ICD-FiT User Manual for Raters participating in the ICD-11 TM Chapter Line coding Version 1.0

Introduction

This is the user manual for the web-based application aimed at supporting the implementation of ICD-11 Field Testing protocols, called ICD-FiT (ICD Field testing).

The web application

The web-based application is currently hosted by the dept. of Mathematics and Computer Science at the University of Udine, Italy. The provisional address for the system is:

http:// icdfit.uniud.it

In the course of 2017 the application will be migrated to the WHO cloud-based server where all ICD-11 related web-based application will be hosted.

Rater

The rater carries out the basic work of participating in the ICD-11 field testing. He/she should register into the system upon invitation and subsequently fills out the participant form. After that, he/she should access his/her own web page, checks for assigned cases in field trial studies, fills in the related study forms, and fills also the final evaluation form after completing all cases of a study.

User registration

ICD-FiT is open only to invited users, at various levels. No public pages are available, thus any activity is filtered through a login page. When accessing the first page of the web application, the user is requested to provide username and password. There is no link to a registration page, because registration to the system can be made only upon email invitation by a centre or site coordinator.

The ICD-FiT email invitation:



The link "Invitation" redirects to the ICD-FiT registration page:

ICD-FIT v0.9

Web-based data entry tool for supporting the implementation of ICD-11 Field Trial core study protocols

ur middle name	Your surname
	ur middle name

After the registration, the user is guided through three forms.

The first one collects user data:

Participant information form (step 1/3)			
1. Country	2. Year of birth	3. Sex	
Arghanistan	2015	Female O Male	
. Highest educational degree you have obtaine	ed		
Pre-University			
. Select the occupation from the list that best d	lescribes your profession		
Medicine	Nursing	Midwifery	
Dentistry	Pharmacy	Health information manager (coders,	
Environmental and occupational health	Physiotherapy or Physical therapy	Nutrition	
Social Sciences	Psychology	Social work and counselling	
Health Policy	Traditional and complementary		
Other	medicine		
. Select the occupation from the list that best d	lescribes your profession		
Cardiology	Environmental Health	 Genitourinary, Reproductive, and Maternal Health 	
Endocrinology	Gastroenterology	Haematology	
Hepato-pancreatobiliary	Internal Medicine	Injuries and External Causes of Disease	
Mental Health	Musculoskeletal Conditions	 Neoplasms and Oncology 	
Nephrology	Neurology	Nutrition	
Ophthalmology	Oral Health - Dentistry	Pediatrics	
Rare Diseases	Respiratory Conditions	Rheumatology	
Traditional Medicine/Complementary	0		
and Alternative Medicine			
Other			
. Which version of the ICD do you use?			
I do not use ICD			
If you do use ICD, do you use:			
Clinical Modification			
Specialty Adaptation			
. What is your experience using ICD?			
Coding: I coded data using ICD (coding a	dministrative data or coding research data)		
Analysis: I used ICD-coded data for analy	sis/research		
Policy and Programs: I used ICD data for	some higher level use, e.g. in the design of a	a quality and safety program	
	Save Canad		
	- Ouro		

The second step is the declaration of conflict of interests:

