# **Disease coding**

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WITH increasing use of mechanical data processing there is a need for numerical coding of disease. An ideal code should be simple to use and should not rob the data of significance (Taylor 1967). Existing codes are either simple to use and of limited field or complex and definitive. This paper describes a new code which compromises between these opposites.

The most definitive code is the International Classification of Disease (ICD) but this is ponderous and difficult to use. The existing codes; the Cardiff Diagnostic Classification and the codes produced by the Royal College of General Practitioners are derived from the ICD. The Cardiff Classification (1969) is a specialized paediatric code which is as complex as the ICD. The first College code (Research Committee of Council 1959) was a hierarchical system based on the 18 primary headings of the ICD. This system was found difficult to use and it led to the present code in which the ordering of disease retains the original 18 ICD headings within which common diseases and symptom complexes are numbered from 1 to 510. This has produced a simple coding system but one which frequently robs data of significance. Since a great deal of time is spent collecting morbidity records it is a pity to then waste that time and effort by losing information in coding. Because of this a new system of disease coding was devised for a survey in 1966 and 1967 (Hull 1969). Experience during this survey led to the present code which has proved simple to use.

The 18 headings of the ICD are not arranged according to frequency. Where possible throughout the new code those diseases occurring most commonly appear high in the classification and the progressively rarer conditions follow.

The descriptive name of a disease embodies much information none of which should be lost in coding. Consider "Carcinoma of bronchus", this term gives the following information about a pathological process:

- 1. It is a respiratory disease (System)
- 2. It is a malignant neoplasm (Type of disease)
- 3. It involves the bronchus (Organ)
- 4. It is a respiratory neoplasm (System/type)
- 5. It is a malignant neoplasm of the bronchus (System/type/organ)

In searching a body of data one may be interested in extracting any of these categories of information; one may for example be examining respiratory disease in general (system) or neoplasms in general (type). In either case one may not need to have the rest of the information which makes up the whole diagnosis.

#### System-type-organ coding

In this code five figures are used allowing 10<sup>5</sup> possible disease codes instead of 10<sup>3</sup> in the Royal College code. The five figures are facetted; the first two refer to the bodily system involved in the disease, the second two to type of disease process and the terminal figure to the organ involved. Taking carcinoma of the bronchus as an example:

System code Type code Organ code
Respiratory Malignant neoplasm Bronchus
01 13 4

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or acute appendicitis:

gastro-intestinal Acute infection Appendix

This method has been criticized on the grounds that five figures are more confusing than three. The facetted nature of the code like that of subscriber trunk dialling telephone numbers makes the common codes easy to memorize. It is not suggested that morbidity recording should be made directly in code and the method will involve coding from written English usually by ancillary staff.

System. The term system embraces not only the usual respiratory, cardiovascular and alimentary systems but the skin, the psychic and dental "systems" and also such general conditions as pregnancy and labour.

A further departure from the major headings of the ICD lies in the removal of neoplasia and congenital disease from the first rubric of the code. Both these conditions logically find their place in the type rubric. This represents an improvement on the Royal College code. For example, in that code to find all respiratory disease it is necessary to search through the neoplastic and congenital groups in addition to the respiratory group per se.

When difficulty is found in allocating a disease within a system reference to the ICD may assist classification. For example disseminated lupus erythematosis is included under connective tissue in the ICD; the nearest available system code in this is soft tissue 14.

Type. This comprises the major pathological process such as infection, neoplasia, trauma. In addition there are a number of descriptive terms such as degenerative, allergic, metabolic and so on.

Organ. Classification of the organ depends on the system. In most systems the terminal figure refers to some specific organ but in others the rubric is used conventionally as for example within the systems of neurosis or communicable disease. Extraction of organ data depends on simultaneous extraction of system.

#### **Summary**

A new method of coding disease is described. The code comprises a five digit facetted figure. The first two digits refer to the system, the second two digits to the type of disease process and the terminal figure to the organ within the system implicated in disease. The method has been found simple to use and it allows recovery of the data in whole or in part.

Details of coding follow in Appendix I-IV.

