

ICHI Reference Guide

International Classification of Health Interventions

October 2025 Annual Meeting

Contents

CONTENTS	I
COPYRIGHT PAGE	1
ABBREVIATIONS	3
INTRODUCTION	3
ICHI SCOPE AND STRUCTURE.....	8
GUIDELINES FOR USERS	10
1. INTRODUCTION	10
2. SELECTING ICHI STEM CODES.....	10
3. CONVENTIONS USED IN ICHI	11
4. CHOOSING AN ICHI TARGET	15
5. CHOOSING AN ICHI ACTION	20
6. CHOOSING AN ICHI MEANS	21
7. RESIDUAL CATEGORIES – ‘OTHER’ AND ‘UNSPECIFIED’	22
9. EXTENSION CODES (USE WHEN NEEDED)	23
10. USING OTHER CODE LISTS.....	29
11. INTERVENTIONS PERFORMED TOGETHER.....	30
12. PACKAGES OF INTERVENTIONS.....	32
PACKAGES WILL VARY ACCORDING TO THE RELEVANT CIRCUMSTANCES, AND ACCORDING TO NATIONAL OR SUB-NATIONAL SYSTEM STRUCTURES OR CAPACITIES. THEREFORE, ICHI DOES NOT ATTEMPT TO CLASSIFY PACKAGES OF INTERVENTIONS. WHERE DOCUMENTATION ONLY SIGNIFIES THAT A PACKAGE OF INTERVENTIONS HAS BEEN PROVIDED, FURTHER INFORMATION IS NEEDED TO DETERMINE THE INTERVENTIONS PROVIDED.....	
13. USING ICHI WITH ICD AND/OR ICF	34
14. ANNEX A: HISTORY OF THE DEVELOPMENT OF ICHI	35

Copyright page

International Classification of Health Interventions (ICHI)

© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NoDerivatives 3.0 IGO license (CC BY-ND 3.0 IGO; <https://creativecommons.org/licenses/by-nd/3.0/igo/>).

This license does not allow you to produce adaptations of the work (including translations) without permission from WHO.

You may copy and redistribute the work, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted.

Any mediation relating to disputes arising under the license shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

This PDF version of ICHI was generated to support the user preference for viewing ICHI in a portable format. The current version of ICHI is available from: <https://icd.who.int/dev11/l-ichi/en>.

Suggested citation

International Classification of Health Interventions (ICHI). Geneva: World Health Organization; 2023.

Mappings or crosslinks between other classifications and terminologies and ICHI and/or translations are subject to a separate written agreement from WHO.

Third-party materials

If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Correct use of ICHI

The ICHI Reference Guide is designed to assist the correct use of ICHI. Intending users of ICHI should read the Reference Guide before using ICHI.

To prevent the dilution of ICHI's purpose to provide a definitive standard for classifying health interventions, ICHI may not be used for the purpose of developing or promoting a different standard.

The use of ICHI in software products is subject to a WHO license. Under the terms of this license, users may not:

- reproduce ICHI in part or whole and distribute it under a different name or without attribution;
- reproduce and distribute ICHI in part or whole without the ICHI codes;
- reproduce ICHI in part or whole without the ICHI URIs (not applicable for print publications).

Mappings, crosslinks and/or translations between ICHI and other classifications or terminologies are subject to a separate written agreement from WHO.

Adding data fields to ICHI concepts is permitted, provided such additions are clearly identified as additions that do not originate from WHO.

Suggestions for changes to ICHI should be submitted as a proposal to the ICHI maintenance platform.

Caveats

The ICHI Reference Guide seen on this site is not the released version. **The content in this platform may change on an ongoing basis.**

For the latest release please see the [released version of the ICHI Reference Guide](#)

Abbreviations

CDC	Central Product Classification
FDC	Family Development Committee
HDP	Hospital Data Project
ICD	International Classification of Diseases
ICF	International Classification of Functioning, Disability and Health
ICHI	International Classification of Health Interventions
ICPM	International Classification of Procedures in Medicine
ISIC	International Standard Industrial Classification
LOINC	Logical Observation Identifiers Names and Codes
OECD	Organization for Economic Co-operation and Development
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
WHO	World Health Organization
WHO-FIC	World Health Organization - Family of International Classifications

Introduction

The World Health Organization (WHO) Family of Health Classifications (WHO-FIC) includes three reference classifications, covering diseases, functioning and disability, and health interventions:

- International Statistical Classification of Diseases (ICD)
- International Classification of Functioning, Disability and Health (ICF)
- International Classification of Health Interventions (ICHI).

The Family of Health Classifications is described at <https://www.who.int/publications/m/item/who-fic-family-paper>.

Earlier intervention classification development is described in Annex A of this Guide.

Development of ICHI began in 2007 utilising a wide range of professionals drawn from WHO-FIC Collaborating Centres in all WHO regions, as well as a number of WHO staff.

ICHI covers all parts of the health system and includes a wide range of interventions often not found in national interventions classifications.

ICHI Use Cases

1. International comparisons

The Organization for Economic Co-operation and Development (OECD) and Eurostat currently collect data from member countries on a limited range of hospital interventions proposed by the Hospital Data Project (HDP). In reporting, the impact of different classification systems is regularly noted. To date, Eurostat reports on the 36 interventions proposed by the HDP.

These international reporting processes demonstrate the demand for international comparisons of interventions across countries. Uses include comparing rates of interventions across countries, waiting times, and variations in response to specific health conditions (clinical pathways).

A comprehensive international classification of health interventions provides a sound base for statistical comparisons, whether the international classification is used directly for collecting data, as a base for developing national classifications, or as a common structure to which codes in national classifications can be mapped for compiling international data. It provides a means of updating the HDP list, as well as conducting other regular or ad hoc comparisons.

2. National uses of ICHI

a) Countries with no classification of health interventions

Many countries, particularly countries with less developed health systems, currently have no intervention classification. These countries lack the basic infrastructure to collect information on what is being performed at the various levels of their health systems, with consequent adverse impacts on planning, quality and resource allocation, essential to health system development and improved health.

b) Countries using ICD-9-CM Volume 3

The United States (U.S.) interventions classification ICD-9-CM Volume 3 has been used by many countries. It has always been in the public domain, available for use without formality or cost. Since 1 October 2015, ICD-9-CM Volume 3 was no longer used in the U.S. health system and has not been maintained. It was replaced by ICD-10-PCS, also a public good, but a much more detailed classification.

c) Countries seeking to redevelop their national classification using ICHI

National classifications of health interventions have been developed and implemented over the past 20 to 30 years in a range of countries. The purpose has often been to support the development of casemix funding systems. Countries or organisations seeking to redevelop

their classification of health interventions would be able to do so, subject to a WHO licence, using ICHI as a base.

