Inguinal hernia	*Specify type and complication*	K40._
8.	Intussusception		K56.1
9.	Trachea-oesophageal fistula	*Specify type*	Q39._
10.	Undescended testis	*Specify uni/bilateral*	Q53._

13. ONCOLOGY

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Hepatoblastoma		C22.2
2.	Hodgkin's disease	*Specify morphology*	C81._
3.	Lymphoid leukaemia	*Specify acute/chronic and morphology*	C91._
		ALL	C91.0
4.	Myeloid leukaemia	Acute	C92.0
		Chronic	C92.1
5.	Medulloblastoma		C71.6
6.	Langerhan cell histiocytosis		D76
7.	Non-Hodgkin's lymphoma	*Specify morphology*	C82._/C83._
		Burkitt's tumour	C83.7
		Large cell	C82.1
8.	Retinoblastoma		C69.2
9.	Rhabdomyosarcoma	*Specify site*	C49._
10.	Osteosarcoma	*Specify site*	C41._
11.	Wilm's tumour		C64

14. CHROMOSOMAL DISORDERS

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	Down syndrome	*Specify meiotic non disjunction/ mosaicism/ translocation*	Q90
2.	Patau Syndrome		Q91.4- Q91.7
3.	Edward syndrome		Q91.0- Q91.3
4.	Marfan syndrome		Q87.4

5.	Neurofibromatosis		Q85.0
6.	Noonan syndrome	Congenital malformation predominantly associated with short stature	Q87.1
7.	Prader-Willi syndrome		Q87.1
8.	Russell-Silver syndrome		Q87.1
9.	Seckel syndrome		Q87.1
10.	Turner syndrome		Q96.9

15. ADOLESCENT MEDICINE

No	Possible diagnosis description	Subcategory	ICD-10 Code
1.	ADHD		F90.0
2.	Anxiety disorders	*specify type*	F40
3.	Conduct disorder		F91
4.	Dietary counselling	any reason	Z71
5.	Eating disorder		F50
6.	High risk sexual behaviour		Z72.5
7.	Incest	by whom if known	Z61.4
8.	Neglect	include emotional	Z62.4
9.	Physical abuse	for observation	Z61.6
10.	Physical abuse	(state nature of injury and by whom if known)	T74.8
11.	Post-traumatic stress disorder		F43.1
12.	Sexual assault	(state nature of injury including rape/ sodomy and by whom if known)	T74.2
13.	Somatization disorder		F45.0
14.	Tension headache		G44.2
15.	Unwanted pregnancy		Z64.0

16. SCAN (Suspected Child Abuse and Neglect)

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Child abuse and neglect	Abandonment/neglect (by whom if possible)	T74.0
2.		Physical abuse, *(state injuries and by whom if possible)*	T74.1
3.		Sexual abuse *(state nature of injury including rape/ sodomy and by whom if possible)*	T74.2

17. FOETUS AND NEWBORN AFFECTED BY MATERNAL CONDITIONS UNRELATED TO PRESENT PREGNANCY

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Maternal hypertension		P00.0
2.	Maternal Renal Disease		P00.1
3.	Maternal Infections	Examples: TB, Dengue, Syphilis, Gonorrhoea, Herpes, Chickenpox, Hepatitis A,B, HIV	P00.2
4.	Maternal Cardiorespiratory diseases		P00.3
5.	Other maternal conditions	Example Maternal SLE Shock/Collapse	P00.8
6.	Maternal Cervical incompetence		P01.1
7.	Premature rupture of membranes (PROM)		P01.1
8.	Oligohydramnios		P01.2
9.	Polyhydramnios		P01.3
10.	Multiple pregnancies		P01.5
11.	Maternal Death		P01.6
12.	Malpresentation before labour	Breech External version Face presentation Transverse lie Unstable lie	P01.7
13.	Placenta Praevia		P02.0
14.	Abruptio placenta		P02.1
15.	Twin-to Twin transfusion syndrome		P02.3
16.	Cord prolapsed		P02.4
17.	Cord around neck		P02.5
18.	Maternal Chorioamnionitis		P02.7
19.	Breech delivery		P03.0
20.	Malpresentation/ malposition during labour and delivery	Transverse lie	P03.1
21.	Forceps delivery		P03.2
22.	Vacuum delivery		P03.3
23.	Caesarean delivery		P03.4
24.	Maternal anaesthesia and analgesia in pregnancy, labour and delivery		P04.0
25.	Other maternal medication	Cancer chemotherapy Cytotoxic drugs	P04.1
26.	Maternal smoking		P04.2

