INSTRUCTIONS FOR THE AUTOMATED CLASSIFICATION OF THE INITIATING AND MULTIPLE CAUSES OF FETAL DEATHS, 2013

SECTION I: General Concepts For Coding Fetal Deaths

A. INTRODUCTION

This manual provides instructions to NCHS mortality medical coders and nosologists for coding multiple causes of fetal death reported on the 2003 Revision of the Fetal Death Reports filed in the states. These mortality coding instructions are used by the National Center for Health Statistics (NCHS), which is the Federal agency responsible for the compilation of U.S. statistics on causes of fetal death. NCHS is part of the Centers of Disease Control and Prevention.

In coding causes of fetal death, NCHS refers to the World Health Organization's most recent revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) for processing the data for fetal mortality tabulation.

Beginning with fetal deaths occurring in 1999, ICD-10 has been used for coding and classifying causes of fetal death. This revision of the Classification is published by the World Health Organization (WHO) and consists of three volumes. Volume 1 contains a list of three-character categories, the tabular list of inclusions, and the four-character sub-categories. The supplementary Z code Classification appears in Volume 1 but is not used for classifying mortality cause of death data, including fetal deaths. Optional fifth characters are provided for certain categories and an optional independent four-character coding system is provided to classify histological varieties of neoplasm, prefixed by the letter M (for morphology) and followed by a fifth character indicating behavior. These optional codes are not used at NCHS. Volume 2 includes the international rules and notes used in classifying and tabulating cause of death data including fetal death data. Volume 3 is an alphabetical index containing a comprehensive list of terms and codes for use in coding. Copies of these volumes may be purchased. See ordering information at http://www.who.int/classifications/icd/en/.

NCHS prepares updated versions of Volume 1 and Volume 3 annually http://www.cdc.gov/nchs/nvss/instruction_manuals.htm The major purpose of these updated versions is to provide and maintain a single published source of new and/or corrected code assignments including terms not indexed in Volume 3 and/or not classified in Volume 1 of ICD-10.

Each year, all the major revisions from previous manuals will be documented in the Introduction of this manual under the heading "Major Revisions from Previous Manuals".

This manual documents concepts and instructions for coding multiple causes of fetal death consistent with the provisions of ICD-10. This manual should be used in conjunction with the latest updated versions of ICD-10, Volumes 1 and 3 and the Perinatal Subset of medical terms. The Perinatal Subset is a list of terms classified to Chapter XVI, Certain conditions originating in the perinatal period (P00-P96). It is updated annually.

ICD-10 provides for the classification of certain medical conditions according to two different axes – the etiology or initiating disease process, referred to as the "dagger" code, and the manifestation or complication code, referred to as the "asterisk" code. NCHS uses and publishes

only the dagger codes. This dual system was introduced in the Ninth Revision of the ICD and remained an integral part of the ICD-10.

For example, Coxsackie myocarditis has a code (B33.2†) marked with a "dagger" in Chapter 1, Certain infectious and parasitic diseases and a different code (I41.1*) marked with an "asterisk" in Chapter 9, Diseases of the circulatory system. NCHS only codes the B33.2. Similarly, diabetic nephropathy has a dagger code (E14.2†) in Chapter IV, Endocrine, nutritional and metabolic diseases and an asterisk code (N08.3*) in Chapter XIV, Diseases of the genitourinary system. NCHS only codes the E14.2.

The fetal death multiple cause codes are used as inputs to the ACME System (Automated Classification of Medical Entities) which was developed by NCHS to automatically select the underlying cause of death and the TRANSAX System (Translation of Axes) used to produce multiple cause of death statistics, beginning with deaths occurring in 1968. ACME will be used as the automated system for selecting the initiating cause of fetal deaths. The ACME System requires codes be assigned for each condition reported on the Fetal Death Report, usually in the order the information is recorded on the report. The output data of the system are the initiating causes of fetal deaths assigned by applying the underlying cause Selection Rule 3 and Modification Rules A-E of the Classification. These rules are documented in the ICD-10, Volume 2. The same cause is selected as if one applied the manual cause of fetal death coding instructions specified in Instruction Manual 2J, Instructions for the Manual Classification of the Initiating Cause of Fetal Deaths, 2012.

http://www.cdc.gov/nchs/nvss/instruction_manuals.htm

B.   DEFINITIONS

Fetal Death is defined as "death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps."

Induced Termination of Pregnancy (Abortion) is defined as "purposeful interruption of an intrauterine pregnancy with the intention other than to produce a liveborn infant and which does not result in a live birth." This definition excludes management of prolonged retention of products of conception following fetal death.

Ectopic pregnancy reported with an intentional intervention An ectopic pregnancy reported with an intentional intervention, such as "removal of embryo", is not included in the fetal death file. Records with this type of event reported will be identified by the coder and proper steps taken for removal.

Live Birth is defined as "the expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps." "

This manual only includes instructions on coding causes of fetal deaths which includes "spontaneous abortions". Terms interpreted as spontaneous abortions are included in Appendix G.

Induced abortions and live births are not included in the fetal death file. Terms interpreted as induced abortions are included in Appendix H.

C.   Item 18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

The U.S. Standard Report of Fetal Death provides spaces for a certifier to record pertinent information concerning the diseases, morbid conditions, and injuries which either resulted in or contributed to a fetal death. The CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH portion of the Fetal Death Report includes items 18a and 18b. It is designed to obtain the opinion of the certifier as to the initiating cause and prompts the certifier to report specific conditions.

A cause of fetal death is the morbid condition or disease process, abnormality, injury, or poisoning leading directly to fetal death. The initiating cause of fetal death is the disease or injury, which initiated the chain of morbid events leading directly to death or the circumstances of the accident or violence, which produced fatal injury. A fetal 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 format in the 2003 Revision of the Fetal Death Report which the certifier is requested to record the causes of fetal death facilitates the selection of the initiating cause when two or more causes are reported. He or she is requested to report an initiating condition in Item 18a and all remaining causes in Item 18b.

D.   INCLUSIONS IN THE FILE

In some circumstances, the conditions reported in 18. Cause/Conditions Contributing to Fetal Death may indicate that this is not a fetal death. If the event does not meet the definition of a fetal death, the records will be removed automatically.

Induced terminations of pregnancy should be included in the fetal death file only when the fetus was known dead before the procedure and when the induction was performed for the sole purpose of removing an already-dead fetus. The term "induced termination of pregnancy" implies an induced termination of the pregnancy in progress, not one in which the fetal death has already occurred. Appendix G contains a list of terms not considered as induced abortions and that are coded as fetal deaths.

US STANDARD REPORT OF FETAL DEATH

STATE FILE NUMBER:

MOTHER

1. NAME OF FETUS (optional-at the discretion of the parents)	2. TIME OF DELIVERY (24hr)	3. SEX (M/F/Unk)	4. DATE OF DELIVERY (Mo/Day/Yr)

5a. CITY, TOWN, OR LOCATION OF DELIVERY	7. PLACE WHERE DELIVERY OCCURRED (Check one)	8. FACILITY NAME (If not institution, give street and number)
5b. ZIP CODE OF DELIVERY	□ Hospital □ Freestanding birthing center	
6. COUNTY OF DELIVERY	□ Home Delivery: Planned to deliver at home? □ Yes □ No □ Clinic/Doctor's office □ Other (Specify)_____	9. FACILITY ID. (NPI)

10a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)
10c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	10d. BIRTHPLACE (State, Territory, or Foreign Country)

11a. RESIDENCE OF MOTHER-STATE	11b. COUNTY	11c. CITY, TOWN, OR LOCATION
11d. STREET AND NUMBER	11e. APT. NO.	11f. ZIP CODE	11g. INSIDE CITY LIMITS? □ Yes □ No

FATHER

12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)	12c. BIRTHPLACE (State, Territory, or Foreign Country)

DISPOSITION

13. METHOD OF DISPOSITION:
□ Burial   □ Cremation   □ Hospital Disposition   □ Donation   □ Removal from State   □ Other (Specify)_____

ATTENDANT AND REGISTRATION INFORMATION

14. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: □ MD □ DO □ CNM/CM □ OTHER MIDWIFE □ OTHER (Specify)_____	15. NAME AND TITLE OF PERSON COMPLETING REPORT Name _____ Title _____	16. DATE REPORT COMPLETED ___/___/___ MM DD YYYY	17. DATE RECEIVED BY REGISTRAR ___/___/___ MM DD YYYY

CAUSE OF FETAL DEATH

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

18a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)
Maternal Conditions/Diseases (Specify) _____	Maternal Conditions/Diseases (Specify) _____
Complications of Placenta, Cord, or Membranes □ Rupture of membranes prior to onset of labor □ Abruptio placenta □ Placental insufficiency □ Prolapsed cord □ Chorioamnionitis □ Other Specify_____	Complications of Placenta, Cord, or Membranes □ Rupture of membranes prior to onset of labor □ Abruptio placenta □ Placental insufficiency □ Prolapsed cord □ Chorioamnionitis □ Other Specify_____
Other Obstetrical or Pregnancy Complications (Specify) _____	Other Obstetrical or Pregnancy Complications (Specify) _____
Fetal Anomaly (Specify) _____	Fetal Anomaly (Specify) _____
Fetal Injury (Specify) _____	Fetal Injury (Specify) _____
Fetal Infection (Specify) _____	Fetal Infection (Specify) _____
Other Fetal Conditions/Disorders (Specify) _____	Other Fetal Conditions/Disorders (Specify) _____
□ Unknown	□ Unknown

18c. WEIGHT OF FETUS (grams preferred, specify unit) □ grams □ lb/oz	18e. ESTIMATED TIME OF FETAL DEATH □ Dead at time of first assessment, no labor ongoing □ Dead at time of first assessment, labor ongoing □ Died during labor, after first assessment □ Unknown time of fetal death	18f. WAS AN AUTOPSY PERFORMED? □ Yes □ No □ Planned
18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____ (completed weeks)		18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? □ Yes □ No □ Planned 18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? □ Yes □ No

Mother's Name _____

Mother's Medical Record No. _____

SECTION II: General Instructions

A.   INTRODUCTION

EXCERPT FROM U.S. STANDARD REPORT OF FETAL DEATH (Rev. 11/2003)

18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

18a. INITIATING CAUSE/CONDITION	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS
(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)
Maternal Conditions/Diseases (Specify)_____ ___	Maternal Conditions/Diseases Specify)_____ ___
Complications of Placenta, Cord, or Membranes	Complications of Placenta, Cord, or Membranes
▫ Rupture of membranes prior to onset of labor ▫ Abruptio placenta ▫ Placental insufficiency ▫ Prolapsed cord ▫ Chorioamnionitis ▫ Other (Specify)_____ _	▫Rupture of membranes prior to onset of labor ▫ Abruptio placenta ▫ Placental insufficiency ▫ Prolapsed cord ▫ Chorioamnionitis ▫Other (Specify)_____
Other Obstetrical or Pregnancy Complications (Specify)_____ ___	Other Obstetrical or Pregnancy Complications (Specify)_____ ___
Fetal Anomaly (Specify)_____ _	Fetal Anomaly (Specify)_____ ___
Fetal Injury (Specify)_____ _	Fetal Injury (Specify)_____ ___
Fetal Infection (Specify)_____	Fetal Infection (Specify)_____

_	___
Other Fetal Conditions/Disorders (Specify) _____	Other Fetal Conditions/Disorders (Specify) _____
Unknown	Unknown

Code all information reported in Item 18 of the Fetal Death Report, "**CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH**"

Refer to the sex of the fetus to assign the most appropriate cause of fetal death code.

