

MedTok: Multimodal Medical Code Tokenizer



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ICD10: R53.1 ICD10: M79

ICD10: R26.2 ICD10: Z21

MedTok

Tokenizer

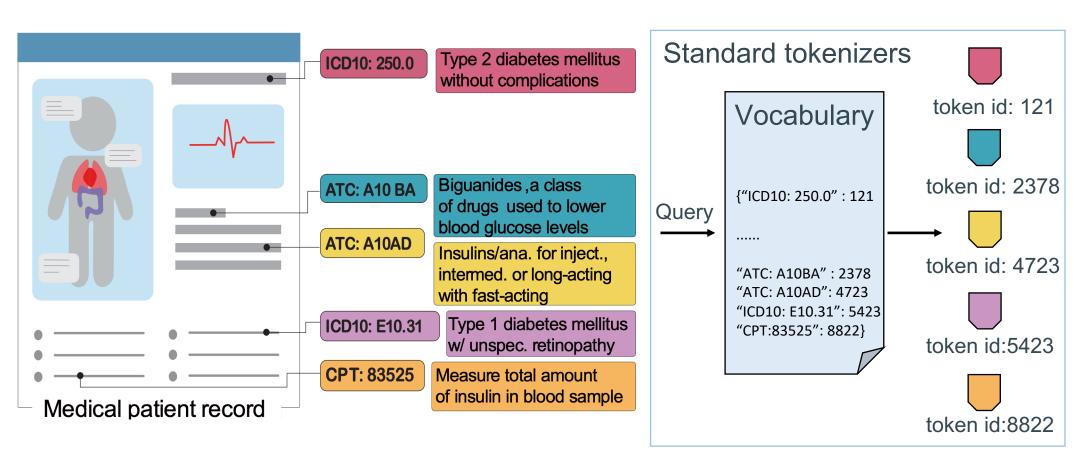
ICD10: R74.8

CD10: M62.50

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Standard tokenizers fail for medical codes



- Medical coding systems contain over 600,000 unique codes. Treating each code as a separate token leads to inefficient vocabulary expansion, increasing memory demands and fragmenting rare codes.
- Many coding systems encode structured dependencies, such as ATC code. Standard tokenizers, relying only on co-occurrence statistics, fail to capture hierarchical relationships, losing dependencies like disease co-occurrences and drug contraindications.
- clinical concepts often appear under different codes across terminologies. Standard tokenization treats them as separate tokens, creating redundancy and complicating cross-system data integration.

Type 2 diabetes mellitus ithout complications

guanides ,a class

Insulins/ana. for inject.

with fast-acting

√ length of stay prediction

√ readmission prediction

√ mortality prediction

√ drug recommendation

√ phenotype prediction

√ assignment of new

diagnoses (ND)

ntermed. or long-acting

Type 1 diabetes mellitus

w/ unspec. retinopathy

of insulin in blood sample

Measure total amount

ATC: A10AD

ICD10: E10.31

(LOS)

(DrugRec)

(Pheno)

•

Medical patient record

MedTok

Tokenizer

Transformer-

based models

drugs used to lower

MedTok can be integrated into medical foundation models

 $0.160 \, (0.037) \quad 0.028 \, (0.004) \quad 0.612 \, (0.058) \quad 0.586 \, (0.070) \quad 0.230 \, (0.010) \quad 0.103 \, (0.001) \quad 0.423 \, (0.002) \quad 0.493 \, (0.005) \quad 0.715 \, (0.002) \quad 0.736 \, (0.007) \, (0.0$

 $0.193 (0.046) \quad 0.034 (0.005) \quad 0.623 (0.052) \quad 0.609 (0.064) \quad 0.287 (0.039) \quad 0.114 (0.003) \quad 0.459 (0.028) \quad 0.512 (0.006) \quad 0.740 (0.004) \quad 0.783 (0.010) \quad 0.783 (0.010$ $0.136\,(0.021) \quad 0.120\,(0.003) \quad 0.574\,(0.008) \quad 0.515\,(0.007) \quad 0.176\,(0.018) \quad 0.118\,(0.032) \quad 0.460\,(0.012) \quad 0.498\,(0.001) \quad 0.523\,(0.008) \quad 0.445\,(0.027) \quad 0.008$