#### REFERENCES

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## APPENDIX I

## SYSTEM CODES

		SISIEM CODES	•					
Respiratory	01				Lymphatic	••	••	24
Skin	02				Pregnancy	• •	• •	25
Gastro-intestinal {	03			16	Labour	• •	• •	26
	04			17	Breast	• •	• ;	27
Neurosis	05			18	Poisoning		$\left\{ \right.$	28
Psychosis and addiction	06			19			l	29
Female genital	07			20	··			30
Male genital	08			21	Drug reaction	• •	• •	31
Urinary	09			22	Undiagnosed	• •	• •	32
ĺ	10	Blood and blood forming			Unclassified	• •	• •	00
Communicable disease	11	tissue		23				
Communication disease	12							
Ĺ	13							
		APPENDIX II						
		TYPE CODES						
Acute infection	01	Allergic		22	Cystic			42
Chronic infection	02	D. C. L		23	Ulcerative			43
Viral infection	03	Thrombotic		24	Psoriatic			44
Fungal or monilial infection	04	TT		25	Seborrhoeic			45
Trichomonal infection	05	Congestive		26	Eczematous			46
Syphilitic infection	06	T1		27	Occupational			47
"Wheezy" infection	07	Arteriosclerotic		28	Hyperplastic/hype	rtrophi	С	48
Vincent's infection	08			29	Autoimmune			49
Tuberculous infection	09			30	Epileptiform			50
"Rheumatic" infection	10	T3:1-4-411		31	Iatrogenic			51
Post-inflammatory Fibrosis	11	D '4'		32	Wax			52
— — —	12	F-1-31.		33	Motion sickness			53
Malignant neoplasia	13	The section to a 1		34	Demyelinating			54
Benign neoplasia	14	Calculus		35	Retentive			55
*Trauma, trivial	15	Obstructive		36	Toxaemic			56
*Trauma, moderate	16	Postural		37	Self inflicted			57
*Trauma, severe	17	D14'-		38	Accidental			58
Congenital	18	TTamaiasima		39	Homicidal			59
Functional	19	Datamia		40	Idiopathic			60
Degenerative	20	T.C		41	Unclassified			00
Metabolic	21							

## APPENDIX III

## **ORGAN**

System 01 (Respiratory) 0 URT		3 4	Sebaceous glands Sweat glands	4 Hernia (inguinal) Hernia (femoral)			
1 2	Ear Nose, nasal sinuses, eusta- chian tube	Syste 030	em 03, 04 (Gastro-intestinal)  Tongue  Mouth	5 6 7	Diaphragm Mesenteric glands General		
3	Throat, tonsil, pharynx, larynx	2	Oesophagus Stomach	Syste 0	em 05 (Neurosis)  Behaviour problems in		
4	Trachea and main bronchi	4	Stomach Duodenum	U	children		
5 6	Bronchioles Lung parenchyma	5 6	Small intestine Appendix	1	Enuresis/encopresis Premenstrual tension		
7	Pleura	7	Large intestine	3	Marital problems		
8 Hilar glands 9		8 9	Rectum Anus	4 5	Anxiety Hysteria		
System 02 (Skin)		040	Liver	6	Non-psychotic depression		
0	Hair and follicles	1	Gallbladder	7 8	Obsessional states Neurasthenia		
2	Skin Nails	3	Pancreas Peritoneum	9	Anorexia nervosa		

<sup>\*</sup>Trivial trauma—unlikely to lead to permanent disability.
\*Moderate trauma—likely to lead to permanent disability.
\*Severe trauma—risk to life.

