

The Nordic Adaptation of Classification of Occupationally Related Disorders (Diseases and Symptoms) to ICD-10

(ICD-10: International Statistical Classification of Diseases and Related Health Problems)

Pays nordiques (dont la Suède) - Classement ICD-10 - Reconnaissance en tant que maladie professionnelle

19 Fév 2013 | Dans Electrosensibilité reconnaissance

The Nordic Adaptation of Classification of Occupationally Related Disorders (Diseases and Symptoms) to ICD-10 by the Nordic Council of Ministers

La liste des maladies professionnelles des pays nordiques (regroupant le Danemark, la Finlande, l'Islande, la Norvège et la Suède, ainsi que le Groenland, les Iles Faroe et Åland), adaptée de la classification OMS ICD 10 intègre la sensibilité chimique multiple (MCS) et l'intolérance électromagnétique sous la classification R68.8 qui regroupe les symptômes, signes et les examens cliniques et de laboratoires anormaux non classés ailleurs.

Dans la discussion, il est recommandé de ne pas classer ces troubles dans les catégories psychiatriques sauf en cas de syndrome de somatisation environnementale diagnostiqué par un psychiatre.

La description fait état de symptômes non spécifiques (fatigue, nausée, difficultés de concentration et de mémorisation...) reliés à l'usage d'écrans d'ordinateurs ou de télévision, de transformateurs électriques ou de lampes fluo, les symptômes disparaissant dans des environnements « non électriques ».

Voir pages 33 et 49, numérotation bas de page, ou chercher "IEI"

The Nordic Adaptation of Classification of Occupationally Related Disorders (Diseases and Symptoms) to ICD-10

(ICD-10: International Statistical Classification of Diseases and Related Health Problems)

Editors:

Finn Levy, Department of Occupational Medicine, Center for Preventive Medicine (1K), Ullevaal University Hospital, Oslo
Axel Wannag, Directorate of Labour Inspection, Oslo

The Nordic Adaptation of Classification of Occupationally Related Disorders (Diseases and Symptoms) to ICD-10

DIVS: 2000:839

ISBN: 92-893-0559-2

Contents

Preface	5
1. Introduction	7
1.1 Complete coding of an occupational disorder	7
1.2 Construction of “the Nordic list of occupational disorders”	8
2. List of ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries	11
Appendix I Neurotoxic conditions	43
Appendix II Vibration related disorders	46
Appendix III Asbestos related conditions	47
Appendix IV Conditions with aetiology to environmental factors – mechanisms not yet understood	49
Appendix V Strength of association between the disease/symptom and the occupational exposure	51

Preface

This report is a summary of a Nordic co-operative project called “The Nordic Adaptation of Classification of Occupationally Related Disorders (diseases and symptoms) to ICD-10”, financed by the Nordic Council of Ministers (Nordisk Ministerråd) and completed 1996 to 2000.

The aim of the project was to provide a “Nordic list of occupational disorders” with advice on how to code them in accordance with the WHO International Statistical Classification of Diseases and Related Health Problems (ICD) version 10. Coding of occupational disorders is not always self-evident within ICD-10. This holds especially true for central nervous system disorders caused by occupational exposure and for some groups of not well-specified conditions, which in the Nordic countries are claimed, but not yet proven, to be caused by occupational exposures. By giving advice on how to “modify and adapt” these conditions to the ICD-10 system, we hope – if the advice is accepted – to facilitate later comparisons of Nordic data on occupational disorders.

We also had a hope to be able to mark out disorders from occupational and environmental exposures, to bring attention to the potential for their prevention, within the ICD-10. This can only be done indirectly by adding the codes for occupational (Y96) or environmental (Y97) exposure to the codes for disorders. This can be done within the ICD-10, but we have discovered that this possibility can be hampered by the design of local hospitals’ ICD-10 registration systems, which may not allow the possibility to add other codes to the codes for disorders.

In addition the ICD-10 codes for exposure (chapter T) are insufficient for coding for exposures in the Nordic occupational- and environmental clinics. Thus a satisfactory coding system for exposures must be created outside the frames of ICD-10.

The work was co-ordinated by Axel Wannag MD, Directorate of Labour Inspection, Oslo, Norway. The work was carried out by a group of Nordic occupational physicians: Jens Peter Bonde MD, Department of Occupational Medicine, Aarhus University Hospital, Aarhus, Denmark; Antti Karjalainen MD, Finnish Institute of Occupational Health, Helsinki, Finland; Finn Levy MD, Department of Occupational Medicine, Ullevaal University Hospital, Oslo, Norway; Kjell Torén MD, Department of Occupational and Environmental Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden.

In addition the project received main contributions to the work from:

Ole Svane MD, Directorate of Labour Inspection, Copenhagen, Denmark; Leif Aringer MD, National Board of Occupational Safety and Health, Stockholm; Olav Axelsson MD, Department of Occupational Medicine, Folkhälsovetenskaplig Centrum, Linköping; Bengt O. Persson MD, National Board of Occupational Safety and Health, Stockholm; Bodil Persson MD, Department of Occupational Medicine, Folkhälsovetenskaplig Centrum, Linköping; Björn Smedby MD, WHO Collaborating Centre for the Classification of Diseases in the Nordic Countries, Uppsala, Sweden; Sverre Langård MD, Department of Occupational Medicine, National Hospital of Norway, Oslo; Jan Haanes Marton MD, Department of Occupational and Environmental Medicine, University Hospital of Tromsø, Tromsø, Norway.

The project members have also held informal discussions with other colleagues who gave us ideas and criticism. The project members thank all who contributed to the work.

Finn Levy and Axel Wannag did the main and final edition of the report.

Oslo, December 2000

Axel Wannag and Finn Levy

1. Introduction

Exposure from work can cause diseases or symptoms. Some of these diseases are legally defined as occupational diseases, others are not. Which diseases are defined as occupational varies between countries, also to some extent between the Nordic countries. Occupational diseases are not a clear entity.

Thus to encompass the legally defined occupational diseases and the other diseases, symptoms and complaints from occupational exposure, we have chosen the expression “occupational disorder”. In our opinion, this matches what ICD-10 encompasses in the expression “diseases and related health problems”.

In all countries only a fraction of the preventable disorders of occupation is recognised as such. The vast majority of these disorders is still “hidden” in the general registration of national disorders. Neither are the registration systems (including ICD-10) well designed to accommodate the information that a disorder is a result of occupational exposure. Thus the sheer magnitude of preventable occupational disorders goes unrecognised, and there are little to no incentives from the national statistics to promote national prevention of occupational disorders.

Nordic occupational physicians and institutions of occupational health have for many years tried to improve the situation, with various successes. With the introduction of ICD-10 in the Nordic registration systems we saw a new possibility to mark out occupational disorders in the national statistics. However, ICD-10 can by no means accommodate all the information which is necessary for a complete coding of an occupational disorder in sufficient details. Neither can ICD-10, aimed at coding existing disorders, directly accommodate some groups of not well specified conditions, which in the Nordic countries are claimed, but not yet proven, to be caused by occupational exposures.

ICD-10, as a convention, set frames and limitations on the possibilities of finding the “ideal” code to an actual disorder. Thus all coding will, on some occasions, force adaptation and modification since the code you “ideally” should have had for the disorder at hand is not in the coding system. What is important is that the different Nordic physicians in their classification “adapt and modify” an occupational disorder to the same ICD-10 code in order to make the Nordic statistics comparable.

Thus the aim of this undertaking was to provide a “Nordic list of occupational disorders” with advice on how to code them in the ICD-10 system.

1.1 Complete coding of an occupational disorder

In our opinion a complete coding of an occupational disorder, consists of the following information:

1. A code for the disease/symptom according to the ICD-10 coding and selection rules.
2. A code connecting the disease/symptom to occupational/environmental exposure (from ICD-10 = Y96 occupational and Y97 environmental).
3. A code for the strength of association between the disease/symptom and the occupational exposure. (Our advice, modified from the scale used at the Department of Occupational Medicine. Folkhälsovetenskaplig Centrum, Linköping, Sweden, is given in appendix V).

(Strength of association could also be accommodated within ICD-10, but this would need amendments in ICD-10. So far this has not been possible to achieve.)

4. A code for the occupational exposure. There are many “Exposure Code Systems”. We probably need one of these existing systems amended to achieve a system which may be generally accepted.
5. A code for the occupation of the patient. International Standard Classification of Occupations (ISCO-88) is not suitable. Some nations have more detailed systems.
6. A code for the trade of the patient. Nomenclature Generale des Activites Economiques dans les Communautés Europeennes (NACE rev. 1) is often not detailed enough, and groups under the same code trades with different occupational exposures.

In our opinion ICD-10 can, at the moment, only provide codes for the first two of these points. National constraints on the use of ICD-10 may further complicate the occupational health statistics. The official Danish version of ICD-10 does not include the Y codes and thus occupational disorders can only be traced in the Danish health statistics to a very limited extent even if the present guidelines are implemented. Thus the complete coding of occupational disorders must still rest within the local coding systems of the occupational clinics, institutions and services.

However, in our opinion there would be a great improvement if the national coding systems for disorders would incorporate both 1) the code for the disease/symptom and 2) the code for the association to occupational (Y96) or environmental (Y97) exposures. This will depend on the technical construction of the national data systems. Unfortunately some systems, for the moment, seem to allow for only one ICD-10 code (6-digit) for each disorder. This makes it impossible, within ICD-10, to connect/link a disorder to an occupational/environmental exposure. This requires two connected 6-digit codes (at least).

Therefore we have been limited to focus on finding correct (and acceptably correct) disease/symptom codes for the occupational and environmental disorders and connect these with the ICD-10 codes for occupational (Y96) and for environmental (Y97) exposures.

1.2 Construction of the “Nordic list of occupational disorders”

As was pointed out to us by professor Björn Smedby of WHO Collaborating Centre for the Classification of Diseases in the Nordic Countries, there is a danger in using short lists of disorders. One can actually distort the picture of the complete panorama of disorders if one instead of using the complete ICD-10 list of “all” disorders to find the correct code, use the shortened version to pick a code which seems “acceptably good enough”. This risk must be traded against the fact that a shortened list in many respects is handier in practical use.

Therefore we advise a hierarchical three-step level of lists:

- ICD-10 with its definitions of the disorders. (Thus one needs basic knowledge on how to use the ICD-10. Use of the complete ICD-10 classification list may be necessary for some rarer disorders of occupation, for example within occupational dermatology)
- The “Nordic list of occupational disorders”
- Lists which the different clinics, institutions and services can themselves abbreviate from the “Nordic list of occupational disorders” (which is easily done from the data file of the “Nordic list of occupational disorders”)

We wanted the “Nordic list of occupational disorders” to cover the disorders most commonly encountered in the practice of Nordic occupational medicine. We therefore assembled seven

of the most used lists of occupational disorders from the Nordic occupational clinics and institutions, matched them with each other, exempted the rarer disorders, and included the remaining in the “Nordic list of occupational disorders”.

Then the “Nordic list of occupational disorders” was matched with ICD-10 to identify the appropriate ICD-10 codes.

