

General Known Issues

- All retired entries will be marked as “Retired” and will be marked with a FLAG. **If you notice such a category you may send us a comment.**
- In the Foundation Component there will be no residual categories: (i.e. former ICD-10 *.8 Other specified; and *.9 Not Specified codes). These need to be removed from the ICD-11 Foundation Component. In ICD-11 all such residual categories will be a part of linearization and will be generated algorithmically. To complete this cleaning all residual category classes will have to be checked whether they have any listed category in their content and they need to be put in their rightful place. Only the ICD-10 *.8: Other specified categories which have content may remain as valid entries in ICD11 foundation, but they will be retired and marked as such. **If you notice such categories you may send us a comment**
- Morbidity Linearization represents the agreed code structure. The qualifiers for classifying additional dimensions will be assembled in the MODIFIERS chapter. This chapter will include all codes for post coordination dimensions (*anatomic detail including laterality; severity, temporality; biological agents; chemical agents; medications; histopathology; biological indicators: genomics, etc.*) and it will replace the SUPPLEMENTARY CODES chapter.
- The FLAGS for using the ICD Codes for different purposes will be posted in the ICD Reference Guide. These will include FLAGS (*such as Main Diagnosis, Rule Out, Reason for Admission; Present on Admission, History of, Family history of; Evaluation Only; etc*)
- The ICD foundation and linearizations will be systematically searched for duplicate categories. **If you notice anything that may be a duplicate you may send us a comment.**

ICD-11 Beta : Morbidity

1. Infectious Diseases

A new **chapter structure** is to be implemented:

Part I: Infectious diseases will be grouped by **Major Clinical Diseases** by bacteria, virus, protozoa, fungi and other infectious agents.

Part II: Common Clinical Syndromes (e.g. sepsis) or public health groupings

Chronic hepatitis B section is pending

2. Neoplasms

A new chapter structure is to be implemented:

The neoplasms will be organized by **behavior** (i.e. benign or malignant) and then by anatomy and histopathology.

Input coming from neoplasms in gastrointestinal and other organ systems need to be incorporated or aligned in a second step.

Need to reconcile overlap between Rare Diseases and Leukemia and Lymphomas.

3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Need to reconcile overlap between Rare Diseases and Immunology section.

Need to reconcile overlap between Rare Diseases and Leukemia and Lymphomas.

4. Endocrine, nutritional and metabolic diseases

5. Mental and behavioural disorders

Codes from ICD-10 that are no longer valid need to be marked as obsolete.

4th and 5th character codes need to be entered.

6. Diseases of the nervous system

The following sections need reconciliation with overlapping area: infectious diseases, tumors, trauma, endocrinology, rheumatology, pediatrics and metabolic disorders

7. Diseases of the eye and adnexa

Categories related to congenital glaucoma and conditions of the eyelid are pending.

Need to reconcile overlap between rare diseases and neoplasms

Some questions about final details of the proposed structure need to be answered. Overlap with neoplasms needs to be addressed. Use of modifiers to be streamlined as soon as that structure and modifier link on iCAT are available.

8. Diseases of the ear and mastoid process

The International Federation of Otorhinolaryngology Societies (IFOS) has commented that no changes are necessary.

9. Diseases of the circulatory system

Hypertension, pulmonary cardiovascular diseases, valve diseases, cardiomyopathies and conditions of the arteries and arterioles to be completed.

10. Diseases of the respiratory system

Most of the respiratory diseases have not been entered.

Detailed review is necessary for the different approaches to classifying asthma and chronic obstructive pulmonary disease coming from clinical modifications.

[11. Diseases of the digestive system](#)

Overlap with other disciplines (neoplasms, malformations) needs to be addressed where proposed entities conflict.

Linearization parents for diseases that are typically in other chapters need to be corrected

[12. Diseases of the skin](#)

Some additional detailed work is still required in a number of areas, including nail disorders, hair disorders, psoriasis, pigment disorders, vascular disorders of the skin, dermatoses provoked by physical or environmental factors, cutaneous markers of internal disorders

Additionally, there are some areas of overlap which will require additional discussion: neoplasms, oral mucosal disorders, dermatoses of genitalia, some developmental, disorders, non-organ specific autoimmune disorders, vascular disorders, Injuries, neonatal dermatoses, and skin conditions of the eye

[13. Diseases of the musculoskeletal system and connective tissue](#)

Categories related to the auto inflammatory diseases, foot, tumors, osteoporosis, rehab and juvenile arthritis sections are pending.

[14. Diseases of the genitourinary system](#)

Need to reconcile overlap between nephrology, urology and endocrine.

Need to reconcile overlap between some kidney diseases and transplant and dialysis complications.

Need to reconcile codes for medically assisted reproduction as they are procedure descriptive.

[15. Pregnancy, childbirth and the puerperium & 16. Certain conditions originating in the perinatal period](#)

Need to reconcile overlap between pregnancy and childbirth with External Causes of Diseases

Definition of abortion has not been completed.

There has been the addition of some areas (e.g. Pregnancy outcome) that are more in line with modifiers rather than codes that will need to be reviewed.

[17. Developmental anomalies](#)

Need to reconcile all the issues with overlaps in other areas of the classification

Potential conflicts with developmental anomalies that were entered in other chapters need to be identified and solved. Pediatric cardiovascular rare disease overlap reconciliation is in progress.

[18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified](#)

This chapter has not been changed from ICD-10. It will be revised after the finalization of work on other chapters, seek harmonization with WONCA's Primary Care classification ICPC-2.

[19. Injury, poisoning and certain other consequences of external causes](#)

The Injury Chapter is being reviewed for updating in line with the ICECI. No major structural changes expected after the extensive review in the last revision.

[20. External causes of morbidity and mortality](#)

The External Causes chapter has been completely restructured and the content is being reviewed for

matches with former ICD-10 categories.

[21. Factors influencing health status and contact with health services](#)

This chapter has not changed from ICD-10. It will be revised after the finalization of work on other chapters, and will seek harmonization with the contextual factors listed in the ICF: International Classification of Functioning, Disability and Health.

Concepts relevant to primary care need to be reviewed and amended as necessary

[22. Codes for special purposes](#)

[23. Traditional medicine conditions originating from Chinese medicine](#)

The title will be decided following the discussions of Project Advisory Group and WHO.

The edits for TM disorders will be entered soon.

The edits for TM patterns will be entered soon.

[24. Supplementary codes](#)

This chapter will be enlarged to contain all Qualifier Codes: *anatomic detail including laterality; severity, temporality; biological agents; chemical agents; medications; histopathology; biological indicators: genomics, etc.* This chapter has all the entries of ICD10 that served to coding multiple dimensions. The content needs to be reviewed and will merge into the modifier chapter.

While work is in progress, this chapter will become invisible to the public.

[25. Multisystem Chapter](#)

For the time being, this will remain a virtual chapter. The entities included here need to have a linearization parent outside this chapter to be visible in the browser. These linearization parents need to be reviewed.