



**Definitions for
Health Care Quality Indicators
2016-2017 HCQI Data Collection**

TABLE OF CONTENTS

TABLE OF CONTENTS	2
GLOSSARY	3
DEFINITIONS BY AREA OF WORK AND INDICATOR	4
PRIMARY CARE.....	5
PRESCRIBING IN PRIMARY CARE	18
ACUTE CARE	20
PATIENT SAFETY	23
MENTAL HEALTH CARE	42
CANCER CARE.....	425
PATIENT EXPERIENCES	46
APPENDIX A - ICD-10 CODE LIST FOR MDC-14	51
APPENDIX B - ICD 10 CODE LIST FOR MDC-15	61
APPENDIX C - CARDIAC PROCEDURE CODES.....	65
APPENDIX D - ICD-9-CM ABDOMINOPELVIC PROCEDURE CODES.....	69
APPENDIX E – W-1 CODE LIST FOR ICD-10 WHO IMMUNOCOMPROMISED STATE CODES	78
APPENDIX F – W-2 CODE LIST FOR ICD-10 WHO CANCER CODES	83
APPENDIX G – W-2 CODE LIST FOR ICD-10 WHO INFECTION CODES.....	94

GLOSSARY

The following glossary has been developed to clarify the meaning of key concepts used to specify the indicators for the 2016-17 HCQI data collection:

- **Admission/separation/discharge:** Admission follows a clinical decision that a patient requires same-day or overnight hospital care or treatment. Separation or discharge is the process by which care for an admitted patient ceases either due to discharge from the hospital or death⁵. For the purposes of these guidelines the three terms are considered interchangeable, allowing for countries to choose the data source readily available in their context (admission, discharge or separation databases). Thus, indicator and glossary definitions using these terms should be read as referring to any of the three possibilities unless indicated otherwise.
- **Admission-Based Calculation:** The unit of counting is a patient admission and does not require unique patient identification and the linking of related admissions. This means each admission is counted for the purposes of calculating indicator rates, regardless of whether a patient has multiple admissions within the specified period or not.
- **Patient-Based Calculation:** The unit of counting is a patient that can be individually tracked through several admissions and requires unique patient identification and the linking of related admissions within a specified period. Only one admission per patient is counted for the purposes of calculating indicator rates; in the case of multiple admissions during the specified year, specific criteria are established for each indicator regarding the selection of the index admission (e.g. last admission for AMI and Stroke 30-day mortality rates).
- **Same Day Admission:** Admissions with a length of stay less than 24 hours. In those countries where a timestamp of admission or discharge is not available, cases with a length of stay of 0 days will qualify for same day admission.
- **Average Length of Stay (ALOS):** The total number of days of stay in hospital(s) divided by the associated total number of admissions for the specified period.
- **Principal diagnosis (PDx)** follows one of two approaches:
 - A. the PDx is the condition established after early clinical evaluation to be chiefly responsible for causing the hospitalisation (‘*condition held chiefly responsible*’ approach).
 - B. the PDx is the diagnosis that is finally established to be the main reason for the hospital stay; that is demanding the most resources/medical effort over the course of the patients stay (‘*condition demanding the most resources*’ approach).
- **Secondary diagnosis (SDx):** Comorbid conditions for which the patient received treatment and consumed hospital resources in addition to those conditions considered to be the principal diagnosis.
- **Year:** for the purpose of these guidelines, a year refers to a calendar year, starting the 1st of January and ending the 31st of December.

DEFINITIONS BY AREA OF WORK AND INDICATOR

The OECD Health Care Quality Indicators (HCQI) are measures of health care quality that make use of readily available national hospital inpatient administrative data and other data sources.

The structure of the indicators based on hospital administrative data generally consists of definitions based on ICD-9-CM and ICD-10-WHO diagnosis and procedure codes. Inclusion and exclusion criteria are based upon DRGs: sex, age, procedure dates, and admission type. The numerator is equal to the number of cases flagged with the complication or event of interest, for example, postoperative sepsis, avoidable hospitalization for asthma, and death. The denominator is equal to the number of patients considered to be at risk for that complication or situation, for example, elective surgical patients, county population from census data, and so on. The QI rate is equal to the numerator divided by the denominator.

There is no common international medical procedure classification and each country participating in the data collection is likely to use a different catalogue for procedure coding. The procedure codes from the US ICD-9-CM are listed to assist countries in adopting corresponding procedures from their classifications and performing a precise calculation of the indicators.

Definitions are provided here for the sets of indicators within the HCQI suite of indicators:

- Primary Care
- Prescribing in Primary Care
- Acute Care
- Patient safety
- Mental Health Care
- Cancer Care
- Patient Experiences

PRIMARY CARE

ASTHMA HOSPITAL ADMISSION [ADMRASTH]

Coverage: Population aged 15 and older (5 year age group)

Numerator: All non-maternal/non-neonatal hospital admissions with a principal diagnosis code of asthma (see Asthma diagnosis codes below) in a specified year.

Exclude:

- Cases where the patient died in hospital during the admission.
- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases with **cystic fibrosis and anomalies of the respiratory system** diagnosis code in any field (see ICD codes below)
- Cases that are same day/day only admissions

Denominator: Population count.

RESEARCH AND DEVELOPMENT DATA

In-Hospital Mortality: Countries are also requested to provide data on numerator cases for the Asthma Hospital Admission indicator (above) including cases where the patient died in hospital during the admission.

Transfers: Countries are also requested to provide data on numerator cases for the Asthma Hospital Admission indicator (above) including cases resulting from a transfer from another acute care institution (transfers-in).

Asthma diagnosis codes:

ICD-9-CM	ICD-10-WHO
49300 EXTRINSIC ASTHMA NOS 49301 EXT ASTHMA W STATUS ASH 49302 EXT ASTHMA W ACUTE EXAC 49310 INT ASTHMA W/O STAT ASTH 49311 INTRINSIC ASTHMA NOS 49312 INT ASTHMA W ACUTE EXAC 49320 CH OB ASTH NOS 49321 CH OB ASTHMA W STAT ASTH 49322 CH OBS ASTH W ACUTE EXAC 49381 EXERCISE IND BRONCHOSPASM 49382 COUGH VARIANT ASTHMA 49390 ASTHMA NOS	J450 PREDOMINANTLY ALLERGIC ASTHMA J451 NONALLERGIC ASTHMA J458 MIXED ASTHMA J459 ASTHMA, UNSPECIFIED J46 STATUS ASTHMATICUS

49391 ASTHMA W STATUS ASTHMAT	
49392 ASTHMA W ACUTE EXAC	

Exclude diagnosis codes cystic fibrosis and anomalies of the respiratory system:

ICD-9-CM	ICD-10-WHO
27700 CYSTIC FIBROS W/O ILEUS 27701 CYSTIC FIBROS W ILEUS 27702 CYSTIC FIBROS W PUL MAN 27703 CYSTIC FIBROSIS W GI MAN 27709 CYSTIC FIBROSIS NEC 74721 ANOMALIES OF AORTIC ARCH 7483 LARYNGOTRACH ANOMALY NEC 7484 CONGENITAL CYSTIC LUNG 7485 AGENESIS OF LUNG 74860 LUNG ANOMALY NOS 74861 CONGEN BRONCHIECTASIS 74869 LUNG ANOMALY NEC 7488 RESPIRATORY ANOMALY NEC 7489 RESPIRATORY ANOMALY NOS 7503 CONG ESOPH FISTULA/ATRES 7593 SITUS INVERSUS 7707 PERINATAL CHR RESP DIS	E840 CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS E841 CYSTIC FIBROSIS WITH INTESTINAL MANIFESTATIONS E848 CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS E849 CYSTIC FIBROSIS, UNSPECIFIED P27.0 WILSON-MIKITY SYNDROME P27.1 BRONCHOPULMONARY DYSPLASIA ORIGINATING IN THE PERINATAL PERIOD P27.8 OTHER CHRONIC RESPIRATORY DISEASES ORIGINATING IN THE PERINATAL PERIOD P27.9 UNSPECIFIED CHRONIC RESP DISEASE ORIGINATING IN THE PERINATAL PERIOD Q25.4 OTHER CONGENITAL MALFORMATIONS OF AORTA Q31.1 CONGENITAL SUBGLOTTIC STENOSIS Q31.2 LARYNGEAL HYPOPLASIA Q31.3 LARYNGOCELE Q31.5 CONGENITAL LARYNGOMALACIA Q31.8 OTHER CONGENITAL MALFORMATIONS OF LARYNX Q31.9 CONGENITAL MALFORMATION OF LARYNX, UNSPECIFIED Q32.0 CONGENITAL TRACHEOMALACIA Q32.1 OTHER CONGENITAL MALFORMATIONS OF TRACHEA Q32.2 CONGENITAL BRONCHOMALACIA Q32.3 CONGENITAL STENOSIS OF BRONCHUS Q32.4 OTHER CONGENITAL MALFORMATIONS OF BRONCHUS Q33.0 CONGENITAL CYSTIC LUNG Q33.1 ACCESSORY LOBE OF LUNG Q33.2 SEQUESTRATION OF LUNG Q33.3 AGENESIS OF LUNG Q33.4 CONGENITAL BRONCHIECTASIS Q33.5 ECTOPIC TISSUE IN LUNG Q33.6 HYPOPLASIA AND DYSPLASIA OF LUNG Q33.8 OTHER CONGENITAL MALFORMATIONS OF LUNG Q33.9 CONGENITAL MALFORMATION OF LUNG, UNSPECIFIED Q34.0 ANOMALY OF PLEURA Q34.1 CONGENITAL CYST OF MEDIASTINUM Q34.8 OTHER SPECIFIED CONGENITAL MALFORMATIONS OF RESPIRATORY SYSTEM Q34.9 CONGENITAL MALFORMATION OF RESPIRATORY SYSTEM, UNSPECIFIED Q39.0 ATRESIA OF OESOPHAGUS WITHOUT FISTULA Q39.1 ATRESIA OF OESOPHAGUS WITH TRACHEO-OESOPHAGEAL FISTULA Q39.2 CONGENITAL TRACHEO-OESOPHAGEAL FISTULA WITHOUT ATRESIA Q39.3 CONGENITAL STENOSIS AND STRICTURE OF OESOPHAGUS Q39.4 OESOPHAGEAL WEB Q39.8 OTHER CONGENITAL MALFORMATIONS OF OESOPHAGUS Q89.3 SITUS INVERSUS

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) HOSPITAL ADMISSION [ADMRCOPD]

Coverage: Population aged 15 and older (5 year age group).

Numerator: All non-maternal/non-neonatal hospital admissions with a principal diagnosis code of Chronic Obstructive Pulmonary Disease (See COPD diagnosis codes below) in a specified year.

Exclude:

- Cases where the patient died in hospital during the admission.
- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases that are same day/day only admissions

Denominator: Population count.

RESEARCH AND DEVELOPMENT DATA

In-Hospital Mortality: Countries are also requested to provide data on numerator cases for the COPD Hospital Admission indicator (above) including cases where the patient died in hospital during the admission.

Transfers: Countries are also requested to provide data on numerator cases for the COPD Hospital Admission indicator (above) including cases resulting from a transfer from another acute care institution (transfers-in).

COPD diagnosis codes:

ICD-9-CM	ICD-10-WHO
490 BRONCHITIS NOS* 4660 AC BRONCHITIS* 4910 SIMPLE CHR BRONCHITIS 4911 MUCOPURUL CHR BRONCHITIS 49120 OBS CHR BRNC W/O ACT EXA 49121 OBS CHR BRNC W ACT EXA 4918 CHRONIC BRONCHITIS NEC 4919 CHRONIC BRONCHITIS NOS 4920 EMPHYSEMATOUS BLEB 4928 EMPHYSEMA NEC 494 BRONCHIECTASIS 4940 BRONCHIECTAS W/O AC EXAC 4941 BRONCHIECTASIS W AC EXAC 496 CHR AIRWAY OBSTRUCT NEC * Qualifies only if accompanied by secondary diagnosis of 491.xx, 492.x, 494.x or 496 (i.e., any other code on this list).	J40 BRONCHITIS* J410 SIMPLE CHRONIC BRONCHITIS J411 MUCOPURULENT CHRONIC BRONCHITIS J418 MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS J42 UNSPECIFIED CHRONIC BRONCHITIS J430 MACLEOD'S SYNDROME J431 PANLOBULAR EMPHYSEMA J432 CENTRIOLOBULAR EMPHYSEMA J438 OTHER EMPHYSEMA J439 EMPHYSEMA, UNSPECIFIED J440 COPD WITH ACUTE LOWER RESPIRATORY INFECTION J441 COPD WITH ACUTE EXACERBATION, UNSPECIFIED J448 OTHER SPECIFIED CHRONIC OBSTRUCTIVE PULMONARY DISEASE J449 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED J47 BRONCHIECTASIS * Qualifies only if accompanied by secondary diagnosis of J41, J43, J44, J47

CONGESTIVE HEART FAILURE (CHF) HOSPITAL ADMISSION [ADMARCHFL]

Coverage: Population aged 15 and older (5 year age group).

Numerator: All non-maternal/non-neonatal hospital admissions with principal diagnosis code of Congestive Heart Failure (See CHF diagnosis codes below) in a specified year.

Exclude:

- Cases where the patient died in hospital during the admission.
- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with **cardiac procedure** codes in any field – Refer to **Appendix B** (refer to separate MS Excel file)
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases that are same day/day only admissions

Denominator: Population count.

CHF diagnosis codes:

ICD-9-CM	ICD-10-WHO
39891 RHEUMATIC HEART FAILURE 40201 MAL HYPERT HRT DIS W CHF 40211 BENIGN HYP HRT DIS W CHF 40291 HYPERTEN HEART DIS W CHF 40401 MAL HYPER HRT/REN W CHF 40403 MAL HYP HRT/REN W CHF/RF 40411 BEN HYPER HRT/REN W CHF 40413 BEN HYP HRT/REN W CHF/RF 40491 HYPER HRT/REN NOS W CHF 40493 HYP HT/REN NOS W CHF/RF 4280 CONGESTIVE HEART FAILURE 4281 LEFT HEART FAILURE 42820 SYSTOLIC HRT FAILURE NOS 42821 AC SYSTOLIC HRT FAILURE 42822 CHR SYSTOLIC HRT FAILURE 42823 AC ON CHR SYST HRT FAIL 42830 DIASTOLC HRT FAILURE NOS 42831 AC DIASTOLIC HRT FAILURE 42832 CHR DIASTOLIC HRT FAIL 42833 AC ON CHR DIAST HRT FAIL 42840 SYST/DIAST HRT FAIL NOS 42841 AC SYST/DIASTOL HRT FAIL 42842 CHR SYST/DIASTL HRT FAIL 42843 AC/CHR SYST/DIA HRT FAIL 4289 HEART FAILURE NOS	I11.0 HYPERTENSIVE HEART DISEASE WITH (CONGESTIVE) HEART FAILURE I13.0 HYPERTENSIVE HEART AND RENAL DISEASE WITH (CONGESTIVE) HEART FAILURE I13.2 HYPERTENSIVE HEART AND RENAL DISEASE WITH BOTH (CONGESTIVE) HEART FAILURE AND RENAL FAILURE I50.0 CONGESTIVE HEART FAILURE I50.1 LEFT VENTRICULAR FAILURE I50.9 HEART FAILURE, UNSPECIFIED

HYPERTENSION HOSPITAL ADMISSION [ADMRHYPT]

Coverage: Population aged 15 and older (5 year age group).

Numerator: All non-maternal/non-neonatal hospital admissions with principal diagnosis code of Hypertension (see Hypertension diagnosis codes below) in a specified year.

Exclude:

- Cases where the patient died in hospital during the admission.
- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with **cardiac procedure** codes in any field – Refer to **Appendix B** (refer to separate MS Excel file)
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases that are same day/day only admissions (refer to Technical Notes)

Denominator: Population count.

Hypertension diagnosis codes:

ICD-9-CM	ICD-10-WHO
4010 MALIGNANT HYPERTENSION 4019 HYPERTENSION NOS 40200 MAL HYPERTEN HRT DIS NOS 40210 BEN HYPERTEN HRT DIS NOS 40290 HYPERTENSIVE HRT DIS NOS 40300 MAL HYP REN W/O REN FAIL 40310 BEN HYP REN W/O REN FAIL 40390 HYP REN NOS W/O REN FAIL 40400 MAL HY HT/REN W/O CHF/RF 40410 BEN HY HT/REN W/O CHF/RF 40490 HY HT/REN NOS W/O CHF/RF	I10 ESSENTIAL (PRIMARY) HYPERTENSION I119 HYPERTENSIVE HEART DISEASE WITHOUT (CONGESTIVE) HEART FAILURE I129 HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE I139 HYPERTENSIVE HEART AND RENAL DISEASE, UNSPECIFIED

DIABETES HOSPITAL ADMISSION [ADMRDBUC]

Coverage: Population aged 15 and older (5 year age group).

Numerator: All non-maternal/non-neonatal hospital admissions with a principal diagnosis code of diabetes (see Diabetes diagnosis codes below) in a specified year.

Exclude:

- Cases where the patient died in hospital during the admission.
- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases that are same day/day only admissions

Denominator: Population count.

Diabetes diagnosis codes

ICD-9-CM	ICD-10-WHO
25002 DMII WO CMP UNCNRDL	E10.0 INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA
25003 DMI WO CMP UNCNRDL	E10.1 INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS
25010 DMII KETO NT ST UNCNRDL	E10.2 INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS
25011 DMI KETO NT ST UNCNRDL	E10.3 INSULIN-DEPENDENT DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS
25012 DMII KETOACD UNCONTROL	E10.4 INSULIN-DEPENDENT DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS
25013 DMI KETOACD UNCONTROL	E10.5 INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS
25020 DMII HPRSM NT ST UNCNRDL	E10.6 INSULIN-DEPENDENT DM WITH OTHER SPECIFIED COMPLICATIONS
25021 DMI HPRSM NT ST UNCNRDL	E10.7 INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS
25022 DMII HPROSLR UNCONTROL	E10.8 INSULIN-DEPENDENT DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
25023 DMI HPROSLR UNCONTROL	E10.9 INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS
25030 DMII O CM NT ST UNCNRDL	E11.0 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA
25031 DMI O CM NT ST UNCNRDL	E11.1 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS
25032 DMII OTH COMA UNCONTROL	E11.2 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS
25033 DMI OTH COMA UNCONTROL	E11.3 NON-INSULIN-DEPENDENT DM WITH OPHTHALMIC COMPLICATIONS
25040 DMII RENL NT ST UNCNRDL	E11.4 NON-INSULIN-DEPENDENT DM WITH NEUROLOGICAL COMPLICATIONS
25041 DMI RENL NT ST UNCNRDL	E11.5 NON-INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS
25042 DMII RENAL UNCNRDL	E11.6 NON-INSULIN-DEPENDENT DM WITH OTHER
25043 DMI RENAL UNCNRDL	
25050 DMII OPTH NT ST UNCNRDL	
25051 DMI OPTH NT ST UNCNRDL	
25052 DMII OPTH UNCNRDL	
25053 DMI OPTH UNCNRDL	
25060 DMII NEURO NT ST UNCNRDL	
25061 DMI NEURO NT ST UNCNRDL	
25062 DMII NEURO UNCNRDL	
25063 DMI NEURO UNCNRDL	
25070 DMII CIRC NT ST UNCNRDL	
25071 DMI CIRC NT ST UNCNRDL	
25072 DMII CIRC UNCNRDL	
25073 DMI CIRC UNCNRDL	
25080 DMII OTH NT ST UNCNRDL	
25081 DMI OTH NT ST UNCNRDL	
25082 DMII OTH UNCNRDL	

25083 DMI OTH UNCNRDL	SPECIFIED COMPLICATIONS
25090 DMII UNSPF NT ST UNCNRDL	E11.7 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS
25091 DMI UNSPF NT ST UNCNRDL	E11.8 NON-INSULIN-DEPENDENT DM WITH UNSPECIFIED COMPLICATIONS
25092 DMII UNSPF UNCNRDL	E11.9 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS
25093 DMI UNSPF UNCNRDL	E13.0 OTHER SPECIFIED DIABETES MELLITUS WITH COMA
	E13.1 OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS
	E13.2 OTHER SPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS
	E13.3 OTHER SPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS
	E13.4 OTHER SPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS
	E13.5 OTHER SPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS
	E13.6 OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS
	E13.7 OTHER SPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS
	E13.8 OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
	E13.9 OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
	E14.0 UNSPECIFIED DIABETES MELLITUS WITH COMA
	E14.1 UNSPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS
	E14.2 UNSPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS
	E14.3 UNSPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS
	E14.4 UNSPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS
	E14.5 UNSPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS
	E14.6 UNSPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS
	E14.7 UNSPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS
	E14.8 UNSPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
	E14.9 UNSPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

ADMISSION-BASED DIABETES LOWER EXTREMITY AMPUTATION [ADMRRDBLE]

Admission Based Calculation

Coverage: Population aged 15 and older

Numerator: All non-maternal/non-neonatal admissions with a procedure code of **major** lower extremity amputation in any field and a diagnosis code of diabetes in any field (see Diabetes major lower extremity amputation and diabetes diagnosis codes below) in a specified year.

Exclude:

- Cases resulting from a transfer from another acute care institution (transfers-in).
- Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with MDC 15 or specified Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases with **trauma diagnosis** code (see Trauma diagnosis codes below) in any field
- Cases with tumour-related peripheral amputation code (ICD-9-CM 1707 and 1708/ICD-10-WHO C40.2 and C40.3) in any field
- Cases that are same day/day only admissions (refer to Technical Notes)

Denominator 1: Population count.

Denominator 2: Estimated population with diabetes

Countries are requested to provide the diabetes prevalence (%) estimates for each age cohort. It is recognised that countries may not have prevalence estimates for the specified age cohorts, in which case, countries may apply the average or a linear estimate across the cohorts.

The population with diabetes will be calculated by applying the estimated proportion (%) of the general population in each age cohort that has diabetes.

