

## Classification of Diagnostic Codes - Gynaecological modules

Diagnostic code	Category / Description	Major errors	Acceptable responses	Unacceptable responses
009	NO DIAGNOSIS POSSIBLE Unsatisfactory for diagnosis	>/= 206 (HSIL)	101 (Normal) where 'unsatisfactory' is selected in specimen adequacy column	100 (AGUS) 101(Normal) 103 (Possible low-grade SIL / ASC-US) 104 (Candida) 105 (Actinomyces) 106 (Trichomonas) 107 (Herpes) 202 (LSIL)
100	GLANDULAR ABNORMALITIES Atypical gland cells of uncertain significance AGUS		Not generally used as a target code	
101 n	BENIGN FINDINGS Normal findings – endocervical cells not present	>/= 206 (HSIL)	101y (Normal, endos present) 103 (Possible low-grade SIL / ASC-US) 104 (Candida)	009 (Unsatisfactory) 100 (AGUS) 105 (Actinomyces) 107 (Herpes) 202 (LSIL) 106 (Trichomonas)
101 y	BENIGN FINDINGS Normal findings – endocervical cells present	>/= 206 (HSIL)	101n (Normal, endos absent) 103 (Possible low-grade SIL / ASC-US) 104 (Candida)	009 (Unsatisfactory) 100 (AGUS) 105 (Actinomyces) 107 (Herpes) 202 (LSIL) 106 (Trichomonas)
101z	BENIGN FINDINGS Normal findings (High sampling)	>/= 206 (HSIL)	009 (Unsatisfactory) 101y (Normal, endos present) 101n (Normal, endos absent) 103 (Possible low-grade SIL / ASC-US) 104 (Candida)	105 (Actinomyces) 107 (Herpes) 202 (LSIL) 210 (Possible high-grade squamous) 300 (Possible high-grade glandular) 100 (AGUS) 106 (Trichomonas)

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Diagnostic code	Category / Description	Major errors	Acceptable responses	Unacceptable responses
103	Possible low-grade SIL / ASC-US		Not used as a target code	
104	INFECTION Organisms c/w Candida sp.	>/= 206 (HSIL)	009 (Unsatisfactory) 101 (Normal) 103 (Possible low-grade SIL / ASC-US)	100 (AGUS) 105 (Actinomyces) 106 (Trichomonas) 107 (Herpes) 202 (LSIL)
105	INFECTION Organisms c/w Actinomyces	>/= 206 (HSIL)	009 (Unsatisfactory) 101 (Normal) 103 (Possible low-grade SIL/ASC-US)	100 (AGUS) 104 (Candida) 106 (Trichomonas) 107 (Herpes) 202 (LSIL)
106	INFECTION Trichomonas vaginalis	>/= 206 (HSIL)	009 (Unsatisfactory) 103 (Possible low-grade SIL / ASC-US)	100 (AGUS) 101 (Normal) 104 (Candida) 105 (Actinomyces) 107 (Herpes) 202 (LSIL)
107	INFECTION Cellular changes c/w Herpes simplex	>/= 206 (HSIL)	009 (Unsatisfactory) 103 (Possible low-grade SIL / ASC-US)	100 (AGUS) 101 (Normal) 104 (Candida) 105 (Actinomyces) 106 (Trichomonas) 202 (LSIL)
202	SQUAMOUS CELL ABNORMALITIES Low-grade squamous intraepithelial lesion (LSIL)	>/= 208 High-grade SIL with possible invasion  Exceptions 210, 300 (unacceptable)	103 (Possible low-grade SIL / ASC-US)	009 (Unsatisfactory) 100 (AGUS) 101 (Normal) 104 (Candida) 105 (Actinomyces) 106 (Trichomonas) 107 (Herpes) 206 (HSIL) 210 (Possible high-grade squamous) 300 (Possible high-grade glandular)

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206	SQUAMOUS CELL ABNORMALITIES High-grade squamous intraepithelial lesion (HSIL)	= 107 Herpes  Exceptions 100 103 (unacceptable)</td <td>208 (High-grade SIL with poss invasion) 210 (Possible high grade squamous)</td> <td>100 (AGUS) 103 (Possible low-grade SIL / ASC-US) 202 (LSIL) 300 (Possible high-grade glandular) 302 (Endocx AIS) 303 (Endocx Adenoca) 304 (Endometrial Adenoca) 305 (Adenoca NOS) 401 (Ca NOS) 501 (Non-epithelial malignancy) 209 (SCC)</td>	208 (High-grade SIL with poss invasion) 210 (Possible high grade squamous)	100 (AGUS) 103 (Possible low-grade SIL / ASC-US) 202 (LSIL) 300 (Possible high-grade glandular) 302 (Endocx AIS) 303 (Endocx Adenoca) 304 (Endometrial Adenoca) 305 (Adenoca NOS) 401 (Ca NOS) 501 (Non-epithelial malignancy) 209 (SCC)
208	SQUAMOUS CELL ABNORMALITIES High-grade SIL with possible invasion		Not used as a target code	
209	SQUAMOUS CELL ABNORMALITIES Squamous cell carcinoma	= 202<br (LSIL)	206 (HSIL) 208 (High-grade SIL with poss invasion) 210 (Possible high grade squamous) 401 (Ca NOS)	300 (Possible high grade glandular) 302 (AIS) 303 (Endocx Adenoca) 305 (Adenoca NOS) 304 (Endometrial Adenoca) 501 (Non-epithelial malignancy)
210	SQUAMOUS CELL ABNORMALITIES Possible high grade squamous lesion / ASC-H		Not used as a target code	