Participant information form (step 2	2/3)	
Declaration of interests	for WHO experts	
Fitle of meeting or work to be perfo technology or process to be consid	ormed, including description of subject-ma dered: ICD-11 Revision Project	atter, substance (compounds and organisms)
Public health considerations have a prim assessment of scientific evidence is act echnical integrity and impartiality of WHC hat work.	ary importance in all WHO technical work. Measu lieved in an independent atmosphere free of eil 3's work, it is necessary to avoid situations in which	ires need to be taken to ensure that the best possible ther direct or indirect pressures. Thus, to assure th n financial or other interests might affect the outcome of
Each expert is therefore asked to declare involvement in the meeting or work, b administrative unit with which the particip association), organization or any other er	any interests that could constitute a real, potentia etween (1) commercial entities and the particip ant has an employment relationship. "Commercial htity of any nature whatsoever, with commercial inte	al or apparent conflict of interest, with respect to his/he want personally, and (2) commercial entities and th entity" refers to any company, association (e.g., trad prests.
n addition, as a result of WHO's strong s with it have, or have had, any relationship would not necessarily be considered a re	tance against tobacco use, it is considered relevan o with any part of what may be called "the tobacco ason to disqualify an expert.	t for the Organization to know whether experts workin industry". Nevertheless, declaration of such an intere
What is a conflict of interest? Conflict of interest means that the expe personal relationship), or the administrati unduly influence the expert's position wit would not necessarily influence the expe visits with an interest which any reasona	rt or his/hor partner ("partner" includes a spous we unit with which the expert has an employment h respect to the subject-matter being considered. art but could result in the expert's objectivity bein ble person could be uncertain whether or not shou	or other person with whom s/he has a similar clos relationship, has a financial or other interest that coul An apparent conflict of interest exists when an intere- g questioned by others. A potential conflict of intere- id be reported.
Different types of financial or other interes can be envisaged and the following list, w be declared:	sts, whether personal or with the administrative uni inich is not exhaustive, is provided for your guidan	t with which the expert has an employment relationshi ce. For example, the following types of situations shou
 a current proprietary interest in a subsi subject-matter of - the meeting or work: 	lance, technology or process (e.g. ownership of a p	patent), to be considered in - or otherwise related to th
2. a current financial interest, e.g. share	s or bonds, in a commercial entity with an interes nds or similar arrangements where the expert has	st in the subject-matter of the meeting or work (exce no control over the selection of shares):
 an employment, consultancy, directors nterest in the subject-matter of the mee commercial entity. 	hip, or other position during the past 4 years, whe ting/work, or an ongoing negotiation concerning p	ther or not paid, in any commercial entity which has a prospective employment or other association with suc
4. performance of any paid work or resea	rch during the past 4 years commissioned by a cor	nmercial entity with interests in the subject-matter of th
5. payment or other support covering a p nterest in the subject-matter of the mee	eriod within the past 4 years, or an expectation of tings or work, even if it does not convey any ben	support for the future, from a commercial entity with a refit to the expert personally but which benefits his/hu
position or administrative unit, e.g. a gran With respect to the above, an interest in a	t or fellowship or other payment, e.g. for the purpo	se of financing a post or consultancy. an interest in or association with, work for or support i
Interest). With respect to items 1 and 2 lin Interest during the past 4 years should b 5, the interest ceases when a financed pr Assessment and outcome: The informat potential or apparent conflict of interest. 3 portion of the discussion or work affecting	1 the list above, the interest should only be declared, a declared. If the interest is no longer current, ple stor fellowship is no longer occupied, or when sur ion submitted by you will be used to assess wheth Such conflict of interest will, depending on the situe that interest, (ii) being asked not to take part in th	ed if it is current. With respect to items 3, 4 and 5, an ase state the year when it ceased. With respect to ite port for an activity ceases. er the declared interests constitute an appreciable re- tition, result in (i) you being asked not to take part in th e meeting or work altogether, or (iii) if deemed by WH
to be appropriate to the particular circum disclosed.	stances, and with your agreement, you taking part	in the meeting or work and your interest being public
Information disclosed on this Form may b questioned such that the Director-Genera you.	e made available to persons outside of WHO only I considers disclosure to be in the best interests o	y when the objectivity of the meeting or work has been f the Organization, and then only after consultation wi
Declaration: Have you or your partner a which may be considered as constituting If yes, please give details in the box below Yes No	ny financial or other interest in the subject-matter a real, potential or apparent conflict of interest? v.	r of the meeting or work in which you will be involve
Do you have, or have you had during th production, manufacture, distribution or s If yes, please give details in the box belov Yes No	e past 4 years, an employment or other professi ale of tobacco or any tobacco products, or directly v.	onal relationship with any entity directly involved in th representing the interests of any such entity?
Type of interest, e.g. patent, shares, emp	loyment, association, payment (including details of	n any compound, work, etc.)
Name of commercial entity	Belongs to you, partner or unit?	Current interest? (or year ceased)
Is there anything else that could affect yo independence?	ur objectivity or independence in the meeting or we	ork, or the perception by others of your objectivity and
Is there anything else that could affect yo independence?	ur objectivity or independence in the meeting or w	ork, or the perception by others of your objectivity and
Is there anything else that could affect yo independence?	ur objectivity or independence in the meeting or w	ork, or the perception by others of your objectivity and
Is there anything else that could affect yo independence? I hereby declare that the disclosed inform undertake to inform you of any change I	ur objectivity or independence in the meeting or we ation is correct and that no other situation of real, n these circumstances, including if an issue arises	ork, or the perception by others of your objectivity and potential or apparent conflict of Interest is known to me during the course of the meeting or work itself.
Is there anything else that could affect yo ndependence? hereby declare that the disclosed inform undertake to inform you of any change I] I have filled and signed the attached I	ur objectivity or independence in the meeting or we ation is correct and that no other situation of real, n these circumstances, including if an issue arises Declaration of Conflict of Interest	ork, or the perception by others of your objectivity and potential or apparent conflict of interest is known to m during the course of the meeting or work itself.

