

**Instruction Manual Part 2b**  
**Instructions for Classifying the Multiple Causes of Death**  
**Errata for Year 2011**

Page#	Content to be Corrected	Corrections
5	Number 22, c, changed “edited second” to “edited fourth”	Corrected page attached
57	2 <sup>nd</sup> example explanation, 2 <sup>nd</sup> sentence, replaced “debilitating with “extended”.	Corrected page attached
96	Change Code in h., 3 <sup>rd</sup> example	Corrected page attached
118	Change code spans in b	Corrected page attached
193	Correct Typo under b. second example, 1 <sup>st</sup> sentence	Corrected page attached
211	Number 12, first sentence, delete the word “direct”	Corrected page attached
396	Changed Section header	Corrected page attached



# INSTRUCTIONS FOR CLASSIFYING MULTIPLE CAUSES OF DEATH, 2011

## SECTION I

## Introduction

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16. Section IV, Part C, 1. General Information, added code spans to O96- and O97 and deleted term “direct” from O97.
17. Section IV, Part C, 2, Pregnancy or childbirth without mention of complication, b. (2), edited code span in instruction to read O960-O969 and changed code in example to O969.
18. Section IV, Part C, 2, Pregnancy or childbirth without mention of complication, b.(3), edited code span in instruction to read O970-O979 and changed code in example to O979.
19. Section IV, Part C, 4, Other complications of pregnancy, childbirth and puerperium, added codes to span in instruction a. to read O960-O969. Edited codes in instruction a. example 1 to code O960 and example 2 to code O961. Edited instruction b. first sentence. Edited instruction b. first example code O970, and edited example 2 explanation to indicate sequela of indirect obstetric cause.
20. Section IV, Part F, Sequela, edited the code span and title for O97 in the list of sequela categories to read O970-O979 Death from sequela of obstetric cause.
21. Section IV, Part F, #11 Sequela of cerebrovascular disease, edited the code spans in the first paragraphs of instructions c. and d. to include I600-I6400.
22. Section IV, Part F, #11 Sequela of cerebrovascular disease, c., edited fourth example to include duration of 9 months.
23. Section IV, Part F, #12 Sequela of obstetric cause, edited code spans in title to include O970-O979 and deleted term “direct” from title.
24. Section V, Part E, Conditions qualified as traumatic, Exception: b., revised code span for blindness (H540-H549).
25. Section V, Part J, Transportation accidents, Additional Information (5), added term “street sweeper” to instruction.
26. Section V, Part Q, 1., b. Inhalation and sniffing sprays and aerosol substances, Exceptions: added “huffing” and it’s corresponding code F181.
27. Section V, Part R, 1.,a. Complications of drugs, added new instruction (7) Gastric Hemorrhage as Complication of Steroids, NSAIDS, Aspirin. Re-numbered existing instructions.
28. Section V, Part R, 2, c. Conditions qualified as postoperative, (3),(b), Fourth example revised code on line (c) Acute appendicitis K358.
29. Section V, Part R, 2, e. Ill-defined conditions as first entry on lowest used line in Part I, added code I461 (Sudden cardiac death, so described) to list of ill-defined conditions.

# INSTRUCTIONS FOR CLASSIFYING MULTIPLE CAUSES OF DEATH, 2011

## SECTION I

## Introduction

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30. Section V, Part R, 2, e. Ill-defined conditions as first entry on lowest used line in Part I, added codes I461, I99, J960, J969 into existing table along with their corresponding codes in column two of existing table.
31. Section V, Part R, 2, e. Ill-defined conditions as first entry on lowest used line in Part I., Exceptions, edited code span in the second column beside R02 Gangrene NEC to read K352-K389.
32. Appendix A, changed abbreviation ETOH to mean ethyl alcohol.
33. Appendix A, added abbreviation GIB gastrointestinal bleed.
34. Appendix A, added abbreviation HCAP health care associated pneumonia.
35. Appendix A, added abbreviation IRDM insulin resistant diabetes mellitus.
36. Appendix H, included two additional examples to end of appendix.

Other manuals relating to coding causes of death are:

Part 2a, NCHS Instructions for Classifying the Underlying Cause of Death, 2011

Part 2c, ICD-10 ACME Decision Tables for Classifying the Underlying Causes of Death, 2011

Part 2s, SuperMICAR Data Entry Instruction, 2011

## Part I

## Coding One-Character Reject Codes

2. Reject code 9 – More than four “due to” statements

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

I (a) Terminal pneumonia	J189
(b) Congestive heart failure	I500
(c) Myocardial infarction	I219
(d) ASHD	I251
(e) Generalized arteriosclerosis	I709 E039
(f) Myxedema	

Reject 9

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

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

I (a) Pneumonia	J189
(b) Extended illness	G839
(c) Paralysis following CVA	I64
(d) Hypertension due to	I10
(e) adrenal adenoma	D350

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

When a death record qualifies for more than one reject, prefer a reject code for inconsistent durations over reject code 9.

