



# Management Guidelines and Editorial Principles for the US Extension of SNOMED CT

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# 1 Introduction

This document is designed to clearly describe the management and editorial policies as applied to the US Extension of SNOMED CT. It is intended to supplement rather than replace any IHTSDO Editorial policies and applies to both US specific content and content added initially to the US Extension but intended for eventual inclusion in the International Release. This document is highly correlated with and abstracted from the UK Terminology Centre Editorial Principles for UK Edition of SNOMED CT v0.7. The National Library of Medicine (NLM) is grateful for the permission to use this document.

## 2 Audience

The intended audiences for this paper are those involved in the maintenance of SNOMED CT in the US and those interested in submitting requests for modification of the US Extension.

## 3 Scope

This document is concerned with the nature, form and construction of concepts and related descriptions included in the US Extension of SNOMED CT, whether they are transient (pending a move into the International Release) or permanent extension members. The descriptions covered are the Fully Specified Name (FSN), Preferred Term (PT) and any additional Synonyms (SYN). Additional description types have not been identified, but it is conceivable that as the US Extension develops specific use cases may require the inclusion of additional types of descriptions that are extension specific.

The nature of this content may span the full range currently supported by the top level hierarchies of SNOMED CT as well as additional content required to support the semantic interchange of healthcare related data that are not already covered by other recognized terminologies. Some editorial principles will apply to all content while others will apply to particular concept types or domains.

The described principles are aimed at all enhancements, gaps and corrections to International guidance as well as to US-specific items. This will aid in the tracking of any principles of US origin that are adopted internationally. It should therefore be possible to determine whether any new principle has International, National or even 'transient' National applicability.

The described rules will take effect immediately and remain in place until such time as the US Extension Guidance Committee (once appointed) reviews and approves any modifications to them. Proposed changes to the editorial principles should be brought to the US Extension Guidance

Committee for consideration. As changes are approved this document will be updated. Term modeling and parent concept(s) assignment are outside the scope of this document.

## 4 Background

### 4.1 The US Extension of SNOMED CT

The US Extension of SNOMED CT (the “extension”) is maintained by the National Library of Medicine, part of the National Institutes of Health, Department of Health and Human Services. The US Extension consists of US created components that reside in the US Extension.

The US Extension is made up of two different types of content, US-specific content and content of US origin that is intended for inclusion in the International Release. Extension content may be placed in three different categories:

1. **Permanent US Extension content** – Content that has been assigned US Extension identifiers for use in US specific applications. This content is not intended for consideration as a component of the International Release.
2. **Long-term US Extension content** – Content that has been submitted to IHTSDO for inclusion in the International Release, but is on hold pending resolution of content modeling issues. The extension identifiers will be valid for an indeterminate period.
3. **Short-term US Extension content** – Content included in the US Extension and assigned extension identifiers to provide implementers immediate access to the terms for use in applications. These terms have been submitted for inclusion in the International Release and it is expected that the extension content will be retired with the inclusion of the content in an International Release.

#### 4.1.1 Rationale for the NLM SNOMED CT US Extension

The IHTSDO “enables authorized organizations to add Concepts, Descriptions, Relationships and Subsets to complement the core content of the SNOMED CT International Release. One example of the Extension mechanism is for extensibility of SNOMED CT for the specialized terminology needs of an organization [or member country].”<sup>1</sup> These extension components are globally uniquely identified, but retain the common SNOMED CT structure for full integration into the International Release. The National Library of Medicine develops and maintains a set of SNOMED CT components for the general use of US Affiliates. The terms originate from requests submitted by US licensees that are approved by the NLM and placed into one of the three categories listed in section 4.1.

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<sup>1</sup> SNOMED Clinical Terms® User Guide January 2010 International Release

### 4.1.2 Purpose of the US Extension

The SNOMED CT US Extension addresses a multitude of current needs that cannot be immediately addressed by the content of the SNOMED CT International Release (the “core”). Specifically the extension provides:

- 1) Concepts that are jurisdictionally or domain specific.
- 2) “Rapid” access to concept IDs for use by implementers.
- 3) Interim concept IDs for implementers pending approval by IHTSDO.
- 4) Regulatory or legislatively mandated terms specific to the US.
- 5) Domain content external to the current scope of the International Release of SNOMED CT.