The last step is the license agreement for ICD-11:

10

CD-FiT vo.9	🖵 Rater	Help	Logout
Participant information form (step 3/3)			
License and Contribution Agreement			
1. By accepting the terms and conditions in this License and Contribution Arrangement, you, as an individual, are Classification for the purposes of developing and testing	authorized to	use WHO	ICD-11
2. WHO Classifications and ICD are the intellectual property of World Health Organization (WHO). WHO reserves and content of its products	the right to	change the	format
3. You are granted a non-exclusive, non-assignable and non-sublicensable License to use the WHO Classificatio and analysis in order to develop and test them	ns for non-co	mmercial re	search
4. You agree to be bound by the following conditions:			
4.1 You agree to use the WHO Classifications only for developing and testing purposes			
4.2 You agree not to take any steps to create a copy, replacement or substitute of the WHO Classifications			
4.3 You agree not to incorporate WHO Classifications in any publicly accessible computer-based systems			
4.4 You agree not to develop a third party product containing the WHO Classifications			
4.5 You agree that you will not transfer your License to any third party			
4.6 You warrant that you have the right to assign the intellectual property in any contributions made to the WHO			
4.7 In case of concerns regarding the above (a to f) you agree to contact WHO to obtain additional appropriate lice	nse(s)		
5. You agree that you will not transmit your work provided under this License and Contribution Arrangement other the	nan to WHO		
6. You agree not to claim any copyright, or to apply for any trademark or service mark for a product name containing title of the WHO Classifications (including ICD, ICF, and others)	ng either the	acronym or	the full
7. You agree that you have the intellectual property of your contribution and you transfer this right to the WHO ICD You waive any moral rights you may have with regard to your contribution	as an interna	tional public	good.
8. If you use any copyrighted material in your contribution you agree to declare it and identify the source and ensure	e its appropria	ate represer	ntation
9. This License and Contribution Arrangement does not create a joint venture, partnership, agency or other rel World Health Organization	ationship bet	ween you a	ind the
10. The information on the web site is provided \"as is\" without warranty of any kind. In no event will the WHO be including any lost profits, lost savings or incidental or consequential damages arising out of the use or inability to u this website. This website is for scientific use only for developing ICD and WHO disclaims responsibility for any cons to or related to any use, non-use, or interpretation of information contained or not contained in this website	liable to you use any inforr equences or	i for any dai nation provi liability attrit	mages, ded on butable
11. This License and Contribution Arrangement will terminate if WHO no longer needs contributions under this a terms; in this case WHO reserves the right to block your access to this site. Upon termination, you agree to destruinformation	rrangement o y any copies	or if you bre or backups	ach its of this
12. Every effort will be made to resolve amicably any matter that may arise concerning this License and Contribution thereto. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or to the UNCITRAL Arbitration Rules, with the arbitrat award being final. Nothing in or relating to this License shall be privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Special General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law	n Arrangemen by arbitration deemed a w lized Agencie r, convention	nt or issues in accordan aiver of any es approved or agreeme	related ce with of the by the nt
□ I have read and accept the License and Contribution Agreement ✓ Save K Cancel			

Main rater pages

After login, the rater is directed to a specific summary page that lists the studies available for him/her. His/her summary page contains links to forms related to all studies to which the rater has been assigned (e.g. "Traditional Medicine Line Coding" Study).