27.	Maternal use of alcohol	Excludes fetal alcohol syndrome	P04.3
28.	Maternal drug abuse		P04.4

18. DISORDERS RELATED TO LENGTH OF GESTATION AND FOETAL GROWTH

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Extreme prematurity < 28 weeks		P07.2
2.	Prematurity 28 – 37 weeks		P07.3
3.	Extremely low birth weight (ELBW)	Birth weight < 999gm	P07.0
4.	Very Low birth weight VLBW (1000-1500g)		P07.1
5.	Low Birth Weight LBW (1500 – 2499g)		P07.1
6.	Term Small for Gestational Age (SGA)		P05.1
7.	Large for gestational age/ Macrosomic baby		P08.1
8.	Exceptionally large baby	Weight ≥ 4.5kg	P08.0
9.	Post-date/Post term Infant		P08.2

19. BIRTH TRAUMA

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Intracerebral/Intracranial Haemorrhage due to birth Injury		P10.1
2.	Intraventricular Haemorrhage due to birth Injury		P10.2
3.	Subarachnoid Haemorrhage due to birth Injury		P10.3
4.	Cephalohaematoma		P12.0
5.	Chignon due to birth Injury		P12.1
6.	Epicranial subaponeurotic haemorrhage due to birth injury		P12.2
7.	Bruising of scalp due to birth injury		P12.3
8.	Other birth injuries to scalp	Laceration, haematoma	P12.8
9.	Skull fracture due to birth Injury		P13.0
10.	Fracture Femur due to birth Injury		P13.2
11.	Fracture other long bone due to birth injury	Humerus	P13.3
12.	Fracture of clavicle due to birth injury		P13.4

13.	Erb's Palsy/Paralysis due to birth Injury		P14.0
14.	Facial congestion due to birth injury		P15.4
15.	Birth Injury to Eye		P15.3

20. INTRAUTERINE AND BIRTH ASPHYXIA

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Intrauterine hypoxia noted before onset of labour		P20.0
2.	Intrauterine hypoxia noted during labour and delivery		P20.1
3.	Neonatal Encephalopathy	Severe: Apgar score at 1 min score 0-3	P21.0
		Mild-moderate: Apgar score at 1 min score 4-7	P21.1

21. INFECTIONS SPECIFIC TO THE PERINATAL PERIOD

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Congenital Viral Infection	Rubella	P35.0
		CMV	P35.1
		Herpes	P35.2
		Varicella Zoster	P35.8
2.	Bacterial Sepsis of Newborn	Group B Streptococcus	P36.0
		Other Streptococci	P36.1
		Staphylococcus aureus	P36.2
		Other Staphylococci	P36.3
		E. coli	P36.4
		Anaerobes	P36.5
3.	Congenital Infectious and Parasitic Infection	Tuberculosis	P37.0
		Toxoplasmosis	P37.1
		Listeriosis	P37.2
		Candidiasis	P37.5
4.	Omphalitis/ Umbilical sepsis		P38
5.	Neonatal Infective mastitis	Exclude breast engorgement of newborn	P39.0
6.	Neonatal Conjunctivitis and dacryocystitis	Neonatal Chlamydia conjunctivitis	P39.1
		Ophthalmianeonatorum	P39.1
		OphthalmiaNeonatorum due to Gonococcus	A54.3
7.	Neonatal UTI		P39.3