### 4.1.3 Creating extension components

Extension components are created in a manner identical to the process for creating SNOMED CT core content. That is, content is evaluated as to its appropriateness for inclusion and is then semantically and structurally modeled to fit within one of the existing top level hierarchies of the core or into an extension specific top level hierarchy. All concepts have assigned parents (directly or transitively) that are existing concept(s) in the core. Extension terms may be distinguished from core content by the structure of the identifier. All extension components contain a namespace identifier, assigned by IHTSDO that uniquely identifies the owner of the extension content. Additionally, all extension components have a partition assignment that identifies the component as belonging to an extension. For example:

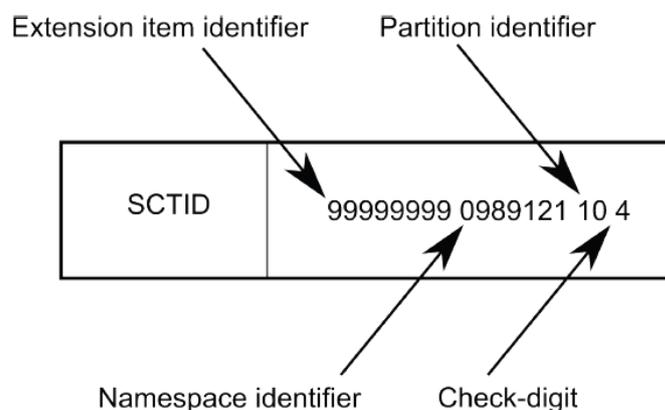


Figure 1. SCTID Structure for a component in an Extension<sup>2</sup>

### 4.1.4 Sources of extension content

Potential US Extension content comes from multiple sources. A primary source of content is existing content stored in local/organizational extensions. These extensions are developed and maintained within approved namespaces independently from other approved namespaces and may contain duplicate content among them. A critical issue in the evaluation of external extension content is the high degree of variability in the quantity and quality of attribute modeling that

<sup>2</sup> SNOMED Clinical Terms® User Guide, January 2010 International Release (US English) pg 84

accompanies extension concepts. A separate project to evaluate this content is currently underway to evaluate the degree of variability and the potential use of external extensions as a frequency-based starter set for the US Extension.

A second source of potential extension content comes from Affiliate individuals and organizations that do not possess an extension namespace, but currently provide request submissions directly to CAP STS<sup>3</sup> for consideration. With the establishment of the NLM as the US National Release Center (NRC) for SNOMED CT, the responsibility for transmitting content requests to the IHTSDO now rests primarily with the NLM. However, since there are still Affiliate Licensees that have direct access to the IHTSDO request submission site, a portion of US requests may by-pass the NLM and go directly to IHTSDO. If these direct requests are rejected or declined by IHTSDO, they may be resubmitted to the NLM for consideration as US Extension content.

A third source of content may be independently developed terminologies, which the developer would like to integrate into SNOMED CT content. In these instances, valid content that is missing from SNOMED CT may be derived from the external terminology and submitted for inclusion in either the US Extension or the core.

#### **4.1.5 Submission to the US Extension**

Valid UMLS license holders are eligible to submit content for consideration as extension content. It is possible that upon review a decision to promote the request to the core may be made by the NLM.

#### **4.1.6 Content request submission procedure**

Requests for content in SNOMED CT are currently made by submitting a completed requests submission worksheet (available from [http://www.nlm.nih.gov/research/umls/Snomed/SNOMED-NLM\\_Submission\\_\(vers\\_1\).xlsx](http://www.nlm.nih.gov/research/umls/Snomed/SNOMED-NLM_Submission_(vers_1).xlsx)). Instructions on completing the form are included in the worksheet. To facilitate the inclusion of the appropriate information on the request submission, links to SNOMED CT documentation and browsers are also included in the worksheet. Completed worksheets should be sent to [custserv@nlm.nih.gov](mailto:custserv@nlm.nih.gov) with the Subject Line "SNOMED CT Content Request."

A robust request submission application is currently under development by NLM and will provide better functionality, request tracking, submitter communication and interfaces to terminology modeling tools.

#### **4.1.7 Request management**

When received by the NLM, an acknowledgement email will be sent stating that the request has been forwarded to the appropriate individual at the NLM for further review. Following transfer of the request, another email will be sent acknowledging the placement of the request in the queue for review and processing. At each stage of status of the submission, an email will be sent to the submitter with the date and type of status change. Batch request status changes will occur after all

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<sup>3</sup> College of American Pathologists, SNOMED Terminology Services

members of the batch have been reviewed, edited or approved. Following review of the request, submissions may be returned to the submitter for additional clarification or answers to specific questions concerning the request. When all questions have been answered, a final status assignment will be made and the submission will be marked as completed and sent back to the submitter.