Diabetes major lower extremity amputation and diabetes diagnosis codes:

ICD-9-CM	ICD-10-WHO
<p>Procedure codes for major lower-extremity amputation</p> <p>8413 DISARTICULATION OF ANKLE 8414 AMPUTAT THROUGH MALLEOLI 8415 BELOW KNEE AMPUTAT NEC 8416 DISARTICULATION OF KNEE 8417 ABOVE KNEE AMPUTATION 8418 DISARTICULATION OF HIP 8419 HINDQUARTER AMPUTATION</p> <p>Diagnosis Codes For Diabetes:</p> <p>25000 DMII WO CMP NT ST UNCINTR 25001 DMI WO CMP NT ST UNCINTRL 25002 DMII WO CMP UNCINTRLD 25003 DMI WO CMP UNCINTRLD 25010 DMII KETO NT ST UNCINTRLD 25011 DMI KETO NT ST UNCINTRLD 25012 DMII KETOACD UNCONTROLDD 25013 DMI KETOACD UNCONTROLDD 25020 DMII HPRSM NT ST UNCINTRL 25021 DMI HPRSM NT ST UNCINTRLD 25022 DMII HPROSMLR UNCONTROLDD 25023 DMI HPROSMLR UNCONTROLDD 25030 DMII O CM NT ST UNCINTRLD 25031 DMI O CM NT ST UNCINTRL 25032 DMII OTH COMA UNCONTROLDD 25033 DMI OTH COMA UNCONTROLDD 25040 DMII RENL NT ST UNCINTRLD 25041 DMI RENL NT ST UNCINTRLD 25042 DMII RENAL UNCINTRLD 25043 DMI RENAL UNCINTRLD 25050 DMII OPTH NT ST UNCINTRL 25051 DMI OPTH NT ST UNCINTRLD 25052 DMII OPTH UNCINTRLD 25053 DMI OPTH UNCINTRLD 25060 DMII NEURO NT ST UNCINTRL 25061 DMI NEURO NT ST UNCINTRLD 25062 DMII NEURO UNCINTRLD 25063 DMI NEURO UNCINTRLD 25070 DMII CIRC NT ST UNCINTRLD 25071 DMI CIRC NT ST UNCINTRLD 25072 DMII CIRC UNCINTRLD 25073 DMI CIRC UNCINTRLD 25080 DMII OTH NT ST UNCINTRLD 25081 DMI OTH NT ST UNCINTRLD 25082 DMII OTH UNCINTRLD 25083 DMI OTH UNCINTRLD 25090 DMII UNSPF NT ST UNCINTRL 25091 DMI UNSPF NT ST UNCINTRLD 25092 DMII UNSPF UNCINTRLD 25093 DMI UNSPF UNCINTRLD</p>	<p>Procedure codes for major lower-extremity amputation</p> <p>NOT SPECIFIED</p> <p>Diagnosis codes for diabetes:</p> <p>E10.0 INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA E10.1 INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS E10.2 INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS E10.3 INSULIN-DEPENDENT DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E10.4 INSULIN-DEPENDENT DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS E10.5 INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E10.6 INSULIN-DEPENDENT DM WITH OTHER SPECIFIED COMPLICATIONS E10.7 INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E10.8 INSULIN-DEPENDENT DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E10.9 INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS E11.0 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA E11.1 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS E11.2 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS E11.3 NON-INSULIN-DEPENDENT DMWITH OPHTHALMIC COMPLICATIONS E11.4 NON-INSULIN-DEPENDENT DM WITH NEUROLOGICAL COMPLICATIONS E11.5 NON-INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E11.6 NON-INSULIN-DEPENDENT DM WITH OTHER SPECIFIED COMPLICATIONS E11.7 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E11.8 NON-INSULIN-DEPENDENT DM WITH UNSPECIFIED COMPLICATIONS E11.9 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS E13.0 OTHER SPECIFIED DIABETES MELLITUS WITH COMA E13.1 OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS E13.2 OTHER SPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS E13.3 OTHER SPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E13.4 OTHER SPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS</p>

	E13.5 OTHER SPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E13.6 OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS E13.7 OTHER SPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E13.8 OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E13.9 OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS E14.0 UNSPECIFIED DIABETES MELLITUS WITH COMA E14.1 UNSPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS E14.2 UNSPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS E14.3 UNSPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E14.4 UNSPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS E14.5 UNSPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E14.6 UNSPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS E14.7 UNSPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E14.8 UNSPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E14.9 UNSPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
--	--

Exclude trauma diagnosis codes:

ICD-9-CM	ICD-10-WHO
8950 AMPUTATION TOE 8951 AMPUTATION TOE-COMPLICAT 8960 AMPUTATION FOOT, UNILAT 8961 AMPUT FOOT, UNILAT-COMPL 8962 AMPUTATION FOOT, BILAT 8963 AMPUTAT FOOT, BILAT-COMPL 8970 AMPUT BELOW KNEE, UNILAT 8971 AMPUTAT BK, UNILAT-COMPL 8972 AMPUT ABOVE KNEE, UNILAT 8973 AMPUT ABV KN, UNIL-COMPL 8974 AMPUTAT LEG, UNILAT NOS 8975 AMPUT LEG, UNIL NOS-COMPL 8976 AMPUTATION LEG, BILAT 8977 AMPUTAT LEG, BILAT-COMPL	S78.0 TRAUMATIC AMPUTATION AT HIP JOINT S78.1 TRAUMATIC AMPUTATION AT LEVEL BETWEEN HIP AND KNEE S78.9 TRAUMATIC AMPUTATION OF HIP AND THIGH, LEVEL UNSPECIFIED S88.0 TRAUMATIC AMPUTATION AT KNEE LEVEL S88.1 TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE S88.9 TRAUMATIC AMPUTATION OF LOWER LEG, LEVEL UNSPECIFIED S98.0 TRAUMATIC AMPUTATION OF FOOT AT ANKLE LEVEL S98.1 TRAUMATIC AMPUTATION OF ONE TOE S98.2 TRAUMATIC AMPUTATION OF TWO OR MORE TOES S98.3 TRAUMATIC AMPUTATION OF OTHER PARTS OF FOOT S98.4 TRAUMATIC AMPUTATION OF FOOT, LEVEL UNSPECIFIED T05.3 TRAUMATIC AMPUTATION OF BOTH FEET T05.4 TRAUMATIC AMPUTATION OF 1 FOOT AND OTHER LEG [ANY LEVEL, EXCEPT FOOT] T05.5 TRAUMATIC AMPUTATION OF BOTH LEGS [ANY LEVEL] T13.6 TRAUMATIC AMPUTATION OF LOWER LIMB, LEVEL UNSPECIFIED

PATIENT-BASED DIABETES LOWER EXTREMITY AMPUTATION [PATRDBLE]

Coverage: Population aged 15 and older.

Numerator: All diabetic patients admitted for a **major** lower extremity amputation (see Diabetes major lower extremity amputation codes below) in the specified year.

Counting Rules

Only one major lower extremity amputation **admission** is to be counted for each diabetic patient in the specified year. The admission with the **most severe amputation** is to be selected if more than one admission is identified for a diabetic patient in the specified year.

Diabetic **patients** are to be identified by using a **unique person identifier**. For all patients with an amputation in the specified year, the aim is to search for:

- First, diabetes codes in any field in the hospital administrative dataset (see diabetes diagnosis codes below) **for up to 5 years**, including the specified year and prior years where the UPI can be reliably and consistently used, and then
- Second, records indicating diabetes status in any other relevant database (e.g. pharmaceutical, specialist, laboratory data) where the UPI can be reliably and consistently used to identify additional patients.

Exclude:

- Cases with Pregnancy, childbirth, and puerperium codes in any field – Refer to **Appendix C** (refer to separate MS Excel file)
- Cases with Newborn and other neonates codes in any field – Refer to **Appendix D** (refer to separate MS Excel file)
- Cases with **trauma diagnosis** code (see Trauma diagnosis codes below) in any field
- Cases with tumour-related peripheral amputation code (ICD-9-CM 1707 and 1708/ICD-10-WHO C40.2 and C40.3) in any field

Denominator 1: Population count.

Denominator 2: Estimated population with diabetes

Countries are requested to provide the diabetes prevalence (%) estimates for each age cohort. It is recognised that countries may not have prevalence estimates for the specified age cohorts, in which case, countries may apply the average or a linear estimate across the cohorts.

The population with diabetes will be calculated by applying the estimated proportion (%) of the general population in each age cohort that has diabetes.

Diabetes major lower extremity amputation and diabetes diagnosis codes:

ICD-9-CM	ICD-10-WHO
<p>Procedure codes for major lower-extremity amputation</p> <p>8413 DISARTICULATION OF ANKLE 8414 AMPUTAT THROUGH MALLEOLI 8415 BELOW KNEE AMPUTAT NEC 8416 DISARTICULATION OF KNEE 8417 ABOVE KNEE AMPUTATION 8418 DISARTICULATION OF HIP 8419 HINDQUARTER AMPUTATION</p> <p>Diagnosis Codes For Diabetes:</p> <p>25000 DMII WO CMP NT ST UNCINTR 25001 DMI WO CMP NT ST UNCINTRL 25002 DMII WO CMP UNCINTRLD 25003 DMI WO CMP UNCINTRLD 25010 DMII KETO NT ST UNCINTRLD 25011 DMI KETO NT ST UNCINTRLD 25012 DMII KETOACD UNCONTROLD 25013 DMI KETOACD UNCONTROLD 25020 DMII HPRSM NT ST UNCINTRL 25021 DMI HPRSM NT ST UNCINTRLD 25022 DMII HPROMLR UNCONTROLD 25023 DMI HPROMLR UNCONTROLD 25030 DMII O CM NT ST UNCINTRLD 25031 DMI O CM NT ST UNCINTRL 25032 DMII OTH COMA UNCONTROLD 25033 DMI OTH COMA UNCONTROLD 25040 DMII RENL NT ST UNCINTRLD 25041 DMI RENL NT ST UNCINTRLD 25042 DMII RENAL UNCINTRLD 25043 DMI RENAL UNCINTRLD 25050 DMII OPTH NT ST UNCINTRL 25051 DMI OPTH NT ST UNCINTRLD 25052 DMII OPTH UNCINTRLD 25053 DMI OPTH UNCINTRLD 25060 DMII NEURO NT ST UNCINTRL 25061 DMI NEURO NT ST UNCINTRLD 25062 DMII NEURO UNCINTRLD 25063 DMI NEURO UNCINTRLD 25070 DMII CIRC NT ST UNCINTRLD 25071 DMI CIRC NT ST UNCINTRLD 25072 DMII CIRC UNCINTRLD 25073 DMI CIRC UNCINTRLD 25080 DMII OTH NT ST UNCINTRLD 25081 DMI OTH NT ST UNCINTRLD 25082 DMII OTH UNCINTRLD 25083 DMI OTH UNCINTRLD 25090 DMII UNSPF NT ST UNCINTRL 25091 DMI UNSPF NT ST UNCINTRLD 25092 DMII UNSPF UNCINTRLD 25093 DMI UNSPF UNCINTRLD</p>	<p>Procedure codes for major lower-extremity amputation</p> <p>NOT SPECIFIED</p> <p>Diagnosis codes for diabetes:</p> <p>E10.0 INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA E10.1 INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS E10.2 INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS E10.3 INSULIN-DEPENDENT DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E10.4 INSULIN-DEPENDENT DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS E10.5 INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E10.6 INSULIN-DEPENDENT DM WITH OTHER SPECIFIED COMPLICATIONS E10.7 INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E10.8 INSULIN-DEPENDENT DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E10.9 INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS E11.0 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH COMA E11.1 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS E11.2 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS E11.3 NON-INSULIN-DEPENDENT DMWITH OPHTHALMIC COMPLICATIONS E11.4 NON-INSULIN-DEPENDENT DM WITH NEUROLOGICAL COMPLICATIONS E11.5 NON-INSULIN-DEPENDENT DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E11.6 NON-INSULIN-DEPENDENT DM WITH OTHER SPECIFIED COMPLICATIONS E11.7 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E11.8 NON-INSULIN-DEPENDENT DM WITH UNSPECIFIED COMPLICATIONS E11.9 NON-INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS E13.0 OTHER SPECIFIED DIABETES MELLITUS WITH COMA E13.1 OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS E13.2 OTHER SPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS E13.3 OTHER SPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E13.4 OTHER SPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS</p>

	E13.5 OTHER SPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E13.6 OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS E13.7 OTHER SPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E13.8 OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E13.9 OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS E14.0 UNSPECIFIED DIABETES MELLITUS WITH COMA E14.1 UNSPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS E14.2 UNSPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS E14.3 UNSPECIFIED DIABETES MELLITUS WITH OPHTHALMIC COMPLICATIONS E14.4 UNSPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS E14.5 UNSPECIFIED DM WITH PERIPHERAL CIRCULATORY COMPLICATIONS E14.6 UNSPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS E14.7 UNSPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS E14.8 UNSPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS E14.9 UNSPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
--	--

Exclude trauma diagnosis codes:

ICD-9-CM	ICD-10-WHO
8950 AMPUTATION TOE 8951 AMPUTATION TOE-COMPLICAT 8960 AMPUTATION FOOT, UNILAT 8961 AMPUT FOOT, UNILAT-COMPL 8962 AMPUTATION FOOT, BILAT 8963 AMPUTAT FOOT, BILAT-COMPL 8970 AMPUT BELOW KNEE, UNILAT 8971 AMPUTAT BK, UNILAT-COMPL 8972 AMPUT ABOVE KNEE, UNILAT 8973 AMPUT ABV KN, UNIL-COMPL 8974 AMPUTAT LEG, UNILAT NOS 8975 AMPUT LEG, UNIL NOS-COMPL 8976 AMPUTATION LEG, BILAT 8977 AMPUTAT LEG, BILAT-COMPL	S78.0 TRAUMATIC AMPUTATION AT HIP JOINT S78.1 TRAUMATIC AMPUTATION AT LEVEL BETWEEN HIP AND KNEE S78.9 TRAUMATIC AMPUTATION OF HIP AND THIGH, LEVEL UNSPECIFIED S88.0 TRAUMATIC AMPUTATION AT KNEE LEVEL S88.1 TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE S88.9 TRAUMATIC AMPUTATION OF LOWER LEG, LEVEL UNSPECIFIED S98.0 TRAUMATIC AMPUTATION OF FOOT AT ANKLE LEVEL S98.1 TRAUMATIC AMPUTATION OF ONE TOE S98.2 TRAUMATIC AMPUTATION OF TWO OR MORE TOES S98.3 TRAUMATIC AMPUTATION OF OTHER PARTS OF FOOT S98.4 TRAUMATIC AMPUTATION OF FOOT, LEVEL UNSPECIFIED T05.3 TRAUMATIC AMPUTATION OF BOTH FEET T05.4 TRAUMATIC AMPUTATION OF 1 FOOT AND OTHER LEG [ANY LEVEL, EXCEPT FOOT] T05.5 TRAUMATIC AMPUTATION OF BOTH LEGS [ANY LEVEL] T13.6 TRAUMATIC AMPUTATION OF LOWER LIMB, LEVEL UNSPECIFIED

PRESCRIBING IN PRIMARY CARE

Adequate use of cholesterol lowering treatment in people with diabetes [PRDMPCDD]

Numerator: Number of people who are long-term users of glucose regulating medication (A10B) with concomitant use of ≥ 1 prescription of cholesterol lowering medication (C10).

Denominator: Number of people who are long-term users of glucose regulating medication (A10B) in the database

Notes: Number of people who are long-term users of glucose regulating medication (A10B) are defined as individuals who use >270 Defined Daily Doses (DDD) of A10B per year. If your database does not report DDD, please derive indicator using >270 days of A10B per year .

First choice antihypertensives for people with diabetes [PRDMPADD]

Numerator: Number of people who are long-term users of glucose regulating medication (A10B) with concomitant use of ≥ 1 prescription angiotensin converting enzyme inhibitor (ACE-I) *or* angiotensin receptor blocker (ARB) (C09, C10BX04, C10BX06, C10BX07, C10BX10, C10BX11).

Denominator: Number of people who are long-term users of glucose regulating medication (A10B) with concomitant use of ≥ 1 prescription antihypertensives (ATC-C02) *or* diuretics (ATC C03) *or* beta-blockers (ATC C07) *or* calcium channel blockers (C08) *or* angiotensin converting enzyme inhibitor (ACE-I) *or* angiotensin receptor blocker (ARB) (C09) *or* C10BX03 *or* C10BX04, *or* C10BX06, *or* C10BX07, *or* C10BX09, *or* C10BX10 *or* C10BX11

Notes: Number of people who are long-term users of glucose regulating medication (A10B) are defined as individuals who use >270 Defined Daily Doses (DDD) of A10B per year. If your database does not report DDD, please derive indicator using >270 days of A10B per year .

Long-term use of benzodiazepines and benzodiazepine related drugs in older people (≥ 65 years of age) (> 365 DDD in one year) [PRBZOZDD]

Numerator: Number of individuals ≥ 65 years of age at 1 January in database with > 365 DDDs of benzodiazepines (N05BA *or* N05CD *or* N05CF) prescribed in the year.

Denominator: number of individuals ≥ 65 years of age at 1 January in database

Note: If your database does not report DDD, please derive indicator using > 365 days of benzodiazepines per year.

Use of long-acting benzodiazepines in older people (≥ 65 years of age) [PRBZLAOP]

Numerator: Number of individuals ≥ 65 years of age at 1 January in database with ≥ 1 prescription long-acting benzodiazepines (N05BA01, N05BA02, N05BA05, N05BA08, N05BA11, N05CD01, N05CD02, N05CD03, N05CD10)

Denominator: number of individuals ≥ 65 years of age at 1 January in database

Volume of cephalosporines and quinolones as a proportion of all systemic antibiotics prescribed (DDD) [PRABCQDD]

Numerator: Sum DDDs of all ATC J01D and J01M prescriptions.

Denominator: Sum DDDs of all ATC J01 prescriptions in database

Notes: If your database does not report DDD, please derive indicator using *days*. If your database does not report DDD or days, please derive indicator using *users*.

Asterisk (*) in the flowchart; **Korea** and **Belgium** need to include ATC-code P01AB03 in this step and Slovakia needs to include P01AB01.

Overall volume of antibiotics for systemic use prescribed (DDD) [PRABOUDD]

Numerator: Sum DDD of all ATC J01 prescriptions

Denominator: population covered by database at 1 January.

Notes: If your database does not report DDD, please derive indicator using *days*. If your database does not report DDD or days, please derive indicator using *users*.

Asterisk (*) in the flowchart; **Korea** and **Belgium** need to include ATC-code P01AB03 in this step and Slovakia needs to include P01AB01.

Any anticoagulating drug (acenocoumarol, warfarin, phenprocoumon, dabigatran, rivaroxaban or apixaban) in combination with an oral NSAID [PRACCUNS]

Numerator: Number of individuals who are long-term users of anticoagulating drugs acenocoumarol (B01AA07) *or* warfarin (B01AA03) *or* phenprocoumon (B01AA04) *or* dabigatran (B01AE07) *or* rivaroxaban (B01AF01) *or* apixaban (B01AF02) with concomitant use of ≥ 1 prescription of NSAID (M01A *or* M01B)

Denominator: Number of individuals who long-term users of ATC-codes acenocoumarol (B01AA07) *or* warfarin (B01AA03) *or* phenprocoumon (B01AA04) *or* dabigatran (B01AE07) *or* rivaroxaban (B01AF01) *or* apixaban (B01AF02)

Note: individuals who are long-term users of anticoagulating drugs are defined as individuals who use >270 Defined Daily Doses (DDD) of the B01A codes listed above. If your database does not report DDD, please derive indicator using >270 *days* of the B01A codes listed above.

ACUTE CARE

PATIENT BASED AMI 30 DAY (IN-HOSPITAL AND OUT OF HOSPITAL) MORTALITY [MORTAMIO]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in any hospital and out of hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: The last admission in the specified year for each patient admitted to hospital for acute non-elective (urgent) care with a principal diagnosis (PDx) of acute myocardial infarction from 1 January to 31 December in the specified year. [AMI diagnostic codes upon separation: ICD-9 410 or ICD-10 I21, I22.].

Please note only one admission per patient is to be counted in the denominator and the numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

ADMISSION BASED AMI 30 DAY IN-HOSPITAL (SAME HOSPITAL) MORTALITY [MORTAMII]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in the same hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: Number of admissions to hospital for acute non-elective (urgent) care with a primary diagnosis of acute myocardial infarction from 1 January to 31 December in the specified year. [AMI diagnostic codes upon separation: ICD-9 410 or ICD-10 I21, I22.]

Please note:

- All admissions (including day cases) are to be counted in the denominator including admissions resulting a) in a transfer to another acute care facility (transfers out) and b) from a transfer from another acute care facility (transfers in).
- The numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

PATIENT BASED HEMORRHAGIC STROKE 30 DAY (IN-HOSPITAL AND OUT-OF-HOSPITAL) MORTALITY [MORTHSTO]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in any hospital and out of hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: The last admission in the specified year for each patient admitted to hospital for acute non-elective (urgent) care with a principal diagnosis (PDx) of hemorrhagic stroke from 1 January to 31 December in the specified year. [Hemorrhagic stroke diagnostic codes upon separation: ICD-9 430-432 or ICD-10 I60-I62.]

Please note only one admission per patient is to be counted in the denominator and the numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

ADMISSION BASED HEMORRHAGIC STROKE 30 DAY IN-HOSPITAL (SAME HOSPITAL) MORTALITY [MORTHSTI]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in the same hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: Number of admissions to hospital for acute non-elective (urgent) care with a primary diagnosis of hemorrhagic stroke from 1 January to 31 December in the specified year. [Hemorrhagic stroke diagnostic codes upon separation: ICD-9 430-432 or ICD-10 I60-I62.]

Please note:

- All admissions (including day cases) are to be counted in the denominator including admissions resulting a) in a transfer to another acute care facility (transfers out) and b) from a transfer from another acute care facility (transfers in).
- The numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

PATIENT BASED ISCHEMIC STROKE 30 DAY (IN-HOSPITAL AND OUT-OF-HOSPITAL) MORTALITY [MORTISTO]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in any hospital and out of hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: The last admission in the specified year for each patient admitted to hospital for acute non-elective (urgent) care with a principal diagnosis (PDx) of ischemic stroke from 1 January to 31 December in the specified year. [Ischemic stroke diagnostic codes upon separation: ICD-9 433, 434, and 436 or ICD-10 I63-I64.]

Please note only one admission per patient is to be counted in the denominator and the numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

ADMISSION BASED ISCHEMIC STROKE 30 DAY IN-HOSPITAL (SAME HOSPITAL) MORTALITY [MORTISTI]

Coverage: Patients aged 45 and older

Numerator: Number of deaths in the same hospital that occurred within 30 days of the admission date of the denominator cases.

Denominator: Number of admissions to hospital for acute non-elective (urgent) care with a primary diagnosis of ischemic stroke from 1 January to 31 December in the specified year. . [Ischemic stroke diagnostic codes upon separation: ICD-9 433, 434, and 436 or ICD-10 I63-I64.]

Please note:

- All admissions (including day cases) are to be counted in the denominator including admissions resulting a) in a transfer to another acute care facility (transfers out) and b) from a transfer from another acute care facility (transfers in).
- The numerator is calculated by following up all denominator cases for up to 30 days, which will require access to data in the calendar year following the specified year.

HIP FRACTURE SURGERY INITIATED WITHIN 2 CALENDAR DAYS AFTER ADMISSION TO THE HOSPITAL [IHWTHIPS]

Coverage: Patients aged 65 and older (5 year age group)

Numerator: Number of denominator cases that were surgically treated (see list of procedures below) within 2 calendar days after admission.

Denominator: Number of people aged 65 years or older admitted to hospital for acute non-elective (urgent) care with a diagnosis principal diagnosis (PDx) of upper femur fracture and who were surgically treated (see list of procedures below) in the specified year [Hip fracture diagnostic codes: ICD-10 S72.0, S72.1, S72.2 or ICD-9 820].

Exclude:

- Admissions where the hip fracture occurred during the admission (e.g. hip fracture is coded as a post-admission diagnosis)
- Admissions with missing or invalid procedure date

Technical notes:

Within 2 Calendar Days: for the purposes of calculating the numerator cases the term ‘within 2 calendar days’ includes cases that were:

- Treated on day 0 (same day as admission)
- Treated on day 1 (next day)
- Treated on day 2

Surgically Treated: for the purposes of calculating the denominator cases the term ‘surgically treated’ refers to the following list of procedures:

- Fixation, hip joint
- Application of external fixator device
- Implantation of internal device, hip joint
- Fixation, femur
- Implantation of internal device pelvis
- Closed reduction of fracture with internal fixation
- Open reduction of fracture with internal fixation
- Total hip replacement
- Partial hip replacement

Since procedure classifications vary between countries the procedures listed here are not coded. Countries are requested to map their procedure classification codes to these procedure descriptions and report any related issues in the comments box in the Sources and Methods section of the questionnaire.

PATIENT SAFETY

Please note the following abbreviations:

DEN	Denominator cases
NUM 1	Numerator cases based on surgical episode
NUM 2	Numerator cases based on same hospital readmissions
NUM 3	Numerator cases based on other hospital readmissions

RETAINED SURGICAL ITEM OR UNRETRIEVED DEVICE FRAGMENT

AHRQ indicator code: PSI #5 for adults

Coverage: Surgical and medical discharges for patients aged 15 and older

Numerator: Discharges among cases defined in the denominator with ICD code for foreign body left in during procedure in a secondary diagnosis field during the surgical admission (see ICD codes below) and in any diagnosis field during readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date for the first surgical admission.

Denominator: All surgical and medical discharges meeting the inclusion and exclusion rules.

See Appendix A - Operating Room Procedure Codes, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>.

Exclude:

Common exclusions			
-			
Countries without a UPI		Countries with a UPI	
NUM1	PDX, LOS	NUM1	PDX, LOS
NUM2-3	n/a	NUM2-3	PDX, LOS, READM
DEN	PDX, LOS	DEN	-

Exclude cases from the numerator if only the **Surgical admission-based** calculation is carried out and NUM1 reported:

- **PDX** - with ICD- code for foreign body left in during procedure in a) the principal diagnosis field or b) secondary diagnosis present on admission (if known).
- **LOS** - with a length of stay less than 24 hours (in those countries where a timestamp of admission or discharge is not available, cases with a length of stay of 0 days shall be excluded).

Exclude **READM**>30 cases from the numerator if the **All admission-based** calculation is carried out and NUM2 or NUM3 reported.

Exclude **PDX** and **LOS** cases from the denominator if only the Surgical admissions-based calculation is carried out (countries without a UPI). Otherwise, if using the All admissions-based method, no exclusions apply as all denominator cases are considered to be at risk within 30 days. However, to compare Surgical admission-based rates to the NUM 1 of the All admission-based rates, countries are requested to also calculate an alternative denominator (**DENX**) as specified below:

- $DEN\ X = DEN - Excl\ PDX - Excl\ LOS$

See Figure 4 for an algorithm to assist with the **Surgical admission-based calculation method** and Figure 5 for an algorithm to assist with the **All admission-based calculation method**.

