National Cancer Patient Experience Survey Programme

Sampling Instructions 2024

The National Cancer Patient Experience Survey Programme is run by Picker on behalf of NHS England

Contacts

For information or advice about compiling and submitting your patient list, please contact the Cancer Patient Experience Survey project team:

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Adherence to the procedures in this document

It is essential that the sampling is carried out according to the agreed protocol set out in this instruction manual. Non-compliance could compromise the comparability of the survey results. If you have any problems or queries about compiling your patient list or following the guidance, please contact the National Cancer Patient Experience Survey project team.

1 Compiling a List of Patients

These instructions explain how to compile a list of eligible cancer patients. This task will need to be carried out by a member of staff at the NHS Trust. The sample will normally be drawn from the Patient Administration System (PAS).

Please follow the instructions in this manual carefully, step-by-step and allocate sufficient work time to compile and check the patient list. It is important that the person drawing the sample is given sufficient time and support by their manager to do this properly. Errors may result in the wrong people being surveyed, invalid survey data being collected, or the exclusion of survey results from analysis, benchmarking and publication. **We strongly advise that you read all of this document BEFORE you start to compile your patient list.**

1.1 Compiling your list of cancer patients

Who to include in the patient list:

All adult patients (aged 16 and over) with a confirmed diagnosis of cancer, who have been admitted to hospital as an inpatient for cancer related treatment or who were seen as a day case patient for cancer related treatment, and have been discharged between 1st April 2024 and 30th June 2024 should be included in the survey.

The information you obtain about each patient will be used by Picker both for administering the survey and for sending to the Demographics Batch Service (DBS) to check for deceased patients.

Important – Must read

Please ensure you are using the most up to date ICD10 Codes, currently 5th Edition.

You must ensure that **all patients** have a **confirmed diagnosis of cancer**. There have been instances in previous iterations of the survey where the patient had been given an ICD10 code as a **'holding code'** before their diagnosis of cancer was confirmed. **This led to some patients receiving a questionnaire when they either did not have cancer or had not yet been told they had cancer.**

Extra care must be taken to select only those patients with a confirmed diagnosis of cancer to avoid causing **unnecessary distress** to the patient.

If your Trust has switched to the use of ICD11 codes, you may provide these instead of ICD10 codes but should still check that all patients have a **confirmed diagnosis of cancer**. You only need to provide either ICD10 or ICD11 codes, not both.

ICD codes

All adult patients with a **confirmed diagnosis** of cancer should be specified by an ICD10 code of C00 - C97 or D05 in the first diagnosis field of their PAS record. Note that this includes all C codes and ONE D code and all sub-categories of these codes, **with the exception of those listed in the exclusions list further down**. The equivalent ICD11 codes can be found in Appendix A.

Duplicate patients

- The patient list must include **all eligible discharges**, rather than a list of patients, so some patients will appear on the list more than once.
- It is very important you **do not** remove duplicate patients at this stage, as this could bias your sample. Duplicate patients will be removed at a later stage by Picker.

Who to exclude from the patient list:

- Deceased patients
- Patients **without** a confirmed diagnosis of cancer including patients who have been given a holding diagnosis code with pending results
- Children or young persons under 16 years old at the time they were discharged
- Patients with a Patient Classification (i.e., type of admission) of 5 (Mother and baby using delivery facilities only)
- Patients with an ICD10 code[1] of C44 (other malignant neoplasms of skin) and all C44 classifications (C44.0 to C44.9). The equivalent ICD11 code (2C3Z) should also be excluded.
- Patients with an ICD10 code of C84 (Mature T/NK-cell lymphomas) and all C84 classifications (C84.0 to C84.9). The equivalent ICD11 codes (2B01, 2B02, 2A90.C, 2B2Z, 2A90.A, 2A90.B, 2B0Z and 2B2Z) should also be excluded.
- Patients who are registered as private patients (non-NHS)
- Any patients who are known to be current inpatients[2]
- Patients being treated solely as an outpatient
- Patients without a UK postal address

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[1] The ICD codes (*5th Edition which became the mandated diagnostic classification in the UK on 1 April 2016*) are shorthand for the International Statistical Classification of Disease and Related Health Problems, published in the UK by Health and Social Care Information Centre. They give the diagnosis or reason for a patient episode and are mandatory codes used in the NHS.

[2] **Current inpatients**: Trusts are instructed to exclude current inpatients from the sample when generated. This should be the only time current inpatients are excluded from the survey process.

- Patients with not enough address information to have a reasonable chance of the questionnaire being delivered (e.g., keep in those with address 1 and post code; complete address without a post code; address without city or county details but with post code)
- Patients who have requested their details are not used for any purpose other than their clinical care. This includes patients that have informed your trust, in response to communications about the National Cancer Patient Experience Survey, that they do not wish to be included in the survey. Trusts need to have a mechanism in place to record patients who opt out of the survey in response to seeing dissent posters.