Following the completed review of the submission request, each requested item will fall into one of the following categories:

1. Item accepted and forwarded to IHTSDO for inclusion in a future release of SNOMED CT.
2. Item accepted and the changes or additions reflected in the US Extension
3. Item rejected (with explanation).
4. Item placed on hold for future consideration.

During the course of the review of submitted content, editorial changes to the submission that clarify the meaning or conform to SNOMED CT modeling rules may be made to the requested items. Every attempt is made to retain the original meaning of the submitter. If appropriate content cannot be constructed that meets the submitter needs, the content is placed in a PENDING status for further discussions to resolve outstanding issues. At the end of the process, unless rejected, requested terminology should appear in either the next International or US Extension release of SNOMED CT following the completion date of the request.

## 4.2 US Extension Guidance and Governance

The US Extension Guidance Committee will be responsible for the development and maintenance of the guiding principles represented in this document. Details on the composition and procedures of the Committee are under development.

## 5 IHTSDO editorial principles

There are a number of resources produced by the IHTSDO that describe how the content of SNOMED CT should be developed and maintained. It is anticipated that this body of resources will increase over time – the full and current list of publications from the IHTSDO can be found at <http://www.ihtsdo.org/publications/developing-snomed-ct-content/>. These documents are frequently updated and users should refer to the IHTSDO website for the latest version, including:

- 1) **SNOMED CT Style Guide: Introduction and Overview** - Introduction and overview of the Style Guide, which serves as the primary reference regarding the editorial policies and content of SNOMED CT.
- 2) **SNOMED CT Style Guide: Term Conventions Spelling, Style, and Allowable Changes** - The editorial policies and primary reference regarding the style, spelling and formatting of terms in SNOMED CT. In case of inconsistency between this document and any other documents regarding SNOMED CT style, the statements in this document take precedence.

- 3) **IHTSDO Editorial Policy-Content Inclusion Principles and Process** - The document addresses the question of what content belongs and does not belong in SNOMED CT. Its primary purpose is to guide the decisions of those individuals charged with triaging and incorporating new content as it is submitted via any channel. Its secondary purpose is to provide guidelines for submission of new content.
- 4) **SNOMED CT Style Guide: Body Structures - Anatomy** - Description of editorial policies regarding the intended meanings of the anatomy content in SNOMED CT.
- 5) **SNOMED CT Style Guide: Clinical Findings** - Description of editorial policies regarding the intended meanings of the clinical findings content in SNOMED CT.
- 6) **SNOMED CT Style Guide: Morphologic Abnormalities** - Description of editorial policies regarding the intended meanings of the morphologic abnormalities in SNOMED CT.
- 7) **SNOMED CT Style Guide: Procedures** - Description of editorial policies regarding the intended meanings of the procedure hierarchy in SNOMED CT.
- 8) **SNOMED CT Style Guide: Situations with Explicit Context** - Description of editorial policies regarding the intended meanings of the hierarchy under situation with explicit context in SNOMED CT.

## 5.1 International vs. US Extension editorial decision process

The initial determination of the disposition of requested content with regards to submission to the International Release will be based on the guidelines described in the IHTSDO publication, IHTSDO Editorial Policy-Content Inclusion Principles and Process. For those requests that fulfill the criteria for inclusion in the International Release, extension IDs will be assigned for those terms for which the priority of the requestor indicates the terms are needed in advance of the next release of the International Release. The requestor should be aware that temporary assignment of extension IDs may require increased terminology management capabilities as these terms will be retired as they are assigned permanent IDs in the International Release. (NB: This process is in transition and may be significantly affected by the adoption of the IHTSDO Release Format 2)