ICHI is a useful classification to standardise classification practice in countries where different groups have adopted a variety of intervention systems, or have intervention or coding systems that are, in reality, price lists and do not include important clinical information.

d) Countries considering addition of components of ICHI to national classifications

National classifications have focused on diagnostic, medical and surgical interventions. ICHI has a range of content either not found in national classifications, or only incompletely covered. Interventions relevant to mental health, primary care, allied health, assistance with functioning, rehabilitation, prevention and public health are included in ICHI.

3. Sustainable Development Goals

The United Nations General Assembly adopted the Sustainable Development Goals (SDGs) in 2015. Goal 3, Good Health and Well-being, aims to 'ensure healthy lives and promote well-being for all at all ages'. This Goal contains 13 Targets, several of which relate to health interventions, including prevention and treatment of non-communicable diseases and promotion of mental health and well-being (Target 3.4), universal access to sexual and reproductive health-care services (Target 3.7), access to quality essential health-care services (Target 3.8), and tobacco control (Target 3.A). In addition, there are Targets under other Goals that relate to health interventions, such as ending malnutrition (Target 2.2).

To monitor progress against these Goals, and to assist in the development, financing and implementation of specific programs appropriate to each particular region and country, it is important to have a common classification that can be used to describe interventions across countries and regions.

4. Universal Health Coverage

Universal Health Coverage (UHC) is a major WHO priority. It is defined as 'ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services'. Examples of interventions that should be universally available include antenatal care, measles vaccination and hypertension treatment. Universal Health Coverage is a Target under SDG 3 (Target 3.8).

In outlining a common structure and terminology for the description of interventions, ICHI, together with ICD-11 and ICF, provides a valuable tool to specify indicators for monitoring implementation of UHC.

5. Patient Safety and Quality

Sources of harm, together with the modes by which harm occurs, are central to the study of patient safety and quality of care. Issues of patient safety and quality of care can be represented across all three WHO-FIC reference classifications:

- **ICD and ICF** describe the health condition or disability that arises from an adverse event, as well as the outcomes of interventions undertaken in response.
- **ICD-11** (Chapter 23) specifically includes categories for “*Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use*”, classified by the condition affected.
- **ICHI** captures the health interventions themselves, including those undertaken to address safety and quality issues. Such interventions, when coded in ICHI, support systematic recording, reporting and discussion of remediation.

By providing a standardized description of interventions, ICHI also offers a common framework for international efforts to assess and compare the effectiveness of health interventions in improving patient safety and quality of care.

6. Health System Performance

ICHI is a classification of health interventions performed by a country's health system. It can be used as an information base for planning, managing and quality assessment. It covers not only interventions in hospitals, but also interventions in diverse fields including primary care, assistance with functioning and public health.

ICHI together with ICD-11 provides a base for financing of health services, including as part of a casemix financing system.

7. Health Information Systems

Health information systems comprise the institutions, people, and processes responsible for the collection, processing, analysis and use of health-related information. These systems draw on a range of data sources, including public health surveillance, health services data (often referred to as health management information systems or routine health information systems), and health system monitoring data such as those related to human resources, infrastructure and financing.

A well-functioning health information system ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance, and health status. Such systems are essential for improving patient outcomes, supporting research, and informing evidence-based policy and decision-making.

Health information coding enables data to be recorded and communicated in a standardized, language-independent manner. Standardization of coding facilitates

comparability of data at national and international levels. For example, ICHI-coded data can be analysed and compared across different sectors of the health system, provided that consistent coding rules and conventions are applied.

With the increasing adoption of digital technologies, health information systems are increasingly based on electronic data collection, reporting and analysis. Integration of coding within electronic health records and digital reporting platforms enhances data quality, accessibility and interoperability. ICHI has been designed to be used effectively within such digital health environments.

8. Public Health Use Cases for ICHI

ICHI provides a standardised framework to support the design, implementation and evaluation of public health programs. By offering a structured set of possible interventions, ICHI enables programs to be tailored to the specific needs of communities at a given point in time.

Using ICHI codes to represent the interventions included in a program allows systematic assessment of their role and effectiveness, thereby strengthening monitoring, evaluation, and international comparability.

Reporting on public health programs using ICHI codes allows quantification of public health outputs, that can be related to public health expenditure.

ICHI provides a common language for public health practitioners, policy makers and researchers to discuss and compare the composition of public health programs within a country and across countries. As an international standard, ICHI has an important role in strengthening the evidence base for public health programs and facilitating the translation of research findings into practice.

ICHI Scope and Structure

ICHI, as a statistical classification, encompasses interventions across all components of health systems, reflecting the broad scope of health represented jointly by the other two WHO-FIC reference classifications, ICF and ICD and providing a strong base for a health information system.

As part of the WHO-FIC Foundation, ICHI includes medical and surgical interventions, as well as those related to mental health, primary care, allied health, assistance with functioning, rehabilitation and prevention. ICHI also includes a range of interventions for use in community health and public health.

ICHI and the ICHI Reference Guide are accessed through the WHO-FIC ICHI Platform: <https://icd.who.int/dev11/l-ichi/en#>.

In addition, there is an ICHI Coding Tool (<https://icd.who.int/devct11/ichi/en/current>) to assist users to locate appropriate ICHI codes.

A health intervention is defined as follows:

*A **health intervention** is an act performed for, with or on behalf of a person or a population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions.*

ICHI comprises a comprehensive set of interventions, referred to as **stem codes**. Each stem code in ICHI is described in terms of three axes:

- **Target** - entity on which the Action is carried out
- **Action** - deed done by an actor to the Target
- **Means** - processes and methods by which the Action is carried out.

Each axis consists of a coded list of descriptive categories. Each stem code is represented by a title and a unique seven-character code denoting the axis categories for that intervention: three characters for the Target, two characters for the Action and two characters for the Means. Each ICHI stem code has a unique combination of categories from the three axes. Not every possible combination of the three axes is represented as an ICHI code. Many stem code titles in ICHI are commonly used terms, such as 'hysterectomy'.

Each stem code and axis category has a Unique Resource Identifier (URI), which is a string of characters that uniquely identifies a particular ICHI entity.

An ICHI stem code includes all necessary elements of the intervention (e.g. laparotomy as an operative approach includes the incisions of the different layers as well as the suturing of such layers; X-ray includes the taking of the X-ray image and the subsequent report). Separate coding of intervention components is not required.

ICHI does not include information about the provider of an intervention or the setting where the intervention is performed. The reason(s) for an intervention, and its outcome, is

classified using ICD and ICF, and as such is not included in ICHI. With this limited scope, ICHI is not designed to be used as a fee schedule.