ICD-9-CM Retained surgical item or unretrieved device fragment diagnosis codes:

9984	Foreign body accidentally left during a procedure
9987	Acute reactions to foreign substance accidentally left during a procedure

Foreign body left in during:

E8710	Surgical operation
E8711	Infusion or transfusion
E8712	Kidney dialysis or other perfusion
E8713	Injection or vaccination
E8714	Endoscopic examination

E8715	Aspiration of fluid or tissue, puncture, and catheterization
E8716	Heart catheterization
E8717	Removal of catheter or packing
E8718	Other specified procedures
E8719	Unspecified procedure

ICD-10-WHO Retained surgical item or unretrieved device fragment diagnosis codes:

T81.5	Foreign body accidentally left in body cavity or operation wound following a procedure
T81.6	Acute reaction to foreign substance accidentally left during a procedure
Y61.0	Foreign object accidentally left in body during surgical and medical care: During surgical operation
Y61.1	Foreign object accidentally left in body during surgical and medical care: During infusion or transfusion
Y61.2	Foreign object accidentally left in body during surgical and medical care: During kidney dialysis or other perfusion
Y61.3	Foreign object accidentally left in body during surgical and medical care: During injection or immunization
Y61.4	Foreign object accidentally left in body during surgical and medical care: During endoscopic examination
Y61.5	Foreign object accidentally left in body during surgical and medical care: During heart catheterization
Y61.6	Foreign object accidentally left in body during surgical and medical care: During aspiration, puncture and other catheterization
Y61.7	Foreign object accidentally left in body during surgical and medical care: During removal of catheter or packing
Y61.8	Foreign object accidentally left in body during surgical and medical care: During other surgical and medical care
Y61.9	Foreign object accidentally left in body during surgical and medical care: During unspecified surgical and medical care

POSTOPERATIVE DEEP VEIN THROMBOSIS

AHRQ indicator code: PSI #12 for adults

Coverage: Hip and knee replacement discharges for patients aged 15 and older.

Numerator: Discharges among cases defined in the denominator with ICD code for deep vein thrombosis in a secondary diagnosis field during the surgical admission (see ICD codes below) and in any diagnosis field during readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date for the first surgical admission.

Denominator: Hip and knee replacement discharges, meeting the inclusion and exclusion rules with an ICD code for an operating room procedure.

Surgical discharges:

See Appendix A - Operating Room Procedure Codes#, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>.

Countries which make use of the ICD-10-AM (Australian modification) may consider using surgical DRGs and the following medical DRGs B60*, B61*, B82* (paraplegia, quadriplegia and spinal cord conditions) if these are reported with an operating room procedure.

Hip and knee replacement discharges:

ICD-9-CM Total hip and knee replacement procedure code:

8151	Total hip replacement
8153	Revision of hip replacement
8154	Total knee replacement
8155	Revision of knee replacement

Exclude:

Common exclusions			
MDC, IVC, PE			
Countries without a UPI		Countries with a UPI	
NUM1	PDX, LOS	NUM1	PDX, LOS
NUM2-3	n/a	NUM2-3	PDX, LOS, READM
DEN	PDX, LOS	DEN	-

- **MDC** - cases from the numerator and denominator for MDC 14 (Pregnancy, childbirth, and puerperium) or principal diagnosis in **Annex A: M-3 Code list for MDC 14** (refer to separate MS Excel file)
- **IVC** - cases from the numerator and denominator where a procedure for interruption of vena cava or insertion of inferior vena cava filter occurs before or on the same day as the first / main operating room procedure (hip/knee replacement and all surgical discharges) or where a procedure for interruption of vena cava is the only operating room procedure (all surgical discharges).
- **PE** - if a patient has both PE and DVT, such case is assigned to PE
- **PDX** - cases with principal diagnosis or secondary diagnosis present on admission (if known) of deep vein thrombosis during the **surgical admission (NUM1)**,
- **LOS - surgical admissions (NUM1)** with length of stay less than 2 days.
- **READM - readmissions** more than 30 days after the operation date from the numerator if the All admissions-based calculation is carried out and **NUM2** or **NUM2** reported.

Exclude **PDX** and **LOS** cases from the denominator if only the Surgical admissions-based calculation is carried out (countries without a UPI). Otherwise, if using the All admissions-based method, no exclusions apply as all denominator cases are considered to be at risk within 30 days. However, to compare Surgical admission-based rates to the NUM 1 of the All admission-based rates, countries are requested to also calculate an alternative denominator (**DENX**) as specified below:

- $DEN\ X = DEN - Excl\ PDX - Excl\ LOS$

See Figure 6 for an algorithm to assist with the **Surgical admission-based calculation method** and Figure 7 for an algorithm to assist with the **All admission-based calculation method**.

ICD-9-CM Deep Vein Thrombosis diagnosis codes:

45111	Phlebitis and thrombosis of femoral vein (deep) (superficial)
45119	Phlebitis and thrombophlebitis of deep vessel of lower extremities – other
4512	Phlebitis and thrombophlebitis of lower extremities
45181	Phlebitis and thrombophlebitis of iliac vein
4519	Phlebitis and thrombophlebitis of other sites – of unspecified site
45340	DVT-embolism lower ext nos (Oct 04)
45341	DVT-emb prox lower ext
45342	DVT-emb distal lower ext

4538	Other venous embolism and thrombosis of other specified veins
------	---

ICD-10-WHO Pulmonary Embolism and Deep Vein Thrombosis diagnosis codes:

I80.1	Phlebitis and thrombophlebitis of femoral vein
I80.2	Phlebitis and thrombophlebitis of other deep vessels of lower extremities
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I80.8	Phlebitis and thrombophlebitis of other sites
I80.9	Phlebitis and thrombophlebitis of unspecified site
I82.8	Embolism and thrombosis of other specified veins

ICD-9-CM Interruption of Vena Cava procedure code:

387	Interruption of vena cava
	Percutaneous and open insertion of inferior vena cava filter

Note: Please search for percutaneous and open insertion of IVC filter codes in your country's version of procedure coding.

The Australian Classification of Health Interventions (ACHI) codes:

Block [726]	34800-00	Interruption of vena cava
Block [723]	35330-00	Percutaneous insertion of inferior vena cava filter
Block [723]	35330-01	Open insertion of inferior vena cava filter

Note: The use of high-risk operating room procedures as the denominator is likely to reduce variation in results. There is strong evidence that hip and knee replacements pose the highest risk for venous thromboembolism (Januel, 2012).

POSTOPERATIVE PULMONARY EMBOLISM

AHRQ indicator code: PSI #12 for adults

Coverage: Hip&knee replacement discharges for patients aged 15 and older.

Numerator: Discharges among cases defined in the denominator with ICD code for pulmonary embolism in a secondary diagnosis field during the surgical admission (see ICD codes below) and in any diagnosis field during readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date for the first surgical admission.

Denominator: Hip and knee replacement discharges, meeting the inclusion and exclusion rules with an ICD code for an operating room procedure.

Surgical discharges:

See Appendix A - Operating Room Procedure Codes#, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>.

Countries which make use of the ICD-10-AM (Australian modification) may consider using surgical DRGs and the following medical DRGs B60*, B61*, B82* (paraplegia, quadriplegia and spinal cord conditions) if these are reported with an operating room procedure.

Hip and knee replacement discharges:

ICD-9-CM Total hip and knee replacement procedure code:

8151	Total hip replacement
8153	Revision of hip replacement
8154	Total knee replacement
8155	Revision of knee replacement

Exclude:

Common exclusions			
MDC, IVC			
Countries without a UPI		Countries with a UPI	
NUM1	PDX, LOS	NUM1	PDX, LOS
NUM2-3	n/a	NUM2-3	PDX, LOS, READM
DEN	PDX, LOS	DEN	-

- **MDC** - cases from the numerator and denominator for MDC 14 (Pregnancy, childbirth, and puerperium) or principal diagnosis in **Annex A: M-3 Code list for MDC 14** (refer to separate MS Excel file)
- **IVC** - Cases from the numerator and denominator where a procedure for interruption of vena cava or insertion of inferior vena cava filter occurs before or on the same day as the first / main operating room procedure (hip/knee replacement and all surgical discharges) or where a procedure for interruption of vena cava is the only operating room procedure (all surgical discharges).

- **PDX** - case with principal diagnosis or secondary diagnosis present on admission (if known) of pulmonary embolism during the **surgical admission (NUM1)**,
- **LOS - surgical admissions (NUM1)** with length of stay less than 2 days.
- **READM - readmissions** more than 30 days after the operation date from the numerator if the All admissions-based calculation is carried out and **NUM2** or **NUM2** reported.

Exclude **PDX** and **LOS** cases from the denominator if only the Surgical admissions-based calculation is carried out (countries without a UPI). Otherwise, if using the All admissions-based method, no exclusions apply as all denominator cases are considered to be at risk within 30 days. However, to compare Surgical admission-based rates to the NUM 1 of the All admission-based rates, countries are requested to also calculate an alternative denominator (**DENX**) as specified below:

- $DEN\ X = DEN - Excl\ PDX - Excl\ LOS$

See Figure 8 for an algorithm to assist with the **Surgical admission-based calculation method** and Figure 9 for an algorithm to assist with the **All admission-based calculation method**.

ICD-9-CM Pulmonary Embolism diagnosis codes:

4151	Pulmonary embolism
41511	Iatrogenic pulmonary embolism and infarction
41519	Pulmonary embolism and infarction, other
41513	Saddle embolism pulmonary artery

ICD-10-WHO Pulmonary Embolism and Deep Vein Thrombosis diagnosis codes:

I26.0	Pulmonary embolism with mention of acute cor pulmonale
I26.9	Pulmonary embolism without mention of acute cor pulmonale

ICD-9-CM Interruption of Vena Cava procedure code:

387	Interruption of vena cava
	Percutaneous and open insertion of inferior vena cava filter

Note: Please search for percutaneous and open insertion of IVC filter codes in your country's version of procedure coding.

The Australian Classification of Health Interventions (ACHI) codes:

Block [726]	34800-00	Interruption of vena cava
Block [723]	35330-00	Percutaneous insertion of inferior vena cava filter
Block [723]	35330-01	Open insertion of inferior vena cava filter

Note: The use of high-risk operating room procedures as the denominator is likely to reduce variation in results. There is strong evidence that hip and knee replacements pose the highest risk for venous thromboembolism (Januel, 2012).

POSTOPERATIVE SEPSIS

AHRQ indicator code: PSI #13 for adults

Coverage: Abdominal discharges for patients aged 15 and older.

Numerator: Discharges among cases defined in the denominator with ICD code for sepsis in a secondary diagnosis field during the surgical admission (see ICD codes below) and in any diagnosis field during readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date (first surgical admission).

Denominator: Abdominopelvic surgical discharges only, meeting the inclusion and exclusion rules with an ICD code for an operating room procedure.

Surgical discharges: See Appendix A - Operating Room Procedure Codes#, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>

Abdominopelvic discharges: See **Annex B: ICD-9-CM Abdominopelvic Procedure Codes** (refer to separate MS Excel file)

Exclude:

Common exclusions			
MDC, INF, IMM/CA			
Countries without a UPI		Countries with a UPI	
NUM1	PDX, LOS	NUM1	PDX, LOS
NUM2-3	n/a	NUM2-3	PDX, LOS, READM
DEN	PDX, LOS	DEN	-

- **MDC** - cases from the numerator and denominator for MDC 14 (Pregnancy, childbirth, and puerperium) or principal diagnosis in **Annex A: M-3 Code list for MDC 14** (refer to separate MS Excel file)

- **INF** - cases from numerator and denominator with **principal diagnosis of infection** or secondary diagnosis present on admission, if known – see ICD codes below,
- **IMM/CA** - cases from numerator and denominator with **any code for immunocompromised state or cancer** – see ICD codes below,
- **PDX** - cases with principal diagnosis or diagnosis present on admission (where possible) of sepsis during the **surgical admission (NUM1)**,
- **LOS - surgical admissions (NUM1)** with length of stay of less than 3 days.
- **READM - readmissions** more than 30 days after the operation date from the numerator if the All admissions-based calculation is carried out and **NUM2** or **NUM2** reported.

Exclude **PDX** and **LOS** cases from the denominator if only the Surgical admissions-based calculation is carried out (countries without a UPI). Otherwise, if using the All admissions-based method, no exclusions apply as all denominator cases are considered to be at risk within 30 days. However, to compare Surgical admission-based rates to the NUM 1 of the All admission-based rates, countries are requested to also calculate an alternative denominator (**DENX**) as specified below:

- $DEN\ X = DEN - Excl\ PDX - Excl\ LOS$

See Figure 10 for an algorithm to assist with the **Surgical admission-based calculation method** and Figure 11 for an algorithm to assist with the **All admission-based calculation method**.

ICD-9-CM Sepsis diagnosis codes:

0380	Streptococcal septicaemia
0381	Staphylococcal septicaemia
03810	Staphylococcal ependence, unspecified
03811	Methicillin susceptible Staphylococcus aureus septicaemia
03812	Methicillin resistant Staphylococcus aureus septicaemia
03819	Other staphylococcal septicaemia
0382	Pneumococcal ependence (streptococcus pneumoniae ependence)
0383	Septicaemia due to anaerobes
78552	Septic shock
78559	Other shock w/o mention of trauma
9980	Postoperative shock

99800	Postoperative shock, nos
99802	Postoperative shock, septic

Septicaemia due to:

03840	Gram-negative organism, unspecified
03841	Haemophilus influenza
03842	Escherichia coli
03843	Pseudomonas
03844	Serratia
03849	Septicaemia due to other gram-negative organisms
0388	Other specified septicaemias
0389	Unspecified septicaemia
99591	Systemic inflammatory response syndrome due to infectious process w/o organ dysfunction
99592	Systematic inflammatory response syndrome due to infectious process w/organ dysfunction

ICD-10-WHO Sepsis diagnosis codes:

A40.0	Septicaemia due to streptococcus, group a
A40.1	Septicaemia due to streptococcus, group b
A40.2	Septicaemia due to streptococcus, group d
A40.3	Septicaemia due to streptococcus pneumoniae

ICD-10-WHO Sepsis diagnosis codes (continued):

A40.8	Other streptococcal septicaemia
A40.9	Streptococcal septicaemia, unspecified
A41.0	Septicaemia due to staphylococcus aureus
A41.1	Septicaemia due to other specified staphylococcus

A41.2	Septicaemia due to unspecified staphylococcus
A41.3	Septicaemia due to haemophilus influenza
A41.4	Septicaemia due to anaerobes
A41.5	Septicaemia due to other gram-negative organisms
A41.8	Other specified septicaemia
A41.9	Septicaemia, unspecified
R57.2	Septic shock
R57.8	Other shock
R65.0	Systemic Inflammatory Response Syndrome of infectious origin without organ failure
R65.1	Systemic Inflammatory Response Syndrome of infectious origin with organ failure
T81.1	Shock during or resulting from a procedure, not elsewhere classified

Immunocompromised state codes:

- ICD-9-CM: See Appendix I – Immunocompromised state diagnosis and procedure codes, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>

- ICD-10-WHO: See **Annex C: W-1 Code list for ICD-10-WHO Immunocompromised State Codes** (refer to separate MS Excel file). Please note the related procedure codes (see ICD-9-CM codes above) are not specified and countries are requested to search for the relevant codes in their procedure classification systems.

Cancer codes:

- ICD-9-CM: See *Appendix H – Cancer diagnosis codes*, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>

- ICD-10-WHO: See **Annex D: W-2 Code list for ICD-10-WHO Cancer Codes** (refer to separate MS Excel file).

Infection codes:

- ICD-9-CM: See Appendix F –Infection diagnosis codes, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>

- ICD-10-WHO: See **Annex E: W-2 Code List W-10 for ICD-10-WHO Infection Codes** (refer to separate MS Excel file).

Note: The use of high-risk operating room procedures as denominator is likely to reduce variation in results. There is strong evidence that abdominal surgical procedures pose the highest risk for postoperative sepsis (Bateman, 2010).

POSTOPERATIVE WOUND DEHISCENCE

AHRQ indicator code: PSI #14 for adults

Coverage: Abdominal discharges for patients aged 15 and older

Numerator: Discharges among cases defined in the denominator with procedure code for reclosure of postoperative disruption of abdominal wall (see procedure code below) during the surgical admission and readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date (first surgical admission).

Denominator: All abdominopelvic surgical discharges meeting the inclusion and exclusion rules.

- See **Annex B: ICD-9-CM Abdominopelvic procedure codes** (refer to separate MS Excel file).

ICD-9-CM Reclosure procedure code:

5461	Reclosure postoperative disruption
------	------------------------------------

Exclude:

Common exclusions			
MDC, IMM, REC			
Countries without a UPI		Countries with a UPI	
NUM1	LOS	NUM1	LOS
NUM2-3	n/a	NUM2-3	LOS, READM
DEN	LOS	DEN	-

- **MDC** - MDC 14 (Pregnancy, childbirth, and puerperium) or principal diagnosis in **Annex A: M-3 Code list for MDC 14** (refer to separate MS Excel file) from the numerator and denominator.
- **IMM** - Cases from the numerator and denominator with any diagnosis or procedure code for **immunocompromised state** –see ICD codes below,
- **REC** - Cases from the numerator and denominator where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure (**Reclos<=date⁺**),

- **LOS - surgical admissions** (NUM1) where length of stay is less than 2 days,

READM - readmissions more than 30 days after the operation date from the numerator if the All admissions-based calculation is carried out and **NUM2** or **NUM2** reported.

Exclude **PDX** and **LOS** cases from the denominator if only the Surgical admissions-based calculation is carried out (countries without a UPI). Otherwise, if using the All admissions-based method, no exclusions apply as all denominator cases are considered to be at risk within 30 days. However, to compare Surgical admission-based rates to the NUM 1 of the All admission-based rates, countries are requested to also calculate an alternative denominator (**DENX**) as specified below:

- $DEN\ X = DEN - Excl\ DEN - Excl\ LOS$

See Figure 12 for an algorithm to assist with the **Surgical admission-based calculation method** and Figure 13 for an algorithm to assist with the **All admission-based calculation method**.

Immunocompromised state codes:

- ICD-9-CM: See Appendix I – Immunocompromised state diagnosis and procedure codes, of the following document:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V44/TechSpecs/PSI%20Appendices.pdf>,

- ICD-10-WHO: See **Annex C: W-1** Code list for ICD-10-WHO Immunocompromised State Codes (refer to separate MS Excel file).

OBSTETRIC TRAUMA DURING VAGINAL DELIVERY WITH INSTRUMENT

AHRQ code: PSI#18 for adults

Coverage: Vaginal delivery discharges for patients aged 15 and over.

Numerator: Discharges among cases defined in the denominator with ICD code for 3rd and 4th degree obstetric trauma in any diagnosis or procedure field (see ICD codes below).

Denominator: All vaginal delivery discharges with any procedure code for instrument-assisted delivery (see procedure codes below).

ICD-9-CM Obstetric Trauma diagnosis codes:

66420	Delivery with third degree laceration, unspecified
66421	Delivery with third degree laceration, during delivery
66424	Delivery with third degree laceration, postpartum condition or complication

66430	Trauma to perineum and vulva during delivery, fourth degree perineal laceration
66431	Trauma to perineum and vulva during delivery, fourth degree perineal laceration
66434	Trauma to perineum and vulva during delivery, fourth degree perineal laceration

ICD-9-CM Obstetric Trauma procedure codes:

7561	Repair of current obstetric lacerations of bladder and urethra
7562	Repair of current obstetric lacerations of rectum and sphincter

ICD-10-WHO Obstetric Trauma diagnosis codes:

O70.2	Third degree perineal laceration during delivery
O70.3	Fourth degree perineal laceration during delivery

ICD-9-CM Instrument-Assisted Delivery procedure codes:

720	Low forceps operation
721	Low forceps operation w/ episiotomy
7221	Mid forceps operation w/ episiotomy
7229	Other mid forceps operation
7231	High forceps operation w/ episiotomy
7239	Other high forceps operation
724	Forceps rotation of fetal head
7251	Partial breech extraction w/ forceps to aftercoming head
7253	Total breech extraction w/ forceps to aftercoming head
726	Forceps application to aftercoming head
7271	Vacuum extraction w/ episiotomy
7279	Vacuum extraction delivery nec
728*	Other specified instrumental delivery
729*	Unspecified instrumental delivery

* Failed vacuum extraction, failed forceps, assisted breech delivery, episiotomy, incision of cervix and symphysiotomy procedures are to be excluded from this code in the Instrument Assisted Delivery Procedures code list.

ICD-9-CM Outcome of delivery codes:

Note: This category is intended for the coding of the outcome of delivery on the mother's record (Department of Health and Human Services, 2007)

V27.0	Single liveborn
V27.1	Single stillborn
V27.2	Twins, both liveborn
V27.3	Twins, one liveborn and one stillborn
V27.4	Twins, both stillborn
V27.5	Other multiple birth, all liveborn
V27.6	Other multiple birth, some liveborn
V27.7	Other multiple birth, all stillborn
V27.9	Unspecified outcome of delivery

ICD-10-WHO Outcome of delivery codes:

Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.(WHO, 2006)

Z37.0	Single live birth
Z37.1	Single stillbirth
Z37.2	Twins, both liveborn
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.5	Other multiple births, all liveborn
Z37.6	Other multiple births, some liveborn
Z37.7	Other multiple births, all stillborn
Z37.9	Outcome of delivery, unspecified

OBSTETRIC TRAUMA DURING VAGINAL DELIVERY WITHOUT INSTRUMENT

AHRQ code: PSI#19 for adults

Coverage: Vaginal delivery discharges for patients aged 15 and over.

Numerator: Discharges among cases defined in the denominator with ICD code for 3rd and 4th degree obstetric trauma in any diagnosis or procedure field (see ICD codes below).

Denominator: All vaginal delivery discharge patients.

Exclude cases: with instrument-assisted delivery.

ICD-9-CM Obstetric Trauma diagnosis codes:

66420	Delivery with third degree laceration, unspecified
66421	Delivery with third degree laceration, during delivery
66424	Delivery with third degree laceration, postpartum condition or complication
66430	Trauma to perineum and vulva during delivery, fourth degree perineal laceration
66431	Trauma to perineum and vulva during delivery, fourth degree perineal laceration
66434	Trauma to perineum and vulva during delivery, fourth degree perineal laceration

ICD-9-CM Obstetric Trauma procedure codes:

7561	Repair of current obstetric lacerations of bladder and urethra
7562	Repair of current obstetric lacerations of rectum and sphincter

ICD-10-WHO Obstetric Trauma diagnosis codes:

O70.2	Third degree perineal laceration during delivery
O70.3	Fourth degree perineal laceration during delivery

ICD-9-CM Instrument-Assisted Delivery procedure codes

720	Low forceps operation
721	Low forceps operation w/ episiotomy
7221	Mid forceps operation w/ episiotomy
7229	Other mid forceps operation
7231	High forceps operation w/ episiotomy
7239	Other high forceps operation

724	Forceps rotation of fetal head
7251	Partial breech extraction w/ forceps to aftercoming head
7253	Total breech extraction w/ forceps to aftercoming head
726	Forceps application to aftercoming head
7271	Vacuum extraction w/ episiotomy
7279	Vacuum extraction delivery nec
728*	Other specified instrumental delivery
729*	Unspecified instrumental delivery

* Failed vacuum extraction, failed forceps, assisted breech delivery, episiotomy, incision of cervix and symphysiotomy procedures are not included in the Instrument Assisted Delivery Procedures code list. Therefore, these procedures are excluded from the definition of the ‘with instrument’ indicator and conversely included in the definition of the ‘without instrument’ indicator.

ICD-9-CM Outcome of delivery codes:

Note: This category is intended for the coding of the outcome of delivery on the mother’s record.
(Department of Health and Human Services, 2007)

V27.0	Single liveborn
V27.1	Single stillborn
V27.2	Twins, both liveborn
V27.3	Twins, one liveborn and one stillborn
V27.4	Twins, both stillborn
V27.5	Other multiple birth, all liveborn
V27.6	Other multiple birth, some liveborn
V27.7	Other multiple birth, all stillborn
V27.9	Unspecified outcome of delivery

ICD-10-WHO Outcome of delivery codes:

Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother’s record (WHO, 2006).

Z37.0	Single live birth
Z37.1	Single stillbirth
Z37.2	Twins, both liveborn

Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.5	Other multiple births, all liveborn
Z37.6	Other multiple births, some liveborn
Z37.7	Other multiple births, all stillborn
Z37.9	Outcome of delivery, unspecified

MENTAL HEALTH CARE

In-patient death from suicide among patients at the hospital with a mental disorder [SUICMENT]

Coverage: Patients aged 15 and older (5 year age group)

Numerator: Number of patient discharges among denominator cases coded as suicide (ICD-10 codes: X60-X84) in the reference year. Please note that only suicide should be included – i.e. suicide attempts and self-harm not resulting in death should be excluded.

Denominator: Number of patients discharged with a principal diagnosis or first two listed secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99) in the reference year.

Death from suicide within 1 year after discharge among patients discharged with a mental disorder [MORTSUMD]

Coverage: Patients aged 15 and older (5 year age group)

Numerator: Number of patients among denominator cases that committed suicide (ICD-10 codes: X60-X84) within 1 year after discharge. Please note that only suicide should be included – i.e. suicide attempts and self-harm not resulting in death should be excluded.

Denominator: Number of patients discharged alive with a principal diagnosis or first two listed secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99) in the reference year. In cases with several admissions during the reference year, the follow up period starts from the last discharge (discharge from a hospital and thus not from one department to another).

NB: This indicator requires data that links hospital records with deaths after discharge.

Death from suicide within 30 days after discharge among patients discharged with a mental disorder [MORTSUMS]

Coverage: Patients aged 15 and older (5 years age group)

Numerator: Number of patients among denominator cases that committed suicide (ICD-10 codes: X60-X84) within 30 days after discharge. Please note that only suicide should be included – i.e. suicide attempts and self-harm not resulting in death should be excluded.