- Most disorders naturally had one and only one corresponding ICD-10 code.
- However, for a few occupational disorders ICD-10 offered more than one alternative code. This occurred within the disorders caused by neurotoxines (mostly solvents) and vibration. Therefore our advice for coding these disorders is given both in the “Nordic list of occupational disorders” and as appendices (I and II).
- We also found it sensible to give our advice for coding of the different asbestos related disorders in the list and in an appendix III.
- It was complicated to find a solution to the coding of “the not well specified conditions dominated by complaints attributed to occupational exposures”, but not yet proven to be so. After various discussions and considerations, our advice appears in appendix IV.

We also found difficulties in discriminating between acute and chronic disorders, a separation which is important in occupational medicine. Our advice for acute disorders is that:

- 1) If one symptom is dominating in an acute disorder and the final diagnosis is not clear, this symptom should be coded with an R code, followed by Y96 or Y97.
- 2) If no symptom is dominating, then the acute disorder should be coded with a T-code for toxic effects (T51-65), followed by Y96 or Y97. (Beware that T51-65 is not quite logically presented. One has to look through these codes to find the most appropriate).

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
A15 - A19	Tuberculosis
A15.-	Respiratory tuberculosis, bacteriologically and histologically confirmed A15.0 Tuberculosis of lung, confirmed by sputum microscopy with or without culture A15.9 Respiratory tuberculosis unspecified, confirmed bacteriologically and histologically
A16.-	Respiratory tuberculosis, not confirmed bacteriologically or histologically A16.0 Tuberculosis of lung, bacteriologically and histologically negative A16.9 Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation Respiratory tuberculosis NOS. Tuberculosis NOS
A20 - A28	Certain zoonotic bacterial diseases
A26.-	Erysipeloid A26.0 Cutaneous erysipeloid Erythema migrans
A98.-	Other viral haemorrhagic fevers, not elsewhere classified A98.5 Haemorrhagic fever with renal syndrome – nephropathiaepidemica Haemorrhagic fever: epidemic, Korean, Russian, Hantaan virus disease, Nephropathia epidemica
B15 - B19	Viral hepatitis
B15 - B19	Viral hepatitis <i>Excludes:</i> cytomegaloviral hepatitis (B25.1), herpesviral [herpes simplex] hepatitis (B00.8), sequelae of viral hepatitis (B94.2) B15.9 Hepatitis A without hepatic coma Hepatitis A (acute)(viral) NOS B16.9 Acute hepatitis B without delta-agent and without hepatic coma Hepatitis B (acute)(viral) NOS B17.8 Other specified acute viral hepatitis Hepatitis non-A non-B (acute) (viral) NEC B18.9 Chronic viral hepatitis, unspecified B19.9 Unspecified viral hepatitis without hepatic coma Viral hepatitis NOS
B20 -B24	Human immunodeficiency virus [HIV] disease B24 Unspecified human immunodeficiency virus [HIV] disease Acquired immunodeficiency syndrome [AIDS] NOS. AIDS-related complex [ARC] NOS
B35.-	Dermatophytosis <i>Includes:</i> favus – infections due to species of <i>Epidermophyton</i> , <i>Microsporum</i> and <i>Trichophyton</i> tinea, any type except those in B36 B35.9 Dermatophytosis, unspecified Ringworm NOS
B86.x	Scabies Sarcoptic itch
C00 -D48	Neoplasms

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
C16.-	Malignant neoplasm of stomach C16.9 Stomach, unspecified Gastric cancer NOS
C18.-	Malignant neoplasm of colon C18.9 Colon, unspecified Large intestine NOS
C20.x	Malignant neoplasm of rectum Rectal ampulla
C22.-	Malignant neoplasm of liver and intrahepatic bile ducts <i>Excludes:</i> biliary tract NOS (C24.9), secondary malignant neoplasm of liver (C78.7) C22.3 Angiosarcoma of liver Kupffer cell sarcoma C22.9 Liver, unspecified
C30.-	Malignant neoplasm of nasal cavity and middle ear C30.0 Nasal cavity Cartilage of nose. Concha, nasal. Internal nose. Septum of nose. Vestibule of nose <i>Excludes:</i> nasal bone (C41.0), nose NOS (C76.0), olfactory bulb(C72.2), <i>posterior</i> margin of nasal septum and choana, skin of nose (C43.3, C44.3)
C31.-	Malignant neoplasm of accessory sinuses C31.9 Accessory sinus, unspecified
C32.-	Malignant neoplasm of larynx C32.9 Larynx, unspecified
C33	Malignant neoplasm of trachea
C34.-	Malignant neoplasm of bronchus and lung C34.9 Bronchus or lung, unspecified
C43.-	Malignant melanoma of skin <i>Includes:</i> morphology codes M872-M879 with behaviour code /3 <i>Excludes:</i> malignant melanoma of skin of genital organs (C51-C52, C60.-, C63.-) C43.9 Malignant melanoma of skin, unspecified Melanoma (malignant) NOS
C44.-	Other malignant neoplasms of skin C44.9 Malignant neoplasm of skin, unspecified

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
C45.-	<p>Mesothelioma <i>Includes:</i> morphology code M905 with behaviour code /3</p> <p>C45.0 Mesothelioma of pleura <i>Excludes:</i> other malignant neoplasms of pleura (C38.4)</p> <p>C45.1 Mesothelioma of peritoneum Mesentery. Mesocolon. Omentum. Peritoneum (parietal)(pelvic) <i>Excludes:</i> other malignant neoplasms of peritoneum (C48.-)</p> <p>C45.2 Mesothelioma of pericardium <i>Excludes:</i> other malignant neoplasms of pericardium (C38.0)</p> <p>C45.9 Mesothelioma, unspecified</p>
C67.-	<p>Malignant neoplasm of bladder</p> <p>C67.9 Bladder, unspecified</p>
C81 -C96	Malignant neoplasms of lymphoid, haematopoietic and related tissue
C81	<p>Hodgkin's disease <i>Includes:</i> morphology codes M965-M966 with behaviour code /3</p> <p>C81.9 Hodgkin's disease, unspecified</p>
C85.-	<p>Other and unspecified types of non-Hodgkin's lymphoma <i>Includes:</i> morphology codes M9590-M9592, M9594, M971 with behaviour, code /3</p> <p>C85.9 Non-Hodgkin's lymphoma, unspecified type Lymphoma NOS. Malignant lymphoma NOS, Non-Hodgkin's lymphoma NOS</p>
C91.-	<p>Lymphoid leukaemia <i>Includes:</i> morphology codes M982, M9940-M9941 with behaviour code /3</p> <p>C91.9 Lymphoid leukaemia, unspecified</p>
C92.-	<p>Myeloid leukaemia <i>Includes:</i> leukaemia: granulocytic, myelogenous morphology codes M986-M988, M9930 with behaviour code /3</p> <p>C92.9 Myeloid leukaemia, unspecified</p>
D61.-	<p>Other aplastic anaemias <i>Excludes:</i> agranulocytosis (D70)</p> <p>D61.2 Aplastic anaemia due to other external agents Use additional external cause code (Chapter XX), if desired, to identify cause</p> <p>D61.9 Aplastic anaemia, unspecified Hypoplastic anaemia NOS. Medullary hypoplasia. Panmyelophthisis</p>
F00 -F99	Mental and behavioural disorders
F06.-	<p>Other mental disorders due to brain damage and dysfunction and to physical disease <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i></p> <p>F06.7 Mild cognitive disorder</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
F07.-	<p>Personality and behavioural disorders due to brain disease, damage and dysfunction <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i></p> <p>F07.0 Organic personality disorder</p> <p>F07.2 Postconcussional syndrome Postcontusional syndrome (encephalopathy) Post-traumatic brain syndrome, nonpsychotic</p> <p>F07.9 Unspecified organic personality and behavioural disorder due to brain disease, damage and dysfunction Organic psychosyndrome</p>
F32.-	<p>Depressive episode <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i> Includes: single episodes of: depressive reaction, psychogenic depression, reactive depression</p> <p>F32.9 Depressive episode, unspecified Depression NOS. Depressive disorder NOS)</p>
F43.-	<p>Reaction to severe stress, and adjustment disorders <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i></p> <p>F43.0 Acute stress reaction</p> <p>F43.1 Post-traumatic stress disorder</p>
F45.-	<p>Somatoform disorders <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i></p> <p>F45.0 Somatization disorder</p> <p>F45.3 Somatoform autonomic dysfunction <i>(hyperventilation - among many other disorders)</i></p> <p>F45.4 Persistent somatoform pain disorder</p> <p>F45.9 Somatoform disorder, unspecified Psychosomatic disorder NOS</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
F48.-	<p>Other neurotic disorders <i>(Look in ICD-10. There is a long text concerning inclusion and exclusion criteria)</i></p> <p>F48.0 Neurasthenia Considerable cultural variations occur in the presentation of this disorder, and two main types occur, with substantial overlap. In one type, the main feature is a complaint of increased fatigue after mental effort, often associated with some decrease in occupational performance or coping efficiency in daily tasks. The mental fatigability is typically described as an unpleasant intrusion of distracting associations or recollections, difficulty in concentrating, and generally inefficient thinking. In the other type, the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. In both types a variety of other unpleasant physical feelings is common, such as dizziness, tension headaches, and feelings of general instability. Worry about decreasing mental and bodily well-being, irritability, anhedonia, and varying minor degrees of both depression and anxiety are all common. Sleep is often disturbed in its initial and middle phases but hypersomnia may also be prominent. Fatigue syndrome Use additional code, if desired, to identify previous physical illness. Excludes: asthenia NOS (R53), burn-out (Z73.0), malaise and fatigue (R53), postviral fatigue syndrome (G93.3), psychasthenia (F48.8)</p> <p>F48.8 Other specified neurotic disorders Briquet's disorder. Dhat syndrome. <u>Occupational neurosis, including writer's cramp.</u> Psychasthenia. Psychasthenic neurosis. Psychogenic syncope</p> <p>F48.9 Neurotic disorder, unspecified Neurosis NOS</p>
G00 -G99	Diseases of the nervous system
G12.-	<p>Spinal muscular atrophy and related syndromes</p> <p>G12.2 Motor neuron disease Familial motor neuron disease. Lateral sclerosis: amyotrophic, primary. Progressive: bulbar palsy, spinal muscular atrophy</p>
G21.-	<p>Secondary parkinsonism</p> <p>G21.2 Secondary parkinsonism due to other external agents Use additional external cause code (Chapter XX), if desired, to identify external agent.</p>
G47.-	<p>Sleep disorders Excludes: nightmares (F51.5), nonorganic sleep disorders (F51.-), sleep terrors (F51.4), sleepwalking (F51.3)]</p> <p>G47.1 Disorders of excessive somnolence [hypersomnias]</p> <p>G47.3 Sleep apnoea Sleep apnoea: central, obstructive Excludes: pickwickian syndrome (E66.2)</p> <p>G47.4 Narcolepsy and cataplexy</p> <p>G47.9 Sleep disorder, unspecified</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
G56.-	<p>Mononeuropathies of upper limb <i>Excludes:</i> current traumatic nerve disorder - see nerve injury by body region</p> <p>G56.0 Carpal tunnel syndrome G56.8 Other mononeuropathies of upper limb Interdigital neuroma of upper limb G56.9 Mononeuropathy of upper limb, unspecified</p>
G57.-	<p>Mononeuropathies of lower limb <i>Excludes:</i> current traumatic nerve disorder - see nerve injury by body region</p> <p>G57.4 Lesion of medial popliteal nerve G57.9 Mononeuropathy of lower limb, unspecified</p>
G58.-	<p>Other mononeuropathies G58.8 Other specified mononeuropathies</p>
G62.-	<p>Other polyneuropathies G62.2 Polyneuropathy due to other toxic agents Use additional external cause code (Chapter XX), if desired, to identify toxic agent. (<i>alcohol is excluded G62.1</i>) G62.9 Polyneuropathy, unspecified Neuropathy NOS</p>
G72.-	<p>Other myopathies <i>Excludes:</i> arthrogryposis multiplex congenita (Q74.3), dermatopolymyositis (M33.-), ischaemic infarction of muscle (M62.2), myositis (M60.-), polymyositis (M33.2)</p> <p>G72.2 Myopathy due to other toxic agents Use additional external cause code (Chapter XX), if desired, to identify toxic agent. G72.9 Myopathy, unspecified</p>
G92	<p>Toxic encephalopathy Use additional external cause code (Chapter XX), if desired, to identify toxic agent.</p>
G93.-	<p>Other disorders of brain G93.3 Postviral fatigue syndrome Benign myalgic encephalomyelitis G93.4 Encephalopathy, unspecified <i>Excludes:</i> encephalopathy: alcoholic (G31.2), toxic (G92)</p>
H00 -H59	Diseases of the eye and adnexa
H04.-	<p>Disorders of lacrimal system <i>Excludes:</i> congenital malformations of lacrimal system (Q10.4-Q10.6)</p> <p>H04.1 Other disorders of lacrimal gland Dacryops. Dry eye syndrome (<i>Sjögrens sicca syndrom</i>). Lacrimal: cyst, gland atrophy H04.2 Epiphora H04.8 Other disorders of lacrimal system</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
H10.-	Conjunctivitis <i>Excludes:</i> keratoconjunctivitis (H16.2) H10.1 Acute atopic (allergic) conjunctivitis H10.2 Other acute conjunctivitis H10.4 Chronic conjunctivitis H10.9 Conjunctivitis, unspecified
H16.-	Keratitis H16.1 Other superficial keratitis without conjunctivitis Keratitis: areolar, filamentary, nummular, stellate, striate, superficial punctate. Photokeratitis. Snow blindness H16.2 Keratoconjunctivitis Keratoconjunctivitis: NOS, exposure, neurotrophic, phlyctenular. Ophthalmia nodosa. Superficial keratitis with conjunctivitis H16.8 Other keratitis <i>(keratitis from UV exposure, welding to be coded here)</i> H16.9 Keratitis, unspecified
H26.-	Other cataract <i>Excludes:</i> congenital cataract (Q12.0) H26.1 Traumatic cataract Use additional external cause code (Chapter XX), if desired, to identify cause. H26.8 Other specified cataract <i>(caused by radiation to be coded here)</i>
H53.-	Visual disturbances H53.1 Subjective visual disturbances Asthenopia, Day blindness, Hemeralopia, Metamorphopsia, Photophobia, Scintillating scotoma, Sudden visual loss, Visual halos <i>Excludes:</i> visual hallucinations (R44.1) H53.9 Visual disturbance, unspecified
H60 -H95	Diseases of the ear and mastoid process
H81.-	Disorders of vestibular function <i>Excludes:</i> vertigo: NOS (R42), epidemic (A88.1) H81.0 Ménière's disease Labyrinthine hydrops, Ménière's syndrome or vertigo H81.9 Disorder of vestibular function, unspecified Vertiginous syndrome NOS <i>(see also R42)</i>
H83.-	Other diseases of inner ear H83.3 Noise effects on inner ear Acoustic trauma, Noise-induced hearing loss
H93.-	Other disorders of ear, not elsewhere classified H93.1 Tinnitus
I00 -I99	Diseases of the circulatory system
I20.-	Angina pectoris I20.9 Angina pectoris, unspecified Angina: NOS, cardiac, Anginal syndrome, Ischaemic chest pain