In Volumes 1 and 3 of ICD-10 and the Perinatal Subset, the fourth-character subcategories of three-character categories are preceded by a decimal point. For coding purposes, omit the decimal point.

The data will be entered in the same format for coding and entering multiple causes of fetal deaths as used for coding multiple causes of death for regular mortality data and will be processed through Underlying cause selection Rule 3 and the Modification Tables of the ACME System Decision Tables. A screen will be generated in the same format used for entering regular mortality multiple cause data. The State File Number will also be generated.

Enter codes in 18a as if reported on the uppermost line of Part I of the regular death certificate in the same order as the entries they represent, proceeding from the entry reported uppermost, downward and from the left to right. Terms requiring special formatting may affect the placement of codes. If the lower line is an obvious continuation of a line above, enter the codes accordingly. When an identical code applies to more than one condition reported, enter the code for the first-mentioned of these conditions only. If the entries are numbered, code in numeric order.

Enter codes in 18b as if reported in Part II of the regular death certificate in the same order as the entries they represent, proceeding from the entry reported uppermost, downward and from the left to right. If the lower line is an obvious continuation of a line above, enter the codes accordingly. When an identical code applies to more than one condition reported, enter the code for the first-mentioned of these conditions only.

NOTE: Repetitive (identical) codes are acceptable, if reported once in 18a (Part 1) and once in 18b (Part II). They are not acceptable if reported together in 18a (Part 1) or together in 18b (Part II).

EXAMPLE:

18a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)

Maternal Conditions/Diseases (Special_____ _	Maternal Conditions/Diseases (Specify)_____
◻ Complications of Placenta, Cord, or Membranes ◻ Rupture of membranes prior to onset of labor ◻ Abruptio placenta ◻ Placental insufficiency x Prolapsed cord ◻ Chorioamnionitis ◻ Other (Specify)_____ _	◻ Complications of Placenta, Cord, or Membranes ◻ Rupture of membranes prior to onset of labor ◻ Abruptio placenta ◻ Placental insufficiency ◻ Prolapsed cord ◻ Chorioamnionitis ◻ Other (Specify)_____
Other Obstetrical or Pregnancy Complications (Specify)_____ _ Fetal Anomaly (Specify)_____ _____ _____ _____	Other Obstetrical or Pregnancy Complications (Specify)_____ Breech delivery Fetal Anomaly (Specify)_____ _____ _____
Fetal Injury (Specify)_____ Fetal Infection (Specify)_____	Fetal Injury (Specify)_____ Fetal Infection (Specify)_____
Other Fetal Conditions/Disorders (Specify) ____ fetal distress ◻ Unknown	Other Fetal Conditions/Disorders (Specify) ____ fetal heart failure during delivery ◻ Unknown

Code in this order, Part 1 (18a) prolapsed cord, fetal distress, Part II (18b) breech delivery affecting fetus and fetal heart failure.

B.   EXCESSIVE CODES

When 18a (Part I) or 18b (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:

NOTE: During the deletion process, when the numbers of existing codes become eight, discontinue the deletion process. The ACME System can tolerate a record with eight codes per line.

1. Delete ill-defined conditions, P042, P070, P071, P072, P073, P201, P209, P219, P95, and R000-R99 (except when one of these codes is the first code on the line), proceeding right to left.

2. Delete any nature of injury codes classified to S000-T983 (except when one of these codes is the first code on the line), proceeding right to left.

3. Delete any repetitive codes (except the first one on a line) proceeding right to left.

4. If, after applying the preceding criteria, 18a or 18b still has more than eight codes, delete beginning with the last code on the line until only eight remain.

When a single record requires more than fourteen codes, delete the excessive codes using the following criteria in the order listed:

NOTE: During the deletion process, when the number of existing codes become fourteen, discontinue the deletion process. The ACME System can tolerate a record with fourteen codes.

Begin deleting in 18b (Part II).

1. Delete all ill-defined conditions classified to P042, P070, P071, P072, P073, P201, P209, P219, P95 and R000-R99 in 18b (Part II). <u>Do not</u> delete an ill-defined condition when it is the first code in 18b (Part II). Proceed deleting right to left in 18b (Part II). If there are more than fourteen codes remaining after deleting the ill-defined codes in 18b (Part II), delete any of the above ill-defined codes in 18a (Part I) applying the same criteria and order of deletion.

2. Delete any nature of injury codes classified to S000-T983. Do not delete a nature of injury code when it is the first code in 18b (Part II). Proceed deleting right to left in 18b (Part II). If there are more than fourteen codes remaining after deleting the nature of injury codes in 18b (Part II), delete any of the above nature of injury codes in 18a (Part I) applying the same criteria and order of deletion.

3. Delete any repetitive codes. Do not delete a repetitive code when it is the first code in 18b (Part II). If there are more than fourteen codes remaining after deleting the repetitive codes in 18b (Part II), delete repetitive codes in 18a (Part I), applying the same criteria and order of deletion. Proceed right to left until there are only fourteen codes remaining on the record.

C.   GENERAL CODING CONCEPT

The coding of cause of fetal death information consists of the assignment of the most appropriate ICD-10 code(s) for each diagnostic entity reported on the Fetal Death Report. In order to arrive at the appropriate code for a diagnostic entity, code each entity separately. Do not apply provisions in ICD-10 for linking two or more diagnostic terms to form a composite diagnosis classifiable to a single ICD-10 code.

Plural form of disease

Do not use the plural form of a disease or the plural form of a site to indicate "multiple".

EXAMPLE: Congenital defects   Q899

Code Q899, Defect, congenital.   Do not code Q897, multiple congenital defects.

Implied "disease"

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

Drug dependent, drug dependency

When drug dependent or drug dependency modifies a condition, consider as a non-codable modifier unless indexed.

Conditions qualified by "rule out," "ruled out," "r/o"

When a condition is qualified by "rule out," "ruled out," or "r/o," etc., do not enter a code for the condition.

Non-indexed and illegible entries

Terms not indexed

When a term is reported that is not in the index, enter "R97" on the record where a code for the non-indexed term would go. All "R97" codes will be reviewed on a regular basis to determine if they should indeed be added to Volume 3. After documenting the non-indexed term in the index, the R97 codes will be manually replaced in the data file with the code assigned in the index.

Illegible entries

When an illegible entry is the only entry on the report, code P95. When an illegible entry is reported with other classifiable entries, disregard the illegible entry and code the remaining entries as indexed.

Qualifying Conditions as Acute or Chronic

Acute and chronic

Sometimes the terms acute and chronic are reported preceding two or more conditions. In these cases, use the term ("acute" or "chronic") with the condition it **immediately** precedes.

Punctuation Marks

1. Disregard punctuation marks such as a period, comma, semicolon, colon, dash, slash, question mark or exclamation mark when placed at the end of a line in 18a. Do not apply this instruction to a hyphen (-) which indicates a word is incomplete.

2. When conditions are separated by a slash (/), code each condition as indexed.

3. When a dash (-) or slash (/) is used to separate sites reported with one condition and the combination of the sites is indexed to a single ICD-10 code, disregard the punctuation and code as indexed. This does not apply to commas.

4. When conditions are indexed together, yet separated by a comma, code the conditions separately. If the term following the comma is an adjective, refer to instructions on coding adjectival modifiers.

D.   Definitions and Types of Diagnostic Entities

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. A diagnostic entity may indicate the existence of a condition classifiable to a single ICD-10 category or it may contain elements of information that are classifiable to different ICD-10 categories. For coding purposes, it is necessary to distinguish between two different kinds of diagnostic entities – a "one-term entity," and a "multiple one-term entity."

One-term entity

1. A one-term entity is a diagnostic entity classifiable to a single ICD-10 code.

2. A diagnostic term that contains one of the following adjectival modifiers indicates the condition modified has undergone certain changes and is considered to be a one-term entity:

adenomatous	hypoxemic
anoxic	hypoxic
congestive	inflammatory
cystic	ischemic
embolic	necrotic
erosive	obstructed, obstructive
gangrenous	ruptured
hemorrhagic	

(These instructions apply to the above adjectival modifiers only.)

For code assignment, apply the following criteria in the order stated:

a. If the modifier and lead term are indexed together, code as indexed.

b. If the modifier is not indexed under the lead term, but "specified" is, use the code for specified (usually .8).

c. If neither the modifier nor "specified" is indexed under the lead term, refer to Volume 1 under the NOS code for the lead term and look for an applicable

specified 4th character subcategory.

    d.   If neither a, b, or c apply, code the lead term without the modifier.

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 the Classification 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 entity if each of the components can be considered as separate one-term entities, i.e., they can stand alone as separate diagnosis. Code each component of the multiple one-term entity as indexed and on the same line where reported.

Adjectival modifiers

NOTE: Code an adjective reported at the end of a diagnostic entity as if it preceded the entity. If indexed to a single code, use that code. If not indexed together, follow the instructions for coding multiple one-term entities.

    1.   If an adjectival modifier is reported with more than one condition, modify only the first condition.

    2.   If an adjectival modifier is reported with one condition and more than one site is reported, modify all sites.

    3.   If an adjectival modifier precedes two different diseases that are reported with a connecting term, modify only the first disease.

    4.   If the adjectival form of a word(s) or a qualifier(s) is reported in parenthesis, use the adjective to modify the term preceding it.

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18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
(Specify) <u>Diabetic nephrosis and vascular disease</u>

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Code 18a (Part 1) to P701 P003.

Code 18a (Part I) P701, Maternal condition, affecting fetus or newborn, diabetes mellitus (conditions in E10-E14) and P003, Maternal condition, affecting fetus or newborn, circulatory disease, (conditions in I00-I99, Q20-Q28). Do not modify the vascular disease as diabetic since there are two separate diseases reported with a connecting term.

Parenthetical Entries

When one medical entity is reported, followed by another complete medical entity enclosed in parenthesis, disregard the parenthesis and code as separate terms.

    a)   When the adjective form of words or qualifiers are reported in parenthesis, use the adjectives to modify the entity preceding it.

b) If the term in parenthesis is not a complete term and is not a modifier, consider as part of the preceding term.

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
(Specify) <u>Diabetic renal disease (Nephrosis)</u>

Code 18a (Part 1) P701 P001.