Denominator: Number of patients discharged alive with a principal diagnosis or first two listed secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99) in the reference year. In cases with several admissions during the reference year, the follow up period starts from the last discharge (discharge from a hospital and thus not from one department to another).

NB: This indicator requires data that links hospital records with deaths after discharge.

Excess mortality from schizophrenia [EXCEBIPO]

This indicator is a ratio of two mortality rates (Rate 1 and Rate 2 below) and aims to measure the excess mortality from all causes in people who have a diagnosis of schizophrenia. It is calculated as follows:

Rate 1: Directly age- and sex-standardised “all cause” mortality rate in the reference year (e.g. 2013) for all persons aged between 15 and 74 years old in the population with schizophrenia.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 ever diagnosed with schizophrenia (see list of ICD codes) as obtained from a register or equivalent data source in the reference year.

Rate 2: Directly age- and sex-standardised “all cause” mortality rate in the same reference year for all persons aged between 15 and 74 years old in the total population.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 in the reference year.

The indicator will be the ratio of Rate 1: Rate 2

Schizophrenia diagnostic codes:

ICD-9-CM	ICD-10-WHO
295.0 Simple type of schizophrenia	F20 Schizophrenia
295.1 Disorganised type of schizophrenia	F21 Schizotypal disorder
295.2 Catatonic type of schizophrenia	F23.1 Acute polymorphic psychotic disorder with symptoms of schizophrenia
295.3 Paranoid type of schizophrenia	F23.2 Acute schizophrenia-like psychotic disorder
295.4 Acute schizophrenic episode	F25.0 Schizoaffective disorders
295.5 Latent schizophrenia	F25.1 Schizoaffective disorder, depressive type
295.6 Residual schizophrenia	F25.2 Schizoaffective disorder, mixed type
295.7 Schizoaffective type of schizophrenia	F25.8 Other schizoaffective disorders
295.8 Other specified types of schizophrenia	F25.9 Schizoaffective disorder, unspecified
295.9 Unspecified schizophrenia	

Excess mortality from bipolar disorder [EXCESCHI]

This indicator is a ratio of two mortality rates and aims to measure the excess mortality from all causes in people who have a diagnosis of bipolar disorder. It is calculated as follows:

Rate 1: Directly age- and sex-standardised “all cause” mortality rate in the reference year (eg 2013) for all persons aged between 15 and 74 years old in the prevalent population with bipolar disorder.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 ever diagnosed with bipolar disorder (see list of ICD codes) as obtained from a register or equivalent data source in the reference year.

Rate 2: Directly age- and sex-standardised “all cause” mortality rate in the same reference year for all persons aged between 15 and 74 years old in the total population.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 in the reference year.

The indicator will be the ratio of Rate 1: Rate 2

Bipolar disorder diagnostic codes:

ICD-9-CM	ICD-10-WHO
296.4 Bipolar affective disorder, manic	F31Bipolar affective disorder
296.5 Bipolar affective disorder, depressed	
296.6 Bipolar affective disorder, mixed	
296.7 Bipolar affective disorder, unspecified	
296.8 Manic depressive psychosis, other and unspecified	

Excess mortality from severe mental illnesses [EXCESMIL]

This indicator is a ratio of two mortality rates and aims to account for the excess mortality from all causes in people who have a diagnosis of severe mental illnesses (SMI). Only the countries with a pre-existing registry which records the whole population of severe mental illnesses need to report this indicator. You are requested to provide details on which mental illnesses are recorded in this registry in S&M worksheet in the Excel questionnaire.

Rate 1: Directly age- and sex-standardised “all cause” mortality rate in the reference year (eg 2013) for all persons aged between 15 and 74 years old in the prevalent population with SMI.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 ever diagnosed with SMI as obtained from a register or equivalent data source in the reference year.

Rate 2: Directly age- and sex-standardised “all cause” mortality rate in the same reference year for all persons aged between 15 and 74 years old in the total population.

Numerator: All deaths among the denominator population in the reference year.

Denominator: All people aged 15-74 in the reference year.

The indicator will be the ratio of Rate 1: Rate 2

CANCER CARE

Five-year age-standardised net survival

Five-year net survival is the cumulative probability that cancer patients survive their cancer for at least 5 years, after controlling for the risks of death from other causes. Net survival is expressed as a percentage. Net survival for patients diagnosed during 2000-2004 is based on a cohort approach, since all patients had been followed up for at least 5 years by the end of 2014. For patients diagnosed during 2010-2014, the period approach is used, which allows estimation of five-year survival, though 5 years of follow-up are not available for all patients. Cancer survival estimates are age-standardised with the International Cancer Survival Standard (ICSS) weights.

Data collection, quality control and analysis were performed centrally as part of the CONCORD programme, the global programme for the surveillance of cancer survival, led by the London School of Hygiene and Tropical Medicine (Allemani et al., 2015). In some countries, not all regional registries participated, but survival estimates from the CONCORD programme are considered the best available data from those countries for international comparisons.

Breast cancer [diagnostic codes: ICD-O-3: C50·0–C50·6, C50·8–C50·9]

Cervical cancer [diagnostic codes: ICD-O-3: C53·0–C53·1, C53·8–C53·9]

Colon cancer [diagnostic codes: ICD-O-3: C18-C19]

Rectal cancer [diagnostic codes: ICD-O-3: C20-C21]

Childhood acute lymphoblastic leukaemia [diagnostic codes: ICD-O-3: 9727, 9728, 9729, 9835, 9836, 9837]

Allemani, C. et al. (2015), “Global Surveillance of Cancer Survival 1995-2009: Analysis of Individual Data for 25 676 887 Patients from 279 Population-based Registries in 67 Countries (CONCORD-2)”, *The Lancet*, Vol. 385, pp. 977-1010, [http://dx.doi.org/10.1016/S0140-6736\(14\)62038-9](http://dx.doi.org/10.1016/S0140-6736(14)62038-9).

PATIENT EXPERIENCES

Consultation skipped due to costs [COSK COST]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered not having visited a health professional (*e.g.*, doctor, nurse or allied health professional) because of costs (*i.e.*, actual out-of-pocket payments for services).
- **Denominator:** Number of survey respondents who reported having had a medical problem in the reference year and answered "Yes" or "No" to a survey question on whether consultation was skipped due to costs.

Standard errors should be calculated based on the sample design.

Medical tests, treatment or follow-up skipped due to costs [MTSK COST]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered having skipped a medical test, treatment (excluding medicines), or other follow-up that was recommended by a health professional (*e.g.*, doctor, nurse or allied health professional) because of costs (*i.e.*, actual out-of-pocket payments for services).
- **Denominator:** Number of survey respondents who answered "Yes" or "No" to a survey question on whether recommended medical tests, treatment or follow-up was skipped due to costs in the reference year.

Standard errors should be calculated based on the sample design.

Prescribed medicine skipped due to costs [PMSK COST]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered not having filled a prescription for medicine/collect a prescription for medicine, or skipped doses of medicine because of costs (*i.e.*, actual out-of-pocket payments for medicine).

- **Denominator:** Number of survey respondents who answered "Yes" or "No" to a survey question on whether prescribed medicine was skipped due to costs in the reference year.

Standard errors should be calculated based on the sample design.

Waiting time of more than 4 weeks for getting an appointment with a specialist [WAITGEAP]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who reported having waited for four weeks or more for getting an appointment with a specialist.
- **Denominator:** Number of survey respondents who reported having had an appointment with a specialist in the reference year and provided a duration of the waiting time.

Standard errors should be calculated based on the sample design.

Doctor spending enough time with patient during the consultation [HPRTIPAT]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a doctor spent enough time with them.
- **Denominator:** Number of survey respondents who reported having had a consultation with a doctor in the reference year and answered "Yes" or "No" to a survey question on whether a doctor spent enough time with them.

Standard errors should be calculated based on the sample design.

Regular doctor spending enough time with patient during the consultation [RHPTIPAT]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a regular doctor always or often spent enough time with them.
- **Denominator:** Number of survey respondents who reported having had a regular doctor in the reference year and answered a frequency to a survey question on how often a regular doctor spent enough time with them.

Standard errors should be calculated based on the sample design.

Doctor providing easy-to-understand explanations [HPREXCLA]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a doctor explained things in a way that was easy to understand.
- **Denominator:** Number of survey respondents who reported having had consultation with a doctor in the reference year and answered "Yes" or "No" to a survey question on whether a doctor explained things in a way that was easy to understand.

Standard errors should be calculated based on the sample design.

Regular doctor providing easy-to-understand explanations [RHPEXCLA]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a regular doctor always or often explained things in a way that was easy to understand.
- **Denominator:** Number of survey respondents who reported having had a regular doctor in the reference year and answered a frequency to a survey question on how often a regular doctor explained things in a way that was easy to understand.

Standard errors should be calculated based on the sample design.

Doctor giving opportunity to ask questions or raise concerns [HPRGOASK]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

- Crude rate (weighted) is calculated based on the following definitions: **Numerator:** Number of survey respondents among denominator cases who answered that a doctor gave an opportunity to ask questions or raise concerns about recommended treatment.
- **Denominator:** Number of survey respondents who reported having had consultation with a doctor in the reference year and answered "Yes" or "No" to a survey question on whether a doctor gave an opportunity to ask questions or raise concerns about recommended treatment.

Standard errors should be calculated based on the sample design.

Regular doctor giving opportunity to ask questions or raise concerns [RHPGOASK]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a regular doctor always or often gave an opportunity to ask questions or raise concerns about recommended treatment.
- **Denominator:** Number of survey respondents who reported having had a regular doctor in the reference year and answered a frequency to a survey question on how often a regular doctor gave an opportunity to ask questions or raise concerns about recommended treatment.

Standard errors should be calculated based on the sample design.

Doctor involving patient in decisions about care and treatment [HPRIPDEC]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a doctor involved them as much as they wanted to be in decisions about their care and treatment.
- **Denominator:** Number of survey respondents who reported having had consultation with a doctor in the reference year and answered "Yes" or "No" to a survey question on whether a doctor involved them as much as they wanted to be in decisions about their care and treatment.

Standard errors should be calculated based on the sample design.

Regular doctor involving patient in decisions about care and treatment [RHPIPDEC]

Coverage: Survey respondents aged 16 and over (4 age groups (16-24, 25-44, 45-65 and 65+) and 16+) who answered the specific question.

Crude rate (weighted) is calculated based on the following definitions:

- **Numerator:** Number of survey respondents among denominator cases who answered that a doctor always or often involved them as much as they wanted to be in decisions about their care and treatment.

- **Denominator:** Number of survey respondents who reported having had a regular doctor in the reference year and answered a frequency to a survey question on how often a regular doctor involved them as much as they wanted to be in decisions about their care and treatment.

Standard errors should be calculated based on the sample design.

APPENDIX A - ICD-10 CODE LIST FOR MDC-14

This code list is adapted from:

- German Diagnosis Related Groups, Version 2006. Definitionshandbuch. Institut für das Entgeltsystem im Krankenhaus gGmbH (InEK), Siegburg, Germany, and
- Australian Refined Diagnosis Related Groups V 4.1. Definitions Manual, Vol. 1-3. Commonwealth of Australia 1998.

ICD-10 WHO	Title
A34	Obstetrical tetanus
F53.0	Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.1	Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.8	Other mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.9	Puerperal mental disorder, unspecified
O00.0	Abdominal pregnancy
O00.1	Tubal pregnancy
O00.2	Ovarian pregnancy
O00.8	Other ectopic pregnancy
O00.9	Ectopic pregnancy, unspecified
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.8	Other specified abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O03.0	Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection
O03.1	Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage
O03.2	Spontaneous abortion, incomplete, complicated by embolism
O03.3	Spontaneous abortion, incomplete, with other and unspecified complications
O03.4	Spontaneous abortion, incomplete, without complication
O03.5	Spontaneous abortion, complete or unspecified, complicated by genital tract and pelvic infection
O03.6	Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage
O03.7	Spontaneous abortion, complete or unspecified, complicated by embolism
O03.8	Spontaneous abortion, complete or unspecified, with other and unspecified complications
O03.9	Spontaneous abortion, complete or unspecified, without complication
O04.0	Medical abortion, incomplete, complicated by genital tract and pelvic infection
O04.1	Medical abortion, incomplete, complicated by delayed or excessive haemorrhage
O04.2	Medical abortion, incomplete, complicated by embolism

O04.3	Medical abortion, incomplete, with other and unspecified complications
O04.4	Medical abortion, incomplete, without complication
O04.5	Medical abortion, complete or unspecified, complicated by genital tract and pelvic infection
O04.6	Medical abortion, complete or unspecified, complicated by delayed or excessive haemorrhage
O04.7	Medical abortion, complete or unspecified, complicated by embolism
O04.8	Medical abortion, complete or unspecified, with other and unspecified complications
O04.9	Medical abortion, complete or unspecified, without complication
O05.0	Other abortion, incomplete, complicated by genital tract and pelvic infection
O05.1	Other abortion, incomplete, complicated by delayed or excessive haemorrhage
O05.2	Other abortion, incomplete, complicated by embolism
O05.3	Other abortion, incomplete, with other and unspecified complications
O05.4	Other abortion, incomplete, without complication
O05.5	Other abortion, complete or unspecified, complicated by genital tract and pelvic infection
O05.6	Other abortion, complete or unspecified, complicated by delayed or excessive haemorrhage
O05.7	Other abortion, complete or unspecified, complicated by embolism
O05.8	Other abortion, complete or unspecified, with other and unspecified complications
O05.9	Other abortion, complete or unspecified, without complication
O06.0	Unspecified abortion, incomplete, complicated by genital tract and pelvic infection
O06.1	Unspecified abortion, incomplete, complicated by delayed or excessive haemorrhage
O06.2	Unspecified abortion, incomplete, complicated by embolism
O06.3	Unspecified abortion, incomplete, with other and unspecified complications
O06.4	Unspecified abortion, incomplete, without complication
O06.5	Unspecified abortion, complete or unspecified, complicated by genital tract and pelvic infection
O06.6	Unspecified abortion, complete or unspecified, complicated by delayed or excessive haemorrhage
O06.7	Unspecified abortion, complete or unspecified, complicated by embolism
O06.8	Unspecified abortion, complete or unspecified, with other and unspecified complications
O06.9	Unspecified abortion, complete or unspecified, without complication
O07.0	Failed medical abortion, complicated by genital tract and pelvic infection
O07.1	Failed medical abortion, complicated by delayed or excessive haemorrhage
O07.2	Failed medical abortion, complicated by embolism
O07.3	Failed medical abortion, with other and unspecified complications
O07.4	Failed medical abortion, without complication
O07.5	Other and unspecified failed attempted abortion, complicated by genital tract and pelvic infection
O07.6	Other and unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage
O07.7	Other and unspecified failed attempted abortion, complicated by embolism
O07.8	Other and unspecified failed attempted abortion, with other and unspecified complications
O07.9	Other and unspecified failed attempted abortion, without complication
O08.0	Genital tract and pelvic infection following abortion and ectopic and molar pregnancy
O08.1	Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy
O08.2	Embolism following abortion and ectopic and molar pregnancy
O08.3	Shock following abortion and ectopic and molar pregnancy
O08.4	Renal failure following abortion and ectopic and molar pregnancy
O08.5	Metabolic disorders following abortion and ectopic and molar pregnancy
O08.6	Damage to pelvic organs and tissues following abortion and ectopic and molar pregnancy
O08.7	Other venous complications following abortion and ectopic and molar pregnancy
O08.8	Other complications following abortion and ectopic and molar pregnancy
O08.9	Complication following abortion and ectopic and molar pregnancy, unspecified
O10.0	Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
O10.1	Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium

O10.2	Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
O10.3	Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium
O10.4	Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
O10.9	Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
O11	Pre-existing hypertensive disorder with superimposed proteinuria
O12.0	Gestational oedema
O12.1	Gestational proteinuria
O12.2	Gestational oedema with proteinuria
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.0	Moderate pre-eclampsia
O14.1	Severe pre-eclampsia
O14.9	Pre-eclampsia, unspecified
O15.0	Eclampsia in pregnancy
O15.1	Eclampsia in labour
O15.2	Eclampsia in the puerperium
O15.9	Eclampsia, unspecified as to time period
O16	Unspecified maternal hypertension
O20.0	Threatened abortion
O20.8	Other haemorrhage in early pregnancy
O20.9	Haemorrhage in early pregnancy, unspecified
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified
O22.0	Varicose veins of lower extremity in pregnancy
O22.1	Genital varices in pregnancy
O22.2	Superficial thrombophlebitis in pregnancy
O22.3	Deep phlebothrombosis in pregnancy
O22.4	Haemorrhoids in pregnancy
O22.5	Cerebral venous thrombosis in pregnancy
O22.8	Other venous complications in pregnancy
O22.9	Venous complication in pregnancy, unspecified
O23.0	Infections of kidney in pregnancy
O23.1	Infections of bladder in pregnancy
O23.2	Infections of urethra in pregnancy
O23.3	Infections of other parts of urinary tract in pregnancy
O23.4	Unspecified infection of urinary tract in pregnancy
O23.5	Infections of the genital tract in pregnancy
O23.9	Other and unspecified genitourinary tract infection in pregnancy
O24.0	Diabetes mellitus in pregnancy: Pre-existing diabetes mellitus, insulin-dependent
O24.1	Diabetes mellitus in pregnancy: Pre-existing diabetes mellitus, non-insulin-dependent
O24.2	Diabetes mellitus in pregnancy: Pre-existing malnutrition-related diabetes mellitus
O24.3	Diabetes mellitus in pregnancy: Pre-existing diabetes mellitus, unspecified
O24.4	Diabetes mellitus arising in pregnancy
O24.9	Diabetes mellitus in pregnancy, unspecified
O25	Malnutrition in pregnancy
O26.0	Excessive weight gain in pregnancy
O26.1	Low weight gain in pregnancy

O26.2	Pregnancy care of habitual aborter
O26.3	Retained intrauterine contraceptive device in pregnancy
O26.4	Herpes gestationis
O26.5	Maternal hypotension syndrome
O26.6	Liver disorders in pregnancy, childbirth and the puerperium
O26.7	Subluxation of symphysis (pubis) in pregnancy, childbirth and the puerperium
O26.8	Other specified pregnancy-related conditions
O26.9	Pregnancy-related condition, unspecified
O28.0	Abnormal haematological finding on antenatal screening of mother
O28.1	Abnormal biochemical finding on antenatal screening of mother
O28.2	Abnormal cytological finding on antenatal screening of mother
O28.3	Abnormal ultrasonic finding on antenatal screening of mother
O28.4	Abnormal radiological finding on antenatal screening of mother
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O28.8	Other abnormal findings on antenatal screening of mother
O28.9	Abnormal finding on antenatal screening of mother, unspecified
O29.0	Pulmonary complications of anaesthesia during pregnancy
O29.1	Cardiac complications of anaesthesia during pregnancy
O29.2	Central nervous system complications of anaesthesia during pregnancy
O29.3	Toxic reaction to local anaesthesia during pregnancy
O29.4	Spinal and epidural anaesthesia-induced headache during pregnancy
O29.5	Other complications of spinal and epidural anaesthesia during pregnancy
O29.6	Failed or difficult intubation during pregnancy
O29.8	Other complications of anaesthesia during pregnancy
O29.9	Complication of anaesthesia during pregnancy, unspecified
O30.0	Twin pregnancy
O30.1	Triplet pregnancy
O30.2	Quadruplet pregnancy
O30.8	Other multiple gestation
O30.9	Multiple gestation, unspecified
O31.0	Papyraceous fetus
O31.1	Continuing pregnancy after abortion of one fetus or more
O31.2	Continuing pregnancy after intrauterine death of one fetus or more
O31.8	Other complications specific to multiple gestation
O32.0	Maternal care for unstable lie
O32.1	Maternal care for breech presentation
O32.2	Maternal care for transverse and oblique lie
O32.3	Maternal care for face, brow and chin presentation
O32.4	Maternal care for high head at term
O32.5	Maternal care for multiple gestation with malpresentation of one fetus or more
O32.6	Maternal care for compound presentation
O32.8	Maternal care for other malpresentation of fetus
O32.9	Maternal care for malpresentation of fetus, unspecified
O33.0	Maternal care for disproportion due to deformity of maternal pelvic bones
O33.1	Maternal care for disproportion due to generally contracted pelvis
O33.2	Maternal care for disproportion due to inlet contraction of pelvis
O33.3	Maternal care for disproportion due to outlet contraction of pelvis
O33.4	Maternal care for disproportion of mixed maternal and fetal origin
O33.5	Maternal care for disproportion due to unusually large fetus

O33.6	Maternal care for disproportion due to hydrocephalic fetus
O33.7	Maternal care for disproportion due to other fetal deformities
O33.8	Maternal care for disproportion of other origin
O33.9	Maternal care for disproportion, unspecified
O34.0	Maternal care for congenital malformation of uterus
O34.1	Maternal care for tumour of corpus uteri
O34.2	Maternal care due to uterine scar from previous surgery
O34.3	Maternal care for cervical incompetence
O34.4	Maternal care for other abnormalities of cervix
O34.5	Maternal care for other abnormalities of gravid uterus
O34.6	Maternal care for abnormality of vagina
O34.7	Maternal care for abnormality of vulva and perineum
O34.8	Maternal care for other abnormalities of pelvic organs
O34.9	Maternal care for abnormality of pelvic organ, unspecified
O35.0	Maternal care for (suspected) central nervous system malformation in fetus
O35.1	Maternal care for (suspected) chromosomal abnormality in fetus
O35.2	Maternal care for (suspected) hereditary disease in fetus
O35.3	Maternal care for (suspected) damage to fetus from viral disease in mother
O35.4	Maternal care for (suspected) damage to fetus from alcohol
O35.5	Maternal care for (suspected) damage to fetus by drugs
O35.6	Maternal care for (suspected) damage to fetus by radiation
O35.7	Maternal care for (suspected) damage to fetus by other medical procedures
O35.8	Maternal care for other (suspected) fetal abnormality and damage
O35.9	Maternal care for (suspected) fetal abnormality and damage, unspecified
O36.0	Maternal care for rhesus isoimmunization
O36.1	Maternal care for other isoimmunization
O36.2	Maternal care for hydrops fetalis
O36.3	Maternal care for signs of fetal hypoxia
O36.4	Maternal care for intrauterine death
O36.5	Maternal care for poor fetal growth
O36.6	Maternal care for excessive fetal growth
O36.7	Maternal care for viable fetus in abdominal pregnancy
O36.8	Maternal care for other specified fetal problems
O36.9	Maternal care for fetal problem, unspecified
O40	Polyhydramnios
O41.0	Oligohydramnios
O41.1	Infection of amniotic sac and membranes
O41.8	Other specified disorders of amniotic fluid and membranes
O41.9	Disorder of amniotic fluid and membranes, unspecified
O42.0	Premature rupture of membranes, onset of labour within 24 hours
O42.1	Premature rupture of membranes, onset of labour after 24 hours
O42.2	Premature rupture of membranes, labour delayed by therapy
O42.9	Premature rupture of membranes, unspecified
O43.0	Placental transfusion syndromes
O43.1	Malformation of placenta
O43.8	Other placental disorders
O43.9	Placental disorder, unspecified
O44.0	Placenta praevia specified as without haemorrhage
O44.1	Placenta praevia with haemorrhage

O45.0	Premature separation of placenta with coagulation defect
O45.8	Other premature separation of placenta
O45.9	Premature separation of placenta, unspecified
O46.0	Antepartum haemorrhage with coagulation defect
O46.8	Other antepartum haemorrhage
O46.9	Antepartum haemorrhage, unspecified
O47.0	False labour before 37 completed weeks of gestation
O47.1	False labour at or after 37 completed weeks of gestation
O47.9	False labour, unspecified
O48	Prolonged pregnancy
O60.0	Preterm labour without delivery
O60.1	Preterm labour with preterm delivery
O60.2	Preterm labour with term delivery
O61.0	Failed medical induction of labour
O61.1	Failed instrumental induction of labour
O61.8	Other failed induction of labour
O61.9	Failed induction of labour, unspecified
O62.0	Primary inadequate contractions
O62.1	Secondary uterine inertia
O62.2	Other uterine inertia
O62.3	Precipitate labour
O62.4	Hypertonic, incoordinate, and prolonged uterine contractions
O62.8	Other abnormalities of forces of labour
O62.9	Abnormality of forces of labour, unspecified
O63.0	Prolonged first stage (of labour)
O63.1	Prolonged second stage (of labour)
O63.2	Delayed delivery of second twin, triplet, etc.
O63.9	Long labour, unspecified
O64.0	Obstructed labour due to incomplete rotation of fetal head
O64.1	Obstructed labour due to breech presentation
O64.2	Obstructed labour due to face presentation
O64.3	Obstructed labour due to brow presentation
O64.4	Obstructed labour due to shoulder presentation
O64.5	Obstructed labour due to compound presentation
O64.8	Obstructed labour due to other malposition and malpresentation
O64.9	Obstructed labour due to malposition and malpresentation, unspecified
O65.0	Obstructed labour due to deformed pelvis
O65.1	Obstructed labour due to generally contracted pelvis
O65.2	Obstructed labour due to pelvic inlet contraction
O65.3	Obstructed labour due to pelvic outlet and mid-cavity contraction
O65.4	Obstructed labour due to fetopelvic disproportion, unspecified
O65.5	Obstructed labour due to abnormality of maternal pelvic organs
O65.8	Obstructed labour due to other maternal pelvic abnormalities
O65.9	Obstructed labour due to maternal pelvic abnormality, unspecified
O66.0	Obstructed labour due to shoulder dystocia
O66.1	Obstructed labour due to locked twins
O66.2	Obstructed labour due to unusually large fetus
O66.3	Obstructed labour due to other abnormalities of fetus
O66.4	Failed trial of labour, unspecified