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
I21	Acute myocardial infarction I21.9 Acute myocardial infarction, unspecified. Myocardial infarction (acute) NOS
I73.-	Other peripheral vascular diseases <i>Excludes:</i> chilblains (T69.1), frostbite (T33-T35), immersion hand or foot (T69.0), spasm of cerebral artery (G45.9) I73.0 Raynaud's syndrome Raynaud's: disease, gangrene, phenomenon (secondary)
J00 - J99	Diseases of the respiratory system
J30.-	Vasomotor rhinitis J30.3 Other allergic rhinitis Perennial allergic rhinitis J30.4 Allergic rhinitis, unspecified
J31.-	Chronic rhinitis, nasopharyngitis and pharyngitis J31.0 Chronic rhinitis Ozena, Rhinitis (chronic): NOS, atrophic, granulomatous, hypertrophic, obstructive, purulent, ulcerative <i>Excludes:</i> rhinitis: allergic (J30.1-J30.4), vasomotor (J30.0)
J34.-	Other disorders of nose and nasal sinuses <i>Excludes:</i> varicose ulcer of nasal septum (I86.8) J34.8 Other specified disorders of nose and nasal sinuses Perforation of nasal septum NOS, Rhinolith
J37.-	Chronic laryngitis and laryngotracheitis Use additional code (B95-B97), if desired, to identify infectious agent. J37.0 Chronic laryngitis Laryngitis: catarrhal, hypertrophica, sicca <i>Excludes:</i> laryngitis: NOS (J04.0), acute (J04.0), obstructive (acute) (J05.0) J37.1 Chronic laryngotracheitis Laryngitis, chronic, with tracheitis (chronic) Tracheitis, chronic, with laryngitis <i>Excludes:</i> laryngotracheitis: NOS (J04.2), acute (J04.2). tracheitis: NOS (J04.1), acute (J04.1), chronic (J42)
J38.-	Diseases of vocal cords and larynx, not elsewhere classified <i>Excludes:</i> congenital laryngeal stridor (Q31.4), laryngitis: obstructive (acute) (J05.0), ulcerative (J04.0), postprocedural subglottic stenosis (J95.5), stridor (R06.1) J38.2 Nodules of vocal cords Chorditis (fibrinous)(nodosa)(tuberosa), Singer's nodes, Teacher's nodes

