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INSTRUCTIONS FOR CLASSIFYING MULTIPLE CAUSES OF DEATH, 1995

INTRODUCTION

The National Center for Health Statistics (NCHS) is responsible for the compilation and annual publication of national statistics of causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization Nomenclature Regulations. These Regulations require the coding of causes of death be in accordance with the current revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD) and the selection of the underlying cause of death for primary mortality tabulation be in accordance with the international rules.

Beginning with deaths occurring in 1979, the Ninth Revision of the ICD (ICD-9) has been used for classifying causes of death. This revision of the classification is published by the World Health Organization and consists of two volumes. Volume 1 contains a list of three-digit categories, the tabular list of inclusions and the four-digit subcategories. The supplementary classification of external causes of injury and poisoning is used for mortality coding. The supplementary V code (formerly the Y code) appears in Volume 1 but is not used for classifying mortality data. Optional fifth digits are provided for certain categories and an optional independent four-digit coding system is provided to classify histological varieties of neoplasms, prefixed by the letter M (for morphology) and followed by a fifth digit indicating behavior. These optional codes, except those for place of accident in the external cause codes, are not used in NCHS. The place of accident codes are used as supplementary codes rather than as fifth digits. Volume 2 is an alphabetical index containing a comprehensive list of terms for use in coding. Provisional procedure classification covering surgery, radiology, laboratory and other medical procedures and provisional classification of impairments and handicaps are published in a separate volume as a supplement to, and not as an integral part of, the Ninth Revision of the ICD. These provisional classifications are not used for classifying mortality data.

The basic purpose of this manual is to document concepts and instructions for coding multiple causes of death while conforming with provisions of ICD-9. This manual should be used with ICD-9, Volumes 1 and 2. It should also be used in conjunction with the supplementary instruction notebook which includes instructions dealing with unusual coding problems not covered explicitly in this manual, plus it should also be used with the Vital Statistics Instruction Manual, Part 2e. Part 2e includes (1)a list of medical terms encountered frequently on death certificates for which ICD-9 did not provide codes, (2)errata sheets for Volume 2 issued by the World Health Organization, (3)a detailed listing of secondary neoplasms, (4)abbreviations used in medical terminology, and (5)a list of state geographic codes.

In the 1983 edition, the list of abbreviations used in medical terminology and the list of state geographic codes were removed from this manual and placed in Vital Statistics Instruction Manual, Part 2e. In the 1984 edition, instructions were added on pages 72a and 112a for poliomyelitis indicating a change in coding poliomyelitis not specified as acute.

The new ICD-9 classification for the human immunodeficiency virus (HIV) infection and positive serological or viral culture findings for the human immunodeficiency virus (795.8) was added to the 1987 edition and further modified in the 1988 edition. In the 1990 edition, the following list of infrequent and rare causes of death was expanded to include the following categories:

033	979.0
037	979.1
055	979.2
056	979.3
323.5	979.4
072	979.5
771.0	979.6
771.3	979.7
978	

The following changes were made in the 1992 edition.

1. Additional terms interpreted to mean "due to or as a consequence of"-pages 49-51.
2. Modified the table in the intent of the certifier for Laennec's Cirrhosis-page 88.
3. Amended the instruction for answering printed questions regarding pregnancy-page 126.
4. Amended the instruction for classifying cerebrovascular diseases to the late effects category-page 143 paragraph 2. Amended Example 3 page 144.
5. Amended the code to be assigned when assuming a condition for gastro-intestinal surgery NOS-page 202.
6. Added pulmonary insufficiency to the list to be coded as a complication of surgery when reported as the first condition on the lowest used line in Part I with surgery reported on the same line or in Part II. page 210.

The following are changes in this 1995 edition:

- **Expanded category 042.2 to include CNS-page 10.**
- **Modified the paragraph on FORMAT to reflect the new standard certificate format-page 47.**
- **Added instructions for coding Immune Disorders in the Intent of Certifier Section -Pages 77(a)- 77(d).**
- **Modified the instruction page 165 to include "second hand smoke".**

One of the notable differences between ICD-9 and previous revisions of the ICD is that a dual system of classification was incorporated in ICD-9. This system provides for the classification of certain diagnostic statements according to two different axes - etiology or underlying disease process and manifestation or complication. Thus there are two codes for diagnostic statements subject to dual classification. The etiology or underlying disease codes are marked with a dagger (†) and the manifestation or complication codes are marked with an asterisk (*) following the

code. For example, Coxsackie myocarditis has a code, marked with a dagger, in the chapter for infectious and parasitic diseases and a code, marked with an asterisk, in the chapter for diseases of the circulatory system. Similarly, nephropathy due to diabetes has a dagger code in the chapter relating to endocrine diseases and an asterisk code in the genitourinary system chapter. The asterisk categories are intended primarily for use in applications concerned with the planning and evaluation of medical care. Limited use was made of the asterisk codes in classifying mortality data for data years 1979-1982. The specific instructions concerning their use appear in the 1979-1982 editions of this manual. Effective July 1982 the use of asterisk codes in mortality coding was discontinued.

In previous revisions of the ICD, Chapter XVII consisted of two alternative classifications, one according to nature of injury (the N Code) and one according to the external cause (the E Code). In the Ninth Revision, the nature of injury remained as part of the main classification but the N prefix was dropped. The E Code became a supplementary classification to be used, where relevant, to code external factors associated with morbid conditions classified to any part of the main classification. For single cause tabulation of the underlying cause of death, the E Code will be used as the primary code if, and only if, the morbid condition is classifiable to Chapter XVII (Injury and Poisoning).

Another noteworthy change is that certain adverse effects of medical care included in the nature of injury chapter in the Eighth Revision are included in Chapters I-XVI in ICD-9. The title for categories 960-979 in the nature of injury chapter was changed from Adverse Effect of Medical Agents to Poisoning by Drugs, Medicaments and Biological Substances. Adverse effects of drugs, medicaments and biological substances other than poisoning, overdose and wrong substance given or taken in error are excluded from categories 960-979 and are classified according to the nature of the adverse effect, usually in Chapters I-XVI. Categories E930-E949, Drugs, Medicaments and Biological Substances Causing Adverse Effects in Therapeutic Use, have been provided in the Supplementary E Code Classification to identify the drug, medicament or biological substance that gave rise to the adverse effect. For example, aplastic anemia resulting from the administration of chloromycetin is classified to the adverse effect, i.e., to aplastic anemia, and to the appropriate E Code to identify chloromycetin, the drug that gave rise to the anemia.

Similarly, adverse effects of certain other forms of medical care classified to the nature of injury chapter in the Eighth Revision are included in Chapters I-XVI in ICD-9. Also, certain localized effects of nonmedicinal chemical substances previously classified in the nature of injury chapter are included in Chapters I-XVI in ICD-9.

Traditionally, national mortality statistics have been based on a count of deaths with one cause assigned for each death. While the importance of such statistics cannot be overemphasized - national single-cause mortality statistics go back to the year 1900 - the need for more thorough analysis of mortality medical information has long been recognized. The increasing demand for more comprehensive mortality data and advances in computer technology provided the impetus that culminated in the development of the ACME system, an acronym for Automated Classification of Medical Entities, which was implemented in NCHS in 1968.

Although the ACME system provides output data useful for other purposes, the principle objectives are to provide full medical information from death certificates with assignment of the traditional underlying cause through automated application of the international rules for selection, to facilitate the development of programs for retrieving and tabulating multiple cause data tailored to specific data requirements, and to make computer tapes containing the codes for all diagnostic terms and related codable information recorded on death certificates available for indepth research and analysis purposes. To achieve these objectives, codes are assigned for each codable entity entered on the death certificate, usually in the order in which the information is recorded. To ensure the code for each entity reflects the meaning the certifier intended to convey, other information recorded on the certificate is taken into account. However, provisions in the ICD for linking two or more diagnostic terms to form a composite diagnosis classifiable to a single ICD code are not applied. The experience gained from use of the ACME system has enabled NCHS to assess the efficiency of the system and to make changes in the coding instructions and ACME program that will overcome some of the problems encountered in attempting to produce mortality data suitable for a multiplicity of purposes. Other manuals relating to coding causes of death are:

Part 2a, NCHS Instructions for Classifying the Underlying Cause of Death, 1995

Part 2c, ICD-9 ACME Decision Tables for Classifying the Underlying Causes of Death, 1995

Part 2d, Procedures for Mortality Medical Data System File Preparation and Maintenance

Part 2e, Non-Indexed Terms, Standard Abbreviations, and State Geographic Codes used in Mortality Data Classification, 1995 (Including WHO Amendments to ICD-9, Volume 2)

SECTION I

MEDICAL CERTIFICATION

The U. S. Standard Certificate of death provides spaces for the certifying physician, coroner, or medical examiner to record pertinent information concerning the diseases, morbid conditions, and injuries which either resulted in or contributed to death as well as the circumstances of the accident or violence which produced any such injuries. The medical certification portion of the death certificate is designed to obtain the opinion of the certifier as to the relationship and relative significance of the causes which he reports.

A cause of death is the morbid condition or disease process, abnormality, injury, or poisoning leading directly or indirectly to death. The underlying cause of death is the disease or injury which initiated the train of morbid events leading directly or indirectly to death or the circumstances of the accident or violence which produced the fatal injury. A death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other or they may be causally related to each other, that is, one cause may lead to another which in turn leads to a third cause, etc.

The order in which the certifier is requested to arrange the causes of death upon the certification form facilitates the selection of the underlying cause when two or more causes are reported. He is requested to report in Part I on line (a) the immediate cause of death and the antecedent conditions on lines (b), (c) and (d) which gave rise to the cause reported on line (a), the underlying cause being stated lowest in the sequence of events. However, no entry is necessary on I(b), I(c) or I(d) if the immediate cause of death, stated on I(a) describes completely the sequence of events. If the decedent had more than four causally related conditions relating to death, the certifier is requested to add lines (e), (f), etc., so all conditions related to the immediate cause of death are entered in Part I with only one condition to a line.

Any other significant condition which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome but not resulting in the underlying cause given in Part I is entered in Part II.

IMMEDIATE CAUSE

PART

I

(a) _____

Due to, or as a consequence of:

(b) _____

Due to, or as a consequence of:

(c) _____

Due to, or as a consequence of:

(d) _____

PART

II

OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)

SECTION II

GENERAL INSTRUCTIONS

INTRODUCTION

Since input format and positions vary according to the type of data entry equipment being used, the instructions for entering the identifying information and ICD-9 codes for death certificates are in Part 2(d) Procedures for Mortality Medical Data System File Preparation and Maintenance. Part 2(d) contains instructions for use of transcription sheets for manual entry of codes with subsequent keying of records by various types of key entry equipment, and instructions for data entry using Optical Character Recognition (OCR) typewriters, key-to-tape equipment, and key-to-disk equipment.

Code all information reported in the medical certification section of the death certificate and any other information pertaining to the medical certification, when reported elsewhere on the certificate. In Volumes 1 and 2 of ICD-9, the fourth-digit subcategories of three-digit categories are preceded by a decimal point. For coding purposes, omit the decimal point.

Enter codes in the same order and location as the entries they represent appear on the death certificate. Enter the codes for entries in Part II in the order the entries are reported, proceeding from the entry reported uppermost in Part II downward and from the left to right. If the uppermost line in Part II is an obvious continuation of a line below, enter the codes accordingly.

For instructions on placement of codes when the certifier states or implies a "due to" relationship between conditions not reported in sequential order, see page 25 and pages 47 to 58, Format. For instructions on placement of nature of injury and E Codes, refer to pages 158 - 159.

When an identical code applies to more than one condition reported on the same line, enter the code for the first-mentioned of these conditions only. When conditions classifiable to the same code are reported on different lines of the certificate, enter the code for each of the reported conditions. (This does not apply to external cause of injury (E Codes).)

When a single line in Part I or Part II requires more than eight codes, delete the excessive codes (any over eight) for the line using the following criteria in the order listed:

1. Codes in 7800-7994, 7998 (Do not delete 7997)
2. Nature of injury codes except for the first one entered on record

3. Any code repeated on another line of the record.

If, after applying the above criteria, any single line still has more than eight codes, refer to supervisor.

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

042.1 Causing other specified infections

Includes only:)

candidiasis)
disseminated (112.5))
of: mouth (112.0))
skin and nails (112.3))
other and unspecified)
sites (112.8, 112.9))
(excludes: 112.1, 112.2, 112.4))
coccidioidomycosis (114))
cytomegalic inclusion disease (078.5))
herpes simplex (054))
herpes zoster (053))
histoplasmosis (115))
mycobacteriosis, other and) Due to HIV infection
unspecified (031.8, 031.9))
(excludes: 031.0, 031.1))
Nocardia infection (039))
opportunistic mycoses (118))
pneumonia:)
NOS (486))
viral NOS (480.9))
Salmonella infections)
(003.1-003.9))
(except gastroenteritis 003.0))
septicemia (038))
strongyloidiasis (127.2))
tuberculosis (010-018))

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

042.2 With specified malignant neoplasms

Includes only:

Burkitt's tumor or lymphoma (200.2))
Kaposi's sarcoma (173))
immunoblastic sarcoma (200.8)) With HIV infection
lymphoma of the brain **or** CNS (202.8))
reticulosarcoma (200.0))

042.9 Acquired immunodeficiency syndrome unspecified

AIDS with other conditions classifiable elsewhere except as in 042.0 - 042.2

043 Human immunodeficiency virus infection causing other specified conditions

Includes: AIDS-like disease (illness)(syndrome)
AIDS-related complex
AIDS-related conditions
ARC
pre-AIDS
prodromal-AIDS

Excludes: HIV infection classifiable to 042

043.0 Causing lymphadenopathy

Includes:

enlarged lymph nodes (785.6)

swollen glands (785.6)

)
) Due to HIV infection

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

043.1 Causing specified diseases of the central nervous system

Includes only:

central nervous system:)
demyelinating disease NOS (341.9))
disorders NOS (348.9, 349.9))
non-arthropod-borne viral diseases,)
other and unspecified (049.8, 049.9))
slow virus infection, other and)
unspecified (046.8, 046.9))
dementia:)
NOS (298.9)) Due to HIV infection
organic (294.9))
presenile (290.1))
encephalitis (323.9))
encephalomyelitis (323.9))
encephalopathy (348.3))
myelitis (323.9))
myelopathy (336.9))
organic brain syndrome NOS (nonpsychotic) (310.9))
psychotic (294.9))

043.2 Causing other disorders involving the immune mechanism

Includes only:

disorders involving the immune mechanism classifiable to)
279.0, 279.1, 279.2, 279.4) Due to HIV infection

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

043.3 Causing other specified conditions

Includes only:

- abnormal weight loss (783.2))
- abnormality, respiratory (786.0))
- agranulocytosis (288.0))
- anemia:)
 - NOS (285.9))
 - aplastic, other and)
 - unspecified (284.8, 284.9))
 - deficiency (280-281))
 - hemolytic, acquired (283))
- arthritis:)
 - infective (711.9))
 - pyogenic (711.0))
- blindness or low vision (369))
- blood and blood-forming organs,)
 - unspecified disease (289.9))
- cachexia (799.4)) Due to HIV infection
- dermatomycosis (111))
- dermatophytosis (110))
- diarrhea (noninfectious) (558))
 - infectious (009))
- disease or disorder NOS:)
 - blood and blood-forming organs (289.9))
 - salivary gland (527.9))
 - skin and subcutaneous tissue (709.9))
- dyspnea (786.0))
- fatigue (780.7))

fever (780.6)
gastroenteritis (noninfectious) (558)
 infectious (009)
hepatomegaly (789.1)

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

043.3 Causing other specified conditions - continued

hyperhidrosis (780.8))
hypersplenism (289.4))
infection:)
intestinal, ill-defined (009))
lack of expected physiological)
 development in infant (783.4))
leukoplakia of oral mucosa)
 (tongue) (528.6))
malabsorption, intestinal (579.9))
malaise (780.7))
neuralgia NOS (729.2))
neuritis NOS (729.2)) Due to HIV infection
nutritional deficiencies (260-269))
pneumonitis, lymphoid, interstitial (516.8))
polyneuropathy (357.0, 357.8, 357.9))
pyrexia (780.6))
radiculitis NOS (729.2))
rash NOS (782.1))
retinal vascular changes (362.1))
retinopathy, background (362.1))
splenomegaly (789.2))
thrombocytopenia, secondary and)
unspecified (287.4, 287.5))
volume depletion (276.5))

043.9 Acquired immunodeficiency syndrome-related complex unspecified

AIDS-related complex (ARC) with other conditions classifiable elsewhere as in 042.0 - 043.3

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

044 Other Human immunodeficiency virus infection

Includes:

- AAV (disease) (illness) (infection)
- AIDS-associated retrovirus (disease) (illness) (infection)
- AIDS-associated virus (disease) (illness) (infection)
- AIDS-related virus (disease) (illness) (infection)
- AIDS virus (disease) (illness) (infection)
- ARV (disease) (illness) (infection)
- HIV (disease) (illness) (infection)
- Human immunodeficiency virus (disease) (illness) (infection)
- Human immunovirus (disease) (illness) (infection)
- Human T-cell lymphotropic virus (disease) (illness) (infection)
- HTLV-III (disease) (illness) (infection)
- HTLV-III/LAV infection
- LAV (disease) (illness) (infection)
- LAV/HTLV-III (disease) (illness) (infection)
- Lymphadenopathy-associated virus (disease) (illness) (infection)

Excludes:

- AIDS (042)
- AIDS-related complex (ARC) (043)
- HIV infection classifiable to 042 - 043

044.0 Causing specified acute infections

Includes only:

- acute lymphadenitis (683))
- aseptic meningitis (047.9)) Due to HIV infection

viral infection ("infectious
mononucleosis-like syndrome") (079.9))

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

044.9 Human immunodeficiency virus infection, unspecified

HIV infection with other conditions classifiable elsewhere except as in 042.0 - 044.0

795.8 Positive serological or viral culture findings for human immunodeficiency virus

Note: This code is valid for multiple cause mortality coding only.

GENERAL INSTRUCTIONS

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION (042.0-044.9)

AIDS EXAMPLES

Code

I(a) Cytomegalovirus esophagitis	30 days	0785	
(b) Acquired immune deficiency syndrome	18 mos	0429	
(c)			
II Atypical mycobacteriosis		0319	
I(a) Respiratory arrest	5 mins	7991	
(b) Pneumonia	1 wk	1173	
(c) Aspergillus, invasive	1 wk		
II HIV infection		0449	
I(a) Pneumocystis pneumonia, CMV retinitis	1363	0785	
(b) ARC			0439
I(a) Cardiopulmonary arrest		4275	
(b) Systemic cytomegalic virus infection		0785	
(c)			
II Oral candidiasis, AIDS	1120	0429	
I(a) CNS involvement with AIDS		0429	

(b) Acquired immune deficiency (AIDS)

0429

GENERAL INSTRUCTIONS

To facilitate automated data processing, the following special four digit subcategories have been created. These subcategories are for use in coding and processing the multiple cause data; however, they will not appear in official tabulations.

Use the following codes for multiple cause of death coding only:

*0129 Tuberculosis NOS

*4282 Arteriosclerotic myocarditis

Includes: any term indexed in ICD-9 to 4290 when qualified as arteriosclerotic.

*4283 Arteriosclerotic myocardial degeneration

Includes: any term indexed in ICD-9 to 4291 when qualified as arteriosclerotic.

*4284 Arteriosclerotic cardiovascular disease

Includes: any term indexed in ICD-9 to 4292 when qualified as arteriosclerotic.
cardiovascular arteriosclerosis

*4300 Subarachnoid hemorrhage

Includes: any term indexed in ICD-9 to 430 except: ruptured cerebral aneurysm (4301)
ruptured congenital cerebral aneurysm (4302)

*4301 Ruptured cerebral aneurysm

*4302 Ruptured congenital cerebral aneurysm

*4424 Congenital aneurysm (peripheral)

*4425 Congenital aneurysm brain (arteriovenous)

*4879 Influenza NOS

*5189 Disease lung (chronic) NOS

*5357 Hemorrhage duodenum

*5377 Disease stomach NOS

*5697 Perforation intestine, rupture intestine

*5700 Acute and subacute necrosis of liver

Includes: any term indexed in ICD-9 to 570 except acute hepatic failure (5701)

*5701 Acute hepatic failure

*5729 Hepatic failure (chronic)

*5826 Chronic nephritis NOS

*5827 Chronic nephropathy NOS
Chronic renal disease NOS

*7997 Cause unknown

GENERAL INSTRUCTIONS

To facilitate automated data processing the following ICD-9 codes have been amended for use in coding and processing the multiple cause data. These codes will be used in official tabulations exactly as they appear in ICD-9.

Amend the following ICD-9 codes as indicated for multiple cause of death coding only:

- *0119 Excludes: tuberculosis NOS (0129)
- *4290 Excludes: any term indexed in ICD-9 to 4290
when qualified as arteriosclerotic (4282)
- *4291 Excludes: any term indexed in ICD-9 to 4291
when qualified as arteriosclerotic (4283)
- *4292 Excludes: any term indexed in ICD-9 to 4292
when qualified as arteriosclerotic (4284)
- *4871 Excludes: influenza NOS (4879)
- *5188 Excludes: disease lung (chronic) NOS (5189)
- *5378 Excludes: hemorrhage duodenum (5357)
- *5379 Excludes: disease stomach NOS (5377)
- *5698 Excludes: perforation intestine (5697)
- *5728 Excludes: hepatic failure (chronic) (5729)
- *5829 Excludes: chronic nephritis NOS (5826)
chronic nephropathy NOS (5827)
chronic renal disease NOS (5827)
- *7999 Excludes: cause unknown (7997)

NOTE: In this manual, an asterisk preceding a code indicates that the code does not correspond exactly with the International Classification of Diseases.

GENERAL INSTRUCTIONS

The following categories are invalid for use in coding and processing the multiple cause data. Substitute codes to be used for the codes listed below without an asterisk are on the following page. The terms classified to the codes with an asterisk are to be coded to the dagger code for the term only. These codes will not appear in official tabulations on multiple cause data.

Do not use the following ICD-9 codes for multiple cause coding:

0091	3237*	3735*	4846*	7118*	7374*
0093	3302*	3736*	4847*	7120*	7680
2941	3303*	3762*	4848*	7121*	7681
3204*	3315*	4050	5161*	7122*	7740*
3205*	3316*	4051	5170*	7123*	7770*
3207*	3317*	4059	5171*	7130*	804 ((04)
3210*	3344*	4200*	5172*	7131*	946 ()46)
3211*	3362*	4211*	5178*	7132*	
3212*	3363*	4220*	5670*	7133*	
3213*	3371*	4256*	5731*	7134*	
3214*	3500*	4257*	5732*	7135*	
3215*	3571*	4258*	5954*	7136*	
3216*	3572*	4417*	6014*	7137*	
3217*	3573*	4477*	6281*	7138*	
3218*	3574*	4562*	7111*	7304*	
3230*	3581*	4840*	7112*	7305*	
3231*	3595*	4841*	7113*	7306*	
3232*	3596*	4842*	7114*	7307*	
3233*	3620*	4843*	7115*	7308*	
3234*	3701*	4844*	7116*	7311*	
3236*	3734*	4845*	7117*	7318*	

GENERAL INSTRUCTIONS

The codes listed in the left column below are invalid for multiple cause coding and the substitute code(s) for use in multiple cause coding appears in the right column.

Use the following substitute codes when conditions classifiable to the following codes are reported:

Substitute Code

0091	558
0093	558
2941	with physical condition as adjective) Physical condition and 2949
4050	4010
4051	4011
4059	4019
7680	7689
7681	7689
804 ((04)	Fracture of specified sites
946 ()46)	Burn of specified sites

GENERAL INSTRUCTIONS

The following non-asterisk category codes, which contain both asterisk and non-asterisk terms, are valid codes for non-asterisk terms in multiple cause-of-death classification:

3820	5828
3831	5838
4249	5980
5818	7854

GENERAL INSTRUCTIONS

A. General Coding Concept

Examples

The coding of cause of death information for the ACME system consists of the assignment of the most appropriate ICD-9 code(s) for each diagnostic entity that is reported on the death certificate and the assignment of the appropriate supplementary external cause of injury and poisoning code (E Code) when applicable. (See Section V, pages 150 to 228 for instructions on classifying Effects of External Cause of Injury and Supplementary Classification of External Causes of Injury and Poisoning.)

1. Definitions of diagnostic entity

A diagnostic entity is a single term or a composite term, comprised of one word or of two or more adjoining words, that is used to describe a disease, nature of injury or other morbid condition. In this manual diagnostic entity and diagnostic term are used interchangeably. entity under "vasculitis."	I(a) Pneumonia (b) Arteriosclerosis (c) Emphysema These terms are codable one-term entities.	486 4409 492
I(a) Cerebral arteriosclerosis This condition is indexed as a one-term entity.	I(a) Allergic vasculitis This condition is indexed as a one-term	4370 2870

GENERAL INSTRUCTIONS

General Coding Concept - continued

Examples

2. Types of diagnostic entities

A diagnostic entity may indicate the existence of a condition classifiable to a single ICD-9 category or it may contain elements of information that are classifiable to different ICD-9 categories. For coding purposes, it is necessary to distinguish between three different kinds of diagnostic entities - a "one-term entity," a "multiple one-term entity," and a "one-term entity subject to dual classification."

a. One-term entity. A one-term entity is a diagnostic entity that is classifiable to a single ICD-9 code.

- (1) A diagnostic term that contains an adjectival modifier such as adenomatous, cystic, hemorrhagic, inflammatory, gangrenous, necrotic, obstructed, obstructive, or ruptured, that indicates the condition modified has undergone certain morphological changes, I(a) Hemorrhagic nephritis 5839 The adjectival qualifier "hemorrhagic" is entered in parentheses following the indexed term "nephritis."
I(a) Necrotic cystitis 5958 The adjective modifier "necrotic" is not indexed under cystitis. Code cystitis, specified NEC.

is considered to be a one-term entity whether or not the complete term is listed in ICD-9. In cases where there is no provision in ICD-9 for

I(a) Adenomatous bronchiectasis 494
"Adenomatous" is not an index term qualifying bronchiectasis. Code bronchiectasis only, since there is no provision in the classification for coding "other bronchiectasis."

GENERAL INSTRUCTIONS

A. General Coding Concept - continued

2. Types of diagnostic entities - continued

a. One-term entity - continued

classifying a condition qualified by one of these terms and the classification provides a code for "other" (usually .8) for the condition, use this code. If the classification does not provide a code for "other," code the condition as if the modifier had not been reported.

GENERAL INSTRUCTIONS

A. General Coding Concept - continued

Examples

2. Types of diagnostic entities - continued

- b. Multiple one-term entity. A multiple one term entity is a diagnostic entity consisting of two or more contiguous words on a line for which ICD-9 does not provide a single code for the entire entity but does provide a single code for each of the components of the diagnostic entity. Consider as a multiple one-term if each of the components can be considered as separate one-term entities, i.e., they can stand alone as separate diagnoses. entities, each of which can stand alone as a diagnosis.
- | | | | | | |
|---|------|------|--|--|--|
| <p>(a) Arteriosclerosis, hypertensive</p> | 4019 | 4409 | | | |
| <p>(b) Uremic acidosis</p> | 586 | 2762 | | | |
| <p>(c) Chronic nephritis</p> | 5826 | | | | |
- "Hypertensive" is an adjectival modifier; code as if it preceded the arteriosclerosis.
- "Uremic acidosis" is not indexed as a one-term entity. Code "uremia" and "acidosis" as separate one-term entities, each of which can stand alone as a diagnosis.
- (1) Code each component of the multiple one-term entity as indexed and on the same line where reported. Code an adjective reported at the end of a diagnostic entity as if it preceded the entity. This applies whether reported in Part I or Part II. diagnosis.
- | | | | | | |
|---|------|------|-----|--|--|
| <p>(a) Diabetic heart disease</p> | 586 | | | | |
| <p>(b) Uremia</p> | 2500 | 4299 | | | |
| <p>(c) Senile cardiovascular dis., M.I.</p> | 797 | 4292 | 410 | | |

"Senile cardiovascular dis." is not indexed as a one-term entity. Code "senile" and "cardiovascular disease" as separate one-term entities each of which can stand alone as a diagnosis.

GENERAL INSTRUCTIONS

- A. General Coding Concept - continued Examples
2. Types of diagnostic entities - continued
- b. Multiple one-term entity - continued
- | | | |
|---|---|------------------|
| | I(a) M.I. | 410 |
| | (b) | |
| | (c) | |
| | II Coronary occlusion, arteriosclerotic | 4409 410 |
| | | |
| (2) When a multiple one-term entity indicates a condition involved different sites or systems for which the classification provides different codes, code the condition of each site or system separately. Where there is provision for coding the condition of one or more but not all of the sites or systems, code the conditions of the site(s) or system(s) that are indexed. Disregard the site(s) or system(s) for which the classification does not provide a code. | I(a) Cerebro-hepatic failure
"Hepatic failure" is the only term indexed. Do not enter a code for "cerebral failure."

I(a) Cardio-pulmonary dysfunction
"Cardiac dysfunction" is the only term indexed.
Do not enter a code for "pulmonary dysfunction." | 5729

4279 |
| | | |
| <u>EXCEPTION:</u> When any condition classifiable to 410-414 or 430-438 is qualified as | I(a) Hypertensive arteriosclerotic cerebro-vascular disease | 4370 |

"hypertensive," code to
410-414 or 430-438 only.

I(a) Arteriosclerotic hypertensive heart
disease

4140

GENERAL INSTRUCTIONS

A. General Coding Concept - continued

Examples

2. Types of diagnostic entities - continued

- c. One-term entity subject to dual classification A one-term entity subject to dual classification is a diagnostic entity that contains elements of information about both etiology or an underlying disease process and a manifestation or complication for which ICD-9 has provided a dagger and an asterisk code. Use only the dagger code for multiple cause of death coding.
- | | |
|---------------------------------------|-----------|
| I (a) Tuberculosis with meningitis | 0129 3229 |
| I (a) Nephrosis | 5819 |
| (b) Diabetes mellitus | 2500 |
| I (a) Hepatitis | 5733 |
| (b) Mumps | 0729 |
| I (a) Salmonella meningitis | 0032 |
| I (a) Mumps Hepatitis | 0727 |
| I (a) Gonococcal stricture of urethra | 0982 |
| I (a) C. H. F. | 4280 |
| (b) Diabetic gangrene, uremia | 2506 586 |

GENERAL INSTRUCTIONS

A. General Coding Concept - continued

Examples

3. Parenthetical entries

When a parenthetical entry provides more definitive information about the nature and/or site of a condition than the non-parenthetical entry to which it refers, take the parenthetical entry into account in determining the most descriptive code. Do not code the parenthetical and non-parenthetical entries separately.

I(a) Heart dropsy 4280
(b) Renal failure (CVRD) 4049
(c)

When a parenthetical entry does not provide more definitive information about the nature and/or site of a condition than the nonparenthetical entry, code the parenthetical and nonparenthetical entries separately.

I(a) Collapse of heart 4299
(b) Renal failure 586
(c) Nephrosclerosis (uremia) 4039 586

4. Implied "disease"

When an adjectival form of a word, including one relating to a site or organ, is entered as a separate diagnosis, i.e., it is not part of an entry preceding or following it, assume the word "disease" after the adjective and code accordingly.

I(a) Congestive heart failure 4280
(b) Myocardial 4291
(c)
Code I(b) to 4291, myocardial disease.

I(a) Coronary 4149
(b) Hypertension 4019
(c)

Code I(a) to 4149, coronary disease. Coronary hypertension is not indexed.

GENERAL INSTRUCTIONS

B. Effect of age of decedent on classification

Examples

Always note the age of the decedent at the time the causes of death are being coded. Certain groups of categories are provided for certain age groups. There are several conditions within certain categories which cannot be properly classified unless the age is taken into consideration. Use the following terms to identify certain age groups:

1. NEWBORN means less than 28 days of Female, 4 hours
age at the time of death. I(a) Anoxia 7689
(b) Cerebral hemorrhage 7670
Since the age of decedent is less than 28
days, code 7689, anoxia of newborn, and
7670, cerebral hemorrhage of newborn.
2. INFANT or INFANTILE means less than Male, 9 months
1 year of age at the time of death. I(a) Pneumonia 486
(b) Hemiplegia 3434
Since the decedent is less than 1 year of age at
the time of death, code 3434, hemiplegia, infantile.
3. CHILD, CHILDHOOD means less than Male, 11 years
18 years of age at the time of death. I(a) Cardiac arrest 4275
(b) Brain damage 3439
Since the age of the decedent is less than 18
years of age and there is no indication of the
cause of the brain damage, code 3439, brain

damage, child.

GENERAL INSTRUCTIONS

B. Effect of age of decedent on classification - continued

Examples

4. Congenital anomalies

Regard the conditions listed below as congenital and code to the appropriate congenital category if death occurred within the age limitations stated, provided there is no indication that they were acquired after birth.