Code 18a (Part I) P701, Maternal condition, affecting fetus or newborn, diabetes mellitus (conditions in E10-E14) and P001, Maternal condition, affecting fetus or newborn, nephritis, nephrotic syndrome and nephrosis (conditions in N00-N08). Nephrosis enclosed in parenthesis is a complete medical entity that can stand alone; therefore, code as a separate entity.

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE </u>WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
(Specify) <u>Renal disease (Diabetic)</u>

Code 18a (Part 1) P701.

Code 18a (Part I) P701, Maternal condition, affecting fetus or newborn, diabetes mellitus (conditions in E10-E14). Code as Diabetic renal disease. Consider "Diabetic" as an adjective modifying renal disease.

E.   CODING FETAL CONDITIONS

Conditions of the fetus can be coded to almost any category in the list of valid codes (Appendix D) other than P000-P049 but will most often be coded to categories P050-P95, Perinatal conditions and Q000-Q999, Congenital anomalies.

In assigning codes for conditions of the fetus, code as indexed in this priority order:

fetus
fetal
affecting fetus or newborn
fetus or newborn
congenital

However, pay special attention to the availability of a relevant code in the Perinatal Subset. There is a subset of Volume 3, the alphabetical index, dedicated to perinatal conditions and referred to as the Perinatal Subset. NCHS provides this as a separate document to assist coders in identifying conditions indexed as "fetus and newborn" or classified to Chapter XVI. It is updated annually.

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELYBEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Fetal anomaly
(Specify) <u>Congenital diaphragmatic hernia</u>

Code 18a (Part 1) Q790.

Code 18a (Part I) Q790, Hernia, diaphragm, diaphragmatic, congenital since not indexed as fetus, fetal, affecting fetus or newborn, fetus or newborn or newborn. or less than 28 days.

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Other Fetal Conditions/Disorders
(Specify) <u>Central respiratory failure</u>

Code 18a (Part 1) G938

Code 18a (Part 1) G938, Failure, respiratory, central since central respiratory failure is not indexed as fetus, fetal, fetus or newborn or congenital. G938 is a valid fetal death code. Refer to Appendix D for a list of Valid Fetal Death Codes.

F. CODING MATERNAL CONDITIONS

Maternal conditions affecting the fetus should be coded to categories P000-P049. When conditions of the mother directly impact the fetus and are reported on the Fetal Death Report and the condition is not indexed, refer to Volume I, Chapter XVI to categories P000-P049, Fetus and newborn affected by maternal factors and by complications of pregnancy, labor and delivery. Also, refer to the Index under:

Maternal condition, affecting fetus or newborn
Pregnancy, complicated by
Delivery, complicated by
Labor
The complication itself, such as Placenta, abnormality, affecting fetus or newborn.

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
(Specify) <u>Maternal malnutrition</u>

<u>Code 18a (Part I) P004</u>

Code 18a (Part I) P004, Maternal malnutrition affecting fetus or newborn as indexed.

Assign category P008 to maternal conditions not indexed or classifiable to any other specified category. A list of all conditions not indexed and assigned code P008 will be maintained and will be added to the annual update of Volume 3 and also included in the Perinatal Subset. Please refer all conditions assigned to code P008 to Supervisor and/or a designated contact to ensure they will be incorporated into the next annual edition of Volume 3 and the Perinatal Subset.

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases
(Specify) <u>Crohn's disease</u>

Code 18a (Part 1) P008

Code 18a (Part 1) P008, Maternal condition, affecting fetus or newborn, specified condition NEC.

Complications of Placenta, Cord, or Membranes

When the checkbox items in 18a and 18b are marked, each should be assigned codes as follows:

Rupture of membranes prior to onset of labor

Abruptio placenta
Placental insufficiency
Prolapsed cord
Chorioamnionitis
Other (specify)

If the checkbox for <u>rupture of membranes</u> prior to onset of labor is marked, assign code **P011**.

If the checkbox for <u>abruptio placenta</u> is marked, assign code **P021.**

If the checkbox for <u>placental insufficiency</u> is marked, assign code **P022**.

If the checkbox for <u>prolapsed cord</u> is marked, assign code **P024.**

If the checkbox for <u>chorioamnionitis</u> is marked, assign code **P027.**

If the checkbox for <u>Other</u> is marked 'Y' and no codeable condition or a condition classified to P95 is reported in the 'Other (specify)', assign codes **P022, P026**, and **P029**; regardless of whether any of the previous boxes have been checked.

If specified conditions are written in the 'Other (specify)', code the condition to the mother unless obviously of the fetus. (example, anencephaly – the absence of a large part of the brain and the skull; this is clearly a condition of the fetus.)

☐ Fetal injury   If reported as a result of an external cause, refer to your immediate supervisor for a code assignment

☐ Unknown   code P95 (only if no other information is on record)

EXAMPLES:

18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Other : *Y*   Other: *Y*
Other (specify) : *Unknown*   **OR**   Other (specify):   *NONE*

Code 18a (Part I) P022 P026 P029

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes. It seems that the certifier is saying yes, there is a complication of the placenta, cord, or membranes: they're just not sure what the specific complication is.

```
18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Rupture of membranes:     Y
Other: Y
Other (specify):        Previous Birth
```

Code 18a (Part I) P011 P022 P026 P029

Code 18a (Part I) P011, Rupture of membranes and P022, P026, P029 complication of placenta, cord, or membranes since the checkbox is marked 'Y' and previous birth is not a codeable condition.

```
18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify):        Twin-Twin Transfusion Syndrome
```

Code 18a (Part I) P023

Code 18a (Part I) P023, Twin-Twin Transfusion Syndrome. Since a codeable condition is reported in the 'Other (specify)', do not assign the 3 codes for complication of placenta, cord, or membranes.

```
18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify):
18b. OTHER SIGNIFIGANT CAUSES OR CONDITIONS
Other Fetal Conditions/Disorders:  Fetal Demise
```

Code 18a (Part I) P022 P026 P029

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes and leave 18b (Part II) blank since P95 is not assigned when other information is on the record.

```
18a. INITIATING CAUSE/CONDITION
Complications of Placenta, Cord, or Membranes
```

```
Other: Y
Other (specify):
18b. OTHER SIGNIFIGANT CAUSES OR CONDITIONS
Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify):
```

Code 18a (Part I) P022 P026 P029/Code 18b (Part II) P022 P026 P029

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes and code 18b (Part II) P022 P026 P029, complication of placenta, cord, or membranes since the checkbox is marked 'Y' in both places.

G.   Format

Conditions reported in 18a

Enter the codes for entries in 18a in the order the entries are reported, proceeding from the entry reported uppermost in 18a from left to right, if there is more than one entry on the same line. If the entries are numbered, code in numeric order.

Connecting Terms

"Due to" written in or implied in Items 18a and 18b

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 items18 and 18b, take into consideration the position of the term in 18a/18b and code the entry following the "written-in due to" directly preceding the term.

a) The following connecting terms must be "written in" and are interpreted as meaning "due to" when the entity immediately preceding and following these terms is a disease condition, nature of injury or an external cause:

after	incident to	received in
arising in or during	incurred after	resulting from
as (a) complication of	incurred during	resulting when
as a result of	incurred in	secondary to (2°)
because of	incurred when	subsequent to
caused by	induced by	sustained as
complication(s) of	occurred after	sustained by
during	occurred during	sustained during
etiology	occurred in	sustained in

following	occurred when	sustained when
for	occurred while	sustained while
from	origin	
in	received from	

EXAMPLES:

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Other Fetal Conditions/Disorders

(Specify) <u>Anoxia and hemorrhage caused by hemolytic disease of fetus</u>

Code 18a (Part 1) to P209 P559 P509

Code 18a (Part 1) P209, Anoxia, fetal, fetus, P559, Disease, hemolytic (fetus) (newborn) and P509, Hemorrhage, fetal, fetus. Code the Hemolytic disease of fetus immediately preceding the hemorrhage.

18a. INITIATING CAUSE/CONDITION

Maternal Conditions/Diseases

(Specify) <u>Fetal cardiac failure due to maternal polyhydramnios</u>

Code 18a (Part 1) P013 P298

<u>Code</u> 18a (Part 1) P013, Polyhydramnios, affecting fetus or newborn and P298, Failure, cardiac, fetal. Code maternal polyhydramnios as the first entry in 18a (Part I), directly preceding the fetal cardiac failure.

When one of the above terms is the first entry in 18b, indicating the entry following the term on the above list is a continuation of 18a, code in 18a. Take into consideration the position of the term in 18a and code the entry following the "written-in due to" in 18b directly preceding the term in 18a.

EXAMPLES:

18a. INITIATING CAUSE/CONDITION	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS
(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	**(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)**
Fetal Injury (Specify)_~~Fetal anoxia~~	Maternal Conditions/Diseases (Specify) <u>resulting from maternal hypertension</u>

Code 18a (Part 1) P000 P209

Code 18a (Part 1) P000, Maternal condition, affecting fetus or newborn, hypertension (conditions in 010-011, 013-016) and P209, Anoxia, fetal, fetus. Code maternal hypertension in 18b directly preceding fetal anoxia in 18a.

18a. INITIATING CAUSE/CONDITION	18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS
(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)	**(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)**
Maternal Conditions/Diseases (Specify) <u>Fetopelvic disproportion</u> Other Fetal Conditions/Disorders (Specify) <u>Anoxia due to 18b</u>	Other Fetal Conditions/Disorders (Specify) <u>Breech delivery</u>

Code 18a (Part 1) P031 P030 P209

Code 18a (Part 1) P031, Disproportion (fetopelvic), affecting fetus or newborn, P030, Delivery, breech, affecting fetus or newborn, and P209, Anoxia, fetal, fetus. Code Breech delivery, affecting fetus or newborn in18b, directly preceding the anoxia in 18a.

   b) **Not indicating a "due to" relationship**

When conditions are separated by "and" or by another connecting term that does not **imply** a "due to" relationship, enter the codes for these

conditions on the same line in the order the conditions are reported.

The following terms imply that conditions are meant to remain on the same line. They are separated by "and" or by another connecting term that does not imply a "due to" relationship":

and	consistent with
accompanied by	with (c)
also	precipitated by
associated with	predisposing (to)
complicated by	superimposed on
complicating	

EXAMPLE:

18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS

(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)

Fetal Anomaly

(Specify) Cleft palate with cleft lip

Code 18b (Part II) Q359 Q369

Code 18b (Part II) Q359, Cleft, palate and Q369, Cleft lip. Code each entity separately even though ICD-10 provides a combination code for cleft palate and cleft lip.

c) **Conditions reported in 18b**

NOTE: Enter the codes for entries in 18b in the order the entries are reported, proceeding from the entry reported uppermost in 18b from left to right, if there is more than one entry on the same line. If entries are numbered, code in numeric order.

d) **Deletion of "18b" on Fetal Death Report**

When the certifier has marked through the printed 18b, disregard the marking and code the entities as reported in 18b (Part II).

e) **Doubtful Diagnosis**

1. Doubtful qualifying expression: When expressions such as "apparently," "presumably," "?," "perhaps," and "possibly," qualify any condition, disregard these expressions and code the condition as indexed.

   a)   Interpretation of "either...or..."