 $0.246 \, (0.044) \quad 0.058 \, (0.007) \quad 0.568 \, (0.036) \quad 0.525 \, (0.017) \quad 0.159 \, (0.031) \quad 0.121 \, (0.002) \quad 0.513 \, (0.024) \quad 0.518 \, (0.012) \quad 0.580 \, (0.035) \quad 0.661 \, (0.092) \quad 0.513 \, (0.012) \quad 0.518 \, (0$

 $0.220\,(0.025) \quad 0.032\,(0.006) \quad 0.574\,(0.040) \quad 0.515\,(0.005) \quad 0.251\,(0.030) \quad 0.137\,(0.004) \quad 0.603\,(0.008) \quad 0.504\,(0.006) \quad 0.558\,(0.006) \quad 0.792\,(0.007)$

AUPRC

0.175 (0.019)

0.4 0.6

VQGraph

0.163 (0.025)

0.302 (0.015)

00

AUPRC

0.093 (0.011)

0.104 (0.017)

0.028 (0.014)

0.036 (0.015)

+1.76%

AUPRC

0.056(0.006)

0.056 (0.013)

0.044 (0.008)

0.074 (0.010)

0.022 (0.008)

0.037 (0.015)

0.053 (0.006

0.036 (0.008)

0.057 (0.012)

+1.90%

0.3

EHRShot

0.4

3.13%

Table 1. The results of MedTok with all transformer-based models across five tasks on two in-patient datasets

2.46%

Task 1: Operational Outcomes (OO)

0.128(0.025)

0.188(0.021)

0.397 (0.036)

AUPRC

NA

0.739 (0.025)

0.4

0.714(0.021)

+ Medtok

GT-BEHRT

+ Medtok

+ MEDTOK

TransformEH

LOS

Pheno

DrugRec

+: imbalanced binary classification; *: multi-class classification, macro-averaged; o: multi-label classification; N/A indicates that the model was not configured for this task

AUPRO

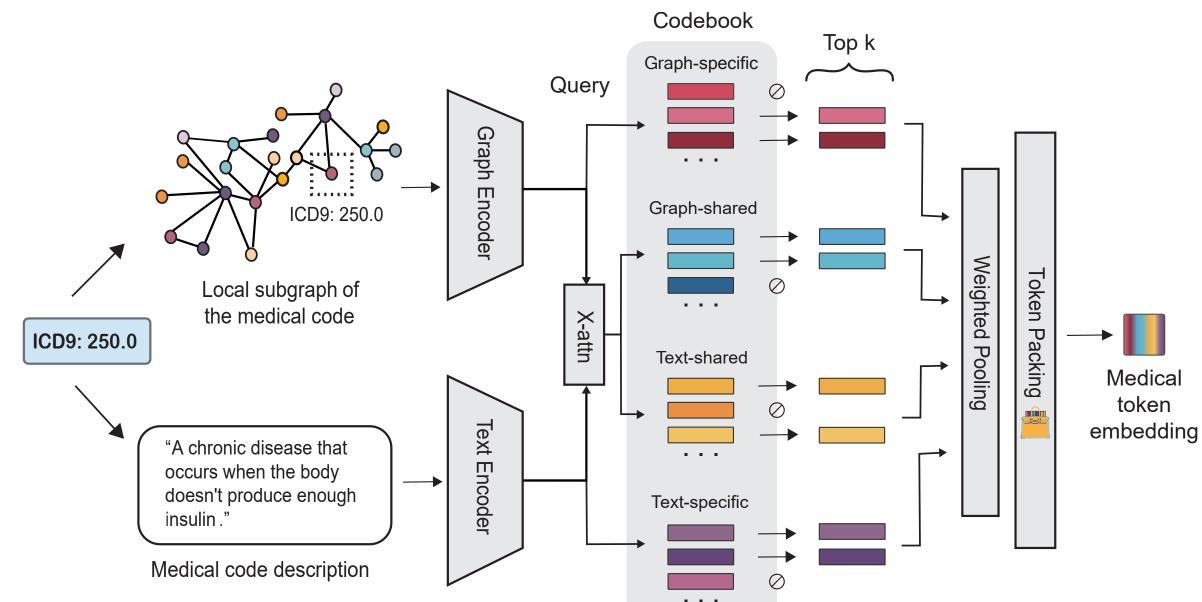
0.339 (0.010)