Additional information about an intervention may be added as needed (post coordinated) using **extension** codes. These include codes for therapeutic and assistive products, medicaments, essential laboratory tests and telehealth, as well as information such as quantity, laterality and a more detailed description of anatomy. Where applicable, extension codes used in ICHI are the same as those in ICD-11. Each extension code also has a unique URI,

ICF codes may be used as extension codes to provide a more detailed description of functioning Targets. Codes from other classifications (such as Logical Observation Identifiers Names and Codes (LOINC), the International Standard Industrial Classification (ISIC) and the Central Product Classification (CPC)) may also be used as extension codes, notably for public health interventions.

In fields such as rehabilitation, mental health and public health, packages or programs of treatment are provided which include several specific interventions in ICHI. ICHI includes the capacity to link or cluster interventions provided as part of a package or program.

ICHI contains more than 10,000 interventions. The number of interventions in ICHI, and consequently the level of detail (granularity) across the classification, has been determined having regard to the use cases for ICHI and the need for stability of the classification over time.

ICHI groups interventions into the following four sections, based on the Target of the intervention:

- Interventions on Body Systems and Functions (Chapters 1-12)
- Interventions on Activities and Participation Domains (Chapters 13-21)
- Interventions on the Environment (Chapters 22-27)
- Interventions on Health-related Behaviours (Chapter 28)

Guidelines for users

1. Introduction

These guidelines are designed to help users select the most appropriate ICHI code/s for an intervention and thus support the production of consistently coded data that can be meaningfully interpreted.

2. Selecting ICHI stem codes

An ICHI stem code is constructed using three axes:

- **Target** - entity on which the Action is carried out
- **Action** - deed done by an actor to the Target
- **Means** - processes and methods by which the Action is carried out

Each ICHI stem code has a descriptive title. In some cases the wording of the code title reflects the axis categories for that code:

Percutaneous incision of brain = AAA.FA.AE

Target:	AAA	Brain
Action:	FA	Incision
Means:	AE	Percutaneous

In other cases the title is a commonly used clinical term:

Cholecystectomy = KCF.JK.AA

Target:	KCF	Gall bladder
Action:	JK	Excision, total
Means:	AA	Open approach

Where the code title is a commonly used clinical term, the ICHI stem code includes all necessary components of the intervention. Thus KCF.JK.AA *Cholecystectomy*, includes laparotomy as an operative approach, the isolation and removal of the gall bladder, and all suturing required. Codes for these components are not assigned separately.

Inclusion and exclusion terms, relevant to the intervention, help guide the user to a specific ICHI stem code. Before selecting a stem code, the user must also check that the Target,

Action and Means categories for that code are applicable to the intervention being coded; if in doubt, refer to the definitions provided for the axis categories.

3. Conventions used in ICHI

3.1 Description

The description provides a definition of the intervention where appropriate.

Example 1:

ATD.AC.ZZ	Test of orientation functions
Description	Using a questionnaire, rating scale or other instrument to test functions of knowing and ascertaining one's relation to time, to place, to self, to others, to objects and to space
Inclusions	Neuropsychological assessment battery orientation test

3.2 Inclusions

Inclusion terms help clarify the meaning and scope of a stem code. They may describe parts of the intervention that are always involved, provide examples of how the intervention might be worded, or list more specific examples that are grouped under the same code (Example 2). These inclusion lists often contain common or important terms related to the code, but they are not exhaustive.

To fully understand why a particular intervention is included under a certain code, it can be helpful to look at both the inclusion terms and the stem code title together.

Example 2:

NME.GA.AD	Endometrial ablation
Inclusions	Endometrial ablation by cryoprobe
	Endometrial ablation by electrocautery
	Endometrial ablation by high intensity focused ultrasound
	Endometrial ablation by laser
	Endometrial ablation by microwave
	Endometrial ablation by radiofrequency
	Endometrial ablation by rollerball thermal uterine balloon
	Hysteroscopic endometrial ablation

3.3 Exclusions

Certain categories contain lists of interventions preceded by the word 'Exclusions' and list specific interventions that are classified elsewhere in ICHI. In some cases, exclusions also provide more general guidance about the types of interventions that **should not** be coded using that category. Exclusions serve as a cross reference in ICHI and help to delineate the boundaries of an intervention code.

Examples 3 and 4:

JAN.JK.AA	Complete laryngectomy
Inclusions	Complete laryngectomy with synchronous tracheostomy
	Complete laryngectomy with thyroidectomy
	Block dissection of larynx
	Laryngopharyngectomy
Exclusions	That with radical neck dissection (JAN.JL.AA)

SSJ.PQ.ZZ	Psychotherapy for engaging in family relationships
Inclusions	Systemic family therapy
Exclusions	Psychotherapy for engaging in intimate relationships (SSM.PQ.ZZ)

3.4 Index terms

Index terms provide additional guidance on the content of each stem code. They include a range of terms that are classified under the stem code, helping to clarify its scope. These terms also function as search terms in the coding tool, guiding users to the correct code.

Index terms may consist of clinical expressions, synonyms, or alternative names. By reflecting the different ways an intervention might be described, they help users find the correct code.

Note that index terms are not exhaustive.

Example 5:

JBB.LG.AD	Endoscopic dilatation of bronchus
All Index Terms	Endoscopic bronchial dilation

3.5 Coding notes

- **Code also if performed:** This instruction is used when certain associated interventions are performed that require an additional code.

Example 6:

JBA.LI.AE	Percutaneous tracheostomy
Inclusions	Permanent percutaneous dilatational tracheostomy Temporary percutaneous dilatational tracheostomy
Coding Note	Code also, if performed, synchronous bronchoscopy (JBB.AE.AD)

- **Omit code:** This instruction is used when certain interventions which, when performed with or as part of other interventions, are not coded.

Example 7:

PAK.AE.AA	Exploratory laparotomy
Coding Note	If performed with any other intra-abdominal procedure – omit code

3.6 Abbreviations

NEC

The letters NEC are an abbreviation for 'not elsewhere classified'. When used in a stem code title it serves as a warning that a more specific code describing the intervention may be present elsewhere in the classification. Codes to which the NEC description is appended should only be used if one of the other options available in the classification is not suitable.

Example 8:

NME.JK.AA	Total abdominal hysterectomy, not elsewhere classified
------------------	---

NOS

The letters NOS are an abbreviation for 'not otherwise specified'. This indicates that the documentation that is used does not provide more detail beyond the term used.

Example 9:

ABA.JI.AA	Local excision of lesion of spinal cord
Inclusions	Excision of tissue of spinal cord, not otherwise specified

3.7 Use of 'And' and 'Or'

The words 'and' and 'or' in ICHI are generally used in their meaning in formal logic. A term that includes a statement of the kind 'A and B' means that both, A and B, have to be present in order to use that category. A term that includes a statement of the kind 'A or B' means that the category may be used if either A or B are present.