   Consider the following as a statement of "either or:"

   · Two conditions reported on one line and both conditions qualified by expressions such as "apparently," "presumably," "?," "perhaps," and "possibly".

   · Two or more conditions connected by "or" or "versus".

2. Code as follows:

   When more than one condition of the placenta classifiable to P020, P021,P022 is qualified by one of the expressions interpreted as "either/or," code P022, "Unspecified morphological and functional abnormalities of the placenta".

   EXAMPLE:

   Placenta previa versus abruption placenta

   <u>Code </u>P022, Placenta, abnormal, affecting fetus or newborn.

3. When more than one condition of the umbilical cord classifiable to P024, P025, P026 is qualified by one of the   expressions interpreted as "either/or," code P026, Unspecified condition of the umbilical cord."

   EXAMPLE:

   Knot in umbilical cord or short cord

   <u>Code </u>P026, Abnormal, abnormality, umbilical cord, affecting fetus or newborn.

4. When more than one condition of the maternal membranes (P027, P028) is qualified by one of the expressions interpreted   as "either/or," code P029, "Unspecified abnormality of membranes".

5. When more than one fetal anomaly is reported and qualified by one of the terms interpreted as "either/or," code as follows:

   a) If an anomaly is reported of different parts of the same site, code Anomaly of the specified site only.

   EXAMPLE:

   Congenital anomaly of the tricuspid or aortic valve

   <u>Code </u>Q248, Anomaly of heart valve NEC.

   b)   When conditions are qualified by a statement of "either or" and only one site/system is involved, code to the residual category for the site/system.

   EXAMPLES:

   Encephalocele or hypoplasia of brain

Code Q049, Anomaly, of brain.

Anomaly of the bladder or kidney
Code Q649, Anomaly, unspecified of the urinary system.

c)   If different specified anomalies of the same system, code anomaly of the specified system only.

EXAMPLE:
Congenital stenosis of pylorus or atresia of duodenum.
Code Q459, Anomaly, gastrointestinal tract NEC.

NOTE: IF MORE THAN ONE CONDITION OF THE FETUS (INCLUDING MATERNAL CONDITIONS) IS REPORTED WITH A TERM INTERPRETED AS "EITHER/OR," AND THE ABOVE INSTRUCTIONS DO NOT APPLY, REFER TO IMMEDIATE SUPERVISOR FOR A CODE ASSIGNMENT.

H.   Screening/Tests Results

When a statement is reported on the Fetal Death Report indicating a screening or diagnostic test was performed and the results of the test are not reported, do not enter a code for the screening/test. Tests are used for diagnostic purposes and not considered a diagnosis unless the results are reported. If results are reported, code as indexed.

EXAMPLES

Diagnostic imaging of the kidney performed
Liver function studies
Screened for tuberculosis

Do not enter a code for a condition when the results are reported as "negative".

EXAMPLES:

Negative for tuberculosis
Tested negative for HIV
Tested positive for tuberculosis P370. Indexed under Tuberculosis, congenital

I.   Inclusion of additional information (AI) to Fetal Death Reports

Code supplemental information when it modifies or supplements data on the original Fetal Death Report as follows:

1. When additional information (AI) **states** the initiating cause of a **specified disease or condition in 18a** (Part 1), code the additional information (AI) preceding the specified disease.

2. When additional information (AI) **modifies** a specified disease or condition, use the AI and code the specified disease where reported.

3. When there is a stated or implied complication of surgery and the additional information indicates the condition for which the surgery was performed, code this condition as follows:

   a) If the surgical procedure was performed on the mother, code the condition for which the surgical procedure was performed following the P006 (the code used for the fetus and newborn affected by a surgical procedure on the mother).

   b) If the surgical procedure was performed on the fetus, refer to your immediate supervisor for a code assignment.

4. When the additional information (AI) **states** a certain condition is the **initiating cause** of death, **code** this as the first condition in 18a (Part 1).

5. When any morphological type of neoplasm is reported in 18a (Part 1) with no mention of the "site" and additional information specifies a site, code the specified site only on the line where the morphological type is reported.

6. When additional information states the primary site of a malignant neoplasm of the fetus, enter the code preceding where information concerning the neoplasm is reported.

7. When the additional information does not modify a condition on the report, or does not state that this condition is the initiating cause, code the AI as the last condition(s) in 18b (Part II).

J.   Amended Reports

When an "Amended Fetal Death Report" is submitted, code the conditions reported on the amended report only.

K.   Sex Limitations

Certain categories in ICD-10 are limited to one sex:

For Males Only   For Females Only

For Males Only	For Females Only
B260	C51-C579
C60-C63	D06
D074-D076	D070-D073
D176	D25-D28
D29	D390-D391
D40	D397-D399
Q53-Q55	P546
Q98	Q500-Q529
	Q960-Q962
	Q964-Q979

L.   Plurality Limitations

Certain categories in ICD-10 are limited to one plurality. If the number in the Plurality box on the Fetal Death Record is greater than "1", code P015 as the last entry in 18b (Part II).

<u>For Multiples Only</u>

P01.5

Q89.4

<u>NOTE:</u> Do not add/code P01.5 for "twin to twin transfusion". Code to P02.3 as indexed.

M.   Relating and modifying conditions

1.   Implied site of disease

Certain conditions are classified in the ICD-10 according to the site affected, e.g.:

atrophy	enlargement	obstruction
calcification	failure	perforation
calculus	fibrosis	rupture
congestion	gangrene	stenosis
degeneration	hypertrophy	stones
dilatation	insufficiency	stricture
embolism	necrosis	

(This list is not all inclusive)

Occasionally, these conditions are reported without specification of site. Relate conditions such as these for which the Classification does not provide a NOS code. Also, relate conditions which are usually reported of a site. Generally, it may be assumed that such a condition was of the same site as another condition if the Classification provides for coding the condition of unspecified site to the site of the other condition. These coding principles apply whether or not there are other conditions reported. Apply the following instructions when relating a condition of unspecified site to the site of the specified condition:

a. General instructions for implied site of a disease

When applying the instructions for Implied site of a Disease and Relating and Modifying, consider all specified conditions for the following choices to be on the same line and apply applicable instructions for relating and modifying:

1.   Maternal Conditions/Diseases

(Specify)_____

2. Complications of Placenta, Cord, or Membranes

   Rupture of membranes prior to onset of labor

   Abruptio placenta

   Placental insufficiency

   Prolapsed cord

   Chorioamnionitis

   Other (Specify) _____

3. Other Obstetrical or Pregnancy Complications

   (Specify)_____

4. Fetal Anomaly (Specify)_____

5. Fetal Injury (Specify) _____

6. Fetal Infection (Specify) _____

7. Other Fetal Conditions/Disorders

   (Specify) _____

8. Unknown

   (1)   When conditions are reported on the same line, assume the condition of unspecified site was of the same site as the condition of specified site.

   (2)   When conditions of different sites are reported on the same line, assume the condition of unspecified site was of the same site as the condition immediately preceding it.

b. Relating specific categories

   (1)   When embolism, infarction, occlusion, thrombosis NOS is reported:

   ·   from a specified site, code the condition of the site reported.

   ·   of a site, from a specified site, code the condition to both sites reported.

   (2)   Relate a condition of unspecified site to the complete term of a multiple site entity. If it is not indexed together, relate the condition to the site of the complete indexed term.

Non-traumatic conditions

Consider conditions that are usually but not always traumatic in origin to be qualified as non-traumatic when reported with a "written in" due to or on the same line with a disease.

SECTION III: INTENT OF CERTIFIER

A.   INTRODUCTION

In order to assign the most appropriate code for a given diagnostic entity, it may be necessary to take other recorded information into account. It is important to interpret this information properly so the meaning intended by the certifier is correctly conveyed. The objective is to code each diagnostic entity in accordance with the intent of the certifier without combining separate codable entities. The following instructions help to determine the intent of the certifier. Apply Intent of Certifier instructions to "See also" terms in the Index as well. These instructions are assumed to be for the fetus unless stated as a maternal condition or reported on the Maternal Condition line.

B.   Coding conditions classified to injuries as disease conditions

    a. Some conditions (such as injury, hematoma or laceration) of a specified organ are indexed directly to a traumatic category but may not always be traumatic in origin. Consider these types of conditions to be qualified as non-traumatic when reported:

       · with a written in due to, or on the same line with a disease or reported due to drug poisoning or drug therapy.

       · When there is provision in the Classification for coding the condition considered to be qualified as non-traumatic as "non-traumatic," code accordingly. Otherwise, code to the category that has been provided for "Other" diseases of the organ (usually .8).

    b. Some conditions are indexed directly to a traumatic category, but the Classification also provides a non-traumatic code. When these conditions are reported of the fetus and due to or with a disease and an external cause is also reported on the record, refer to your immediate supervisor for a code assignment.

    c. Some conditions are indexed directly to a traumatic category, but the Classification also provides a non-traumatic code. When these conditions are reported, code the condition as non-traumatic unless the condition is reported due to or on the same line with an injury or external cause. This instruction applies only to conditions with the term "non-traumatic" in the Index.

C.   Organisms and Infections

Organisms

Escherichia coli	Cytomegalovirus	Candida
Staphylococcal	Streptococcal	Fungus

Infectious conditions

Abscess	Infection	Sepsis, Septicemia
Bacteremia	Pneumonia	Septic Shock
Empyema	Pyemia	Words ending in "itis"

These lists are NOT all inclusive. Use them as a guide.

Infections and organisms are yet another situation in which care needs to be taken to determine if it is directly affecting the fetus or the fetus is merely impacted by a maternal condition before assigning a code. If the infection or organism is reported in the specified line for maternal conditions or if reported elsewhere but qualified as maternal, then code to a maternal code (e.g., P002 or P008). Otherwise, assume the fetus has the infection or organism and assign a fetal code. (e.g., P35-P39), if indexed.

Take into consideration that some infections and organisms of the fetus are classified to Chapter 1.

1. Do not use HIV or AIDS to modify an infectious or inflammatory condition. Code as two separate conditions.

2. When an infectious or inflammatory condition and a specified organism or specified non-systemic infection is reported, code the infectious or inflammatory condition and the organism or infection separately.

3. When any condition and infection NOS is reported, code both conditions where entered on the report.

4. When a non-infectious or non-inflammatory condition and infection NOS is reported as the initiating cause, code the non-infectious or non-inflammatory condition as indexed and code infection NOS where entered on the report.

5. When an organism is reported preceding two or more infectious conditions reported consecutively on the same line, code each of the infectious conditions modified by the organism.

6. When one infectious condition is modified by more than one organism, modify the condition by all organisms.

7. When any condition is reported and a generalized infection such as bacteremia, fungemia, sepsis, septicemia, systemic infection, or viremia is reported, code both the condition and the generalized infection where entered on the report. Do not modify the condition by the infection.