  This does not include those who have opted out of having their data used for planning and research purposes via the National Data Opt-out Programme (see box below).

National Data Opt-out Programme

The National Cancer Patient Experience Survey is exempt from the National Data Opt-out meaning that these **should not be applied** to your survey sample. Therefore, to be included in your sample, patients do not have to actively consent to the sharing of their data. More information on the survey's exemption can be found here.

1.2 Checking your patient list

Once you have compiled your patient list, **check** that you have correctly followed each of the points in section 1.1 above. This is a very important step and will save a lot of time because Picker will likely have less queries if you are sure your patient list is correct.

Errors in putting together the patient list can result in:

- Picker having to raise queries on the patient list which need to be resolved prior to mailing
- The wrong people being surveyed
- Invalid survey data being collected
- The exclusion of survey results from analysis, benchmarking and publication

Please check the following very carefully:

- Patients in the list have a confirmed diagnosis of cancer, and that the patient is aware of their diagnosis (do not include patients who have had "holding codes" assigned)
- The patient list includes all eligible discharges within the sampling period and that duplicates have not been removed
- The discharges included in the list are relevant and are where the patient was seen in relation to their cancer (the patient list should not include patients who were seen for other treatment which was not in relation to their cancer)
- The patient list includes both elective and non-elective activity

- Patient list includes emergency admissions.
- The patient list includes all eligible cancer patients (and is not restricted to patients who were *newly* diagnosed in the sampling period or in recent years only)

Important Note

It is the responsibility of trusts to ensure the patient list **only** includes eligible patients who have a **confirmed diagnosis of cancer** whose admission during the sampling period was **in relation** to their cancer diagnosis.

Any reported cases of 'no cancer' by patients during fieldwork will be looked into by Picker and the Trust. Where there is more than one identified case for a Trust, we will pause the survey mailings for that Trust whilst eligibility is investigated. It is therefore important that cases are investigated quickly by Trusts so that patients can be re-assured, and fieldwork can proceed on schedule.

1.3 Creating the patient list spreadsheet

Provided alongside this guidance is a patient list template spreadsheet.

Please use this for entering data for your patient list and rename it as <NHSTrustCode_CPES24.xlsx> where 'NHSTrustCode' is the code of your trust. Full instructions on how to do this and how to transfer the data securely will be sent through to you separately via email.

The spreadsheet contains all the data fields required, details of which are as follows:

- **Trust Code** – the ODS 3-digit code for your Trust, e.g., RA0
- **Patient Record Number** (PRN) – The unique serial number allocated to each patient by the trust (e.g., CPES24RTH0001). This is composed of the survey code (CPES24), followed by your trust code (e.g., RTH), followed by a four-digit number starting with 0001 (e.g., 0001, 0002, etc.). Do not include hyphens, spaces, underscores, etc.
    - **Note** –where there are multiple rows for the same patient, then each row must have a different PRN assigned.
- **Title** (Mr, Mrs, Ms, etc.)
- **Initials / First name**
- **Surname**
- **Address Fields** – the address should be held as separate fields (e.g., street, area, town, and county). You must use the most *current* address on your system
- **Postcode**
- **NHS Number** – verified and belonging to that individual. Ensure as much as possible that this is populated as it will be used for DBS checks
- **Date of Birth** in text format (YYYYMMDD). This needs to be the **FULL** date of birth of the patient to ensure DBS checks can be carried out on the sample before any mailings

- **Gender** – code as follows**:**
    - 1 = male
    - 2 = female
    - 9 = not specified
    - 0= not known
- **Ethnicity** – The ethnicity of a person is specified by that person, and should be coded using the 17-item alphabetical coding specified by NHS England. The code "Z" (not stated) should be used if a patient was asked for their ethnic category but refused to provide it. If this code is missing for ***any other reason***, ethnic category should be left blank in the sample information**.** The codes are as follows:
    - **White**
        A British
        B Irish
        C Any other White background
    - **Mixed**
        D White and Black Caribbean
        E White and Black African
        F White and Asian
        G Any other mixed background
    - **Asian or Asian British**
        H Indian
        J Pakistani
        K Bangladeshi
        L Any other Asian background
    - **Black or Black British**
        M Caribbean
        N African
        P Any other Black background
    - **Other Ethnic Groups**
        R Chinese
        S Any other ethnic group
        Z Not stated
- **Day of Admission** (1 or 2 digits, e.g., 7 or 26)
- **Month of Admission**
    - 1=January
    - 2=February
    - 3=March
    - 4=April
    - 5=May
    - 6=June
    - 7=July
    - 8=August
    - 9=September
    - 10=October
    - 11=November
    - 12=December
- **Year of Admission** (4 digits, e.g., 2024)
- **Day of Discharge** (1 or 2 digits, e.g., 2 or 30)