Where terms from ICD-11 or ICF are used in ICHI then the logic of those classifications has been retained.

Example 10:

AUB.PG.ZZ	Assisting and leading exercise for memory functions
------------------	--

This intervention means that both assisting and leading were part of the intervention.

Example 11:

AXA.DB.AC	Oral or enteral medication for pain
------------------	--

This intervention means 'Oral medication for pain **or** Enteral medication for pain'.

3.8 Parentheses and square brackets

- **() Parentheses** enclose supplementary words that indicate elements that may be present in the intervention being classified. They are also used to enclose the ICHI stem code to which an exclusion term refers.

Example 12:

AS1.PQ.ZZ	Psychotherapy for mental functions, unspecified
Inclusions	Psychotherapy for simple phobias using exposure to the object
Exclusions	Counselling for mental functions, unspecified (AS1.PP.ZZ)

- **[] Square brackets** enclose the complete title of an intervention and will follow the abbreviations displayed in upper case letters.

Example 13:

KBI.AE.AD	Oesophagogastrroduodenoscopy
Inclusions	Duodenoscopy
	Panendoscopy to duodenum
	Upper GI endoscopy
All Index Terms	EGD - [Esophagogastrroduodenoscopy] OGD - [Oesophagogastrroduodenoscopy]

3.9 Singular versus multiple

In ICHI, organs, diseases and anatomical sites are expressed using the singular form to represent both singular and multiple, e.g., 'polyp' can be interpreted as polyp or polyps.

3.10 Spelling

British spelling is used throughout ICHI.

4. Choosing an ICHI Target

When selecting an ICHI stem code, choose a stem code with the most applicable Target for the use case.

4.1. Targets relating to medical and surgical interventions on 'Body Systems'

For medical and surgical interventions, **anatomy** is the preferred Target:

- If the Target is a Body Function domain, and anatomical structures are not being acted upon, select the Body Function Target.
- If the anatomy is altered (surgically) in any way, then anatomy becomes the Target.

Where a single intervention involves multiple anatomical locations, select the Target in the stem code that reflects the **deepest location** (within the body or structure); if further specificity is needed, select the location **closest to the head**.

For '*Oesophagogastrroduodenoscopy*, assign KBI.AE.AD; the Target of the intervention is the Duodenum (the deepest location)

Multiple interventions performed together are discussed in Section 11.

ICHI Target categories vary in granularity and some groups of Targets are hierarchically related (e.g., HAA *Left atrium*, HAZ *Atrium, unspecified*, and HZZ *Entire heart or great vessel, unspecified*). In general, a stem code with the most detailed applicable Target category is assigned.

If a matching detailed ICHI Target is not available, look for a broader Target that encompasses the Target of the intervention. For interventions with an anatomical Target, residual body system Targets are available, e.g., NZZ *Urogenital system and functions, unspecified*, PZZ *Unspecified site* or general topographical sites e.g. PNA *Lower limb*,

NOS. These are located at the end of the list of Targets for each body system. ICHI stem codes with these Targets are only assigned when there is insufficient documentation or information to select a more specific ICHI Target, or when an applicable code with a more specific Target is not available.

Where other interventions have more than one Target, and there is no single Target category that encompasses all Targets of the intervention, select a code with an ICHI Target that reflects the main Target for the intervention.

Other rules concerning choice of Target for medical and surgical interventions:

- **Control of haemorrhage.** Target assigned is the organ which requires the 'control of haemorrhage' rather than the bleeding vessel.
- **Localised pharmacotherapy.** Target assigned is the specific anatomical site, e.g. for injection of agent into spinal canal, the Target selected is ABG *Spinal cavity*.
- **Systemic pharmacotherapy** (not aimed at a specific anatomical site). Target assigned is the whole body (PZA).
- **Interventions on the fetus.** Target assigned is NMR *Fetal or embryonic structure*, not the specific anatomical structure on the fetus, e.g., NMR.AD.AD *Biopsy of fetal structures*. If needed, the specific fetal anatomical structure can be identified using an extension code, refer to Section 9.5 *Use of specific 'anatomy and topography' extension codes*.

For medical and surgical interventions, where there is more than one anatomical site involved:

- Select the Target in the stem code to reflect the main anatomical site of the intervention or the starting point, e.g., ventriculoperitoneal shunt – Target is ventricle, not peritoneum. For 'Ventriculoperitoneostomy', assign: AAE.LI.AA *Ventricular shunt*. An additional anatomical site may be added as an extension code.

Priority rules for selecting the Target for interventions concerning fistulas:

- If the female genital tract is involved, select the specific female genital tract Target e.g.: rectovesicovaginal fistula is assigned to the Target for 'vagina'.
- If the urinary tract is involved, the Target is the urinary tract, except when female genital tract is involved.
- Any other fistulae, the Target is the first mentioned site in the clinical term.

4.2. Targets relating to 'Body Functions, Activities and Participation Domains, and Environmental Factors'

The ICHI Target axis includes categories for Body Functions, Activities and Participation Domains, and Environmental Factors based on codes from the WHO *International Classification of Functioning, Disability and Health* (ICF); some of the target titles have been slightly modified from the associated ICF entities. Body Function Targets are grouped with the relevant Body System Targets.

The inclusion of Activities and Participation domains and Environmental Factors allow ICHI to cover all aspects of the health system.

ICHI Targets based on ICF codes are hierarchically nested, as the categories are in the ICF itself. The highest level of the ICF hierarchy is Chapter. Chapters are divided into blocks, within which 3-digit and 4-digit codes are nested. While chapter and block do not have ICF codes, they are assigned codes in ICHI

ICHI Targets based on ICF Chapters are inclusive of all Targets taken from lower levels of the ICF hierarchy, i.e., block and ICF codes. Similarly, blocks include all lower level Targets: ICF chapter-level Target codes consist of two letters followed by the numeral '1'

- ICF block-level Target codes consist of two letters followed by the numeral '2'
- ICF 3-digit or 4-digit Target codes consist of three letters.

The hierarchical structure of the ICHI targets based on ICF codes is illustrated in Table 1 and Examples 14 and 15 below:

Table 1: Hierarchical structure of ICHI Targets based on ICF codes

Code	ICHI Target	Level	ICF map
AS1	Mental functions, unspecified	Chapter level	b1
AT2	Global mental functions, not elsewhere classified	Block level	b110–b139
ATC	Awareness and alertness functions	ICF code	b110
ATD	Orientation functions	ICF code	b114
AU2	Specific mental functions, not elsewhere classified	Block level	b140–b189
AUA	Attention functions	ICF code	b140
AUB	Memory functions	ICF code	b144

Example 14:

For an 'assessment intervention focused solely on memory', assign:

AUB.AA.ZZ Assessment of memory

A code with a higher-level Target may be used where there is no single code to specify the combined Targets, depending on the use case.