Less than 28 days:

endocarditis (any valve) NOS Male, 27 days
heart disease NOS I(a) Renal failure 586
hydrocephalus NOS (b) Hydrocephalus 7423
myocarditis NOS Code the hydrocephalus as congenital since the
decedent was less than 28 days of age at the
time of death.

Less than 1 year:

aneurysm (aorta) (aortic) (brain) Female, 3 months
(cavernous sinus) (cerebral) (circle of Willis) (coronary) (peripheral) (racemose) (retina) (spinal (cord)) (venous) I(a) Pneumonia 486
(b) Cyst of brain 7424
Code cyst of brain as congenital, since the
age of the decedent is less than 1 year.
aortic stenosis
atresia
atrophy of brain
cyst of brain

deformity
diaphragmatic hernia
displacement of organ

GENERAL INSTRUCTIONS

B. Effect of age of decedent on classification - continued

Examples

4. Congenital anomalies - continued

Less than 1 year: - continued

- ectopia of organ
- hiatal hernia
- hypoplasia of organ
- malformation
- pulmonary stenosis
- valvular heart disease (any valve)

5. Congenital syphilis

Regard syphilis and conditions that are qualified as syphilitic as congenital and code to the appropriate congenital syphilis category if the decedent was less than two years of age.

Male, 16 mos.

I(a) Syphilitic heart disease

0905

(b)

(c)

Code congenital syphilitic heart disease.

GENERAL INSTRUCTIONS

C. Age and sex limitations

Examples

Certain categories in ICD-9 are limited to one sex:

<u>For Males Only</u>	<u>For Females Only</u>			
0162 257 0164	256	I(a) Hypertrophy of prostate	7999	Female, age 32
		(b)		
0163 4564 1121	4566	(c)		
		<u>Code</u> other unknown and unspecified cause, 7999.		
0720 600-608	174	6115-6116		
175 7525 179-184		614-676		
185-187	7526 1986	7520-7524		
222 7587 218-221		7923		
2334-2336 7786	2331-2333	7950		
2364-2366 7922	2360-2363			

If the cause of death is inconsistent with the sex, code the cause of death to 7999, other unknown and unspecified cause.

GENERAL INSTRUCTIONS

C. Age and sex limitations - continued

Examples

Some categories in ICD-9 are limited by provisions of the Classification to certain ages. Code the categories listed below only if the age at the time of death was as follows:

		Male, age 3 days	
	I(a)	Drug withdrawal syndrome	7795
	(b)		
	(c)		
		<u>Code</u> drug withdrawal syndrome, newborn.	

Age 28 days or over

037	5181	Female, age 27 days	
038	578	I(a) Respiratory failure	7708
112	5990	(b)	
242	6110	(c)	
250	6950	<u>Code</u> respiratory failure, newborn.	
2512	6959		
2521	7800		
2690	7803		
2752	7823	Male, 3 days	
2890	7824	I(a) Pulmonary immaturity	7704
2920	7825	(b)	
3580	7827	(c)	
431	7833	II Diabetes	7750
432	7863	When diabetes (mellitus) NOS is reported as a	
4590	7870	cause of death for an infant less than 28 days	
492	7990	of age, code the diabetes as a maternal condi-	
5180	7991	tion affecting the fetus or newborn unless	
		there is evidence to the contrary.	

Age under 1 year

7980

Age 1 year or over

7981

Age 5 years or over

E950-E959

Age 10-54 years

630-676 7923

GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes

Examples

Before assigning codes, take into account any statements entered on the certificate in the spaces for interval between onset and death since these statements may affect the code assignments for certain conditions.

For the effect of durations on the classification of pneumonia, influenza, maternal conditions and on the classification of causes for which the classification provides separate late effects categories, see Old pneumonia, influenza, and maternal conditions, pages 144-145, and Late effects, pages 135-144.

1. Qualifying conditions as acute or chronic

Usually the interval between onset of a condition and death should not be used to qualify the condition as "acute" or "chronic." If, however, the classification specifically provides for classifying a condition with a stated duration as acute or chronic, e.g., ischemic heart disease (410, 4141-4149), gonorrhea of genito-urinary tract (0980-0983), code the condition in accordance

Duration

I(a) Acute myocardial infarction 3 mos.

(b)

(c)

Code Infarction, myocardium, acute, with a stated duration of over 8 weeks, 4148.

4148

Duration

I(a) Aneurysm heart weeks 410

(b)

(c)

with the provisions of the classifica- Code aneurysm, heart, with a stated duration of 8
tion. weeks or less, 410. "Weeks" is interpreted to
mean less than 8 weeks.

GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes - continued Examples

1. Qualifying conditions as acute or chronic - continued

For the purpose of interpreting these provisions, consider the statements brief, days, hours, instant, minutes recent, short, sudden, and weeks (few) (several) NOS as meaning a stated duration of 8 weeks or less or acute. Consider longstanding as meaning over 8 weeks or chronic.

Duration

When the interval between onset of a condition and death is stated to be "acute" or "chronic," consider the condition to be specified as acute or chronic.

I(a) Heart failure	1 hour	4289
(b) Pulmonary edema	acute	5184

Code "acute" pulmonary edema on I(b).

2. Subacute

In general, code a disease that is specified as subacute as though qualified as acute if there is provision in ICD-9 for coding the acute form of the disease but not for the subacute form.

I(a) Subacute pyelonephritis	5901
------------------------------	------

Code subacute pyelonephritis to 5901, acute pyelonephritis since there is no code for subacute pyelonephritis.

3. Qualifying conditions as congenital or acquired

Code conditions classified as congenital Female, age 2 years
in ICD-9 as such, even when not I(a) Pneumonia 1 week 486
specified as congenital, if the (b) Heart disease 2 years 7469
interval between onset and death and Code the condition on I(b) as congenital since the
the age of the decedent indicate age of the decedent and the duration of the condi-
that the condition existed from birth. tion indicate that the heart disease existed at
birth.

GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes - continued

Examples

3. Qualifying conditions as congenital or acquired - continued

Do not use the interval between onset and death to qualify conditions that

are classified to categories 740-759, congenital anomalies, as acquired.	Male, 62 years	I(a) Renal failure	3 months	586
		(b) Polycystic kidney	5 years	7531

Do not use the duration to qualify the polycystic kidney as acquired.

4. Two conditions with one duration

When two or more conditions are entered on the same line with one duration, disregard the duration and code the conditions as indexed.	I(a) Myocardial ischemia and congestive heart failure	1 month	4148	4280
	(b) Hypertension	5 years		4019

Disregard the duration on I(a) and code the myocardial ischemia as indexed.

I(a) Coronary thrombosis due to nephritis	3 mo.	410
(b) Arteriosclerosis		5839
(c)		4409

Disregard the duration on I(a) and code coronary thrombosis as indexed.

5. Conflict in durations

Duration

When conflicting durations are entered for a condition, give preference to the duration entered in the space for interval between onset and death.	I(a) Ischemic heart disease	2 weeks	years	4149
--	-----------------------------	---------	-------	------

Use the duration in the block to qualify the ischemic heart disease.

GENERAL INSTRUCTIONS

D. Effect of duration on assignment of codes - continued

Examples

6. Span of dates

Interpret dates that are entered in the spaces for interval between onset and death separated by a slash (/), dash (-), etc., as meaning from the first date to the second date. Disregard such dates if they extend from one line to another and there is a condition reported on both of these lines since the span of dates could apply to either condition.

I(a) M.I.
(b) Ischemic heart disease
Disregard duration and code each condition as indexed.

Date of death 10-6-78

Duration

10-1-78-10-6-78 4149

410

Date of death 10-6-78

Duration

I(a) Aneurysm of heart
(b)

10-1-78-10-6-78

410

Since there is only one condition reported, apply the duration to this condition.

Date of death 10-6-78

Duration

I(a) Myocardial Ischemia 10/1/78-10/6/78 410
(b) Arteriosclerosis 4409
Apply the duration to I(a).

7. Enter reject code 1-5 in the appropriate position if the duration of an entity in a "due to" position is shorter than that of an entity reported on a line above it and only one codable entity is reported on each of these lines. (See reject codes 1-5, pages 64-65.)

I(a) M.I.
(b) Arteriosclerosis
(c) Diabetes

3 wks. 410
6 yrs. 4409
2 yrs. 2500
Reject 2

GENERAL INSTRUCTIONS

E. Relating and modifying conditions

1. Implied site of disease

Conditions that usually are classified in ICD-9 according to the site affected, e.g., atrophy, calcification, calculus, congestion, degeneration, dilatation, edema, enlargement, failure, fibrosis, gangrene, hypertrophy, insufficiency, necrosis, obstruction, perforation, rupture, stenosis, stones and stricture are sometimes reported without specification of site.

- a. Usually it may be assumed that such a condition was of the same site as that of another reported condition if the classification provides for coding the condition of unspecified site to the site of the other condition. The following generalizations usually apply.

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

Examples

1. Implied site of disease - continued

- (1) If the conditions are reported I(a) Congestive heart failure 4280
on the same line in Part I, with (b) Infarction with myocardial 410 4291
or without a connecting term that (c) degeneration
implies a due to relationship, (d) Coronary sclerosis 4140
assume that the condition of Code the infarction as myocardial, the site of the
unspecified site was of the same disease reported on the same line with it.
site as that of the condition of
a specific site. If conditions of I(a) Aspiration pneumonia 5070
different sites are reported on (b) Cerebrovascular accident due to 436
the same line with the condition (c) thrombosis 4340
of unspecified site, assume that Code the thrombosis as cerebral, the site of the
the condition of unspecified site condition reported on the same line with it.
was of the same site as the
condition immediately preceding it.
These coding principles apply whether
or not there are other conditions
reported on other lines in Part I.

I(a) ASHD, infarction, C.V.A. 4140 410 436

(b)

(c)

Code infarction, heart (410). Relate the infarction to the ASHD.

I(a) Duodenal ulcer with hemorrhage 5329 5357

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued Examples

1. Implied site of disease - continued

I(a) Hernia with hemorrhage 5539 5789

NOTE: If hernia classifiable to 550-553 is reported with hemorrhage NOS, code the specified hernia and gastro-intestinal hemorrhage (5789).

I(a) CVA with hemorrhage 436 431

(b) M.I. 410

a. (2) When the condition of unspecified site is reported on a separate line in Part I or Part II:

(a) If there is only one condition of a specified site reported either on the Code line above or below it,

I(a) Massive hemorrhage 5789

(b) Gastric ulceration 5319

code to this site. Code the hemorrhage as gastric.

line above or below it,

code to this site. I(a) Uremia 586

(b) Chronic prostatitis with 6011 5908

pyelonephritis

© Benign hypertrophy 600

Code the hypertrophy as prostatic.

I(a) Internal hemorrhage 5778

(b) Pancreatitis 5770

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

Examples

1. Implied site of disease - continued

- | | |
|---|---|
| a. (2) (b) If there are conditions of different specified sites on the lines above and below it <u>and</u> the classification provides for coding the condition of unspecified site to only one of these sites, code to that site. | I(a) Intestinal fistula 5698
(b) Obstruction 5609
(c) Carcinoma of peritoneum 1589
<u>Code</u> the obstruction as intestinal since the classification does not provide for coding obstruction of the peritoneum. |
| (c) If there are conditions of different specified sites on the lines above and below it <u>and</u> the classification provides for coding the condition of unspecified site to both of these sites, code the condition unspecified as to site. | I(a) C.V.A. 436
(b) Thrombosis 4539
(c) A.S.H.D. 4140
<u>Code</u> thrombosis NOS, 4539, on I(b). |

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

Examples

1. Implied site of disease - continued

b. The preceding generalizations do not apply when:

- | | | | | |
|--|--|--------------------------------|------------------------------|-------------|
| <p>(1) A malignant neoplasm without specification of site is reported with conditions such as perforation and obstruction of a specific organ.</p> | <p>I(a) Perforation esophagus
(b) Cancer
(c)</p> | <p>5304
1991</p> | | |
| <p>(2) Arteriosclerosis, hypertension, or paralysis is reported with another condition.</p> | <p>I(a) Arteriosclerosis with C.V.A.
(b)
(c)</p> | <p>4409</p> | <p>436</p> | |
| <p>(3) Edema NOS is reported with a disease of the circulatory system or kidney.</p> | <p>I(a) Acute pulmonary congestion
(b) Congestive heart failure
(c) Hypertension, cardiovascular disease</p> | <p>edema
4280
4019</p> | <p>486
4280
4292</p> | <p>7823</p> |
| <p>(4) Calculus NOS or stones NOS is reported with pyelonephritis. (In such cases, code the calculus or stones to 5929).</p> | <p>I(a) Pyelonephritis with calculus
(b)
(c)</p> | <p>5908</p> | <p>5929</p> | |
| <p>(5) Infection NOS is reported with another condition. (See pages 75-76.)</p> | <p>I(a) Pneumonia
(b) Infection
(c)</p> | <p>486</p> | | |

(6) Ulcer (peptic) is reported with I(a) G.I. hemorrhage 5789
gastrointestinal hemorrhage. (b) Peptic ulcer 5339
(c)

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

b. The preceding generalizations do not apply when: - continued

(7) Hemorrhage NOS is reported as causing a condition of a specified site. (Relate hemorrhage to site of disease reported on same line or on line below only.)

I(a) Respiratory failure	7991
(b) Hemorrhage	4590
I(a) Respiratory failure	7991
(b) Hemorrhage	5789
(c) Gastric ulcer	5319

c. Embolism, Infarction, Occlusion, Thrombosis (4449, 453, 4599)

	<u>FROM</u>	<u>CODE</u>
Embolism NOS	(4449)	a specified site Embolism)
Infarction NOS	(4599)	Infarction) of the site
Occlusion NOS	(4599)	Occlusion) only
Thrombosis NOS	(4539)	Thrombosis)

Embolism)	a specified site	Embolism)
Infarction)		Infarction) of both sites
Occlusion) of a site		Occlusion)
Thrombosis)		Thrombosis)

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

c. Embolism, Infarction, Occlusion, Thrombosis (4449, 453, 4599) - continued

Examples

I(a) Congestive ht. failure	4280	I	(a) Pulmonary embolism from leg veins	4151
(b) Embolism from heart	410		(b)	4512
(c) Arteriosclerosis	4409	(c)		

d. Ulcer (peptic) with gastro-intestinal hemorrhage

<u>Causing, due to, or on same line with</u>	<u>Code</u>	
Ulcer, site unspecified Peptic ulcer NOS	gastro-intestinal hemorrhage	5339 (Peptic ulcer NOS)

Example

I(a) Ulcer causing G.I. hemorrhage	5789
(b)	5339

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

1. Implied site of disease - continued

e. Ulcer NOS (7079)

Causing, due to, or
on same line with

Code

Ulcer NOS disease classifiable to 530, Peptic ulcer, 533 with
536-537 and 567 appropriate fourth digit

GENERAL INSTRUCTIONS

E. Relating and modifying conditions - continued

Examples

2. "Injury" due to disease conditions

Consider "injury," "hematoma," "laceration," (or other condition that is usually but not always traumatic in origin) of a specified organ to be qualified as nontraumatic when it is indicated to be due to a disease that could result in damage to the organ, provided there is no statement on the death certificate that indicates the condition was traumatic. If there is provision in the Classification for coding the condition that is considered to be qualified as non-traumatic as such, code accordingly. Otherwise, code to the category that has been provided for "Other" conditions of the organ (usually .8).

I(a) Laceration heart	4298
(b) Myocardial infarction	410
(c)	
<u>Code</u> laceration of heart as nontraumatic,	4298, other diseases of heart.
I(a) Subdural hematoma	4321
(b) C.V.A.	436
(c)	
<u>Code</u> hematoma, subdural, nontraumatic,	4321, as indexed.
I(a) Injury liver	5738
(b) Viral hepatitis	0709
(c)	
<u>Code</u> injury, liver as nontraumatic,	5738, other diseases of liver.

GENERAL INSTRUCTIONS

F. Format

Examples

1. "Due to" relationships involving more than **four** causally related conditions

Four lines, (a), (b), (c), **and (d)** have been provided in Part I of the death certificate for reporting conditions involved in the sequence of events leading directly to death and for indicating the causal relationship of the reported conditions. In cases where the decedent had more than **four** causally related conditions leading to death, certifiers have been instructed to report all of these conditions and to add line, (e), to indicate the relationship of the conditions. In the ACME system, provision has been made for identifying conditions reported on the additional "due to" line in Part I. Code conditions reported on line (e) or in equivalent "due to" positions as having been reported on separate lines. (See reject code 9, page 66 for instructions for coding certificates with conditions reported on more than **five** "due to" lines.)

I(a) Shock due to hemorrhage	7855
(b) Rupture of esophageal varices	5308
(c) Cirrhosis of liver due to alcoholism	4561
(d)	5715
(e)	303

GENERAL INSTRUCTIONS

F. Format - continued

Examples

2. Connecting terms

a. "Due to" written in or implied

When the certifier has stated that one condition was due to another or has used another connecting term that implies a due to relationship between conditions in Part I, enter the codes as though the conditions had been reported, one due to the other, on separate lines. Code the conditions on each of the remaining lines in Part I, if there are any, as though they had been reported on the succeeding line. (See on I(c). reject code 9, page 66, for instructions for coding certificates with more than four "due to" statements.)

I(a) Myocardial infarction as a result of 410
(b) thrombosis 410
Interpret "as a result of" as "due to" and code the thrombosis on I(b).

I(a) Hemorrhage from gastric ulcer 5789
(b) Cholecystitis 5319
(c) 5751
Because of the implied "due to," code the gastric ulcer on I(b) and the cholecystitis

CLASSIFICATION OF CERTAIN ICD CATEGORIES

F. Connecting terms - continued

Examples

2. Connecting terms - continued

a. "Due to" written in or implied - continued

- (1) The following connecting terms should be interpreted as meaning "due to" as a consequence of " when the entity immediately following the terms is a disease condition, nature of injury, or an external cause.
- | | |
|---------------------------------------|------|
| I(a) Myocardial infarction | 410 |
| (b) Nephritis due to arteriosclerosis | 5839 |
| (c) Hypertension from toxic goiter | 4409 |
| (d) | 4019 |
| (e) | 2420 |

Both "due to" and "from" indicate the conditions after following these terms are to be moved to the next arising in or during due to position.

as (a) complication of
as a result of
because of
caused by
complication(s) of
during
etiology
following
for
from
in
incident to
incurred after, during, in, when
induced by
occurred after, during, in, when, while
origin
received from, in

resulting from, when
secondary to (2°)
subsequent to
sustained as, by, during, in, when, while

GENERAL INSTRUCTIONS

F. Format-continued

Examples

2. Connecting terms - continued

a. "Due to" written in or implied - continued

(2) When one of the above terms is I(a) Respiratory failure 7991
 the first entry in Part II, (b) Cardiac arrest 4275
 indicating that the following (c) Coronary occlusion 410
 entry is a continuation of (d) 4140
 Part I, code in Part I in II due to ASHD
 next due to position. Since Part II is indicated to be a
 continuation of Part I, code the
 ASHD on I(d).

Certain connecting terms imply I(a) Respiratory arrest 7991
 that the condition following the (b) Pulmonary edema 514
 connecting term was "due to" the (c) Bronchitis with resulting pneumonia 486 4275
 condition preceding it. In such (d) and cardiac arrest 490
 cases, enter the code for the Code the pneumonia and cardiac arrest on
 condition following the connecting I(c) since "with resulting" indicates they
 term on the line above that for the were due to the bronchitis.
 condition that preceded it.

Interpret the following I(a) Myocardial infarction causing cardiac 4275
 connecting terms as (b) arrest 410
 meaning that the condition (c)
 following the term was due Code the cardiac arrest on I(a) since
 to the condition that "causing" indicates it was due to the
 preceded it: myocardial infarction.

as a cause of	leading to
cause of	led to
caused	manifested by
causing	producing
followed by	resulted in
induced	resulting in
	underlying
	with resulting

GENERAL INSTRUCTIONS

F. Format - continued Examples

2. Connecting terms - continued

b. Not indicating a "due to" relationship

<p>When conditions are separated by "and" or by another connecting term that does not imply a "due to" relationship, e.g., accompanied by, precipitated by, predisposing (to), superimposed on, consistent with and with (̄), enter the codes for these conditions on the same line in the order that the conditions are reported on the certificate.</p>	<p>I(a) Acute bronchitis superimposed on (b) Emphysema (c) Tobacco abuse (smokes 3 pks. a day)</p> <p>Interpret "superimposed on" as "and." Enter the code for the condition on I(b) as the second code on I(a). Do not enter a code on I(b).</p>	<p>4660 492 3051</p>
<p>(b) ASHD 4140 (c) Hypertension 4019 2503 II also diabetic nephropathy Consider "also" as a connecting word that does not imply "due to" and code Part II as a continuation of I(c).</p>	<p>I(a) M.I.</p>	<p>410</p>

3. Condition entered above line I(a)

<p>When a condition is reported on the certificate above line I(a), enter the code for this condition on I(a). Code the condition(s) entered on line I(a) on line I(b); then code the conditions entered on each of the remaining line(s) in Part I as though they had been reported on the succeeding line.</p>	<p>Myocardial infarction I(a) Pulmonary embolism (b) Congestive heart failure (c) Congenital heart disease</p> <p><u>Code</u> the condition entered above I(a) on I(a), then code the condition entered on line I(a) on line I(b); then code the conditions entered on each of the remaining line(s) in Part I as though they had been</p>	<p>410 4151 4280 7469</p>
--	--	---------------------------------------

reported on the succeeding lines.

GENERAL INSTRUCTIONS

F. Format - continued Examples

4. Condition reported between lines in Part I

When a condition is reported between I(a) and I(b) or I(b) and I(c), without a connecting term, enter the code for this condition on the following "due to" line. Code the conditions entered on each of the remaining line(s) in Part I as though they had been reported on the succeeding line. I(b) in the next "due to" position, and move the codes for conditions reported on lines I(b) and I(c) downward.

	I(a) Pneumonia	486
	Bronchitis	
	(b) Emphysema	490
	(c) Cancer of lung	492
	(d)	1629

Code the condition reported between lines I(a) and I(b) in the next "due to" position, and move the codes for conditions reported on lines I(b) and I(c) downward.

When a condition is reported between I(a) and I(b) or I(b) and I(c) with a connecting word, consider as a continuation of the line above and code accordingly unless there is a definite indication that it is a continuation of the line below.

	I(a) Cerebral hemorrhage	431 436
	^c CVA	
	(b) Cerebral arteriosclerosis	4370

Code the condition entered between I(a) and I(b) as a continuation of I(a).

	I(a) Cerebral hemorrhage	431
	^c CVA	
	(b) Cerebral arteriosclerosis	4370 436

Since the certifier indicated by an arrow that the condition entered between I(a) and I(b) was a continuation of I(b), code the CVA on I(b).

I(a) Cerebrovascular accident	436
due to cerebral hemorrhage	
(b) Cerebral arteriosclerosis	431
(c)	4370

Consider the condition entered between I(a) and I(b) as a continuation of I(a) and code accordingly.

GENERAL INSTRUCTIONS

F. Format - continued

Examples

5. Condition reported as due to I(a), I(b), or I(c)

	<u>Duration</u>	
When a condition(s) in Part I is reported with a specific statement interpreted or stated as "due to" another on lines I(a), I(b), or I(c), rearrange the codes according to the certifier's statement. <u>Do not apply</u> this instruction to such statements reported in Part II.	I(a) Myocardial failure	410
	(b) Pneumonia	4289
	(c) Myocardial ischemia due to (a) 4 wks.	486
Accept the certifier's statement that the condition reported on line I(c) is "due to" the condition on line I(a). Move the codes for conditions reported on I(a) and I(b) downward. (Apply the duration on line I(c) to the myocardial ischemia.)		

I(a) Heart failure	4289	586
(b) Pneumonia	486	
(c) Uremia due to (b)		

Take into account the certifier's statement on line I(c) and code the condition reported on line I(c) as the second entry on I(a).

I(a) Carcinomatosis	4275	
(b) Ca. of lung	1990	
(c) Cardiorespiratory arrest due to above		1629

Take into account the certifier's statement and code the cardiorespiratory arrest on I(a), then move the codes for the remaining conditions downward.

I(a) Coronary thrombosis	410	
(b) Chronic nephritis	5826	
(c) Arteriosclerosis	4409	

@II Uremia caused by above 586
Disregard the certifier's statement, "caused by
above," reported in Part II.

GENERAL INSTRUCTIONS

F. Format - continued

Examples

6. Conditions reported in Part II

Enter the codes for entries in Part II in the order the entries are reported, proceeding from the entry reported uppermost in Part II downward and from left to right, if there is more than one entry on the same line.	I(a) MI (b) ASHD (c) Pneumonia II Heart murmur, arteriosclerosis	410 4140 486 7852 4409	
--	---	----------------------------------	--

7. Deletion of "due to" on the death certificate

When the certifier has indicated that conditions in Part I were not causally related by marking through items I(a), I(b), and/or I(c), or through the printed "due to, or as a consequence of" which appears below items I(a) and I(b) on the death certificate, proceed as follows:

- | | | | |
|---|---|----------------------------|--|
| a. If the deletion(s) indicates that none of the conditions in Part I were causally related, consider as though all of the conditions had been reported on the uppermost used line. In determining the order of the codes, proceed from line I(a) downward and from | I(a)--- Heart disease
(b)--- Malignant hypertension
(c)--- Chronic nephritis
II Cancer of kidney | 4299 4010 5826

1890 | |
| from line I(a) downward and from | I(a) Cardiac failure
(b)--- Arteriosclerotic heart disease
(c)--- Emphysema and bronchitis | 4289 4140 492 490 | |

left to right if more than one
condition is reported on a line.

GENERAL INSTRUCTIONS

F. Format - continued

Examples

7. Deletion of "due to" on the death certificate - continued

- b. If only item I(c) or the printed "due to, or as a consequence of" which appears below line I(b) is marked through, consider the condition(s) reported on line I(c) as though reported as the last entry (or entries) on the preceding line.
- | | | | |
|--|------------------------------|------|----------|
| | I(a) Heart block | 4269 | |
| | (b) Degenerative myocarditis | | 4290 431 |
| | (c) --- Cerebral hemorrhage | | |
| | II Bronchopneumonia | 485 | |
- c. If only item I(b) or the printed "due to, or as a consequence of" which appears below line I(a) is marked through, consider the condition(s) reported on line I(b) as though reported as the last entry (or entries) on the preceding line.
- | | | | |
|--|---------------------------|-----------|--|
| | I(a) Cardiac arrest | 4275 5715 | |
| | (b)--- Cirrhosis of liver | | |
| | (c) Alcoholism | 303 | |
| | I(a) Congestive failure | 4280 4140 | |
| | (b)--- ASHD | | |
| | (c) II Pneumonia | 486 | |
- d. If only one part of the printed "due to, or as a consequence of" which appears below I(a) is marked through, consider the condition(s) reported on line I(b) as though reported as the last entry (or Code entries) on the preceding line.
- | | | | |
|--|--|-----------|--|
| | I(a) Cardiorespiratory failure | 7991 | |
| | Due to, or as a consequence of | | |
| | (b) Infarction of brain | 4349 4149 | |
| | Due to-----, or as a consequence of | | |
| | (c) Ischemic heart disease | | |
| | as though reported as second entry on line I(b). | | |

GENERAL INSTRUCTIONS

F. Format - continued Examples

8. Deletion of "Part II" on death certificate

When the certifier has marked through the printed Part II, the conditions(s) reported in Part II as the last entry on the lowest used line in Part I.

I(a) Apoplectic coma 436
(b) Ruptured aneurysm, brain 4301
(c) Arteriosclerosis 4409 4019
II-- and hypertension

Since Part II is indicated to be a continuation of I(c), code hypertension as last entry on I(c).

I(a)--- Myocarditis 4290 410 4284 2500
(b)--- M.I.
(c)--- Cardiovascular arteriosclerosis
II-- Diabetes

I(a) M.I. 410
(b) Uremia 586
(c) Arteriosclerosis 4409 5839
II-- Nephritis

GENERAL INSTRUCTIONS

F. Format - continued Examples

9. Numbering of causes reported in Part I

- a. When the certifier has numbered all causes or lines in Part I, that is 1, 2, 3, etc., code these entries as if reported on the same line. This instruction applies whether or not the numbering extends into Part II, and it also applies whether or not the "due to" below lines I(a) and/or I(b) are marked through.
- I(a) 1. Coronary thrombosis 410 4284 4019 4409 4879
(b) 2. ASCVD
(c) 3. Hypertension and arteriosclerosis
II 4. Influenza
Code all the entries on I(a).
- b. When part of the causes in Part I are numbered, make the interpretation for coding such entries on an individual basis. Enter the codes for the conditions numbered "1." and "2." on I(a) in the order indicated by the certifier. Do not enter a code on I(b); however, enter the code for the condition on I(c) on that line.
- I(a) Bronchopneumonia 485
(b) 1. Cancer of stomach 1519 5826
(c) 2. Chronic nephritis
Enter the codes for conditions numbered "1." and "2." on I(b) in the order indicated by the certifier. Do not enter a code on line I(c).
- I(a) Congestive heart failure 4280

(b) Influenza 4879

(c) 1. Pulmonary emphysema 492 1629

II 2. Cancer of lung

Code the condition numbered "2." as the second entry on line

I(c). Do not enter a code in Part II.

GENERAL INSTRUCTIONS

F. Format - continued Examples

9. Numbering of causes reported in Part I - continued

- c. When the causes in Part I are I(a) 1. Bronchopneumonia due to 485
numbered, and an entry is stated (b) influenza 4879 515 490
or implied as "due to" another, (c) 2. Pulmonary fibrosis 3. Bronchitis
enter the code(s) connected by Enter the code for the condition followed by the
the stated or implied "due to" stated "due to" on I(b), followed by codes for
in the next "due to" position, the conditions numbered "2." and "3." Do not
followed by the codes for the enter a code on I(c).
remaining numbered causes.

I(a) 1. Pneumonia 486

(b) M. I. 410 4140

(c) 2. ASHD

Code the condition numbered "2." as a continuation of line I(b). Leave I(c) blank.

10. Punctuation marks

- a. Disregard punctuation marks such as I(a) Myocardial infarct? 410
a period, comma, semicolon, colon, (b) Meningitis, mastoiditis, 3229 3839
dash, slash, question mark, or (c) Otitis media 3829
exclamation mark when placed at Disregard the punctuation marks and code the condi-
the end of a line in Part I. Do tions reported on lines I(a), I(b), and I(c) as
not apply this instruction to a indicated by the certifier.
hyphen (-) which indicates a word
is incomplete. I(a) Chronic rheu- 3989 4581
(b) matic heart disease, chronic hypotension
(c) Cancer 1991
Regard the conditions reported on line I(b) as a continuation of line I(a). Do not enter a code on
I(b).

- b. When conditions are separated by a slash (/), code each condition as indexed. (a) Cardiac arrest/respiratory arrest/pneumonia 4275 7991 486
(b) ASHD 4140
Disregard the slash and code conditions as indexed.

GENERAL INSTRUCTIONS

G. Doubtful diagnosis Examples

1. Doubtful qualifying expressions

When expressions such as "apparently," "presumably," "?," "perhaps," "possibly," "history of," and "rule out" qualify any condition, disregard these expressions and code the condition as indexed.

I(a) Hemorrhage of stomach	5789
(b) Possible ulcer of stomach	5319

Disregard "possible" on line I(b) and code 5319, ulcer of stomach.

Exception: I(a) CVA possibly thrombosis 4340
Consider "history of" synonymous Code I(a) 4340, cerebral thrombosis only.
with "old" if ICD-9 provides a late effects code for the condition.

a. When an ill-defined disease of a site is reported as possibly a more specified disease (of the same or unspecified site), code the specified disease of the site only.

I(a) Heart disease probably M. I.	410
-----------------------------------	-----

Code I(a) 410, myocardial infarction only.

I(a) History of C.V.A.	438
------------------------	-----

Code I(a) 438, Late effects of C.V.A.

b. When two conditions are reported on one line and both conditions are preceded by one of the above expressions, consider this as a statement of "either. . . or. . ." and code according to the following instructions.

I(a) History of cancer	1991
------------------------	------

Disregard "History of" and code 1991, cancer.

2. Interpretation of "either. . . or. . ."

When two or more conditions are connected by "or" or "versus," use the following instructions with reference to "either. . . or. . ."