22. HAEMORRHAGIC AND HAEMATOLOGICAL DISORDERS OF FOETUS AND NEWBORN

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Foetal Blood Loss	Feto-maternal haemorrhage	P50.4
		Twin to twin transfusion syndrome	P50.3
		From placenta	P50.2
		From ruptured cord	P50.1
		From vasa praevia	P50.0
2.	Intracranial Haemorrhage (non-traumatic)	IVH grade 1	P52.0
		IVH grade 2	P52.1
		IVH grade 3	P52.2
		Subarachnoid haemorrhage	P52.5
		Other intracranial haemorrhage	P52.8
3.	Haemorrhagic Disease of Newborn/ Vit K deficiency		P53
4.	Neonatal Haematemesis	Exclude swallowed maternal blood	P54.0
5.	Neonatal Malaena	Exclude swallowed maternal blood	P54.1
6.	Hydrops Fetalis due to haemolytic disease	Secondary to isoimmunisation	P56.0
		Secondary to others and unspecified	P56.9
7.	Hydrops Fetalis not due to haemolytic disease		P83.2
8.	Polycythaemia		P61.1
9.	Anaemia of Prematurity		P61.3
10.	Transient neonatal thrombocytopenia	Due to: • Exchange transfusion • Idiopathic maternal thrombocytopenia • Neonatal alloimmune thrombocytopenia (NAITP) • Isoimmunization	P61.0

23. CARDIOVASCULAR DISORDERS ORIGINATING IN THE PERINATAL PERIOD

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Congenital Malformation of cardiac chamber	DORV	Q20.1
		DOLV	Q20.2

		Double Inlet Ventricle	Q20.4
		Truncus Arteriosus	Q20.0
		TGA (complete) ccTGA	Q20.3
		Isomerism with asplenia or polysplenia	Q20.6
2.	Congenital Malformation of cardiac septa	VSD	Q21.0
		ASD	Q21.1
		AVSD	Q21.2
		TOF	Q21.3
3.	Congenital Malformation of pulmonary and tricuspid valve	Pulmonary valve atresia	Q22.0
		Pulmonary valve stenosis	Q22.1
		Tricuspid stenosis/atresia	Q22.4
		Ebstein's anomaly	Q22.5
		Hypoplastic Right Heart	Q22.6
4.	Congenital Malformation of aortic and mitral valve	Aortic stenosis/atresia	Q23.0
		Bicuspid aortic valve	Q23.1
		Mitral atresia/stenosis	Q23.2
		Hypoplastic Left Heart Syndome	Q23.4
5.	Other congenital malformation of heart	Dextrocardia	Q24.0
		Levocardia	Q24.1
		Co-triatriatum	Q24.2
		Pulmonary Infundibular stenosis	Q24.3
		Congenital coronary aneurysm	Q24.5
		Congenital Heart Block	Q24.6
6.	Congenital Malformation of Great Arteries	Persistent Ductus Arteriosus	Q25.0
		Coarctation of Aorta	Q25.1
		Aortic stenosis	Q25.3
		Aortic atresia	Q25.2
		Hypoplastic Aortic Arch	Q25.4
		Double Aortic Arch(Vascular Ring)	Q25.4
		Pulmonary artery atresia	Q25.5
		Pulmonary artery stenosis	Q25.6
7.	Congenital Malformation of Great Veins	TAPVD	Q26.2
		PAPVD	Q26.3
8.	Other Congenital malformations of peripheral vascular	Single Umbilical artery	Q27.0
9.	Other Congenital Malformations of circulatory system	Arteriovenous Malformation of cerebral vessels	Q28.2
10.	Neonatal Cardiac Dysrhythmia		P29.1

24. RESPIRATORY DISORDERS SPECIFIC TO PERINATAL PERIOD

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Transient tachypnoea of the newborn		P22.1
2.	Respiratory Distress of the newborn (Hyaline Membrane syndrome)		P22.0
3.	Congenital pneumonia	*Specify Organism*	P23._
4.	Meconium aspiration syndrome		P24.0
5.	Persistent Pulmonary Hypertension of the Newborn (PPHN)		P29.3
6.	Neonatal Aspiration of milk and regurgitation		P24.3
7.	Pneumothorax		P25.1
8.	Pneumomediastinum		P25.2
9.	Pneumopericardium		P25.3
10.	Pulmonary Haemorrhage		P26.1
11.	Pulmonary Interstitial Emphysema		P25.0
12.	Wilson-Mikity Syndrome		P27.0
13.	Bronchopulmonary Dysplasia/Chronic Lung Disease		P27.1
14.	Apnoea of newborn	Primary Sleep apnoea	P28.3
		Apnoea of Prematurity	P28.4

