

Traditional Medicine Coding Guidelines

As included in

ICD-11 Reference Guide

Draft for inclusion in ICD-11 Reference Guide

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Audience for coding guidelines:

1. Coders	Clinical coders and health information managers in clinical settings integrated within hospitals
	Clinicians documenting and coding in diverse settings ranging from hospitals to ambulatory public and private health care facilities
2. Analysers	Clinical researchers internationally
	Specialists reimbursing hospitals, practices, practitioners based on morbidity data (casemix, insurance – private and national)
	Other users of coded morbidity data (allocation of resources, quality and safety, education of TM practitioners, etc.)
3. Developers	Developers of ICD-11 TM Chapter
	Field trial participants testing ICD-11 TM Chapter
	Peer reviewers of ICD-11 TM Chapter
	Experts involved in update and maintenance of ICD-11 TM Chapter

How to use this Reference Guide

This Reference Guide for ICD-11 is divided into 3 Parts. While each Part will contain information valuable for your understanding and use of ICD-11, each has been created to be relevant to your primary purpose for coming to the Guide.

If you are looking to gain a general, broad understanding of ICD-11, with little or no prior experience with ICD, we suggest you start with Part 1 (Page 17).

If you are looking to understand how codes are created, and the details of the organisation and statistics behind ICD-11, we suggest you start with Part 2 (Page 54).

If you are already familiar with ICD, having used especially ICD-10, we suggest you start with Part 3 (Page 292) to see what is new (and what has not changed) in ICD-11.

TM guidelines as included in the ICD-11 Reference Guide

Glossary:

- **Integrated coding** in context of Traditional Medicine use of ICD-11 means full use of Chapters 1-26 (choosing codes from WM and TM1 chapters) for classification of clinical terms.
- **Stand-alone coding** in Traditional Medicine context means classification of clinical terms choosing codes from Chapter 26 only.

Part 1 – What is ICD-11?

1.6 Traditional Medicine

Traditional Medicine (TM) is an integral part of health services provided in many countries. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time. Although some of these countries have had national classification systems for many years, information from such systems has not been standardised or available globally.

It is recommended that coding of cases with ICD-11's chapter on Traditional Medicine disorders and patterns (TM1) be used in conjunction with the Western Medicine concepts of ICD Chapters 1-25. Such integration will bring community benefit and enable issues such as safety and efficacy of treatments for different conditions to be established. The Traditional Medicine (TM1) chapter can also be used alone.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM conditions, it will also assist research and evaluation to assess the safety and efficacy of TM.

Part 2 –How Does ICD-11 Work?

2.33 Traditional Medicine conditions – Module 1 (TM1) (2.33.1 – 2.33.5)

(See also Section 2.47.28 for description of chapter)

Traditional Medicine (TM) is an integral part of health services provided in many countries. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time. ICD-11's chapter on Traditional Medicine disorders and patterns (TM1) is designed to be used in conjunction with the Western Medicine concepts of ICD Chapters 1-25 or on its own.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM conditions, it will also assist research and evaluation to assess the safety and efficacy of TM.

2.33.1 Use in Traditional Medicine

Reporting at regional, national and international levels:

- Counting episodes of care for Traditional Medicine disorders and/or patterns in the same way as for Western Medicine diseases for morbidity data reporting purposes
- Counting episodes of care by Traditional Medicine practitioners who may use a combination of Western Medicine and Traditional Medicine terminology
- Describing and quantifying utilisation of Traditional Medicine services and reasons for encounter
- Monitoring use of resources for Traditional Medicine services
- Standardizing definitions of disorders and patterns among TM clinicians, practitioners and coders

Research:

- On safety and efficacy of Traditional Medicine interventions – evidence based research
- Clinical research within TM framework and integrating WM with TM
- On interrelationships between WM diseases, TM disorders and patterns
- To study treatment patterns and outcomes for specific disorders and patterns using ICD-11 in conjunction with country specific procedure classifications and the TM component of the intended International Classification of Health Interventions (ICHI)

Casemix reimbursement and insurance:

- There are precedents in China, Japan and Korea for use of existing TM classifications (with or without WM concepts) for reimbursement of hospitals and for insurance claims.
- Incorporating TM as a chapter of ICD-11 allows much greater scope for describing patient condition (diseases, disorders (TM1) and patterns (TM1) across the WM and TM1 chapters) as well as complications and comorbidities and for clinical costing measures.