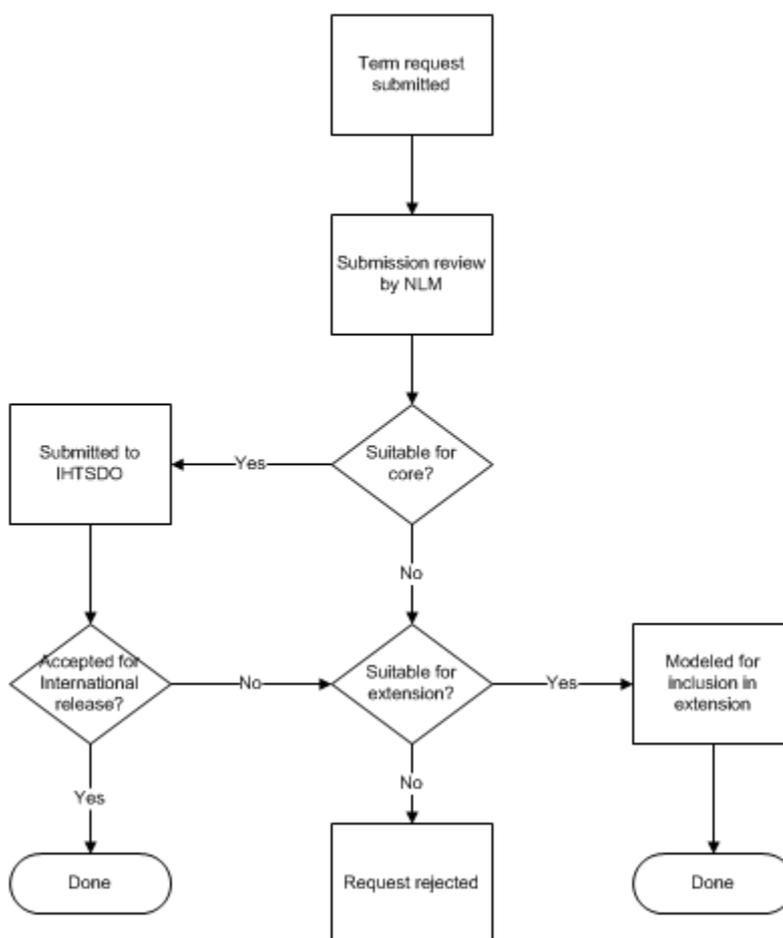
### 5.1.1 US NRC request submission process

Submission step	Description	Status
Term request submitted to NLM	The request is submitted to the NLM via the request submission application or from a worksheet. Submissions may be either individual term requests or batch submissions of related or unrelated concepts, descriptions, relationships or change requests of existing components.	Received
Submission review	The submission request is evaluated under the main inclusion criteria for the International Release:	Under Review

	understandability, reproducibility, usefulness. The scope of the URU criteria are then evaluated as to the proper realm, i.e. international or US	
Accepted for Core	The request meets the criteria for inclusion in the International Release and will be submitted to the IHTSDO	Accepted for review – International
Accepted for Extension	The request does not meet the criteria for inclusion in the International Release but does meet the criteria for the US Extension.	Accepted for review – extension
Rejected	The request does not meet the inclusion criteria for either the International Release or the US Extension. The requested component is returned to the submitter with a reason for rejection.	Rejected
Submitted to IHTSDO	The request is validated for the necessary elements and submitted to IHTSDO for inclusion in the International Release	Submitted to IHTSDO
Rejected by IHTSDO – The concept rejection reason is evaluated and inclusion criteria for the US Extension are applied.	The component request fulfills extension inclusion criteria.	Accepted for review – extension
	The component request does not fulfill extension inclusion	Rejected
Modeling in process for US Extension	The request has been accepted for inclusion in the US Extension and is being edited according to the modeling guidelines published by IHTSDO and amended by US Extension policy.	In process – extension
Assigned US Extension ID	Extension components have been appropriately modeled and component IDs have been assigned. Depending on priority, the IDs will be released to the submitter or included in the following formal release of the US Extension.	Completed
US Extension ID retired	The component ID has been made inactive for one or more of the following reasons: a) Component is ambiguous b) Component is a duplicate	Retired

	c) Component is incorrect d) Component has been promoted to the International Release e) Component has been edited to the extent that a new ID is required	
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**Process flow for NLM request submission**



**5.1.2 US Extension request status**

With each change in request status, a notification to the submitter will be sent consisting of the following information:

- 1) Request ID
- 2) Request description
- 3) Change of status

- 4) Date of status change
- 5) Reason for change

Requests that are forwarded to IHTSDO will not have International Release status changes transmitted by the NLM; however the status of these requests may be supplied by the IHTSDO editors. Those statuses should be available directly from the IHTSDO.