25. NEONATAL JAUNDICE

No	Possible diagnosis description	ICD-10 code
1.	Physiological jaundice (NNJ)	P59.9
2.	NNJ secondary to ABO incompatibility	P55.1
3.	NNJ secondary to Rhesus incompatibility	P55.0
4.	NNJ secondary to Minor blood group incompatibility	P59.8
5.	NNJ secondary to cephalhaematoma	P59.8
6.	NNJ secondary to Subaponeurotic haemorrhage	P59.8
7.	NNJ secondary to polycythaemia	P58.3
8.	NNJ secondary to bruising	P58.0
9.	Breastmilk Jaundice	P59.3
10.	Breastfeeding Jaundice	P59.8
11.	Neonatal Hepatitis Syndrome	P59.2
12.	Neonatal jaundice secondary to UTI/Infection	P58.2
13.	Acute Bilirubin encephalopathy (Kernicterus)	P57._
14.	Prolonged jaundice	P59.9
15.	Prolonged jaundice admitted for investigation (no Rx)	Z03.8
16.	Inspissated Bile Syndrome	P59.1

26. TRANSITORY ENDOCRINE AND METABOLIC DISORDERS

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Infant of gestational diabetic mother		P70.0
2.	Infant of mother with diabetes complicating pregnancy (pre-existing diabetes)		P70.1
3.	Neonatal Diabetes mellitus		P70.2
4.	Transient neonatal hypoglycaemia		P70.4
5.	Neonatal hypocalcaemia	Due to Cow's milk	P71.0
		Other causes *(specify)*	P71.1
		Transient hypo-parathyroidism	P71.4
6.	Neonatal Hypomagnesaemia		P71.2
7.	Transient neonatal thyrotoxicosis		P72.1
8.	Transient neonatal hypothyroidism		P72.2
9.	Dehydration of newborn		P74.1
10.	Hypernatraemia/ hyponatraemia		P74.2
11.	Hyperkalaemia/ hypokalaemia		P74.4

27. DIGESTIVE SYSTEM DISORDER OF FOETUS AND NEWBORN

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Meconium ileus		P76.1
2.	Meconium plug syndrome		P76.0
3.	Other specified intestinal obstruction of newborn	Malrotation	P76.8
4.	Necrotizing Enterocolitis (NEC)		P77
5.	Intestinal Perforation	Meconium Peritonitis	P78.0
6.	Other Peritoneal Peritonitis		P78.1
7.	Neonatal haematemesis and malaena due to swallowed maternal blood		P78.2
8.	Regurgitation in newborn		P92.1
9.	Poor sucking/slow feeding		P92.2
10.	Underfeeding/Inadequate feeding		P92.3
11.	Overfeeding		P92.4
12.	Poor sucking at breast		P92.5
13.	Other Feeding problems of newborn		P92.8

28. CONDITIONS INVOLVING INTEGUMENT AND TEMPERATURE REGULATION

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Hypothermia of newborn	Mild Hypothermia	P80.8
2.	Erythema toxicum		P83.1
3.	Breast Engorgement of newborn		P83.4
4.	Congenital Hydrocele		P83.5

29. CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Anencephaly	*Specify type*	Q00._
2.	Encephalocele	*Specify type*	Q01._
3.	Microcephaly		Q02
4.	Congenital Hydrocephalus	*Specify type*	Q03._
5.	Agenesis of Corpus Callosum		Q04.0
6.	Holoprosencephaly		Q04.2
7.	Other reduction deformities of brain	Hydranencephaly Lissencephaly Pachygyria	Q04.3
8.	Spina Bifida	*Specify type*	Q05._
9.	Spina Bifida Occulta		Q76.0
10.	Choanal atresia/stenosis		Q30.0
11.	Congenital Laryngomalacia		Q31.5
12.	Lung sequestration		Q33.2
13.	Cleft palate	*Specify soft/hard/uvula*	Q35._
14.	Cleft Lip	*Specify bilateral/ median/unilateral*	Q36._
15.	Cleft Lip and Palate	*Specify soft/hard/uvula* *Specify bilateral/ median/unilateral*	Q37._
16.	Tracheo-oesophageal fistula	With oesophageal atresia	Q39.1
		Without oesophageal atresia	Q39.2
17.	Imperforate anus		Q42.3
18.	Anorectal Anomaly	With fistula Without fistula	Q42.0 Q42.1
19.	Hirschsprung's disease		Q43.1
20.	Cloaca anomaly		Q43.7