O66.5	Failed application of vacuum extractor and forceps, unspecified
O66.8	Other specified obstructed labour
O66.9	Obstructed labour, unspecified
O67.0	Intrapartum haemorrhage with coagulation defect
O67.8	Other intrapartum haemorrhage
O67.9	Intrapartum haemorrhage, unspecified
O68.0	Labour and delivery complicated by fetal heart rate anomaly
O68.1	Labour and delivery complicated by meconium in amniotic fluid
O68.2	Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid
O68.3	Labour and delivery complicated by biochemical evidence of fetal stress
O68.8	Labour and delivery complicated by other evidence of fetal stress
O68.9	Labour and delivery complicated by fetal stress, unspecified
O69.0	Labour and delivery complicated by prolapse of cord
O69.1	Labour and delivery complicated by cord around neck, with compression
O69.2	Labour and delivery complicated by other cord entanglement
O69.3	Labour and delivery complicated by short cord
O69.4	Labour and delivery complicated by vasa praevia
O69.5	Labour and delivery complicated by vascular lesion of cord
O69.8	Labour and delivery complicated by other cord complications
O69.9	Labour and delivery complicated by cord complication, unspecified
O70.0	First degree perineal laceration during delivery
O70.1	Second degree perineal laceration during delivery
O70.2	Third degree perineal laceration during delivery
O70.3	Fourth degree perineal laceration during delivery
O70.9	Perineal laceration during delivery, unspecified
O71.0	Rupture of uterus before onset of labour
O71.1	Rupture of uterus during labour
O71.2	Postpartum inversion of uterus
O71.3	Obstetric laceration of cervix
O71.4	Obstetric high vaginal laceration alone
O71.5	Other obstetric injury to pelvic organs
O71.6	Obstetric damage to pelvic joints and ligaments
O71.7	Obstetric haematoma of pelvis
O71.8	Other specified obstetric trauma
O71.9	Obstetric trauma, unspecified
O72.0	Third-stage haemorrhage
O72.1	Other immediate postpartum haemorrhage
O72.2	Delayed and secondary postpartum haemorrhage
O72.3	Postpartum coagulation defects
O73.0	Retained placenta without haemorrhage
O73.1	Retained portions of placenta and membranes, without haemorrhage
O74.0	Aspiration pneumonia due to anaesthesia during labour and delivery
O74.1	Other pulmonary complications of anaesthesia during labour and delivery
O74.2	Cardiac complications of anaesthesia during labour and delivery
O74.3	Central nervous system complications of anaesthesia during labour and delivery
O74.4	Toxic reaction to local anaesthesia during labour and delivery
O74.5	Spinal and epidural anaesthesia-induced headache during labour and delivery
O74.6	Other complications of spinal and epidural anaesthesia during labour and delivery
O74.7	Failed or difficult intubation during labour and delivery

O74.8	Other complications of anaesthesia during labour and delivery
O74.9	Complication of anaesthesia during labour and delivery, unspecified
O75.0	Maternal distress during labour and delivery
O75.1	Shock during or following labour and delivery
O75.2	Pyrexia during labour, not elsewhere classified
O75.3	Other infection during labour
O75.4	Other complications of obstetric surgery and procedures
O75.5	Delayed delivery after artificial rupture of membranes
O75.6	Delayed delivery after spontaneous or unspecified rupture of membranes
O75.7	Vaginal delivery following previous caesarean section
O75.8	Other specified complications of labour and delivery
O75.9	Complication of labour and delivery, unspecified
O80.0	Spontaneous vertex delivery
O80.1	Spontaneous breech delivery
O80.8	Other single spontaneous delivery
O80.9	Single spontaneous delivery, unspecified
O81.0	Low forceps delivery
O81.1	Mid-cavity forceps delivery
O81.2	Mid-cavity forceps with rotation
O81.3	Other and unspecified forceps delivery
O81.4	Vacuum extractor delivery
O81.5	Delivery by combination of forceps and vacuum extractor
O82.0	Delivery by elective caesarean section
O82.1	Delivery by emergency caesarean section
O82.2	Delivery by caesarean hysterectomy
O82.8	Other single delivery by caesarean section
O82.9	Delivery by caesarean section, unspecified
O83.0	Breech extraction
O83.1	Other assisted breech delivery
O83.2	Other manipulation-assisted delivery
O83.3	Delivery of viable fetus in abdominal pregnancy
O83.4	Delivery of viable fetus in abdominal pregnancy
O83.8	Destructive operation for delivery
O83.9	Other specified assisted single delivery
O84.0	Assisted single delivery, unspecified
O84.1	Multiple delivery, all spontaneous
O84.2	Multiple delivery, all by forceps and vacuum extractor
O84.8	Multiple delivery, all by caesarean section
O84.9	Other multiple delivery
O85	Puerperal sepsis
O86.0	Infection of obstetric surgical wound
O86.1	Other infection of genital tract following delivery
O86.2	Urinary tract infection following delivery
O86.3	Other genitourinary tract infections following delivery
O86.4	Pyrexia of unknown origin following delivery
O86.8	Other specified puerperal infections
O87.0	Superficial thrombophlebitis in the puerperium
O87.1	Deep phlebothrombosis in the puerperium
O87.2	Haemorrhoids in the puerperium

O87.3	Cerebral venous thrombosis in the puerperium
O87.8	Other venous complications in the puerperium
O87.9	Venous complication in the puerperium, unspecified
O88.0	Obstetric air embolism
O88.1	Amniotic fluid embolism
O88.2	Obstetric blood-clot embolism
O88.3	Obstetric pyaemic and septic embolism
O88.8	Other obstetric embolism
O89.0	Pulmonary complications of anaesthesia during the puerperium
O89.1	Cardiac complications of anaesthesia during the puerperium
O89.2	Central nervous system complications of anaesthesia during the puerperium
O89.3	Toxic reaction to local anaesthesia during the puerperium
O89.4	Spinal and epidural anaesthesia-induced headache during the puerperium
O89.5	Other complications of spinal and epidural anaesthesia during the puerperium
O89.6	Failed or difficult intubation during the puerperium
O89.8	Other complications of anaesthesia during the puerperium
O89.9	Complication of anaesthesia during the puerperium, unspecified
O90.0	Disruption of caesarean section wound
O90.1	Disruption of perineal obstetric wound
O90.2	Haematoma of obstetric wound
O90.3	Cardiomyopathy in the puerperium
O90.4	Postpartum acute renal failure
O90.5	Postpartum thyroiditis
O90.8	Other complications of the puerperium, not elsewhere classified
O90.9	Complication of the puerperium, unspecified
O91.0	Infection of nipple associated with childbirth
O91.1	Abscess of breast associated with childbirth
O91.2	Nonpurulent mastitis associated with childbirth
O92.0	Retracted nipple associated with childbirth
O92.1	Cracked nipple associated with childbirth
O92.2	Other and unspecified disorders of breast associated with childbirth
O92.3	Agalactia
O92.4	Hypogalactia
O92.5	Suppressed lactation
O92.6	Galactorrhoea
O92.7	Other and unspecified disorders of lactation
O94	Sequelae of complication of pregnancy, childbirth and the puerperium
O95	Obstetric death of unspecified cause
O96	Death from any obstetric cause occurring more than 42 days but less than one year after delivery
O97	Death from sequelae of direct obstetric causes
O98.0	Tuberculosis complicating pregnancy, childbirth and the puerperium
O98.1	Syphilis complicating pregnancy, childbirth and the puerperium
O98.2	Gonorrhoea complicating pregnancy, childbirth and the puerperium
O98.3	Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth and the puerperium
O98.4	Viral hepatitis complicating pregnancy, childbirth and the puerperium
O98.5	Other viral diseases complicating pregnancy, childbirth and the puerperium
O98.6	Protozoal diseases complicating pregnancy, childbirth and the puerperium
O98.8	Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium

O98.9	Unspecified maternal infectious or parasitic disease complicating pregnancy, childbirth and the puerperium
O99.0	Anaemia complicating pregnancy, childbirth and the puerperium
O99.1	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, childbirth and the puerperium
O99.2	Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium
O99.4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium
O99.5	Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium
O99.6	Diseases of the digestive system complicating pregnancy, childbirth and the puerperium
O99.7	Diseases of the skin and subcutaneous tissue complicating pregnancy, childbirth and the puerperium
O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
O142	HELLP syndrome
O432	Morbidly adherent placenta
O603	Preterm delivery without spontaneous labour
O960	Death from direct obstetric cause
O961	Death from indirect obstetric cause
O969	Death from unspecified obstetric cause
O970	Death from sequelae of direct obstetric cause
O971	Death from sequelae of indirect obstetric cause
O979	Death from sequelae of obstetric cause, unspecified
O987	Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium
Z32.0	Pregnancy, not (yet) confirmed
Z32.1	Pregnancy confirmed
Z33	Pregnant state, incidental
Z34.0	Supervision of normal first pregnancy
Z34.8	Supervision of other normal pregnancy
Z34.9	Supervision of normal pregnancy, unspecified
Z35.0	Supervision of pregnancy with history of infertility
Z35.1	Supervision of pregnancy with history of abortive outcome
Z35.2	Supervision of pregnancy with other poor reproductive or obstetric history
Z35.3	Supervision of pregnancy with history of insufficient antenatal care
Z35.4	Supervision of pregnancy with grand multiparity
Z35.5	Supervision of elderly primigravida
Z35.6	Supervision of very young primigravida
Z35.8	Supervision of other high-risk pregnancies
Z35.9	Supervision of high-risk pregnancy, unspecified
Z36.0	Antenatal screening for chromosomal anomalies
Z36.1	Antenatal screening for raised alphafetoprotein level
Z36.2	Other antenatal screening based on amniocentesis
Z36.3	Antenatal screening for malformations using ultrasound and other physical methods
Z36.4	Antenatal screening for fetal growth retardation using ultrasound and other physical methods
Z36.5	Antenatal screening for isoimmunization
Z36.8	Other antenatal screening
Z36.9	Antenatal screening, unspecified
Z37.0	Single live birth
Z37.1	Single stillbirth
Z37.2	Twins, both liveborn
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn

Z37.5	Other multiple births, all liveborn
Z37.6	Other multiple births, some liveborn
Z37.7	Other multiple births, all stillborn
Z37.9	Outcome of delivery, unspecified
Z39.0	Care and examination immediately after delivery
Z39.1	Care and examination of lactating mother
Z39.2	Routine postpartum follow-up
Z64.0	Problems related to unwanted pregnancy

APPENDIX B - ICD 10 CODE LIST FOR MDC-15

This code list is adapted from:

- German Diagnosis Related Groups, Version 2006. Definitionshandbuch. Institut für das Entgeltsystem im Krankenhaus gGmbH (InEK), Siegburg, Germany, and
- Australian Refined Diagnosis Related Groups V 4.1. Definitions Manual, Vol. 1-3. Commonwealth of Australia 1998.

ICD-10 WHO	Title
A33	Tetanus neonatorum
P00.0	Fetus and newborn affected by maternal hypertensive disorders
P00.1	Fetus and newborn affected by maternal renal and urinary tract diseases
P00.2	Fetus and newborn affected by maternal infectious and parasitic diseases
P00.3	Fetus and newborn affected by other maternal circulatory and respiratory diseases
P00.4	Fetus and newborn affected by maternal nutritional disorders
P00.5	Fetus and newborn affected by maternal injury
P00.6	Fetus and newborn affected by surgical procedure on mother
P00.7	Fetus and newborn affected by other medical procedures on mother, not elsewhere classified
P00.8	Fetus and newborn affected by other maternal conditions
P00.9	Fetus and newborn affected by unspecified maternal condition
P01.0	Fetus and newborn affected by incompetent cervix
P01.1	Fetus and newborn affected by premature rupture of membranes
P01.2	Fetus and newborn affected by oligohydramnios
P01.3	Fetus and newborn affected by polyhydramnios
P01.4	Fetus and newborn affected by ectopic pregnancy
P01.5	Fetus and newborn affected by multiple pregnancy
P01.6	Fetus and newborn affected by maternal death
P01.7	Fetus and newborn affected by malpresentation before labour
P01.8	Fetus and newborn affected by other maternal complications of pregnancy
P01.9	Fetus and newborn affected by maternal complication of pregnancy, unspecified

P02.0	Fetus and newborn affected by placenta praevia
P02.1	Fetus and newborn affected by other forms of placental separation and haemorrhage
P02.2	Fetus and newborn affected by other and unspecified morphological and functional abnormalities of placenta
P02.3	Fetus and newborn affected by placental transfusion syndromes
P02.4	Fetus and newborn affected by prolapsed cord
P02.5	Fetus and newborn affected by other compression of umbilical cord
P02.6	Fetus and newborn affected by other and unspecified conditions of umbilical cord
P02.7	Fetus and newborn affected by chorioamnionitis
P02.8	Fetus and newborn affected by other abnormalities of membranes
P02.9	Fetus and newborn affected by abnormality of membranes, unspecified
P03.0	Fetus and newborn affected by breech delivery and extraction
P03.1	Fetus and newborn affected by other malpresentation, malposition and disproportion during labour and delivery
P03.2	Fetus and newborn affected by forceps delivery
P03.3	Fetus and newborn affected by delivery by vacuum extractor [ventouse]
P03.4	Fetus and newborn affected by caesarean delivery
P03.5	Fetus and newborn affected by precipitate delivery
P03.6	Fetus and newborn affected by abnormal uterine contractions
P03.8	Fetus and newborn affected by other specified complications of labour and delivery
P03.9	Fetus and newborn affected by complication of labour and delivery, unspecified
P04.0	Fetus and newborn affected by maternal anaesthesia and analgesia in pregnancy, labour and delivery
P04.1	Fetus and newborn affected by other maternal medication
P04.2	Fetus and newborn affected by maternal use of tobacco
P04.3	Fetus and newborn affected by maternal use of alcohol
P04.4	Fetus and newborn affected by maternal use of drugs of addiction
P04.5	Fetus and newborn affected by maternal use of nutritional chemical substances
P04.6	Fetus and newborn affected by maternal exposure to environmental chemical substances
P04.8	Fetus and newborn affected by other maternal noxious influences
P04.9	Fetus and newborn affected by maternal noxious influence, unspecified
P05.0	Light for gestational age
P05.1	Small for gestational age
P05.2	Fetal malnutrition without mention of light or small for gestational age
P05.9	Slow fetal growth, unspecified
P07.0	Extremely low birth weight
P07.1	Other low birth weight
P07.2	Extreme immaturity
P07.3	Other preterm infants
P08.0	Exceptionally large baby
P08.1	Other heavy for gestational age infants
P08.2	Post-term infant, not heavy for gestational age
P10.0	Subdural haemorrhage due to birth injury
P10.1	Cerebral haemorrhage due to birth injury
P10.2	Intraventricular haemorrhage due to birth injury
P10.3	Subarachnoid haemorrhage due to birth injury
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and haemorrhages due to birth injury
P10.9	Unspecified intracranial laceration and haemorrhage due to birth injury
P11.0	Cerebral oedema due to birth injury

P11.1	Other specified brain damage due to birth injury
P11.2	Unspecified brain damage due to birth injury
P11.9	Birth injury to central nervous system, unspecified
P12.0	Cephalhaematoma due to birth injury
P12.1	Chignon due to birth injury
P12.2	Epicranial subaponeurotic haemorrhage due to birth injury
P12.3	Bruising of scalp due to birth injury
P12.4	Monitoring injury of scalp of newborn
P12.8	Other birth injuries to scalp
P12.9	Birth injury to scalp, unspecified
P13.0	Fracture of skull due to birth injury
P13.1	Other birth injuries to skull
P13.2	Birth injury to femur
P13.3	Birth injury to other long bones
P13.4	Fracture of clavicle due to birth injury
P13.8	Birth injuries to other parts of skeleton
P13.9	Birth injury to skeleton, unspecified
P15.0	Birth injury to liver
P15.1	Birth injury to spleen
P15.2	Sternomastoid injury due to birth injury
P15.3	Birth injury to eye
P15.4	Birth injury to face
P15.5	Birth injury to external genitalia
P15.6	Subcutaneous fat necrosis due to birth injury
P15.8	Other specified birth injuries
P15.9	Birth injury, unspecified
P20.0	Intrauterine hypoxia first noted before onset of labour
P20.1	Intrauterine hypoxia first noted during labour and delivery
P20.9	Intrauterine hypoxia, unspecified
P22.0	Respiratory distress syndrome of newborn
P22.1	Transient tachypnoea of newborn
P23.0	Congenital pneumonia due to viral agent
P23.1	Congenital pneumonia due to Chlamydia
P23.2	Congenital pneumonia due to staphylococcus
P23.3	Congenital pneumonia due to streptococcus, group B
P23.4	Congenital pneumonia due to Escherichia coli
P23.5	Congenital pneumonia due to Pseudomonas
P23.6	Congenital pneumonia due to other bacterial agents
P23.8	Congenital pneumonia due to other organisms
P23.9	Congenital pneumonia, unspecified
P24.0	Neonatal aspiration of meconium
P24.1	Neonatal aspiration of amniotic fluid and mucus
P24.2	Neonatal aspiration of blood
P24.3	Neonatal aspiration of milk and regurgitated food
P24.8	Other neonatal aspiration syndromes
P24.9	Neonatal aspiration syndrome, unspecified
P25.0	Interstitial emphysema originating in the perinatal period
P25.1	Pneumothorax originating in the perinatal period
P25.2	Pneumomediastinum originating in the perinatal period

P25.3	Pneumopericardium originating in the perinatal period
P25.8	Other conditions related to interstitial emphysema originating in the perinatal period
P26.0	Tracheobronchial haemorrhage originating in the perinatal period
P26.1	Massive pulmonary haemorrhage originating in the perinatal period
P54.9	Neonatal haemorrhage, unspecified
P56.0	Hydrops fetalis due to isoimmunization
P56.9	Hydrops fetalis due to other and unspecified haemolytic disease
P57.0	Kernicterus due to isoimmunization
P57.8	Other specified kernicterus
P57.9	Kernicterus, unspecified
P58.0	Neonatal jaundice due to bruising
P58.1	Neonatal jaundice due to bleeding
P58.2	Neonatal jaundice due to infection
P58.3	Neonatal jaundice due to polycythaemia
P58.4	Neonatal jaundice due to drugs or toxins transmitted from mother or given to newborn
P58.5	Neonatal jaundice due to swallowed maternal blood
P58.8	Neonatal jaundice due to other specified excessive haemolysis
P58.9	Neonatal jaundice due to excessive haemolysis, unspecified
P59.0	Neonatal jaundice associated with preterm delivery
P59.3	Neonatal jaundice from breast milk inhibitor
P59.8	Neonatal jaundice from other specified causes
P59.9	Neonatal jaundice, unspecified
P61.1	Polycythaemia neonatorum
P61.8	Other specified perinatal haematological disorders
P61.9	Perinatal haematological disorder, unspecified
P70.0	Syndrome of infant of mother with gestational diabetes
P70.1	Syndrome of infant of a diabetic mother
P75	Meconium ileus
P76.0	Meconium plug syndrome
P78.0	Perinatal intestinal perforation
P78.1	Other neonatal peritonitis
P78.2	Neonatal haematemesis and melaena due to swallowed maternal blood
P80.0	Cold injury syndrome
P80.8	Other hypothermia of newborn
P80.9	Hypothermia of newborn, unspecified
P81.0	Environmental hyperthermia of newborn
P81.8	Other specified disturbances of temperature regulation of newborn
P81.9	Disturbance of temperature regulation of newborn, unspecified
P83.0	Sclerema neonatorum
P83.2	Hydrops fetalis not due to haemolytic disease
P93	Reactions and intoxications due to drugs administered to fetus and newborn
P94.1	Congenital hypertonia
P94.8	Other disorders of muscle tone of newborn
P94.9	Disorder of muscle tone of newborn, unspecified
P95	Fetal death of unspecified cause
P96.0	Congenital renal failure
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction
P96.2	Withdrawal symptoms from therapeutic use of drugs in newborn
P96.3	Wide cranial sutures of newborn

P96.4	Termination of pregnancy, fetus and newborn
P96.5	Complications of intrauterine procedures, not elsewhere classified
P96.8	Other specified conditions originating in the perinatal period
P96.9	Condition originating in the perinatal period, unspecified
Q86.0	Fetal alcohol syndrome (dysmorphic)
Z38.0	Singleton, born in hospital
Z38.1	Singleton, born outside hospital
Z38.2	Singleton, unspecified as to place of birth
Z38.3	Twin, born in hospital
Z38.4	Twin, born outside hospital
Z38.5	Twin, unspecified as to place of birth
Z38.6	Other multiple, born in hospital
Z38.7	Other multiple, born outside hospital
Z38.8	Other multiple, unspecified as to place of birth

APPENDIX C - CARDIAC PROCEDURE CODES

Cardiac procedure codes are used for the following indicators in the Primary Care questionnaire:

- Hypertension Admission Rate
- Congestive Heart Failure (CHF) Admission Rate

The relevant ICD-9-CM Cardiac Procedure Codes are:

ICD-9-CM Code	Title
0050	Impl crt pacemaker sys
0051	Impl crt defibrillat
0052	Imp/rep lead lf ven sys
0053	Imp/rep crt pacemkr gen
0054	Imp/rep crt defib genat
0056	Ins/rep sens-crd/vsl mtr
0057	Imp/rep subcue card dev
0066	Ptca
1751	Implant ccm, total system
1752	Implant ccm pulse genrtr
1755	Translum cor atherectomy
3500	Closed valvotomy nos
3501	Closed aortic valvotomy
3502	Closed mitral valvotomy
3503	Closed pulmon valvotomy

3504	Closed tricuspid valvotomy
3505	Endovascular replacement aortic valve
3506	Transapical replacement aortic valve
3507	Endovascular replacement pulmonary valve
3508	Transapical replacement pulmonary valve
3509	Endovascular replacement unsurgically heart valve
3510	Open valvuloplasty none
3511	Open aortic valvuloplasty
3512	Open mitral valvuloplasty
3513	Open pulmonary valvuloplasty
3514	Open tricuspid valvuloplasty
3520	Open/other replacement heart valve none
3521	Open/other replacement aortic valve-tissue
3522	Open/other replacement aortic valve
3523	Open/other replacement mitral valve-tissue
3524	Open/other replacement mitral valve
3525	Open/other replacement pulmonary valve-tissue
3526	Open/other replacement pulmonary valve
3527	Open/other replacement tricuspid valve-tissue
3528	Open/other replacement tricuspid valve
3531	Papillary muscle operations
3532	Chordae tendineae operations
3533	Annuloplasty
3534	Infundibulectomy
3535	Trabecular carneae cord operation
3539	Tissue adjacent to valve operations none
3541	Enlarge existing septal defect
3542	Create septal defect
3550	Prosthetic replacement heart septa none
3551	Prosthetic replacement atrial defect-operation
3552	Prosthetic repair atria defect-clamp
3553	Prosthetic replacement ventricular defect-operation
3554	Prosthetic replacement endocardial cushion
3555	Prosthetic replacement ventricular defect-closure
3560	Graft repair heart septa none
3561	Graft repair atrial defect
3562	Graft repair ventricular defect
3563	Graft replacement endocardial cushion
3570	Heart septa repair none
3571	Atria septa defect replacement none
3572	Ventricular septa defect replacement none
3573	Endocardial cushion replacement none
3581	Total repair tetralogy fallot
3582	Total repair of transposition
3583	Total replacement truncus arteriosus
3584	Total correction transposition great vessels
3591	Interatrial venous retruncal transposition
3592	Conduit right ventricle-pulmonary artery
3593	Conduit left ventricle-aorta

