When Is Content Rejected?

The following information provides specifics on content rejection.

Fully specified name (FSN)

An FSN should conform to spelling, language, and style guidelines. It should also have parent codes that conform to editorial guidelines and show where in the hierarchy it belongs.

In general, an FSN should not have the following (there are exceptions, which are covered in this guide):

- Abbreviations or acronyms
- Hyphens
- Duplicate concepts
- Ambiguity
- The word OR
- Forward or backslash (/ \)
- Precoordinated numeric ranges
- General British (GB) spelling
- Plural form
- Procedures or clinical findings in past tense
- Reference to a particular instance

Classification system-derived phrases

Concept submissions that contain certain classification system-derived phrases in their FSNs are not accepted. Concepts with unclear, unspecified, or ambiguous meaning should not be used. It includes:

- Not otherwise specified (NOS)
  - For example, Mental disorder, not otherwise specified

- Not elsewhere classified (NEC)
  - For example, Chronic hepatitis, not elsewhere classified

- Not mentioned
  - For example, Attention deficit disorder not mentioned of hyperactivity

- With or without
  - For example, Tubal pregnancy with or without intrauterine pregnancy

Full statements or sentences

Concepts should be names or short noun phrases. Full statement or sentences are unacceptable.

Disjunctives

Concepts with the disjunctives (or, and/or) are unacceptable with limited exceptions as follows below; instead, there should be separate concepts.

Exceptions

Disjunctives may be used if the:

- The referent is a single thing, but there isn't a name for it.
  
  For example,
  
  - 7740077 [Structure of head and/or neck (body structure)]
  
- The concept is an intensional navigational aggregate.
  
  For example,
  
  - 707861009 [Structure of skin and/or skin-associated mucous membrane (body structure)]

See Conjunction and Disjunction for the use of disjunctives, including their use with anatomical concepts.
**Numeric ranges**

In general, content that depends on numeric ranges should not be used for precoordination.

For example,

- There may be too many possibilities
  - A finding of number of lesions might have ranges of 1, 2 to 5, and greater than 5, 1 to 2, 3 to 10, and greater than 10, or etc.
- There may be possible changes to reference ranges or systems of units
  - The normal serum sodium concentration is usually defined as 135 to 145 mEq/L. Low serum sodium should not use the phrase *serum sodium less than* 135 mEq/L. (It should use a phrase such as *serum sodium concentration below reference range*.)
  - A body mass index (BMI) score as an indicator of obesity

**Exception: acceptable numeric range**

A standard definition with a fixed numeric range, i.e. the range is an explanation or definition of the score, may be acceptable.

For example,

- A histologic scoring system with a score of 1 when there are 0 to 5 mitoses per high power field, and a score of 2 when there are 6 to 10, and etc
- The Tumor, Node, Metastases (TNM) Classification of Malignant Tumor

**Proprietary names**

Proprietary names include brand name drugs and devices and some clinical forms or tools.

**Brand name of drugs and devices.** Proprietary names are the names that have been assigned to products, usually drugs and devices, by their corporate producers. They do not require a license from the producer.

It is both necessary and useful to include proprietary names in a health terminology. However, they should not be included in the International Release, but instead in National Extensions. This is because proprietary names may refer to different products depending on the country and the meaning of these names are dependent on the country or jurisdiction in which the product is approved.

**Modeling**

A brand or trade name may stand for a category of product and not the particular brand itself. These proprietary names may be included in the International Release as descriptions (non-FSN descriptions). They should not be included in FSNs.

For example,

- Kleenex, band aid, popsicle

**Regulatory status or characterization**

Concepts referring to regulatory status or characterization (e.g., over-the-counter) are out of scope for the International Release. Meaning may vary by jurisdiction and may not be consistent internationally.

**Clinical forms, tools, or assessment scales.** The owner of a form or tool may be an individual or organization that created it; the healthcare organization that employed the individual; or it may be a commercial organization to which the rights were assigned.

**Names of clinical forms, tools, or assessment scales** (e.g. *the XYZ Test*) do not require a license from the owner.

**Questions.** Questions within a form or tool generally qualify for copyright protection (except in the case of the simplest of forms).

**Answers.** Very simple answers on a form or tool (e.g. *yes or no*) do not require owner permission. However, more substantial answers may infringe on the owner's copyright. This usually does not apply to individual answers, but almost always to entire sets of answers.