Example 15:

For 'provision of practical support **with both** housework and meal preparation', assign:

SO2.RB.ZZ Practical support with carrying out household tasks, not elsewhere classified.

Otherwise, two separate codes can be assigned:

SOA.RB.ZZ Practical support with preparing meals

and

SOD.RB.ZZ Practical support with doing housework

if this level of specificity is required.

4.3 Choosing between 'Health-related Behaviour' or 'Activities and Participation Domains' Targets

Stem codes with 'Health-related behaviour' Targets (VAA to VFZ) are assigned when the intervention aims to assess, promote or modify **behaviour**, at individual or population level, in relation to a particular factor affecting health (alcohol use, hygiene, sexual behaviour, etc).

Stem codes with 'Activities and Participation Domains' Targets (SA1 to SZZ) are assigned when the intervention aims to assess, improve, or maintain a person's **performance** of particular activities or engagement in particular life situations.

Example 16:

1. an intervention that involves education about healthy food choices and appropriate portion sizes is classified to:

VEA.PM.ZZ Education to influence eating behaviours

2. an intervention that involves education about the activity of eating (e.g., in the context of rehabilitation after stroke) is classified to:

SMF.PM.ZZ Education about eating

For interventions concerning products or technologies to assist a person's body functions or their activities or participation, the relevant 'assistive products and technologies' codes are assigned, with Targets UAD to UAJ. For interventions concerning products or technologies provided to facilitate behaviour change, codes with the relevant health-related behaviour Target are assigned (VAA to VFZ). (An extension code may be assigned to describe particular assistive or therapeutic products).

Examples 17 and 18:

- An intervention that involves providing a person with an assistive device for bathing is classified to:
UAD.RD.ZZ Provision of products and technology for personal use in daily living

- An intervention that involves providing antibacterial hand cleanser to schools to encourage personal hygiene practices among students and teachers is classified to:
VED.RD.ZZ Providing goods to support improved hygiene behaviours

4.4 Public Health interventions: Ultimate and immediate Targets

For Public Health interventions that target an environmental factor or a health-related behaviour, the environmental factor or health-related behaviour may be considered the **ultimate** Target of the intervention.

Often the Action of the intervention is directed at an **immediate** Target, in order to impact on the **ultimate** Target.

For example, an awareness raising intervention might seek to change community attitudes (immediate Target) in order to influence tobacco use behaviours (ultimate Target). In such cases, the Ultimate Target is considered the main Target when selecting an ICHI code. Where needed, the Immediate Target may be indicated by using a separate Target as an extension code.

Example 19:

For 'Stop waste burning to improve outdoor air quality', assign:
UBM.VR.QE&UEV

Where:

Stem code – UBM.VR.QE *Reducing emissions through enforcement of laws or standards to improve outdoor air quality*
Target (immediate) - UEV *Waste collection and disposal services, systems and policies*

Example 20:

To indicate 'economic incentives concerning indoor air quality regarding the use of coal and coke' a Target extension code may be used, assign:
UBL.WG.QF&UGD

Where:

Stem code – UBL.WG.QF *Economic incentives concerning indoor air quality, in relation to health*
Target – UGD *Coal and coke*

5. Choosing an ICHI Action

When selecting an ICHI stem code, choose a code with the most applicable Action. In considering an Action category, users should read the definition for that Action. Inclusions and Index terms help to clarify the scope of the category by providing examples of Actions covered; note that lists of Inclusions and Index terms are not exhaustive.

Examples 21 and 22:

Action	FC Release
Description	Freeing a body part that is compressed or unable to function without taking out the body part
Index terms	Adhesiolysis Carpal tunnel release Decompression laminectomy Interrupting or splitting of tissue for release Lysis of adhesions
Exclusions	Division on conjoined twins (FB)

Action	SI Preparation
Definition	Preparing for an upcoming or future intervention
Inclusions	Modelling Rehearsal Simulation
Exclusions	Planning (TB)

5.1 Multiple Actions

An ICHI stem code can only include one Action. Select an intervention code based on the **main Action** or the first one mentioned in the documentation.

Where multiple medical or surgical interventions are performed within the same clinical procedure, assign multiple ICHI stem codes to describe the interventions being performed (see Section 11).

Example 20:

For 'Coronary angiogram with intravascular pressure measurement', assign the following stem codes to describe the interventions performed:

- HIA.BA.BB Coronary angiography
- HIA.AB.AF Intravascular pressure measurement of coronary arteries

Actions undertaken as part of a more comprehensive Action are not separately coded (see section 8.1).

Examples 21 - 22:

- for 'excision/resection with a reconstruction', select an ICHI stem code with Action ML *Reconstruction*. When an excision/resection is inherent in the reconstruction intervention these are not coded separately when performed in the one operative episode

- for 'incision and drainage', select an ICHI intervention code with Action JB *Drainage* as the incision is the operative route in order to perform the 'drainage'.

6. Choosing an ICHI Means

When selecting an ICHI stem code, the Means identifies 'the processes and methods by which the Action is carried out'. The Means axis includes the following groups of Means categories:

- Approach
- Technique
- Method
- Sample
- Other method or technique, not elsewhere classified
- Unspecified method or technique

In considering the applicability of a Means category, read the definition for that Means.

Examples 23 – 24:

Means	AA Open approach
Description	Exposing the actual site of the intervention by incision of the skin or mucous membrane and any other underlying tissue.
Inclusions	Transmastoid
Exclusions	Cutting per orifice (AC)

Means	BD Computerised tomography with contrast medium
Description	Linear or multi-directional scanning where images are processed and displayed in cross-sections, and contrast medium
Exclusions	Computerised tomography, not otherwise specified (BC)

6.1 Choice of 'Approach' Means categories

'Approach' Means categories are only assigned for medical and surgical interventions.

- 'Open' (AA) is the default approach for medical/surgical interventions, i.e., where type of approach is not specified in the stem code title, this indicates 'open approach'.

7. Residual Categories – 'Other' and 'Unspecified'

Assign ICHI codes to include the highest level of detail possible with the use of one or multiple stem codes. There are, however, circumstances when that is not possible and for that reason ICHI includes stem codes titled 'other' and 'unspecified'.

In some instances, necessary information to select a specific stem code may not be available in the source documentation. When this is the case, the residual stem code for 'unspecified' is selected. Conversely, there are instances where the information in the source documentation is very specific, but ICHI may not include a specific stem code. In this case, code to the residual category titled 'other'.

8. What not to code

8.1 Intervention Components

Do not code any medical/surgical interventions that are components of another intervention where these components would usually be considered a routine or inherent part of the more significant intervention being performed, for example an operative approach for surgery.