- **Month of Discharge**
  - 4=April
  - 5=May
  - 6=June
- **Year of Discharge** (4 digits, e.g., 2024)
- **ICD-11 Code** – Please include if these are available. 4-7 digits, include sub-categories for these codes, i.e., 2A01.2.
  - Valid codes can be found in Appendix A. **DO NOT include 2C3Z, 2B01, 2B02, 2A90.C, 2A90.A, 2A90.B, 2B0Z or 2B2Z.**
  - Note: If your trust has not switched to ICD-11 codes, you may provide ICD-10 codes instead.
- **ICD10 Code** – Please include these if your trust has not yet switched to ICD-11 codes. 3-4 digits, include sub-categories for these codes, i.e., C25.1.
  - These must be between C00 & C97 and D05 codes**. DO NOT include C44 codes and C84 codes.**
- **Main Specialty** – code in the form NNN as specified by NHS England
- **Sub ICB Location code** – the 3-5 character code which will be billed for the care of the patient
- **Patient classification** – the type of admission; 1 = ordinary admission (inpatient), 2 = day case admission, 3 = regular day case admission & 4 = regular night admission
- **Site code** – record the hospital organisation code where the patient was treated, as specified by NHS England. Please include codes for any private sites **as long as the patient was registered as an NHS patient**. Exclude any patients seen privately if they were not registered as NHS patients.
- **Site name** – record the hospital site name where the patient was treated if the site code is unavailable.
- **Patient email address, if available.**
  - This will be used to explore the digital potential for the survey further. This data will not be used to make contact with patients at this stage.
  - **Eligible patients should be included in the sample whether or not they have an email address.**
- **Patient mobile phone number, if available.**
  - This should be the current mobile phone number listed on your PAS, either an 11-digit number starting with ‘07’ or a 12-digit number starting with ‘+44 7’. If it is possible to check this, do not include any home or landline phone numbers.
  - **Eligible patients should be included in the sample whether or not they have a mobile phone number.**
  - The only cases in which you should not provide a mobile number is if the patient has explicitly dissented to the use of their mobile number, or if there is a note specifying that the number belongs to someone other than the patient, such as a carer or family member**.**
  - **If the mobile number listed on your system is specified as belonging to someone other than the patient, this should not be included.** However, if the patient has provided a “work mobile” for their records this is fine to include, and if nothing is specified alongside the number it’s fine to assume this belongs to the patient.

  - For patients where a mobile phone is listed in the mobile telephone field and a different mobile phone number listed in the telephone field, please prioritise the ‘mobile’ column. If you have any records where the mobile field is blank, and the telephone number field is populated with a mobile number, please include this.

Mobile numbers and email addresses

Please **do not remove patients without mobile numbers or email addresses**. We won’t be contacting patients by text or email this year. But we do want to explore whether this data can be used for alternative contact methods in future surveys, with the aim to improve response rate and/or online completion. So, it is important to include this information where available. If collating this data is causing delays in submitting your sample please contact the team for advice on how to proceed.

Remember

Do NOT remove duplicates for patients who have had more than one admission within the sampling period. Picker will remove duplicates before sending out questionnaires.

Validate your list

Validate the patient list with your Cancer Services Team to ensure only eligible patients have been included.

This step is essential and must be completed to check that patients in your list have a **confirmed diagnosis** of cancer, and that their **admission was for the treatment** of cancer. This is to minimise the risk of questionnaires being sent out inappropriately.

1.4 Checking the trust’s own records for patient deaths

One of the most reliable and up-to-date sources of information on patient deaths is your own trust’s records. Therefore, it is essential that you check your own trust’s records for patients in your list that have died. Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative has recently died. Picker will carry out a final deceased check using DBS before sending out the questionnaires.

1.5 Response to relatives of patients who have died

Tracing services are not foolproof and even after your sample has been checked for deaths, some patients may die before the questionnaire is delivered. Picker will run a freephone helpline for patients and relatives and will accordingly have most contact with patients as the freephone helpline will be clearly advertised on the survey materials. However, your trust may be contacted directly by a bereaved relative and special sensitivity will be required when responding to them. **If you do have such contact, please inform Picker immediately to ensure that no further mailings are sent to the deceased patient.**

2 Patient List Declaration Form

The person compiling the list of patients must complete and sign the Patient List Declaration Form. This is a requirement of the survey’s Section 251 approval and is a key element to minimise the risk of any data breaches occurring.

It is important that you use the Patient List Declaration Form as an opportunity to make comments on any data issues or changes that have occurred at your trust in the last year.

The form must be completed and sent to Picker prior to submitting your patient list. You will receive notification when you are permitted to submit your spreadsheet.

