
No.07 Proposed by: United Kingdom

Change to Volume: I III Type of proposal: Major

Description (term/code): Passive smoking

Proposal for update:

The only code within ICD-10 to identify a patient affected by passive smoking is Z58.1 Exposure to air pollution. In view of the fact that passive smoking can be a recognised significant factor in many respiratory diseases, it is requested that an additional entry be added to ICD-10 to uniquely identify passive smoking. Please see additional information from WHO website (at end of this proposal)

Suggested changes to the classification:

Instruction	Tabular list entries	Source	Major/Minor update	Suggested implementation date
Add excludes note	Z58.1 Exposure to air pollution <i>Excludes: cigarette smoke (Z58.7)</i>	United Kingdom (URC:0182)	Major	January 2006
Add subcategory	Z58.5 Exposure to other pollution			
Add includes note	Z58.6 Inadequate drinking water supply Excludes: effects of thirst (T73.1) Z58.7 Exposure to cigarette smoke <i>Includes: Passive smoking</i>			

Instruction	Alphabetic index entries	Source	Major/Minor update	Suggested implementation date
	Exposure (to) (<i>see also</i> Contact, with) - air -- pollution NEC Z58.1	United Kingdom	Major	January 2006

Add subterm and code	<u>--- cigarette smoke Z58.7</u> - pollution			
Add subterm and code	-- air contaminants NEC Z58.1 <u>--- cigarette smoke Z58.7</u>			

Clinical information:

PASSIVE SMOKING DOES CAUSE LUNG CANCER, DO NOT LET THEM FOOL YOU

The World Health Organization (WHO) has been publicly accused of suppressing information. Its opponents say that WHO has withheld from publication its own report that was aimed at but supposedly failed to scientifically prove that there is an association between passive smoking, or environmental tobacco smoke (ETS), and a number of diseases, lung cancer in particular. *Both statements are untrue.*

The study in question is a case-control study on the effects of ETS on lung cancer risk in European populations, which has been carried out over the last seven years by 12 research centres in 7 European countries under the leadership of WHO's cancer research branch -- the International Agency for Research on Cancer (IARC).

The results of this study, which have been completely misrepresented in recent news reports, are very much in line with the results of similar studies both in Europe and elsewhere: *passive smoking causes lung cancer in non-smokers.*

The study found that there was an estimated 16% increased risk of lung cancer among non-smoking spouses of smokers. For workplace exposure the estimated increase in risk was 17%. However, due to small sample size, neither increased risk was statistically significant. Although, the study points towards a decreasing risk after cessation of exposure.

In February 1998, according to usual scientific practice, a paper reporting the main study results was sent to a reputable scientific journal for consideration and peer review. That is why the full report is not yet publicly available. Under the circumstances, however, the authors of the study have agreed to make an abstract of the report available to the media.

"It is extremely important to note that the results of this study are consistent with the results of major scientific reviews of this question published during 1997 by the government of Australia, the US Environmental Protection Agency and the State of California", said Neil Collishaw, Acting Chief of WHO's Tobacco or Health Unit in Geneva. "A major meta-analysis of passive smoking and lung cancer was also published in the British Medical Journal in 1997. From these and other previous reviews of the scientific evidence emerges a clear global scientific consensus — passive smoking does cause lung cancer and other diseases", he concluded.

"IARC is proud of the careful scientific work done by the European scientific team responsible for this study", commented Dr Paul Kleihues, the Agency's director. "We are very concerned about the false and misleading statements recently published in the mass media. It is no coincidence that this misinformation originally appeared in the British press just before the No-Tobacco Day in the United Kingdom and the scheduled publication of the report of the British Scientific Committee on Tobacco and Health".

Further information on the health effects of passive smoking is available in WHO's Advisory Kit for World No-Tobacco Day 1998 on the World Wide Web at www.who.ch/ntday, as well as from WHO's Tobacco or Health Unit, Programme on Substance Abuse.

No.08 Proposed by: United Kingdom

Change to Volume: III Type of proposal: Major

Description (term/code): Kyphosis due to rickets

Proposal for update:

There appears to be an error in the ICD-10 index for Kyphosis due to rickets as follows:

Kyphosis

- late effect of rickets E64.3D M49.8A

Volume 2 states 'The ICD provides a number of categories entitled 'Sequelae of...' (B90-B94, E64.-, G09, I69.-, O97, T90-T98, Y85-Y89) which may be used to indicate conditions no longer present as the cause of a current problem undergoing treatment or investigation. The preferred code for the 'main condition' is, however, the code for the nature of the sequela itself, to which the code for 'Sequelae of...' may be added as an optional additional code' (page 104)

The allocated codes are in conflict with the advice in Volume 2 – should the codes be amended?