Quality and safety of care:

- Standardising use of codes reflecting quality and safety of care between WM diseases and TM1 disorders will allow TM practitioners to interpret data from ICD-11 on quality, safety and efficacy of care.

Education:

- Educating TM practitioners in regard to standardisation of diagnosis
- Educating TM clinicians and coders in application and interpretation of ICD-11 data.

Standardising terminology for use in electronic health records:

- To enable more consistent and efficient recording and extraction of data
- To allow computer assisted coding of TM1 disorders and patterns

2.33.2 Traditional Medicine section of ICD-11 update and maintenance:

- Through user feedback, use of TM1 and WM codes and need for coding guidelines will be monitored. This will bring Traditional Medicine practitioners and users into the WHO-FIC mechanisms to update ICD-11 and ensure its clinical and technological currency.

2.33.3 Coding instructions for Traditional Medicine conditions – Module 1 (TM1)

2.33.3.1 General principles & rules for coding Traditional Medicine

Codes from the Traditional Medicine chapter can be used across settings (hospital inpatient or ambulatory care in hospital or community) but must not be used for reporting cause of death. When coding in primary care, disorders and patterns may not be fully developed so that it may be more feasible to identify reason for encounter rather than main condition and associated conditions.

General principles:

- Consult all parts of the patient record including discharge summary, history, physical examination, investigations, laboratory data, treatments and final diagnoses
- Coding should relate to reasons for treatment during this episode and need not describe the whole patient's lifetime history unless a past condition affects current care
- Be as specific and explicit as possible, using codes to represent aetiology, pathology and manifestations of TM condition
- Use codes from relevant chapters of the ICD to match the clinical disorders noted on the patient record
- Code threatened TM conditions (i.e. those not well defined or not manifest)

2.33.3.2 Choice of integrated coding with other chapters of ICD-11 or stand-alone coding from TM1 chapter

Traditional medicine practitioners or clinical coders may use the codes in the TM1 chapter in two ways:

- in conjunction with other chapters of ICD-11 (integrated coding)
- as a stand-alone chapter choosing codes from within the TM Chapter 26

This choice depends on the legitimate coding practice of each country and the educational background of TM practitioners and TM coders (i.e. WM education is needed for WM coding and TM education for TM). It may also be influenced by the setting and regulatory context in which TM1 codes are being applied. Wherever possible, it is recommended that TM1 codes should be combined with those from the WM chapters to enable international comparison.

2.33.4 Using the TM1 chapter with other chapters of ICD-11

This option takes into account the country and practice variations of using a code for WM disease or TM1 disorder and/or a TM1 pattern code for a given clinical picture. In this case, codes should be applied for WM diseases and/or TM1 disorder from Chapters 1-26 **plus** pattern(s) (TM1) from Chapter 26.

Coding

1. Read the patient summary and medical record
2. Select WM diagnosis/diagnoses, TM1 disorder(s) (TM1), and/or pattern(s) (TM1) to be coded.

	Options	Examples
a.	WM diagnosis alone	Asthma
b.	WM diagnosis with TM1 pattern	Asthma Turbid phlegm accumulation in the lung pattern (TM1)
c.	WM diagnosis with TM1 disorder	Asthma Wheezing disorder (TM1)
d.	WM diagnosis with TM1 disorder and TM1 pattern	Asthma Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)
e.	TM1 disorder with TM1 pattern	Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)
f.	TM1 disorder alone	Wheezing disorder (TM1)
g.	TM1 pattern alone	Turbid phlegm accumulation in the lung pattern (TM1)

You may choose more than one disorder (TM1) and more than one pattern (TM1) from the TM chapter.