3 Data Checking Process

In this section we have provided an outline of the various stages involved in the data checking process. This is to provide an insight into what happens to the patient list after it has been uploaded to Picker and to explain the timeframe between the point at which patient lists are uploaded and the first mailing is sent out to patients.

3.1 Stage 1 – Patient List Declaration Form

The first task that needs to be completed before we can receive a patient list is for the trust to submit a Patient List Declaration Form. This provides confirmation that the trust has completed all required checks and validation of the patient list, which is designed to minimise errors, data breaches and data queries.

Once the form has been received, the information provided is checked and approved by Picker, who then provide confirmation to the trust that they are able to proceed with securely uploading their patient list.

If the Patient List Declaration Form is not received or if there is a need to query anything relating to the form, this can delay the data upload and checking process.

3.2 Stage 2 – Detailed data checks

Once you have submitted your sample declaration form and this has been approved, you will be provided with access to the Picker secure online sample checking platform. The platform will conduct a number of automatic checks on the sample, some of which you will need to address before Picker can approve your sample. The data then goes through a multistage checking process.

This includes:

- Removal of duplicates (keeping the most recent admission)
- Data validation to ensure that all eligible patients have been included and no patients have been excluded
    - This is achieved by looking at the distribution of certain characteristics of the sample against the previous year to ensure there is a consistent pattern
    - Any variations could indicate potential errors in the sample, and this would be queried with the trust
    - Any patients included that should not be (for example, based on the ICD10/11 codes or age) may require the trust to compile a new list
- Checks to ensure that information provided regarding each patient is complete and that no information is missing i.e., valid address information.

Once the data checks have been completed, Picker will raise any queries and confirmation points directly with the trust. In some cases, where errors are identified, trusts will be required to compile a new patient list, which would be subject to the same checking process described above.

Once all queries and confirmation points have been resolved with the trust, the patient list can be approved for the next stage.

3.3 Stage 3 – Batching and national deduplication

To prepare for mail out, Picker will start by batching all final samples together into a combined sample to undertake duplicate checks across all trusts. This is a necessary step, as many patients attend multiple trusts as part of their treatment pathway and, therefore, appear in multiple samples.

We can only undertake this process when we have received and approved patient lists from all participating trusts, as conducting this on smaller batches would result in inconsistencies in terms of how patients are removed. This is minimised by undertaking the national deduplication process at the point when all samples have been received, checked, and approved.

It is therefore important that trusts upload their patient list to Picker as quickly as possible **starting from Thursday 15th August** and respond to any data queries **within 2 working days** to ensure this process can begin promptly.

3.4 Stage 4 – DBS and final validation checks

Once duplicates have been removed from the amalgamated file, this is submitted to DBS for tracing to identify any patients who are deceased. Any patients identified as deceased are removed from the sample to ensure questionnaires are not sent out.

We also undertake further final name and address checks by cross checking the results in the DBS trace file with the original file submitted. We also remove any patients who could not be traced (no NHS number) and update any blank NHS numbers that have been traced successfully. We then complete an additional DBS trace on the updated amalgamated data to confirm that all patients in the updated file are traced successfully.

Once this has been completed, the amalgamated file is ready to be used to prepare mailing packs for send out. Surveys will be mailed within 24 hours of completion of the process for running and applying deceased checks. If the mailing process takes longer than 24 hours, deceased checks will be repeated to ensure records remain up to date.

4 Frequently Asked Questions

Question	**Answer**
If patients opt-out nationally (to all patient experience surveys), does this apply to this survey?	No. The NCPES is **exempt** from the National Data Opt-Out Programme. This should not be applied to the NCPES patient list. However, if someone has indicated through seeing survey communications that they do not want to take part, then please exclude them from the sample.
If a patient contacts Picker to opt-out, would Picker make them aware that this only opts them out of the NCPES 2024 survey and that they would need to contact the trust to be opted out of other surveys?	Yes, Picker has guidance for call and email handlers to instruct patients that they would only be opted out of this year's NCPES survey and would need to contact the trust in order to be opted out of wider surveys.
Who should sign the Data Sharing Agreement (DSA)?	The DSA should be signed by whoever you consider most appropriate for it in the trust. This could be the survey lead, Caldicott Guardian or Chief Executive, for instance.
Will you need Caldicott Guardian clearance for the declaration form from our trust or will the Data Sharing Agreement cover this?	No, the Caldicott Guardian is not required to sign off on the declaration form. The transfer of data from your trust to Picker will be covered from the Data Sharing Agreement.
Will Picker be requesting local deceased checks before each mailing?	No. You are required to do a local check for deceased patients only before submitting your initial patient list to Picker. Picker will be doing DBS checks before each mailing. However if a trust wishes to do a local check before the second and third mailing, then this is definitely welcomed. The mailing dates will be sent out once they are confirmed, alongside deadlines for local deceased checks.
What do we mean by cancer related treatment?	Examples include the below if delivered as an inpatient or a day case: • Treatments directly related to cancer such as all forms of chemotherapy, cryotherapy, hormone therapy, immunotherapy, laser treatment, light therapy, palliative surgery (debulking etc.),