## Part J

Inclusion of Additional Information (AI)  
to Mortality Source DocumentsJ. Inclusion of additional information (AI) to mortality source documents

Code supplemental information when it modifies or supplements data on the original mortality source document.

1. When additional information (AI) **states** the underlying cause of a **specified disease in Part I**, code the additional information (AI) in a “due to” position to the specified disease.

- |   |     |                          |      |
|---|-----|--------------------------|------|
| I | (a) | Pulmonary edema          | J81  |
|   | (b) | Congestive heart failure | I500 |
|   | (c) | Arteriosclerosis         | I251 |
|   | (d) |                          | I709 |

## II

AI The underlying cause of the congestive heart failure was ASHD.

Since the certifier **states** the underlying cause of the congestive heart failure is ASHD, code I251 on I(c) and move the condition on I(c) to the next “due to” position.

2. When additional information (AI) **modifies** a disease condition, use the AI and code the disease modified by the AI in the position **first** indicated by the certifier.

- |   |     |                 |      |
|---|-----|-----------------|------|
| I | (a) | Pneumonia       | J181 |
|   | (b) |                 |      |
|   | (c) |                 |      |
|   | AI  | Lobar pneumonia |      |

Code lobar pneumonia as the **specified** type of pneumonia on I(a) only.

3. When there is a stated or implied complication of surgery and the additional information indicates the condition for which surgery was performed, code this condition in a “due to” position to the surgery when reported in Part I and following the surgery when reported in Part II. Precede this code with an ampersand (&).

- |   |     |                                     |       |
|---|-----|-------------------------------------|-------|
| I | (a) | Coronary occlusion                  | T818  |
|   | (b) | Gastrectomy                         | &Y836 |
|   | (c) |                                     | &K259 |
|   | AI  | Gastrectomy done for gastric ulcer. |       |

Code the condition necessitating the surgery on I(c) and precede this code with an ampersand.

- (c) A condition from Chapter I other than A49 or B34 is reported separated by a connecting term not indicating a due to relationship

- (i) Code each condition as indexed where reported.

I (a) Pneumonia with candidiasis J189 B379

Since candidiasis is classified to a condition other than A49 or B34, code each condition as indexed.

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

I (a) HIV pneumonia B24 J189

- d. When an infectious or inflammatory condition is reported and a specified organism or specified nonsystemic infection is not the only entry or the first entry on the next lower line.

- ◆ Code the infectious or inflammatory condition and the organism or infection separately.

I (a) Pneumonia J189  
(b) Emphysema & viral infection J439 B349

I (a) Peritonitis K659  
(b) Gastric ulcer and staphylococcal infection K259 A490

- e. When an infectious or inflammatory condition is reported and

- (1) Infection NOS is reported as the only entry or the first entry on the next lower line

- ◆ Code the infectious or inflammatory condition where it is entered on the certificate and do not enter a code for infection NOS, but take into account if it modifies the infectious condition.

I (a) Cholecystitis & hepatitis K819 B159  
(b) Infection

I (a) Meningitis G039  
(b) Infection & brain tumor D432

(2) Infection NOS is not the only entry or the first entry on the next lower line

- ◆ Code the infectious or inflammatory condition where it is entered on the certificate and code infection NOS separately.

I (a) Septicemia	A419
(b) Diabetes & infection	E149 B99

f. When a noninfectious or noninflammatory condition is reported and infection NOS is reported on a lower line

- ◆ Code the noninfectious or noninflammatory condition as indexed and code infection NOS (B99) where entered on the certificate.

I (a) ASHD	I251
(b) Infection	B99

g. 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.

I (a) Staphylococcal pneumonia and	J152	G003
(b) meningitis		

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

I (a) Strep, Klebsiella and MRSA pneumonia	J154	J150	J152
--------------------------------------------	------	------	------

I (a) Strep pneumonia, MRSA	J154	J152
-----------------------------	------	------

I (a) Sepsis enterococcus, MRSA	A402	A410
---------------------------------	------	------

i. When any condition is reported and a generalized infection such as bacteremia, fungemia, sepsis, septicemia, systemic infection, or viremia is reported on a lower line

- ◆ Code both the condition and the generalized infection where entered on certificate. Do not modify the condition by the infection.