21.	Undescended testes	*Specify site*	Q53.
22.	Hypospadias	*Specify site*	Q54._
23.	Potter's Syndrome		Q60.6
24.	Cystic Kidney Disease	PCKD AR	Q61.1
		PCKD AD	Q61.2
25.	Vesico-uretero-reflux		Q62.7
26.	Congenital Hydronephrosis		Q62.0
27.	Congenital Posterior Urethral Valves		Q64.2
28.	Congenital dislocation of hip / Developmental Dysplasia of hip	*Specify site*	Q65._
29.	Congenital talipes-equinovarus (CTEV)		Q66.0
30.	Sternomastoid tumor		Q68.0
31.	Polydactyly		Q69.9
32.	Craniosynostosis		Q75.0
33.	Achondroplasia		Q77.4
34.	Congenital diaphragmatic hernia		Q79.0
35.	Exomphalos/ Omphalocoele		Q79.2
36.	Gastroschisis		Q79.3
37.	Down's Syndrome	*Specify site*	Q90._
38.	Edwards' Syndrome		Q91.3
39.	Patau's Syndrome		Q91.7
40.	Ambiguous genitalia		Q56.4
41.	Osteogenesisimperfecta		Q78.0
42.	Prune Belly Syndrome		Q79.4
43.	Fetal Alcohol Syndrome		Q86.0

30. OTHER DISORDERS ORIGINATING IN PERINATAL PERIOD

No	Possible diagnosis description	ICD 10 Code
1.	Neonatal seizure	P90
2.	Benign neonatal convulsion	G40.3
3.	Periventricular Leukomalacia	P91.2
4.	Neonatal Withdrawal/Abstinence Syndrome secondary to maternal drug addiction	P96.1

31. MISCELLANEOUS

No	Possible diagnosis description	Subcategory	ICD 10 Code
1.	Failure to thrive	*Specify cause if identified*	
		Non specified cause	R62.8
2.	Delayed milestones	Global and isolated	R62.0
3.	Foreign body	*Specify site*	T17._/T18._

Section 6

ORTHOPAEDICS

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

The tables below show what information should be recorded for the respective condition/disease, as well as some examples.

Whenever possible, please record all information as mentioned below. At a minimum, the General Description and General Location is required.

Note: † denotes the main condition code;
** denotes the secondary condition code that must be recorded as well.*

1. INJURIES

1.1. FRACTURES

General Description	Specific Description	General Location	Specific Location
Specify Open/Close	Common Classification Eg. Gustillo Classification	Specify Side And Bone Involved	Specify Location on Specific Bone
Example of possible diagnosis description			**ICD-10 Codes**
Open fracture Grade II of distal end left humerus and closed fracture mid-shaft right tibia			T02.61, S42.41, S82.20
Closed fracture mid-shaft of right femur			S72.30

1.2. DISLOCATIONS

General Description	Specific Description	General Location	Specific Location
Specify Direction – Anterior/ Posterior/ Multi Directional	Dislocation / Subluxation	Specify Side and Joint Affected	-
Example of possible diagnosis description			**ICD-10 Codes**
Anterior dislocation left shoulder			S43.0
Dislocation of left ankle			S93.0

1.3. NERVE INJURIES

General Description	Specific Description	General Location	Specific Location
Complete, Incomplete	Neurotmesis/ Axonotmesis/ Neuroprexiaetc	Specify Upper Or Lower Limb Or Nerve Name And Side	Specify Level
Example of possible diagnosis description			**ICD-10 Codes**
Incomplete transection of T1 spinal cord			S24.1

1.4. VESSEL INJURIES

General Description	Specific Description	General Location	Specific Location
Specify type of injury	-	Specify side and limb affected (level)	Give specific vessel name
Example of possible diagnosis description			**ICD-10 Codes**
Transection of right radial artery at wrist			S65.1