3. Consult the electronic Coding Tool or relevant Alphabetic Indexes for WM and TM1 entries
4. Go to tabular list for the relevant code. Take note of inclusions and exclusion notes and textual definitions.
5. Assign the appropriate code and follow any specific guidelines for that code.
6. A possible scenario may be either for choice of disorders (TM1) or WM diseases as main condition and/or for associated disorders (TM1) or WM diseases. In this scenario, codes may be chosen for disease or diseases from Chapters 1-25 of ICD-11 plus disorder(s) (TM1) from Chapter 26. In either case, pattern(s) (TM1) from Chapter 26 may be used in association with the codes for disease or disorder (TM1). To code from Chapters 1-25, consult the Coding Tool or Alphabetic Index for Western Medicine chapters to assign code and follow the steps outlined in 8.4.1. To code from Chapter 26, consult the Coding Tool or Alphabetic Index for Traditional Medicine.

This use of the entire ICD-11 (Chapters 1-26) for Traditional Medicine may be especially relevant for neoplasms and injury, chronic and complicated conditions, sub-clinical or constitutional complaints, external cause of injury and adverse reaction. The electronic Coding Tool has a feature of switching on or off the combined use of WM and TM1 codes so that there is only one place to search for WM diseases or TM1 disorders and patterns.

Example:

	Options	Examples	ICD-11 Coding Examples
a.	WM diagnosis alone	Asthma	CA23
b.	WM diagnosis with TM1 pattern	Asthma Turbid phlegm accumulation in the lung pattern (TM1)	CA23 SF86
c.	WM diagnosis with TM1 disorder	Asthma Wheezing disorder (TM1)	CA23 SA81
d.	WM diagnosis with TM1 disorder and TM1 pattern	Asthma Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)	CA23 SA81 SF86
e.	TM1 disorder with TM1 pattern	Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)	SA81 SF86
f.	TM1 disorder alone	Wheezing disorder (TM1)	SA81
g.	TM1 pattern alone	Turbid phlegm accumulation in the lung pattern (TM1)	SF86

Sequencing

If there are both Western Medicine diseases and Traditional Medicine disorders (TM1), use either as main condition, depending on whichever meets the definition of main condition in Section 2.29.1.2. (see below). Also, consult this section for details on allocation of main condition in different scenarios.

“The definition of main condition is to be applied for both inpatients and outpatients. (Importantly, and as mentioned earlier, this is a change in the WHO’s main condition definition that existed in ICD-10).

Record/identify as the main condition the one condition that is determined to be the reason for admission, established at the end of the episode of health care.”

Where both WM disease and TM1 disorder qualify equally as main condition, code the WM disease first. Pattern(s) (TM1) should follow either the Western Medicine disease or disorder (TM1).

How to code for Traditional Medicine with WM and TM1 codes

Code first: **Disease(s)** from chapter 1-25

Code additional **Disease(s)** from chapter 1-25, **Disorder(s)** (TM1) from chapter 26, **Pattern(s)** (TM1) from chapter 26

National and international coding

There may be some variation between countries in the use of WM diseases together with disorders (TM1) and patterns (TM1). Some countries may wish to use WM diseases from Chapters 1-25 with patterns (TM1) from Chapter 26, or to use disorders (TM1) from Chapter 26 with secondary diagnoses from Chapters 1-25 plus pattern(s) (TM1) from Chapter 26. Traditional Medicine practitioners can work with colleagues in other countries and with Western Medicine practitioners in their own country to make ICD-11 a positive tool in understanding their own practice and contributing to information not currently available about Traditional Medicine utilisation and outcomes.

Use of Extension Codes and Cluster Codes for Traditional Medicine

TM practitioners are encouraged to use extension codes (Section 2.9) from the X chapter to describe additional features of a disorder or pattern and its characteristics. Also, the new feature in ICD-11 of clustering related diagnoses (Section 2.9.1) will be helpful in linking disorders and patterns.

Examples

A. Injuries using Chapters 1-26:

- **Main condition:** from Chapter 26. Joint impediment disorder (TM1) unspecified, SC5Z, or condition from the injury chapter should be used together with codes from the External Cause chapter
- a pattern (TM1) code, if appropriate.