	radiotherapy, radioisotope therapy, surgical resections. - Treatments for symptoms related to cancer such as cancer related anaemia, malignant pleural effusions and ascites, infections related to the cancer site, poor nutrition caused by the cancer, urinary problems caused by cancer. A patient should not be included if they no longer have cancer and are receiving treatment for something that occurred during their cancer treatment years ago. An example of this would be if they had breast cancer 5 years ago, they’re in remission but they’d been admitted in the sampling period for reconstruction surgery. This patient would be excluded. If you have any specific scenarios that you’re unsure of, please send us an email or give us a call and we’re happy to help with making a decision.
Should we exclude dementia patients?	No. Dementia patients should be included as long as they meet all other eligibility criteria. It is important to provide these patients with the opportunity to give feedback.
Why are patients with C44 and C84 ICD-10 codes excluded?	To support with the running of the survey this year, we’ve kept the sampling criteria the same as in previous years, which means excluding C44 and C84 codes. Historically, where we have had cases of patients with these ICD-10 codes being wrongly included in the survey we have found that they have not always been clear that they have cancer resulting in a high volume of freephone calls/queries being received.
Why are outpatients excluded?	There currently is no way of standardising the capture of knowledge regarding outpatients across the Trusts. Any way to add outpatients to the sample list does not meet the criteria agreed with Cancer Patient Experience Advisory Group. This being a solution that is timely, accurate, consistent and low burden.
Should patients who were only seen for diagnostic tests be included in the sample?	No. Please exclude patients who were seen only for diagnostic tests, as there is a greater risk around these patients having not received their diagnosis yet. In addition, if the patient did receive a diagnosis, there is a greater likelihood that they

	will be sampled from another point in their care pathway (e.g. if they were seen for treatment later/at another Trust).
Should people receiving systematic anti-cancer therapy (SACT) as an outpatient be included?	No. People receiving SACT as an outpatient should not be included. Outpatients are currently excluded from the survey as there is no way of standardising the capture of knowledge regarding outpatients across the Trusts. People receiving SACT as a day case or inpatient should be included.
Can we include patients who live in Northern Ireland, Scotland, and Wales?	Yes. If patients meet all other eligibility criteria, then they should be included. However, if they are without a UK address then they should be excluded.
When patients appear on more than one trust list will they get multiple questionnaires? How will you choose which trust is on the questionnaire to the patient?	No. Each patient will only get one questionnaire. Once we have a full list of patients, we will then remove duplicates, keeping the record with the most recent treatment discharge date. Patients will therefore be asked to think about the hospital at which they had their most recent discharge during this period.
Should we include patients without an NHS number?	Yes. As long as the patients meet all other eligibility criteria they should be included.
We don’t have email addresses and phone numbers for everyone, is that OK?	Yes. Please provide the data that you do have as it will help us understand the % of records in the NCPES sample that do have this information.
We collect phone numbers but don’t know if it is a mobile number or a home telephone number, should we still include this information?	Yes. If it is possible to check that numbers are mobile not landline then please do so. This should be either an 11-digit number starting with ‘07’ or a 12-digit number starting with ‘+44 7’. However, please don’t let this delay submission of your patient list. If you are unable to carry out this check, please send us all numbers.
Are there provisions for people whose first language isn’t English?	Yes. Patients have the option to complete the questionnaire using a translation service offered by our freephone provider. The survey website has a translated section in 14 languages communicating key survey information to patients to support survey completion.
Are patients sent any subsequent surveys as a	Yes, they can be. If a patient ticks yes to Q69 in the questionnaire (agreeing to NHS England

result of their answers to this survey?	contacting you in future to tell you about other surveys or research about your healthcare experiences) then they could be contacted with a follow up questionnaire from research organisations that have requested and been approved by NHS England to use the data for a cancer-related questionnaire. If a patient ticks no to this question, then their data would not be used for any further contact from us, NHS England nor any other research organisation.
When will the 2024 NCPES results be published?	Publication is expected in summer 2025.