1.5. LIGAMENT/MENISCUS INJURIES

General Description	Specific Description	General Location	Specific Location
Specify Sprain/ Tear/ Rupture/ Bucket Handle/ Radial Tear (Meniscus)	Grade Of Injury	Specify Side and Limb Affected	Specify Ligament Name
Example of possible diagnosis description			**ICD-10 Codes**
Sprain of anterior talo-fibular ligament of right foot			S93.4
Right Anterior Cruciate Ligament tear			S83.5

1.6. TENDON/MUSCLE INJURIES

General Description	Specific Description	General Location	Specific Location
Specify Rupture/Cut	Specify Compartment Involved (Flexor/ Extensor) Or Which Part Of Tendon (Long Head Or Short Head)	Specify Limb And Side Affected	Specify Muscle Name
Example of possible diagnosis description			**ICD-10 Codes**
Rupture long head of biceps muscle of left arm			S46.1

1.7. CRUSH INJURIES

General Description	Specific Description	General Location	Specific Location
-	-	Specify Limb Or Joint and Side Affected	-
Example of possible diagnosis description			**ICD-10 Codes**
Crush injury of left thigh			S77.1

1.8. TRAUMATIC AMPUTATIONS

General Description	Specific Description	General Location	Specific Location
-	-	Specify Limb Or Joint and Side Affected	Specify Level Of Amputation (At Joint Or Bone Level)
Example of possible diagnosis description			**ICD-10 Codes**
Traumatic amputation of left finger middle phalanx			S68.1

1.9. WOUNDS

General Description	Specific Description	General Location	Specific Location
Specify Type ie. Abrasion, Laceration, Puncture, Stab, Contusion etc	Specify Superficial Or Deep, Open Or Penetrating Into Cavity/Joint	Specify Limb Or Joint and Side Affected	-
Example of possible diagnosis description			**ICD-10 Codes**
Superficial laceration wound of right cheek			S01.4

2. COMPLICATIONS ASSOCIATED WITH TRAUMA OR PROCEDURE

General Description	Specific Description	General Location	Specific Location
Specify complication	-	Specify organ/limb and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Fat Embolism Syndrome Post Right Hip Replacement Surgery			T84.8
Pulmonary Embolism due to Deep Vein Thrombosis			I26.9
Deep Vein Thrombosis			I80.2
Compartment Syndrome of Right Calf			T79.6
Traumatic Subcutaneous Emphysema Post Left Chest Tube Insertion			T81.8
Infected Ulna Plate Implant of Right Arm			T84.6

3. ATHROPATHIES

General Description	Specific Description	General Location	Specific Location
Specify ie Rheumatoid Arthritis, Osteoarthritis, Gouty Arthritis etc	Specify type if inflammatory arthritis	Specify bone or joints and side involved Specify other organ involvement if applicable	For spine, specify spinal level
Example of possible diagnosis description			**ICD-10 Codes**
Rheumatoid Arthritis of right and left wrists with rheumatoid polyneuropathy			M05.33†, G63.6*
Osteoarthritis of L5 spine			M47.96
Primary Gouty Arthritis of first Tarsal-Metatarsal Joint of Right Foot			M10.07

4. INFECTIONS

4.1 DIABETIC ULCERS

General Description	Specific Description	General Location	Specific Location
Specify type of Diabetes mellitus; ie. IDDM or NIDDM	Specify Grading of Ulcers Specify causative organism Specify any other complication of the ulcer ie. Gangrene, Neuropathy	Specify limb and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
NIDDM with Diabetic Foot Ulcer of right foot due to *E. coli* infection			E11.5, B96.2

4.2 OSTEOMYELITIS

General Description	Specific Description	General Location	Specific Location
Specify Acute/Subacute/ Chronic	Specify causative organism Specify other etiology/ features ie haematogenous/ multifocal/ draining sinus etc	Specify bone/limb and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Chronic Osteomyelitis of right tibia with draining sinus due to *Pseudomonas aeruginosa*			M86.46, B96.5

4.3 OTHER ORTHOPAEDIC INFECTIONS

General Description	Specific Description	General Location	Specific Location
Specify type of infection ie cellulitis/ abscess/ necrotizing fasciitis etc	Specify causative organism Specify any other associated conditions	Specify limb/body part and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Deep abscess of right thigh due to *Klebsiellasp*			L02.4, B96.8