D. Drug Use NOS and Noxious Substances

The code assignment depends upon whether the fetus is directly impacted or affected by maternal behavior or exposure. For instance, code maternal drug use P044, when reported in 18a or 18b. Refer to the indexing of maternal conditions in the Perinatal Subset and Volume 1, Category P04 to assign the appropriate code for a fetus affected by maternal behavior or exposure.

SECTION IV: CLASSIFICATION OF CERTAIN ICD-10 CATEGORIES

A.   CONGENITAL CONDITIONS

The Classification 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.

B.   CERTAIN FETAL CONDITIONS (P000-P969)

When reported in 18a or 18b, code the following entries as indicated:

Birth weight of   2 pounds (999 gms) or under..........................P070
                  Over 2 pounds (1000 gms) but not more than
                  5 ½ pounds (2499 gms)................................P071
                  10 pounds (4500 gms) or more.......................P080

Gestation of   Less than 28 weeks......................................P072
                  28 weeks but less than 37 weeks....................P073
                  42 or more completed weeks.........................P082

                  NOTE: 37-41 weeks, no code. This is a normal gestation period.

          Premature labor or delivery NOS..

When a condition classifiable to P703-P720, P722-P749 is the only cause(s) reported in 18a or 18b, code P95. If reported with other perinatal conditions, code as indexed.

C.   ILL-DEFINED AND UNKNOWN CAUSES

When any of the following terms is the only entry (or entries) on the fetal death report, code P95 everywhere terms are reported in 18a or 18b:

Cause not found   Immediate cause unknown
Cause unknown   Intrauterine death
Cause undetermined   No specific etiology
Could not be determined   identified
Deadborn fetus NOS   No specific known causes
Etiology never determined   Non-specific causes

Etiology not defined	Not known
Etiology uncertain	Obscure etiology
Etiology unexplained	Stillborn
Etiology unknown	Undetermined
Etiology undetermined	Uncertain
Etiology unspecified	Unclear
Fetal Death	Unexplained cause
Fetal Demise	Unknown
Final event undetermined	? Cause
Immediate cause not determined	? Etiology

"Unknown" reported in the checkbox, code P95, if no other information is on the record. If the checkbox for Unknown is marked in one section (either 18a or 18b) and there is also a term assigned to P95 reported in the other section, code P95 in both sections.

```
18a. INITIATING CAUSE/CONDITION

Unknown:    Y

18b. OTHER SIGNIFIGANT CAUSES OR CONDITIONS

Maternal Conditions/Diseases:  Undetermined
```

Code 18a (Part I)P95/Code 18b (Part II) P95

Code 18a (Part I) P95, Ill-defined and Unknown Causes and code 18b (Part II) P95, Ill-defined and Unknown Causes for both reportings.

```
18a. INITIATING CAUSE/CONDITION

Complications of Placenta, Cord, or Membranes
Other: Y
Other (specify):

18b. OTHER SIGNIFIGANT CAUSES OR CONDITIONS

Unknown:    No specific known causes
```

Code 18a (Part I) P022 P026 P029

Code 18a (Part I) P022 P026 P029, complication of placenta, cord, or membranes and leave 18b (Part II) blank since P95 is not assigned

when other information is on the record.

D.   GENERAL CONCEPT REGARDING EXTERNAL CAUSES REPORTED ON FETAL DEATH REPORTS

If an external event is reported and it is the mother who received the injuries, code the appropriate P000-P049.

If an external event is reported and it is the fetus who received the injury, refer to your immediate supervisor for a code assignment. The instructions for coding external causes on regular mortality data will apply and will be assigned by the supervisor.

Refer to the following instructions on coding external causes on Fetal Death Reports.

E.   Maternal External Causes

When a complication of any type of medical care is reported, including drug therapy, surgery, or a specified type of therapy including obstetrical procedures, code the appropriate P000-P049.

Do not enter the nature of injury code, external cause code or place code. Take into consideration if the condition for which the medical care was administered is reported. If questionable, refer to Supervisor.

If any type of external event (poisonings, accident, suicide, homicide or undetermined) is reported of the mother, code to the appropriate P000-P049. Do not enter a nature of injury code, external cause code or place code.

Take into consideration where the certifier has recorded the external event and code the P000-P049 in that same position. If questionable, refer to your immediate Supervisor.

F.   Fetal Injury

When any type of medical care including drug therapy, surgery, or any other specified type of medical care is reported of the fetus refer to your immediate supervisor for a code assignment.

If any type of external event or injury is reported of the fetus, refer to your immediate supervisor for a code assignment.

APPENDIX A - Standard Abbreviations and Symbols

When an abbreviation is reported on the certificate, refer to this list to determine what the abbreviation represents. **If an abbreviation represents more than one term, determine the correct abbreviation by using other information on the certificate.** If no determination can be made, use abbreviation for first term listed.

AAA   abdominal aortic aneurysm

AAS	aortic arch syndrome
AAT	alpha-antitrypsin
AAV	AIDS-associated virus
AB	abdomen; abortion; asthmatic bronchitis
ABD	abdomen
ABE	acute bacterial endocarditis
ABS	acute brain syndrome
ACA	adenocarcinoma
ACD	arteriosclerotic coronary disease
ACH	adrenal cortical hormone
ACT	acute coronary thrombosis
ACTH	adrenocorticotrophic hormone
ACVD	arteriosclerotic cardiovascular disease
ADEM	acute disseminated encephalomyelitis
ADH	antidiuretic hormone
ADS	antibody deficiency syndrome
AEG	air encephalogram
AF	auricular or atrial fibrillation; acid fast
AFB	acid-fast bacillus
AGG	agammaglobulinemia
AGL	acute granulocytic leukemia
AGN	acute glomerulonephritis
AGS	adrenogenital syndrome
AHA	acquired hemolytic anemia; autoimmune hemolytic anemia
AHD	arteriosclerotic heart disease
AHHD	arteriosclerotic hypertensive heart disease
AHG	anti-hemophilic globulin deficiency
AHLE	acute hemorrhagic leukoencephalitis
AI	aortic insufficiency; additional information
AIDS	acquired immunodeficiency syndrome
AKA	above knee amputation
ALC	alcoholism
ALL	acute lymphocytic leukemia

ALS	amyotrophic lateral sclerosis
AMI	acute myocardial infarction
AML	acute myelocytic leukemia
ANS	arteriolonephrosclerosis
AOD	arterial occlusive disease
AODM	adult onset diabetes mellitus
AOM	acute otitis media
AP	angina pectoris; anterior and posterior repair; artificial pneumothorax; anterior pituitary
A&P	anterior and posterior repair
APC	auricular premature contraction; acetylsalicylic acid, acetophenetidin, and caffeine
APE	acute pulmonary edema; anterior pituitary extract
APH	antepartum hemorrhage
AR	aortic regurgitation
ARC	AIDS-related complex
ARDS	adult respiratory distress syndrome
ARF	acute respiratory failure; acute renal failure
ARM	artificial rupture of membranes
ARV	AIDS-related virus
ARVD	arrhythmogenic right ventricular dysplasia
AS	arteriosclerotic; arteriosclerosis; aortic stenosis
ASA	acetylsalicylic acid (aspirin)
ASAD	arteriosclerotic artery disease
ASCAD	arteriosclerotic coronary artery disease
ASCD	arteriosclerotic coronary disease
ASCHD	arteriosclerotic coronary heart disease
ASCRD	arteriosclerotic cardiorenal disease
ASCVA	arteriosclerotic cerebrovascular accident
ASCVD	arteriosclerotic cardiovascular disease
ASCVR	arteriosclerotic cardiovascular renal disease
ASCVRD	arteriosclerotic cardiovascular renal disease
ASD	atrial septal defect

ASDHD	arteriosclerotic decompensated heart disease
ASHCVD	arteriosclerotic hypertensive cardiovascular disease
ASHD	arteriosclerotic heart disease; atrioseptal heart defect
ASHHD	arteriosclerotic hypertensive heart disease
ASHVD	arteriosclerotic hypertensive vascular disease
ASO	arteriosclerosis obliterans
ASPVD	arteriosclerotic peripheral vascular disease
ASVD	arteriosclerotic vascular disease
ASVH(D)	arteriosclerotic vascular heart disease
AT	atherosclerosis; atherosclerotic; atrial tachycardia; antithrombin
ATC	all-terrain cycle
ATN	acute tubular necrosis
ATS	arteriosclerosis
ATSHD	arteriosclerotic heart disease
ATV	all-terrain vehicle
AUL	acute undifferentiated leukemia
AV	arteriovenous; atrioventricular; aortic valve
AVF	arterio-ventricular fibrillation; arteriovenous fistula
AVH	acute viral hepatitis
AVP	aortic valve prosthesis
AVR	aortic valve replacement
AWMI	anterior wall myocardial infarction
AZT	azidothymidine
BA	basilar artery; basilar arteriogram; bronchial asthma
B&B	bronchoscopy and biopsy
BBB	bundle branch block
B&C	biopsy and cauterization
BCE	basal cell epithelioma
BE	barium enema
BEH	benign essential hypertension
BGL	Bartholin's gland
BKA	below knee amputation
BL	bladder; bucolingual; blood loss; Burkitt's lymphoma

BMR	basal metabolism rate
BNA	bladder neck adhesions
BNO	bladder neck obstruction
BOMSA	bilateral otitis media serous acute
BOMSC	bilateral otitis media serous chronic
BOW	'bag of water' (membrane)
B/P, BP	blood pressure
BPH	benign prostate hypertrophy
BSA	body surface area
BSO	bilateral salpingo-oophorectomy
BSP	Bromosulfaphthalein (test)
BTL	bilateral tubal ligation
BUN	blood, urea, and nitrogen test
BVL	bilateral vas ligation
B&W	Baldy-Webster suspension (uterine)
BX	biopsy
BX CX	biopsy cervix
Ca	cancer
CA	cancer; cardiac arrest; carotid arteriogram
CABG	coronary artery bypass graft
CABS	coronary artery bypass surgery
CAD	coronary artery disease
CAG	chronic atrophic gastritis
CAO	coronary artery occlusion; chronic airway obstruction
CAS	cerebral arteriosclerosis
CASCVD	chronic arteriosclerotic cardiovascular disease
CASHD	chronic arteriosclerotic heart disease
CAT	computerized axial tomography
CB	chronic bronchitis
CBC	complete blood count
CBD	common bile duct; chronic brain disease
CBS	chronic brain syndrome
CCF	chronic congestive failure