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
J39.-	<p>Other diseases of upper respiratory tract <i>Excludes:</i> acute respiratory infection NOS (J22), upper (J06.9), upper respiratory inflammation due to chemicals, gases, fumes or vapour (J68.2)</p> <p>J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified J39.8 Other specified diseases of upper respiratory tract J39.9 Disease of upper respiratory tract, unspecified</p>
J40 -J47	Chronic lower respiratory diseases
J42	<p>Unspecified chronic bronchitis Chronic: bronchitis NOS, tracheitis, tracheobronchitis <i>Excludes:</i> chronic: asthmatic bronchitis (J44.-), bronchitis: simple and mucopurulent (J41.-), with airways obstruction (J44.-), emphysematous bronchitis (J44.-), obstructive pulmonary disease NOS (J44.9)</p>
J43.-	<p>Emphysema <i>Excludes:</i> emphysema: compensatory (J98.3), due to inhalation of chemicals, gases, fumes or vapours (J68.4), interstitial (J98.2), mediastinal (J98.2), surgical (subcutaneous) (T81.8), traumatic subcutaneous (T79.7), with chronic (obstructive) bronchitis (J44.-), emphysematous (obstructive) bronchitis (J44.-)</p> <p>J43.8 Other emphysema <i>(induced by dust)</i></p>
J44.-	<p>Other chronic obstructive pulmonary disease <i>Includes:</i> chronic: bronchitis: asthmatic (obstructive), emphysematous with: airways obstruction, emphysema. obstructive: asthma, bronchitis tracheobronchitis <i>Excludes:</i> asthma (J45.-), asthmatic bronchitis NOS (J45.9), bronchiectasis (J47), chronic: bronchitis: NOS (J42), simple and mucopurulent (J41.-), tracheitis (J42), tracheobronchitis (J42), emphysema (J43.-), lung diseases due to external agents (J60-J70)</p> <p>J44.8 Other specified chronic obstructive pulmonary disease Chronic bronchitis: asthmatic (obstructive) NOS, emphysematous NOS, obstructive NOS <i>(induced by dust)</i></p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
J45.-	<p>Asthma <i>Excludes:</i> acute severe asthma (J46), chronic asthmatic (obstructive) bronchitis (J44.-), chronic obstructive asthma (J44.-), eosinophilic asthma (J82), lung diseases due to external agents (J60-J70), status asthmaticus(J46)</p> <p>J45.0 Predominantly allergic asthma Allergic: bronchitis NOS, rhinitis with asthma, Atopic asthma, Extrinsic allergic asthma, Hay fever with asthma</p> <p>J45.1 Nonallergic asthma Idiosyncratic asthma, Intrinsic nonallergic asthma</p> <p>J45.8 Mixed asthma Combination of conditions listed in J45.0 and J45.1</p> <p>J45.9 Asthma, unspecified Asthmatic bronchitis NOS, Late-onset asthma</p>
J60 -J70	Lung diseases due to external agents
J60	<p>Coalworker's pneumoconiosis Anthracosilicosis, Anthracosis, Coalworker's lung <i>Excludes:</i> with tuberculosis (J65)</p>
J61	<p>Pneumoconiosis due to asbestos and other mineral fibres Asbestosis <i>Excludes:</i> pleural plaque with asbestosis (J92.0), pleural plaque without asbestos (J92.9), with tuberculosis (J65)</p>
J62.-	<p>Pneumoconiosis due to dust containing silica <i>Includes:</i> silicotic fibrosis (massive) of lung <i>Excludes:</i> pneumoconiosis with tuberculosis (J65)</p> <p>J62.0 Pneumoconiosis due to talc dust</p> <p>J62.8 Pneumoconiosis due to other dust containing silica Silicosis NOS</p>
J63.-	<p>Pneumoconiosis due to other inorganic dusts <i>Excludes:</i> with tuberculosis (J65)</p> <p>J63.0 Aluminosis (of lung)</p> <p>J63.1 Bauxite fibrosis (of lung)</p> <p>J63.2 Berylliosis</p> <p>J63.3 Graphite fibrosis (of lung)</p> <p>J63.4 Siderosis</p> <p>J63.5 Stannosis</p> <p>J63.8 Pneumoconiosis due to other specified inorganic dusts</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
J66.-	<p>Airway disease due to specific organic dust <i>Excludes:</i> bagassosis (J67.1), farmer's lung (J67.0), hypersensitivity pneumonitis due to organic dust (J67.-), reactive airways dysfunction syndrome (J68.3)</p> <p>J66.0 Byssinosis Airway disease due to cotton dust</p> <p>J66.8 Airway disease due to other specific organic dusts <i>(organic dust toxic syndrome, ODTs)(not yet used in Norway)</i></p>
J67.-	<p>Hypersensitivity pneumonitis due to organic dust <i>Includes:</i> allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin <i>Excludes:</i> pneumonitis due to inhalation of chemicals, gases, fumes or vapours (J68.0)</p> <p>J67.0 Farmer's lung Harvester's lung, Haymaker's lung, Mouldy hay disease</p> <p>J67.1 Bagassosis Bagasse: disease, pneumonitis</p> <p>J67.2 Bird fancier's lung Budgerigar fancier's disease or lung, Pigeon fancier's disease or lung</p> <p>J67.3 Suberosis Corkhandler's disease or lung, Corkworker's disease or lung</p> <p>J67.4 Maltworker's lung Alveolitis due to <i>Aspergillus clavatus</i></p> <p>J67.5 Mushroom-worker's lung</p> <p>J67.6 Maple-bark-stripper's lung Alveolitis due to <i>Cryptostroma corticale</i>, Cryptostromosis</p> <p>J67.7 Air-conditioner and humidifier lung Allergic alveolitis due to fungi, thermophilic actinomycetes and other organisms growing in ventilation [air-conditioning] systems</p> <p>J67.8 Hypersensitivity pneumonitis due to other organic dusts Cheese-washer's lung, Coffee-worker's lung, Fishmeal-worker's lung Furrier's lung, Sequoiosis</p> <p>J67.9 Hypersensitivity pneumonitis due to unspecified organic dust Allergic alveolitis (extrinsic) NOS, Hypersensitivity pneumonitis NOS</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
J68.-	<p>Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours Use additional external cause code (Chapter XX), if desired, to identify cause.</p> <p>J68.0 Bronchitis and pneumonitis due to chemicals, gases, fumes and vapours Chemical bronchitis (acute)</p> <p>J68.1 Acute pulmonary oedema due to chemicals, gases, fumes and vapours Chemical pulmonary oedema (acute)</p> <p>J68.2 Upper respiratory inflammation due to chemicals, gases, fumes and vapours, not elsewhere classified</p> <p>J68.3 Other acute and subacute respiratory conditions due to chemicals, gases, fumes and vapours Reactive airways dysfunction syndrome</p> <p>J68.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapours Emphysema (diffuse)(chronic)-, Obliterative bronchiolitis (chronic) (subacute)-, Pulmonary fibrosis (chronic) due to inhalation of chemicals, gases, fumes and vapours</p> <p>J68.8 Other respiratory conditions due to chemicals, gases, fumes and vapours</p> <p>J68.9 Unspecified respiratory condition due to chemicals, gases, fumes and vapours</p>
J70.-	<p>Respiratory conditions due to other external agents Use additional external cause code (Chapter XX), if desired, to identify cause.</p> <p>J70.1 Chronic and other pulmonary manifestations due to radiation Fibrosis of lung following radiation</p> <p>J70.8 Respiratory conditions due to other specified external agents</p> <p>J70.9 Respiratory conditions due to unspecified external agent</p>
J84.-	<p>Other interstitial pulmonary diseases <i>Excludes:</i> drug-induced interstitial lung disorders (J70.2-J70.4), interstitial emphysema (J98.2), lung diseases due to external agents (J60-J70)</p>
J90	<p>Pleural effusion, not elsewhere classified Pleurisy with effusion <i>Excludes:</i> chylous (pleural) effusion (J94.0), pleurisy NOS (R09.1) tuberculous (A15-A16) <i>(Asbestos related pleural effusion)</i></p>
J91*	Pleural effusion in conditions classified elsewhere
J92.-	<p>Pleural plaque <i>Includes:</i> pleural thickening</p> <p>J92.0 Pleural plaque with presence of asbestos</p> <p>J92.9 Pleural plaque without asbestos Pleural plaque NOS</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
J94.-	<p>Other pleural conditions <i>Excludes:</i> pleurisy: NOS (R09.1), traumatic: haemopneumothorax (S27.2) haemothorax (S27.1), tuberculous pleural conditions (current disease) (A15-A16)</p> <p>J94.8 Other specified pleural conditions Hydrothorax <i>(visceral pleural fibrosis, asbestos related adherances)</i></p>
K20 -K31	Diseases of oesophagus, stomach and duodenum
K29	Gastritis and duodenitis
	K29.9 Gastroduodenitis, unspecified
K70 -K77	Diseases of liver
K71.-	<p>Toxic liver disease <i>Includes:</i> drug-induced: idiosyncratic (unpredictable) liver disease, toxic (predictable) liver disease Use additional external cause code (Chapter XX), if desired, to identify toxic agent. <i>Excludes:</i> alcoholic liver disease (K70.-), Budd-Chiari syndrome (I82.0)</p> <p>K71.6 Toxic liver disease with hepatitis, not elsewhere classified K71.7 Toxic liver disease with fibrosis and cirrhosis of liver K71.9 Toxic liver disease, unspecified</p>
K77*	<p>Liver disorders in diseases classified elsewhere K77.8* Liver disorders in other diseases classified elsewhere <i>Hepatic granulomas in: berylliosis (J63.2+), sarcoidosis (D86.8+)</i></p>
L00 -L08	Infections of the skin and subcutaneous tissue
L02.-	<p>Cutaneous abscess, furuncle and carbuncle <i>Includes:</i> boil, furunculosis <i>Excludes:</i> anal and rectal regions (K61.-), genital organs (external): female (N76.4), male (N48.2, N49.-)</p> <p>L02.9 Cutaneous abscess, furuncle and carbuncle, unspecified Furunculosis NOS</p>
L08.-	<p>Other local infections of skin and subcutaneous tissue L08.1 Erythrasma</p>
L20 -L30	Dermatitis and eczema

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
L23.-	<p>Allergic contact dermatitis <i>Includes:</i> allergic contact eczema <i>Excludes:</i> allergy NOS (T78.4), dermatitis (of): NOS (L30.9), contact NOS (L25.9), due to substances taken internally (L27.-), eyelid (H01.1), irritant contact (L24.-), perioral (L71.0), eczema of external ear (H60.5), radiation-related disorders of the skin and subcutaneous tissue (L55-L59)</p> <p>L23.0 Allergic contact dermatitis due to metals Chromium, Nickel</p> <p>L23.1 Allergic contact dermatitis due to adhesives</p> <p>L23.2 Allergic contact dermatitis due to cosmetics</p> <p>L23.3 Allergic contact dermatitis due to drugs in contact with skin Use additional external cause code (Chapter XX), if desired, to identify drug. <i>Excludes:</i> allergic reaction NOS due to drugs (T88.7), dermatitis due to ingested drugs and medicaments (L27.0-L27.1)</p> <p>L23.4 Allergic contact dermatitis due to dyes</p> <p>L23.5 Allergic contact dermatitis due to other chemical products Cement, Insecticide, Plastic, Rubber</p> <p>L23.6 Allergic contact dermatitis due to food in contact with skin <i>Excludes:</i> dermatitis due to ingested food (L27.2)</p> <p>L23.7 Allergic contact dermatitis due to plants, except food</p> <p>L23.8 Allergic contact dermatitis due to other agents</p> <p>L23.9 Allergic contact dermatitis, unspecified cause Allergic contact eczema NOS</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
L24.-	<p>Irritant contact dermatitis <i>Includes:</i> irritant contact eczema <i>Excludes:</i> allergy NOS (T78.4), dermatitis (of): NOS (L30.9), allergic contact (L23.-), contact NOS (L25.9), due to substances taken internally (L27.-), eyelid (H01.1), perioral (L71.0), eczema of external ear (H60.5), radiation-related disorders of the skin and subcutaneous tissue (L55-L59)</p> <p>L24.0 Irritant contact dermatitis due to detergents</p> <p>L24.1 Irritant contact dermatitis due to oils and greases</p> <p>L24.2 Irritant contact dermatitis due to solvents Solvents: chlorocompound, cyclohexane, ester, glycol, hydrocarbon, ketones</p> <p>L24.3 Irritant contact dermatitis due to cosmetics</p> <p>L24.4 Irritant contact dermatitis due to drugs in contact with skin Use additional external cause code (Chapter XX), if desired, to identify drug. <i>Excludes:</i> allergic reaction NOS due to drugs (T88.7), dermatitis due to ingested drugs and medicaments (L27.0-L27.1)</p> <p>L24.5 Irritant contact dermatitis due to other chemical products Cement, Insecticide</p> <p>L24.6 Irritant contact dermatitis due to food in contact with skin <i>Excludes:</i> dermatitis due to ingested food (L27.2)</p> <p>L24.7 Irritant contact dermatitis due to plants, except food</p> <p>L24.8 Irritant contact dermatitis due to other agents Dyes</p> <p>L24.9 Irritant contact dermatitis, unspecified cause Irritant contact eczema NOS</p>

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
L25.-	<p>Unspecified contact dermatitis <i>Includes:</i> unspecified contact eczema <i>Excludes:</i> allergy NOS (T78.4), dermatitis (of): NOS (L30.9), allergic contact (L23.-), due to substances taken internally (L27.-), eyelid (H01.1), irritant contact (L24.-), perioral (L71.0), eczema of external ear (H60.5), radiation-related disorders of the skin and subcutaneous tissue (L55-L59)</p> <p>L25.0 Unspecified contact dermatitis due to cosmetics</p> <p>L25.1 Unspecified contact dermatitis due to drugs in contact with skin Use additional external cause code (Chapter XX), if desired, to identify drug. <i>Excludes:</i> allergic reaction NOS due to drugs (T88.7), dermatitis due to ingested drugs and medicaments (L27.0-L27.1)</p> <p>L25.2 Unspecified contact dermatitis due to dyes</p> <p>L25.3 Unspecified contact dermatitis due to other chemical products Cement, Insecticide</p> <p>L25.4 Unspecified contact dermatitis due to food in contact with skin <i>Excludes:</i> dermatitis due to ingested food (L27.2)</p> <p>L25.5 Unspecified contact dermatitis due to plants, except food</p> <p>L25.8 Unspecified contact dermatitis due to other agents</p> <p>L25.9 Unspecified contact dermatitis, unspecified cause Contact: dermatitis (occupational) NOS, eczema (occupational) NOS</p>
L30.-	<p>Other dermatitis <i>Excludes:</i> dermatitis: contact (L23-L25), dry skin (L85.3), small plaque parapsoriasis (L41.3), stasis dermatitis (I83.1-I83.2)</p> <p>L30.9 Dermatitis, unspecified Eczema NOS</p>
L40.-	<p>Psoriasis</p> <p>L40.0 Psoriasis vulgaris Nummular psoriasis, Plaque psoriasis</p>
L50 -L54	Urticaria and erythema
L50.-	<p>Urticaria <i>Excludes:</i> allergic contact dermatitis (L23.-), angioneurotic oedema(T78.3), hereditary angio-oedema (E84.1), Quincke's oedema(T78.3), urticaria: giant (T78.3), papulosa (L28.2), pigmentosa (Q82.2), serum (T80.6), solar (L56.3)</p> <p>L50.0 Allergic urticaria</p> <p>L50.4 Vibratory urticaria</p> <p>L50.6 Contact urticaria</p> <p>L50.8 Other urticaria Urticaria: chronic, recurrent periodic</p>
L56.-	<p>Other acute skin changes due to ultraviolet radiation</p> <p>L56.2 Photocontact dermatitis [berloque dermatitis]</p> <p>L56.4 Polymorphous light eruption</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