B. Disorders such as migraine are coded (using Chapters 1-26) as:

Main condition Migraine (TM1), SD10, in conjunction with a

- Disorder (TM1) from Chapter 26 (Headache disorder (TM1), unspecified, SD1Z) and/or
- pattern (TM1) such as Small Yin type Yang Depletion pattern (TM1), SH71

C. Diseases such as diabetes mellitus are coded using Chapters 1-26 as:

- **Main condition** Type 2 diabetes mellitus, 5A11
- Wasting thirst disorder (TM1), SD71
- Large Yin type Dryness Heat pattern (TM1), SH63

or from Chapter 26 alone as:

- **Main condition** Wasting thirst disorder (TM1), SD71
- Large Yin type Dryness Heat pattern (TM1), SH63

2.33.5 Using the TM1 chapter as a stand-alone chapter choosing codes from within the TM1 Chapter

In this case, codes may be applied for disorder(s) (TM1) from the TM1 chapter plus pattern(s) (TM1) from the TM1 chapter. However, there may be circumstances where a

disorder (TM1) code may be applied alone or where a pattern (TM1) code may be applied alone.

Coding

1. Read the patient summary or medical record.
2. Select disorder(s) (TM1) and/or pattern(s) (TM1) to be coded.
Options:
 - a. *TM1 disorder with TM1 pattern*
 - b. *TM1 disorder alone*
 - c. *TM1 pattern alone*
 - d. *You may choose more than one disorder or pattern.*
3. Consult keyword in electronic Coding Tool or Alphabetic Index for TM and choose appropriate entry and code (take note of lead terms and sub-lead terms plus ‘see’ and ‘see also’ references). Using the hierarchical order of the key word or index is critical in finding the relevant code.
4. Go to tabular list for that code. Take note of inclusion and exclusion notes and textual definitions or diagnostic criteria.
5. Assign clinically appropriate code and follow any specific guidelines for that code.

Sequencing

In the first place, a “main condition” code is selected using the definition quoted above from Section 2.29.1.2. Further detail on selecting main condition can be found in Section 2.29.1.2.

As well as main condition, it is important to code all additional current disorders (TM1) or patterns (TM1) documented in the patient record to ensure that they reflect a complete picture of the patient’s condition for the episode of care. In most Traditional Medicine cases there will be a disorder (TM1) and a pattern (TM1). However, it may be necessary to code disorder (TM1) alone or pattern (TM1) alone. However, when combined disorder (TM1) and pattern (TM1) are both coded, choose disorder (TM1) as the main condition.

The most usual scenario is to have both disorder and pattern, with codes listed in order so that the first (disorder (TM1)) complies with the definition of main condition. If it is not relevant to code both a disorder (TM1) and a pattern (TM1), either may be coded alone. If it is not possible to code a disorder (TM1), pattern (TM1) may be sequenced as the main condition

How to code for traditional medicine using TM1 chapter alone

Code first: **Disorder(s)** (TM1)

Code second: **Pattern(s)** (TM1)

National versus international rules

There may be some variation within and between countries in the way in which sections of the TM1 chapter are used. Setting may influence the stage at which a condition presents or there may be historical or local practices affecting choice and precision of coding.

Examples

- TM1 disorder and/or TM1 pattern
- Pre-coordination examples
 - One code for two disorders
 - One code for two patterns

(No codes for combination of disorder and pattern)
- Post-coordination examples
 - 2 or more codes for one disorder
 - 2 or more codes for one pattern

2.33.6 Data Quality

- Education of clinicians, coders and data users is paramount in ensuring data quality. This involves an understanding of how ICD-11 is applied, including definition of main condition, rules relating index terms to the tabular list, use of inclusion and exclusion notes and code also notes within the classification as well as application of standard coding rules.
- Specific tools exist to edit and audit ICD data. These include the recognition of incompatible codes and rare disorders, comparison of ICD data with other sources (e.g. infection control, laboratory data), and sample code-recode studies to identify coding reliability and validity and compliance with coding rules and definitions. Some countries have developed automated screening mechanisms based on coding guidelines to identify cases that do not comply with standards and rules and to quantify the errors.
- Technical coding tools can be employed to measure inter-rater reliability of code decision as well as application of coding rules and guidelines.