CCI	chronic cardiac or coronary insufficiency
CF	congestive failure; cystic fibrosis; Christmas factor (PTC)
CFT	chronic follicular tonsillitis
CGL	chronic granulocytic leukemia
CGN	chronic glomerulonephritis
CHA	congenital hypoplastic anemia
CHB	complete heart block
CHD	congestive heart disease; coronary heart disease; congenital heart disease; Chediak-Higaski Disease
CHF	congestive heart failure
C2H5OH	ethyl alcohol
CI	cardiac insufficiency; cerebral infarction
CID	cytomegalic inclusiondisease
CIS	carcinoma in situ
CJD	Creutzfeldt-Jakob Disease
CLD	chronic lung disease; chronic liver disease
CLL	chronic lymphatic leukemia; chronic lymphocytic leukemia
CMID	cytomegalic inclusion disease
CML	chronic myelocytic leukemia
CMM	cutaneous malignant melanoma
CMV	cytomegalic virus
CNHD	congenital nonspherocytic hemolytic disease
CNS	central nervous system
CO	carbon monoxide
COAD	chronic obstructive airway disease
CO2	carbon dioxide
COBE	chronic obstructive bullous emphysema
COBS	chronic organic brain syndrome
COFS	cerebro-oculo-facio-skeletal
COOMBS	test for Rh sensitivity
COLD	chronic obstructive lung disease
COPD	chronic obstructive pulmonary disease
COPE	chronic obstructive pulmonary emphysema

CP	cerebral palsy; cor pulmonale
C&P	cystoscopy and pyelography
CPB	cardiopulmonary bypass
CPC	chronic passive congestion
CPD	cephalopelvic disproportion; contagious pustular dermatitis
CPE	chronic pulmonary emphysema
CRD	chronic renal disease
CREST	calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis
CRF	cardiorespiratory failure; chronic renal failure
CRST	calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis
CS	coronary sclerosis; cesarean section; cerebro-spinal
CSF	cerebral spinal fluid
CSH	chronic subdural hematoma
CSM	cerebrospinal meningitis
CT	computer tomography; cerebral thrombosis; coronary thrombosis
CTD	congenital thymic dysplasia
CU	cause unknown
CUC	chronic ulcerative colitis
CUP	cystoscopy, urogram, pyelogram (retro)
CUR	cystocele, urethrocele, rectocele
CV	cardiovascular; cerebrovascular
CVA	cerebrovascular accident
CV accident	cerebral vascular accident
CVD	cardiovascular disease
CVHD	cardiovascular heart disease
CVI	cardiovascular insufficiency; cerebrovascular insufficiency
CVRD	cardiovascular renal disease
CWP	coal worker's pneumoconiosis
CX	cervix
DA	degenerative arthritis
DBI	phenformin hydrochloride
D&C	dilation and curettage
DCR	dacrocystorhinostomy

D&D	drilling and drainage; debridement and dressing
D&E	dilation and evacuation
DFU	dead fetus in utero
DIC	disseminated intravascular coagulation
DILD	diffuse infiltrative lung disease
DIP	distal interphalangeal joint; desquamative interstitial pneumonia
DJD	degenerative joint disease
DM	diabetes mellitus
DMT	dimethyltriptamine
DOA	dead on arrival
DOPS	diffuse obstructive pulmonary syndrome
DPT	diphtheria, pertussis, tetanus vaccine
DR	diabetic retinopathy
DS	Down's syndrome
DT	due to; delirium tremens
D/T	due to; delirium tremens
DU	diagnosis unknown; duodenal ulcer
DUB	dysfunctional uterine bleeding
DUI	driving under influence
DVT	deep vein thrombosis
DWI	driving while intoxicated
DX	dislocation; diagnosis; disease
EBV	Epstein-Barr virus
ECCE	extracapsular cataract extraction
ECG	electrocardiogram
E coli	Escherichia coli
ECT	electric convulsive therapy
EDC	expected date of confinement
EEE	Eastern equine encephalitis
EEG	electroencephalogram
EFE	endocardial fibroelastosis
EGL	eosinophilic granuloma of lung
EH	enlarged heart; essential hypertension

EIOA	excessive intake of alcohol
EKC	epidemic keratoconjunctivitis
EKG	electrocardiogram
EKP	epikeratoprosthesis
ELF	elective low forceps
EMC	encephalomyocarditis
EMD	electromechanical dissociation
EMF	endomyocardial fibrosis
EMG	electromyogram
EN	erythema nodosum
ENT	ear, nose, and throat
EP	ectopic pregnancy
ER	emergency room
ERS	evacuation of retained secundines
ESRD	end-stage renal disease
EST	electric shock therapy
ETOH	ethyl alcohol
EUA	exam under anesthesia
EWB	estrogen withdrawal bleeding
FB	foreign body
FBS	fasting blood sugar
Fe	symbol for iron
FGD	fatal granulomatous disease
FHS	fetal heart sounds
FHT	fetal heart tone
FLSA	follicular lymphosarcoma
FME	full-mouth extraction
FS	frozen section; fracture site
FT	full term
FTA	fluorescent treponemal antibody test
5FU	fluorouracil
FUB	functional uterine bleeding
FULG	fulguration

FUO	fever unknown origin
FX	fracture
FYI	for your information
GAS	generalized arteriosclerosis
GB	gallbladder; Guillain-Barre (syndrome)
GC	gonococcus; gonorrhea; general circulation (systemic)
GE	gastroesophageal
GEN	generalized
GERD	gastroesophageal reflux disease
GI	gastrointestinal
GIB	gastrointestinal bleeding
GIST	gastrointestinal stromal tumor
GIT	gastrointestinal tract
GMSD	grand mal seizure disorder
GOK	God only knows
GSW	gunshot wound
GTT	glucose tolerance test
Gtt	drop
GU	genitourinary; gastric ulcer
GVHR	graft-versus-host reaction
GYN	gynecology
HA	headache
HAA	hepatitis-associated antigen
HASCVD	hypertensive arteriosclerotic cardiovascular disease
HASCVR	hypertensive arteriosclerotic cardiovascular renal disease
HASHD	hypertensive arteriosclerotic heart disease
HC	Huntington's chorea
HCAP	health care associated pneumonia
HCPS	Hantivirus (cardio) pulmonary syndrome, Hantavirus cardiopulmonary syndrome
HCT	hematocrit
HCVD	hypertensive cardiovascular disease
HCVRD	hypertensive cardiovascular renal disease
HD	Hodgkin's disease; heart disease

HDN	hemolytic disease of newborn
HDS	herniated disc syndrome
HEM	hemorrhage
HF	heart failure; hay fever
HGB; Hgb	hemoglobin
HHD	hypertensive heart disease
HIV	human immunodeficiency virus
HMD	hyaline membrane disease
HN2	nitrogen mustard
HNP	herniated nucleus pulposus
H/O	history of
HPN	hypertension
HPS	Hantavirus pulmonary syndrome
HPVD	hypertensive pulmonary vascular disease
HRE	high-resolution electrocardiology
HS	herpes simplex; Hurler's syndrome
HSV	herpes simplex virus
HTLV	human T-cell lymphotropic virus
HTLV	human T-cell lymphotropic
III/LAV	virus-III/lymphadenopathy- associated virus
HTLV-3	human T-cell lymphotropic virus-III
HTLV-III	human T-cell lymphotropic virus-III
HTN	hypertension
HVD	hypertensive vascular disease
Hx	history of
IADH	inappropriate antidiuretic hormone
IASD	interatrial septal defect
ICCE	intracapsular cataract extraction
ICD	intrauterine contraceptive device
I&D	incision and drainage
ID	incision and drainage
IDA	iron deficiency anemia
IDD	insulin-dependent diabetes

IDDI	insulin-dependent diabetes
IDDM	insulin-dependent diabetes mellitus
IGA	immunoglobin A
IHD	ischemic heart disease
IHSS	idiopathic hypertrophic subaortic stenosis
ILD	ischemic leg disease
IM	intramuscular; intramedullary; infectious mononucleosis
IMPP	intermittent positive pressure
INAD	infantile neuroaxonal dystrophy
INC	incomplete
INE	infantile necrotizing encephalomyelopathy
INF	infection; infected; infantile; infarction
INH	isoniazid; inhalation
INS	idiopathic nephrotic syndrome
IRDM	insulin resistant diabetes mellitus
IRHD	inactive rheumatic heart disease
ISD	interatrial septal defect
ITP	idiopathic thrombocytopenic purpura
IU	intrauterine
IUCD	intrauterine contraceptive device
IUD	intrauterine device (contraceptive); intrauterine death
IUP	intrauterine pregnancy
IV	intervenous; intravenous
IVC	intravenous cholangiography; inferior vena cava
IVCC	intravascular consumption coagulopathy
IVD	intervertebral disc
IVH	intraventricular hemorrhage
IVP	intravenous pyelogram
IVSD	intraventricular septal defect
IVU	intravenous urethrography
IWMI	inferior wall myocardial infarction
JBE	Japanese B encephalitis
KFS	Klippel-Feil syndrome

KS	Klinefelter's syndrome
KUB	kidney, ureter, bladder
K-W	Kimmelstiel-Wilson disease or syndrome
LAP	laparotomy
LAV	lymphadenopathy-associated virus
LAV/HTLV-III	lymphadenopathy-associated virus/human T-cell lymphotrophic virus-III
LBBB	left bundle branch block
LBNA	lysis bladder neck adhesions
LBW	low birth weight
LBWI	low birth weight infant
LCA	left coronary artery
LDH	lactic dehydrogenase
LE	lupus erythematosus; lower extremity; left eye
LKS	liver, kidney, spleen
LL	lower lobe
LLL	left lower lobe
LLQ	lower left quadrant
LMA	left mentoanterior (position of fetus)
LML	left middle lobe; left mesiolateral
LMCAT	left middle cerebral artery thrombosis
LML	left mesiolateral; left mediolateral (episiotomy)
LMP	last menstrual period; left mento-posterior (position of fetus)
LN	lupus nephritis
LOA	left occipitoanterior
LOMCS	left otitis media chronic serous
LP	lumbar puncture
LRI	lower respiratory infection
LS	lumbosacral; lymphosarcoma
LSD	lysergic acid diethylamide
LSK	liver, spleen, kidney
LUL	left upper lobe
LUQ	left upper quadrant
LV	left ventricle

LVF	left ventricular failure
LVH	left ventricular hypertrophy
MAC	mycobacterium avium complex
MAI	mycobacterium avium intracellulare
MAL	malignant
MBAI	mycobacterium avium intracellulare
MBD	minimal brain damage
MD	muscular dystrophy; manic depressive; myocardial damage
MDA	methylene dioxyamphetamine
MEA	multiple endocrine adenomatosis
MF	myocardial failure; myocardial fibrosis; mycosis fungoides
MGN	membranous glomerulonephritis
MHN	massive hepatic necrosis
MI	myocardial infarction; mitral insufficiency
MPC	meperidine, promethazine, chlorpromazine
MRS	methicillin resistant staphylococcal
MRSA	methicillin resistant staphylococcal aureus
MRSAU	methicillin resistant staphylococcal aureus
MS	multiple sclerosis; mitral stenosis
MSOF	multi-system organ failure
MT	malignant teratoma
MUA	myelogram
MVP	mitral valve prolapse
MVR	mitral valve regurgitation; mitral valve replacement
NACD	no anatomical cause of death
NAFLD	nonalcoholic fatty liver disease
NCA	neurocirculatory asthenia
NDI	nephrogenic diabetes insipidus
NEG	negative
NFI	no further information
NFTD	normal full-term delivery
NG	nasogastric
NH3	symbol for ammonia