**Nordic version for Occupational Disorders adapted to International Statistical
Classification of Diseases and Related Health Problems (ICD-10)**

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
L57.-	Skin changes due to chronic exposure to nonionizing radiation L57.8 Other skin changes due to chronic exposure to nonionizing radiation Farmer's skin, Sailor's skin, Solar dermatitis
L58.-	Radiodermatitis L58.0 Acute radiodermatitis L58.1 Chronic radiodermatitis L58.9 Radiodermatitis, unspecified
L70.-	Acne <i>Excludes:</i> acne keloid (L73.0) L70.8 Other acne <i>(includes acne caused by oils)</i>
L92.-	Granulomatous disorders of skin and subcutaneous tissue <i>Excludes:</i> actinic granuloma (L57.5) L92.3 Foreign body granuloma of skin and subcutaneous tissue
M00-M99	Diseases of the musculoskeletal system and connective tissue
M10.-	Gout [See site code pages 628-629] M10.1 Lead-induced gout
M13.-	Other arthritis [See site code pages 628-629] <i>Excludes:</i> arthrosis (M15-M19) M13.8 Other specified arthritis Allergic arthritis M13.9 Arthritis, unspecified Arthropathy NOS
M15.-	Polyarthrosis <i>Includes:</i> arthrosis with mention of more than one site <i>Excludes:</i> bilateral involvement of single joint (M16-M19) M15.9 Polyarthrosis, unspecified Generalized osteoarthritis NOS
M16.-	Coxarthrosis [arthrosis of hip] M16.9 Coxarthrosis, unspecified
M17.-	Gonarthrosis [arthrosis of knee] M17.9 Gonarthrosis, unspecified
M18.-	Arthrosis of first carpometacarpal joint M18.9 Arthrosis of first carpometacarpal joint, unspecified
M19.-	Other arthrosis [See site code pages 628-629] <i>Excludes:</i> arthrosis of spine (M47.-), hallux rigidus (M20.2), polyarthrosis (M15.-) M19.2 Other secondary arthrosis Secondary arthrosis NOS M19.8 Other specified arthrosis <i>(code for arthrosis in the carpal- and elbow regions caused by vibration)</i> M19.9 Arthrosis, unspecified

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
M23.-	<p>Internal derangement of knee <i>(see ICD-10 for site of involvement, if needed)</i> Excludes: ankylosis (M24.6), current injury - see injury to the knee and lower leg (S80-S89), deformity of knee (M21.-), disorders of patella (M22.-), osteochondritis dissecans (M93.2), recurrent dislocation or subluxation (M24.4), patella (M22.0-M22.1)</p> <p>M23.9 Internal derangement of knee, unspecified</p>
M25.-	<p>Other joint disorders, not elsewhere classified [See site code pages 628-629] Excludes: abnormality of gait and mobility (R26.-), calcification of: bursa (M71.4), shoulder (joint) (M75.3), tendon (M65.2), deformities classified to M20-M21, difficulty in walking (R26.2)</p> <p>M25.5 Pain in joint M25.9 Joint disorder, unspecified</p>
M34.-	<p>Systemic sclerosis Includes: scleroderma Excludes: scleroderma: circumscribed (L94.0)</p> <p>M34.2 Systemic sclerosis induced by drugs and chemicals Use additional external cause code (Chapter XX), if desired, to identify cause.</p>
M35.-	<p>Other systemic involvement of connective tissue Excludes: reactive perforating collagenosis (L87.1)</p> <p>M35.0 Sicca syndrome [Sjögren] Sjögren's syndrome with: keratoconjunctivitis+ (H19.3*), lunginvolvement+ (J99.1*), myopathy+ (G73.7*), renal tubulo-interstitial disorders+ (N16.4*)</p>
M51.-	<p>Other intervertebral disc disorders Includes: thoracic, thoracolumbar and lumbosacral disc disorders</p> <p>M51.1 Lumbar and other intervertebral disc disorders with radiculopathy Sciatica due to intervertebral disc disorder Excludes: lumbar radiculitis NOS (M54.1)</p>
M53.-	<p>Other dorsopathies, not elsewhere classified [See site code page 649]</p> <p>M53.1 Cervicobrachial syndrome Excludes: cervical disc disorder (M50.-), thoracic outlet syndrome (G54.0)</p>
M54.-	<p>Dorsalgia [See site code page 649] Excludes: psychogenic dorsalgia (F45.4)</p> <p>M54.2 Cervicalgia Excludes: cervicalgia due to intervertebral cervical disc disorder (M50.-)</p> <p>M54.4 Lumbago with sciatica Excludes: that due to intervertebral disc disorder (M51.1)</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
M65.-	<p>Synovitis and tenosynovitis [See site code pages 628-629] Excludes: chronic crepitant synovitis of hand and wrist (M70.0), current injury - see injury of ligament or tendon by body region, soft tissue disorders related to use, overuse and pressure (M70.-)</p> <p>M65.4 Radial styloid tenosynovitis [de Quervain] M65.9 Synovitis and tenosynovitis, unspecified</p>
M70.-	<p>Soft tissue disorders related to use, overuse and pressure [See site code pages 628-629] Includes: soft tissue disorders of occupational origin Excludes: bursitis (of): NOS (M71.9), shoulder (M75.5)enthesopathies (M76-M77)</p> <p>M70.0 Chronic crepitant synovitis of hand and wrist M70.2 Olecranon bursitis M70.4 Prepatellar bursitis M70.6 Trochanteric bursitis Trochanteric tendinitis M70.8 Other soft tissue disorders related to use, overuse and pressure M70.9 Unspecified soft tissue disorder related to use, overuse and pressure</p>
M75.-	<p>Shoulder lesions Excludes: shoulder-hand syndrome (M89.0)</p> <p>M75.0 Adhesive capsulitis of shoulder Frozen shoulder, Periarthritis of shoulder M75.1 Rotator cuff syndrome Rotator cuff or supraspinatus tear or rupture (complete)(incomplete), not specified as traumatic, Supraspinatus syndrome M75.2 Bicipital tendinitis M75.3 Calcific tendinitis of shoulder Calcified bursa of shoulder M75.5 Bursitis of shoulder M75.8 Other shoulder lesions M75.9 Shoulder lesion, unspecified <i>(exclude shoulder-hand-syndrome: M89.0)</i></p>
M77.-	<p>Other enthesopathies [See site code pages 628-629] Excludes: bursitis: NOS (M71.9), due to use, overuse and pressure (M70.-), osteophyte (M25.7), spinal enthesopathy (M46.0)</p> <p>M77.0 Medial epicondylitis M77.1 Lateral epicondylitis Tennis elbow M77.9 Enthesopathy, unspecified Bone spur NOS, Capsulitis NOS, Periarthritis NOS, Tendinitis NOS</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
M79.-	<p>Other soft tissue disorders, not elsewhere classified [See site code pages 628-629] <i>Excludes:</i> soft tissue pain, psychogenic (F45.4)</p> <p>M79.0 Rheumatism, unspecified Fibromyalgia, Fibrositis <i>Excludes:</i> palindromic rheumatism (M12.3)</p> <p>M79.1 Myalgia <i>Excludes:</i> myositis (M60.-)</p>
N14.-	<p>Drug- and heavy-metal-induced tubulo-interstitial and tubular conditions Use additional external cause code (Chapter XX), if desired, to identify toxic agent.</p> <p>N14.3 Nephropathy induced by heavy metals</p> <p>N14.4 Toxic nephropathy, not elsewhere classified</p>
R00 -R09	Symptoms and signs involving the circulatory and respiratory systems
R04.-	<p>Haemorrhage from respiratory passages</p> <p>R04.0 Epistaxis Haemorrhage from nose, Nosebleed</p>
R05.x	<p>Cough <i>Excludes:</i> cough with haemorrhage (R04.2), psychogenic cough (F45.3)</p>
R06.-	<p>Abnormalities of breathing <i>Excludes:</i> respiratory: arrest (R09.2), distress (syndrome)(of): adult (J80), newborn (P22.-), failure (J96.-)</p> <p>R06.0 Dyspnoea Orthopnoea, Shortness of breath</p> <p>R06.8 Other and unspecified abnormalities of breathing Apnoea NOS, Breath-holding (spells), Choking sensation, Sighing <i>Excludes:</i> apnoea (of): sleep (G47.3)</p>
R07.0	<p>Pain in throat and chest <i>Excludes:</i> dysphagia (R13), epidemic myalgia (B33.0), pain in: breast (N64.4), neck (M54.2), sore throat (acute) NOS (J02.9)</p> <p>R07.0 Pain in throat</p> <p>R07.1 Chest pain on breathing Painful respiration</p>
R10 -R19	Symptoms and signs involving the digestive system and abdomen
R10.-	<p>Abdominal and pelvic pain <i>Excludes:</i> dorsalgia (M54.-), flatulence and related conditions (R14), renal colic (N23)</p> <p>R10.1 Pain localized to upper abdomen Epigastric pain</p> <p>R10.4 Other and unspecified abdominal pain Abdominal tenderness NOS, Colic: NOS</p>
R11	<p>Nausea and vomiting <i>Excludes:</i> haematemesis (K92.0), vomiting (of): following gastrointestinal surgery (K91.0), psychogenic (F50.5).</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
R16.-	Hepatomegaly and splenomegaly, not elsewhere classified R16.0 Hepatomegaly, not elsewhere classified Hepatomegaly NOS
R17	Unspecified jaundice
R19.-	Other symptoms and signs involving the digestive system and abdomen R19.8 Other specified symptoms and signs involving the digestive system and abdomen
R20 -R23	Symptoms and signs involving the skin and subcutaneous tissue
R20.-	Disturbances of skin sensation <i>Excludes:</i> dissociative anaesthesia and sensory loss (F44.6), psychogenic disturbances (F45.8) R20.0 Anaesthesia of skin R20.2 Paraesthesia of skin Formication, Pins and needles, Tingling skin <i>Excludes:</i> acroparaesthesia (I73.8)
R23.-	Other skin changes R23.0 Cyanosis <i>Excludes:</i> acrocyanosis (I73.8), cyanotic attacks of newborn (P28.2) R23.4 Changes in skin texture Desquamation, Induration of skin, Scaling <i>Excludes:</i> epidermal thickening NOS (L85.9) R23.8 Other and unspecified skin changes
R25 -R29	Symptoms and signs involving the nervous and musculoskeletal systems
R25.-	Abnormal involuntary movements <i>Excludes:</i> specific movement disorders (G20-G26), stereotyped movement disorders (F98.4), tic disorders (F95.-) R25.0 Abnormal head movements R25.3 Fasciculation Twitching NOS
R26.-	Abnormalities of gait and mobility <i>Excludes:</i> ataxia: NOS (R27.0), hereditary (G11.-), locomotor (syphilitic) (A52.1), immobility syndrome (paraplegic) (M62.3) R26.0 Ataxic gait Staggering gait R26.2 Difficulty in walking, not elsewhere classified R26.8 Other and unspecified abnormalities of gait and mobility Unsteadiness on feet NOS
R27.-	Other lack of coordination <i>Excludes:</i> ataxic gait (R26.0), hereditary ataxia (G11.-), vertigo NOS (R42) R27.0 Ataxia, unspecified R27.8 Other and unspecified lack of coordination
R31.x	Unspecified haematuria
R40 -R46	Symptoms and signs involving cognition, perception, emotional state and behaviour