GENERAL INSTRUCTIONS

G. Doubtful diagnosis - continued

Examples

2. Interpretation of "either. . . or. . ." - continued

- a. When a condition of more than one site is qualified by a statement of "either. . . or. . ." and both sites are classified to the same system, code the condition to the residual category for the system.
- | | |
|--|------|
| I(a) Pneumonia | 486 |
| (b) Cancer of kidney or bladder | 1899 |
| <u>Code I(b) 1899, malignant neoplasm of other and unspecified urinary organs.</u> | |
| I(a) Heart failure | 4289 |
| (b) Coronary or pulmonary blood clot | 4449 |
| <u>Code I(b) 4449, blood clot, circulation.</u> | |
- b. When a condition of more than one site is qualified by a statement of "either. . . or. . ." and these sites are in different systems, code to the residual category for the disease or condition specified.
- | | |
|--|------|
| I(a) Cardiac arrest | 4275 |
| (b) Carcinoma of gallbladder or kidney | 1991 |
| <u>Code I(b) 1991, malignant neoplasm without specification of site.</u> | |
| I(a) Respiratory failure | 7991 |
| (b) Congenital anomaly of heart or lungs | 7599 |
| <u>Code I(b) 7599, anomaly, congenital, unspecified.</u> | |
- c. When different diseases or conditions are qualified by a statement of "either. . . or. . ." and only one site is involved, code to the residual category for the site.
- | | |
|---|------|
| I(a) Pulmonary edema | 514 |
| (b) Tuberculosis or cancer of lung | 5189 |
| <u>Code I(b) 5189, other and unspecified disease of lung.</u> | |
- d. When different diseases or conditions involving different systems are quali-
- | | |
|------------------------------------|------|
| I(a) Coma | 7800 |
| (b) ? gallbladder colic ? coronary | 7998 |

fied by "either. . . or. . .", code thrombosis
7998, Other ill-defined conditions. Code I(b) 7998, other ill-defined conditions.
(Consider the two question marks on a single
line as "either. . . or. . .".)

GENERAL INSTRUCTIONS

G. Doubtful diagnosis - continued

Examples

2. Interpretation of "either. . . or. . ." - continued

- e. When diseases and injuries are qualified by "either. . . or. . .", code 7999, Other unknown and unspecified cause, provided this is the only entry on the certificate. When other classifiable entries are reported, omit 7999.
- I(a) Head injury or CVA 7999
Code I(a) 7999, other unknown and unspecified cause.
- f. For doubtful diagnosis in reference to "either. . . or. . ." accidents, suicides, and homicides, see page 153.

H. Coding entries such as "same," "ditto (")," "as above"

When the certifier enters "same," "ditto mark (")," "as above," etc., in a "due to" position to a specified condition, do not enter a code for that line.

I(a) Coronary occlusion 410
(b) Same
(c) Hypertension 4019
Do not enter a code on I(b) for the entry "same."

I(a) Pneumonia 486
(b) "
(c) Emphysema 492
Do not enter a code on I(b) for the "ditto mark (")."

GENERAL INSTRUCTIONS

I. Conditions specified as "healed"

Examples

For the effect of the qualification "healed" on the classification of causes for which the Classification provides separate late effects categories, see Late effects, pages 135-144.

When ICD-9 does not provide a code or a late effects category for a condition qualified as healed, code the condition as though unqualified by this term.

I(a) Myocardial infarction 410

(b)

(c)

II Gastritis, healed 5355

Code 5355, gastritis NOS in Part II.

NOTE: V Codes are invalid for multiple cause of death coding.

J. Non-indexed and illegible entries

1. Terms that are not indexed

a. When a term that does not appear in the alphabetical index to ICD-9 is reported, refer the term to the supervisor.

b. When non-classifiable entries such as death are stated "due to" a condition, enter the code for the condition in the "due to" position.

I (a) Death due to heart attack

(b) 410

Code heart attack in the "due to" position.

"Death" is not a codable entry.

the "due to" position.

GENERAL INSTRUCTIONS

J. Non-indexed and illegible entries - continued

2. Illegible entries

When an illegible entry is the only entry on the certificate, code 7999.
When an illegible entry is reported with other classifiable entries, disregard the illegible entry and code the remaining entries as indexed.

GENERAL INSTRUCTIONS

K. Coding one-digit reject codes

Examples

Instructions for data positions for reject codes are in Part 2d, NCHS Procedures for Mortality Medical Data System File Preparation and Maintenance. When a death record qualifies for more than one reject code, code only one in this order: 1, 2, 3, 4, 5, 9.

1. Reject code 1-5 - Inconsistent duration

When a duration of an entity in a "due to" position is shorter than that of an entity reported on a line above it and only one codable entity is reported on each of these lines, enter a reject code (1-5) in the appropriate data position. When more than one codable entity is reported on the same line, disregard the duration entered on that line. Use the appropriate reject code even though there are lines without a duration or with more than one codable entity between the entities with the inconsistent duration; in such cases, consider the inconsistency to be between the line immediately above and the line with the shorter duration.

I(a) ASHD 10 yrs. 4140
(b) Chronic nephritis and hypertension 5 yrs. 5826 4019
(c) Diabetes 5 yrs. 2500

Reject 2

Disregard the duration on line I(b), since more than one codable entity is reported on this line. However, only one codable entity is reported on lines I(a) and I(c) and the duration of the diabetes was shorter than that of ASHD; therefore, enter reject code 2.

I(a) ASHD 5 yrs. 4140
(b) Chronic nephritis and hypertension 10 yrs. 5826 4019
(c) Diabetes 5 yrs. 2500

Do not enter reject code 2. The duration on line I(b) is disregarded. The duration of diabetes on line I(c) was not shorter than that of ASHD on line I(a).

GENERAL INSTRUCTIONS

K. Coding one-digit reject codes - continued

Examples

1. Reject code 1-5 - Inconsistent duration - continued

If the inconsistent duration is between:

<u>Lines</u>	<u>Enter reject code</u>			
I(a) and I(b)	1	I(a) Cardiac arrest		4275
I(b) and I(c)	2	(b) Congestive heart failure 1 week		4280
I(c) and I(d)	3	(c) Ca. of stomach 1 year		1519
I(d) and I(e)	4	(d) Metastatic ca. of lung 6 months		1629
Inconsistent durations between more than two lines in Part I, or any situation where reject codes 1-4 would not be applicable.	5	Do <u>not</u> use reject code 3 since the inconsistent duration is between malignant neoplasms.		
		I(a) Basilar artery thrombosis 7 weeks		4330
		(b) Renal failure 4 weeks		586
		(c) Pneumonia 1 week		486
		Reject 5		
Do not enter a reject code if the only inconsistency is between the durations of malignant neoplasms classifiable to 140-208.		I(a) Congenital nephrosis	life	5819
		(b)		
		(c) Intestinal hemorrhage	1 day	5789
		Reject 5		

GENERAL INSTRUCTIONS

K. Coding one-digit reject codes - continued Examples

2. Reject code 9 - More than four "due to" statements

When certifier's entries or reformatting result in more than four statements of "due to," continue the remaining codes horizontally on the fifth line and enter reject code 9 in the appropriate position.

I(a) Terminal pneumonia	486
(b) Congestive heart failure	4280
(c) Myocardial infarction	410
(d) ASHD	4140
(e) Generalized arteriosclerosis	4409 2449
(f) Myxedema	

Reject 9

Enter the code for the myxedema reported on the fifth "due to" line I(f) on the fifth line following the code for the condition reported on this line (generalized arteriosclerosis). Enter reject code 9 in the appropriate data position.

If there are more than four "due to" statements in Part I and there is no codable condition reported on one or more of the lines, consider the condition(s) on each subsequent "due to" line as though reported on the preceding line. Enter reject code 9 only if, after reformatting, there are codable conditions on more than five lines.

I(a) Pneumonia	514
(b) Bedfast	3449
(c) Paralysis following CVA	436
(d) Hypertension due to	4019
(e) adrenal adenoma	2270

Do not enter reject code 9. Since bedfast is not a codable condition, enter the code for paralysis on line I(b), the code for CVA on I(c), etc. As a result of the rearrangement of the conditions, there are codable conditions on only five lines.

GENERAL INSTRUCTIONS

L. Inclusion of additional information (A.I.) to mortality source documents Examples

Code supplemental information that is sent in voluntarily when it modifies or supplements data on the original mortality source document.

- | | | |
|--|------------|---|
| <p>1. When additional information (A.I.) <u>states</u> the underlying cause of a <u>specified disease in Part I</u>, code the additional information (A.I.) in a "due to" position to the specified disease.</p> | <p>(d)</p> | <p>I(a) Pulmonary edema 514
 (b) Congestive heart failure 4280
 (c) Arteriosclerosis 4140
 4409</p> |
|--|------------|---|

II

A.I.: The underlying cause of the congestive heart failure was ASHD. Since the certifier states the underlying cause of the congestive heart failure is ASHD, code 4140 on I(c) and move the condition on I(c) to the next "due to" position.

- | | | |
|---|------------|--|
| <p>2. When additional information (A.I.) <u>modifies</u> a disease condition, use the A.I. and code the disease modified by the A.I. in the position <u>first</u> indicated by the certifier.</p> | <p>(c)</p> | <p>I(a) Pneumonia 481
 (b)
 (c)</p> <p><u>A.I.</u>: Lobar pneumonia
 Code lobar pneumonia (481) as the <u>specified</u> type of pneumonia on I(a) <u>only</u>.</p> |
|---|------------|--|

GENERAL INSTRUCTIONS

- L. Inclusion of additional information (A.I.) to mortality source documents - continued
- | | <u>Examples</u> |
|--|---|
| <p>3. When there is a stated or implied complication of surgery and the additional information indicates the condition for which surgery was performed, code this condition in a "due to" position to the surgery when reported in Part I and following the surgery when reported in Part II. Precede this code with an ampersand (&).</p> | <p>I(a) Coronary occlusion)971
 (b) Gastrectomy &8786
 (c) &5319
 <u>A.I.:</u> Gastrectomy done for gastric ulcer.
 <u>Code</u> the condition necessitating the surgery on I(c) and precede this code with an ampersand.</p> <p>I(a) Respiratory arrest 7991
 (b) Pneumonia)973
 (c)
 II Uremia, cholecystectomy 586 &8786 &5742
 <u>A.I.:</u> Surgery for gallstones
 <u>Code</u> the condition necessitating the surgery following the E Code for surgery in Part II.</p> |
| <p>4. When additional information (A.I.) <u>states</u> a certain condition <u>is</u> the <u>underlying cause</u> of death, <u>code</u> this condition in Part I in a "due to" position (on a separate line) to the conditions reported on the original death record.</p> | <p>I(a) Cardiac arrest 4275
 (b) M. I. 410
 (c) ASHD 4140
 (d) 2500
 II
 <u>A.I.:</u> U. C. was diabetes.
 Accept the certifier's statement that the underlying cause of death was "diabetes," and code this condition on I(d) in a "due to" position to the conditions originally reported in Part I.</p> |

GENERAL INSTRUCTIONS

- L. Inclusion of additional information (A.I.) to mortality source documents - continued
- | | <u>Examples</u> | |
|---|---|----------------------|
| <p>5. When cancer NOS, carcinoma NOS, malignancy NOS, or adenocarcinoma NOS is reported in Part I with no mention of a "site" and additional information specifies a site, <u>code</u> the specified site <u>only</u> on the line where cancer NOS, carcinoma NOS, malignancy NOS, or adenocarcinoma NOS is stated.</p> | <p>I(a) Cancer
(b)
(c)
II
<u>A.I.</u>: Cancer of lung
<u>Code</u> only the specified cancer (lung) on I(a).</p> | <p>1629</p> |
| <p>6. When additional information states the primary site of a malignant neoplasm, code this condition in a "due to" position to the other malignant neoplasms reported in Part I.</p> | <p>I(a) Metastatic neoplasm
(b) Metastasis to liver
(c) 1539
II
<u>A.I.</u>: Colon was primary site.
<u>Code</u> the stated primary site on I(c) in a "due to" position to the other neoplasms reported in Part I.</p> | <p>1991
1977</p> |
| | <p>I(a) Carcinomatosis
(b) 185
(c)
II
<u>A.I.</u>: Prostate was probably the primary site.
<u>Code</u> the presumptive primary site (prostate) on I(b) in a "due to" position to the stated neoplasm reported on the original death record.</p> | <p>1990</p> |

GENERAL INSTRUCTIONS

L. Inclusion of additional information (A.I.) to mortality source documents - continued

Examples

- | | | |
|----|--|--|
| 7. | When the additional information <u>does not modify</u> a condition on the certificate or <u>does not state</u> that this condition is the underlying cause, code the A.I. as the last condition(s) in Part II. | I(a) Coronary thrombosis 410
(b) HASCVD 4029
(c)
II Hypertension 4019 4409 436 412 |
|----|--|--|
- A.I.: Arteriosclerosis, CVA, old M.I.

M. Amended certificates

When an "amended certificate" is submitted, code the conditions reported on the amended certificate only.

SECTION III
INTENT OF CERTIFIER

In order to arrive at the most appropriate code for a given diagnostic entity, it is sometimes necessary to take other recorded information and the order in which the entries are reported into account because the coding of information taken out of context may not convey the meaning intended by the certifier. However, do not apply provisions in ICD-9 for linking two or more diagnostic terms to form a composite diagnosis classifiable to a single ICD-9 code. The objective is to code each diagnostic entity in accordance with the intent of the certifier without combining separate codable entities.

A. Psoas Abscess (0150)

Due to conditions classifiable
to the following codes:

Code

Psoas abscess	0420-0459	4400-4409	7288	
	138	4430-4539		Non-
	1400-2399	4590-4599		tuberculous
	2532	5672	psoas	
	2650-2652	7070-7079		abscess
	2699	7100-7429		
	303	7540-7569		
	3050	7580-7599		
	3300-3459	(00-)999		
	3480-3599	E8000-E999		
	4300-438			

Examples

- I(a) Psoas abscess 7288
- (b) Metastatic bone carcinoma 1985
- (c) Carcinoma lung 1629

I(a) Psoas abscess 0150

(b)

(c)

II Systemic lupus erythematosus 7100

I(a) Non-tuberculous psoas abscess 7288

(b)

(c)

INTENT OF CERTIFIER

B. Waterhouse-Friderichsen Syndrome (0363)

	<u>Reported due to</u>	<u>Code</u>
Waterhouse-Friderichsen syndrome	Septicemia (any condition in 038) with no mention of a meningococcal infection on the death certificate	2555 (Waterhouse-Friderichsen syndrome, nonmeningococcal)

Example

- I(a) Renal failure 586
- (b) Hypotension 4589
- (c) Waterhouse-Friderichsen syndrome 2555
- (d) following Strep. septicemia 0380

INTENT OF CERTIFIER

C. Charcot's Arthropathy (0940)

	<u>Reported due to</u>	<u>Code</u>
Charcot's Arthropathy	030 Leprosy	3499 (Charcot's Arthropathy, neurogenic, nonsyphilitic)
	250 Diabetes mellitus	
	2662 Subacute combined degeneration (of spinal cord)	
	303 Alcoholism	
	3050 Alcohol abuse	
	3360 Syringomyelia	
	3561 Peroneal muscular atrophy	
	3562 Hereditary sensory neuropathy	
	3569 Hypertrophic interstitial neuropathy	
	7419 Spina bifida with meningo- myelocele	
	7428 Familial dysautonomia	
	E9320 Corticosteroids	
	E9353 Phenylbutazone	
	E9354 Indomethacin	

Example

- | | | |
|------|---|------|
| I(a) | Joint effusion with resulting
pathological fracture knee | 7331 |
| (b) | Charcot's arthropathy | 7190 |
| (c) | Diabetes | 3499 |
| (d) | 2500 | |

INTENT OF CERTIFIER

D. General Paresis (0941)

	<u>Reported due to</u>			<u>Code</u>
	<u>or same line with</u>			
General paresis	0032	0721-0722	3200-3449	3449
	0065	080-0979	3480-3499	(Paralysis NOS)
	0130-0139	0988	3520-3599	
	0150	1175	4010-4019	
	0270-0279	130	4300-4409	
	0360-0369	135-1369	4448	
	0380-0389	1371-1390	4878	
	0420-0509	1398	5800-5999	
	052	1400-1985	6420-6429	
	0530-0531	1988-2089	668	
	0543	2132	674	
	0547	2250-2259	7110-7169	
	0550	2375-2379	7200-7229	
	0560	2380	7300-7329	
	0600-0669	2392	7400-7429	
	071	2396-2399	7560-7799	
			7813	
			(00-)999	
			E8000-E999	<u>Code</u>
				)52
				(Paralysis, traumatic)

Examples

I(a) C.V.A. with general paresis 436 3449

(b)

(c)

I(a) General paresis	)52
(b) Brain injury	(54
(c)	
II Auto accident	&8199

INTENT OF CERTIFIER

E. Organisms and Infection NOS (1369)

	<u>Due to</u>	<u>Code</u>
Infectious or inflammatory condition	Specified organism or specified nonsystemic infection and the organism or infection is the only entry on the line or the first mentioned entry in the "due to" position.	Condition (where it is entered on the certificate) modified by the organism or infection. Do not assign a separate code for the organism or infection.
	Specified organism or specified nonsystemic infection that is not the only entry or the first mentioned the "due to" position.	The infectious or inflammatory condition and the organism or infection separately.
Infectious or inflammatory condition	Infection NOS and the infection is the only entry or the first entry in the "due to" position. NOS.	The infectious condition where it is entered on the certificate and do not enter a code for infection NOS.
	Infection NOS that is not the only entry or the first mentioned entry in the "due to" position. infection NOS separately.	The infectious or inflammatory condition where it is entered on the certificate and code
Non-infectious or non-inflammatory condition	Infection NOS	Condition as indexed and code infection NOS (1369) where entered on the certificate.
Any condition	Any generalized infection such as:	Both the condition and the

Sepsis (generalized)
Septicemia (generalized)
Systemic infection
Viremia

systemic infection where entered
on certificate. Do not modify
the condition by the infection.

INTENT OF CERTIFIER

E. continued Organisms and Infection NOS (1369)

	<u>Preceding</u>	<u>Code</u>
An organism	Two or more infectious conditions reported consecutively on the same line.	Each of the infectious conditions modified by the organism.

Examples

I(a) Pneumonia (b) Pneumococcus	481	I(a) Pneumonia (b) Viremia	486 7908
I(a) Pyelonephritis (b) Staphylococcus infection	5908	I(a) Cholecystitis (b) Infection	5751
I(a) Meningitis (b) H. influenzae	3200	I(a) Myocarditis (b) Infection	4229
I(a) Pneumonia (b) Viral infection	4809	I(a) ASHD (b) Infection	4140 1369
I(a) Bronchopneumonia (b) Septicemia	485 0389	I(a) Pneumonia and meningitis (b) E. Coli	4828 3208
I(a) Sepsis and pneumonia (b) Virus infection (c) Hepatic cirrhosis	0799 4809 5715	I(a) Staphylococcal pneumonia and (b) meningitis	4824 3203

INTENT OF CERTIFIER

F.

Polycythemia (2384)

	<u>Due to</u>	<u>Code</u>
Polycythemia <u>NOS</u>	A drug, medicament, or biological substance properly administered for medical care purposes (E930-E949)	2890 (Secondary polycythemia)
	A condition classifiable to the following categories:	2890 (Secondary polycythemia)
	001-208	390-519
	211-212	530-599
	218-221	614-615
	223	630-676
	225-228	692-695
	231	7080
	2331-2333	710-716
	235-237	720-723
	2384-2386	730-733
	2390-2391	740-779
	2394-2399	7863
	242-250	7903
	255	7962
	270-279	7990-7991
	281-284	(00-(29
	2890	(50-)09
	303-305	)25-)29
	320-345	)40-)49
	348	)58-)99
	357	E800-E999

Examples

I(a) Polycythemia	2890	I(a) Polycythemia	&2890
(b) Pneumonia	486	(b) Chloromycetin therapy	9302
I(a) Polycythemia vera		2384	
(b) Emphysema	492		

Conditions classifiable to
279.3, 279.8, 279.9

Example

I (a) Immune deficiency disease 042.9
(b) HIV infection 044.9
(c)

I (a) HIV infection with 044.9 042.9
(b) immune deficiency disease
(c)

I (a) Immune deficiency disease 042.9
(b)
(c)

II Human immunodeficiency virus 044.9

Code (a) 042.9 since reported on the same record with the human immunodeficiency virus, and not reported due to any other condition(s).

Reported anywhere on record with and not reported due to any other condition(s)

Human immunodeficiency virus (HIV) or any term considered synonymous with the HIV infection and classifiable to category 044.

Due to or on same line with an not reported due to any other condition

Positive serology for human immunodeficiency virus (HIV) (any term classifiable to 795.8).

I (a) Immune deficiency state 042.9 795.8
(b) with HIV positive

- (c) serology
- I (a) Immune deficiency state 042.9
- (b) Positive serology for 795.8
- (c) HIV infection
- I (a) Immune deficiency state 279.3
- (b)
- (c)
- II HIV positive serology 795.8

Code

the 279.3, 279.8, 279.9 to 042.9, Acquired immuno-deficiency syndrome
 the 279.3, 279.8, 279.9, to 042.9, Acquired immuno-deficiency syndrome

77a

Conditions classifiable
 to 279.3, 279.8, 279.9 and
 not reported due to any
 condition(s) except those
 classifiable to 044

Note: Examples on following page

Causing

candidiasis
 disseminated (112.5)
 of: mouth (112.0)

skin and nails (112.3)
other and unspecified
sites (112.8, 112.9) (excludes:
112.1, 112.2, 112.4)

coccidioidomycosis (114)
cytomegalic inclusion disease (078.5)
herpes simplex (054)
herpes zoster (053)
histoplasmosis (115)
mycobacteriosis, other and
unspecified (031.8, 031.9)
(excludes: 031.0, 031.1)
Nocardia infection (039)
Opportunistic mycoses (118)
Salmonella infections
(003.1-003.9)
(except gastroenteritis 003.0)
strongyloidiasis (127.2)
tuberculosis (010-018)

Code

the 279.3, 279.8, 279.9 to 042.9, Acquired immuno-
deficiency syndrome

Examples

- I (a) Candidiasis of mouth 112.0
- (b) Immune deficiency disease 042.9
- (c)

- I (a) Cardiorespiratory arrest 427.5
- (b) Immunodeficiency disease 279.3
- (c)

Code (b) 279.3 since not reported as causing one of the listed conditions.

- I (a) Cytomegalic inclusion disease 078.5
- (b) Adult immunodeficiency syndrome 042.9
- (c) 173.9

II Kaposi's sarcoma

- I (a) Immunodeficiency syndrome 279.3
- (b) Bleomycin 930.7
- (c) Lymphoma &202.8

Consider (a) as a complication of the drug reported on (b).

77c

Conditions classifiable to
279.3, 279.8, 279.9 and not
reported due to any condition(s)
except those classifiable to 044

Examples

- I (a) Kaposi's sarcoma 173.9
- (b)

(c)
II Immune deficiency syndrome 042.9

I (a) Pneumocystis pneumonia 136.3

(b)

(c)

II Immune deficiency disease 042.9

Reported on the Same record with

Burkitt's tumor (200.2)

candidiasis

of: lung (112.4)

coccidiosis(007.2)

cryptococcosis (117.5)

cryptosporidiosis (007.2)

immunoblastic sarcoma (200.8)

Kaposi's sarcoma (173)

lymphoma of brain or CNS (202.8)

pneumocystosis (136.3)

progressive multifocal

leukoencephalopathy (046.3)

reticulosarcoma (200.0)

toxoplasmosis (130)

I (a) Immune deficiency syndrome

(b)

(c)

II Kaposi's sarcoma

- I (a) Immune deficiency
 - (b) Hodgkin's disease
 - (c)
- II Cryptosporidiosis

Code

the 279.3, 279.8, 279.9, to 042.9, Acquired immuno- deficiency syndrome

042.9

173.9

279.3

201.9

007.2

INTENT OF CERTIFIER

G. Hemolytic Anemia (2829)

Due to conditions classifiable
to the following categories:

Code

Hemolytic anemia <u>NOS</u>	0010-2399 260-2699 2720-2729 2750-2759 2770-2779 2790-2799 2831 2860-2879 3200-3209 3220-326 390-4299 4460-4467	4476 4800-4919 5700-5739 5800-5999 630-676 7100-7109 7450-7479 7730-7735 7912 (00-)999 E8000-E999	2831, Secondary hemolytic anemia
-----------------------------	--	---	---

Examples

- I(a) Hemolytic anemia 2831
- (b) Hairy cell leukemia 2024
- (c)

- I(a) Hemolytic anemia 2829
- (b)
- (c)
- II Hypogammaglobulinemia 2790

- I(a) Secondary hemolytic anemia 2831
- (b)

(c)
II

INTENT OF CERTIFIER

H. Dementia, Psychosis (2989)

Due to or same line with
conditions classifiable
to the following codes: Code

Dementia <u>NOS</u>	0010-3599	2949,
Psychosis <u>NOS</u>	390-5199	Psychosis,
	5300-6049	organic NEC
	6080-6179	
	630-6989	
	7100-7799	
	797	
	(00-(29	
	(50-)099	
	)25-)999	
	E8000-E999	

Examples

I(a) Pneumonia	486	
(b) Psychosis - cerebrovascular arteriosclerosis		2949 4370
(c) Arteriosclerosis	4409	

I(a) Cardiorespiratory arrest		4275
(b) Heart failure	4289	
(c) Multiple sclerosis and dementia		340 2949

INTENT OF CERTIFIER

I.

Alcohol Intoxication,

Blood Alcohol (any%) (3050, 7903)

<u>Reported</u>	<u>Code</u>	
Alcohol ingestion	Anywhere on certificate	3050
Alcohol overindulgence		(If accident box is checked and
Alcohol "overdose"		there is no mention of trauma
Drinking		on the certificate, do not enter
Intoxication (acute) <u>NOS</u>		an E Code.)
Blood alcohol (any %)	Anywhere on certificate	7903

- Exceptions:
- (1) When alcohol poisoning or alcohol toxicity is reported anywhere on certificate, code the above terms to alcohol poisoning.
 - (2) When alcohol and drug poisoning are reported on the same record (see page 189).
 - (3) When intoxication (acute) NOS is reported due to drugs or poisonous substances (see page 190).

Examples

I(a) Alcohol intoxication	3050	I(a) G. I. hemorrhage	5789
(b) Blood alcohol 3%		7903	(b) Cirrhosis of liver 5715
II <u>X</u> /accident	3050	II Intoxicated	3050
Excessive alcohol intake			

INTENT OF CERTIFIER

J. Parkinsonism (3320)

Due to
Conditions classifiable
to the following codes: Code

Parkinsonism	0130-0139	1390	3321,
Parkinson's Disease	0460-0469	1398	Secondary
	0470-0499	3200-3249	Parkinsonism
	0620-064	326	
	0904	3320-3321	
	0940-0949	(00-)999	
	1371	E8000-E999	

Examples

I(a) Parkinson's disease 3321
(b) Tuberculous meningitis 0130
(c)

I(a) Parkinsonism 3320
(b) Arteriosclerosis 4409
(c)

I(a) Secondary Parkinson's disease 3321
(b)
(c)

INTENT OF CERTIFIER

K. Cerebral Sclerosis (3419)

Causing conditions classifiable
to the following codes: Code

Cerebral sclerosis <u>NOS</u>	4300-4379	4370, Cerebrovascular Atherosclerosis
-------------------------------	-----------	---

Reported due to or on the same line with
conditions classifiable to the following codes: Code

0930-0979	4400-4409	4370,
2420-2449	4429	Cerebrovascular
2500-2539	4599	Atherosclerosis
2550-2599	5800-5949	
2700-2749	5990	
2780	7100-7109	
2788	7530-7531	
4010-4049	7533	
4370	7590-7592	
	797	

Examples

I(a) Cerebral edema 3485
(b) Cerebral sclerosis 3419

I(a) Cerebral thrombosis 4340
(b) Cerebral sclerosis 4370

I(a) A.S.H.D. 4140

(b)

(c)

II Cerebral sclerosis, hypertension 4370 4019

INTENT OF CERTIFIER

L. Paralysis (any 342 or 344)

	<u>Due to</u>	<u>Code</u>
Paralysis (any 342 or 344)	760-779	The paralysis for decedent age 28 days and over to 3337 or 343 with appropriate fourth digit

Example

Female, 3 months

I(a) Pneumonia	1 wk	486
(b) Paraplegia	3 mos	3430
(c) Injury spinal cord	since birth	7674

M. Polyneuropathy (3569)

	<u>Due to</u>	<u>Code</u>
Polyneuropathy (peripheral) NOS	001-2089 530-579	3579
	250 580-593	
	2512 710	
	260-279 714	
	303)60-)899	
	3050 E850-E869	
	357 E930-E949	
	446	
	460-519	

Example

I(a) Polyneuropathy	3579
(b) Diabetes Mellitus	2500
(c)	

INTENT OF CERTIFIER

N. Myopathy (3599)

Due to conditions classifiable
to the following codes:

Code

Myopathy NOS

390-3989
4020-4029
4040-4049
410-4149
4209-4259
4282-4284
4290-4291
7450-7469

4259,
Secondary
Cardiomyopathy

Example

- I(a) Myopathy 4259
- (b) A.S.H.D. 4140
- (c)

INTENT OF CERTIFIER

O. Fibrinous, Serofibrinous Pericarditis (3910)

	<u>Reported due to conditions</u>		
	<u>classifiable to the following codes:</u>		<u>Code</u>
Fibrinous or serofibrinous pericarditis	0010-2899	5220-6079	Fibrinous pericarditis, nonrheumatic or serofibrinous pericarditis, nonrheumatic 4231
	3040-3049	6100-6279	
	3052-3059	6290-676	
	3200-3499	7100-7169	
	3800-3889	7400-7492	
	4010-4579	7520-7539	
	4590-5131	7580-7639	
	515-5169	7670-7799	
	5181-5183	797	
	5185-5199	(00-)999	

Examples

- I(a) Fibrinous pericarditis 4231
- (b) Acute necrotizing pneumonia 5130
- (c) Malignant lymphoma 2028

- I(a) Congestive heart failure, fibrinous pericarditis 4280 4231
- (b) Anaplastic prostatic carcinoma with metastasis 185 1970 1988 1977
- (c) to lungs, pericardium, and liver

- I(a) Fibrinous pericarditis 4231
- (b) Acute M.I. 410
- (c) Occlusive coronary arteriosclerosis 4140

INTENT OF CERTIFIER

P.

Cardiomyopathy (4254)

		<u>Due to</u>	<u>Code</u>
Cardiomyopathy	0110-0119	2710 401-404 7682-769	4259 (Cardiomyopathy,
	0129	2748 410-414 797	secondary)
	0178	2750 4209-4259)60-)899	
	0420-0449	2773 4282-4284 E8792	
	0742	2775 4290-4291 E930-E949	
	086	2780 4409	
	135	280-285 446	
	140-208	2880-2889 571	
	2127	303 580-5939	
	242	3050 630-676	
	244	3340 710	
	250	3561 745-746	
	2530	3589-3599	
	260-261	390-3989	
	2630-2652		
	2699		

Examples

I(a) Cardiomyopathy	4259	I(a) Cardiomyopathy	&4259
(b) A.S.H.D.	4140	(b) Penicillin	9300
(c)		(c)	

INTENT OF CERTIFIER

Q.

Varices (4549)

Due to or on
same line with

Code

Varices NOS Bleeding varices NOS	571 Chronic liver disease and cirrhosis 5723 Portal hypertension	4560 bleeding esophageal varices) or 4561 (esophageal varices)
-------------------------------------	---	--

Example

I(a) Varices	4561
(b) Cirrhosis of liver	5715

R.

Pneumonia (481, 485, 486)

When

Is reported due to

Code

Pneumonia in 486 Bronchopneumonia in 485 Lobar pneumonia, organism unspecified only in 481	Bedfast Bedrest Bedridden Hypostasis Inactivity Lying in bed Prolonged recumbency Recumbency Sitting in chair Stasis	Upper line 514
---	---	----------------

Example

I(a) Cardiac arrest	4275
(b) Bronchopneumonia	514
(c) Inactivity	

INTENT OF CERTIFIER

S.

Laennec's Cirrhosis NOS (5712)

<u>When</u>	<u>Is reported due to</u>		<u>Code</u>
Laennec's cirrhosis <u>NOS</u>	001-208	393-3989	5715 (nonalcoholic)
	2113-2114	402-429	
	2302-2309	452	
	2352-2354	555-556	
	2384	5695-5701	
	2390	5714-5719	
	2449	5720-5721	
	250	5733-5734	
	261-2639	5740-5779	
	269	5790-5799	
	2711	7510-7519	
	2750	758-759	
	277	)60-)799	
	2780	)81-)89	
	280-285	E8610-E8699	
	2894-2895	E930-E949	
	2898		
	304		
	3052-3059		

Example

I(a) Cardiac arrest 4275

(b) Laennec's cirrhosis 5715

(c) Diabetes 2500

Code I(b) nonalcoholic cirrhosis of liver
since it is reported "due to" diabetes.

INTENT OF CERTIFIER

T.

Lupus Erythematosus (6954)

	<u>Causing</u>	<u>Code</u>
Lupus erythematosus (6954)	A disease of the following systems: musculoskeletal urinary circulatory (including cardiovascular, lymph nodes, spleen) respiratory gastrointestinal	7100 (Systemic lupus erythematosus)

Example

I(a) Nephritis	5839
(b) Lupus erythematosus	7100
(c)	

INTENT OF CERTIFIER

U.

