The International Classification of Diseases (most commonly known by the abbreviation ICD) provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease. Every health condition can be assigned to a unique category and given a code, up to six characters long. Such categories can include a set of similar diseases.

The ICD has become the international standard diagnostic classification for all general epidemiological and many health management purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected.

It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. In addition to enabling the storage and retrieval of diagnostic information for clinical and epidemiological purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

The International Classification of Diseases is published by the World Health Organization. The ICD is used world-wide for morbidity and mortality statistics, reimbursement systems and automated decision support in medicine. This system is designed to promote international comparability in the collection, processing, classification, and presentation of these statistics. The ICD is a core classification of the WHO Family of International Classifications (WHO-FIC).

The ICD is revised periodically and is currently in its tenth edition. The ICD-10, as it is therefore known, was developed in 1992 to track mortality statistics. ICD-11 is planned for 2011 and will be revised using Web 2.0 principles.[1] Annual minor updates and three yearly major updates are published by WHO. The ICD is part of a "family" of guides that can be used to complement each other, including also the International Classification of Functioning, Disability and Health which focuses on the domains of functioning (disability) associated with health conditions, from both medical and social perspectives.

The ICD-9 was published by the WHO in 1977. At this time, the National Center for Health Statistics created an extension of it so the system could be used to capture more morbidity data and a section of procedure codes was added . This extension was called "ICD-9-CM", with the CM standing for "Clinical Modification".
ICD-9 consists of two or three volumes:
* Volumes 1 and 2 contain diagnosis codes. (Volume 1 is a tabular listing, and volume 2 is an index.) Extended for ICD-9-CM
* Volume 3 contains procedure codes. ICD-9-CM only

The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is based on the World Health Organization's Ninth Revision, International Classification of Diseases (ICD-9). ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.
The National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid

Services are the U.S. governmental agencies responsible for overseeing all changes and modifications to the ICD-9-CM.

ICD-10 was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States as from 1994. The classification is the latest in a series which has its origins in the 1850s. The first edition, known as the International List of Causes of Death, was adopted by the International Statistical Institute in 1893. WHO took over the responsibility for the ICD at its creation in 1948 when the Sixth Revision, which included causes of morbidity for the first time, was published.

Adoption was relatively swift in most of the world, but not in the United States. Since 1988, the USA had required ICD-9-CM codes for Medicare and Medicaid claims, and most of the rest of the American medical industry followed suit.
On 1 January 1999 the ICD-10 (without clinical extensions) was adopted for reporting mortality, but ICD-9-CM was still used for morbidity. Meanwhile, NCHS received permission from the WHO to create a clinical modification of the ICD-10, and has produced drafts of the following two systems:
* ICD-10-CM, for diagnosis codes, is intended to replace volumes 1 and 2. A draft was completed in 2003.
* ICD-10-PCS, for procedure codes, is intended to replace volume 3. A final draft was completed in 2000.
However, neither of these systems is currently in place. There is not yet an anticipated implementation date to phase out the use of ICD-9-CM. There will be a two year implementation window once the final notice to implement has been published in the Federal Register.
Other countries have created their own extensions to ICD-10. For example, Australia introduced their first edition of "ICD-10-AM" in 1998, and Canada introduced "ICD-10-CA" in 2000.

The first draft of the ICD-11 system is expected in 2008, with publication following by 2011. WHO has announced that it will apply Web 2.0 principles for the first time to revise the ICD. The ICD revision process will be open to all comers willing to register, back their suggestions with evidence from medical literature and participate in online debate over proposed changes.

The ICD-10 online version can be found here .
The ICD-9-CM online version can be found here .

For further information about **ICD**, please visit their website .