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
R40.-	<p>Somnolence, stupor and coma <i>Excludes:</i> coma: diabetic (E10-E14 with common fourth character .0), hepatic (K72.-) hypoglycaemic (nondiabetic) (E15), uraemic (N19)</p> <p>R40.0 Somnolence Drowsiness</p> <p>R40.1 Stupor Semicoma <i>Excludes:</i> stupor: catatonic (F20.2), depressive (F31-F33), dissociative (F44.2), manic (F30.2)</p> <p>R40.2 Coma, unspecified Unconsciousness NOS <i>(among others - from exposure to toxic materials)</i></p>
R41.-	<p>Other symptoms and signs involving cognitive functions and awareness <i>Excludes:</i> dissociative [conversion] disorders (F44.-)</p> <p>R41.3 Other amnesia Amnesia NOS <i>Excludes:</i> amnesic syndrome: due to psychoactive substance use (F10-F19 with common fourth character .6); organic (F04); transient global amnesia (G45.4)</p> <p>R41.8 Other and unspecified symptoms and signs involving cognitive functions and awareness</p>
R42	<p>Dizziness and giddiness Lightheadedness, Vertigo NOS <i>Excludes:</i> vertiginous syndromes (H81.-)</p>
R43.-	<p>Disturbances of smell and taste</p> <p>R43.0 Anosmia</p> <p>R43.1 Parosmia</p> <p>R43.8 Other and unspecified disturbances of smell and taste Mixed disturbance of smell and taste</p>
R45.-	<p>Symptoms and signs involving emotional state</p> <p>R45.0 Nervousness Nervous tension</p> <p>R45.6 Physical violence</p> <p>R45.7 State of emotional shock and stress, unspecified <i>(Includes acute reactive shock disorder (see Z56.6))</i></p>
R49.-	<p>Voice disturbances <i>Excludes:</i> psychogenic voice disturbance (F44.4)</p> <p>R49.0 Dysphonia Hoarseness</p> <p>R49.8 Other and unspecified voice disturbances Change in voice NOS</p>
R51	<p>Headache Facial pain NOS <i>Excludes:</i> atypical facial pain (G50.1), migraine and other headache syndromes (G43-G44), trigeminal neuralgia (G50.0)</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
R52.-	Acute pain R52.9 Pain, unspecified Generalized pain NOS
R53	Malaise and fatigue Asthenia NOS, Debility: NOS, chronic, nervous; General physical deterioration, Lethargy, Tiredness Excludes: debility: congenital (P96.9), senile (R54), exhaustion and fatigue (due to) (in): combat (F43.0), excessive exertion (T73.3), exposure (T73.2), heat (T67.-), neurasthenia (F48.0), fatigue syndrome (F48.0): postviral (G93.3)
R55.x	Syncope and collapse Blackout, Fainting Excludes: neurocirculatory asthenia (F45.3), orthostatic hypotension (I95.1), neurogenic (G90.3), shock: NOS (R57.9), cardiogenic (R57.0), postoperative (T81.1), Stokes-Adams attack (I45.9), syncope: carotid sinus (G90.0), heat (T67.1), psychogenic (F48.8), unconsciousness NOS (R40.2)
R61.-	Hyperhidrosis R61.9 Hyperhidrosis, unspecified Excessive sweating, Night sweats
R68.-	Other general symptoms and signs R68.8 Other specified general symptoms and signs <i>(suggested/recommended for multisymptomatic "idiopathic/environmental intolerance" (IEI), including "multiple chemical sensitivity" (MCS); "electromagnetic intolerance" ("el-allergy") etc. if the patient has not one major symptom which should preferably be coded)</i>
R70 -R79	Abnormal findings on examination of blood, without diagnosis
R74.-	Abnormal serum enzyme levels R74.0 Elevation of levels of transaminase and lactic acid dehydrogenase [LDH]
R77.-	Other abnormalities of plasma proteins Excludes: disorders of plasma-protein metabolism (E88.0) R77.2 Abnormality of alpha-fetoprotein
R79.-	Other abnormal findings of blood chemistry R79.0 Abnormal level of blood mineral <i>lead, cobalt, copper, iron, magnesium, mineral NEC, zinc</i>
R90 - R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R94.-	Abnormal results of function studies R94.2 Abnormal results of pulmonary function studies <i>Reduced: ventilatory capacity, vital capacity, bronchial hyperreactivity</i>
S00 -T98	CHAPTER XIX Injury, poisoning and certain other consequences of external cause
T20 - T32	Burns and corrosions

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T33 - T35	Frostbite <i>Excludes:</i> hypothermia and other effects of reduced temperature (T68-T69)
T51 - T65	Toxic effects of substances chiefly nonmedicinal as to source <i>(to be used in addition to the diagnosis in acute and non specific disorders)</i>
T51.-	Toxic effect of alcohol T51.0 Ethanol Ethyl alcohol <i>Excludes:</i> acute alcohol intoxication or “hangover” effects (F10.0), drunkenness (F10.0), pathological alcohol intoxication (F10.0) T51.1 Methanol Methyl alcohol T51.9 Alcohol, unspecified <i>(Accidental poisoning from alcohol other than methyl and ethyl alcohol. Voluntary intake resulting in intoxication - se F disorders.)</i>
T52.-	Toxic effect of organic solvents <i>Excludes:</i> halogen derivatives of aliphatic and aromatic hydrocarbons (T53.-) T52.0 Petroleum products Gasoline [petrol], Kerosine [paraffin oil], Paraffin wax, Petroleum: ether, naphtha, spirits T52.1 Benzene <i>Excludes:</i> homologues of benzene (T52.2), nitroderivatives and aminoderivatives of benzene and its homologues (T65.3) T52.2 Homologues of benzene Toluene [methylbenzene], Xylene [dimethylbenzene] T52.3 Glycols T52.4 Ketones T52.8 Other organic solvents T52.9 Organic solvent, unspecified

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T53.-	<p>Toxic effect of halogen derivatives of aliphatic and aromatic hydrocarbons</p> <p>T53.0 Carbon tetrachloride Tetrachloromethane</p> <p>T53.1 Chloroform Trichloromethane</p> <p>T53.2 Trichloroethylene Trichloroethene</p> <p>T53.3 Tetrachloroethylene Perchloroethylene, Tetrachloroethene</p> <p>T53.4 Dichloromethane Methylene chloride</p> <p>T53.5 Chlorofluorocarbons</p> <p>T53.6 Other halogen derivatives of aliphatic hydrocarbons</p> <p>T53.7 Other halogen derivatives of aromatic hydrocarbons</p> <p>T53.9 Halogen derivative of aliphatic and aromatic hydrocarbons, unspecified</p>
T54.-	<p>Toxic effect of corrosive substances</p> <p>T54.0 Phenol and phenol homologues</p> <p>T54.1 Other corrosive organic compounds</p> <p>T54.2 Corrosive acids and acid-like substances Acid: hydrochloric, sulfuric</p> <p>T54.3 Corrosive alkalis and alkali-like substances Potassium hydroxid, Sodium hydroxide</p> <p>T54.9 Corrosive substance, unspecified</p>
T56.-	<p>Toxic effect of metals</p> <p><i>Includes:</i> fumes and vapours of metals, metals from all sources, except medicinal substances</p> <p><i>Excludes:</i> arsenic and its compounds (T57.0), manganese and its compounds (T57.2), thallium (T60.4)</p> <p>T56.0 Lead and its compounds</p> <p>T56.1 Mercury and its compounds</p> <p>T56.2 Chromium and its compounds</p> <p>T56.3 Cadmium and its compounds</p> <p>T56.4 Copper and its compounds</p> <p>T56.5 Zinc and its compounds</p> <p>T56.6 Tin and its compounds</p> <p>T56.7 Beryllium and its compounds</p> <p>T56.8 Other metals</p> <p>T56.9 Metal, unspecified</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T57.-	Toxic effect of other inorganic substances T57.0 Arsenic and its compounds T57.1 Phosphorus and its compounds <i>Excludes:</i> organophosphate insecticides (T60.0) T57.2 Manganese and its compounds T57.3 Hydrogen cyanide T57.8 Other specified inorganic substances T57.9 Inorganic substance, unspecified
T58.x	Toxic effect of carbon monoxide
T59.-	Toxic effect of other gases, fumes and vapours <i>Includes:</i> aerosol propellants <i>Excludes:</i> chlorofluorocarbons (T53.5) T59.0 Nitrogen oxides T59.1 Sulfur dioxide T59.2 Formaldehyde T59.3 Lacrimogenic gas Tear gas T59.4 Chlorine gas T59.5 Fluorine gas and hydrogen fluoride T59.6 Hydrogen sulfide T59.7 Carbon dioxide T59.8 Other specified gases, fumes and vapours T59.9 Gases, fumes and vapours, unspecified
T60.-	Toxic effect of pesticides <i>Includes:</i> wood preservatives T60.0 Organophosphate and carbamate insecticides T60.1 Halogenated insecticides <i>Excludes:</i> chlorinated hydrocarbons (T53.-) T60.2 Other insecticides T60.3 Herbicides and fungicides T60.4 Rodenticides Thallium <i>Excludes:</i> strychnine and its salts (T65.1) T60.8 Other pesticides T60.9 Pesticide, unspecified