### **5.1.3 US Extension distribution**

The US Extension will be distributed by the NLM in association with each International Release, which includes extension content as well as the complete International Release. Incremental updates to the US Extension will be released at intervals as change sets that can be applied to each extension release. Each major US Extension will contain all of the incremental changes made to the US Extension since the prior International Release.

Incremental US Extension content will be available in IHTSDO RF1, RF2 and NLM RRF formats. Each incremental release will be inclusive, i.e. containing all extension content including changes since the prior extension.

## **6 US General editorial principles**

The primary resources for guidance on editorial principles are the IHTSDO documents “SNOMED Clinical Terms Editorial Guidelines - Content Inclusion Principles and Process” and “SNOMED CT Style Guide: Term Conventions - Spelling, Style, and Allowable Changes”. The US Editorial principles supplement rather than change this IHTSDO editorial guidance and are needed where International guidance is still to be developed. This document does not address issues covered by the IHTSDO guidance and will be updated to reflect the current guidance policies as updates to the IHTSDO document are released. Given the delay required to perform a comprehensive review of guidance principles, there may at times be overlap or conflict between the IHTSDO guiding principles and this document. The US NRC appreciates comments from Affiliates when such discrepancies are identified.

It is recognized that there are a great many clinically related notions that are specific to US healthcare delivery so criteria will develop over time regarding whether concept types are permitted or not – each of these will be documented in editorial principles as identified, including those that support systems with limited functionality.

## 6.1 Term construction/naming conventions

### 6.1.1 Extent of pre-coordination

Many system implementers are working with limited information models that cannot take full advantage of the compositional power of SNOMED CT. The rationale behind the reluctance of the IHTSDO to add substantial amounts of pre-coordinated content to the International Release has been extensively discussed, yet continues to present a substantial obstacle for many potential implementers to use SNOMED CT as a comprehensive terminology.

SNOMED CT is designed to support many use cases with attributes that can be used to qualify other concepts. It is therefore not necessary to express all clinical notions by the means of pre-coordination; however, in many instances it is highly desirable to represent meaningful clinical utterances as single concepts. The balance between what is acceptable to include as one concept and that which is not permitted is not always clear. Well established local terminologies in use in the US provide strong use cases for providing pre-coordinated clinical content in common use. Due to the *de facto* use of pre-coordinated concepts that may not conform to the rules of IHTSDO, it is likely the US Extension will be more permissive than the IHTSDO in terms of what pre-coordinated content will be acceptable.

A number of criteria may be applied to submissions to determine whether a pre-coordinated request is justified. Some criteria are listed below and will be expanded over time as the process is refined:

- 1) It is important to note that the existence of pre-coordinated concepts in SNOMED CT similar to the requested concept does not justify their addition to the terminology. Existing pre-coordinated patterns are currently under review and may result in the rejection of some pre-coordinated content requests.
- 2) Pre-coordinated content that is required for regulatory reporting will be allowed, with the caveat that the terms will conform to the existing style guide for that subject area.
- 3) In general, excessively long or detailed pre-coordinated clinical statements are not acceptable.
- 4) Pre-coordination of multiple concepts (lists) should be represented as separate concepts.
  - a. e.g. Influenza A present/Influenza B not present (incorrect).
- 5) While some extended pre-coordination may be permissible in the short term, the expected future end state will favor post-coordination in all cases where it is not in conflict with common clinical utterances.
- 6) Post-coordination is preferred in cases where a base concept potentially uses a whole 'hierarchy' as the range for a value list (e.g. History of every disorder).
- 7) The current domains where pre-coordination has been agreed as acceptable include:
  - a. *This is a list that should be developed by the extension advisory group*
  - b. *E.g. neoplasm of X (disorder)*
  - c. *E.g. deficiency of X (finding)*

## 6.1.2 Punctuation

### 6.1.2.1 Quotation marks

Quotation marks shall not be used in any description.

### 6.1.2.2 Special Characters

Special characters (UTF-8 0x20 – 0x2F, 0x3A – 0x40, 0x5B – 0x60, 0x7B – 0x7F) shall not be used in any description except where specifically allowed by IHTSDO or by approval by the US Extension Guidance Committee (see Section 6.1.8).

## 6.1.3 Acronyms and abbreviations

Abbreviations and acronyms are not permitted in the Fully Specified Name (FSN). Abbreviations may be used for other types of descriptions, although it is strongly recommended that they should be fully expanded in the same text string. This principle is based on the premise that the precise meaning of the term is carried in the conceptID as opposed to the text string.