Pathological Fracture (7331)

	<u>Due to</u>	<u>Code</u>
Fracture (any site)	015	720-7229 7331 (Pathological fracture)
	090	7280 (If accident box is checked,
	095-097	730-732 do not enter an E Code.)
	1026	7330
	140-208	7332
	213	7334
	2380	7339
	2389	7564
	2392	7565
	2550	7569
	268	797
	710-716	)970-)999

Reported on same line with

Fracture (any site)	Osteomalacia (2682)	7331 (If accident box is checked,
	Osteoporosis (7330)	do not enter an E Code.)
	Paget's disease (7310)	
	Malignant neoplasm of bone (170, 1985)	

Examples

I(a) Fracture hip	7331	I(a) Pneumonia	486
(b) Osteoarthritis	7159	(b) Osteoporosis c	7330 7331
		fracture spine	
I(a) Myocardial infarction	410	I(a) Pneumonitis	486
(b) ASHD	4140	(b) Arteriosclerosis	4409
(c)		(c) Fracture femur	7331
II Fracture of spine due to arthritis causing fall	7331 7169 888 II	<u>/x/accident how injury occurred</u>	
		<u>/spontaneous in bed/</u>	

Code fracture of femur as pathological since certifier indicated it was spontaneous. Do not enter code for "accident" in checkbox.

INTENT OF CERTIFIER

V.

Starvation (0942)

	<u>Due to</u>	<u>Code</u>
Starvation NOS (0942)	Disease of g.i. tract Internal injury	2639 (Malnutrition NOS)
	All neoplasms (1400-2399)	2639 (Malnutrition NOS)

Examples

- I(a) Anemia 2859
- (b) Starvation 2639
- (c) Ca. of esophagus 1509

Code I(b) to 2639, malnutrition since this condition is reported due to a disease of the digestive (g.i.) system.

- I(a) Starvation 2639
- (b) Crushed abdomen
- II Auto accident &8199

Code I(a) to 2639, malnutrition since this condition is reported due to an internal injury.

(68

SECTION IV

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories1. Infrequent and Rare Causes of Death in the United States

The ICD contains conditions which are considered infrequent or rare causes of death in the United States. If one of the following diseases is reported as a cause of death, the diagnosis should have been confirmed by the certifier or the State Health Officer when it was first reported. A notation of confirmation should be recorded on the copy of the certificate sent to the NCHS. In the absence of this notation, the NCHS coder will code the disease as stated; the State Health Officer will be contacted at the time of reconciliation of rejected data records by control cycle to confirm the accuracy of the certification.

001	Cholera	026	Rat-bite fever
002	Typhoid and paratyphoid fevers	030	Leprosy
005.1	Botulism	032	Diphtheria
007.0	Balantidiasis	033	Whooping cough
007.1	Giardiasis	037	Tetanus
007.3	Intestinal Trichomoniasis	045	Acute poliomyelitis
007.8	Other protozoal intestinal diseases	050	Smallpox
007.9	Unspecified protozoal intestinal diseases	051	Cowpox and paravaccinia
020	Plague	055	Measles
021	Tularaemia	056	Rubella
		060	Yellow fever

022 Anthrax

023 Brucellosis

024 Glanders

025 Melioidosis

061 Dengue

063 Tick-borne viral encephalitis

064 Viral encephalitis transmitted by other
and unspecified arthropods

065 Arthropod-borne hemorrhagic fever

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

1. Infrequent and Rare Causes of Death in the United States - continued

066.0	Phlebotomus fever		085	Leishmaniasis
066.2	Venezuelan equine fever		086	Trypanosomiasis
066.3	Other mosquito-borne fever	087		Relapsing fever
071	Rabies	088		Other arthropod-borne diseases
072	Mumps		100	Leptospirosis
073	Ornithosis		102	Yaws
074.1	Epidemic pleurodynia	103		Pinta
080	Louse-borne (epidemic) typhus		104	Other spirochaetal infection
081	Other typhus	120		Schistosomiasis
082.1	Boutonneuse fever		121	Other trematode infections
082.2	North Asian tick fever		122	Echinococcosis
082.3	Queensland tick typhus		123	Other cestode infection
082.8	Other tick-borne rickettsioses	124		Trichinosis
082.9	Unspecified tick-borne rickettsioses	125		Filarial infection and dracontiasis
083	Other rickettsioses		323.5	Encephalitis following immunization procedures
084	Malaria		771.0	Congenital rubella

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories1. Infrequent and Rare Causes of Death in the United States - continued

- 771.3 Tetanus neonatorum
- 978 Poisoning by bacterial vaccines
- 979.0 Poisoning by smallpox vaccine
- 979.1 Poisoning by rabies vaccine
- 979.2 Poisoning by typhus vaccine
- 979.3 Poisoning by yellow fever vaccine
- 979.4 Poisoning by measles vaccine
- 979.5 Poisoning by poliomyelitis vaccine
- 979.6 Poisoning by other and unspecified viral and rickettsial vaccines
- 979.7 Poisoning by mixed viral rickettsial and bacterial vaccines, except combinations with a pertussis component
- E926 Exposure to radiation

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

1. Infrequent Causes of Death in the United States - continued

a. Acute poliomyelitis (045)

Examples

This category INCLUDES poliomyelitis specified as acute unless there is clear indication on the certificate that the death occurred more than one year after the onset of poliomyelitis. It also INCLUDES poliomyelitis or its sequelae when not specified as acute and not classified elsewhere if it is clearly indicated that death occurred less than one year after onset of the poliomyelitis. Otherwise poliomyelitis or its sequelae which is not classified elsewhere should be assigned to late effects of acute poliomyelitis (138).

(b) I(a) Acute polio 0459
(c)
I(a) Polio 3 wks 0459
(b)
(c)

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories

2. Neoplasms (140-239)

Separate categories have been provided in ICD-9 for coding malignant neoplasms (140-208), benign neoplasms (210-229), carcinoma in situ (230-234), neoplasms of uncertain behavior (235-238), and neoplasms of unspecified nature (239). Categories and subcategories within these groupings identify the sites and/or morphological types of the neoplasms.

The Alphabetical Index contains a comprehensive listing of morphological types of neoplasms with indication as to whether the neoplasms should be coded as malignant, benign, carcinoma in situ, of uncertain behavior, or unspecified nature as well as to the coding by site. This may take the form of a reference to the appropriate column in the "Neoplasm" listing in the index when the morphological type could occur in a variety of organs, e.g.,

Adenoma, villous (M8261/1) - see
Neoplasm, uncertain behavior

or to a particular part of that listing when the morphological type arises in a particular type of tissue, e.g.,

Fibromyxoma (M8811/0) - see
Neoplasm, connective tissue, benign.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued Example

2. Neoplasms (140-239) - continued

It may give the code for the site assumed to be most likely when no site is specified, e.g.,

Astrocytoma (M9400/3)
specified site NEC -- see Neoplasm, malignant
unspecified site 1919

or it may give a code to be used regardless of site reported when the vast majority of neoplasms of the morphological type occur in a particular site, e.g.,

Hepatocarcinoma (M8170/3) 1550

Always look up the morphological type in the Alphabetical Index before referring to the listing under "Neoplasm" for the site.

As indicated in the introduction to this manual, the M numbers and the accompanying fifth digits indicating behavior which appear following the morphological terms in the index listings will not be used in NCHS.

Unless it is specifically indexed, code a morphological term ending in "osis," in the same way as the tumor name to which "osis" has been added. For example, code neuroblastomatosis in the same way as neuroblastoma, but do not code hemangiomatosis, which is specifically indexed, in the same way as hemangioma.

I(a) Osteomyelitis	7302
(b) Fibromatosis - femur	7339
<u>Code</u> fibromatosis, femur to fibroma, bone, 7339.	

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Example

2. Neoplasms (140-239) - continued

It has not been possible to index all combinations of the order of prefixes in compound morphological terms. For example, the term "chondrofibrosarcoma" does not appear in the index, but "Fibrochondrosarcoma (M9220/3) - see Neoplasm, cartilage, malignant" does. Since the two terms have the same prefixes (in a different order), code chondrofibrosarcoma the same as fibrochondrosarcoma.

a. Malignant neoplasms (140-208)

Mention on the certificate that a neoplasm gave rise to metastases or secondaries means that the neoplasm was malignant. Code such neoplasms as malignant even though the name of the neoplasm without mention of metastases would be classified to some other neoplasm category. For example, pelvic metastases reported as due to carcinoma in situ of cervix means that the neoplasm of the cervix was malignant. Code as such even though carcinoma in situ of cervix without mention of metastases would be coded to a different neoplasm category. Also, code a neoplasm of unspecified nature as malignant if it is reported as due to a malignant neoplasm.

The categories that have been provided for the classification of malignant neoplasms distinguish between those that are stated or presumed to be primary (originate in) of the particular site or

I(a) Metastasis to lung
(b) Fibrous histiocytoma - 1715
abdomen

Code the histiocytoma as malignant since it metastasized to the lung.

1970

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

type of tissue involved, those that are stated or presumed to be secondary (deposits, metastasis, or spread from a primary elsewhere) of specified sites and malignant neoplasms without specification of site.

These categories are:

- | | |
|---------|---|
| 140-195 | Malignant neoplasms, stated or presumed to be primary, of specified sites and types of tissue, except lymphatic and hematopoietic tissue. |
| 196-198 | Malignant neoplasms, stated or presumed to be secondary, of specified sites, <u>regardless of morphological type of neoplasm.</u> |
| 199 | Malignant neoplasm without specification of site (<u>primary</u>) (secondary). |
| 200-208 | Malignant neoplasms, stated or presumed to be primary, of lymphatic and hematopoietic tissue, <u>regardless of site.</u> |

In order to determine the appropriate code for each reported neoplasm, a number of factors must be taken into account including the order in which the neoplasms are reported, the morphological type of neoplasm and qualifying terms. Assign all malignant neoplasms (metastatic) (primary) (primary unknown) (secondary)

without mention of a specified site to the appropriate

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

category for the morphological type of neoplasm, i.e., to the code shown in the index for the reported term. This applies even though the neoplasm is associated with some other condition (e.g., obstruction, hemorrhage, perforation) of a specified site.

I(a) Perforation intestine		5697
(b) Metastatic carcinoma		1991

I(a) Hemorrhage bladder	5968	
(b) Squamous cell carcinoma		1991

Code all malignant neoplasms of specified sites as primary (140-195, 200-208) or as secondary (196-198). If there is no indication as to whether primary or secondary, assume that:

(1) a morphological type of neoplasm that is listed in the index to 200-208 was primary and code to 200-208 regardless of whether qualified as metastatic;	I(a) Metastatic lymphosarcoma	2001
--	-------------------------------	------

(2) a malignant neoplasm of the lymph nodes was secondary and code to the appropriate subcategory of 196;	I(a) Ca. of hilar lymph nodes	1961
---	-------------------------------	------

(3) a malignant neoplasm of liver was primary but distinguish between those stated to be primary (1550) and those not so stated (1552);	I(a) Coma and jaundice (b) Carcinoma of liver	7800 7824
	<u>Code</u> the carcinoma of liver to 1552, since it was not <u>stated</u> as primary.	

(NOTE: Interpret metastatic cancer from liver to another site to be a statement of primary and code 1550 for the cancer of liver.)

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

- (4) a malignant neoplasm of any other specified site was primary, and code to the appropriate primary category (140-195). I(a) Fibrosarcoma of vertebra 1702

Categories 196-198 include secondary neoplasms of specified sites regardless of the morphological type of the neoplasm. The Alphabetical Index, pages 454-455, contains a listing of secondary neoplasms of specified sites. Secondary neoplasms of specified sites without indication of the primary site require an additional code to identify the morphological type of neoplasm if the morphological type is one that is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929. Enter this additional code (1709, 1719, etc.) preceding the code for the first mentioned secondary site.

2000 1978 1977

I(a) Reticulum-cell sarcoma with metastasis to stomach, liver, and spleen

Code the secondary sites as indexed, regardless of the morphological type of the primary neoplasm.

I(a) Secondary melanoma of lung 1729 1970

Enter the code for melanoma NOS, 1729, preceding the code for secondary in lung, 1970.

The following are indications of primary and secondary (sites):

(1) Specification of primary

- Code any malignant neoplasm that is stated as primary to the primary code regardless of its position on the certificate.
- 1990
1629
1550
- I(a) Carcinomatosis
(b) Carcinoma of lung
II Primary cancer of liver
Code cancer of liver as primary.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. <u>Coding Specific Categories</u> - continued	<u>Examples</u>
2. <u>Neoplasms (140-239)</u> - continued	
a. <u>Malignant neoplasms (140-208)</u> - continued	
(1) <u>Specification of primary</u> - continued	
<p>Consider any morphological type of neoplasm classifiable to 1991 that is <u>reported in Part I</u> with a malignant neoplasm that is stated to be primary to be qualified as secondary.</p>	<p>I(a) Primary ca. of ovary 1830 (b) Cancer of uterus 1988 <u>Code</u> cancer of uterus as secondary.</p>
<p>If a morphological type of neoplasm not classifiable to 1991 is reported in Part I with a different morphological type of malignant neoplasm that is stated to be primary, consider both neoplasms to be primary.</p>	<p>I(a) Osteosarcoma of vertebra 1702 (b) Primary carcinoma of stomach 1519 <u>Code</u> osteosarcoma of vertebra as primary.</p>
(2) <u>Site specific neoplasms</u>	
<p>Classify morphological types of neoplasms that appear in the index with specific site codes (site specific neoplasms) e.g., "Hepatocarcinoma (M8170/3) 1550," as indexed regardless of site and regardless of whether qualified as metastatic.</p>	<p>I(a) Hepatocarcinoma of brain 1550 1983 <u>Code</u> 1550 (hepatocarcinoma) and 1983 (secondary neoplasm of brain). I(a) Carcinoma of lung 1970 (b) Renal cell carcinoma 1890 <u>Code</u> neoplasm of the lung as secondary (1970) and code the site specific neoplasm, renal cell carcinoma (1890).</p>

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. <u>Coding Specific Categories</u> - continued	<u>Examples</u>	
2. <u>Neoplasms (140-239)</u> - continued		
a. <u>Malignant neoplasms (140-208)</u> - continued		
(2) <u>Site specific neoplasms</u> - continued		
<p>If there is a conflict between the code for a site specific neoplasm and the stated site, code the site specific neoplasm as indexed and consider the stated site to be qualified as secondary and code accordingly. Enter the code for the secondary site on the same line with and immediately following the code for the site specific neoplasm.</p>	<p>I(a) Metastatic renal cell carcinoma (1890) and renal cell carcinoma (1890) and code secondary neoplasm of the lung (1970). (b) Carcinoma of lung</p>	<p>1890 1970</p>
<p>When a site specific neoplasm, whether or not qualified as metastatic, is reported due to the <u>same</u> site specific neoplasm, code the neoplasm on the upper line to 199.</p>	<p>I(a) Bronchogenic carcinoma (b) Bronchogenic carcinoma of lung</p>	<p>1629 1991</p>

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry

<p>lung is not because of the longer than carcinoma.</p>	<p>Consider any morphological type of neoplasm classifiable to 1991 that is not stated to be primary to be specified as secondary and code as such, if it is reported as due to a malignant neoplasm classifiable to 140-195. This generalization does not apply if the duration of the neoplasm reported on the lowest line is shorter than that of the neoplasm reported above it and there is only one neoplasm reported on each line.</p> <p>(Do not use the duration to qualify the neoplasm on the lower line as secondary).</p>	<p>I(a) Carcinoma of lung 3 years (b) Renal cell carcinoma 1 year <u>Code</u> carcinoma of lung (1629) and the site specific neoplasm, renal cell carcinoma (1890). The carcinoma of the</p>	<p>1629 1890</p>
--	--	--	----------------------

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

Certain morphological types of malignant neoplasms are classified to the code for the site assumed to be most likely primary when no site is specified, e.g.

Astrocytoma (M9400/3)
 specified site - see Neoplasm, malignant
 unspecified site 1919

Carcinoma
 oat cell (M8042/3)
 specified site - see Neoplasm, malignant
 unspecified site 1629

When one of these morphological types of malignant neoplasms is reported:	I(a) Seminoma of testes 1869 (b) Oat cell carcinoma 1629
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(1) due to a different morphological type (including those classified in the same manner), code each as though the other had not been reported.	I(a) Astrocytoma of brain 1919 (b) Carcinoma of pancreas 1579
---	--

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

- | | | | |
|-----|--|---|------------------------------|
| (2) | of specified site(s) and due to the same morphological type, code the site(s) on the upper line as secondary. | I (a) Oat cell ca. of pleura and mediastium
(b) Oat cell carcinoma of lung | 1972 1971
1629 |
| (3) | without mention of a site (whether or not qualified as "metastatic") due to the same morphological type of a specified site, code the neoplasm on the upper line to 199. | I(a) Metastatic inflammatory carcinoma
(b) Inflammatory carcinoma breast
I(a) Oat cell carcinoma
(b) Oat cell ca. lung | 1991
1749
1991
1629 |
| (4) | of a specified site and qualified as "primary site unknown" (or a synonymous term), code the morphological type NOS and the site as secondary. | I(a) Oat cell ca. of pleura
(b) Primary site unk. | 1629 1972 |
| | without mention of a site and qualified as "primary site unknown" (or a synonymous term), code the site assumed to be most likely when no site is specified. | I(a) Astrocytoma, primary
(b) Unknown | 1919 |
| (5) | of the liver or lymph nodes, code the site assumed to be most likely when no site is specified, and the liver and/or lymph nodes as secondary. | I(a) Neuroblastoma of lymph nodes
I(a) Cloacogenic carcinoma of liver | 1940 1969
1548 1977 |

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

I(a) Carcinoma of pancreas 1978
(b) Carcinoma of pancreas 1579
Code I(a) as secondary and I(b) as primary.

I(a) Cancer of stomach 1978
(b) Cancer of liver 1552
Code I(a) as secondary I(b) to 1552 since it was not stated to be primary.

I(a) Adenocarcinoma colon 3 years 1539
(b) Carcinoma of lung - LLL 6 months 1625
Do not code the neoplasm on I(a) as secondary since the duration of this neoplasm is stated to be longer than the duration of the neoplasm on I(b). Code each neoplasm as indexed. Since the conflict in duration is between neoplasms, do not code reject 1.

Consider neoplasm (malignant), tumor (malignant), cancer, or carcinoma of a site to be specified as secondary and code as such, if it is reported as due to a condition classifiable to 200-203.

I(a) Cancer of esophagus 1978
(b) Hodgkin's sarcoma 2012
Code the cancer of esophagus as secondary.

If adenocarcinoma, cancer, carcinoma, neoplasm (malignant) or tumor of a site, except neoplasms classifiable to 200-203, are reported due to a morphological type

I(a) Tumor of upper lung 1623
(b) Carcinoma

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

of neoplasm of unspecified site, code the neoplasm on the upper line qualified by the morphological type, and do not enter a code for the morphological type of unspecified site on the lower line if:	I(a) Cancer of brain (b) Astrocytoma	1919
(a) The morphological type of neoplasm of unspecified site on the lower line is classified to the same site as the neoplasm on the upper line.	I(a) Adenocarcinoma of stomach (b) Linitis plastica	1519
(b) The morphological type of neoplasm of unspecified site on the lower line is classified according to site affected such as the malignant neoplasms classi- fiable to categories 170, 171, 172, and 173.	I(a) Cancer of lung (b) Astrocytoma (c)	1970 1919
(c) The classification provides for the classification of the morphological type of neoplasm reported on the lower line to 1991.	I(a) Adenocarcinoma of face (b) Melanoma	1723
	I(a) Carcinoma of leg (b) Fibroliposarcoma	1713
	I(a) Cancer of bladder (b) Papillary carcinoma	1889

EXCEPTIONS:

Cancer of liver and lymph nodes reported due to melanoma.	I(a) Cancer of liver (b) Melanoma (c)	1977 1729
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CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

EXCEPTIONS - continued

Cancer of lymph nodes reported due to morphological types of neoplasms of unspecified site.

I(a)	Carcinoma lymph nodes	1969
(b)	Osteogenic sarcoma	1709
(c)		

If a morphological type of neoplasm classifiable to 200-208 is reported as due to any other morphological type of neoplasm, code each neoplasm as though the other had not been reported.

I(a)	Acute myelogenous leukemia	2050
(b)	Fibrosarcoma right thigh	1713

Since the neoplasm on I(a) is classifiable to 200-208, with another morphological type reported on I(b), code each neoplasm as if it were the only one reported.

I(a)	Hodgkin's granuloma	2011
(b)	Cancer of lung	1629

Code each neoplasm as if the other had not been reported.

If a morphological type of neoplasm classifiable to 1709, 1719, 1729, 1739, 1919, or 1929 is reported as due to any other morphological type of neoplasm, code each neoplasm as though the other had not been reported.

I(a)	Leiomyosarcoma, stomach	1519
(b)	Hepatoblastoma	1550

Since the morphological type of neoplasm on I(a) is classifiable to 1719, and another morphological type is reported on I(b), code each neoplasm as if it were the only one reported.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(3) Order of entry - continued

If a morphological type of neoplasm of a site(s) is reported due to the same morphological type of neoplasm (of a site), code the site(s) on the upper line as secondary.

I(a) Metastatic melanoma of lung 1970
 (b) Melanoma of finger 1726

(4) Metastatic

The adjective "metastatic" is used ambiguously, sometimes to mean secondary deposits from a primary elsewhere and sometimes to mean a metastasizing primary. Use the following to determine whether to code a metastatic neoplasm as primary or secondary.

(a) Do not use "metastatic" to qualify a site specific neoplasm or a malignant neoplasm classifiable to 200-208 as secondary. Code such neoplasms as though unqualified as metastatic whether reported alone or with another malignant neoplasm (metastatic).

I(a) Metastatic bronchogenic carcinoma 1629
 (b) Bronchogenic carcinoma is a site specific neoplasm. Disregard "metastatic" and code as indexed.

I(a) Severe pancytopenia and uremia 2848 586

(b) Metastatic lymphosarcoma 2001
 II Oat cell carcinoma of lung 1629

Disregard "metastatic" and code lymphosarcoma as indexed.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(4) Metastatic - continued

(b) Interpret malignant neoplasm described as "metastatic from" a site as primary of that site and interpret malignant neoplasm described as "metastatic to" a site as secondary of that site.

I(a) Liver failure 5729
 (b) Metastatic ca. from kidney 1991
 (c) 1890
Code I(c) primary cancer of kidney.

I(a) Carcinoma of breast 1749 1971
 (b) Metastatic to mediastinum
Code I(a) primary carcinoma of breast and secondary ca. of mediastinum.

(c) If two or more sites are reported and all are qualified as metastatic, code all reported sites as secondary. If the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, add an additional code to identify the morphological type of neoplasm. Code the morphological type of neoplasm to the unspecified site category, i.e., to .9. Enter this additional code on the same line with and preceding the code for the first mentioned secondary site.

I(a) Cerebral anoxia and cardiac arrest 3481 4275
 (b) Metastatic carcinoma of liver 1977
 (c) Metastatic carcinoma of ovary 1986
Code the carcinoma on I(b) and I(c) as "secondary" since both carcinomas are qualified as "metastatic."

I(a) Metastatic ca. of brain 1983
 (b) Metastatic malignant melanoma of scalp 1729 1982
 (c)
Code I(a) secondary neoplasm of brain (1983) and I(b) malignant melanoma of unspecified site (1729) and secondary neoplasm of scalp (1982).

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A.	<u>Coding Specific Categories</u> - continued	<u>Examples</u>
	2. <u>Neoplasms (140-239)</u> - continued	
	a. <u>Malignant neoplasms (140-208)</u> - continued	
	(4) <u>Metastatic</u> - continued	
	(d) If only one site is reported and this is qualified as metastatic and the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, code the site as secondary and code the morphological type of neoplasm (1709, 1719, etc.). Enter the code for the morphological type of neoplasm on the same line with and preceding the secondary code.	I(a) Metastatic rhabdomyosarcoma of hilar lymph nodes Code rhabdomyosarcoma NOS (1719) and secondary neoplasm of hilar lymph nodes (1961). 1719 1961
	(e) If only one of the following sites is reported and qualified as "metastatic" and the morphological type of neoplasm is classifiable to 1991, code as secondary.	I(a) Metastatic carcinoma of bone 1985
	Any site otherwise classifiable to 195, bone, brain, diaphragm, heart, liver, lymph nodes, mediastinum, meninges, peritoneum, pleural, retroperitoneum, and/or spinal cord.	I(a) Metastatic carcinoma of pancreas 1579
	<u>Code any site not listed above as primary.</u>	

CLASSIFICATION OF CERTAIN ICD CATEGORIES

<p>A. <u>Coding Specific Categories</u> - continued</p> <p>2. <u>Neoplasms (140-239)</u> - continued</p> <p>a. <u>Malignant neoplasms (140-208)</u> - continued</p> <p>(4) <u>Metastatic</u> - continued</p> <p>(f) If two or more sites are reported and some are qualified as "metastatic" while others are not,</p> <p><u>1</u> code a morphological type of neoplasm classifiable to 1709, 1719, 1729, 1739 1919, or 1929 that is qualified as "metastatic" to that category:</p> <p><u>2</u> code any site otherwise classifiable to 195, bone, brain, diaphragm, heart, liver, lymph nodes, mediastinum, meninges, peritoneum, pleura, retro-peritoneum, and/or spinal cord qualified as "metastatic" as secondary if the morphological type of neoplasm is classifiable to 1991:</p> <p><u>3</u> code two sites reported on the same line that are qualified as "metastatic" as secondary.</p>	<p>Examples</p> <p>I(a) Abdominal carcinomatosis 1988 (b) Bronchial carcinomatosis 1970 (c) Metastatic mammary cancer 1749</p> <p>I(a) Brain carcinoma 1983 (b) Metastatic osteogenic carcinoma of femur 1707 <u>Code I(b) primary even though qualified as "metastatic" since osteogenic carcinoma is classified to one of the listed categories for morphological type of neoplasms.</u></p> <p>I(a) Metastatic transitional cell carcinoma 1976 1988 (b) of peritoneum and pelvis (c) II Carcinoma of lung 1629 <u>Code I(a) as a secondary malignant neoplasm. Transitional cell carcinoma is a morphological type of neoplasm classifiable to 1991.</u></p> <p>I(a) Cancer of lung 1970 (b) Met. cancer of liver and lymph nodes 1977 1969 (c) Metastatic carcinoma of breast 1749</p>
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CLASSIFICATION OF CERTAIN ICD CATEGORIES

A.	<u>Coding Specific Categories</u> - continued	<u>Examples</u>
	2. <u>Neoplasms (140-239)</u> - continued	
	a. <u>Malignant neoplasms (140-208)</u> - continued	
	(4) <u>Metastatic</u> - continued	
	<p>Consider any other site qualified as metastatic as though no such qualification had been made and determine presumptive primary site by taking the order and/or durations into account.</p>	
	<p>(g) Consider the following terms as synonymous with "metastasis to" when these terms <u>follow</u> or are reported as <u>due to</u> a malignant neoplasm classifiable to 140-195, 199, 2000-2038.</p>	<p>I(a) Cancer of bladder with (b) infiltration into ureter <u>Code</u> cancer of bladder as primary and code the site following "infiltration into" as secondary.</p> <p style="text-align: right;">1889 1981</p>
	<p>extension) infiltration) invasion) in, into, of, involvement) or to another metastatic) site secondaries) spread)</p>	<p>I(a) Cancer with extension to esophagus <u>Code</u> cancer NOS (1991) and secondary cancer of esophagus.</p> <p style="text-align: right;">1991 1978</p>
	<p>(h) When malignancy NOS (1991) is reported with metastasis of a site on a line and is <u>not</u> "due to" another neoplasm, code 1991 <u>and</u> the secondary neoplasm.</p>	<p>I(a) Malignancy with metastasis of bladder</p> <p style="text-align: right;">1991 1981</p> <p>I(a) Ca. with extension to lung</p> <p style="text-align: right;">1991 1970</p>

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

(5) Multiple secondary sites, without primary site

When more than one secondary site is reported without indication of a primary site, code all sites as secondary. If the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, add an additional code to identify the morphological type of neoplasm. Code the morphological type of neoplasm to the unspecified site category, i.e., to .9. Enter this additional code on the same line with and preceding the code for the first mentioned secondary site.

I(a) Metastasis to liver, 1977 1988 1970
(b) pelvis and right lung
Code all the sites as secondary since there is no indication of the primary site.

I(a) Metastatic melanoma 1729 1983 1970 1977
(b) brain, lung, and liver
Code the melanoma, the morphological type of neoplasm, to 1729 and code the reported sites as secondary neoplasms.

(6) Primary site unknown

Consider the following terms as synonymous with "primary site unknown:"

? origin questionable origin
? primary questionable primary
? site questionable site
? source questionable source

undetermined origin unknown origin
undetermined primary unknown primary
undetermined site unknown site
undetermined source unknown source

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A.	<u>Coding Specific Categories</u> - continued	<u>Examples</u>																																																
	2. <u>Neoplasms (140-239)</u> - continued																																																	
	a. <u>Malignant neoplasms (140-208)</u> - continued																																																	
	(6) <u>Primary site unknown</u> - continued																																																	
	When the statement "primary site unknown" (or synonymous term) appears on the certificate with a site specific neoplasm or a neoplasm classifiable to 200-208, code the neoplasm as though the statement did not appear on the certificate. When this statement appears on the certificate with any other malignant neoplasm(s), code all reported sites as secondary. If the morphological type of neoplasm is classifiable to 1709, 1719, 1729, 1739, 1919, or 1929, add an additional code to identify the morphological type of neoplasm. Code the morphological type of neoplasm to the unspecified site category, i.e., .9. This additional code should be entered on the same line with and preceding the code for the first mentioned secondary site.	<table border="0"> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Reticulum cell sarcoma</td> <td style="vertical-align: top; text-align: right;">2000</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Primary site unknown</td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Cancer of intestines,</td> <td style="vertical-align: top; text-align: right;">1975 1978 1988</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">stomach and abdomen</td> <td></td> </tr> <tr> <td style="vertical-align: top;">(c)</td> <td style="vertical-align: top;">Primary site unknown</td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Sarcoma of abdomen</td> <td style="vertical-align: top; text-align: right;">1719 1988</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">? source</td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Carcinomatosis</td> <td style="vertical-align: top; text-align: right;">1991 1990</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Cancer lung</td> <td style="vertical-align: top; text-align: right;">1970</td> </tr> <tr> <td style="vertical-align: top;">(c)</td> <td style="vertical-align: top;">Primary unknown</td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Carcinomatosis</td> <td style="vertical-align: top; text-align: right;">1991 1990</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Primary site unknown</td> <td></td> </tr> <tr> <td style="vertical-align: top;">(c)</td> <td style="vertical-align: top;"></td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Disseminated carcinoma</td> <td style="vertical-align: top; text-align: right;">1991 1990</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">? Primary</td> <td></td> </tr> <tr> <td style="vertical-align: top;">(c)</td> <td style="vertical-align: top;"></td> <td></td> </tr> </table>	I(a)	Reticulum cell sarcoma	2000	(b)	Primary site unknown		I(a)	Cancer of intestines,	1975 1978 1988	(b)	stomach and abdomen		(c)	Primary site unknown		I(a)	Sarcoma of abdomen	1719 1988	(b)	? source		I(a)	Carcinomatosis	1991 1990	(b)	Cancer lung	1970	(c)	Primary unknown		I(a)	Carcinomatosis	1991 1990	(b)	Primary site unknown		(c)			I(a)	Disseminated carcinoma	1991 1990	(b)	? Primary		(c)		
I(a)	Reticulum cell sarcoma	2000																																																
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(b)	? Primary																																																	
(c)																																																		
	When the statement "primary site unknown" (or synonymous term) appears on the certificate with a malignant neoplasm classifiable to 1990, code 1991 preceding the 1990.																																																	

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

2. Neoplasms (140-239) - continued

a. Malignant neoplasms (140-208) - continued

- (7) Morphological type neoplasm classifiable to 1709, 1719, 1729, 1739, 1919, 1929 without specification of site reported with same morphological type of neoplasm of a specified site

Code morphological types of neoplasms classifiable to 1709, 1719, 1729, 1739, 1919, and 1929 not stated to be of a site, jointly reported with the same morphological type of neoplasm with specification of site, to 199 unless there is indication the site was secondary. When there is indication of multiple spread without mention of sites by use of terms such as generalized, multiple, or "osis" on the end of the term, code 1990. If no such indication, code 1991.