Example 25:

For a laparotomy performed for a cholecystectomy, assign a stem code for the open cholecystectomy only (KCF.JK.AA).

9. Extension codes (use when needed)

Additional information about an intervention may be added by the use of **extension** codes. These codes increase the detail and granularity of ICHI stem codes. Extension codes are optional depending on the use case and are never assigned alone: they must be assigned after a stem code.

The following are ICHI extension codes:

Additional descriptive information
Assistive Products
Essential laboratory tests
Quantifiers
Telehealth
Therapeutic products
Anatomy and tomography
Topology scale value

In addition, an extension code for Substances, which includes Medicaments, is contained in ICD-11 may be used in ICHI coding.

An extension code may be assigned with any ICHI stem code to which it is applicable.

The ICHI stem code is reported first, followed by an ampersand '&', followed by the extension code/s. Multiple extension codes are separated by '&'.

Syntax: ICHI stem code&extension code&extension code.

Example 26:

For 'Revision of meniscoplasty of right knee, assign:
MMD.ML.AA & XK9K & XG3J07

Where:

Stem code – MMD.ML.AA *Meniscoplasty of knee*
Topology extension code for laterality – XK9K *Right*
Additional descriptive information extension code – XG3J07 *Revision*

Example 27:

For 'Unplanned meniscoplasty of right knee, assign:
MMD.ML.AA&XK9K&XG87Y4

Where:

Stem code – MMD.ML.AA *Meniscoplasty of knee*
Topology extension code for laterality – XK9K *Right*
Additional descriptive information extension code – XG87Y4 *Unplanned intervention*

Specific guidelines for the application of certain extension codes in this section are provided below.

9.1 Use of 'Additional descriptive information' extension codes

These extension codes provide additional information about the circumstances of an intervention (such as resuming or re-operation) or some additional detail (such as description of the recipient of an intervention).

- Initiating/maintaining/discontinuing/resuming
- Relationship to other intervention(s)
- Standardisation or structure
- Use of equipment or challenge
- Recipient
- Creative therapy
- Specific skills and techniques
- Tissue flaps
- Tissue grafts

9.2 Use of 'Assistive products' extension codes

To identify more detail regarding an assistive product in association with an intervention, an extension code from 'Assistive products' may be assigned.

Example 28:

For 'Provision of digital hearing aids', assign:
UAF.RD.ZZ&XP305.01

Where:
Stem code – UAF.RD.ZZ *Providing goods for communication*
Assistive products extension – XP305.01 *Hearing aids (digital) and batteries*

The assistive products extension code covers the content from the WHO Priority Assistive Products List (APL).

9.3 Essential Laboratory Tests

The Essential Laboratory Tests extension code list is comprised of tests included by the WHO in its fourth Model List of Essential In-Vitro Diagnostics 2023, described at <https://iris.who.int/bitstream/handle/10665/373322/9789240081093-eng.pdf>

These extension codes may be assigned to record a laboratory test performed on a specimen.

Example 29:

For a 'blood specimen taken for diagnostic testing of haemoglobin levels' assign:
DIA.AH.XA& XG52S7

Where:
Stem code – DIA.AH.XA *Specimen collection of blood*

Extension XG52S7 <i>Haemoglobin</i>

LOINC codes may be assigned as an alternative to this extension code (see Section 10 *Use of Other Code Lists*).

9.4 Use of ‘Quantifiers’ extension codes

These extension codes are assigned to identify the number of:

- Number of anatomical structures upon which an intervention is performed
- Number of interventions performed
- Number of products used

The number is added after the extension code, separated by a decimal point.

9.5 Use of ‘Telehealth’ extension codes

Assign extension code XG6UP2 *Intervention performed with advice or assistance provided from a distant location* at the health care facility where the individual receiving the intervention is located, not where the distant provider is located.

Assign extension code XG9S10 *Intervention provided to recipient/s in a distant location* at the health care facility where the provider is located, not the location of the distant individual who is receiving the intervention.

Where an intervention is provided to a recipient(s) in a distant location, and there is a health care provider co-located with the recipient(s) who is also involved in provision of the intervention, the extension code may be assigned at both locations (e.g., two different hospitals).

Table 2: Examples illustrating the use of Telehealth extension codes:

	Code assigned at recipient's location	Code assigned at location distant from recipient
A specialist providing advice to a clinician at a distant location who is performing thrombolysis	IAA.DB.AF&XG6UP2	IAA.DB.AF&XG9S10
Provision of tobacco cessation counselling via telephone	–	VAB.PP.ZZ&XG9S10
During an interdisciplinary assessment, a clinician at hospital A conducts mental function tests observed by a neurologist at hospital B who subsequently completes the neurological assessment	AS1.AC.ZZ	AZZ.AA.AH&XG9S10

Extension code XG5081 *Interventions delivered via technology, without direct involvement of a human provider* may be assigned to describe population-level interventions for public health or interventions provided to individuals:

Examples 30 - 31:

For an 'interactive website providing tailored advice on smoking cessation' assign:

VAB.PN.ZZ& XG9S10

Where:

Stem code VAB.PN.ZZ – *Advising about tobacco use behaviours*

Telehealth extension – XH03 *Interventions delivered via technology without direct involvement of a human provider*

For 'individual use of an application to assist with memory functions' assign:

AUB.RB.ZZ& XG9S10

Where:

Stem code AUB.RB.ZZ – *Practical support with memory*

Telehealth extension – XH03 *Interventions delivered via technology without direct involvement of a human provider*

9.6 Use of 'Therapeutic products' extension codes

To identify more detail regarding a therapeutic product in association with an intervention, an extension code from 'Therapeutic products' may be assigned.

Example 32:

For 'Insertion of bone anchoring conduction hearing device', assign:

CBA.DN.AC& XT03.02

Where:

Stem code – CBA.DN.AC *Implantation of internal device in middle ear, not elsewhere classified*

Commented [RM1]: Codes not currently finalised. To be reviewed when available

Therapeutic products extension – XT03.02 *Bone anchoring system*

9.7 Use of ‘Anatomy and Topography’ extension codes

An ‘Anatomy and Topography’ extension code may be assigned to provide additional anatomical detail to an existing stem code where the item does not exist as an ICHI Target.

‘Anatomy and topography’ extension codes in ICHI are the same as for ICD-11 and ICF.