3594	Conduit artium-pulm art
3595	Heart repair revision
3596	Perc heart valvuloplasty
3597	Perc mtrl vlv repr w imp
3598	Other heart septa ops
3599	Other heart valve ops
3601	Ptca-1 Vessel w/o agent
3602	Ptca-1 vessel with agnt
3603	Open coronry angioplasty
3604	Intrcoronry thromb infus
3605	Ptca-multiple vessel
3606	Ins nondrug elut cor st
3607	Ins drug-elut coronry st
3609	Rem of cor art obstr nec
3610	Aortocoronary bypass nos
3611	Aortocor bypas-1 cor art
3612	Aortocor bypas-2 cor art
3613	Aortocor bypas-3 cor art
3614	Aortcor bypas-4+ cor art
3615	1 Int mam-cor art bypass
3616	2 Int mam-cor art bypass
3617	Abd-coron art bypass
3619	Hrt revas byps anas nec
362	Arterial implant revasc
363	Oth heart revascular
3631	Open chest trans revasc
3632	Oth transmyo revascular
3633	Endo transmyo revascular
3634	Perc transmyo revascular
3639	Oth heart revasular
3691	Coron vess aneurysm rep
3699	Heart vessle op nec
3731	Pericardiectomy
3732	Heart aneurysm excision
3733	Exc/dest hrt lesion open
3734	Exc/dest hrt les other
3735	Partial ventriculectomy
3736	Exc/destrect, exclus laa
3737	Exc/dest hrt les, thrspc
3741	Impl cardiac support dev
375	Heart transplantation
3751	Heart tranplantation
3752	Implant tot rep hrt sys
3753	Repl/rep thorac unit hrt
3754	Repl/rep oth tot hrt sys
3755	Rem int bivent hrt sys
3760	Imp bivn ext hrt ast sys
3761	Pulsation balloon implan
3762	Insrt non-impl circ dev

3763	Repair heart assist sys
3764	Remve ext hrt assist sys
3765	Imp vent ext hrt ast sys
3766	Implantable hrt assist
3770	Int insert pacemak lead
3771	Int insert lead in vent
3772	Int insert lead atri-vent
3773	Int inser lead in atrium
3774	Int or repl lead epicar
3775	Revision of lead
3776	Repl tv atri-vent lead
3777	Removal of lead w/o repl
3778	Inser team pacemaker sys
3779	Rev:reloc card dev pockt
3780	Int or repl perm pacemkr
3781	Int insert 1-cham, non
3782	Int insert 1-cham, rate
3783	Int insert dual-cham dev
3785	Repl pacem w 1-cham, non
3786	Repl pacem 1-cham, rate
3787	Repl pacem w dual-cham
3789	Revise or remove pacemak
3794	Implt/repl carddefib tot
3795	Implt cardiodefib leads
3796	Implt cardiodefib genratr
3797	Repl cardiodefib leads
3798	Repl cardiodefib genratr
3826	Insrt prsr snsns w/o lead

APPENDIX D - ICD-9-CM ABDOMINOPELVIC PROCEDURE CODES

ICD-9-CM Code	Title
391	INTRA-ABD VENOUS SHUNT
412	SPLENOTOMY
415	TOTAL SPLENECTOMY
430	GASTROTOMY
433	PYLOROMYOTOMY
435	PROXIMAL GASTRECTOMY
436	DISTAL GASTRECTOMY
437	PART GASTREC W JEJ ANAST
445	REVISION GASTRIC ANASTOM
458	TOTAL INTRA-ABDOMINAL COLECTOMY
472	DRAINAPPENDICEAL ABSC
500	HEPATOTOMY
503	HEPATIC LOBECTOMY
504	TOTAL HEPATECTOMY
523	PANCREAT CYST MARSUPIALI
524	INT DRAIN PANCREAT CYST
526	TOTAL PANCREATECTOMY
527	RAD PANCREATICODUODENECT
537	REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH
540	ABDOMINAL WALL INCISION
543	DESTRUCT ABD WALL LESION
544	DESTRUCT PERITONEAL TISS
557	NEPHROPEXY
603	SUPRAPUBIC PROTATECTOMY
604	RETROPUBIC PROSTATECTOMY
605	RADICAL PROSTATECTOMY
664	TOTAL UNILAT SALPINGECT
664	TOTAL UNILAT SALPINGECT
680	HYSTEROTOMY
680	HYSTEROTOMY
683	SUBTOTAL ABDOMINAL HYSTERECTOMY
683	SUBTOTAL ABDOMINAL HYSTERECTOMY
684	TOTAL ABDOMINAL HYSTERECTOMY
684	TOTAL ABDOMINAL HYSTERECTOMY
686	RADICAL ABDOMINAL HYSTERECTOMY
686	RADICAL ABDOMINAL HYSTERECTOMY
688	PELVIC EVISCERATION
688	PELVIC EVISCERATION
693	PARACERB UTERINE DENERV
693	PARACERB UTERINE DENERV
1731	LAP MUL SEG RES LG INTES

1732	LAPAROSCOPIC CECECTOMY
1733	LAP RIGHT HEMOLECTOMY
1734	LAP RES TRANSVERSE COLON
1735	LAP LEFT HEMICOLEVTOMY
1736	LAP SIGMOIDECTOMY
1739	LAP PT EX LRG INTEST NEC
3804	INCISION OF AORTA
3806	ABDOMEN ARTERY INCISION
3807	AMDOMINAL VEIN INCISION
3814	ENDARTERECTOMY OF AORTA
3816	ABDOMINAL ENDARTERECTOMY
3834	AORTA RESECTION & ANAST
3836	ABD VESSEL RESECT/ANAST
3837	ABD VEIN RESEC & ANAST
3844	RESECT ABDM AORTA W REPL
3846	ABD ARTERY RESEC W REPLA
3847	ABD VEIN RESECT W REPLAC
3857	ABD VARICS V LIGA-STRIP
3864	EXCISION OF AORTA
3866	ABDOMINAL ARTERY EXCIS
3867	ABDOMINAL VEIN EXCISION
3884	OCCLUDE AORTA NEC
3886	OCCLUDE ABD ARTERY NEC
3887	OCCLUDE ABD VEIN NEC
3924	AORTA-RENAL BYPASS
3925	AORTA-ILIAC-FEMOR BYPASS
3926	INTRA-ABDOMIN SHUNT NEC
4052	RAD DISSEC PERIOART NODE
4053	RAD DISSECT ILIAC NODES
4133	OPEN SPLEEN BIOPSY
4141	SPLENIC CYST MARSUPIAL
4142	EXC SPLENIC LESION/TISS
4143	PARTIAL SPLENECTOMY
4193	EXC OF ACESSORY SPLEEN
4194	SPLEEN TRANSPLANTATION
4195	REPAIR OF SPLEEN
4199	SPLEEN OPERATION NEC
4240	ESOPHAGECTOMY NOS
4241	PARTIAL ESOPHAGECTOMY
4242	TOTAL ESOPHAGECTOMY
4253	THORAC SM BOWEL INTERPOS
4254	THORAC ESOPHAGOENTER NEC
4255	THORAC LG BOWEL INTERPOS
4256	THORAC ESOPHAGOCOLOS NEC
4263	STERN SM BOWEL INTERPOS
4264	STERN ESOPHAGOENTER NEC
4265	STERN LG BOWEL INTERPOS
4266	STERN ESOPHAGOCOLOS NEC
4291	LIGATION ESOPH VARIX

4342	LOCAL GASTR EXCISION NEC
4349	LOCAL GASTR DESTRUCT NEC
4381	PART GAST W HEH TRANSPOS
4382	LAP VERTICAL GASTRECTOMY
4389	OPN/OTH PART GASTRECTOMY
4391	TOT GAST W INTES INTERPO
4399	TOTAL GASTRECTOMY NEC
4400	VAGOTOMY NOS
4401	TRUNCAL VAGOTOMY
4402	HIGHLY SELECTIVE VAGOTOMY
4403	OTHER SELECTIVE VAGOTOMY
4411	TRANSABDOMIN GASTROSCOPY
4415	OPEN GASTRIC BIOPSY
4421	DILATE PYLORUS, INCISION
4429	OTHER PYLOROPLASTY
4431	HIGH GASTRIC BYPASS
4439	GASTROENTEROSTOMY NEC
4440	SUTURE OF PEPTIC ULCER NOS
4441	SUT GASTRUC ULCER SITE
4442	SUTURE DUODEN ULCER SITE
4461	SUTURE GASTRIC LACERAT
4463	CLOSE GASTRIC FISTUL NEC
4464	GASTROPEXY
4465	ESOPHAGOGASTROPLASTY
4466	CREAT ESOPHAGASTR SPHINC
4469	GASTRIC REPAIR NEC
4491	LIGATE GASTRIC VARICES
4492	INTRAOP GASTRIC MANIPIL
4499	GASTRIC OPERATION NEC
4500	INTESTINAL INCISION NOS
4501	DUODENAL INCISION
4502	SMALL BOWEL INCISION NEC
4503	LARGE BOWEL INCISION
4531	OTH EXCISE DUODENUM LES
4532	DESTRUCT DUODEN LES NEC
4533	LOCAL EXCIS SM BOWEL NEC
4534	DESTR SM BOWEL LES NEC
4541	EXCISE LG INTESTINE LES
4549	DESTRUCT LG BOWEL LES NEC
4550	INTEST SEG ISOLAT NOS
4551	SM BOWEL SEGMENT ISOLAT
4552	LG BOWEL SEGMENT ISOLAT
4561	MULT SEG SM BOWEL EXCIS
4562	PART SM BOWEL RESECT NEC
4563	TOTAL REMOVAL SM BOWEL
4571	OPN MUL SEG LG INTES NEC
4572	OPEN CECETOMY NEC
4573	OPN RT HEMOCOLECTOMY NEC
4574	OPN TRANSV COLON RES NEC

4575	OPN LFT HEMOCOLECTMY NEC
4576	OPEN SIGMOIDECTOMY NEC
4579	PRT LG INTES EXC NEC/NOS
4581	LAP TOT INR-AB COLECTMY
4582	OP TOT INTR-ABD COLECTMY
4583	TOT ABD COLECTMY NEC/NOS
4590	INTESTINAL ANASTOM NOS
4591	SM-TO-SM BOWEL ANASTOM
4592	SM BOWEL-RECT STUMP ANAS
4593	SMALL-TO-LARGE BOWEL NEC
4594	LG-TO-LG BOWEL ANASTOM
4595	ANAL ANASTOMOSIS
4601	SM BOWEL EXTERIORIZATION
4603	LG BOWEL EXTERIORIZATION
4610	COLOSTOMY NOS
4611	TEMPORARY COLOSTOMY
4613	PERMANENT COLOSTOMY
4620	ILEOSTOMY NOS
4621	TEMPORARY ILESOSTOMY
4622	CONTINENT ILEOSTOMY
4623	PERMANENT ILEOSTOMY NEC
4640	INTEST STOMA REVIS NOS
4641	SM BOWEL SOTMA REVISION
4642	PERICOLOST HERMIA REPAIR
4643	LG BOWEL STOMA REVIS NEC
4650	INTEST STOMA CLOSURE NOS
4651	SM BOWEL STOMA CLOSURE
4652	LG BOWEL STOMA CLOSURE
4660	INTESTINAL FIXATION NOS
4661	SM BOWEL-ABD WALL FIXAT
4662	SMALL BOWEL FIXATION NEC
4663	LG BOWEL-ABD WALL FIXAT
4664	LARGE BOWEL FIXATION NEC
4672	DUIDENAL FISTULA CLOSURE
4674	CLOS ESM BOWEL FIST NEC
4676	CLOSE LG BOWEL FISTULA
4680	INTRA-AB BOWEL MANIP NOS
4681	INTRA-ABD SM BOWEL MANIP
4682	INTRA-ABD LG BOWEL MANIP
4691	MYOTOMY OF SIGMOID COLON
4692	MYOTOMY COLON NEC
4693	RECISE SM BOWEL ANASTOM
4694	RECISE LG BOWEL ANASTOM
4699	INTESTINAL OP NEC
4709	OTHER APPENDECTOMY
4719	OTHER INCID APPENDECTOMY
4791	APPENDICOSTOMY
4792	CLOSE APPENDICEAL FISTUL
4799	APPENDICEAL OPS NEC

4840	PULL-THRU RECT RESEC NEC
4841	SOAVE SUBMUC RECT RESECT
4843	OPN PULL-THRU RES RECTUM
4849	PULL-THRU RECT RESEC NEC
4850	ABDPERNEAL RES RECTM NOS
4852	OPN ABDPERNEAL RESC REC
4859	ABDPERNEAL RESC RECT NEC
4875	ABDOMINAL PROCTOPEXY
5012	OPEN LIVER BIOPSY
5021	MARSUPIALIZAT LIVER LES
5022	PARTIAL HEPATECTOMY
5023	OPN ABLTN LIVER LES/TISS
5026	ABLTN LIVER LES/TISS NEC
5029	DESTRUC HEPATIC LES NEC
5051	AUXILIARY LIVER TRANSPL
5059	LIVER TRANSPLANT NEC
5069	LIVER REPAIR NEC
5103	CHOLECYSTOSTOMY NEC
5104	CHOLECYSTOTOMY NEC
5113	OPEN BILIARY TRACT BX
5121	OTH PART CHOLECYSTECTOMY
5122	CHOLECYSTECTOMY
5131	GB-TO-HEPAT DUCT ANAST
5132	GB-TO-INTESTINE ANASTOM
5133	GB-TO-PANCREAS ANASTOM
5134	GB-TO-STOMACH ANASTOMOS
5135	GALLBLADDER ANASTOM NEC
5136	CHOLEDOCHOENTEROSTOMY
5137	HEPATIC DUCT-GI ANASTOM
5139	BOLE DUCT ANASTOMOS NEC
5141	CDE FOR CALCULUS REMOV
5142	CDE FOR OBSTRUCTION NEC
5143	CHOLEDOCHOHEPAT INTUBAT
5149	INCIS OBSTR BILE DUC NEC
5151	COMMON DUCT EXPLORATION
5159	BILE DUCT INCISION NEC
5161	EXCIS CYST DUCT REMNANT
5162	EXCIS AMPULLA OF VATER
5163	COMMON DUCT EXCIS NEC
5169	BILE DUCT EXCISION NEC
5171	SIMPLE SUT-COMMON DUCT
5172	CHOLEDOCHOPLASTY
5179	BILE DUCT REPAIR NEC
5181	SPHINCTER OF ODDI DILAT
5182	PANCREAT SPHONCTEROTOM
5183	PANCREAT SPHINCTEROPLAS
5189	SPHINCT OF ODDI OP NEC
5192	CLOSURE CHOLECYSTOSTOMY
5193	CLOS BILIARY FISTUL NEC

5194	RECIS BILE TRACT ANASTOM
5195	REMOVE VILE DUCT PROSTH
5199	BILIARY TRACT OP NEC
5201	CATH DRAIN-PANCREAT CYST
5209	PANCREATOTOMY NEC
5212	OPEN PANCREATIC BIOPSY
5222	OTHER DESTROY PANCREA LES
5251	PROXIMAL PANCREATECTOMY
5252	DISTAL PANCREATECTOMY
5253	RAD SUB PANCREATECTOM
5259	PARTIAL PANCREATECT NEC
5280	PANCREAT TRANSPLANT NOS
5281	REIMPLANT PANCREATIC TIS
5282	PANCREATIC HOMOTRANSPLAN
5283	PANCREATIC HETEROTRANSPL
5292	CANNULATION PANCREA DUC
5295	PANCREATIC REPAIR NEC
5296	PANCREATIC ANASTOMOSIS
5299	PANCREATIC OPERATION NEC
5300	UNILAT ING HERN REP NOS
5301	OPN REP DIR ING HERN NEC
5302	OPN REP IND ING HERN NEC
5303	OPN DIR ING HERN-GFT NEC
5304	OPN IND ING HERN-GFT NEC
5305	ING HERNIA REP-GRAFT NOS
5310	BILAT ING HERNIA REP NOS
5311	OPN BIL DIR ING HERN NEC
5312	OPN BIL IND ING HERN NEC
5313	OPN BU DR/IN IG HR-GR NEC
5314	ON BU DR ING HRN-GR NEC
5315	OP BU IN ING HRN-GRF NEC
5316	OP BU DR/IN IG HR-GR NEC
5317	BIL ING HRN REP-GRFT NOS
5321	UNIL FEMOR HERN REPAIR-GRFT
5329	UNIL GEMOR HERN REP NEC
5331	BIL FEM HERN REPAIR-GRFT
5339	BIL FEM HERN REPAIR NEC
5341	OPN REP UMP HRN-GRFT NEC
5349	OPEN REP UMBIL HERN NEC
5351	INCISIONAL HERNIA REPAIR
5359	ABD WALL HERN REPAIR NEC
5361	OPEN INCIS HERN-GRFT NEC
5369	OPN HERN ANT ABD0GRF NEC
5375	ABD REP-DIAPHR HERN NOS
5411	EXPLORATORY LAPAROTOMY
5419	LAPAROTOMY NEC
5422	ABDOMINAL WALL BIOPSY
5423	PERITONEAL BIOPSY
5459	OTH PERTON ADHESIOLYSIS

5463	ABD WALL SUTURE NEC
5464	PERTONEAL SUTURE
5471	REPAIR OF GASTROSCHISIS
5472	ABDOMEN WALL REPAIR NEC
5473	PERITONEAL REPAIR NEC
5474	OMENTAL REPAIR NEC
5475	MESENTERIC REPAIR NEC
5492	REMOVE FB FROM PERITON
5493	CREATE CUANPERITON FIST
5494	CREAT PERITONEOVAS SHUNT
5495	PERITONEAL INCISION
5532	OPN ABLTN RENAL LES/TISS
5535	ABLTN RENAL LES/TISS NEC
5551	NEPHROURETERECTOMY
5552	SOLITARY KIDNEY NEPHRECT
5553	REHECTED KIDNEY NEPHRECT
5554	BILATERAL NEPHRECTOMY
5561	RENAL AUTOTRANSPLANT
5569	KIDNEY TRANSPLANT NEC
5583	CLOSE RENAL FISTULA NEC
5584	REDUCE RENAL PEDICL TORS
5585	SYMPHYSIOTOMY
5586	RENAL ANASTOMOSIS
5587	CORRECT URETEROPELV JUNC
5591	RENAL DECAPSULATION
5597	IMPLANT MECHANIC KIDNEY
5598	REMOV MECHANICAL KIDNEY
5651	FORM CUTAN ILEORETEROST
5652	REVIS CUTAN ILEOURETEROS
5661	FORM CUTAN URESTEROSTOMY
5662	REVIS CUTAN URETEROS NEC
5671	URIN DIVERSION TO BOWEL
5672	REVIS URETEROENTEROSTOMY
5673	NEPHROCYSTANASTOMOSI NOS
5674	URETERONEOXYSTOSTOMY
5675	TRANSURETEROURETEROSTOMY
5683	URETEROSTOMY CLOSURE
5684	CKISE URETER FISTULA NEC
5685	URETEROPEXY
5686	REMOVE URETARAL LIGATURE
5689	REPAIR OF URETER NEC
5695	LIGATION OF URETER
5771	RADICAL CYSTECTOMY
5779	TOTAL CYSTECTOMY NEC
5782	CYSTOTOMY CLOSURE
5787	BLADDER RECONSTRUCTION
5900	RETROPERIT DISSECT NOS
5902	PERIREN ADHESIOLYS NEC
5909	PERIREN/URETER INCIS NEC

6012	OPEN PROSTATIC BIOPSY
6014	OPEN SEMINAL VESICLE BX
6015	PERIPROSTATIC BIOPSY
6061	LOS EXCIS PROSTATIC LES
6072	SEMINAL VESICLE INCISION
6073	SEMINAL VESICLE EXCISION
6079	SEMINAL VESICLE OP NEC
6093	REPAIR OF PROSTATE
6509	OTHER OOPHOROTOMY
6512	OVARIAN BIOPSY NEC
6521	OVARIAN CYST MARSUPIALIZ
6522	OVARIAN WEDGE RESECTION
6529	LOCAL DESTR OVA LES NEC
6539	OTH UNILAT OOPHORECTOMY
6549	OTH UNI SALPINGO-OOPHOR
6551	OTH REMOVE BOTH OVARIES
6552	OTH REMOVE REMAIN OVARY
6561	OTH REMOVE OVARIES/TUBES
6562	OTH REMOVE REM OVA/TUBE
6571	OTH SIMPLE SUTURE OVARY
6572	OTH REIMPLANT OF OVARY
6573	OTH SALPINGO-OOPHOROPLAS
6579	REPAIR OF OVARY NEC
6589	ADHESIOLYSIS OVARY/TUBE
6592	TRANSPLANTATION OF OVARY
6593	MANUAL RUPT OVARIAN CYST
6594	OVARIAN DENERVATION
6595	OVARIAN TORSION RELEASE
6599	OVARIAN OPERATION NEC
6601	SALPINGOTOMY
6602	SALPINGOSTOMY
6631	BILAT TUBAL CRUSHING NEC
6632	BILAT TUBAL DIVISION NEC
6639	BILAT TUBAL DESTRUCT NEC
6651	REMOVE BOTH FALLOP TUBES
6651	REMOVE BOTH FALLOP TUBES
6652	REMOVE SOLITARY FAL TUBE
6652	REMOVE SOLITARY FAL TUBE
6661	DESTROY FALLOP TUBE LES
6661	DESTROY FALLOP TUBE LES
6662	DESTROY FALLOP TUBE LES
6662	DESTROY FALLOP TUBE LES
6663	BILAT PART SALPINGEC NOS
6663	BILAT PART SALPINGEC NOS
6669	PARTIAL SALPINGECTM NEC
6669	PARTIAL SALPINGECTM NEC
6671	SIMPL SUTURE FALLOP TUBE
6671	SIMPL SUTURE FALLOP TUBE
6672	SALPINGO-OOPHOROSTOMY

6672	SALPINGO-OOPHOROSTOMY
6673	SALPINGO-SALPINGOSTOMY
6673	SALPINGO-SALPINGOSTOMY
6674	SALPINGO-UTEROSTOMY
6674	SALPINGO-UTEROSTOMY
6679	FALLOP TUBE REPAIR NEC
6679	FALLOP TUBE REPAIR NEC
6692	UNILAT FALLOP TUVE DESTR
6692	UNILAT FALLOP TUVE DESTR
6697	BURY FIMBRIAE IN UTERUS
6697	BURY FIMBRIAE IN UTERUS
6813	OPEN UTERINE BIOPSY
6813	OPEN UTERINE BIOPSY
6814	OPEN UTERINE LIGAMENT BX
6814	OPEN UTERINE LIGAMENT BX
6839	SUBTOTL ABD HYST NEC/NOS
6839	SUBTOTL ABD HYST NEC/NOS
6841	LAP TOTAL ABDOMINAL HYST
6841	LAP TOTAL ABDOMINAL HYST
6849	TOTAL ABD HYST NEC/NOS
6849	TOTAL ABD HYST NEC/NOS
6861	LAP RADICAL ABDOMNL HYST
6861	LAP RADICAL ABDOMNL HYST
6869	RADICAL ABD HYST NEC/NOS
6869	RADICAL ABD HYST NEC/NOS
6922	UTERINE SUSPENSION NEC
6922	UTERINE SUSPENSION NEC
6941	SUTURE UTERINE LACERAT
6941	SUTURE UTERINE LACERAT
6942	CLOSURE UTERINE FISTULA
6949	UTERINE REPAIR NEC

APPENDIX E – W-1 CODE LIST FOR ICD-10 WHO IMMUNOCOMPROMISED STATE CODES

Code	Title
B20.0	HIV disease resulting in mycobacterial infection
B20.1	HIV disease resulting in other bacterial infections
B20.2	HIV disease resulting in cytomegaloviral disease
B20.3	HIV disease resulting in other viral infections
B20.4	HIV disease resulting in candidiasis
B20.5	HIV disease resulting in other mycoses
B20.6	HIV disease resulting in Pneumocystis carinii pneumonia
B20.7	HIV disease resulting in multiple infections
B20.8	HIV disease resulting in other infectious and parasitic diseases
B20.9	HIV disease resulting in unspecified infectious or parasitic disease
B21.0	HIV disease resulting in Kaposi's sarcoma
B21.1	HIV disease resulting in Burkitt's lymphoma
B21.2	HIV disease resulting in other types of non-Hodgkin's lymphoma
B21.3	HIV disease resulting in other malignant neoplasms of lymphoid, haematopoietic and related tissue
B21.7	HIV disease resulting in multiple malignant neoplasms
B21.8	HIV disease resulting in other malignant neoplasms
B21.9	HIV disease resulting in unspecified malignant neoplasm
B22.0	HIV disease resulting in encephalopathy
B22.1	HIV disease resulting in lymphoid interstitial pneumonitis
B22.2	HIV disease resulting in wasting syndrome

B22.7	HIV disease resulting in multiple diseases classified elsewhere
B23.1	HIV disease resulting in (persistent) generalized lymphadenopathy
B23.2	HIV disease resulting in haematological and immunological abnormalities, not elsewhere classified
B23.8	HIV disease resulting in other specified conditions
B24	Unspecified human immunodeficiency virus [HIV] disease
B59	Pneumocystosis
D47.1	Chronic myeloproliferative disease
D70	Agranulocytosis
D71	Functional disorders of polymorphonuclear neutrophils
D72.0	Genetic anomalies of leukocytes
D80.0	Hereditary hypogammaglobulinaemia
D80.1	Nonfamilial hypogammaglobulinaemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinaemia
D80.7	Transient hypogammaglobulinaemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.3	Adenosine deaminase [ADA] deficiency