MT-

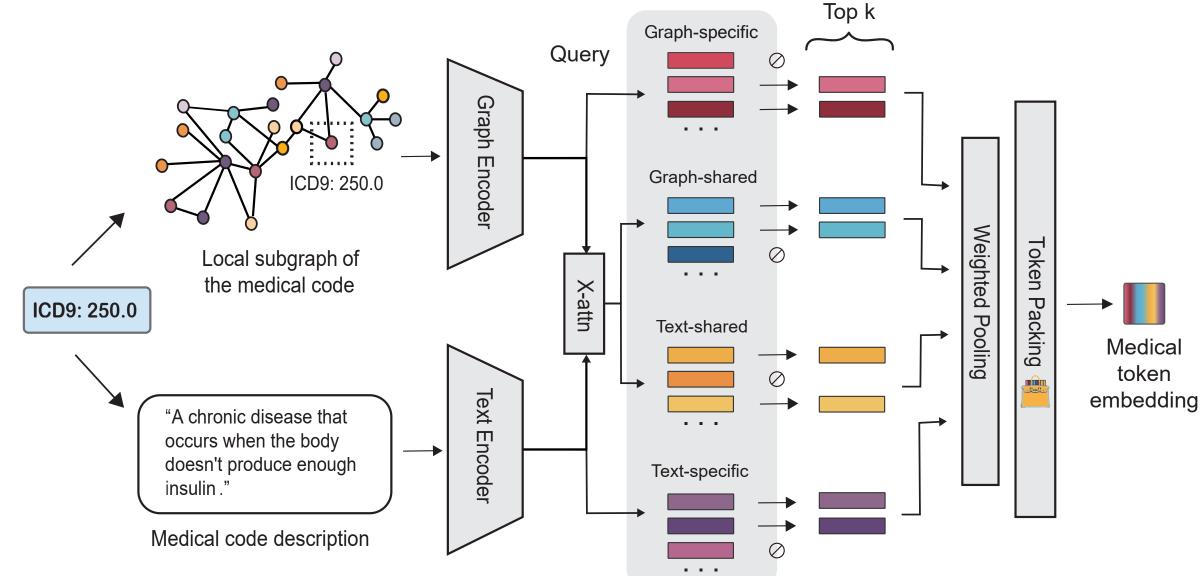
RA-

LOS-

Overview of MedTok

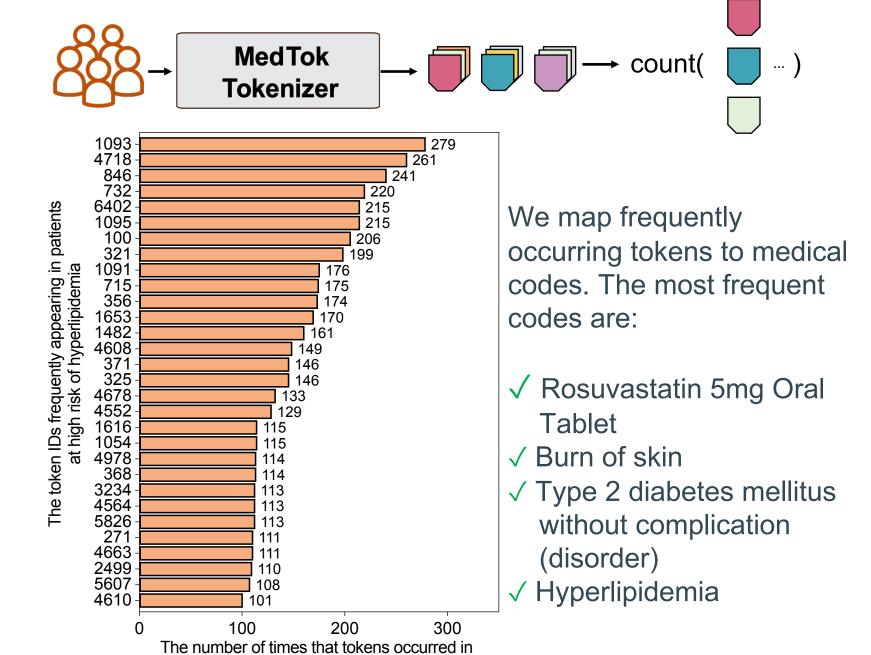


MedTok is a multimodal tokenizer that combines text descriptions of codes with relational representation of dependencies between codes. MedTok is a general-purpose tokenizer that can be used with any transformer-based model or system that requires tokenization.



Interpreting MedTok

- patients predicted as high risk for Hyperlipidemia by MedTok with no Hyperlipidemia history.
- We then count the tokens assigned to these patients and identified those appearing more than 100 times.

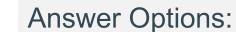


the record of patients predicted at the high

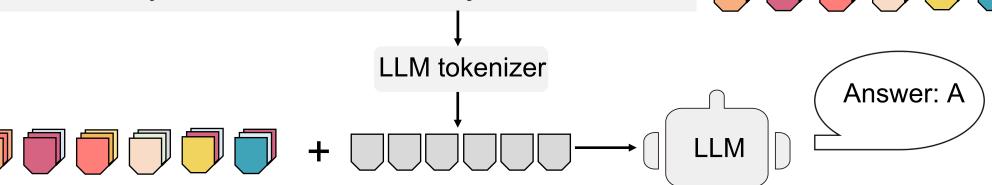
risk of hyperlipidemia

MedTok for medical QA

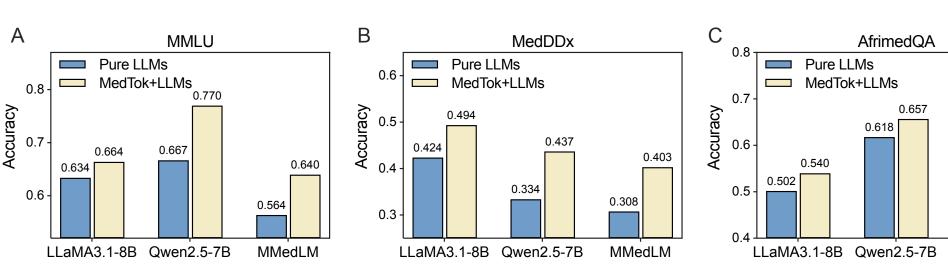
Question: A 29-year-old woman presents to the clinic with a 6-month history of progressive weakness and muscle pain. She has experienced difficulty walking and has had several falls in the past month. Her symptoms have progressed despite taking ibuprofen and acetaminophen. Physical examination reveals muscle trophy in her upper and lower extremities. Laboratory tests show elevated creatine kinase levels and a positive test for Human Immunodeficiency Virus (HIV). What is the most likely diagnosis?



- A: Myopathy **B:** Polymyositis
- C: Dermatomyositis D: Neuromuscular junction disorder



MedTok enhances few-shot learning in medical QA



- We use tokens obtained by MedTok as prefix tokens to finetune LLMs with MedMCQA dataset
- We then use other three QA datasets, including MMLU, MedDDx, and AfrimedQA, to evaluate the performances of finetuned LLMs

Try out MedTok

from transformers import AutoTokenizer

embed = tokenizer.embed("E11.9")

tokenizer = AutoTokenizer.from_pretrained("mims-harvard/MedTok", trust remote code=True) tokens = tokenizer("E11.9")







HuggingFace

Code