2.47.28 Chapter 26 – Traditional Medicine conditions - Module 1 (TM1)

This Traditional Medicine Module 1(TM1) chapter is a new chapter for ICD, hence labelled ‘Module 1,’ and as such is referred to as the ‘TM1 chapter’. The rationale for its inclusion in ICD-11 is to enable Traditional Medicine health services and encounters to count and be counted nationally and internationally. The Module in this chapter in its current form refers to disorders and patterns which originated in ancient Chinese Medicine and developed throughout history to incorporate contemporary science and technology. These disorders and patterns are commonly used in China, Japan, Korea, United States of America, Australia, Europe and elsewhere around the world. The classification rubrics represent a unified set of harmonized Traditional Medicine disorders and patterns from national classifications from China, Japan and Korea. Future Modules may be developed for other forms of Traditional Medicine practices.

Scope:

This chapter has currently been designed for morbidity recording and reporting. It must not be used for mortality coding and reporting.

Content and structure:

The content and structure of the TM1 Chapter represent a common language developed jointly through the international cooperation of Traditional Medicine clinicians, researchers, academics and classification experts to enable international comparability of practice and reporting of morbidity in Traditional Medicine. Standardisation of this TM1 classification will allow clinical documentation in different countries to incorporate the same concepts and enable coders and users to extract comparable morbidity data from that documentation. Coders must also be guided by rules which reflect the clinical diagnostic decision making process. However, the rules are relatively flexible to allow for national adaptations and research questions concerning relationships between diseases, disorders and patterns to be framed from a number of different angles.

The English terms do not necessarily represent the most common translation of the TM terms in Chinese, Korean or Japanese. Where the best fit English TM translation resulted in the same term as used in Western Medicine, it was necessary to indicate a difference between the Western Medicine (WM) concept and TM concept where the same term had different definitions in TM and WM. This difference in definition is indicated by the use of (TM1) for disorders and patterns throughout the TM chapter.

Terminology:

The Traditional Medicine Module 1 chapter uses the terms disorder and pattern to describe concepts. This is different from the concept descriptions in the Western Medicine chapters which refer to diseases (clinical pictures) and syndromes (clinical presentations). The TM1 chapter is divided into separate sections for disorder and pattern to emphasise the independence of these concepts.

Definitions

A disorder in traditional medicine (disorder (TM1)) refers to a set of dysfunctions in any body system which is judged from associated signs, symptoms or findings. Each disorder (TM1) may be defined by its symptomatology, aetiological explanation based on traditional medicine, course and outcome, treatment response or linkage to interacting environmental factors. A disorder (TM1) is a clinical picture that is relatively stable and reflects the local pathology and related specific manifestations commonly found in the anatomy and function of the affected individuals.

A pattern in traditional medicine (pattern (TM1)) refers to the manifestation of the patient's health condition at a given moment in time including all findings which may include:

- Symptomatology: pattern of specific and non-specific signs, symptoms or unique findings by traditional medicine diagnostic methods, including the taking of the pulse, examination of the tongue, abdominal examination and other methods that reflect the systemic response of the patient in a dysfunctional condition.
- Constitution: the characteristics of an individual, including structural and functional characteristics, temperament, ability to adapt to environmental changes, or susceptibility to various health conditions.

A pattern (TM1) is a clinical picture that is relatively temporary, reflects on the systemic response of the patient and combined pattern of specific and non-specific manifestations that usually hold a multifactorial relationship with the local pathology and the constitutional traits of the patient. A pattern may show individual difference even in the individuals affected by the same pathology that may be further analysed by the theoretical frame of Traditional Medicine.