5. NEOPLASMS

General Description	Specific Description	General Location	Specific Location
Specify type ie benign/carcinoma-in-situ/ carcinoma/ sarcoma etc	Specify primary or metastatic disease Specify any metastasis site(s) if it is primary Specify any functional activity of the tumour	Specify limb/joint and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Primary osteosarcoma of right scapula with metastasis to right lung			C40.0, C78.0

6. OTHER PATHOLOGIES

6.1 DISORDERS OF SYNOVIUM AND TENDON

General Description	Specific Description	General Location	Specific Location
Specify type ie Ganglion, synovitis etc	-	Specify limb/joint and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Trigger finger of right index finger			M65.34
Ganglion of left wrist			M67.4

6.2 DORSOPATHIES

General Description	Specific Description	General Location	Specific Location
Specify type ie infectious/ deforming etc	Specify any etiology	Specify level of spinal cord involved	Specify any specific nerve involvement
Example of possible diagnosis description			**ICD-10 Codes**
Juvenile idiopathic thoracolumbar kyphoscoliosis			M41.15
Prolapsed Intervertebral Disc of L4/L5 Spine with radiculopathy			M50.1†, G55.1*
Tuberculosis of T12/L1 Spine			A18.0†, M49.05*

6.3 NERVE, NERVE ROOT AND PLEXUS DISORDERS

General Description	Specific Description	General Location	Specific Location
Specify type of neuropathy ie palsy, GuillainBarre Syndrome etc	Specify any associated etiology	Specify nerve/ nerve root/ plexus and side involved	-
Example of possible diagnosis description			**ICD-10 Codes**
Right ulnar nerve palsy			G56.2
Thoracic outlet symdrome			G54.0

Section 7

EXTERNAL CAUSES

Online edition is available at

http://medicaldev.moh.gov.my/casemix/resources/

Section Notes:

This section describes how external causes of morbidity and mortality should be recorded and what information to be included. External causes are supplementary conditions to be used in addition to the main/principal condition.

External causes should be directly related to the **CURRENT** admission. If the external cause is not related to the current admission, it is not necessarily recorded in the Admit/Discharge sheet.

Eg. Patient admitted for infected femur implant with history of car accident 4 months ago.

In this case, the external cause is not the car accident 4 months ago. The external cause should be any factor that contributed to the infected implant. If desired, the previous car accident may be recorded as '*History of car accident 4 months ago*'.

Note: Conditions which are *History of ...* are NOT external causes. They fall under Chapter XXI of the ICD-10: Factors influencing health status and contact with health services.

As a general rule, record the external cause including

i. Place of Occurrence and
ii. Activity the patient was involved in at the time.

The conditions described here are never to be used as the Main Diagnosis. They can only be used as a Secondary Diagnosis.

1. TRANSPORT ACCIDENTS

Position of Victim	Vehicle/Object Involved	Activity	ICD-10 Codes
Specify Position In/Around Vehicle eg. Driver, Passenger, Pedestrian etc	Specify Type eg. Car, Motorbike, Boat, Barrier etc	Specify eg. During Sports, While Work etc	V01._-V99._
Example of possible external cause description			**ICD-10 Codes**
Passenger of car, colliding with a motorbike while going to work			V42.62
Motorcycle passenger hitting a tree			V27.59
Fall from a tractor while working at farm			V84.92
Car driver crushed by falling air craft			V97.39

2. OTHER ACCIDENTAL INJURY

Nature of Injury	Factor Involved	Place Of Occurrence	Activity	ICD-10 Codes
Specify eg. Fall, Drowning, Contact etc	Specify Instruments Used/ Compound Exposed/ Weapons Involved etc	Specify eg. Home, Office, Road, Field etc	Specify eg. During Sports, While Work etc	W00._-X59._
Example of possible external cause description				**ICD-10 Codes**
Accidental drowning in swimming pool at hotel while swimming				W67.50
Bit by centipede while hiking in the forest				X24.80