Examples 33 - 35:

The intervention statement involves more than one anatomical Target, e.g.:
For ‘*Ventriculoperitoneostomy*’, assign:
AAE.LI.AA&XA0KZ0

Where:

Stem code – AAE.LI.AA *Ventricular shunt*
Anatomy extension – XA0KZ0 *Peritoneum*

For ‘*Coronary artery bypass graft (CABG) from thoracic aorta to coronary artery*’, assign:
HIA.LI.AA&XA8K52&XA3B03

Where:

Stem code – HIA.LI.AA *Coronary artery bypass*
Anatomy extensions – XA8K52 *Aorta of thorax*
XA3B03 *Coronary artery*

For ‘*Reconstruction of the volar intercarpal ligaments of the hand*’, assign:
MGL.ML.AA&XA47N4

Where:

Stem code – MGL.ML.AA *Reconstruction of ligament or fascia of hand or finger*
Anatomy extension – XA47N4 *Volar intercarpal ligaments*

9.8 Use of ‘Topology scale value’ extension codes

- Relational
- Distribution
- Laterality
- Regional
- Measurement

9.9 Medicaments and Substances extension codes

Where an intervention includes use of a medicament or substance a Medicament or Substance extension code may be assigned to specify the medicament or substance.

ICD-11 includes Substances extension code, which include Medicaments.

Examples 36 - 37:

For 'Medical induction of labour with Oxytocin' assign:
NME.SH.AF&XM9SN0

Where:

Stem code – NME.SH.AF *Intravenous medical induction of labour*
Medicament extension – XM9SN0 *Oxytocin*

For 'Support the elimination of use of cadmium in products such as toys, jewellery and plastics' assign:
UAA.TA.ZZ&XMOV73

Where:

Stem code – UAA.TA.AE *Advocacy in relation to products or substances for personal consumption*
Substance extension – XMOV73 *Cadmium*

9.10 Combining extension codes

Group logically combined extensions using parentheses (), with multiple use of parentheses for 'groups' of extension codes.

Syntax: ICHI stem code&(extension code&extension code)&(extension&extension code)

Example 38:

For 'Coronary artery bypass graft (CABG) to left diagonal anterior descending coronary artery and left circumflex coronary artery', assign:
HIA.LI.AA&(XK8G&XA2N78)&XA4YJ3

Where:

Stem code – HIA.LI.AA *Coronary artery bypass*
Topology extension – XK8G *Left*
Anatomy extension – XA2N78 *Diagonal branches of left anterior descending coronary artery*

and

Anatomy extension – XA9FX9 *Left Circumflex coronary artery*

10. Using Other Code Lists

Other code lists may be assigned in conjunction with ICHI including:

- ICF codes. ICF Body Functions, Activities and Participation, and Environmental Factors are used as Targets in ICHI. Most are at the 3-digit level of the ICF. If more specificity is desired, an ICF 4- or 5-digit code may be used as an additional Target.
- International classification systems to provide more detail, if the user has access (e.g. LOINC, [ISO 9999](#))
- A code list to specify other information about the intervention such as an International Standard Industrial Classification (ISIC) code to describe industry, or a Central Product Classification (CPC) code to describe products and services.

Codes from other code lists are separated from ICHI codes by the hash (#) symbol. Identify the name of the classification used before the code from that classification.

Examples 39 – 41:

For 'Assessment of cleaning living area' assign:
SOD.PH.ZZ#ICF d6402

Where:
SOD.PH.ZZ *Assessment of doing housework*
ICF d6402 *Cleaning living area*

For 'Reduce dust from construction of roads to improve air quality' assign:
UBM.VR.ZZ#ISIC Group 421

Where:
UBM.VR.ZZ *Reducing emissions to improve outdoor air quality*
ISIC Group 421 *Construction of roads and railways*

For 'Restricting spraying of insecticides for malaria control' assign:
UBQ.WF.ZZ#CPC Sub-class 34661

Where:
UBQ.WF.ZZ *Restrictions on the consumption or use of products or services in relation to animals as vectors of disease*
CPC Sub-class 34661 *Insecticides*

11. Interventions performed together

Where interventions are performed together, separate the ICHI codes for each intervention with a forward slash "/". Classify each intervention using the relevant stem code and extension codes as appropriate.

Some medical/surgical interventions performed together are commonly described by a single term.

Syntax: ICHI stem code/stem code

Examples 42 – 45:

For 'Partial oesophagectomy with gastrostomy', as per the 'code also' instruction assign:
KBA.JJ.AA/KBF.LI.AA

Where:
KBA.JJ.AA *Partial oesophagectomy*
KBF.LI.AA *Gastric bypass*

For 'Training in eating and drinking', assign:
SMF.PH.ZZ/SMG.PH.ZZ

Where:
SMF.PH.ZZ *Training in eating*
SMG.PH.ZZ *Training in drinking*

For 'Percutaneous transluminal angioplasty of left lower leg artery and percutaneous transluminal angioplasty of right lower leg artery with insertion of two stents', assign:
IFA.LG.AF&XK8G/IFA.LH.AF&XK9K&XAC2&XT01.24

Where:
Stem code – IFA.LG.AF *Percutaneous transluminal dilatation of artery of lower limb*
Topology extension – XK8G *Left*
and
Stem code - IFA.LH.AF *Percutaneous transluminal dilatation with insertion of device into artery of lower limb*
Topology extension – XK9K *Right*
Quantifier number of products extension – XG5353 2 *Two therapeutic products inserted*
Therapeutic product extension – XT01.24 *Endovascular stent*

For 'Assisting and leading skills for mobility of hand and finger joints and exercises for muscles of the hand', assign:

MTB.PG.ZZ&XB11.5&XA62V5/MUB.PG.ZZ&XB11.3&XA5R12

Where:

Stem code – MTB.PG.ZZ *Assisting and leading exercise for mobility of joint functions*

Additional descriptive extension – XB11.5 *Movement techniques*

Anatomy extension – XA62V5 *Joints of the hand*

and

Stem code – MUB.PG.ZZ *Assisting and leading exercise for muscle power functions*

Additional descriptive extension – XB11.3 *Strength techniques*

Anatomy extension – XA5R12 *Hand*

For interventions covering public health, the above rules may be applied to convey the content of an intervention that cannot be adequately captured using a single ICHI stem code.

Example 46:

For 'Educational theatre performance about alcohol and illicit drug use', assign:

VAA.PM.ZZ/VAC.PM.ZZ

Where:

VAA.PM.ZZ *Education to influence alcohol use behaviours*

VAC.PM. ZZ *Education to influence illicit drug use behaviours*

Do not assign two or more independent interventions provided on the same date, or on different dates, as interventions performed together.

12. Packages of interventions

In some circumstances several interventions may be combined as a package. A rehabilitation program may be constructed for a person to include a selection of interventions, performed by a range of providers and disciplines over a time period. A mental health treatment program may be similarly constructed. Public health programs are commonly packages of interventions.