Appendix A: Valid ICD Chapter Codes and Mapping

Valid ICD-10 codes	ICD-11 equivalent
C00.0	2B60.Z
C00.1	2B60.Z
C00.2	2B60.Z
C00.3	2B60.Z
C00.4	2B60.Z
C00.5	2B60.Z
C00.6	2B60.Z
C00.8	2B60.Z
C00.9	2B60.Z
C01	2B61.Z
C01.0	2B61.Z
C02	2B62.Z
C02.0	2B62.Z
C02.1	2B62.Z
C02.2	2B62.Z
C02.3	2B62.Z
C02.4	2B62.1
C02.8	2B62.Z
C02.9	2B62.Z
C03	2B63.Z
C03.0	2B63.Z
C03.1	2B63.Z
C03.9	2B63.Z
C04	2B64.Z
C04.0	2B64.Z
C04.1	2B64.Z
C04.8	2B64.Z
C04.9	2B64.Z
C05	2B65.Z
C05.0	2B65.Z
C05.1	2B65.Z
C05.2	2B65.Z
C05.8	2B65.Z
C05.9	2B65.Z
C06.0	2B66.Z
C06.1	2B66.Z
C06.2	2B66.Z
C06.8	2B66.Z
C06.9	2B66.Z
C07	2B67.Z
C07.0	2B67.Z
C08.0	2B68.Z
C08.1	2B68.Z
C08.8	2B68.Z
C08.9	2B68.Z
C09.0	2B69.Z
C09.1	2B69.Z
C09.8	2B69.Z
C09.9	2B69.Z
C10.0	2B6A.Z
C10.1	2B6A.Z
C10.2	2B6A.Z
C10.3	2B6A.Z
C10.4	2B6A.Z
C10.8	2B6A.Z
C10.9	2B6A.Z
C11.0	2B6B.Z
C11.1	2B6B.Z
C11.2	2B6B.Z
C11.3	2B6B.Z
C11.8	2B6B.Z
C11.9	2B6B.Z
C12	2B6C.Z
C12.0	2B6C.Z
C13.0	2B6D.Z
C13.1	2B6D.Z
C13.2	2B6D.Z
C13.8	2B6D.Z
C13.9	2B6D.Z
C14.0	2B6E.Z
C14.2	2B6E.Z
C14.8	2B6E.Z
C15.0	2B70.Z
C15.1	2B70.Z
C15.2	2B70.Z
C15.3	2B70.Z
C15.4	2B70.Z
C15.5	2B70.Z
C15.8	2B70.Z
C15.9	2B70.Z

Valid ICD-10 codes	ICD-11 equivalent
C16.0	2B72.Z
C16.1	2B72.Z
C16.2	2B72.Z
C16.3	2B72.Z
C16.4	2B72.Z
C16.5	2B72.Z
C16.6	2B72.Z
C16.8	2B72.Z
C16.9	2B72.Z
C17.0	2B80.0Z
C17.1	2B80.Z
C17.2	2B80.Z
C17.3	2B80.Z
C17.8	2B80.0Z
C17.9	2B80.0Z
C18.0	2B90.Z
C18.1	2B81.Z
C18.2	2B90.0Z
C18.3	2B90.0Z
C18.4	2B90.2Z
C18.5	2B90.1Z
C18.6	2B90.1Z
C18.7	2B90.3Z
C18.8	2B90.Z
C18.9	2B90.Z
C19	2B91.Z
C19.0	2B91.Z
C20	2B92.Z
C20.0	2B92.Z
C21.0	2C00.Z
C21.1	2C00.Z
C21.2	2C00.Z
C21.8	2C00.Z
C22.0	2C12.02
C22.1	2C12.10
C22.2	2C12.01
C22.3	2B56.3
C22.4	2B5F.2
C22.7	2C12.0
C22.9	2C12.0
C23	2C13.Z
C23.0	2C13.Z

Valid ICD-10 codes	ICD-11 equivalent
C24.0	2C14.Z
C24.1	2C16.Z
C24.8	2C17.Z
C24.9	2C17.Z
C25.0	2C10.Z
C25.1	2C10.Z
C25.2	2C10.Z
C25.3	2C10.Z
C25.4	2C10.Z
C25.7	2C10.Z
C25.8	2C10.Z
C25.9	2C10.Z
C26.0	2C11.0
C26.1	2C11.Z
C26.8	2C11.Z
C26.9	2C11.Z
C30.0	2C20.Z
C30.1	2C21.Z
C31.0	2C22.Z
C31.1	2C22.Z
C31.2	2C22.Z
C31.3	2C22.Z
C31.8	2C22.Z
C31.9	2C22.Z
C32.0	2C23.1
C32.1	2C23.2
C32.2	2C23.3
C32.3	2C23.4
C32.8	2C23.5
C32.9	2C23.Z
C33	2C24.Z
C33.0	2C24.Z
C34.0	2C25.Z
C34.1	2C25.Z
C34.2	2C25.Z
C34.3	2C25.Z
C34.8	2C25.Z
C34.9	2C25.Z
C37	2C27.Z
C37.0	2C27.Z
C38.0	2C28.1
C38.1	2C28.1