**Scores.** The principles that apply to individual answers also apply to the overall score generated by a clinical form or tool. The incorporation of numbers does not infringe on the copyright. However, when each possible score has an associated textual description and all possible scores and descriptions are incorporated into *SNOMED CT*, a license is required.

For example,

- 443807003 [EuroQol five dimension questionnaire (assessment scale)] is a *SNOMED CT* concept. However, these scores are subject to copyright protection, therefore cannot be added to *SNOMED CT*.
Non-human content

To be included in the International Release content must be useful in human medicine. Strictly non-human content may be included in extensions. Criteria for non-human content to be included in the International Release include the following:

- Diseases, Findings, and Procedures. Occurs in both humans and animals.
- Substances. Causes poisonings and adverse effects in humans.
- Organisms. All organisms are included in the International Release.

Procedures: by complexity or count

Procedures categorized by complexity. Procedure concepts with modifiers representing complexity are not allowed in the International Release; this means the amount of effort required or based on realm-specific definitions (e.g. simple arthrodesis, simple repair, complex repair).

**Exception**

Procedures that use simple or complex, defined with reproducible meanings are allowed; they are based on what is done to or for the patient, rather than how much effort is expended.

For example,

- 172043006 Simple mastectomy (procedure); Reproducibly defined as the removal of all breast tissue without removal of axillary contents. Differentiated from modified radical, radical, skin-sparing, and subcutaneous variants of mastectomy.

Counts of the number of procedures. Many procedure classifications focus on resources required to complete; this may be for reimbursement or tracking purposes (e.g. placement of one stent versus placement of two stents). This information should be part of patient documentation and is not allowed in the International Release.

Order of procedures. The order of procedures, e.g. primary or first, second, and etc. should be excluded.

Abbreviations

Abbreviations are shortened forms of words or phrases. Because they may not be understood by all users, they allow for misinterpretation. Consequently they are not permitted in FSNs. They may be used in preferred terms or synonyms if they are accompanied by the fully expanded term.

**Exceptions**

Abbreviations are allowed in FSNs when they are:

- Part of an official name of an organization or instrument
- Part of the approved name for bacterial subspecies

For example,

- 398620001 Salmonella enterica subsp. indica (organism)

Acronyms

Acronyms are a specific type of abbreviation. They are formed from the initial letters of words and pronounced as words.

**Exception**

An acronym is allowed when it has become a word in its own right, i.e. included in dictionaries; understood without expansion to its original full form.

For example,

- 122456005 Laser device (physical object)
Eponyms

Eponyms are names that are derived from proper names (usually the person who made the discovery or created the original description). They are found in many areas of health terminology, including anatomic structures, morphologic abnormalities, diseases, findings, and procedures.

For example,
- Rutherford Morrison's pouch, vein of Galen, Aschoff body, Kell blood group, Down syndrome, Moro reflex, and Whipple procedure.

It is neither desirable nor possible to completely avoid using eponyms in a health terminology; although, if possible, they should be avoided. This helps to improve clarity of meaning and to facilitate translation to other languages. FSNs should be full descriptions, whereas synonyms may be eponymous terms.

For example,
- *Infant startle reflex* would be the FSN and *Moro reflex* would be the synonym.

It is permitted and encouraged to include eponyms as descriptions (non-FSN terms) whenever they are understandable, reproducible, and useful in a given context.

### Exceptions

Exceptions require careful consideration since eponym meanings may change over time. Reasons for exceptions are:

- The full description is exceptionally long and unwieldy.
  
  For example,
  - 233230003 [Hemi-Fontan operation (procedure)] instead of *bidirectional Glenn shunt with end-to-side anastomosis of proximal superior vena cava to right pulmonary artery with isolation from right atrium*. (However, this should be added as a text definition).

- The eponym is the only precise, clinically relevant name available.

  For example,
  - 118599009 [Hodgkin’s disease (disorder)] and 118617000 [Burkitt’s lymphoma (disorder)] are both clear.

### Hyphens

Hyphens should not be used in FSNs, with rare exceptions.

For example,
- In the morphology hierarchy, where categories need to be distinguished from specific subtypes: 41650007 [Malignant glioma - category (morphologic abnormality)] is allowed to differentiate it from a specific morphology of 74532006 [Glioma, malignant (morphologic abnormality)] as defined by ICD-O.