Packages will vary according to the relevant circumstances, and according to national or sub-national system structures or capacities. Therefore, ICHI does not attempt to classify packages of interventions. Where documentation only signifies that a package of interventions has been provided, further information is needed to determine the interventions provided.

Packages of interventions are reported using '+' between interventions. Each intervention is represented by a stem code with or without extension codes.

Examples 47 - 50:

For a training program to develop fine motor skills and advise on ergonomic lifting and carrying skills following replacement of the metacarpophalangeal joints, assign:

MTB.PG.ZZ&XB11.5&XA86T5+MUB.PG.ZZ&XB11.3&XA5R12 +SIA.PN.ZZ+SIG.PH.ZZ

Where:

Stem code - MTB.PG.ZZ *Assisting and leading exercise for mobility of joint functions*
Additional descriptive extension – XB11.5 Movement techniques
Anatomy extension codes – XA86T5 Metacarpophalangeal joint

Stem code – MUB.PG.ZZ *Assisting and leading exercise for muscle power functions*
Additional descriptive extension – XB11.3 Strength techniques
Anatomy extension code – XA5R12 *Hand*

Stem code – SIA.PN.ZZ *Ergonomics advising for lifting and carrying*
Stem code – SIG.PH.ZZ *Training in fine hand use*

For a school-based health promotion initiative to improve sun protection behaviours of students that involves (i) erecting shade structures in the playground, (ii) providing students with hats, and (iii) running an education session for parents, assign:

VEG.TM.ZZ+VEG.RD.ZZ+VEG.PM.ZZ

Where:

Stem code – VEG.TK.ZZ *Public facilities or infrastructure development to support improved ultraviolet radiation exposure behaviours*
Stem code – VEG.RD.ZZ *Providing goods to support improved UV radiation exposure behaviours*

Stem code – VEG.PM.ZZ *Education to influence UV radiation exposure behaviours*

To provide group life skills training to use public transportation, advise on proper nutrition while grocery shopping and provide emotional support for attending community activities, assign:

SKA.PH.ZZ &XG4M55 + SN2.PN.ZZ#ICFd6604 &XG4M55 + SX1.RC.ZZ & XG4M55

Where:

Stem code – SKA.PH.ZZ Training in using transportation

Additional descriptive extension - XG4M55 Person/patient – group

Stem code – SN2.PN.ZZ Advising about acquisition of necessities, not elsewhere classified
ICF d6604 Assisting others in nutrition

Additional descriptive extension - XG4M55 Person/patient – group

Stem code – SX1.RC.ZZ Emotional support for engaging in community, social and civic life,
unspecified

Additional descriptive extension - XG4M55 Person/patient – group

For communicating and educating communities and other stakeholders about health risks and health protection measures related to the use of wastewater, excreta or greywater in agriculture, assign:

UBN.VB.ZZ&(UEV&UGR)+UBN.PM.ZZ&(UEV&UGR)

Where:

Stem code – UBN.VB.ZZ Awareness raising concerning water quality

Target UEV – Sewerage services, systems and policies

Target UGR – Agriculture

Stem code – UBN.PM.ZZ Education about water quality

Target UEV – Waste collection and disposal services, systems and policies

Target UGR – Agriculture

13. Using ICHI with ICD and/or ICF

As a reference classification of the WHO Family of International Classifications (WHO-FIC), ICHI has been designed to align with, and be used, in conjunction with the ICD and ICF. ICF categories for Body Functions, Activities and Participation Domains, and Environmental Factors are assigned as Targets in ICHI (see Section 4.2 *Body Functions, Activities and Participation Domains, and Environmental Factors*).

The reason(s) for an intervention, and its outcome, should be classified using ICD and ICF, and as such are not included in ICHI.

In applying the three WHO-FIC classifications together:

- use ICHI to describe investigative, preventive, therapeutic and support intervention(s).
- use ICD-11 to describe the person's conditions and factors that influence health.
- use ICF to describe the person's functioning (body functions, body structures, activities and participation domains and environmental factors).

Example 51:

Using ICHI with ICD:

For 'Patient admitted for colonoscopy with biopsy to investigate ongoing abdominal pain, results indicated Crohn's Disease of the large intestine and a hemicolectomy of ascending colon was later performed', assign:

ICHI	KBP.AD.AD Endoscopic biopsy of colon
ICD-11	DD70.3 Crohn disease of large intestine
ICHI	KBP.JJ.AA Partial excision of colon
	XA3AL5 Ascending colon

14. Annex A: History of the development of ICHI

From its inception, the WHO Family of Health Classifications (WHO-FIC) was intended to include three reference classifications: the International Statistical Classification of Diseases and Related Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF) and an International Classification of Health Interventions (ICHI). This last classification was a long-standing gap in the Family.

The International Classification of Procedures in Medicine (ICPM)¹¹ was published by WHO in 1978. It included diagnostic, medical and surgical interventions, but it was not maintained.

The Hospital Data Project (HDP), established by the European Union, worked throughout the early 2000s and identified 36 hospital interventions for international reporting². Its work, reported progressively to the WHO-FIC Network, drew attention to the large number of national health interventions classifications in use, making comparisons difficult.

At its 2006 meeting, the WHO-FIC Network decided to begin work on an international classification, through its Family Development Committee (FDC)³.

Early development discussions decided that ICHI, as a statistical classification, would encompass all components of health systems, in keeping with the broad conception of health represented jointly by the ICD and the ICF. ICHI would not include occupation or profession of providers, nor the setting of the intervention.

Purposes initially identified included the use of ICHI as a national classification by countries that lack one and as a base for international comparisons.

Content development commenced in 2011, and a first version was available in late 2012, with subsequent yearly updates. ICHI development was undertaken by a broad-based international team of experts and was followed by a range of tests and field at country and international level.

Initial planning was not to attempt to match the level of granularity in existing national classifications. To allow users to add more detail if they chose, extension codes were added to ICHI as the content development and refinement continued. Extension codes were being included at the same time in the development of ICD-11, and care was taken to avoid duplication and inconsistencies.

The initial electronic platform for ICHI was developed in 2016 by the University of Udine, Italy, which made the ICHI development process transparent and served as a development platform.

¹ 1 International Classification of Procedures in Medicine, WHO 1978

² European Commission, Directorate General for Health and Consumer Protection, Hospital Data Project, Phase 2, Final Report, 2008

³ Family Development Committee, Document C402, 2006 WHO-FIC Network Meeting

In 2020, ICHI was incorporated on to the WHO's classifications platform, which includes all three WHO reference classifications, and is included in the WHO-FIC Foundation. The platform provides an updating mechanism which allows improvements in user guidance and scientific updates without compromising the statistical use of the classification.

The development of ICHI concluded in 2024; the Health Interventions Reference Group (HIRG) was established within the WHO-FIC Network to maintain and further develop ICHI.