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Syste	m 06 (Psychosis/addiction)	Syste	em 17 (Dental)	Syste	em 23 (Blood and blood
	Organic psychosis		Embryonic tissues		rming tissue)
1	Schizophrenia	1	Tooth		Bone marrow
2	Manic depressive psychosis	_	Gingiva	1	RBC microcytic anaemia
	Psychopathy		Periodontal tissue	2	RBC macrocytic anaemia
4	Alcoholism	4	Bone	3	RBC other
5	'Soft drug' addiction	5	Bonc	4	WBC
6	'Hard drug' addiction	6		5	Platelet
7	Other psychosis	7		6	Haemolytic disease
8	Other conditions not in-	8		7	Clotting dysfunction
0	cluded in 05 and 06	9		8	Generalized
9	ciuded in 03 and 00	9		0	Generalized
9		Syste	em 18 (Eye)	Syste	em 24 (Lymphatic)
Syste	m 07 (Female genital)		Glaucoma	0	Generalized
•	Ovary	1	Lids	1	Spleen
1	Tube		Conjunctiva	2	Lymph nodes
	Myometrium		Cornea	3	Lymph vessels
	Endometrium		Iris and aqueous	4	Disturbance of immuno-
	Uterine cervix	5	Lens and vitreous		globulins
	Vagina		Lachrymal glands and ducts	5	
	Vulva	7	Retina	C	25 ( D
7	Bartholin and associated	8	Strabismus		em 25 (Pregnancy)
,	glands	9	Refractive error	-	General
8	Parametrium	,	Refractive error	1	Uterus
9	Female infertility	Syste	m 19 (Cardiovascular)	2	Foetus
9	remaie intertinty	-	Heart valves and endo-	3	Placenta
Syste	m 08 (Male genital)		cardium	4	Membranes
0	Testis	1	Pericardium	5	Urinary tract
	Epididymis		Myocardium	6	Abortion
	Tunica	3	Coronary arteries	Syste	em 26 (Labour)
	Vasa	4	Cardiac failure		Normal
	Seminal vesicles	5	Aorta and major branches	1	Unclassified
	Prostate		Peripheral arteries		Prolonged
	Penis	7	Vena cava and major tribu-	3	Uterus
U	rems	'	taries	4	Foetus
Syste	m 09 (Urinary)	8	Peripheral veins	5	Placenta
-	Renal parenchyma	9	Haemorrhoida veins	6	Membranes
	Renal pelvis	9	riaemornoida venis	7	Periuneum
	Ureter	Syste	m 20 (Central nervous system)	8	
	Bladder		Generalized		Bony pelvis
	Urethra	1	Brain	9	Puerperium
5	Meatus	2	Cranial nerves	Syste	em 27 (Breast)
-	Moutus		Peripheral motor nerves	0	General—normal breast
Syste	m 10, 11, 12 and 13 (Com-		Peripheral sensory nerves	1	General—lact. breast
mu	nicable disease)	5	Autonomic nervous system	2	Nipple
Co	mmunicable diseases are	6	Meninges	3	Areola
code	d on the terminal 'organ'	U	Wichinges	4	Ducts
	e, type remains unclassified.	Syste	m 21 (Ear)	5	Gland tissue
	Measles 10003		External audiotry meatus	6	Supportive tissue
_	Herpes zoster 11004	1	Drum and middle ear		**
	Malaria 12007	2	Conducting mechanism		ems 28, 29, 30 (Poisoning)
_		3	Semicircular canals	260	Unknown
	ms 14, 15, 16 (Locomotor	4	Cochlear	1	Carbon monoxide
	tem)	5	Presbycusis	2	Aspirin
	Generalized	N.B.	Acute otitis media is consid-	3	Barbiturate
1	Trunk		as a respiratory disease.	4	Alcohol (not chronic alco-
	Neck		•	_	holism vs)
3	Head		em 22 (Endocrine)	5	Addictive drugs
4	Upper arm (including		Obesity	6	Other non-addictive drugs
	shoulder)	1	Thyroid	7	Heavy metals
5	Lower arm (including		Parathyroid	8	Agricultural poisons (or-
	elbow)	3	Adrenal		gano-phosphorous, etc.)
6	Hand (including wrist)	4	Pituitary	9	Industrial poisons
7	Upper leg (including hip)	5	Diabetes mellitus	270	Household poisons
8	Lower leg (including knee)	6	Gonad	1	Corrosive poisons not listed
9	Foot (including ankle)	7			above
					•

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2	Naturally occurring alka-	6	1 Drug interaction
	loids (yew, atropa, bella-	7	2 Drug withdrawal
	donna, etc.)	8	-
3		9	System 32 (Undiagnosed)
4		System 31 (Drug reaction)	, (1)
5		0 Sensitivity	System 00 (Unclassified)

#### APPENDIX IV

#### SOME EXAMPLES OF DISEASE CODES

Acute bronchitis			 	01014
Chronic bronchitis	;		 	01024
Ca. stomach			 	03133
Nonpsychotic depr	essio	n	 	05006
Schizophrenia			 	06001
Dysmenorrhoea			 	07192
Frozen shoulder			 	14104
Fractured femur			 	16177
Foreign body in ey	e		 	18342
Microcytic anaemi			 	23001

A full list of disease codes is available from the author on request.

Vitamin A for night-blindness in prolonged jaundice. Jean M. Wright, J. S. Wright. British Medical Journal, 1971, 3, 92.

A patient suffering from obstructive jaundice due to neoplasm developed night-blindness and was unable to read newsprint. After eight daily injections of vitamin A his dark adaption greatly improved and he was again able to read newsprint. The deterioration in his general condition was unaffected.

#### Health centres

"... the official guide for health centres reproduces, with implicit approval, the plans of 19 health centres, built by 16 different local authorities, without any criticism of them or any report on how they have worked out in practice. As it happens, no hindsight is needed to see faults in all of them, nor is there need to ask how they are working to be sure that nearly all are wasting many man-hours, including doctor-hours, every day. The exceptions are those which have been designed in disregard of some of the specific advice given in the guide". J. R. James—Health centre design—A criticism. British Medical Journal, 1971, 2, 389.