NIDD	non-insulin-dependent diabetes
NIDDI	non-insulin-dependent diabetes
NIDDM	non-insulin-dependent diabetes mellitus
NSTEMI	non-ST-elevation myocardial infarction
N&V	nausea and vomiting
NVD	nausea, vomiting, diarrhea
OA	osteoarthritis
OAD	obstructive airway disease
OB	obstetrical
OBS	organic brain syndrome
OBST	obstructive; obstetrical
OD	overdose; oculus dexter (right eye); occupational disease
OHD	organic heart disease
OLT	orthotopic liver transplant
OM	otitis media
OMI	old myocardial infarction
OMS	organic mental syndrome
ORIF	open reduction, internal fixation
OS	oculus sinister (left eye); occipitosacral (fetal position)
OT	occupational therapy; old TB
OU	oculus uterque (each eye); both eyes
PA	pernicious anemia; paralysis agitans; pulmonary artery; peripheral arteriosclerosis
PAC	premature auricular contraction; phenacetin, aspirin, caffeine
PAF	paroxysmal auricular fibrillation
PAOD	peripheral arterial occlusive disease; peripheral arteriosclerosis occlusive disease
PAP	primary atypical pneumonia
PAS	pulmonary artery stenosis
PAT	pregnancy at term; paroxysmal auricular tachycardia
Pb	chemical symbol for lead
PCD	polycystic disease
PCF	passive congestive failure
PCP	pentachlorophenol; pneumocystis carinii pneumonia

PCT	porphyria cutanea tarda
PCV	polycythemia vera
PDA	patent ductus arteriosus
PE	pulmonary embolism; pleural effusion; pulmonary edema
PEG	percutaneous endoscopic gastrostomy; pneumoencephalography
PEGT	percutaneous endoscopic gastrostomy tube
PET	pre-eclamptic toxemia
PG	pregnant; prostaglandin
PGH	pituitary growth hormone
PH	past history; prostatic hypertrophy; pulmonary hypertension
PI	pulmonary infarction
PID	pelvic inflammatory disease; prolapsed intervertebral disc
PIE	pulmonary interstitial emphysema
PIP	proximal interphalangeal joint
PKU	phenylketonuria
PMD	progressive muscular dystrophy
PMI	posterior myocardial infarction; point of maximum impulse
PML	progressive multifocal leukoencephalopathy
PN	pneumonia; periarteritis nodosa; pyelonephritis
PO	postoperative
POC	product of conception
POE	point (or portal) of entry
PP	postpartum
POSS	possible; possibly
PPD	purified protein derivative test for tuberculosis
PPH	postpartum hemorrhage
PPLO	pleuropneumonia-like organism
PPS	postpump syndrome
PPT	precipitated; prolonged prothrombin time
PREM	prematurity
PROB	probably
PROM	premature rupture of membranes
PSVT	paroxysmal supraventricular tachycardia

PT	paroxysmal tachycardia; pneumothorax; prothrombin time
PTA	persistent truncus arteriosus
PTC	plasma thromboplastin component
PTCA	percutaneous transluminal coronary angioplasty
PTLA	percutaneous transluminal laser angioplasty
PU	peptic ulcer
PUD	peptic ulcer disease; pulmonary disease
PUO	pyrexia of unknown origin
P&V	pyloroplasty and vagotomy
PVC	premature ventricular contraction
PVD	peripheral vascular disease; pulmonary vascular disease
PVI	peripheral vascular insufficiency
PVL	periventricular leukomalacia
PVT	paroxysmal ventricular tachycardia
PVS	premature ventricular systole (contraction)
PWI	posterior wall infarction
PWMI	posterior wall myocardial infarction
PX	pneumothorax
R	right
RA	rheumatoid arthritis; right atrium; right auricle
RAAA	ruptured abdominal aortic aneurysm
RAD	rheumatoid arthritis disease; radiation absorbed dose
RAI	radioactive iodine
RBBB	right bundle branch block
RBC	red blood cells
RCA	right coronary artery
RCS	reticulum cell sarcoma
RD	Raynaud's disease; respiratory disease
RDS	respiratory distress syndrome
RE	regional enteritis
REG	radioencephalogram
RESP	respiratory
RHD	rheumatic heart disease

RLF	retrolental fibroplasia
RLL	right lower lobe
RLQ	right lower quadrant
RMCA	right middle cerebral artery
RMCAT	right middle cerebral artery thrombosis
RML	right middle lobe
RMLE	right mediolateral episiotomy
RNA	ribonucleic acid
RND	radical neck dissection
R/O	rule out
RSA	reticulum cell sarcoma
RSR	regular sinus rhythm
Rt	right
RT	recreational therapy; right
RTA	renal tubular acidosis
RUL	right upper lobe
RUQ	right upper quadrant
RV	right ventricle
RVH	right ventricular hypertrophy
RVT	renal vein thrombosis
RX	drugs or other therapy or treatment
SA	sarcoma; secondary anemia
SACD	subacute combined degeneration
SARS	severe acute respiratory syndrome
SBE	subacute bacterial endocarditis
SBO	small bowel obstruction
SBP	spontaneous bacterial peritonitis
SC	sickle cell
SCC	squamous cell carcinoma
SCI	subcoma insulin; spinal cord injury
SD	spontaneous delivery; septal defect; sudden death
SDAT	senile dementia Alzheimer's type
SDII	sudden death in infancy

SDS	sudden death syndrome
SEPT	septicemia
SF	scarlet fever
SGA	small for gestational age
SH	serum hepatitis
SI	saline injection
SIADH	syndrome of inappropriate antidiuretic hormone
SICD	sudden infant crib death
SID	sudden infant death
SIDS	sudden infant death syndrome
SIRS	systemic inflammatory response syndrome
SLC	short leg cast
SLE	systemic lupus erythematosus; Saint Louis encephalitis
SMR	submucous resection
SNB	scalene node biopsy
SO or S&O	salpingo-oophorectomy
SOB	shortness of breath
SOM	secretory otitis media
SOR	suppurative otitis, recurrent
S/P	status post
SPD	sociopathic personality disturbance
SPP	suprapubic prostatectomy
SQ	subcutaneous
S/R	schizophrenic reaction; sinus rhythm
S/p P/T	schizophrenic reaction, paranoid type
SSE	soapsuds enema
SSKI	saturated solution potassium iodide
SSPE	subacute sclerosing panencephalitis
STAPH	staphylococcal; staphylococcus
STB	stillborn
STREP	streptococcal; streptococcus
STS	serological test for syphilis
STSG	split thickness skin graft

SUBQ	subcutaneous
SUD	sudden unexpected death
SUDI	sudden unexplained death of an infant
SUID	sudden unexpected infant death
SVC	superior vena cava
SVD	spontaneous vaginal delivery
SVT	superventricular tachycardia
Sx	symptoms
SY	syndrome
T&A	tonsillectomy and adenoidectomy
TAH	total abdominal hysterectomy
TAL	tendon achilles lengthening
TAO	triacetyloleandomycin (antibiotic); thromboangiitis obliterans
TAPVR	total anomalous pulmonary venous return
TAR	thrombocytopenia absent radius (syndrome)
TAT	tetanus anti-toxin
TB	tuberculosis; tracheobronchitis
TBC, Tbc	tuberculosis
TCI	transient cerebral ischemia
TEF	tracheoesophageal fistula
TF	tetralogy of Fallot
TGV	transposition great vessels
THA	total hip arthroplasty
TI	tricuspid insufficiency
TIA	transient ischemic attack
TIE	transient ischemic episode
TL	tubal ligation
TM	tympanic membrane
TOA	tubo-ovarian abscess
TP	thrombocytopenic purpura
TR	tricuspid regurgitation, transfusion reaction
TSD	Tay-Sachs disease
TTP	thrombotic thrombocytopenic purpura

TUI	transurethral incision
TUR	transurethral resection (NOS) (prostate)
TURP	transurethral resection of prostate
TVP	total anomalous venous return
UC	ulcerative colitis
UGI	upper gastrointestinal
UL	upper lobe
UNK	unknown
UP	ureteropelvic
UPJ	ureteropelvic junction
URI	upper respiratory infection
UTI	urinary tract infection
VAMP	vincristine, amethopterine, 6-mercaptopurine, and prednisone
VB	vinblastine
VC	vincristine
VD	venereal disease
VDRL	venereal disease research lab
VEE	Venezuelan equine encephalomyelitis
VF	ventricular fibrillation
VH	vaginal hysterectomy; viral hepatitis
VL	vas ligation
VM	viomycin
V&P	vagotomy and pyloroplasty
VPC, VPCS	ventricular premature contractions
VR	valve replacement
VSD	ventricular septal defect
VT	ventricular tachycardia
WBC	white blood cell
WC	whooping cough
WE	Western encephalomyelitis
W/O	without
WPW	Wolfe-Parkinson-White syndrome
YF	yellow fever

ZE	Zollinger-Ellison (syndrome)
'	minute
"	second(s)
<	less than
>	greater than
↓	decreased
↑	increased; elevated
c̄	with
s̄	without
$\frac{00}{11}$	secondary to
$\frac{00}{11}$ to	secondary to

APPENDIX B
Synonymous Sites/Terms

When a condition of a stated anatomical site is indexed in Volume 3, code condition of stated site as indexed. If stated site is <u>not</u> indexed, code condition of synonymous site.