I (a) Bronchopneumonia	J180
(b) Septicemia	A419

I (a) Pneumonia	J189
(b) Viremia	B349

25. Parkinson's Disease (G20)  
Advanced Parkinson's Disease (G2000)  
Grave Parkinson's Disease (G2000)  
Severe Parkinson's Disease (G2000)

a. Code G214 (Vascular parkinsonism)

When reported due to:

G214  
 I672-I673  
 I678-I679  
 I698  
 I709

I (a) Parkinsonism	G214
(b) Arteriosclerosis	I709
(c)	

b. Code G219 (Secondary parkinsonism)

When reported due to:

A170-A179	B900	R75
A504-A539	B902	S000-T357
A810-A819	B91	T66-T876
A870-A89	B941	T900-T982
B003	B949	T983
B010	F200-F209	X50-X599
B021-B022	G000-G039	X70-X84
B051	G041-G09	X91-Y09
B060	G20-G2000	Y20-Y369
B200-B24	G218-G219	Y600-Y849
B261	G300-G309	Y850-Y872
B375	I950-I959	Y881-Y899

I (a) Parkinson's disease	G219
(b) Tuberculous meningitis	A170
(c)	

I (a) Secondary Parkinson's disease	G219
(b)	
(c)	

26. Cerebral Sclerosis (G379)Code I672 (Cerebrovascular atherosclerosis)

a. When reported due to or on the same line with:

A500-A539	M100-M109
E000-E349	M300-M359
E660-E669	N000-N289
E700-E839	N390
E890-E899	Q600-Q619
I10-I150	Q630-Q639
I159	Q890-Q892
I672	R54
I700-I709	T383
I770	Y423
I99	

b. When reported as causing:

I600-I679  
I690-I698

I (a) Cerebral edema	G936
(b) Cerebral sclerosis	G379
I (a) Cerebral thrombosis	I633
(b) Cerebral sclerosis	I672
I (a) ASHD	I251
(b)	
(c)	
II Cerebral sclerosis, hypertension	1672 I10

## SECTION IV

## Classification of Certain ICD Categories

### Part C

### Pregnancy, Childbirth, and the Puerperium (O00-O99)

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#### 4. Other complications of pregnancy, childbirth and puerperium (O00-O99)

- a. If death occurred more than 42 days but less than 1 year after termination of pregnancy, code all direct and indirect obstetric complications to O960-O969.

Female, 28 years

I (a) Cardiomyopathy O960  
(b) Childbirth 3 months

Code cardiomyopathy as a direct obstetric cause occurring more than 42 days but less than 1 year after childbirth.

Female, 28 years

I (a) Intracerebral hemorrhage O961  
(b) Childbirth 3 months

Code intracerebral hemorrhage as an indirect obstetric cause occurring more than 42 days but less than 1 year after childbirth.

- b. If death occurred 1 year or more after termination of pregnancy, code all direct and indirect obstetric complications to O970-O979.

Female, 28 years

I (a) Cardiomyopathy O970  
(b) Childbirth 1 year

Code to O970, Death from sequela of direct obstetric causes. Cardiomyopathy is a direct obstetric cause. **Do not** enter a code on I(b) for childbirth.

Female, 28 years

I (a) Intracerebral hemorrhage O971  
(b) Childbirth 1 year

Code to O971, Death from sequela of indirect obstetric cause. Intracerebral hemorrhage is an indirect obstetric cause. **Do not** enter a code on I(b) for childbirth.

## SECTION IV

## Classification of Certain ICD Categories

### Part C

### Pregnancy, Childbirth, and the Puerperium (O00-O99)

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- c. Code all complications of pregnancy, childbirth, and the puerperium to categories O00-O75, O85-O92, O96-O99. When delivery is mentioned on the certificate, consider complications to be of delivery unless otherwise specified.
- (1) When both direct and indirect obstetric causes are reported on the same certificate code as indexed to appropriate code in Chapter XV.
  - (2) When a complication is reported and not indexed to a direct or indirect obstetric code, assign the complication to O98-O99 with the appropriate fourth character. Refer to Volume I for correct code assignment.

Female, 35 years

I (a) Thrombosis	1 hr	O229
(b) Pregnancy	8 mos	
II Obesity		O992

Code I(a) to Pregnancy, complicated by, thrombosis. Do not enter a code on I(b) for pregnancy. Code Part II to Pregnancy, complicated by, endocrine diseases NEC as indexed. Obesity is an endocrine disorder.

Female, 29 years

I (a) Acute anemia		O990
(b) Massive postpartum hemorrhage		O721
(c) Delivered liveborn		

Code I(a) to Anemia, complicating pregnancy, childbirth or the puerperium, an indirect obstetric cause. Code I(b) to Hemorrhage, postpartum, a direct obstetric cause. **Do not** enter a code on I(c) for delivery NOS.