- I(a) Sarcomatosis 1990
(b) Sarcoma lower jaw bone 1701
I(a) Metastatic rhabdomyosarcoma 1991
(b) Rhabdomyosarcoma kidney 1890
I(a) Metastatic rhabdomyosarcoma 1991
II Rhabdomyosarcoma of shoulder 1712

- (8) Imprecise descriptions of site

Code neoplasms of sites prefixed by "peri," "para," "pre," "supra," "infra," etc., or described as in the "area" or "region" of a site that are not listed in the index as follows:

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A.	<u>Coding Specific Categories</u> - continued	<u>Examples</u>																		
	2. <u>Neoplasms (140-239)</u> - continued																			
	a. <u>Malignant neoplasms (140-208)</u> - continued																			
	(8) <u>Imprecise descriptions of site</u> - continued																			
	For morphological types classifiable to one of the categories 1709, 1719, 1729, 1739, 1919, or 1929, code to the appropriate subdivision of that category; otherwise, code to the appropriate subdivision of 195 (Other and ill-defined sites).	<table border="0"> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Adenocarcinoma of</td> <td style="vertical-align: top;">1952</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">the rectosigmoid</td> <td></td> </tr> <tr> <td style="vertical-align: top;">(c)</td> <td style="vertical-align: top;">area</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="vertical-align: top;"><u>Code</u> malignant neoplasm abdomen. Consider "rectosigmoid area" to be the abdominal area.</td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Melanoma of thoracic area</td> <td style="vertical-align: top;">1725</td> </tr> <tr> <td></td> <td colspan="2" style="vertical-align: top;"><u>Code</u> melanoma of the trunk. Consider "thoracic area" to be part of the trunk.</td> </tr> </table>	I(a)	Adenocarcinoma of	1952	(b)	the rectosigmoid		(c)	area			<u>Code</u> malignant neoplasm abdomen. Consider "rectosigmoid area" to be the abdominal area.		I(a)	Melanoma of thoracic area	1725		<u>Code</u> melanoma of the trunk. Consider "thoracic area" to be part of the trunk.	
I(a)	Adenocarcinoma of	1952																		
(b)	the rectosigmoid																			
(c)	area																			
	<u>Code</u> malignant neoplasm abdomen. Consider "rectosigmoid area" to be the abdominal area.																			
I(a)	Melanoma of thoracic area	1725																		
	<u>Code</u> melanoma of the trunk. Consider "thoracic area" to be part of the trunk.																			
	3. <u>Rheumatic heart diseases</u>																			
	When rheumatic fever and a heart disease are jointly reported, enter a separate code for the rheumatic fever <u>only</u> when it is not used to qualify a heart disease as rheumatic.	<table border="0"> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Heart disease</td> <td style="vertical-align: top;">3989</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Rheumatic fever</td> <td></td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Respiratory failure</td> <td style="vertical-align: top;">7991</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Rheumatic fever</td> <td style="vertical-align: top;">390</td> </tr> <tr> <td style="vertical-align: top;">I(a)</td> <td style="vertical-align: top;">Myocarditis</td> <td style="vertical-align: top;">3980</td> </tr> <tr> <td style="vertical-align: top;">(b)</td> <td style="vertical-align: top;">Rheumatic heart disease</td> <td style="vertical-align: top;">3989</td> </tr> </table>	I(a)	Heart disease	3989	(b)	Rheumatic fever		I(a)	Respiratory failure	7991	(b)	Rheumatic fever	390	I(a)	Myocarditis	3980	(b)	Rheumatic heart disease	3989
I(a)	Heart disease	3989																		
(b)	Rheumatic fever																			
I(a)	Respiratory failure	7991																		
(b)	Rheumatic fever	390																		
I(a)	Myocarditis	3980																		
(b)	Rheumatic heart disease	3989																		

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

3. Rheumatic heart diseases - continued

a. Heart diseases considered to be described as rheumatic

When rheumatic fever (390) or any heart disease that is specified as rheumatic is reported anywhere on the death certificate, consider conditions listed in categories 4209, 4219, 4229, 423, 424, 4290-4293, 4298 and 4299 to be described as rheumatic unless there is indication they were due to a nonrheumatic cause.

I(a) Cardiac tamponade 3910
 (b) Rheumatic pericarditis 3910
 (c)
 Consider "cardiac tamponade" to be described as "rheumatic."

When a condition listed in category 428 is indicated to be due to rheumatic fever and there is no mention of another heart disease that is classifiable as rheumatic, consider the condition in 428 to be described as rheumatic.

I(a) Heart failure 3989
 (b) Rheumatic fever
 I(a) Heart failure 4289
 (b) Rheumatic heart disease 3989

I(a) Cardiac arrest 4275
 (b) Rheumatic fever -- years ago 390
 Cardiac arrest is not one of the conditions considered to be described as rheumatic when reported with rheumatic fever. Code each condition as indexed.

b. Distinguishing between active and chronic rheumatic heart disease

Rheumatic heart diseases are classifiable to 3910-3919, Rheumatic fever with heart involvement, or to 393-398, Chronic rheumatic heart disease, depending upon whether the rheumatic process was active or inactive at the time of death. If rheumatic fever or any rheumatic heart

I(a) Endocarditis
 (b) Active rheumatic fever

3911

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

3. Rheumatic heart diseases - continued

b. Distinguishing between active and chronic rheumatic heart disease - continued

disease is stated to be active, recurrent, or recrudescient, code all rheumatic heart diseases as active. Conversely, code all rheumatic heart diseases as inactive if rheumatic fever or any rheumatic heart disease is stated to be inactive.

I(a) Heart failure 4289
 (b) Inactive rheumatic heart disease 3989
 (c) disease

If there is no statement of active, recurrent, recrudescient, or inactive, code all heart diseases that are stated to be rheumatic or that are considered to be described as rheumatic as active if:

- | | | | |
|-----|---|---|--|
| (1) | The interval between onset of rheumatic fever and death was less than one year, or | I(a) Endocarditis - 6 months 3911
(b) Rheumatic fever - 9 months | |
| (2) | One or more of these heart diseases is stated to be acute or subacute, or

(this does not mean rheumatic fever stated to be acute or subacute) | I(a) Acute myocarditis 3912
(b) Rheumatic heart disease 3919

I(a) Rheumatic heart disease 3989
(b) Acute rheumatic fever | |
| (3) | One of these heart diseases is pericarditis, or | I(a) Pericarditis 3910
(b) Rheumatic heart disease 3919 | |
| (4) | At least one of these heart diseases is "carditis," "endocarditis" (any valve), "heart disease," "myocarditis," or "pancarditis" with a stated duration of less than one year, or | I(a) Endocarditis - 9 months 3911
(b) R H D 3919 | |

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued Example

3. Rheumatic heart diseases - continued

b. Distinguishing between active and chronic rheumatic heart disease - continued

- (5) At least one of these heart diseases is "carditis," "endocarditis" (any valve), "heart disease," "myocarditis," or "pancarditis" without a duration and the age of the decedent was less than 15 years. Age: 10 years
I(a) Rheumatic heart disease 3919
(b) Rheumatic fever

In the absence of the above mentioned indications of an active rheumatic process, consider all heart diseases that are stated to be rheumatic or that are considered to be described as rheumatic as inactive and code to categories 393-398.

c. Aortic and Mitral Diseases*

<u>When</u>	<u>Is Reported</u>	<u>Code</u>
"Aortic and mitral" disease endocarditis insufficiency regurgitation stenosis	on same line	396
	on separate lines	separately (see pages 121-125)

*Do not apply this instruction when these conditions should be coded as nonrheumatic. See the following instruction.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued

c. Aortic and Mitral Diseases* - continued

Examples

I(a) Aortic and mitral	396	I(a) Aortic stenosis	3950
(b) insufficiency		(b) Mitral stenosis	3940
<u>Code</u> I(a) to disease of mitral and aortic valves NOS.		(c) Rheumatic heart disease	3989
		<u>Code</u> conditions on lines I(a), I(b), and I(c) separately as indexed.	

d. Valvular diseases not indicated to be rheumatic

In the Classification, certain valvular diseases, i.e., disease of mitral valve (except insufficiency, incompetence, and regurgitation without stenosis), disease of tricuspid valve and diseases involving both mitral and aortic valves are included in the rheumatic categories even though not indicated to be rheumatic. This classification is based on the assumption that the vast majority of such diseases were rheumatic in origin. Do not use these diseases to qualify other heart diseases as rheumatic. Code these diseases as nonrheumatic if reported due to one of the nonrheumatic causes on the list on top of the following page.

* Do not apply this instruction when these conditions should be coded as nonrheumatic. See the following instruction.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

3. Rheumatic heart diseases - continued

d. Valvular diseases not indicated to be rheumatic - continued

		<u>Due To</u>		<u>Code</u>
Valvular heart disease	0129	1987-1988	424	Nonrheumatic valvular disease
(394-397) <u>not</u> stated to	0178	2230-2231	4253	(424) with appropriate fourth
be rheumatic	0340-0341	2239	4282-4284	digit
	0369	226-227	4290-4292	
	0399	2370-2374	4295	
	0420-0449	2384	440	
	0860-0869	242-258	441	
	090-097	274	446	
	0980	277	580-594	
	0988	2780	597-599	
	1128-1129	304	710	
	1398	3052-3059	745-747	
	1890-1891	401-404	7568	
	1899	412	7598	
	193-194	414		
	1980-1981	421		

Examples

I(a) Mitral stenosis and aortic stenosis 4240 4241 I(a) Mitral insufficiency 4240
 (b) Hypertension 4019 (b) Goodpasture's syndrome

Code I(a) as separate one-term entities to nonrheumatic mitral and aortic stenosis since they are reported "due to" a nonrheumatic condition.

& RHD 4462 3989
Code I(a) to nonrheumatic mitral insufficiency since it is reported "due to" a nonrheumatic condition. Apply this instruction even though rheumatic heart disease is entered as the second entry on I(b).

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

3. Rheumatic heart diseases - continued

d. Valvular diseases not indicated to be rheumatic - continued

<p>When diseases of both the mitral and aortic valves, not qualified as rheumatic, are jointly reported, whether on the same line or on separate lines, code the disease of both valves as rheumatic unless there is indication to the contrary.</p>	<p>I(a) Mitral insufficiency 3941 (b) Aortic stenosis 3950 <u>Code</u> both valvular diseases as rheumatic since there is no indication to the contrary.</p>
<p></p>	<p>I(a) Aortic insufficiency 3951 (b) Mitral endocarditis with 3949 3941 (c) mitral insufficiency <u>Code</u> the diseases of both valves as rheumatic since there is no indication to the contrary.</p>
<p></p>	<p>I(a) Mitral endocarditis c 3949 3941 3940 (b) insufficiency and stenosis (c) Aortic Endocarditis 3959 <u>Code</u> the diseases of both valves as rheumatic since there is no indication to the contrary.</p>
<p></p>	<p>I(a) Mitral valve disease 3949 3941 4273 (b) with insufficiency and (c) atrial fibrillation II Aortic stenosis 3950 <u>Code</u> the diseases of both valves as rheumatic.</p>

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. <u>Coding Specific Categories</u> - continued	<u>Examples</u>						
3. <u>Rheumatic heart diseases</u> - continued							
d. <u>Valvular diseases not indicated to be rheumatic</u> - continued							
When mitral insufficiency, incompetence, or regurgitation is jointly reported with mitral stenosis NOS (or synonym), code all these conditions as rheumatic unless there are indications to the contrary.	<table border="0"> <tr> <td>I(a) Pulmonary infarction</td> <td style="text-align: right;">4151</td> </tr> <tr> <td>(b) Valvular heart disease</td> <td style="text-align: right;">3949 3940 3941</td> </tr> <tr> <td>(c) (mitral) with stenosis and insufficiency</td> <td></td> </tr> </table> <p><u>Code</u> the mitral insufficiency as well as the mitral stenosis as rheumatic since there is no indication to the contrary.</p>	I(a) Pulmonary infarction	4151	(b) Valvular heart disease	3949 3940 3941	(c) (mitral) with stenosis and insufficiency	
I(a) Pulmonary infarction	4151						
(b) Valvular heart disease	3949 3940 3941						
(c) (mitral) with stenosis and insufficiency							
Consider diseases of both valves to be non-rheumatic if they are reported on the same line due to a nonrheumatic cause in the list on page 122. Similarly, consider diseases of both valves to be nonrheumatic if the mitral disease is reported due to the aortic disease (or vice-versa) which, in turn, is reported due to a nonrheumatic cause in the list on page 122.	<table border="0"> <tr> <td>I(a) Mitral disease</td> <td style="text-align: right;">4240</td> </tr> <tr> <td>(b) Aortic stenosis</td> <td style="text-align: right;">4241</td> </tr> <tr> <td>(c) Arteriosclerosis</td> <td style="text-align: right;">4409</td> </tr> </table> <p><u>Classify</u> both valvular diseases as non-rheumatic. The mitral disease is reported due to the aortic disease which is, in turn, reported due to a nonrheumatic cause.</p>	I(a) Mitral disease	4240	(b) Aortic stenosis	4241	(c) Arteriosclerosis	4409
I(a) Mitral disease	4240						
(b) Aortic stenosis	4241						
(c) Arteriosclerosis	4409						
	<table border="0"> <tr> <td>I(a) Congestive heart failure</td> <td style="text-align: right;">4280</td> </tr> <tr> <td>(b) Mitral stenosis</td> <td style="text-align: right;">4240</td> </tr> <tr> <td>(c) Arteriosclerosis</td> <td style="text-align: right;">4409</td> </tr> </table> <p><u>Code</u> the mitral stenosis as nonrheumatic since the certifier indicated it was due to a nonrheumatic cause.</p>	I(a) Congestive heart failure	4280	(b) Mitral stenosis	4240	(c) Arteriosclerosis	4409
I(a) Congestive heart failure	4280						
(b) Mitral stenosis	4240						
(c) Arteriosclerosis	4409						
	<table border="0"> <tr> <td>I(a) Pericarditis</td> <td style="text-align: right;">4239</td> </tr> <tr> <td>(b) Mitral stenosis</td> <td style="text-align: right;">3940</td> </tr> </table> <p>Although mitral stenosis is classified to a rheumatic category, do not use it to qualify the pericarditis as rheumatic.</p>	I(a) Pericarditis	4239	(b) Mitral stenosis	3940		
I(a) Pericarditis	4239						
(b) Mitral stenosis	3940						

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

3. Rheumatic heart diseases - continued

d. Valvular diseases not indicated to be rheumatic - continued

- I(a) Aortic and mitral 4241 4240
insufficiency
- (b) Subacute bacterial 4210
endocarditis

Code the valvular diseases as nonrheumatic since they are reported due to a nonrheumatic cause.

4. Pregnancy, childbirth, and the puerperium (630-676)

Do not use the fourth digit subcategories for categories 640, 641, 643-645, 650-676.

Conditions classifiable to categories 630-676 are limited to deaths of females of childbearing age. Some of these maternal conditions are also the causes of death in the newborn infant. Always refer to the age and sex of the decedent before assigning a code to 630-676.

If death occurred 43 days or more after termination of pregnancy, code all reported conditions as though the maternal condition had not been reported unless the maternal condition modifies the coding. In the latter case, take the maternal condition into account in assigning the code for the other reported condition, but do not code 630-676.

- I(a) Cardiomyopathy 4259
 - (b) Childbirth 3 months
- Code cardiomyopathy as secondary (4259).

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

Disregard answers to printed questions such as:

"Was decedent pregnant or has been pregnant in the last year?" -- unless the answer is specific, i.e., "6 mos." or "term pregnancy." Use the answer if the question is "Was decedent pregnant within the past 42 days?"

I(a) Septicemia 6390
(b) Tubal pregnancy 6331
Code I(a) septicemia complicating abortion (6390), and I(b) tubal pregnancy (6331).

a. Pregnancy with abortive outcome (630-639)

Code all complications of conditions listed in categories 630-633 to the appropriate subcategories of 639 and also code 630-632 or 633 with appropriate fourth digit.

I(a) Septicemia 6390
(b) Ectopic pregnancy 6339

Code all complications of abortion to the appropriate subcategory of 639, and also code 634-638 with the fourth digit .9.

I(a) Pulmonary embolism 6396
(b) Spontaneous abortion 6349
Code I(a) pulmonary embolism 6396 and (b) Spontaneous abortion (6349)

If a condition in 630-638 is reported with a complication classifiable to 639 and another condition that cannot be coded as a complication (e.g., syphilis, diabetes) is also reported, code the latter condition to the appropriate code outside Chapter XI.

I(a) Renal failure 6393
(b) Abortion 6379
II Diabetes mellitus 2500
Code diabetes mellitus (2500), since there is a reported complication classifiable to 639.

If a condition in 630-638 is reported in Part I without mention of a complication classifiable to 639 but a condition that cannot be coded to 639 (e.g., syphilis, diabetes) is reported, code the latter to 647 or 648.

I(a) Abortion 6379
II Diabetes 6480
Code abortion (6379). Code abortion, complicated by diabetes mellitus (6480) since there is no complication classifiable to 639 reported.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

a. Pregnancy with abortive outcome (630-639) - continued

Also code 630-632, 6330-6339, or 634-638 with fourth digit .9.

When "homicide" or "suicide" is reported with an abortion, code 6369, Illegally induced abortion, for such entries.

Female, 17 years
I(a) Shock 6395
(b) Cystitis 6398
(c) Criminal abortion 6369
II /X/ Homicide 6369
Code "homicide" in the checkbox in Part II to criminal abortion.

b. Pregnancy or childbirth without mention of complication

When pregnancy or delivery is the only entry on the certificate, code pregnancy to 6469 and delivery to 650. Do not assign a separate code for "pregnancy" or "delivery" if any other condition is reported.

Female, 26 years
I(a) Pregnancy 6469
Code "pregnancy" to death from pregnancy (6469) since it is the only entry on the certificate.

c. Other complications of pregnancy, childbirth, and puerperium (640-6469, 651-676)

Code all complications of pregnancy, childbirth, and the puerperium to categories 640-6469, 651-676. If both a direct obstetric cause and an indirect obstetric cause are reported, code the direct obstetric cause to 640-6469, 651-676, and code the indirect obstetric cause to the appropriate code outside of Chapter XI.

Female, 28 years
I(a) Acute anemia 2859
(b) Massive postpartum hemorrhage 666
(c) Delivered liveborn
Do not enter a code on I(c) for delivery NOS.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

c. Other complications of pregnancy, childbirth, and puerperium (640-6469, 651-676) - continued

When delivery is mentioned on a record, consider complications to be of delivery unless otherwise specified.

Code "complicated delivery" NOS and "abnormal delivery" NOS to 669 when reported with or without specified complications.

Female, 43 years

I(a) Myocardial thrombosis 1 hr 671

(b) Pregnancy 8 mos

II Obesity 2780

Code I(a) to 671, pregnancy complicated by thrombosis. Do not enter a code on I(b). Since both a direct and indirect cause are reported, code the obesity (indirect cause)

2780, the appropriate code outside Chapter XI.

Female, 19 years

I(a) Complicated delivery 669

(b) Rheumatic heart disease 3989

Code I(a) to 669, complicated delivery NOS.

Code the rheumatic heart disease to 3989 since a condition classifiable to a complication of pregnancy, childbirth, and puerperium is also reported.

Female, 38 years

I(a) Complicated delivery 669

(b) Placenta previa 641

Code "placenta previa" as indexed under "Delivery, complicated by."

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

c. Other complications of pregnancy, childbirth, and puerperium (640-6469, 651-676) - continued

Code delivery (normal) NOS reported with a complication of anesthesia or "anesthetic death" to 668 only.

Female, 27 years
I(a) Anesthetic death 668
(b) Delivery
Code "Delivery, complicated by anesthetic death" on I(a).
Do not enter a code on I(b) for delivery NOS.

When a complication of anesthesia or anesthetic death is reported with a complication of the delivery or puerperium, code 668 and the codes for the complication of pregnancy, delivery, or puerperium.

Female, 43 years
I(a) Prolonged labor 662
(b) Anesthesia - delivery 668
Code prolonged labor as a complication of delivery. Code "Anesthesia-delivery" to 668.

Code an operative delivery such as cesarean section or hysterectomy to 669. When complications of the operative delivery are indexed as complications of delivery or puerperium, code 669 and code the complication as indexed.

Female, 33 years
I(a) Pulmonary embolism 673
(b) Pelvic thrombosis 671
(c) C. section delivery 669
Code complications of the cesarean section delivery on I(a) and I(b) as indexed under "puerperal." Code C. section delivery 669.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

c. Other complications of pregnancy, childbirth, and puerperium (640-6469, 651-676) - continued

Female, 41 years

I(a) Pneumonia 486
(b) Cerebral hemorrhage 674
(c) Cesarean section delivery 669

Since both a direct and indirect obstetric cause are reported, code the indirect cause, pneumonia, to 486, the appropriate code outside Chapter XI. Code cerebral hemorrhage on I(b) as indexed under "puerperal."

Female, 20 years

I(a) Delivery by cesarean section 669

Female, 23 years

I(a) Pneumonia 48 hr 486
(b) Pulmonary embolism 3 days 673
II 669

Operation Block /C.Section/

Female, 26 years

I(a) Pulmonary embolism 673
(b) C. Section 669
II 669 660

Operation Block

/C. Section for breech presentation/

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

d. Conditions complicating pregnancy, childbirth, puerperium (647-648)

When pregnancy, childbirth, or the puerperium is reported in Part I and there is no mention on the certificate of a direct obstetric cause, code conditions that are normally classified elsewhere in ICD-9 to categories 647-648.

Female, 33 years

I(a) Anemia 6482

(b) Leukemia 6489

(c) Pregnant -- 2 months

Since there is no direct obstetric cause reported, code the indirect causes, anemia (6482) and leukemia (6489) to the appropriate code in Chapter XI.

Female, 22 years

I(a) Cause unknown 7997

(b) Pregnancy - 7 months

II Gonorrhoea 6471

Since no direct obstetric cause is reported, code the gonorrhoea (6471) to the appropriate code in Chapter XI.

Female, 39 years

I(a) Pneumonia 6489

(b) Influenza 6489

(c) Pregnancy

No direct obstetric cause is reported.

Code the indirect causes to the appropriate codes in Chapter XI.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

4. Pregnancy, childbirth, and the puerperium (630-676) - continued

d. Conditions complicating pregnancy, childbirth
puerperium (647-648)

Female, 32 years
I(a) Aspiration pneumonia 6489
(b) Delivery
II Rubella in first trimester 6475

Since there is no direct obstetric cause reported, code the indirect causes, aspiration pneumonia (6489) and rubella (6475) to the appropriate codes in Chapter XI.

5. Congenital conditions

ICD-9 does not provide congenital and acquired codes for all conditions. When no provision is made for a distinction, disregard the statement of congenital or acquired and code the NOS code.

Female, 45 years
I(a) Patent ductus arteriosus- 7470
acquired
(b) Pneumonia 486
Code I(a) to 7470 since patent ductus arteriosus does not have an acquired code.

Male, 33 years
I(a) Gastric hemorrhage 5789
(b) Gastric ulcer - congenital 5319
Code I(b) to 5319 since gastric ulcer does not have a congenital code.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

5. Congenital conditions - continued

When a condition specified as "congenital" is reported due to" another condition not specified as congenital, code both conditions as congenital provided the first condition can be due to the second condition.

Male, 2 months
 I(a) Peritonitis -- birth 7776
 (b) Intestinal obstruction 7511
Code the condition on I(b) as congenital.

Code hydrocephalus NOS (any age) to 7423 (congenital hydrocephalus) when it is reported with another cerebral or other central nervous system condition which is classified as congenital.

Male, 3 months
 I(a) Cerebral anoxia 3481
 (b) Hydrocephalus & 7423 7425
 hypoplasia
 (c) of spinal cord
Code hydrocephalus NOS to 7423 since the hypoplasia of spinal cord is classified as congenital.

Female, 2 years
 I(a) Increased intracranial 3482
 pressure
 (b) Hydrocephalus 7423
 II Meningomyelocele 7419
Code the hydrocephalus NOS to 7423 since the meningomyelocele is classified as congenital.

6. Conditions of early infancy (760-779)

ICD-9 uses the term NEWBORN or neonatal to mean less than 28 days of age at the time of death. Code any index term with the indention of "newborn," "fetus or newborn," or "neonatal" to the newborn category if the decedent is less than 28 days of age.

Male, 27 days
 I(a) Hemorrhage and 7729 7708
 respiratory distress
 (b) Low birth weight infant 7651
 (c) Twin 7615
Code I(a) to 7729, hemorrhage, newborn and 7708, respiratory distress, newborn.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

6. Conditions of early infancy (760-779) - continued

Male, 28 days
 I(a) Heart failure 4289
 (b) Pneumonia 486

Since the decedent is 28 days old, do not classify heart failure to the newborn code.

When reported on certificate of infant, code the following entries as indicated:

Birth weight of: 2 pounds or under ----- 7650
 Over 2 pounds but no
 more than 5 1/2 pounds
 (2500 gms) ----- 7651
 10 pounds (4500 gms)
 or more ----- 7660

Gestation of: Less than 28 weeks ----- 7650
 28 weeks but less than
 37 weeks ----- 7651
 42 or more completed weeks 7662

Premature labor or delivery NOS ----- 7651

When a multiple birth or low birth weight is reported on an infant's death certificate outside of Part I or Part II, code this entity as the last entry in Part II.

Female, 3 hours
 I(a) Respiratory distress 769
 syndrome
 (b) Prematurity 7651
 II 26 weeks gestation 7650
Code gestation, less than 28 weeks to 7650.

Male, 29 minutes - Twin A
 I(a) Immature 7651
 (b) Weight 1,500 grams - Twin 7651 7615
 II Atelectasis 7705 7615
Code "twin" as the last entry in Part II.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

6. Conditions of early infancy (760-779) - continued

Male, 5 minutes
 I(a) Immaturity of lung 7704
 (b)
 (c)
 II 7651
 Enter 7651 for "4 lbs." as last entry
 in Part II.

Do not code deaths of newborn to categories 7680 and 7681.
 These codes are invalid for coding causes of death (see pg 19).

When "termination of pregnancy" or "abortion" (legal)
other than criminal is the only reported cause of an
 infant death, code 7796. Do not code 7796 if any
 other codable entry is reported.

Female, 3 minutes
 I(a) Legal abortion 7796
 Since "legal abortion" is the only
 entry on the certificate, code 7796,
 as indexed.

7. Late effects

ICD-9 provides late effects codes for the following conditions:

1370-1374 Late effects of tuberculosis
 138 Late effects of acute poliomyelitis
 1390-1398 Late effects of other infectious diseases
 268.1 Ricketts, late effect
 326 Late effects of intracranial abscess or
 pyogenic infection
 438 Late effects of cerebrovascular disease
 905-909* Late effects of injuries, poisonings, toxic
 effects and other external causes

* See pages 226-228 for instructions for coding late effects of injuries and external causes.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued Examples

7. Late effects - continued

- E929* Late effects of accidental injury
- E959* Late effects of self-inflicted injury
- E969* Late effects of injury purposely inflicted
by another person
- E977* Late effects of injuries due to legal
intervention
- E989* Late effects of injury undetermined whether
accidentally or purposely inflicted
- E999* Late effects of injury due to war operations

When there is evidence that death resulted from residual effects rather than the active phase of conditions for which the classification provides a late effects code, code the appropriate late effects category. Code specified residual effects separately. Apply the following interpretations to the late effects categories.

a. 1370-1374 Late effects of tuberculosis

Use these subcategories for the classifications of tuberculosis (conditions in 010-018) if:

- (1) A condition that is stated to be a late effect or sequela of the tuberculosis is reported.

I(a) Pulmonary fibrosis 515
(b) Old pulmonary tuberculosis 1370
Code late effects of pulmonary tuberculosis (1370).

I(a) Arrested pulmonary 1370
tuberculosis
Code arrested pulmonary tuberculosis, 1370, since there is no evidence of active tuberculosis.

*See pages 226-228 for instructions for coding late effects of injuries and external causes.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

a. 1370-1374 Late effects of tuberculosis - continued

- (2) The tuberculosis is stated to be arrested, cured, healed, inactive, old, or quiescent, whether or not the residual (late) effect is specified, unless there is evidence of active tuberculosis.
- (3) When there is evidence of active tuberculosis of a site with inactive (arrested, cured, healed, old, quiescent) tuberculosis of a different site, code both.
- (4) When there is evidence of active and inactive (arrested, cured, healed, old, quiescent) tuberculosis of the same site, code active tuberculosis of the site only.

b. 138 Late effects of acute poliomyelitis

Use this category for the classification of poliomyelitis (conditions in 045) if:

- (1) A condition that is stated to be a late effect or sequela of the poliomyelitis is reported.
- (2) A chronic condition or a condition with a duration of one year or more that was due to poliomyelitis is reported.

I(a) Late effects of 138
(b) poliomyelitis
Code late effects of poliomyelitis (138) as indexed.

I(a) Paralysis - 1 year 3449
(b) Poliomyelitis 138
Code late effects of poliomyelitis (138), since the paralysis had a duration of 1 year.

I(a) Old polio 138
Code old polio (138).

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

b. 138 Late effects of acute poliomyelitis - continued

- | | | | | |
|-----|--|---|--|------|
| (3) | The poliomyelitis is stated to be old or the interval between onset of the poliomyelitis and death is indicated to be one year or more whether or not the residual (late) effect is specified. | I(a) Poliomyelitis
(b)
(c) | 138 | |
| (4) | The poliomyelitis is not stated to be acute or active and the interval between the onset of the poliomyelitis and death is not reported. | I(a) A.S.H.D.
(b)
(c)
II Poliomyelitis

I(a) Paralysis
(b) Polio
(c) | 4140

138

3449
138 | |
| | | I(a) Poliomyelitis with
(b) paralysis
(c) | 138 | 3449 |

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

c. 1390 Late effects of viral encephalitis

Use this subcategory for the classification of viral encephalitis (conditions in 0498, 0499, 062-064) if:

- | | | | |
|-----|--|--|--------------|
| (1) | A condition that is stated to be a late effect or sequela of the viral encephalitis is reported. | I(a) Late effects of viral encephalitis
<u>Code</u> late effects of viral encephalitis (1390) as indexed. | 1390 |
| (2) | A chronic condition or a condition with a duration of one year or more that was due to the viral encephalitis is reported. | I(a) Chronic brain syndrome
(b) Viral encephalitis
<u>Code</u> late effects of viral encephalitis (1390), since a resultant chronic condition is reported. | 3109
1390 |
| (3) | The viral encephalitis is stated to be old or the interval between onset of the viral encephalitis and death is indicated to be one year or more whether or not the residual (late) effect is specified. | I(a) St. Louis encephalitis-1 yr
<u>Code</u> late effects of viral encephalitis (1390), since a duration of 1 year is reported. | 1390 |
| | | I(a) Old viral encephalitis
<u>Code</u> late effects of viral encephalitis (1390), since it is stated "old." | 1390 |

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A.	<u>Coding Specific Categories</u> - continued	<u>Examples</u>
	7. <u>Late effects</u> - continued	
	c. <u>1390 Late effects of viral encephalitis</u> - continued	
	(4) Brain damage, CNS damage, cerebral fungus, epilepsy, hydrocephalus, mental retardation, paralysis (342, 344) is reported due to the viral encephalitis.	I(a) Paralysis 3449 (b) Viral encephalitis 1390 <u>Code</u> late effects of viral encephalitis (1390) since paralysis is reported due to viral encephalitis.
	d. <u>1391 Late effects of trachoma</u>	
	Use this subcategory for the classification of trachoma (conditions in 076) if:	
	(1) A condition that is stated to be a late effect or sequela of the trachoma is reported.	I(a) Late effects of trachoma 1391
	(2) The trachoma is stated to be healed or inactive, whether or not the residual (late) effect is specified.	I(a) Healed trachoma 1391
	(3) A chronic condition such as blindness, cicatricial entropion or conjunctival scar that was due to the trachoma is reported unless there is evidence of active infection.	I(a) Conjunctival scar 3726 (b) Trachoma 1391

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

e. 1398 Late effects of other and unspecified infectious and parasitic diseases

Use this subcategory for the classification of other and unspecified infectious and parasitic diseases (conditions in 001-009, 020-041, 046-048, 0490, 0491, 050-061, 065-075, 077-136) if:

- (1) A condition that is stated to be a late effect or sequela of the infectious or parasitic disease is reported
- (2) The infectious or parasitic disease is stated to be arrested, cured, healed, inactive, old or quiescent, whether or not the residual (late) effect is specified, unless there is evidence of activity of the disease.

Use this subcategory for the classification of infectious and parasitic diseases in categories 001-003, 020-022, 0270, 032-037, 047, 048, 0490, 0491, 050, 052-056, 060, 0662, 071-073, 080-083, 130, if:

- | | | | | |
|-----|--|------|-----------------------------|------|
| (1) | A chronic condition or a condition with a duration of one year or more that was due to the infectious or parasitic disease is reported | I(a) | Purulent otitis media-1 yr. | 3824 |
| | | (b) | Chickenpox | 1398 |
| (2) | There is indication that the interval between onset of the infectious or parasitic disease and death was one year or more, whether or not the residual (late) effect is specified. | I(a) | Chronic brain syndrome | 3109 |
| | | (b) | Meningococcal encephalitis | 1398 |

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

f. 2681 Late effects of rickets

Use this subcategory for the classification of rickets (conditions in 2680) if:

- (1) A condition that is stated to be a late effect or sequela of rickets is reported
- (2) A chronic condition or a condition with a duration of one year or more is qualified as rachitic or that was due to rickets is reported.