Alimentary canal	Gastrointestinal tract
Body	Torso, trunk
Brain	Anterior fossa, basal ganglion, central nervous system, cerebral, cerebrum, frontal, occipital, parietal, pons, posterior fossa, prefrontal, temporal, III and IV ventricle Note: Do not use brain when ICD provides for CNS under the reported condition.
Cardiac	Heart
Chest	Thorax
Geriatric	Senile
Greater sac	Peritoneum
Hepatic	Liver

Hepatocellular	Liver
Intestine	Bowel, colon
Kidney	Renal
Larynx	Epiglottis, glottis, subglottis, supraglottis, vocal cords
Lesser sac	Peritoneum
Nasopharynx, pharynx	Throat
Pulmonary	Lung
Right\left hemispheric	Code brain
Hemispheric NOS	Do not assume brain
Right\left ventricle	Heart
Third\fourth ventricle	Brain
LLL, LUL, RLL, RML, RUL	Lobes of the lungs when reported with lobectomy, pneumonia, etc

APPENDIX C
Code for Place of Occurrence of Fetal Death Injuries and External Causes

0.   Home

Excludes: Abandoned or derelict house (8)
Home under construction, but not yet occupied (6)
Institutional place of residence (1)
Office in home (5)

About home

Apartment

Bed and breakfast

Boarding house

Cabin (any type)

Caravan (trailer) park - residential

Condominium

Farm house

Dwelling

Hogan

Home premises

Home sidewalk

Home swimming pool

House (residential) (trailer)

Noninstitutional place of residence

Penthouse

Private driveway to home

Private garage

Private garden to home

Private walk to home

Private wall to home

Residence

Rooming house

Storage building at apartment

Swimming pool in private home, private garden, apartment or residence

Townhome

Trailer camp or court

Yard (any part) (area) (front) (residential)

Yard to home

1.   **Residential institution**

Almshouse

Army camp

Assisted Living

Board and care facility

Children's home

Convalescent home

Correctional center

Detox center

Dormitory

Fraternity house

Geriatric center

Halfway house

Home for the sick

Hospice

Institution (any type)

Jail

Mental Hospital

Military (camp) (reservation)

Nurse's home

Nursing home

Old people's home

Orphanage

Penitentiary

Pensioner's home

Prison

Prison camp

Reform school

Retirement home

Sorority house

State hospital

2. <u>School, other institution and public administrative area</u>

Excludes: Building under construction (6)
Residential institution (1)
Sports and athletic areas (3)

Armory	Police station or cell
Assembly hall	Post office
Campus	Private club
Child center	Public building
Church	Public hall
Cinema	Salvation army
Clubhouse	School (grounds) (yard)
College	School (private) (public) (state)
Country club (grounds)	Theatre
Court house	Turkish bath
Dance hall	University
Day nursery (day care)	YMCA
Drive in theater	Youth center
Fire house	YWCA
Gallery	
Health club	
Health resort	
Health spa	
Hospital (parking lot)	
Institute of higher learning	
Kindergarten	
Library	
Mission	
Movie house	
Museum	
Music hall	

Night club
Opera house
Playground, school
Police precinct

3. Sports and athletics area

Excludes: Swimming pool or tennis court in private home or garden (0)

Baseball field

Basketball court

Cricket ground

Dude ranch

Fives court

Football field

Golf course

Gymnasium

Hockey field

Ice palace

Racecourse

Riding school

Rifle range - NOS

Skating rink

Sports ground

Sports palace

Squash court

Stadium

Swimming pool (private) (public)

Tennis court

4. Street and highway

Alley

Border crossing

Bridge NOS

Freeway

Interstate

Motorway

Named street/highway/interstate

Pavement

Road (public)

Roadside

Sidewalk NOS

     Walkway

5. Trade and service area

     Excludes: Garage in private home (0)

Airport

Animal hospital

Bank

Bar

Body shop

Cafe

Car dealership

Casino

Electric company

Filling station

Funeral home

Garage - place of work

Garage away from highway except home

Garage building (for car storage)

Garage NOS

Gas station

Hotel (pool)

Laundry Mat

Loading platform - store

Mall

Market (grocery or other commodity)

Motel

Office (building) (in home)

Parking garage

Radio/television broadcasting station

Restaurant

Salvage lot, named

Service station

Shop, commercial

Shopping center (shopping mall)

Spa

Station (bus) (railway)

Store

Subway (stairs)

Tourist court

Tourist home

Warehouse

6.　　Industrial and construction areas

Building under construction

Coal pit

Coal yard

Construction (area, job or site)

Dairy processing plant

Dockyard

Dry dock

Electric tower

Factory (building) (premises)

Foundry

Gas works

Grain elevator

Gravel pit

Highway under construction

Industrial yard

Loading platform - factory

Logging operation area

Lumber yard

Mill pond

Oil field

Oil rig and other offshore installations

Oil well

Plant, industrial

Power-station (coal) (nuclear) (oil)

Produce building

Railroad track or trestle

Railway yard

Sand pit

Sawmill

Sewage disposal plant

Shipyard

Shop

Substation (power)

Subway track

Tannery

Tunnel under construction

Water filtration plant

Wharf

Workshop

7.   Farm

Excludes: Farm house and home premises of farm (0)

Barn NOS

Barnyard

Corncrib

Cornfield

Dairy (farm) NOS

Farm buildings

Farm pond or creek

Farmland under cultivation

Field, numbered or specialized

Gravel pit on farm

Orange grove

Orchard

Pasture

Ranch NOS

Range NOS

Silo

State Farm

8. Other specified places

Abandoned gravel pit	Military training ground
Abandoned public building or home	Mountain
Air force firing range	Mountain resort
Balcony	Named city
Bar pit or ditch	Named lake
Beach NOS (named) (private)	Named room
Beach resort	Named town
Boy's camp	Nursery NOS

Building NOS	Open field
Bus stop	Park (amusement) (any) (public)
Camp	Parking lot
Camping grounds	Parking place
Campsite	Pier
Canal	Pipeline (oil)
Caravan site NOS	Place of business NOS
Cemetery	Playground NOS
City dump	Pond or pool (natural)
Community jacuzzi	Porch
Creek (bank) (embankment)	Power line pole
Damsite	Prairie
Derelict house	Private property
Desert	Public place NOS
Ditch	Public property
Dock NOS	Railway line
Driveway	Reservoir (water)
Excavation site	Resort NOS
Fairgrounds	River
Field NOS	Room (any)
Forest	Sea
Fort	Seashore NOS
Hallway	Seashore resort
Harbor	Sewer
Hill	Specified address
Holiday camp	Stream
Irrigation canal or ditch	Swamp
Junkyard	Trail (bike)
Kitchen	Vacation resort
Lake NOS	Woods
Lake resort	Zoo
Manhole	
Marsh	

9. **Unspecified place**

Bathtub

Bed

Camper (trailer)

Commode

Country

Downstairs

Fireplace

Hot tub

Jobsite

Near any place

On job

Outdoors NOS

Parked car

Rural

Sofa

Table

Tree

Vehicle (any)

APPENDIX D
ICD-10 Codes Valid for Causes of Fetal Death

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APPENDIX E
Invalid and Substitute Fetal Death Codes

The following categories are invalid for NCHS fetal cause of death coding. Substitute code(s) for fetal cause of death coding appears to the right.

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

Invalid Codes	Substitute Codes Fetal Death	Substitute Codes Maternal Death
A150-A153	P370	P002
A154	P370	P002
A155	P370	P002
A156	P370	P002
A157	P370	P002
A158	P370	P002
A159	P370	P002
B95-B97	Code the disease(s) classified to other chapters	

Invalid Codes	Substitute Codes Fetal Death	Substitute Codes Maternal Death
modified by the organism. Do not enter a code for the organism.		
F70.-	P95	P008
F71.-	P95	P008
F72.-	P95	P008
F73.-	P95	P008
F78.-	P95	P008
F79.-	P95	P008
I151-I158	R95	R99
I23.-	I21 or I22	P003
I240	I21 or I22	P003
I65- I66	I63	P003
R69	R95	R99
T000, T001, T006	Superficial injuries of specified sites	P005
T010, T011, T016, T018	Open wound of specified sites	P005
T020, T026, T027	Fractures of specified sites	P005
T030, T034	Dislocations, sprains, and strains of specified sites	P005
T040, T044, T047	Crushing injuries of specified sites	P005
T051, T054, T056	Traumatic amputations of specified site	P005
T060, T061, T068	Injuries of specified sites	P005
T29.-	Burns of specified sites	P005

APPENDIX F
Conditions Considered Ill-defined for Fetal Deaths

P04.2

P07.0

P07.1

P07.2

P07.3

P20.1

P20.9

P21.9

P95

R00-R99

APPENDIX G
Spontaneous Abortions

Abortion terms interpreted as "spontaneous" and coded as fetal deaths

Accidental abortion	P018
Complete abortion	P018
Early pregnancy failure	P018
Habitual abortion	P018
Idiopathic abortion	P018
Incomplete abortion	P018
Inevitable abortion	P018
Infected abortion *	P018
Miscarriage	P018
Missed abortion	P018
Natural abortion	P018
Recurrent abortion	P018
Retained abortion	P018
Septic abortion *	P018

Spontaneous abortion	P018
Tubal abortion	P014
Unavoidable abortion	P018
Unintended abortion	P018

*With no statement that a D and C was performed.

APPENDIX H
Terms Interpreted as "Induced abortions" and Not Coded as Fetal Death

1. Abortifacient Use

2. Consensual abortion

3. Convenience

4. Demand abortion

5. Dilation and curettage (D & C)

6. Dilation and curettage for termination of pregnancy psychiatric indications (D & C for T. O. P.)

7. Dilation and evacuation (D & E)

8. Dilatation and suction curettage (D & SC)

9. Early uterine evacuation

10. Elective abortion (E. A.)

11. Elective termination

12. Endometrial aspiration

13. Extra-amniotic injection

14. Fetacidal Injection

15. Hypersalinezation

16. Hysterotomy

17. Hysterectomy for termination of pregnancy (hysterectomy)

18. Iatrogenic interruptions of pregnancy (iatrogenic)

19. Inconvenience

20. Indicated abortion social economic reason

21. Induced abortion

22. Induced by instrumentation prior to admission

23. Induced preg. termination

24. Induced termination of pregnancy (ITOP)

25. Infective abortion*

26. Intentional termination of pregnancy

27. Interrupted first trimester

28. Interrupted pregnancy

29. Intra-amniotic injection

30. Intra-amniotic instillation

31. Intra-uterine prostaglandin instillation

32. Intra-uterine saline instillation

33. KCL injection

34. Laminaria

35. Legal abortion

36. Legally induced abortion

37. Maternal ingestion of abortifacient agent (misoprostol)

38. Medically induced abortion

39. Medically indicated termination of pregnancy

40. Medical interruption of pregnancy

41. Medical termination of pregnancy

42. Menstrual aspiration

43. Menstrual extraction

44. Menstrual induction

45. Menstrual regulation

46. Oxytocin induction

47. Pitocin induction

48. Prophylactic abortion

49. Potassium Chloride

50. Prostaglandin injection

51. Prostaglandin amniocentesis

52. Requested abortion

53. Saline induction (saline) (salting out procedure) (salinezation)

54. Saline amniocentesis

55. Saline amnio-infusion

56. Saline amniotic fluid exchange

57. Self-Induced Abortion

58. Septic abortion *

59. Septic criminal abortion

60. Sharp curettage

61. Sodium chloride injection

62. Sociologic termination

63. Suction abortion

64. Suction curettage (S. & C.)

65. Suction D & C

66. Sulting out procedure

67. Surgical abortion (S. A.)

68. Surgical curettage

69. Surgical excision of pregnancy

70. Surgical interruption of pregnancy

71. Termination

72. Termination in utero

73. Termination of fetal life

74. Termination of pregnancy

75. Therapeutic abortion (T. A., ther ab, Tab)

76. Therapeutic interruption (T. I.)

77. Undesired pregnancy

78. Vacuum aspiration

79. Vacuum extraction

80. Vacuum induction

81. Vaginal suppository prostaglandin

82. Voluntary abortion (V. A. or V. I. A.)

83. Voluntary interruption of pregnancy

84. Voluntary termination pregnancy (VTP)

* Must have a statement that a D and C was performed. If no statement that a

D and C was performed, consider as a spontaneous abortion/fetal death.