Female, 21 years

I (a) Gram negative sepsis		O988
(b) Congenital anomalies of ureters		O998
II 30 weeks pregnant		

Code I(a) to Pregnancy, complicated by, septicemia, an indirect obstetric cause. Code I(b) to Pregnancy, complicated by, congenital malformation, an indirect obstetric cause. **Do not** enter a code in Part II for pregnancy.

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I (a) Cerebrovascular occlusion      6 yrs      I693

Code sequela of cerebrovascular occlusion since the duration is one year or more.

I (a) History of CVA                      9 mos      I694

Code sequela of CVA since “history of” CVA is reported.

- d. The condition in I600-I6400, and I670-I671, I674-I679 is reported with paralysis (any) stated to be ancient, history of, old, remote, or the interval between onset of this condition and death is indicated to be one year or more whether or not the residual (late) effect is specified.

I (a) CVA with old hemiplegia                      I694    G819

Code sequela of CVA since it is reported with hemiplegia stated as old.

12. O970-O979 Sequela of obstetric cause

Use this category for the classification of a obstetric cause (conditions in O00-O927) if:

- a. A statement of a late effect or sequela of the direct obstetric cause is reported.
- b. A chronic condition or a condition with a duration of one year or more that was due to the obstetric cause is reported.

## Part G

## Ill-defined and Unknown Causes

G. Ill-defined and unknown causes1. Sudden infant death syndrome (R95)**Includes:**

- Cot death
- Crib death
- SDII, SID, SIDS, SUD, SUDI, SUID
- Sudden (unexpected) (unattended) (unexplained)
  - death (cause unknown) (in infancy) (syndrome)
  - infant death (syndrome)

Causing death at  
ages under  
1 year

**Excludes:**

The listed conditions causing death at ages one year or over (R960)

Female, 6 months

I (a) Sudden death R95

Male, 3 weeks

I (a) Sudden death, cause unknown R95

(b) R97

Female, 3 months

I (a) SIDS, pneumonia R95 J189

2. Other sudden death and other unspecified cause (R960-R961, R98-R99)

Code R960-R961, R98-R99 only when:

a. A term(s) classifiable to one of these codes is the only entry (or entries) on the death certificate.

b. The only other entry on the death certificate is classifiable to R97 (cause unknown).

Female, 2 years

I (a) Sudden death R960

(b) Crib death R960

## APPENDIX A

### Standard Abbreviations and Symbols

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TAPVR	total anomalous pulmonary venous return	TUI	transurethral incision
TAR	thrombocytopenia absent radius (syndrome)	TUR	transurethral resection (NOS) (prostate)
TAT	tetanus anti-toxin	TURP	transurethral resection of prostate
TB	tuberculosis; tracheobronchitis	TVP	total anomalous venous return
TBC, Tbc	tuberculosis	UC	ulcerative colitis
TCI	transient cerebral ischemia	UGI	upper gastrointestinal
TEF	tracheoesophageal fistula	UL	upper lobe
TF	tetralogy of Fallot	UNK	unknown
TGV	transposition great vessels	UP	uteropelvic
THA	total hip arthroplasty	UPJ	ureteropelvic junction
TI	tricuspid insufficiency	URI	upper respiratory infection
TIA	transient ischemic attack	UTI	urinary tract infection
TIE	transient ischemic episode	VAMP	vincristine, amethopterin, 6-mercaptopurine, and prednisone
TL	tubal ligation	VB	vinblastine
TM	tympanic membrane	VC	vincristine
TOA	tubo-ovarian abscess	VD	venereal disease
TP	thrombocytopenic purpura	VDRL	venereal disease research lab
TR	tricuspid regurgitation, transfusion reaction	VEE	Venezuelan equine encephalomyelitis
TSD	Tay-Sachs disease		
TTP	thrombotic thrombocytopenic purpura		

## APPENDIX A

### Standard Abbreviations and Symbols

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VF	ventricular fibrillation	WPW	Wolfe-Parkinson-White syndrome
VH	vaginal hysterectomy; viral hepatitis	YF	yellow fever
VL	vas ligation	ZE	Zollinger-Ellison (syndrome)
VM	viomycin	'	minute
V&P	vagotomy and pyloroplasty	"	second(s)
VPC, VPCS	ventricular premature contractions	<	less than
		>	greater than
VR	valve replacement	↓	decreased
VSD	ventricular septal defect	↑	increased; elevated
VT	ventricular tachycardia	$\bar{c}$	with
WBC	white blood cell	$\bar{s}$	without
WC	whooping cough	$\frac{00}{11}$	secondary to
WE	Western encephalomyelitis		
W/O	without	$\frac{00}{11}$ to	secondary to