A progress bar under the study icons in the main page show the advancement status.

The next screenshot shows the main page:

ICD-FiT v2.6.0	🖵 Rater 🔻	Settings	Help	🔒 Logout
HOME				
L Kostanjsek Nenad				
Language: English Unique Participant Number: CHE.19.01.001				
Field Trial Centre: DEMO FTC Field Trial Site: DEMO FTS 1				



The TM line coding study consists at this stage in coding 40 diagnostic statements (cases), that are shown as a list, as shown in the screenshot below.

ICD-FIT v2.6.0	😐 Rater 💌	Settings	Help	A Logout
HOME / STUDY - TRADITIONAL MEDICINE LINE CODING				
← Go back				
Study - Traditional Medicine Line Coding Study Traditional Medicine Line Coding				
Cases				
case 🕈	ty	/pe	assignmer	nt ¢
40	Q	e	2017-08-15	;
39	Q	đ	2017-08-15	;
38	Q	đ	2017-08-15	5

This is the screenshot of the form that the rater must fill for each diagnostic term (case).

CD-FIT v2.6.0		🗖 Rater 💌	Settings	Help	🔒 Logo
HOME / STUDY - TRADITIONAL MEDICINE LINE CODING / FORM					
Go back					
🖞 Case					
Study					
Study - Traditional Medicine Line Coding					
Traditional Medicine Line Coding					
Number 1					
· Case Summary					
	ing four core threat or	ugh and rup	av poso Add	itional TM	
Diagnostic information: acute nasopharyngeal catarrn, snow specific information: common cold, with greater yang patter pulse.	n, showing headache, no	eck stiffness,	painful joints	and a float	ting
1. ICD-11 code(s) you would assign to this diagnosis				& Codir	ng Tool
ICD-11 TM Chapter DISORDER code					
ICD-11 TM Chapter PATTERN code #1	ICD-11 TM Chapter PA	TTERN code #	[‡] 2 (use if neede	ed)	
ICD-11 code					
TM Chapter DISORDER code					
2. Did you experience any <u>difficulty in assigning a code(s)</u> to this case? O Yes O No					
3. Is the level of <u>specificity</u> of the assigned code(s) appropriate?					•
4. Did you experience any <u>ambiguity</u> in making the code(s) assignment?					
					•
TM Chapter PATTERN code					
Did you experience any <u>difficulty in assigning a code(s)</u> to this case? Yes O No					
A lashe lased of an afficial of the analyzed and a data.					
 Is the rever or <u>specificity</u> of the assigned code(s) appropriate? 					•
7. Did you experience any <u>ambiguity</u> in making the code(s) assignment?					
					•
	Next				

As shown in the red highlighted area of the screenshot below, the form is listing first, the number and content of the case (i.e. diagnostic statement). The diagnostic information which is highlighted in bold font is searchable in the ICD-11 Coding tool and ICD-11 Browser.

Section #1 of the form (see blue highlighted area of the screenshot below) shows the code assignment fields. Filling of the three code assignment fields on the left is mandatory, whereas the use of code assignment field on the right is optional.