Suggested changes to the classification:

Instruction	Alphabetic index entries	Source	Major/Minor update	Suggested implementation date
Revise codes	Kyphosis - late effect of rickets <u>M40.-</u> E64.3† M49.8*	United Kingdom (URC: 0184)	Major	January 2006

No.09 **Proposed by: United Kingdom**

Change to Volume: I III Type of proposal: Major

Description (term/code): Transsexualism/gender identity disorder

Proposal for update:

Transsexualism/Gender identity disorder can be considered to be a neuro-developmental condition of the brain (please see attached papers). The UK recommends that Transsexualism/Gender identity disorder be removed from Chapter V Mental & behavioural disorders ICD-10 volume 1 and reassigned a new code to reflect the condition.

A diagnostic code is required as this condition is one that requires medical treatment and funding.

We had suggested Q04.8 Other specified congenital malformations of the brain but Dr. Terry Reed of the Gender Identity Research and Education society (GIREs) strongly suggests that this code would be unacceptable to transsexuals. Louis Gooren the Dutch endocrinologist would say that trans individuals are intersexed at brain level. The neuro-anatomist on the team advising GIREs, suggested the 'brain' as the relevant organ with an endocrine/intersex heading. Dr Reed asks if a separate category of 'brain intersex' could be created so as not to offend the individuals concerned?

Clinical information:

There are four documents with detailed clinical information attached to this proposal. They are too large to include here so will be forwarded to URC members on via a separate email.

No.10 **Proposed by: MRG**

Change to Volume: I II III Type of proposal: Major

Description (term/code): Alcoholic pancreatitis

Proposal for update:

Those interested in alcohol statistics requested a subdivision of K85 into “alcoholic acute pancreatitis” and “other and unspecified acute pancreatitis.” The MRG agrees and recommends changes to each of the Volumes.

Reference for MRG Problem set 6, Question 19: See [Question 2002-03-18 02](http://www.pubcare.uu.se/nordwho/verksam/mortforum/mortindex.htm) (<http://www.pubcare.uu.se/nordwho/verksam/mortforum/mortindex.htm>) for related discussions in the Mortality Forum.

Suggested changes to the classification:

Instruction	Tabular list entries	Source	Major/Minor update	Suggested implementation date
Add subcategory Add subcategory	K85 Acute pancreatitis Abscess of pancreas Necrosis of pancreas: <ul style="list-style-type: none">• acute• infective Pancreatitis: <ul style="list-style-type: none">• NOS• acute (recurrent)• haemorrhagic• subacute• suppurative K85.0 Alcohol-induced acute pancreatitis K85.9 Other and unspecified acute pancreatitis	MRG (URC:0203)	Major	January 2006

Instruction	Instruction manual entries	Source	Major/ Minor update	Suggested implementation date
Add text	<p>J95.- Postprocedural...</p> <p><u>K85.9 Other and unspecified acute pancreatitis</u></p> <p><i>With mention of:</i></p> <p><u>F10.- (Mental and behavioural disorders due to use of alcohol), code</u></p> <p><u>K85.0</u></p> <p>K91.- Postprocedural...</p>	MRG (URC:0203)		

Instruction	Alphabetic index entries	Source	Major/Minor update	Suggested implementation date
Add subterms and codes	<p><u>Pancreatitis K85.9</u></p> <p>- acute (edematous)(hemorrhagic) (recurrent) <u>K85.9</u></p> <p>-- alcoholic <u>K85.0</u></p> <p>- <u>alcoholic (acute) K85.0</u></p> <p>- annular (acute) <u>K85.9</u></p> <p>-- alcoholic <u>K85.0</u></p> <p>- chronic (infectious) K86.1</p> <p>-- alcohol-induced K86.0</p> <p>-- recurrent K86.1</p> <p>-- relapsing K86.1</p> <p>- cystic (chronic) K86.1</p> <p>- cytomegaloviral B25.2† K87.1*</p> <p>- edematous (acute) <u>K85.9</u></p> <p>-- alcoholic <u>K85.0</u></p> <p>- fibrous (chronic) K86.1</p> <p>- gangrenous <u>K85.9</u></p> <p>-- alcoholic <u>K85.0</u></p> <p>- hemorrhagic (acute) <u>K85.9</u></p> <p>-- alcoholic <u>K85.0</u></p> <p>- interstitial (chronic) K86.1</p>	MRG (URC:0203)	Major	January 2006

	<ul style="list-style-type: none"> - - acute <u>K85.9</u> - - - <u>alcoholic K85.0</u> - malignant <u>K85.9</u> - mumps B26.3† <u>K87.1*</u> - recurrent (chronic) <u>K86.1</u> - relapsing, chronic <u>K86.1</u> - subacute <u>K85.9</u> - - <u>alcoholic K85.0</u> - suppurative <u>K85.9</u> - - <u>alcoholic K85.0</u> - syphilitic A52.7† <u>K87.1*</u> 			
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No.12 **Proposed by:** **MRG**

Change to Volume: I Type of proposal: Minor

Description (term/code): Medical devices and complications

Proposal for update:

The order of priority between the blocks Y70-Y82 (Medical devices associated with adverse incidents in diagnostic and therapeutic use) and Y83-Y84 (Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure) is not clear. The MRG decision is that Y60-Y69 should be used when medical staff commit a mistake during surgical and medical care; Y70-Y82 should be used when the patient is harmed as the result of a breakdown or malfunction of medical equipment; Y83-Y84 should be used when an abnormal reaction or complication develops, but there is no evidence of any mistakes or of equipment failure. The MRG decided that adding exclusion notes to Y70-Y82 and Y83-Y84 would clarify the confusion about coding in these situations.