3. INTENTIONAL SELF-HARM

Nature of Injury	Substance/ Instrument Involved	Place Of Occurrence	Activity	ICD-10 Codes
Specify eg. Poisoning, Hanging, Drowning, Jumping etc *+mention that injury was Intentional*	Specify Drugs, Instruments, Chemical, Weapons etc	Specify eg. Home, Office, Road, Field etc	Specify eg. During Sports, While Work etc	X60._-X84._
Example of possible external cause description				**ICD-10 Codes**
Intentional poisoning with digitalis at home				X64.09

4. ASSAULT AND MISTREATMENT

Nature of Injury	Substance/ Instrument Involved	Place Of Occurrence	Activity	ICD-10 Codes
Specify eg Assault, Neglect, Abandonment	Specify Drugs, Chemical, Weapons, Bodily Force etc	Specify eg. Home, Office, Road, Field etc	Specify eg. During Sports, While Work etc	X85._- Y09._

Example of possible external cause description	ICD-10 Codes
Injured by bomb shrapnel while leaving entertainment outlet	X96.51

5. EVENT OF UNDETERMINED INTENT

Nature of Injury	Substance/ Instrument Involved	Place Of Occurrence	Activity	ICD-10 Codes
Specify eg. Poisoning, Hanging, Drowning, Jumping etc *+mention that intention was Undetermined*	Specify Drugs, Instruments, Chemical, Weapons etc	Specify eg. Home, Office, Road, Field etc	Specify eg. During Sports, While Work etc	Y10._- Y34._

Example of possible external cause description	ICD-10 Codes
Undetermined intentof paraquat poisoning while working in factory	Y18.62

6. LEGAL INTERVENTION AND OPERATIONS OF WAR

Nature of Event	Method/ Instrument Involved	ICD-10 Codes
Specify Legal Intervention eg Police, Army etc	Specify eg. Weapon, Chemicals etc	Y35._
Operations Of War	Specify Involvement Of Weapons, Explosions etc	Y36._

Example of possible external cause description	ICD-10 Codes
Hit by baton by police officer during rally	Y35.3
Hit by mortar shell fragment during skirmish with army	Y36.2

7. COMPLICATIONS OF MEDICAL AND SURGICAL CARE

Condition	Substance/ Drug/ Device/ Procedure Involved	ICD-10 Codes
Drugs, Medicaments And Biological Substances Causing Adverse Effects In Therapeutic Use	Specify Drugs/ Chemicals/ Vaccines	Y40._-Y59._
Misadventures To Patient During Surgical And Medical Care	Specify **Unintentional** Cut/ Foreign Object/ Failure In Dosage During Specific Procedure	Y60._-Y69._
Medical Devices Associated With Adverse Incidents In Diagnostic And Therapeutic Use	Mention Breakdown Or Malfunctioning Of A Specific Device (Anaesthesiology/Cardiovascular Radiological etc.) For Specific Purposes (Diagnostic/ Therapeutic/ Implants/ Surgical Instruments)	Y70._-Y82._
Surgical And Medical Procedures As The Cause Of Abnormal Reaction To The Patient, Or Later Complication	Specify Surgical Procedures/ Medical Procedures	Y83._-Y84._

Example of possible external cause description	ICD-10 Codes
Diarrhoea as adverse effect of erythromycin (macrolide)	Y40.3
Accidental perforation of descending colon during diagnostic colonoscopy	Y60.4
Expired battery in Implanted Cardio defibrillator Device	Y71.1
Complication of previous laparotomy	Y83.8

8. SEQUELAE (CIRCUMSTANCES AS THE CAUSE OF DEATH, IMPAIRMENT OR DISABILITY FROM SEQUELAE OR 'LATE EFFECTS', OCCURING 1 YEAR OR MORE AFTER THE ORIGINATING EVENT)

Originating Event	Event/ Drugs/ Device Involved	ICD-10 Codes
Specify **Sequelae** Of Accidents/ Self-Harm/ Assault/ Effects Of Surgical Or Medical Procedure	Specify Vehicle/ Drugs/ Chemicals/ Surgical Or Medical Device	Y85._-Y89._

Example of possible external cause description	ICD-10 Codes
Sequelae of MVA (car) 5 years ago	Y85.0
Sequelae of perforation during OGDS 2 years ago	Y88.1

Feedback

The Medical Development Division aims to further improve the contents of this reference manual. We encourage you, the users of this book, to provide feedback with suggestions for improvements that can be added to future revisions.

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