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Diagnostic code	Category / Description	Major errors	Acceptable responses	Unacceptable responses
302	GLANDULAR ABNORMALITIES Endocervical adenocarcinoma in situ	= 202<br (LSIL)	300 (Possible high-grade glandular) 303 (Endocx Adenoca) 304 (Endometrial Adenoca) 305 (Adenoca NOS) 401 (Ca NOS) 501 (Non-epithelial malignancy)	210 (Possible high grade squamous) 100 AGUS 206(HSIL) 208 (High-grade SIL with poss invasion) 209 (SCC)
303	GLANDULAR ABNORMALITIES Endocervical adenocarcinoma	= 202<br (LSIL)	300 (Possible high-grade glandular) 302 (Endocx AIS) 304 (Endometrial Adenoca) 305 (Adenoca NOS) 401 (Ca NOS) 501 (Non-epithelial malignancy)	100 AGUS 210 (Possible high-grade squamous) 206 (HSIL) 208 (High-grade SIL with poss invasion) 209 (SCC)
304	GLANDULAR ABNORMALITIES Endometrial adenocarcinoma	= 202<br (LSIL)	300 (Possible high-grade glandular) 302 (Endocx AIS) 303 (Endocx Adenoca) 305 (Adenoca NOS) 401 (Ca NOS)	100 AGUS 210 (Possible high-grade squamous) 206 (HSIL) 208 (High-grade SIL with poss invasion) 209 (SCC) 501 (Non-epithelial malignancy)
305	GLANDULAR ABNORMALITIES Adenocarcinoma NOS		Not used as a target code	
401	MALIGNANCY Carcinoma NOS		Not used as a target code	
501	MALIGNANCY Non-epithelial Malignancy		Not used as a target code	
600	NO RESULT RETURNED No result returned			
999	NO DIAGNOSIS POSSIBLE Slide broken in transit			

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## **Code Change History**

Date	Change	Change	Comment
1996	Codes 202, 204 & 206 removed.		
1998	101 changed from unacceptable to acceptable response for target of 104	209 changed from unacceptable to acceptable response for target of 302 & 303	
1999	Classifications entered for target response of 105		
2000	Added new code 100		
2001	100 changed from unacceptable to acceptable for 101 y, 101 z (high sampling), & 102		
25/09/01	210 and 300 (2 inconclusive calls) changed from major		
Final survey	error to unacceptable for target responses of 102		
24/03/03	Added new code 208 (CIN 3 with possible invasion)		
03/09/03	Major error for target response of 009 altered to >=100 from >= 101		
June 2004	101n changed from acceptable to unacceptable for target response of 101z high sampling	Word document of codes for distribution to QAP Advisory Committee to sign as acceptable.	
14/10/04	Word document saved as Appendix H of quality Manual		
25/02/05	Major error for target response of 009 altered from >=100 to >=203	210 and 300 (2 inconclusive calls) changed from major error to unacceptable for target responses of 101z high sampling	Discussed & approved by Committee 12/02/05 Entered d'base 29/03/05
07/03/07	Removed 102 reactive / reparative. Altered classifications for 304 endometrial carcinoma.	Altered 200 and 201 to new code 202 LSIL. Altered 203 and 205 to new code 206 HSIL. Inserted classifications for new codes 202 and 206.	Altered all other classifications relevant to new codes.

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Date	Change	Change	Comment
07/12/09	A response of trichomonas (106) for a target of benign (incl high sampling) was moved from acceptable to unacceptable A response of AGUS (100) for a target of benign (incl high sampling) was moved from acceptable to unacceptable A response of SCC (209) for a target of HSIL was moved from acceptable to unacceptable A response of AGUS (100) for a target of AIS and for Endocx Adenoca was moved from major error to unacceptable		Discussed and changes made at 2009 committee meeting. 27/11/09.
Dec 2012	A response of 009 (Unsatisfactory) for a target response of 101y (Normal, endos present) OR 101n (Normal, endos absent) moved from acceptable to unacceptable.  A response of 101y (Normal, endos present) OR 101n (Normal, endos absent) for a target response of 101z (Normal findings - High sampling) moved from unacceptable to acceptable.  A response of 303 (Endocx Adenoca) OR 305 (Adenoca NOS) for a target response of 209 (SCC) moved from acceptable to unacceptable.  A response of 206 (HSIL) OR 208 (High-grade SIL with poss invasion) OR 209 (SCC) for a target response of either 302 (Endocx AIS) OR 303 (Endocx Adenoca) moved from acceptable to unacceptable.  A response of 300 (Possible high-grade glandular) for a target response of 304 moved from target to acceptable.		Discussed at Cytopathology Advisory Committee Meeting 17/8/12  Distributed for comment 7/9/12  Discussed at RCPAQAP Cytopathology MRM 22/11/12

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