Reference for MRG Problem Set 5, Question 32:

See [Question 1998-4-20 02](http://www.pubcare.uu.se/nordwho/verksam/mortforum/mortindex.htm) (<http://www.pubcare.uu.se/nordwho/verksam/mortforum/mortindex.htm>) for related discussions in the Mortality Forum.

Suggested changes to the classification:

Instruction	Tabular list entries	Source	Major/Minor update	Suggested implementation date
Add excludes note	<p>Medical devices associated with adverse incidents in diagnostic and therapeutic use (Y70-Y82)</p> <p><u>Excludes:</u> later complications without mention of misadventure at the time of the procedure (Y83-Y84)</p> <p>The following fourth-character subdivisions are for use with categories Y70-Y82:</p> <ul style="list-style-type: none"> .0 Diagnostic and monitoring devices .1 Therapeutic (nonsurgical) and rehabilitative devices .2 Prosthetic and other implants, materials and accessory devices 	MRG (URC: 0155)	Minor	January 2005

Add excludes note	<p>.3 Surgical instruments, materials and devices (including sutures) .8 Miscellaneous devices, not elsewhere classified</p> <p>Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83-Y84)</p> <p><u>Excludes:</u> adverse incidents at the time of the procedure (Y60-Y82)</p>			
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No.13 **Proposed by:** **Australia**

Change to Volume: III Type of proposal: Minor

Description (term/code): Familial nonhaemolytic congenital jaundice

Proposal for update:

The following index entry for familial nonhaemolytic congenital jaundice is incorrect. The code should be E80.4 *Gilbert's syndrome*. This change aligns this index entry with the corresponding index entry under Jaundice, nonhaemolytic congenital familial (Gilbert) E80.4.

Jaundice

- familial nonhaemolytic E80.4

-- congenital E80.5

Suggested changes to the classification:

Instruction	Alphabetic index entries	Source	Major/Minor update	Suggested implementation date
Add modifiers Delete subterm and code	Jaundice (yellow) R17 - familial nonhaemolytic E80.4 -- congenital E80.4	Australia (URC:0131)	Minor	January 2005

Modify excludes note	<p>Excludes: mitral (valve):</p> <ul style="list-style-type: none"> • disease (I05.9) • failure (I05.8) • stenosis (I05.0) <p>when of unspecified cause but with mention of:</p> <ul style="list-style-type: none"> • diseases of aortic valve (I08.0) • mitral stenosis or obstruction (I05.0) <p>when specified as rheumatic (I05.-) <u>when specified as congenital (Q23.2, Q23.3)</u></p>	(URC:0199)		
Modify excludes note	<p>I35 Nonrheumatic aortic valve disorders</p> <p>Excludes: hypertrophic subaortic stenosis (I42.1) when of unspecified cause but with mention of diseases of mitral valve (I08.0) when specified as rheumatic (I06.-) <u>when specified as congenital (Q23.0, Q23.1)</u></p>	MRG (URC:0199)	Minor	January 2005
Modify excludes note	<p>I36 Nonrheumatic tricuspid valve disorders</p> <p>Excludes: when of unspecified cause (I07.-) when specified as rheumatic (I07.-) <u>when specified as congenital (Q22.4, Q22.8, Q22.9)</u></p>	MRG (URC:0199)	Minor	January 2005
Modify excludes note	<p>I37 Pulmonary valve disorders</p> <p>Excludes: when specified as rheumatic (I09.8) <u>when specified as congenital (Q22.1, Q22.2, Q22.3)</u></p>	MRG (URC:0199)	Minor	January 2005
Modify inclusion term	<p>I38 Endocarditis, valve unspecified</p> <p>Endocarditis (chronic) NOS</p> <p>Valvular:</p> <ul style="list-style-type: none"> • incompetence • insufficiency • regurgitation • stenosis <p>Valvulitis</p> <p style="margin-left: 100px;">} of } NOS or of specified } unspecified valve } cause, except rheumatic or <u>congenital</u></p>	MRG (URC:0199)	Minor	January 2005

	(chronic) <i>Excludes:</i> endocardial fibroelastosis (I42.4) When specified as rheumatic (I09.1)			
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