D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.8	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.8	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
E40	Kwashiorkor

E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-energy malnutrition
I12.0	Hypertensive renal disease with renal failure
I13.1	Hypertensive heart and renal disease with renal failure
I13.2	Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
K91.2	Postsurgical malabsorption, not elsewhere classified
N18.0	End-stage renal disease
N18.5	Chronic kidney disease, stage 5
N18.8	Other chronic renal failure
T86.0	Bone-marrow transplant rejection
T86.1	Kidney transplant failure and rejection
T86.2	Heart transplant failure and rejection
T86.3	Heart-lung transplant failure and rejection
T86.4	Liver transplant failure and rejection
T86.8	Failure and rejection of other transplanted organs and tissues
T86.9	Failure and rejection of unspecified transplanted organ and tissue
Y83.0	Surgical Operation with transplant of whole organ or tissue
Z49.0	Preparatory care for dialysis
Z49.1	Extracorporeal dialysis
Z49.2	Other dialysis
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status

Z94.4	Liver transplant status
Z94.8	Other transplanted organ and tissue status
Z94.9	Transplanted organ and tissue status, unspecified

APPENDIX F – W-2 CODE LIST FOR ICD-10 WHO CANCER CODES

Code	Title
C00.0	Malignant neoplasm: External upper lip
C00.1	Malignant neoplasm: External lower lip
C00.2	Malignant neoplasm: External lip, unspecified
C00.3	Malignant neoplasm: Upper lip, inner aspect
C00.4	Malignant neoplasm: Lower lip, inner aspect
C00.5	Malignant neoplasm: Lip, unspecified, inner aspect
C00.6	Malignant neoplasm: Commissure of lip
C00.8	Malignant neoplasm: Overlapping lesion of lip
C00.9	Malignant neoplasm: Lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm: Dorsal surface of tongue
C02.1	Malignant neoplasm: Border of tongue
C02.2	Malignant neoplasm: Ventral surface of tongue
C02.3	Malignant neoplasm: Anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm: Lingual tonsil
C02.8	Malignant neoplasm: Overlapping lesion of tongue
C02.9	Malignant neoplasm: Tongue, unspecified
C03.0	Malignant neoplasm: Upper gum
C03.1	Malignant neoplasm: Lower gum
C03.9	Malignant neoplasm: Gum, unspecified
C04.0	Malignant neoplasm: Anterior floor of mouth
C04.1	Malignant neoplasm: Lateral floor of mouth
C04.8	Malignant neoplasm: Overlapping lesion of floor of mouth
C04.9	Malignant neoplasm: Floor of mouth, unspecified
C05.0	Malignant neoplasm: Hard palate
C05.1	Malignant neoplasm: Soft palate
C05.2	Malignant neoplasm: Uvula
C05.8	Malignant neoplasm: Overlapping lesion of palate
C05.9	Malignant neoplasm: Palate, unspecified
C06.0	Malignant neoplasm: Cheek mucosa
C06.1	Malignant neoplasm: Vestibule of mouth
C06.2	Malignant neoplasm: Retromolar area
C06.8	Malignant neoplasm: Overlapping lesion of other and unspecified parts of mouth
C06.9	Malignant neoplasm: Mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm: Submandibular gland
C08.1	Malignant neoplasm: Sublingual gland
C08.8	Malignant neoplasm: Overlapping lesion of major salivary glands
C08.9	Malignant neoplasm: Major salivary gland, unspecified
C09.0	Malignant neoplasm: Tonsillar fossa
C09.1	Malignant neoplasm: Tonsillar pillar (anterior)(posterior)

C09.8	Malignant neoplasm: Overlapping lesion of tonsil
C09.9	Malignant neoplasm: Tonsil, unspecified
C10.0	Malignant neoplasm: Vallecula
C10.1	Malignant neoplasm: Anterior surface of epiglottis
C10.2	Malignant neoplasm: Lateral wall of oropharynx
C10.3	Malignant neoplasm: Posterior wall of oropharynx
C10.4	Malignant neoplasm: Branchial cleft
C10.8	Malignant neoplasm: Overlapping lesion of oropharynx
C10.9	Malignant neoplasm: Oropharynx, unspecified
C11.0	Malignant neoplasm: Superior wall of nasopharynx
C11.1	Malignant neoplasm: Posterior wall of nasopharynx
C11.2	Malignant neoplasm: Lateral wall of nasopharynx
C11.3	Malignant neoplasm: Anterior wall of nasopharynx
C11.8	Malignant neoplasm: Overlapping lesion of nasopharynx
C11.9	Malignant neoplasm: Nasopharynx, unspecified
C12	Malignant neoplasm of piriform sinus
C13.0	Malignant neoplasm: Postcricoid region
C13.1	Malignant neoplasm: Aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm: Posterior wall of hypopharynx
C13.8	Malignant neoplasm: Overlapping lesion of hypopharynx
C13.9	Malignant neoplasm: Hypopharynx, unspecified
C14.0	Malignant neoplasm: Pharynx, unspecified
C14.2	Malignant neoplasm: Waldeyer's ring
C14.8	Malignant neoplasm: Overlapping lesion of lip, oral cavity and pharynx
C15.0	Malignant neoplasm: Cervical part of oesophagus
C15.1	Malignant neoplasm: Thoracic part of oesophagus
C15.2	Malignant neoplasm: Abdominal part of oesophagus
C15.3	Malignant neoplasm: Upper third of oesophagus
C15.4	Malignant neoplasm: Middle third of oesophagus
C15.5	Malignant neoplasm: Lower third of oesophagus
C15.8	Malignant neoplasm: Overlapping lesion of oesophagus
C15.9	Malignant neoplasm: Oesophagus, unspecified
C16.0	Malignant neoplasm: Cardia
C16.1	Malignant neoplasm: Fundus of stomach
C16.2	Malignant neoplasm: Body of stomach
C16.3	Malignant neoplasm: Pyloric antrum
C16.4	Malignant neoplasm: Pylorus
C16.5	Malignant neoplasm: Lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm: Greater curvature of stomach, unspecified
C16.8	Malignant neoplasm: Overlapping lesion of stomach
C16.9	Malignant neoplasm: Stomach, unspecified
C17.0	Malignant neoplasm: Duodenum
C17.1	Malignant neoplasm: Jejunum
C17.2	Malignant neoplasm: Ileum
C17.3	Malignant neoplasm: Meckel's diverticulum
C17.8	Malignant neoplasm: Overlapping lesion of small intestine
C17.9	Malignant neoplasm: Small intestine, unspecified
C18.0	Malignant neoplasm: Caecum
C18.1	Malignant neoplasm: Appendix

C18.2	Malignant neoplasm: Ascending colon
C18.3	Malignant neoplasm: Hepatic flexure
C18.4	Malignant neoplasm: Transverse colon
C18.5	Malignant neoplasm: Splenic flexure
C18.6	Malignant neoplasm: Descending colon
C18.7	Malignant neoplasm: Sigmoid colon
C18.8	Malignant neoplasm: Overlapping lesion of colon
C18.9	Malignant neoplasm: Colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm: Anus, unspecified
C21.1	Malignant neoplasm: Anal canal
C21.2	Malignant neoplasm: Cloacogenic zone
C21.8	Malignant neoplasm: Overlapping lesion of rectum, anus and anal canal
C22.0	Malignant neoplasm: Liver cell carcinoma
C22.1	Malignant neoplasm: Intrahepatic bile duct carcinoma
C22.2	Malignant neoplasm: Hepatoblastoma
C22.3	Malignant neoplasm: Angiosarcoma of liver
C22.4	Malignant neoplasm: Other sarcomas of liver
C22.7	Malignant neoplasm: Other specified carcinomas of liver
C22.9	Malignant neoplasm: Liver, unspecified
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm: Extrahepatic bile duct
C24.1	Malignant neoplasm: Ampulla of Vater
C24.8	Malignant neoplasm: Overlapping lesion of biliary tract
C24.9	Malignant neoplasm: Biliary tract, unspecified
C25.0	Malignant neoplasm: Head of pancreas
C25.1	Malignant neoplasm: Body of pancreas
C25.2	Malignant neoplasm: Tail of pancreas
C25.3	Malignant neoplasm: Pancreatic duct
C25.4	Malignant neoplasm: Endocrine pancreas
C25.7	Malignant neoplasm: Other parts of pancreas
C25.8	Malignant neoplasm: Overlapping lesion of pancreas
C25.9	Malignant neoplasm: Pancreas, unspecified
C26.0	Malignant neoplasm: Intestinal tract, part unspecified
C26.1	Malignant neoplasm: Spleen
C26.8	Malignant neoplasm: Overlapping lesion of digestive system
C26.9	Malignant neoplasm: Ill-defined sites within the digestive system
C30.0	Malignant neoplasm: Nasal cavity
C30.1	Malignant neoplasm: Middle ear
C31.0	Malignant neoplasm: Maxillary sinus
C31.1	Malignant neoplasm: Ethmoidal sinus
C31.2	Malignant neoplasm: Frontal sinus
C31.3	Malignant neoplasm: Sphenoidal sinus
C31.8	Malignant neoplasm: Overlapping lesion of accessory sinuses
C31.9	Malignant neoplasm: Accessory sinus, unspecified
C32.0	Malignant neoplasm: Glottis
C32.1	Malignant neoplasm: Supraglottis
C32.2	Malignant neoplasm: Subglottis

C32.3	Malignant neoplasm: Laryngeal cartilage
C32.8	Malignant neoplasm: Overlapping lesion of larynx
C32.9	Malignant neoplasm: Larynx, unspecified
C33	Malignant neoplasm of trachea
C34.0	Malignant neoplasm: Main bronchus
C34.1	Malignant neoplasm: Upper lobe, bronchus or lung
C34.2	Malignant neoplasm: Middle lobe, bronchus or lung
C34.3	Malignant neoplasm: Lower lobe, bronchus or lung
C34.8	Malignant neoplasm: Overlapping lesion of bronchus and lung
C34.9	Malignant neoplasm: Bronchus or lung, unspecified
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm: Heart
C38.1	Malignant neoplasm: Anterior mediastinum
C38.2	Malignant neoplasm: Posterior mediastinum
C38.3	Malignant neoplasm: Mediastinum, part unspecified
C38.4	Malignant neoplasm: Pleura
C38.8	Malignant neoplasm: Overlapping lesion of heart, mediastinum and pleura
C39.0	Malignant neoplasm: Upper respiratory tract, part unspecified
C39.8	Malignant neoplasm: Overlapping lesion of respiratory and intrathoracic organs
C39.9	Malignant neoplasm: Ill-defined sites within the respiratory system
C40.0	Malignant neoplasm: Scapula and long bones of upper limb
C40.1	Malignant neoplasm: Short bones of upper limb
C40.2	Malignant neoplasm: Long bones of lower limb
C40.3	Malignant neoplasm: Short bones of lower limb
C40.8	Malignant neoplasm: Overlapping lesion of bone and articular cartilage of limbs
C40.9	Malignant neoplasm: Bone and articular cartilage of limb, unspecified
C41.0	Malignant neoplasm: Bones of skull and face
C41.1	Malignant neoplasm: Mandible
C41.2	Malignant neoplasm: Vertebral column
C41.3	Malignant neoplasm: Ribs, sternum and clavicle
C41.4	Malignant neoplasm: Pelvic bones, sacrum and coccyx
C41.8	Malignant neoplasm: Overlapping lesion of bone and articular cartilage
C41.9	Malignant neoplasm: Bone and articular cartilage, unspecified
C43.0	Malignant neoplasm: Malignant melanoma of lip
C43.1	Malignant neoplasm: Malignant melanoma of eyelid, including canthus
C43.2	Malignant neoplasm: Malignant melanoma of ear and external auricular canal
C43.3	Malignant neoplasm: Malignant melanoma of other and unspecified parts of face
C43.4	Malignant neoplasm: Malignant melanoma of scalp and neck
C43.5	Malignant neoplasm: Malignant melanoma of trunk
C43.6	Malignant neoplasm: Malignant melanoma of upper limb, including shoulder
C43.7	Malignant neoplasm: Malignant melanoma of lower limb, including hip
C43.8	Malignant neoplasm: Overlapping malignant melanoma of skin
C43.9	Malignant neoplasm: Malignant melanoma of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin

C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.7	Kaposi's sarcoma of other sites
C46.8	Kaposi's sarcoma of multiple organs
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm: Peripheral nerves of head, face and neck
C47.1	Malignant neoplasm: Peripheral nerves of upper limb, including shoulder
C47.2	Malignant neoplasm: Peripheral nerves of lower limb, including hip
C47.3	Malignant neoplasm: Peripheral nerves of thorax
C47.4	Malignant neoplasm: Peripheral nerves of abdomen
C47.5	Malignant neoplasm: Peripheral nerves of pelvis
C47.6	Malignant neoplasm: Peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm: Overlapping lesion of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm: Peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm: Retroperitoneum
C48.1	Malignant neoplasm: Specified parts of peritoneum
C48.2	Malignant neoplasm: Peritoneum, unspecified
C48.8	Malignant neoplasm: Overlapping lesion of retroperitoneum and peritoneum
C49.0	Malignant neoplasm: Connective and soft tissue of head, face and neck
C49.1	Malignant neoplasm: Connective and soft tissue of upper limb, including shoulder
C49.2	Malignant neoplasm: Connective and soft tissue of lower limb, including hip
C49.3	Malignant neoplasm: Connective and soft tissue of thorax
C49.4	Malignant neoplasm: Connective and soft tissue of abdomen
C49.5	Malignant neoplasm: Connective and soft tissue of pelvis
C49.6	Malignant neoplasm: Connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm: Overlapping lesion of connective and soft tissue
C49.9	Malignant neoplasm: Connective and soft tissue, unspecified
C50.0	Malignant neoplasm: Nipple and areola
C50.1	Malignant neoplasm: Central portion of breast
C50.2	Malignant neoplasm: Upper-inner quadrant of breast
C50.3	Malignant neoplasm: Lower-inner quadrant of breast
C50.4	Malignant neoplasm: Upper-outer quadrant of breast
C50.5	Malignant neoplasm: Lower-outer quadrant of breast
C50.6	Malignant neoplasm: Axillary tail of breast
C50.8	Malignant neoplasm: Overlapping lesion of breast
C50.9	Malignant neoplasm: Breast, unspecified
C51.0	Malignant neoplasm: Labium majus
C51.1	Malignant neoplasm: Labium minus
C51.2	Malignant neoplasm: Clitoris
C51.8	Malignant neoplasm: Overlapping lesion of vulva
C51.9	Malignant neoplasm: Vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm: Endocervix
C53.1	Malignant neoplasm: Exocervix
C53.8	Malignant neoplasm: Overlapping lesion of cervix uteri
C53.9	Malignant neoplasm: Cervix uteri, unspecified
C54.0	Malignant neoplasm: Isthmus uteri

C54.1	Malignant neoplasm: Endometrium
C54.2	Malignant neoplasm: Myometrium
C54.3	Malignant neoplasm: Fundus uteri
C54.8	Malignant neoplasm: Overlapping lesion of corpus uteri
C54.9	Malignant neoplasm: Corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56	Malignant neoplasm of ovary
C57.0	Malignant neoplasm: Fallopian tube
C57.1	Malignant neoplasm: Broad ligament
C57.2	Malignant neoplasm: Round ligament
C57.3	Malignant neoplasm: Parametrium
C57.4	Malignant neoplasm: Uterine adnexa, unspecified
C57.7	Malignant neoplasm: Other specified female genital organs
C57.8	Malignant neoplasm: Overlapping lesion of female genital organs
C57.9	Malignant neoplasm: Female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm: Prepuce
C60.1	Malignant neoplasm: Glans penis
C60.2	Malignant neoplasm: Body of penis
C60.8	Malignant neoplasm: Overlapping lesion of penis
C60.9	Malignant neoplasm: Penis, unspecified
C61	Malignant neoplasm of prostate
C62.0	Malignant neoplasm: Undescended testis
C62.1	Malignant neoplasm: Descended testis
C62.9	Malignant neoplasm: Testis, unspecified
C63.0	Malignant neoplasm: Epididymis
C63.1	Malignant neoplasm: Spermatic cord
C63.2	Malignant neoplasm: Scrotum
C63.7	Malignant neoplasm: Other specified male genital organs
C63.8	Malignant neoplasm: Overlapping lesion of male genital organs
C63.9	Malignant neoplasm: Male genital organ, unspecified
C64	Malignant neoplasm of kidney, except renal pelvis
C65	Malignant neoplasm of renal pelvis
C66	Malignant neoplasm of ureter
C67.0	Malignant neoplasm: Trigone of bladder
C67.1	Malignant neoplasm: Dome of bladder
C67.2	Malignant neoplasm: Lateral wall of bladder
C67.3	Malignant neoplasm: Anterior wall of bladder
C67.4	Malignant neoplasm: Posterior wall of bladder
C67.5	Malignant neoplasm: Bladder neck
C67.6	Malignant neoplasm: Ureteric orifice
C67.7	Malignant neoplasm: Urachus
C67.8	Malignant neoplasm: Overlapping lesion of bladder
C67.9	Malignant neoplasm: Bladder, unspecified
C68.0	Malignant neoplasm: Urethra
C68.1	Malignant neoplasm: Paraurethral gland
C68.8	Malignant neoplasm: Overlapping lesion of urinary organs
C68.9	Malignant neoplasm: Urinary organ, unspecified
C69.0	Malignant neoplasm: Conjunctiva

C69.1	Malignant neoplasm: Cornea
C69.2	Malignant neoplasm: Retina
C69.3	Malignant neoplasm: Choroid
C69.4	Malignant neoplasm: Ciliary body
C69.5	Malignant neoplasm: Lacrimal gland and duct
C69.6	Malignant neoplasm: Orbit
C69.8	Malignant neoplasm: Overlapping lesion of eye and adnexa
C69.9	Malignant neoplasm: Eye, unspecified
C70.0	Malignant neoplasm: Cerebral meninges
C70.1	Malignant neoplasm: Spinal meninges
C70.9	Malignant neoplasm: Meninges, unspecified
C71.0	Malignant neoplasm: Cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm: Frontal lobe
C71.2	Malignant neoplasm: Temporal lobe
C71.3	Malignant neoplasm: Parietal lobe
C71.4	Malignant neoplasm: Occipital lobe
C71.5	Malignant neoplasm: Cerebral ventricle
C71.6	Malignant neoplasm: Cerebellum
C71.7	Malignant neoplasm: Brain stem
C71.8	Malignant neoplasm: Overlapping lesion of brain
C71.9	Malignant neoplasm: Brain, unspecified
C72.0	Malignant neoplasm: Spinal cord
C72.1	Malignant neoplasm: Cauda equina
C72.2	Malignant neoplasm: Olfactory nerve
C72.3	Malignant neoplasm: Optic nerve
C72.4	Malignant neoplasm: Acoustic nerve
C72.5	Malignant neoplasm: Other and unspecified cranial nerves
C72.8	Malignant neoplasm: Overlapping lesion of brain and other parts of central nervous system
C72.9	Malignant neoplasm: Central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.0	Malignant neoplasm: Cortex of adrenal gland
C74.1	Malignant neoplasm: Medulla of adrenal gland
C74.9	Malignant neoplasm: Adrenal gland, unspecified
C75.0	Malignant neoplasm: Parathyroid gland
C75.1	Malignant neoplasm: Pituitary gland
C75.2	Malignant neoplasm: Craniopharyngeal duct
C75.3	Malignant neoplasm: Pineal gland
C75.4	Malignant neoplasm: Carotid body
C75.5	Malignant neoplasm: Aortic body and other paraganglia
C75.8	Malignant neoplasm: Pluriglandular involvement, unspecified
C75.9	Malignant neoplasm: Endocrine gland, unspecified
C76.0	Malignant neoplasm of other and ill-defined sites: Head, face and neck
C76.1	Malignant neoplasm of other and ill-defined sites: Thorax
C76.2	Malignant neoplasm of other and ill-defined sites: Abdomen
C76.3	Malignant neoplasm of other and ill-defined sites: Pelvis
C76.4	Malignant neoplasm of other and ill-defined sites: Upper limb
C76.5	Malignant neoplasm of other and ill-defined sites: Lower limb
C76.7	Malignant neoplasm of other and ill-defined sites: Other ill-defined sites

C76.8	Malignant neoplasm of other and ill-defined sites: Overlapping lesion of other and ill-defined sites
C77.0	Secondary and unspecified malignant neoplasm: Lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm: Intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm: Intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm: Axillary and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm: Inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm: Intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm: Lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm: Lymph node, unspecified
C78.0	Secondary malignant neoplasm of lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs
C79.0	Secondary malignant neoplasm of kidney and renal pelvis
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.3	Secondary malignant neoplasm of brain and cerebral meninges
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
C79.5	Secondary malignant neoplasm of bone and bone marrow
C79.6	Secondary malignant neoplasm of ovary
C79.7	Secondary malignant neoplasm of adrenal gland
C79.8	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm, unspecified site
C80	Malignant neoplasm without specification of site
C80.0	Malignant neoplasm, primary site unknown, so stated
C80.9	Malignant neoplasm, unspecified
C81.0	Hodgkin's disease: Lymphocytic predominance
C81.1	Hodgkin's disease: Nodular sclerosis
C81.2	Hodgkin's disease: Mixed cellularity
C81.3	Hodgkin's disease: Lymphocytic depletion
C81.4	Lymphocyte-rich classical Hodgkin lymphoma
C81.7	Hodgkin's disease: Other Hodgkin's disease
C81.9	Hodgkin's disease: Hodgkin's disease, unspecified
C82.0	Non-Hodgkin's lymphoma: Small cleaved cell, follicular
C82.1	Non-Hodgkin's lymphoma: Mixed small cleaved and large cell, follicular
C82.2	Non-Hodgkin's lymphoma: Large cell, follicular
C82.3	Follicular lymphoma grade IIIa
C82.4	Follicular lymphoma grade IIIb
C82.5	Diffuse follicle centre lymphoma
C82.6	Cutaneous follicle centre lymphoma
C82.7	Other types of follicular non-Hodgkin's lymphoma
C82.9	Follicular non-Hodgkin's lymphoma, unspecified
C83.0	Non-Hodgkin's lymphoma: Small cell (diffuse)

C83.1	Non-Hodgkin's lymphoma: Small cleaved cell (diffuse)
C83.2	Non-Hodgkin's lymphoma: Mixed small and large cell (diffuse)
C83.3	Non-Hodgkin's lymphoma: Large cell (diffuse)
C83.4	Non-Hodgkin's lymphoma: Immunoblastic (diffuse)
C83.5	Non-Hodgkin's lymphoma: Lymphoblastic (diffuse)
C83.6	Non-Hodgkin's lymphoma: Undifferentiated (diffuse)
C83.7	Burkitt's tumour
C83.8	Other types of diffuse non-Hodgkin's lymphoma
C83.9	Diffuse non-Hodgkin's lymphoma, unspecified
C84.0	Mycosis fungoides
C84.1	Sezary's disease
C84.2	T-zone lymphoma
C84.3	Lymphoepithelioid lymphoma
C84.4	Peripheral T-cell lymphoma
C84.5	Other and unspecified T-cell lymphomas
C84.6	Anaplastic large cell lymphoma, ALK-positive
C84.7	Anaplastic large cell lymphoma, ALK-negative
C84.8	Cutaneous T-cell lymphoma, unspecified
C84.9	Mature T/NK-cell lymphoma, unspecified
C85.0	Lymphosarcoma
C85.1	B-cell lymphoma, unspecified
C85.2	Mediastinal (thymic) large B-cell lymphoma
C85.7	Other specified types of non-Hodgkin's lymphoma
C85.9	Non-Hodgkin's lymphoma, unspecified type
C86	Other specified types of T/NK-cell lymphoma
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenström's macroglobulinaemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C90.0	Multiple myeloma
C90.1	Plasma cell leukaemia
C90.2	Plasmacytoma, extramedullary
C90.3	Solitary plasmacytoma
C91.0	Acute lymphoblastic leukaemia
C91.1	Chronic lymphocytic leukaemia
C91.2	Subacute lymphocytic leukaemia
C91.3	Prolymphocytic leukaemia
C91.4	Hairy-cell leukaemia
C91.5	Adult T-cell leukaemia
C91.6	Prolymphocytic leukaemia of T-cell type
C91.7	Other lymphoid leukaemia
C91.8	Mature B-cell leukaemia Burkitt-type
C91.9	Lymphoid leukaemia, unspecified