I(a)	Scoliosis - 3 years	7373
(b)	Rickets	2681

g. 326 Late effects of intracranial abscess or pyogenic infection

Use this category for the classification of intracranial abscess or pyogenic infection (conditions in 320-325, except those marked with an asterisk) if:

- (1) A condition that is stated to be a late effect or sequela of the condition in 320-325 is reported
- (2) A chronic condition or a condition with a duration of one year or more that was due to the condition in 320-325 is reported
- (3) The condition in 320-325 is stated to be old or the interval between onset of this condition and death is indicated to be one year or more, whether or not the residual (late) effect is specified

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

7. Late effects - continued

g. 326 Late effects of intracranial abscess or pyogenic infection - continued

(4) Brain damage, CNS damage, cerebral fungus, epilepsy, hydrocephalus, mental retardation, paralysis (342, 344) is reported due to a condition in 320-325.

I(a) Hydrocephalus 3314
(b) Meningitis 326

h. 438 Late effects of cerebrovascular disease

Use this category for the classification of cerebrovascular disease (conditions in 430-437) if a condition that is stated to be a late effect or sequela of a cerebrovascular disease is reported.

I(a) History of C.V.A. 438
Code I(a) 438, Late effects of C.V.A.

Use this category for the classification of conditions in 430-432, 434, 436, 4376 and "embolism" and "thrombosis" only in 433 if:

(1) A chronic condition or a condition with a duration of one year or more that was due to one of these cerebrovascular diseases is reported

I(a) Hemiplegia 1 year 3429
(b) Cerebrovascular accident 438
Code late effects of cerebrovascular accident (438) since the residual effect (hemiplegia) has a duration of one year.

(2) The condition in 430-432, 434, 436, 4376, or "embolism", "infarction", "occlusion" or "thrombosis" in 433 is stated to be chronic, old, or the interval between onset of this condition and death is indicated to be one year or more, whether or not the residual (late) effect is specified.

I(a) Chronic brain damage 3489
(b) Cerebral thrombosis 438
Code late effects of cerebrovascular disease (438) since a resultant chronic condition is reported.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. <u>Coding Specific Categories</u> - continued	<u>Examples</u>
7. <u>Late effects</u> - continued	
h. <u>438 Late effects of cerebrovascular disease</u> - continued	
	I(a) Cerebrovascular accident- 438 18 mos
	<u>Code</u> late effects of cerebrovascular disease since the cerebrovascular accident has a duration of over one year.
	I(a) Old C. V. A. 438
	<u>Code</u> old C. V. A. (438), Late effects of cerebrovascular disease.
	I(a) Paralysis 3449
	(b) Carotid artery stenosis 1 yr. 4331
	Do not code late effects of cerebrovascular disease. Stenosis is not one of the terms in 433 that is coded to late effects.
8. <u>Old pneumonia, influenza, and maternal conditions</u>	
Do not code conditions classifiable to 480-487 when the duration is stated to be one year or more <u>or</u> a resultant chronic condition is reported. Do not code a maternal cause (630-676) when a resultant chronic condition is reported or when there is evidence that death occurred 43 days or more following termination of pregnancy. When one of these conditions is the only entry on the certificate, code 7999. Code a resultant condition reported as due to one of these conditions, but take	Female, 73 years I(a) Chronic bronchitis 4919 (b) Influenza Do not enter a code for influenza since the chronic bronchitis is reported due to the influenza.

CLASSIFICATION OF CERTAIN ICD CATEGORIES

<u>Coding Specific Categories</u> - continued	<u>Examples</u>
8. <u>Old pneumonia, influenza, and maternal conditions</u>	
the influenza, pneumonia, or maternal condition into account if it modifies the coding.	Male, 65 years
	I(a) Respiratory arrest 7991
	(b) Pulmonary fibrosis 515
	(c) Pneumonia, bronchial - 3 yrs.
	Do not enter a code for the bronchial pneumonia since the duration was 3 years.
9. <u>Ill-defined and unknown causes</u>	
a. <u>Sudden infant death syndrome</u>	
7980 Sudden infant death syndrome)	
Cot death)	
Crib death)	
SDII, SID, SIDS, SUD, SUDI, SUID)	Causing death at
Sleep apnea syndrome)	ages under 1 year
Sudden (unexpected) (unattended))	
(unexplained))	
death (cause unknown) (in)	
infancy) (syndrome))	Female, 6 months
infant death (syndrome))	I(a) Sudden death 7980
Excludes: the listed conditions causing death at ages	Male, 3 weeks
one year or over (7981).	I(a) Sudden death, cause unknown 7980
	(b) 7997
	Female, 3 months
	I(a) SIDS, pneumonia 7980 486

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

9. Ill-defined and unknown causes - continued

b. Other sudden death and other unspecified cause
(7981, 7982, 7989, 7999)

Code 7981, 7982, 7989, 7999 only when:

- | | | | |
|-----|---|--|--------------|
| (1) | A term(s) classifiable to one of these codes is the only entry (or entries) on the death certificate. | Female, 2 years
I(a) Sudden death
(b) Crib death | 7981
7981 |
| (2) | The only other entry on the death certificate is classifiable to 7997 (cause unknown). | | |

When more than one term classifiable to two or more of these subcategories is reported, code only one in this priority: 7981, 7982, 7989, 7999.

7981 Instantaneous death

Includes:

- | | | |
|----------------------------------|---|----------------------|
| Cot death |) | |
| Crib death |) | |
| SDII, SID, SIDS, SUD, SUDI, SUID |) | Causing death at age |
| Sleep apnea syndrome |) | one year or over |
| Sudden (unexpected) (unattended) |) | |
| (unexplained) |) | |
| death (cause unknown) (in |) | |
| infancy) (syndrome) |) | |
| infant death (syndrome) |) | |

Excludes: The listed conditions causing death at ages under one year (7980).

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

9. Ill-defined and unknown causes - continued

b. Other sudden death and other unspecified cause
(7981, 7982, 7989, 7999) - continued

7999 Other unspecified cause - continued

Includes: (continued)
 Pending examination (any type)
 (pathological) (toxicological)
 Pending investigation (police)
 Skeleton
 Undiagnosed disease

Excludes: Unknown cause (7997)

c. Unknown cause

*7997	Unknown cause	I(a)	G. I. hemorrhage		5789
-------	---------------	------	------------------	--	------

Includes:

		(b)	Cause unknown	7997	
		(c)	Carcinomatosis	1990	

Cause unknown	Not known				
---------------	-----------	--	--	--	--

Cause undetermined	Uncertain	I(a)	Unknown cause	7997	
--------------------	-----------	------	---------------	------	--

Etiology unknown	? Cause				
------------------	---------	--	--	--	--

Etiology undetermined	? Etiology	I(a)	Intestinal obstruction	5609	
-----------------------	------------	------	------------------------	------	--

Undetermined		(b)	Unknown, possibly cancer		1991
--------------	--	-----	--------------------------	--	------

Unknown

Use this category for the classification of the listed terms except when the term in 7997 is reported on the same line with and preceding a condition that is qualified as "possible," "probably," etc. In such cases, no code should be entered for the term in 7997.

I(a)	Amyloidosis	2773		
(b)	Chronic ulcerative		556	
(c)	colitis			
II	Cirrhosis of liver,	5715	7997	
	cause unknown			

CLASSIFICATION OF CERTAIN ICD CATEGORIES

A. Coding Specific Categories - continued

Examples

9. Ill-defined and unknown causes - continued

c. Unknown cause - continued

*7997 Unknown cause - continued

Age 3 months

I(a) SIDS, cause unknown	7980
(b)	7997

If the term in 7997 is reported in Part I on the same line with and following the condition to which it applies, enter the code for unknown cause on the next due to line. Code the conditions on each of the remaining lines in Part I, if there are any, as though they had been reported on the succeeding line(s).

I(a) Natural causes, cause unknown	7999
(b)	7997

I(a) Unknown cause	7997
(b) Found dead	7989

I(a) Unknown	7997
(b) Known to had ASHD	4140 4919
(c) and chronic bronchitis	

I(a) Gastric ulcer, cause unknown	5319
(b) Rheumatoid arthritis	7997
(c)	7140

SECTION V

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

In ICD-9, the nature of injury chapter (Chapter XVII) is part of the main classification but certain effects of external causes are classified in Chapters I-XVI. The E Code is a supplementary classification in ICD-9 and is intended for use, where relevant, to identify the external cause of conditions classifiable to Chapters I-XVI, as well as to Chapter XVII. While not all external causes will have a corresponding code in Chapter XVII, an E Code is required when a code from Chapter XVII is applicable.

A. Differentiating between nature of injury and E Codes Example

The same numeric codes are used in the Ninth Revision for nature of injury and for external cause of injury. In the Classification itself and in tabulations of data, the prefix E is used to distinguish the external cause of injury codes. For coding purposes omit the E prefix and use parentheses to identify the nature of injury codes. Substitute a left parenthesis "(" for the first digit in the 800 series and a right parenthesis ")" for the first digit in the 900 series of the nature of injury codes.

Nature of injury codes

800 - 897 = (00 - (97
900 - 9999 =)00 -)999

Place I(a) Fracture hip (20
9 (b) Fall &888
(c) II _____
/Accident/

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

B. Use of three and four digit codes for nature of injury

Assign separate nature of injury codes for all injuries, poisoning, complications of surgical and nonsurgical procedures and complications of other medical care that are not classifiable to Chapters I-XVI.

Use the codes in Chapter XVII at the three-digit and four-digit levels as follows:

Three-digit level Four -digit level

(00 - (03)05 -)09

(05 -)04)40 -)45

)10 -)39)47 -)49

)50 -)57)58 -)99

Three-digit codes will be invalid when a fourth digit is used and four -digit codes will be invalid when only three digits are used.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept

An external cause of injury may be classified to accident (E800 - E949), suicide (E950 - E959), homicide (E960 - E969), legal intervention (E970 - E978), undetermined (E980 - E989), or operations of war (E990 - E999). When unspecified, assume all external cause one-term entities to be accidental unless the E Code Index provides otherwise.

The objective in assigning the E Code is to combine into the entity being coded any related entries on the record which will permit the assignment of the most specific E Code in accordance with the intent of the certifier. After the determination of the most specific E Code is made, enter this code where it is first encountered on the record. Do not repeat the same E Code when it is reported on other lines. When more than one external cause is reported, code each E Code where it is first encountered on the certificate.

The death certificate provides a specific place for information concerning the external cause of injury which is usually entered on the lines below the line labeled "Part II." However, a description of the external cause is reported frequently in Part I and may be repeated in the space provided for this information.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept - continued

Examples

When such statements as: "jumped or fell," "don't know," "accident or suicide," "accident or homicide," "undetermined," or "open verdict" are reported, code the external cause as "undetermined." The "undetermined" categories include self-inflicted injuries, except poisoning, when not specified whether accidental or with intent to harm.

1. Use of Index

ICD-9 provides separate indexing in Volume 2, Section II, pages 535-577 for the external causes of injury, with frequent references to Volume 1. Also, in the external causes of injury, there is a double axis of indexing --

- I (a) Subdural hematoma(52
- (b) Multiple injuries)598
- II Auto collision &8129

Code the injuries as reported in Part I. Locate the code for "auto collision" by referring to Volume 2, page 543 under "Collision, motor vehicle."

descriptions of the circumstances under which the accident or violence occurred Place and the agent involved in the occurrence.

- I (a) Burns entire body)489
- 0 II Stove exploded, setting house on

&8903

Usually, the "lead terms" in the E Code Index describe the circumstances of the injury with a secondary (indented) entry naming the agent involved. For example, the code for "car overturned, killing driver" is located by referring to

fire

Locate the E Code for "stove exploded, setting house on fire" by referring to Volume 2, page 551 under "Explosion, secondary fire resulting from - see Fire." Refer to Volume 2, page 554 under "Fire, private dwelling" and code

E8903.

Overturning, page 566, Volume 2. Indented under "overturning" are the vehicles (agents) involved and motor vehicle is listed. When the Index does not provide an indication of the correct code, refer

to Volume 1, Supplementary Classification
of External Causes of Injury and Poison-
ing for correct code.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept - continued

2. Use of Tabular List

After locating the E Code in the Index, always refer to Volume 1 since certain E Codes require a fourth digit. When ICD-9 provides a fourth digit subcategory for an E Code, always code the fourth digit. For transportation accidents (E800-E848), the fourth digit subcategories are listed at the beginning of the categories for each type of transport accident, when required.

3. Use of "Checkboxes" (28a - 28g) on death certificate

When separate checkboxes for indicating whether an external cause was accidental, suicidal, homicidal, undetermined, or pending investigation appear on the medical certification form, treat the checkbox entry as a one-term entity. Enter the code for this entity on the sixth horizontal line following the codes for any entries reported in Part II only when there is no mention of the external cause previously.

When "accident," "pending," "unknown," or "undetermined" is written in the "checkbox" or is one of the items checked and there is no evidence of injury on the certificate, disregard the checkbox entry.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept - continued

3. Use of "Checkboxes" (28a - 28g) on death certificate - continued

When "unknown" or "open verdict" is written in the accident checkbox and there is evidence of injury on the certificate, code the external cause to the appropriate "undetermined" category.

When "pending," "deferred," or "unclassified" is reported in the accident checkbox and there is evidence of injury on the certificate, disregard the entry in the checkbox item and code other entries as indexed.

Enter a code for an entry in a checkbox for "Natural Cause" only if this is the only codable entry on the certificate or the only other codable entry is "unknown cause" (7997).

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept - continued

4. Nature of injury and E Code lists

Since certain one-term entities state or imply cause (E code) and effect (nature of injury code), ICD-9 provides both nature of injury and E Codes for many terms. Determination must be made whether to code nature of injury code only, E Code only, or both nature of injury and E Codes for such terms. Use the following lists as guides in classifying these terms. When ICD-9 provides a nature of injury code for a one-term entity which does not appear on either list, use the nature of injury code only. (This instruction does not exclude the use of any nature of injury or E Code when reported elsewhere on the certificate.) These lists do not apply to coding complications or misadventures in medical or surgical care or to poisoning due to drugs or other substances (see pages 182 to 225).

<u>Nature of Injury Code Only</u>		<u>E Code Only</u>	
Anoxia	Laceration	Abandonment	.22, .32, or any caliber
Burns	Mucus plug	Accident; accidental	Gun; pistol; rifle; shotgun
Crushed	Multiple injuries	Arson	Gunshot
Decapitation	Penetrating wound	Assault	Gun went off
Exhaustion	Starvation	Beaten	Heat
Fracture	Trauma NOS (any site)	Blow to any site	Hitting any site
Injury NOS (any site)	Traumatic injury (any site)	Blunt force NOS	Homicide; homicidal
		Blunt impact NOS	Inhalation
		Bullet (discharged)(fired)	Lightning (struck by)
		Conflagration	Physical violence
		Desertion	Pulled trigger
		Explosion	Shooting; shot
		Fall	Shotgun blast
		Fight	Striking any site
		Fire	Suicide; suicidal
		Flood	
		Foreign body	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

C. E Code concept - continued

4. Nature of injury and E code lists - continued

One-Term Entities Requiring Nature of Injury and E Codes on the Same Line

Airway obstruction by foreign body	Hanging (by neck)
* Asphyxia	Heat exhaustion
* Aspiration	Heat stroke
Battered child (syndrome)	Immersion
Bite	Impact injury (any site)
Blunt force injury (any site)	Impact to a site (any)
Blunt force to a site (any)	Incised (wound)
Blunt impact to a site (any)	Ingestion of foreign body
Blunt injury (any site)	*Inhalation of foreign body
Blunt trauma (any site)	Mangled
Bullet wound	Overexertion
Child abuse	Puncture, punctured (any site)
Child neglect	Puncture wound
Choking on foreign body	Rape
Crushed by specified object	Razor cut
Cut	Slash, slashed (any site)
Drowning	Smothered
Electrocution	Snake bite
Electrical burns	Stab
Electrical shock	Sting
Exposure (to element)(cold, heat)	Strangulation
Foreign body in any site	Submersion
Freezing, froze, frostbite	Suffocation
Gunshot wound	Sunstroke

(* This does not apply when certain localized effects results from asphyxia, aspiration, or inhalation. See pages 176 to 177.)

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

D. Placement of nature of injury and E Codes

Examples

When a nature of injury code and an E Code are required for a one-term entity, enter the nature of injury code followed by the E Code on the same line.

When entries requiring both nature of injury codes and E Codes are reported on the same line in Part I, code the first nature of injury code followed by the most specific E Code; then code any remaining nature of injury codes for the line in the order indicated by the certifier.

<p>Place 9</p>	<p>I(a) Gunshot wound of chest (b) (c) II Accident Since "gunshot wound" requires a nature of injury and E Code, <u>enter</u> on I(a) the nature of injury code for open wound of chest followed by the most specific E Code for gunshot, <u>accidental</u>.</p>	<p>(75 & 9229)</p>
<p>Place 9</p>	<p>I(a) Laceration of throat (b) Dog bite of shoulder, (c) arm and neck <u>Code</u> the nature of injury code <u>only</u> for I(a). On I(b), <u>code</u> the nature of injury code for "bite of shoulder" followed by the E Code for dog bite followed by the remaining nature of injury codes for "bite arm and neck."</p>	<p>(74 (80 & 9060 (84 (74</p>
<p>Place 0</p>	<p>I(a) Fracture skull (b) Car overturned, crushed (c) chest and abdomen II Lost control of car - driver Line I(a) requires a nature of injury code only. Line I(b) requires both nature of injury and E Codes since the external cause and injuries are reported on this line.</p>	<p>(03 (62 & 8160 (68</p>
<p>Place 0</p>	<p>I(a) Renal failure (b) Injury kidney, liver and (c) spleen. Fell from ladder at home <u>Code</u> I(b) injury kidney followed by E Code for the fall, followed by the remaining injuries.</p>	<p>586 (66 & 8810 (64 (65</p>
<p>Place 9</p>	<p>I(a) Cerebral laceration & contusion (b) Blow to right temporal area <u>Code</u> I(a) to the nature of injury code only, and I(b) to the E Code only.</p>	<p>(51 & 9289</p>

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

D. Placement of nature of injury and E codes -
continued

Examples

Place I(a) Pneumonia)588
8 (b) Exposure)949 &9010
II Found in field - excessive cold
weather - 20°
Code I(b) to nature of injury and E Code .

Place I(a) Exposure)919 &9010
4 (b) Exposure to cold)919
II Mountain cabin
Code I(a) to nature of injury and E Code .

In Part II, code each entry in the same order as entered on the certificate. For one-term entities requiring both nature of injury and E codes, enter the nature of injury code followed by the E Code. Enter the information recorded in the special spaces that have been provided on the medical certification form for recording information about external causes of injury following any codes that are applicable to Part II.

I(a) Hemothorax (60
(b) Crushed chest (62
(c) Broken ribs (07
II Fracture hips and both arms (19 &2850
auto acci.
28d /Hit tree - driver/

In Part II, code each entry in the order entered on the certificate.

I(a) Subdural hematoma (52
II Blunt impact to head (54 &96 82
28a /Homicide/ 28d /Struck on head by/
/ another person/

Since the entry in Part II requires both nature of injury and E codes, enter the nature of injury code followed by the most specific E Code.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

E. Use of ampersand Examples

Use an ampersand to identify the following:

- | | | | |
|----|---|---|--------------|
| 1. | The <u>most specific E Code</u> causing injuries or poisoning, | I(a) Internal chest injuries
(b) Auto accident | (62
&8199 |
| 2. | The underlying condition that necessitated the medical or surgical care when there was a complication or adverse effect of the medical or surgical care, | | |
| 3. | The adverse effect or complication of medical or surgical care when classifiable to Chapters I-XVI and the underlying condition that necessitated the medical or surgical care is <u>not</u> stated or implied, | | |
| 4. | A misadventure occurring during medical or surgical care when classifiable to Chapters I-XVI, whether or not the underlying condition that necessitated the medical or surgical care is reported, and | | |
| 5. | Certain localized effects of poisonous substances (E860-E869) or aspiration (E911-E912) when classifiable to Chapters I-XVI. | | |

In determining the most specific E Code, take into account all of the information reported on the record. If two or more external causes are reported and the nature of the injuries and/or the order in which the conditions are reported indicates that one of the external causes led to the condition that terminated in death, precede the code for this external cause by an ampersand. If no determination can be made, precede the code for the first mentioned external cause with an ampersand.

- | | | |
|-------------------|---|----------------|
| I(a) | Aspiration of vomitus |)33 911 |
| (b) | Internal chest injuries | (62 |
| (c) | Auto accident | &8199 |
| <u>Place</u>
9 | I(a) Head injuries and drowning
(b) Struck head while diving | (54 &8830)941 |

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

F. Certifications with mention of nature of injury and without mention of external cause

Examples

All certifications that have an entry classifiable to Chapter XVII must have an E Code. When only one type of injury is reported without indication of the external cause and the E Code index provides a code for this type of injury, code accordingly. If the E Code index does not provide a code for the type of injury, code to Accident, unspecified (E9289). When no external cause is reported and the E Code must be assumed, code the E Code as the last entry in Part II.

<u>Place</u> 9	I(a) II	Crushed chest &9289	(62	
		<u>Code</u>		E9289, crushed (accidentally).
<u>Place</u> 9	I(a) II	Fracture of hip and arm E887, fracture NOS.	(20 (18	&887
<u>Place</u> 9	I(a) II	Penetrating wound of abdomen &9289	(79 (75	
		<u>Code</u>		E9289, accident, unspecified.
<u>Place</u> 9	I(a) II	Multiple injuries abdomen and &9289	(68)591	
		<u>Code</u>		E9289, accident, unspecified.
<u>Place</u> 9	I(a) II	Brain injury &887	(54	
		<u>Code</u>		fracture NOS (E887).
<u>Place</u> 9	I(a) II	Puncture of lung &887	(61 &887	
		<u>Code</u>		fracture NOS (E887).
<u>Place</u> 9	I(a) II	Fracture of hip &9289	(20)29	
		<u>Code</u>		crushed (E9289).
<u>Place</u> 9	I(a) II	Internal injuries and &9289	(69 (03	
		<u>Code</u>		fracture of skull accident, unspecified (E9289).

If different types of injuries are reported without indication of the external cause, take the types of injuries and the order in which they were reported into account in determining the most appropriate E Code. If an injury in the lowest due to position can cause all the injuries reported above it, assign the appropriate E Code for this injury. If not, assign the appropriate E Code for the first mentioned injury.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

F. Certifications with mention of nature of injury and without mention of external cause - continued

Example

These generalizations do not apply to injury of multiple sites and "multiple injuries" if the place of occurrence of the injuries was highway, street, road, or alley. In such cases, assign the E Code to motor vehicle accident NOS (E8199).

I(a) Head injuries and fracture (54 (03
II Accident. Highway &8199

G. Place of occurrence of accidents

Enter a one-digit place of occurrence code (0-9), in the appropriate data position, for external causes of injury classifiable to E850-E869, E880-E928, if the effects of the external cause is classifiable to Chapter XVII. Do not enter a place code for external causes classifiable to any other E Code. Use only the information reported in the medical certification section of the death certificate or additional information (AI) to determine the place code. Refer to ICD-9, Volume 1, pages 569-571 for list of place of occurrence codes.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

H. Conditions qualified as traumatic

In ICD-9, some conditions have both a non-traumatic and traumatic code. Consider these conditions to be traumatic and code as traumatic when they are qualified as "traumatic" or they are reported as due to or with injury NOS, trauma NOS, any specified injury (injuries) or an external cause. Do not apply this instruction when the condition is reported due to a non-traumatic condition.

Examples

<u>Place</u> 9	I(a) Cerebral hemorrhage (b) Self-inflicted gunshot wound (c) to head <u>/X/</u> Accident	(53 (73 &9229
<u>Place</u> 3	I(a) Emphysema (b) Fracture ribs II <u>Place of accident - Factory</u> Since emphysema is reported <u>due to</u> an injury, <u>code emphysema as traumatic</u>)587.	)587 (07 &887
<u>Place</u> 9	I(a) Thrombosis (b) Trauma (c) Contusion brain II <u>Code the thrombosis as traumatic</u> since it is reported due to injuries.	)04)599 (51 &9289

EXCEPTIONS:

Code emphysema, meningitis, pneumonia, (classifiable to 4800-486) and thrombosis to the nature of injury code only when they are stated to be "traumatic" or are reported due to or on same line with an injury or external cause.

I(a)	Internal injuries	(69
(b)	Auto accident	&8199
II	Meningitis <u>Do not code</u> the meningitis as traumatic since it is not reported due to or on the same line with an injury or external cause.	3229

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

H. Conditions qualified as traumatic - continued

Examples

When pneumonia (classifiable to 4800-486) is reported as first entry on the lowest used line in Part I, and an injury that occurred less than 4 weeks prior to death is reported elsewhere on the certificate, consider the pneumonia to be traumatic and code to)588. When the injury occurred 28 days or more prior to death, do not consider the pneumonia to be traumatic.

Place 9 I(a) Pneumonia)588
 (b) Injury chest (62
 (c) Fall &888
Code I(a) pneumonia, traumatic ()588).

Place 0 Died 08/01/78
 I(a) Pneumonia)588
 (b)
 (c)
 II Fracture hip (20 &888
 Fall at home 07/26/78

Place 0 Died 08/01/78
 I(a) Pneumonia 486
 (b)
 (c)
 II Fracture hip (20 &888
 Fall at home 06/01/78

When a condition of a specified site is stated to be traumatic but there is no provision in the classification for coding the condition as traumatic, code to injury unqualified of the site.

Place 9 I(a) Traumatic cerebral edema (54
 (b) Fall &888
Code to injury, unqualified of brain.

When a condition that does not indicate a specific site is stated to be traumatic but there is no provision in the classification for coding the condition as traumatic, code trauma unspecified and the condition separately.

I(a) Traumatic coma)599 7800
 (b) Automobile accident &8199
Code trauma unspecified,)599, and coma, 7800, separately.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

H. Conditions qualified as traumatic - continued

Examples

When a condition classifiable to Chapters I-XVI, excluding 506-508, is reported due to an external cause not considered to be medical or surgical care, code both a nature of injury code and an E Code for the external cause.

<u>Place</u>	I	(a)	Cardiac arrest	4275
9		(b)	Shot in head	(73 & 9229)
<u>Place</u>	I	(a)	Respiratory failure	7991
9		(b)	Fire)490 & 899	

This instruction Does Not Apply when localized effects classified to categories 000-799 are reported due to "second hand smoke". Code the "second hand smoke" to E8698.

I	(a)	Heart failure	4289
	(b)	Auto accident	)599 & 8199
<u>Place</u>	I(a)	Subarachnoid hemorrhage	4300
9	(b)	Stroke	436
	(c)	Fall)599 & 888	

Do not code the hemorrhage on I(a) as traumatic since it is reported due to a non-traumatic condition.

I(a) Pulmonary emphysema 492
(b) Second hand smoke 8698

I(a) Lung cancer 1629
(b) Second hand smoke 8698

I(a) Cardiac arrest 4275
(b) Second hand smoke 8698

When an external cause is the only entry on the record, code the E Code only.

I(a) Auto collided c⁻ bridge 8159

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories

1. Traumatic Hemorrhage ((69,)599)

	<u>Due to or on same line with</u>	<u>Code</u>
Internal hemorrhage NOS	injury (any site)	the hemorrhage to (69, internal injury NOS
Hemorrhage NOS	<u>Due to</u>	
	injury of a specified site	the hemorrhage to injury of the specified site
	injury NOS or multiple injuries NOS	the hemorrhage to)599
	injury of multiple specified sites	the hemorrhage to injury of the first mentioned specified site
	internal injury NOS or internal injuries NOS	the hemorrhage to (69
	<u>On same line with</u>	
	injury of site	the hemorrhage to injury of the specified site
	injury of multiple specified sites	the hemorrhage to)599
	internal injury NOS or internal injuries NOS	the hemorrhage to (69
	<u>Due to and on same line with</u>	
	injuries of different specified sites	the hemorrhage to the site of the injury that is entered on the line with the hemorrhage

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

1. Traumatic Hemorrhage ((69,)599) - continued

Examples

<u>Place</u> 9	I(a) (b) (c)	Hemorrhage Fracture of femur	(596 (21	<u>Place</u> 9	I(a) (b) (c)	Laceration of liver, lung, & spleen with hemorrhage	(64 (61 (65)599
	II		&887	II		Fracture rt. femur	(21 &9289
<u>Place</u> 9	I(a) (b) (c)	Hemorrhage Multiple injuries	(599)598	<u>Place</u> 9	I (a) (b)	Cerebral contusions with hemorrhage Injury of chest, lung, back	(51 (53 (62 (61)591
	II		&9289	II			&9289
<u>Place</u> 9	I(a) (b) (c)	Internal hemorrhage Crushed thorax	(69 (62	<u>Place</u> 9	I (a) (b) (c)	Hemorrhage Injury of chest, lungs, and fractured ribs	(62 (62 (61 (07
	II		&9289	II			&9289
<u>Place</u> 9	I(a) (b) (c)	Hemorrhage Laceration of chest	(62 (75	<u>Place</u> 9	I (a) (b) (c)	Contusion chest with hemorrhage	)22 (62
	II		&9289	II			&9289

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

2. Multiple Injuries ()598)

	<u>Followed by</u>	<u>Code</u>
Multiple injuries	specified type(s) of injuries specified site(s)	)598 <u>and</u> the specified injuries injury by site only
	<u>Reported on same line with</u>	
Single site	multiple types of injuries	the specified types of injuries of the reported site

Examples

<u>Place</u>	I(a) Multiple injuries with	)598 (03 (51
9	(b) fracture skull and	
	(c) laceration brain	
II		&9289
<u>Place</u>	I(a) Multiple injuries - <u>head,</u>	(54)590 (62
9	<u>neck, chest</u>	
II		&9289
	I(a) Fracture, laceration and contusion	(27 (91)24
	(b) of leg	
	(c) Auto accident	&8199

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

3. Burns with or without specified external cause

	<u>External cause</u>	<u>Code where reported</u>
Burns	Auto accident NOS	nature of injury code(s) and &8199
	Sustained in building or structure (home) without mention of fire	nature of injury code(s) and &899
	Conflagration NOS, major fire NOS	nature of injury code(s) and &892
	building or structure (home)	nature of injury code(s) and &8903 or &8913
	Explosion	nature of injury code(s) and &9230-9239 (See also Volumes 1 and 2)
	in hot water in tub	nature of injury code(s) and &9240
	on iron on coffee pot	nature of injury code(s) and &9248
	on stoves (electric) (gas)	nature of injury code(s) and &895
	<u>With</u>	<u>Code</u>
Burns	No indication of external cause	nature of injury code(s) where reported and &899 as the last entry in Part II
	Accident box checked	nature of injury code(s) where reported with &899 as the last entry in Part II

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

Examples

4. Transport accidents (E800-E848)

ICD-9 provides for definitions of transport accidents in Volume 1, pages 547-552. Refer to these definitions when any means of transportation (aircraft and spacecraft, watercraft, motor vehicle, railway, other road vehicles) is involved in causing death.

When classifying accidents which involve more than one kind of transport, use the following order of precedence:

- aircraft and spacecraft (E840-E845)
- watercraft (E830-E838)
- motor vehicle (E810-E825)
- railway (E800-E807)
- other road vehicles (E826-E829)

There are features in these accidents that are not applicable to other kinds of accidents. One of these is that a fourth digit is added to identify the status of the victim; that is, whether the decedent was an occupant of the transport vehicle, a pedestrian, a railway employee, etc. Except for air and space transport accidents, the status of the victim is not usually assumed.

- I(a) Multiple internal injuries (69)
- (b) Boat accident &8381

II

Accident. River. Fell from boat and struck by propeller. Refer to the E Code Index for the description of the boat accident, "Fall from boat, and subsequently struck by (part of) boat" (E838); then refer to Volume 1 for the fourth digit. Code the fourth digit "1," occupant of small boat, powered since "propeller" was mentioned.

- I(a) Drowning)941 &8329
- (b) Boat accident
- (c)

II

Accident
Code E8329 submersion (accidental) in water transport.
Use fourth digit "9," unspecified person.

- I(a) Fracture neck - Fell from moving train (05 &8049
Refer to E Code Index for description of the train accident, "Fall from train" (E804); then refer to Volume 1 for the fourth digit.

- I(a) Fractured ribs (07
- (b) Multiple abdominal injuries (68

II Accident. Farm. Fell from horse. &8282

Refer to E Code Index for description of the accident, "Fall from horse" (E828); then refer to Volume 1 for fourth digit.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

Examples

4. Transport accidents (E800-E848) - continued

a. Motor vehicle traffic accidents

Assume a motor vehicle accident, except a motor driven snow vehicle or other off-road motor vehicle (see definition on page 549 of Volume 1), to be a traffic accident occurring on the street, highway, road, alley or other trafficway unless another place is specified.