2 1 1 1 V2.0.0		🖵 Rater 💌	Settings	Help	🔒 Lo
HOME / STUDY - TRADITIONAL MEDICINE LINE CODING / FORM					
■ Go back					
l Case					
Study					
Study - Traditional Medicine Line Coding					
Traditional Medicine Line Coding					
Jumber					
1					
1 Jase Summary					
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh , specific information: common cold , with greater yang p a pulse.	showing fever, sore throat, c attern, showing headache, r	cough and runi neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	ating
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang pa pulse.	showing fever, sore throat, o attern, showing headache, r	cough and run neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	ating
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang pa pulse. . ICD-11 code(s) you would assign to this diagnosis	showing fever, sore throat, c attern, showing headache, r	cough and run neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	ating
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang papulse. . ICD-11 code(s) you would assign to this diagnosis CD-11 TM Chapter DISORDER code	showing fever, sore throat, c a ttern , showing headache, r	cough and runi neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	ating
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang papulse. I. ICD-11 code(s) you would assign to this diagnosis CD-11 TM Chapter DISORDER code ICD-11 code	showing fever, sore throat, o attern, showing headache, r	cough and runi neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	nting
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang papulse. I. ICD-11 code(s) you would assign to this diagnosis CD-11 TM Chapter DISORDER code ICD-11 code CD-11 TM Chapter PATTERN code #1	showing fever, sore throat, o attern, showing headache, r	cough and run neck stiffness,	ny nose. Addi painful joints	itional TM and a floa	ng Too
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang papulse. I. ICD-11 code(s) you would assign to this diagnosis CD-11 TM Chapter DISORDER code ICD-11 code CD-11 TM Chapter PATTERN code #1 ICD-11 code	showing fever, sore throat, c attern, showing headache, r <i>ICD-11 TM Chapter F</i> ICD-11 code	cough and rum neck stiffness,	ny nose. Addi painful joints #2 (use if neede	itional TM and a floa	ng Too
1 Case Summary Diagnostic information: acute nasopharyngeal catarrh, specific information: common cold, with greater yang papulse. I. ICD-11 code(s) you would assign to this diagnosis CD-11 TM Chapter DISORDER code ICD-11 code CD-11 TM Chapter PATTERN code #1 ICD-11 code CD-11 TM Chapter Code CD-11 TM Chapter Code	showing fever, sore throat, o attern, showing headache, r <i>ICD-11 TM Chapter F</i> ICD-11 code	cough and runn neck stiffness, 2ATTERN code #	ny nose. Addi painful joints #2 (use if neede	itional TM and a floa & Codi	ng Too

On the right of the ICD-11 code field there is a link to the ICD-11 Coding Tool to helping the user during the filling.

The ICD-11 Coding Tool link points to the April 2nd frozen version of the coding tool <u>http://apps.who.int/classifications/icd11/ct/icd11_mms/en/2017-04-02#/</u>. By default the coding tool has the search functionality not activated. Hence raters need to activate the TM Chapter box (as shown in the screenshot below) in order to search for TM disorder and pattern codes.



After activating the TM Chapter box the coding tool will display TM specific key words and categories as shown in the screenshot below.

ICD-11 Coding Tool		Help	Apr 02
qi	×		
Belated words	Feedback		
Related words	Let us know if you couldn't find what you were looking for		
Word list sort: Relatedness/repetition 🗠	Destination Entities		
tm	TEBZ Oi patterns (TM), unspecified = C		
pattern	TD70 Oi goiter disorder (TM) C		
deficiency	TE83 Osisiking pattern (TM) EC		
patterns	TERO OI deficiency pattern (TM) = C		
spleen			
kidney	TCPT of stegniseton patient (m) := 0		
liver	Tose of phase patterns (IM), unspectred = C		
heart	Tesz Qi uprising pattern (TM) III G		
lung	TD40 Syncope disorder (TM)		
phase	Qi syncope disorder (TM)		
blood	1E84 Qi collapse pattern (TM) III C		
depression	TEBY Other specified qi patterns (TM) C		
stomach	TF51 Heart qi deficiency pattern (TM) 🕑		
water	TF60 Spleen qi deficiency pattern (TM) 🗮 🕑		
disorders	TF61 Spleen qi sinking pattern (TM) ≣ 🖸		
fluid	TF44 Liver depression and qi stagnation pattern (TM) ≣ 😋		
other	TF6E Stomach qi deficiency pattern (TM) 🕑		
sinking	TF6F Stomach qi uprising pattern (TM) 🗮 🖸		
gallbladder	TF80 Kidney gi deficiency pattern (TM) 🗮 🖸		
insecurity	TF70 Lung gi deficiency pattern (TM) 😋		
dampness	TF43 Liver gi deficiency pattern (TM) C		
derense	TE4E Gallbladder oi deficiency pattern (TM) ≔C		
uprising	Tray Other specified of base patterns (TM) G		
collapse	TD72 Oi blood and fluid diserters (TM) unservice of = [6]		
vin	TEEL of block and had blockers (TM), an specified and of the second seco		
depletion	The shad interstilled is segnation pacent (111) of		
retention	The mean and long quaericiency pattern (TM) C		
heat	TPOA Spleen dericiency with water riooding pattern (TM) (5		
syncope	Spleen qi dericlency with dampness pattern (1M) ::=		
goiter	Tool of phase dampiness and near pactern (Inf) of		
decrease	IP4M Disharmony of liver and stomach systems pattern (IM) G		
reflux	Liver quinvading the stomach pattern (TM)		
counterriow	Troz Spielen derictency with discagnation pattern (14) B		
Fising	IF/1 Lung and defense qi deficiency pattern (IM) = 5		
primordial	TF81 Kidney failing to receive qi pattern (TM)		
stasis	TG80 Heat entering the qi phase pattern (TM) 🖸		
fire	TF5J Heart and gallbladder qi deficiency pattern (TM) 🖸		
into	TF74 Lung qi and yin deficiency pattern (TM) 🕑		
transforming	TG82 Dampness obstructing the qi phase pattern (TM) 😚		
timidity	TG90 Nutrient qi and defense qi disharmony pattern (TM) 😚		