Example:

FSN - Computerized tomography of brain (procedure)  
Pref term - CT of brain

Or:

Pref term - CT (computerized tomography) of brain

## 6.1.4 Negation concepts

Concepts with a negative context are generally considered outside the scope of SNOMED CT, although the terminology currently has a number of finding concepts that express negation. There are a number of scenarios within the US healthcare system where explicit negation is required to rule out specific findings. While the SNOMED CT context model should be used in the majority of instances to post-coordinate findings or procedure concepts, these explicit requirements will be acceptable for the US Extension.

The following would not be accepted:

Example:

Influenza-like illness not present (finding)  
Laparoscopy not performed (situation)

The following would be acceptable:

Example:

Bacillus anthracis not isolated (finding)  
Influenza virus not H1N1 (organism)

### 6.1.5 Laterality

The pre-coordination of laterality will only be acceptable for concepts in which it can be viewed as a necessary attribute of the concept. The most apparent of these situations is in the case of anatomy, where bilateral structures exist as independent entities. The pre-coordination of laterality to assign a location or position of a non-bilateral structure would not be permitted.

The following would not be accepted:

Example:

Left abdominal cavity

The following would be acceptable:

Example:

Left third metatarsal bone (body structure)

Percutaneous skeletal fixation of fracture of left third metacarpal (procedure)

### 6.1.6 'Either'/'or' Procedures

The use of 'either' and 'or' is not permissible within SNOMED CT as it introduces potential ambiguity. In such circumstances, requested content of this type of procedure will be represented by two (or occasionally more) concepts within SNOMED CT. The following would therefore not be permitted.

Example:

Repair of total anomalous pulmonary venous connection to coronary sinus or right atrium

### 6.1.7 Use of numbers

While this topic is currently under debate within the IHTSDO, the use of numeric values in a concept may be allowed in cases where the interpretation is dependent on a quantified value. It is not necessary to expand the numeric characters into their alphabetic form, although where existing content includes the textual form then it is not necessary to make changes.

Examples:

5-Aminolevulinic acid (substance)

60 minute plasma LH measurement (procedure)

Walks 30-59 meters in 1 minute (finding)

### 6.1.8 Accented and unusual characters (cf. 6.1.2.2)

SNOMED CT files use UTF-8 encoding (of Unicode character-strings), which means that the variety of possible characters is large, and the Technical Reference Guide guidance suggests there should be no limit on the characters used; however, the overwhelming majority of US English language descriptions in SNOMED CT can be created using characters in the range 0x20 -0x7F (see exclusions, section 6.1.2.2). It is unlikely that additions to the US Extension in SNOMED CT will

require the use of characters above this range, unless referring to accepted foreign language descriptions of conditions. For these rare exceptions, the following principles are provided:

- 1) It is not permitted to use the 'pipe' character ("|", UTF-8 0x7C) – this character has special utility in the SNOMED CT Compositional Grammar (indicating the start and end of term strings), and its use in terms will disrupt parsing of expressions represented using this grammar.
- 2) If accented/multi-byte characters are present in the authoritative source material:
  - a. Add using the multi-byte characters for whichever DescriptionType is required. If the accent is present in the requirement it should be included in the FSN.
  - b. Do not add accent-free synonyms with superficially equivalent characters (e.g. 'e' for 'é') unless specifically requested and a nationally recognized rationale are provided. While it is recognized that there are precedents for adding such descriptions most modern information systems can adequately handle Unicode characters so the inclusion of these synonyms are less compelling.
  - c. Addition of any characters in the Unicode range 00C0 and above requires approval by the Guidance Committee before changes are made.

### 6.1.9 Multiple meanings

Descriptions with a DescriptionType of PT or SYN can refer to one or more than one concept. It is critical to refer to fully specified names to identify and resolve the potential ambiguity.

Example:

"Liver" is a synonym of "entire liver"  
"Liver" is also a synonym of "liver structure"

### 6.1.10 Moving concepts

Concepts may be moved to new positions within the terminology without retirement if the essence of the meaning has not changed. This is generally true if the concept stays within the same top-level hierarchy that it currently resides in. Concepts moved to a new top-level hierarchy are generally erroneous, thus the semantics of the concept may have changed. If so, then the original concept must be retired and a new concept created that represents the proper meaning in the new hierarchy.