Valid ICD-10 codes	ICD-11 equivalent
C38.2	2C28.1
C38.3	2C28.1
C38.4	2C26.Z
C38.8	2C28.1
C39.0	2C29.Z
C39.8	2C29.Z
C39.9	2C29.Z
C40.0	2B52.0
C40.1	2B52.0
C40.2	2B52.0
C40.3	2B52.0
C40.8	2B52.0
C40.9	2B52.0
C41.0	2B52.Z
C41.1	2B52.Z
C41.2	2B52.Z
C41.3	2B52.Z
C41.4	2B51.2
C41.8	2B5J
C41.9	2B5J
C43.0	2C30.Z
C43.1	2C30.Z
C43.2	2C30.Z
C43.3	2C30.Z
C43.4	2C30.Z
C43.5	2C30.Z
C43.6	2C30.Z
C43.7	2C30.Z
C43.8	2C30.Z
C43.9	2C30.Z
C45.0	2C26.0
C45.1	2C51.2Z
C45.2	2C28.Z
C45.7	2C26.0
C45.9	2C26.0
C46.0	2B57.1
C46.1	2B57.Z
C46.2	2B57.Z
C46.3	2B57.Z
C46.7	2B57.Z
C46.8	2B57.Z
C46.9	2B57.Z

Valid ICD-10 codes	ICD-11 equivalent
C47.0	2C4Z
C47.1	2C4Z
C47.2	2C4Z
C47.3	2C4Z
C47.4	2C4Z
C47.5	2C4Z
C47.6	2C4Z
C47.8	2C4Z
C47.9	2C4Z
C48.0	2C50.Z
C48.1	2B5F.10
C48.2	2C51.Z
C48.8	2C53.1
C49.0	2B5K
C49.1	2B5K
C49.2	2B5K
C49.3	2B5K
C49.4	2B5K
C49.5	2B5K
C49.6	2B5K
C49.8	2B5K
C49.9	2B5K
C50.0	2C6Z
C50.1	2C6Z
C50.2	2C6Z
C50.3	2C6Z
C50.4	2C6Z
C50.5	2C6Z
C50.6	2C6Z
C50.8	2C6Z
C50.9	2C6Z
C51.0	2C70.Z
C51.1	2C70.Z
C51.2	2C70.Z
C51.8	2C70.Z
C51.9	2C70.Z
C52	2C71.Z
C52.0	2C71.Z
C53.0	2C77.Z
C53.1	2C77.Z
C53.8	2C77.Z
C53.9	2C77.Z

Valid ICD-10 codes	ICD-11 equivalent
C54.0	2C76.Z
C54.1	2C76.Z
C54.2	2C76.Z
C54.3	2C76.Z
C54.8	2C76.Z
C54.9	2C76.Z
C55	2C78
C55.0	2C78
C56	2C73.Z
C56.0	2C73.Z
C57.0	2C74.Z
C57.1	2C72.Z
C57.2	2C72.Z
C57.3	2C72.Z
C57.4	2C72.Z
C57.7	2C7Z
C57.8	2C72.2
C57.9	2C7Z
C58	2C75.Z
C58.0	2C75.Z
C60.0	2C81.Z
C60	2C81.Z
C60.1	2C81.Z
C60.2	2C81.Z
C60.8	2C81.Z
C60.9	2C81.Z
C61	2C82.Z
C61.0	2C82.Z
C62.0	2C80.Z
C62	2C80.Z
C62.1	2C80.Z
C62.9	2C80.Z
C63.0	2C84
C63	2C84
C63.1	2C84
C63.2	2C84
C63.7	2C84
C63.8	2C84
C63.9	2C8Z
C64	2C90.Z
C64.0	2C90.Z
C65	2C91.Z

Valid ICD-10 codes	ICD-11 equivalent
C65.0	2C91.Z
C66	2C92.Z
C66.0	2C92.Z
C67.0	2C94.Z
C67	2C94.Z
C67.1	2C94.Z
C67.2	2C94.Z
C67.3	2C94.Z
C67.4	2C94.Z
C67.5	2C94.Z
C67.6	2C94.Z
C67.7	2C94.Z
C67.8	2C94.Z
C67.9	2C94.Z
C68.0	2C93.Z
C68	2C93.Z
C68.1	2C93.Z
C68.8	2C95.Z
C68.9	2C9Z
C69.0	2D00.Z
C69	2D00.Z
C69.1	2D01.Z
C69.2	2D02.Z
C69.3	2D05
C69.4	2D06.Z
C69.5	2D03.Z
C69.6	2D04
C69.8	2D0Z
C69.9	2D0Z
C70.0	2A01.00
C70	2A01.00
C70.1	2A01.2
C70.9	2A01.00
C71.0	2A00.5
C71	2A00.5
C71.1	2A00.5
C71.2	2A00.5
C71.3	2A00.5
C71.4	2A00.5
C71.5	2A00.5
C71.6	2A00.5
C71.7	2A00.5