Accidents involving a motor driven snow vehicle, dune buggy, or other off-road motor vehicle are classified as motor vehicle traffic accidents only if they occur on the highway. Collision accidents involving such a vehicle and another motor vehicle are assumed to have occurred on the highway unless there is evidence to the contrary.

I(a) Laceration lung, burns (61)430)450
(b) of arms and legs
(c) Accident &8150

II
/X/Accident - Truck struck bridge - Driver
When a motor vehicle strikes another vehicle or object, code as a collision on the highway unless otherwise indicated. Refer to "Collision, motor vehicle and object" (E815).

I(a) Fractured skull (03
(b) Multiple severe injuries (69
II &8211

/X/Accident - Dune buggy overturned - passenger
Place - farm
Code as nontraffic off-road motor vehicle accident.

I(a) Drowning)941 &8169
(b)

II
/X/Accident - Snowmobile carrying food overturned, went
into pond.

Consider "snowmobile carrying food" as being used for transport; code to motor vehicle traffic accident.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

Examples

4. Transport accidents (E800-E848) - continued

b. Air and space transport accidents
(E840-E845)

For air and space accidents, assume that the victim was an occupant of the transport vehicle if the status of the victim is not reported. Unless there is indication that an occupant of an aircraft used for unspecified purposes was part of the crew, assign to .3, other occupant of commercial aircraft (powered) in surface to surface transport. Because airplane accidents usually involve multiple deaths, apply information from one death to all deaths involved in the same accident.

Where death of military personnel is reported with no specification as to whether the airplane was a military craft, use other information on the certificate for making the proper code assignment.

When there is a single death and the decedent was a member of the Air Force or military pilot at work consider as military aircraft.

I(a) Fracture of cervical spine (05
(b) Plane crash &8413
Code the nature of injury code for the fracture and refer to "Crash, aircraft" in the E Code Index.
Assume that the decedent was a passenger on a commercial aircraft.

I(a) Crushing injuries)29
(b) Multiple fractures (29
II Accident. Pilot at work. Was a &8411
Lt. Colonel of the Air Force.
Assume the accident involved a military aircraft.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

Examples

5. Conflagration in E890-E891

If two or more of the fourth digits in E890-E891 are applicable, code the fourth digit for the injury that terminated in death. If no determination can be made, code the fourth digit that relates to the first mentioned injury.

Place I(a) Cardiac arrest 4275
 0 (b) 50% burns & smoke inhalation)485 &8903)878
 (c) _____
 II /acc./ Burns and smoke inhalation)490)878
 due to house fire

6. Natural and environmental factors

a. Lightning

Code E907 only when the decedent is injured from direct contact with lightning.

Place I(a) Shock)940
 9 (b) Struck by lightning &907

Code injuries, such as stroke or shock, due to direct contact with lightning to 9940.

Place I(a) Burns)490
 0 (b) House fire &8903
 (c) Struck by lightning
 When a secondary fire results from lightning, code to the fire. Do not enter a code for lightning.

Code burn(s) due to lightning to burn(s) (940-949).

b. Exposure

When exposure NOS is reported due to (exposure to) cold or heat, qualify the nature of injury for the exposure.

Place I(a) Exposure)929 &9009
 9 (b) Heat

Place I(a) Exposure to cold)919 &9019
 9 II Died from exposure)949

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

7. Gunshot injury, gunshot wound

<u>When</u>	<u>Is reported due to or with</u>	<u>Code</u>
Bullet injury wound (open)	"playing with gun" NOS or "cleaning gun" NOS	nature of injury code to open wound (79) and &922 with appropriate fourth digit (assume accident)
Gunshot injury wound (open)	"playing Russian roulette" (whether or not stated suicide)	nature of injury code to open wound and code E9220 (assume accident and handgun)

<u>When</u>	<u>Is reported due to</u>	<u>Code</u>
Injury NOS	bullet gun pistol rifle	nature of injury code to open wound (79) on upper line and appropriate E Code in "due to" position

Examples

<u>Place</u> I(a) Injury (79	<u>Place</u> I(a) Gunshot injury chest (75 &9229 (61
9 (b) Rifle shot &9222	9 (b) and lung
Consider "rifle" as hunting rifle unless indicated otherwise.	

<u>Place</u> I(a) Gunshot wound chest (75 &9229	I(a) Gunshot	9229
9 (b) Self-inflicted		
II <u>/X/</u> Accident		

<u>Place</u> I(a) Gunshot wound (79 &9229	<u>Place</u> I(a) Bullet entering chest & (75 &9229 (76
9 (b) Cleaning gun	9 exiting back

<u>Place</u> I(a) Open wound heart (61	<u>Place</u> I(a) Gunshot wound femur (90 &9229
9 (b) Pistol &9220	9 <u>Code</u> gunshot wound of bone to open wound of site of the bone.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

I. Coding specific categories - continued

Examples

8. Child abuse, battering and other maltreatment (E967)

Code to category E967, child battering and other maltreatment if the age of the decedent is under 18 years and the cause of death meets one of the following criteria:

(1) The certifier specifies abuse, beating, battering, or other maltreatment, even if homicide is not specified. Male, 3 years
I(a) Traumatic head injuries (54)
(b)
(c)

(2) The certifier specifies homicide and injury or injuries with indication of more than one episode of injury, i.e., current injury coupled with old or healed injury consistent with a history of child abuse. II
/Homicide//Home/ Deceased had &9679
been beaten

Male, 1-1/2 years
I(a) Anoxic encephalopathy 3481
(b) Subdural hematoma (52)
(c) Old and recent contusions)063)22

(3) The certifier specifies homicide and multiple injuries consistent with an assumption of beating or battering, if assault by a peer, intruder, or by someone unknown to the child cannot be reasonably inferred from the reported information. II &9679
/Homicide/

Female, 1 year
I(a) Massive internal bleeding (69)
(b) Multiple internal injuries (69)
(c)

Deaths at ages under 18 years for which the cause of death certification specifies homicide and an injury occurring as an isolated episode, with no indication of previous mistreatment, should not be classified to E967. This excludes from E967 deaths due to injuries specified to be the result of events such as shooting, stabbing, hanging, fighting, or involvement in robbery or other crime, because it cannot be assumed that such injuries were inflicted simply in the course of punishment or cruel treatment. II Injury occurred by child being)599 &9679
struck

Female, 1 year
I(a) Hypovolemic shock)584
(b) Perforating laceration of (61)
L. ventricle of heart
(c) Multiple stab wounds ant. (75 &966
chest

II
/Homicide/ /Home/ Stabbed with (79
kitchen knife by mother

8

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII

Categories in Chapters I-XVI and in Chapter XVII are mutually exclusive. Where provision has been made for coding an effect of an external cause to Chapters I-XVI, do not use a nature of injury code.

The effects of external causes that are classifiable to Chapters I-XVI are primarily those that are attributable to drugs, medicaments and other biological substances properly administered in the correct dosage for therapeutic or other medical care purposes and to other forms of medical care, e.g., surgery and radiation. A limited number of conditions attributable to other external causes, e.g., certain localized effects of fumes, vapors and nonmedicinal chemical substances and respiratory conditions attributable to aspiration of foreign substances, also are classified to Chapters I-XVI. (See page 160 for use of ampersand.)

It is intended that categories in the main body of the classification be used to identify the complications and other specified adverse effects of drugs, medicaments and other biological substances properly administered in correct dosage and that the substances be identified by the use of supplementary E Codes. For this reason only those effects that cannot be coded to a category in Chapters I-XVI, e.g., allergy NOS, anaphylactic shock, idiosyncratic reaction and reaction (adverse) NOS, are classified to the nature of injury chapter.

Examples

I(a) Pneumonia &5070
 (b) Aspiration of vomitus 911
Code pneumonia, aspiration due to vomit(5070). Code "aspiration of vomitus" as an E Code only.

I(a) Pneumonia &5070
 (b) Aspiration 912
 (c) Cancer of lung 1629
Code pneumonia, aspiration (5070). Code I(b) "aspiration" as an E Code only.

I(a) Pneumonia &5070
 (b) Asphyxia 912
 (c) Aspiration
Code pneumonia aspiration (5070). Code I(b) E Code only.

I(a) Acute bronchitis &5088
 (b) Radiation therapy 8792
Code bronchitis, acute, due to radiation (5088). Code I(b) E Code only.

I(a) Pneumonia &5060
 (b) Smoke inhalation 8902
 II House fire
Code pneumonia, due to fumes or vapors (5060). Code I(b) E Code only.

I(a) Acute pulmonary edema &5061
 (b) Inhaled gasoline fumes 8621
Code edema, pulmonary, acute due to fumes or vapors (5061). Code I(b) E Code only.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

The intent is the same for effects of radiation, whether or not administered for medical care purposes. Therefore, only those effects of radiation that cannot be coded to Chapters I-XVI, e.g., burns, sickness and reaction (adverse) NOS, are classified to Chapter XVII.

To determine whether conditions that are indicated to be due to external causes, other than drugs, medicaments and other biological substances properly administered in correct dosage and radiation, are classifiable to Chapters I-XVI or to Chapter XVII, look up the stated condition in the alphabetical index and scan the listings under this condition for qualifying terms that relate to the reported external cause. For example, to determine whether pneumonia due to aspiration of vomitus should be coded to Chapter VIII or to Chapter XVII, look up "Pneumonia, aspiration, due to, food (regurgitated), milk, vomit." This determination cannot be made by looking up "Aspiration." Where there is provision in the index for coding a condition due to an external cause to Chapters I-XVI, take the external cause into account if it modifies the coding.

Example

<u>Place</u>	I(a)	Pneumonia	486
	9	(b) Cardiac arrest	4275
		(c) Aspiration of vomitus	)33 &911

Code each entity as indexed.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation

	<u>Due to</u>	<u>Code</u>
Asphyxia	aspiration of food or vomitus	upper line)33 &911
Aspiration		lower line)33
	carbon monoxide	upper line)86 &8689
		lower line)86
	drowning	upper line)941 &910 with appropriate fourth digit
		lower line)941
	smoke (inhalation)	upper line)878 &8698
		lower line)878
	strangulation (manual)	upper line)947 &9139
		lower line)947
	vomiting	upper line)33 &911
		lower line 7870
	vomitus	upper line)33 &911
		lower line blank

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation - continued

	<u>Due to</u>	<u>Code</u>
Asphyxia Suffocation	disease condition	upper line 7990 lower line to the disease
	poisoning (drugs)	upper line 7990 lower line nature of injury and E Code for substance
	crushed chest	upper line (62 and specified E Code lower line (62
Aspiration NOS Strangulation NOS	disease condition	upper line)33 &912 lower line to the disease
	poisoning (drugs)	upper line)33 912 lower line nature of injury and E Code for substance
	<u>Due to or with</u>	
Asphyxia Suffocation	fire or burns	code)49 with appropriate fourth digit and most specific E Code

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation - continued

	<u>By (of)</u>	<u>Code</u>
Asphyxia	foreign body	code foreign body entering the
Aspiration		specified site (nature of injury
Choked, choking		and E Code). If no site is
Obstruction of a site		mentioned, code)33 and
Occlusion of a site		appropriate E Code (E911 or E912)
Strangulation		
Suffocation	<u>Due to</u>	
	foreign body in any site	code same nature of injury code for foreign body on both lines and E Code for foreign body on upper line
	foreign body without mention of site	code nature of injury and E Code for foreign body on upper line. Leave lower line blank.

Examples

<u>Place</u> 9	I(a) Aspiration (b) Vomitus	)33 &911	I(a) Asphyxia (b) Pneumonia	7990 486	
<u>Place</u> 9	I(a) Aspiration (b) Cancer of stomach	)33 &912 1519	<u>Place</u> 9	I(a) Suffocated (b) Bolus of meat	)33 &911
<u>Place</u> 9	I(a) Aspiration of vomitus (b) Cancer of stomach	)33 &911 1519	<u>Place</u> 9	I(a) Choked by chicken bone	)33 &911
	II <u>/X/Accident</u>				
<u>Place</u> 9	I(a) Asphyxia (b) Vomiting	)33 &911 7870 9	<u>Place</u> (b)	I(a) Strangulation Pulmonary aspiration-(peanut)	)34 &911)34

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

J. Guides for differentiating between effects of external causes classifiable to Chapters I-XVI and Chapter XVII - continued

1. Asphyxia, aspiration, strangulation, suffocation - continued

Examples

<u>Place</u>	I(a)	Asphyxia	)878 &8698	I(a)	Choked	)33 912	
9	(b)	Smoke inhalation	)878	(b)	Aspiration of blood		)33
	(c)			(c)	Crushed chest	(62	
	II	Accident		II	M.V. vs. Ped.	&8147	
<u>Place</u>	I(a)	Aspiration	)33 912	<u>Place</u>	I(a)	Suffocation	)947 &9130
9	(b)	Overdose of seconal	)670 &851	9	(b)	Crib sheet	
						Code 9130 includes suffocation	
						in bed.	
<u>Place</u>	I(a)	Aspiration	)33 &912	<u>Place</u>	I(a)	Asphyxia and thermal burns	)490 &8908
9	(b)	Bronchiectasis	494	0	(b)	House fire	
					II	<u>/Accident/</u>	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning Examples

When poisoning (any) is reported, code nature of injury code and E Code for the substance.

When poisoning by fumes, gas, liquids, or solids is reported, refer to Index under "Poisoning (acute)" to determine the nature of injury code for the substance.

To determine the E Code when a poisonous substance is ingested, inhaled, injected, or taken, refer to the description of such circumstances (acts) for example, Ingestion, Inhalation, or Took.

When a condition is reported due to poisoning and the index provides a code for the condition qualified as "toxic," use this code. If the index does not provide a code for the condition qualified as "toxic," code the condition as indexed.

Place I(a) Aplastic anemia 2848
9 (b) Benzene poisoning)820 &8624
Code I(a) anemia, aplastic, toxic (2848).

1. Poisoning by substances other than drugs

Assume poisoning (self-inflicted) by a substance to be accidental unless otherwise indicated.

Place I(a) Toxic poisoning)899 &8624
9 (b) Drank turpentine)828
On I(a), code the nature of injury code for poison NOS and the most specific E Code (turpentine) taking into account the entire certificate.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

Examples

1. Poisoning by substances other than drugs
- continued

a. Carbon monoxide poisoning

Code carbon monoxide poisoning from motor vehicle exhaust gas to motor vehicle accident (E818, E825) unless there is indication that the motor vehicle was not in transit. Consider statements of "sleeping in car," "sitting in car," or "in parked car" to indicate that the M.V. was "not Place in transit." Assume "not in transit" 9 in suicidal and self-inflicted cases.

Consider carbon monoxide poisoning NOS to be motor vehicle exhaust gas when the place of injury is garage; code as "not in transit."

I(a) Carbon monoxide poisoning)86 &8189
(b)
(c)
II Motor vehicle exhaust gas)86
Code to motor vehicle accident since there is no indication that the M.V. was not in transit.

I(a) Poisoned by carbon monoxide)86 &8682
II Sitting in parked car
Code E Code to carbon monoxide poisoning, M.V. exhaust gas, not in transit.

I(a) Carbon monoxide inhalation)86 &9520
II Found in garage. Suicide.
Code E Code to suicide by C.M. poisoning, M.V. exhaust gas, not in transit.

b. Inhalation and "sniffing" sprays and aerosal substances

When inhalation of sprays, aerosol Place substances, etc. is reported and 0 there is no mention of drug abuse or drug dependence, code to the appropriate accidental poisoning category for the external cause. EXCEPTIONS: "Glue sniffing" and "cocaine sniffing" are indexed to drug dependence (3046, 3042).

I(a) Toxicity)899
(b) Inhalation of aerosol)898 &8692
substance
(c)
II Accident. Breathed "PAM" (freon))874
in plastic bag - at home
Code nature of injury code as indexed. Code E Code to accidental inhalation of freon gas or spray (E8692), the specific substance indicated by the certifier.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

Examples

1. Poisoning by substances other than drugs
- continued

c. Intoxication by certain substances due to disease

When ammonia intoxication (NH₃) or carbon dioxide intoxication (CO₂) is reported due to a disease, do not code to poisoning. When due to a disease, code ammonia intoxication to 7906 and carbon dioxide intoxication to 7860 (carbon dioxide narcosis).

I(a) Ammonia intoxication	7906
(b) Cirrhosis of liver	5715
I(a) Carbon dioxide intoxication	7860
(b) Chronic pulmonary emphysema	492
I(a) Toxic poisoning	7998
(b) Gastroenteritis	558

Code poisoning, toxic, due to a disease (7998) as indexed.

d. Condition qualified as "toxic" with poisoning reported

When a condition is qualified as "toxic" and there is indication of poisoning on the certificate, code the E Code for the poisoning as the first entry on the line, followed by the condition code. If ICD-9 provides a code for the condition qualified as "toxic," use this code. If no provision is made for qualifying the condition as toxic, code to the unspecified code for the condition.

<u>Place</u>	I(a) Toxic nephritis	&8631 5809
9	II Organophosphate poisoning, accidental	)893

Code I(a) to the most specific E Code and toxic nephritis (5809) as indexed.

<u>Place</u>	I(a) Toxic GI hemorrhage	&8640 5789
9	(b) Carbolic acid	)830

GI hemorrhage, toxic is not indexed; therefore, code E8640 as indexed and GI hemorrhage, as indexed.

<u>Place</u>	I(a) Toxic diarrhea	&8637 558
9	II Rat poison	)894

When a condition is qualified as "toxic" and there is no indication of poisoning on the certificate, code the condition as indexed.

I(a) Toxic anemia	2848
-------------------	------

Code toxic anemia as indexed since there is no indication of poisoning on the record.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

Examples

2. Poisoning by drugs

When the following statements are reported, see Table of Drugs and Chemicals for the E Code and code as accidental poisoning unless otherwise indicated. Interpret all these statements to mean poisoning by drug:

- complications resulting from:
 - drug taken inadvertently
 - wrong drug given in error
 - wrong dose taken accidentally
 - overdose of drug
 - poisoning by a drug
 - toxicity of a drug
 - toxic reaction to a drug

Interpret the terms "acute narcotism" and "intoxication by drug" to mean poisoning by drug unless indicated or stated to be due to drug therapy or as a result of treatment for a condition (see "Acute narcotism" and "intoxication by drug" due to drug therapy, page 195).

When poisoning by drug NOS is reported in Part I and a specified drug is reported in Part II, code the E Code to the specific drug.

Place I(a) Cardiac arrest 4275
 9 (b) Digitalis toxicity)721 &8583
 (c) Congestive heart failure 4280

Code digitalis toxicity to digitalis poisoning.

Do not ampersand a disease condition when poisoning from a drug occurs while the drug is being administered for medical reasons.

Place I(a) Shock 7855
 9 (b) Insulin overdose)623 &8580
 (c) Diabetes 2500

Code insulin overdose to insulin poisoning. Do not ampersand a disease condition when poisoning from a drug occurs while the drug is being administered for medical reasons.

Place I(a) Acute intravenous narcotism)658 &8508
 9 II Fibrosis of lung with cardiac 515 4280
 insufficiency

Code acute narcotism to poisoning since there is no indication that the drug was given for therapy.

Place I(a) Respiratory failure 7991
 9 (b) Drug intoxication)779 &8589
 II Ingested undetermined amount of)779
 drugs

Code "drug intoxication" to poisoning when there is no indication the drug was given for therapy.

Place I(a) Took overdose of drug)779 &851
 9 II Overdose of barbiturates)670

Code "took overdose of drug" as accidental unless otherwise specified.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued

Example

2. Poisoning by drugs - continued

When a condition is qualified as "toxic" or "drug induced" and there is indication of drug poisoning on the certificate, code the E Code for the drug poisoning as the first entry on the line followed by the condition code. If ICD-9 provides a code for the condition qualified as "toxic" or "drug induced," use this code. If no provision is made for qualifying the condition as "toxic" or "drug induced," whichever is applicable, code to the unspecified code for the condition. Code the nature of injury code for poisoning by the specified drug.

Place I(a) Toxic hemolytic anemia &8550 2831
9 (b) Levodopa toxicity)664

When a condition is qualified as "toxic" and there is no indication of drug poisoning on the certificate, code the condition as indexed.

When a condition is qualified as "drug induced" and there is no mention of drug poisoning on the certificate, code as a complication of drug therapy (see "Drug induced" complications, page 194).

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued Examples

2. Poisoning by drugs - continued

a. Poisoning by combinations of drugs

When combinations of drugs classifiable to categories E850-E858 are reported, code the E Code as follows:

- (1) When accidental poisoning from a single drug is reported in Part I with a combination of drugs in Part II, code the E Code for the drug reported in Part I. Code the nature of injury codes for each drug reported.
- Place I(a) Acute barbiturate intoxication)670 &851
9 II /Accident/ Took unknown amount of)670)651
barbiturates and aspirin
Code E Code to 851, accidental poisoning by barbiturates since certifier indicated this drug was the cause of death. Enter the nature of injury codes for barbiturate and aspirin in Part II.
- (2) When accidental poisoning by a combination of drugs is reported without indication of one component as the cause of death, code the E Code to the category for the combination. Code the nature of injury codes for each drug reported.
- Place I(a) Poisoning by chloral hydrate)671 &8525)673
9 (b) and bromides
Code E Code to 8525, accidental poisoning by mixed sedatives, not elsewhere classifiable since certifier did not specify one component as cause of death.
- (3) When accidental poisoning by a combination of drugs with different fourth digits of the same three-digit E Code is reported and there is no provision for the combination, code to the three-digit E Code with the fourth digit for "Other." Code the nature of injury codes for each drug reported.
- Place I(a) Coma 7800
9 (b) Promazine and Diazepam poisoning)691 &8538)694
(c) /Accident/
II /Accident/
Code E Code to 8538, accidental poisoning by other tranquilizers, since the drugs are classified to the same three-digit E Code with different fourth digits.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

K. Poisoning - continued Examples

3. Percentage of drug(s) in blood

When a percentage (%) of any drug(s) in the blood is reported, code the nature of injury code for the drug if there is mention of drug poisoning elsewhere on the record.

I(a) Gunshot wound brain (54 &9554
 II /Suicide/ .05 mg. barbiturates in blood
 Since there is no mention of poisoning or adverse effect of the barbiturates, do not enter a code for the drug % in the blood.

When a complication is reported due to a percentage (%) of any drug(s), code as a complication of drug therapy unless otherwise indicated.

When a percentage (%) of any drug(s) in the blood is reported without mention of drug poisoning or adverse effect, do not enter a code for the drug.

4. Poisoning by alcohol and drugs

When alcoholism or alcohol poisoning (any 303, 3050, 7903, or)800-)809) is reported in Part I with drug poisoning in Part I, code the alcohol to the appropriate code (303, 3050, 7903,)800-)809), the nature of injury code for the drug and code the appropriate E Code for the drug preceded by an ampersand. If alcohol poisoning is reported, code the E Code for alcohol also but do not precede this code with an ampersand.

Place I(a) Alcohol intoxication 3050
 9 (b) Barbiturate intoxication)670 &851
Code alcohol intoxication as indexed and code
 E851 for barbiturate intoxication.

Place I(a) Alcoholism 303
 9 II /Accident/ alcohol and barbiturate &851 3050)670
 intoxication
Code alcoholism (303) as indexed in Part I and
 E851 for accidental barbiturate intoxication in Part II.

I(a) Barbiturate toxicity)670 &9501
 II /Suicide/barbiturate and alcohol)670 3050
 intoxication
Code E9501 for suicidal barbiturate intoxication
 in Part I and 3050 for alcoholic intoxication in
 Part II.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

Poisoning - continued

Examples

5. Intoxication (acute) NOS due to specified substances

When intoxication (acute) NOS is reported "due to" drugs or poisonous substances, code the intoxication to the nature of injury code for the first substance reported in the "due to" position.

EXCEPTION: Intoxication (acute) NOS "due to" drug(s) with indication that the drug was being given for therapy.

I(a) Acute intoxication)657
 (b) Darvon & alcohol poisoning)657 & 9500)809 9509
/Suicide/

Place I(a) Intoxication)86
 9 (b) Carbon monoxide inhalation)86 & 8689
 (c) Accident

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care

Example

Code any complication, abnormal reaction, misadventure to patient, or other adverse effect that occurred as a result of or during medical care except obstetrical procedures, to the appropriate category in Chapters I-XVII but take into account the medical care if it modifies the code assignment. Assign the appropriate supplementary E Code pertaining to the medical care regardless of whether the adverse effect is classified to Chapter I-XVI or to Chapter XVII. Precede the E Code with an ampersand only when the complication is assigned to a code in Chapter XVII. When the complication is assigned to a code in Chapters I-XVI and the underlying condition that necessitated the medical care is not known, precede the code for the complication with an ampersand. Precede the code for the underlying condition that necessitated the medical care, if known, with an ampersand except when the E Code assignment is E870-E876, Misadventures to patients during surgical and medical care. If the medical or surgical care was administered for an injury, precede the code for the external cause of the injury with an ampersand. If the medical care was administered for diagnostic purposes, precede the code for the underlying or most definitive condition that was found or confirmed by the diagnostic findings with an ampersand. When two or more conditions for which the stated medical care could have been administered are reported and the underlying or most definitive condition cannot be determined, precede the code for the first

<u>Place</u>	I(a)	Pneumonia	)973
9	(b)	Surgery	&8789
	(c)	Fracture of hip	(20
	(d)	Fall	&888

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

mentioned of these conditions with an ampersand. The E Code distinguishes between drugs, medicaments, and biological substances causing adverse effects (except poisoning, overdose, and wrong drug given or taken in error) in therapeutic use (E930-E949), surgical and medical procedures as the cause of abnormal reaction of patient or later complication, without mention of misadventure at the time of procedure (E878-E879), and misadventures to patients during surgical and medical care (E870-E876).

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use

Code any condition classifiable to Chapters I-XVI that resulted from a drug, medicament, or biological substance (including anesthesia) known or presumed to have been properly administered in correct dosage to the appropriate category in these chapters. Classify only those adverse effects that cannot be assigned to Chapters I-XVI to Chapter XVII (995, 999). When a condition classifiable to Chapters I-XVI is reported due to drug reaction (named drug) NOS, e.g., insulin reaction, code the condition as indexed and code the drug reaction to the E Code only.	I(a)	Respiratory and cardiac arrest	&7991 4275	
	(b)	Xylocaine reaction		9385
	I(a)	Encephalitis	&3235	
	(b)	Smallpox vaccination		9490
	I(a)	Cardiorespiratory arrest	immed	4275
	(b)	Sepsis	10 days 0389	
	(c)	Immunosuppression for	20 days	9331
	(d)	rheumatoid vasculitis		&4476
	I(a)	Pulmonary embolism		4151
	(b)	Enovid to control excessive menses	9322 &6262	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

Unless there are indications to the contrary, assume that the drug, medicament, or biological substance was used for medical care purposes and that it was properly administered in correct dosage. Do not make this assumption if the drug was one which is not used for medical care purposes, e.g., LSD or if it was an analgesic, sedative, narcotic or psychotropic drug (or combination thereof) or drug NOS and the certifier indicated that the death was due to an "accident" or that it occurred under undetermined circumstances, or one or more of these drugs was taken in conjunction with alcohol; code to poisoning (see pages 185 to 189).

When the condition for which the drug is usually administered is reported elsewhere on the certificate, code this condition as indexed, preceded by an ampersand (&) to identify the disease necessitating the treatment.

<u>Place</u>	I(a)	Respiratory failure	7991
9	(b)	Ingestion of multiple sedatives	)676 &8525
		Accident	

<u>Place</u>	I(a)	Cerebral anoxia	3481
9	(b)	Ingestion of barbiturates)670 &851
	(c)		

II	Alcoholic intoxication	3050
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I(a)	Hemorrhage	5789
	(b)	Ulcer of stomach 5319
	(c)	Cortisone therapy 9320
II	Scleroderma	&7101

The ulcer of stomach is the complication of the drug therapy. Code the E Code for cortisone on I(c).

Since cortisone is used in treatment of scleroderma, place an ampersand preceding the code for scleroderma.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

When a complication occurs as the result of a drug being given in treatment and the condition necessitating the administration of the drug is not reported anywhere on the certificate, do not assume a disease condition.

I(a) Renal failure &586
(b) Ingested orinase 9323
The renal failure on I(a) is the adverse effect of the orinase. Code the E Code for orinase on I(b). Do not assume a disease condition necessitating therapy even though orinase is a drug used in the treatment of diabetes. Place an ampersand preceding the code for the renal failure.

When a complication classifiable to Chapters I-XVI occurs as the result of a drug being administered in therapeutic use and the condition necessitating the treatment is not reported, place an ampersand preceding the code for the complication.

a. "Drug induced" complication

When a condition is stated to be "drug induced," consider the condition to be a complication of drug therapy, unless otherwise indicated. Code as follows:

- (1) If the complication is classified to Chapters I-XVI, code the E Code for the drug, followed by the code for the complication.

I(a) Drug induced aplastic anemia 9479 2848
II Carcinoma of lung &1629
Code I(a) E9479, complication of an unspecified drug, and the "drug induced aplastic anemia" as indexed. Ampersand the carcinoma of lung as the condition for which the drug was being administered.

I(a) Drug induced polyneuropathy 9479 &3576
Code I(a) E9479, complication of an unspecified drug, and polyneuropathy due to drug, 3576.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

a. "Drug induced" complication - continued

(2) If the complication is classified to Chapter XVII, code the nature of injury code for the complication followed by the E Code for the drug. Place an ampersand preceding the E Code.

I(a) Drug induced anemia 9302 2859
(b) Chloramphenicol
(c) Septicemia &0389
Code I(a) E9302, for chloramphenicol, and anemia, 2859. ICD-9 does not provide a special code for "drug induced anemia NOS." Ampersand the septicemia as the condition for which the drug was being administered.

If the reason for the therapy is given or is indicated, precede the code for this condition with an ampersand. When the reason for the therapy is not reported and the complication is classifiable to Chapters I-XVI, place an ampersand preceding the code for the complication.

b. "Acute narcotism" and "intoxication by drug" due to drug therapy

When "acute narcotism" or "intoxication by drug" is reported or indicated to be due to treatment for a condition or due to drug therapy, consider these to be complications of drug therapy, not poisoning. on the record.

I(a) Ventricular fibrillation 4274
(b) Acute narcotism 3498 9358
(c) Carcinoma of stomach &1519
Code the "acute narcotism," 3498 and E9358 since it is indicated to be due to drug therapy by its position

I(a) Cardiac arrest 4275
(b) Digitalis intoxication)952 &9421
(c) A.S.H.D. &4140
Code the "digitalis intoxication,")952, &9421 since it is indicated to be due to drug therapy by its position on the record.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Example

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

c. Combined effects of two or more drugs

When a complication is reported due to the combined effects of two or more drugs, code the complication as indexed. On the next lower line, code the appropriate E Code (E930-E949)

I(a) Cardiac arrest &4275
(b) Barbiturate, thorazine 9478
(c) and aspirin ingestion
Code E9478, the appropriate E Code for a combined effect of two or more drugs, in therapeutic use. Classified to different three-digit categories.

Do not consider as complication of drug therapy if the combination of drugs was any two or more of the following:

Analgesic
Sedative
Narcotic
Psychotropic drug or
Drug NOS

and the certifier indicated that the death was due to an "accident" or that it occurred under "undetermined circumstances." Code to poisoning (see pages 185 to 189).

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Example

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

c. Combined effects of two or more drugs - continued

To determine the appropriate E Code, refer to the column for "Adverse Effect in correct usage" in the Table of Drugs and Chemicals and proceed as follows:

- (1) If the combination is listed in the Table of Drugs and Chemicals, code the E Code for the combination.
- (2) If the combination is not listed and the drugs are classified to different fourth digits of the same three-digit category, code to the appropriate E Code with the fourth digit for "Other."
- (3) If the combination is not listed and the drugs are classified to different three-digit categories, code the E Code to 947.8, "Other drugs and medicaments."

I (a) Congestive heart failure 4280
(b) Cor pulmonale 4169
II Hemorrhage from coumadin and aspirin & 4590 9478
Code E9478, the appropriate E Code for a combined effect of two drugs in therapeutic use classified to different three-digit categories.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

1. Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - continued

d. Complication of chemotherapy

When a complication of chemotherapy is reported, code the complication as indexed and code E9479 unless a malignancy is reported on the certificate. When the complication of chemotherapy is classifiable to Chapters I-XVI and the condition for which the chemotherapy was given is not reported, place an ampersand preceding the code for the complication.

I (a) Aplastic anemia &2848
 (b) Chemotherapy 9479
Code I (a) aplastic anemia due to drugs (2848), and code I (b) E9479, adverse effect of unspecified drug in correct usage.

When a malignancy is reported and a complication of chemotherapy is reported, consider the chemotherapy to be antineoplastic drugs and code the E Code to 9331.

I (a) Purpura 2872
 (b) Chemotherapy 9331
 (b) Leukemia &2089
Code I (a) as indexed. Code I(b) E9331, a complication of an antineoplastic drug.

e. Drugs administered for 1 year or more

When a complication is reported due to a drug being administered for 1 year or more, consider that the drug was given on a continuing basis. Code as a current complication; do not code as a late effect.