Example:

Does not require retirement:  
"Caudal (qualifier value)" with parent "Specific site descriptor (qualifier value)" moved to new parent "General site descriptor (qualifier value)": meaning not changed

Requires retirement:

"Close rectal dissection (qualifier value)" with parent "Unused action values (qualifier value)" moved to new parent "Dissection procedure (procedure)" – meaning changed

### 6.1.11 Concepts primarily used for 'classification'

There are a number of scenarios in which terms that typically represent “grouping” concepts are requested to fulfill specific reporting requirements.

Example:

Hb carrier other than C, D, E, S, O-Arab (disorder)

Influenza, NOS (disorder)

The inclusion of such non-specific concepts is not permitted in SNOMED CT. These terms tend to change meaning as clinical knowledge increases and therefore, the use of such inclusion/exclusion expressions such as ‘Other’, NEC (not elsewhere classified) and NOS (not otherwise specified) are not permitted in the US Extension except where required by legislative mandate and with approval of the US Extension Guidance Committee.

## 7 Appendix - Domain-specific editorial principles

### 7.1 Consensus Domain-Specific Content

The development of domain specific consensus content is based on wide-spread agreement on the representation of common clinical utterances within a medical specialty. In many cases these concepts are based on accepted phraseology, but do not conform with current editorial policies within IHTSDO; While they are agreed to conceptually by the domain experts, they have not been uniformly and consistently represented by practitioners. When large scale agreement can be achieved within these specialty domains, these concepts will generally be accepted into the US Extension when sufficient justification is provided by the requesting group.

Example:

Heterozygous sickle cell disease with other than hemoglobin A, C, D, E, O-Arab

<http://newbornscreeningcodes.nlm.nih.gov/nb/sc/condition/Hb-F-S-and-other-than-A-C-D-E-O-Arab>

Expressions of this nature are subject to changes in meaning as medical knowledge about variant hemoglobin is discovered. Because these findings are developed by consensus of the community of practitioners and testing laboratories, their efforts should be supported to facilitate exchange of data amongst the domain practitioners. These components may be subject to frequent maintenance if the field supported is rapidly evolving.

### 7.2 Regulation-dependent concepts

Requests are commonly received for highly pre-coordinated content associated with legislated or regulatory policy requirements. Unfortunately, in some cases the terminology needs documented in legislation are developed without full understanding of the terminology required to support it. Often the requested content can be appropriately represented using post-coordination under the existing concept model; however the requirement for the exact usage of the pre-coordinated phrase overrides the editorial guidelines.

Example:

Influenza, not H1N1 pandemic strain

Severe chronic left shoulder pain not associated with trauma

In cases where the content currently exists in approved legislation, the US Extension will accept it for inclusion. Where proposed legislation is the source, the submitter should strive to work with the legislation authors to refine their terminology needs in accordance with good vocabulary practices prior to submission of content.

In all cases, reference to the source legislation is required as part of the submission.

## 7.3 Activities of daily living

There are a number of concepts that represent the ability to undertake activities which are considered typical daily activities. It is often important to be able to record a statement regarding an individual's ability to do some or all of these things. A simple pattern has been devised to accommodate the requirements as they are understood. There are five common required statements which follow the following pattern and are currently represented in the International Release:

Able to...

Does...

Does not...

Difficulty...

Unable to...

Where justification can be provided, this range can be extended to include the following additional assertions:

Independently able to.....

Able to.... with assistance

Able to.... with aids

Able to.... with aids and assistance

## 7.4 Administrative concepts

Due to the heterogeneity of healthcare operations within the US, administrative concepts are rarely applicable outside of the originating organization. For that reason, as well as the inherent ambiguity of administrative concepts in the context of clinical care, the US Extension will not accept administrative content into the US Extension.

## 7.5 Devices

The final editorial policy on device concepts is dependent on ongoing discussions between the IHTSDO and current device nomenclature maintainers. At the present time, the US Extension will accept medical device requests that are provided with justifiable use cases involving multiple organizations sharing data.

## 7.6 Diagnostic Imaging procedures

The NLM is currently investigating the harmonization of a large imaging terminology, RadLex, with SNOMED CT. The final policy on imaging inclusion will be based on the outcome of these negotiations.

## 7.7 Genetic Diseases

The NLM is currently in discussion with representatives in the Clinical bioinformatics arena to develop processes for inclusion of standard genetic disease content in SNOMED CT. Where content is not acceptable to IHTSDO, the US Extension will make provisions to accept it given compliance with the guidelines developed by the medical genetics profession.