Traditional Medicine disorder and pattern are named after the body structures, causal explanations, properties and severity which present for clinical investigation and diagnosis. TM1 pattern may denote an individually different pattern (TM1) of systemic responses to the WM disease or TM1 disorder. Pattern is a concept unique to TM1 and may be different from TM1 disorder in the following ways:

Table 1. Characteristics of Traditional Medicine Disorders and Patterns

Distinguishing feature	Disorder in Traditional Medicine	Pattern in Traditional Medicine
Constant/ Temporary	A clinical picture that is relatively constant throughout the duration of that disorder	A clinical picture that is relatively temporary
Constant Pathology/ Temporary Response	Usually delivers information reflecting the constant pathology	Usually delivers information reflecting the temporary overall manifestation or response of the patient
Specific/ Non-specific	A concept that summarizes findings that are specific to the pathologic process under investigation	The combination of the manifestations that encompasses both specific symptoms/signs and non-specific findings
Linear/ Multifactorial	May be applied for a time span. A disorder coding may be based on the main pathologic process which may show a causal relationship with the main manifestations in the patient	A pattern may be applied for a specific time span, too. However, a pattern code is based on the summarized whole picture that may be observed in the patient based on the perspectives of traditional medicine theories. A pattern is recognized based on the analysis of the systemic findings in the patient's body and mind which reflect the pathologic processes, responses to the pathologic processes, other concomitant findings, and innate or acquired constitutional traits of the patient
Commonality/ Individuality	Used to describe the general characteristics considered to be relatively common to the population suffering from one particular disorder	Used to describe the individual characteristics considered to be relatively specific to the patient at that time
General/ Theoretical	Usually described with general terms of anatomy and physiology together with terms of signs and symptoms	Usually described with terms of the traditional medicine theories that are used to summarize the underlying mechanism in the patient such as yin and yang balance, cold and heat, meridian, or constitution

Part 3 – What is New in ICD-11?

3.5 Traditional Medicine conditions – Module 1 (TM1)

Traditional Medicine (TM) is an integral part of health services provided in many countries. National authorities have not had proper methods, nationally or internationally, to monitor its health impact over time and allocate proper resources. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time.

The development of the Traditional Medicine (TM1) Chapter is a result of requests to WHO from several member states to include TM concepts in an international classification such as the ICD. Although countries such as China, Japan and Korea have developed their own country specific classifications, there was no agreed international standard to allow collection of comparable data or as a starting point for testing efficacy of interventions and monitoring their safety. TM clinicians have been working since 2005 to integrate and standardise their terminology, resulting in the current TM chapter.

A large percentage of the world's population uses some form of Traditional Medicine. However, standardised data and information on health status of these users remain largely absent from national and international health data collections. The use of Complementary and Alternative Medicine (CAM) therapies has become a huge industry and is expected to grow. As a result of this gap in information about TM and the size of the industry, resources have been invested in the creation of a classification tool to allow data to be collected and analysed.

ICD-11's chapter on Traditional Medicine disorders and patterns is designed to be integrated with coding of cases in conjunction with the Western Medicine concepts of ICD Chapters 1-25 or to be used alone. The TM1 chapter within ICD enables continuity and coordination of care and promotes integrated people centred care for those accessing traditional, complementary and integrative medicine as a means of primary health care. Primary health care is the foundation of integrated service delivery, and the TM1 chapter within ICD-11 allows for coordinating with other levels of services, and provides better measurement towards achieving universal health coverage.

The chapter will be used in ways appropriate to health care systems, clinical practice and regulations in different countries, but always using standard terminology. It is important to expose TM practitioners to the rigour of coding and collecting data for reporting and for clinical exchange, as well as for research topics. Another vital consideration is to allow collection of data relating to patient safety, so that complications and interactions of TM with WM can be monitored. A standard terminology is also necessary for reimbursement and casemix systems, for education of TM practitioners, for inclusion in electronic record systems and last but not least, for providing currently inaccessible morbidity information to national and international organisations from countries where TM is practised and is an important part of health service delivery.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM1 conditions, it will also assist research and evaluation to assess the efficacy of TM.