C92.0	Acute myeloid leukaemia
C92.1	Chronic myeloid leukaemia
C92.2	Subacute myeloid leukaemia
C92.3	Myeloid sarcoma
C92.4	Acute promyelocytic leukaemia
C92.5	Acute myelomonocytic leukaemia
C92.6	Acute myeloid leukaemia with 11q23-abnormality
C92.7	Other myeloid leukaemia
C92.8	Acute myeloid leukaemia with multilineage dysplasia
C92.9	Myeloid leukaemia, unspecified
C93.0	Acute monocytic leukaemia
C93.1	Chronic monocytic leukaemia
C93.2	Subacute monocytic leukaemia
C93.3	Juvenile myelomonocytic leukaemia
C93.7	Other monocytic leukaemia
C93.9	Monocytic leukaemia, unspecified
C94.0	Acute erythraemia and erythroleukaemia
C94.1	Chronic erythraemia
C94.2	Acute megakaryoblastic leukaemia
C94.3	Mast cell leukaemia
C94.4	Acute panmyelosis
C94.5	Acute myelofibrosis
C94.6	Myelodysplastic and myeloproliferative disease, not elsewhere classified
C94.7	Other specified leukaemias
C95.0	Acute leukaemia of unspecified cell type
C95.1	Chronic leukaemia of unspecified cell type
C95.2	Subacute leukaemia of unspecified cell type
C95.7	Other leukaemia of unspecified cell type
C95.9	Leukaemia, unspecified
C96.0	Letterer-Siwe disease
C96.1	Malignant histiocytosis
C96.2	Malignant mast cell tumour
C96.3	True histiocytic lymphoma
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.7	Other specified malignant neoplasms of lymphoid, haematopoietic and related tissue
C96.8	Histiocytic sarcoma
C96.9	Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified
C97	Malignant neoplasms of independent (primary) multiple sites
Z85.0	Personal history of malignant neoplasm of digestive organs
Z85.1	Personal history of malignant neoplasm of trachea, bronchus and lung
Z85.2	Personal history of malignant neoplasm of other respiratory and intrathoracic organs
Z85.3	Personal history of malignant neoplasm of breast
Z85.4	Personal history of malignant neoplasm of genital organs
Z85.5	Personal history of malignant neoplasm of urinary tract
Z85.6	Personal history of leukaemia
Z85.7	Personal history of other malignant neoplasms of lymphoid, haematopoietic and related tissues

Z85.8	Personal history of malignant neoplasms of other organs and systems
Z85.9	Personal history of malignant neoplasm, unspecified

APPENDIX G – W-2 CODE LIST FOR ICD-10 WHO INFECTION CODES

Code	Title
A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor
A00.9	Cholera, unspecified
A01.0	Typhoid fever
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	<i>Salmonella</i> enteritis
A02.1	<i>Salmonella</i> septicaemia
A02.2	Localized salmonella infections
A02.8	Other specified salmonella infections
A02.9	<i>Salmonella</i> infection, unspecified
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>
A03.1	Shigellosis due to <i>Shigella flexneri</i>
A03.2	Shigellosis due to <i>Shigella boydii</i>
A03.3	Shigellosis due to <i>Shigella sonnei</i>
A03.8	Other shigellosis
A03.9	Shigellosis, unspecified
A04.0	Enteropathogenic <i>Escherichia coli</i> infection
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection

A04.2	Enteroinvasive <i>Escherichia coli</i> infection
A04.3	Enterohaemorrhagic <i>Escherichia coli</i> infection
A04.4	Other intestinal <i>Escherichia coli</i> infections
A04.5	<i>Campylobacter</i> enteritis
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>
A04.7	Enterocolitis due to <i>Clostridium difficile</i>
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism
A05.2	Foodborne <i>Clostridium perfringens</i> [<i>Clostridium welchii</i>] intoxication
A05.3	Foodborne <i>Vibrio parahaemolyticus</i> intoxication
A05.4	Foodborne <i>Bacillus cereus</i> intoxication
A05.8	Other specified bacterial foodborne intoxications
A05.9	Bacterial foodborne intoxication, unspecified
A20.0	Bubonic plague
A20.1	Cellulocutaneous plague
A20.2	Pneumonic plague
A20.3	Plague meningitis
A20.7	Septicaemic plague
A20.8	Other forms of plague
A20.9	Plague, unspecified
A21.0	Ulceroglandular tularaemia
A21.1	Oculoglandular tularaemia
A21.2	Pulmonary tularaemia
A21.3	Gastrointestinal tularaemia

A21.7	Generalized tularaemia
A21.8	Other forms of tularaemia
A21.9	Tularaemia, unspecified
A22.0	Cutaneous anthrax
A22.1	Pulmonary anthrax
A22.2	Gastrointestinal anthrax
A22.7	Anthrax septicaemia
A22.8	Other forms of anthrax
A22.9	Anthrax, unspecified
A23.0	Brucellosis due to <i>Brucella melitensis</i>
A23.1	Brucellosis due to <i>Brucella abortus</i>
A23.2	Brucellosis due to <i>Brucella suis</i>
A23.3	Brucellosis due to <i>Brucella canis</i>
A23.8	Other brucellosis
A23.9	Brucellosis, unspecified
A24.0	Glanders
A24.1	Acute and fulminating melioidosis
A24.2	Subacute and chronic melioidosis
A24.3	Other melioidosis
A24.4	Melioidosis, unspecified
A25.0	Spirillosis
A25.1	Streptobacillosis
A25.9	Rat-bite fever, unspecified
A26.0	Cutaneous erysipeloid
A26.7	Erysipelothrix septicaemia
A26.8	Other forms of erysipeloid

A26.9	Erysipeloid, unspecified
A28.0	Pasteurellosis
A28.1	Cat-scratch disease
A28.2	Extraintestinal yersiniosis
A28.8	Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9	Zoonotic bacterial disease, unspecified
A32.0	Cutaneous listeriosis
A32.1	Listerial meningitis and meningoencephalitis
A32.7	Listerial septicaemia
A32.8	Other forms of listeriosis
A32.9	Listeriosis, unspecified
A33	Tetanus neonatorum
A34	Obstetrical tetanus
A35	Other tetanus
A36.0	Pharyngeal diphtheria
A36.1	Nasopharyngeal diphtheria
A36.2	Laryngeal diphtheria
A36.3	Cutaneous diphtheria
A36.8	Other diphtheria
A36.9	Diphtheria, unspecified
A37.0	Whooping cough due to Bordetella pertussis
A37.1	Whooping cough due to Bordetella parapertussis
A37.8	Whooping cough due to other Bordetella species
A37.9	Whooping cough, unspecified
A38	Scarlet fever
A39.0	Meningococcal meningitis

A39.1	Waterhouse-Friderichsen syndrome
A39.2	Acute meningococcaemia
A39.3	Chronic meningococcaemia
A39.4	Meningococcaemia, unspecified
A39.5	Meningococcal heart disease
A39.8	Other meningococcal infections
A39.9	Meningococcal infection, unspecified
A40.0	Septicaemia due to streptococcus, group A
A40.1	Septicaemia due to streptococcus, group B
A40.2	Septicaemia due to streptococcus, group D
A40.3	Septicaemia due to <i>Streptococcus pneumoniae</i>
A40.8	Other streptococcal septicaemia
A40.9	Streptococcal septicaemia, unspecified
A41.0	Septicaemia due to <i>Staphylococcus aureus</i>
A41.1	Septicaemia due to other specified staphylococcus
A41.2	Septicaemia due to unspecified staphylococcus
A41.3	Septicaemia due to <i>Haemophilus influenzae</i>
A41.4	Septicaemia due to anaerobes
A41.5	Septicaemia due to other Gram-negative organisms
A41.8	Other specified septicaemia
A41.9	Septicaemia, unspecified
A42.0	Pulmonary actinomycosis
A42.1	Abdominal actinomycosis
A42.2	Cervicofacial actinomycosis
A42.7	Actinomycotic septicaemia
A42.8	Other forms of actinomycosis

A42.9	Actinomycosis, unspecified
A43.0	Pulmonary nocardiosis
A43.1	Cutaneous nocardiosis
A43.8	Other forms of nocardiosis
A43.9	Nocardiosis, unspecified
A46	Erysipelas
A48.0	Gas gangrene
A48.1	Legionnaires' disease
A48.2	Nonpneumonic Legionnaires' disease [Pontiac fever]
A48.3	Toxic shock syndrome
A48.4	Brazilian purpuric fever
A48.8	Other specified bacterial diseases
A49.0	Staphylococcal infection, unspecified
A49.1	Streptococcal infection, unspecified
A49.2	Haemophilus influenzae infection, unspecified
A49.3	Mycoplasma infection, unspecified
A49.8	Other bacterial infections of unspecified site
A49.9	Bacterial infection, unspecified
A54.0	Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.2	Gonococcal pelviperitonitis and other gonococcal genitourinary infections
A54.3	Gonococcal infection of eye
A54.4	Gonococcal infection of musculoskeletal system
A54.5	Gonococcal pharyngitis

A54.6	Gonococcal infection of anus and rectum
A54.8	Other gonococcal infections
A54.9	Gonococcal infection, unspecified
B95.0	Streptococcus, group A, as the cause of diseases classified to other chapters
B95.1	Streptococcus, group B, as the cause of diseases classified to other chapters
B95.2	Streptococcus, group D, as the cause of diseases classified to other chapters
B95.3	Streptococcus pneumoniae as the cause of diseases classified to other chapters
B95.4	Other streptococcus as the cause of diseases classified to other chapters
B95.5	Unspecified streptococcus as the cause of diseases classified to other chapters
B95.6	Staphylococcus aureus as the cause of diseases classified to other chapters
B95.7	Other staphylococcus as the cause of diseases classified to other chapters
B95.8	Unspecified staphylococcus as the cause of diseases classified to other chapters
B96.0	Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified to other chapters
B96.1	Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified to other chapters
B96.2	Escherichia coli [E. coli] as the cause of diseases classified to other chapters
B96.3	Haemophilus influenzae [H. influenzae] as the cause of diseases classified to other chapters
B96.4	Proteus (mirabilis)(morganii) as the cause of diseases classified to other chapters
B96.5	Pseudomonas (aeruginosa)(mallei)(pseudomallei) as the cause of diseases classified to other chapters
B96.6	Bacillus fragilis [B. fragilis] as the cause of diseases classified to other chapters
B96.7	Clostridium perfringens [C. perfringens] as the cause of diseases classified to other chapters
B96.8	Other specified bacterial agents as the cause of diseases classified to other chapters
D73.3	Abscess of spleen
E32.1	Abscess of thymus
G00.0	Haemophilus meningitis
G00.1	Pneumococcal meningitis

G00.2	Streptococcal meningitis
G00.3	Staphylococcal meningitis
G00.8	Other bacterial meningitis
G00.9	Bacterial meningitis, unspecified
G03.8	Meningitis due to other specified causes
G03.9	Meningitis, unspecified
G04.2	Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
G06.0	Intracranial abscess and granuloma
G06.1	Intraspinal abscess and granuloma
G06.2	Extradural and subdural abscess, unspecified
G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
H00.0	Hordeolum and other deep inflammation of eyelid
H01.0	Blepharitis
H01.8	Other specified inflammation of eyelid
H04.0	Dacryoadenitis
H04.3	Acute and unspecified inflammation of lacrimal passages
H04.4	Chronic inflammation of lacrimal passages
H05.0	Acute inflammation of orbit
H10.0	Mucopurulent conjunctivitis
H10.2	Other acute conjunctivitis
H10.3	Acute conjunctivitis, unspecified
H10.5	Blepharoconjunctivitis
H10.8	Other conjunctivitis
H10.9	Conjunctivitis, unspecified
H13.1	Conjunctivitis in infectious and parasitic diseases classified elsewhere
H44.0	Purulent endophthalmitis

H60.0	Abscess of external ear
H60.1	Cellulitis of external ear
H60.2	Malignant otitis externa
H60.3	Other infective otitis externa
H60.9	Otitis externa, unspecified
H66.0	Acute suppurative otitis media
H66.1	Chronic tubotympanic suppurative otitis media
H66.2	Chronic atticoantral suppurative otitis media
H66.3	Other chronic suppurative otitis media
H66.4	Suppurative otitis media, unspecified
H66.9	Otitis media, unspecified
H68.0	Eustachian salpingitis
H70.0	Acute mastoiditis
H70.2	Petrositis
H73.0	Acute myringitis
H83.0	Labyrinthitis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I30.9	Acute pericarditis, unspecified
I32.0	Pericarditis in bacterial diseases classified elsewhere
I33.0	Acute and subacute infective endocarditis
I33.9	Acute endocarditis, unspecified
I40.0	Infective myocarditis
J01.0	Acute maxillary sinusitis
J01.1	Acute frontal sinusitis
J01.2	Acute ethmoidal sinusitis

J01.3	Acute sphenoidal sinusitis
J01.4	Acute pansinusitis
J01.8	Other acute sinusitis
J01.9	Acute sinusitis, unspecified
J02.0	Streptococcal pharyngitis
J02.8	Acute pharyngitis due to other specified organisms
J02.9	Acute pharyngitis, unspecified
J03.0	Streptococcal tonsillitis
J03.8	Acute tonsillitis due to other specified organisms
J03.9	Acute tonsillitis, unspecified
J05.1	Acute epiglottitis
J13	Pneumonia due to <i>Streptococcus pneumoniae</i>
J14	Pneumonia due to <i>Haemophilus influenzae</i>
J15.0	Pneumonia due to <i>Klebsiella pneumoniae</i>
J15.1	Pneumonia due to <i>Pseudomonas</i>
J15.2	Pneumonia due to staphylococcus
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococci
J15.5	Pneumonia due to <i>Escherichia coli</i>
J15.6	Pneumonia due to other aerobic Gram-negative bacteria
J15.7	Pneumonia due to <i>Mycoplasma pneumoniae</i>
J15.8	Other bacterial pneumonia
J15.9	Bacterial pneumonia, unspecified
J17.0	Pneumonia in bacterial diseases classified elsewhere
J18.0	Bronchopneumonia, unspecified
J18.1	Lobar pneumonia, unspecified

J18.8	Other pneumonia, organism unspecified
J20.0	Acute bronchitis due to <i>Mycoplasma pneumoniae</i>
J20.1	Acute bronchitis due to <i>Haemophilus influenzae</i>
J20.2	Acute bronchitis due to streptococcus
J34.0	Abscess, furuncle and carbuncle of nose
J36	Peritonsillar abscess
J39.0	Retropharyngeal and parapharyngeal abscess
J39.1	Other abscess of pharynx
J40	Bronchitis, not specified as acute or chronic
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J85.0	Gangrene and necrosis of lung
J85.1	Abscess of lung with pneumonia
J85.2	Abscess of lung without pneumonia
J85.3	Abscess of mediastinum
J86.0	Pyothorax with fistula
J86.9	Pyothorax without fistula
J90	Pleural effusion, not elsewhere classified
J98.5	Diseases of mediastinum, not elsewhere classified
K04.0	Pulpitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K05.0	Acute gingivitis
K05.2	Acute periodontitis
K10.2	Inflammatory conditions of jaws
K11.3	Abscess of salivary gland
K12.2	Cellulitis and abscess of mouth

K35.0	Acute appendicitis with generalized peritonitis
K35.1	Acute appendicitis with peritoneal abscess
K35.9	Acute appendicitis, unspecified
K36	Other appendicitis
K37	Unspecified appendicitis
K57.0	Diverticular disease of small intestine with perforation and abscess
K57.1	Diverticular disease of small intestine without perforation or abscess
K57.2	Diverticular disease of large intestine with perforation and abscess
K57.3	Diverticular disease of large intestine without perforation or abscess
K57.4	Diverticular disease of both small and large intestine with perforation and abscess
K57.5	Diverticular disease of both small and large intestine without perforation or abscess
K57.8	Diverticular disease of intestine, part unspecified, with perforation and abscess
K57.9	Diverticular disease of intestine, part unspecified, without perforation or abscess
K61.0	Anal abscess
K61.1	Rectal abscess
K61.2	Anorectal abscess
K61.3	Ischiorectal abscess
K61.4	Intrasphincteric abscess
K63.0	Abscess of intestine
K65.0	Acute peritonitis
K65.8	Other peritonitis
K65.9	Peritonitis, unspecified
K67.1	Gonococcal peritonitis
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K80.0	Calculus of gallbladder with acute cholecystitis

K80.3	Calculus of bile duct with cholangitis
K80.4	Calculus of bile duct with cholecystitis
K81.0	Acute cholecystitis
K81.8	Other cholecystitis
K81.9	Cholecystitis, unspecified
K82.2	Perforation of gallbladder
K83.0	Cholangitis
K83.2	Perforation of bile duct
K85.0	Idiopathic acute pancreatitis
K85.1	Biliary acute pancreatitis
K85.2	Alcohol-induced acute pancreatitis
K85.3	Drug-induced acute pancreatitis
K85.8	Other acute pancreatitis
K85.9	Acute pancreatitis, unspecified
L00	Staphylococcal scalded skin syndrome
L01.0	Impetigo [any organism] [any site]
L01.1	Impetiginization of other dermatoses
L02.0	Cutaneous abscess, furuncle and carbuncle of face
L02.1	Cutaneous abscess, furuncle and carbuncle of neck
L02.2	Cutaneous abscess, furuncle and carbuncle of trunk
L02.3	Cutaneous abscess, furuncle and carbuncle of buttock
L02.4	Cutaneous abscess, furuncle and carbuncle of limb
L02.8	Cutaneous abscess, furuncle and carbuncle of other sites
L02.9	Cutaneous abscess, furuncle and carbuncle, unspecified
L03.0	Cellulitis of finger and toe
L03.1	Cellulitis of other parts of limb

L03.2	Cellulitis of face
L03.3	Cellulitis of trunk
L03.8	Cellulitis of other sites
L03.9	Cellulitis, unspecified
L04.0	Acute lymphadenitis of face, head and neck
L04.1	Acute lymphadenitis of trunk
L04.2	Acute lymphadenitis of upper limb
L04.3	Acute lymphadenitis of lower limb
L04.8	Acute lymphadenitis of other sites
L04.9	Acute lymphadenitis, unspecified
L05.0	Pilonidal cyst with abscess
L08.0	Pyoderma
L08.8	Other specified local infections of skin and subcutaneous tissue
L08.9	Local infection of skin and subcutaneous tissue, unspecified
L30.3	Infective dermatitis
M00.0	Staphylococcal arthritis and polyarthritis
M00.1	Pneumococcal arthritis and polyarthritis
M00.2	Other streptococcal arthritis and polyarthritis
M00.8	Arthritis and polyarthritis due to other specified bacterial agents
M00.9	Pyogenic arthritis, unspecified
M03.0	Postmeningococcal arthritis
M03.1	Postinfective arthropathy in syphilis
M03.2	Other postinfectious arthropathies in diseases classified elsewhere
M03.6	Reactive arthropathy in other diseases classified elsewhere
M46.2	Osteomyelitis of vertebra
M60.0	Infective myositis

M63.0	Myositis in bacterial diseases classified elsewhere
M72..6	Necrotizing fasciitis
M73.0	Gonococcal bursitis
M86.0	Acute haematogenous osteomyelitis
M86.1	Other acute osteomyelitis
M86.2	Subacute osteomyelitis
M86.3	Chronic multifocal osteomyelitis
M86.4	Chronic osteomyelitis with draining sinus
M86.5	Other chronic haematogenous osteomyelitis
M86.6	Other chronic osteomyelitis
M86.8	Other osteomyelitis
M86.9	Osteomyelitis, unspecified
M90.1	Periostitis in other infectious diseases classified elsewhere
N10	Acute tubulo-interstitial nephritis
N12	Tubulo-interstitial nephritis, not specified as acute or chronic
N13.6	Pyonephrosis
N15.1	Renal and perinephric abscess
N30.0	Acute cystitis
N30.8	Other cystitis
N30.9	Cystitis, unspecified
N34.0	Urethral abscess
N39.0	Urinary tract infection, site not specified
N41.0	Acute prostatitis
N41.2	Abscess of prostate
N41.3	Prostatocystitis
N41.8	Other inflammatory diseases of prostate

N41.9	Inflammatory disease of prostate, unspecified
N43.1	Infected hydrocele
N45.0	Orchitis, epididymitis and epididymo-orchitis with abscess
N45.9	Orchitis, epididymitis and epididymo-orchitis without abscess
N48.1	Balanoposthitis
N48.2	Other inflammatory disorders of penis
N49.0	Inflammatory disorders of seminal vesicle
N49.1	Inflammatory disorders of spermatic cord, tunica vaginalis and vas deferens
N49.2	Inflammatory disorders of scrotum
N49.8	Inflammatory disorders of other specified male genital organs
N49.9	Inflammatory disorder of unspecified male genital organ
N51.0	Disorders of prostate in diseases classified elsewhere
N51.1	Disorders of testis and epididymis in diseases classified elsewhere
N61	Inflammatory disorders of breast
N70.0	Acute salpingitis and oophoritis
N70.1	Chronic salpingitis and oophoritis
N70.9	Salpingitis and oophoritis, unspecified
N71.0	Acute inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N72	Inflammatory disease of cervix uteri
N73.0	Acute parametritis and pelvic cellulitis
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.3	Female acute pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.9	Female pelvic inflammatory disease, unspecified

N75.1	Abscess of Bartholin's gland
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.4	Abscess of vulva
N76.8	Other specified inflammation of vagina and vulva
O03.0	Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection
O03.5	Spontaneous abortion, complete or unspecified, complicated by genital tract and pelvic infection
O04.0	Medical abortion, incomplete, complicated by genital tract and pelvic infection
O04.5	Medical abortion, complete or unspecified, complicated by genital tract and pelvic infection
O05.0	Other abortion, incomplete, complicated by genital tract and pelvic infection
O05.5	Other abortion, complete or unspecified, complicated by genital tract and pelvic infection
O06.0	Unspecified abortion, incomplete, complicated by genital tract and pelvic infection
O06.5	Unspecified abortion, complete or unspecified, complicated by genital tract and pelvic infection
O07.0	Failed medical abortion, complicated by genital tract and pelvic infection
O07.5	Other and unspecified failed attempted abortion, complicated by genital tract and pelvic infection
O08.0	Genital tract and pelvic infection following abortion and ectopic and molar pregnancy
O23.0	Infections of kidney in pregnancy
O23.1	Infections of bladder in pregnancy
O23.2	Infections of urethra in pregnancy
O23.3	Infections of other parts of urinary tract in pregnancy
O23.4	Unspecified infection of urinary tract in pregnancy
O23.5	Infections of the genital tract in pregnancy

O23.9	Other and unspecified genitourinary tract infection in pregnancy
O41.1	Infection of amniotic sac and membranes
O86.1	Other infection of genital tract following delivery
O86.2	Urinary tract infection following delivery
O86.3	Other genitourinary tract infections following delivery
O86.4	Pyrexia of unknown origin following delivery
O91.0	Infection of nipple associated with childbirth
O91.1	Abscess of breast associated with childbirth
O91.2	Nonpurulent mastitis associated with childbirth
O98.2	Gonorrhoea complicating pregnancy, childbirth and the puerperium
O98.8	Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium
O98.9	Unspecified maternal infectious or parasitic disease complicating pregnancy, childbirth and the puerperium
P36.0	Sepsis of newborn due to streptococcus, group B
P36.1	Sepsis of newborn due to other and unspecified streptococci
P36.2	Sepsis of newborn due to Staphylococcus aureus
P36.3	Sepsis of newborn due to other and unspecified staphylococci
P36.4	Sepsis of newborn due to Escherichia coli
P36.5	Sepsis of newborn due to anaerobes
P36.8	Other bacterial sepsis of newborn
P36.9	Bacterial sepsis of newborn, unspecified
P38	Omphalitis of newborn with or without mild haemorrhage
P39.0	Neonatal infective mastitis
P39.2	Intra-amniotic infection of fetus, not elsewhere classified
P39.3	Neonatal urinary tract infection

P39.4	Neonatal skin infection
P39.8	Other specified infections specific to the perinatal period
P39.9	Infection specific to the perinatal period, unspecified
P77	Necrotizing enterocolitis of fetus and newborn
R02	Gangrene, not elsewhere classified
R57.2	Septic shock
R57.8	Other shock
R65.0	Systemic Inflammatory Response Syndrome of infectious origin without organ failure
R65.1	Systemic Inflammatory Response Syndrome of infectious origin with organ failure
T80.2	Infections following infusion, transfusion and therapeutic injection
T81.4	Infection following a procedure, not elsewhere classified
T82.6	Infection and inflammatory reaction due to cardiac valve prosthesis
T82.7	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts
T83.5	Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system
T83.6	Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract
T84.5	Infection and inflammatory reaction due to internal joint prosthesis
T84.6	Infection and inflammatory reaction due to internal fixation device [any site]
T84.7	Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts
T84.9	Unspecified complication of internal orthopaedic prosthetic device, implant and graft
T85.7	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
T87.4	Infection of amputation stump
T88.0	Infection following immunization
U04.9	Agent resistant to penicillin and related antibiotics

U80.0	Penicillin resistant agent
U80.1	Methicillin resistant agent
U80.8	Agent resistant to other penicillin-related antibiotic
U81.0	Vancomycin resistant agent
U81.8	Agent resistant to other vancomycin-related antibiotic
U88	Agent resistant to multiple antibiotics
U89.8	Agent resistant to other single specified antibiotic
U89.9	Agent resistant to unspecified antibiotic