When searching a diagnostic term with the coding tool the rater should make use of the "Word list" (on the left hand side) as much as possible.

For example, when searching the correct ICD-11 code for a diagnosis like "Deficiency of liver qi" the rater should proceed as follows:

- 1. type "qi" in the search field of the coding tool (see screenshot above)
- 2. select "liver" from the key word list (see screenshot below)
- 3. select "deficiency" from the key word list (see screenshot below)
- 4. copy the code TF43 and paste it into the ICDfit code field for TM Pattern code #1 (see screenshot below)

ICD-11 Coding Tool				
qi liver Related words		×	let	Feedback
Word list sort: Relatedness/repetition ✓ pattern tm depression stagnation deficiency stasis fire into transforming invading stomach	Destination Entities TF43 Liver qi deficiency pattern (TM) ℃ TF44 Liver depression and qi stagnation pat Liver qi depression pattern (TM) TF4M Disharmony of liver and stomach patter Liver qi invading the stomach patter TF46 Liver depression and blood stasis patter Pattern of liver stasis with qi stagi TF49 Liver qi depression transforming into f	tern (TM) 🗮 🕻 ms pattern (TM) ern (TM) C nation (TM) ation (TM)	sort: Matching score	Chapter distribution / filter Show results from default set Traditional Medicine
ICD-11 Coding Tool				
qi liver deficiency Related words Word list sort: Relatedness/repetition ∨ pattern tm	Destination Entities TF43 Liver qi deficiency pattern (TM) C	×	L sort: Matching score 🛛 🗸	Feedback et us know if you couldn't find what you were looking for
1. ICD-11 code(s) you would assign ICD-11 TM Chapter DISORDER co	to this diagnosis de			
ICD-11 code				
ICD-11 TM Chapter PATTERN cod	e #1	ICD-11	TM Chapter PATTERN co	ode #2 (use if needed)
TF43		ICD-11	code	
ICD-11 TM Chapter code				
ICD-11 code				

If the rater wants to see the code in the context the classification hierarchy he/she should click the link to the ICD-11 Bowser.

ICD-11	Coding Tool					
	qi liver deficiency Related words		×	Let us	Feedback know if you couldn't find what you were looking for	
Word li pattern tm	st sort: Relatedness/repetition 💙	Destination Entities TF43 Liver qi deficiency pattern (TM) 🕑		sort: Matching score		^

The link will point the user to the April 2nd frozen version of the ICD-11 Browser <u>http://apps.who.int/classifications/icd11/frozen-2016-11-24/I-m/en</u>