I (a) Hypercorticosteronism 2553
 (b) Steroids - 6 years 9320
 (c) Arthritis &7169
 Consider the steroids as being administered on a continuing basis for 6 years. Code as a current complication of the drug. Code I(a) hypercorticosteronism, due to correct substance properly administered (2553)

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication

When a complication(s) or adverse effect arises due to a surgical (operative) procedure, code the complication to Chapters I-XVII as indexed and the procedure to the appropriate E Code (E8780-E8789). When a complication is reported due to surgery or is stated as post-operative, check in index for the term qualified as post-operative. If index provides a code for the term qualified as post-operative, use this code for the complication. If index does not provide for the term qualified as post-operative, code the term to the appropriate nature of injury code (996-998). When a specified complication, not classifiable as above is reported, code to 9988.

When a complication is qualified as "post-operative," code as follows:

- a. If the complication is classifiable to Chapters I-XVI, code the E Code followed by the code for the complication.
- b. If the complication is classifiable to Chapter XVII, code the nature of injury code followed by the E Code.

I(a) Shock)980
(b) Surgery &8789

Code the shock to surgical shock as indexed and the surgery as indexed under complication of medical or surgical procedure or treatment. Precede the E Code (8789) by an ampersand.

I (a) Pulmonary insufficiency &5185
(b) Surgery 8789

Code I(a) insufficiency, pulmonary following surgery (5185). Code I(b) E8789, reaction, abnormal following surgery.

I (a) Pneumonia)973
(b) Surgery &8789

Pneumonia is one of the most frequent complications of a surgical procedure. Code)973, complication, respiratory of a surgical procedure. Code I(b) E8789, reaction, abnormal following surgery.

I(a) Post-gastrectomy dumping syndrome 8786 5642
(b) Carcinoma of stomach &1519

Code I (a) E8786, reaction abnormal of removal of organ, and I(b) 5642, dumping syndrome. Place an ampersand preceding 1519, carcinoma of stomach, to identify the underlying condition that necessitated surgery.

I (a) Post-operative cardiac arrest)971 &8786
(b) Appendectomy
(c) Acute appendicitis &5409

Code I(a) E8786, reaction abnormal of removal of organ, and)971, complication, cardiac, surgical procedure. Place an ampersand preceding 5409 to identify acute appendicitis as the underlying condition that necessitated surgery.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

a. Conditions not considered as post-operative complications

Although almost any condition reported due to surgery is regarded as a post-operative complication, there are a few diseases which are not considered post-operative complications.

I (a) Myocardial infarction 410
 (b) Arteriosclerosis 4409
 (c) Surgery
 Since arteriosclerosis is not accepted as a complication of surgery, do not code the surgery.

Do not accept the following conditions as complications of surgical procedures:

I(a) Diabetic gangrene 2506
 (b) Leg amputation
 Do not code the leg amputation (surgery) since there is no indication of a surgical complication.

Infectious and parasitic diseases
 (001-030, 032-034, 036, 039,
 0401-100, 102-104, 120-1369
 except Infection NOS, 137-139)

I (a) Arteriosclerotic coronary aneurysm 2 wks)971
 (b) Surgery for &8789
 (c) Ca. Of stomach &1519

Neoplasms (140-239)
 Diabetes (250)

Hemophilia (2860-2862)
 Alcoholic disorders (303, 3050,
 3575, 3594, 4255, 5353, 5710-
 5713, 7903)

Rheumatic fever or rheumatic heart disease (390-398)

Chronic or degenerative myocarditis
 (4290)

Cerebral hemorrhage (430-432)
except when due to surgery
 on central nervous system

Hypertensive diseases in 402-404

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication -continued

a. Conditions not considered as post-operative complications- continued

Arteriosclerosis (440) and arterio-sclerotic conditions, except those classified to 410
Influenza (487)
Hernia except ventral (incisional)
Collagen diseases (710)
Congenital malformations (740-759)
Conditions with a duration which predates the surgery

This is not an all inclusive list.

b. Condition necessitating surgery

When a complication of surgery is reported and the underlying condition which necessitated the surgery is stated or implied, place an ampersand (&) preceding this condition to indicate the condition for which the surgery was performed. Do not ampersand a condition necessitating surgery unless a complication of the surgical procedure is coded. When the condition necessitating the surgery is not stated or implied and the complication is classifiable to Chapters I-XVI, place an ampersand preceding the code for the complication.

I (a) Pulmonary embolism)973
(b) Surgery for &8789
(c) Gangrene of foot &7854

Code the pulmonary embolism as the complication, the E Code to &8789 for the procedure, and precede the code for gangrene with an ampersand to identify the underlying condition for which surgery was performed.

I (a) Sepsis and anuria 0389 7885
(b) P.O. peritonitis)985 &8789
(c) P.O. ca. Of colon c obstruction &1539 5609

Code peritonitis as the complication and E8789 for the procedure. Place an ampersand preceding the ca. of colon to identify the underlying condition which necessitated surgery.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication
- continued

b. Condition necessitating surgery - continued

When surgery NOS or a therapeutic surgical procedure is reported on a certificate without mention of a complication, code only the condition which required the surgery.

When the condition that necessitated the surgery is implied by the operative term, code this condition.

When the condition that necessitated the surgery is not reported, if the organ or site is implied by the operative term, code the residual category for disease of the organ or site. An exception to this generalization is appendectomy which is classified to appendicitis (541) when it is the only operative procedure reported. If appendectomy is reported with other abdominal or pelvic surgery, assume the appendectomy to be incidental to the other surgery and do not code 541.

Use the following codes when these surgical procedures are reported and the condition necessitating the surgery is not reported:

Aorta - (c any other vessel) (by-pass) graft 4479	Gastrojejunectomy 5699
Atrio-ventricular shunt 3489	Herniorrhaphy code hernia
Billroth (I or II) 5377	Hysterectomy 6219
Brock valvulotomy 7460	Ileal loop 5999
Cardiac revascularization 4140	Lobectomy - when indicated lung 5189
Choledochoduodenostomy 5759	Mammary artery internal) implant 4140
Cholecystectomy 5759	Nephrectomy 5939
Cholelithotomy 5742	Revascularization of heart 4140
Colostomy 5699	Revascularization, myocardial 4140
Coronary endarterectomy 4140	T and A 4749
Coronary revascularization 4140	Thoracoplasty 5199
Endarterectomy (artery) (aorta) 4479	Tonsillectomy 4749
Gastrectomy 5377	Ureterosigmoid bypass 5999
Gastroenterostomy 5699	Ureterosigmoidostomy 5999
Gastro-intestinal surgery NOS 5699	Vein stripping 4549
Gastrojejunostomy 5699	Vineberg operation 4140

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

b. Condition necessitating surgery - continued

When the condition that necessitated the surgery is not reported and the surgical procedure does not indicate the organ or site, do not enter a code for the operative term. These procedures include: amputation, chordotomy, craniotomy, cystostomy, D&C, gastrostomy, laminectomy, laparotomy, lobectomy NOS, lobotomy, portocaval shunt, rhizotomy, sympathectomy, tracheotomy, tracheostomy, tubal ligation, vagotomy, vasectomy, and vas ligation. If a term such as these is the only entry on the certificate, code 7999.

When the following complications of surgery are reported and the reason for the surgery is not reported, use the following codes as the reason the surgery was performed:

	Reason for Surgery
	. Code .
Postsurgical hypothyroidism	2469
Postsurgical hypoinsulinemia	5779
Blind loop syndrome	5699
Other and unspecified postsurgical nonabsorption	5699

Example

I (a) Blind loop syndrome 8789 5792 &5699

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication -continued

b. Condition necessitating surgery - continued

<u>When a Complication</u>	<u>Is reported due to</u>	<u>Code</u>
	"Surgery" with the underlying condition that necessitated the surgery <u>stated</u>	the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by ampersand, if required, and the underlying condition necessitating the surgery preceded by an ampersand.
	"Surgery" with the condition which necessitated the surgery not stated <u>and</u> only one condition for which surgery could have been performed is reported	the complication to Chapters I-XVII, the surgery to appropriate E Code (E878) preceded by an ampersand, if required. Since only one condition for which the surgery could have been performed is reported, code the condition and precede with an ampersand to identify the reason for the surgery.
	"Surgery" with the condition which necessitated the surgery not <u>stated</u> and two or more conditions for which surgery could have been performed are reported	the complication to Chapters I-XVII and the surgery to appropriate E Code (E878) preceded by ampersand, if required. Ampersand the first mentioned condition for which the surgery could have been performed.
	"Surgery" <u>without</u> indication of the condition which necessitated the surgery	the complication to Chapters I-XVII, and the surgery to appropriate E Code (E878) only. If the complication is classifiable to Chapters I-XVI, precede code for complication with an ampersand.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

b. Condition necessitating surgery - continued

<u>When a Complication</u>	<u>Is reported due to Prophylactic or non-therapeutic surgery</u>	<u>Code</u>
		the complication to Chapters I- XVII and the surgery to appropriate E Code (E878) preceded by ampersand, if required. Do not assume or ampersand a disease condition. When the complication is classifiable to Chapters I-XVI, precede the code for the complication with an ampersand.

Examples

I(a) Hemorrhage)981
(b) Surgery &8789
(c) Ca. of lung &1629

Code I(a) as post-operative hemorrhage
()981). Code the E Code for the
surgical procedure and precede by an
ampersand. Code 1629, Ca. of lung and
precede by an ampersand to identify the
stated underlying condition for which
surgery was performed.

I(a) Mesenteric thrombosis)974
(b) Surgery &8789
II ASHD &4140

Code mesenteric thrombosis as the complication of
the surgery and code E8789 preceded by an amper-
sand for the surgery. Since ASHD is the only
condition on the certificate for which surgery
could have been performed, precede the code for
this condition by an ampersand.

I(a) Wound dehiscence)983
(b) Surgery &8789
II Ca. of lung, gastric ulcer &1629 5319

I(a) M. I.)971
(b) Gastrectomy &8786
II Bleeding gastric ulcer &5314

I(a) Shock & hemorrhage)980)981
(b) Surgery &8789

I(a) Cardiac arrest 4275
(b) Pneumonia)973
(c) Pancreatectomy &8786 &5779

I(a) CHF)971
(b) Cholelithotomy &8788 &5742

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L.	<u>Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued</u>	<u>Examples</u>	
	2. <u>Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued</u>		
	c. <u>Relating surgical procedure to condition for which surgery was performed</u>		
	When a condition of unspecified site is reported with surgery of a defined site, code the condition of unspecified site to the defined site.	I(a) Aneurysm II Oper. for aortic aneurysm	4416 4416
	When a condition of a site is reported with surgery of a more defined part of the site, code the condition to the more specified site.	I(a) Carcinoma colon II Left colectomy	1532
	When a condition of a site is reported with surgery for the same condition of unspecified or a less defined part of the site, code the condition to the most defined site.	I(a) Ca. of head of pancreas II Pancreatectomy for ca.	1570 1570
	Do not apply these instructions when more than one condition or a condition of multiple specified sites which could have necessitated the surgery is reported.	I(a) Cardiac arrest (b) Resp. arrest (c) Carcinoma of lung, liver, brain II Findings of oper: Carcinoma	4275 7991 1629 1552 1919 1991
		I(a) Peritonitis (b) Cancer (c) Diabetes, gallstones, & gastric ulcer II Gastrectomy	5679 1991 2500 5742 5319

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

d. Conditions qualified as post-operative

When "post-operative," "post-op," "p.o.," etc., qualifies a condition, determination must be made as to whether the condition is a surgical complication or the condition for which the surgery was performed. When the complication is classifiable to Chapters I-XVI and the condition necessitating the surgery is not reported, place an ampersand preceding the code for the complication.

When "post-operative," "post-op," etc., qualifies a complication:

- (1) If the complication is classified to Chapters I-XVI, code the E Code followed by the code for the complication.
- (2) If the complication is classified to Chapter XVII, code the nature of injury code followed by the E Code.

- | | | |
|------|----------------------------------|------------|
| I(a) | P.O. pneumonia |)973 &8789 |
| I(a) | Cardiac arrest | 4275 |
| (b) | Peritonitis, post-op |)985 &8789 |
| (c) | Cholelithiasis | &5742 |
| I(a) | Pulmonary edema | 5184 |
| (b) | P.O. bowel obstruction | 8789 5609 |
| (c) | Ca. of cecum | &1534 |
| II | Surgery for bowel obstruction | 5609 |
| I(a) | M.I. post gastrectomy |)971 &8786 |
| II | Gastric ulcer surgery | &5319 |
| I(a) | Heart failure | 4289 |
| (b) | ASHD | &4140 |
| II | Thrombophlebitis, post-operative |)972 &8789 |
| I(a) | Pneumonia | 486 |
| (b) | P. O. infection (wound) |)985 &8789 |
| (c) | Intestinal obstruction | &5609 |

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued
2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued
- d. Conditions qualified as post-operative - continued

Code the following terms as post-operative complications when preceded by or followed by "post-operative," "post-op," "p.o." or synonymous terms except when this condition is stated elsewhere on the certificate as the reason the surgery was performed:

abscess	occlusion
adhesions	peritonitis
aspiration	phlebitis, phlebothrombosis
atelectasis	pneumonia
bowel obstruction	pneumothorax
cardiac arrest	renal failure (acute)
embolism	sepsis
fistula	septicemia
gas gangrene	septic shock
hemolysis, hemolytic infection	shock
hemorrhage, hematoma	thrombophlebitis
infarction	thrombosis
infection	wound infection

This list is not all inclusive.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued
2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued
- e. Complication as first entry on lowest used line in Part I

When any one of the conditions listed below is reported as the first entry on the lowest used line in Part I with surgery reported on same line or in Part II, code this condition as a post-operative complication. Do not apply this instruction when the surgery is stated to have been performed 28 days or more prior to death or when the surgery is stated to have been performed for the condition reported as the first entry on the lowest used line.

When the first entry on the lowest used line in Part I is:

And

Code

Acute renal failure	surgery is reported on same line or	complication as indexed and the
Aspiration	in Part II	surgery to appropriate E Code
Atelectasis		(E878) where it is indicated on
Bacteremia		the record by the certifier
Cardiac arrest (any 4275)		
Disseminated intravascular coagulopathy (DIC)		
Embolism (any site)		
Gas gangrene		
Hemolysis, hemolytic infection		
Hemorrhage NOS		
Infarction (any site)		
Occlusion (any site)		
Phlebitis (any site)		
Phlebothrombosis (any site)		
Pneumonia (classifiable to 4800-486, 5070)		
Pneumothorax		
Pulmonary Insufficiency		
Renal failure NOS		
Septicemia (any 0380-0389)		
Shock (septic) (any 7855)		
Thrombophlebitis (any site)		
Thrombosis (any site)		

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued
2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued
- e. Complication as first entry on lowest used line in Part I - continued

When the first entry on the lowest used line in Part I is:

And

Code

Peritonitis Intestinal obstruction (5600-5609)	<u>abdominal</u> or pelvic surgery is reported on same line or in Part II	complication as indexed and the surgery to appropriate E Code (E878) where it is indicated on the record by the certifier
Hemorrhage of a site Fistula of site(s)	surgery of the same site or region is reported on same line or in Part II	
All conditions listed above and on preceding page	surgery stated to have been performed 28 days or more prior to death is reported on same line or in Part II	condition as indexed. Do not code as a complication of the surgery.
Adhesions	surgery performed less than one year prior to death is reported on same line or in Part II	)974 and code the surgery to appropriate E Code (E878)
Adhesions	surgery performed one year or more prior to death is reported on same line or in Part II	)093, late effects of complications of surgery and code the surgery to appropriate E Code (E878)

NOTE: When a date is entered in the operation block, code as if surgery was performed on that date.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

e. Complication as first entry on lowest used line in Part I - continued

Examples

I(a) Pneumonia	486	I(a) Septic shock	7855
(b) Peritonitis	5679	(b) Peritonitis	5679
(c) Intestinal obstruction	)974	(c) Adhesions	)974
II Colostomy - ulcerative colitis &8783 &556		II Surgery - 6 mos. ago for ca.	&8789 &1539
<u>Code</u> intestinal obstruction on I(c) as a complication of the surgery reported in Part II, since the surgery was <u>abdominal</u> and there is no <u>indication</u> that this procedure was performed 28 days or more prior to death.		<u>Code</u> adhesions on line I(c) as a complication of surgery and code the E Code for the surgery as the first entry in Part II and <u>precede</u> E Code by an ampersand. Code the condition for which surgery was performed and <u>precede</u> by an ampersand.	
I(a) Pneumonia	486	I(a) Renal failure	586
(b) Pulmonary embolism	)973	(b) Intestinal obstruction	5609
(c)		(c) Adhesions	)093
II Operations for gangrene of leg &8789 &7854		II Surgery - 16 months ago for	&8789 &5621
<u>Code</u> pulmonary embolism as a complication of surgery since it is the first entry on the lowest used line in Part I and surgery, <u>not</u> indicated to have been performed 28 days or more prior to death, is reported in Part II.		diverticulitis	
		<u>Code</u> adhesions on line I(c) as a complication of the surgery reported in Part II. Since this surgery was performed more than 1 year ago, code)093 for the complication. Code diverticulitis as the condition for which surgery was performed.	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

e. Complication as first entry on lowest used line in Part I - continued

Examples

I(a) Congestive heart failure 4280
 (b) Shock 7855
 (c) Acute renal failure 5849
 II Surgery performed 6 wks. ago 1539
 for cancer of colon

Code all conditions on this record as indexed. Do not code acute renal failure as a complication of surgery since the surgery was performed more than 27 days prior to death.

Date of death 09/17/78
 I(a) Pleural effusion 5119
 (b) Pulmonary embolism & pneumonia)973 486
 (c)
 II &8789

Operation block
/ 9/15/78 /

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued
- 2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued
- f. Ill-defined condition as first entry on lowest used line in Part I

When an ill-defined condition classifiable to the codes listed below is reported as the first entry on the lowest used line in Part I with surgery reported on the same line or in Part II, proceed as follows:

<u>When the first entry on the lowest used line in Part I is:</u>	<u>With</u>	<u>Code</u>
7800-7854 7856-7906 7908-7999	surgery reported on the same line or in Part II	the ill-defined condition, then code the remaining conditions as if the ill-defined condition had not been reported

EXCEPTIONS:

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>		<u>Code</u>
7800	2500-2510 5722 (00-(03	(50-(54)050)070	each entry as indexed
7803	037 3450-3459	6420-6429	
7810	3320-3321 3330-3339	3420-3459 3510	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring
as a result of or during surgical or medical
care - continued

2. Surgical procedures as the cause of abnormal
reaction of the patient or later complication
- continued

f. Ill-defined condition as first entry on
lowest used line in Part I - continued

EXCEPTIONS: - continued

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>	<u>Code</u>
7812	0940	each entry as indexed
7813	0940	3340-3349
7814	3420-3449	
7817	2521	
7823	262 2766	5800-5839
7824	0700-0709 1550-1579	1977-1978 5700-5769
7827	2870-2879	
7830	3071	
7835	2535	5881

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgery or medical care - continued

 - 2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

 - f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>		<u>Code</u>
7847	1600-1609 1973 2040-2089 2120 2318 2359 2391 4010-4019	460-4619 4659 470-4720 4722 4730-4739 4770-4781 4788-4789	each entry as indexed
7848	1460-1499 1610-1619 1973 1988 2040-2089 2105-2109 2121 2300 2310	2351 2356 2390-2391 460 462-4640 4642-4659 4721-4722 4740-4761 4782-4789	
7850	3910-3989 4020-4029	4040-4049 410-4299	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

- L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued
 - 2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued
 - f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>		<u>Code</u>
7851	3910-3989 4020-4029	4040-4049 410-4299	each entry as indexed
7852	3910-3989 4020-4029	4040-4049 410-4299	
7853	3910-3989 4020-4029	4040-4049 410-4299	
7854	0400 2500-2509 4402 4409	4430-4439 5400-543 5500-5539	
7856	075	2000-2089	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>		<u>Code</u>
7863	0110-0119 0129 1610-1629 1970 1973 2040-2089 2121-2123	2310-2312 2356-2357 2391 4640-4661 4760-4761 4783-4789 4800-5199	each entry as indexed
7870	5310-5349	5740-5752	
7880	5920-5929		
7885	5920-5929	)585	
7895	1510-1599 1830 1974 1977-1978	1986 1990-1991 5710-5719	

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

EXCEPTIONS: - continued

<u>When the first entry on the lowest used line in Part I is:</u>	<u>And a condition classifiable to one of the following codes is reported on the same line or in Part II</u>		<u>Code</u>
7902	2500-2513		each entry as indexed
7903	303	3050	
7907	0010-0085 0090-0408 0410-0419	481 4820-4829 485-486	
7908	0086-0088 0450-0799	4800-4809	
7910	2030	5800-587	
7915	2500-2509		
7962	4010-4049		
7990	)600-)899		

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

2. Surgical procedures as the cause of abnormal reaction of the patient or later complication - continued

f. Ill-defined condition as first entry on lowest used line in Part I - continued

Examples

I(a) Senility and M. I.	797)971	I(a) Peritonitis	)985
II Gastrectomy	&8786 &5377	(b) Cause unknown	7997
		II Ileal loop	&8782 &5999
I(a) Aspiration pneumonia	5070		
(b) Jaundice	7824		
II Cholecystectomy for gallstones	5742		

g. Complications of amputation and amputation stump

Examples

When a complication (stated or implied) occurs as a result of an amputation, code the complication to Chapters I-XVII. When the complication is classifiable to Chapters I-XVI and the condition that necessitated the amputation is not reported, precede the code for the complication with an ampersand.

I(a) Renal failure	)975
(b) B. K. amputation of leg	&8785
(c) Gangrene of foot	&7854
I(a) Infected amputation stump	)976 &8785
(b) Osteosarcoma of leg	&1707

When there is a complication of an amputation stump, code the complication to)976. (Do not use)976 for "stump" of internal organs.)

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

3. Complication of procedures involving administration of drugs, radiation, and instruments

Many procedures (e.g., angiogram, barium enema, pyelogram) involve the administration of drugs and the use of x-ray or radioactive substances and various instruments. When complications of these procedures are reported, determine, if possible, which specific part of the procedure caused the complication. Code the appropriate code for the complication and the procedure. When the complication is classifiable to Chapters I-XVI and the reason for the procedure is not reported, precede the code for the complication with an ampersand.

I(a) Pulmonary embolism	)967
(b) Cardiac catheterization	&8790
(c) Ventricular septal defect	&7454
I(a) Barium impaction	9478 5603
(b) Barium enema	
(c) Colon polyps	&2113
I(a) Anaphylactic shock	)950
(b) Hypaque (aortogram)	&9478
II Dissecting aortic arch aneurysm	&4410
I(a) Peritonitis	5679
(b) Laceration of colon	)982
(c) Barium enema	&8707
(d) Diverticulitis	5621
I(a) Cerebral hemorrhage	)981
(b) Cerebral arteriogram	&8798
(c) Astrocytoma-posterior fossa	&1919
I(a) Cardiac failure	4289
(b) Anesthesia for prostate	9389
(c) surgery	&6029

When a complication results from the administration of anesthesia, code the complication as indexed and code the appropriate E Code (E9380-E9389) (see Drugs, medicaments, and biological substances causing adverse effects in therapeutic use, pages 192 to 198).

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

3. Complication of procedures involving administration of drugs, radiation, and instruments - continued

I(a) Cardiac arrest)971
(b) Prostatic surgery under &8789
anesthesia
(c) B.P.H. &600

The condition on I(a) is reported due to the surgery, not the anesthesia.

I(a) Pulmonary infarction 4151
(b)
(c)

II Cardiac catheterization

Cardiac catheterization is not classified as a surgical procedure; therefore, do not code the pulmonary infarction as a complication.

I(a) Pneumonia 486
(b)
(c)

II Biopsy

Biopsy is not classified as a surgical procedure; therefore, do not code the pneumonia as a complication.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

4. Adverse effects due to exposure to radiation during medical care

When a complication results from exposure to radiation, except radiofrequency radiation and that from infrared heaters and lamps and visible and ultraviolet light sources, consider as exposure of patient to radiation during medical care unless there is information on the certificate that indicates otherwise. Code complications of radiation during medical care as follows:

- a. If the index provides a code for the condition qualified as "radiation," "radiation induced," or "due to radiation," use this code.
- b. If the index does not provide a code for the condition qualified as "radiation," "radiation induced," or "due to radiation," code the condition as indexed without the qualifier.
- c. Code the E Code to E8792 - (Radiological procedure and radiotherapy as cause of abnormal reaction of patient or of later complication).

- | | |
|--|-----------|
| I(a) Pulmonary edema | 514 |
| (b) Radiation pneumonitis | 8792 5080 |
| (c) Radiation therapy for ca. breast | |
| (d) | &1749 |
| "Radiation pneumonitis" is the complication. Code E8792 and also 5080 for radiation pneumonitis. Precede the code for ca. breast with an ampersand to identify the condition for which the radiation was administered. | |
| I(a) Carcinomatosis | 1990 |
| (b) Oat cell carcinoma | &1629 |
| (c) | |
| II X-ray fibrosis - lung | 8792 5081 |
| Fibrosis, lung is the complication. Code E8792 for x-ray and 5081, radiation fibrosis of lung. Precede the code for oat cell carcinoma with an ampersand to identify the condition for which the radiation was administered. | |
| I(a) Pneumonia | 5080 |
| (b) Radiation | 8792 |
| (c) Carcinoma of face | &1950 |
| <u>Code</u> I(a) pneumonia due to radiation (5080). Code I(b) E8792 for the radiation. Precede the code for carcinoma of face with an ampersand to identify the condition for which the radiation was administered. | |
| I(a) Debility | 7993 |
| (b) Radiation therapy | 8792 |
| (c) Hodgkin"s disease | &2019 |
| <u>Code</u> I(a) as indexed since ICD-9 does not provide a code for radiation induced debility. | |

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

4. Adverse effects due to exposure to radiation during medical care - continued

When the complication is qualified as "radiation" or as "radiation induced" and the index provides a code for the condition in Chapters I-XVI, code the E Code followed by the condition code. If the complication is qualified as "radiation" or "radiation induced" and the index provides a code for the condition in Chapter XVII, code the nature of injury code followed by the E Code.

If the condition that necessitated the use of radiation is reported on the certificate, enter the code for this condition and precede code by an ampersand only if the E Code is E8792. When a complication is reported and the condition that necessitated the use of radiation during medical care is not indicated on the certificate, and a malignant neoplasm is reported, place an ampersand preceding the code for the malignant neoplasm.

When a complication of radiation is classifiable to Chapters I-XVI and the condition that necessitated the use of the radiation is not reported, precede the code for the complication with an ampersand.

I(a) Radiation induced chronic bronchitis	8792 5088
II Carcinoma of trachea	&1620
Chronic bronchitis is the complication. Code and 5088, chronic bronchitis due to radiation. Precede the code for carcinoma of trachea with an ampersand to identify the condition for which the radiation was administered.	E8792

Female, 26 years	
I(a) Alopecia	7040
(b) Radiation	8792
II Hodgkin"s granuloma	&2011

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

L. Adverse effects and misadventures occurring as a result of or during surgical or medical care - continued

Examples

5. Misadventures to patients during surgical and medical care

Except for poisoning, overdose of drug and wrong drug given in error, code most misadventures (accidents or errors) to patients during surgical and medical care to complications of surgical and medical care (996-999) in the nature of injury chapter and to E870-E876 in the Supplementary E Code. Code burns from local applications or irradiation to burns in the nature of injury chapter and to E870-E876 in the E Code chapter. Code trauma from instruments during delivery to Chapter XI and do not use an E Code. A limited number of conditions attributable to misadventure to patient (E870-E876 in the E Code), e.g., serum hepatitis, are classified to Chapters I-XVI.

When a misadventure classifiable to E870-E876 occurred during medical care, do not ampersand the code for the condition that necessitated medical care.

When a condition classifiable to Chapters I-XVI is attributed to a misadventure during medical or surgical care, precede the code for the condition with an ampersand.

I(a) Cardiac tamponade 4239
 (b) Perforation of auricle by catheter)982 &8706
 II Therapeutic accident)999

The perforation occurred during a cardiac catheterization. Code I(b))982, accidental perforation of organ during a procedure, and E8706, accidental perforation during a heart catheterization.

I(a) Peritonitis 5679
 (b) Accidental perforation of)982 &8707
 (c) large bowel

II Self-administered tap water enema
 Line I(b) is a reported misadventure occurring during medical care. Code)982, accidental perforation during a procedure and E8707, accidental perforation during the administration of an enema.

I(a) Burns)490
 (b) Radiation therapy &8732
 (c) Ca. esophagus 1509

Code I(a))490, burns, radiation. Code I(b) E8732, overdose of radiation in therapy.

I(a) Serum hepatitis &0703
 (b) Blood transfusion 8750
 (c) Leukemia 2089

Serum hepatitis is a misadventure occurring during a blood transfusion. Code I(a) 0703, serum hepatitis, and I(b) E8750, contaminated substance transfused or infused. Since the serum hepatitis is classifiable to Chapters I-XVI, precede the code for serum hepatitis with an ampersand.

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

<u>M. Late effects of injuries, poisoning, toxic effects and other external causes</u>	<u>Examples</u>
1. <u>905-909 Late effects of injuries, and poisonings</u>	
Use these categories for the classification of injuries and poisonings (conditions in 800-999) if:	
a. A condition that is stated to be a late effect or sequela of the condition in 800-999 is reported.	I(a) Paralysis 16 mos.)079 (b) Spinal cord injury)072 (c) auto accident &9290
b. A condition with a duration of 1 year or more that was due to the condition in 800-999 is reported.	Date of death 12/1/78 I(a) Old head injury)070 II &9298 <u>/Accident/</u> Farm - Date of injury 9-3-78 Tractor overturned
c. The condition in 800-999 is stated to be old or the interval between onset of this condition and death is indicated to be 1 year or more, whether or not the residual (late) effect is specified.	I(a) Chronic pyelitis 5900 (b) Quadriplegia)072 (c) <u>Fracture cervical spine</u>)051 II <u>/Accident/ /2 car collision/</u> &9290
d. A chronic condition with or without a duration is reported due to condition in 800-999.	
Use subcategories 9050-9055 for the classification of fractures if:	
a. The fracture is stated to be healed.	I(a) Healed fractured hip)053 II &9293

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

M. Late effects of injuries, poisoning, toxic effects and other external causes - continued

Examples

2. Late effects of external causes (E929, E959, E969, E977, E989, E999)

E929	Late effects of accidental injury (external causes of injuries in E800-E869, E880-E928)	I(a) Subdural hematoma - 1 yr (b) Fall	)070 &9293
E959	Late effects of self-inflicted injury (external causes of injuries in E950-E958)	I(a) Esophageal stricture yrs (b) Ingestion of lye II Suicide attempt	5303)091 &959
E969	Late effects of injury purposely inflicted by another person (external causes of injuries in E960-E968)		
E977	Late effects of injuries due to legal intervention (external causes of injuries in E970-E976)		
E989	Late effects of injury undetermined whether accidentally or purposely inflicted (external causes of injuries in E980-E988)		
E999	Late effects of injury due to war operations (external causes of injuries in E990-E998)	I(a) Chr. bronchitis, emphysema & asthma (b) Chronic myelopathy (c) Spinal cord injury 30 years II Accident Old World War II injury	4919 492 4939 3369)072 &999)089
	Use the above categories with the appropriate fourth digit for the		

EFFECTS OF EXTERNAL CAUSE OF INJURY AND EXTERNAL CAUSES OF INJURY AND POISONING

M. Late effects of injuries, poisoning, toxic effects and other external causes - continued

Examples

2. Late effects of external causes (E929, E959, E969, E977, E989, E999) - continued

classification of external causes of injury (conditions in E800-E869, E880-E928, E950-E958, E960-E968, E970-E976, E980-E988, E990-E998) if:

a. A condition that is stated to be a late effect or sequela of the external cause is reported.

b. A condition with a duration of 1 year or more that was due to the external cause is reported.

c. An injury that is stated to be old or healed or a malunion of a fracture that was due to the external cause is reported.

I(a) A.S.H.D.
(b)
(c)

4140

II Old fractured hip

)053 &9293

d. The interval between the time of occurrence of the external cause and death is indicated to be 1 year or more, whether or not the residual (late) effect is specified.

Date of death 11-1-78
I(a) Bronchopneumonia
II Contusion brain
/Accident/ Street Date of injury 5-20-77
Bicycle (operator) vs. truck

485

)070 &9290

There are no provisions in the E Code categories to identify late effects of radiation or surgical or medical care. Code late effects of radiation or surgical and medical care to appropriate nature of injury code (9092-9093) and code the E Code for the procedure to E8700-E8799.

Male, 55 years
I(a) Respiratory arrest
(b) Chr. obstructive pulmonary disease 10 yrs
(c) Post status lobectomy - ca. of lung 10 yrs

7991

)093

&8786 &1629

SECTION VI
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