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T65.-	<p>Toxic effect of other and unspecified substances</p> <p>T65.0 Cyanides <i>Excludes:</i> hydrogen cyanide (T57.3)</p> <p>T65.1 Strychnine and its salts</p> <p>T65.2 Tobacco and nicotine</p> <p>T65.3 Nitroderivatives and aminoderivatives of benzene and its homologues Aniline [benzenamine], Nitrobenzene, Trinitrotoluene</p> <p>T65.4 Carbon disulfide</p> <p>T65.5 Nitroglycerin and other nitric acids and esters 1,2,3-Propanetriol trinitrate</p> <p>T65.6 Paints and dyes, not elsewhere classified</p> <p>T65.8 Toxic effect of other specified substances</p> <p>T65.9 Toxic effect of unspecified substance Poisoning NOS (<i>only for cases with acute intoxication with many disorders simultaneously</i>)</p>
T66 - T78	Other and unspecified effects of external causes
T66.x	<p>Unspecified effects of radiation Radiation sickness <i>Excludes:</i> specified adverse effects of radiation, such as: burns (T20-T31), leukaemia (C91-C95), radiation: gastroenteritis and colitis (K52.0), pneumonitis (J70.0), related disorders of the skin and subcutaneous tissue (L55-L59), sunburn (L55.-)</p>
T67.-	<p>Effects of heat and light <i>Excludes:</i> burns (T20-T31), erythema [dermatitis] ab igne (L59.0), malignant hyperthermia due to anaesthesia (T88.3), radiation-related disorders of the skin and subcutaneous tissue (L55-L59), sunburn (L55.-), sweat disorders due to heat (L74-L75)</p> <p>T67.0 Heatstroke and sunstroke Heat: apoplexy, pyrexia. Siriasis. Thermoplegia</p> <p>T67.1 Heat syncope Heat collapse</p> <p>T67.2 Heat cramp</p> <p>T67.3 Heat exhaustion, anhydrotic Heat prostration due to water depletion <i>Excludes:</i> heat exhaustion due to salt depletion (T67.4)</p> <p>T67.4 Heat exhaustion due to salt depletion Heat prostration due to salt (and water) depletion</p> <p>T67.8 Other effects of heat and light</p> <p>T67.9 Effect of heat and light, unspecified</p>
T68.x	<p>Hypothermia Accidental hypothermia <i>Excludes:</i> frostbite (T33-T35), hypothermia (of): following anaesthesia (T88.5), newborn (P80.-), not associated with low environmental temperature (R68.0)</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T70.-	<p>Effects of air pressure and water pressure</p> <p>T70.0 Otitic barotrauma Aero-otitis media, Effects of change in ambient atmospheric pressure or water pressure on ears</p> <p>T70.1 Sinus barotrauma Aerosinusitis. Effects of change in ambient atmospheric pressure on sinuses</p> <p>T70.2 Other and unspecified effects of high altitude Alpine sickness, Anoxia due to high altitude, Barotrauma NOS. Hypobaropathy, Mountain sickness <i>Excludes:</i> polycythaemia due to high altitude (D75.1)</p> <p>T70.3 Caisson disease [decompression sickness] Compressed-air disease, Diver's palsy or paralysis</p> <p>T70.4 Effects of high-pressure fluids Traumatic jet injection (industrial)</p> <p>T70.8 Other effects of air pressure and water pressure Blast injury syndrome</p> <p>T70.9 Effect of air pressure and water pressure, unspecified</p>
T71.x	<p>Asphyxiation Suffocation (by strangulation), Systemic oxygen deficiency due to: Low oxygen content in ambient air, mechanical threat to breathing <i>Excludes:</i> anoxia due to high altitude (T70.2). asphyxia from: carbon monoxide (T58), inhalation of food or foreign body (T17.-), other gases, fumes and vapours (T59.-), respiratory distress (syndrome) in: adult (J80)</p>
T73.-	<p>Effects of other deprivation</p> <p>T73.3 Exhaustion due to excessive exertion Overexertion</p> <p>T73.9 Effect of deprivation, unspecified</p>
T75.-	<p>Effects of other external causes <i>Excludes:</i> adverse effects NEC (T78.-), burns (electric) (T20-T31)</p> <p>T75.0 Effects of lightning Shock from lightning, Struck by lightning NOS</p> <p>T75.1 Drowning and nonfatal submersion Immersion, Swimmer's cramp</p> <p>T75.2 Effects of vibration Pneumatic hammer syndrome, Traumatic vasospastic syndrome, Vertigo from infrasound <i>(Traumatic vasospastic syndrome where the diagnosis is somewhat uncertain - or if there is a mixture of disorders from the vibration. Use preferably I73.0 or G56.-arthrosis or M19.8. If no disorder can be identified use Z57.7 (+ Y76.x)</i></p> <p>T75.4 Effects of electric current Electrocution, Shock from electric current.</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
T78.-	<p>Adverse effects, not elsewhere classified This category is to be used as the primary code to identify the effects, not elsewhere classifiable, of unknown, undetermined or ill-defined causes. For multiple coding purposes this category may be used as an additional code to identify the effects of conditions classified elsewhere. Excludes: complications of surgical and medical care NEC (T80-T88)</p> <p>T78.2 Anaphylactic shock, unspecified Allergic shock, Anaphylactic reaction NOS, Anaphylaxis Excludes: anaphylactic shock due to: adverse effect of correct medicinal substance properly administered (T88.6), adverse food reaction (T78.0), serum (T80.5)</p> <p>T78.4 Allergy, unspecified Allergic reaction NOS, Hypersensitivity NOS, Idiosyncrasy NOS Excludes: allergic reaction NOS to correct medicinal substance properly administered (T88.7), specified types of allergic reaction such as: allergic gastroenteritis and colitis (K52.2), dermatitis (L23-L25, L27.-), hay fever (J30.1)</p> <p>T78.8 Other adverse effects, not elsewhere classified <i>(“Other specified general symptoms and signs” (R68.8) is recommended for conditions like “idiopathic environmental intolerance” (IEI), incl. MCS; electromagnetic intolerance (“el-allergy”) etc.)</i></p>
T90-T98	Sequelae of injuries, burns, corrosions and frostbite, toxic effects of substances, other and unspecified effects of external causes
T90.9	<p>Sequelae of unspecified injury of head Sequelae of injury classifiable to S09.9 <i>(See also F07.- Personality and behavioural disorders due to brain disease, damage and dysfunction Alteration of personality and behaviour can be a residual or concomitant disorder of brain disease, damage or dysfunction.)</i></p>
T91.8	<p>Sequelae of other specified injuries of neck and trunk Sequelae of injury classifiable to S13.-, S14.2-S14.6, S15-S18, S19.7-S19.8, S23.-, S24.2-S24.6, S25.-, S28.-, S29.0-S29.8, S33.-, S34.2-S34.8, S35.-, S38.-, S39.0-S39.8, T09.2 and T09.4 -T09.8 <i>(Among others sequelae from Whiplash)</i></p>
Y96	Work-related condition
Y97	Environmental-pollution-related condition
Z00 - Z99	Persons encountering health services for examination and investigation
Z00.-	<p>General examination and investigation of persons without complaint and reported diagnosis Excludes: examination for administrative purposes (Z02.-), special screening examinations (Z11-Z13)</p> <p>Z00.6 Examination for normal comparison and control in clinical research programme</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
Z03.-	<p>Medical observation and evaluation for suspected diseases and conditions <i>Includes:</i> persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care. <i>Excludes:</i> person with feared complaint in whom no diagnosis is made (Z71.1)</p> <p>Z03.3 Observation for suspected nervous system disorder</p> <p>Z03.6 Observation for suspected toxic effect from ingested substance Observation for suspected: adverse effect from drug, adverse effect from poisoning</p> <p>Z03.8 Observation for other suspected diseases and conditions</p>
Z04.-	<p>Examination and observation for other reasons <i>Includes:</i> examination for medicolegal reasons</p> <p>Z04.2 Examination and observation following work accident</p> <p>Z04.8 Examination and observation for other specified reasons Request for expert evidence</p> <p>Z04.9 Examination and observation for unspecified reason Observation NOS</p>
Z10.-	<p>Routine general health check-up of defined subpopulation <i>Excludes:</i> medical examination for administrative purposes (Z02.-)</p> <p>Z10.0 Occupational health examination <i>Excludes:</i> pre-employment examination (Z02.1)</p>
Z53.-	<p>Persons encountering health services for specific procedures, not carried out <i>Excludes:</i> immunization not carried out (Z28.-)</p> <p>Z53.8 Procedure not carried out for other reasons <i>(patient did not show up)</i></p>
Z56.-	<p>Problems related to employment and unemployment <i>Excludes:</i> occupational exposure to risk-factors (Z57.-), problems related to housing and economic circumstances (Z59.-)</p> <p>Z56.3 Stressful work schedule</p> <p>Z56.4 Discord with boss and workmates</p> <p>Z56.5 Uncongenial work Difficult conditions at work</p> <p>Z56.6 Other physical and mental strain related to work</p>

Abbreviations: NOS=not otherwise specified; NEC= not elsewhere classified
Text in italics are our comments

Nordic version for Occupational Disorders adapted to International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10	ICD-10 codes for the most frequently encountered occupational disorders in the Nordic countries (Edited June 2000)
Z57.-	<p>Occupational exposure to risk-factors</p> <p>Z57.0 Occupational exposure to noise</p> <p>Z57.1 Occupational exposure to radiation</p> <p>Z57.2 Occupational exposure to dust</p> <p>Z57.3 Occupational exposure to other air contaminants</p> <p>Z57.4 Occupational exposure to toxic agents in agriculture Solids, liquids, gases or vapours</p> <p>Z57.5 Occupational exposure to toxic agents in other industries Solids, liquids, gases or vapours</p> <p>Z57.6 Occupational exposure to extreme temperature</p> <p>Z57.7 Occupational exposure to vibration</p> <p>Z57.8 Occupational exposure to other risk-factors</p> <p>Z57.9 Occupational exposure to unspecified risk-factor</p>
Z71.-	<p>Persons encountering health services for other counselling and medical advice, not elsewhere classified</p> <p>Z71.8 Other specified counselling Consanguinity counselling (<i>Counselling occupational disorders</i>)</p>
Z73.-	<p>Problems related to life-management difficulty</p> <p><i>Excludes:</i> problems related to socioeconomic and psychosocial circumstances (Z55-Z65)</p> <p>Z73.0 Burn-out State of vital exhaustion</p>

Neurotoxic conditions (Central- and Peripheral nervous system)

i.e. conditions/symptoms caused or suspected to be caused by toxic effects on the nervous system of solvents, heavy metals, gases and other toxic agents

(The text in italics is our comments and suggestions).

This is the most difficult group of the Nordic occupational disorders to classify with the ICD-10 system.

- *ICD-10 does not have a system which discriminates clearly between acute intoxications and chronic disorders. This distinction is important in occupational medicine.*
- *ICD-10 does not have codes which present themselves as good candidates for coding the “syndromes” of occupational central nervous system disorders where objective clinical findings are not clearly pathological. Such “syndromes” in ICD-10 are covered with the F codes of psychiatry which many will be reluctant to use in cases where one suspect (or at least keep open the possibility) the cause to be occupational chemical exposure. In general these “syndromes” do not have a symptom which stands out more clearly than other complaints, thus it is difficult to code these disorders with an R code for a symptom too. Some Nordic clinics use the F codes for these “syndromes”, other clinics shy the F codes and use R codes. We have therefore chosen to present both possibilities.*

Acute intoxication**Central nervous system****R00 – R94**

If one symptom is dominating in an acute disorder and the final diagnosis is not clear, this symptom should be coded with an R code, followed by Y96 or Y97.