ICD-11 for Mortality and Morbidity St	02 Apr 2017 tatistics (Draft for quality assurance)
Search 🤇 🤉	[Advanced Search] Browse Coding Tool Special Views Info
Principle-based patterns (***) Environmental factor patterns (****)	Foundation M : http://dwha.in/icfm/entity/744651142
Body constituents patterns (TM)	TF43 Liver gi deficiency pattern (TM)
Organ system patterns ma	
Liver system patterns (70)	Parent
TF40 Liver yin deficiency pattern 🕬	Liver system patterns (%)
TF41 Liver yang deficiency pattern 🕬	Show all ancestors up to top 🛞
TF42 Liver yang ascendant hyperactivity	
pattern (TM)	Description
TF43 Liver qi deficiency pattern (TM)	
TF44 Liver depression and qi stagnation	A pattern characterized by blurred vision, a sensation of fullness in the hypochondrium, emotional upset, a feeling of fear, bluish complexion, dizziness, short breath, fatigue, dull nails, pale tongue and weak pulse. It may be explained by
pattern (TM)	deficiency of gi resulting in impaired function of the liver system.
TF45 Liver blood deficiency pattern (7%)	All Index Terms
TF46 Liver depression and blood stasis	All Index Forms
pattern (M)	Liver di derictericy pattern (Live) Hide index terms (@

After completing the code assignment, raters are invited to respond to a series of questions. Question 2-4 refer to the TM disorder code assignment and ask the rater to provide feedback on difficulties encountered (Q2) and evaluate the specificity of the code assignment (Q3) and report on problems with ambiguity (Q4). The questions are repeated for the TM pattern code assignment (Q5-Q7).

TM Chapter DISORDER code
2. Did you experience any <u>difficulty in assigning a code(s)</u> to this case?
● Yes ○ No
If Yes, please specify difficulty.
the inclusion term: XXXX was missing
3. Is the level of <u>specificity</u> of the assigned code(s) appropriate?
Just right (neither too detailed nor not detailed enough)
Not detailed enough
TM Chapter PATTERN code
5. Did you experience any <u>difficulty in assigning a code(s)</u> to this case?
○ Yes ● No
6. Is the level of <u>specificity</u> of the assigned code(s) appropriate?
Just right (neither too detailed nor not detailed enough) -
7. Did you experience any <u>ambiguity</u> in making the code(s) assignment?
No, the assignment of the ICD-11 code(s) is unambiguous •

After having rated every assigned case, an Overall Evaluation Form should be filled by each participant to describe their experience in participating to the field testing:

CD-FiT vo.9	😐 Rater	Settings	Help	🔒 Logou
HOME: / STUDY - ICD-11 MMS LINE CODING PILOT TESTING / EVALUATION				
← Go back				
🖻 Evaluation Form				
In view of your overall experience of coding the diagnostic terms / statements coded in ICD-11 and ICD-10 assigned to	you			
1.1 How would you rate the coverage of ICD-11?				
				•
1.2 Please briefly explain your rating decision (e.g. why is the coverage good or poor)				
2.1 How would you rate the level of detail in ICD-11?				
				•
2.2 Please briefly explain your rating decision (e.g. why is the level of detail right or not right)				
2.1 How would you rate the ease of using ICD-112				
				•
3.2 Please briefly explain your rating decision (e.g. why is ICD-11 easy or difficult to use)				_
5. Did you notice any <u>major gaps</u> in ICD-11? (please be as specific as possible i.e. indicate gaps in ICD-11 chapters, sections or missing categories)				
6 Did you notice any redundancies in ICD-112				
(please be as specific as possible i.e. indicate redundancies in ICD-11 chapters, sections or missing categories)				
7.1 How would you rate the electronic tools (ICD-11 Coding tool, ICD-11 Browser) that you have use	d in the codi	ng?		
				•
7.2 Please briefly explain your rating decision (e.g. why are the coding guidance and instructions goo	d or poor)			
	1-0			
8.1 How would you rate the cooling guidance and instructions contained in the ICD-11 Reference guid	16 ?			-
8.2 Please briefly explain your rating decision (e.g. why are the coding guidance and instructions god	d or poor)			_
9. Do you have <u>other</u> suggestions for improving ICD-11?				
✓ Save X Cancel				