Valid ICD-10 codes	ICD-11 equivalent
C71.8	2A00.5
C71.9	2A00.5
C72.0	2A02
C72	2A02
C72.1	2A02
C72.2	2A02
C72.3	2A02
C72.4	2A02
C72.5	2A02.1Z
C72.8	2A02
C72.9	2A0Z
C73	2D10.Z
C73.0	2D10.Z
C74.0	2D11.Z
C74	2D11.Z
C74.1	2D11.Z
C74.9	2D11.Z
C75.0	2D12.Z
C75	2D12.Z
C75.1	2D12.Z
C75.2	2D12.Z
C75.3	2D12.Z
C75.4	2D12.Z
C75.5	2D12.Z
C75.8	2D12.Z
C75.9	2D12.Z
C76.0	2D4Z
C76	2D4Z
C76.1	2D4Z
C76.2	2D4Z
C76.3	2D4Z
C76.4	2D4Z
C76.5	2D4Z
C76.7	2D4Z
C76.8	2D4Z
C77.0	2D60.0
C77	2D60.0
C77.1	2D60.1
C77.2	2D60.2
C77.3	2D60.3
C77.4	2D60.4
C77.5	2D60.5

Valid ICD-10 codes	ICD-11 equivalent
C77.8	2D61
C77.9	2D6Z
C78.0	2D70
C78	2D70
C78.1	2D71
C78.2	2D72
C78.3	2D73
C78.4	2D84
C78.5	2D85
C78.6	no code
C78.7	2D80.Z
C78.8	2D8Z
C79.0	2E00
C79	2E00
C79.1	2E01
C79.2	2E08
C79.3	2D51
C79.4	2E09
C79.5	2E03
C79.6	2E05.0
C79.7	2E07
C79.8	2E2Z
C79.9	2E2Z
C80.0	2D4Z
C80	2D4Z
C80.9	2D4Z
C81.0	2B30.0
C81	2B30.0
C81.1	2B30.10
C81.2	2B30.12
C81.3	2B30.13
C81.4	2B30.11
C81.7	2B30.1Z
C81.9	2B30.Z
C82.0	2A80.0
C82	2A80.0
C82.1	2A80.1
C82.2	2A80.2
C82.3	2A80.2
C82.4	2A80.2
C82.5	2A80.Z
C82.6	2A80.3

Valid ICD-10 codes	ICD-11 equivalent
C82.7	2A80.Z
C82.9	2A80.Z
C83.0	2A82.0Z
C83	2A82.0Z
C83.1	2A85.5
C83.3	2A81.Z
C83.5	2A8Z
C83.7	2A85.6
C83.8	2A8Z
C83.9	2A8Z
C85.0	2A8Z
C85	2A8Z
C85.1	2A86.Z
C85.2	2A81.0
C85.7	2A8Z
C85.9	2A8Z
C86.0	2A90.6
C86	2A90.6
C86.1	2A90.8
C86.2	2A90.7
C86.3	2B00
C86.4	2A60.5
C86.5	2A90.9
C86.6	2B03
C88.0	2A85.4
C88	2A85.4
C88.2	2A84.1
C88.3	2A84.0
C88.4	2A85.1
C88.7	2A85.0
C88.9	2A84.Z
C90.0	2A83.1
C90	2A83.1
C90.1	2A83.4
C90.2	2A83.3
C90.3	2A83.2
C91.0	2A7Z
C91	2A7Z
C91.1	2A82.0Z
C91.3	2A82.1Z
C91.4	2A82.2
C91.5	2A90.5

Valid ICD-10 codes	ICD-11 equivalent
C91.6	2A90.0
C91.7	2A82.3
C91.8	2A85.6
C91.9	2B33.3
C92.0	2A60.Z
C92	2A60.Z
C92.1	2A20.0Z
C92.2	2A41
C92.3	2A60.39
C92.4	2A60.Z
C92.5	2A60.33
C92.6	2A60.Z
C92.7	XH5AH8
C92.8	2A61
C92.9	2A60.3Z
C93.0	2A60.34
C93	2A60.34
C93.1	2A40
C93.3	2A42.Z
C93.7	2B33.1
C93.9	2B33.1
C94.0	2A60.35
C94	2A60.35
C94.2	2A60.36
C94.3	2A21.00
C94.4	2A60.38
C94.6	2A44
C94.7	2A61
C95.0	2B33.0
C95	2B33.0
C95.1	2B33.4
C95.7	no code
C95.9	2B33.4
C96.0	XH60Q1
C96	XH60Q1
C96.2	2A21.Z
C96.4	2B31.Z
C96.5	XH86U0
C96.6	2B31.2
C96.7	XH0124
C96.8	2B31.1
C96.9	2B33

Valid ICD-10 codes	ICD-11 equivalent
C97	2D43
C97.0	2D43
D05.0	2E65.0

Valid ICD-10 codes	ICD-11 equivalent
D05.1	2E65.2
D05.7	2E65.Z
D05.9	2E65.Z