## Instruction Manual Part 2b

### Instructions for Classifying the Multiple Causes of Death

#### Errata for Year 2011

<table>
<thead>
<tr>
<th>Page#</th>
<th>Content to be Corrected</th>
<th>Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Number 22, c, changed “edited second” to “edited fourth”</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>57</td>
<td>2\textsuperscript{nd} example explanation, 2\textsuperscript{nd} sentence, replaced “debilitating with “extended”.</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>96</td>
<td>Change Code in h., 3\textsuperscript{rd} example</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>118</td>
<td>Change code spans in b</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>193</td>
<td>Correct Typo under b. second example, 1\textsuperscript{st} sentence</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>211</td>
<td>Number 12, first sentence, delete the word “direct”</td>
<td>Corrected page attached</td>
</tr>
<tr>
<td>396</td>
<td>Changed Section header</td>
<td>Corrected page attached</td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR CLASSIFYING MULTIPLE CAUSES OF DEATH, 2011

SECTION 1  Introduction


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).


26. Section V, Part Q, 1., b. Inhalation and sniffing sprays and aerosol substances, Exceptions: added “huffing” and it’s corresponding code F181.


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.
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
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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>(a) Terminal pneumonia</td>
</tr>
<tr>
<td></td>
<td>(b) Congestive heart failure</td>
</tr>
<tr>
<td></td>
<td>(c) Myocardial infarction</td>
</tr>
<tr>
<td></td>
<td>(d) ASHD</td>
</tr>
<tr>
<td></td>
<td>(e) Generalized arteriosclerosis</td>
</tr>
<tr>
<td></td>
<td>(f) Myxedema</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>(a) Pneumonia</td>
</tr>
<tr>
<td></td>
<td>(b) Extended illness</td>
</tr>
<tr>
<td></td>
<td>(c) Paralysis following CVA</td>
</tr>
<tr>
<td></td>
<td>(d) Hypertension due to</td>
</tr>
<tr>
<td></td>
<td>(e) adrenal adenoma</td>
</tr>
</tbody>
</table>

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.
Inclusion of Additional Information (AI) to Mortality Source Documents

J. **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.
SECTION III

Intent of Certifier

(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
SECTION III

### Intent of Certifier

(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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Septicemia</td>
<td>A419</td>
</tr>
<tr>
<td>(b) Diabetes &amp; infection</td>
<td>E149 B99</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) ASHD</td>
<td>I251</td>
</tr>
<tr>
<td>(b) Infection</td>
<td>B99</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Staphylococcal pneumonia and meningitis</td>
<td>J152 G003</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Strep, Klebsiella and MRSA pneumonia</td>
<td>J154 J150 J152</td>
</tr>
<tr>
<td>(a) Strep pneumonia, MRSA</td>
<td>J154 J152</td>
</tr>
<tr>
<td>(a) Sepsis enterococcus, MRSA</td>
<td>A402 A410</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Bronchopneumonia</td>
<td>J180</td>
</tr>
<tr>
<td>(b) Septicemia</td>
<td>A419</td>
</tr>
<tr>
<td>(a) Pneumonia</td>
<td>J189</td>
</tr>
<tr>
<td>(b) Viremia</td>
<td>B349</td>
</tr>
</tbody>
</table>
SECTION III

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

   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)
26. Cerebral Sclerosis (G379)

Code I672 (Cerebrovascular atherosclerosis)

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

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

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
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.
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.
SECTION IV

Classification of Certain ICD Categories

Part F

Sequela

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.
G. Ill-defined and unknown causes

1. Sudden infant death syndrome (R95)

   Includes:
   - Cot death
   - Crib death
   - SDII, SID, SIDS, SUD, SUDI, SUID
   - Sudden (unexpected) (unattended) (unexplained) Causing death at ages under 1 year
   - death (cause unknown) (in infancy) (syndrome)
   - infant death (syndrome)

   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
### Standard Abbreviations and Symbols

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

#### Standard Abbreviations and Symbols

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>VF</td>
<td>ventricular fibrillation</td>
<td>WPW</td>
<td>Wolfe-Parkinson-White syndrome</td>
</tr>
<tr>
<td>VH</td>
<td>vaginal hysterectomy; viral hepatitis</td>
<td>YF</td>
<td>yellow fever</td>
</tr>
<tr>
<td>VL</td>
<td>vaso ligation</td>
<td>ZE</td>
<td>Zollinger-Ellison (syndrome)</td>
</tr>
<tr>
<td>VM</td>
<td>viomycin</td>
<td></td>
<td>minute</td>
</tr>
<tr>
<td>V&amp;P</td>
<td>vagotomy and pyloroplasty</td>
<td></td>
<td>second(s)</td>
</tr>
<tr>
<td>VPC, VPCS</td>
<td>ventricular premature contractions</td>
<td>&lt;</td>
<td>less than</td>
</tr>
<tr>
<td>VR</td>
<td>valve replacement</td>
<td>&gt;</td>
<td>greater than</td>
</tr>
<tr>
<td>VSD</td>
<td>ventricular septal defect</td>
<td></td>
<td>decreased</td>
</tr>
<tr>
<td>VT</td>
<td>ventricular tachycardia</td>
<td></td>
<td>increased; elevated</td>
</tr>
<tr>
<td>WBC</td>
<td>white blood cell</td>
<td></td>
<td>with</td>
</tr>
<tr>
<td>WC</td>
<td>whooping cough</td>
<td></td>
<td>without</td>
</tr>
<tr>
<td>WE</td>
<td>Western encephalomyelitis</td>
<td></td>
<td>secondary to</td>
</tr>
<tr>
<td>W/O</td>
<td>without</td>
<td></td>
<td>secondary to</td>
</tr>
</tbody>
</table>

Note: The table includes various abbreviations commonly used in medical contexts, along with their meanings and examples.