T51 - T65

*If no symptom is dominating, then the acute disorder should be coded with a T-code for general toxic effects (T51-65), followed by Y96 or Y97. Codes for toxic exposures listed in T51-T56 should generally only be used as additional diagnoses in diagnosed diseases, but we advise to use them in cases of acute intoxication with general diffuse/unclear symptoms.
(Beware that T51-65 is not quite logically presented. One has to look through these codes to find the most appropriate).*

Peripheral nervous system**G62.2 Polyneuropathy due to other toxic agents**

Use additional external cause code (Chapter XX), if desired, to identify cause.

Chronic disorder

Central nervous system

G92 Toxic encephalopathy

Suggested to be used in chronic toxic encephalopathy when the diagnosis is reasonably verified by consistent pathological outcome of neuropsychological tests

G93.4 Encephalopathy, unspecified

Exclude: encephalopathy: alcoholic (G31.2); toxic (G92).

Alternative: F diagnoses

F06.7 Mild cognitive disorder

(For definition and explanation, see ICD-10 Vol. 1) Suggested to be used in patients with marked cognitive symptoms suggesting slight encephalopathy, but where only slight or not significantly pathological findings in neuropsychological tests suggests organic dysfunction (i.e. reduction in test performance between 1 and 2 Standard Deviations from reference). The diagnosis is suggested even if F06.7 is described to be made only in association with a specified physical disorder, as we find no better code for suspected encephalopathies where the symptomatology suggests the diagnosis but the objective findings are vague and inconclusive. If neurasthenic symptoms dominate and test performances are within normal range, the diagnosis F48.0 Neurasthenia is suggested.

F48.0 Neurasthenia

(Suggested to be used in solvent / metal exposed persons with mainly subjective symptoms of increased fatigue after mental efforts, etc., including difficulty in concentrating etc. but without reduced performance in neuropsychological tests indicating organic illness. (Includes R53 Malaise and fatigue, asthenia NOS, tiredness, "Fatigue syndrome", but not G93.3 Postviral fatigue syndrome.)

Alternative: R diagnoses

R41.3 Amnesia NOS.

Suggested for memory problems without frank dementia (Exclusion: F04 organic).

R41.8 Other and unspecified symptoms and signs involving cognitive functions and awareness

R43.1 Parosmia

(Dysosmia, cacosmia) May be used when intolerance to the mere smell of solvents or gases induces symptoms.

In cases of suspected solvent / metal induced illness with subjective symptoms (i.e. headache, memory disturbances, asthenia, mood disturbances etc,) but where no objective findings are made, it is recommended to use a symptom diagnosis (R.XX) supplemented with "Z03.3" diagnosis for observation.

Z03.3 Observation for suspected nervous system disorder

Includes: persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care.

Z57.5 Occupational exposure to toxic agents in other industries (i. e. than agriculture)

Solids, liquids or vapours.

(I.e. patient's contact with the health service because of relevant exposure where no disorder could be detected)

Peripheral nervous system**G62.2 Polyneuropathy due to other toxic agents**

Use additional external cause code (Chapter XX), if desired, to identify cause.

Vibration-related disorders**i. e. conditions/symptoms caused or suspected to be caused by vibration**

(The text in italics is our comments and suggestions).

We advise that the diagnoses for organ disorders are used (like vasospastic, (mono)neuropathies, arthroses)

I73.0 Raynaud's syndrome

Raynaud's: disease, gangrene, phenomenon (also secondary)
(often viewed as a necessary sign for disorders from vibration)

G56.0 Carpal tunnel syndrome**G58.8 Other specified mononeuropathies****M19.2 Other secondary arthrosis**

Secondary arthrosis NOS

M19.8 Other specified arthrosis

(code for arthrosis both in the carpal- and elbow regions at the same time, caused by vibration)

(If to be specified to a single joint see M16-M18)

R20.2 Paraesthesia of skin**T75.2 Effects of vibration**

Pneumatic hammer syndrome, Traumatic vasospastic syndrome,
Vertigo from infrasound

(T75.2: Preferably not used as the disease/symptom code. Use primarily I73.0 (Mb. Raynaud) or G56.0 (carpal tunnel syndrome); M19.2 Secondary arthrosis of other joints or M19.8 Other specifies arthrosis. May be used for traumatic vasospastic syndrome where the diagnosis is somewhat uncertain - or if there is a mixture of disorders from the vibration. If no disorder can be identified use Z57. 7).

Z03.8 Observation for other suspected diseases and conditions

Includes: persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care.

Z57.7 Occupational exposure to vibration

(patient's contact with the health service because of exposure to vibration where no disorder could be detected)

Asbestos - related conditions**i. e. conditions/symptoms caused or suspected to be caused by asbestos**

(The text in italics is our comments and suggestions).

C34 Malignant neoplasm of bronchus and lung**C34.9 Bronchus or lung, unspecified**

(if specific localisation is needed, see C34.-)

C45 Mesothelioma**C45.0 Mesothelioma of pleura**

Excludes: other malignant neoplasms of pleura (C38.4)

C45.1 Mesothelioma of peritoneum

Mesentery. Mesocolon. Omentum. Peritoneum (parietal)(pelvic)

Excludes: other malignant neoplasms of peritoneum (C48.-)

C45.2 Mesothelioma of pericardium

Excludes: other malignant neoplasms of pericardium (C38.0)

C45.9 Mesothelioma, unspecified**J61 Pneumoconiosis due to asbestos and other mineral fibres**

Asbestosis

(The specification of whether the pneumoconiosis is associated with exposure to asbestos or to other mineral fibers, must be done through the local exposure code system of each health unit. These exposure systems does not belong to the ICD-10 system.

The code should not be used unless there is a diagnosis of lung fibrosis. The code should not be used if there are only dyspnoea, pleural plaques and asbestos exposure)

J90 Pleural effusion, not elsewhere classified

Pleurisy with effusion

(We advise that pleural effusion associated with exposure to asbestos is coded here)

J92 Pleural plaque

Includes: pleural thickening

J92.0 Pleural plaque with presence of asbestos**J92.9 Pleural plaque without asbestos****J94.8 Other specified pleural conditions**

(We advise that visceral pleural fibrosis, or asbestos related adherence in persons with known exposure to asbestos is coded here.)

Z03.8 Observation for other suspected diseases and conditions

Includes: persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care.

Z57.2 Occupational exposure to dust

(patient's contact with the health service because of exposure to asbestos or mixed dust where no disorder could be detected)

Conditions with aetiology attributed to environmental factors - mechanisms not yet understood

(The text in italics is our comments and suggestions)

These conditions are not yet accepted medical diagnoses, although they are widely in use in scientific publications. The symptoms of the conditions are to some extent overlapping and there are no clear cut syndromes. The aetiology and pathophysiology is uncertain. An important part of the symptoms should always be eliminated given that the “causes” are entirely avoided (even though this often seems very difficult).

The recommendation from WHO (1997), so far, is to use wide definitions, like:

Idiopathic environmental intolerance (IEI)

We have concluded that our advice in regard to ICD-10 (where none of the above mentioned “conditions” have codes) is:

- 1. Disease/symptom code: Take the most prominent symptom and use the R-code for that condition. Alternatively use R68.8 “Other specified general symptoms and signs” if there is no single prominent symptom.*
- 2. To underscore that the condition has no accepted aetiology: We suggest to “tag” the disease/symptom code with R69 “Unknown and unspecified causes of morbidity” (like we “tag” the other disease/symptom codes with Y96 or Y97 to express the occupational/environmental aetiology of the disorder).*

The use of psychiatric diagnosis (F45,-, F45.0 or F45.9) for these conditions has been discussed. However, we advice that they should not be used by occupational physicians at the present state of knowledge.

F45.-, F45.0 or F45.9 should only be used when a full somatization syndrome (“Environmental somatization syndrome” (ESS)) is diagnosed by a psychiatrist.

We will, however, give some examples on commonly used “names” and suggestions for description of these conditions. They are often named after the attributed environmental factor that the patient (or others) claims to elicit the symptoms.

Because of the uncertainty regarding the medical definitions and acceptance of these conditions as medical entities at present, we suggest that the clinics, if they need it for their own registry or research purposes, make their own codes for these conditions. This could also be organised on a national basis.

“Sick building syndrome” (SBS)

“Indoor climate syndrome”. “Office workers syndrome/illness”, etc.

To be used where multiple non-specific symptoms are reported in increased frequency in a population of workers compared to a reference population (mainly general symptoms + mucous membrane irritation symptoms + dermal symptoms). Is also used for single patients who react specifically in a certain indoor environment, and in whom the symptoms abate when the specific environment is left. The most common attributions in single patients are office machines, use of visual display units (VDU-equipment), copying machines, laser printers in addition to “indoor pollution” (dust, particles, solvents or other gases, particles/fibres etc.).

flooring material or water damage.

“Multiple chemical sensitivity” (MCS).

Symptoms from multiple organ systems triggered by very low concentrations of chemically unrelated pollutants (“smell”), i.e. organic solvents, disinfectants (incl. formaldehyde), chlorine, ammonia/amines, perfumes, “mould metabolites” etc.

“Electromagnetic intolerance”

“El-allergy”.

Usually general symptoms (tiredness, nausea, memory- and concentration difficulties etc.) related to use of TV/PC/data-screens, electrical transformers or fluorescent lamps. Symptoms disappear in “non-electrical environments”.

“Chronic fatigue syndrome”

“Myalgic encephalitis”

Use preferably ICD-10 code F48 Fatigue syndrome or G93.3 Postviral fatigue syndrome or R53 Malaise and fatigue.

“Chronic heavy metal intoxication”

“Amalgamism”. *“Mercury intoxication from dental amalgam fillings”, “Oral galvanism”, Symptoms usually attributed to release of mercury from dental fillings. The “intoxication” is not supported by elevated concentration of mercury or other heavy metals in blood or urine. (Increased excretion of mercury or lead after use of chelators is usually not accepted as valid diagnostic criteria).*

Other idiopathic environmental intolerance

A number of non-occupational causes may be presented with multiple or unclear attributions to environmental factors, like “hypoglycaemia” or ill defined “food intolerance” (often attributed to “candida” or “E-labelled food additives”).

Strength of association between the disease/symptom and the occupational exposure

(The text in italics is our comments and suggestions)

1. Established association

The disease/symptom developed within a usual timeframe to the claimed exposure, and other disorders or exposures cannot explain the condition.

The association between the disease/symptom and the claimed exposure must be thoroughly documented in the literature.

2. Likely association

The disease/symptom developed within a usual timeframe to the claimed exposure, and other disorders or exposures can not explain the condition.

The association between the disease/symptom and the claimed exposure should be documented in the literature or could be supported by relevant experimental documentation.

3. Possibly association

The disease/symptom developed within a usual timeframe to the claimed exposure, but other disorders or exposures can also explain the disease/symptom.

4. Low/unlikely association

The disease/symptom developed within an unusual timeframe to the claimed exposure, and/or other disorders or other exposures can give a more likely explanation of the actual disease/symptom.

5. Association claim is not logical

The claimed disease/symptom does not represent any disorder.

6. An association can not be evaluated

The information available on the disease/symptom and/or on the exposure is contradictory or insufficient.